

**NH MEDICAL CONTROL Board**

**NH Fire Academy  
Concord, NH and via WebEx**

**MINUTES OF SPECIAL MEETING  
August 2, 1012**

**Members Present:** Kenneth Call, MD; Tom D'Aprix, MD; David Hirsch, MD; Frank Hubbell, DO; Patrick Lanzetta, MD; Mathurin Malby, MD;; Jim Suozzi, MD; John Sutton, MD

**Members Absent:** Chris Fore, MD; MD; Ray Kelly, MD; Joseph Leahy, DO; Jim Martin, MD; Douglas McVicar, MD; Norman Yanofsky, MD; Clay Odell, Bureau Chief

**Guests:** None

**Bureau Staff:** Vicki Blanchard, ALS Coordinator;

**I. CALL TO ORDER**

D'Aprix called this special meeting to order at 13:10 for the purpose of reviewing, revising, and approving protocols for the 2013 edition of the NH Patient Care Protocols. The meeting was held at the Fire Academy in Concord, members were invited to participate via WebEx and conference phone. All members attended via WebEx and conference phone.

**III. DISCUSSION AND ACTION PROJECTS**

**Protocol Revisions**

Suozzi and Blanchard presented the following protocol revision for the 2013 NH Patient Care Protocols:

**Interfacility Transfers**

The interfacility transfer committee met and recommended that BiPap be added to the PIFT scope of practice. Additionally, while conducting PIFT audits it came to Bureau's attention that some patients were being bagged via BVM for extended transport time. The committee recommended that the board add language requiring the use of a portable ventilator for all intubation patients during interfacility transfers. They also asked that the MCB place a sunset date for the ventilators.

**Discussion:** There was discussion regarding the portable ventilator currently being distributed to hospitals via a grant. It was felt that because these vents were being distributed at no cost to the hospital or EMS units that it would not be burdensome to require intubated patients to be on ventilators for transport.

There was also discussion regarding medications started before a transfer and how long they needed to be monitored before the transfer. Because each medication is different the board chose to replace the first bullet on the second page of the protocol with, "Medication started prior to leaving the transferring facility." And remove the second bullet altogether.

Decision: Approved the addition of BiPap at the PIFT level; changed the bullets regarding medications during transfers (see above) and; added the following bullet under the PIFT level. "After January 1, 2014, all intubated patient must be on a ventilator."

#### Hazardous Materials

Removed the detail of BSI under personal safety, as EMS providers already know what supplies are needed for BSI. Added the word "potential" to contaminated patients, as some patients may receive gross contamination but still have some minor contamination.

Discussion: None

Decision: Approved as presented.

#### Nerve Agents

Removed the Mark 1 kits, as they are now obsolete.

Discussion: Discussion entailed the use of DuoDotes under the poisoning protocol for organophosphate poisonings for an isolated event and not a Mass Casualty.

Decision: Remove the Mass Casualty from the title, change to Adult and Pediatric protocols only and remove the responder protocol. Additionally, add a link to the organophosphate bullet in the poisoning protocol to go to the Nerve Agent protocol.

#### Radiation

PEARLS were added.

Discussion: None

Decision: Approved as presented.

#### Musculoskeletal Injuries

This is a new protocol previously approved by the MCB. Extended care section was added to include removing impaled objects in the extremities, reducing dislocations (if trained through a Nationally recognized organization) and the antibiotic ceftriaxone for open/compound fractures.

Discussion: The protocol committee asked that the MCB reconsider the removal of impaled objects. The board was supportive of the removal of impaled objects so long as there was not the potential for exsanguination.

Decision: Add to the impaled object bullet, “and or uncontrolled hemorrhage”, and approved the remaining as presented.

*Extended Care Protocol Guideline*

This protocol had been approved previously but was revised as the committee recognized that most of the protocols would warrant additional dosing of medication in an extended environment. Instead of adding it to each protocol, the committee revised the guidelines to allow for continuing dosing with caution for cumulative effects.

Discussion: None

Decision: Approved as presented.

*Rapid Sequence Intubation*

Due to the shortage of medications the protocol committee recommended that ketamine and midazolam be added as induction agents, in the absence of Etomidate. They also recommended updating the post intubation section to include fentanyl and changed the midazolam dose from 0.05 – 0.1 mg/kg to 2 – 5 mg IV. Finally the committee requested that the post intubation care section be added to the oral and nasal intubation procedures.

Discussion: It was noted that ketamine was not on the paramedic formulary and would require approval from the Board of Pharmacy. It was suggested that under the Preoxygenation section to add nasal canula with oxygen regulator turned up to its fullest capacity.

Decision: Approved as presented and with the addition of the nasal canula.

**ADJOURNMENT**

Meeting adjourned at 14:00.

**VI. NEXT MEETING**

September 20, 2012 – Fire Academy – Concord, NH

Respectfully Submitted,

Tom D’Aprix, MD, Chairman of MCB  
Prepared by Vicki Blanchard, ALS Coordinator