

NH EMS Medical Control Board

MEETING MINUTES (Approved)

July 21, 2022

9:00AM

NH Fire Academy Classroom 6 & 7

Quorum: 9 members required (currently 14 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, Jon Gray, Frank Hubbell, Brian Sweeney

Members Absent:

John Freese

NH FST&EMS Staff:

Assistant Director Jeffrey Phillips, EMS Medical Director Joey Scollan, EMS Captain Vicki Blanchard, Trauma Coordinator Walter Trachim, Joanne Lahaie, Maria Varanka, Matthew Robblee, Liz Goguet, Mike Munck, Crystal Tuttle (Recording Secretary)

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

1) Welcome/Membership

- a) **A motion was made (Gray/Suozzi) to reappoint Tom Trimarco as the representative to TMRC.**
- b) **A motion was made (Sweeney/ Suozzi) to reappoint David Hirsch as the representative to ASEPS.**

2) Approval of the minutes

- a) **Vote:** Sweeney/ Nathan with amendments provided

3) Division/Committee Reports

a) **Bureau of EMS – AD Phillips**

- i) COVID protocols have been extended.
- ii) Specialty Services Matthew Robblee is newest hire for the Bureau of EMS.
- iii) Wheelchair van services throughout the State have been sent certified letters stating that they need to be licensed through the **Division of FSTEMS**
- iv) EMS draft rules regarding **Educational Training Agency's (ETA)** are currently at legal for review.
- v) AD Phillips asked for the MCB to decide if they would support bio-spatial data sharing, which would help to aggregate data by county and can create heat maps in real time. **A motion was made (Nathan/Hirsch) to support and utilize bio-spatial in New Hampshire.**

4) TMRC Report- Tom Trimarco

- a) The pre hospital committee met to discuss air transport **bypassing Level II hospitals to go to Level I hospitals.** The committee wishes to establish education for these providers making the decisions.

- b) A member from MCB needs to be a representative on TMRC, but it cannot be Tom Trimarco. Anyone who is interested please let Chair Rix know.

5) Old Business

a) Protocols approved

Stroke

PEARLS:

- New bullet on posterior circulation strokes

Cardiac Arrest – Pediatric

- Added graphics similar to adult protocol adjusted to pediatric numbers

EMT Standing Orders:

- Rewrote and rearranged to be similar to adult protocol

AEMT Standing Orders:

- Added fluid and consideration for correctable causes

Paramedic Standing Orders:

- Removed bullet regarding SGA and ETT being equivalent

Post Resuscitation

Paramedic Standing Orders:

- Added push dose epinephrine consideration
- Changed Pediatric Post-Resuscitation Epinephrine from 1.0 mcg/kg/min to 0.05-1.0 mcg/kg/min

Crush Protocol [(both Adult & Pediatric) Revisited]

Red Flag:

- IV patency for calcium chloride and rate not to exceed 1 mL per minute.

Musculoskeletal Injuries – Adult & Pediatric

Extended Care Section:

- Added ceftriaxone for pediatrics (Paramedic only)

Pain – [both Adult & Pediatric (revisited)]

Paramedic Standing Orders:

- Removed the bullets on dysphoric reaction as not possible with the smaller pain dosing of ketamine.

This protocol was sent back to Work Group to look at Nitrous oxide contraindications and investigate intranasal route for Ketamine in Adult and intramuscular for Pediatric

Bradycardia [both Adult & Pediatric (revisited)]

Paramedic Standing Orders:

- Change wording for procedural sedation to “Prior to or during transcutaneous pacing consider:”
- Added Ketamine dosing for procedural sedation

Tachycardia (both Adult & Pediatric)

Paramedic Standing Orders:

- Change wording for procedural sedation to “Prior to or during transcutaneous pacing consider:”
- Added Ketamine dosing for procedural sedation

Traumatic Shock – Adult & Pediatric

AEMT Standing Orders – Pediatric

- Change fluid bolus from 20 mL/kg to 10 – 20 mL/kg

Thoracic Injuries – Adult & Pediatric

Paramedic Standing Orders – Adult:

- Added with hypotension or impending shock to the “In the presence of tension pneumothorax bullets

Paramedic Standing Orders – Pediatric:

- Added with hypotension or impending shock to the “In the presence of tension pneumothorax bullets
- Changed angiocath length from 2.00 inches to 1.5 – 2.00 inches

Signs and Symptoms box

- Moved Increasing signs of shock bullet to first

Traumatic Brain Injury – Adult & Pediatric

Paramedic Standing Orders:

- Removed sedation medications and referred to Restraints protocol

Traumatic Cardiac Arrest – Adult & Pediatric

EMT Standing Orders:

- Added Compression/Ventilation ratios
- Change apply pelvic binder to consider, if indicated
- Change place supraglottic airway to consider placing

Paramedic Standing Orders:

- Needle chest decompression bullet changed to read, “For blunt or penetrating truncal trauma consider performing bilateral needle chest decompression...”

Airway Management Procedure

- Added an oxygenation section
- Added a ventilation section

BiPap

Procedure:

- Removed bullet 6
- Removed the height chart
- Increase EPAP max to 15 cmH2O
- Added ketamine for anxiolysis

Red Flag:

- Added a caution for benzodiazepines in the elderly

CPAP – Adult

Indications:

- Removed the list of respiratory illness at the end of the bullet

EMT/AEMT Standing Procedure:

- Add bullet 8 to consider nasal cannula under CPAP mask
- For creating PEEP with a BVM added bullet 5 to no compress the BVM

Paramedic Standing Orders – Adult & Pediatric

- Added ketamine for anxiolysis

Red Flag:

- Added a caution for benzodiazepines in the elderly

Nasotracheal Intubation

- Contraindications:
Removed pediatric length-based tape bullet

Orotracheal Intubation

- New opening regarding BVM and supraglottic airways being acceptable in airway management in cardiac arrests.
- Procedure:
Added picture of a “ramped” patient
- Under bullet 4 added “For Macintosh blades

Indirect (Hyperangulated & Channeled) Video Laryngoscopy:

- Bullet 6 changed “almost a 90°” to “60° – 70°” and added the work “enter” before view

Cricothyrotomy - Percutaneous

Sent back to Work Group to look at moving to Surgical Cric’s for Adults and Percutaneous for pediatric 12 and younger.

Suctioning

- No changes

Analgesia and Sedation for Invasive Airway Device

- Added a note that this protocol was for post-intubation and not to be used to facilitate intubation.

Supraglottic Airways

Paramedic Standing Orders - Indications:

- Removed the 2 bullets and replaced with one that states, “Cardiac arrest or need to provide ventilation or oxygenation.”

Fever

Send to Protocol Work Group to resubmit the fever protocol, which was removed in the 2017 Protocols

6) New Business

- a) HandTevy presentation
- b) A motion was made (Hubbell/Nathan) to investigate Handtevy and similar resources.**

7) Topics Ad Libitum

- a) Ryan Hornblower would like the MCB to consider reactivating the **pre hospital** controlled substance workgroup responsible for tracking medications leaving hospitals and transports.

b) **A motion was made (Rix/Suozzi) to reactivate the controlled substance workgroup.**

8) Adjournment

i) **Vote:** Motion made (Hubbell/ Suozzi) to adjourn the meeting at 12:15 PM; passed unanimously

ii) **Next Meeting: September 15, 2022 – Classrooms 5 & 6**