

JANET T. MILLS GOVERNOR

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



MIKE SAUSCHUCK COMMISSIONER

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Medical Direction and Practices Board – June 18, 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, Colin Ayer, Bethany Nash, PharmD, Dr. Rachel Williams, Dr.

Dave Saquet, Dr. Benjy Lowry, Dr. Pete Tilney

Members Absent: Emily Bryant, PharmD, Dr. Kelly Meehan-Coussee, Dr. Tim Pieh, Dr.

Kelly Klein

MEMS Staff: Marc Minkler, John DeArmond, Melissa Adams

Stakeholders: Chip Getchell, David Ireland, Rob Sharkey, Dennis Russell

"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 1200 with a quorum. Sholl is chair.
- Introductions
- 3) Agenda
 - a. Purpose of this off-cycle meeting is timeline discussion of protocol updates, and review of Brown/Purple/Black/Grey sections, as well as the remainder of punch list items for protocols previously presented. Also important is discussion around other deliverables (white papers, draft education, etc).
- 4) Protocol Process Update
 - a. Blue, green, yellow, pink, orange, and red sections are done
 - b. A few parts remain to revisit in other sections, but minor in length/depth
 - 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.
 - d. Authors need to send final reviewed protocol change documents to Zimmerman by June 18
 - e. 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
 - f. July & August will be the recording sessions for MEMSEd
 - g. 4 webinars to be scheduled in Sept, Oct, and Nov (Sessions will be 1 day, 1 afternoon, 1 night, and 1 on weekend)
 - h. No in person updates, goal is to have both BLS and ALS MEMSEd courses but will depend upon time. No specific skills sessions anticipated at this time.

Goal is still to go live in December 2025

5) Purple/Brown/Grey Section Update

- a. Collamore presents on Grey/Black/Brown/Purple sections
- b. Grey 18 Sexual Assault Victims, Maine AAG assisted Collamore and Sholl on development and provided insight and Collamore proposes #3 "Mandated reporting is required in cases of sexual abuse of child (a person who has not reached the age of 18 years) or disabled person, refer to Grey 19-20 or Grey 21"
- c. Defines a child Grey 19 as a "Child is a person who has not reached the age of 18 years" and added the phone number in this section, as well as info if the abuse is done by someone not responsible for the child, reporting to the district attorney must also be done. Additionally reference on Grey 20. Lengthy discussion on the topic, Minkler will reach out to CPS for any conflicts and get information back to MDPB next week.
- d. Proposes updates to Telephone reference pages with current numbers and individuals and additional contact list
- e. New Protocol for Care of Deaf and Hard of Hearing, discussion on this, minor spelling correction, discussion around overall language access for foreign languages and if this should be protocolized as well. Suggestion is that Sholl/Collamore will discuss options/research and bring back in June
- f. New Protocol for Visually Impaired and Blind, discussion on this by all.
- g. Brown 1 update on rationale for protocols. Lengthy discussion on statement of these are used for 911/emergency and does this create conflict with statute/rules/EMTALA around IFT and non-emergency transports. Suggestion is to research further with Sholl/Jason Cooney and Melissa Adams and not likely a change for this cycle
- h. Brown 2 proposal to add the language following the current "will be a completed copy of the patient run report" of "unless they are utilizing a Maine EMS-approved electronic run reporting program that automates delivery of the report upon clinician completion/posting. This report must be completed within a time frame that allows receiving healthcare providers to utilize the information during patient evaluation". Friendly suggestion by Minkler/Ayer to add "to the hospital" after the suggested "automates delivery of the report". Lengthy discussion and clarification that clinicians must leave a completed run report before leaving the hospital except in rare instances is not a change, and this has been the language since 2013, and prior to that it was strongly encouraged. Discussion on the challenges with this, but no changes made. All approve the Brown changes.

6) Protocol "punch List"

- a. Zimmerman discusses left over tasks from previous presentations. Items include
 - i. Burn info from ABLS
 - ii. Pink: Zimmerman worked on language of peds restraint and stretcher compatibility
 - iii. Orange: Wordsmithing on ketamine dosing
 - iv. Red: STEMI destination wording
 - v. Grey: CPS and contacting the DA, language lines requirements
 - vi. Pink Sodium Bicarb and Magnesium dosing/dilution
 - vii. Formulary: dilution fluid types
 - viii. Blue: Change document updates

7) "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.

8) "To do" items from December Meeting

- Revisit chest decompression need for non-traumatic causes and possible need in other protocols
- Tilney will provide references and evidence on burns to revisit tabled item of fluid boluses on Green 16
- 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

9) "To do" items from February

a. Williams/Zimmerman/Minkler to wordsmith Pink 11 to include "following manufacturer instructions and compatible with stretcher"

10) "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

11) "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

12) "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.

13) "To do" items for May 30 meeting

- a. Minkler to research CPS and district attorney notification requirements
- b. Sholl/Jason Cooney/Melissa Adams to research and define purpose of protocols for future protocols

14) Meeting adjourned at 1403

15) Next MDPB meeting will be June 18, 2025, at 0930.

Minutes by Marc Minkler.