

PAUL R. LEPAGE GOVERNOR

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



JAY BRADSHAW DIRECTOR

Medical Direction and Practice Board October 17, 2012 9:30 am Minutes

<u>Medical Di</u> <u>MEMS Staf</u> <u>Guests</u> – Ri	<u>irectors Present</u> – Busko, Cormier, Sholl, Pieh, Goth, Chagrasulis, Randolph <u>irectors Absent</u> –Kendall <u>ff Present</u> –Kinney, Sheets, Powers, Leo ick Petrie, Kevin Gurney, Shawn Evans, Ben Murphy, Kerry Sousa Pomelow, Chris Paré, M Sutch Russell, Joanne LeBrun, Nathan Yerxa, Ginny Brockway, Dan Batsie, Francis Brandor egan Clark	
September 2012 Minute	Septemb 2012 mi changes presente Randolp second b Cormier Unanime	ber 19 nutes with as d by bh (Pieh by c) ous
	have been scheduled in all the regions. Please check the Maine EMS web site for times and le November 5 – Region 2 November 6 – Region 1 November 9 – Region 6 November 13 – Region 4 November 14 – Region 3	
New Devices	None submitted	
Special Circumstance Protocol	 Reviewed and accepted the following: 1. Southern Maine – PR Valium for seizures – Pieh/Chagrasulis – Unanimous 2. Southern Maine – IN/IM Midazolam for seizures – Randolph/Pieh – Unanimous 3. Southern Maine – No transport unless status seizures or other findings not relate disease – Pieh/Randolph - Unanimous 	d to the

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Agitated Patient Pilot Project	Randolph reported that there have not been any new patients. Will spend time on the protocol revisions to include high dose in the Gold section. Randolph will present this in November.	
Community Paramedicin Update	Calais.	
NASEMSO	Matt reported on the NASEMSO meeting he, Jay and Don recently attended in Idaho. Maine received a grant to assist in the implementation of the new National Protocols in five states that will be utilizing the new protocols. Matt will report back with best practices on development, disbursement and education. Don Sheets reported that the Educational and Professional Standards Council discussed the accreditation, transition programs, evaluating airway competency, and several other topics.	
Protocol Review Discussion	 Gray: M. Sholl 1. Discussion on the Termination of Resuscitation (TOR). Decision to reflect the language "shockable/non-shockable". Changed the language in Gray TOR to t consistent with Red 11. 2. Add the wording that a police office may assist the EMS provider if they feel th transportation is needed. 	
	 Blue: T. Pieh 1. Change the hours from "72" to "48" in patients who have taken erectile dysfunction medication. 2. Discussion on the use of CPAP in the asthma patient – No changes at this time will consider in two years. 	
	 Red: M. Cormier 1. Remove consider and replace with recommend to be consistent throughout the Red protocol. 2. Remove contact OLMC for Fentanyl and refer to the pain control protocol. 3. Must use a pump for use of Dopamine in adults and pediatrics. 4. Define fluid challenge. 	
	Next meeting in November, W. Randolph – Gold. All to bring documents regarding Therapy Resuscitation.	
]	Old Business	
MEMS Education	Continue working on transition courses, continuing CEH modifications and CBO modifications –nothing new to report.	
MEMS Operations	Rick Petrie reported that the Ops Team met on October 2. Topics included preparation for the newspaper insert for EMS Week 2013, highlights from NASEMSO, and updates from the regional offices and training centers.	

MEMS QI	Reviewing the QI ASA project.	
IFT Subcommitte	Discussion regarding the different methods of PIFT review in the regions. Joanne reported that there we be a QI conference on December 7, 2012 in Region 2. Develop a tool box regarding QI and have on the Maine EMS web site. ACEP and MEMS are revamping their web sites. Discussion on assisting the T with their hospital evaluations to education all on the PIFT process.	

Next Meetings – November 21, 2012 IFT - NONE MDPB – 9:30 – 12:30 QI - NONE