



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



JANET T. MILLS
GOVERNOR

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COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – December 16, 2020
Conference Phone Number: 1-720-707-2699 **Meeting Number:** 345 024 1513
Zoom Address: <https://zoom.us/j/3450241513>

Members present: Matt Sholl, Claire DuFort, Benjy Lowry, Beth Collamore, Bethany Nash, Kate Zimmerman, Kelly Meehan-Coussee, Dave Saquet, Tim Pieh, Mike Bohanske, Rachel Williams, Seth Ritter, Pete Tilney,

Members Absent:

MEMS Staff: Chris Azevedo, Marc Minkler, Darren Davis, Jason Oko, Melissa Adams, Sam Hurley,

Stakeholders: Aiden Koplovsky, Ben Zetterman, Chip Getchell, Debbie Morgan, Jesse Thompson, Joanne Lebrun, Paul Marcolini, Rick Petrie, Tom Bradsell, Steve Smith, Norm Dinerman, Michelle Radloff, Chris Pare,

MDPB Agenda – Meeting begins at 0930

- 1) Introductions –Sholl – 0930-0935
- 2) October/November 2020 MDPB Minutes – 0935-0940
 - a. Tabled
- 3) State Update – 0940-0955
 - a. Sam Hurley
 - i. Director Hurley thanks all for their work on mass vaccination efforts in their municipalities.
 - ii. Vaccine orders have been placed to cover the number of clinicians who are known affiliates of EMS services.
 - iii. Received applications from over 20 agencies to be vaccine administrators. Medical Directors for these agencies are urged to act quickly in processing paperwork, as administration cannot happen without it
 - iv. COVID vaccine education forthcoming from Maine EMS
 - v. ET3 has been progressing
 - vi. Legislation is pending for outcome level data. This is the same bill submitted previously and has been re-submitted. This had not been heard on the floor back in March when it was previously submitted. There are rule-making processes to be performed once the legislation is passed, in order for Maine EMS to begin getting data
 - vii. EMS Rule revisions were approved by the Board. They are now undergoing AG office review. Possibly January or February before they will go into effect.
 - viii. Encourages attendance at vaccine town halls to ensure accurate vaccine information gets out to clinicians.
- 4) Special Circumstances Protocol Review – NONE
 - a. None

- 5) New Devices
 - a. NONE
- 6) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0955-1010
 - a. Bethany Nash gives report
 - i. Most recent shortage is glucagon. Brand name available but is more costly than generic
 - ii. Magnesium sulfate shortage has resolved largely.
 - iii. NTG multi-patient use and aerosol generating procedures
 1. Many inquiries regarding spray version as multi-patient device. Bethany Nash is developing a paper addressing issues around multi-patient use of NTG tabs or spray in a COVID environment. The paper discourages the practice of using either for multiple patients. Presents the paper to MDPB for review.
 2. Discussion
 - a. Costs for services currently using multi-dose vials as single-patient.
 - b. Tri-County has been practicing this for a while with no issues.
 - c. Chip Getchell discusses potential immense cost of doing this for some agencies.
 - d. Dr. Meehan-Coussee asks about the line regarding leaving EMS administered multi-dose medications with the patient after use. This should be discouraged and incorporated in the paper.
 - e. Jason Oko has inspected services in the past with individual dose NTG packaging. So, it is out there.
 - f. Doing this would bring EMS in alignment with hospital care.
 - g. Sam Hurley suggests adding a note acknowledging existing practices, with request from MDPB that logistical changes be made as soon as possible (in consideration of the COVID pandemic), but by 21 Mar 2021.
 - iv. Dr. Pieh motions to accept as edited. Dr. Zimmerman seconds. Discussion. Motion carried as amended.
- 7) COVID-19 – 1010-1020
 - a. Discussion of COVID-19 Vaccination – Dr. Sholl
 - i. FDA advisory committee on EUA for Moderna vaccine is tomorrow. It is possible that the Moderna vaccine will be in the state next week.
 - ii. Updating talking points paper as a result. Hoping to make the papers widely available to anyone who is interested.
 - iii. We want to create forums for EMS clinicians to discuss vaccination questions with MDPB. Zoom-based “town hall” meetings, hosted by the Regions. Discusses the current schedule.
 1. Forum Schedule:
 - a. Friday, 18 Dec 2020 at 1500. Region 5 hosted by Dr. Collamore
 - b. Saturday, 19 Dec 2020 at 1000. Region 3 hosted by Dr. Pieh
 - c. Monday, 21 Dec 2020 at 1000. Region 2 hosted by Dr. Ritter
 - d. Monday, 21 Dec 2020 at 1500. Region 1 hosted by Dr. Bohanske
 - e. Monday, 21 Dec 2020 at 1900. Region 4 hosted by Dr. Saquet
 - f. Tuesday, 22 Dec at 1300. Region 6 hosted by Dr. Lowry
 2. Marc Minkler posts the link on Maine EMS website for the dates and times:
 - a. All of the dates and times and zoom info can be found at <https://www.maine.gov/ems/node/489>
 3. Dr. Sholl Discusses use of different zoom address to facilitate greater number attendance, recording, etc.
 4. Dr. Bohanske discusses items he is putting into the talking points paper and asks that input by the group or from the Town Hall meetings be submitted to him.

- a. Director Hurley adds mentioning consideration for potential issues for those who may be pregnant and are considering getting the vaccine.
 - b. Dr. Sholl highlights a pandemic milestone event for Maine. Today is the first day that Maine has hit the 500 new cases mark, during this pandemic.
- 8) 2021 Protocol Update –All – 1020-1220
 - a. Review Timeline
 - i. Red section completed last month.
 - ii. Gold section is ready for presentation
 - iii. Dr. Sholl shares timeline on screen. Timeline shows Green Section would have been completed by end of December 2020. Additional meeting is 22 Jan 2021, for work on protocols.
 - b. Protocol Discussion Forums – next January 7, 2021 at 1400
 - i. There was no protocol discussion forum this month. However, there is one scheduled for 7 Jan 2021, at 1400hrs.
 - ii. Dr. Zimmerman asks that when sections are done, that section authors update their change documents.
 - c. Discussion – Gold – Drs. Saquet/Ritter/All
 - i. Anaphylaxis protocol
 - 1. Dr. Saquet reviews proposed changes
 - 2. Motion made by Dr. Lowry to accept the changes and is seconded by Dr. Meehan-Coussee. Discussion. Motion carried.
 - ii. Seizures- Dr. Saquet
 - 1. Shares proposed changes on screen
 - 2. Seizure #2- Discusses adding a hospital “H” icon at step 14, emphasizing that a conversation should be necessary in cases where consideration of administration of Magnesium Sulfate for pregnant patients is made.
 - a. Motion by Dr. Sholl, seconded by Bethany Nash. No discussion. Motion carried
 - 3. Status Epilepticus
 - a. Condensing this section. Eliminate the PEARL reference and add to the actual protocol “contact OLMC” icon and add “contact OLMC if 3rd dose is given”
 - b. Discussion
 - i. Motion by Dr. Meehan-Cousee, seconded by Dr. Pieh to replace #9.C.1 to read “please notify hospital if additional benzodiazepines are required.” Remove OLMC from that and add a hospital “H,” add PEARL -regarding hospital notification. Discussion. Motion carried.
 - 4. Medical Shock
 - a. Issue with getting medical control on the line in these cases.
 - b. Most affected: closer services,
 - c. Shares “Surviving sepsis” article. And statistics regarding what other states are doing. Cites NH protocol on screen.
 - d. Propose
 - i. Standing orders for norepinephrine after bolus.
 - ii. Specify fluid bolus volume.
 - iii. Add hospital “H” icon for OLMC if pressor agents used
 - iv. Adults only. Pediatric pressor agents = OLMC
 - e. Discussion
 - i. Dr. Pieh – Standing order is reasonable first step as norepinephrine may not be used soon enough in these cases.

- ii. Dr. Sholl- vasopressors are used infrequently in 911 scenario. This is a rare occurrence. These are used more with inter-facility transports.
 - 1. Concerns expressed with inadequate use of fluid bolus prior to pressor agents.
 - iii. Discussion of OLMC quality issues and removal of that requirement in the context of these patients and care scenario dynamics.
 - iv. Kelly- admin up to 30 ml/kg for suspected hypovolemia and contact OLMC for pressor.
 - v. Motion: “administer up to 30 ml/kg fluid bolus – for patients with evidence of fluid overload or at risk of fluid overload, consider consultation with OLMC for different resuscitation volume goals.” PEARL – “Patients at risk for fluid overload include but are not limited to patients over 65 years old, those with h/o CHF, patients on dialysis for renal failure. These patients may benefit from smaller volumes of resuscitation and earlier initiation of pressors.” Integrate the initiation of pressors with ensuring adequate volume resuscitation.
 - 1. Motion - KMC
 - 2. Second – TP
 - 3. Motion Carries
 - vi. “If no response to above treatment, initiate NOREPINEphrine...” take away OLMC and turn to an “H”
 - 1. Motion - KMC
 - 2. Second – BC
 - 3. Motion Carries
 - 5. Medical Shock – and instance with no ALS available
 - a. Move 6.d to section 5
 - b. Move 6.C to section 4
 - c. Discussion.
 - d. Request ALS if available and contact receiving hospital to notify that the patient is a “Code Sepsis”. ALS is valuable in these patients and allows initiation of essential therapies, including resuscitation.”
 - i. Motion - MS
 - ii. Second – DS
 - iii. Motion Passes
 - 6. ET3 discussion RW – concern re: extremes of age (discussion re: the fact that a QHCP is engaged in the decision-making process). KMC – shares these concerns. Discussion re: CMS requires discussion between an EMS Clinicians and QHCP. RW and KMC felt better knowing the level of QI and the level of discussion between EMS and QHCP. Proceed as written
 - a. Motion – TP
 - b. Second – DS
 - c. Motion Passes
 - d. Discussion - Green Section Review – Drs. Pieh/Meehan-Cousee/Sholl/All
 - i. Tabled to next meeting.
- 9) Discussion ET3 – 1220-1245
- a. Dr. Sholl leads discussion. Reviews the ET3 program, process that has been approved by the MDPB, and progress to date.
 - b. Shares process map with the group.
 - c. Questions

- i. Dr. Williams expresses concerns with some aspects of the process map.
 - ii. Discussion among the group regarding Dr. Williams' concerns.
 - d. Pieh motion to proceed as written in the process map. Saquet seconds. Discussion. Motion carried.
- 10) Discussion re: Retreat – 1245 – 1250
 - a. Tabled

Old Business – 1250 - 1300

- 1) Ops
 - a. Joanne Lebrun- No ops meeting in the last week. Work has been centered on COVID operations
 - b. Debbie Morgan – update on planning grant for EMS Staffing. 1 July 2021 – June 2022.
- 2) Education
 - a. Chris Azevedo reports he's been working on the coming COVID-19 vaccination education to be posted to MEMSEd.
 - b. Two separate programs
 - i. "Ready, Check, and Vaccinate" is an intramuscular injection skills education programs directed at EMTs who wish to take part in administering vaccines as part of an authorized agency vaccination clinic for EMS clinicians. This is an expansion of their scope of practice. Both a didactic and practical component will be involved. This course is only required for EMTs who wish to act as vaccine administration personnel.
 - ii. "Maine EMS Vaccination Training" will be required for all EMS clinicians wishing to participate in administering vaccines. This is similar in scope to the older Medivax program that was produced for flu vaccine administration by EMS clinicians. Didactic only.
- 3) Community Paramedicine – no report
- 4) EMS-C
 - a. Marc Minkler
 - i. RFP released and due 22 Dec 2020 for development of Pediatric education. Please share the link
 - ii. Jan 2021- surveying all ems SERVICES in the state re: peds training and education. Survey may be limited in usefulness due to focus on COVID operations and limitations of COVID.
- 5) Trauma Advisory Committee
 - a. Dr. Zimmerman-
 - i. Asked Trauma Advisory Committee to get back to MDPB with updates.
 - ii. Creating bylaws for committee
 - iii. Updating trauma plan for the state.
- 6) Maine Heart Rescue –
 - a. Tabled

Ongoing Items for Future Discussion:

PIFT protocols – Drs. Tilney/Sholl

Next meeting:

- 1) Weekly COVID update next Monday, 21 Dec 2020.
- 2) Monthly meeting 20 Jan 2021.

Meeting Adjourned at 1320 hrs

The QI Committee meeting will begin at 1330.