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

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COMMISSIONER

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DIRECTOR

Medical Direction and Practices Board – May 21, 2025
In-person, Chamberlain Conference Room, Maine EMS
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. Dave Saquet, Dr. Benjy Lowry, Emily Bryant, PharmD (1008)
Members Absent:	Dr. Kelly Klein
MEMS Staff:	Marc Minkler, Robert Glaspy, John DeArmond, Jason Oko, Jason Cooney, Melissa Adams, Darren Davis
Stakeholders:	Chip Getchell, Michael Reeney, Dr. Kevin Kendall, Aiden Koplovsky, Eric Wellman, Jon Z, John Moulton, Rob Sharkey

"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 0932 with a quorum. Sholl is chair.

2) Introductions

3) Agenda Changes – Memorial Service and EMS Awards are today, skipping report outs due to time factor

4) Previous MDPB minutes
    a. **February, March, & April minutes are tabled to June.**

5) State Update
    a. Office Updates – O'Neal unable to attend. DeArmond and Minkler give report out on NASEMSO in person meeting last week in Michigan, concerns overall about federal funding to many programs, Minkler reports on EMSC funding is at 45%, unknown if remaining funds will be approved. Overall messaging from NASEMSO and NHSTA was on prehospital blood administration programs. Great meeting with collaboration across the US. Jason Rhodes (RI EMS Director) is new president of NASEMSO

6) Alternate Devices – None

7) Special Circumstances Protocols - None

8) Pilot Projects
    a. Deferred to June

9) Medication Shortages
    a. Nash reports Lorazepam is in short supply. There was also a brief issue with syringes in general.

10) Emerging Infectious Diseases
    a. Measles – Sholl discusses no major updates other than numbers continue to rise but not as quickly as previous month. Watching this closely.
    b. Adams reports excellent info on recent Maine Health webinar on measles and EMD screening and the EMD Emerging Infectious Disease tool.
    c. Oko states Davis is looking at adding questions on recent travel back into the MEFIRS report.

11) Protocol Process Update
    a. Sholl thanks Zimmerman and Collamore for their immense amount of work
    b. Blue, green, yellow, pink, and orange sections are done
    c. Red will be continued today
    d. May consider a meeting for May 30 to catch up based on today's work
    e. June is Purple/Brown/Black/Grey sections.
    f. A few parts remain to revisit in other sections, but minor in length/depth
    g. Authors need to send slides around the changes and education to Collamore, Sholl, and DeArmond by June 18 MDPB meeting if there is specific messaging or info to be included in the EMS education materials.
    h. Authors need to send final reviewed protocol change documents to Zimmerman by June 18
    i. White papers also need to be considered and assigned by end of June 18 meeting, with a due date of July 2 to Sholl and Collamore
    j. July & August will be the recording sessions for MEMSEd
        i. We no longer have access to the resources Azevedo provided for recording as they were his personal equipment. We are likely limited to functionality of powerpoint for the recording.
    k. 4 live virtual webinars to be scheduled in Sept, Oct, and Nov (1 day, 1 afternoon, 1 night, and 1 on weekend)
    l. No in person updates due to extremely low of attendance last time, goal is to have both BLS and ALS MEMSEd courses but will depend upon time. No specific skills sessions anticipated at this time.
    m. Goal is still to go live in December 2025

12) Red Section Update
    a. Meehan-Coussee & Saquet continue proposed changes on Red section
    b. Red 8 proposal to Defib ventricular fibrillation and pulseless VTach to add "For refractory VF/VT refer to Red 12 (Refractory VF/VT protocol)".
    c. Red 12: Current refractory VF/VT requirements include 3 unsuccessful shocks, and administration of both epi and amiodarone, proposal is to remove requirement of amiodarone so this would be available to AEMTs in the adult population, also rename to "Adult Refractory VF/VT". This will be revisited at a future meeting for consideration.
    d. Red 23: Add language for patients unable to follow commands or directions. Williams suggests putting this is the pediatric tachycardia protocol and not here. Minkler suggests renaming this protocol Adult Tachycardia as there will be the specific pediatric protocol and this would clean up which to use. Williams and Zimmerman will include in peds protocol and rename this Adult Tachycardia.
    e. Discussion around use of Valsalva in general. Minkler suggests asking QI Committee to look at if it is being used and any successes. Sholl concurs. Changes in b, c, and d above approved by all
    f. Red 24: Add Pearl about ensuring ECG is recording prior to administering adenosine.

g. Red 17: Pediatric Cardiac Arrest use of epi for AEMT at 0.01mg/kg. Education Committee felt this would be significant education and likely an approx. 4-hour class to get AEMTs up to speed on this. Rare to have pedi cardiac arrests, and how many of these would have AEMT as highest level and what would be frequency of usage. Nash also asks about continuing competence. Sholl is concerned for the amount of education and reaching the AEMTs statewide. Ayer states if AEMTs are unfamiliar with Broselow tape, that this is concerning and horrific. Saquet felt that an AEMT doing this is an advantage for medics who may be alone on a call. DeArmond states he was communicating with Aiden Koplovsky, chair of Ed Com and he stated 4 hours is a minimum and likely more in the 4-6 hour range for the class and likely would take 6 to 9 months to develop and roll out. Med Math is not a strong skill set for most AEMTS and may be setting them up for failure. Saquet feels that AEMTs should already be competent with Broselow Tape and new education is not needed. Minkler asks that we step away from Broselow tape – Maine does not require this product but that we require a length-based tape and not specifically a Broselow. He also states with his experience in teaching pediatric classes in Maine, that a majority of clinicans look at length-based tapes as if it is the first time they have seen it, even though usage is within scope and part of core education for all license levels. It is too infrequently used by all EMS levels. Notes that the Broselow tape information has 7 therapies and meds with dosages different than Maine EMS, and usage of the tape with the dose presented would create conflict and med errors. Ayer feels this is a technology issue, but the lift and use for AEMTs is beneficial. States it is not a time issue but rather a priority issue. Feels this could build into use for AEMTs to use epi for pedi bradycardia in the future. Sholl states this is a significant scope creep and is concerned about this. Sholl states he does agree that a priority of training in length-based tapes is absolutely important but is this linked to the use of epi for peds arrest at the AEMT level. Asks if we should bend the scope of practice to allow AEMTs to do this or should a community strive to achieve levels of care where this scope is part of their ability (e.g. AEMT service vs Paramedic service). This is not a scope at the national level and we would have to build this entirely on our own, which has proven not successful in Maine. Ritter states most arrests in peds are respiratory focus and we likely need to focus efforts on this. Epi less important in peds compared to adults. Broselow and length-based tapes should be emphasized for education. Williams states that most arrests are indeed respiratory, and although complex, she would love to have epi available in all arrests, but the lift and scope and effort may be very hard to achieve. Pieh states that having 4 hours of class is a good thing as it stresses the importance of pedi arrests. Feels that the regional managers could deliver this education. Pieh states AEMTS draw weight-based doses for D10. Nash states the risk factors is much different between D10 and epi. Zimmerman states our education system is not robustly supported for even basic items. Notes a med student who took a recent EMT course in Maine and who was taught c-collars do not matter. Current education is not supported or consistent. Lengthy discussion continues. Results in recommendation to prioritize length-based education statewide after completion of the current protocols in December. This would need a comprehensive set of educational resources and QI component. Pieh makes a motion to not proceed with epi for pediatric cardiac arrest at this time, and instead to focus on education of length-based tapes and training. 2nd by ?. Saquet abstains, No response from Tilney and Bryant. All others vote yes. Motion passes.

h. There was a request to add Diltiazem for Afib, Meehan-Coussee states the review showed that this would not be recommended at this time. Research of Maine EDs showed that only about 4% of patients having Afib with RVR received Diltiazem.

13) 5 min break

14) Ayer leaves meeting (1135), Sholl confirms a quorum is still present with 9 members.

15) Purple/Brown/Grey Section Update
    a. Collamore presents on new definitions, including
        i. Add antipyretics on Purple 1

ii. Move BIAD from Blue section to Purple 1
iii. Add ECG/EKG on Purple 2
iv. Add neonatal/young infant hypothermia
v. Sholl suggests adding neonatal/young infant fever as well
vi. Add PEEP to Purple 6
vii. Add PIP to Purple 6
viii. Add TBSA to Purple 6
ix. Add young infants to Purple 7

b. All are comfortable adopting the proposed changes to Purple
c. Grey 3 add references to medical vs pedi vs traumatic cardiac arrest protocols to assist the clinician
d. Grey 4: B.1.h. Add reference to hospice patient protocol
e. Grey 6: 2.b. add reference to termination of resuscitation for both medical and trauma cardiac arrest
f. Grey 11 II.B.4. Add reference to Red 14 for NEDS usage
    i. Discussion on donation to NEDS, Michael Reeney from NEDS discusses this and provides input for exclusion criteria are accurate in current protocol, but are guides for EMS clinician if they know any of the exclusion items but are not a discussion for EMS to have with family if not known.
g. Grey 18: remove "and/or mandated reporting" in #3 and add a section in #4 that describes what is and is not mandated with reporting. Minkler suggests AAG review this to ensure it meets the legal requirements. Discussion on this, including minor definition being the same elsewhere vs emancipation. Sholl agrees to having AAG review. Collamore and Sholl will do this.
h. Due to time, the section will be continued at next MDPB meeting

16) Additional Meeting
    a. Sholl proposes an additional meeting for protocol work, group discusses and decides for May 30 at noon. Minkler will add to the MEMS website

17) EMS Week
    a. Sholl praises EMS clinicians across the state for EMS week and encourages all to attend the Awards ceremony this afternoon at 1pm at the State House

18) Associate State Medical Director
    a. Dr. Kate Zimmerman shares that she will be stepping down as Associate State Medical Director and form the MDPB to focus on career and family goals. She has been in this role for 12 years, and the entirety of MDPB reluctantly accepts her resignation, wishing her much good fortune and success, and thanks her for the amazing innovations and efforts she has brough the entire Maine EMS system.
    b. Sholl describes the transition plan and interview process to fill this role with work from the MDPB and staff.

19) Old Business
    a. Deferred to June

20) Pilot Project – Delta Ventilator Pilot Program
    a. Deferred to June meeting

21) "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.**

22) **"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**

23) **"To do" items from February**
a. **Williams/Zimmerman/Minkler to wordsmith Pink 11 to include "following manufacturer instructions and compatible with stretcher"**

24) **"To do" items from March**
a. **Pieh/Adams will work with Dr. Brown on MD1 checklist**
b. **Zimmerman/Sholl will wordsmith IM only dosing for ketamine in behavioral emergencies**
c. **Meehan-Coussee/Sholl with work on verbiage for STEMI destination protocol**

25) **"To do" items from April**
a. **Ayer/Sholl to develop key points and recommend agencies review infection control plans, particularly around measles.**
b. **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.**
c. **ALL Authors need to send final reviewed protocol change documents to Zimmerman by June 25**

26) **"To do" items from May**
a. **Sholl will send a doodle poll to MDPB members to determine live webinar dates that work for members based on schedule**
b. **Williams and Zimmerman will add modified Valsalva info for pediatric patients in Pediatric Tachycardia**
c. **Collamore/Williams to add neonatal/young infant fever definition to purple**
d. **Collamore/Sholl will have AAG review Grey 18 proposed changes and definitions of minor and emancipation.**

27) **Meeting adjourned at 1227**

28) Next MDPB meeting will be May 30, 2025, at 1200.

Minutes by Marc Minkler.