

**NH EMS Medical Control Board****MEETING MINUTES** (Approved)**March 15 2018**

9:00AM

Richard M. Flynn Fire Academy  
Classrooms 5 & 6, Dormitory Building  
98 Smokey Bear Blvd., Concord, NH 03301

**Quorum: 8 members required (currently 14 positions on the MCB, with the ratification vote today for Brian Sweeney...first item on the agenda)**

**Members present:**

Joey Scollan, Chair; Kenneth Call, John Freese, Nicholas LaRochelle, Joshua Morrison, John Seidner, Jim Suozzi, and Tom Trimarco **(8)**

**Members absent:**

Trevor Eide, Frank Hubbell, Patrick Lee, Andrew Seefeld, Brian Sweeney, and Harry Wallus **(6)**

**Pending member present:**

Michelle Nathan

**NH FST&EMS Staff:**

Director Deborah Pendergast, Assistant Director Jeffrey Phillips and Chief of Strategy and Planning Nick Mercuri; Captains Vicki Blanchard and Chip Cooper; Gerard Christian, Joanne Lahaie, and June Connor (notes) **(9)**

**Guests:**

Brian Allard, Derick Aumann, Craig Clough, Nathan Denio, Jeanne Erickson, Steve Erickson, Christopher Gamache, Chuck Hemeon, Stephanie Locke, Michael McShane, Andrew Merelman, Scott Schuler, Anna Sessa, Jeffrey Stewart, and Patrick Twomey **(15)**

**NOTE:** Because only 7 members were present at the start of the meeting, Assistant Director Jeffrey Phillips and Chief Nick Mercuri began by disseminating information about what was going on at the Bureau of EMS and the Division (III (a)). Shortly thereafter, one more member arrived, and the official meeting began. The recording was turned on as soon as a quorum was present. To see the Division report, please refer to the minutes (link below) from the Coordinating Board which was held on the afternoon of the same day, March 15, 2018.

<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/documents/cb20180315.pdf>

**I. Welcome****a. Introductions / Disclosures / Membership**

- **A motion was made (Seidner/Call)** – *to ratify the MCB membership of Brian Sweeney, representing Region II for a second term that will expire on March 15, 2021*; passed unanimously.
- This meeting marks Joey Scollan's first MCB meeting in her new position as Chair. Her term will expire on March 15, 2021.

- A plaque was presented to Jim Suozzi honoring his years of service as Chair of the MCB. Jim will continue to serve on the board.

## II. Approval of the minutes (actually voted upon after III. Division/Committee Reports was completed)

**Motion made (Call/Suozzi)** – *to approve the minutes from the January 18, 2018 MCB meeting,* passed unanimously.

## III. Division / Committee Reports

- a. Done today during an unofficial meeting prior to the start of the official meeting (See note on page 1 of these minutes.)
- b. Coordinating Board update
  - No report due to the fact that the January 18, 2018 meeting was cancelled so that the members could attend a senate hearing on SB 552.
  - Here is the link to the minutes for CB meetings:  
<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>
- c. Trauma Medical Review Committee update
  - Kenneth Call gave the report. The TMRC met on February 21, 2018.
  - Highlights of the meeting:
    - \* The members went over a data report presented by Joanne Lahaie and Gerard Christian and made suggestions for future reports.
    - \* The Trauma Conference will be held in Portsmouth this year on Nov. 1 & 2; speakers and topic suggestions are welcome.
    - \* The "Stop-the-Bleed" program is being worked on by 2 workgroups.
    - \* The Medical Examiner's Office submitted data regarding 2017 accidental deaths.
    - \* Alia Hayes, the Rural Health Manager for the NH DPH, spoke about the challenges critical access hospitals face regarding participation in the trauma system.
    - \* Approval of ACS verification was given to Dartmouth Hitchcock and Portsmouth Regional Hospital.
    - \* Trauma Registry – Gerard Christian reported that they are working on getting more data from third party registries. This process is still going through a legal review by DOS lawyers with the intention of having a position statement that will tell people that they can send us data from their registries.
    - \* Data Summit – sometime this summer for stakeholders
  - The next meeting of the TMRC is scheduled for April 18, 2018 at 9:30AM.
  - Here is the link to the minutes for TMRC meetings:  
[https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma\\_minutes.html](https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html)
- d. Drug Diversion meeting
  - Jeff Stewart reported. The group met on March 1<sup>st</sup>, but prior to that meeting, they met with the Board of Pharmacy Hospital Directors' Group. Adjustments were made based on their feedback. Once more data is gleaned from TEMSIS, it will be added to the UCDC and EMS provider education pieces. The plan now is to present the EMS provider awareness pilot program at the Mt. Sunapee EMS Conference.
  - The workgroup is 95% complete in its task. A final report will be presented to the MCB at the May 17<sup>th</sup> meeting.

#### IV. Protocol

Protocols were discussed before IV (a) Shelter Care  
Report submitted by Vicki Blanchard:

Traumatic Cardiac Arrest – New protocol focusing on early airway interventions and addressing possible causes rapidly and aggressively. Education on this new protocols will focus on CPR/airway/bleeding control going on at the same time and discussion on why epinephrine and antidysrhythmics are not included as well when to terminate.

Crush Injuries – New protocol directed at treating patients with crushing injuries. The protocol included a dose of sodium bicarbonate. There was discussion regarding a second dose of sodium bicarbonate or an initial loading dose followed by an infusion. The MCB agreed an infusion should be included. Blanchard is to consult Mike Flynn, RPh on the mixing and dosing for both adult and pediatric and add to the protocol.

Abdominal Pain – Removed the bullet to assess and monitor cardiac rhythms as this is in Routine Patient Care.

Anaphylaxis/Allergic Reaction – added a repeat dose of epinephrine under the EMT section; before they had to call Medical Control for a 2<sup>nd</sup> dose. The definition of anaphylaxis was updated to match the Sampson Criteria. Finally the Ready, Check & Inject card was added to the protocol.

Asthma/COPD RAD – added intramuscular route to methylprednisolone and added intramuscular and PO route to dexamethasone.

Pediatric Respiratory Distress – grammatical changes.

BRUE – grammatical changes.

**(See VII. Topics Ad Libitum for a protocol added item.)**

**A motion was made (Trimarco/Seidner) – to accept the protocol changes discussed at today's (March 15, 2018) meeting; passed unanimously.**

- a. Shelter Care (discussed after the protocol report)  
Scott Schuler was present to bring up the topic of EMS involvement with those who seek refuge in "warming" shelters. He thinks this should be something to be included in the protocols. Issues involve how to handle a population of people who can possibly have underlying health and/or mental issues and who are often declined at regular shelters. The Capitol Area Public Health Network is working on a regional/local shelter plan which will be disseminated to 26 other communities; one of the challenges they are working on has to do with the fact that up to 75% of the people who seek shelter have prolonged medical problems that need some type of management, and they are often referred to EMS.  
Scott added that Massachusetts actually puts up waivers during emergency events so that people can be transported to shelters free of charge. He suggested that this might be a topic that should be handled by the Coordinating Board because it is an issue that is bigger than what can be solved in protocol. Perhaps this is a "task force" issue. The Red Cross should also be involved.

**Chief Nick Mercuri will start working on this. It will remain on the agenda.**

#### **V. Old Business**

- a. Cardiac Arrest / CARES update  
John Freese spoke on this topic. The 2017 data for the beta sites has been entered, and the first report has been generated. The next hurdle for the project is staffing. In the interest of continuity, dedicated funds are needed to pay someone to spend 8 – 20 hours per month entering data rather than continually training interns who come and go. What remains is to work out where the funding will be coming from to keep this project going.
- b. Poison Control and 911  
One of the issues is that Poison Control cannot always stay on the line and wait for EMS providers to be ready to talk to them. Options are being explored including texting, etc.
- c. SB 552 update (transporting of trauma victims). This bill is in interim study. **This item can come off the next agenda.**
- d. SB 523 update (CPR in schools) – did not make it out of committee. **This item can come off the next agenda.**
- e. Bulletin addressing 3 methods of dealing with the IV fluid shortage  
The bulletin was sent out. Charts have been made and are now in the hands of Mike Flynn to make sure that the formulas are correct.
- f. Ketamine concentration update – Board of Pharmacy  
Tom Trimarco reported that shortage issues continue.

#### **VI. New Business**

- a. Webinar: Handtevy (Patrick Bavaro) **(See attachment – Click on paperclip icon)**  
(The webinar took place at 10:30, so the group went on to VII. Topics Ad Libitum first.)  
Handtevy is a comprehensive pediatric resuscitation system that provides an alternative to the Braslow method by minimizing pediatric dosing errors and EMS provider anxiety regarding making dosing mistakes with pediatric patients.  
Tom Trimarco commented that as new technologies come forward, there will have to be appropriate training, etc.

#### **VII. Topics Ad Libitum**

- a. Protocol Item added on:
  - A letter from Hooksett was received that requested an exception protocol. The issue revolves around 1 patient in Hooksett who has a power port; when she runs out of medication or has unmanageable reactions, she calls Hooksett 911. Hooksett wants their trained medics to be able to give this patient prescription medication through her port. The protocol contains language mentioning “life threatening” events, and this particular circumstance is not life threatening. A discussion ensued about what is and is not “life threatening”. Hooksett feels that it is in somewhat of a “gray” zone and is just trying to be proactive to ensure that they are doing the correct thing.
  - **A letter of support will be sent to Hooksett 911.**

- Exception protocol requests will continue to be discussed by the MCB though it is not within the purview of the board to vote on them. These discussions help the board to determine priorities in protocol development.
- b. The Medical Director's role within the MRH:  
The RSA wording is vague, resulting in confusion. There are discrepancies in National Registry expectations regarding the role of Medical Directors and the scope of their authority. With information having been gathered from other states, it is time to restart this conversation. Most other states pay for a medical director. Ultimately, this could involve a rule change. **Chief Nick Mercuri stated that this will need to go the "Task Force/Sub-Committee" route.**
- c. Josh Morrison announced that Lakes Region's maternity ward will be stopping. Transporting will probably go to Concord Hospital instead. The Protocol Committee will have to work on clarifying where newborns should be placed while en route via ambulance. Vicki Blanchard pointed out the national guidelines which state that newborns should be put in a car seat and ideally put in a second vehicle. This is a complex topic involving many logistical and financial issues. More than half of the transported newborns arrive are held by their mothers.

#### **VIII. Adjournment**

**Motion was made (Seidner/Morrison) – to adjourn at 11:00AM,** passed unanimously.

**Next Meeting: May 17, 2018**

(Minutes written by June Connor)