

NH EMS Medical Control Board

MEETING MINUTES (Approved)

March 18, 2021

9:00 AM

Virtual - WebEx

Quorum: 8 members required (currently 14 positions on the MCB)

Members Present via Telephone:

Robert Rix (Chair), Michelle Nathan (Vice Chair), Jared Blum, John Freese (late), Marc Grossman, David Hirsch (late), Patrick Lee, Joshua Morrison, Andrew Seefeld, James Suozzi, Brian Sweeney, Thomas Trimarco and Harry Wallus (13)

Members Absent:

Frank Hubbell (1)

NH FST&EMS Staff:

Director Deborah Pendergast, Bureau Chief – EMS Justin Romanello, EMS Medical Director - Joey Scollan, Vicki Blanchard and Hayley O’Brien (Minutes) (5)

Please note the agenda changes and actions made in red.

I. Welcome/ Membership

Meeting called to order at 9:01 AM by Chair Rix

Chair Rix read the “Checklist to Ensure Meetings are Compliant with the Right-To-Know Law during the State of Emergency” and then Hayley did a rollcall attendance for board members.

- Dr. Nathan will reach out to Region II to check the status of her reappointment letter.

II. Approval of the minutes

Motion Made (Nathan/Blum) - to approve the January 21, 2021 minutes as written; passed unanimously via rollcall vote.

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|-----------------|------------|
| Blum | Yes |
| Grossman | Yes |
| Lee | Yes |
| Morrison | Yes |
| Nathan | Yes |
| Rix | Yes |
| Suozzi | Yes |
| Sweeney | Yes |
| Trimarco | Yes |
| Wallus | Yes |

III. Division / Committee Reports

1) Bureau of EMS and Division Updates – Director Pendergast & Chief Justin Romanello

- a. Completed Phase 1 of a Methamphetamine training. 30-35 minute training, available for all First Responders on the resource center.
- b. Behavioral Health continues to remain a big focus. Large symposium scheduled for this September. This will be in person event if it can be conducted safely. More information to come.

- c. Moving forward with the budget. Able to fill 2 EMS vacancies, both will be working with Chip's group with TEMSIS and Respond NH.
- d. Covid FROST testing ending March 31st. Services that have excess Binax now kits will be able to use those kits on symptomatic patients. Kits will no longer be utilized for asymptomatic patient testing. Covered in Protocol. Document in Temsis and normal DHHS report of findings.
- e. Still hosting the Governor's press conferences. The Attorney General's Office has also booked classroom usage for some press conferences. 211 call center still in the cafeteria.
- f. New rules regarding the number of providers required to transport and licensing as non-affiliated (still have to be affiliated with a unit to provide care) have officially been adopted and signed by the Commissioner. Still operating under the protocol of 1 licensed provider per truck still.
- g. 3 electrostatic sprayers left and approximately 50 tubs of tablets left. Battery recall on first delivery of electrostatic sprayers. Additional communication will be sent out to the services that have not reached out and received a replacement battery to resolve this.
- h. Emergency waiver for provisional certification that National Registry was issuing is expiring April 1, 2021.
- i. Nothing new to report for Covid. In the last 2 months, many Division staff have been assisting at approximately 80 events acting as vaccinators in off hours, between 4-9.
- j. SB 143 – related to emergency medical and services trauma related data, passed the sub-committee and is on the senate floor to be voted on today.
- k. SB 133 – omni bill (multiple components included this bill) regarding just culture and the repeal of replica. Chief Romanello and several other individuals spoke on behalf of this bill with an amendment to remove the repeal of replica. This bill still passed as a whole without any amendments. Next opportunity to speak about this will be when it goes to the house sub-committee. Once the Division is aware of this date, communication will be sent out. If a blanket appeal to the bill occurs, will lose the language change as well. No line item veto. The House would need to make an amendment to the repeal of replica specifically. National organizations push back as they were not in favor of it. Repeal of replica can't be used for day to day operations.
- l. House bill in relation to ambulance billing got squashed for more analysis.

2) Coordinating Board Update – Freese

- a. Met after the CB meeting on January 21st.
- b. Presented FAST Ed training that rolled out to all agencies was presented. Looking to monitor this.
- c. Here is the link to the minutes of the Coordinating Board:
<https://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>

3) Trauma Medical Review Committee – Trimarco

- a. The last TMRC meeting was in February with normal reports out and minutes posted online.
- b. RTTDC to occur in the future. Directed more towards hospitals. Contact information in the minutes.
- c. Medical Examiner's Office will have 2020 numbers next month.
- d. Here is the link to the minutes for TMRC meetings:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

IV. Protocols

Protocol Updates March 18, 2021

Adrenal Insufficiency – Adult & Pediatric:

Extended Care:

- Changed dosing of hydrocortisone from 100 mg IV/IM to 50 mg IV.
- Changed the maximum dose of hydrocortisone for pediatric from 100 mg to 50 mg.

PEARLS:

- Added that Sulu-cortef's formulation usually requires reconstitution.

Allergic Reaction/Anaphylaxis – Adult:

Paramedic Standing Order:

- Reordered the dosing route of diphenhydramine from IM/IV/PO to IV/IM/PO.
- Added push dose epinephrine.

Extended Care:

- Added Famotidine 20 mg IV/IM/PO.

Asthma, COPD, RAD – Adult:

EMT Standing Orders:

- Moved nebulizer treatments up from AEMT.

AEMT Standing Orders:

- Added IM epinephrine for severe asthma **only**, not responding to treatment.

Motion Made (Nathan/Sweeney) - to accept the new protocols as written; passed unanimously via rollcall vote.

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| Blum | Yes |
| Freese | Yes |
| Grossman | Yes |
| Hirsch | Yes |
| Lee | Yes |
| Morrison | Yes |
| Nathan | Yes |
| Rix | Yes |
| Seefeld | Yes |
| Suozzi | Yes |
| Sweeney | Yes |
| Trimarco | Yes |
| Wallus | Yes |

V. Old Business

- Protocol Committee Membership
Dr. Morrison, Dr. Suozzi and Dr. Trimarco make us this committee, 2 in attendance for a quorum.
- AED Registry
No updates. Will be removed from the agenda and discussed as needed.
- Violence seen in ED’s
Met with the Attorney General. ACLU and Hospital Association had input. Making progress and hopefully bring this to legislation that an assault on a healthcare worker would be considered a felony. The argument seen is how a psychiatric patient can be arrested. Other states have this felony charge coverage if assaulting a healthcare worker, hoping to protect NH healthcare workers and push this through. This will remain on the agenda to ensure updates stay current and that they aren’t missed.

VI. New Business

- Local Medical Director/ MRH Responsibilities – Dr. Scollan
Dr. Scollan explained that some instances have shown that EMS providers have practiced outside of the state protocols. In 1 of those instances, they were following offline medical control from their Medical

Director. Dr. Scollan reviewed the role of the Medical Director and the correct use of on and offline medical control and the purpose of the protocols.

Per the rules, the protocols for patient care are established by the EMS Medical Control Board in accordance with RSA 153:A2. Then those protocols are approved and adopted by the Commissioner for the Department of Safety.

Definition of Protocol in RSA 153:A2 is a written description of a patient care process specifying the circumstances under which emergency medical care providers may function under their own licenses or through medical control, these are approved and issued by the EMS Medical Control Board.

Medical Control is defined as medical supervision and medical accountability for emergency medical care and includes direction and advice from a physician through both offline and online medical control.

When online medical control is used, any deviations from the protocols should be made on a case by case basis, but still have to remain within the scope of practice, per the level of the EMS provider. This is acceptable because the physician that is on the phone is taking responsibility for the patient that they will be receiving at their hospital.

The exception protocol is not to cover changes that we think should be in the protocols, it still has to be within the scope and a report has to be filled out and given to the MRH’s Medical Director, the EMS Coordinator of the MRH and also the Bureau of EMS within 48 hours.

When offline medical control is used, the purpose is collaborative oversight of education, advice, critiques, treatment can be discussed, medications. The purpose is not to encourage practice that deviates from what the current protocols say.

Mid-cycle changes can occur, a process is in place if needed. Offline medical direction or guidance that’s followed by EMS provider that violates the current patient care protocols puts that provider and unit at risk for action against their license, even if they are listening to their Medical Director, if it is against protocol that is on the provider to know that they must follow the protocols.

A lengthy discussion/conversation ensued amongst the members with some patient comments.

b. COVID-19 – Chief Romanello

This will be removed from the agenda and discussed in the Bureau report.

1. Emergency Rules → Rules
Nothing more to report.
2. Emergency Protocols → Protocols
Nothing more to report.
3. COVID-19 General Discussion
Nothing more to report.

VII. Topics Ad Libitum

- a. Air medical transport – if somebody needs critical care at a scene, the only licensed service in the state is DHART. If DHART can’t get to incident due to weather or what not, DHART can call Maine in. Looking at those services that are coming to the State doing calls, being licensed appropriately and having the protection they need.

Motion Made (Trimarco/Hirsch) - to form a sub-committee to look at critical care and medical transport; passed unanimously via rollcall vote.

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|-----------------|------------|
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| Grossman | Yes |
| Hirsch | Yes |
| Lee | Yes |
| Morrison | Yes |

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| Suozzi | Yes |
| Sweeney | Yes |
| Trimarco | Yes |
| Wallus | Yes |

- b. Director Pendergast and Chief Romanello will be presenting the Town of Rye with a Heart Safe Community Certificate. 6 years ago we have 11 Heart Safe Communities in the State, Rye will be number 40 in the State!
- c. Looking ahead, the Division is hoping to strictly use Microsoft Teams, but due to technical difficulties, we will use Zoom until further notice.
- d. A proposed bill in legislation called the CAROL Act. Funding looking into forming a work group to look at screening for people with mitral valve prolapse or susceptible to dysrhythmias. Give funding back to the State for the CARES program and a lot of cardiac arrest focus. CARES pulled the plug in the State due to lack of funding.

Motion Made (Suozzi/Blum) - to support a letter to Congressional representatives to support the CAROL Act; passed unanimously via rollcall vote.

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VIII. Adjournment

Motion Made (Sweeney/Grossman) - to adjourn the meeting at 10:58 AM; passed unanimously.

Next Meeting: May 20, 2021 – Virtual – Zoom or Microsoft Teams