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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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MICHAEL SAUSCHUCK
COMMISSIONER

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DIRECTOR

EMD Committee Meeting
Thursday April 15, 2021
Zoom Meeting ID: 8756 9618 203

MINUTES

- i. Call to order 09:35
- ii. Introductions
 - a. Committee Members: Stephanie Gibbs, Brian, Cindy Moore-Rossi, Dan Mayotte, Laura Downing, Melinda Fairbrother-Dyer, Tim Hall
 - b. Staff: Melissa Adams
 - c. Stakeholders & Guests: None
- iii. Maine EMS Mission Statement

The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.
- iv. Previous Meeting Minutes – January 2021
MOTION to approve as written (Hall, second by Moore-Rossi; passed unanimously)
- v. EMS Office Update
 - a. EMS Rule 3-A §4(1)(B)(6): EMS Agency No Response Policy
The workgroup on Policy and Guidance Documents will be asked to develop a draft of what a templated No Response Policy may look like for agencies seeking guidance on developing their own. Members were asked to send copies of existing policies that reflect the procedure for dispatch when an EMS agency fails to answer a tone for service, that may be used to start this draft process.
 - b. Legislation (<http://legislature.maine.gov/LawMakerWeb/search.asp>)
 - i. EMS: LD 797 (AED Registry)
This bill is out of committee with a recommendation of ought to pass, it will be voted on in the house in the senate. It directs the EMS Office to establish a registry of publicly available AEDs throughout the state and to create rules regarding the registry information.

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- ii. ESCB: LD 1291(Eliminate EFD), LD 1306 (Crisis Response Team), LD 1314 (Social Worker E911 Call Screening)

No updates are available on these from the ESCB or DPS as staff was actively providing testimony to the Legislature today.

Dan Mayotte shared a link to the UK model for Crisis Response Teams:

<https://www.londonambulance.nhs.uk/calling-us/mental-health-care/>

- vi. ESCB Update

Cory Golob was unavailable for an ESCB update as he is busy with LD 1291 testimony. We are aware that the IAED and Priority Dispatch are moving to digital resources only and have reached out to them with concerns about the impact on generational learners as well as asking several questions about accessibility. We hope to have more information on this soon.

- vii. Old Business

- a. Sub-groups: There was an issue with the Share Point link only accessing one of the three group folders. This issue will be resolved following the meeting today to ensure all committee members have access.

- i. EMDPRS Review (Gibbs): The last review of this document was in 2014, we will be doing a full review of the document to ensure that it continues to meet our needs as well as to consider adding wording for focused reviews.

- ii. Policies and Guidance (Downing): Ski Patrol/3rd & 4th Party Callers; 9-B-1 dispatching resources for “Obvious Death”; the Emergency Rule

- iii. Education (Hall): Unable to access the materials to review.

- b. The group discussed how to handle situations in which Protocol 37 may be overused, or not the most appropriate protocol for an acute medical emergency despite the presence of a qualified healthcare professional. There were two points that were made to help with education around when not to use P37:

- i. If a nurse or doctor is present, but the situation is outside of their normal scope practice or outside of the health care setting. For example, when a patient at a dental office experiences a heart attack or a nurse is present at their child’s sporting event and calls in a traumatic injury.

- ii. Considering the potential for providing pre-arrival instructions to persons on scene as a means of directing protocol selection – if there may be an opportunity or a need for pre-arrival instructions, the EMD should consider selecting the most specific chief complaint protocol rather than the transfer protocol.

- viii. New Business

- a. EMD representation on other committees: The QI Committee recently voted to add an EMD representative who will be instrumental in assisting with the EMD portion of the quarterly QI newsletter as well as offering insight to the committee on the role of EMD and acting as a liaison to this committee for QI activities. We hope to influence other key groups, including the Data committee, EMS-C,

Trauma Advisory Council, and Regional EMS Councils to add EMD representatives to their committee makeup as well.

- b. Discussion about the recent modifications to the EIDS tool to add screening for travel to West African nations that be a contact risk factor for a current Ebola outbreak.
- ix. Adjourn 10:57
MOTION to adjourn (Downing; second by Gregoire)
Next meeting is July 15th at 09:30