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 – April 16, 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. Kelly Meehan-Coussee, Dr. Tim Pieh, Dr. Pete Tilney, Colin Ayer, Bethany Nash, PharmD, Dr. Rachel Williams, Dr. Kelly Klein, Dr. Dave Saquet
Members Absent:	Dr. Benjy Lowry, Emily Bryant, PharmD
MEMS Staff:	Marc Minkler, Robert Glaspy, Wil O'Neal, Ashley Moody, John DeArmond, Jason Oko, Jason Cooney, Taylor Parmenter
Stakeholders:	Dr. Bob Brown, Chip Getchell, Michael Reeney, David Ireland, Dr. Kevin Kendall, Aiden Koplovsky, Eric Wellman, Dwight Corning, AJ Gagnon, Joanne LeBrun, Patrick Underwood, Rob Sharkey, Ben Zetterman, Steve Sloan, Jay B, Chris Pare, Sean Donaghue, Dr. Peter Goth

"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) The meeting begins at 0900 with a quorum. Sholl is chair.

2) Introductions

3) Previous MDPB minutes
    a. **February & March minutes are tabled to May.**

4) State Update
    a. Office Updates – O'Neal provides update on state and that he is tracking 28 bills that may impact EMS. States each bill may have work session, position statements, and a myriad of work in the background as directed by the Governor. Working on the final regional manager offer. Managers now are
        i. Region 1: Rob Glaspy
        ii. Region 2: Melissa Adams
        iii. Region 3: Jason Oko
        iv. Region 4: Pending
    b. For Maine EMS Week, the Maine EMS Memorial Ceremony and State EMS Awards and are on Wednesday May 21 at 11am and at 1pm respectively. States significant reduction in funding from federal grant program. This has resulted in the cancellation of over $1.2 million in grant money to 10 agencies who have begun or are beginning a CP program. All agencies have been

notified, and the funding has been eliminated, which may impact these agencies from being able to do a CP at all. Collamore asks how many agencies have impacted, O'Neal reports all 10 award agencies. Minkler reports that the federal EMSC grant is only funded to 45% and it is unclear if the remaining 55% funds will be available. All 56 EMSC programs are currently at risk, and the NH EMSC program manager has left the role, and NH no longer has an EMSC program. Sholl discusses need for regular and assigned physical location at Maine EMS for the public to attend MDPB physically if they desire to and have full participation in the meeting. We currently have not been able to secure a consistent space for this at DPS.

5) Alternate Devices – None

6) Special Circumstances Protocols - None

7) Pilot Projects
    a. Sanford Ultrasound IV Access Program – Sholl reports no cases in past month
    b. Maine Operational Physician Report (MOPR) Pilot Project – Pieh and Meehan-Coussee continue to report on MD-3 program based out of Kennebec County EMA.

8) Medication Shortages
    a. Nash reports shortage on small volume vials of amiodarone, and that CyanoKit is starting to be available although in limited quantities.

9) Emerging Infectious Diseases
    a. Measles – Sholl discusses that many states have been impacted, the closest to Maine is RI and VT. There is concern about federal management of this outbreak and long-term management. Williams asks about policies around ambulances that transport suspected cases as the high level of transmission needs to be considered. MMC currently places a room out of service for 2 hours minimum due to ability to leave on surfaces/air for 2 hours. Sholl states we do not currently have federal guidance, but it is unclear. Ayer states services should already have this plan in their infection control plan and service leaders should know how to do this and how to handle already. Sholl expresses concern about if the availability or depth is to that level in service infection control plans. Both Ayer and Sholl feel that services should review their plans and update as needed, will work on some key points to share with agencies.

10) Protocol Process Update
    a. Blue, green, yellow, pink, and orange sections are done
    b. Red will be continued in April
    c. Next is Purple/Brown/Black/Grey sections.
    d. A few parts remain to revisit in other sections, but minor in length/depth
    e. Authors need to send slides around the changes and education to Collamore and Sholl by June 25 if there is specific messaging or info to be included in the EMS education materials.
    f. Authors need to send final reviewed protocol change documents to Zimmerman by June 25
    g. July & August will be the recording sessions for MEMSEd
    h. Webinars to be scheduled in Sept, Oct, and Nov
    i. Goal is still to go live in December 2025

11) Red Section Update
    a. Meehan-Coussee & Saquet continue second part of proposed changes on Red section regarding
    b. Destination decision for STEMI patients – suggestion is to add information as a PEARL but not changing the protocol per se. Discussion by all on possibilities, differences in regions and by hospitals and challenges vs benefits of guidance. Access to cath labs vs thrombolytics discussed. The group discussed bypass of hospitals, distance and length of transport, and that a cath lab is certainly preferred but other factors are involved for agencies and patient care and the best

destination. Discussion by all on regional options, and that the protocols do allow for regional options currently. **Motion by Saquet to accept the document as written. Second by Nash. *NOTE: Unsure of which document or language as it was not read for the minutes nor submitted*. All vote in favor, no abstentions.**

c. Changes to fibrinolytic therapy checklist. Meehan-Coussee proposes to change wording so all answers would become "No" and to add an additional question "Do you have concern for aortic dissection?". Discussion by group. Sholl shares AHA checklist and notes the Maine EMS protocol is a blend of both of these and expresses concern, along with Williams and Zimmerman, about placing too much on the shoulders of EMS. The checklist used by EMS is not the entire physician level checklist and still would need to be reviewed by a physician before proceeding with next steps. States the checklist has not included all relative or absolute contraindications as this was a physician determination. Discussion continues. **Motion by Pieh to accept as written, seconded by Collamore, Sholl confirms to change the wording all fibrinolytic questions to match as "No" answers and add the last question on aortic dissection. 11 Yes votes, 1 No vote. Motion passes**

12) Additional Meeting
    a. Sholl proposes an additional meeting for protocol work, group discusses and decides for May 30 at noon.

13) Old Business
    a. Ed – Koplovsky updates on review of IC licensure and results of survey of current ICs is being reviewed
    b. QI – Getchell states meeting at 1330 today to work on statewide quality measures and review the QI manual
    c. CP – No update
    d. EMSC – Minkler reports on impact of OB closures and transports for 911 and IFT for OB and newborns, shares that he was appointed to Peds rep from NASEMSO to NEMSQA
    e. TAC – Moody reports there is a meeting on Tuesday for work on trauma plan
    f. Data – Oko reports Davis is working on a poll for next meeting date
    g. EMD – Adams is at Navigator conference and unavailable

14) Pilot Project – Delta Ventilator Pilot Program
    a. Motion by Sholl to move to Executive session based on 1 MRS 4056(f) to discuss confidential patient information, 2nd by Collamore, unanimously approved. Entered Executive Session at 1107.
    b. Return from Executive session at 1135

15) End of regular MDPB meeting, transition to LifeFlight of Maine Clinical Practice Committee run by Dr. Pete Tilney. Minutes, attendance and info managed by LifeFlight of Maine.

16) "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.

17) "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**

18) **"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"**

19) **"To do" items from March**
a. **February minutes**
b. **Pieh will continue 2nd part of MOPR project update.**
c. **Pieh/Adams will work with Dr. Brown on MD1 checklist**
d. **Zimmerman/Sholl will wordsmith IM only dosing for ketamine in behavioral emergencies**
e. **Meehan-Coussee/Sholl with work on verbiage for STEMI destination protocol**

20) **"To do" items from April**
a. **February and March minutes review and approval**
b. **O'Neal to continue working on physical location for MDPB meeting**
c. **Ayer/Sholl to develop key points and recommend agencies review infection control plans, particularly around measles.**
d. **ALL Authors need to send slides around the changes and education to Collamore and Sholl by June 25 if there is specific messaging or info to be included in the EMS education materials.**
e. **ALL Authors need to send final reviewed protocol change documents to Zimmerman by June 25**

21) **Meeting adjourned at 1234**

22) Next MDPB meeting will be May 21, 2025, at 0930.

Minutes by Marc Minkler.