



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



JANET T. MILLS
GOVERNOR

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COMMISSIONER

WIL O'NEAL
DIRECTOR

**Medical Direction and Practices Board – November 19, 2025
via Zoom**

Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848

Zoom Address: <https://mainestate.zoom.us/j/81559853848>

Members present: Dr. Matthew Sholl, Dr. Jack Lewis, Dr. Kelly Meehan-Coussee, Dr. Bob Brown, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Dave Saquet, Dr. Benjy Lowry, Dr. Beth Collamore, Bethany Nash, PharmD, Colin Ayer, Dr. Rachel Williams, Dr. Pete Tilney

Members Absent: Dr. Kelly Klein

MEMS Staff: Marc Minkler, Ashley Moody, Jason Cooney, John DeArmond, Wil O'Neal, Jason Oko, Darren Davis

Stakeholders: Chip Getchell, Dr. Michael Schmitz, Heather Carney, Sean Brackett, Joanne LeBrun, AJ Gagnon, Michael Reeney, Rob Sharkey, Nate Allen, Don Sheets, Steve Smith, Dr. Norm Dinerman, Paul Froman

“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 0930 with a quorum. Sholl is chair.
- 2) Introductions
- 3) Previous 2025 Minutes
 - a. **September 2025 minutes are still being reviewed, October minutes are not ready yet. All tabled**
- 4) State Update
 - a. O'Neal – Provides update that several staff members are at NASEMSO East Region meeting in NJ, and Adams is at the APCO conference in Connecticut. Region 4 manager position and licensing agent position closes today and encourages interested folks to apply. Working with UMaine and community

colleges on the Healthcare Industry Workforce Partnership, and O'Neal will be on the group with support from DeArmond. Goal is to widen and improve the pipeline for EMS careers here in Maine. Licensing Board meets for first time tomorrow. The Regional Advisory Committees have begun meeting and seating their new members and getting up to speed. Discusses 2nd phase that looks at make up of EMS Board and potential changes. Pieh asks clarifying questions about the proposal appears to not have a voting physician. O'Neal states the makeup was based off Blue Ribbon Committee recommendations, but there may be changes to occur as the proposals are looked at. Feels it is critical to have a physician voice on the Board. Encourages MDPB to consider adding a friendly amendment to add a regional medical director to LD2187. Pieh feels this may be moving to fast and folks may need to time to review the document.

5) Pilot Projects

- a. MD3 pilot project – No report this month
- b. Sanford POCUS – Moulton submitted written info that there were no cases since last MDPB meeting. Sholl discussed that the pilot may have opportunity for more agencies to participate if desired as long as the training and other aspects of the approved pilot project are consistent.
- c. Delta Ventilator project update moved to end of meeting

6) Medication Shortages

- a. Nash states Some shortages of morphine and hydromorphone that may trickle down to impact fentanyl. Lorazepam has had intermittent issues of availability. Working on Protocol Formulary review. Minkler is assisting in editing. Should have done for next meeting and allow for all to review. Pieh and Meehan-Coussee would like to have MDPB review.

7) Alternate Devices

- a. None

8) Special Circumstances Protocols

- a. None

9) Data Use Agreement

- a. None

10) Emerging Infectious Diseases

- a. Sholl reminds all that it is flu and RSV season and COVID is still happening. Lewis shares that the Poison Center shared of an outbreak of infant botulism from a particular brand of infant formula with 23 hospitalizations across 13 states, none in Maine yet but incubation period is up to 30 days

11) BLS Position

- a. Sholl states announcement to recruit for BLS position. Group would like to keep open through end of January for applicants. Sholl discusses the process. Asks for

volunteers for interview committee, Nash, Collamore, Ayer, Lewis and Saquet volunteer offer to be a part of the interview team

12) Protocol Update

- a. Sholl states last two webinars were held and thanks all for their participation and help. Last webinar (Saturday morning) had 701 attendees. Reviewed the success of the recent protocol webinars, which attracted 1,990 total participants across multiple sessions, Collamore and Meehan-Coussee noted the value of live Q&A sessions. The team also discussed their FAQ document, which Beth had initiated, Sholl encouraged members to suggest any additional frequently asked questions that should be added to the living document.
- b. Discussion on quick sheets, which was a topic on Q&A and feedback from protocol process. Identified the need to revisit and update quick sheets, which were previously used to document essential patient information before hospital transfer. Sholl suggested creating a clinical bulletin to outline required elements, Pieh emphasized the importance of these forms in providing critical information to hospital staff. Collamore and Lowry highlighted the value of quick sheets in their regions, and Lewis stressed their potential for improving care consistency. Discussed challenges with patient identification on quick sheets.
- c. Davis suggested participation in the Data Committee to address documentation issues, emphasizing the importance of completing patient care reports promptly. Ayer highlighted the importance of service leadership in enforcing documentation standards and the need for paperless systems. The group agreed on the necessity of defining clear guidelines for when QuickSheets should be used and ensuring consistency between QuickSheet and run report information.
- d. O'Neal proposed collecting existing Quick Sheets, getting staff input, and creating a unified state-wide standard form. Regardless of how they are used, they need to be included as part of the final EMS patient care report by scanning them in, and clinicians should ensure the information is the same on the ePCR and the paper quicksheet. Sholl suggested publishing a clinical bulletin with required elements while allowing services to personalize their forms. The group agreed to revisit Quick Sheet expectations, share information in a clinical bulletin, and create an example of a Maine EMS-approved Quick Sheet while maintaining flexibility for services to use their existing forms. Moody suggests that hospitals are included in developing criteria needed to ensure it meets their needs from EMS as well. Sholl states that PCRs consistently are incomplete and this is a huge vulnerability for continuous patient care and protection of the patient, clinician and EMS agency.
- e. Group decides to hold on a clinical bulletin and to have O'Neal facilitate Maine EMS office collect EMS Quicksheets and review for best practices. Sholl will email previous requirements for Quicksheets. At same time, develop a FAQ on

documentation requirements (when it must be completed, are quicksheets allowed, other aspects of documentation and MEFIRS completion.

- f. Discussed protocol app and that DeArmond is continuing to work on updates and functionality, and updates to the calculator for medication dosing.
- 13) The group discussed responses to the AHA's 2025 updates, particularly regarding mechanical CPR and dual sequence defibrillation. They agreed to create FAQs rather than operational bulletins to clarify these points. Ritter and Meehan-Coussee will work on the dual sequence FAQ. Tilney will develop mechanical CPR FAQ. The team also reviewed plans for updating the app by December 1st, with further optimization discussions to follow. Matthew announced that he and Jack would begin debriefing the protocol update process for the next meeting.
- 14) Moody presented data on out-of-hospital cardiac arrests (CARES) in Maine, highlighting trends and comparisons with national averages. She noted that while Maine's overall survival rates are consistent with the national average, the state has lower AED application rates before EMS arrival. Moody suggested that improving AED availability and bystander CPR training could have the most significant impact on cardiac arrest outcomes. She also mentioned ongoing efforts to integrate AED information with dispatch centers, which have faced challenges due to varying IT capabilities. Sholl acknowledged Moody's dedication to reviewing all cardiac arrest cases and asked about potential areas for improvement. Moody provided suggestions for educational initiatives and further research on the use of IOs versus IVs in resuscitation efforts. Discussed PulsePoint app for cataloging AED locations and its potential to improve cardiac arrest response times. Moody emphasized the importance of individual services data and encouraged participants to utilize the app to log AED information. Nash raised concerns about the misuse of naloxone and being administered in lieu of epinephrine in cardiac arrest cases and suggested the need for better education on differentiating between cardiac arrest and opioid overdose. Pieh highlighted the success of local efforts in increasing AED availability and encouraged participants to contribute to this cause.
- 15) Cooney presents on ask from Rules Committee for MDPB to review a proposed Scope of Practice document to align with current or possible future protocols and EMS care. Goal is to identify any missing skills, techniques or judgements. The scope of practice is a legal description of the different distinction between licensed healthcare personnel and the lay public, as well as among the different levels of licensed healthcare professionals. Group discusses highpoints and seeks to obtain more data to support what has been done procedure wise and other skills in Maine. Sholl proposes a review and comments to be sent to him by December 10, 2025, to prepare an overall response for the Rules Committee. Cooney note that this is a concept document and would eventually go out for public comments, so there would be further opportunities for input as well.

16) New Business

- a. EdCom – DeArmond introduces Paul Froman as new Education Committee chair, reports on review of out of state programs, CEH programs, delivery of FTO programs in York County and participating in Accreditation review at Northern Maine Community College.
- b. QI – Getchell states meeting today at 1330 and working on QI manual draft
- c. CP – Lowry reports Amy Drinkwater has joined the committee and further interview scheduled for December to fill vacant positions, looking at CP tracks in future conference in Down East
- d. EMS-C – Minkler reports supporting the Portland EMS conference awarding 20 scholarships and reduction of 25% in registration for all attendees to cover pediatric portion of topics. Applied to HRSA for education funds to sponsor statewide NRP courses in 2026.
- e. TAC – No update
- f. Data – Davis reports meeting scheduling in process. Limiting MEFIRS changes to one day per month unless critical
- g. EMD – No report
- h. Delta Pilot Project
 - 1. **Motion to enter executive session to discuss Delta Pilot Project by Sholl, 2nd by Collamore. Approved unanimously. Entered at 1244.**
 - a. 1 M.R.S. § 405(6)(F) - Discussions of information contained in records made, maintained or received by a body or agency when access by the general public to those records is prohibited by statute
 - 2. **Exit executive session at 1307.**

17) Minkler requests a moment of silence for the 32nd anniversary of the AirMed crash.

18) Previous Meeting “To-Do’s”

- a. Sholl/Tilney to present info on CMMC trauma closure to TAC

19) Meeting “To-Do’s” from this meeting

- a. O’Neal to facilitate Maine EMS office collect EMS Quicksheets and review for best practices
- b. Sholl will email previous requirements for Quicksheets.
- c. Maine EMS will develop a FAQ on documentation in MEFIRS
- d. DeArmond to continue work on updating the protocol app and medication calculator with the app manager.
- e. Ritter and Meehan-Coussee will work on the dual sequence FAQ.
- f. Tilney will develop mechanical CPR FAQ.

20) **Meeting adjourned at 1310**, Next MDPB meeting will be December 17, 2025, at 0930.

Minutes by Marc Minkler.