

**NH EMS Medical Control Board****MEETING MINUTES** (Not Approved)**May 23, 2019**

9:00AM

Richard M. Flynn Fire Academy

Classrooms 5 &amp; 6, Dormitory Building

98 Smokey Bear Blvd., Concord, NH 03301

**Quorum: 7 members required (currently 12 positions on the MCB)****Members Present:**

Joey Scollan (Chair), John Freese, Frank Hubbell, Patrick Lee, Joshua Morrison, Robert Rix, Andrew Seefeld, James Suozzi, and Harry Wallus **(10)**

**Members Absent:**

Brian Sweeney and Tom Trimarco **(2)**

**NH FST&EMS Staff:**

Bureau Chief – EMS Justin Romanello; Captains Vicki Blanchard and Kathy Higgins-Doolan; Joanne Lahaie, Gerard Christian, and June Connor (notes) **(6)**

**Guests:**

Brian Allard, Derick Aumann, Doug Devine, Jeff Dropkin, Jeanne Erickson, Steve Erickson, Christopher Gamache, John Hall, Fred Heinrich, Chuck Hemeon, Jeremy LaPlante, Anna Sessa **(12)**

**Special Guests from Houston, Salt Lake City, and Washington, DC:**

EMS C Site Visit Crew: Jocelyn Hulbert, Atim Effiong, Andrea Genovesi, and Sam Vance **(4)**

**I. Welcome**

- a. Meeting called to order at 9:07AM by Chair Scollan. Introductions / Disclosures / Membership:
- Chair Scollan spoke about how well NH is doing when compared to other states as was evident at the recent NASEMSO conference...Thank You!
  - Happy EMS Week!
  - Letter re-nominating Frank Hubbell to the MCB was received by Region 5.  
**Motion made (Wallus/Suozzi) - to accept the Region 5 re-nomination of Frank Hubbell to the Medical Control Board; passed unanimously**
  - Jim Suozzi's re-nomination is in process.

**II. Approval of the minutes**

**Motion Made (Hubbell/Rix) - to approve the March 21, 2019 minutes as written; passed unanimously**

**III. Division / Committee Reports**

- a. Bureau of EMS and Division Updates – EMS Bureau Chief Justin Romanello
- Much information was gleaned at the NASEMSO Conference and will be shared in future meetings by Chief Romanello.  
NH is behind other states who have already clarified the roles and responsibilities of the Local Medical Director, but leads the way in other areas.
  - Chief Romanello is trying to visit as many EMS agencies around the state as possible and is impressed with everyone's desire to be on the cutting edge of improvement.

- Hep A Outbreak – Potential Public Health Epidemic: Work is being done to ensure that our pre-requisite protocol for immunizations (7.1) aligns better with Public Health levels and categories of escalation.
  - EMS Rules – JLCAR passed them as of May 17<sup>th</sup> and they will be brought to the CB this afternoon (May 23, 2019). JLCAR made 2 changes: trauma rules were separated from the rest of the rules and put in their own section, and they wanted more specific language about the length of license suspensions in the paragraph about compliance (5922.11).
  - Working with Rural Health in the introduction of the EMS User Management System (DERMIS); within the next 3-6 months, we will have access to all of the EMS providers in the state and will therefore be able to do a workforce study.
  - TMRC asked the EMS Bureau staff to help with the “Stop the Bleed” program; one of the full-time staffers will work on helping to coordinate the program.
  - Spot inspections have been re-instituted.
  - Trauma Coordinator position: still in the budget process
  - Wish list: more part-time positions (PIFT/Clinical Care and MIH program coordinators)
  - Teleconferencing has increased and now includes the 45<sup>th</sup> Parallel, New London, St. Joseph, Monadnock, Wentworth-Douglass, and Concord. SOLO and Linwood Ambulance have requested.
  - June 8<sup>th</sup>: Weekend quarterly NCCP training was cancelled due to low enrollment; another will be scheduled for September 14<sup>th</sup>.
  - State Initial Programs Coordinator has been hired: Richard Murphy, retired from Portsmouth, starts June 7<sup>th</sup>.
  - Simulation Program Coordinator: in process
  - Legislative report:  
HB 224 – Line of Duty Death is waiting to get to the Senate floor.
  - Funeral arrangements were announced for a member of the Jaffrey Fire Department who died from an accidental overdose over the weekend.
- b. Coordinating Board Update:
- F. Hubbell reported: The last CB meeting was held on March 21, 2019
  - Highlights of the March meeting:
    - ♦ Eric Jaeger was honored for his 9 consecutive years of service.
    - ♦ “Implied Consent and EMS Refusals”: The members completed their work with the submittal of a letter to the NH Ambulance Association.
    - ♦ EMS Physician Level of Licensure – framework being drafted; insurance is an issue.
    - ♦ “Recruitment and Retention”: The members are looking at what other states do and working closely with the DHHS Rural Health Office to help/adapt their workforce studies to EMS.
    - ♦ Bureau Chief Justin Romanello reported that the EMS Rules went to JLCAR on March 15, 2019 and JLCAR returned them with comments; the DOS legal department has begun an appeal process.
    - ♦ Jeremy LaPlante spoke about data flow issues with QA/QI; the next step is to set a date for a Stakeholder meeting.
  - Next CB meeting is this afternoon: May 23, 2019 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:
- G. Christian reported for Tom Trimarco; The TMRC met on April 17, 2019.
- Highlights of the February Meeting:
- The Air Medical Transport Utilization group has met; the CDC suggests AMT @ GCS of 13 or less to generate an AMT activation.
  - There is an issue with a lack of instructors for the “Stop the Bleed” program.
  - The group voted to approve the 2019 trauma plan as written, with the exception of the EMS section for the time being.
  - Designation recommendations to the DOS Commissioner:

- ♦ Elliot – Adult Level II and Pediatric Level III Trauma Center
- ♦ Concord – Adult Level II and Pediatric Level III Trauma Center
- ♦ SNHMC – the remainder of their Adult Level III and Pediatric Level III Trauma Center designation through June 15, 2020; 3 years from the date of the initial review.
- Chair Richard Murphy announced that he is stepping down as the chair of the TMRC, effective as of this meeting on April 17, 2019. Dr. Eric Martin will be the acting chair until the DOS Commissioner appoints a new one.
- Trauma Conference: September 26 and 27, 2019
- Next TMRC Meeting: June 19, 2019
- 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)

#### IV. Protocols

##### Acute Coronary Syndrome:

- Added a note to EMTs to administered 324 mg aspirin unless the patient self-administered 324 mg within the last 30 minutes.
- Added a bullet to AEMT section stating if feasible avoid the right wrist when establishing an IV.
- Paramedic section, removed reference to Twin Cath and removed nitroglycerin paste.

##### Bradycardia – Adult:

- Paramedic section added push dose epinephrine

##### Bradycardia – Pediatric:

- Sent back to Protocol Committee to work on Calcium Chloride dosing

##### Cardiac Arrest – Adult:

- Changed the word, “insufflation” to “ventilation”.
- AEMT section: Placed “high performance” in front of all CPR references.
- Paramedic Section: Changed epinephrine dosing from “administer” to “consider”.
- Under refractory ventricular fibrillation and narrow complex PEA added the bullet:  
“Consider resuscitation for up to 60 minutes from the time of dispatch, including transport for potential reversible causes if no ROSC after initial efforts.”\
- Changed sodium bicarbonate dose from 2 mEq/kg to 1 – 2 mEq/kg.
- Added the following bullet to the PEARLS section:  
“Depending on your local hospital resources, some refractory ventricular fibrillation patients may benefit from emergent cardiac catheterization. For this small patient population, transportation (ideally with a mechanical CPR device) may be indicated. Transporting these patients directly to the cath lab should be done in collaboration with on-line medical control and interventional cardiology”

##### Cardiac Arrest – Pediatric:

- Paramedic section: changed subsequent shocks from 4 J/kg to  $\geq 4$  j/kg, maximum 10 J/kg or adult dose.

##### Congestive Heart Failure:

- EMT section: Moved CPAP up from AEMT section
- Paramedic section: removed nitroglycerin paste.
- There was discussion of adding IV nitroglycerin boluses but it was decided to leave it out of the protocol.

##### Post Resuscitative Care:

- EMT section changed oxygen bullet to read, “Titrate oxygen levels to between 94 – 99% SaO<sub>2</sub>”
- Paramedic section: added push dose epinephrine

Tachycardia – Adult:

- Paramedic section: changed diazepam dose from 2 mg IV to 5 mg IV, may repeat 2.5 mg once in 5 minutes.

Tachycardia – Pediatric:

- Some wordsmithing.

Team Approach CPR – Adult:

- Added a link to the High Performance CPR training.

Pediatric Transport:

- Rewrote the opening statement to match RSA 265-107a.
- Updated the Mother and Newborn Transport section to include commercial devices that enable newborns to be fastened to mother.
- It was decided an informational bulletin should be released announcing the NASEMSO's latest list of commercially available devices including ones that secure newborn to mother.

**A motion was made (Nathan/Freese ) – to approve the protocols, as discussed, with removing push dose nitro from the congestive heart failure protocol and pediatric transport, as discussed; passed unanimously.**

**V. Old Business**

## a. Cardiac Arrest / CARES update:

Dr. Freese reported that access was gained into the TEMSIS data in mid to late March which resulted in a delay in data entry; at this point, all the state cases from January are entered. The goal is to have February and March data back-entered by July 1<sup>st</sup>. By the September meeting, updates on statewide data will be available.

Dispatch data will be merged at a future date.

b. Shelter Care provided by EMS: **This item has been closed and can be removed from the agenda for the next meeting.**

## c. Role of the Medical Director within the MRH: looking at what other states do

## d. Pre-hospital physician certification: no progress; a meeting will be arranged to go through a draft document.

**VI. New Business**

- Handtevy system – Goffstown has completed the implementation process; very good feedback. The software uploads into TEMSIS. It costs about \$1,000, depending on the call volume.

- Northern New England Resuscitation Academy – last week of May

- Dr. Rix asked about epinephrine dosing in Protocol 2.3 for pediatrics, and a discussion took place.

**A motion was made (Suozzi/Rix) – to add the appropriate dose of racemic epinephrine as an option to treat bronchiolitis and croup in Protocol 2.3 (Pediatrics); passed unanimously.**

- Dr. Rix also asked about the status of the ketamine shortage, and most replied that their hospitals were now receiving ketamine.

- Dr. Rix stated that he has been getting a lot of questions about air medical transport and that the qualifications are not always clear in terms of ETA. Vicki Blanchard explained that as more hospitals become ACS verified, there is going to be a shift away from only having Dartmouth Hitchcock as a destination. This is also part of the ongoing discussion about trauma triage.

- After a discussion, Chair Scollan asked that **lactated ringers be put on the agenda for the next meeting.**

- Dr. Morrison brought up some questions about Protocol 5.11 Ventilator, and a discussion ensued. The protocol sub-committee will look at the issue of calling medical control in this protocol.

**VII. Topics Ad Libitum**

- As of July 1, 2019 per rule, the job of the medical director for the state is separate from that of the MCB chair. If no one is hired by July 1<sup>st</sup>, then the Commissioner will have to grant a waiver.

**VIII. Adjournment**

**Motion Made (Hubbell/Suozzi)** - *to adjourn the meeting at 11:10AM*; passed unanimously.

**Next Meeting: July 18, 2019**

**Voting members should let June Connor know ASAP whether or not they can attend to ensure a quorum will be present.**

(Minutes written by June Connor, Administrative Assistant I)