



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – August 16, 2023
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Minutes

Members present: *Matt Sholl, Tim Pieh, Kate Zimmerman, Beth Collamore, Bethany Nash, Michael Bohanske, Rachel Williams, Colin Ayer, Dave Saquet, Seth Ritter, Benjy Lowry, Pete Tilney, Rachel Williams, Kelly Meehan-Coussee*

Members Absent: *Emily Williams*

MEMS Staff: *Chris Azevedo, Jason Cooney, Darren Davis, Marc Minkler, Melissa Adams, Soliana Goldrich, Robert Glaspy, Jason Oko, Sam Hurley, Megan Salois, Anthony Roberts, Taylor Parmenter, Anna Massefski,*

Stakeholders: *Rick Petrie, Michael Reeney, Brian Langerman, Chip Getchell, Scott Smith, Dwight Corning, Dr. Kevin Kendall, Patrick Underwood, Rob Sharkey, Tony Lagasse, Sean Donaghue, Eric Wellman, Steve Almquist, Steve Smith, Kevin Curry, Matt Taveres*

- 1) Introductions – 0930-0935 –Sholl
 - a. Meeting called to order at 0935.
 - b. Dr. Sholl makes introductions and takes roll.
 - c. Dr. Sholl discusses last month’s meeting “zoom bomb,” and meeting protective measures.
- 2) July 2023 MDPB Minutes – 0935-0940 – Sholl
 - a. Motion to accept the July 2023 meeting minutes and seconded by Dr. Lowry. Discussion. Minor editing suggestions made by Drs. Collamore and Nash. Motion carried with suggested edits included.
- 3) State Update – 0940-0955 – Director Hurley
 - a. Director Hurley gives the state update.
 - i. Director Hurley discusses work that the office is doing in support of the EMS Board’s decision to refer revision work on Chapter 21 of the Rules to the Rules Committee. The work involves removal of the requirement for COVID vaccination. Also looking at addition of all other immunizations required by other healthcare entities in the state, as well as a mask alternative. The next Rules Committee meeting is 22 Aug 2023, and the meeting date is posted on the Maine EMS website.
 - ii. Director Hurley discusses various RPFs
 1. There is an RFP for “Medication for Opioid Use Disorder - Medical Direction Support for the Maine EMS Office. This closes tomorrow at midnight. If your organization is interested in applying, please do so.
 2. There is another RFP for an AmeriCorps program to build out a program to train EMS service leaders in QA/QI processes. Director Hurley discusses the program with the group.

3. The RFAs for community paramedicine have received 12 responses. The office will be reviewing the applications.
4. There will be additional grant opportunities in support of education for community paramedicine and in support of substance use disorder.
- iii. Maine EMS is working on developing language to support implementation of the \$31 million that was approved by the legislature for EMS in Maine.
 1. The first 40 percent of that money was intended to be stabilization funding. That funding is intended to be made available to all licensed services in Maine, based upon an algorithm developed by Joe Kellner.
 2. Maine EMS is putting together language for Board review regarding how distribution will work.
 3. There is language into the statute requiring Maine EMS to have the OK from Maine DHHS. This language was not in the original proposal from Maine EMS but was added later in the process by other parties, not by DHHS.
- iv. Director Hurley queries the group for questions regarding the items covered and adds that the staff update was submitted to the group as a written document brief prior to the meeting.
 1. Dr. Ritter asks regarding the rationale behind removal of the COVID and other vaccination requirements. If any other similar situation arises in the future, we are going to have to fight the same fights all over again.
 - a. Director Hurley encourages attendance at the next rule making session and discusses that the rule only requires the primary series. However, the ongoing research is showing that the vaccines are less effective in preventing infection and infection severity has decreased with the new disease variants. The rule only says you have to have the initial series and leaves out vaccination updates. So, the verbiage needs to be reviewed for alignment with DHHS and other states. Discussion by Director Hurley and the group.
 2. Dr. Zimmerman asks regarding whether COVID was being removed and whether other vaccinations would still be required.
 - a. The EMS Board has asked for four proposals.
 - i. One proposal would remove COVID and influenza vaccination requirements
 - ii. Another proposal would remove COVID but retain influenza vaccination requirements
 - iii. Another proposal would remove COVID, but adds additional vaccinations that are required for other healthcare professionals in the state of Maine
 - iv. A fourth proposal would have a masking alternative built into the policy.
 - b. They did not ask for a proposal that would change the verbiage for COVID vaccination to require "up to date" vaccinations
 3. More discussion on the subject by the group
 - a. Dr. Saquet suggest that the group develop a position paper regarding removal of vaccination requirements for EMS clinicians.
 - b. Director Hurley and Dr. Sholl discuss Dr. Saquet's suggestion with the group.
 - c. Dr. Saquet volunteers to draft the position paper, along with Dr. Pieh, with Director Hurley's assistance with reviewing the paper.

- 4) Special Circumstances Protocol Review – 0955 – 1015
 - a. Dr. Sholl discusses a request for a special circumstances protocol review.
 - b. The request is from a palliative care physician and regards a 2-year-old patient who has seizures.
 - c. Review of the proposed protocol and discussion by the group.
 - d. Motion made by Dr. Zimmerman and seconded by Dr. Williams to accept the protocol as written. Discussion.
 - i. Marc Minkler asks if the family will be supplying required equipment. Dr. Sholl advises that medications will be given to the patient by the family and has all medication administration equipment.
 - e. Motion is carried.

- 5) Alternate Devices – NONE

- 6) Pilot Projects – 1015 – 1030
 - a. Delta – Monthly Report
 - i. Chip Getchell delivers the monthly report to the group.
 - ii. Dr. Sholl notes many of the patients noted in the report do not meet the metrics given for the pilot.
 1. Discussion on the point by the group.
 - b. Jackman – Quarterly Report – *Due October 2023*
 - c. MMO – Quarterly Report – *Due Sept 2023*

- 7) UPDATE – Medication Shortages – 1030-1050 – Nash/All
 - a. Dr. Nashi discusses.
 - i. Pre-filled medication syringes are still short in availability.
 - ii. Ativan is in shortage in just about all forms. This hasn't yet affected EMS. However, the shortage may affect supplies of other benzodiazepines used by EMS.
 - iii. The Pfizer issue that occurred a few weeks ago has not yet had as much of an impact as expected.
 - iv. Glucagon and aspirin have small issues with availability.
 - v. Ketamine is still unavailable.

- 8) Emerging Infectious Diseases – 1050 – 1055 – Sholl
 - a. Dr. Sholl queries the group for concerns.
 - i. Dr. Sholl discusses that there is currently a summer increase in COVID cases.
 - ii. Dr. Sholl expresses agreement with concerns regarding removing requirements around COVID and other disease vaccinations and discusses.
 - b. Dr. Lowry discusses that he has seen a rise in COVID cases in the ER as well as that one of the local large summer camps had to close for a week due to a COVID outbreak.
 - c. Dr. Nash reports, for awareness, she's been seeing a number of ER visits due to drug interactions with Paxlovid. Symptoms included altered mental status.
 - d. Dr. Ritter asks if the group has heard anything from the CDC or heard any discussion around the CDC's removal of vaccinations for healthcare providers.
 - i. <https://www.maine.gov/dhhs/about/rulemaking/rulemaking-proposal-immunization-requirements-healthcare-workers-rule-10-144-cmr-c-264-2023-07-19>
 - ii. Dr. Sholl discusses.
 - e. Dr. Meehan-Coussee points out that, pre-COVID, August is usually the point in time when we start seeing early cases of influenza as everyone goes back to school. There was a case of avian flu detected in a bird this summer.

- f. This is a point to be considered as we encourage the use of masks for care of patients with symptoms of infection that may be consistent with COVID. We should also keep in mind the presence of other infectious respiratory infections.
 - g. Colin Ayer suggests that it may be of benefit for MDPB and/or Maine EMS to put out a bulletin reminding EMS clinicians about the use of respiratory protection masking. Mindfulness of masking may be relaxing in the field and the oncoming flu season may be a good time to remind EMS clinicians of the practice.
 - i. Colin Ayer and Dr. Meehan-Coussee volunteer to draft a bulletin that Dr. Sholl will then send out to the group for review.
- 9) 2023 Protocol review process – 1055 – 1250 – All
- a. Timeline review – Sholl/Zimmerman/Collamore
 - i. Dr. Sholl discusses agenda items for today, remaining deliverables and next steps.
 1. Follow Up – MDPB Deliverables
 2. Change Documents – Completed
 3. Review Protocol Mock-Up’s – Completed
 4. White Papers – Completed
 5. FAQ’s – to begin once the education starts
 6. Formulary – Pending
 - b. Next Steps
 - i. Dr. Sholl shares his screen and covers the timeline of next steps with the group.
 1. Between July – August
 2. For today
 3. Upcoming
 - c. Orange Section
 - i. Dr. Sholl shares his screen and reads and discusses developed verbiage for Restraints, item #11 with the group.
 1. Dr. Lowry discusses that the proposed verbiage is directed largely at or regarding law enforcement, who is not bound by EMS protocol. Dr. Lowry suggests that the verbiage might be re-written to focus on what the EMS clinician responsibility and actions should be, versus what law enforcement should be doing.
 2. Dr. Sholl replies that the verbiage was vetted by the Commissioner of Public Safety (who has a significant law enforcement background) and the Assistant Attorney General’s office.
 - a. The intent of the verbiage is to say to the EMS clinician that law enforcement “should” accompany, but there is leeway in cases that law enforcement is unable to. In that case, it would be ok for law enforcement to follow the ambulance.
 - b. Colin Ayer adds his concern for potential unintended misuse of the protocol by law enforcement.
 3. Additional discussion by the group.
 - a. Dr. Saquet shares a link in the chat, to a position statement regarding use of patient restraints, by NAEMSP.
 4. Motion made by Dr. Pieh and seconded by Dr. Saquet to accept the verbiage as written. Discussion.
 5. The motion is carried.
 - ii. Discussion by the group regarding approach for education for this protocol.
 1. The following concepts were discussed for education items.
 - a. It should be emphasized that this should be a rare situation.
 - b. We encourage switching to soft restraints, if that is a possible option.
 - c. Pharmacological management of the patient should be considered soon after restraint

- d. Hazards of maintaining patients in handcuffs should be pointed out.
 - e. Discuss our relationship with law enforcement and how we understand limitations in resources for both parties. Limitations in resources should be understood between EMS and law enforcement.
 - f. Restraint and transport practices should be discussed preemptively between EMS and local law enforcement.
 - g. Services should reach out to Regional Medical Directors in cases where law enforcement resources or presence is limited.
- d. MDPB Deliverables
- i. Dr. Sholl shares his screen and again reviews deliverables.
 - 1. With regard to the listed items, today's focus will be the Summary Change Documents, OLMC Document, and the Education slides.
 - ii. Summary Change Document
 - 1. Dr. Sholl shares his screen and opens the floor to comments from the group regarding the final version.
 - 2. Dr. Williams suggests also mentioning dosing change for dexamethasone in cases of croup – 16 mg dexamethasone for pediatric stridor. Discussion. The group is in agreement.
 - iii. OLMC Document
 - 1. Dr. Sholl shares his screen and queries the group for feedback regarding the document.
 - 2. Discussion
 - iv. Education –
 - 1. Dr. Sholl shares his screen, discusses, reviews the education slides with the group and opens the floor to the group for comment.
 - 2. Blue section
 - a. No comments for this section.
 - 3. Red Section
 - a. Dr. Sholl shares his screen and Drs. Saquet and Ritter discuss their changes.
 - b. Dr. Saquet – discusses defining “ALS” and its relation to direction in the protocol that the AEMT should still request ALS in cardiac arrest situations.
 - c. Pediatric cardiac arrest – Dr. Williams recommends that the education point out that this protocol was pulled out to make protocols easier for the EMS clinician.
 - 4. Gold section
 - a. Dr. Sholl shares his screen. Drs. Sholl and Meehan-Coussee review each slide and discuss as needed.
 - b. Allergy/anaphylaxis #2
 - i. Dr. Meehan-Coussee asks the group to please ensure that page references to specific protocols are correct on final version of protocols
 - c. Seizure #2
 - i. Paramedic item #12 – Dr. Lowry asks that education for this protocol should point out the jump to Paramedic item #12 which is found in Paramedic item #10.
 - d. Stroke #2 –
 - i. Dr. Meehan-Coussee suggests that education should reflect that the term revision “3thrombolytic?s” refers to the three thrombolytic questions.
 - e. Stroke 3

- i. Dr. Meehan-Coussee suggests that last sentence at the end of the PEARL should be changed to “...be made aware of their use”
 - f. Fever
 - i. Dr. Nash comments that she is working to build out a new table for chewable tabs.
- 5. Green Section
 - a. Spine Assessment
 - i. Dr. Zimmerman discusses that the education for the changes and reformatting in this protocol should reiterate it’s all the same information. The information is merely re-formatted. While we’re teaching this, we should reiterate that management includes cervical collar and having the patient lying flat. However, if there’s a need to have the patient’s head up, it should be elevated to no more than 20 degrees.
 - b. Hemorrhagic shock #2
 - i. Dr. Sholl discusses recommendations of the Maternal Fetal Mortality Panel. Education regarding contraindication for the use of TXA for gravid patients.
 - c. Termination of Resuscitation
 - i. Dr. Meehan-Coussee discusses that the focus for the protocol is on getting patients to definitive care quickly and this doesn’t follow typical ACLS algorithm for interventions normally done first. This should be discussed and emphasized in the education. PEARLS – The word, “devices” is spelled wrong
 - d. Facial/Dental Injury
 - i. Dr. Meehan-Coussee discusses that the education should emphasize that appropriate placement of nasal clamp should be proximally
 - e. Open Fractures
 - i. Dr. Meehan-Coussee discusses that it should be emphasized here that antibiotics are an option. The protocol was not specifically clear in this regard, in the past.
- 6. Yellow
 - a. Poison/Overdose #1
 - i. Discussion of magnesium sulfate dosing and whether it should be covered in protocol or formulary.
 - b. Naloxone Dispensation – Education regarding the changes should be included in the White Paper.
- 7. Pink
 - a. Dexamethasone dosing change for Pediatric Respiratory Distress with Inspiratory Stridor protocol needs to be added to Summary Change document.
 - b. Neonatal and Young Infant Fever
 - i. Dr. Williams discusses changing age criteria for “young infants” from 90 days to 60 days, which would align EMS protocols with hospital practice. In hospitals, this difference means some infants would have a different work-up.
 - ii. Dr. Sholl suggests leaving this change to the 2025 protocol cycle. The protocol stands as is.

8. Orange Section
 - a. Hyperactive Delirium with Severe Agitation
 - i. Education should emphasize change in protocol and name terminology
9. Grey
 - a. Death Situations for Emergency Responders
 - i. Notification to New England Donor services. – please also refer to the Termination of Resuscitation protocol, as the actual diagram for notification of Donor Services is there.
 - b. Maine EMS contact information needs to be updated.
- v. Discussion - Protocol Review Webinar - ? Sept Meeting
 1. Dr. Sholl discusses and queries the group regarding delivery platforms for delivering the protocol education.
 - a. The group agrees this should be a blend of MEMSEd, in-person and ZOOM.
 2. Group discussion regarding availability for session dates.
 3. Dr. Sholl will send poll to get availability dates for the sessions.

Old Business – 1250 - 1300

- 1) **Ops** – Director Hurley/Ops Team Members
 - a. No report
- 2) **Education** – A Koplovsky/C Azevedo
 - a. No report
- 3) **QI** – C Getchell/J Oko
 - a. Chip Getchell
 - i. The committee did not meet last month.
 - ii. The next meeting will be at 1330 today. Meeting objectives include finalizing the pediatric newsletter.
- 4) **Community Paramedicine** – B. Lowry/J Oko
 - a. Dr. Lowry
 - i. The group is currently working on rules around community paramedicine, as well as work proceeding on scope of practice.
- 5) **EMSC** – M Minkler, R Williams
 - a. Marc Minkler
 - i. Working with MCD Global Health on an 8-module Pediatric Behavioral Health course scheduled for the fall. The course will be on MEMSEd and will contain eight 20-minute presentation modules.
 - ii. End of year reporting information has been submitted to HRSA.
 - iii. Marc Minkler and Brian Richardson will be attending the EMS-C all grantee conference in Austin.
 - iv. Marc Minkler will also be presenting at EMS World Expo conference.
- 6) **TAC** – K Zimmerman, A Moody
 - a. No report.
- 7) **MSA** – K Zimmerman, A Moody
 - a. Looking for another EMS care representative.
- 8) **Cardiovascular Council** - A Moody
 - a. No report
- 9) **Data Committee** – D. Davis/K Meehan-Coussee
 - a. Darren Davis

- i. Reminder that Maine EMS is beginning data migration to NEMSIS 3.5. We will start onboarding EMS agencies by the end of the month. Goal is to have all on board prior to 1 Dec 2023.
 - ii. Maine EMS has a report that allows users to identify trends in EMS activations by various syndromes and categories. There is a worksheet for measures which follow National EMS Quality Alliance Measures.
 - iii. Users should employ this report to measure effectiveness of our protocols.
- 10) **Maine Heart Rescue** – M Sholl, C Azevedo
 - a. No report.
- 11) Next meeting: Wednesday 20 Sep 2023
- 12) Adjournment
 - a. Motion to adjourn made by Dr. Kelly Meehan-Coussee. Motion seconded by Dr. Beth Collamore.
 - b. Meeting adjourned at 1304 hrs.