

NH EMS Medical Control Board

MEETING MINUTES (**Approved**)

**September 21, 2023**

9:00 AM

NH Fire Academy Classrooms 5 & 6

Quorum: 9 members required (currently 14 positions on the MCB)

**Members Present:** John Freese, Jon Gray, Marc Grossman, Frank Hubbell, Patrick Lee, Joshua Morrison, Michelle Nathan, Robert Rix, Andrew Seefeld, James Suozzi, Brett Sweeney, Tom Trimarco, Jane Wieler

**Members Absent:** David Hirsch

**NH FST&EMS Staff:** Vicki Blanchard, Justin Romanello, Walter Trachim, Mike Mulhern, Matt Robblee, Crystal Tuttle

Meeting called to order at 9:05 AM by Chair Rix

**1) Welcome/Membership**

**2) Approval of the minutes**

- a) A motion was made (Seefeld/Morrison) to accept the July 20, 2023 minutes as presented, including an additional addendum provided by Vicki Blanchard. All in favor. None opposed.**

**3) Division/Committee Reports**

**a) Bureau of EMS- Justin Romanello**

- i) Clinical Systems- Continued support of IFT programs and outreach, funding through DHHS will have a limited window, the Division is looking into CCT Prep courses and other educational opportunities along with purchasing continuum.
- ii) ETA rules were delayed 90 days.
- iii) Open positions in the Division will include an open Captain position, ambulance inspector, PT compliance and EMR program coordinator.
- iv) SB 204- regarding trauma kits in State occupied buildings, administrative services has taken over this rollout, but the Division has provided information as to what should be included in the kits. Pulse Point, an app, can help guide people to the nearest AED and will also show trauma kit and naloxone locations. Currently no training is provided.
- v) Work Invest is working toward letting volunteer departments utilize the free EMR course offered through the State.
- vi) Continuing education- September 29, 2023 PHTLS class, October 30<sup>th</sup> stroke collaborative hosted at the Academy, October 31<sup>st</sup> the Division will host the cardiac symposium.
- vii) Canine protocols are finished and will be presented to the MCB & CB during an emergency meeting (date to be determined).
- viii) A discussion was had on protocol timelines and what works best for both boards.

**4) CB Report- John Freese**

- i) Previous protocols passed with no comments or questions.

## 5) TMRC Report- Tom Trimarco

- i) Discussed TXA dosing, the TMRC felt not enough evidence to support changing the dosage recommended to keep it at 1 gram.
- ii) October 19<sup>th</sup> Stop the Bleed at the courthouse.
- iii) The medical examiners office asks for hospitals and EMS providers to provide records when requested by the ME, as they have legal authority under the Department of Justice.

## 6) Protocols- Jim Suozzi

### Advanced Sepsis

- Removed Lactate parameters and added end tidal CO<sub>2</sub> < 25.
- Under indications added:
  - Meets SEPSIS Criteria with either an end tidal CO<sub>2</sub> < 25 OR
  - Persistent hypotension after 20 mL/kg fluid bolus OR
  - Vasopressors needed to maintain MAP > 65 mmHg
- Changed #4 to see Sepsis Protocol  
**This protocol was approved but sent back to committee to clean it up.**

### Non-Traumatic Shock

- Removed Lactate criteria

### Critical Care

- No change

### Interfacility Transfer

- Update notification section to who specifically had to report, sending facility, and transporting EMS Unit.
- Under PIFT section where 2 providers are required add, "The following require a SECOND EMS provider **or hospital-based healthcare provider based on anticipated healthcare needs** in the patient compartment:"

### Mobile Integrated Healthcare

- Under needs analysis removed the specific NH Needs Assessment Tool".

### Analgesia and Sedation for Invasive Airway Device

- Updated medication doses to match RSI protocol.

**Blanchard to work with Scollan to correct punctuation.**

### Leave-Behind Naloxone

- Moved out of Prerequisite and into General protocols.
- Move to the end of the Opioid Overdose Protocol

### DNR, POLST & Advanced Directive

- Added physician assistants as practitioners who can execute a DNR.

### Refusal of Care

- Re-write regarding impaired patients.

- Amended to return #7 on the last page and place telephone icons were directed to contact Medical Control.

#### Resuscitation Initiation and Termination

- Re-write of when to terminate and including resuscitation factors to consider.

Blanchard to format the re-written section to include E/A.

#### Strangulation

- No change

#### Trauma Triage and Transport Decision

- Re-write to align with new ACS guidelines.
- Transport to level 1 or 2 trauma center decision written to match our previous criteria.

#### VAD

- No change

#### Victim of Violence

- First sentences updated regarding the presence of a perpetrator may hinder disclosure of information.

#### Childbirth & Newborn Care

- For placenta delivery instructions for gentle downward tractions (weight of hand) on umbilical cord with fundal massage.
- Oxytocin moved up the AEMT.

Amended "Clamp and cut the umbilical cord" to "After one minute, clamp and cut the umbilical cord."

#### Obstetrical Emergencies

- Moved oxytocin up to AEMT.
- Under paramedic for pre-eclampsia or eclampsia added labetalol and nifedipine.

#### Restraints

- Under Immediate Danger to Self/Other aligned the ketamine dosing the same for adult and pediatric.

#### Emergency Medical Responder Protocols

- New EMR Routine Patient Care

Added EMR section to the following protocols:

- Airway Management
- Cardiac Arrest
- Behavioral Emergencies
- Childbirth & Newborn Care
- Hyperthermia
- Nerve Agent Organophosphate Poisoning
- Newborn Resuscitation

- Opioid Overdose
- Poisoning/Overdose
- Burns
- Crush Injuries
- Drowning/Submersion Injuries
- Eye Injuries
- Hemorrhage Control
- Musculoskeletal Injuries
- Traumatic Shock
- Thoracic Injuries

A motion was made (Hubbell/Nathan) to approve protocols as discussed. All in favor. None opposed.

7) Old Business

None to report

8) New Business

None to report

9) Topics Ad Libitum

A discussion was had about State involvement with QA/ benchmarking.

10) Adjournment

A motion was made (Hubbell/ Wieler) to adjourn. All in favor. None opposed.

- i) Next Meeting: **November 16, 2023**