



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



JANET T. MILLS  
GOVERNOR

MIKE SAUSCHUCK  
COMMISSIONER

WIL O'NEAL  
DIRECTOR

**Medical Direction and Practices Board – November 20, 2024**  
**Conference Phone Number:** 1-646-876-9923 **Meeting Number:** 81559853848  
**Zoom Address:** <https://mainestate.zoom.us/j/81559853848>

**Members present:** Dr. Matthew Sholl, Dr. Kate Zimmerman, Dr. Dave Saquet, Dr. Beth Collamore, Dr. Kelly Meehan-Coussee, Bethany Nash, PharmD, Dr. Pete Tilney, Colin Ayer, Emily Bryant, PharmD, Dr. Seth Ritter, Dr. Rachel Williams

**Members Absent:** Dr. Tim Pieh, Dr. Benjy Lowry

**MEMS Staff:** Marc Minkler, Jason Oko, Robert Glaspy, Wil O'Neal, Darren Davis, Amber McCormick, Ashley Moody, Soliana Goldrich, Anthony Roberts, Jason Cooney

**Stakeholders:** Rick Petrie, Chip Getchell, John Kooistra, John Moulton, Joanne Lebrun, Dr. Kevin Kendall, Eric Wellman, David Ireland, Sean Donaghue, AJ Gagnon, Aiden Koplovsky, Dwight Corning, Fred Porter, John Lennon, Josh Carr, Jessica Page, Mike Senecal, Steve's iPhone, Robert's iPhone

*"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 clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."*

- 1) Meeting begins at 0930 with a quorum.
- 2) Introductions
  - a. Sholl makes introductions and roll call.
- 3) Previous MDPB minutes
  - a. Tabled to December
- 4) Alternate Devices – None
- 5) Special Circumstances Protocol
  - a. Region 5: Collamore and Page present on a special circumstances protocol in the Madawaska area for a person with hereditary angioedema. The person has an existing special circumstances protocol but has recently had a port-a-cath placed, and the protocol request is to allow training and use of the existing port-a-cath by Paramedics. Access is defined under the paramedic national scope of practice but not currently in Maine. Patient has been seen up to 4x per week, and sometimes more than once in a day. Discussion around multiple attempts, routes and administration/use of Ruconest, who is purchasing the equipment to access (the EMS agency is),

training being conducted, and concern over patient centric but equipment is only with one agency and if they are not available (Page advises it is possible to have the other two local agencies trained as well). Sholl states some offline work can be done to clarify aspects of this protocol if port-a-cath access is unsuccessful. **Meehan-Coussee makes a motion to approve the special circumstances with the amendment and offline work. 2<sup>nd</sup> by Ayer. Passes unanimously.** Sholl asks what is the QI process around this protocol, Page states a collaboration between the agency and the hospital is in place.

6) State Update

- a. Office Updates – O’Neal provides update on offer to administrative person; Education Manager position went out for a 2<sup>nd</sup> time and interviewing candidates this week. 4 regional manager positions will be posted after form back from HR, hoping to post next week. Anticipates a gap between end of regional contracts and positions being filled, current Maine EMS staff will be assisting in the roles, states the transition assignments will be:
  - i. Region 1: Rob Glaspy and Anna Massefski
  - ii. Region 2: Anthony Roberts and Anna Massefski
  - iii. Region 3: Jason Oko
  - iv. Region 4: Marc Minkler and Ashley Moody
- b. Community Paramedic Chapter 19 is moving through the process and will be submitted for signature and putting the rule into place.
- c. Community Self-determination grant money will be available to apply for starting December 2 through January 23 in the amount of \$200,000, first come first served.
- d. Chapter 27 (Sustainability) rule has proceeded through comment review and recommended changes will go back to the board in December, which may also require new public comment period in January.
- e. Saquet asks salary level for regional managers, O’Neil advises what the legislature recommends and what HR does is not always simple, but it will be a Level 28 position and expects the number will be between \$66 and 90k but this is not finalized. Also asks about regional medical director contracts and roles. O’Neil states this will be handled by the regional transition folks. Anticipates using similar and historical job role/expectations. Sholl states he and Zimmerman can assist the state with this.
- f. O’Neil states the K9 protocols are released and to ensure folks are trained before using and will be a future rules committee project around this.

7) Pilot Projects

- a. Sanford Ultrasound IV Access Program – Moulton shares that individuals are completing clinical time, seeing use of about 2-3 patients per shift in ED. Students will then need a second clinical rotation for minimum number of patient contacts and usage. Notes some equipment limitations that allows 2 attempts per battery, but subsequent patients face lack of battery power. Addressing in clinical site by having two devices available along with chargers. The lead paramedic on this project has been promoted and no longer on ambulance, so looking for new lead on this internally.
- b. Zimmerman asks about battery life and manufacturer concerns. Moulton states that this may be provider use – in training they had over an hour of battery life, so still exploring reasons for less battery life.

8) Data Use agreement with Maine CDC

- a. Sholl states this is a long-standing agreement for syndromic surveillance. This looks at GI and respiratory illness particularly. Davis states the verbiage is identical from 2 years ago other than new DHHS Commissioner and dates of Jan 1, 2025, through Dec 31, 2027. States extremely valuable collaboration with CDC with this data. Sholl shares some background and populations served by this agreement with protection of these vulnerable populations. **Collamore makes a motion to approve as written, second by Saquet. No further discussion. Meehan-Coussee**

**abstained due to technical issues. Otherwise passes unanimously. This will then go to Maine EMS Board in December.**

9) Medication Shortages

- a. Nash reports prefilled syringes intermittently challenging to obtain, particularly sodium bicarbonate. Cyanokits are nationally unavailable, with projected availability in April 2025. Zimmerman states limited supplies at MH-MMC-Portland, perhaps a month supply. Might consider an operations bulletin to discuss with Poison Center before any use of cyanokit as it may not be necessary. She will be working on this offline with Sholl/Nash/Poison Control. Poison Center states there have been uses not following protocols and is concerned, particularly with limited supplies. Tilney states Lifelight has them available, particularly if a smaller hospital does not have them, LFOM can bring them as part of the transport process. Tilney asks about fluid shortages, Nash states it seems to be resolving a bit. Northern Light had a significant problem with supplier, but others less impacted. Sholl states the operational bulletin on fluid shortages was not sent out as the shortage was improving.

10) Emerging Infectious Diseases

- a. Sholl states he, Oko, and O'Neil have discussed with CDC about transport of infected patients. CDC continues to screen patients from affected areas vigorously. O'Neil states a map with hazmat capable agencies across the state was developed by Oko. Would like to see more frequent review of plans and operations.
- b. Williams states RSV has not been particularly high, but mycoplasma is still high. Watching cases of pertussis.

11) Protocol updates

- a. Sholl states protocol section timeline is
  - i. Gold, Blue completed
  - ii. Tilney presenting on Green today
  - iii. Saquet ready on Yellow for today/Dec meeting based on timing
  - iv. Zimmerman & Williams working on Pink for Dec meeting
  - v. Orange will follow
  - vi. Red will be next
  - vii. Finally black/brown/purple/grey
  - viii. Goal to finish by May
  - ix. June for edits/cleanups
  - x. July for approval of resources
  - xi. August for education approval
  - xii. Go live for education starting in Sept of 2025

12) Green Section Updates – Tilney presents

- a. Tilney states Ritter was also co-author. Most changes were to improve language consistency throughout the section. Major focus was on burns section.
- b. Green 2
  - i. Suggests change trauma hospital to trauma system hospital in cases of inability to manage ABCs. Zimmerman asks if EMS clinicians know the difference between trauma system hospitals and trauma centers. Discussion around definitions and that all hospitals in Maine are either trauma centers or trauma system hospitals, so is the wording necessary or possible confusing pitfall. Discussion about moving importance of this in Pearl vs trauma triage criteria. Group decides to move up recommendation to go to closest hospital if unable to manage ABCs, otherwise no changes.
- c. Green 3
  - i. Suggests clarifying as to what the “alternative method” for cervical spine immobilization is. Discussion on impacts and operations. Meehan-Cousse makes a motion to approve

1<sup>st</sup> two bullet points made by Tilney and hold on 3<sup>rd</sup> and 4<sup>th</sup> bullet. 2<sup>nd</sup> by Zimmerman. No further discussion. Ritter abstains due to technical issues hearing. Saquet votes no, all others vote yes.

d. Green 4

- i. Suggests adding patient ejection, death of another passenger, rollover, pedestrian or bicyclist without helmet, fall from greater than 0.9m to high risk from MVC asterisk note. Sholl states this section is specific for pediatric patients and evidence is from the Pegasus project in 2015. Suggestions proposed are already included for adults.
- ii. Discussion on head injury guidelines vs c-spine guidelines. New evidence in paper not available today, will defer discussion until more info can be gathered on this.
- iii. Suggests adding to the bullet that the stretcher should be in close proximity to patient during self-extrication. Zimmerman notes this is in #3, Tilney concurs, suggestion removed.
- iv. Suggests adding language to remove scoop/long board/similar device during transport and change “lying” to “supine” position. Sholl notes patients may not be “supine” and does “lying” serve as an umbrella to cover supine (which is very specific) but also prone and on their side. Sholl asks about everyone’s feelings about intent of protocol in totality is to remove devices and is intended to do such vs specifically writing it in one section. Discussion by group on this. Ask is to wordsmith and reduce verbiage. Zimmerman notes this may impact education and have unintended effects. Koplovsky offers that thoughtful education for clinicians is key but needs to be coupled with targeted QI as what is happening may not be the intent. Sholl notes that we may provide good initial education, but there may be need for better continuing education on this topic. Zimmerman suggests “If appropriate device may be removed following pearl on next page”. **All members in favor.**
- v. Tilney will pull most recent PECARN data on pediatric cervical spine and review for group.

e. Green 5

- i. Change “utilized” to “reserved”, Sholl states “utilized” is general whereas “reserved” would be specific to only to the items listed in first paragraph. Sholl asks impact and motivation – Tilney states this change is to support an exception not the standard. Discussion on this by group. **All members in favor.**
- ii. In preferred position: Add “severe” to respiratory distress and change “no more than” to “a MAXIMUM” of 30 degrees. **All members in favor.**
- iii. Change “gun shot” to gunshot”. Editing group will address.
- iv. In Penetrating injury: Change “spine” to “spinal”. Editing group will address.

f. Green 7

- i. Change “Chest Trauma” to “Thoracic Trauma”. Group discussion on this topic. **Motion by Sholl to leave as “Chest”, 2<sup>nd</sup> by Collamore, no further discussion, 8 vote Yes, 3 vote No. Motion passes.**
- ii. Add consideration of air transport if delays under “EMT” – Discussion if this is an issue in current operations or if there is an issue with air medical requests in our system. Tilney states he can draft a HEMS protocol to add in operations section rather than specific care protocol.
- iii. Discussion around fluid bolus at AEMT level and definition of fluid amount. Sholl points out that this exists in hemorrhage shock protocol and in definition in purple section. Meehan-Coussee and Tilney will work on education for this. Will add reference to protocols relevant to shock causation considerations. **All members in favor.**

- g. Pause on green updates due to time, Sholl asks Tilney to distribute slide deck for continued work in December meeting.

13) Old Business

- a. Ops – O’Neal - no additional update

- b. Education Committee – no update
  - c. QI – Getchell – Meeting at 1330, goal is starting a brainstorming session on state QI markers
  - d. Community Paramedicine – no update
  - e. EMSC – Williams – Pediatric Preparedness Conference in Portland and Bangor coming up, both sessions are full
  - f. TAC – Moody – TAC needs to clarify remote meeting, members please check email
  - g. MSA – Moody - meeting in January
  - h. CARES – Moody – continuing to work on data entry and thank you to all services who have assisted with clarification
  - i. Data – Davis – Board has redesignated seats and replacing all members due to attendance issues, will be having new members recruited to join. Meehan-Coussee will be the MDPB representative. Meetings are now 1 hour in length, 3-4 pm on 3<sup>rd</sup> Wednesday of month
  - j. EMD – no update
- 14) Pilot Project – Delta Ventilator Pilot Program
- a. **Motion to move into Executive Session by Sholl to discuss patient specific information, 2<sup>nd</sup> by Saquet, Bryant unable to vote due to technical issue, otherwise passes unanimously.**
  - b. Executive session from 1241 until 1305
- 15) Good of all
- a. Sholl thanks all for the hard work on the protocol sections
  - b. Wishes all a Happy Thanksgiving and gratitude for members and attendees for making the EMS system better every day.
- 16) Next meeting to do
- a. **Tilney will pull most recent PECARN data on pediatric cervical spine and review for group.**
  - b. **Tilney will draft protocol and/or education for HEMS for operations section. If protocol, will need a white paper on it.**
  - c. **Meehan-Coussee and Tilney will work on education for fluid bolus in trauma.**
  - d. **Sholl will be developing a clinical bulletin regarding cyanokits.**
- 17) **Meeting adjourned at 1308**
- 18) Next MDPB meeting will be December 18, 2024, at 0930.

*Minutes by Marc Minkler.*