

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 December 19, 2012 9:30 am Minutes

		rectors Present – Busko, Cormier, Sholl, Pieh, Chagrasulis, Randolph, Goth				
	<u>Medical Directors Absent</u> –Kendall					
	<u>MEMS Staff Present</u> –Bradshaw, Sheets, Powers, Leo					
	<u>Guests</u> – Rick Petrie, Kevin Gurney, Butch Russell, Dennis Russell, Mike Choat, Michael Schmitz, Myles Block,					
		n Chamberlin, Toby Hollis, John Malcolm, Chris Boynton, Anna Moses, Pret, Tammy LaChance, Kate				
		oodness, Sara Chavarie, Cody Varnum, Missy Varnum, Travis Vicary, Doris Laslie, John Kooistra, Dan Batsie,				
		a Pomelow, Christopher Pare, Marc Minkler				
	November		MOTION: To			
	Minutes		approve			
			November, 2012			
			minutes (Cormier			
			second by Pieh)			
			Unanimous			
	ME EMS Upd Bradshaw— MEMS managed to make it through 35 million curtailment with no impact to our budg					
	мь вмз ора	million budget shortfall coming may cause budget cuts within the department.				
		The Board has heard the comments about rules and with only minor changes approved the rules as proposed to the rules are p				
		with a May 1, 2013 start date with education and license level changes occurring through 2016.				
		Community Paramedicine – a variety of applications have come in with two services				
		programs are expected to start in early 2013	being approved. Do			
		programs are expected to start in early 2015				
	New Devices	None submitted				
	Special	None submitted				
	Circumstanc	None submitted				
	es Protocol					
	_					
	Agitated	Dr. Randolph and Dr. Busko- currently have nothing to report				
	Patient Pilot Project	William Bourd Voice in ravor of anowing current services emotion in the prior program to continue using				
	Troject	the protocol with the understanding that this will become part of state protocol in 201	3			
ļ	New	Dr. Sholl reports that the individual states are working on a gap analysis to	All MDPB			
	England	compare where they are to the New Hampshire protocols.	members			
ļ	Protocol	Matt has requested that each Medical director evaluate their respective sections of	agreed to			
		our protocol	participate			
	Protocol	Green: Busko				

Review Discussion	 Utilization of the CDC trauma triage guideline – this was requested by TAC D Busko will attempt to tailor this to Maine and present it to the TAC and circle January. 			
	 2. Spinal Assessment – Language updated to assess for spine pain or tenderness at any – this will ensure the entirety of the spine is assessed 			
	3. Chest Trauma – added language to reflect other diagnosis of chest trauma currently in New Hampshire protocol			
	4. Hemorrhage Control – Updated to recommend the use of prompt tourniquet use an placement on a single bone structure – Example (femur)			
	 Head Trauma – This will now guide providers to green 6 to determine if the placed on a longboard. 			
	 6. Green 15 – Recommendation of TXA being added to the drug formulary – Matt and Jon will look into creating a pilot program for services to engage with local hospitals and determine need. 7. Cleaned up language surrounding Maine EMS approved method of hemorrhage control 8. Fluid bolus updated to become consistent in all protocols 			
	9. All providers may use a commercial available pelvic binder in the presence of shock and an unstable pelvis			
	 10. Addition of consider 12 lead in chest trauma 11. Burns – Dr. Busko has supplemented a revised Parkland formula that will simplify math and give fluid rate as opposed to a total volume 12. Pain control protocol will add the use of IN fentanyl 			
	Consensus agreement was reached on all terms			
Termination of Resuscitation				
Drug Shortage	Region 2 reporting Nitro Paste shortages State wide hospitals are short on Sodium -Bicarb and Epinephrine			
Old Business				
MEMS Education	Sheets Clinical Behavior Objectives have been completed and will be presented to the board in Februa			
MEMS Operations	MEMS Nothing to Report			
MEMS QI	No meeting			
IFT Hospital survey needs to be pushed for facility completion				

Next Meetings – January 16, 2013 IFT – 8:30 – 9:30 MDPB – 9:30 – 12:30 QI – 1:00 – 3:00