



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



JOHN ELIAS BALDACCI
 GOVERNOR

ANNE H. JORDAN
 COMMISSIONER

JAY BRADSHAW
 DIRECTOR

Maine EMS
 October 20, 2010
 09:30 – 12:30
 Agenda

Medical Directors Present – T Pieh, P Goth, S Diaz, M Sholl, J Busko, R Chagrasulis, M Cormier, W Randolph
Medical Directors Absent – None
MEMS Staff Present – J Bradshaw, K Pomelow, D Kinney

Guests – Butch Russell, Shaw Evans, Joanne LeBrun, John Brady, Rick Petrie, Brian Chamberlain, Myles Block, Dan Batsie, Mike Senecal, Chris Pare, John Kluzak, Doris Laslie, Heather Cady, Jeff Regis,

September 2010 Minutes	Reviewed by all	Motion to Accept – Cormier Seconded By - Pieh Approved - Unanimous
ME EMS Update	Bradshaw – awaiting election for legislative direction; nothing new in the budget	
New Devices	None Presented to the MDPB	
Special Circumstances Protocols	None Presented to the MDPB	
IRB Approval	Busko – endeavor in Region 4 to look at educational impact around STEMI and stroke protocol education – they wish to publish educational validity and are requesting IRB review. No patient data is being used, and thus no risk of patient identification. Also, the overall risk to student or system (or patient) is minimal at best. Given that this falls under more of a QI project than a research project involving human subjects, this can be recommended to be exempt of IRB review.	Motion by Pieh with second by Cormier to allow this project to be exempt from IRB review process, unanimous approval.
Drug Shortages	Sholl – Epi, D50, Lasix, Fentanyl, and Narcan are all under some degree of shortage at this time and do affect EMS services. MEMS is working on language and a process for rapid adoption if a drug is completely out of stock and new medication needed. Request for Pharmacy help on this, and Bradshaw will talk to pharmacy board. Also, should involve health systems and MDPB members may be able to help with that. Also voiced was	

	concern of needlestick injuries with changes in formulary or delivery vehicle.	
Protocol Review Process	<p>Sholl – Need to review the document as a large group once again BEFORE going out to all stakeholders. Major changes from the group’s input:</p> <ol style="list-style-type: none"> 1) Wording 2) RC - Pediatric Epi dosing change Pediatric: < 30 kg, 0.15 mg IM (0.15 ml of 1:1,000), > 30 kg, 0.30 mg IM (0.3 ml of 1:1,000) in anterolateral thigh, maximum dose of 0.3 mg 3) RC – also noted - Contact OLMC for repeat options and/or IV dosing of epinephrine for shock or cardiovascular collapse which may typically be dosed the following way: 0.5 to 1 ml of Epinephrine 1:10,000 (0.1 mg) IV, pushed over one minute, every 10 to 20 minutes. 4) DB/MS - CPAP Changes - Consider CPAP in patients > 18 y/o without Asthma– Recall that CPAP should never take the place of bronchodilators and should be used only after or in concert with inhaled bronchodilators in patients with acute bronchospasm. 5) TP/JB – STEMI dx – changed to 1 mm 6) JB – changes in TOR Unwitnessed arrest to 20 min and added summary comment - * Patients who do not respond to 20 minutes of EMS care do not survive neurologically intact to hospital discharge. It is dangerous to crew, pedestrians and other motorists to attempt to resuscitate a patient during ambulance transport. If circumstances do not allow termination of resuscitation for safety or other reasons, notify OLMC. 7) JB – Nitronox contraindicated in PTX 8) JB/MS – changes in pedi shock with pressor being Dopamine - JMB – notes that we probably shouldn’t be using any pressors with out a pump... soft step – pumps for peds and consider in adults 9) Took out in Diabetes protocol – (For Patients with Known Diabetes). 10)TS/BC – added Pedi Broslow-type chart, amended pedi normal VS, and adopted NALS type neonatal resuscitation 11)MS – Amended stroke checklist 	<p>Need verbiage around using pumps with pressors for peds and CONSIDER use of a pump in the adult patient population</p> <p>Broslow type chart – compression rate, depth, LMA, ETT, etc.</p> <p>In the preamble – the following protocols are written to be germane for the EMS environment and may reflect the data pertinent to the EMS environment</p> <p>Take priority 1 out of the STEMI protocol...</p>
Interfacility Transport Committee	Sholl – will meet at 8:30 am beginning in December 2010 on the same day that MDPB meets.	

<p>NASEMSO National Meeting</p>	<p>Bradshaw, Sholl, Pomelow – presented highlights of last week’s meeting</p> <ol style="list-style-type: none"> 1) EMS Deaths – highest risk is that of heart attacks 2) KKK Specs – this is the spec list used for ambulances on a national level and a “hole” in this standard is that of the patient compartment. Please comment upon this 3) 24 hour shift issues – somewhat of a risky issue, and Pennsylvania may put limits in place around this 4) National Practitioner Data Bank – EMS agencies not using this as other medical professional groups do (which is required) 5) National Registry 6) Our Protocols 7) FAA and Air Medical Services 	
<p>Maine EMS Regional Meetings</p>	<p>Sholl/Bradshaw/Diaz – this team has done and looking forward to upcoming town meetings so we can discuss medical direction, protocol revisions, and PIFT</p>	
<p>AHA Protocol Changes</p>	<p>Sholl/Diaz/Others – Just out this week, MDPB will be reviewing, Focus on Chest compressions, Capnography, “down grading” use of drugs, and “upgrading” post arrest care such as therapeutic hypothermia.</p>	
<p>Old Business (Updates)</p>		
<p>HART Update</p>	<p>Next Meeting November, same day as MDPB, 3pm in the afternoon</p>	
<p>MEMS Education</p>	<p>Batsie – reported on awaiting protocol revision process, looking at IC curriculum, and looking at CEH’s</p>	
<p>MEMS Operations</p>	<ol style="list-style-type: none"> 1. We met with Kris Perkins and Bill Jenkins from ME CDC for our quarterly update: <ol style="list-style-type: none"> A, Received an update on the status of the contracts and guidance with the RRC's B. There is no flu vaccine allocated for Public Safety this year, so services will have to either purchase their own or send their staff to their PCP/workplace health. C. The Governor was preparing to sign an executive order providing vaccinations in a school clinic. 2. Jonnathan Busko has requested that the OPS team review a proposal to allow EMS providers to use central lines that had already been accessed. There was a little confusion because the OPS team universally already tells providers that they can use central lines that have 	

	<p>already been accessed. Jonnathan felt that the MDPB had not allowed this, so Jay will talk with Matt about the issue</p> <p>3. Transporting kids safely in ambulances update program was completed at the end of September. Jay is going to check on the availability of Highway safety money to purchase some new types of seats available for EMS services for demonstration purposes.</p> <p>4. There was a discussion about adding some of the new Cancer drugs to the PIFT program because EMS services are seeing an increase in patients being transported back and forth to treatment centers with these drugs. Jay indicated that there is a PIFT update on the horizon and that it should be addressed then.</p>
MEMS QI	Working on State QI documents – including airway and 12 lead “models” for QI as well
Airway Subcommittee	Finished work today with concluding “Peter’s Pearls”