

**NH MEDICAL CONTROL Board**

**Cannon Mountain  
Franconia, NH**

**MINUTES OF MEETING**

**September 15, 2011**

- Members Present:** Kenneth Call, MD; Tom D'Aprix, MD; Mathurin Malby, MD; Douglas McVicar, MD; Jim Suozzi, MD; John Sutton, MD; Clay Odell, Bureau Chief
- Members Absent::** Donavon Albertson, Chris Fore, MD; Frank Hubbell, DO; Patrick Lanzetta, MD; Jim Martin, MD; Joseph Leahy, DO; Norman Yanofsky, MD;
- Guests:** Jeanne and Steve Erickson, Dave Rivers, Jeffrey Stewart, Janet Houston, Stacy Meier, Steve Robbins, Chris Lemelin, Eric Jaeger, Bill Mead, David Hirsch, Michael Pepin
- Bureau Staff:** Vicki Blanchard, ALS Coordinator, Chip Cooper, QM & Research Coordinator, Kathy Doolan, Field Services Coordinator, Perry Plummer, Director

**I. CALL TO ORDER**

D'Aprix called the meeting to order at 09:05.

D'Aprix thanked Bill Mead, Ski Patrol Director, of Cannon Mountain for hosting our meeting today. D'Aprix also thanked Stacy Meier for coordinating with Mr. Mead for today's meeting.

Introductions were made.

McVicar gave a brief history of Cannon Mountain and the Profile House.

**EMS Community:**

Odell reported on the 10 year anniversary of September 11 and the ceremony that occurred in Concord to honor the near 3,000 people who lost their lives that day, including 343 fire fighters, 76 police officers, and 15 EMS personnel. He recognized Kathy Doolan for her work to ensure EMS was at the ceremony and what pivotal to the creation of a NH EMS honor guard. Doolan received a round of applause. The NH EMS Honor guard are: Kathy Doolan, Jonathan VanEtten, Robert Cole, Scott Lancaster, Susan Michalski, and Tony Maggio. In addition to the NH EMS Honor Guard, Life Line Ambulance sent their honor guard as well. Finally, Odell thanked Stacy Meier, who sat on stage along side Governor Lynch and other dignitaries and represented EMS. She had very stirring remarks regarding EMS, and Odell stated they were very well spoken. Meier received a round of applause.

Odell next reported that he recently attended a National Association of EMS Officers (NAEMSO) meeting where the NH Bureau of EMS competed in a poster presentation that the Joint Committee for Rural Emergency Care, National Association of State EMS Officials, and National Association of State Offices of Rural Health offered. NH tied for first place with itself and won. We presented two poster presentations; one was on the CPAP grants and the other on the EMS Mangers Course. Odell had the award for all to see.

## II. ACCEPTANCE OF MINUTES

McVicar moved to accept the May 2011 minutes, Call 2nd.  
Vote: Passed unanimously.

Call moved to accept the July 2011 minutes, McVicar 2nd.  
Vote: Passed unanimously.

## III. DISCUSSION AND ACTION PROJECTS

### Attendance

D'Aprix reported that he contacted all members with less than 50% attendance to these board meetings. He explained that without quorum the board could not move forward. He asked those members to commit to at least 4 of the 6 meetings per year. Regretfully, Don Albertson resigned due to hospital commitments that prevent him from making attendance. D'Aprix publically thanked Albertson for his 25+ years of service. Odell stated that the Bureau of EMS would be presenting him with a plaque as a token of appreciation. D'Aprix ended by stating that it was a hard conversation to have with these individuals, and thought there may be one more resignation forthcoming.

### Review Items recommended for approval at July's Meeting

McVicar moved to ratify the recommendations from the July 2011 Medical Control Board meeting. Call 2nd.  
Discussion: None.  
Vote: Passed unanimously.

### Lights and Siren Use in NH – Chris Lemelin

C. Lemelin from McGregor Ambulance and graduate student from UNH delivered a presentation based on Master's in Public Health thesis titled "Lights and Siren Use in NH." (See the attachment at the end)

Discussion: The basis of the discussion revolved around a "Best Practice" or "guideline" for the use of lights and siren from a scene to the hospital. There was speculation as to the variance of lights and siren use, as depicted on the NH Map. However, there is no clear answer.

Plummer stated that it was not always necessary to run lights and siren, and there is the option to use traffic pre-emption devices to facilitate moving through traffic lights for quickly.

Suozzi commented that he thought the information brought forth today was very enlightening, but this would be a huge culture change. He personally is having

difficulties with some of his EMS Units who state they will not change their practice at this time.

McVicar inquired if there was a move for the Coordinating Board to adopt a best practice. Pepin, Chairman of the Best Practice Committee, stated due to increased interest and the fact that they have been able to verify with the two largest insurance carriers that it is NOT a policy of the insurance companies that lights and siren HAVE to be used whenever there is a patient in the ambulance, they are reviewing the lights and siren best practice document.

Plummer stated that the key is in education. He believes that educating providers on the risks of L&S use along knowledge of minimal time benefit, that most agencies would initiate policies voluntarily. He added that the fire chiefs meet on a regular basis and it would be best to bring it before them.

There was additional discussion if the best practice was just from the scene to the hospital, or did it also include responding to the scene. D Rivers, from E-911 stated that the use of the call determinants is not mandatory but up to local policy. Plummer stated they needed to break out the to and from response if they wanted to gain acceptance.

Cooper pointed out that there is an EMS Safety Course by the National Association of EMTs that addresses ambulance safety.

Plummer concluded that we should work with the Local Government Center and Primex to put together a program to begin to educate EMS/Fire leadership.

Decision: None, discussion only.

## **Break**

### **RSI and Succinylcholine Contraindications**

Hirsch reviewed the power point presentation originally delivered at the July 2011 meeting. (see July minutes) In summary, would the board entertain the addition of a non-depolarizing paralytic for RSI induction for the patient with contraindications for Succinylcholine?

Discussion: D'Aprix stated that there were arguments for and against non-depolarizing agents, he would like to give these paramedics a second option, the question was, which one, Vecuronium or Rocuronium?

Decision: After a brief discussion regarding the fact that the paramedics are trained and educated in both Vecuronium and Rocuronium, Suozzi moved, "To have an option for Vecuronium and Rocuronium for patients with contraindications for Succinylcholine." McVicar 2nd.

Vote: Passed unanimously. (Note, these changes will be reflected in the 2013 NH Patient Care Protocols)

## **Protocols**

Suozzi brought the board's attention to the Behavioral Protocol and the new formatting that can be expected with the 2013 edition of the protocols. He pointed out that Blanchard now had the Visio software and was able to format the protocols on her own. McVicar complemented the work.

Suozzi then presented the board with the follow protocol update recommendations:

Behavioral Emergencies:

- The restraints section was separated out and will be incorporated into a new Restraint Policy that will also detail policy custody issues.
- The Scene Safety bullets have been removed and a Safety protocol will be developed to address not only Behavioral Emergencies, but other situations.
- The benzodiazepines have been re-ordered to come before the haloperidol; the dose of midazolam was changed to an IV dose of 2.5mg and added an IM/IN dose of 5mg. The haloperidol dose was changed to a range of 5 – 10 mg IM, with a maximum total dose of 10mg.
- Information on Excited/Agitated Delirium was added.

Discussion: There were some questions as to the administration of the benzodiazepines, and if they were being misused. After discussion, it was determined to not to change their doses. However, there will be an addition to the PEARLS box with the statement, "Use cautiously in frail or debilitate patients; lower doses should be considered."

Musculoskeletal Injuries:

A new protocol was introduced for musculoskeletal injuries at the request of the Extended Care Committee.

Discussion: None.

Pain:

- Many of the Basic bullets were moved to the PEARLS box.
- Fentanyl was moved up on the list of analgesics.
- ??? add hydromorphone.
- Added diazepam for patients with musculoskeletal spasms.

Discussion:

There was discussion on the precautions for Ketorolac and it was decided to remove the mulit-system trauma reference and add pregnancy to the list of contraindications.

There was discussion about the possible addition of hydromorphone. Schelberg stated that he added it to the protocol, as it is his experience in the emergency department (E.D.), that it is preferred. Suozzi stated that he likes Fentanyl for the prehospital setting and because it is shorter acting. Hydromorphone as it is longer acting, seems to work better in the ED setting. .

J Stewart stated that paramedics are in constant attendance with their patients and can re-dose them if needed, therefore he was in support of shorter acting agents. He feels we do not need another controlled substance in the ambulance.

McVicar stated that we must remember we would need to go before the Board of Pharmacy with compelling evidence for the need to add this to the paramedic formulary.

Decision:

D'Aprix moved to remove hydromorphone from the recommended protocol. Malby 2nd. Vote: Passed Unanimously.

Further Discussion:

A proposal was brought forth to add diazepam to treat severe muscle spasm, but, D'Aprix asked that this be tabled until further research on diazepam and muscle spasm could be done.

Pain – Pediatric:

- There were similar changes made to the Basic bullets and PEARLs box.
- The dose of the 24% sucrose was changed from 0.1 mL to 1.5 – 2.0 mL, and a preterm dose of 0.1 mL – 1.0 mL was added. This change was due to the fact that prefilled 24% sucrose packages are available from the pharmacies in 1.5mL doses. Further research found varying dosing guidelines, but concluded it was appropriate for full term infants.
- Fentanyl was updated to be consistent with the adult pain protocol.

Discussion: None

Vote: McVicar moved to accept all suggested protocol recommendation as discussed and modified." Sutton 2nd.

Vote: Passed, unanimously.

#### **IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS**

**ACEP:** No report

**Bureau and Division Update:**

See attached Bulletin

**Legislative Updates:**

No report

**Coordinating Board Update:**

See minutes in packet

**Stroke/STEMI Development:**

Blanchard reported that a special committee has been formed to organize a STEMI/Stroke Point of Entry Summit for the Spring of 2012.

**TEMSIS Update:**

See attached Bulletin

Cooper added that on November 2nd there will be an all day meeting on Benchmarking at the Fire Academy, all are invited. Contact Cooper for more information.

**Trauma System:**

Odell reported that a new Trauma Coordinator has been hired, Angela Shepard, MD. She will be joining the NH Bureau of EMS Friday, September 23, 2011.

**Other Business:**

Blanchard referred to the new link on the Bureau of EMS's website with all meeting materials and handouts. They will be using this link in the future and will no longer be printing copies.

**ADJOURNMENT**

Meeting adjourned at 12:05

**VI. NEXT MEETING**

November 17, 2011, NH Fire Academy

Respectfully Submitted,

Clay Odell, EMTP, RN, Bureau Chief  
Tom D'Aprix, MD, Medical Control Board Chairman.

Prepared by Vicki Blanchard, ALS Coordinator