

Medical Direction and Practice Board		
October 21, 2009 - Minutes		
In Attendance: Jonnathan Busko, Matt Sholl, Tim Pieh, Peter Goth, Marlene Courmier, , Kevin Kendall		
Excused Members: Steve Diaz, Colin Coor		
In Attendance Staff: Jay Bradshaw, Jonathan Powers,		
In Attendance Guests: E		
<u>Topic</u>	<u>Discussion</u>	<u>Action/Party Responsible</u>
1) MDPB September Minutes	Motion by – Kevin Seconded By Tim	Approved by All Present
2) ME EMS Legislative Update	Jay B – Last week – word that revenue continues to come under projections and each dept given new targets to obtain. Continuing to make cuts and the target for Dept of Safety = \$1.2 million. Based on nature of the cuts, concerns for undue amount of cuts on a few groups (including Maine EMS). Looks like the same target number for FY 11 Request to fill training position approved	
3) H1N1 Update	Matt S – Status Update: Beginning to see increasing numbers of ILI visits to ED’s across the state and increasing numbers of cases across the state. Discussion regarding EMS Vaccination Tim – working with ME Gen to get doses Lori M – LF got H1N1 yest Jon P – had discussion with Pen Bay re: EMS and vaccination. The pharmacy did not consider EMS as healthcare providers. Donnie C- describes SM EMS plan Jay B – discusses – how do we define “EMS” and who gets the vaccine. Especially if we do not have enough doses. Tim – mentions – we needed to set this up as licensed providers only in the first steps. Matt mentions that receipt of the vaccine does not take the place of infection control measures	
4) Medivax Immunization Program and “Disaster Standard	Matt S (in lieu of Steve) – discussion re: EMT B’s and nasal vaccination Jay B – mentions how this process was set up. Working with ME CDC and evaluating the	

<p>of Care”</p>	<p>lessons we can learn from events as they occur. TF-1 Activated to vaccinate 638 college students at Bates. A couple of questions arose – one was is it reasonable to extend the vaccinator pool to allow basics to deliver the nasal vaccine. For discussion – is it reasonable to have a protocol for Nasal Vaccination by basics.</p> <p>Peter G – it makes sense as this is not a very difficult thing to do. BUT if you want to move this toward the basics – could make this much more simple – break it down and focus on the skills</p> <p>Jonnathan – looks like a BLS service could do this on their own – all they would need is a medical director OR the BLS members of an ALS service?</p> <p>Jay – let’s talk about this – if it is a physician prescribed event, what is the difference between BLS service or BLS Members of an ALS service.</p> <p>Jonnathan – What about adverse reactions and allergic reactions?</p> <p>Peter – should an ALS service be available for these reactions?</p> <p>Jonnathan – what about this – you either have to have an epi-pen one site OR have ALS back up for allergic reactions? Why not make the medivax program inclusive of basics and make the provision that an ALS ambulance is on sight.</p> <p>Jay – we have a need now and have a resource now and lets focus on H1N1 now and address seasonal influenza later</p> <p>John Brady – do the basics need to take the Medivax program?</p> <p>Matt and Jonnathan – yes – we need to ensure that ALL EMS Providers offering vaccine are compliant with the MediVax program and understand the system within which they are offering vaccine. Could remove the 36 min video on IM injections.</p>	
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	<p>Tim – may want some provision for triage of providers who make the decision re: who is and is not appropriate for the vaccine.</p> <p>Jay notes – we have always suggested that EMS is best used as the operators giving the vaccine</p> <p>Matt – does the education committee need to vet this</p> <p>Dan – I’d like the education committee to review this but do not think it needs to be altered in major ways.</p> <p>Vote: EMT Basics who have completed the Maine EMS MediVax program are allowed to perform intranasal H1N1 vaccine in the 2009/2010 season with the caveat that an ALS resource or equivalent (nurse physician, or NP/PA) with the resources to care for adverse effects (including allergic reactions) is available on scene. A basic service cannot host a vaccine clinic individually but EMT Basics can be used under the auspices of a larger physician proscribed event to act as a resource for administering vaccine.</p>	<p>Motion: M Sholl Seconded: K Kendal Approved By: All present</p>
<p>5) PIFT Survey Review and Discussion Of Action Plan</p>	<p>Mat S – tabled until Nov when Joanne L and Rick P (and Colin C) present</p>	
<p>6) Physician Orders for Life Sustaining Treatment</p>	<p>Matt S – Introduces the history</p> <p>Discussion Ensues – can this fall under gray 1 “A written DNR excuted by the patient’s personal physician should be honored if it is understandable by the crew and it is dated within 1 year”</p> <p>John B – how do we advertise this – asks about the Maine Journal of EMS or could we stamp it as Maine EMS?</p> <p>Jay – we don’t want to get into the form approval process –</p> <p>Jonnathan – we drove into providers they could only look at one form – now physician signature within one year is a valid form.</p>	

	<p>John B – this is okay sitting here but we need to be able to educate or create a system</p> <p>Matt – can accept this as a physician order and come back to discuss a mechanism to advertize this to the masses</p> <p>John P – what about an online course that discusses DNR in general</p>	<p>Providers can accept POLST as a physician order. BUT need to create a comprehensive educational program regarding POLST and End of Life Issues. Matt Sholl, Jonnathan Powers and Butch Russell will work on this and ive to the Education Committee</p>
<p>7) Agitation Protocol</p>		
<p>8) System for Approval of New Devices</p>	<p>Steve D – (Matt in Lieu of Steve) discusses Steve’s Protocol</p> <p>Peter – should we have a place-holder for devices?</p> <p>Overall support for Steve’s protocol</p> <p>Tim – asks how this process works – in particular for chest decompression –</p> <p>Jay mentions – typically ideas occur at MDPB and then cycled back to MDPB</p> <p>Dan will check with Education Committee (Ops looks at financial impact and roll out)</p> <p>Tim – the process is frustrating – I’d like to see this streamlined</p> <p>Jay – this needs to be vetted through other groups which have been very taxed by scope of practice, TCAP, etc. If the MDPB feels s request is urgent – it should be designated as so to notify all other committees. Have a form for works in</p>	<p>Jay – look at this and we will make language - get back to the group next month</p>

	<p>progress that R Petrie designed a long time ago.</p> <p>Jonnathan – do we need an MDPB member Sheppard each new device through the system – Members felt that was appropriate and Tim offered to</p>	
9) NASEMSO Report	Tabled -	
10) ME EMS Round Table – Consultants re: PSAP	<p>Public Safety Bureau</p> <p>Discussion on the Optimum PSAP design for the State of Maine – LR Kimball doing the study for the state. Discussion with those members.</p> <p>Looking for an open process and involvement of all stakeholders and looking to meet with the MDPB –</p> <p>IF SOMEONE WISHES TO GIVE INPUT – THEY CAN DO SO THROUGH THE CONSULTANTS AT THIS CONTACT: S. Craig Allen – craig.allen@kimballcorp.com or 703-254-9973 – with Kimball Consulting Maria Jacques – Director Emergency Services Communications Bureau Maria.jacques@maine.gov or 207-215-8264</p> <p>Kimball is a public safety consulting firm</p> <p>Discussion ensues....</p>	
11) Medical Control Program Update	Program approved for placement on a streaming website through MaineHealth – auto generates CME certificates for participants	
12) Airway Subcommittee Update		
13) HART Update		
14) MEMS QI		
15) ME EMS Education Update		
16) ME EMS Operations Update		
17) Specialty Program Approval		
18) Final Business		
17) Next Meeting – Nov 18 th 9:30 am. Airway Subcommittee at 8:30 – 9:30 am. ME EMS QI – 1:00 pm		