



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



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Medical Direction and Practices Board – January 20, 2021
Conference Phone Number: 1-720-707-2699 Meeting Number: 345 024 1513
Zoom Address: <https://zoom.us/j/3450241513>

Minutes

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

Members Absent:

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

Stakeholders: Norm Dinerman, Debbie Morgan, Phillip MacCallum, Ben Zetterman, Stephanie Cordwell, Travis Norsworthy, Joanne Lebrun, Rick Petrie, Paul Marcolini, Jesse Thompson, Dan Pugsley,

MDPB Agenda – Meeting begins at 0900

- 1) Introductions –Sholl – 0900-0905
- 2) December 2020 MDPB Minutes – 09005-0910
 - a. Item 1 = Motion to approve minutes – pending amendment of typos – KZ will send
 - i. Motion – Dr. Pieh
 - ii. Second – Dr. Zimmerman
- 3) State Update – 0910-0925
 - a. Medical Director's Resources
 - b. CARES/Heart Rescue/RA
 - c. EMS-C
 - i. RFP for pediatric education – no responses. Developing alternate workplan.
 - ii. Survey to EMS Agencies specific to pediatric preparedness, training (skills in particular). Thirty questions. As of Jan 19, 2021, 40% response rate – open to mid-March with reminders between now and then. Goal is greater than 80% response.
 - iii. EMSC advisory committee meeting tomorrow at 0900
 - d. Vaccination –
 - i. Discussed current status, barriers and enablers to the EMS vaccination efforts
 - e. EMD – protocol update from October implemented across the state and allows for TQ application by bystanders
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– NONE
- 6) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0945-1000

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- a. No significant shortages at present. Watching medications commonly used for sedation throughout the pandemic – including fentanyl and versed – but no imminent shortage
- 7) COVID-19 – 1000-1010
- 8) 2021 Protocol Update –All – 1010-1100
 - a. 2021 Protocol Timeline review – Sholl/Zimmerman/All
 - b. Protocol Discussion Forums – Sholl/Zimmerman/All
 - i. Review – Jan meeting
 - ii. Next meeting March 11th at 1230
 - c. 2021 Protocol Discussion
 - i. Gold Section Wrap Up – Saquet/All
 - ii. Green Section – Meehan-Cousse/Pieh/All
 - 1. Item 2 = Motion to approve amendments to the Trauma Triage guidelines on page Green 3
 - a. Make Ventilatory support a second line under the ages...
 - b. Motion - MS
 - c. Second – MB
 - 2. Item 3 = Green 10 – add “Consider applying non-circumferential splint” with education to include no sandbags
 - a. Motion - BC
 - b. Second – MB
 - 3. Item 4 = Approval of the new TBI protocol – inclusive of the elevation of HOB – add in an antiemetic option...
 - a. Motion - MB
 - b. Second – BC
 - 4. Item 5 = Discussion re: the TBI protocol – and NV. Currently, IV ondansetron at the Medic level only – discussion re: Adding IV ondansetron to the AEMT scope. Motion – to change the scope of practice to include IV ondansetron at the AEMT scope practice
 - a. Motion - MKC
 - b. Second – BL
 - 5. Item 6 = Motion: 15. For N/V refer to Gold 19 – ADD - NOTE: patients with moderate to severe TBI should preferentially receive IV antiemetics to prevent aspiration.
 - a. Motion - KMC
 - b. Second – KZ
 - 6. Item 7 = Green 12 Add elevation (add in the next sentence).
 - a. Motion - MS
 - b. Second – BC
 - 7. KZ and MB2 – offer to review current literature on junctional TQ’s
 - 8. Item 8 = Motion to approve the changes as draft with the exception – of isolated head injury and pediatric age – pending review of the that articles and hearing from pedi trauma
 - a. Motion - MB
 - b. Second – CD
 - 9. MS Build pearl to the GI bleed and head injury piece and place this and the table on a new page.
 - 10. Item 9 = Universal pain management –
 - a. Discussion re: checking if patients have taken oral APAP. Any other contraindications – i.e. known or suspected liver failure – MS work on draft language
 - b. Table for dosing – with range similar to the manufacture’s – lower limit of age 2-3 but weight range and 1/2/3 tabs based on age/weight – BN to work on this...

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- c. Discussion re IV Tylenol – Come back to the cost here... All ask their pharmacists
11. Discussion re: the ability to determine weight in the field. BN relates there is a > 10% discrepancy between the estimated and actual weight BUT this is less of an issue with APAP. To this effect – discussion re: the chosen dose – 12.5 mg/kg – would 10 be easier – BUT 12.5 is the advised dose. BN to bring some ideas back to the group to review
 12. Discussion re: hanging ketamine and dripping in over time – to reduce the incidence of adverse reactions. 100 cc bag – over 10 minutes
 13. Discussion re: Pearls for opiates vs ketamine – KMC to work on this
 14. Discussion re Green 12 – Contact OLMC to add ANY type of analgesic to another (with the exception of acetaminophen). NOTE: adding one class of medications to another can have additive adverse effects such as hypotension, bradypnea, depression of mental status, etc.
 15. Discussion: adding new/second pearl – “Consider the potential for a medical events causing the traumatic injury, esp. in the elderly, syncope, lift assists and falls. IN such cases, refer to the appropriate medical protocol and monitor the patient as described”
 16. Discussion re: Trauma TOR – qualifying rapid IV Bolus and early bilateral chest decompression –
 17. Discussion: Open fractures – need a pearl with penicillins and cephalosporins – AND/OR Contact OLMC for questions or concerns about patient’s history of allergies. – also – add in a pearl about not LR for kids.
 18. Gold 5 – change the box from coma to AMS
 19. Work on language for the N/V section – “Consider IV access and fluid bolus if hemodynamic instability

Old Business – 1100 - 1110

- 1) Ops – met yesterday talking re: vaccination and exposures and FAQ’s
- 2) Education – work on protocols – working on reviewing and updating the training center standards documents – vaccination education is posted. Other states have asked for those materials Ready-Check-Vaccinate program up – 74 people have completed that (mostly EMT’s)
- 3) QI
- 4) Community Paramedicine
- 5) Maine Heart Rescue

Ongoing Items for Future Discussion:
PIFT protocols – Tilney/Sholl