



PAUL R. LEPAGE
GOVERNOR

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



JOHN MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Medical Direction and Practice Board
November 21, 2012
9:30 am
Minutes

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| <p><u>Medical Directors Present</u> – Busko, Cormier, Sholl, Pieh, Chagrasulis, Randolph <u>Medical Directors Absent</u> –Kendall <u>MEMS Staff Present</u> –Bradshaw, Kinney, Sheets, Powers, Leo <u>Guests</u> – Rick Petrie, Kevin Gurney, Shawn Evans, Butch Russell, Dennis Russell, Nathan Yerxa, Joseph Moore, Patrick Wynne, Tamas Peredy, MD, Joseph Galego, Kaitiyn Brunelle, Gary Hickey, Autumn Edwards, Heidi Huff, Benny Rogers, Aaron Jellison, David LeSilcher, John Kooistra</p> | | |
| October 2012 Minutes | | MOTION: To approve October 17, 2012 minutes (Cormier second by Chagrasulis) Unanimous |
| ME EMS Update | Bradshaw– No new Budget or Legislative changes since last meeting. The Maine EMS Rules Public Hearings have been held in all regions. Rules written comments must be submitted to Maine EMS by Monday November 26 th . | |
| State Antidote Stockpile Update | Dr. Peredy, Medical Director, Northern New England Poison Center, gave an overview of the State Antidote Supplies which consist of nerve agent antidotes, cyanide antidotes, heavy metal chelators, toxic alcohol therapies, radiation countermeasures antivirals, and burn supplies. These stockpiles have been purchased and positioned in Maine in anticipation of events that will exceed local resources. | |
| New Devices | None submitted | |
| Special Circumstances Protocol | None submitted | |
| Agitated Patient Pilot Project | Have had a total of three patients. Discussion on how to proceed either to continue the pilot project or to stop it. Recommendation to take to the Board to continue until we have a protocol to reflect the same as the pilot project. This is available only to the services that participated in the project in 2012. | MOTION: To request that the Board approve the continuance of |

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| | | the pilot project until the agitated patient protocol is incorporated into the 2013 protocols. (Sholl seconded by Busko) Unanimous |
| Community Paramedicin Update | Community Paramedicine applications for Delta and North East Mobile Health Services have been approved. Reports will be heard from St. George, United, Mayo, Searsport, and Calais. Rick Petrie reported on the CP program held at the Samoset. | |
| Samoset | Rick Petrie reported that the attendance was good for all the classes and overall everything went well. This year the format was changed to have the keynote speaker, David King, DM, speak on Saturday morning, which had attendance of over 250 students. For next year's conference (11/6-10/2013) the goal is to have an EMS Medical Directors forum. | |
| New England EMS Council | Jay Bradshaw reported that there were presentations on how the state EMS offices can collaborate with their respective Bureaus of Highway Safety. Maine already has a good relationship. Changes are being made in the EMS Management Program, with responsibility transferring to Springfield College. Dr. Scholl reported on the interest of the New England state medical directors to have multi-state treatment protocols. These will be using evidence-based guidelines. This will be done in stages. Stage 1 will be to develop a gap analysis of the 6 state's protocols. It was decided to use the New Hampshire format. Dr. Pieh suggested that each regional medical director review their sections for differences and report back to Dr. Scholl. In stage 2, the protocol subcommittee will develop protocols that will be reviewed by each state for approval. Stage 3 will create the final protocols for all 6 states. These will be maintained by the New England Council. The New England Council formed a work group to develop a job description for a project manager and seek funding for this position. | |
| Protocol Review Discussion | Blue: Dr. Pieh 1. This was completed last month. Gold: Dr. Randolph 1. 1 st dose of Epinephrine as a standing order and to include IM for anaphylaxis for all levels. 2. Fluid bolus, change wording to be consistent throughout the protocols. 3. Change to Midazolam 5 mg IV/IO, 10 mg IM after 5 minutes status seizures. 2 nd dose 5 mg IV/IM for a total of 3 doses. 4. Stroke protocol to keep as is, and add an education component. R. Petrie to share education tools that hospitals and services are using in his regions. 5. Pump needed for Dopamine. 6. To perform 12-lead EKG for upper abdominal pain and clinical risk factors and | |

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| | <p>or history of CAD or patients with abnormal vitals.</p> <p>7. Standing order for 1st dose of Fentanyl 1 mcg/kg for abdominal pain.</p> <p>Next meeting in December, Dr. Busko – Green.</p> | |
| Colorimetric tidal CO2 detectors. | Discussion on the use of colorimetric devices in the field as there was confusion on the previous decision made by the MDPB. It was decided that colorimetric devices can only be utilized in a backup situation. | <p>MOTION: Colorimetric devices are an allowable piece of equipment to be only utilized in a backup situation, and they are not mandatory for ambulance services to have. (Cormier, seconded by Pieh) Unanimous.</p> |
| Old Business | | |
| MEMS Education | Don Sheets reported that there are new training classes available through MEMSED. Discussion on education required for the 2013 protocol update. | |
| MEMS Operations | <p>Rick Petrie reported that the Ops Team met on November 6th. Topics included: preparation for the newspaper insert for EMS Week 2013, requested input from the regional medical directors, Jon Powers did an overview of the MEMSRR analytic report writing training, and updates from the regional offices and training centers.</p> <p>It was requested that Jon do an overview of the analytic report writer at the December MDPB meeting.</p> | |
| MEMS QI | No meeting | |
| IFT Subcommittee | No meeting | |

Next Meetings – December 19, 2012

IFT – 8:30 – 9:30

MDPB – 9:30 – 12:30

QI – 1:00 – 3:00