

NH EMS Medical Control Board**MEETING MINUTES** (Approved)**November 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**Members present:**

Joey Scollan, Chair; Kenneth Call, John Freese, Nicholas Larochelle, Joshua Morrison, Andrew Seefeld, James Suozzi, Thomas Trimarco, and Harry Wallus **(9)**

Members absent:

Trevor Eide, Frank Hubbell, Patrick Lee, Michelle Nathan, and Brian Sweeney **(5)**

Pending member: Dr. Robert Rix (will be taking the place of Nicholas Larochelle, Region 4) **(1)**

NH FST&EMS Staff:

Bureau Chief Justin Romanello; Captains Vicki Blanchard, Kathy Higgins-Doolan, and Chip Cooper (9:55); Joanne Lahaie, Rachel Horr, and June Connor (minutes) **(7)**

Guests:

Derick Aumann, Craig Clough, Nathan Denio, Steve Desrosiers, Jeff Dropkin, Jim Elder, Jeanne Erickson, Steve Erickson, Christopher Gamache, Fred Heinrich, Michael Kelley, Aaron McIntire, Brian Nicholson, Clay Odell, Jason Preston, Maureen Quirk, Anna Sessa, Jeffrey Stewart, Candace Tierney, John Chisholm, and Doug Devine **(20)**

I. Welcome

- a. Introductions / Disclosures / Membership...Meeting called to order at 9:10AM.
- Dr. Robert Rix was introduced; he is the new EMS medical director at Concord Hospital and will be replacing Nicholas Larochelle once Region 4 submits his nomination letter.
Dr. Larochelle must also submit a resignation letter.
 - Two additional members of the MCB (Lee and Eide) have not been able to attend the meetings in 2018; they were both contacted this morning via email by June Connor.
- * **Regional representation on the MCB:**
- Region 1: Call and Trimarco
 - Region 2: Lee, Nathan, Scollan, Suozzi, Sweeney
 - Region 3: Eide, Freese, Wallus

Region 4: Seefeld, Morrison, Larochelle

Region 5: Hubbell

- b. **POST MEETING NOTE: The MCB voting members inadvertently forgot to vote to ratify Tom Trimarco's renewed term representing Region 1; this must be done at the January meeting, retroactive to November 30, 2018.**

II. Approval of the minutes

Motion made (Call/Morrison) – *to approve the minutes, with an attendance correction made, from the September 20, 2018 MCB meeting, passed unanimously.*

III. Division / Committee Reports

- a. Bureau of EMS and Division updates

Bureau Chief Justin Romanello reported:

- **EMS Rule changes:** 4 public hearings were held; attendance was low. Some comments were emailed. After meeting with attorneys and determining that there will be no substantive changes, the rules will then go to the Coordinating Board for approval. These rules will be a foundation for future needed changes.
- **Protocols public hearing:** No one attended; these will move on the CB this afternoon, November 15, 2018.
- **NHTSA report: The final report was submitted. BC Romanello will make available a summary of the report within the next 2 months.** This report, combined with information gleaned from the ACS 2016 assessment and all of the town hall meetings that were held in 2017 will drive future plans for the Bureau of EMS, the Division, and the EMS system in NH as a whole for the next 5 – 10 years.
- **Bureau of EMS re-organization:** The 16 existing positions have been adapted to meet current needs; at this time, there is no budget for additional positions.
 - **New sections of the BEMS:** Special Projects (Liza Burrill) and Educational Delivery. The Bureau will be augmenting training in the state, with a focus on initial programs, standardized programs (TCCC, TECC, ALS), and continuing education. Teleconferencing will be utilized to reach as many people as possible in the state; facilitators will be needed at each site.
 - An announcement was put out that instructors with EMS backgrounds were needed; **please contact BC Romanello if you know of anyone that meets these requirements.**
 - Link to updated staff directory:
<https://www.nh.gov/safety/divisions/fstems/staffdirectory.html>
 - It will take at least 6 months to prepare for this new direction.
- **EMS Bulletins:** These will start on January 1, 2019 as a way of disseminating information about what is going on in the Division.
- **DERMIS:** The User Management contract is finally moving forward, and the new system should get going in about 6 months. The result of this new system will be to free up staff in the Bureau to concentrate on other things.

b. Coordinating Board update

- Frank Hubbell was not present; no report on the September 20th meeting.
- The next CB meeting will be held this afternoon, November 15, 2018 at 1:00PM.
- 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 for the October 17, 2018 TMRC meeting.
- Highlights of the meeting:
 - * The pre-hospital hospital capabilities information continues to be refined.
 - * The rehabilitation report emphasized the need for relying more on vestibular certified therapists to help with patients in the ER; Chair Murphy asked for more data about rehab services are being utilized in the state.
 - * The group was informed that 13 critical access hospitals in NH are able to take rehab patients in an effort to allow more acute care hospitals to concentrate on patients with more severe issues; transportation and communication remain stumbling blocks to this becoming a reality.
 - * Though suicide data was not yet available from the Medical Examiner's Office, drug data indicated that NH has secured the #2 spot in the entire country.
 - * The group discussed posting more trauma related lectures given at hospitals around the state on the Division's YouTube site.
 - * The TMRC will be voting on the 2019 NH Trauma Plan at the next meeting.
 - * Gerard Christian updated the members on the progress of the Trauma Registry and will present the latest version at the December meeting.
 - * Reviews coming up: Concord and Elliot (ACS Level II and Pediatric Level III) and Exeter sometime in 2019 for a State Level III and Pediatric Level IV.
 - * Frisbie, Speare, and CMC are in the "wings" for 2019/2020.
 - * The members are working through the issues involved with running more procedurally correct meetings.
- The next meeting of the TMRC is scheduled for December 19, 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

d. Drug Diversion Task Force final report (**see attachment**)

Jeffrey Stewart was on hand to answer questions about the final report that was emailed to all of the MCB members. Page 7 of the report listed recommendations as to what the committee could do in the future. After discussion, the members endorsed the recommendations listed as follows:

Section A) Continue the Task Force with the purpose of monitoring the on-going processes and situation and adjust frequency of meetings and objectives as necessary or directed by the Medical Control Board. Suggested additional areas for further work include:

- a. *Assess for compliance with and implementation of the UCDC Education component and make any recommendations for improvement as identified.*
- b. *Review current rules/regulations since last JLCAR update and make recommendations to address any gaps identified.*
- c. *Develop metric recommendations as it relates to reported incidences and the involved agencies.*
- d. *Assist with the EMS Provider Education NHOODLE process.*
- e. *Develop in collaboration with the NH Hospital Association's Pharmacy Group a unified / best practice for Hospital Pharmacy –EMS Agency distribution, utilization, and replenishment of controlled substances.*

A motion was made (Trimarco/Suozzi) – *to support the continuation of the Drug Diversion Task Force, based on the recommendations listed above, copied from page 7 of the Drug Diversion Task Force final report, passed unanimously.*

IV. Protocols

Exception Protocol: Chair Scollan spoke about a letter submitted by the Pelham Fire Department from Brian Campbell. The exception had to do with treating an adult female for respiratory distress using the pediatric guidelines in the respiratory distress protocol; the outcome was good.

Letter from President William McQuillen, PFFNH: The letter expressed opposition about the need to call Medical Control prior to administering benzodiazepines. The members discussed having it in the protocol for a year to see how it worked out; the concern was about benzos being overused and that calling medical control would not interfere with critical timing. Several guests sided with PFFNH, stating that "waiting for a year" was not the way other protocols involving medication administration have been dealt with in the past and that TEMSIS data should indicate its success or failure. The members still felt that this was a unique protocol and that there was still a lot of unfamiliarity with benzos being given for anxiety in a pre-hospital setting. Dr. Trimarco emphasized that the use of this medication can be somewhat provider / somewhat institutional dependent and that benzos are often not the preferred medication for an anxious patient. BC Romanello added that this protocol is a step in the right direction for providers; there is still much room for improvement in terms of educating medical staff about just what it is that EMS providers do. Chair Scollan concluded the discussion by stating that this subject should be part of a rolling discussion over the next year. **She will also respond to PFFNH.**

**Vicki Blanchard submitted this report on the protocols discussed at this meeting:
Behavioral Emergencies - Adult & Pediatric:**

Reformatted to include Anxiety Management, Resistant or Aggressive management and Violent and/or Excited Delirium management. The Resistant or Aggressive management and Violent and/or Excited Delirium management are under the EMT/AEMT level and instruct the providers to attempt verbal de-escalation then advise the EMT or AEMT to seek paramedic intercept and refer to the Restraints Protocol. At the paramedic level under

anxiety management, the option of calling Medical Control for administration of a benzodiazepine was added. This brought much discussion as the paramedics did not feel it necessary to have to call medical control in order to give a medication they are already allowed to give for anxiety if they were using CPAP. The Medical Control Board's consensus was to not change these orders, feeling treating anxiety is different than a resistant or aggressive behavior and wanted to be involved in the decision making process initially. They did not view it as an insult but as a way to gauge the need for its presence and degree of use.

There was discussion about whether the benzodiazepines could be given orally (PO) and if the pediatric dose for ketamine should be 4mg/kg and not 2 mg/kg. Blanchard is to check with Pharmacist Flynn and adjust the protocols accordingly.

Restraints - Adult & Pediatric:

Reformatted to align with the Behavioral Emergencies for Resistant or Aggressive management and Violent and/or Excited Delirium management. Under Resistant or Aggressive Management, the benzodiazepine doses were updated to ranges. Under Violent and/or Excited Delirium, lorazepam and diazepam were added to the benzodiazepines that can be given with ketamine; previously it was only midazolam. Additionally, Haloperidol was moved to the end of the algorithm to be used after ketamine and benzodiazepines.

Hemorrhage Control - Adult & Pediatric:

New protocol to replace the Tourniquet Procedure. The new protocol utilized the Tactical Combat Casualty Care (TCCC) and Tactical Emergency Casualty Care (TECC) techniques of hemorrhage control: direct pressure, limb tourniquet, wound packing, junction tourniquet, fluid resuscitation and tranexamic acid, as needed.

Obstetrical Emergencies:

Definition of postpartum hemorrhage updated to "active bleeding after uterine massage and oxytocin administration". Tranexamic acid added for postpartum hemorrhage.

Continuous Positive Airway Pressure (CPAP):

Contraindications broken out into absolute and relative and agonal respirations added to absolute contraindications.

12-Lead ECG Acquisition:

Additional indications and minor grammatical changes as well as, for isolated ST depression to consider a posterior ECG and for a suspected inferior MI to consider a right sided ECG.

Capnography:

Overdose/poisonings added to indications. Sedation and/or ineffective breathing added to reasons for elevated ET_{CO}₂. New bullet in PEARLS regarding using capnography with CPAP.

Vascular Access via Central Catheters:

This protocol requires additional education if it is going to be used. The training is given by an EMS Unit's Medical Resource Hospital's nurse educator experienced in the use of central

catheters. In the past the Bureau of EMS had provided a power point training program however hospitals have their own training programs. The protocol was changed to the Bureau of EMS and Medical Control Board would provider learning objectives that can be incorporated into the hospital's programs. This protocol was tabled until the learning objectives are written.

The following had no changes:

Airway Management Adult & Pediatric
Cricothyrotomy – Percutaneous
Endotracheal Tube Introducer “Bougie” – Adult
Nasotracheal Intubation
Orotracheal Intubation
Suctioning of Inserted Airway
Supraglottic Airways – Adult & Pediatric
Tracheostomy Care
Ventilator
Intraosseous Access
Tasers

A motion was made (Morrison/Larochelle) - *to approve the protocols with changes to behavioral emergencies and anxiety as pharmacy recommends for the PO benzodiazepines and with potential changes to the pediatric IM ketamine dose to increase it from 2 mg/kg to 4 mg/kg; additionally, the central catheters protocol will be tabled until learning objectives can be written, passed unanimously.*

V. Old Business

a. Cardiac Arrest / CARES update

John Freese reported.

- Frisbie is now overseeing the project. John Freese will take over as state coordinator on January 1, 2019. 17 hospitals still need to be brought onboard, and this will be done over the course of the next month.
- Dr. Freese thanked the administration staff at Frisbie for their support of this project. 2018 has been a transition year to train and find funding for the subscription fee. Tom Ray and the Medtronic philanthropy will be funding this in 2019.
- Jim Suozzi added that 911 is very interested in implementing the dispatch module, and he asked Dr. Freese to keep this on his radar.

b. Poison Control and 911

No additional information. **This item can be removed from the agenda for the January 17, 2019 meeting.**

c. Shelter Care provided by EMS

BC Justin Romanello reported that this is still a work in progress.

- d. Role of Medical Director within the MRH
December 14th and 18th: stakeholder meetings have been scheduled.

VI. New Business

- a. Pre-hospital physician certification

Joshua Morrison informed the group that there is a workgroup for this topic on the Coordinating Board. The group initially focused on whether or not physicians would have to be licensed versus certified and has not yet dealt with requirements and what that would entail. Oversight and scope are also pre-hospital concerns that need to be addressed. Dr. Morrison asked for input from the members, and he was asked how other states handle this. In PA, physicians need to be sponsored by a service; scope and oversight are not tightly controlled. Questions were then posed about liability and insurance; in NH, EMS services are covered up to the paramedic level. BC Justin Romanello spoke about the challenges involved with rule changes. Chip Cooper added that there also needs to be a discussion about the impact of having physicians administer medications in the pre-hospital setting will affect TEMSIS documentation. Chair Scollan thanked Dr. Morrison for informing the MCB about this issue and stated that the members would like to continue to be engaged in the discussion.

- b. Pre-hospital lab draws

Chair Scollan asked the members to comment on what they know about hospitals in NH not accepting pre-hospital lab draws and whether or not this is an issue for EMS providers. Issues center around identification and concerns about contamination. Some argue that pre-hospital lab draws can help with stroke patients. Though many hospitals are reluctant to support this, others have worked out solutions with EMS providers.

VII. Topics Ad Libitum

- a. **A motion was made (Freese/Wallus)** – *to approve the 2019 MCB meeting schedule, as written*, passed unanimously.

VIII. Adjournment

A motion was made (Trimarco/Suozzi) – *to adjourn the meeting at 10:47AM*, passed unanimously.

2019 MCB Schedule:
January 17, 2019 (next meeting)
March 21, 2019
May 23, 2019
July 18, 2019
September 19, 2019
November 21, 2019
(Meetings begin at 9:00AM.)