



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



JANET T. MILLS
GOVERNOR

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COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – April 21, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 0900. Please note, these meetings will be virtual.

Members present: Matt Sholl, Benjy Lowry, Kelly Meehan-Coussee, Beth Collamore, Kate Zimmerman, Pete Tilney, Mike Bohanske, Bethany Nash, Rachel Williams, Seth Ritter, Adam Thacker, Dave Saquet

Members Absent:

MEMS Staff: Chris Azevedo, Melissa Adams, Sam Hurley, Marc Minkler, Jason Oko, Darren Davis

Stakeholders: Dr. Teresa May, Dr. Norm Dinerman, Chip Getchell, Mike Choate, Chris Pare, Rick Petrie, Jay Bradshaw, Debbie Morgan, Robert Sharkey, Andrea McGraw, Chris Roberts, Josh Carr, Chris Montera, Phillip MacCallum, Joanne Lebrun, Tony Lagasse

MDPB Agenda – Meeting begins at 0900

- 1) Introductions –Sholl – 0900-0905
 - a. Member introductions and roll call.
 - b. Introduces Dr. Teresa May.
- 2) March 2021 MDPB Minutes – 0905-0910
 - a. Motion made by Dr. Zimmerman to approve the March minutes. Motion seconded by Dr. Lowry. Dr. Collamore highlights a typo and suggests changes. No further discussion. The motion is carried.
- 3) IRB Review – Dr Teresa May – “Influence of Rurality on Patient’s with Cardiac Arrest” – 0910-0920
 - a. Dr. May is Critical Care physician who researches cardiac arrest.
 - b. This is an extension of an earlier project reviewed by the MDPB. The goal of this research is to discover the geographic location that cardiac arrest is occurring throughout the state and identify where interventions may be affective in improving survival. Second part of project is creating a collaborative group within one hospital system that strives to develop treatment pathways with an overall goal of improving patient outcome. Grand funded thought the NIH.
 - c. This project uses data from MEFIRS/NEMSIS. Identifies patients, locations, response times, etiology, arrival at hospital. Merging with state CDC data on cardiac arrest deaths and looking for matches.
 - i. Dr. Bohanske from CHAT
 1. Isn’t all of this the same info we want to be entering into CARES? Would it be easier/more beneficial to re-invigorate our CARES database and mine the data directly from there?

2. Dr. Sholl – Maine is not currently participating in CARES, though we are working on rejoining. The timeline might not be aligned enough to assist Dr. May in her project.
 - d. Dr. Sholl discusses the IRB process.
 - i. In the process of transitioning to a more structured IRB process. This is based on levels of risk.
 - ii. Three domains of consideration
 1. Respect for persons
 2. Beneficence
 3. Justice – does project unfairly target a specific population of subjects?
 - e. Dr. Meehan-Coussee makes the motion to move forward with the IRB project. Motion is seconded by Dr. Bohanske. No discussion. The motion is carried.
- 4) State Update – 0920-0935
- a. Director Sam Hurley
 - i. IRBs - We did have a conversation with Maine Health and U Maine Orono. Maine Health has been approached and is considering but had initial reservations. We are working with the University of Maine and we feel we have a good pathway forward. We believe regional IRBs work and have seen examples of it. So, that is something that we are working on as well.
 - ii. In process of applying for grants at this time. Funding for MAT activation in the field, among other projects to expand the capacity of EMS.
- 5) Special Circumstances Protocol Review – NONE
- 6) New Devices– NONE
- 7) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0935-0950
- a. Dr. Nash- There is nothing new regarding medication shortages to report.
 - b. Discussion regarding medication pump
 - i. A question was brought to Dr. Nash, who brought it to Drs. Sholl and Zimmerman. Vendor advertising locally. Concern that the pumps may not be able to accommodate all of the medication dynamics.
 - ii. Dr. Nash- Nimbus 2 pump. Small, cheaper side. A paramedic presented the issue regarding amiodarone pump calculation. This pump may not be adequate. Also, with bariatric patients, it won't be able to accommodate even a moderate dose for an epi drip. He asked how we can disseminate some information regarding this, because right now there is no information regarding drip rate requirements for pump approvals in Maine.
 - iii. Dr. Sholl thanks Dr. Nash and advises there has been discussion of updating approved equipment list to include parameters for ability to do flow rates required for medications in the formulary. Another idea was to create clinical bulletins. Solicits ideas from the group.
 - iv. Dr. Nash suggests parameters for syringe pumps also.
 - v. Discussion ensues.
- 8) COVID-19 – 0950-1000
- a. Dr. Sholl discusses the CDC recommended temporary halt to administration of the Johnson & Johnson vaccine a number of thromboembolic events are being reviewed. Maine EMS foresees continuation of use of the vaccine in the future.
 - b. Continuing to get closer to herd immunity as a state.
 - c. Dr. Zimmerman asks that services please ensure their personnel are using appropriate PPE, especially eye protection. She notes her experience witnessing EMS clinicians lacking PPE, in particular eye protection, during her clinical work.

- 9) 2021 Protocol Update –All – 1000-1100
 - a. 2021 Protocol Timeline review – Sholl/Zimmerman/All
 - i. Dr. Sholl shares visual of update timeline with the group.
 - ii. Orange section scheduled for completion this month. Also, some review questions from other sections.
 - iii. Dr. Sholl discusses white papers and change document completion requirements.
 - b. Protocol Discussion Forums – Sholl/Zimmerman/All
 - i. Dr. Sholl Discuss dates for an additional forum in May.
 1. Proposes 1300 or 1400 meeting on 6 May, specifically for Pink and Orange sections.
 2. Dr. Sholl will work with office staff to get the meeting set up and posted on the calendar.
 3. Dr. Sholl asks Jason Oko about doing an email to EMS clinicians to generate participation and notice for the protocol update forums. Jason offers to accommodate.
 - c. 2021 Protocol Discussion
 - i. Orange Section – wrap up – BC/MB/All
 1. Dr. Sholl reviews work previously done on this section and shares screen with the group.
 2. Dr. Collamore
 - a. Alcohol Intox/Withdrawal
 - i. EMT section- if any trauma then ALS should be requested
 1. Move #11 up to the EMT section
 - ii. Paramedic- concern regarding admin of benzo.
 1. Covers questions for Withdrawal assessment
 - iii. Covers PEARLS on second page of the intoxic/withdrawal protocol
 - b. Discussion on changes.
 - i. Sholl- This is based on CIWA protocol.
 3. Motion to approve section changes made by Dr. Meehan-Coussee and seconded by Dr. Zimmerman. No discussion. Motion carried.
 4. New protocol in Orange section- Care of the Homeless Patient
 - a. Dr. Collamore discusses impetus for development of this protocol and its various elements.
 - b. Director Hurley suggests changing protocol title to “Care of Person Experiencing Homelessness.”
 - c. Group discussion regarding approval of the protocol.
 - d. Motion for approval by Dr. Meehan-Coussee and seconded by Lowry. Unanimous approval of MDPB members present
 - d. Items to revisit
 - i. Green section – Termination of Resuscitation (TOR) in Traumatic Cardiac Arrest– airway management
 1. Sholl- NASEMSO group has been the lead in national EMS model guidelines program. Dr. Zimmerman has participated as an editor. Dr. Sholl is lead, editor in resuscitation section. This got me looking at our own protocol. Noticed that we highlight some items and wanted to include new #4 EMT/AEMT/PARAMEDIC. If resuscitation is initiated, manage airway per Airway management algorithm (Blue 3).

2. Motion for approval made by Dr Collamore. Seconded by Dr Meehan-Coussee Approved.
- ii. Pink Section – Croup – Discussion re: OLMC for epinephrine and dexamethasone
 1. Dr. Sholl solicits thoughts from the group regarding inclusion.
 2. Dr. Nash in favor of not having to contact OLMC
 3. Dr. Saquet suggests adding a note to the PEARL that PO dexamethasone option is preferable to IM/IV/IO routes for this medication when possible. Discussion.
 4. Dr. Sholl asks, do we want to maintain OLMC? Motion to remove by Dr. Collamore and seconded by Dr. Meehan-Coussee. Discussion – and concern from some members who wish to consider inclusion criteria for the use of nebulized epi in croup.
 5. Item tabled until May meeting. Dr Saquet and Dr Williams to consider inclusion criteria for nebulized epinephrine in croup.
- iii. Grey Section – use of jewelry in DNR settings
 1. Discussion of acceptance of DNR jewelry in these cases.
 2. Dr. Sholl- Discusses Item “D” in Grey 1, p. 139. Director Hurley expresses concerns about acceptance of jewelry without presence of actual DNR order and possibility of resulting liability for the EMS clinicians.
 3. Director Hurley suggests the change regarding removal of date be made valid today and MEMS would put out a clinical bulletin immediately, just so that can be honored asap and not delayed.
 4. Dr. Sholl discusses two items:
 - a. Clarity of jewelry. Asks Jason Oko about MEMS has already approved a specific piece of jewelry for this. Jason - “Sticky J,” also Medic Alert, which is available by subscription. Sam- recommend jewelry has patient name, etc., or some type of identifier specific to the patient.
 - i. Marc Minkler- I wonder if this is a solution looking for a problem? Not sure if anyone has ever had an incident of falsified bracelets, etc., or of ambiguity in this on scene? But we’ve dealt with out of state folks who have a bracelet and asked if this is acceptable. Going with specific bracelets can cause issues when bracelets are changed or discontinued.
 - ii. Dr. Sholl agrees and adds that being more explicit might be helpful.
 - iii. Dr. Sholl suggests perhaps he can pull this aside and work on this offline with Director Hurley as well as a clinical bulleting that can be presented at the next meeting.
- e. Dr. Sholl discusses ongoing operations
 - i. White papers- discusses various topics for forthcoming papers
 - ii. Section author/Edcomm partnerships should be continuing. Change documents submitted. Education development
 - iii. Canine protocols
 - iv. Dr. Tilney mentions IFT
- f. Discussion re: Annex
 - i. Canine protocols.
 - ii. Dr. Zimmerman has a draft at this time.
 - iii. Very specialized protocols for clinicians and agencies that utilize working dogs. Tac/wilderness rescue, etc.
 - iv. Don’t expect there to be substantive education on the protocols themselves from EdComm, but some just covering the fact that they are there. That lift will be handled by separate canine care education.
 - v. MDPB to consider after the standard protocol work is complete

- 10) Retreat Reminder – April 23rd – 8-11
 - a. Truncated Friday 23 April, on zoom.
 - b. Focus on orientation of new members and also open forum/dialogue to discuss system vision.
 - c. Hopefully the group can meet in person in the future.
 - d. Drs. Sholl and Zimmerman are working on an agenda for this.

Old Business – 1100 - 1110

- 1) Ops
 - a. Debbie Morgan (Region 5)
 - i. Director Hurley went over Board agenda, regional contracts and LODD manual
 - ii. Will be doing an RFP for Regional contracts
- 2) Education
 - a. Nothing to report
- 3) QI – Jason Oko
 - a. Meeting later today. Topics- QA/QI newsletter
- 4) Community Paramedicine – Jason. Working to consensus on how to approve education in the future
- 5) EMS-C Marc Minkler
 - a. Survey will be going out to hospitals. Supported by ACEP and ENA amongst others. Survey of peds equipment, and preparation measures for receiving peds patients in the ER.
- 6) Maine Heart Rescue
 - a. National CARES data was presented at their last meeting.
- 7) TAC- Dr. Zimmerman
 - a. Stroke alliance and TAC meet next week.
 - b. TAC bylaws and plan for state. Also, case presentation on industrial accident. Mild TBI project
 - c. Stroke- MEMS has been granted funds to start assisting with stroke alliance. Will continue to discuss mgmt. and flow of stroke pts across the state.

Regular portion of meeting adjourned at 1110 hrs. Motion made by Dr. Ritter. No second.

Ongoing Items for Future Discussion:

PIFT protocols – Tilney/Sholl

The LFOM CPC Meeting will begin at 1115. The QI Committee meeting will begin at 1330.

