



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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DIRECTOR

Medical Direction and Practices Board – September 18, 2024
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Members present: Dr. Matthew Sholl, Dr. Kate Zimmerman, Dr. Beth Collamore, Dr. Kelly Meehan-Coussee, Dr. Dave Saquet, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Pete Tilney, Bethany Nash, PharmD, Dr. Benjy Lowry, Dr. Rachel Williams, Emily Bryant, PharmD, Colin Ayer

Members Absent: None

MEMS Staff: Marc Minkler, Wil O'Neal, Anthony Roberts, Jason Oko, Soliana Goldrich, Robert Glaspy, Darren Davis, Taylor Parmenter, Ashley Moody

Stakeholders: Rob McGraw, Andi McGraw, Theresa Cousins, Rick Petrie, Dr. Norm Dinerman, Chip Getchell, Aiden Koplovsky, John Kooistra, Gene Streck, John Moulton, Don Sheets, Joanne Lebrun, Dr. Kevin Kendall, Dwight Corning, Rob Sharkey, Eric Wellman, Michael Reeney, David Ireland, Sean Donaghue, Chris Pare, Phil MacCallum, Dr. Steve Diaz

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."

- 1) Meeting begins at 0930 with a quorum.
- 2) Introductions
 - a. Sholl makes introductions and roll call.
- 3) Previous MDPB minutes
 - a. Collamore suggests minor editing corrections with no substantive changes.
 - b. Motion to approve August 21, 2024 minutes made by Lowry and seconded by Meehan-Coussee with non-substantive grammatical corrections. No discussion. Passes unanimously.**
- 4) State Update
 - a. Office Updates – O'Neal provides update on job postings and efforts of staff across Maine EMS system
- 5) Alternate Devices – None
- 6) Special Circumstances Protocol
 - a. Work continues on 2 potential pediatric special protocols.

- 7) Pilot Projects
 - a. Sanford Ultrasound IV Access Program – Moulton shares devices have been received and initial training has been started and is ongoing
- 8) Medication Shortages
 - a. Nash reports no significant med shortages but reiterates continuing cost increases and many have short expiration dates (e.g. 6 months)
 - b. Sholl states Roberts and he have been working with the DEA on improving some possible process changes, more to share at future meetings
- 9) Emerging Infectious Diseases
 - a. Sholl & O’Neal discuss COVID cases increasing. Discussion on potential needs to notify clinicians of exposures as done previously. Group puts a hold on this for future consideration.
 - b. Sholl reminds of cases of / vigilance / protection for pertussis, TB, EEE, and parvovirus
 - c. 1st case of West Nile reported in Maine
- 10) PIFT Update
 - a. Continuing work on licensing considerations and work at office level
- 11) LFOM Protocols
 - a. Sholl reminds members to review and provide comments to discuss in October MDPB meeting
- 12) Protocol review process
 - a. Sholl reminds authors to keep changes judicious and consider impact of proposed changes across the system and implementation of any changes
 - b. Webinar on changes was conducted, future meetings will have more messaging to hopefully improve attendance
 - c. Sholl thanks Aiden Koplovsky for attending and supporting discussion from education perspective
- 13) Gold Section Updates – Meehan-Coussee and Ritter present, continuation from August 21 meeting
 - a. Sholl asks Koplovsky to speak on liquid acetaminophen for pediatric patients and education at EMT level for this type of skill. Koplovsky states his perspective is as a practicing paramedic, a training center director at a community college, and the Chair of the Maine EMS Education Committee and that it is allowed at national scope of practice based on state and medical director approval. States it is not widely instructed to EMTs and would require significant amount of work to provide initial education to all EMTs and then continued competency on the skill of oral medication administration. Meehan-Coussee feels the effect on life and limb where it is important to push the boundaries and education colleagues should find a way to accomplish this, however liquid acetaminophen is not one of those things. Would like to see in the future but recognizes strain on current system. Koplovsky states changes in scope/skills requires hours of course change, and then adding to portfolio (which requires state approval), and then, at least in the community colleges, go to college curriculum committee for approval of course changes, and likely requires a minimum of 12 months for educational changes and incorporation. Members thank Koplovsky for this useful insight. Nash states we must ensure med administration is done safely appropriately, and effectively. **No action taken to approve liquid acetaminophen.**
 - b. Suggestion #4: Allow Paramedics to administer IV Acetaminophen for fever. If an IV is already established, and a contraindication exists for oral antipyretics and unsuccessful in decreasing a patient’s fever with passive cooling alone, “consider acetaminophen 10-15 mg IV once over 15”. Doses of less than 1000 mg require infusion via pump. Discussion on safety, benefit, risk of overdose, table and weight determination, and age/weight cutoff. **Motion by Nash “Fever protocol AEMT 5: and PARAMEDIC 6 : If a patient’s condition necessitates IV placement for**

another reason (ie. IV Fluid, etc.) AND there is a contraindication to oral antipyretics, for patients 70 kg or greater, administer 1 gram and if under 70 kg AND 2 years and older consider acetaminophen 10-15 mg/kg IV once over 15 minutes *NOTE: Doses of acetaminophen less than 1,000mg require infusion via Maine EMS approved pump at the paramedic level". Second by Ritter. Pieh unavailable, Ritter abstains, all others approve. Motion passes.

- c. Meehan-Coussee asks if we should revisit liquid acetaminophen option. Discussion to be a future consideration. **Motion by Collamore to not proceed during this protocol process with liquid acetaminophen. Second by Zimmerman. No discussion. Pieh unavailable, Ayer votes No, all others vote Yes. Motion passes.**

14) Blue Section Updates – Saquet presents

- a. Saquet states on Blue 1 rescue/alternate devices. **Motion by Collamore to move 2nd paragraph of Blue 1 to definitions. Second by Saquet. Discussion on moving 2nd paragraph vs moving entirety of Blue 1 to a definition and impact. Sholl, Zimmerman, Ritter, Pieh Lowry, Meehan-Coussee, Nash, Tilney, Ayer, Bryant, Williams votes No, Collamore votes Yes, Saquet abstains. Motion fails.**

- b. **Motion by Ayer to remove 2nd paragraph and move 1st and 3rd paragraphs to definitions, removing Blue 1. Second by Zimmerman. Pieh & Collamore vote no, all others vote yes. Motion passes.**

- c. Saquet speaks on Blue 2 Airway Algorithm.
 - i. 6. Change to “vascular access if possible”
 - ii. 6. Remove “monitor in place”
 - iii. 6. Remove “Evaluate for difficult airway”
 - iv. 7. Remove OLMC for sedation
 - v. 8. Remove entirety

Discussion on each aspect, Sholl asks to pause on iv. OLMC for a pending discussion. Concern around contradiction with protocol Blue 2 #8 vent settings vs approved alternate equipment list from MDPB vs equipment in rules and allowance of vent for EMS agencies (page 17-9 of current rules). Discussion of value of checklist during airway management. **Motion by Zimmerman to remove Blue 2 #8, Second by Tilney. Sholl asks if addition of a caveat at top of checklist would be helpful. Sholl suggests adding “This is a checklist for consideration during intubation. The MDPB recognizes that clinical conditions may dictate the most appropriate sequence of steps during the intubation of the patient”, Zimmerman OKs adding to motion, Tilney concurs. No further discussion. All in favor. Motion passes unanimously.**

- d. Saquet presents on Blue 3 Airway Algorithm
 - i. Suggests changing “CPAP if so trained and available” for the EMT level to mandatory as it is the BLS standard of care and required.
 - 1. Minkler points out that CPAP is an optional skill for EMTs and thus not all have the training or equipment to do this, hence the current language. Sholl will research.
 - ii. Suggests adding suction under EMT level
 - 1. Saquet felt that this was important to mention in the box in the algorithm, but that it is mentioned elsewhere. **Collamore makes a motion to add under EMT measures on Blue 3 the term “Suction as needed”, 2nd by Zimmerman.** Sholl suggests adding friendly amendment to change in same box the word “Basic Measures” to “Foundational Measures”. Saquet suggests changing this throughout the protocols as the skills are not “basic” in nature” but are critical. Pieh asks about conflict with AHA BLS vs ALS and does this create confusion. Oko suggests changing “BLS” instead of “basic”. **Collamore supports adding**

the amendment of changing “Basic” to “BLS”, Zimmerman agrees. No further discussion. All in favor. Motion passes unanimously.

- e. Sholl states we will resume Blue section discussion in October and resume October with the slides and points around the following
 - i. Changing the PEARL that states mandatory use of capnography for prolonged BVM use as EMTs do not use capnography.
 - ii. Removing c-collar under AEMT/Paramedic after successful advanced airway

15) Old Business

- a. Ops – O’Neal - no additional update
- b. Education Committee – Koplovsky – discussing IC licenses and any needed updates
- c. QI – Getchell – QI meeting cancelled today
- d. Community Paramedicine – Lowry – Still seeking comments on chap19 rule proposal
- e. EMSC – Minkler – PECC meeting yesterday, 17 hospitals attended
- f. TAC – Moody – has opted to go to monthly meeting with quarterly meetings in person, some membership changes
- g. MSA – Moody – quarterly meeting is in October
- h. Cardiovascular Council – Moody – working on CARES data
- i. Data – Meehan-Coussee – meets today at 3pm, working on definition of a patient and education on data collection importance
- j. EMD – no update

16) Delta ventilator pilot project

- a. **Motion by Collamore to enter Executive Session to discuss Delta Pilot Project. 2nd by Saquet. All in favor. Motion passes.**
- b. Return from Executive session at 1258

17) Next meeting to do

- a. **Sholl will research if CPAP was made optional for EMTs**
- b. **Green section authors to send Sholl info 2 weeks prior to meeting**
- c. **Saquet will continue Blue Section updates**

18) **Motion to adjourn made by Meehan-Coussee . Seconded by Saquet. Meeting adjourned at 1300 hrs.**

19) Next MDPB meeting will be October 16, 2024, at 0930.

Minutes by Marc Minkler.