



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



JANET T. MILLS  
 GOVERNOR

MICHAEL SAUSCHUCK  
 COMMISSIONER

J. SAM HURLEY  
 DIRECTOR

Maine EMS for Children Advisory Committee

Wednesday  
 September 17, 2018  
 1230  
 DeChamplain Conference Room  
 Maine EMS, Augusta, ME

**I. Call to Order**

*Members present:* Emily Downs, Heidi Cote, Kate Zimmerman  
*Members Absent:* Frank McClelland (excused)  
*MEMS Staff:* Marc Minkler  
*Stakeholders:* John Malcolm (Lifelight), Brian Richardson (MMC)  
*Via Zoom:* Atim Effiong (NEDARC), Amy Belisle (DHHS)

**II. Introductions/Public Comments/Conflict of Interest:**

- a. Meeting opens at 12:36
- b. No conflicts disclosed

**III. Acceptance of Minutes:**

- a. Tabled due to technical issue with minutes from May 2019 (July 2019 meeting cancelled)

**IV. Additions to Agenda:**

- a. None

**V. Staff Report:**

- a. New MEMS Director – Sam Hurley
- b. Tim Nangle no longer at MEMS
- c. Don Sheets no longer at MEMS
- d. Chris Acevedo now the EMS Educator
- e. Joe Kellner is now Maine Board Chair and Brent Libby Chair-elect
- f. Hiring process for Data Manager (2 positions) and Licensing agent currently underway

**VI. New Business:**

Maine EMS 2019 Protocols

- a. Fairly significant changes in the Pink Pediatric Section
- b. Attempting to minimize confusion
  - i. Adult and pediatric coma protocol (differed by 3-4 words)
  - ii. EMS-C Teddy Bear Added (w/HRSA approval)
  - iii. Remaining Pediatric
    - 1. Medication Dosing
    - 2. Child Birth
    - 3. Croup/Respiratory Distress
    - 4. Very specific pediatric protocols left

LD1724

- a. Governor signed June 2019, in effect 09/19/2019
- b. Pediatric representative to the Board with Voting Privileges

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

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- c. Will still need to go through the Board process of vetting and gubernatorial approval
- d. Also authorized a pediatric physician to the MDPB
  - iv. Looked for job description-not many available
  - v. Added a few and used MEMS existing guidance
    - 1. Working with a provider on this process-more to follow

Transporting Children in Ambulance

- a. Car seat rules-NHTSA “best practices”
- b. Back of an ambulance is legally considered cargo

HRSA Annual Report

- a. Approved
- b. Funding maintained by the Federal Government

Atim & Marc reports on Maine role with NEDARC Survey

- a. Pediatric Care Coordinator
- b. Equipment / Skills check
- c. NEDARC/MEMS EMS-C Survey
- d. 54% MEMS 21% NEDARC return rate
- e. \$68,000 available still (not free but some latitude that could be used for Pediatric Education). A lot of online material being used (asynchronous education) and it would be good to offer some synchronous and in person training. These are unallocated funds that don't need to be spent but it makes sense to.
- f. Marc discussed the potential education conference with Massachusetts

All-Grantee meeting in DC

- a. Adobe SPARK learning project
- b. PECARN-Michigan pediatric medication dosing and errors associated with medication delivery. 44% error rate. 20% higher or lower than protocol dose. Centered around dosing of dextrose and fentanyl (3x to 10x greater than the dose!)
- c. The Pediatric Care Committee met and Marc elected as the NASEMSO state rep and was elected as the East Region Representative (alternate). The next NASEMSO PEC meeting is in October at the VT. EMS Conference
- d. Marc has the Maine EMS Stork Pin Program now. Info on website for how to request an award for field deliveries.

Vacant Committee Member Seats

- a. FAN (Family Advisory Network)
  - a. Advocate for the family
  - b. DC Conference Numerous FANs - represents a wide variety of experience and backgrounds
  - c. Brian Richardson spoke regarding his desire to be the FAN rep for Maine EMS-C
  - d. Unpaid position, coverage of the role for conferences, vendor/Independent contractor, education, family centered care.
- b. Pediatric Medical Director
  - a. Discussed the job description
  - b. Not a lot of information regarding this position.
  - c. Marc has requested that all review this position
  - d. Kate suggested that evidence based & best practices should be included and that they should receive a packet that describes the EMS system in Maine and the role in the welcome packet.
  - e. John wants to know when this should be filled. Marc reports as soon as possible. There is no federal push back but they want forward process. Dr. Michael Ferguson at MMC PICU might be interested in this position or in providing pediatric oversight and insight. He works with LFOM in Pediatric SIM and is interested in working with EMS-C
  - f. Kate spoke of the Northern New England states collaboration on protocols but they also want to collaborate on research and want IRB support etc. Kate states this is an opportunity for pediatric items.
  - g. Marc reports out on the BCH Centers of Excellence and the Regional partners for Disaster Response. The discussion was centered around collaboration for response in

New England. We are not limited to our borders. Marc is working with BCH in their efforts for grant funding for this. All of the New England EMS-C programs have voiced support.

#### Education Opportunities

- a. \$68,000 carryover to be considered for statewide pediatric education (all reasonable thoughts accepted for consideration)
- b. High performance pediatric CPR
- c. Dr. Tiff Bombard was recruited from NY to discuss pediatric cardiac emergencies at Samoset November 8-10<sup>th</sup>
- d. MMC - January 17<sup>th</sup>, 2020, Pediatric Conference (Specific to Mental Health, Autism, & Human Trafficking). Heidi will provide details as it becomes available
- e. Marc Teaching at Samoset EMS conference
  - BRUE
  - Pediatric Refusals
  - Pediatric Behavioral Emergencies
- f. Kate Zimmerman-teaching anaphylaxis at Samoset
- g. Pediatric Rules will be discussed at Samoset (listening session)

#### Hospital Recognition

- a. Performance Measurement 4&5
- b. TAC does something similar
- c. Recognize all hospitals as part of the system
- d. Participate in the process
  - Self-evaluations
  - Representatives from the TAC group/community
  - Assist in reflection on improvements and what TAC can offer
  - Rural trauma team development course
- e. Marc wants to look at what the hospital does
  - Similar to trauma referral service
  - Not too granular and license-like (Level 1 or Level 2)
    - How can we tease out the pediatric language. Marc and Kate will look at it.
  - Medical Recognition-parallel to Trauma
    - Participating Center
    - Referral Hospital
    - Include behavioral health
  - Include EMS services as well
    - PEC at service level
      - Liaison with EMS-C and Hospitals
      - Pediatric Education Champions
  - Review Marc's material for the next session
  - John thought that EMS and Hospitals should be combined to evaluate on a systems level

Marc discusses statewide pediatric data

- a. Big picture of overall EMS
- b. Poster presentations for Samoset on pediatrics
- c. Might assist the larger Northern New England consortium (discussed by Kate earlier).
- d. Only as good as the data entry

NEDARC survey commitment (MEMS is the only state doing this at this point)

- a. Working with Hospitals
- b. AAP
- c. Healthcare Coalition

Open Forum

- a. E-Broselow SafeDose (Heidi) discussed the potential for its use. Also discussed CERTA-DOSE (Marc) and other dosing strategies in the protocol. The “pharmacy”, bedside dose and medication safety. Marc discussed the Michigan Study (mentioned prior to).
- b. New MEMS protocol on the website. The latest draft is available, but it is unexpected that it will change. Please take a look at the pediatric Pink pages. It gives guidance but is not prescriptive.

**VII. Unfinished Business**

- a. Next meeting continue to review
  - i. Pediatric MD description and role
  - ii. Considerations for carryover funds
  - iii. Hospital recognition guidelines

**VIII. Adjournment:**

- a. Meeting adjourns at 1404.