

NH EMS MEDICAL CONTROL BOARD

Division of Fire Standards and Training & Emergency Medical Services
Richard M. Flynn Fire Academy, 98 Smokey Bear Blvd.
Concord, NH 03305

MINUTES OF MEETING (Approved) May 18, 2017

- Members present:** James Suozzi-Chair; Kenneth Call, Patrick Lee, Joey Scollan, John Seidner, Thomas Trimarco, and Harry Wallus (7)
- Members absent:** Trevor Eide, David Hirsch, Frank Hubbell, Joshua Morrison, and Brian Sweeney (5)
- Bureau staff:** EMS Deputy Chief John Bouffard, Astha Joshi, Captains Vicki Blanchard, Richard Cloutier, and Chip Cooper, and Administrative Assistant, June Connor (6)
- Guests:** Jeanne Erickson, Steve Erickson, Michael Flynn, Christopher Gamache, Burce Goldthwaite, MaryEllen Gourdeau, Aaron McIntire, Andrew Merelman, David Rivers, Grant Turpin, Dennis Ketner, Eric Schelberg, Derick Ajmann, and Justin Romarello (14)

I. Welcome

The meeting was called to order at 9:11AM. A quorum was present at 9:12AM when a 7th member arrived.

A. Introductions / Disclosures / Membership

After introductions, Chair Suozzi reminded the group about the upcoming EMS Week. There was nothing new to report regarding membership. Chip Cooper introduced Astha Joshi to the group; she is the new full time data analyst for the Bureau of EMS. Dr. Suozzi introduced Dr. Tom Scott from Parkland Hospital as a guest.

II. Exception Protocol

Chair Suozzi brought up a case in which a paramedic treated a patient outside of the parameters of a protocol, requiring that it be reported to the MCB. The patient had suspected symptomatic hypertension with headache,

vomiting, and dizziness. The paramedic called scope of medical control about the possibility of giving IV metoprolol. The patient's symptoms improved after this was given. Chair Suozzi asked the board members if they had any questions or concerns. Dr. Trimarco said he would have considered this to be a direct medical order and not necessarily labeled as something to be reported to the board; he asked if all of these types of incidents should be reported to the MCB. Chair Suozzi answered that the procedure performed by the paramedics was outside of the protocol and thus had to be reported.

III. Approval of the March 16, 2017 minutes:

Motion made (Call/Seidner) – to approve the minutes from the March 16, 2017 MCB meeting; passed unanimously.

IV. Division/Committee Reports

A. BEMS and Division Updates – EMS Deputy Chief J. Bouffard

Data group:

Chip Cooper is working on third party software. As Astha Joshi takes on more and more, Todd Donovan will be freed up to work on his projects. Aaron McIntire is working on a survey for a report writer class.

“Request for Proposal” (RFP) process:

Instead of amending the contract for TEMSIS and User Management, everything is going to be combined together and an RFP sent out. The entire project has to be completed by June, 2018. The bids need to be evaluated as part of the process.

Clinical Systems Group:

- Finishing touches are being put on the protocols, and planning for the roll-out with E-Learning is underway.
- Education: A Simulation Coordinator was hired who works one day per week. He already has a business plan drafted which is being checked to make sure it meets Administrative Rule.
- Southern NH is scheduled for a trauma review in June, and other hospitals are becoming interested in becoming part of the trauma system.

Licensing season is over!

- 410 people were deactivated.
- There are 28 more providers now than there were in August, 2016; status quo is being maintained at around 5,343 people.

EMS week: Bureau staff members will be participating at the different events.

Annual EMS awards:

June 1st is the deadline for nominations. Information can be found on the web at:

<https://www.nh.gov/safety/divisions/fstems/ems/forms.html#awards>

Trauma list serve:

- This was discontinued and will be replaced by the following: fstemsnews@maillist2.nh.gov.
- The TEMSIS list serve is still active. People who no longer receive TEMSIS emails should contact Chip Cooper.

Legislative update:

- **HB 649 (LODD for EMS)** – Senate Finance Committee voted it “ITL” (inexpedient to legislate)
- **HB 433 (firefighter plates)** – gone to the Senate
- **HB 407 (increased post exposure prophylaxis)** – mixed support; moved to study committee. (Thomas Trimarco gave an example of the importance of this bill that he feels directly affects EMTs.)
- **SB 59 (requiring blood testing in certain circumstances beyond HIV exposure)** – moving to the Senate floor
- **Saf-C 6200 rules** – moving forward
- **EMS Rules** – in queue

Major projects:

- **Strategic Planning** – With only 18 out of 57 board/committee members responding to the survey, it was subsequently sent out to all of the 4,800 providers who have email addresses; 530 have responded.
- **Fire Standards and Training Commission retreat** – held on May 4th at the Academy. A survey will be sent out based on the results of the discussions; the results will help to formulate a strategic plan.

Event:

June 1st: EMS Recognition – LOB at 9:45AM. This is going to be a uniformed event. We have the balcony...Let's fill it!

May 23rd at 10:45AM - Governor Sununu will read his proclamation in his chambers; this is a Class A event. Please contact Jon Bouffard if you are interested in going so that your name can be put on the list.

There are space limitations.

B. Coordinating Board Update – G. Turpin for F. Hubbell

- The CB will meet this afternoon, May 18 2017 at 1PM.
- The most recent CB meeting was held on March 16, 2017.
- Highlights of the meeting:
 - * Sue Prentiss spoke about REPLICA (Recognition of EMS Personnel Licensure Interstate Compact) Note from J. Suozzi: Since this meeting, REPLICA has become an official program!
 - * Jeff Kellett from the Criminal History Unit of the State Police spoke about the Federal fingerprint background check process.
 - * The next CB meeting will be held on Thursday, July 20, 2017.
 - * The board voted in favor of supporting the MCB's opinion to "just say no" to the idea of allowing EMTs to draw blood at the request of those who are arrested for DUIs.
 - * The board voted in favor of fully supporting Director Pendergast's re-appointment as the Director of the Division of Fire Standards and Training & EMS.
- Here is the link to the minutes from the CB meetings:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

C. Trauma Medical Review Committee – K. Call

- The last TMRC meeting was held on April 19, 2017.
- Highlights of that meeting included the following:
 - * The committee members voted on designation levels for Cheshire Medical Center, Cottage Hospital, and Elliot Hospital; see minutes for details. Spere, Exeter, and Frisbie Hospitals have all expressed interest in learning more about hospital designation.
 - * The Pre-Hospital sub-committee is working on training programs. The hospital capabilities list will "live" on the NH Hospital Association's website and also be posted on the Bureau of EMS website.
 - * See the minutes for the Injury Prevention report.
 - * The Rehabilitation report focused on a new rule that could affect the ability of physical therapists to make custom orthoses.
 - * The committee is working on updating the 2010 Trauma Plan.
- The TMRC will meet again on June 21, 2017 at 9:30AM.
- Here is the link to the minutes from the TMRC meetings:
http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

D. Drug Diversion – V. Blanchard for J. Stewart

The group met 2 weeks ago. [Best Practices](#) is up on the website. Jeff Stewart has a PowerPoint ready for the E-Learning Group.

V. Protocol Committee – Blanchard/Suozzi

Vicki Blanchard submitted the following report:

Cardiac Arrest: EMT level: The bullet to give ventilation during recoil was edited to BVM ventilation 1 breath every 10 chest compressions without interrupting compressions.

Cardiac Arrest Paramedic level: Added bullets for refractory ventricular fibrillation, narrow complex PEA, wide complex PEA and pre-existing metabolic acidosis or suspected excited/agitated delirium.

Routine Patient Care: Updated the Disability Assessment pediatric spinal motion restriction bullet, to transport patients per the Spinal Trauma and Pediatric Transport protocols.

Routine Patient Care: Under Transport: added examples of STEMI, acute stroke, multisystem trauma as reasons to use lights and sirens during transport to the hospital, and added the sentence that the majority of patients do not medically require transport with lights and siren.

Exception Protocol: No change

Extended Care Guidelines: No change

Mass/Multiple Casualty Triage: removed redundancy.

Obstetrical Emergencies: Removed the gynecology out of the protocol, because there weren't any. The protocol was organized with the various obstetrical emergencies and their treatment modalities.

Pain Management - Adult: EMT level: added oral acetaminophen for minor pain.

Pain Management – Adult & Pediatric: Paramedic level: added Ketamine as an alternative to an opioid pain reliever. There will be additional education for the paramedics in the use of this medication. There was also discussion about adding IV acetaminophen. MCB members discussed the evidence and cost of the drug.

Motion made (Wallus/Seidner) – to remove the IV acetaminophen portion of the pain management protocol; passed unanimously.

Poisoning/Substance Abuse/Overdose - Adult: EMT level: added Naloxone 4 mg (0.5 mL) commercially prepared nasal spray.

Poisoning/Substance Abuse/Overdose – Pediatric: No change

Seizures –Adult & Pediatric: EMT/AEMT level: added intranasal midazolam assist to patients with prescribed IN midazolam according to physician’s instructions. Provided a more descriptive bullet on how to activate a vagus nerve stimulator (VNS) by, hovering the VNS magnet (moving randomly like a bee around a hive) over the implanted disc for a slow count of three seconds.

Non-Traumatic Shock – Adult & Pediatric: Changed 0.9% NaCl bolus limits from BP> 90 to “return the patient to a coherent mental status or palpable radial pulse”.

While discussing the Non-Traumatic Shock protocol the board reviewed the Traumatic Shock and Traumatic Brain Injury (TBI) Protocols to ensure the verbiage was the same and to address blood pressure in the TBI patient.

Motion made (Trimarco/Scollan) - *to change the blood pressure limit from 90 to 110 under the TBI bullet and remove the mean arterial pressure (MAP) reference, from both the Traumatic Shock and TBI protocols and for Blanchard to work with Trimarco on language for age appropriate BP goal for pediatrics; passed unanimously.*

Air Medical Transport: Grammatical changes

Patient Status Determinants: No changes

Resuscitation Initiation and Termination: Broke out when resuscitation may be stopped into EMT/AEMT and Paramedic sections. Under the EMT/AEMT section changed AED advised no shock on 5 sequential analyses to 20 minutes and changed ALS/hospital care is not available with 15 minutes to within 20 minutes and the ETCO₂ is less than 20 mmHg. Under the Paramedic section added asystole and slow wide complex PEA may stop resuscitation after 20 minutes and ETCO₂ less than 20 mmHg. Added Narrow complex PEA with a rate above 40 or refractory and recurrent ventricular fibrillation / ventricular tachycardia stop resuscitation after 60 minutes from time of dispatch; additionally the paramedic should consider early expert consultation with medical control on these cases.

Implantable Ventricular Assist Devices (VAD), formerly known as LVAD: The teaching points of the previous protocol were removed and the protocol reorganized to follow the Model EMS Guidelines.

Sepsis Advanced Care: New Prerequisite Protocol – Adult: Paramedics only prerequisite protocol. This will require additional training to include assessing for Sepsis, severe sepsis and septic shock, lab draws, iStat testing and antibiotic administration.

Interfacility Transfer: Under the PIFT section, added further explanation that stable long-term vented patients were able to go with a PIFT crew with their current vent setting maintained even if PEEP is greater than 10 mmHg; and the acutely intubated patient needs to have 2 people in the back of ambulance, one being the PIFT paramedic. Under the CCT section, Option 2, where a CCT crew is not available and a PIFT crew and hospital staff are going to transport the patient we broke out the ventilated patient with complex setting only versus the ventilated patient with other instabilities. The complexly vented only patients may go with a PIFT crew and respiratory care practitioner, however the complexly vented patient with another condition causing a high risk of deterioration will require the PIFT crew, a respiratory care practitioner and a hospital based provider.

Rapid Sequence Intubation (RSI): The RSI protocol was completely re-written to include a new training manual. The board agreed that this was a great change which required further time to review. It was agreed that the RSI protocol would be tabled until the review could be done, then at that time it would be implemented. The current RSI units will continue with the current protocol, at which time that the protocol is reviewed and updated the RSI units will be notified.

Strangulation: A new policy which outlines the assessment, documentation and reporting of suspected strangulation victims. An education program will be developed for this protocol.

Motion made (Trimarco/Scollan) – to accept the protocols, as recommended; passed unanimously.

VI. Old Business

A. Cardiac Arrest / CARES update – Blanchard/Suozzi

- There are tentative plans to run our first Northern New England regional resuscitation academy at the Northern NH EMS Conference this fall. Speakers will be brought in from Seattle.
- The Maryland Resuscitation Academy is going on right now with Eric Jaeger, Christine Swanberry, Kevin Cox, and Lou Loutrel attending.
- Chair Suozzi enthused about the hands-on training that took place at the Central New NH EMS Conference with Laerdal Medical.
- CARES is still not operational due to an issue with arranging for the CARES coordinator to be able to access TEMSIS data; this issue has now gone up to the DOS Commissioner level; Chair Suozzi reported

that if this issue is not rectified by Friday, it could go to the Attorney General's Office.

- The hospital piece is being handled separately; hospitals cannot enter data until the pre-hospital data has been entered.

B. EpiPens – Vermont Check and Inject Program - Suozzi

- Vermont now has an online training module for EMT providers regarding an alternative to the use of EpiPens. Chair Suozzi asked the board for input as to whether or not NH should do the same thing.

Motion made (Seidner/Trimarco) – to move forward with the Check and Inject program in NH; passed unanimously.

(NOTE: This would have to be rolled out separately from the rest of the protocols, and there would also have to be a separate training module for it.)

VII. New Business

A. Carfentanil

Chair Suozzi asked the board if anyone had heard of any bad outcomes for EMS providers who were exposed to Carfentanil. Jon Bouffard spoke of a resuscitation of a police officer from Ohio who came in contact with a drug that had carfentanil in it. Dr. Trimarco had also heard of a few cases. Chair Suozzi expressed the importance of gathering up the evidence before we risk having this turn into the “ebola of opioids”.

VIII. Topics ad libitum

A. 911 concern

If someone calls for an accident where there is a high velocity indicator with a report of no injuries, current 911 protocol (#29) is to send out an ambulance just in case. The agency wants to know if this should be changed. After discussion, the board agreed that the policy should not change.

B. Protocol roll-out time frame

Jon Bouffard spoke about moving the protocol time frame back so that the exam will be done before licensing season (i.e. sometime before March 31st).

C. E-Learning team loses a full time staff member

Brad Weilbrenner recently left and took another position at the Dept. of Corrections.

IX. Adjournment

Motion made (Seidner/Lee) – to adjourn the MCB meeting at 12:00PM; passed unanimously.

Next meeting: July 20, 2017

The remainder of the 2017 schedule: September 21st and November 16th.
(NOTE: Chair Suozzi's term as the MCB chair expires on Nov. 20th.)

Respectfully submitted,
James Suozzi, DO, Chairperson

Prepared by June Connor, Administrative Assistant I, Office of the Director, NHFSTEMS