

NH EMS Medical Control Board

MEETING MINUTES (**Approved**)

September 16, 2021

9:00AM

NH Fire Academy Classroom 2

Quorum: 8 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, Harry Wallus (9)

Members Absent:

Jared Blum, John Freese, Frank Hubbell, Drew Seefeld, Brian Sweeney (5)

NH FST&EMS Staff:

Director Justin Cutting, EMS Bureau Chief Justin Romanello, EMS Medical Director Joey Scollan, EMS Captain Vicki Blanchard (minutes), and Trauma Coordinator Walter Trachim (minutes) (5)

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

1. Welcome/Membership

- a. Trimarco expiring November 30, 2021
- b. Director Justin Cutting introduced himself to the MCB and stated he was focuses on information gathering at this time

2. Approval of the minutes

- a. **Vote:** Motion made (Nathan/Suozzi) to approve the May 20, 2021 minutes as written; passed unanimously

3. Division/Committee Reports

- a. **Bureau of EMS – Chief Justin Romanello**
 - i. COVID protocols still in effect until the Public Health Incident is lifted
 - ii. Number of licensed providers on an ambulance still at one and still in effect
This was changed to a permanent rule in the event of a public health incident
Two providers is still encouraged
 - iii. Trauma program is back up and running. Outreach to critical access hospitals is underway
 - iv. DHHS secured funding for a two year program for critical access hospitals to work with local EMS to address issues surrounding chronic disease
 - v. Specialty Services group is being created (IFT/CCT, MIH) under Clinical Systems. Funding for one full-time and two part-time positions was requested. Funding from DHHS program (above) will help with these positions
 - vi. RespondNH & NFIRS: Licensing and course applications processes are being streamlined. No negative feedback from beta test sites. Background check process is taking 5-6 weeks

- vii. Hybrid EMR program will be starting on October 4, lectures will be online during the week and skills sites will be in Walpole, Concord, and Sugar Hill on Saturdays
- viii. Legislation: SB 133 passed which added letter of concern instead of revocation of licenses and it repealed REPLICA
- ix. Legislation: SB 131 passed allowing EMS decal plates for motor vehicles
- b. Trauma Medical Review Committee – Trimarco
 - i. Reports he was unable to attend the August TMRC meeting, link to TMRC meetings minutes:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

4. Protocols

- a) Benzodiazepines:
 - i) Dosing standardization for adult and pediatric patients throughout the protocols as either a sedation dose or a seizure dose
- b) Hypoglycemia:
 - i) Rewording of the assisting with glucose gel or intranasal glucagon bullet in EMT section.
 - ii) Updated verbiage for the insulin pump bullet in the EMT section.
 - iii) Removed the bullets in the Pediatric PEARLS that pertained to adult patients.
 - iv) *Amendment* to remove the Pediatric PEARLS discussing insulin-mediated disorders
- c) Nausea/Vomiting:
 - i) Droperidol was added to Paramedic section
 - ii) Metoclopramide was removed from the protocols because data showed it was not being used
- d) Nerve Agents:
 - i) Add IM route for atropine in the Paramedic section
- e) Newborn:
 - i) No changes
- f) Obstetrics:
 - i) Labetalol added to the Paramedic section
 - ii) *Amendment* to remove labetalol as there is not enough data to support it at this time
- g) Opiate Overdose:
 - i) The commercial 4 mg naloxone added to the Pediatric protocol
 - ii) Intravenous naloxone repeat dose changed from every 5 minutes to every 2 – 3 minutes
 - iii) There was discussion on further education for law enforcement and the general public regarding repeated doses of narcan and lingering effects on the patient
- h) Pain Management:
 - i) Nitrous Oxide was moved to the EMT section
 - ii) Intravenous acetaminophen was added to the AEMT section for Adult patients only
 - iii) Intravenous acetaminophen was added the Paramedic section for Pediatric patients
 - iv) *Amendment* to acetaminophen dosing to:
 - (1) Adult IV 1 gram over 10 minutes
 - (2) Pediatric 15 mg/kg over 10 minutes, pump require if dose less than 1 gram.
 - v) *Amendment* made to return nitrous oxide to the AEMT level as that is where it is in the National Scope of Practice

- i) Poisoning:
 - i) Examples added in PEARLS for organophosphates and solvents
 - ii) Poison Control app icon added
- j) Seizure:
 - i) Example of Nayzilam added to intranasal midazolam bullet in EMT section
- k) Amendments:
 - i) Hyperglycemia – remove the Pediatric PEARLS discussing insulin-mediated disorders
 - ii) Obstetrics – remove Labetalol
 - iii) Pain - nitrous oxide to remain at AEMT level
 - iv) Pain - amendment to acetaminophen dosing to:
 - (1) Adult IV 1 gram over 10 minutes
 - (2) Pediatric 15 mg/kg over 10 minutes, pump require if dose less than 1 gram.
- l) **Vote:** Dr. Nathan moved to approve with the above amendments, Morrison 2nd, passed unanimously

5) **Arterial Sheath for IFT:**

- a) Ted White, manager of the St. Joseph Hospital cath lab contacted the Bureau of EMS regarding transferring patients with arterial sheaths in place. We also received an email from an EMS provider reporting being uncomfortable having to transport a patient with heparin attached to a sheath and concerns about the conditions that could occur during transport
- b) The IFT protocols allows for invasive monitoring equipment if capped, however capping the sheath defeats the purpose of leaving it in place. The sheath needs to have a pressurized heparin bag in order to function properly
- c) The question of why the sheath is left in place was asked, and an observation was made (Trimarco) that arterial lines are similar as far as their needing to be under pressure
- d) Addition questions included how often is this being done, why is it being done, what happens if capped, what happens if it gets accidentally pulled
- e) **Action:** MCB members will talk to their cardiologist and come back in November to discuss again

6) **Push Dose Epinephrine:**

- a) Dr Freese contacted the MCB requesting an alternative mixing option for push dose epinephrine (waste 9 mL of epi leaving 1 mL and adding 9 mL of saline) to comply with their hospital's pharmacy.
- b) It was discussed that there were a variety of ways to mix the epi
- c) **Action:** Send to the protocol committee to update

7) **Buprenorphine induction:** (Presented by Dan Andrus)

- a) New Jersey has introduced a protocol where buprenorphine is given to patients with SUD after resuscitation with naloxone with good results
- b) Some of the board members remarked that they were just starting to do this in their emergency departments and others had heard of this but have not yet started
- c) Many systems need to be in place in order for this to be successful including follow up care
- d) Overall it was thought that this is a good idea but the EMS system in NH is not ready at this time. When it was ready this would be a good application for the MIH protocol

8) Old Business

- a) Subcommittee vs. Workgroup
 - i) Subcommittees are unable to meet virtually due to 91-A requirements
 - ii) There was a lengthy discussion on the various options including eliminating subcommittees, increasing the size of the subcommittee or making the subcommittee a workgroup
 - iii) The Division will look further into this
 - iv) Motion made to add the following members to the protocol subcommittee (Trimarco/Morrison):
 - (1) David Hirsch
 - (2) Robert Rix
 - (3) Marc Grossman
 - (4) Harry Wallus
 - v) **Vote:** Motion passed unanimously by voice vote
- b) Combative Patients
 - i) "Sudden Death in Custody" (Presented by Eric Jaeger)
 - (1) <https://truenorthgroup.org/post/sudden-death-in-custody>

9) Topics Ad Libitum

- i) Prior to the above presentation, Jaeger made a statement about the current shortage of Paramedics in the state. It is severe, and it is affecting both private and municipal EMS
- ii) Announcement – Coordinating Board meeting cancelled (Romanello)

10) Adjournment

- i) **Vote:** Motion made (Morrison/Suoizzi) to adjourn the meeting at 12:05PM; passed unanimously

Next Meeting: November 18, 2021 – Classrooms 5 & 6