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 – February 19, 2025
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. Beth Collamore, Dr. Seth Ritter, Dr. Rachel Williams, Dr. Kelly Meehan-Coussee, Dr. Tim Pieh, Dr. Benjy Lowry, Dr. Pete Tilney, Colin Ayer (1013), Bethany Nash, PharmD (1015)
Members Absent:	Dr. Dave Saquet, Emily Bryant, PharmD,
MEMS Staff:	Marc Minkler, Robert Glaspy, Wil O'Neal, Jason Cooney, Melissa Adams, Ashley Moody, John DeArmond
Stakeholders:	Dr. Bob Brown, Chip Getchell, John Moulton, Joanne Lebrun, John Lennon, Michael Reeney, Fred Porter, David Ireland, Rick Petrie, Bill Cyr, John Kooistra, Dwight Corning, Dr. Steve Diaz, Brian Langerman, Dr. Norm Dinerman, Rob McGraw, Phil MacCallum, Dr. Kevin Kendall, Aiden Koplovsky

"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 0900 with a quorum. Sholl is chair.

2) Introductions

3) Moment of reflection on the passing of Dr. Carol St. Pierre Engalls, previous regional medical director for Aroostook County and tremendous advocate and proponent of EMS in Maine.

4) Previous MDPB minutes
   a. **Motion to approve January minutes by Zimmerman, 2nd by Collamore. Meehan-Coussee abstains. All others vote to approve.**

5) State Update
   a. Office Updates – O'Neal provides update on state – Introduces John DeArmond as the new Maine EMS Education Coordinator, DeArmond introduces self. O'Neal shares regional managers positions documents are being resubmitted to HR for justification of hiring. Contact person right now for Regions 1 and 2 is Rob Glaspy, and Regions 3 and 4 is Jason Oko. Federal funds have not yet had a direct impact but more clarity for future changes are needed. States OB closure impacts the state. Minkler provides update that Waldo and Inland hospital are closing their OB services on March 1 and April 1 and will likely have downstream effects of availability of OB care

and resources. Both hospitals have done a tremendous job of communication and efforts to minimize care impacts. States BLSO classes have been offered at both hospitals, and we pay for 1 class, additional classes are paid for by the hospital. With these closures, approximately 50% of all hospitals have no inpatient OB services. Sholl shares we are putting together a statewide operation bulletin inspired by Pieh. Minkler adds that this is not a problem just in Maine, but is a national issue of OB availability. O'Neal continues that Sustainability grant chapter is before a special meeting of the Board tomorrow and it would then move forward to AG and Secretary of State for final approval. 2 positions added to the Maine EMS budget proposal, for a CHP (Comprehensive Health Planner) to assist with Community Paramedicine, and a 3rd licensing agent.

6) Alternate Devices – None

7) Special Circumstances Protocols - None

8) Pilot Projects
    a. Sanford Ultrasound IV Access Program – Moulton shares that Sanford placed Ultrasound devices on February 1, 1st use on Feb 3, and positive experience with device and patient. 3 total uses so far, all reviewed by agency medical director. Oko has been creating a report to assist in review of care. Discusses operational and clinical aspects of this care.

9) Medication Shortages
    a. Cyanokit still not available and not likely available until Spring 2025. Operational Bulletin sent to all EMS clinicians and services. Sholl thanks Drs. Collamore, Zimmerman and Dr. Mark Neavyn (medical director of the Northern New England Poison Center) for their review of the bulletin. Meehan-Coussee reminds use of Northern New England Poison Center and OLMC for proper use of limited supplies of cyanokits.

10) Emerging Infectious Diseases
    a. Sholl states significant increases in influenza cases and that we are existing in a quad-emic (COVID, influenza, norovirus, and RSV). CDC communication freezes have increased the challenges of awareness and accessibility of information. Meehan-Coussee reminds that there are multiple strains of influenza and having it once does not prevent future contractions of it.
    b. As of yesterday, there are 67 cases of measles in Texas with a 22% hospitalization rate. It is one of the most infectious and preventable diseases. It is airborne and the R_0 is such that 1 person can infect over 20 people. Biggest risk is the very young, as vaccines are generally at 12 months, and complications, with the very young, very old, immunocompromised, and pregnant people having the highest mortalities. Williams states that Vitamin A misinformation is present. It might be a treatment in early onset but is not a preventative and is dangerous in high doses. Williams describes rash as full body, often starts in face/neck/ears and then progresses down the body. Airborne protection for patient and clinicians is very important.

11) Pink Section Updates – presentation by Williams/Zimmerman, continued from January 2025
    a. Pink 7
        i. Add a Pearl that "In a newborn, goal peak inspiratory pressure should be 20 cmH2O with 5cmH20 of PEEP (Paramedic level if certified via NRP and equipped)". Pieh asks if active NRP certification is required in order to use this, and Sholl states Yes. Sholl states goal is to have people certified in current best practices around airway management, including PEEP valves, through NRP. This would prevent having to develop/deploy specific Maine EMS education. Willaims hopes people would do this training. Pieh asks if there are other education equivalents to NRP, group unsure, Pieh would like to not box us in if there are equivalents. Pieh asks about concern that existed around PEEP use in adults if condition went into cardiac arrest and increase intrathoracic pressure challenges and if

this applies to this age group. Sholl does not believe so. PEEP would only apply to this specific age group. Minkler supports this clinical management, but states he has significant concerns about the NRP requirement due to very few classes in the state, and that we would be endorsing a specific class, whereas the state has avoided any perceived endorsement of 3rd party certifications. We could certainly encourage the knowledge but to require a specific class may be challenging to make available, as well as the ability to track if someone actually had the certification when using this protocol, supports the statement of "if so trained" but not a specific class per se. NRP or STABLE puts tremendous pressure on Maine EMS office, training centers, and others to offer these classes, without instructors, cost, and other aspects. Saquet agrees with the clinical aspect and is concerned about creep into adult care with PEEP and we may not be ready for this. Ritter asks how many current EMS providers are currently certified in NRP and what the capacity is to offer it. Asks how we track ACLS and CPR and similar, Minkler states none of these are required or tracked in Maine. Discussion on this protocol by all. **Motion by Williams to accept the language "Paramedics may consider the use of PEEP valves, in this population only, if certified through NRP or equivalent training, credentialed through their service medical director, and properly equipped". 2nd by Ayer. All vote Yes with Lowry, Tilney not available and abstaining.**

ii. Add to pearls "In a newborn, 3:1 compression-to-ventilation ratio with a pause for ventilation, even with a BIAD or ETT" to align with NRP best practice.

b. Pink 11

i. Remove ACR and replace with EMS Solutions device in 2 and 2d with appropriate weight ranges. Discussion on this, Minkler states ACR is no longer available or manufactured as a product but is unsure of exact weight ranges for EMS Solution device and would need to check. Could consider removing all device names and provide reference to NASEMSO device comparison. Maine EMS does not approve or endorse any of these products. The importance is to follow manufacturer guidelines. No current NHTSA/EMS standard for the devices exists. Meehan-Coussee expresses concern about expecting EMS agencies to stay on top of these standards. Minkler shares the website location of the NASEMSO document on pediatric restraints to chat (and can be found at https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/Pediatric-Transport-Products-for-Ground-Ambulances-202208.pdf). Ayer also recommends ensuring the device is compatible with your EMS stretcher and clinicians follow instructions for use. Discussion by group on this. Zimmerman suggests wordsmithing 2.a. to include a statement of compatibility with stretcher. Minkler suggests adding in paragraph before "Type of Restraint" to cover all devices. Decided to wordsmith with Minkler, Williams, and Zimmerman to follow intent. Group is comfortable with this.

c. Pink 12

i. Change heading from "Mother and Newborn Transport" to "Adult and Newborn Transport" to include concept that it may be another adult that is transported with newborn, particularly if mother is too sick to be with newborn". Sholl points out mother is used in wording of whole protocol, discussion by group. Meehan-Coussee suggest changing #2 to "If both adult and newborn are stable, secure to cot…" to be inclusive of this.

12) Protocol Process Update
    a. Blue, green, yellow, pink, and orange sections are done
    b. Red will be presented in March
    c. Once complete, then Purple/Brown/Black/Grey sections.

13) Old Business

14) Pilot Project – Delta Ventilator Pilot Program

a. Motion to move to Executive session to discuss patient specific information by , entered Executive session at
b. Return from Executive session at

15) **"To do" items from November meeting**
    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.**

16) **"To do" items from December Meeting**
    a. **Revisit chest decompression need for non-traumatic causes and possible need in other protocols**
    b. **Tilney will provide references and evidence on burns to revisit tabled item of fluid boluses on Green 16**
    c. **Nash/Saquet/Pieh will work on the dilution verbiage for magnesium sulfate pediatric dose on Yellow 3**
    d. **Nash will research any fluid dilution incompatibilities for MEMS medications and bring back to group**
    e. **Nash looking at dilution options for Sodium bicarb**

17) **"To do" items from February**
    a. **Group to review OB Clinical Bulletin**
    b. **Williams/Zimmerman/Minkler to wordsmith Pink 11 to include "following manufacturer instructions and compatible with stretcher"**

18) **Meeting adjourned at**

19) Next MDPB meeting will be March 19, 2025, at 0930.

Minutes by Marc Minkler.