NH EMS Medical Control Board

MEETING MINUTES (Approved)

July 20, 2023
9:00 AM
NH Fire Academy Classrooms 5 & 6

Quorum: 8 members required (currently 14 positions on the MCB)

Members Present: John Freese, Jon Gray, Marc Grossman, Patrick Lee, Joshua Morrison, Robert Rix, Andrew Seefeld, James Suozzi, Brett Sweeney, Thomas Trimarco, Jane Wieler

Members Absent: David Hirsch, Frank Hubbell, Michelle Nathan,

NH FST&EMS Staff: Justin Romanello, Vicki Blanchard, Liz Goguet, Walter Trachim, Joanne Lahaie, Mike Mulhern, Crystal Tuttle

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

1) Welcome/Membership
   I. Nomination for Dr. Ryan Gerecht, Region 1.
   II. A motion was made (Trimarco/Lee) to accept the nomination for Dr. Ryan Gerecht. All in favor. None opposed.
2) Approval of the minutes
   I. A motion was made (Freese/Trimarco) to accept the May 18, 2023, minutes. All in favor. None opposed.
3) Division/Committee Reports
   I. Bureau of EMS
      I. Operational canine protocol will be a BLS/ALS Pre-requisite protocol. Met with veterinarian group to discuss protocols.
      II. Matt Robblee met with the CDC project officer to discuss funding for NH MIH programs.
      III. Educational Training Agency rules have been approved by the Division, legal, the Commissioner and Fiscal Impact to Legislative Services. Will be moving to public comment and JLCAR soon.
      IV. Planning for the 2024 Statewide EMS Conference is underway.
      V. Naloxone licensing has expired and is no longer required.
      VI. The fully funded EMR program has reached the 6-month mark and the program has been evaluated. Consideration for:
         - Wage Reimbursement is currently exclusive to EMTs, would like to expand to AEMTs, as well as the 1k sign on bonus.
         - 4 weeks of wage reimbursement to be changed to 160 hours.
         - Explore volunteer organization issues.
         - Explore preceptor bonus program.

VII. EMS Roundtable was held with Executive Counselor Cinde Warmington, Senator Sue Prentiss, Director Justin Cutting, Justin Kantar of PFFNH, Chris Stawasz of AMR/GMR, Ed Daniels and Dr. Ed Duffy to discuss ongoing EMS concerns.

VIII. Affiliation data was requested, but the system only allows forward looking numbers and not historical data. 69% of providers have one affiliation, 22% have 2 affiliations, 7% have 3 affiliations, 1.5% have 4 affiliations, and nine people in the State have 6 or 7 active affiliations.

4) CB Report- John Freese

Nothing to report.

5) TMRC Report- Tom Trimarco

I. Researcher from Dartmouth will be looking at the flow of patients through the trauma system, has filled out paperwork for the Privacy Committee.

II. TMRC voted to turn the level 3 accreditation over to the American College of Surgeons in 2026 and voted to eliminate state pediatric designation for trauma centers.

III. Trauma triage and transport protocol discussion, requires some clarification in the language. A discussion was had about antibiotics and open fractures as well, the TMRC voted that there is not enough evidence for recommendation.

6) Protocols- Jim Suozzi

I. Behavioral Emergencies- identifying mobile health crisis teams.

II. Interfacility Transfer- Definition was updated, shared responsibilities moved up to beginning. Properly maintain devices for EMTS. PCA pump was under EMT but moved to AEMT for custody purposes.

III. Ventilator- Sent to protocol committee to add in initial setting.

IV. Pediatric Transport- Removed the reference to RSA 265.107a, as this is for passenger vehicles. Removed brand names of restraints and recommended to follow manufacturers guidelines. A presentation was made by Matthew Stinson on 3-point vs. 5-point restraints.

V. On-Scene Medical Personnel- Updated rules number.

VI. Hemorrhage Control- Updating TXA dose to 2 grams.

VII. Spinal Trauma- Return the Red Flag, as it is useful for IFTs.

A motion was made (Grossman/Morrison) to approve the protocols with changes. All in favor. None opposed.

I. Anna Sessa asked the MCB to support a BIPOC review of protocols for an equity lens in the State of New Hampshire.

A motion was made (Sweeney/ Suozzi) to invite members of the BIPOC medical community to review protocols with an equity lens. All in favor. None opposed.

7) Old Business

None to report.

8) New Business

a) Presentation by Anna Sessa about EMS for Children
b) Discussion of new 911 layperson prone CPR
c) Clarification of ketamine route and dose options in DSI (listed in IM only)

9) Topics Ad Libitum

10) Adjournment

A Motion was made (Trimarco/Wieler) to adjourn the meeting. All in favor. None opposed.

i) Next Meeting: September 21, 2023

Protocol approved at the July 20, 2023 MCB Meeting:

Behavioral Emergencies

- New section addressing Mobile Crisis Teams

Interfacility Transfer

- Moved the reporting requirements for Alternatives 1 & 2 to the beginning of the protocol
- Updated NHTSA definition of IFT
- Moved the "Shared Responsibility Section before the transporting facility or transporting agencies responsibilities.

EMT section:

- Added a bullet, "If a device or infusion is functioning properly and is maintained by an alert/oriented patient (or caregiver), transport the patient with the device or infusion in place and operating normally."

AEMT section:

- Added the bullet, "Pain management (nitrous oxide or IV acetaminophen, if available)"
- Expanded the crystalloid bullet to list various examples.
- Removed the PCA pump, as this is a narcotic and custody/wasting issues.
- Amended: Clarifying language to the cardiac monitoring bullet to read, "Cardiac monitoring (4 lead ECG as a vital sign, no rhythm interpretation."

PIFT Section

- Added the bullet, "In anticipation of patient deterioration, medication administration within the scope of practice and within the formulary (see Appendix 1), the transferring hospital provider may provide the medications as well as provide initiation and titration guidelines on the appropriate transfer paperwork.
- Removed the bullet pertaining to capped/locked invasive monitoring equipment
- Discuss adding nicardipine to the paramedic formulary
- Discuss creating a high-flow nasal cannula protocol

Critical Care Section

- Added the bullet, "See Critical Care Protocol for additional scope"
- Removed the certification from the paramedic under the alternative 1 section
- Removed red flag regarding alternative crew configuration.

Non-Complex Vent Settings

- Changed No PEEP > 20 cmH20 to 12 cmH2O
- Added No PIP > 40 cmH2O and No plateau pressure > 30 cmH20

Ventilator

- This protocol was sent back to the protocol committee to add in initial setting recommendations.
- Amended: Changed the second sentence to read, "The following initial settings may be used," as apposed to "The following initial setting are recommended".

Pediatric Transportation

- Removed the reference to RSA 265.107a as this refers to passenger vehicles

- Added to follow the manufacturer's guidelines to each type of restraint
- Removed brand names
- MCB to have a discussion 3 point restraints versus 5 point restraints
- It was decided to stay with the stretcher harness device with 5 point harness.

On-Scene Medical Personnel

- Updated Rules number

The following protocols did not have any changes:

- DNR/POLST/Advanced Directives
  - Amended: Update with the recent changes to the DNR law as to how can write a DNR.
- Hospice
- Patient Acuity

The following protocols were sent back from the Coordinating Board for:

Hemorrhage Control

- Updating the TXA dose to 2 grams
- Amended: it was decided to stay with 1 gm of TXA

Spinal Trauma

- Return the Red Flag as it is useful for IFTs

The cricothyrotomy protocols sent back for final vote on biannual training requirements.

The following protocols had their benzodiazepines edited to reflect the standardize doses established in 8.1.

- Behavioral Emergencies
- Tachycardia
- Bradycardia
- Nerve Agents

RSI (not in this meeting's protocol set, but brought up under old business:
Under Induction, Ketamine was changed to:

- Ketamine 2 mg/kg IV (RSI or DSI) or 4 mg/kg IM (max 500 mg) (DSI only)~~(IM only used if performing Delayed Sequence Intubation)~~

Protocols were approved as amended, Weiler/Trimarco