NH EMS Medical Control Board

MEETING MINUTES (APPROVED)

November 18, 2021

9:00AM
NH Fire Academy Classroom 2

Quorum: 8 members required (currently 15 positions on the MCB)

Members Present:
Robert Rix (Chair), Marc Grossman, David Hirsch, Jim Suozzi, Tom Trimarco, John Freese, Drew Seefeld, Jon Gray (8)

Members Absent:
Michelle Nathan (Vice Chair), Joshua Morrison, Patrick Lee, Jared Blum, Frank Hubbell, Brian Sweeney, Harry Wallus (7)

NH FST&EMS Staff:
EMS Bureau Chief Justin Romanello, EMS Medical Director Joey Scollan, Elizabeth Goguet, Joanne Lahaie, Joseph Cartier, Maria Varanka, Vicki Blanchard (minutes), and Walter Trachim (minutes) (8)

I. Welcome/Membership

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

Membership Expirations notification:

- Robby Rix – March 21, 2022
- Marc Grossman – April 17, 2022
- Frank Hubbell – May 31, 2022
- James Suozzi – May 31 – 2022

Membership Confirmation:

- Jon Gray, Region I (November 18, 2024)
- Michelle Nathan, Region II (May 17, 2024)
- Thomas Trimarco, Region II (May 30, 2024)

Vote: Motion (Suozzi/Rix) made to confirm the above members; passed unanimously

II. Approval of the minutes

Vote: Motion made (Freese/Trimarco) to *approve the September 16, 2021 minutes as written*; passed unanimously

III. Division/Committee Reports

1) Bureau of EMS – Chief Justin Romanello

a. Covid-19 Summary
    i. Covid-19 Protocols are still in effect We are currently reviewing for any upcoming changes
    ii. Emergency Protocols Released
        1. Covid-19 Version 5 Released June 16, 2021
        2. Covid-19 Testing Version 3 Released December 23, 2020
        3. Covid-19 Vaccinations Version 2 Released February 3, 2021
        4. PPE Version 3 Released June 16, 2021
        5. Temporary MIH Version 2 Released June 16, 2021
        6. Covid-19 Destination Determination Version 2 DISCONTINUED June 16, 2021
    iii. Emergency Rule DISCONTINUED June 16, 2021
    iv. Emergency Waivers DISCONTINUED June 16, 2021
    v. Executive Orders DISCONTINUED June 16, 2021
b. Clinical Systems
    i. Trauma Program – Working with TMRC on ACS III Migration Plan and Trauma Rules
    ii. MIH Program – Continued support of Covid and Non-Covid MIH programs
    iii. Specialty Services Section – Funding has been secured for 1 FT and 2 PD positions to staff the unit. The unit will focus on MIH programs and IFG
    iv. Critical Care Protocols – To MCB for approval in November
    v. Protocol Roll-Out 8.1 – CCT Prerequisite Protocol, Narcan Leave Behind Protocol, and edits
    vi. Open Positions
        1. Specialty Services – One (1) Program Coordinator – Full Time – Awaiting HR Creation
        2. Specialty Services – One (1) MIH Program Coordinator – Part Time – Awaiting HR Creation
        3. Specialty Services – One (1) IFT Program Coordinator – Part-Time – Awaiting HR Creation
c. EMS Operations
    i. Practical Exam Program – up and running
    ii. Ambulance Inspections Program – up and running
    iii. EMS Training and I/C Program – exploring options for further support
    iv. Licensing – unit licenses are due to renew
    v. Open Positions
        1. None
d. Data Systems
    i. Respond NH – user management system
        1. System is operational and currently working on education for providers and units
    ii. NFIRS
        1. System is operational and currently working on education for units

e. EMS Training
    i. Training Coordinator – Maria introduced to the board and spoke briefly. A good addition to the Bureau, moving forward to get things done
    ii. Continuing Education – exploring options for future programs. Monthly CME Begins in November
    iii. EMR Programs – fall program completed as of 11/13. Four programs tentatively scheduled for 2022
    iv. Simulation Program – anticipated that program will restart by early 2022
    v. Open Positions
        1. Initial Program Coordinator: Interim Peter "Max" Dodge
        2. Simulation Program Coordinator: Ongoing Hiring
        3. Staff Instructor: Ongoing Hiring
f. Special Projects
    i. Educational Training Agencies – project summary will be presented to CB at November Meeting
    ii. Open Positions
        1. None
g. Preparedness
    i. COOP Plan – review and training
    ii. AED Program – meeting with e911 TBD
    iii. Open Positions
        1. None
h. Compliance
    i. Over a dozen active investigations
    ii. Liz introduced and spoke briefly about ongoing activities
    iii. Open Positions
        1. Investigator – Part Time – Currently Interviewing
i. Other
    i. SB 133 – Letter of Concern and Replica Repeal effective 10/9/2021
    ii. EMS Plate Decals

2) Trauma Medical Review Committee – Trimarco
    a. October meeting cancelled
3) Coordinating Board – Freese
    a. September meeting cancelled

IV. Protocols

Protocol updates for November 18, 2021:

<u>Hypothermia:</u>

Added: Vapor barrier and/or commercial hypothermia bag

Added: Moderate to severe hypothermic patients should be keep horizontal

Under AEMT/Paramedic: added language to limiting epinephrine doses to 3 and increasing interval dosing time to 6 – 10 minutes

Under the Hypothermia Stages Chart: added Cold Stressed, Mild, Moderate, Sever and Profound

Sepsis:

Fluid administration was clarified to read "up to" 30mL/kg and reassess "after each 500 mL" bolus

Pressor infusion option were rearranged placing norepinephrine before epinephrine

Added: "Consider push dose epinephrine if infusion is not available "

An epinephrine push dose mixing chart will be added to the appendix

New PEARL regarding smaller volumes of fluid in certain patient populations

Changed in pediatric epinephrine dosing to 0.05 – 1.0 mcg/kg/min

Non-Traumatic Shock:

Added: "Consider push dose epinephrine if infusion is not available "

Added: epinephrine dosing for pediatrics

Carbon Monoxide Poisoning:

Adult and pediatric combined

Under the history added "suspected cyanide toxicity"

Syncope (Adult and Pediatric):

Word smithing

Acute Coronary Syndromes:

Under nitroglycerin infusion removed the "after 3rd SL nitroglycerin"

Removed the caution on nitrates as evidence says it's okay and added a bullet regarding caution in the hemodynamically unstable.

Bradycardia:

Change atropine dosing to 1 mg per ACLS

Added: "Consider push dose epinephrine if infusion is not available "

An epinephrine push dose mixing chart will be added to the appendix

Under adult glucagon dosing added: "as much as is available" up to 5 mg

Under pediatric glucagon dosing streamlined to less than 20 kg or greater than 20 kg

Wordsmithing – pacing

Lower dosing should be mentioned first

(To be returned to Protocol Committee for pacing anxiolytics/analgesic dosing for pacing and a bullet regarding frail patients, other changes to remain)

Cardiac Arrest:

No changes

Congestive Heart Failure:

Changed systolic blood pressure criteria for repeat dosing of nitroglycerin from 140 mmHg to 120 – 140 mmHg

Added a bullet for titrating nitroglycerin

A question was asked if EMTs could use the non-invasive CPAP feature in the ____ ventilators and was answered, "yes"

Ultrasound:

Discussion on this is tabled

Double Sequential Defibrillation:

Added: **"**Ideally the second manual defibrillator should be the same model."

Leave Behind Naloxone:

A new prerequisite protocols which will allow EMS to leave naloxone kits behind at the scene where a suspected overdose patient was treated.

Critical Care:

A new prerequisite protocol which will allow for critical care rotary wing services from out of state to be able to license within New Hampshire. It includes an expanded scope of practice

Team-Focused CPR:

Change of language – CPR coordinator to replace Team Leader

Vote: Motion (Trimarco/Seefeld) to approve new protocols excepting those being tabled for further study. Motion passed.

NH Patient Care Protocols Version 8.1

Chief Romanello requested the board consider a mid-cycle rollout of Version 8.1. This would allow for the Critical Care and Leave Behind Naloxone protocols to be rolled out sooner. Additionally Version 8.1 would contain typographical corrections and a standardization of the benzodiazepine dosing.

Vote: Motion (Suozzi/Seefeld) to approve mid-cycle rollout. Motion passed.

Arterial Sheath:

Ted White from St. Joseph Hospital initially brought this up to the board

- Capping an arterial sheath poses a clot risk
- One option of addressing this is to remove the sheath and place a TR band on the site, but the patient has to be re-catherized at the receiving facility
- Discussion about the terms “locked” and “capped” – using the term “locked” implies that a line is capped. A saline lock was given as an example of a “capped” or “locked” line
- While different, the principle is the same as how an arterial line is managed when not attached to monitoring equipment
- Attaching a pressurized bag of heparinized saline to the sheath is what should be done for transport. It is safe, it is standardized care, and it falls within the PIFT scope of practice. It should be used for stable patients only. A pressurized bag of fluid is a form of a lock, per the discussion
- Some concerns expressed from EMS services in the area, possible due to lack of education
- Wording in the protocol should reflect what fluid is used, e.g., pressurized Heparin-Saline

Vote: Motion (Suozzi/Seefeld) to addend motion, capped, locked, or pressurized as appropriate in a closed circuit. Motion passed

V. Old Business

I. Justin briefly discussed LSR’s as they pertain to the ongoing discussion or subcommittees versus workgroups and meeting under 91-A

VI. New Business

I. 2022 meeting schedule

Vote: Motion (Grossman/???) to approve the proposed 2022 meeting schedule. Motion passed.

VII. Ad Libitum

I. CARES Act is being shut down

- CB under RSA 153 has authority to implement patient care quality initiatives
- Recommendation for the establishment of a cardiac arrest registry'
- Discussion about the need to increase collection of patient outcome data
- Difficulties surrounding data collection from hospitals discussed, citing the need for business agreements and using other existing registries (e.g., Trauma) as an example of the difficulties surrounding data collection
- This issue will be brought to the Coordinating Board in their meeting later today

Vote: Motion (Suozzi/Rix) supporting creation of a cardiac arrest registry. Motion passed.

II. Reglan usage – Nathan Borland, 45th Parallel EMS

- He comes before the board requesting Reglan as an anti-emetic be kept in the formulary and not dropped
- The North Country hospitals (AVH, UCVH, Weeks) do not carry it in their pharmacies
- The cost of Droperidol is roughly four times the cost of Reglan. He cites a vial of Reglan at $1.24 versus approximately $8.50 for a vial of Droperidol in the same dosing quantity

Vote: Motion (Seefeld/Hirsch) to keep Reglan as an option in the protocols. Motion passed.

III. AED Registry – Derek Aumann, NH Bureau of Emergency Communications

- NH has had an AED Registry since 2005
- Position created at the Bureau of Emergency Communications to manage this registry through the use of the PulsePoint application
- NH is the first state to partner with PulsePoint
- This is a request for assistance to provide locations of AED's statewide

VIII. Adjournment

IX.

Vote: Motion (Freese/Rix) to adjourn the meeting at 11:45AM. Motion passed.

Next Meeting: January 20, 2022 – Classrooms 5 & 6