

NH EMS Medical Control Board

MEETING MINUTES (Approved)

January 18, 2024

9:00 AM

NH Fire Academy Classrooms 5 & 6

Quorum: 17 members, Quorum is 9

Members Present: John Freese, Jon Gray, Marc Grossman, David Hirsch, Patrick Lee, Michelle Nathan, William Plerhoples, Robert Rix, Andrew Seefeld, Brett Sweeney

Members Absent: Robert Brown, Ryan Gerech, Frank Hubbell, Joshua Morrison, James Suozzi, Thomas Trimarco, Jane Wieler

NH FST&EMS Staff: Vicki Blanchard, Kathy Higgins Doolan, Matt Robblee, Justin Romanello, Joey Scollan, Crystal Tuttle, Walt Trachim, Maria Varanka

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

1) Welcome/Membership

a) A motion was made (Nathan/Lee) to reappoint John Freese to the MCB for a term of 3 years. All in favor, none opposed.

2) Approval of the minutes

a) A motion was made (Seefeld/Nathan) to approve the November 16, 2023 minutes as presented. All in favor, none opposed.

3) Division/Committee Reports

a) Protocols 8.2 – Released 29 December 2023

b) Operational Canine Protocol – BLS/ALS Pre-Requisite Protocol

c) NEMSIS 3.5 data is being accepted from a few services, will be rolled out Statewide in the next month.

d) Chair Clough stated that this was the last Coordinating meeting for Captain Kathy Higgins Doolan, who is retiring at the end of February. Captain Doolan served on the Bureau of EMS for over 30 years.

➤ **The Division is monitoring several bills, the following being relevant to the Bureau of EMS:**

- **HB 1057- Relative to Provisional Licenses for new applicants for State emergency medical services licensure.**
- **HB 1081- Relative to insurance payments to ambulance providers.**
- **HB 1088- Enabling schools to maintain a supply of epinephrine auto injectors.**
- **HB 1330- Relative to establishing an emergency medical services disciplinary review panel, and relative procedures for removal of records of discipline.**
- **HB 1568- Relative to Medicaid reimbursement for non-transport emergency medical calls.**

- SB 407- Relative to direct pay for ambulance services.
- SB 409- Relative to reimbursement for ambulance services under the State Medicaid plan.
- HB 182- Prohibiting discharge of volunteer firefighters or volunteer emergency medical technicians from other employment.
- HB 373- Relative to billing for ambulance services.

4) **CB Report- John Freese**

- a) Protocol review is on track.

5) **TMRC Report- Vicki Blanchard**

- a) State trauma plan will be voted on in the February meeting, as well as the data dictionary.
- b) Spere Hospital received its provisional level 4 trauma designation.

6) **Protocols- Vicki Blanchard**

A) Matthew Robblee read a dedication to Captain Vicki Blanchard, who is retiring in March after 19 years of service in the Bureau of EMS, but over 34 years of service to the EMS system of New Hampshire.

B) Protocols Version 9.0 was reviewed as follows:

Throughout

- Throughout the document, changed any references to the Division of Fire Standards and Training & Emergency Medical Services (FSTEMS) OR The Bureau to EMS to, "FSTEMS".

Behavioral Emergencies

- Excited delirium was removed from this protocol based on the decision to it remove from Restraints Protocol.

Hyperthermia

- Excited delirium was removed from this protocol based on the decision to it remove from Restraints Protocol

Cardiac Arrest

- Excited delirium was removed from this protocol based on the decision to it remove from Restraints Protocol

Police Custody

- Excited delirium was removed from this protocol based on the decision to it remove from Restraints Protocol
- Change from:
"Excited/Agitated Delirium is characterized by extreme restlessness, irritability, and/or high fever. Patients exhibiting these signs are at high risk for sudden death, see Restraints Procedure 6.5." To:
"Dangers of Restraint: Patients who are restrained are at high risk of sudden death. See Restraints Procedure 6.5"

Sodium Bicarb

Standardized dosing as follows:

- Crush Injuries, Hyperkalemia & Poisoning (Tricyclics):
 - 1 mEq/kg IV/IO bolus over 5 minutes, may repeat in 5 minutes.
- For Cardiac Arrest:
 - 1 mEq/kg IV/IO

Ketamine

- IV Ketamine pushed rapidly can cause apnea. Currently it is given slow IV push for all protocols except Restraints, is it practical to change the restraints protocol to slow IV push when trying to restrain a patient? The MCB agreed it was not practical and do not change the protocol.
- Added the word, “up” in the dosing bullets to read, “rounded **up** to the nearest...”

Push Dose Epinephrine

- Anaphylaxis, Sepsis, Bradycardia, Post Resuscitation Care, and RSI all have link to a push dose epinephrine chart, but there is not chart, the mixing instructions are in the formulary, so the link was re-labeled ““see Medication Formulary””.

Push Dose Epinephrine in the Medication Formulary

- The Push Dose Epinephrine was under the 0.1 mg/mL concentration section in the medication formulary but push dose epinephrine is 0.01 mg/mL so a 3rd epinephrine section was created for the 0.01 mg/mL concentration and added the words, “**For example**” to the mixing instructions, as there is more than one way to mix.

Anaphylaxis

Updated Angioedema Section to the following:

Angioedema

Swelling of the deep layers of the skin often of the face, mouth and upper airways which can be severe. It can be hereditary, idiopathic or caused of exposure to a drug (especially angiotensin-converting enzyme inhibitors, regardless of duration of time patient has been taking.)

- The diagnosis is clinical
- Prioritize airway management

Consider:

- Tranexamic Acid (TXA):
 - Mix 1 gram of TXA in 50-100 mL of 0.9% NaCl; infuse over approximately 10 minutes IV or IO.

Non-Traumatic Shock Protocol and GI Bleeding:

- In the Non-Traumatic Shock Protocol there was a bullet regarding GI bleeding which was linked to the Abdominal Pain protocol, however there is no treatment in the Abdominal Pain for GI bleeding, so the bullet was removed from the shock protocol.

Fever & Pain

- The ibuprofen dose in both the Fever and Pain Adults' protocols was standardized to 600 mg.

Hyperglycemia

In the Hyperglycemia protocol the word, "consider" was added before the fluid boluses.

- Adult: Consider administering 1000 m IV bolus of IV fluid bullet.
- Pediatric: Consider administering 10 – 20 mL/kg IV bolus of IV fluid

Hyperkalemia

- Remove the word "consider" from the treatment bullets. If they have the ECG and history, they should be giving the calcium, etc.
- Changed the word "Where ECG interpretation...." To "When ECG interpretation..."

Seizures – Adult:

- Midazolam route re- ordered to IM/IN first then IV.
- The Red Flag bullet was changed from:
"Do NOT routinely place an IV/IO for the actively seizing patient (unless needed for other reasons)."
To:
"Do not delay medication administration to place an IV/IO with an actively seizing patient."
- When assisting patient's with their prescribed medication, the protocols say to follow physician's instructions; physician was changed prescriber, as others besides physician can prescribe.

Acute Coronary Syndrome:

- IM/IN route for Fentanyl as added.

Cardiac Arrest – Pediatric

- Calcium chloride and calcium gluconate doses were pushed over 5 minutes however because this is a cardiac arrest protocol, they removed the "over 5 minutes" from the dosing.
- The ventilation and compression ratio was changed to reflect the current PALS guidelines, to:
"Advanced airway in place: Continuous chest compressions with one ventilation every 2 – 3 seconds (20 – 30 ventilations per minute) during chest recoil interposed asynchronously."

TXA Notification

- The bullet, "Notify receiving facility of TXA administration prior to arriving", was removed from the Hemorrhage Control protocol, as this would be part of their normal communication to the hospital.

Airway Management & Surgical Cric:

- The Airway Management surgical cricothyrotomy section still references the surgical cricothyrotomy protocol as a prerequisite. This bullet was removed and replaced with: “Training approved by the EMS unit’s Medical Director must be delivered once every two years.”

Analgesia & Sedation for Invasive Airway Devices

- Analgesia & Sedation for Invasive Airway Devices PEARLS updated with a target for RASS of -3 to -5.

Restraints - Red Flag

- Updated the Red Flag in restraints since the addition of droperidol and corrected the grammar as following:
“Administer **droperidol** and haloperidol with caution to patients who are already on psychotropic medication ~~where~~ **as this** may precipitate serotonin syndrome or malignant hyperthermia”.

Restraints - Red Flag

- Because IV Ketamine can also cause transient apnea the Red Flag was changed from:
“Ketamine may cause transient apnea when administered intramuscularly.”
To:
“Ketamine may cause transient apnea.”

Interfacility Transport:

- Under Transport Agency Levels states, “*Only to be used by paramedics and EMS units who have been trained and credentialed by the NH Bureau of EMS and the NH Medical Control Board.” It was changed to just FSTEMS.

Pilot:

- Edits regarding legal authority throughout.

Nor-Epi Dosing in RSI

- The norepinephrine dosing in RSI was changed to be standardized the same as the rest of the protocols to:
“Norepinephrine infusion 1 – 80 micrograms/minute via pump. Starting dose 1 – 15 micrograms/minute, titrate 2 – 5 micrograms/minute every 5 minutes, as needed.”

A motion was made (Nathan/Seefeld) to approve the draft protocols version 9.0 with edits made on January 18, 2024. All in favor, none opposed.

7) Old Business

8) New Business

- a) Andrew Seefeld stated that POCUS training administrative packet is with the Division for review.

9) Topics Ad Libitum

10) Adjournment

- a) A motion was made (Rix/Seefeld) to adjourn the meeting. All in favor, none opposed.
 - i) Next Meeting: **March 21, 2024**