NH EMS Medical Control Board

MEETING MINUTES (Approved)

September 19, 2019

9:08AM
Richard M. Flynn Fire Academy
Classroom 2
98 Smokey Bear Blvd., Concord, NH 03301

Quorum: 7 members required (currently 13 positions on the MCB)

Members Present:
Joey Scollan (Chair), John Freese, Marc Grossman, Frank Hubbell, Patrick Lee, Joshua Morrison**,** Michelle Nathan, Robert Rix, Andrew Seefeld, James Suozzi, Thomas Trimarco and Harry Wallus. **(12)**

Members Absent:
Brian Sweeney **(1)**

NH FST&EMS Staff:
Director – Deborah Pendergast; Bureau Chief – EMS Justin Romanello; Captain Vicki Blanchard; Gerard Christian (notes.) **(4)**

Guests:
Kevin Blinn, Craig Clough, Jeff Dropkin, Christopher Gamache, Stacey Carroll, John Fahey, John Hall, and Anna Sessa **(8)**

I. Welcome

a. Meeting called to order at 9:00AM by Chair Scollan. Introductions / Disclosures / Membership:

II. Approval of the minutes

Motion Made (Hubble/Rix) - to *approve the July 18, 2019 minutes as written*; passed **unanimously**

III. Division / Committee Reports

1) Bureau of EMS and Division Updates – Director Deborah Pendergast and Bureau Chief of EMS Justin Romanello
   a) The Division will be increasing sites for teleconferencing including Nashua Fire Department.
   b) The Division has received a FEMA AFG grant that will be used to reline a burn building, purchase a new haul truck, a new pediatric mannequin and SCBA.
   c) Quarterly EMS NCCP training has occurred with 2 dozen participants next is 12/14/19 from 0830-1230.
   d) Bruce Goldwaithe has been hired as the new sim program coordinator.
   e) EMS rules have been passed, cleaned by legal, and have will be posted to the web soon.
   f) DHHS is working to come up with an EMS mobilization plan in the future. The Division is working with stakeholders.
   g) PIFT/IFT workgroup is making great strides, meeting monthly.
   h) Trauma Coordinator, PIFT/MIH coordinator spots are holding due to the budget.
   i) The data section recently loss Rachel Horr and Todd Donovan, their positions have been posted and there are candidate to be interviewed
   j) Cheshire Medical Center may be coming onboard with teleconference program.
   k) The Division will be sponsoring an EMR program is coming this fall.

l) I/C stakeholder Education Training Agencies meetings upcoming on October 1, 2019 9:00 – 11:00 am and 6:00 – 8:00 pm at the Fire Academy and teleconferenced to the Bethlehem classroom and then again in Bethlehem on October 8, 2019 from 9:00 – 11:00 am.

m) We are working on a workforce study in conjunction with DHHS, this will be rolled out to providers via once RespondNH is up and running.

2) Coordinating Board Update:

- F. Hubbell reported: The last CB meeting was held on July 18, 2019
- Hubble reports that the meeting was a recap of the MCB in the morning as well as a discussion on cost reporting with ambulances and seatbelt legislation.
- 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 Update:

- T. Trimarco reported: The last TMRC meeting was held August 21, 2019

Highlights of the TMRC meeting:

- Normal report outs of subgroups
- Trauma Conference is this month September 26 & 27, 2019
- Next TMRC Meeting: October 16, 2019
- 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

Victims of Violence
Added a new section on human trafficking
Updated the BRUE language
Clarified reporting responsibilities

Immunization Prerequisite
Changed wording “epidemic” to “public safety incident” to align with the rest of the state

RSI
No major changes, pharmacists are working on a dosing chart to reduce med errors, this protocol will come back to the board after the chart is completed.

Dr. Grossman brought up the need for a medication assisted intubation protocol to care for the patient that is a risk to paralyze (angioedema ect). Rix notes that he would not want to see those patients intubated in the field. Trimarco notes that MAI/DAI has historically been frowned upon in New Hampshire. Grossman notes that with ketamine the pt doesn’t have a decrease in their respiratory drive. Suozzi notes that these patients are very high risk. Grossman notes that this would allow an RSI trained paramedic to avoid paralytics in a high-risk case. Will discuss at the October protocol meeting.

Blanchard notes that we are almost at the end of the protocol review cycle.

A motion was made (Nathan/Rix) – *to approve the protocols as presented;* **passed unanimously.**

V. Old Business

a. Lactated Ringers – No additional discussion, can be removed from agenda
b. Clinical Bulletin #54 – No additional discussion, can be removed from agenda
c. Clinical Bulletins #55 & #56 – Romenallo is satisfied that departments relying on Physio or Phillip defibrillators have plans in place should they have a pediatric cardiac arrest. Physio continues to standby their product and shocking at the adult dose. Bulletin 57 has been released regarding the pediatric

transport protocol and Bulletin 58 has been released regarding the use of a brand of NPA that has had the flange falling off as reported by Maine EMS

d. E911 updates – No discussion

e. Cardiac Arrest / CARES update:
There are 515 cases entered into the CARES registry and 200 hundred cases left to be entered into the system. Freese notes that there have been some amazing bystander and EMS saves that have happened. Looking to recognize these cases in a formal way. Next he will be turning his attention to hospital data. NH is at under 60% for bystander CPR and 19% for bystander AED. Survivability for witnessed arrest is 7%. Freese expressed concerns regarding the use of the termination of efforts protocol – seeing VF arrest with rapid defibrillation into PEA and then termination after 20 minutes. There is also concern that ETCo2 has been rising, but case still terminated after 20 minutes as presenting CO2 was low. There will be or should be some ongoing discussion and education regarding this. Frisbie had funded the data entry position but that has gone away. There is no plan at this time to replace the data entry position. No obvious source of funding noted at this time. Would make most sense to transition the data entry into the Division at some time. Funding for CARES subscription next year is a concern- there are options per Freese. Jaeger- is there a way to share the data for education and do you think that there needs to be an edit to the protocol? Freese- everything that we have seen relates to a training issue- that there should be more focus on the changes from the 2017 protocol which can be addressed via training. Suozzi- will start dumping 9-1-1 data once Freese gets caught up.

VI. New Business

a) Out of Hospital Cardiac Arrest Organ Donor - an email was received regarding termination of efforts and guidelines for EMS to follow or care to allow for the victim to allow for organ procurement. Jaeger- NEOB has said before that it is extremely rare that an out of hospital arrest victim to be an organ donor. Unsure if this is different with tissue donor. Freese note that there was a protocol in NY in the past that allowed for termination, then a second unit would come to re-profuse and then transport to the hospital for procurement. There were 2 or 3 successes that Freese witnessed. Notes that this was a great concept but as not practical. Trimarco notes that this could present a financial burden to the family, with low threshold for success. Clough- per NEOB the patient would have to have had ROSC and a team would have to be standing by at the time of patient's arrival at the hospital. He also notes that NEOB will absorb the cost of organ procurement. Trimarco notes that pts at DHMC are usually days into their stay prior to donation. Suozzi- where does tissue donation occur from- Multiple audience note that it can occur anywhere, from the morgue, funeral home, or even at NEOB in Waltham, MA.

b) Grossman- is there a removal protocol; a way for EMS to remove a patient that they would not resuscitate (not viable) from a crowed, public, or unsafe scene. FL has protocol to move these patients to trauma center. Romanello- There are cases where this makes sense. Jaeger- do they have to go to the hospital? Romanello- if they go into the ambulance they should go to the hospital. So that the ambulance could get back into service. If the body needs to be moved due to safety concerns, the providers should work with LE to establish a safe place and establish a chain of custody. There are multiple CMS, Legal, and other issues that would need to be addressed as we establish a plan for this type of event. Scollan will bring back to October's protocol committee.

VII. Topics Ad Libitum

1) Still working with the commissioner's office to work out the State Medical director process. The current position will remain in place until a budget is passed. Once a budget is passed the hiring process will continue

VIII. Adjournment

Motion Made (Rix/Grossman) - *to adjourn the meeting at 11:07AM*; passed unanimously.

Next Meeting: November 21, 2019

Voting members should let Hayley O'Brien know ASAP whether or not they can attend to ensure a quorum will be present.

(Minutes written by Vicki Blanchard, Captain, Clinical Systems and Gerard Christian, Program Coordinator, Clinical Systems)