To: Maine EMD Center Directors
From: Drexell White
Subject: State Medical Director Approval - Maine EMD Protocol Version13
Date: December 30, 2015

Matt Sholl, M.D., Maine State EMS Medical Director has approved Version 13 of the Medical Priority Dispatch System Protocols and has directed that it be used in Maine licensed Emergency Medical Dispatch (EMD) Centers, effective upon:

- Completion, by the Center's licensed Emergency Medical Dispatchers of International Academies of Emergency Dispatch (IAED) update training for Medical Priority Dispatch System (MPDS) Version 13. Each Maine-licensed EMD Center has, or will receive a hard-copy of the *Emergency Medical Dispatch Update Guide* upon which the Center may base its training. Centers have also been sent an electronic version of the guide*;*

- Installation of Pro QA dispatch software upgrade to Version 13 in the Center (for Centers using Pro QA software)

- Upgrade of the Center's AQUA Quality Assurance software to enable Version 13 protocol case reviews (for Centers using AQUA software); and,

- Upgrade of manual card sets to Version 13.

Maine-EMS-licensed EMD Centers need to implement Version 13 as soon as possible after notification by the IAED that training materials, software and card set replacements are available. Maine EMS will notify Centers of an implementation deadline, once all of the aforementioned resources have been made available by the IAED. Except as otherwise noted in this document, the MPDS Version 13 protocols listed in Appendix A of this document are authorized for use, as written:

Like previous versions of the EMD protocol, there are several instances in Version 13 that require local medical director approval. Since Maine uses a single statewide set of EMD protocols, the State EMS Medical Director provides any and all required approvals (unless otherwise noted). The appendices included in this document identify the Protocols that require medical director definitions, approval or guidance, along with specific definitions, approvals and guidance by the State EMS Medical Director.   The appendices include:

- Appendix B: Protocol 9 – Cardiac or Respiratory Death
- Appendix C: Protocol 14 - Drowning / Near Drowning / Diving / SCUBA Accident

- Appendix D: Protocol 18 – Headache
- Appendix E: Protocol #24 – Pregnancy / Childbirth / Miscarriage
- Appendix F: Protocol #28 – Stroke (CVA) / Transient Ischemic Attack (TIA)
- Appendix G: Protocol #33 – Transfer/Interfacility/Palliative Care
- Appendix H: Protocol #37 – Interfacility Evaluation/Transfer
- Appendix I: Other Information, Settings and Authorizations

The determinate code definitions have been developed by the Maine EMD Committee and staff and approved for use by the State EMD Medical Director in order to help better define the types of transfers encountered by EMD Centers. Please provide feedback to Maine EMS about whether the transfer codes assist emergency medical dispatchers in categorizing calls in Protocols 33 and 37.

This document will be updated as needed, with additional information and Frequently Asked Questions, and will be posted on the Maine EMS web site.

Please contact me should you have questions.

Drexell

MPDS Version 13 Version 13 Protocols Approved for Use (note – see other appendices for specific medical control direction)

01: Abdominal Pain / Problems
02: Allergies (Reactions) / Envenomation (Stings, Bites)
03: Animal Bites/Attacks
04: Assault / Sexual Assault / Stun Gun
05: Back Pain (non-traumatic or non-recent)
06: Breathing Problems
07: Burns (Scalds) / Explosion (Blast)
08: Carbon Monoxide / Inhalation / HAZMAT / CBRN
09: Cardiac or Respiratory Arrest
10: Chest Pain / Chest Discomfort (Non-traumatic)
11: Choking
12: Convulsions/Seizures
13: Diabetic Problems
14: Drowning / Near Drowning/Diving / SCUBA Accident
15: Electrocution / Lightning
16: Eye Problems/Injuries
17: Falls
18: Headache
19: Heart Problems / A.I.C.D)

20: Heat / Cold Exposure
21: Hemorrhage / Lacerations
22: Inaccessible Incident / Other Entrapments (Non-Traffic
23: Overdose / Poisoning (Ingestion)
24: Pregnancy / Childbirth / Miscarriage
25: Psychiatric / Abnormal Behavior / Suicide Attempt
26: Sick Person (Specific Diagnosis)
27: Stab / Gunshot / Penetrating Trauma
28: Stroke (CVA) / Transient Ischemic Attack (TIA)
29: Traffic/Transportation Incidents
30: Traumatic Injuries (Specific)
31: Unconscious / Fainting
32: Unknown Problem / Person Down
33: Transfer / Interfacility / Palliative Care
34: ACN (Automatic Crash Notification
37: Interfacility / Evaluation / Transfer

1. PROTOCOL #9 – Cardiac or Respiratory Arrest / Death

   a. Obvious Death Criteria for code 9-B-1 & 9- D-2:

   - Cold and stiff in a warm environment
   - Decapitation
   - Decomposition
   - Incineration
   - Non-Recent death
   - Severe injuries obviously incompatible with life
   - Locally defined condition "g" – Not Defined by Medical Control
   - Locally defined condition "h" – Not Defined by Medical Control

   b. Expected Death Criteria for code 9-O-1 & 9-D-2

   - DNR (Do Not Resuscitate) Order – Police, Fire or EMS must be dispatched.

   c. EMS response for Obvious Death (9-B-1)

   - Response: Send locally defined resource.

   d. Protocol 9; EMS response for Expected Death (9-O-1)

   - Response: Emergency Medical Services response

   e. Protocol 9; EMS response for Obvious or Expected death (9-D-2)

   - Response: Emergency Medical Services response

Protocol #14 – Drowning / Near Drowning / Diving / SCUBA Accident

    f.   Definition – "Obvious Death" = Submersion ≥ 6hrs (14-B-2)

    g.   EMS response for condition "Obvious Death" - Submersion ≥ 6hrs (14-B-2) is locally defined by EMS

Protocol #18 - Headache

- Stroke Treatment Time Window = three (3) hours (suffix: T)

Protocol #24 – Pregnancy / Childbirth / Miscarriage

    h.   Protocol 24; Definitions - High Risk Complications for Code 24-D-5:

- Premature birth (24-36 weeks)
- Multiple birth (≥ 24 weeks)
- Bleeding disorder
- Blood thinners
- Cervical cerclage (stitch)
- Placenta abruption
- Placenta Previa

    i.   Omega Referral for Code 24-O-1 (Waters broken, no contractions or presenting parts)

- For use only by EMS services with Maine-EMS-approved Response Assignment Plans

    j.   EMS response for Omega Referral Code 24-O-1)

- For use only by EMS services with Maine-EMS-approved Response Assignment Plans – Response to be defined in the Response Assignment Plan

Protocol #28 – Stroke (CVA) / Transient Ischemic Attack (TIA)

      a. Stroke Treatment Time Window = three (3) hours (suffix: T)

      b. Launch Stroke Diagnostic Tool after dispatch

Protocol #33 – Transfer / Interfacility / Palliative Care

The Protocol 33 Acuity Level definitions will be used by Centers unless a Center has developed its own Acuity Level definitions in concert with local EMS.

    k.   <u>Protocol 33 - Acuity levels for codes 33-A-1, 33-A-2, 33-A-3</u>

Acuity Level I - 33-A-1T:	Non-Emergency Response (<u>Immediate response</u> requested for transport to other than a hospital emergency department)
Accuity Level II – 33-A-2T:	Non-Emergency Response (<u>Time specific response</u> for transport to other than a hospital emergency department - relay pickup time to responders)
Accuity Level III – 33-A-3T:	Non-Emergency Transfer (<u>non-time sensitive response</u> for transport to other than a hospital emergency department)

Protocol #37 – Interfacility / Evaluation / Transfer

1. For purposes of Protocol #37, NURSE or DOCTOR is defined as:

   - Medical Doctor (MD)
   - Doctor of Osteopathy (DO)
   - Physician Assistant (PA)
   - Nurse Practitioner (NP)
   - Registered Nurse (RN)
   - Licensed Practical Nurse (LPN)

2. Protocol 37 Evaluation and Transfer Level definitions for use by Centers, unless a Center has developed its own Acuity Level definitions in concert with local EMS.

Delta Evaluation – 37-D-2	Emergency Paramedic Response – Priority Symptoms Identified (Immediate Paramedic response for transport to a hospital emergency department requested)
Charlie Evaluation/Transfer 37-C-5	Emergency Response Requested by Caller (Immediate Paramedic response for transport to a hospital emergency department or other facility requested)
Charlie Evaluation 37-C-6	Non-Emergency Response (Immediate Advanced EMT [AEMT] or Paramedic response for transport to a hospital emergency department requested)
Bravo Evaluation 37-B-1	Emergency Response (Immediate Basic Life Support (BLS) response for transport to a hospital emergency department requested)
Alpha Evaluation 37-A-1	Non-Emergency Response (Immediate Basic Life Support (BLS) response for transport to a hospital emergency department requested)
Transfer Level I – 37-C-7	Non Emergency Response (Paramedic Interfacility Transfer (PIFT) Paramedic response for interfacility transport requested)
Transfer Level II – 37-C-8	Non Emergency Response (Paramedic response for transport to other than a hospital emergency department requested)
Transfer Level III – 37-C-9	Non Emergency Response (Advanced EMT [AEMT] or Paramedic response for transport to other than a hospital emergency department requested)
Transfer Level I – 37-A-2	Non-Emergency Response (Immediate BLS response for transport to other than a hospital emergency department requested)

Transfer Level II – 37-A-3   Non-Emergency Response (Time specific BLS response for transport to other than a hospital emergency department - non emergency response mode- relay pickup time to responders)

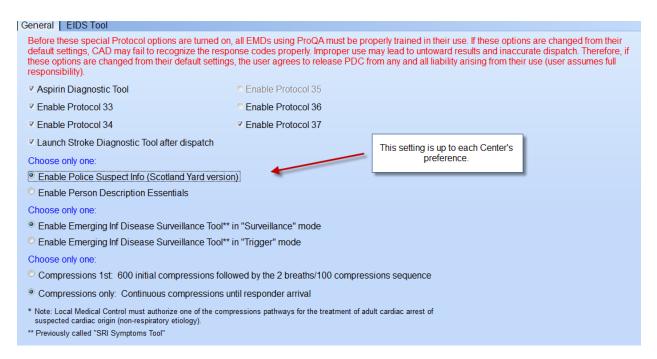Transfer Level III – 37-A-4 -   Non-Emergency Transfer (non-time sensitive BLS response for transport to other than a hospital emergency department requested)

3.   Protocol 37; Stroke Treatment Time Window (suffix: T) = three (3) hours

OTHER INFORMATION, SETTINGS AND AUTHORIZATIONS

1. Aspirin Diagnostic and Instruction Tool is approved, as written

2. Cardiac Arrest CPR Compressions Pathways or the treatment of adult cardiac arrest of non-respiratory etiology = Compressions Only

3. Airway management is the most important aspect of treating a patient with a suspected drug overdose. Emergency Medical Dispatchers need to ensure that airway management issues are addressed, especially in situations when Naloxone/Narcan Administration Instructions are indicated.

4. When updating the Protocol, Information Technology (IT) personnel need to ensure that the "Restricted Settings" in the Paramount Admin software is set as follows:

(Note that the Police suspect info designation is left to each center to determine.