NH EMS Medical Control Board

MEETING MINUTES (Approved)

January 19, 2023
9:00AM
NH Fire Academy Classrooms 5 & 6

Quorum: 9 members required (currently 14 positions on the MCB)

Members Present:
Robert Rix (Chair), Michelle Nathan (Vice Chair), Marc Grossman, David Hirsch, Patrick Lee, Jim Suozzi, Tom Trimarco, Jon Gray, Frank Hubbell, John Freese, Joshua Morrison, Andrew Seefeld, Brett Sweeney, Jane Wieler

Members Absent:
John Freese

NH FST&EMS Staff:
EMS Chief Romanello, EMS Medical Director Joey Scollan, EMS Captain Vicki Blanchard, Matthew Robblee, Liz Goguet, Mike Munck, Joe Cartier, Mike Mulhern, Walter Trachim, Dave Simpson, Maria Varanka, Crystal Tuttle (Recording Secretary)

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

1) Welcome/Membership
   a) Vice Chair and Chair positions are due for re-nomination (March 2023). All interested parties should let the Board know by March 1, 2023. Interested parties can reach out to Crystal about the process.
   b) **A motion was made (Nathan/Lee) to confirm the appointment of Dr. Jane Wieler for Region II. All in favor, none opposed.**

   c). A moment of silence was observed for Paramedic Todd Berube who was killed earlier this month in a motorcycle accident. Todd was an active EMS provider for the State of NH for over 25 years.
2) Approval of the minutes
   a) **A motion was made (Hubbell/Morrison) to accept the minutes from September 15, 2022. All in favor, none opposed.**
3) Division/Committee Reports
   a) **Bureau of EMS** – Chief Romanello
      i) COVID protocols were extended through March 31st. If the public health incident is lifted, the Bureau of EMS will make recommendations and establish communications.
      ii) The first MIH (mobile integrated health) foundational program started on January 19th in Concord. This is a six-week program, for around 56 hours. Bethlehem will host one soon.
      iii) A specialty services IFT (inter-facility transport) provider meeting was recently held by the NH Hospital Association, with about 50 attendees.
      iv) Two surveys were rolled out, one concerning a 2024 Statewide EMS Conference and the second pertaining to next years continuing education.

v) NEMSIS 3.5 migration has begun and should be completed late second quarter.
vi) Compliance has 25 active investigations ongoing.

4) CB Report-
   a) Nothing to report
5) TMRC Report- Tom Trimarco
   a. TMRC met on December 21, 2022 and discussed new trauma maps being revised with designations, injury prevention is asking for support on seatbelt laws, medical examiners office is still missing a pathologist with overdoses maintaining high numbers due to fentanyl.

6) Old Business
   a) Protocols- Jim Suozzi

Pain – Adult & Pediatric

AEMT Standing Orders:

- Nitrous oxide contraindication updated to reflect EMS administered opioids

Pain - Adult

Paramedic Standing Orders:

- Added intranasal (IN) route for ketamine

Behavioral – Adult & Pediatric

Under the Refusal and Police Assistance section:

- Clarified language in the 7th bullet
- Added an 8th bullet that reads:
  - A patient should only be physically restrained for transport when other reasonable options for less restrictive measures have been unsuccessful. See Restraints Protocol.

EMT/Advanced EMT Standing Orders

- Changed excited delirium to danger to self and others

Paramedic Standing Orders

- Removed the need to call Medical Control to administer benzodiazepines.

New Red Flag:

- Agitation must be thought of as a clinical problem rather than as bad behavior.

Restraints

EMT/Advanced EMT Standing Orders

- Clarified language in the restraining procedure section.

Paramedic Standing Orders – Adult:

- Changed excited delirium to danger to self or others.
  - Added the following bullets in regard to safety and restraining: Immediate Danger to Self or Others

- For patients who are an immediate and active danger of serious harm to themselves or others:
- A patient who is physically restrained and is not actively fighting against the restraints is not an active danger to themselves or others.
- Before proceeding, assess for and address any potential organic causes for the patient's combativeness (e.g. hypoglycemia). Patients whose breathing is restricted may be combative due to hypoxia.
- The determination that patients are an active threat should generally only be made after attempts at de-escalation have been unsuccessful.

- Prior to proceeding with chemical sedation:
    - Reposition the patient as needed to ensure that the patient's airway and breathing are not restricted ("Reposition before you medicate").
    - Equipment needed for performing monitoring & resuscitation must be at the patient's side.
    - A paramedic shall be focused on monitoring the patient's airway, breathing and circulation during administration and until patient transfer at the emergency department.

- Added Droperidol 5 – 10 mg IV/IM repeat 5 – 10 minutes
- Added for IM ketamine a time increment of "repeat 5 -10 minutes as needed"
- Added Ketamine: 1 mg/kg IV rounded to nearest 25 mg, maximum dose 250 mg, repeat 0.5 mg/kg in 5 – 10 minutes as needed.
- Added the following sentence to the Haloperidol bullet, "Haloperidol can be given in addition to benzodiazepines."

<u>New red flags</u>

- Do not administer chemical sedation to a patient being restrained in the prone position or any position where breathing is restricted.
- Patients with alcohol or other sedative drugs onboard are at severe risk of apnea following chemical sedation with ketamine.
- Ketamine may cause transient apnea when administered intramuscularly. The lowest appropriate dose should be used.
- A critically ill or elderly patient receiving a sedative dose of ketamine may become apneic; consider a lower initial dose.

<u>New PEARLS</u>

- Note that hypercarbia due to impaired ventilation may cause agitation even in the presence of normal SpO2.
- In stressful situations, overestimation of patient weight is not uncommon and increases risk. Consider having a second provider confirm weight estimate and utilizing lowest estimate.

Spinal Injury

At the September 2022 MCB meeting you voted to add the following red flag:

Amendment: Add a red flag stating, "Elderly patients are a high risk for occult cervical spine fractures despite absence of neck pain. Consider placing a collar on all older patients (e.g., 65 years or older) who have a high mechanism of injury."

A motion was made (Hubbell/Morrison) to accept Protocols. Passed unanimously.

7) New Business

a). POCUS (Point of Care Ultrasound): Dr. Seefeld and Dartmouth medical students reported on their POCUS study. Dr. Seefeld went over their training guidelines which align with ACEP's. There was a lengthy discussion on this training and the need for a prerequisite protocol with the minimum training criteria in the future. In the meantime Dr. Seefeld will continue his study but use of the POCUS shall not alter care as directed in the NH Patient Care Protocols.

b). Stroke IFT: Lengthy discussion regarding stroke patients who have received thrombolytics and are being transferred to higher level of care. These patients are at risk of increased blood pressures while enroute. Nicardipine or labetalol are medications that can treat the blood pressure but do not need to be initiated if the blood pressure is stable. The board would like to communicate with the medical directors regarding sending these medications with the PIFT crew with instructions should they need to be initiated. Dr. Rix will draft a letter.

8) Topics Ad Libitum

9) Adjournment

i) Vote: Motion made (Hubbell/ Suozzi) to adjourn the meeting at 11:50 AM. All in favor, none opposed.

ii) Next Meeting: March 16, 2023 – Classrooms 5 & 6