



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 – 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, Bethany Nash, PharmD, Dr. Dave Saquet, Dr. Benjy Lowry, Dr. Kelly Meehan-Coussee (leaves at 1225), Dr. Pete Tilney, Dr. Tim Pieh, Dr. Kelly Klein

**Members Absent:** Emily Bryant, PharmD, Dr. Rachel Williams, Colin Ayer

**MEMS Staff:** Marc Minkler, John DeArmond, Jason Oko, Jason Cooney, Ashley Moody, Rob Glaspy, Darren Davis

**Stakeholders:** Sean Brackett, Michael Reeney, AJ Gagnon, David Ireland, Joanne Lebrun, Jon Zumwalt, Chip Getchell, Chris Pare, Brandon Irwin, John Lennon, Dr. Norm Dinerman, Eric SWellman, Rachel Daube, Shawn Cordwell, Laura Downing, Aiden Koplovsky, Dr. Bob Brown, Rob Sharkey, David Tauber, Chris Moretto, Donald Sheets

*"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) Moment of Silence for the passing of Dr. Kevin Kendall. The MDPB would like to recognize his multiple prior EMS positions, from an MDPB member to an active medical director for a number of EMS Agencies, Kevin was a tremendously active member of our community. More than his contributions to the EMS System in Maine, you will also recall Kevin as a dedicated physician, inquisitive mind, and a gentle soul. He will be missed. In memory of Kevin, this moment of silence is to commemorate him and his service to the State of Maine. There will be a memorial celebration on June 26 from 4p-7p at Freeport Fire Dept.
- 4) Previous 2025 Minutes
  - a. **February 19 minutes, motion to approve by Collamore 2<sup>nd</sup> by Zimmerman, approved unanimously**
    - i. Corrected extraneous numbers after the pink section notes (typo)
  - b. **March 19 minutes, motion to approve by Collamore 2<sup>nd</sup> by Zimmerman, approved unanimously**
  - c. **April 16 minutes, motion to approve by Tilney 2<sup>nd</sup> by Collamore, approved unanimously**
    - i. Verbiage will be provided from Kate on Red section #11.b. on Saquet's motion
    - ii. Add the word "not" to the last red motion on aortic dissection"

- d. **May 21 minutes, motion to approve by Zimmerman 2<sup>nd</sup> by Tilney, approved unanimously**
  - i. Added note that MDPB will address 12.c. question on removal of both amiodarone and epinephrine prior to DSD.
- e. **May 30 minutes, motion to approve by Zimmerman 2<sup>nd</sup> by Nash, Meehan-Coussee abstains, approved by all others**

5) State Update

- a. O'Neal is on PTO. DeArmond provides state update
  - i. CP Funding has been released – those getting that money are asked to use it ASAP
  - ii. CoA accreditation occurred at Southern Maine Community College Monday and Tuesday – no citations – but some recommendations offered – including allowing the Program Director to be full time and not encumbered by teaching duties, overall went very well.
- b. Legislative Updates – Jason Cooney provides updates
  - i. Today is the last day of the first special session focusing on the budget – this has the potential to impact several MEMS items, including positions – Comprehensive health planner for CP and CCT – and a licensing agent – as well as other positions. These are currently in the bill.
  - ii. LD 35 – establishes a 6% ambulance assessment fee – approved for carry over
  - iii. LD 1981 – did pass both houses – but placed on the special appropriations table – therefore they need to pass the budget – and the funding – probably will know by Thursday afternoon – included a fiscal note as it includes a new board.
    - 1. Licensing Board
    - 2. Associate Regional Medical Directors
      - a. Saquet asks for clarification on regional medical directors. Sholl states there is a lot of activity on this. Suggests Saquet/O'Neal and Sholl could meet offline to discuss and update.
    - 3. On the special appropriations table – need to pass the budget bill first – then address the special appropriations – and look at the funds available after a balanced budget.
  - iv. LD 245 – Enact the Blue Ribbon Commission – 18 member EMS Commission proposal which is permanent - passed but on the special appropriations table. Passed with an 18-member commission. The fiscal note they included was \$2,630 dollars – but we included a fiscal note of about \$100,000
  - v. LD 831 – EMS services to islands – Maine EMS to convene a stakeholder group
  - vi. LD 583 – ambulance finance – hold over

6) Alternate Devices

- a. None

7) Special Circumstances Protocols

- a. None

8) Data Request

- a. Pathways for Maine Group. Davis discusses a request for identifiable data for a project at Cumberland County Jail. Maine EMS would provide notification of a patient who has been incarcerated, and they provided consent. Brandon Irwin from Cumberland County Public Health and Rachel Daube from JSI are present to discuss a project to track overdoses and those who are at risk of overdose deaths and incarceration. Irwin presents on his role as project director and the proposal. Discussion by MDPB and questions to Irwin on data protection and project aspects. **Motion by Zimmerman to approve data request from Pathways to Maine language allowing Maine EMS staff to share names of formerly incarcerated individuals who are encountered by the Maine EMS system after an overdose. 2<sup>nd</sup> by Meehan-Coussee. Approved unanimously.**

Sholl provides info that this also needs to be approved by Maine EMS Board and Maine EMS office. Irwin expresses thanks for this.

9) Pilot Projects

- a. Sanford POCUS provides monthly report
- b. MD3 report due in July
- c. Delta Ventilator project moved to end of meeting

10) Medication Shortages

- a. Nash states nothing new, Lorazepam still short, but not dire. Dexamethasone has one formulation unavailable but not critical shortage. Prefilled syringes have been up and down with availability. CyanoKits are back and available. Tilney asks about racemic epi but Nash is unsure but will look into it.

11) Emerging Infectious Diseases

- a. Measles continues to rise, no cases in Maine yet.
- b. Nash states some cases of TB in new Mainer population in Midcoast catchment area, 3 in past 2 months.

12) Protocol Update

- a. Sholl states if any slides from authors to use for education, they are due today. The slides used for the MDPB proposals were not necessarily final, so need is updated slides with the final decision and info. Final slides to be presented to MDPB July 9.
- b. Additional supporting documents to develop (July 7 due date)
  - i. White Papers
  - ii. Formulary
  - iii. 2025 OLMC Summary Document
  - iv. FAQ
  - v. Slides for use in hospital (optional)
- c. July 16-Aug 2 recording for slides by MDPB
  - i. If not submitted, Sholl/Collamore/DeArmond will record them and have ready for Sept 1
- d. No in-person update due to previous poor attendance
- e. 4 webinars to be scheduled in Sept, Oct, and Nov (Sessions will be 1 day, 1 afternoon, 1 night, and 1 on weekend). Sholl will send a poll out for members available
- f. Goal is to have both BLS and ALS MEMSEd courses but will depend upon time. No specific skills sessions anticipated at this time.
- g. Goal is still to go live in December 2025

13) Protocol "punch List"

- a. Zimmerman discusses leftover tasks from previous presentations. Items include
  - i. Purple 5: dilution fluid types – All Maine EMS medications except amiodarone and sodium bicarbonate are compatible with LR, NS, D5W. Amiodarone and Sodium Bicarbonate may only be mixed with D5W. Discussion on whether this should be listed in every location of meds to be mixed. Zimmerman suggests a white paper on this.
  - ii. Blue 8: add in 11.b.ii to "dilute in 50-100ml of D5W delivered via medication pump". Lengthy discussion on potential conflict with Purple 5 change above. **Motion by Zimmerman to change to "diluted in 50-100ml of IVF (D5W preferred) delivered via medication pump" 2<sup>nd</sup> by Ritter. Pieh No, all others Yes. Motion passes.**
  - iii. Red 8: 15.a. Change Amiodarone to include "should only be mixed in D5W". Lengthy discussion on potential conflict with Purple 5 change above.
  - iv. Red 12: Remove epi and amiodarone administration requirement prior to option of DSD

- v. Red 9: Calcium Gluconate dilution to change to IVF, **Pieh makes motion to leave as written, no 2<sup>nd</sup>, motion fails**
- vi. Red 9: Amiodarone fluid dilution clarified as D5W
- vii. Red 21: Update amiodarone and mag sulfate to match # ii above in Blue 8, remove reference to asthma, discussion on volume of infusion in smaller pediatric patients, Sholl and Nash will consult with Dr. Williams on this
- viii. Red 24: mag sulfate to match # ii above
  - ix. Peds Tachycardia (new): mag sulfate to match # ii above
  - x. Peds Tachycardia #2 (new): update wording, no ice available for EMS
- xi. Red 31: Calcium dilution fluid to change to IVF
- xii. Red 32: Calcium dilution fluid to change to IVF
- xiii. Gold 7: Broaden Pearl list of oral meds that may cause hypoglycemia
- xiv. Gold 9: Concern by Pieh around mag sulfate via IV pump in 12.a. If diluted in 100ml or more and following the “administer over 5 min”, this equals 1200ml/hr and many pumps lock out/max out at 999ml/hr. It would work in 50ml (becomes 600 ml/hr). Discussion is to bring this up in next round of protocols.
- xv. Green 3 & 4: Discussion on changes from Tilney on PECARN and Canadian C-spine. Would like to change to match their recommendations. Zimmerman points out that PECARN is based on head injury, not c-spine and the Canadian C-spine study does not include pediatrics. Sholl points out that MDPB updated info based on PEGASUS guidelines. Discussion decides to make no changes.
- xvi. Green 16: Burn info from ABLS on fluid rates, change #10 to
  - 10. If shock NOT present in patients with 20% or greater body surface burns, and in an effort to avoid over resuscitation, limit fluid resuscitation to the following rates
    - a. 5 years and under: 125 ml per hour
    - b. 6-13 years: 250 ml per hour
    - c. 14 years and over: 500 ml per hour
- xvii. Green 23: Added the dilution for sodium bicarbonate to match rest of protocols
- xviii. Yellow 2: Calcium gluconate dose to change to 3 grams
- xix. Purple: add neonatal fever and hypothermia definitions
- xx. Pink 8: Added 5-point harness to secure newborn to adult, changed #3 to “May use the size appropriate child restraint system secured to the stretcher, rear facing clinician seat, or captain's chair, following manufacturer's instructions.”
- xxi. Orange 6: Added table for ketamine dosing, add continuously monitor patient
- xxii. Grey 19: Discussion around need to contact a district attorney in addition to CPS. Minkler spoke with CPS Field Operations Director who stated this is part of what CPS does when a report is made and it would be duplicate efforts – the CPS is automated to notify DA. Decision by all is not require notification of DA, only CPS and follow mandated report guidelines as listed.
- xxiii. Grey 20: Remove Adult info as this is referencing Child Abuse
- xxiv. OD Green 10:
  - 1. Nash suggests adding “refer to manufacturing labeling regarding polysorbate 80” Pearl
- xxv. OD Green 12: Added OLMC for norepinephrine use
- xxvi. OD Green 28: Added resource list
- xxvii. **Motion by to approve OD K9 protocols by Saquet, 2<sup>nd</sup> by Lowry. Approved unanimously.**

14) Sholl acknowledges how this is Dr. Zimmerman’s last MDPB meeting as Associate State Medical Director and her tremendous contributions to the entire EMS system.

- a. Zimmerman thanks all and expresses appreciation and efforts of all. States she will still be around and working on EMS education and K9 protocols.

- 15) Sholl and Collamore will build change document
- 16) Nash will develop formulary, Sholl/Minkler will assist
- 17) Interviews for Associate State Medical Director
  - a. Looking to include MDPB, Board, and State EMS Office
  - b. July 1,7,10,11 interview dates
  - c. Will send info to all MDPB members who are not applying for the position
- 18) Regional Ops Update
  - a. Oko states Maine EMS has been sending a weekly Maine EMS recap out with positive feedback, please reach out to him to include any info, also notes MEFIRS update
  - b. DeArmond states he is working on updates on LMS (MEMSEd)
  - c. QI – Getchell states meeting at 1330 and draft QI manual
  - d. CP – Lowry states Soliana has developed a new website
  - e. EMS-C – HRSA has provided the remaining 55% of federal funds to fund through March 31, 2026
  - f. TAC – Meeting June 24 at 1230
  - g. Data – EMS 2024 Data Report has been released on website
  - h. EMD – No report
- 19) **Motion to enter executive session to discuss Delta Pilot Project by Collamore, 2<sup>nd</sup> by Saquet. Approved unanimously. Entered at 1256.**
- 20) **Exit executive session at 1330**
- 21) **“To do” items from November**
  - a. Tilney will draft protocol and/or education for HEMS for operations section. If protocol, will need a white paper on it.
  - b. Meehan-Coussee and Tilney will work on education for fluid bolus in trauma.
- 22) **“To do” items from December**
  - a. Revisit chest decompression need for non-traumatic causes and possible need in other protocols
- 23) **“To do” items from March**
  - a. Pieh/Adams will work with Dr. Brown on MD1 checklist
  - b. Meehan-Coussee/Sholl will work on verbiage for STEMI destination protocol
- 24) **“To do” items from April**
  - a. Ayer/Sholl to develop key points and recommend agencies review infection control plans, particularly around measles.
- 25) **“To do” items from May 21**
  - a. Sholl will send a doodle poll to MDPB members to determine live webinar dates that work for members based on schedule
- 26) **“To do” items from May 30**
  - a. Sholl/Jason Cooney/Melissa Adams to research and define purpose of protocols for future protocols
- 27) **“To do” from this meeting**
  - a. Nash/Sholl/Williams to work on pedi volume for infusions
  - b. All will submit any protocol slides by June 18, 2025

- c. Sholl and Collamore will build change document
- d. Nash will develop formulary, Sholl/Minkler will assist as helpful
- e. Sholl will send poll regarding availability of members and protocol webinar dates
- f. Sholl will send info on Associate State MD (CV, date and times of interviews)

28) **Motion by Zimmerman, 2<sup>nd</sup> by Nash, meeting adjourned at 1332**

29) Next MDPB meeting will be July 16, 2025, at 0930.

*Minutes by Marc Minkler.*