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

JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – October 19, 2022
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 1115. Please note, these meetings will be virtual. MDPB Agenda – Meeting begins at 0900

Meeting Minutes

Members present:	*Matt Sholl, Kate Zimmerman, Emily Wells, Beth Collamore, Tim Pieh, Kelly Meehan-Coussee, Michael Bohanske, Rachel Williams, Bethany Nash, Benji Lowry, Seth Ritter, Pete Tilney, Dave Saquet*
Members Absent:	
MEMS Staff:	*Chris Azevedo, Jason Oko, Jason Cooney, Melissa Adams, Marc Minkler, Ashley Moody, Darren Davis.*
Stakeholders:	*Rick Petrie, Paul Marcolini, Chip Getchell, Dwight Corning, Joanne Lebrun, Mike Choate, Eric Davis, Dr. Jonnathan Busko, Sally Taylor, Dr. Kevin Kendall, Robert Glaspy, Steve Almquist, Chris Pare, Dr. Norm Dinerman, Stephen Smith, Shawn Cordwell*

1) Introductions
    a. Dr. Sholl makes introductions for the group and takes roll call.

2) Sept 2022 MDPB Minutes – 0905-0910 – Sholl
    a. Motion to approve the September minutes is made by Dr. Collamore and seconded by Dr. Meehan-Coussee. No discussion. Motion is carried.

3) State Update – 0910-0925 - Director Hurley
    a. Director Hurley was not available to give a report at this time.
    b. Dr. Sholl
        i. Dr. Sholl discusses the supplemental EMS Board meeting which is this morning at 1100 hrs and is concurrent with this meeting of the MDPB.
        ii. Dr. Sholl thanks Chris Azevedo and Marc Minkler for posting the ALS Representative vacancy on the Maine EMS website. The application period closes 1 Nov 2022. Dr. Sholl discusses the next steps for the process and the interview panel.
        iii. Dr. Sholl discusses the ask from the Board that MDPB consider several aspects of the current strategic planning discussion:
            1. The transition from six regions to four
            2. MDPB members being able to meet to discuss the vision statement presented by Dr. Becknell
            3. How the strategic planning process will affect the MDPB.

c. Jason Oko
    i. Reminder for all Medical Directors interested in being service level medical directors, that the application period for this is open.

d. Mark Minkler
    i. EMS-C program is rolling out BLS-O courses statewide. Discusses the courses.
    ii. The Protocol app has had issues with iOS 16, which is the operating system for the iPhone. The same issues being seen with the protocol app are also being seen with many apps on the iOS platform. Marc Minkler discusses options available in the absence of a working app. The iOS update that fixes the bug will hopefully be released soon.

4) Special Circumstances Protocol Review – NONE

5) New Devices – NONE

6) Pilot Program Reviews
    a. Jackman Pilot Project Report to the MDPB
    b. Dr. Jonnathan Busko gives the monthly report out for the project, as Dr. Sholl shares his screen with the presentation.
    c. Dr. Busko discusses the project's request for additional care guidelines that was submitted mid-September. This includes additional medication classes, low complexity labs and two minor procedures.
        i. Dr. Sholl discusses the status of the request. Members of the MDPB have been asked to review this as well. Discussion regarding the CLIA application requirements for test specifics and asks to see a copy of the CLIA waiver.
    d. Dr. Busko also asks the MDPB to consider reducing the frequency of the Jackman Project reports, due to the low call volume.
        i. Motion by Dr. Zimmerman to reduce the frequency of the Jackman Project reports to every other month. Motion is seconded by Dr. Lowry. Discussion amongst the group.
        ii. Motion is carried.
        iii. Dr. Sholl discusses that the next report out for the Jackman Project will be in November, with reports due for the "odd month" meetings, during the year.
7) IRB Review – Dr Teresa May Project and Access to Hospital Hub
    a. Dr. Sholl discusses Dr. May's desire to use Hospital Hub to access data for her research project. This project may involve more than just an approval process by the MDPB. Dr. Sholl suggests that the group hold and allow conversations to proceed and mature, and then return to this with a formal proposal from the researchers. At some point in the future, the group should expect the researchers to return with a proposal for a different level of access to data for the research.

8) UPDATE – Medication Shortages
    a. Dr. Nash
        i. Activated charcoal is not a purchasable item from multiple online distributers.
        ii. Fentanyl and lorazepam are occasionally in short supply.
        iii. Dr. Sholl discusses reaching out to Northern New England Poison Control regarding the role of activated charcoal in toxicological emergencies. They are open to more discussion on the role of the medication and feel more comfortable considering if/when administration is actually necessary. This will be discussed at a later time in the protocol cycle, offline.

iv. Dr, Tilney asks Dr. Nash if the Ativan issue will resolve or be perpetual. Dr. Nash advises that the medication is available and not likely to be in shortage as it has been in the last six months.

b. Dr. Zimmerman makes the motion to remove activated charcoal from the Yellow Section protocols. The motion is seconded by Dr. Ritter. Discussion.
   i. Dr. Nash reminds the group that EMS providers will need to maintain the medication in stock until the new protocols go into effect.
   ii. Motion carries. Dr. Sholl reminds the protocol section authors that this change will need to be added to the Yellow section change documents.

9) COVID-19
   a. Dr. Collamore discusses the possibility for the need for MDPB to re-iterate the stance on masking and asks the group if anyone is seeing issues with lack of masking. There is another hospital outbreak in Aroostook and possibility of EMS clinicians becoming infected. Discussion by the group.
      i. Dr. Lowry adds that it may be an uphill battle, given that many municipalities have reversed their protective stances from what they were earlier in the pandemic.
      ii. Dr. Sholl discusses mask use in clinical settings. With the current increase in seasonal and other respiratory infections, as well as current COVID outbreaks, it would be prudent to maintain recommendation of mask utilization even in non-clinical situations. Discussion amongst the group. Dr. Sholl, Dr. Ritter and Dr. Collamore will work on messaging.
   b. Dr. Sholl discusses the current Ebola outbreak, originating in Uganda.
      i. Discussion of how the state could possibly manage an outbreak or potential outbreak in Maine.
      ii. There remains a low likelihood that this will impact Maine. However, there is some concern at the federal level that we should begin the planning process. We should look at prior plans, update and be prepared to implement, if necessary. If any of the group would like to be involved, please contact Drs. Sholl or Zimmerman.
10) 2023 Protocol review process
   a. Timeline review
      i. Dr. Sholl shares his screen with the group and discusses the progress on the current timeline.
      ii. The group will not likely get to the Red section today, but perhaps, in November.
   b. Next Protocol Review Webinar Discussion November 10th noon – 1pm
      i. Dr. Sholl discusses the next protocol update forum. Asks if anyone is available, to please participate.
   c. Green Section
      i. Dr. Sholl shares his screen with the Green changes, as Drs. Meehan-Coussee and Ritter discuss.
      ii. Dr. Sholl discusses change recommendations that may fall into the category of "edits," versus substantive changes. It is important for all to be aware of these and discuss, if necessary.
      iii. New trauma Termination of Resuscitation
         1. Dr. Sholl relates that changes here most likely fall into the "edit" category, rather than major change.
         2. Suggestion regarding moving EMT items #1 -#3 and transposing them into items #2, 4, and 5 in "inclusion criteria." Discussion.
         3. Marc Minkler asks if it might be useful to put a note reference for this protocol in the Red section on cardiac arrest, as that is where most providers will look in any case of cardiac arrest. In addition, the Red section doesn't differentiate between medical and cardiac arrest etiology.

4. Dr. Sholl asks group opinion on section authors taking this back offline, reorganizing, and returning for discussion next month. There is group agreement favoring revisiting this protocol next month. Dr. Sholl advises that there is also a resuscitation traumatic arrest guideline put out by NASEMSO that can be shared in consideration of revisions to this protocol.

iv. Crush Injury
    1. No changes
v. Facial/Dental trauma
    1. Change in Nose/Ear avulsion edits
        a. Recover tissue if doing so does not delay care
        b. Severe ear and nose laceration should be covered with at moist sterile dressing.
    2. Dr. Sholl queries the group regarding the editorial changes. There is group agreement with the changes.
vi. Epistaxis
    1. Discusses change in statement regarding how the nose should be pinched. Recommending adding use of nasal clamps. This may not need to be changed on the equipment list.
vii. Ophthalmology
    1. The goal was to delineate treatment of patients, dependent upon the type of eye injury. The focus in on appropriate assessment. Re-write of the protocol as follows:
        a. EMT
            i. Assess eye. Never put pressure on injured globe.
            ii. Assess gross visual acuity (I.e., count fingers)
            iii. For thermal exposure: assist patient with removal of contact lenses and apply cool saline gauze to both eyes.
            iv. For chemical exposure: assist patient with removal of contact lenses and flush eye with sterile saline or clean water source continually
            v. For direct eye trauma:
                - Impaled objects: secure object and patch both eyes. Keep patient supine
                - Puncture wounds: Patch (versus protective shields) both eyes and keep patient supine
                - Avulsion of globe: do NOT put back into socket. Cover with moist sterile dressings and then place cup over site.
                - Other significant eye trauma: place eye shield
        b. PEARL – change “r/o” to “rule out”
    2. Discussion
        a. Dr. Lowry asks about EMS clinician removal of contact lenses. Dr. Meehan-Coussee adds this is already in the protocol.
        b. Dr. Nash asks if tetracaine may be allowable for EMTs or AEMTs?
            i. Tetracaine is at the paramedic level only at this time.
            ii. The group agrees it may not be prudent to add this to the EMT scope of practice at this time.
        c. Dr. Sholl makes the motion to adopt the changes as above, but NOT to move the use of tetracaine to the EMT level. No discussion. Motion is approved.

viii. Strangulation Protocol
    1. Dr. Meehan-Coussee leads the discussion. The section authors had discussed developing a strangulation protocol, as many other states do have them. There were discussions with some of those other jurisdictions and the decision was made to develop such a protocol for Maine.
    2. This will be a new protocol within the Green section.
    3. Dr. Meehan-Coussee discusses the bullet points of the protocol with the group. The protocol slide is shared with the group on the screen.
        a. EMT/AEMT/Paramedic
            i. Have a high level of suspicion for additional injuries. See Green 3 for Trauma Triage.
            ii. Monitor for development of airway compromise with continuous pulse oximetry and frequent re-evaluations.
            iii. Manage airway following Blue 3
            iv. Call for ALS if signs and symptoms of impending airway compromise or presence of neurologic deficits
        b. PEARLS – Dr. Meehan-Coussee discusses the PEARLS.
        c. Questions and discussion.
            i. Dr. Dinerman asks if there is a cross-reference in the protocol to hanging or to non-violent mechanisms of strangulation?
            ii. Dr. Sholl discusses inclusion of hanging and consideration of cervical spine management based upon mechanism of injury. Dr. Meehan-Coussee agrees.
            iii. Dr. Sholl expresses caution regarding item #4, directing ALS to be called for under designated circumstances and suggest exemplifying airway or neurological deficits wherein ALS might be requested. Discussion.
    4. Motion made by Dr. Bohanske and seconded by Dr. Collamore to accept the new strangulation protocol as written, with the addition of a reference to hanging- with addition of c-spine reference, autoerotic asphyxiation, language change for point #3 regarding stroke and seizure protocols, and removal of point #4 regarding calling ALS. Motion is carried.
    5. Dr. Meehan-Coussee shares a slide with education references for the strangulation protocol. This is meant as a resource for developing education. Dr. Sholl asks if some of these references might be added as a PEARL in the protocol. Discussion.

ix. Stakeholder input for changes to green section.
    1. Dr. Meehan-Coussee discusses the following items submitted via change process for consideration that did not make it into the 2023 process. It was felt that adding these items to the existing load of multiple skills expansions from the 2021 protocol cycle would create an untoward burden on field clinicians at this time. However, these items will be retained for the next protocol cycle in 2024-2025.
        a. In-field stapling of head lacerations
        b. Afrin for epistaxis
    2. Discussion amongst the group.
        a. Will continue to discuss these items for future protocol updates.
        b. Dr. Zimmerman comments that stapling is a scope of practice issue, and that there is more to Afrin than simply administering intranasally. Dr. Saquet agrees.

x. Follow-Up – Landing Zone discussion
    1. Tabled until next meeting

xi. Return to wrap up Pain Management
    1. Tabled until next meeting.

d. Blue Section
    i. Dr. Bohanske shares his screen and discusses the changes.
    ii. Blue #1, Maine EMS Statement on "Rescue" or "Alternate" airway devices.
        1. Dr. Bohanske proposes the group consider deleting the statement, "C-spine collar should be considered to help protect placement of all ETI, peri-glottic and trans-glottic airway devices."
        2. This is legacy text. The section authors did some research to find medical evidence in support of this practice. There was little or none found to support the practice in adults, and limited evidence in pediatric patients.
        3. Dr. Bohanske queries the group for an opinion regarding removing the statement. Discussion.
            a. Dr. Ritter agrees.
            b. Dr. Williams asks what is written regarding procedures to secure the tube. Use of commercially available devices to secure the tube are recommended.
            c. Dr. Saquet discusses the origin of this practice to mitigate movement of the patient head during patient movement. Dr. Bohanske adds that this likely came about prior to recommendation for continuous use of waveform capnography, as well.
        4. Motion made by Dr. Collamore and seconded by Dr. Williams to remove the statement from the protocol. Discussion. Motion carried.
    iii. Use of bougies in endotracheal intubation
        1. Dr. Bohanske leads the discussion.
            a. Protocols direct that bougies should be used in all ETI attempts with ETT greater than 6.0. This is mentioned in both the Pre-Intubation Checklist (Blue 2) and in the Airway Algorithm (Blue 3).
            b. Dr. Bohanske compares and contrasts two studies examining the use of bougies with ETI. Discussion of the information from both studies and discussion of the question of leaving bougie use to be an educational item, versus directing its use in protocol
            c. Dr. Sholl discusses an additional paper on use of bougies and success rates.
        2. The balance of this discussion is left for the November meeting.

11) Update – Ketamine in Delirium with Agitated Behavior and QI
    a. Dr. Sholl discusses this paradigm.
    b. We have had a few discussions on this use of ketamine.
    c. There is still a need to do some reach out on this.

12) Update - Pre-Hospital Physician
    a. Dr. Sholl discusses this project.
        i. Dr. Pieh has been compiling this material.
        ii. There have not been a great deal of changes to the document presented to the group back in May or June 2022.
        iii. Dr. Pieh has been working with the Jason Oko, Melissa Adams, and Jason Cooney on how physicians will document patient care.
        iv. Working with Sam Hurley on the most appropriate way to embrace physicians who are practicing within the structured EMS system.

13) Update – MDPB ALS Position
    a. Position application period is open until 1 Nov 2022.
    b. Many thanks, to Drs Nash and Meehan-Coussee for volunteering to work with Drs. Sholl and Zimmerman, and Chris Azevedo on interviews.

14) Update - PIFT
    a. Dr. Tilney discusses that there have been multiple conversations on this, in multiple settings. The PIFT Committee has been asking good questions to the AAG regarding who governs scope of practice, etc. As well, there has been other work by Dr. Sholl and Dr. Tilney on the medical side, as well.

Old Business – 1105-1115

1) **Ops** – Director Hurley/Ops Team Members
    a. There was no Ops meeting this month. No report.
2) **Education** – A Koplovsky/C Azevedo
    a. No further report.
3) **QI** – C Getchell/J Oko
    a. Dr. Zimmerman – no meeting today. Work continues on stroke and safety newsletters.
4) **Community Paramedicine** – B. Lowry
    a. Dr. Lowry
        i. Working on scope of practice for highest level of CP practitioner. The finished document will be sent to the Office and the Board.
        ii. New Community Paramedicine Coordinator starting soon.
5) **EMSC** – M Minkler, R Williams
    a. No further report.
6) **TAC/MSA –** K Zimmerman, A Moody
    a. Dr. Zimmerman – meetings are next Tuesday, 25 Oct. Working on updating website with resources and education.
    b. TAC continues to work on its Trauma Plan.
    c. MSA continues to work on their projects and website, with resources and education.
7) **Cardiovascular Council**,
    a. A Moody was not present for the meeting. No report.
8) **Maine Heart Rescue** – M Sholl, C Azevedo
    a. Resuscitation Academy at Samoset 9-10 November.

Motion to adjourn made by Dr. Bohanske and seconded by Dr. Collamore. Meeting adjourned at 1116 hours.

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