

NH EMS Medical Control Board

MEETING MINUTES (**Approved**)

**March 17, 2022**

9:00AM

NH Fire Academy Classroom 6 & 7

Quorum: 9 members required (currently 15 positions on the MCB)

**Members Present:**

Robert Rix (Chair), Michelle Nathan (Vice Chair), Marc Grossman, David Hirsch, Joshua Morrison, Patrick Lee, Jim Suozzi, Tom Trimarco, Jared Blum, Jon Grey, Frank Hubbell, Andrew Seefeld, Brian Sweeney

**Members Absent:**

John Freese, Patrick Lee, Harry Wallus

**NH FST&EMS Staff:**

EMS Bureau Chief Justin Romanello, EMS Medical Director Joey Scollan, EMS Captain Vicki Blanchard, EMS Captain Kathy Higgins-Doolan, Trauma Coordinator Walter Trachim, Joseph Cartier, Maria Varanka, Crystal Tuttle (Recording Secretary)

Meeting called to order at 9:10 AM by Chair Rix

**1) Welcome/Membership**

- a) Chair Rix asked members with expirations to remind their affiliations for renewal.

**2) Approval of the minutes**

- a) **Vote:** Motion made (Sweeney/ Hirsch) to approve the November 18, 2021 minutes as written; passed unanimously.

**3) Division/Committee Reports**

- a) **Bureau of EMS** – Chief Justin Romanello
  - i) COVID protocols set to expire at the end of the month, but has heard they may be extended. This includes the rule of having one provider on an ambulance versus two. Dr. Suozzi asked if providers should be considering putting their own protocols in place in case of the expiration, which includes PPE, and Chief Romanello said yes. There is also another way to circumvent the public health incident if it expires by asking the Commissioner of Safety to implement a public safety incident.
  - ii) Maria Varanka has been working on getting CME to personal devices for continuing education.
  - iii) Captain Cooper and his team has successfully launched license renewals on RespondNH, currently 1100 providers need to renew.

**4) Old Business**

**a) Proposed 9.0 Protocols to Approve**

- i) Burns/Electrocution/Lightening Adult & Pediatric

- (1) Small format change of indenting a bullet point
- ii) **Crush Injuries – Adult**
  - (1) Increased the calcium gluconate dose to 3 grams IV/IO over 10 minutes, may repeat in 10 minutes.
  - (2) the board discussed extravasation and infiltration concerns with calcium chloride and asked Dr. Suozzi and Captain Blanchard to work on a PEARL
- iii) **Crush Injuries – Pediatrics**
  - (1) Increased the maximum dose of calcium gluconate to 3 grams
- iv) **Drowning/Submersion Injuries – Adult & Pediatric**
  - (1) Added the following bullet right after Routine Patient Care
    - (a) Remove wet clothes and warm patient
    - (b) Obtain information
    - (c) Submersion time
    - (d) Water temperature
    - (e) Events leading up to incident (e.g., trauma, seizure, OD, etc.)
  - (2) **Reworded temperature bullets to be more concise**
  - (3) **Added the following:**
    - (a) If the victim was involved in underwater diving and uncertainty exists regarding the most appropriate therapy, consider contacting direct medical oversight and discussion need for hyperbaric treatment. Include discussion regarding:
      - (b) Submersion time
      - (c) Greatest depth achieved
      - (d) Ascent rate
      - (e) Gas mix
    - (f) Moved Paramedic section up to E/A section and removed airway management as it is redundant and Routine Patient Care.
    - (g) Removed the hypothermia chart as it also is redundant and part of the hypothermia protocol.
  - (4) **Eye & Dental Injuries – Adult & Pediatric**
    - (a) Updated hands solution to Hanks Balanced Salt Solution or patient’s saliva or commercial solution for this purpose.
    - (b) In Extended Care replaced the “definitive treatment is expected to be great than 4 hours” to “prolonged time to definitive care,” as 4 hours is not evidence based.
  - (5) **Hemorrhage Control**
    - (a) Removed isolated head injury from TXA contraindication, as this is the hemorrhage protocol
    - (b) There was discussion around calcium chloride and caution in regards to extravasation. Dr. Suozzi is going to send Blanchard a PEARL to add to the protocol.
  - (6) **Vote:** Motion made (Hubbell/ Nathan) to approve January Protocols; passed unanimously.
- 5) **New Business**
  - a) **Ketamine for anxiolysis in NIV-** Chair Rix
    - i) Dosing standardization for adult and pediatric patients throughout the protocols as either a sedation dose or a seizure dose. Discussion ensued about the use of ketamine and its potential to cause a patient to go apnic.

- ii) **Vote:** Motion made (Suozzi/ Seefeld) to include pain dose ketamine in protocols.
- iii) **Excited delirium-** Chair Rix proposed changing the label for this as it is not accepted widely by the medical community. This can be revisited in October.
- b) **Cricothyrotomy:** Dr. Scollan suggested lowering the age for surgical cricothyrotomy prerequisite to age 8 from the current standard of 12.
- c) **POCUS:**
  - i) Presented pre hospital ultrasound for use on an ambulance. Mostly used for peripheral IV access, but possible use for diagnosis after review from a doctor.
  - ii) Dr. Hubbell recommended reviewing laws on scope of radiology to avoid legal issues.
- d) **AED Registry:**
  - i) Derick Aumann- CAD Integration is almost live
- e) **Nurse Triage Project:**
  - i) Effort to triage low acuity calls. Public meeting being held on Wednesday March 23, 2022.

## 6) Topics Ad Libitum

## 7) Adjournment

- i) **Vote:** Motion made (Hubbell/ Hirsch) to adjourn the meeting at 11:45 PM; passed unanimously
  
- ii) **Next Meeting: May 19, 2022 – Classrooms 5 & 6**