



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



JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – July 15, 2020
Conference Phone Number: 1-720-707-2699 **Meeting Number:** 345 024 1513
Zoom Address: <https://zoom.us/j/3450241513>

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 0900. Please note, these meetings will be virtual.

Members present: Kate Zimmerman, Benjy Lowry, Beth Collamore, Bethany Nash, Tim Pieh, Kevin Kendall, Adam Thacker, Mike Bohanske, Claire DuFort, Rachel Williams, Pete Tilney, Dave Saquet

Members Absent: Matt Sholl

MEMS Staff: Christopher Azevedo, J. Samuel Hurley, Marc Minkler, Jason Oko, Melissa Adams, Darren Davis

Stakeholders: Chip Getchell, Debbie Morgan, Jay Bradshaw, Joanne Lebrun, Nathan Yerxa, Norm Dinerman, Paul Marcolini, Rick Petrie, Stephen Smith, Dennis Russell, Ben Zetterman, Justin Bragdon, Kristen Keliher

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this Board/Committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

MDPB Agenda – Meeting begins at 0900

- 1) Introductions –
 - a. Dr. Zimmerman does a roll call of members and Maine EMS Staff
- 2) Approval of June 2020 MDPB Minutes – 09005-0910
 - a. Motion made to accept the June minutes as is by Dr. Saquet and seconded by Dr. Kendall. No discussion. All in favor with 3 abstentions. The motion is carried.
- 3) State Update – 0910-0925
 - a. Medical Director’s Resources
 - i. Dr. Zimmerman has nothing to report.
 - b. CARES/Heart Rescue/RA
 - i. Sam Hurley- legislation authorizing MEMS to participate in CARES has been approved in the house, but still needs to be approved by the other chamber. We will have to create a set of Rules to be able to utilize data.
 - ii. Dr. Sholl and Zimmerman and I have had discussions regarding forums for Protocol development. We have decided on times, etc. We will have one early in August to ensure the public is able to comment on the protocols prior to the MDPB vote.
 - iii. There recently was a FOIA request regarding the usage of Ketamine. We have submitted some data for the request, but we are still aggregating more data.
 - iv. Shortages of needles and supplies for medication administration.

1. Due to coming vaccines, we estimate there will be a shortage in these supplies. So, MEMS has encouraged services to get extras at this time, in anticipation of this possible shortage – at least one additional month’s worth of supplies for vaccinations.
- c. EMS-C
 - i. Marc Minkler
 1. Discusses protocol considerations and end of year report.
- d. Staffing and New MDPB Positions Update
 - i. Dr. Zimmerman welcomes Claire DuFort, Adam Thacker, and Dr. Rachel Williams to the MDPB for their first official meeting in their positions.
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– SAM IO
 - a. Dr. Pieh discusses the SAM IO device and displays one on camera.
 - i. This is a handheld device that his manually operated.
 - ii. No conflict of interest disclosures to make.
 - iii. Dr. Pieh has sent a video out to the group that the SAM company has produced, for MDPB member viewing and information gathering.
 - iv. Discussion
 1. Frontline operators in Region 3 had proposed this. Dr. Pieh feels his services should have a chance to trial these. Concerns are discussed about reputed device breakage/malfunction. Dr. Lowry asks about any know head-to-head trials with other devices. Dr. Pieh- no.
 2. Discussion of maintenance issues and mitigation.
 - v. Dr. Pieh does not see any reason why this device could not be accepted for use, and would recommend it, as well as other members familiarizing themselves with it.
 - vi. Dr. Saquet makes his recommendations for this device.
 - vii. Dr. Bohanske notes issues with the last IO device that was brought up for review.
 - b. Dr. Bohanske makes the motion to approve the device for use. Motion seconded by Dr. Kendall. Discussion- protocols are not being changes. Only naming two devices that may be considered for the IO procedure. Motion is carried.
- 6) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0945-1000
 - a. No official back orders – although pain medications (incl fentanyl/ketamine) are concerning.
 - b. Keeping an eye on supply status.
- 7) COVID-19 – 1000-1010
 - a. Phase 2 Pandemic Protocol – update/discussion/FAQ’s/Guidance on Follow Up
 - i. Dr. Zimmerman shares her computer screen with all and leads discussion on update of Pandemic Response protocol and acceptance of changes.
 1. Dr. Lowry’s written comments on immunity mentioned.
 2. Dr. Kendall brings up feet and pregnancy. It is decided to hold on this.
 3. Steps 4-6: Dr. Saquet notes the paper re: NRB masks.
 4. Dr. Pieh asks how this is done. Send out the draft with the changes. Sam Hurley notes clinical bulletin with italics in changes. We could consider sending out the protocol in blue.
 5. Verbiage: covering vs cover (matching of CDC terms)
 6. Dr. Saquet concerned about notification of hospitals regarding COVID status.
 7. Clinical bulletin: Contact “X” hospital – PUI. Can add to STEP 9 of protocol “PUI for Coronavirus”
 - ii. Dr. Pieh makes the motion to accept the changes as made. Motion seconded by Dr. Collamore. No discussion. Motion is carried.

- b. AHA Interim Guidance
 - i. Regards April guidance on pausing chest compressions for intubation, etc. Dr. Bohanske- this came out in April. There were items we agreed with and also disagreed with. I think this is what led us to developing our OHCA protocol.
- 8) 2021 Protocol Update –All – 1010-1100
 - a. Protocol Discussion Forums – Schedule – Sholl/Zimmerman
 - b. Discussion – Blue. Dr. Pieh leads discussion.
 - i. National Scope of Practice- we have a gap in Maine, at the EMT level.
 - 1. CPAP
 - a. Displays skills chart for EMT in NSOP document
 - b. Displays proposed verbiage in BLUE section and discusses.
 - c. Discussion around leaving as an option vs mandating, requiring MEDICAL DIRECTOR, and checking off the skill.
 - d. Discussion of pros and cons
 - i. Pros
 - 1. Match national guidelines
 - a. Well established positive patient benefit in common complaints, i.e., CHF/COPD
 - b. Low-risk intervention (hypotension)
 - ii. Cons
 - 1. Large education requirement
 - a. But COVID education time has taught us how to remote teach
 - 2. Equipment cost
 - a. Can be an option and if-so-trained (not all services have to buy in).
 - b. Dr. Ritter - this is potential inconsistency; might be more useful for bigger/higher volume agencies.
 - c. Dr. Bohanske: for aligning with National Scope of Practice; NREMT curriculum is built around this. For us to include as an option makes sense; BLS-only services may choose not to buy equipment. Concerned that CPAP does not replace bronchodilators. If we can't do nebs but jump to CPAP, is this is the patient's best interest? If we are going to add, there needs to be language that you need to call for ALS intercept.
 - d. Dr. Zimmerman: question of reiterating ALS – have to reiterate?
 - i. Claire DuFort: even though you are going to administer med, you still need ALS. Reiterate this language.
 - e. Claire DuFort: if teaching at class level – this will be a bigger component for outreach will need to be hands-on. Like that it is kept as an option and not a mandate
 - f. Staff adds: “if available” be included at both EMT and AEMT levels if this is going to be a per service skill? “Consider CPAP, if available, in patients >18 years old. If

considered as needed, ALS should still be requested.”

2. Albuterol/Ipratropium nebs

- a. Displays NSOP chart showing skill at EMT level- DuoNeb.
- b. Displays protocol chart.
 - i. First, do we add nebulized albuterol/DuoNeb to EMT?
 - ii. #1 Option- just shift AEMT protocol to EMT protocol
 1. If you do it that way, you must teach how to decide between albuterol and DuoNeb.
 2. Do we require OLMC.
- c. Pro – national scope of practice; DuoNeb
- d. Do we add “if available and so trained” language? We want to be careful what burden we mandate on folks.
- e. Discussed 1year old discussion re: DuoNeb and should we just go to DuoNeb for all.
 - i. Dr. Williams: OK – usually do not give below 1 as they don’t have an asthma dx
 - ii. Dr. Nash – no real info re: dosing; Dr. Williams – give what you need to give. Not usually a big deal to give more. Does not think you would be overdosing – mask is often being waved in front of their face.
 - iii. Marc Minkler adds that he looked at (a while back) the concerns about ipratropium in pediatric patients in the younger group – metered dose inhalers (MDIs) had a peanut-based propellant.
 - iv. Dr. Pieh – I think we can take the age thing out and *hold to do a little dive and verify when we get to pink
 - v. DuoNeb vs neb? Takes brain load off, don’t give continuous DuoNeb.
 - vi. Dr. Williams – 3 back-to-back DuoNebs – saturates the parasympathetic system and then just go to albuterol. Should not be a problem.
 - vii. Dr. Lowry– CPAP and continuous nebs – is this worth it? They are still going to have to note this.
 - viii. EMT and AEMT level 3 back-to-back DuoNebs, then albuterol if you have it.
- f. Neb for EMT? Yes
- g. What nebs? EMT/DuoNeb alone and leave medic alone; not an option; required;
- h. Taking out albuterol?
- i. MDI: leave this as an option
- j. Online Medical Control (OLMC)?
- k. Concern re: the lift for the BLS services? These are first responding services and education and cost may be a lift. By Chris Azevedo. He is for leaving the optional component. Tim highlights phasing in these significant changes-i.e. one cycle of non-mandated and then mandating.
- l. Dr. Bohanske wants to mandate – because otherwise it is a 4-year process and the education will not be that difficult to write and the content is already there – at the AEMT level. DS – already can give albuterol in an MDI and nebs are easier to administer.

- m. May 2020 14 ground transporting services at EMT level. 72 non-transporting services at EMT. So, 86 total services.
 - n. Motion made by Dr. Bohanske that our newest addition of DuoNeb at EMT level be mandated and not if available and if so trained. Dr. Ritter seconds the motion.
 - ii. On table:
 - 1. NEBS
 - 2. CPAP
 - 3. Proposal to accept nebs for EMT DuoNeb only. AEMT change from albuterol to DuoNeb.
 - iii. Dr. Zimmerman makes the motion to add neb (DuoNeb) to EMT scope for respiratory distress/bronchospasm. Motion is seconded by Dr. Bohanske
 - 1. Leave "assist patient with own."
 - iv. Suggestion by Dr. Ritter to approve without phasing in. Motion carried.
- c. Balance of discussion tabled to next month in the interest of time.

Old Business – 1100 - 1110

- 1) Ops
 - a. Joanne Lebrun
 - i. Meeting every week. Discussing PPE issues, LODD Handbook.
 - b. Sam Hurley
 - i. Rules don't differentiate ALS/BLS regarding pharmacy agreement. Don't anticipate BLS services having pharmacy agreements. So, Regional MDs may get requests for authorizations to purchase BLS medications from specific sources. There will be guidance that comes out at the next EMS Board meeting.
 - ii. Discussion of topic with the group
 - 1. Bethany Nash suggests we can put a resource document/list up of meds and equipment that MDs would need to authorize.
 - iii. Rick Petrie- Pharmacy agreements are completely different from authorization to purchase from other companies, as is purchasing OTC from local pharmacies.
- 2) Education – Chris Azevedo
 - a. Nothing more to report than at Monday's meeting.
- 3) QI – Jason Oko
 - a. QI meeting today at 1330 with preliminary draft of COVID protocols
- 4) Community Paramedicine – Jason Oko
 - a. Committee met. Working on guidelines for CP services rather than a protocol. Discussion with Drs. Busko and Lowry as to what they are bringing to the program. Goal is completed draft to MDPB by Jan 2021. Discussing of CP education standards. Have formed sub-committee to look at this and bring back recommendations for education standards. Will then work with EdComm on this.
- 5) Maine Heart Rescue – Nothing to report.

Motion to adjourn made by Dr. Kendall and seconded by Dr. Zimmerman. Motion Carried. Adjourned 1118 hours

Next meeting in August.

Ongoing Items for Future Discussion:

Discussion – Operational Physicians – Pieh/Sholl

PIFT protocols – Tilney/Sholl

The LFOM CPC Meeting will begin at 1115. The QI Committee meeting will begin at 1330.