



MAINE EMS SERVICE LICENSE APPLICATION

For what license are you applying?

- | | |
|--|--|
| ☐ 1. New Service License | ☐ 5. Change in Primary Service Area |
| ☐ 2. Upgrade in License Level | ☐ 6. Change in Service Name |
| ☐ 3. Downgrade in License Level | ☐ 7. Change in Base Location |
| ☐ 4. Change in Permit Level | ☐ 8. Paramedic Interfacility Transport (PIFT) Endorsement |

Section I - Service Information

A. Service Name: Hermon Fire Department Service #: 1021
Mailing Address: 327 Billings Road Shipping Address: 327 Billings Road
City: Hermon State: ME Zip: 04401 City: Hermon State: ME Zip: 04401

B. Business Telephone #: 207-848-5986 Fax #: 207-848-3316

C. Federal Tax ID# (EIN): 01-6000200 E-Mail Address: ouelletteb@hermonmaine.gov

D. Physical address of bases used by this service

1. Street: 327 Billings Road City: Hermon State: ME Zip: 04401
Telephone #: 207-848-5986 Fax #: 207-848-3316
Base Primary Contact: Captain Byron Ouellette

2. Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Base Primary Contact: _____

3. Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Base Primary Contact: _____

4. Street: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Base Primary Contact: _____

Section II – Service Administration

List the names and telephone numbers of the service administration. (Note: this list will supersede all previous lists).

A. DIRECTOR: Byron Ouellette *Maine EMS License #: 27521
* If no EMS License, mark N/A
E- Mail address: ouelletteb@hermonmaine.gov *Date of Birth: _____
* Required if no EMS License
Telephone #: Home: _____ Work: 207-848-5986 Cell: 207-573-8667

B. ASSISTANT DIRECTOR: Cody Sullivan *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: sullivanc@hermonmaine.gov *Date of Birth: 11/29/1986
* Required if no EMS License
Telephone #: Home: _____ Work: 207-848-5986 Cell: 207-307-9007

C. ADDITIONAL REPRESENTATIVE: Michael Simmons *Maine EMS License #: 13725
* If no EMS License, mark N/A
E- Mail address: simmons m@hermonmaine.gov *Date of Birth: _____
* Required if no EMS License
Telephone #: Home: _____ Work: 207-848-5986 Cell: 207-573-8875

D. SERVICE MEDICAL DIRECTOR: Jonnathan Busko *Medical License #: 16863
* Required
E- Mail address: jonnathan.busko@sjhhealth.com *Date of Birth: 05/22/1972
* Required if no EMS License
Telephone #: Home: _____ Work: _____ Cell: 207-333-7327

E. INFECTION CONTROL OFFICER: Cody Sullivan *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: sullivanc@hermonmaine.gov *Date of Birth: 11/29/1986
* Required if no EMS License
Telephone #: Home: _____ Work: 207-848-5986 Cell: 207-307-9007

F. PRIMARY QA/QI CONTACT: Byron Ouellette *Maine EMS License #: 27521
* If no EMS License, mark N/A
E- Mail address: ouelletteb@hermonmaine.gov *Date of Birth: _____
* Required if no EMS License
Telephone #: Home: _____ Work: 207-848-5986 Cell: 207-573-8667

Section III - Service Type

- A. Organizational Type: a. ____ Community, Non-Profit b. ☒ Fire Department c. ____ Governmental, Non-Fire
d. ____ Hospital e. ____ Private, Non Hospital f. ____ Tribal

Note: If you checked boxes a or e above, you must attach 4 character references in accordance with Chapter 3 §5.1.C.4.

B. For what type of service license are you applying?

- ☒ 9-1-1 Response (Scene) with Transport Capability _____ 9-1-1 Response (Scene) without Transport Capability
____ Scene Response Air Ambulance _____ Transfer Air Ambulance Service _____ Restricted Response Air Ambulance Service (RRAAS)

Section IV - License Level

Please indicate the license level at which the service can provide at least one EMS provider, licensed at the level of the service, on all emergency medical calls. This is the license level you may advertise.

(Note: Transporting Ambulance Services may not license at the first responder level).

_____ Emergency Medical Responder ☒ _____ Emergency Medical Technician _____ Advanced EMT _____ Paramedic

Note: If applying for licensure at the Advanced EMT or Paramedic level, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy) must be attached to this application.

Section V - Service Permit Level

Please indicate the level of care to which the service requests authorization to provide on a part time basis. This is the permit level of the service, and may not be advertised to the public.

_____ Emergency Medical Technician _____ Advanced EMT ☒ _____ Paramedic

Note: If applying for permit at the Advanced EMT, or Paramedic level, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application.

Section VI – PIFT Endorsement

PIFT Quality Assurance/Quality Improvement Plan- *Please include a written copy of the plan your service will use to review 100% of PIFT transports.*

Service Medical Director- Please list the name, address, and phone number of the Maine licensed physician who will be serving as the Service Medical Director for all PIFT transports.

Name: _____ Business Telephone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

As the service medical director for _____, I agree to provide medical oversight of paramedic interfacility transports under the Maine EMS PIFT Program, including operational support, education, and 100% QA/QI of all PIFT transport reports and QA forms as required by Maine EMS and the MDPB.

Signature: _____ Date: _____

Section VII - Service Area

Primary Response Area - List, by city or town, the service's Primary Response Area. A Primary Response Area is defined as the area(s) to which a service is made routinely available when called by the public to respond to medical emergencies.

Town of Hermon

Section VIII - Quality Assurance/Quality Improvement Committee

List the position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program

Director Ouellette

Asst Director Sullivan

Training Officer Simmons

QI Contact Andersen

QI Contact Low

Section IX - Communications

A. Describe the method for public access to the service; the name of the dispatch center; explanation of the dispatch method and procedures; type and quantity of communications equipment to be utilized; and a list of radio frequencies utilized by the service (use additional sheets as necessary):

The public can access EMS services via the 911 system through Penobscot Regional Communications center. From there Hermon Fire will be dispatched.

If unavailable they will utilize the list of ambulances provided. We utilize Kenwood mobiles and portables via Fire 1 and 2, Hermon Ops, Bangor and Hampden Fire, County and State Fire and Con-Ops when needed

B. Please list the following agencies and their telephone numbers:

Public Safety Answering Point (9-1-1 Center): Penobscot Regional Communications Center PSAP Business Tel #: 207-945-4636
(Other than 911)
Dispatch Agency: PRCC Dispatch Business Tel #: 207-945-4636

Section X - Vehicle Information

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary):

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Chassis Manufacturer	Ambulance Manufacturer	Chassis Year	Vehicle Type
	1FDUF4HN4PDA11444	427-212	ME	Ford	R Enterprises	2023	1

B. List, below, the Emergency Medical Services Vehicle(s) (EMSV) for which the service has received Maine EMS authorization. Do not list vehicles in this section that are licensed as ambulances or fire service vehicles.

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Vehicle Manufacturer	Vehicle Model	Vehicle Year	Vehicle Type

Section XI - Personnel

Please attach a current list of Maine EMS licensed personnel for your service.

(If the application is for a request to permit only, list only those personnel who are licensed at the proposed permit level.)

Section XII - Non Transporting Services Endorsement

A. Transporting Service Endorsement for Non Transporting Services

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in chapter 3 §5.1.C.5 of the Maine EMS Rules.

Name of Transporting Service: _____ Service #: _____

Signature of Authorized Representative: _____ Date: _____

Print Name of Authorized Representative: _____

Section XIII - Service Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § 81 *et seq*); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses. The service requesting licensure understands that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS service and agrees to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board, and further agrees that QA/QI information pertaining to the service may be shared amongst recognized participants within the Maine EMS QA/QI system. I request that the Maine EMS Board approve any changes indicated regarding the Service's Quality Assurance/Quality Improvement Committee (in accordance with 32 M.R.S.A. § 92-A *et seq*). I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the service's license by Maine EMS.

Print Name: Byron Ouellette Signature:  Date: 10/9/2025

FEE SCHEDULE

Service Fee - \$100.00 per Licensed per year

Transporting Ambulance - \$60.00 per Ambulance

EMS Vehicle Fee - \$60.00 per vehicle*.

*Fire Based Services, there is no fee to license non-transporting EMS vehicles.

Payment Authorization – Applicants may charge the cost of the service license and/or vehicles to their credit card.

I authorize the Department of Public Safety, Bureau of Maine Emergency Medical Services to charge my:

VISA MASTERCARD DISCOVER (circle one) the following amount: \$ 160.00

Card Number: 5533 1203 6069 2140 Expiration Date 09 / 29 mm/yyyy

Name of Card Holder Cody Sullivan

Billing Address of Card holder 333 Billings Road, Hermon ME 04401

SIGNATURE  DATE 10/9/2025

Applicants may also pay by purchase order or check. **Make checks payable to: Treasurer of State Maine**

Mail your signed application (photocopied, faxed or scanned signatures cannot be accepted) and fees to:

Maine EMS
152 State House Station
Augusta, Maine 04333.

Please call Maine EMS at 207-626-3860 if you have questions.



Maine EMS Vehicle License Application



Service Information:

Service Name: Hermon Fire Department
Service Number: 1021 Service Expiration: 11/30/2025
Mailing Address: 327 Billings Road
City: Hermon State: ME Zip: 04401
Telephone: (207) 848-5986 E-Mail: * ouelleteb@hermonmaine.gov
* Please provide the service email address for the vehicle license to be sent to.

Add Vehicle:

Please Identify the Type of Vehicle:

☒ Ambulance (Transporting) ☐ EMS Vehicle (Non-Transporting)**
**Please also include a copy of the vehicle title, state registration, and photos of all 4 sides of the vehicle.

Please Identify the Type of Licensing:

☒ Permanent Addition*** ☐ Temporary Addition ☐ Replacement of Current Vehicle
***Permanent addition of a vehicle increases the total number of vehicle licenses a service holds, and requires a licensing fee of \$5.00 per month. To calculate the license fee, determine the number of months until the expiration of your service license and multiply by \$5.00.

VIN Number: 1FDUF4HN4PDA11444 *Complete 16 digit number
DMV Plate Number: 427-212 State: ME *leave blank if not DMV registered
Chassis Manufacturer: Ford *i.e. Ford, Chevy, GMC, Dodge, etc
Ambulance Manufacturer: r enterprises *i.e. AEV, Horton, PL Custom, Wheeled Coach, etc
Chassis Year: 2023
Vehicle Type: Ambulance Type 1 *i.e. Type I, Type II, Type III, etc.

Remove Vehicle:

Please list the Maine EMS Vehicle License # for all vehicles being removed from the service's use:

MEMS Vehicle #:	_____	Reason:	_____
MEMS Vehicle #:	_____	Reason:	_____
MEMS Vehicle #:	_____	Reason:	_____
MEMS Vehicle #:	_____	Reason:	_____

I hereby request licensure/authorization/removal of the vehicle(s) listed above and certify that the vehicle to be added to service meets all applicable Maine EMS Rules and Maine Law.

Byron Ouellette

10/09/2025

Printed Name of Authorized Service Representative

Signature of Authorized Service Representative

Date

Please email this form to Maine EMS at ems.licensure@maine.gov. Licensure Fee Payment may only be made through credit/debit card transactions via the eLicensure Portal System.

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

152 State House Station, Augusta, Maine 04333-0152

With offices located at: Central Maine Commerce Center, 45 Commerce Dr, Augusta, ME 04330

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DRUG BOX AGREEMENT

Eastern Maine Medical Center d/b/a Northern Light Eastern Maine Medical Center ("Hospital") and Hermon Fire Department (the "Ambulance") shall enter into this Drug Box Agreement ("Agreement") effective on the date of the last signature below (the "Effective Date"), where Hospital shall provide and resupply medication(s) for the emergency treatment of patients in accordance with the following:

I. Policy

Hospital's Pharmacy has established guidelines for the provision, monitoring, and re-supplying of Hospital's medications in the drug boxes supplied to the Ambulance, Outside EMS Medication Restocking Policy ("Policy"). The Ambulance will comply with Hospital's Policy at all times when handling any medications provided in drug boxes to the Ambulance.

II. Purpose

- A. To provide medications in accordance with the Protocols and Rules of Maine Emergency Medical Services (EMS).
- B. To define the procedure for maintaining and restocking medications, adhering to all regulatory requirements.
- C. To assure the integrity of drug boxes containing Controlled Substances as defined by the Drug Enforcement Agency (DEA).
- D. To comply with the provisions of state and federal law, including but not limited to 42 C.F.R. § 1001.952(v), with regard to replenishment of ambulance providers and first responders.
- E. To enter into this Agreement intending to supersede all terms of the existing agreement between Hospital and Ambulance dated October 27, 1995 ("Existing Agreement"), the terms of which Existing Agreement Hospital and Ambulance intend to terminate upon the Effective Date of this Agreement.

III. Drug Box Procedure

- A. Medications shall be supplied by Hospital to the Ambulance utilizing the method indicated in **Exhibit A**, attached hereto and made a part hereof. The Ambulance will ensure the medication boxes are stored sealed and in a location that allows for limited access (i.e., jump kit or cabinet) when not in use.
- B. The Hospital Pharmacy will resupply drug boxes for all scheduled medications, all expired drugs, and all drugs used to treat patients being transported in accordance with the method indicated in **Exhibit A**. All medications supplied under this Agreement are at all times the property of the Hospital, not Ambulance. The Hospital is responsible for tracking and controlling distribution of all controlled substances which it dispenses, and Ambulance is obligated hereunder to assist in any reasonable means necessary to allow the Hospital to account for the medications supplied. The Hospital Pharmacy will keep a record of all scheduled medications resupplied at the Hospital Pharmacy. This record will contain, as applicable, a list of seal numbers that are supplied and the date of the earliest medication to expire will be labeled on the outside of the drug box. This record will also contain the name of the Hospital pharmacist or designee who was responsible for filling the medication order. The completed records will be kept by the Hospital Pharmacy.
- C. Upon issuance, all drug boxes will be numbered by the Ambulance and sealed with numbered seals. The Hospital Pharmacy will document the seal numbers on the EMS Drug Inventory Charge Sheet. The numbered seal shall be returned to the Hospital Pharmacy after the box has

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been used. This seal also must be returned with the box. The scheduled medications will be kept in the Hospital Pharmacy vault until such time as the drug box needs to be refilled. The Ambulance Emergency Medical Technician ("EMT") or Paramedic shall sign for receipt of scheduled substances.

- D. All medications and all controlled substances used by Ambulance personnel during the ambulance run must be documented on the *pharmacy charge sheet* or *run report* in the drug box with all patient and administration data required by Hospital to ensure its audit capabilities, including, but not limited to: date and time of the emergency call; patient's name and date of birth or Patient Care Report Run Numbers; name and amount of the controlled substance delivered; medication wasted (witness signature required), name and signature of administering Paramedic. Ambulance will comply with all Hospital requests for periodic audits in a timely fashion, including delivery of all requested run sheets, and will report promptly to Hospital for an audit of all drugs contained in the drug box when requested. In the event the Hospital suspects discrepancies in the administration of any medications supplied by the Hospital, the Hospital reserves the right to audit the Ambulance records immediately upon demand. The Ambulance shall maintain such records for a period of no less than five (5) years. Records shall be made available for inspection by Hospital, the Maine EMS Board, or the Secretary of the United States Department of Health and Human Services upon request.

A physician must order administration of the *controlled substances* and then the physician must sign the *pharmacy charge sheet* unless the medication is given under "standing order" as described in the current Maine EMS protocol. If given under standing-order, the box on the pharmacy charge sheet stating that the drug was "given under standing order" must be checked. The completed charge sheet must be returned to the Hospital Pharmacy with the medication box. The original will be left at the Hospital Pharmacy and a copy will be kept by the Ambulance. All *pharmacy charge sheets* with *controlled substance* documentation will be retained in the Hospital Pharmacy for five (5) years.

- E. The Hospital Pharmacy may test all returned narcotics. Any deviation from the standard will result in an investigation and could result in the termination of this Agreement between Hospital and the Ambulance. The Hospital Pharmacy will be responsible for reporting any discrepancies to the DEA.
- F. The Hospital Pharmacy will charge the Ambulance fair market value for the supplies and services under this Agreement, including but not limited to used or expired drugs, as reflected on **Exhibit B**, attached hereto and made a part hereof. **Exhibit B** reflects the cost of supplies and services at WAC + 20% at the time this Agreement was executed. **Exhibit B** may be amended from time to time to reflect the change in WAC for such supplies and services. The parties hereby acknowledge that the compensation terms set forth hereunder have not been determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties.

IV. Out of Drug Box Storage

- A. Non-scheduled medications approved for out-of-drug-box storage in accordance with the *Standard for Out-of-Drug-Box Medication Storage*, revised April 4, 2012, will be stored in an Out-of-Drug Box kit.
- B. Out-of-Drug-Box medications may be supplied by the Ambulance and will be stored in a medication box on each emergency response vehicle. These medications will be purchased by the Ambulance and the Ambulance will monitor their use and replenishing. The Ambulance will provide medication boxes and store the medication boxes in a location that allows for limited access (i.e. jump kit or cabinet) when not in use.

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V. Prescribing, Ordering and Recording

The administration of all medications to a patient shall be determined by applicable protocols or online medical control and be documented on the patient care report.

VI. Term and Termination

So long as the Ambulance maintains licensure by the State of Maine, this Agreement will automatically renew on the yearly anniversary of the Effective Date, unless terminated as set forth herein. Either party, upon thirty (30) days' written notice to the other, may terminate this Agreement at any time. The Hospital may terminate this Agreement immediately if it discovers that the Ambulance has breached its obligations hereunder.

VII. Miscellaneous

- A. The administration, monitoring, maintenance and billing of medications placed with the Ambulance shall be carried out in accordance with applicable state and federal law and regulation, Maine EMS Prehospital Treatment Protocols and applicable policies, protocols and procedures of Hospital and the Ambulance. Each party agrees to furnish to the other party the most recent versions of applicable policies, protocols and procedures and with any amendments and updates thereto.
- B. Hospital, its successors and assigns, agree to hold harmless and indemnify the Ambulance, its successors and assigns, from any claim, costs, liabilities, and expenses arising from or attributable to any acts or omissions of the agents or employees of Hospital in performing its obligations under this Agreement. The Ambulance, its successors and assigns, agree to hold harmless and indemnify Hospital, its successors and assigns, from any claim, costs, liabilities and expenses arising from or attributable to any acts or omissions of the agents or employees of the Ambulance in performing its obligations under this Agreement.
- C. Each party shall maintain a policy of professional liability insurance during the term of this Agreement in an amount sufficient to cover its obligations under this Agreement. In the event a party's professional liability insurance coverage is on a claims-made basis, such party shall continue that coverage following termination or expiration of this Agreement, or obtain additional insurance in the same coverage amounts for claims brought after termination or expiration of this Agreement with respect to occurrences during the term of this Agreement.
- D. It is understood and agreed between the parties hereto that Hospital's participation in this Agreement and maintenance of medications in the Ambulance's drug boxes shall not constitute a partnership or joint venture. Each party shall be responsible for providing its own services as described herein and according to the aforementioned laws, regulations, policies, procedures and protocols.
- E. Hospital's provision of medications hereunder is in no manner based upon or conditioned upon the volume or types of patients transported to Hospital. The Ambulance may transfer patients to any other entity providing emergency medical or hospital treatment consistent with professional medical judgment and the needs and wishes of the individual patients.
- F. Each party agrees that until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, the parties shall make available, upon written request, to the Secretary of the United States Department of Health and Human Services or to the Comptroller General of the United States, or any of their duly authorized representatives, this Agreement, and any books, documents and records of each party that are necessary to certify the nature and extent of the costs.

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- G. This Agreement shall be governed by and construed in accordance with the laws of the United States of America (FDA, DEA) and the State of Maine.
- H. This Agreement may be modified or amended by written agreement of the parties hereto. Any such modification or amendment shall be attached to and become part of this Agreement.

Northern Light Eastern Maine Medical Center

Hermon Fire Department

By: 
Name: Lynn Thornton
Title: Director of Pharmacy
Date: 03/13/24

By: 
Name: Byron Ouellette
Title: Fire/EMS Captain
Date: 03/15/2024

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EXHIBIT A

METHOD FOR DRUG REPLENISHMENT

1. Hospital will provide drug replenishment under the following model for restocking:

☐ One-for-One Model (Pharmacy)

- i. This model requires EMS personnel to exchange used or expired medications with a pharmacist or other designated member of the Hospital staff at Hospital's Pharmacy ("Pharmacy").
- ii. When exchanging used medications, EMS personnel are required to provide the Pharmacy with documentation of administration, which at a minimum includes:
 1. The date and time of the emergency call
 2. The patient's name and date of birth or Patient Care Report Run Numbers
 3. The name and amount of controlled substance delivered
 4. Documentation of medication wasted with the signature of a witness
 5. The name and signature of the administering Paramedic.
- iii. Other requested information may include new and used drug pouch seal numbers and Paramedic state license numbers.
- iv. Documentation of request for exchange and charge vary by participating NLH Hospitals. EMS personnel are expected to comply with documentation requests from Hospital.

☐ One-for-One Model (Automated Dispensing Cabinet)

- i. This model requires EMS personnel to exchange used or expired medications through a designated automated dispensing cabinet.
- ii. When exchanging used medications, EMS personnel are required to provide the Pharmacy with documentation of administration in the form of a Patient Care Report Run Sheet. The Hospital will provide a dedicated printer for EMS personnel to utilize for the printing of requested documentation.
- iii. Each EMT or Paramedic will be designated access to the automated dispensing cabinet by the Hospital. The Hospital will limit access to the medications authorized for pre-hospital treatment by Maine EMS. The Hospital requires a designated member of the Hospital staff to witness all removals of controlled substances by a Paramedic.
- iv. Exchanges of expired medications may be completed at the automated dispensing cabinet. The Hospital requires a designated member of the Hospital staff to witness exchanges of expired controlled substances by a Paramedic.

☐ Box Swap Model

- i. This model requires EMS personnel to exchange a complete medication box with a pharmacist or other designated member of the Hospital staff.

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- ii. Each box will contain a documentation sheet with the following information required:
 - 1. The date and time of the emergency call
 - 2. The patient's name and date of birth
 - 3. The name and amount of controlled substance delivered
 - 4. Documentation of medication wasted with the signature of a witness
 - 5. The name and signature of the administering Paramedic.
- iii. Other requested information may include Patient Care Report Run Numbers, new and used drug pouch seal numbers, and Paramedic state license numbers.
- iv. Boxes will be stored and returned to a secure location and exchanged on a box-for-box basis.
- v. If documentation is not completed, the Pharmacy may request a copy of the Patient Care Run Report Sheet for completion.

For any of the methods used above, used or expired drugs will be exchanged in the Hospital Pharmacy unless Hospital is (i) using an automated dispensing cabinet model or (ii) currently working under a disaster plan, in which case, the boxes may be restocked in the Hospital's Emergency Department.

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EXHIBIT B

COST SCHEDULE

Medication	NDC/UPC	Product Description	Price List for EMS per unit
Acetaminophen (Chewable Tablets)	309046-645245	30 Count Bottle of 160mg Chewable Tablets	\$1.88
Acetaminophen IV	00781-3156-95	1000mg/100ml Bottle	\$13.37
Adenosine	67457-0855-02	6 mg/2ml Vials	\$6.75
Albuterol	76204-0200-01	2.5mg/3ml Neb	\$0.22
Amlodarone	63323-0616-03	150mg/3ml Vials	\$1.96
Amlodarone in D5W (Premix)	43066-0150-10	(1) 150mg/100ml	\$32.53
Aspirin (chewable tabs)	357896-911362	81mg Tablets	\$0.02
Atropine	00409-4911-34	1mg/10ml Syringe *Note- 10ml product cannot be used for IM administration.	\$14.07
		OR 1mg/ml Vials	\$6.73
Calcium Gluconate	75834-0171-19	1 Gram/10ml Vials	\$11.28
	65219-0162-10	OR Premixed 1 Gram/50ml IV Bag	\$14.40
Ceftriaxone	60505-6148-04	1 Gram Vial	\$1.70
Ceftriaxone	60505-6149-04	(1) 2 Gram vials	\$4.19
Dexamethasone	63323-0506-01	10mg/ml Vial	\$7.03
Dextrose - D10W	00990-7930-03	250ml Premixed IV Bag	\$6.30
Dextrose - D50	00409-7517-16	25 Grams/50ml Syringe or Vial	\$12.43
Diphenhydramine	63323-0664-01	50mg/ml Syringe or Vial	\$2.71
Epinephrine 1mg/10 ml	76329-3318-01	1mg/10ml Syringe	\$13.14
Epinephrine 1mg/ml Epinephrine Infusion Epinephrine Nebulized	54288-0103-10	1mg/1ml Ampule or Vial	\$10.01
Epinephrine Auto-injector 0.15mg JR	49502-0101-02	Optional	\$168.77
Epinephrine Auto-injector 0.3mg ADULT	00115-1694-49	Optional	\$172.34
Fentanyl 100mcg/2ml vial	00409-9094-22	CONTROLLED SUBSTANCE - Refer to Hospital Contract	\$1.56
Glucagon	00548-5850-00	1mg Vial/Kit	\$280.38
Glucose	880681-100004	10 Tablets	\$2.11
	021292-004415	Gel	\$2.32
Ipratropium Bromide / Albuterol Mix	60687-0405-83	0.5mg/2.5mg 3ml Neb	\$0.67
Ketamine 500mg/5ml vial	00409-2051-05	CONTROLLED SUBSTANCE - Refer to hospital contract	\$9.14
Lidocaine 2% vials for injection	55150-0165-05	5ml Vials	\$1.78
Magnesium Sulfate 1gm/2ml vials	63323-0064-03	Vial Size May Vary	\$2.23

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Metoprolol	00409-1778-05	5mg/5ml Vial	\$0.76
Midazolam 5mg/ml	00641-6061-25	CONTROLLED SUBSTANCE - Refer to Hospital Contract	\$0.66
Midazolam 10mg/2ml	00409-2308-02	CONTROLLED SUBSTANCE - Refer to Hospital Contract	\$1.03
Naloxone	76329-3369-01	2mg/2ml Syringe or Vial	\$37.38
Nitroglycerin	59762-3304-03	25 Tablet Bottle 0.4mg SL	\$3.48
	28595-0120-49	OR Spray	\$118.30
Nitroglycerine 2% Ointment	00281-0326-08	1 Gram Packet & Paper Applicator	\$2.65
Norepinephrine	51991-0983-17	4mg Vials	\$3.96
Ondansetron ODT	68462-0157-13	4mg Tablets	\$0.45
Ondansetron IV	72266-0123-25	4mg/2ml Syringe or Vial	\$0.48
Oxytocin	63323-0012-11	(1) 10 units/1 ml	\$3.23
Sodium Bicarbonate	00409-6637-14	50mEq/50 ml 8.4% Syringe or Vial	\$16.08
Tetracaine	00065-0741-14	0.5%Dropper	\$14.03
Tranexamic Acid (TXA)	55150-0188-10	1 gram/10 ml vial	\$3.49
	51754-0108-03	OR premixed 1gram/100 ml IV bag	\$10.08
Heparin for heparin lock use ONLY	63323-0545-01	100 units/ml 1 ml MDV	\$1.80
Heparin for heparin lock use ONLY	63807-0500-55	10-units/ml 5ml syringe	\$0.69
Heparin for heparin lock use ONLY	63807-0600-55	100 units/ml 5ml syringe	\$0.82
Normal Saline	00338-0049-04	1000ml Bag	\$5.42
	00338-0049-03	500ml Bag	\$4.64
	00338-0049-02	250ml Bag	\$4.33
	00338-0049-38	100ml Bag	\$2.59
	00338-0049-31	50ml Bag	\$2.59
D5W (IV Fluid)	00338-0017-03	500ml Bag	\$4.52
	00338-0017-02	250ml Bag	\$4.35
	00338-0017-31	100ml Bag	\$2.59
	00338-0017-31	50ml Bag	\$2.59
Lactated Ringers (IV Fluid)	00338-0117-04	1000ml Bag	\$5.68
	00338-0117-03	500ml Bag	\$5.08
Mark-1 Auto injector (Duodote) Atropine/Pralidoxime	11704-0620-01	Optional	\$89.14
Cyanokit	50633-0310-11	Optional	\$1,090.24

Name	Positions	Number	Level	Issued Date	Expiration	Status
Gonyea, Vicki L		29593	Emergency	3/4/2025	3/31/2027	Valid
McPherson, Joshua J		29613	Emergency	10/2/2017	#####	Expired
Teed, Mackenzie R		32145	Advanced E	8/1/2025	3/31/2026	Valid
Campbell, Eric S		23380	Emergency	8/30/2024	3/31/2026	Valid
Mason, Sherman D		9757	Paramedic	6/4/2025	6/30/2027	Valid
Lavoie, Christopher J		22517	Emergency	9/2/2021	3/31/2026	Valid
Skrabak, Brittany A		33871	Paramedic	6/13/2025	6/30/2027	Valid
Hallett, Ethan G		32454	Emergency	9/15/2025	9/30/2027	Valid
Smithers, Austin		9.99E+09	Other Non-Healthcare			
Simmons, I Agency Trai		13725	Advanced E	7/20/2025	7/31/2027	Valid
de Lannee de Betrenco		32496	Paramedic	#####	#####	Valid
Nabreski, John		33290	Advanced E	5/9/2025	5/31/2027	Valid
Corriveau, Chandler L		23014	Paramedic	4/18/2019	4/30/2025	Valid
Ouellette, E Primary Co		27521	Paramedic	9/28/2021	3/31/2026	Valid
Sullivan, Cc Assistant D		9.99E+09				Valid
Boudreau, Kevin P		30581	Paramedic	1/26/2024	1/31/2026	Valid
McCarthy, Kendrick A		28539	Emergency	2/13/2024	3/31/2026	Valid
Andersen, Steve Scott		33172	Advanced E	7/21/2025	7/31/2027	Valid
Boudreau, Jeffrey W		32919	Emergency	3/24/2025	3/31/2027	Valid
Dunn, Drew C		35274	Emergency	9/16/2025	9/30/2027	Valid
Busko, Jonr Medical Dir	MD16863					
Skowyra, Shea		33761	Advanced E	9/10/2025	9/30/2027	Valid
Jellison, Aa Agency Trai		26114	Paramedic	9/1/2024	9/30/2026	Valid
Low, Aidan G		33125	Advanced E	6/27/2025	6/30/2027	Valid

Hermon Fire Department

EMS Safety Plan

1. Purpose

To establish policies and procedures that ensure the safety of EMS personnel, patients, and the public during all emergency medical operations conducted by Hermon Fire Department.

2. Scope

This plan applies to all Hermon Fire Department personnel providing EMS care, including EMTs, AEMTs, and Paramedics, whether operating on primary response units, fire apparatus, or mutual aid calls.

3. Safety Responsibilities

Chief / EMS Director

- Maintains overall responsibility for the implementation and enforcement of the EMS Safety Plan.
- Ensures compliance with Maine EMS rules, OSHA standards, and NFPA 1500.

Officers / Supervisors

- Ensure crews follow safety practices on all calls.
- Conduct post-incident reviews for safety concerns.

EMS Providers

- Responsible for their own safety, partner's safety, and patient safety.
- Report hazards, near misses, and injuries immediately.

4. Personal Protective Equipment (PPE)

- Minimum EMS PPE: gloves, eye protection, high-visibility vest.
- Expanded PPE as indicated: N95 respirator, face shield, gown, helmet, structural gloves, turnout gear.
- Scene PPE: reflective traffic vest required at all roadway incidents per Maine law.

5. Scene Safety

- Initial Size-Up: Units shall stage until law enforcement declares a scene safe when violence or weapons are suspected.
- Traffic Incidents:
 - Position apparatus to block work area.
 - Wear ANSI-approved reflective vests.
 - Use cones/flares when safe.
- Fire/Rescue Environments: Follow IC direction, utilize SCBA in IDLH atmospheres.

6. Infection Control & Exposure

- Universal precautions followed at all times.
- Use of agency-approved disinfectants after every patient contact.
- Exposures reported immediately to officer and documented per Maine EMS rules.
- Annual Bloodborne Pathogen and Respiratory Protection training required.

7. Patient Handling & Provider Safety

- Use safe lifting techniques; minimum two providers for stretcher lifts.
- Utilize mechanical aids (stair chair, power stretcher) whenever possible.
- Request additional resources (mutual aid or fire suppression personnel) if safe handling cannot be achieved with on-scene staff.

8. Vehicle Operations

- Drivers must be EVOC-certified and follow Maine EMS emergency vehicle regulations.
- Emergency response is limited to situations where time is critical to patient outcome.
- All personnel must be seated and belted during vehicle movement.
- Speed and driving must consider road, weather, and traffic conditions.

9. Behavioral & Mental Health Safety

- Crews may request law enforcement assistance if patient behavior poses a risk.
- Use de-escalation techniques before physical restraint.
- Violent patients may only be restrained per Maine EMS protocols.
- Critical Incident Stress Management (CISM) resources available after major events.

10. Training & Drills

- Annual EMS Safety Training (per Maine EMS requirements).
- Vehicle safety & roadway operations refresher annually.
- Infection control training annually.
- Documentation of training maintained by EMS Officer.

11. Incident Reporting & Review

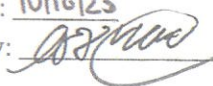
- All accidents, injuries, or near misses must be documented in writing.
- EMS Officer conducts a review and forwards findings to the Chief.
- Safety trends identified and addressed through updated training or procedures.

12. Plan Review

- This EMS Safety Plan will be reviewed annually by the EMS Officer and Fire Chief.
- Updates made as required by changes in Maine EMS regulations, NFPA standards, or agency needs.

Effective Date: 10/10/25

Review Date: 10/10/25

Approved By:  (Fire Chief)



PENOBSCOT COUNTY
REGIONAL COMMUNICATIONS CENTER

Christopher J Lavoie
Director

Bradley B Fitzgerald
Deputy Director

July 31, 2025

Jason Oko
Maine EMS Regional Manager (Region 3)
Maine Emergency Medical Services
152 State House Station
45 Commerce Dr, Suite 1
Augusta, ME 04333

Dear Mr. Oko,

The Penobscot Regional Communications Center is the sole dispatch agency for Hermon Fire Department (HFD). We provide 24/7 NG-9-1-1 and radio dispatching for the HFD, which has provided us with a sufficient response plan for the Town of Hermon. We support HFD in their pursuit to be a transporting service. If you have any questions, please do not hesitate to reach out to me.

Respectfully,

A handwritten signature in black ink, appearing to be "CL", with a long horizontal flourish extending to the right.

Christopher Lavoie
Director
Penobscot RCC

INTEGRITY * COMPASSION * PROFESSIONALISM * TEAM SPIRIT

97 Hammond Street, Bangor Maine 04401 • Phone 207 945-4636 • Fax 207 942-9431

Commissioners: Andre Cushing ~ Daniel Tremble ~ David Marshall



st. Joseph Healthcare

St. Joseph Hospital

A Member of Covenant Health

360 Broadway, PO Box 493
Bangor, Maine 04402-0403
Ph: 207.907.1000 fax: 207.907.1329

May 21, 2025

Hermon Town Office
Attention: Town Manager
327 Billings
Hermon, Maine 04401

Re: Medical Director to Hermon Fire Department by and between St. Joseph Hospital (the "Hospital") and Jonnathan Busko, M.D. entered into November 15, 2023 (the "Agreement")

Dear Sir or Madam,

This letter confirms your acceptance of an additional renewal term of one (1) year of the above-referenced Agreement. Therefore, the Agreement has been extended through November 14, 2026.

All other terms in the Agreement remain in effect. The Agreement, and this renewal are the complete and only agreements between you and St. Joseph Hospital.

If the foregoing is acceptable to you, please sign the enclosed copy of this letter and return it to Dave Koffman, Vice President of Medical Affairs, St. Joseph Hospital.

Sincerely,

Gregory T. LaFrancois, MHA, FACHE
President

Agreed & Accepted:


Hermon Town Manager
5/21/25

MEDICAL DIRECTOR AGREEMENT

THIS MEDICAL DIRECTOR AGREEMENT ("Agreement") is entered into as of, October __, 2023 (the "Effective Date"), by and among ST. JOSEPH HOSPITAL, Bangor, Maine (hereinafter referred to as the "SJB"), a Maine not-for-profit corporation affiliated with Covenant Health, Inc., a Massachusetts non-profit corporation ("Covenant Health"), and THE MUNICIPALITY OF HERMON (hereinafter referred to as "HERMON FD") and together with SJB, a "Party" or collectively the "Parties").

RECITALS

WHEREAS, SJB employs Jonnathan Busko, a duly licensed physician in the State of Maine (the "Physician");

WHEREAS, the Physician has expertise to provide certain medical director or related services needed by HERMON FD;

WHEREAS, HERMON FD desires to engage with the Physician through SJB to provide medical director services as Medical Director ("Medical Director"), based upon the terms and conditions of this Agreement; and

WHEREAS, Physician desires to render such services as Medical Director to HERMON FD on the terms and conditions specified herein.

NOW THEREFORE, in consideration of the foregoing recitals and the mutual promises and conditions set forth herein, and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, SJB, the Physician and HERMON FD agree as follows:

- 1 Services. As of the Effective Date, the Physician, or in his absence, a mutually agreed upon replacement, is hereby engaged to provide, and the Physician agrees to provide, the services as more particularly described in EXHIBIT A attached hereto (the "Services"), in accordance with the terms and conditions set forth herein and all applicable policies and procedures adopted by HERMON FD from time to time. The Services shall be performed in accordance with the terms set forth in EXHIBIT A attached hereto. The Physician shall periodically submit time records for Services rendered pursuant to this Agreement in a manner consistent with HERMON FD's timekeeping practices and policies.
- 2 Standards of Conduct. The Physician shall perform his duties and obligations under this Agreement in a competent, professional and ethical manner, in accordance with the prevailing standards of medical practice and in compliance with all rules of professional conduct, HERMON FD's Ordinances, applicable federal and state laws and regulations and standards of applicable accreditation organizations. In particular, the Physician shall comply with the provisions of the Stark law, 42 U.S.C. §1395nn, and the federal anti-kickback statute, 42 U.S.C. §1320a-7b(b), and the regulations promulgated thereunder, all as amended from time to time. Should the Physician become aware of any

facts or incidents that the Physician believes may violate any provision of the foregoing legal or regulatory requirements or any of HERMON FD's programs, policies or standards, the Physician shall promptly inform HERMON FD of such facts or incidents. Neither Party to this Agreement is obligated, required, or directed to refer Medicare, Medicaid or other Federal health care program patients to the other. In particular, the Physician is not required or expected to directly or indirectly make referrals to HERMON FD or its affiliates in consideration for the remuneration paid under this Agreement. The Parties agree that the payments made pursuant to this Agreement for the Services have been determined in arms-length bargaining and are consistent with fair market value, without consideration of the relationship of the Parties or other business generated between the Parties.

3 Physician Qualifications and Representations.

3.1 Qualifications. At all times during the term this Agreement, SJB shall ensure that the Physician shall:

- 3.1.1 Maintain a currently valid and unrestricted license to practice medicine in the State of Maine, in good standing, and maintain valid and current registrations to prescribe and dispense controlled substances as required by federal, state, and local laws and regulations;
 - 3.1.2 Serve on SJB's Medical Staff and maintain membership on the Medical Staff in good standing, and unrestricted clinical privileges as required, in accordance with SJB's Medical Staff Bylaws, Rules & Regulations, and Policies;
 - 3.1.3 Completed any State required educational sessions for medical directors; and
 - 3.1.4 Not engage in conduct that is harmful or disruptive to the operations, reputation or interests of HERMON FD, nor that constitutes a threat to the health, safety or welfare of any person, including without limitation HERMON FD patients and personnel.
- 3.2 Representations and Warranties.** SJB represents and warrants that the Physician has not been (1) convicted of a criminal offense related to health care and/or the provision of services paid for by Medicare, Medicaid or any other federal health care program; (2) excluded/debarred from participation in any federal health care program, including Medicare or Medicaid; or (3) the subject of a disciplinary action resulting in the revocation or suspension of the Physician's license, certification, permit or other approval necessary to provide the Services required under this Agreement.

4 Obligations of HERMON FD. HERMON FD shall fulfill the obligations set forth in **EXHIBIT B.**

5 Billing. No professional medical services are included in the Services and neither SJB nor the Physician will bill or collect for the Services from any third-party payor or patient.

6 Payment Terms.

6.1 Compensation. In consideration of the Services provided pursuant to this Agreement, HERMON FD agrees to pay SJB the fees specified in **EXHIBIT C.** which fees shall be payable in accordance with HERMON FD's usual and customary payment Exhibit.

- 6.2 Benefits: Income and Employment Taxes. The Parties agree that the Physician is not, and nothing in this Agreement shall be construed to indicate that the Physician is an employee of HERMON FD, and the Physician shall not be eligible to participate in any benefit program provided by HERMON FD for its employees by reason of this Agreement. SJB is and shall be deemed in all respects the employer of Physician and shall be responsible for the payment, on behalf of the Physician, of taxes, withholding payments, penalties, fees, fringe benefits, contributions to insurance and pension or other deferred compensation plans (including, but not limited to, workers' compensation and Social Security obligations), and licensing fees, and the filing of any necessary documents, forms and returns pertinent to any of the foregoing.
- 6.3 Insurance. SJB shall be responsible for all insurances associated with Medical Director, and the activities and services of Medical Director under this Agreement, including but not limited to: (i) professional liability insurance coverage; (ii) workers' compensation insurance; (iii) unemployment compensation and social security benefits; and (iv) employment practices liability insurance coverage for claims arising out of acts or omissions of Medical Director occurring during the course of his/her employment.
- 7 Term and Termination.
- 7.1 Term. The term of this Agreement shall be for one (1) year commencing on the Effective Date and shall renew for successive periods only upon the mutual written agreement of the Parties. Either Party may terminate this Agreement without cause for any reason by notifying the other Party in writing one hundred twenty (120) days in advance. Further, HERMON FD shall have the right to terminate this Agreement immediately upon notice to SJB should: (i) the Physician do anything to harm the business reputation of HERMON FD; (ii) any warranty or representation of SJB on behalf of the Physician in this Agreement is or becomes false or untrue; or (iii) the Services provided by the Physician threaten the health, safety or welfare of any patient or personnel of HERMON FD. If either Party materially breaches this Agreement (the "Breaching Party"), the other Party (the "Non-breaching Party") may terminate this Agreement upon thirty (30) days prior written notice to the Breaching Party if such breach has not been cured to the satisfaction of the Non-breaching Party within such thirty (30) day period.
- 7.2 HERMON FD may require the removal of the Medical Director from his/her designated role hereunder, upon written notice to SJB, and require replacement by SJB with another qualified individual, in the event such Medical Director: (i) engages in personal or professional behavior which is contrary to the best interest of HERMON FD or any patient of HERMON FD; or (ii) fails to perform the duties and responsibilities in accordance with the standards required under this Agreement after written notice of such failure and a ten day opportunity to cure said failure or deficiency. Such removal shall operate as a termination of this Agreement, unless the parties expressly agree in writing to a replacement Medical Director, which Agreement shall be reflected on an amended EXHIBIT A.
- 7.3 Ongoing obligations. Upon termination, SJB shall be entitled to receive compensation for the Physician's Services, if any, accrued under the terms of this Agreement, but unpaid, as of the date of said termination.

8 Ownership of and Access to Records.

- 8.1 Ownership. All files and records pertaining to the Medical Director services hereunder shall belong to and remain in the custody, ownership and control of HERMON FD.
- 8.2 Access. Until the expiration of four (4) years after the performance of the Services, SJB shall make available to the Secretary of The Department of Health and Human Services, the Comptroller General, and other duly authorized representatives, upon request, this Agreement and all books, documents and records that are necessary to verify the nature, extent, and cost of the Physician Services provided during this Agreement.

9 Miscellaneous.

- 9.1 Governing Law. This Agreement shall be governed and interpreted in accordance with, and the rights of the parties shall be determined by, the laws of the State of Maine.
- 9.2 Waiver. Failure by either Party to exercise its rights as defined in this Agreement shall not constitute a waiver of its rights in the event of a recurrence of an offending event.
- 9.3 Notices. Any and all notices or other communications required to be provided pursuant to this Agreement shall be in writing and delivered, either personally or by courier, sent by Certified Mail, Return Receipt Requested, via electronic delivery with confirmed receipt, or via facsimile with confirmed receipt, to the intended recipient at the following address, or to such other address as may be provided in writing by a Party to the other, and shall be deemed given when so received.

HERMON TOWN OFFICE
327 Billings
HERMON, Maine 04401
Attention: TOWN MANAGER

St. Joseph Hospital
360 Broadway
Bangor, ME 04402
Attention: Vice President, Physician Office Network

With a copy to:

Covenant Health, Inc.
Office of General Counsel
100 Ames Pond Drive, Suite 102
Tewksbury, MA 01876
Attention: John Newman, Esq.

- 9.4 Assignment. Neither Party shall assign this Agreement without the prior written consent of the other Party, except that SJB may assign this Agreement to a Hospital-affiliated organization without the prior written consent of HERMON FD. Notwithstanding the foregoing limitation on assignment, this Agreement shall be binding upon and shall inure to the benefit of both parties and their respective successors and assigns.
- 9.5 Amendment. No alteration or modification of this Agreement, including the Exhibits attached hereto, shall be valid unless made in writing and executed by each of the Parties hereto.
- 9.6 Further Actions. Each of the Parties agrees that it shall hereafter execute and deliver such further instruments and do such further acts and things as may be required or useful to carry out the intent and purpose of this Agreement and as are consistent with the terms hereof
- 9.7 Severability. If any provision of this Agreement shall be declared invalid or illegal for any reason whatsoever, then notwithstanding such invalidity or illegality, the remaining terms and provisions of this Agreement shall remain in full force and effect in the same manner as if the invalid or illegal provision had not been contained herein. If, after the execution of this Agreement, any new or amended statute or regulation (a "New Law") becomes effective or any binding interpretation of a statute, regulation or facts by any court or government authority, whether federal or state, is rendered which makes the relationship among SJB, the Physician and HERMON FD set forth in this Agreement illegal or which requires a change in the relationship between SJB, the Physician and HERMON FD, then this Agreement shall not terminate; rather the Parties shall amend this Agreement to the extent necessary to comply with the New Law and, to the extent possible, to preserve the underlying intent and purpose of this Agreement.
- 9.8 Entire Agreement. This Agreement and the Exhibits attached hereto constitute the entire understanding between the Parties and supersede any prior oral or written representations and understandings with respect to the subject matter of this Agreement. This Agreement and the Exhibits attached hereto may not be modified except in writing signed by both Parties.
- 9.9 Counterparts. This Agreement may be executed in more than one counterpart, and each executed counterpart shall be considered as the original.
- 9.10 Survival. The covenants contained in Sections 4, 7 and 8 shall survive any termination or expiration of this Agreement.
- 9.11 Coordination with Other Agreements. Pursuant to C.F.R. § 411.357, HERMON FD maintains and updates centrally a master list of contracts that includes all contracts between HERMON FD and the Physician, which list is available for review by the Secretary of Health and Human Services upon request and is maintained in a manner that preserves the historical record of such contracts. The Parties agree to amend the master list to reflect any additional agreements or arrangements between the Parties at the time such agreements or arrangements are made.

9.12 Indemnity

Each party shall assume all risk of loss, damage or injury, including death, to person or property, caused by its directors, officers, employees, sub-suppliers, agents or representatives, and agrees not to make or bring any claim, action or demand against the other party, or its directors, officers, shareholders, agents, representatives or employees in respect of such loss, damage or injury arising out of or in any way attributable to the operation of this Agreement.

Each party agrees to indemnify, release and save harmless the other party, its directors, officers, servants, agents, or employees, and their heirs, executors, administrators, successors and assigns, or any of them, from and against any liabilities, losses, expenses (including reasonable attorneys' fees), claims, demands, actions, and causes of action, whatsoever arising out of, or in any way attributable to, the operation of this Agreement or ancillary to the services contemplated herein.

The provisions set forth in this Section shall apply and be effective with respect to any claim, cause of action, or legal theory whatsoever including without limitation, claims based upon breach of contract, breach of warranty, failure to meet performance guarantees, tort (including negligence) and strict liability.

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the date first written above.

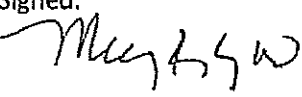
ST. JOSEPH HEALTHCARE:	HERMON FIRE DEPARTMENT:
Signed: 	Signed: 
Print Name: Mary Prybylo	Print Name: Byron Ouellette
Title: President, St. Joseph Hospital	Title:
Date: <u>11/13/23</u>	Date: <u>11/14/23</u>

EXHIBIT A

Job Title: Medical Director Hermon Fire Department

The Medical Director will provide the following services:

1. Approve the level of EMS at which each of HERMON FD's Maine EMS licensees may practice, regardless of that person's level of state certification or licensure, as long as the Medical Director's authorized scope of practice does not exceed the individual provider's scope of practice as allowed by state licensure or certification. This may include revoking the privilege to practice EMS at any level above EMT in HERMON FD service or agency.
2. Serve as the Medical Director for HERMON FD's EMS, community paramedicine, and specialty services programs as existent;
3. Review and approve the EMS training standards of HERMON FD, review and approve continuing education, and assist in the training of personnel as necessary.
4. Assist in the development of a Total Quality Management program for HERMON FD [if none exists or if the current program does not meet the criteria in 6(a) – (f)] to be conducted by the Medical Director and/or designated personnel of HERMON FD to include:
 - a. Data collection;
 - b. Ongoing evaluation of patient care by through in-field observation, retrospective chart review, and on-site evaluation;
 - c. Investigation and resolution of medically related complaints;
 - d. Taking remedial or disciplinary actions as appropriate;
 - e. Development of a written medical incident review process including procedures and potential disciplinary actions; and
 - f. Development of a written procedure and the method by which credentialing of an individual EMS provider may be modified or withdrawn

8. Specific tasks allocations:

Task	Description	Hours/year
Agency Medical Director	Serve as advisor, community liaison, agency advocate, and medical authority including review and approval of any MEMS required Medical Direction / Agency Licensure paperwork	4
Quality Assurance: Case Review	Participate in review of medical records, develop and help Hennon Fire Department in the execution of individualized educational and corrective plans.	12
Quality Assurance: Direct monitoring and oversight	Ride along observation, quality assurance, and stretcher side education – hours over 1-2 shifts per year	8
Education	Prepare and provide quarterly in-person education three quarters/year (video of didactic content will also be posted online for client personnel to access)	6
Credentialing	Develop and serve as medical authority for a Provider Credentialing process including initial credentialing and ongoing maintenance of credentialing. Includes development and performance of initial and annual credentialing for all personnel to their licensure level with at least 3 ongoing skill credentialing sessions available per year	6
Annual Total		36 Hours

EXHIBIT B

HERMON FD OBLIGATIONS

HERMON FD shall ensure that:

1. HERMON FD personnel will not practice at a licensure level of EMS other than that approved by Medical Director, and will be credentialed consistent with the expected and appropriate level of practice;
2. HERMON FD personnel will not practice for HERMON FD under the medical direction of any physician other than the Physician, with the exception of on-line medical control provided during telehealth patient encounters or with explicit written permission from the Physician in the case of assistant medical director(s);
3. The Physician has the final decision with respect to the drugs and skills to be used by_____.? (THIS WAS LEFT BLANK)
4. The Physician's decisions with respect to the practice of individual EMS personnel are final, and that the Physician has the sole and absolute authority to limit, suspend, or withdraw medical direction authorization of an individual member at his discretion, and that no due process provisions apply;
5. The Physician may require specific actions be taken by HERMON FD to correct deficiencies noted in the total quality management process, or to correct violations of federal, state, and local law or regulation;
6. The Physician has reasonable access to HERMON FD personnel records upon request;
7. The Physician may, as appropriate to safety and qualification level, participate in any operational training offered to Agency personnel at no cost to SJB or Physician. Physician time during these trainings will not be billable time to Hermon FD unless prior arrangements are made in writing and agreed to by both parties.

EXHIBIT C

COMPENSATION

HERMON FD shall pay SJB Seven Thousand, Two Hundred and 00/100 Dollars (\$7,200.00) per year based on the assumptions set forth below as to the particular services to be provided by the Physician as delineated in Exhibit A, the time contemplated to be incurred by the Physician in performing such services, and the hourly fair market value compensation for such services, which fee shall be payable in accordance with HERMON FD's usual and customary payment Exhibit.

Rate	Hrs/Annual	Annual Comp
\$200.00 per Hour	36	\$7,200
Total		\$7,200



COMPASS NAVIGATORS
CONSULTING

Hermon EMS Assessment Report for
the Town of Hermon, Maine

Consultancy Report

Chuck McMahan, MBA EMT-P - Principal
chuckmc@compassnavigators.us

Hermon EMS Assessment Report for the Town of Hermon, Maine

Acknowledgments

This report was developed using information provided by Hermon Fire Department leadership, historical service data, and external references including Maine EMS resources and public reporting on Northern Light Health's operations. Special thanks to all contributors for their insights and operational data, which ensured the completeness and accuracy of this assessment.

Executive Summary

The Town of Hermon, Maine, is transitioning from relying on Northern Light Medical Transport (NLMT) for emergency ambulance services to establishing its own municipal, fire-based EMS transport division under Hermon Fire Department. This decision reflects the town's commitment to improving emergency response reliability, enhancing local control, and ensuring sustainability amid growing population needs and emerging uncertainty in regional EMS delivery.

Key findings and justifications include:

- **Population Growth and Demand:** Hermon's population has grown by over 8% since 2020, now nearing 7,000 residents.
- **Service History and Gaps:** After the termination of the contract with Hermon Volunteer Ambulance Service (HVAS), Hermon contracted with NLMT. While NLMT provided ambulance transport coverage, ambulances were often dispatched from Bangor or staged elsewhere, resulting in delayed response times and occasional unavailability during peak demand.
- **Operational Readiness:** Hermon Fire has invested in facilities, vehicles, equipment and staff to support a fully ALS-capable ambulance service. The department's infrastructure includes 24/7 on-duty EMS staffing, modern medical equipment, and leadership with deep fire and EMS experience.
- **Performance Comparison:**
 - NLMT's average emergency response time: 12.6 minutes (90th percentile: 18.2 minutes).
 - Hermon Fire's average emergency response time: 9.1 minutes (90th percentile: 13.0 minutes).
- **Mutual Aid and Regional Role:** Hermon will continue to rely on and contribute to mutual aid with Bangor, Hampden, Carmel, Glenburn, and Levant.
- **Sustainability and Revenue:** Hermon anticipates sufficient EMS revenue to offset a significant portion of operational costs.
- **Regional EMS Uncertainty:** Northern Light Health, NLMT's parent organization, faces significant financial strain, prompting cost-cutting and service reevaluation. Hermon's proactive shift ensures EMS continuity and avoids reliance on a system in flux.

This transition positions Hermon as a model for small-town EMS resilience, promoting dependable service delivery through thoughtful planning, community investment, and strategic regional cooperation.

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I. Introduction: Population Growth Context for Hermon, Maine

Hermon has experienced steady and meaningful population growth over the past several decades. According to the 2020 U.S. Census, Hermon's population was 6,461. Subsequent estimates and projections include:

- 2022 estimate: 6,741 residents
- 2023 estimate: 6,826 residents (a 1.26% increase from 2022)
- Projected 2025 population: approximately 6,998 residents, marking a near 8% growth since 2020

Between 2010 and 2020, Hermon's population increased from 5,416 to 6,461—an increase of approximately 19.7%. From 2020 to 2023, it added over 365 residents, equating to nearly a 5.3% rise. This sustained and accelerating growth underscores the need for a locally governed, dependable emergency medical services infrastructure that can accommodate increasing demand and meet evolving public safety expectations.

II. Current EMS System Overview

A. Historical Background: From HVAS to Municipal EMS

For many years, the Town of Hermon relied on the Hermon Volunteer Ambulance Service (HVAS), a standalone nonprofit entity. Despite providing EMS transport and first-response services, HVAS faced significant staffing and operational challenges over time, including difficulty maintaining consistent 24/7 coverage, managing certification requirements, and complying with evolving Maine EMS regulations. These factors ultimately led the Town Council to terminate the contract with HVAS in 2023.

Beginning in 2023, Northern Light Medical Transport (NLMT) assumed responsibility for transporting emergency calls to Hermon under a regional contract. Hermon Fire Department continued to provide first-response capability.

B. Limitations with the NLMT Model

Although NLMT brought regional operational experience, several limitations had material impact on Hermon's EMS reliability:

- **No dedicated ambulance based locally:** NLMT units assigned to Hermon operated from their Union Street base in Bangor. At times, no unit was available if already deployed elsewhere or reassigned to other towns as part of regional contracts.
- **Delayed responses:** Mean dispatch-to-at scene times averaged 12.6 minutes, with the 90th percentile at 18.2 minutes—reflecting variability due to tasking and distance.
- **Limited local governance:** Hermon lacked operational control over staffing placement, deployment protocols, or prioritization practices.
- **Declining public confidence:** Reports of Northern Light Health’s planned service restructuring and staffing reductions in mid-2025 generated public concern about the future reliability of NLMT in delivering rural EMS care.

C. Community-Driven Transition to Municipal EMS

In response to these service constraints and uncertainties, Hermon Fire Department initiated a deliberate transition to a municipal fire-based ambulance transport model. The town’s strategy emphasizes:

- Acquisition of a fully equipped ALS-capable transport ambulance
- Recruitment of paramedics and AEMTs to ensure ALS coverage
- Integration of EMS operations within Hermon Fire’s command structure
- Development of mutual aid agreements with neighboring municipalities to maintain coverage during high demand or simultaneous calls

This shift represents a fundamental transformation from the volunteer-based HVAS era toward a professionally staffed EMS system under local management—focused on reliability, accountability, and community responsiveness.

III. Hermon Fire Department EMS Readiness

A. Facility and Infrastructure Readiness

Hermon Fire operates within a 2009-built public safety building equipped with:

- Multiple apparatus bays configured for both fire and ambulance vehicles
- On-site administrative, training, and day-use areas
- Secure, climate-controlled medication and supply storage

- Infrastructure designed to support 24/7 staffing and potential expansion of sleeping quarters

These facilities provide a robust foundation for sustaining consistent and responsive EMS operations.

B. Equipment and Technology

Hermon Fire has equipped its new EMS transport unit with the latest in advanced EMS gear including:

- Zoll X-series cardiac monitor/defibrillator
- Lucas mechanical CPR device
- A complete ALS drug kit compliant with Maine EMS protocols
- Stryker power load stretcher system for safe patient movement
- Airway management equipment (BVMs, supraglottic devices, intubation tools)
- Sapphire IV Pump

C. Staffing and Deployment Model

The proposed deployment structure includes:

- Two full-time EMS providers per shift, operating under 24-hour rotations, typically one paramedic and one EMT or AEMT
- Staffing supplemented by per diem EMS personnel
- Cross-trained fire/EMS personnel to allow dual functionality during overlapping incidents or staffing gaps
- All ambulance staff certified in EVOC/AVOC driving protocols

Operational plans ensure:

- 24/7 ALS-level coverage on the ambulance
- Fire apparatus support during high-acuity incidents
- Daily inspection routines, station management, and inventory checks

This staffing model aligns with benchmarks established by similar-sized Maine towns—such as Glenburn, Rockport, Hampden, Ellsworth, and Waterville—that have transitioned to fire-based EMS.

D. Leadership and Oversight

Hermon Fire’s EMS leadership includes:

- Paramedic-licensed EMS Officers
- A Fire Chief and Deputy Chief with experience in EMS administration
- Partnership with an external billing and compliance firm to oversee revenue cycles
- Collaboration with a regional medical director for clinical protocol oversight, QA/QI review, and continuing education

These elements combine to ensure clinical integrity, regulatory compliance, and sustainable operations.

IV. EMS Performance Metrics

A. Northern Light Medical Transport (NLMT) – Current Performance

Reported by Maine EMS:

- 2024: 634 emergency transport calls to Hermon; 574 responded by NLMT; 60 required mutual aid (9.5%)
- 2025 (Jan–Jun): 213 total calls; NLMT responded to 196; 17 required mutual aid (8%)

Table 1 Hermon Primary vs Mutual Aid Response to 911 Calls 2020-YTD 2025

Agency Primary Type Of Service	2020	2021	2022	2023	2024	2025 (6 Mos)
911 Response (Scene) with Transport Capability	532	788	837	755	800	213
Emergency Response (Mutual Aid)	<10	<10	<10	<10	60	17
*Emergency Response (Primary Response Area)	456	681	623	616	574	196
911 Response (Scene) without Transport Capability						
**Emergency Response (Primary Response Area)	106	107	94	348	597	212
*Designated Transport Service with Primary Response Designation, HVAS and NLMT						
						** First Responder Service without transport, Primarily Hermon Fire

Performance Summary:

- Mean dispatch-to-enroute response time: 12.6 minutes
- 90th percentile response time: 18.2 minutes

Delays reflected limitations in NLMT's regional dispatch model—notably, deployment from Bangor and competing service obligations.

Table 2 Response Times 2000-2024 – Responses to Town of Hermon

Agency Primary Type Of Service	Year	Record Count	Mean	Median	Percentile 25	Percentile 75	Percentile 90
911 Response (Scene) with Transport Capability (HVAS, NLMT, Mutual Aid)	2020	495	11.7	9.0	6.5	13.0	15.0
	2021	738	11.0	11.0	8.0	13.0	16.0
	2022	811	12.9	11.6	8.5	15.0	22.4
	2023	705	11.8	10.5	7.9	14.0	16.9
	2024	707	12.6	12.4	9.9	15.0	18.2
911 Response (Scene) without Transport Capability (Hermon FD)	2020	98	7.2	6.0	5.0	10.0	13.0
	2021	98	10.3	9.4	7.0	12.8	16.5
	2022	94	11.3	10.3	8.0	13.8	17.5
	2023	346	9.2	8.0	6.0	10.8	14.3
	2024	603	8.9	8.2	5.9	10.4	13.0

Table 3 Comparative Data - Combined data of Towns of Oakland and Camden with Similar Tiered Response Model

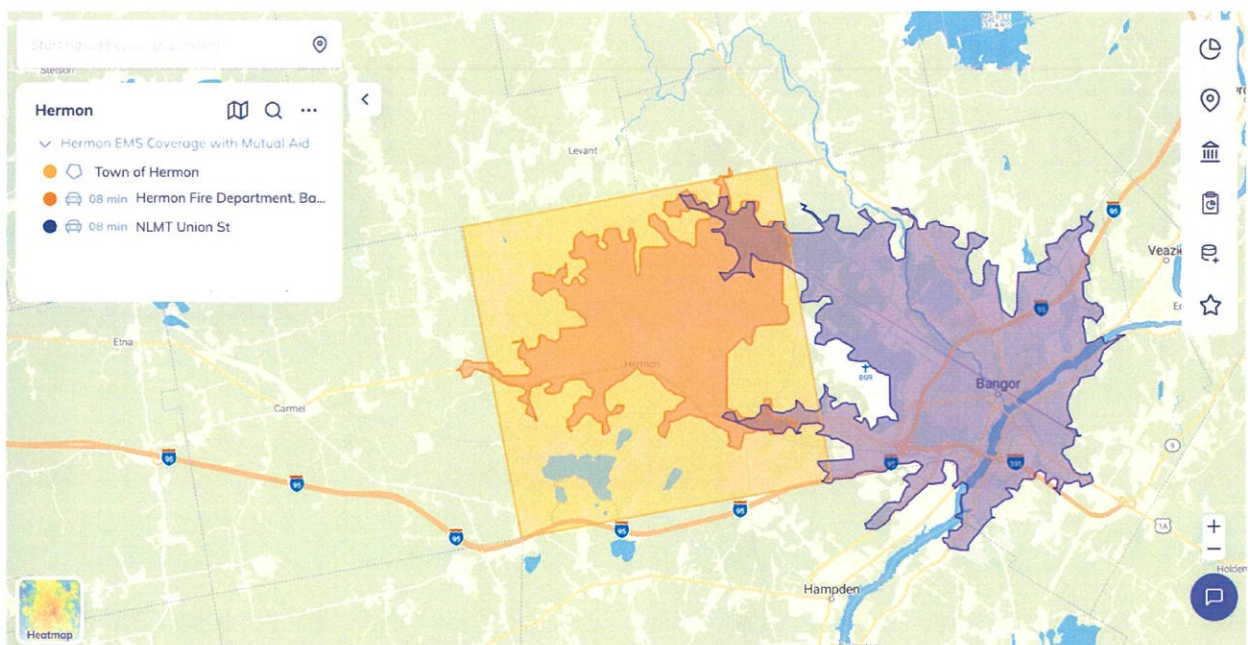
Agency Primary Type Of Service	Year	Record Count	Mean	Median	Percentile 25	Percentile 75	Percentile 90
911 Response (Scene) with Transport Capability	2020	1505	9.0	8.0	6.0	10.3	13.7
	2021	1671	9.6	8.9	7.0	10.9	13.6
	2022	1755	10.6	9.1	7.2	11.2	14.2
	2023	1812	10.4	9.1	7.2	11.3	14.1
	2024	1803	9.8	8.3	6.6	10.5	13.6
911 Response (Scene) without Transport Capability	2020	467	5.5	5.0	4.0	7.0	10.0
	2021	607	5.9	5.0	4.0	8.0	10.0
	2022	719	5.4	5.0	4.0	7.0	9.0
	2023	885	5.3	5.0	3.3	6.7	9.0
	2024	1032	4.8	4.8	3.0	6.0	8.0

B. Hermon Fire Department – First Response Performance

Data for first response statistics:

- **2024:** 615 EMS responses by Hermon Fire; mean response time of 9.1 minutes; 90th percentile at 13.0 minutes
- **2025 (Jan–Jun):** 212 responses to date (projected annual total of 424)

Figure 1 Hermon Fire and NLMT 8 Minute Drive Isochron



This performance demonstrates Hermon Fire’s superior reliability and timeliness compared with NLMT’s regional transport service.

C. Response Capacity Modeling (Queuing Theory Estimate)

A modeling assumption of:

- ~600 emergency transports/year
- 60-minute average call duration
- 10-minute maximum dispatch-to-enroute (“out-of-chute”) time

Indicates that a single staffed ALS ambulance can cover approximately **96%** of annual EMS calls, with the residual **~4%**—roughly **24 calls per year**, or two per month—requiring mutual aid assistance.

Table 4 **TOOL FOR ESTIMATING AMBULANCE SCHEDULING USING ERLANG C METHOD**

Inputs:				
Annual Number of calls	600			
Time Frame Years	1			
Total Minutes	525600			
Average Length of Call (AHT) (seconds)	3600	60	minutes	
Required Service Level	90%			
Maximum Time to Respond Time (Out of Chute) (seconds)	360	6	minutes	
Determine the Traffic Intensity (A)(hour basis)				
# of calls in hour basis	0.0685			
Avg time per call (min)	60			
Call-minutes per hour	4.110			
Traffic intensity (A) , call-hours per hour (Erlang unitless)	0.0685			
Initial guess for N ambulances required	1.1	2	3	4
Probability a call has to wait, P_w	5.74%	0.19%	0.00%	0.00%
Service Level	94.8%	99.8%	100.0%	100.0%
Percentage of Calls Answered Immediately	94.3%	99.8%	100.0%	100.0%
Utilization (% of time ambulance busy)	6.4%	3.3%	2.2%	1.7%
Summary				
Number available ambulances	1	2	3	4
Calculated Service Level	94.8%	99.8%	100.0%	100.0%
Probability a call has to wait	5.7%	0.2%	0.0%	0.0%
Average Speed of Ambulance to become Available (seconds)	206.7	3.4	0.1	0.0
% of calls Answered Immediately	94.3%	99.8%	100.0%	100.0%

V. Mutual Aid and Regional Coordination

A. Strategic Role of Mutual Aid in EMS

Mutual aid enhances resilience by supporting coverage during simultaneous incidents, staffing limitations, or mass-casualty events. It remains essential even in towns operating full ambulance services.

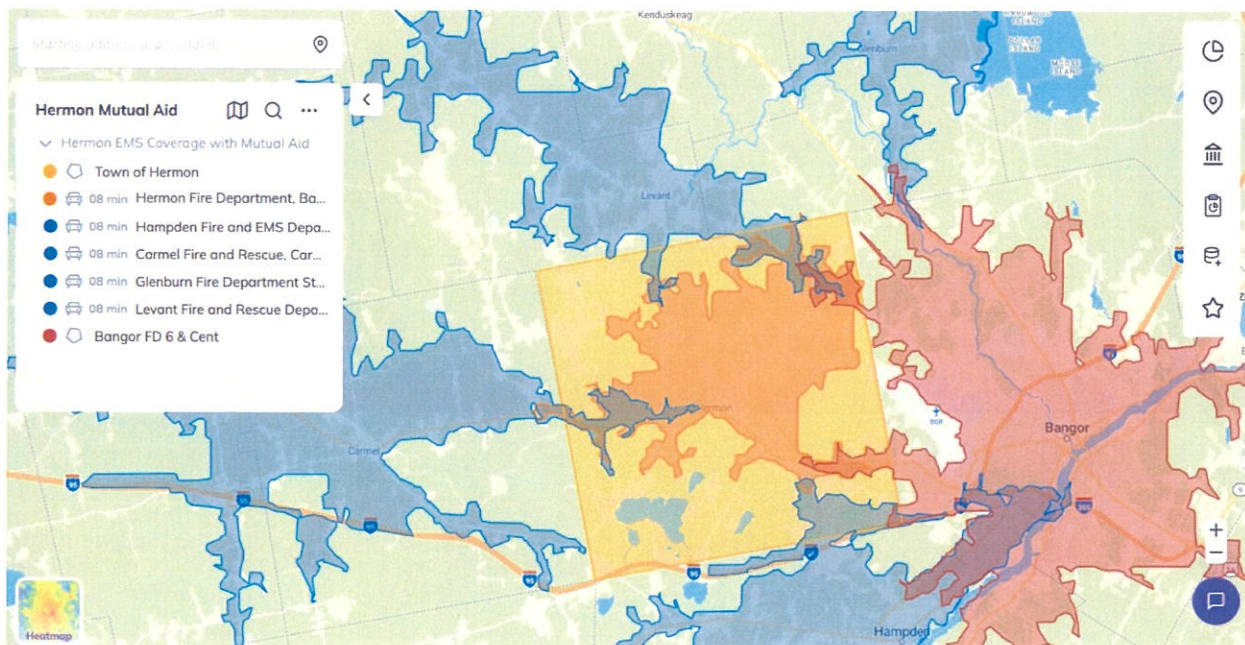
B. Regional EMS Partners

Hermon has initiated mutual aid agreements with neighboring departments that operate ambulances and can respond quickly to support overflow:

- Bangor Fire Department
- Hampden Fire Department
- Carmel Fire Department
- Glenburn Fire Department
- Levant Fire Department

These agencies are strategically located within relevant isochrone response zones.

Figure 2 Hermon Fire Department and area Mutual Aid Transport Ambulance Agencies - 8 Minute Drive Isochrons



C. Lessons from HVAS and NLMT Mutual Aid Use

During periods served by NLMT, mutual aid was utilized in approximately 9% of total EMS transports—highlighting that regional providers alone cannot guarantee availability in all circumstances.

D. Benefits of Municipal EMS to Regional Network

Hermon's local ambulance adds capacity to the EMS mutual aid pool regionally, increasing reliability for itself and contributing to broader resilience for neighboring towns.

E. Continued Need for Mutual Aid Based on Modeling

With ~96% internal coverage capacity, roughly 2 calls per month will require mutual aid intervention. Geographic isochrone analysis confirms partner agencies offer faster or comparable response times relative to NLMT's Bangor base.

VI. Justification Amidst Regional EMS Instability

A. Financial Pressures on Northern Light Health

Public disclosures in 2025 revealed:

- Operating losses of \$156 million in FY2024
- Total institutional debt over \$617 million
- System-wide cost-cutting, potential service consolidation, and staffing realignments described as forthcoming

These announcements have created uncertainty around NLMT's long-term rural EMS service viability.

B. Regional EMS Service Reconfigurations

- NLMT withdrew ambulances from Corinth
- Dover-Foxcroft and other towns that previously relied on NLMT have initiated planning for local EMS replacement
- Rockport independently transitioned to fire-based EMS amid similar uncertainty

These trends underscore shifting dependence from centralized providers toward local EMS governance.

C. Hermon's Proactive Transition Strategy

By transitioning to municipal EMS while NLMT continues service, Hermon positions itself to maintain continuity, guard against disruptions, and enact operational control over EMS provision.

D. Community Assurance and Longer-Term Stability

Hermon's proactive strategy assures residents and neighboring communities that local EMS capacity will remain stable, responsive, and accountable—insulating the town from external disruption and reinforcing public trust.

VII. Fiscal and Operational Sustainability

A. Capital and Infrastructure Investments

Hermon has made one-time capital investments, including:

- ALS transport vehicle and medical equipment acquisition
- Building enhancements to support EMS operations
- Implementation of logistics and supply systems suitable for long-term deployment

These investments establish a durable foundation for service delivery.

B. Staffing Cost Modeling

The financial model includes:

- Two EMS providers per shift, staffed 24/7
- Use of **per diem personnel** to manage staffing flexibility
- Cross-trained fire/EMS personnel to create operational redundancy
- Expected revenue from approximately **450 billable transports annually**, based on 600 total calls

This revenue is projected to substantially offset EMS staffing and operational costs, minimizing reliance on taxpayer funding.

C. Revenue and Billing Infrastructure

Hermon has partnered with a third-party revenue cycle management provider to ensure:

- Compliance with payer regulations (Medicare, MaineCare, commercial insurers)
- Efficient claims processing and receivables tracking
- Monthly reporting on call volume, payer mix, and net collections

D. Budget Resilience and Grant Strategy

To bolster financial stability, Hermon plans to:

- Apply for Maine EMS municipal EMS funding grants
- Seek FEMA/AFG equipment grants
- Participate in regional cooperative purchasing to reduce supply costs
- Establish a capital reserve fund for ambulance replacement and equipment lifecycle maintenance

E. Benchmarking with Peer Communities

Experience from comparable Maine towns (Glenburn, Rockport, Hampden, Ellsworth, Waterville) demonstrates:

- Positive results in revenue generation from patient transport billing
- Efficient cross-coverage models combining fire and EMS staff
- High levels of municipal support and resident engagement with locally controlled EMS

Hermon's model is informed by these examples, tailored to its population, call volume, and operational context.

VIII. Conclusion & Consultant Findings

Hermon's transition to fire-based EMS transport is grounded in strategy, community needs, fiscal responsibility, and operational sustainability. The town is positioned to deliver continuous, high-quality emergency medical services to residents while adapting to evolving regional dynamics.

Consultancy Regulatory Findings

1. **In the best interest of residents?**

Yes. Hermon's local framework enhances responsiveness and ensures control over service delivery.

2. **Patient care quality maintained or improved?**

Yes. ALS-level staffing, QA/QI systems, and fast response times ensure care quality meets or exceeds current standards.

3. **System efficiencies improved?**

Yes. Local staffing, integrated operations, and reduced dependency on external providers support efficient resource use.

4. **Response efficiency enhanced?**

Yes. Hermon's average out-of-chute time of 9.1 minutes outperforms regional averages of 12.6 minutes, and modeling shows ~96% internal coverage.

Final Statement

This fully validated report confirms that Hermon is prepared to operate a municipal ambulance service that aligns with its public safety goals, delivers measurable performance improvements, and enhances regional EMS resilience through collaboration.

Consultant's Role and Credentials

This report was prepared by **Charles McMahan, MBA, Paramedic**, an independent third-party consultant with 40 years of experience in Emergency Medical Services at municipal, hospital-based, and nonprofit levels. Mr. McMahan's background includes:

- Project Lead, MaineHealth EMS (Franklin, Stephens, IFT)
- Chief Operating Officer, Capital Ambulance (Bangor, Maine)
- Regional Operations Manager, Northern Light Medical Transport
- Chief, Orono Volunteer Rescue Squad (Orono, Maine)
- Director, MedComm Dispatch & Billing, Meridian Mobile and LifeFlight of Maine

Holding an MBA in Management and Finance, Mr. McMahan has deep expertise in EMS system planning, fiscal management, and regional coordination strategies. His evaluation is based on detailed operational data, Maine EMS reports, and site-level consultation with Hermon Fire Department and supporting regional EMS partners.



Hermon Fire Department



Subject: EMS Quality Improvement

Effective Date: 8/11/24

Reviewed: 10/9/2025

Signature: Bee

1. Introduction

Quality Improvement is an important step for the Town of Hermon Fire Department to ensure that its responding EMS providers are providing appropriate care. It is important that each service in Maine creates, maintains, and improves these plans on a regular basis. The Hermon Fire Department strives to provide top level care for its residents and mutual aid communities.

2. Mission statement

The mission statement for the QA Policy is to develop an effective way to communicate with all providers involved. It will develop a pathway to retrieve data from previous responses and to improve quality care.

3. Methods

In conjunction with the Maine EMS Statewide Quality Improvement (QI) Program (2012), we have developed a QA/QI committee for the purpose of maintaining communication between our members and Hospital/Transporting Services. Our committee serves the purpose of education and training in relation to QI audits and studies. QI/QA is a basis for educational purposes and should not be used for punitive measures unless the provider in question commits an egregious act against MEEMS protocols and standards.



Hermon Fire Department



Our sub-regional QI committee is comprised of but will not be limited to, the following:

- EMS Director/Primary QI Contact: Captain Byron Ouellette, Paramedic
- Assistant Director: Chief Cody Sullivan
- Department Medical Director: Doctor Busko
- Agency Training Coordinator: Deputy Chief Michael Simmons, Advanced EMT
- QI Contact: Aiden Low, Advanced EMT
- QI Contact: Steve Andersen, Advanced EMT

On case-by-case basis, the following individuals may be contacted:

- Hospital/Regional Medical Director
- A representative from NL Transport (our transporting agency), QI committee
- Transporting Agency (Other) QI committee
- Maine EMS Representative

Role of Sub-Regional QI Committee

The primary QI coordinator will be responsible for oversight of the QI committee. Reports are broken down by Fire Shifts. A Shift, B Shift, C Shift and D Shift. Call company EMS reports will be reviewed by the primary QI contact, all others will be distributed out amongst the committee. The primary coordinator will review all of the data collected by the committee. The primary QI contact will decide upon further education, remediation, etc. for providers identified by this committee.

The committee has chosen 100% QI of all documented EMS reports .

The QI committee will meet the second Tuesday of every third month at 09:00

The QI committee has chosen to use DCHART as the standard of report writing for this agency. This is to ensure that the committee is reviewing all reports in the same manner for content and accuracy.



Hermon Fire Department



At a minimum, twice yearly the QI coordinators will hold a mandatory class, on a regularly scheduled EMS training night, to review and address common errors on calls or in documentation.

100% Review

A/D Shift Reviewer - Captain Ouellette, Paramedic

C/B Shift Reviewer - Low/Andersen, Advanced EMT

Call Dept/overflow - Deputy Chief Michael Simmons, Advanced EMT