

NH EMS Medical Control Board

MEETING MINUTES (**Approved**)

March 16, 2023

9:03AM

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), David Hirsch, Patrick Lee, Jim Suozzi, Tom Trimarco, Frank Hubbell, Joshua Morrison, Brett Sweeney

Members Absent:

John Freese, Jared Blum, Jon Gray, Marc Grossman, Andrew Seefeld, Jane Weiler

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**
- 2) **Approval of the minutes**
 - a) **A motion was made (Nathan/ Trimarco) to accept the minutes from January 19, 2023. All in favor, none opposed.**
- 3) **Division/Committee Reports**
 - a) **Bureau of EMS – Chief Romanello**
 - COVID Public Health Incident – 31 March 2023 ***EXTENDED***
 - COVID-19 Protocols are still in effect based upon the declared public health incident
 - # of Providers – Permanent Rule
 - Emergency Protocols – Emergency Protocols Released
 - COVID-19 Version 7 – Released 29 September 2022
 - COVID-19 Testing Version 3 – Released 23 December 2020
 - COVID-19 Vaccinations Version 2 - Released 3 February 2021
 - Personal Protective Equipment Version 4 - Released 29 September 2022
 - COVID-19 Temporary MIH Version 2 – Released 16 June 2021
 - COVID-19 Destination Determination Version 3 – **DISCONTINUED** 29 September 2022
 - All Emergency Rules, Waivers and Orders - **DISCONTINUED** – 16 June 2021
 - Fall 2024 Statewide EMS Conference Survey
- 4) **CB Report-**
 - a) Nothing to report
- 5) **TMRC Report- Tom Trimarco**

6) Protocols- Jim Suozzi

Surgical Cricothyrotomy Bougie Assisted:

- Separated out equipment for patients 8 – 12 years old and those greater than 12 years.
- Word smithed procedures to add more detail.

A Motion was made (Hirsch/Morrison to amend/to move the Surgical Cricothyrotomy Bougie Assisted protocol out of the prerequisite protocols and into the general protocol set AND add language that mandatory bi-annual training and skills competencies be performed with their Medical Director. All in favor. None opposed.

Cricothyrotomy- Percutaneous

- Added a small vertical midline incision through the skin and subcutaneous tissue to help facilitate in the insertion of the percutaneous device.

A Motion was made (Rix/ Suozzi) to amend that Cricothyrotomy – Percutaneous be retained in the protocol set for patients less than 8 years of age with the appropriately sized equipment, passed unanimously.

Rapid Sequence Intubation

- Word smithing throughout to give more detail.
- Removed Premeditation Fentanyl
- Under induction:
 - IM Ketamine is only for use if performing Delayed Sequence Intubation.
- Under Post-Intubation Analgesia and Sedation Option 2:
 - Fentanyl dose changed from 50 – 100 mcg to 0.5 - 1 mcg/kg.
- Language requiring the use of video laryngoscopy and ventilators added
- New section added: Principles of Effective and Safe RSI
- Added a new graphic: Criterial for ‘Sustained Exhaled CO2’
- New Red Flags:
 - Profound hypotension is a predictor of adverse outcomes of RSI, even patients with apparently “normal” hemodynamics can suffer collapse.
- Experience has shown that providers are challenged to initiate adequate vasopressor therapy once hemodynamic collapse has begun to occur.
 - In multiple deaths involving esophageal intubation, providers detected bilateral breath sounds suggesting tracheal intubation.
- New Pearl:
 - Placement of an ET tube does not address the patient’s underlying pathophysiology (e.g., bronchospasm) and may worsen it (e.g., asthma). Rapidly address the patient’s underlying pathophysiology post-intubation as appropriate (e.g., nebulized bronchodilators, increased PEEP, nitroglycerin)

Fever

- Returned Fever Protocol from 2015, revised Sepsis criteria to match Sepsis protocol and added IV acetaminophen

Double Sequential Defibrillation

- Based on a recent study in the NEJM the delivery of the double sequential defibrillation shock was changed from, “after the 5th shock” to “after the 3rd shock”.

Cardiac Arrest

- Based on a recent study in the NEJM the order of when to consider double sequential defibrillation and changing the pad placements to anterior/posterior are reversed.

Capnography

- Added a new graphic: Criterial for ‘Sustained Exhaled CO2’

7) Old Business

Drug Diversion Task Force

- Stewart reported the Drug Diversion Taskforce continues to meet on the 1st Thursday of the month at 10:00. Currently they are working on updating the rules, conducting a survey and looking into an education module.
- There was a discussion regarding the origins of the group and that originally it had been a subcommittee of the MCB; however, since its reformation post COVID it is really a Bureau facilitated meeting with no MCB members and should no long be considered a subcommittee of the MCB.
- Concern as expressed about loss of work that was done and that the efforts made by the task force need to keep moving forward.

A motion was made (Morrison/ Rix) to disband the Drug Diversion Task Force and reform under a new heading. All in Favor. None opposed.

8) New Business

- a. RSI reporting requirements
 - i. Discussion about what data to collect.
 - Hypotension
 - Hypoxia
 - Cardiac arrest
 - End tidal usage
 - First pass success rate
 - Reporting in TEMSIS – there is baseline information available.
 - Issues surrounding input of correct information and adding validations as required fields was mentioned.
 - Carter/Lahaie offered to work with Jaeger to develop a report for this.

- ii. Pre-Hospital antibiotics for open fractures – Mike Gilbert/Liam Cavanaugh
 - Study data presented with mixed findings.
 - Question was asked whether there was data available related to CMS guidelines for antibiotics within one hour of injury – none reported.
 - Prerequisite protocols for sepsis were mentioned and Ancef was discussed as the go-to antibiotic for many conditions. It was also noted that Ceftriaxone is in the trauma protocol.
 - Question about making this its own protocol as opposed to a prerequisite protocol (Salem FD – Devine)
 - PO route (combat pill pack) and AEMT level of training were asked about.
 - Consensus is that more data is needed prior to considering this further.

A Motion was made (Rix/Morrison) to send to the protocol committee. All in favor. None opposed.

9) Topics Ad Libitum

Other Protocols

- Romanello noted to the board that the following protocols would be coming forward to the protocol committee in the future.
- Behavioral: To add an algorithm for when 988 mobile crisis teams are also on scene.
- Ground Critical Care: Looking into modifying the current Critical Care Transport protocol to include ground.
- K9 Protocol: Senate bill 268 will approve a law that will allow EMS providers to treat and transport police service dogs; we will need to develop a protocol for provider to operate under.

10) Adjournment

- i) **Vote: Motion made (Nathan/ Hubbell) to adjourn the meeting at 11:29 AM. All in favor, none opposed.**
- ii) **Next Meeting: May 18, 2023 – Classrooms 5 & 6**