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

WIL O'NEAL
DIRECTOR

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

Members present:	Dr. Kate Zimmerman, Dr. Beth Collamore, Dr. Kelly Meehan-Coussee, Bethany Nash, PharmD, Dr. Pete Tilney, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Rachel Williams, Dr. Benjy Lowry
Members Absent:	Dr. Matthew Sholl, Dr. Dave Saquet, Emily Bryant, PharmD, Colin Ayer,
MEMS Staff:	Marc Minkler, Jason Oko, Robert Glaspy, Wil O'Neal, Darren Davis, Ashley Moody, Jason Cooney, Melissa Adams
Stakeholders:	Chip Getchell, John Kooistra, John Moulton, Joanne Lebrun, Dr. Kevin Kendall, Eric Wellman, AJ Gagnon, Dwight Corning, John Lennon, Steve Coppi, Michael Reeney, Patrick Underwood, Dr. Bob Brown, Chris Pare

"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. Zimmerman will chair meeting and makes introductions and roll call.

3) Previous MDPB minutes
    a. **Motion to approve October 16 minutes by Nash, 2nd by Collamore with minor grammatical edits. Pieh abstains, all others unanimously approve.**
    b. November minutes tabled to January

4) State Update
    a. Office Updates – O'Neal provides update on year-end update and state he will have a more formal report at the Board in January. Highlights include:
        i. Ems Awards ceremony.
        ii. 988/911 integration and access phone line in place, and the 41 card which is 1st person caller, behavioral health crisis is in place.
        iii. Narcan leave behind is the standard. It's in law and it's the scope practice, the standard of care here in Maine
        iv. We administered over 10 million dollars to agencies in a from scratch process where we had to hire a team and create post award reporting workflows, etc.
        v. Community paramedicine got curriculum. We've got standards. We've got licensure mapped out that dovetails right into rules where Chapter 19 was created and moved along through the process in the year

vi. Chapter 25, which was, the stabilization rule was completed, so we could administer the 10 million dollars that began as Chapter 24, which was the emergency rule.
vii. Changes to chapter 3 around the needs assessment so that renewals can be faster in our office in this last year. That's been our experience.
viii. We were able to mostly realize the vision of establishing 4 EMS regions in law and get 4 positions funded and approved through the legislature.
ix. Established Canine ops protocols here in Maine, and thanks to Dr. Zimmerman for the work she did with the veterinary community
x. Piloted some very interesting and innovative things through the Board and MDPB.
xi. Modifications were also done to Rules Chapter 21

b. Pieh asks for an update regarding regional medical director contracts and when they will be available. O'Neal states the document will be available to review by tomorrow, along with an operational bulletin on this.

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5) Alternate Devices – None

6) Special Circumstances Protocols - None

7) Pilot Projects
   a. Delta Ventilator Project – Getchell reports no cases for October
   b. Sanford Ultrasound IV Access Program – Moulton shares that progress is slow, training still occurring, some scheduling challenges along with illness, 3 people completely signed off

8) Medication Shortages
   a. Nash reports no major shortages. Some IV fluid residual shortages but inconsistent based on supplier and seems to be resolving. Meehan-Coussee reports cyanokits are still an issue. Asks about Droperidol shortage that may trickle down to benzodiazepine shortage. Nash states her understanding is that this will resolve by February

9) Emerging Infectious Diseases – Williams reports no overflow of respiratory issues, some Mycoplasma pneumonia infections still occurring, there was one case of pertussis in Southern Maine. Tilney states he saw several over the weekend. Meehan-Coussee states CDC is following some undifferentiated respiratory illnesses at local SNFs and reminds clinicians to wear masks and follow infection control processes.

10) Green Section Updates – Tilney presents
   a. Green 7 (continued from November meeting)
      i. #11 - From feedback from trauma centers differentiating between tension and simple pneumothoraxes. They are seeing increase in decompression with simple pneumothorax without obstructive pathology. Meehan-Coussee asks about "All traumatic arrests" and language layout around this. Zimmerman edits to be individual lines reading:
         1. All traumatic arrests
         2. Chest trauma with increasing respiratory distress/hypoxia, and
         3. Chest trauma with otherwise unexplained shock or hypotension
      ii. Motion to approve these changes by Meehan-Coussee, 2nd by Williams, approved unanimously.
      iii. Minkler points out that decompression does not exist anywhere else in the protocol and does the option of decompression need to be addressed for medical causes elsewhere. Zimmerman would like to table it and revisit, Pieh concurs.
   b. Green 8

i. EMT # 2 - Change "elevate head of bed to 30 degrees" to "elevate head of bed to a MAXIMUM of 30 degrees". Pieh would like to see increased education on this as well. **Ritter makes motion to accept this change, 2nd by Pieh, approved unanimously.**

c. Green 9 & 10
   i. Minor clarification edits
   ii. Under 12 b (green 10), add "May repeat up to three times for a total of 60ml/kg. If hypotension persists afterward, consult OLMC."
   iii. Minkler suggests in #11 to remove the word "immediately" as it does not exist in other protocols and prevent confusion of its importance over other care management priorities. Discussion about this, also to include possibility of adding IO to this. Motion by Zimmerman to adopt edit changes. Discussion if this is clarified elsewhere and is actually just wordsmithing as the definition exists in purple. Group feels this could be word smithed. Zimmerman withdraws her motion.

d. Green 10
   i. Add 2 pearls to bottom
      1. "Document initial mental status/GCS and noted trends during patient contact"
      2. "The most common cause of shock in trauma is hemorrhagic shock. Recall, the most common sites of hemorrhage are external, intra-thoracic, intra-abdominal, pelvic, long-bone injuries, and retroperitoneal. Spinal shock may accompany major spine injuries. Signs of spinal shock include evidence of shock PLUS warm dry skin."
      3. Discussion by group about importance vs length vs protocolizing what we write in in MEFIRS. All agree on importance of frequent reassessment. **Pieh makes a motion to not add either pearl to Green 10, 2nd by Zimmerman. Passes unanimously.**

e. Green 12
   i. EMT 1: Change "Ascertain all sites of bleeding and control with direct pressure and elevation" to "Identify all sites of external bleeding and initiate well-aimed direct pressure and elevation". Discussion on principles, TCCC guidelines, and spirit of concept.
   ii. EMT 2.b.: Add "by following the manufacturer's guidelines."
   iii. EMT 2.d.: Add as new item "Document time of tourniquet application and communicate this clearly with receiving facility"
      1. Discussion continues on all of these topics. **Pieh makes a motion that EMT 1 and EMT 2.b. are not changed and that EMT 2.d. is added as a Pearl. 2nd by Zimmerman. Discussion continues. Passes unanimously.**

f. Green 13
   i. EMT 1: Add "external" before bleeding
   ii. AEMT/Paramedic 6: Change to "Establish 2 large bore IVs en route"
   iii. AEMT/Paramedic 8a.: Add "or a total of 60 ml/kg"
      1. Will word smith to copy what is done for head trauma
   iv. AEMT/Paramedic 8 c.: Add "In" to beginning, change "maintain SBP greater than 90 mm/Hg" to "maintain age appropriate SBP"
   v. Discussion on these changes. **Tilney makes a motion to add the changes to Green 13 as proposed, with wordsmithing AEMT/Paramedic 8.a. to match head trauma, 2nd by Nash. 9 vote yes, 1 vote no. Motion passes.**

g. Green 15
   i. Add 2 Pearls
      1. "For significant eternal bleeding or suspicion of internal bleeding, reassess vital signs every 5 minutes for evidence of hemorrhagic shock."
      2. "Consider supplemental oxygen in the setting of clinically diagnosed hemorrhagic shock with hemodynamic instability."

3. Tilney retracts these suggestions as they are education related and not protocolized and covered elsewhere. No objections from group.

h. Green 16
   i. Significant changes from American Burn Association and discussions with Chief of the Burn Service at Maine Health, Dr. Damian Carter
   ii. EMT 2: Administer high flow oxygen in patients with respiratory distress or evidence of hemorrhagic shock. Additionally, consider the administration of oxygen in patients who may have been exposed to high levels of carbon monoxide (i.e. enclosed spaces)"
   iii. Change AEMT 9 to "Initiate fluid resuscitation with the following rates as a starting point in patients with burns clearly greater than 20% TBSA:
      1. <= 5 years old: 125 ml LR per hour
      2. 6-12 years old: 250 ml LR per hour
      3. >= 13 years old: 500 ml LR per hour
   iv. Delete AEMT 10
   v. Add 2 Pearls
      1. "Research indicates that resuscitation based upon using 4ml LR per kg per %TBSA burns commonly results in excessive edema formation and over resuscitation"
      2. "Maintain body temperature by keeping the patient warm and dry"
   vi. Discussion on these changes, and evidence. Pieh asks about high flow oxygen for burns as the only other uses in protocol for empiric high flow is in TBI and CO poisoning. Tilney will research. Williams expresses concern that a 6-month-old would get same amount of fluid as a 4-year-old and huge difference in size. Tilney states he can provide the evidence and reference for this. Meehan-Coussee recommends leaving #9 and changing AEMT 10 to the fluid rates if hypotension not present. Pieh expresses concerns he has not had time to review this evidence and would like to table this after reviewing the materials. Group agrees, changes tabled pending review of materials supplied from Tilney.

i. Green 23
   i. Paramedic 8.a: Add "0.9%" in front of normal saline. Discussion, felt to be redundant and change not needed. Tilney retracts suggestion.

j. Green 26
   i. Clean up definition and change to "Suspected fracture with associated extensive tissue damage, wound, and/or visible bone; including partial or completed amputations". Discussion on change. Group feels this is a small change and does not need a motion.

k. Saquet notes that Oko has sent the new ABA burn guidelines out to group.

11) Yellow Section Updates – Saquet presents
   a. Yellow 2
      i. 14.a.i.: Change infusion time to "over 10 minutes" to match
      ii. 14.a.ii.: Change infusion time to "over 10 minutes" to match
      iii. Group feels it is standardizing, and no vote needed on this change and accept change unanimously
   b. Yellow 3
      i. 5.a.: Change "2 grams of magnesium sulfate IV/IO over 10 minutes" to "50 mg/kg over 10 minutes"
      ii. 5.b.: Change "25-50 mg/kg IV/IO (diluted to 20% or 2 gm/10ml) infusion over 10 minutes (MAX 2 dose grams)" to "50 mg/kg over 10 minutes (MAX dose 2 grams)"
      iii. **Motion by Saquet to leave 5.a. as is and change 5.b. to "50 mg/kg over 10 minutes (MAX dose 2 grams)", 2nd by Nash.** Discussion follows on proper dilution for pediatric patients as magnesium is supplied at 50% and is not appropriate at that concentration for pediatric patients. Nash/Saquet/Pieh will work on the dilution verbiage based on pharmacy standards. **Tilney abstains, all others in favor. Motion passes.**

c. Recommend standardized fluid dilution requirement to any fluid we carry and not specific which fluid.
    i. Nash would like to do a deep dive into this to double check for any issues
    ii. Group will table pending research by Nash

12) Protocol Process Update
    a. Blue, green, yellow sections are done
    b. Pink is January
    c. Orange will be the next section after Pink, Collamore states she will be ready to start if time allows in January

13) Old Business
    a. Ops – no update
    b. Education Committee – Minkler – Working on IC requirements and licensure materials. December meeting was cancelled, January is also cancelled as the Board changed the date of their meeting to the same time, so next meeting is February
    c. QI – Getchell – Last meeting started brainstorming some possible QI measures, will continue today at the normal meeting
    d. Community Paramedicine – Lowry – Awaiting rules to progress through the system, working on onboarding packet for CP medical directors, reviewing results of community needs assessment for pediatrics
    e. EMSC – Minkler/Williams – 2 Pediatric preparedness conference sessions offered (TEEX, 2 days at Maine Health, and 2 days at EMMC, approximately 80 students attended) and arranged by Brian Richardson and Minkler, EMSC meeting in January. HRSA report submitted, PECC meeting January 23, Waldo Hospital is closing OB for in-patients on April 1 but has had occasional diversion already due to staffing. Minkler notes that nearly 50% of hospitals no longer have inpatient OB capacity in Maine.
    f. TAC – Tilney – Last meeting was cancelled, no quorum and rules around remote meeting
    g. MSA – Zimmerman – Next meeting in January
    h. Data – Davis – In process of being reseated with names submitted to Board. Meehan-Coussee has been approved by Board for MDPB representative
    i. EMD – Adams – AED registry implementation guidebook put out to PSAPs of how to integrate EMD software with the AED registry and address to indicate if there is an AED nearby and its specific location (and will show on map). Several have already implemented this. Integration of 911 and 988 and protocol 41 – first person party with behavioral crisis is implemented. The Maine Office of Behavioral Office has funded the training at over $50,000. Wells Public Safety Dispatch is the first to implement this.

14) Pilot Project – Delta Ventilator Pilot Program – Getchell and Pieh
    a. Last month's case discussion resulted in continuing work with medical directors and education and QI tool is being drafted, anticipates tool being ready soon for MDPB review. Pieh feels ready to be able to report in detail for January.

15) Good of all
    a. Zimmerman thanks all for their hard work

16) "To do" items from November meeting
    a. Tilney will pull most recent PECARN data on pediatric cervical spine and review for group.
    b. Tilney will draft protocol and/or education for HEMS for operations section. If protocol, will need a white paper on it.
    c. Meehan-Coussee and Tilney will work on education for fluid bolus in trauma.
    d. Sholl will be developing a clinical bulletin regarding cyanokits.

17) **Next meeting "to do" for January**
    a. **Pink Section will be covered in January, possibly Orange if time allows**
        i. **Zimmerman/Williams and Collamore to send out slides for pink and orange sections**
    b. **Revisit chest decompression need for non-traumatic causes and possible need in other protocols**
    c. **Tilney will provide references and evidence on burns to revisit tabled item of fluid boluses on Green 16**
    d. **Nash/Saquet/Pieh will work on the dilution verbiage for magnesium sulfate pediatric dose on Yellow 3**
    e. **Nash will research any fluid dilution incompatibilities for MEMS medications and bring back to group**

18) **Meeting adjourned at 1210**

19) Next MDPB meeting will be January 15, 2025, at 0900 and shared with LifeFlight of Maine CPC.

Minutes by Marc Minkler.