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The Maine EMS for Children (EMS-C) program is happy to share with you the results of the 2021 EMS Agency National Pediatric Survey. This survey conducted from January 7 through March 19, 2021 and was sent to 15,768 EMS agencies across every state in the United States, Washington DC, Puerto Rico, and 7 freely associated states (such as Guam, Palau, Virgin Islands, and American Samoa). It represents self-reported data covering a variety of metrics, including:

- Pediatric EMS responses
- Number, and level, of EMS providers per service
- Frequency, and type, of EMS pediatric skill evaluations
- Availability, and roles, of departmental Pediatric Emergency Care Coordinator (PECC)

Our hope is that this survey will assist EMS agencies, EMS regions, training centers and other stakeholders identify opportunities to improve pediatric education and resources throughout Maine.

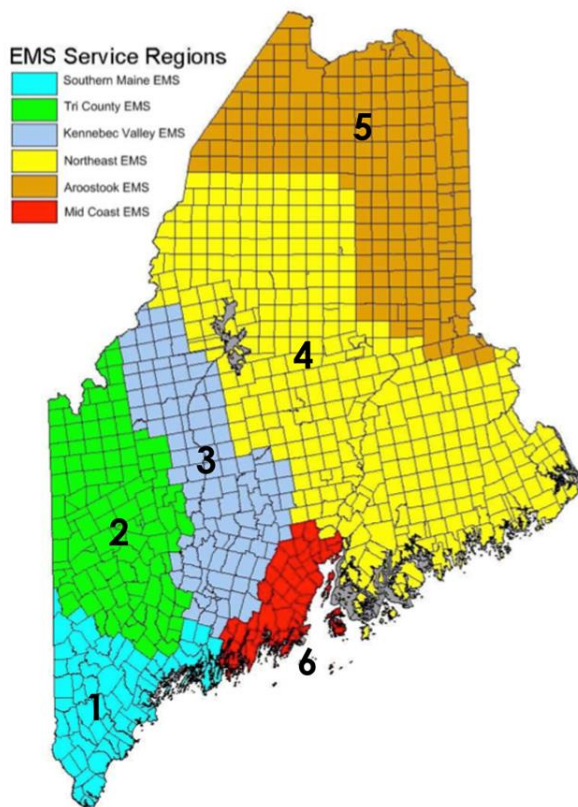
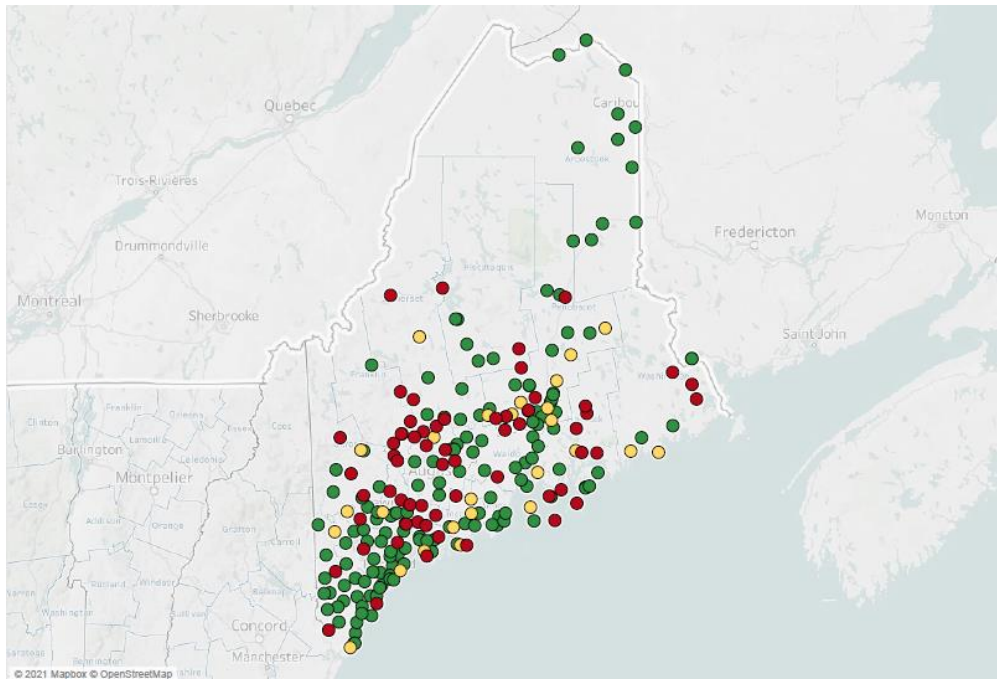
In Maine, surveys were sent to service leaders for 259 Maine EMS licensed services. Per nationally determined guidelines, some services were excluded from this survey, including aeromedical services, non 24/7 services, Indian/tribal services, federal services, and services that do not respond to 911 calls (see page 18 for list). Initial invites, and based upon response, 4 additional reminder messages, and direct phone calls were placed to services. We received a 91.9% response rate (compared to a 44.6% national return rate) and would like to thank the 238 agencies in Maine who took the time to complete this survey and help ensure we had the best overall picture of pediatric data. A list of the agencies completing the survey can be found on pages 15-18. Two of the services completing the survey were excluded as they indicated they did not respond to 911 calls (see page 18 for list).

Pages 2 through 5 summarize the results of the survey and provide some recommendations. Pages 6 to 12 detail the specifics to the answers (in aggregate form). If a specific service would like the results from their own survey, the service leader or authorized service representative can contact Maine EMS and receive a copy of the answers they provided. We hope you find this data informative and helpful, and please feel free to reach out with questions at any time.

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Maine EMS-C

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# Maine EMS Services Completing EMSC Survey, 2021



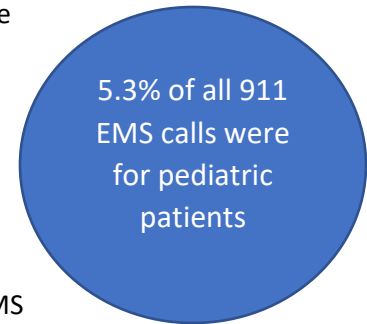
- Region 1 (Southern Maine)
  - Cumberland, Sagadahoc, & York County
- Region 2 (Tri-County)
  - Androscoggin, Franklin, & Oxford County
- Region 3 (Kennebec Valley)
  - Kennebec & Somerset County
- Region 4 (Northeast)
  - Hancock, Penobscot, Piscataquis, & Washington County
- Region 5 (Aroostook)
  - Aroostook County
- Region 6 (Mid-Coast)
  - Knox, Lincoln, & Waldo county

## Survey Findings and Maine EMS-C Recommendations

Question numbers referenced begin on page 6

The 2021 Survey asked questions regarding the overall call volume of 911 EMS responses, as well as the specific number of pediatric (under 18 years old) 911 EMS responses. Findings, and recommendations from the Maine EMS-C program, specific to Maine, are:

**Finding #1:** (Related to questions 1 & 2) Pediatric patients represented 5.3 % of all 911 calls statewide, which is approximately 10,000 pediatric patient contacts. This is a decrease from 2019 of approximately 2,500 pediatric patient contacts, and likely is due to the COVID pandemic. Regionally, the six Maine EMS regions had a low of 4.4% (Kennebec Valley region) to a high of 5.6% (Southern Maine region).



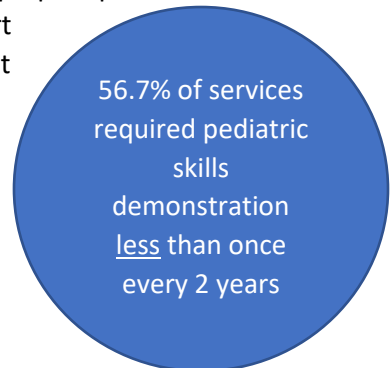
Additionally, we can look at annual and monthly call volume specific to each service. Maine EMS services have the task of covering a diverse geography, and call volumes can vary greatly. In 2018, 52% of all Maine EMS licensed services had less than 250 total, annual, EMS responses, for all ages, and half of those services had less than 50 total annual responses. This is reflected in 2020 pediatric call volumes as well:

- 8.9% of services had zero pediatric patient contacts
- 61% of EMS services had fewer than 12 pediatric responses for the year
- 5.9% of EMS services had more than 100 pediatric responses

**Recommendation #1:** Although pediatric patients represent a small percentage of overall 911 EMS responses, they represent an extremely fragile population. Many EMS providers report discomfort and anxiety when managing care for this population, largely due to lack of exposure, experience, ability to communicate, and specialized/smaller sized equipment. One possible solution to this is to increase education opportunities related to pediatric care. Please see pages 13-14 for a list of suggestions.



**Finding #2:** (Related to questions 4 & 9) Pediatric assessments and interventions can be quite different than in the adult population. As previously mentioned, equipment may be smaller or different than for adult patients. Coupled with infrequent use, pediatric skill stations can help prepare providers for improved pediatric care and comfort. In Maine, 41.9% of EMS services report not having any requirement for pediatric skill stations (e.g. static stations that focus on a particular skill, such as ventilation with a BVM, or IV/IO practice). Although first thoughts must consider that this may be largely influenced by the COVID pandemic, and the inability to gather in groups for skills practice, however this question is aimed not at *if* a service did any skills stations, but rather does the service have a policy or requirement for demonstrating skill competency. Nationally, 28.8% of EMS services also do not have a policy requiring this. What may be even more striking is that

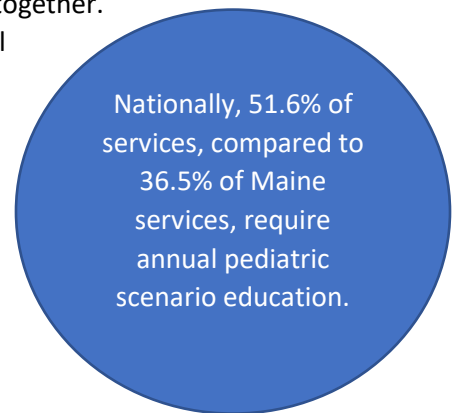


amongst survey respondents, 56.7% of all services required pediatric skills competency demonstration less than once every 2 years.

**Recommendation #2:** Similar to recommendation #1, and using possible education solutions found on pages 13-14, EMS services should consider implementing a policy requiring frequent pediatric skills competency evaluation. A hindrance to this, as reported by services on pages 11-12, is the cost of pediatric mannikins for use during skills demonstration. One possible solution is a shared equipment cache of pediatric mannikins. Utilizing the strength of smaller services and joining together, services may be able to pay a significantly reduced amount per department to purchase a shared mannikin(s). Often services may fund the purchase of a mannikin and use it for 1-2 educational offerings per year, but the remainder of the year, the mannikin is largely unused. By sharing the equipment, and thus the cost, these devices may be more approachable, utilized, and thus cost effective. This may also be able to be accomplished through regional EMS offices, who may be unable to completely fund such a purchase, but instead serve as the “library” to sign the equipment out for usage.

**Finding #3:** *(Related to questions 5 & 9)* In addition to skills stations that focus on individual interventions, pediatric scenarios can help providers put the whole call together.

By incorporating scenarios into education, a more natural flow of overall scene, patient, and transport management may occur, and improve the dynamics of crew resource management as well as treatment and operational considerations. Maine EMS services report that 36.5% require a pediatric scenario at least once every year (nationally, 51.6%), whereas 44.1% have no requirement for pediatric scenarios at all (nationally, 29.7%).



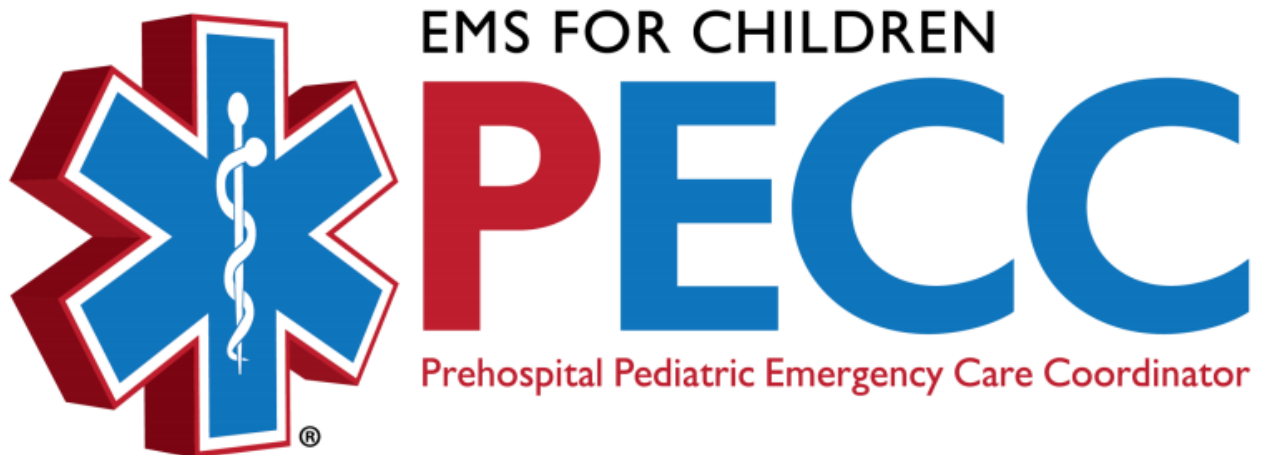
**Recommendation #3:** Again, the increased use of educational offerings may help improve comfort assessing, treating, and managing pediatric emergencies. Some suggestions can be found on pages 13-14.

**Finding #4:** *(Related to questions 6 & 9)* As the saying goes, “You don’t know what you don’t know”. The opportunity to have real-time evaluation and observation of pediatric skills is an advantage that is not often seen once initial classroom clinical experiences have been completed. Some services also conduct orientation and new employee field training orientation. In Maine, 85.2% of services do not require any direct observation of pediatric skills during actual incidents (nationally this is 71.1%). There are many reasons for this, the most likely being staffing limitations. Survey participants offered comments related to this, found on pages 11-12.

**Recommendation #4:** Services should strive to have continuous mechanisms to regularly evaluate skill performance on EMS responses by qualified individuals, such as service level supervisors/officers, instructors, and medical directors.

**Finding #5:** *(Related to questions 7 & 8)* Many studies have shown benefits for EMS services that have a Pediatric Emergency Care Coordinator (PECC) in place. Survey responses indicate that 9.3% of EMS services in Maine have a PECC. Comparatively, 35.7% of EMS services nationally have a PECC in place. Survey responses indicate that 30.1% of EMS services that do not currently have a PECC are interested in exploring options for establishing a PECC at their service.

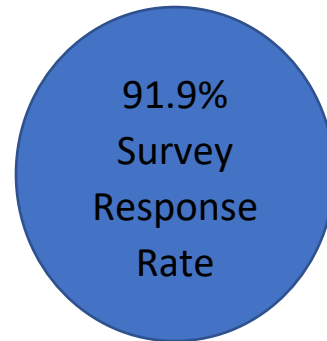
**Recommendation #5:** The Maine EMS-C program needs to connect with services seeking information about establishing a PECC within their service. We have found that the title of “PECC” can be a challenge. Some services are concerned about new positions and budgetary costs or overtaxing current overloaded staff and officers. Services may already have the personnel and tools in place for PECC roles, but have different labels, such as training officers, equipment managers, and similar. Ensuring these roles have useful resources is the overall goal, so regardless of name or title, the Maine EMSC program would like to help. Resources can be provided regarding roles, job description templates, and other aspects of PECC usage by EMS services. Maine EMS-C will compile a list of those services and provide information, and at the same time, assist those with existing PECCs with necessary resources to continue utilization of current PECCs. The information provided by survey respondents about roles of current PECCs will help shape future resources.



2021 EMS Agency National Pediatric Survey Questions, selected Maine responses and national metrics are:

**Survey Responses By EMS Region**

EMS Region	Responses*	Non-Respondents**
Aroostook	12	1
Kennebec Valley	33	1
Mid-Coast	26	3
Northeast	69	7
Southern Maine	61	6
Tri-County	37	3
<b>Maine Total</b>	<b>238</b>	<b>21</b>



*\*Note: 2 services completed the survey, but were excluded as they indicated they do not respond to 911 calls*

*\*\*Note: Some services were excluded nationally from the survey, including aeromedical, non 24/7 services, Indian/tribal services, federal services, and services that do not respond to 911 calls. This column does not include those that were excluded nationally.*

**Survey Responses By County**

County	Responses*	Non-Respondents**
Androscoggin	14	1
Aroostook	11	1
Cumberland	28	2
Franklin	9	1
Hancock	19	2
Kennebec	16	1
Knox	9	1
Lincoln	11	1
Oxford	13	1
Penobscot	35	2
Piscataquis	6	2
Sagadahoc	7	2
Somerset	16	0
Waldo	9	1
Washington	9	1
York	26	2
<b>Maine Total</b>	<b>238</b>	<b>21</b>



*\*Note: 2 services completed the survey, but were excluded as they indicated they do not respond to 911 calls*

*\*\*Note: Some services were excluded nationally from the survey, including aeromedical, non 24/7 services, Indian/tribal services, federal services, and services that do not respond to 911 calls. This column does not include those excluded nationally.*

1. Approximately how many 911 calls (both adult and pediatric) did your EMS agency respond to in the last year?

**Total 911 Responses, All Ages, by EMS Region**

EMS Region	Services Reporting	Sum of Total 911 Calls	% that were pediatric
Aroostook	12	9,280	5.2%
Kennebec Valley	33	36,578	4.4%
Mid-Coast	26	10,616	5.4%
Northeast	68	35,017	5.4%
Southern Maine	61	66,502	5.6%
Tri-County	36	30,773	5.4%
<b>Maine Total</b>	<b>236</b>	<b>188,766</b>	<b>5.3%</b>

2. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for pediatric patients (under 18 years old) in the last year?
  - a. None
  - b. Low = Twelve (12) or fewer (1 or fewer per month)
  - c. Medium = Between 13-100 (1 - 8 per month)
  - d. Medium High = Between 101-600 (8 - 50 per month)
  - e. High = More than 600 (more than 50 per month)

**Pediatric Response Volume by EMS Region**

	None	Low (<12)	Medium (13-100)	Medium High (101-600)
	0	1 or less per month	1-8 per month	8-50 per month
Aroostook	1	7	4	0
Kennebec Valley	3	18	10	2
Mid-Coast	0	16	10	0
Northeast	8	42	16	2
Southern Maine	1	25	30	5
Tri-County	8	15	8	5
<b>Maine Total</b>	<b>21</b>	<b>123</b>	<b>78</b>	<b>14</b>
<b>Maine Average</b>	<b>8.9%</b>	<b>52.1%</b>	<b>33.1%</b>	<b>5.9%</b>
<b>National Average</b>	<b>3.4%</b>	<b>42.5%</b>	<b>37.6%</b>	<b>12.5%</b>

*Note: No Maine service reported "High (601+ responses annually)". The national average was 3.8%*

3. Approximately, how many EMS providers currently work at your agency for each of the following level(s) of licensure (EMR, EMT, AEMT, Paramedic)?

**Providers Affiliated With a Service, by Level, by EMS Region (\*) (\*\*)**

EMS Region	Services	EMR	EMT	AEMT	Paramedic	Total
Aroostook	12	10	65	22	74	171
Kennebec Valley	33	19	235	139	255	648
Mid-Coast	26	12	235	94	117	458
Northeast	68	33	497	155	309	994
Southern Maine	61	13	844	516	881	2,254
Tri-County	36	18	271	155	246	690
<b>Maine Total</b>	<b>236</b>	<b>105</b>	<b>2,147</b>	<b>1,081</b>	<b>1,882</b>	<b>5,215</b>

\*Note: Providers may be affiliated with multiple agencies and regions

\*\*Note: This only includes services who responded to the survey

4. At a skill station (not part of a simulated event), does your agency have a process which requires your EMS providers to physically demonstrate the correct use of pediatric specific equipment?

**Frequency of Pediatric Skill Station, by EMS Region**

EMS Region	None	Yes, Twice, or more, per year	Yes, Once per year	Yes, Once every 2 years	Yes, Less than once every 2 years
Aroostook	4	3	5		
Kennebec Valley	11	9	13		
Mid-Coast	11		5	8	2
Northeast	27	7	24	9	1
Southern Maine	32	6	15	8	
Tri-County	14	5	10	6	1
<b>Maine Total</b>	<b>99</b>	<b>30</b>	<b>72</b>	<b>31</b>	<b>4</b>
<b>Maine Average</b>	<b>41.9%</b>	<b>12.7%</b>	<b>30.5%</b>	<b>13.1%</b>	<b>1.7%</b>
<b>National Average</b>	<b>28.8%</b>	<b>14.0%</b>	<b>41.2%</b>	<b>14.3%</b>	<b>1.8%</b>



5. Within a simulated event (such as a case scenario or a mock incident), does your agency have a process which requires your EMS providers to physically demonstrate the correct use of pediatric specific equipment?

***Frequency of Pediatric Scenario Stations, by EMS Region***

EMS Region	None	Yes, Twice, or more, per year	Yes, Once per year	Yes, Once every 2 years	Yes, Less than once every 2 years
Aroostook	4		5	3	
Kennebec Valley	15	2	9	6	1
Mid-Coast	14		4	4	4
Northeast	25	7	24	11	1
Southern Maine	27	3	19	10	2
Tri-County	19	3	10	2	2
<b>Maine Total</b>	<b>104</b>	<b>15</b>	<b>71</b>	<b>36</b>	<b>10</b>
<b>Maine Average</b>	<b>44.1%</b>	<b>6.4%</b>	<b>30.1%</b>	<b>15.3%</b>	<b>4.2%</b>
<b>National Average</b>	<b>29.7%</b>	<b>11.3%</b>	<b>40.3%</b>	<b>16.1%</b>	<b>2.6%</b>

6. During an actual pediatric patient encounter, does your agency have a process which requires your EMS providers to be observed by a field training officer, medical director, or supervisor to ensure the correct use of pediatric specific equipment?

***Frequency of Actual Direct Pediatric Skill Observation, by EMS Region***

EMS Region	None	Yes, Twice, or more, per year	Yes, Once per year	Yes, Once every 2 years	Yes, Less than once every 2 years
Aroostook	10		1	1	
Kennebec Valley	29		2	2	
Mid-Coast	25				1
Northeast	57	3	4	1	3
Southern Maine	53	1	7		
Tri-County	27	1	5	1	2
<b>Maine Total</b>	<b>201</b>	<b>5</b>	<b>19</b>	<b>5</b>	<b>6</b>
<b>Maine Average</b>	<b>85.2%</b>	<b>2.1%</b>	<b>8.1%</b>	<b>2.1%</b>	<b>2.5%</b>
<b>National Average</b>	<b>71.1%</b>	<b>6.3%</b>	<b>14.3%</b>	<b>5.0%</b>	<b>3.4%</b>

7. Regarding the use of a Pediatric Emergency Care Coordinator (PECC), which one of the following statements best describes your EMS agency?

**PECC Use by Services, by EMS Region**

EMS Region	Have a PECC	Interested in a PECC	Do Not Have a PECC / Not interested at this time
Aroostook	3	3	6
Kennebec Valley	4	9	20
Mid-Coast	0	13	13
Northeast	6	15	47
Southern Maine	4	20	37
Tri-County	5	11	20
<b>Maine Total</b>	<b>22</b>	<b>71</b>	<b>143</b>
<b>Maine Average</b>	<b>9.3%</b>	<b>30.1%</b>	<b>60.6%</b>
<b>National Average</b>	<b>35.7%</b>	<b>22.5%</b>	<b>41.8%</b>

8. If you have a PECC, what roles do they undertake?

Maine	National	Role
22.7%	19.2%	Our PECC supports multiple agencies
77.2%	80.8%	Our PECC supports only our agency
68.2%	83.2%	Ensure pediatric perspective is included in development of EMS protocols
100.0%	95.6%	Helps ensure providers follow pediatric clinical guidelines/protocols
100.0%	97.1%	Promotes pediatric continuing education opportunities
81.8%	87.9%	Oversees pediatric process improvement initiatives
90.9%	92.2%	Ensures the availability of pediatric medications, equipment, and supplies
77.3%	76.3%	Promotes agency participation in pediatric prevention programs
45.5%	54.5%	Coordinates with ED pediatric emergency care coordinator(s)
50.0%	61.4%	Promotes family-centered care
40.9%	48.8%	Promotes agency participation in pediatric research efforts

Other activities of PECCs

- All aspects of pediatric care including being an AHA PALS Instructor- given to all licensed providers and an NAEMT EPC instructor- Given to all licensed providers
- In addition to our in-house training, we offer infant and child CPR and First Aid. In addition, we provide bicycle safety, provide helmets to our residents/children and do fittings. We also partner with the Michael Goulet foundation to provide education on traumatic brain injury and importance of wearing a helmet.
- Placing Stop the Bleed kits in each classroom in local schools. Going into classrooms and educating children on CPR.
- Teaches classes for pediatric care at a college level

- We use Continuous Quality Improvement to be sure we have the correct equipment for Pediatric Care which involves all staff.
9. In terms of pediatric skills, survey respondents had additional comments. These comments seemed to center on 4 main topics: Source of pediatric education, challenges with staffing, challenges with equipment resources, and quality improvement processes.
- a. Source of education
    - i. All advanced providers are offered (paid) pediatric-specific training such as PALS, PEARS, or PEEP. Over 2/3 of our providers are per diem and may have specific requirements for their "home" agency. Direct monitoring of pediatric calls typically has paramedic level supervision dependent on the acuity.
    - ii. Most of the providers take PEPP or other hands on Pediatric courses.
    - iii. Our advanced and paramedic providers are required to have PALS.
    - iv. All staff are required to maintain license status through the Maine EMS process.
    - v. Our training is completed during CEU refresher trainings. We don't have any specific training for medical care.
    - vi. Skill checks completed as part of their licensure training. Currently training is suspended due to pandemic.
    - vii. Skills checking is completed during CEH classes
    - viii. There are annual requirements for relicensure, but no mandatory skills for peds
    - ix. We do not require annual skills verification for our staff. We provide several opportunities throughout the year for training in a hands-on manner, and many of our staff receive outside training.
    - x. We have classes every so often.
    - xi. We hold an annual competency evaluation for our staff, which includes a number of pediatric specific equipment, protocols, and/or medical/trauma scenarios.
    - xii. We offer several Skills trainings annually.
    - xiii. We participate in regional training with other services.
    - xiv. We run annual airway lab with on Station specifically focusing on pediatric airway management.
    - xv. We try to have a full 8 hour training every-other year for all pedi equipment and scenario's this year was difficult because of COVID but look forward to making it yearly event in the future as our training program improves.
    - xvi. We do require pediatric skills to be reviewed in orientation process.
  - b. Staffing challenges
    - i. While I definitely see the benefit of these questions, they really aren't possible when we have too few personnel to field a team of more than 1 person. If we had these resources, certainly we would adopt these processes.
    - ii. We do not have the staffing to allow for a supervisor on every call COVID has restricted in person training
    - iii. Pediatric calls are so rare that it would be hard to make all employees have to be visually observed by an FTO.

- c. Equipment challenges
  - i. Service could improve use of pedi manikins during skills checks, adult equipment is generally used. Medical director provides annual pedi training and pedi scenarios where pedi manikins, live patients, and equipment are used.
  - ii. One of the issues that we face is that we don't have equipment for simulation such as a pediatric dummy We have an IO leg and a CPR manikin we utilize but its typically one training a year. The cost for that type of equipment is cost prohibitive.
  - iii. Skill checks are great, but they are only so productive. Demonstrating skills on a plastic patient the providers do not gain the skills needed to build rapport with pediatrics. I feel that is a bigger asset than if a provider can manipulate pediatric equipment.
  - iv. We are a small service with limited resources. We cannot evaluate pediatric skills with our providers. We do not have pediatric manikins or staff to observe field pediatric calls.
  - v. We are licensed at the Basic EMT level for our service, so we do not have a lot of special equipment
- d. Quality Improvement
  - i. Pedi emergencies are a relatively small part of our responses
  - ii. QA and QI are used from run reports
  - iii. Should be reviewed once a year.
  - iv. These are valuable questions and skills, but honestly, we just don't focus on them. Not that we shouldn't, or I have a better excuse, except we don't
  - v. We use a CQI process and rely on the more experienced providers to give guidance. We are a first responder agency that responds to assist the local transport agency if additional providers are required and when they are not available to respond we first respond to stabilize a patient while awaiting an out of town transport agency
  - vi. I feel that we have a fairly solid program for ensuring quality care in all patients.

## Pediatric Education Suggestions & Possible Opportunities

### Regional Offices and Training Centers

Regional EMS offices and training centers can be an excellent source of training resources, supplies, and ideas for your organization. We encourage you to reach out and learn what opportunities may exist in your area.

A list of Regional EMS offices in Maine can be found at <https://www.maine.gov/ems/about/partners>

A list of Maine licensed training centers can be found at <https://www.maine.gov/ems/education-ceh/training-centers>

### Standardized courses

These courses are often conducted with the assistance of a training center, your local hospital, or other educational facility. A list of Maine licensed training centers can be found at

<https://www.maine.gov/ems/education-ceh/training-centers>

- PALS – Pediatric Advanced Life Support – Typical EMS audience is paramedics
- PEPP – Pediatric Education for Prehospital Professionals – Typical EMS audience is all levels
- CPR – At the health care provider level, includes assessment and skills for pediatric resuscitation
- NRP – Neonatal Resuscitation Program – Although typically aimed at NICU staff, updated education being released this summer will include *NRP-Essentials*, aimed at clinicians outside of the NICU environment.

### MEMSEd

- Currently 3 courses exist on MEMSEd surrounding pediatrics – a course on pediatric seizures, Brief Resolved Unexplained Events (BRUE), and Infant Safe Sleep.

### Design a CEH course

- Utilize resources at a local level to develop courses. This might include parents bringing children to a training class. Clinicians who do not have children may not know how to interact, or the “norms” of an age group – How to ask questions, what is normal behavior, using parents for info, how to distract children, etc.
- Use midwives to teach a class on assessing pregnant patients, as well as the birth process. Midwives are often more “in-tune” with deliveries in homes than hospital staff and may bring very realistic scenarios and experiences
- Scavenger hunt – Make a list of the pediatric specific equipment located on your ambulance/response vehicle and have clinicians locate it. What is different about? How do you use it?
- Use a doll or teddy bear (or similar) to simulate a pediatric patient. Do a physical assessment. Place them on your stretcher. How will you secure the child? How to immobilize a fracture or bandage a wound?
- Partner with local school sports coaches to train on protective gear (helmets, etc) and operations around sports type injury. Utilize local athletic trainers for additional insights.
- Work with local scouting organizations, drama clubs, or other groups to volunteer as simulated patients for scenarios.

### **Conduct Run Report Review Trainings**

- Use service level run reports to review care, findings, operations, and methods of documentation for pediatric care. Use HIPAA guidelines (which allow for QI and learning activities after protected health information is removed).
- Reach out to regional EMS offices for sample run reports for further diversity of actual incidents and use

### **Manikins**

- Consider purchase by department, or group of departments, of mannikins to conduct individual skill stations or scenarios. Maine EMS-C can provide suggestions of various sources to explore.

### **Maine EMS-C Resources**

- Maine EMS for Children has a variety of pediatric transport devices to loan to agencies for training and evaluation. Contact Maine EMS-C for details.
- Maine EMS for Children program can conduct virtual reality pediatric assessment training for your department. Contact Maine EMS-C for details.
- Maine EMS for Children can help brainstorm other possibilities based on your specific needs and resources. Contact Maine EMS-C for assistance.

## Maine EMS Licensed Services Completing the 2021 EMSC Survey

### **Aroostook Region 5**

Ambulance Service Inc  
Ashland Ambulance Service  
Caribou Fire - Ambulance  
Central Aroostook Ambulance Service  
Fort Fairfield Fire Rescue  
Houlton Ambulance Service  
Island Falls Ambulance Service  
Madawaska Ambulance Service  
Oakfield Fire Department  
Patten Ambulance Service  
Presque Isle Fire Department  
Van Buren Ambulance Service

### **Kennebec Valley Region 3**

Albion Fire - Rescue  
Anson Madison Starks Ambulance Service  
Augusta Fire Department  
Belgrade Fire Department  
Canaan Municipal Fire and Rescue  
China Rescue Squad  
Clinton Fire Dept Ambulance Service  
Delta Ambulance  
Detroit Fire and Rescue  
Fairfield Fire Rescue  
Gardiner Fire and Ambulance Department  
Harmony Regional Ambulance Service  
Jefferson Fire and Rescue  
Litchfield Fire and Rescue  
Mercer Rescue  
Mount Vernon Rescue  
Newport Fire Department  
Oakland Fire - Rescue  
Plymouth Fire Department  
Redington Fairview EMS  
Rome Fire and Rescue  
Sebasticook Valley Hospital Ambulance  
Sidney Rescue  
Skowhegan Fire Department  
Smithfield Fire Department  
Unity Volunteer Ambulance Corps  
Upper Kennebec Valley Ambulance  
Vassalboro First Responders

Waterville Fire Department  
West Forks Volunteer Fire Department  
Whitefield Fire Department Rescue  
Winslow Fire Department Rescue  
Winthrop Ambulance Service

### **Mid-Coast Region 6**

Belfast Ambulance and Rescue Service  
Boothbay Region Ambulance  
Bremen Rescue First Responders  
Bristol Fire and Rescue  
Central Lincoln County Ambulance  
Cushing Rescue Squad  
Edgecomb Fire Department  
Islesboro Ambulance Service  
Jackman-Moose River Fire and Rescue  
Department  
Liberty Volunteer Ambulance Service  
Nobleboro First Responders  
North Haven EMS  
Northport First Responders  
Richmond Fire Department  
Rockland Fire and EMS  
Searsmont Rescue  
Searsport Ambulance Service  
South Bristol Volunteer Fire Department  
South Thomaston Ambulance Service  
St George Ambulance  
Stockton Springs Ambulance Service  
Thomaston Ambulance  
Union Ambulance Service  
Vinalhaven Ambulance  
Waldoboro Emergency Medical Services  
Wiscasset Ambulance Service

### **Northeast Region 4**

Alexander VFD First Responder Unit  
Aurora Volunteer Fire Dept.  
Bar Harbor Fire Dept  
Bradford Fire Department  
Brewer Fire Department  
Brooklin Volunteer Fire Dept Inc  
Bucksport Fire Department

**Northeast Region 4 (continued)**

Calais Fire-EMS  
Carmel Fire and Rescue  
Castine Fire and Rescue  
Charles A Dean Ambulance Service  
Charlotte Volunteer Fire Department  
Corinth Fire Department  
Cranberry Isles Rescue  
Dedham Fire Department  
Denny River Volunteer Fire and Ambulance  
Dixmont Fire Rescue  
Downeast EMS  
East Millinocket Fire Department  
Eddington Fire Dept  
Ellsworth Fire Department  
Etna Volunteer Fire and Rescue  
G and H Ambulance Service  
Glenburn Fire Department  
Gouldsboro Fire Department  
Greenbush Fire Dept  
Greenville Fire and Rescue  
Guilford Fire First Responders  
Hampden Fire Department  
Hancock Vol Fire Department  
Hermon Fire Department  
Hermon Volunteer Rescue  
Holden Fire Rescue  
Howland Fire and EMS  
Hudson Fire Department  
Isle au Haut Rescue  
Lee Fire Rescue  
Levant Fire Department  
Lincoln Fire Department  
Lowell Fire and Rescue Department  
Machias Ambulance Service  
Mariaville Volunteer Fire Department  
Medway Fire Department  
Memorial Ambulance Corps  
Milford Fire Department  
Millinocket Fire Department Ambulance Service  
Milo Fire Department  
Monson Fire Dept First Responders  
Moosabec Ambulance  
Newburgh Rescue

Northeast Harbor Ambulance Service Inc.  
Northern Light Mayo Hospital  
Northern Light Medical Transport  
Old Town Fire Dept  
Orono Fire - Rescue  
Orrington Fire Dept.  
Osborn Municipal Volunteer Fire Department  
Peninsula Ambulance Corps  
Petit Manan Ambulance  
Pleasant River Ambulance Service  
Rockwood Fire - EMS  
Springfield (Town of)  
Southwest Harbor - Tremont Ambulance Service  
Southwest Harbor Fire Dept  
Sullivan Fire Rescue  
Swan's Island Ambulance  
University Volunteer Ambulance Corps  
Veazie Fire Department  
Winterport Volunteer Ambulance Service

**Southern Maine Region 1**

Acton Fire - Rescue  
Alfred Rescue Squad  
Arundel Fire - Rescue  
Bath Fire Department  
Berwick Fire Department  
Bowdoin First Responders  
Bowdoinham Fire and Rescue  
Brunswick Fire Department EMS  
Buxton Fire and Rescue  
Cape Elizabeth Fire Rescue  
Casco Fire and Rescue  
Chebeague Island Rescue  
Cumberland Fire Department  
Cundy's Harbor Fire Dept  
Denmark Fire Dept 1st Responders  
Durham Fire and Rescue  
Falmouth Fire - EMS  
Freeport Fire Department  
Frye Island Rescue Service  
Fryeburg Rescue  
Goodwins Mills Fire-Rescue  
Gorham Fire Department  
Gray Fire - Rescue



**Southern Maine Region 1 (continued)**

Harpwell Neck Fire and Rescue  
Hollis Fire - Rescue  
Kennebunk Fire Rescue  
Kennebunkport EMS  
Lebanon Fire-EMS  
Limerick Rescue  
Limington Fire and EMS  
Long Island Volunteer Rescue  
MEDCU  
Mid Coast Hospital Interceptor  
Naples Fire Department  
Newfield Rescue Squad  
North Berwick Rescue Squad Inc  
North Yarmouth Fire Rescue  
Northeast Mobile Health Services  
Ogunquit Fire Rescue  
Old Orchard Beach EMS  
Phippsburg Fire and Rescue Department  
Pownal Fire Dept First Responders  
Raymond Rescue  
Saco Fire Department  
Sacopec Rescue Inc  
Sanford Fire Dept Ambulance Service  
Scarborough Fire Department  
Sebago EMS  
Shapleigh Rescue Squad  
South Portland Fire Rescue  
Topsham Fire - EMS  
University of New England  
Waterboro Fire Dept Rescue  
Wells Emergency Medical Services  
Westbrook Fire Rescue  
Windham Fire Rescue  
Woolwich Fire Department  
Yarmouth Fire Rescue  
York Ambulance Association Inc  
York Beach Volunteer Fire Department  
York Village Fire Department

**Tri-County Region 2**

Andover Fire Dept  
Auburn Fire Department  
Bates EMS  
Bethel Ambulance Service  
Buckfield Rescue Dept.  
Carrabassett Valley Fire - Rescue  
Eustis First Responders  
Farmington Fire Rescue  
Greene Fire Dept Rescue  
Harrison Fire - Rescue First Responder Service  
Industry Fire Department  
Jay Fire and Rescue  
Kingfield Fire - Rescue  
Lisbon Emergency Inc.  
Lisbon Fire Service  
Livermore Falls Fire Dept.  
Mechanic Falls Fire Department  
Med-Care Ambulance Service  
Minot Fire Department  
New Gloucester Fire and Rescue  
New Portland Fire - Rescue  
New Sharon Fire Rescue  
Norridgewock Fire Department  
NorthStar  
Otisfield Fire Department  
Oxford Fire Rescue  
PACE Paramedic Service  
Paris Fire Department  
Poland Fire Rescue  
Rumford Fire Department  
Sabattus Fire Rescue  
Stoneham Rescue Service  
Turner Rescue  
United Ambulance Service  
Wales Rescue  
Wilton Fire and Rescue  
Woodstock First Responders

**Services excluded as they answered within the survey that they do not respond to 911 calls**

Carrabassett Valley Fire-Rescue (Tri-County Region 2, Franklin County)

Gouldsboro Fire Department (Northeast Region 4, Hancock County)

**Services that began, but did not finish the survey**

Dover-Foxcroft Fire Department

Kenduskeag Fire-Rescue

Livermore Fire Rescue

Three Rivers Ambulance Service

Warren Rescue

**Maine EMS Licensed Services Excluded (per EMSC National Survey Guidelines)**

American Medical Response (Reported through another state)

Bath Iron Works Rescue (non-911)

Beech Ridge Speedway Ambulance (not 24/7)

CarePlus Ambulance Service dba North Conway Ambulance Service (Reported through another state)

County Regional Emergency Services Unit (non-911)

Cutler Fire Dept NCTAMS LANT Detachment Cutler (Federal)

LifeFlight of Maine (Aeromedical)

Maine Medical Center (non-911)

Maine State Police Medical Unit (non-911)

Passamaquoddy Fire & Rescue (Indian/Tribal)

Scarborough Downs EMS (not 24/7)

Sipayik Ambulance Corps (Indian/Tribal)

Stewarts Ambulance (Reported through another state)

Trackside Ambulance Service (not 24/7)

U.S. Border Patrol Medical Response Team (Federal)