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Medical Direction & Practices Board  
Meeting Minutes  
November 18, 2014

Members present: Dr. Sholl, Dr. Zimmerman, Dr. Busko, Dr. Beaulieu, Dr. Kendall,  
Dr. Chagrasulis, Dr. Randolph (via teleconference)

Public Representative: None

Members absent: Dr. Pieh

Staff: Jay Bradshaw, Alan Leo, Jon Powers, Heather McKenney,

Guests: Marc Minkler, Howard Palmer, Joanne Lebrun, Shawn Evans, Kevin Gurney, Rick  
Petrie, John Kooistra

Called to order: 09:35 a.m.

- 1) October 2014 minutes –Unanimous approval with correction to add Dr. Kendall as present and other edits already sent to Don Sheets.
- 2) State/Community Paramedicine Update – Jay Bradshaw told the group that he is waiting for approval of the Muskie School as the data collection agency for the Community Paramedicine project and hopes to hear of that approval soon. The MEMS office has been working on Ebola related issues, attending conference calls and meetings. One positive outcome of this is that services are looking into their PPE policies, equipment and procedures and integrating these with the hospitals and hospital infection control contact. Another is further embracement of EMS as a system of care and development of a regional response plan including designated services and hospitals.
- 3) Update re: Capitol Ambulance Pilot Project – Dr. Busko states that the training has become a little more involved than originally thought and hopes it will be completed soon.
- 4) New Devices – None

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- 5) Special Circumstances Protocols – Dr. Zimmerman presented to the MDPB the final version of a previously approved protocol for an Adrenal Insufficiency/ Congenital Adrenal Hyperplasia patient in Region 1. Approved by all.
- 6) PEGASUS Update- Dr. Sholl thanked everyone who attended the classes at the APEMS Seminar this past weekend regarding PEGASUS. This is up and running in Houston and in the draft stages in Maine.
- 7) Medical Director Training- Dr. Kendall stated that Dr. Busko is finishing up the Wilderness section and Dr. Pieh is finishing up the Tactical section and along with the comments and edits this draft should be ready for the December meeting.
- 8) Cardiac Section – Dr. Kendall/Dr. Sholl- Dr. Kendall presented a Power Point on the data associated with Therapeutic Hypothermia and the MDPB discussed this at great length. The discussion included, review of data from different studies, the temperature range of 34c-36c, the benefit of TH beginning in the field, use on VF/VT patients as opposed to PE/Asystole patients, Trans Nasal Evaporative Cooling, management of Cardiac Arrest Syndrome, Online Medical Control involvement in the decision to begin this treatment in the field or not, and glucose control in the post arrest patient. Also discussed geographical locations and transport times, island communities may be a huge factor in this.

The question was raised about seizure control associated with this and it was determined that yes that should be included with reference to the Gold Section and the current Sz protocol

It was also decided that if a service couldn't continue this procedure once initiated then they should not begin the procedure.

It was noted that team focused CPR should be stressed in the protocols and that a very robust training program would need to take place in order for this to be successful. All agreed and Dr. Sholl will produce a white paper on this as this has been very successful in Maine and all over the country.

Joanne asked that if a patient in cardiac arrest was transported would the use of a mechanical CPR device be more effective than hands on. It was decided that no data proved that the outcome of CPR was any better using this device.

Dr. Kendall asked about the use of pumps for the administration of Amiodarone and it was agreed by all that pumps will be used in this situation.

Marc Minkler inquired about the use of an AED mentioned in Red 15 with regards to Wide Complex Tachycardia citing that the AED won't shock if a pulse is present. Dr. Sholl stated that this wording had been in the protocols for years and maybe it was time to remove it. All agreed.

- 9) Emerging infectious diseases – Dr Sholl/Jay Bradshaw-The tempo of conference calls and meetings have slowed down but Jay Bradshaw cautioned that services

and providers should not abandon their vigilance regarding emerging infectious diseases such as the flu are still very prevalent in this country.

It was pointed out that services should still continue to maintain their equipment, review and update their policies or infection controls plans and continue training on PPE, donning and doffing equipment as well as continuing to work with the local hospital infection control coordinator. The designation of one regional transporting service and a central receiving hospital for each region is still being developed with the hope of being completed soon.

Dr. Sholl reiterated that Ebola should not be removed from anyone's radar until the last case has been cured in Africa and not to forget the lessons learned from this as there will always be another infections disease outbreak and continued best practices and up to date infection control plans as well as continued communication with all of those involved are key to a safe response.

10)Old Business- Rick updated the MDPB on the success of another great APEMS Seminar.

Dr. Sholl advised the group that he had a conflict with the January 2015 MDPB meeting and a conference out of state that he had to attend. All agreed to cancel the January meeting.

There was no OPS report, no education report, and no IFT report.

Jon Powers told the group he would like to send them the symptoms and impressions listing for the upcoming version 3 change to MEMSRR for their feedback. All agreed this would be a good idea.

Adjourned 12:35 p.m.