



## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

November 19, 2025

Maine EMS Board  
152 State House Station  
Augusta, ME 04333

Members of the Board,

The South Berwick Fire Department respectfully submits this application for licensure as a Ground Ambulance Service licensed at the EMT level, permitted to the Paramedic level with a 9-1-1 response area of the Town of South Berwick.

South Berwick Fire currently serves the community as a non-transport service operating at the EMT level, with 9-1-1 ambulance service provided by contract with York Ambulance Association, who responds from our Fire & EMS station at 71 Norton Street in South Berwick.

In May of 2025, town voters approved funding to transition from a contracted EMS service to a new, municipal fire-based service, nearly unanimously. This project started in early 2025 to address staffing and expense challenges with our existing contract model, as well as future staffing concerns for our on-call fire department as our community continues to grow.

York Ambulance has subsequently agreed to a contract amendment with the Town of South Berwick that will conclude their service on June 30, 2026. York Ambulance Association has provided the requisite notarized letter voluntarily relinquishing the Primary 9-1-1 service area of South Berwick effective 6/30/2026, to coincide with this amended service contract.

We are requesting licensure now as part of the mutually agreed upon transition plan between York Ambulance and South Berwick Fire to enhance EMS capabilities, and to ensure continuity of service to the citizens of South Berwick during the transition process.

The process for the licensing of two primary 9-1-1 ground ambulance Services is a bit unclear based on the current licensing rules, therefore we have also obtained a Consultancy Report from an independent third party to assess the current EMS situation in our community, and the plan to enhance and stabilize Emergency Medical Services for the long-term.



## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

To summarize the transition plan between now and July 1, 2026, I have provided the following overview:

- York Ambulance Association will remain the primary 9-1-1 Ground Ambulance Service until their contract expires on 6/30/26.
- South Berwick Fire will continue to respond to assist York Ambulance as requested, or as indicated by EMD and dispatching protocols.
- South Berwick Fire will respond as a 9-1-1 Ground Ambulance when York Ambulance is not available, as requested by York Ambulance, as requested for mutual aid.
- Licensing a second 9-1-1 Ground Transport Ambulance will not cause confusion for town residents as the SBFD already responds to calls as a non-transport service.
- Licensing a second 9-1-1 Ground Transport Ambulance will enhance the delivery of EMS in South Berwick, and the area by adding ambulances and licensed responders.
- South Berwick Fire Department is an active participant in county and regional mutual aid associations. We are always looking for ways to collaborate and enhance regional emergency response in our area. Although large-scale regionalization efforts have yet to materialize in our area, we are always open to future discussions about how our community and agency may fit into a regional system.

In closing, we believe that the development of a municipal fire-based EMS system is the most sustainable solution for South Berwick's needs today and the future. We look forward to continuing our relationship with Maine EMS and thank you in advance for your consideration of our application.

Sincerely,

Nicholas Hamel  
Fire Chief



## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

### **Supporting Documentation Included:**

- **Supporting Information**
  - EMS Rules Chapter 3, §5(1)(D) – Needs Assessment Data
  - Maine EMS Rules Chapter 3, §4(2) (A-F) – Determination of Need Criteria
- **York Ambulance Letter** – Joshua Allen, Chief of Service
- **Town of South Berwick Letter** – Timothy Pellerin, Town Manager
- **Consultancy Report** – Compass Navigators Consulting
- **South Berwick Fire Department EMS Project FAQ Flyer**
  - This document was prepared and distributed to the town council, and voters during the FY26 budget process and leading up to the town meeting vote.
- **Town of South Berwick FY26 Town Meeting Warrant**
  - Approved by the voters on 5/20/2025
  - Article 11 – Fire Department Operating Budget
  - Article 18 – Capital Improvement Budget
    - Fire Equipment
    - One-Time EMS Start-up



## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

### **Supporting Information**

Pursuant to Maine EMS Rules Chapter 3, §5(1)(D), we are providing the following information related to the required needs assessment:

- 1. Population Count within the proposed service area:** 7,824 (*Maine DOE 2024 Estimate*)
- 2. Square miles within the proposed service area:** 32.64
- 3. Availability of ambulance and crew:** 24/7 utilizing part-time and on-call staff, adding full-time staff Q2 2026.
- 4. Number of anticipated requests for each type of ground ambulance transport service in the proposed service area:** Estimated 650 calls per year, approximately 60% (390) requiring transport. On average, Out of State Mutual Aid is utilized 35 times per year, with approximately 57% (20) requiring transport.
- 5. Available routes of travel within the proposed service area:** South Berwick is serviced by state routes 4, 91, 101, and 236 providing easy access to all areas of town and multiple nearby healthcare facilities.
- 6. Dispatch agreement/response plan, including details about the level of response:** Sanford Regional Communications Center response plan is included in this submission.
- 7. Geographic features and environmental conditions within the proposed service area:** South Berwick is in the southwest corner of York County with a well-developed downtown area, and more sparsely populated rural areas, which are popular areas for outdoor enthusiasts of all ages and skill levels. These recreation areas increase the risk of off-road, remote access emergencies. The SBFD is already the agency tasked with responding to these emergencies.
- 8. Healthcare Centers within the proposed service area, and Healthcare Receiving Facilities that will likely receive transports from the proposed service area:** South Berwick is home to one 36 bed assisted living facility and a small number of independent living facilities. Patients are most often transported to three local hospitals (*Distances are listed from the Route 4 & 236 intersection in Downtown South Berwick*):
  - **Wentworth Douglass Hospital, Dover NH** (4.8 Miles, Level III Trauma Center)
  - **York Hospital, York ME** (10.9 Miles)
  - **Portsmouth Hospital, Portsmouth NH** (14.6 Miles, Level II Trauma Center)





## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

### **Supporting Information (*continued*)**

Pursuant to **Maine EMS Rules Chapter 3, §4(2) (A-F)**, we offer the following information regarding the demonstration of need criteria:

- A. South Berwick Fire Department will respond from the same station as the current Primary 9-1-1 ambulance. Response times are under 10 minutes to approximately 80% of the population from this location.
- B. There will be no difference in times due to responding from the same station. There will be an improvement in response times to concurrent and second calls since that are now covered by mutual aid coming from out of town.
- C. (Public Comments)
- D. (Discipline by the board)
- E. We believe that our service will positively impact the area, including existing services by increasing the number of available transport ambulances and licensed responders.
- F. The proposed service will be a municipal service, operated by the fire department.

### **Mutual Aid Agreements**

The South Berwick Fire Department is a member of the Seacoast Chief Fire Officer's Mutual Aid District consisting of 53 communities across Maine, New Hampshire, and Massachusetts. This agreement provides access to additional ambulance resources for all the community's anticipated emergency medical needs, regardless of size.



## MAINE EMS SERVICE LICENSE APPLICATION

### For what license are you applying?

- |                                                            |                                                                                  |
|------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. New Service License | <input type="checkbox"/> 5. Change in Primary Service Area                       |
| <input type="checkbox"/> 2. Upgrade in License Level       | <input type="checkbox"/> 6. Change in Service Name                               |
| <input type="checkbox"/> 3. Downgrade in License Level     | <input type="checkbox"/> 7. Change in Base Location                              |
| <input type="checkbox"/> 4. Change in Permit Level         | <input type="checkbox"/> 8. Paramedic Interfacility Transport (PIFT) Endorsement |

### Section I - Service Information

- A. Service Name: South Berwick Fire Department Service #: 1079
- Mailing Address: 71 Norton Street Shipping Address: 71 Norton Street
- City: South Berwick State: ME Zip: 03908 City: South Berwick State: ME Zip: 03908
- B. Business Telephone #: 207-384-2731 Fax #: \_\_\_\_\_
- C. Federal Tax ID# (EIN): 01-6000372 E-Mail Address: kmoore@southberwickfire.gov
- D. Physical address of bases used by this service
1. Street: 71 Norton Street City: South Berwick State: ME Zip: 03908
- Telephone #: 207-384-2731 Fax #: \_\_\_\_\_
- Base Primary Contact: Katie Moore
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: Chief Nicholas Hamel \*Maine EMS License #: \_\_\_\_\_  
E- Mail address: nhamel@southberwickfire.gov \*Date of Birth: 3/9/1981  
Telephone #: Home: \_\_\_\_\_ Work: 207-384-6031 Cell: 207-351-7188  
\* If no EMS License, mark N/A  
\* Required if no EMS License

B. ASSISTANT DIRECTOR: Deputy Chief Katie Moore \*Maine EMS License #: 20636  
E- Mail address: kmoore@southberwickfire.gov \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: 207-384-2731 Cell: 207-939-7964  
\* If no EMS License, mark N/A  
\* Required if no EMS License

C. ADDITIONAL REPRESENTATIVE: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
\* If no EMS License, mark N/A  
\* Required if no EMS License

D. SERVICE MEDICAL DIRECTOR: Dr. Lukas Kolm \*Medical License #: MD15811  
E- Mail address: lukaskolm@msn.com \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: 603-740-2163 Cell: 603-498-9634  
\* Required  
\* Required if no EMS License

E. INFECTION CONTROL OFFICER: Katie Moore \*Maine EMS License #: 20636  
E- Mail address: kmoore@southberwickfire.gov \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: 207-384-2731 Cell: 207-939-7964  
\* If no EMS License, mark N/A  
\* Required if no EMS License

F. PRIMARY QA/QI CONTACT: Katie Moore \*Maine EMS License #: 20636  
E- Mail address: kmoore@southberwickfire.gov \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: 207-384-2731 Cell: 207-939-7964  
\* If no EMS License, mark N/A  
\* Required if no EMS License

## 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   X   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 \_\_\_\_\_ X 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: N/A 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.

South Berwick, ME

## 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

Katie Moore, EMTP	Chief Nicholas Hamel	Wallace Mills EMTP
Camden McLean EMT		

## 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 Town of South Berwick contracts with Sanford RCC for PSAP and Dispatch Services.

They dispatch South Berwick Police, Fire, and EMS utilizing both VHF and UHF radio repeaters.

The radio frequency for South Berwick Fire Department is 156.2175 MHz.

We also utilize a number of local, regional, state, and national interoperability frequencies.

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

Public Safety Answering Point (9-1-1 Center): Sanford Regional Communications Center PSAP Business Tel #: 324-3644 x1  
(Other than 911)

Dispatch Agency: Same Dispatch Business Tel #: \_\_\_\_\_

## 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
	1FDUF5HT7SDA09863	432347	ME	Ford	Braun	2025	Type I

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: N/A 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: Katie Moore Signature: Katie Moore Date: 12/10/2025

#### FEE SCHEDULE

PAID

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: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_mm/yyyy

Name of Card Holder \_\_\_\_\_

Billing Address of Card holder \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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.





Have a great day!

**Monique Ward**  
Deputy Town Clerk  
Town of South Berwick  
180 Main Street  
South Berwick, ME 03908  
(207) 384 3002

From: Seacoast Legals <seacoastlegals@gannett.com>  
Sent: Friday, October 10, 2025 2:40 PM  
To: Tyanne Giambusso <tgiambusso@sbrmaine.us>  
Subject: Thank you for placing your order with us.

**THANK YOU for your ad submission!**

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

We appreciate you using our online self-service ads portal, available 24/7. Please continue to visit Portsmouth Herald/Foster's Daily Democrat/Seacoast Sunday's online Classifieds [HERE](#) to place your legal notices in the future.

**Deadlines vary by publication, changes and/or cancellations may not be honored due to deadline restrictions.**

**Job Details**

Order Number: LPRT0387918

Classification:

Public Notices

Package:

General Package

Base amount:

\$103.29

Service fee:

\$4.12

Cash/Check/ACH

◆

Discount:

-\$0.00

Total payment:

\$107.41

As an incentive for customers, we provide a discount off the total order cost equal to the 3.50% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save! In no event are service fees refundable.

Payment Type:

via

**Account Details**

South Berwick - Town Of

180 MAIN STREET

SOUTH BERWICK, ME ◆ 03908

207-384-3008

[tgiambusso@sbrmaine.us](mailto:tgiambusso@sbrmaine.us)

South Berwick - Town Of

Credit Card - via: \*\*\*\*\*5025

**Schedule for ad number LPRT03879180**

Wed Oct 15, 2025

Portsmouth Herald/Foster's Daily Democrat/Seacoast Sunday

All Zones

**South Berwick Fire Department**

The Town of South Berwick is applying to the Maine Board of Emergency Medical Services to license the South Berwick Fire Department as a Ground Ambulance Service at the EMT level, permitted to provide care at the Paramedic level on some calls, with a primary service area of South Berwick, Maine. There is no change to the way the public will request emergency services; citizens should continue to call 911 for all emergencies. The public is invited to make comments regarding the proposed application. Comments must be received by the Board of Emergency Medical Services within 30 calendar days of the publication of this notice. Comments must be mailed to: Maine EMS, ATTN: Licensing, 152 State House Station, Augusta, ME 04333-0152. Approved by Maine EMS on 10/08/2025  
October 15 2025  
LPRT0387918





# COMPASS NAVIGATORS CONSULTING

## South Berwick Fire Department Assessment *Consultancy Report*

Chuck McMahan, MBA CAFO EMT-P - Principal  
[chuckmc@compassnavigators.us](mailto:chuckmc@compassnavigators.us)

# EMS Assessment Report for the Town of South Berwick, Maine

---

## **Acknowledgments**

This report was developed using input from South Berwick Fire Department leadership, Maine EMS data, York Ambulance documentation, mutual aid data from Dover Fire Department, and regional coordination resources from the Seacoast Chief Fire Officers Mutual Aid District (SCFOMAD). Special thanks to the town officials and fire service professionals who contributed to this assessment.

---

## Table of Contents

Acknowledgments .....	1
<i>I. Community Overview: South Berwick, Maine.....</i>	<i>3</i>
A. Population and Demographics.....	3
<i>II. Current EMS System Overview.....</i>	<i>3</i>
A. York Ambulance Contract Model .....	3
B. Mutual Aid Dependency .....	4
C. Town-Wide Approval for EMS Transition (May–June 2025) .....	4
<i>III. South Berwick Fire Department EMS Readiness.....</i>	<i>4</i>
A. Facility and Infrastructure .....	4
B. Staffing Model.....	4
C. Operations Plan .....	4
D. Coverage Gaps Filled by South Berwick Fire .....	5
<i>IV. EMS Performance Metrics.....</i>	<i>5</i>
A. Call Volume: York Ambulance & Dover, NH Fire Mutual Aid .....	5
B. Response Time Performance .....	6
<i>V. Mutual Aid and Regional Coordination.....</i>	<i>6</i>
A. Dover Fire Mutual Aid Usage (South Berwick Only).....	6
B. Projected Ongoing Mutual Aid Demand .....	7
C. SCFOMAD Integration .....	8
<i>VI. Justification for EMS Transition .....</i>	<i>9</i>
A. Operational Improvements.....	9
B. Community Support.....	9
<i>VII. Fiscal and Operational Considerations .....</i>	<i>10</i>
A. Rising Subsidies to York Ambulance .....	10
B. Transition Cost Model.....	10
<i>VIII. Conclusion and Consultant’s Opinion .....</i>	<i>10</i>
Consultant’s Opinion .....	11
<i>IX. Consultant Profile .....</i>	<i>11</i>
<i>Consultant’s Role and Credentials .....</i>	<i>12</i>

# I. Community Overview: South Berwick, Maine

## A. Population and Demographics

South Berwick is a steadily growing York County community. The 2020 U.S. Census recorded a population of **7,467**, reflecting moderate but consistent growth.

*Table 1 South Berwick Population*

Year	Population	% Change
2010	7,220	—
2020	7,467	+3.4%
2023	7,622*	+2.1%
2025	~7,700**	+1.0% est

\*Estimate: Maine Office of Policy and Management

\*\*Projection based on recent trends

The population includes a significant proportion of older residents: 17% of South Berwick residents are aged 65 or older, which increases demand for EMS services, particularly for medical emergencies and chronic health conditions.

---

## II. Current EMS System Overview

### A. York Ambulance Contract Model

South Berwick has contracted with **York Ambulance Association since 2014**, following the closure of the town's previous nonprofit EMS provider, South Berwick Rescue. York Ambulance has operated from the South Berwick Fire Station but maintained its own staffing and operational model.

In recent years, York Ambulance encountered staffing shortages and availability challenges, leading to increased reliance on mutual aid and significant increases in the annual municipal subsidy.

## B. Mutual Aid Dependency

With **only one staffed ambulance available through York Ambulance**, South Berwick increasingly relied on **Dover Fire Department** for mutual aid, particularly for ALS transports and intercepts.

York Ambulance **does not maintain a written mutual aid agreement with Dover Fire & Rescue** and is **not a member of the Seacoast Chief Fire Officers Mutual Aid District (SCFOMAD)**.

These gaps limited regional coordination and reduced the Town's ability to ensure reliable EMS coverage.

## C. Town-Wide Approval for EMS Transition (May–June 2025)

In May–June 2025, the South Berwick Town Council voted to place EMS transition funding articles on the annual town warrant, supporting the plan for the Fire Department to assume full EMS transport services. The warrant articles were subsequently **approved by voters in a town-wide vote**, authorizing the operational funding, staffing expansion, and capital investments required to complete the transition in 2026.

---

# III. South Berwick Fire Department EMS Readiness

## A. Facility and Infrastructure

The Fire Station remains fully capable of supporting ambulance operations, including storage, response readiness, and crew facilities. No change in response geography or deployment time is expected, as the ambulance will respond from the same location as York Ambulance previously did.

## B. Staffing Model

- **Primary ambulance:** Staffed 24/7 by full-time, cross-trained Firefighter/EMTs
- **Second ambulance:** Available for simultaneous calls, staffed by trained call personnel
- **Integrated dispatch:** Fire and EMS dispatched together for all emergency responses

## C. Operations Plan

- Ambulance acquisition and equipment procurement **have been completed as of this report**

- Licensing with Maine EMS is underway
- South Berwick already has **EMT, Advanced EMT, and Paramedic personnel** on its roster
- The department will be **aggressively recruiting and hiring additional EMS staff** in preparation for assuming full EMS transport operations in 2026
- Billing, QA/QI, and ePCR documentation systems are established
- All personnel are certified to EVOC/AVOC and required EMS clinical standards

## D. Coverage Gaps Filled by South Berwick Fire

Between **August 1 and October 31**, York Ambulance logged **397 hours of single-provider staffing**. South Berwick Fire Department filled **296 of those hours** to maintain safe staffing levels.

- Total cost offset against the Town’s monthly stipend to York Ambulance: **\$7,050 (FY26 to date)**

These gaps underscore the Fire Department’s existing role in sustaining EMS service reliability, even before full municipal EMS implementation.

# IV. EMS Performance Metrics

## A. Call Volume: York Ambulance & Dover, NH Fire Mutual Aid

Table 2 Mutual Aid Volume

Year	York Ambulance	Dover Mutual Aid	Combined Total
2020	540	–	~540
2021	609	–	~609
2022	641	7	648
2023	598	34	632
2024	586	25	611

York data from Maine EMS; Dover data from NH EMS

## B. Response Time Performance

Table 3 Response Time Performance

Year	Mean Time	90th %ile	Median	Calls
2020	5.8 min	11.0 min	5.0	545
2021	6.8 min	12.0 min	4.9	626
2022	5.2 min	10.0 min	4.0	686
2023	5.3 min	11.0 min	4.0	601
2024	6.5 min	11.0 min	4.0	605

While EMS response times **do not strongly predict patient outcomes**, except for cardiac arrests, they remain a key indicator of **system reliability** and operational readiness. The Fire-EMS model will preserve these response times by operating from the same station.

---

## V. Mutual Aid and Regional Coordination

### A. Dover Fire Mutual Aid Usage (South Berwick Only)

Table 4 Mutual Aid

Year	Transports	Intercepts	Non-Transports	Total
2022	0	0	7	7
2023	24	2	8	34
2024	15	4	6	25

Source: Dover Fire Department, NH EMS

Table 5 911 Response Disposition

Type Of Service Requested	Disposition	911 Response (Scene) with Transport Capability				
		2020	2021	2022	2023	2024
Emergency Response (Primary Response Area)	Total	540	609	641	598	586
	Deceased	< 10	< 10	14	< 10	< 10
	No Patient	87	107	124	96	75
	Other	< 10	< 10	< 10	< 10	< 10
	Refused	102	129	124	104	117
	Transport	343	367	378	390	389

## B. Projected Ongoing Mutual Aid Demand

Using standard Erlang call queuing theory, South Berwick will require mutual aid or second-ambulance deployment for approximately 50 calls per year.

These can be managed by:

- South Berwick Fire Department's second ambulance
- Regional mutual aid partners such as Dover Fire and SCFOMAD agencies



Table 6 Simultaneous Call Predictions, non-weighted by hour

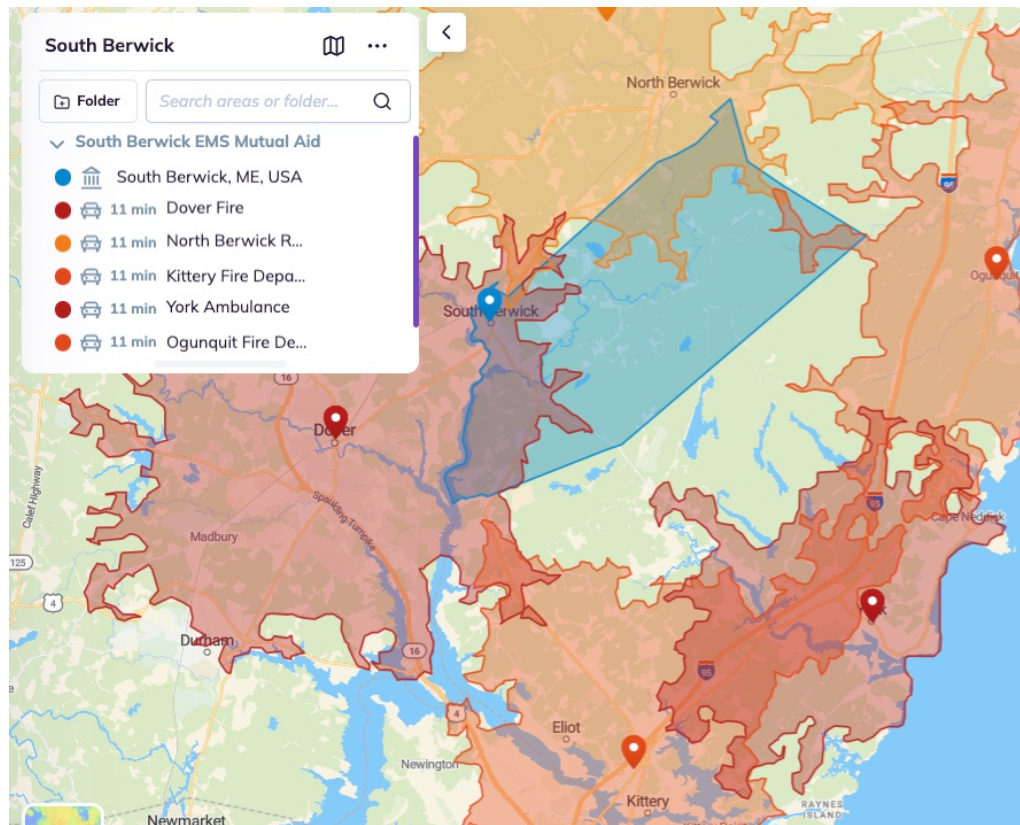
Tool for Estimating Ambulance Scheduling using Erlang C Method			
<b>Inputs:</b>			
Annual Number of calls	643		
Time Frame Years	1		
Total Minutes	525600		
Average Length of Call (AHT) (seconds)	3900	65	minutes
Required Service Level	60%		
Maximum Time to Respond Time (Out of Chute) (seconds)	360	6	minutes
Maximum Utilization	100%		
% of time unit can clear or other resources available	0%		
<b>Determine number of calls per hour</b>			
n_avg (# calls/h)	0.0734		
<b>Determine the Traffic Intensity (A)(hour basis)</b>			
# of calls in hour basis	0.0734		
Avg time per call (min)	65		
Call-minutes per hour	4.771		
Traffic intensity (A) , call-hours per hour (Erlang unitless)	0.0795		
<b>Estimate the raw number of ambulances required (N)</b>			
One ambulance max capability is 1 call-hour per hour actual time			
Initial guess for N ambulances required	1.0	2	3
Probability a call has to wait, P <sub>w</sub>	7.95%	0.30%	0.01%
<b>Calculate the Service Level (list item #13 in ref)</b>			
Service Level	92.7%	99.7%	100.0%
Average Speed of Ambulance to become Available (seconds)	337	6	0
Percentage of Calls Answered Immediately	92.05%	99.70%	99.99%
Utilization (% of time ambulance busy)	7.95%	3.98%	2.65%
<b>Summary</b>			
Number available ambulances	1	2	3
Calculated Service Level	92.7%	99.7%	100.0%
Probability a call has to wait	8.0%	0.3%	0.0%
Average Speed of Ambulance to become Available (seconds)	336.9	6.2	0.1
% of calls Answered Immediately	92.0%	99.7%	100.0%

## C. SCFOMAD Integration

As a member of SCFOMAD, South Berwick benefits from:

- Organized ALS/BLS mutual aid
- Automatic aid during simultaneous calls
- Shared training opportunities
- Regional incident command support

Figure 1 - EMS Mutual Aid Agencies 11 min Isochron



## VI. Justification for EMS Transition

### A. Operational Improvements

- Local control over staffing, deployment, and service quality
- Ability to field two ambulances during high call volume
- Integrated fire and EMS response improving scene efficiency

### B. Community Support

As outlined in the Fire Department's 2025 public FAQ:

- Changing ambulance vendors would not address Fire Department staffing needs
- Cross-trained Firefighter/EMTs improve both fire and medical response
- The Town can expand community health education under a unified Fire-EMS model
- The program is not revenue-driven but becomes cost-effective by Year 3

## VII. Fiscal and Operational Considerations

### A. Rising Subsidies to York Ambulance

Table 7 South Berwick EMS Subsidy Payments

Fiscal Year	Subsidy Paid
FY20	\$86,986
FY21	\$92,905
FY22	\$92,992
FY23	\$98,298
FY24	\$101,640
FY25	\$285,040
FY26	\$294,731

The cost to sustain contracted EMS service **more than doubled between FY24 and FY25**, while York Ambulance continued to experience staffing shortages and limited availability. According to local officials, the combination of **rapidly increasing subsidy demands**, **finite municipal financial capacity**, and the **concurrent need to expand Fire Department services** made the contracted model unsustainable. This led the Town to pursue a unified Fire–EMS system to **maximize available resources, improve service reliability, and ensure long-term fiscal stability**.

### B. Transition Cost Model

- FY25–26 include startup and overlapping contract costs
- Billing revenue will begin to offset costs in FY26 and future years
- Full stabilization expected by FY27

---

## VIII. Conclusion and Consultant’s Opinion

South Berwick’s transition to a municipal fire-based EMS transport model is well justified from operational, financial, and strategic perspectives. The Town has demonstrated clear readiness through its staffing plan, facilities, mutual aid coordination, and the strong public and municipal support reflected in the 2025 town-wide vote.

## Consultant's Opinion

After reviewing South Berwick's EMS transition plan, operational readiness, and the regional landscape, it is my professional opinion that **South Berwick is well positioned to assume full EMS transport operations in 2026**. The Town has created a strong foundation through thoughtful planning, proactive staffing, and facility readiness.

As with any new EMS service, the Town should rely heavily on the support and guidance of **Maine EMS and Regional EMS Coordinators**, particularly during the first several years.

Their assistance will be essential in:

- Implementing and maintaining a strong **QA/QI program**
- Developing comprehensive **Policies and Standard Operating Guidelines**
- Conducting structured **new employee onboarding and orientation**
- Ensuring compliance with Maine EMS clinical, operational, and documentation standards
- Supporting ongoing **training and professional development**

As the system matures, South Berwick Fire Department will be well positioned to expand community health and public safety services, including:

- Community paramedicine/home visit programs
- Post-discharge and chronic disease follow-up
- Home safety and fall-prevention assessments
- Community health clinics and wellness checks
- Public CPR/AED and Stop the Bleed training

Finally, it is strongly recommended that South Berwick continue building partnerships with neighboring agencies and engage in **regionalized fire and EMS efforts**. This will strengthen mutual aid capacity, standardize training, and improve overall service efficiency across the region.

South Berwick's transition plan is **operationally sound, fiscally responsible, and aligned with Maine EMS standards**. With continued support during implementation, the Town is well positioned to provide a high-quality, sustainable EMS system for its residents.

---

## IX. Consultant Profile

**Charles McMahan, MBA, Paramedic, CAFO**

*Certified Ambulance Finance Officer*

## **Principal, Compass Navigators, LLC**

Independent EMS Systems Consultant

Charles McMahan has more than 40 years of experience in Maine's emergency medical services system, including leadership roles in municipal, nonprofit, and hospital-based EMS organizations. His background includes:

- Chief of Orono Rescue
- Regional Manager for Northern Light Health / Capital Ambulance
- COO of Capital Ambulance
- Certified Ambulance Finance Officer (CAFO)
- EMS billing, compliance, and financial operations specialist
- Advisor to Maine EMS service licensing and regulatory compliance processes

He holds an MBA with a focus on finance and operational systems and has extensive experience supporting communities transitioning to fire-based EMS models, developing QA/QI systems, and improving operational sustainability.

This assessment and professional opinion are provided as an independent, third-party evaluation of South Berwick's EMS transition plan and readiness.

---

## **Consultant's Role and Credentials**

This report was prepared by **Chuck 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.





## York Ambulance Association Inc.

15 Salisbury Avenue  
Post Office Box 238  
York, ME 03909-0238

Office: 207-363-4403 ♦ Fax: 207-363-2041

Chair Van: 207-337-3865 ♦ Transfers: 207-337-0587 ♦ South Berwick: 207-384-2300

**EMERGENCY: 911**

### Board Officers

Eric Bakke  
President

Tinna Parsons  
Vice-President

Armen Derderian  
Treasurer

Karen Uebele  
Secretary

### Chief of Operations

Joshua Allen AEMT

### Business Manager

Crystal Gay

### Board Members

Jeffrey Thurlow MD

Lynwood (Sonny)  
Perkins, Jr.



TO: Maine EMS  
FROM: Chief of Operations Joshua Allen  
SUBJECT: South Berwick Ambulance Service  
DATE: 10/31/2025

The Town of South Berwick and South Berwick Fire Department have communicated with York Ambulance Association that it is their intention to purchase an ambulance and license the ambulance with Maine EMS for use in South Berwick and the local area as the primary 9-1-1 service.

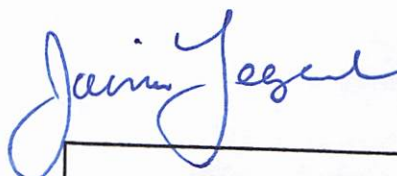
The communication from South Berwick is that the ambulance will be used to respond to the area when York Ambulance is unavailable, and South Berwick Fire will staff the ambulance. York Ambulance will remain the primary response entity with support as needed from South Berwick, to ensure a seamless transition between agencies and uninterrupted service to South Berwick.

York Ambulance Association agrees to voluntarily relinquish the 9-1-1 Primary Response Area of the Town of South Berwick with an anticipated date of June 30, 2026, to coincide with the contract's amended end date at which time the South Berwick Fire Department will assume the primary 9-1-1 ambulance duties for the Town of South Berwick.

This letter serves as documented support of this agreement and for the continued collaboration between Town of South Berwick and York Ambulance Association to provide medical care for people of the communities when the need arises.

 Date 10-31-25

Joshua Allen  
Chief of Operations  
York Ambulance Association.

 10/31/25

JAIME LEGENDRE  
Notary Public, State of Maine  
My Commission Expires Sept. 10, 2032







# Town of South Berwick

## Office of the Town Manager

180 MAIN STREET  
SOUTH BERWICK, MAINE 03908-1535  
TEL: 207-384-3015  
tpellerin@sbmaine.us

November 18, 2025

Maine Board of Emergency Medical Services  
152 State House Station  
Augusta, ME 04333

Dear Maine EMS Board Members,

I am writing regarding the South Berwick Fire Department's application to become a licensed Ground Ambulance Service covering the Town of South Berwick. As Town Manager of the Town of South Berwick, I support this application and change of 9-1-1 Primary Response agency to the South Berwick Fire Department.

We believe municipal delivery of emergency medical services through our Fire Department and cross-trained firefighter-EMS providers is the most efficient, and sustainable long-term solution for community. The budget for this transition was approved by the voters at our annual town meeting on May 20, 2025.

We have purchased two ambulances fully equipped and stocked for paramedic-level response. The fire department is currently staffed by a full-time chief, a part-time Deputy Chief of EMS, and 36 paid-on-call firefighters, 2/3 of whom are either licensed or working toward licensure with your agency. Additionally, we will be hiring eight full-time cross trained Fire/EMS providers in early 2026.

The Town of South Berwick and York Ambulance have mutually agreed to part ways as of June 30<sup>th</sup>, 2026, when the South Berwick Fire Department will take over primary EMS response duties. Approval of this ground transport license will enhance emergency medical response in our community and region and ensure no interruptions in service during the transition in 2026. In closing, I am requesting that the board approve the South Berwick Fire Department's application for service. I am happy to address any questions or concerns you may have.

Respectfully,

Timothy Pellerin  
Town Manager

South Berwick  
State of Maine  
York County, SS.

Personally appeared before me,  
on November 18, 2025, Timothy  
Pellerin, who acknowledged this  
to be his free act & deed in his  
capacity as Town Manager.

Heather Stanley

HEATHER STANLEY  
Notary Public, State of Maine  
My Commission Expires June 14, 2026

Medical Director Approval

Service Name

Agency Name: South Berwick Fire Department

The above named EMS agency has listed you as the service-level medical director.  
Medical Director Certification

Maine EMS Rules require that "If the applicant lists a service-level medical director, the application must include a medical director agreement."

This form may act as that agreement.

A service level medical director is defined in the Maine EMS Rules as follows:

**SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or a nurse practitioner who has completed the required clinical experience pursuant to [32 M.R.S. § 2102\(2-A\)](#), who assumes primary responsibility to ensure quality medical care for the service. A physician assistant may assist in this role under the direct supervision of a physician; however, the supervising physician must be identified to Maine EMS as the medical director.

**\*I certify that I will serve as the EMS Medical Director for this agency and am qualified to do so.**

- ☒ Yes
- ☐ No

I hereby certify that the foregoing statements are correct and true to the best of my knowledge. 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.

**\*Signature:** Signed on Nov 21, 2025 1:19:42 PM by Lukas Kolm



# Wentworth-Douglass Hospital

## MEDICAL RESOURCE HOSPITAL AGREEMENT

THIS AGREEMENT is entered into and effective as of the

30 day of Jan, 2025 ("Effective Date")

by and between

Wentworth-Douglass Hospital,  
789 Central Avenue,  
Dover New Hampshire,  
and

South Berwick Fire Department  
(Legal Name of Unit)

71 Norton, Street,  
South Berwick, ME 03908  
(Address of Unit).

### RECITALS

WHEREAS, the Hospital exists to provide services to promote health and to ensure adequate hospital and medical care is available in the community;

WHEREAS, the Unit is licensed by the Maine Bureau of Emergency Medical Services;

WHEREAS, the Hospital is a licensed acute care hospital, which serves as a Medical Resource Hospital (as that term is defined in N.H. Code Admin. R. Saf-C 5902.03);

WHEREAS, the Unit desires to contract with the Hospital to obtain education, guidance, professional support and medical direction to enable it to deliver quality care to members of the community; and

WHEREAS, the Hospital is willing and able to provide such services incident to meeting the health needs of the community.

NOW THEREFORE, in consideration on the above recitals and the mutual covenants and promises set forth herein, the parties agree as follows.

### 1. HOSPITAL RESPONSIBILITIES

#### 1.1. Appointment of Medical Director

The Hospital shall appoint an Emergency Medical Services Medical Director ("Medical Director") who shall serve to provide oversight for the Unit's medical management of patients under established Maine EMS Protocols, administrative services, and to otherwise facilitate the communication between all of the parties as required under this Agreement, and shall be licensed to practice in the state of Maine. On behalf of the Unit, the Hospital and its Medical Director shall provide a system of control and accountability for drugs and medications pursuant to 16-163

CMR Ch. 3, § 5, as may be amended from time to time. If the Hospital appoints another individual as Medical Director, it will notify the other party and any relevant agencies in writing, within five days of such change.

1.2. Assistance with Quality Management

The Hospital shall assist in the implementation of a multi-disciplinary quality management program to review the quality of patient care provided in the pre-hospital setting and to critically evaluate the overall performance of the Emergency Medical Services and the Advanced Life Support (“ALS”) skills of Emergency Medical Technicians (“EMTs”). All records generated in the course of conducting this quality management program shall be considered privileged and confidential to the fullest extent provided by law.

1.3. Coordination of Education Programs

The Hospital shall, with the oversight of the Medical Director, assist in the coordination of continuing education for EMTs providing ALS. This education shall include, but not be limited to, the use of blind insertion airways, advanced airway management, cardiac monitoring, EKG interpretation, cardiac pacing, protocol rollouts, defibrillation, and other skills training that may be performed by EMTs (as determined by the Medical Director). The Hospital may request records of completed training. All ALS continuing education programs/lectures etc. must have the lesson plans approved by the Medical Director prior to being conducted. The Hospital may require EMT skills verification sessions as determined by the Medical Director.

1.4. Policies and Procedures

The Hospital shall work with the Unit in developing policies and procedures to address areas which are covered by this Agreement, including dispatching arrangements appropriate to the Unit’s type of service and level of care. The Hospital and the Unit will utilize two-way radio communications equipment and frequencies as necessary to accomplish their objectives under this Agreement.

1.5. Medication Exchange/Monitoring Program

1.4.1 The Hospital shall provide for the exchange of medications, in accordance with procedures established by the Emergency Medical Services Medical Control Board (“Medical Control Board”).

1.4.2 This Agreement is intended to cover medications that are not considered controlled substances. If the Unit wishes to enter into an agreement with The Hospital for the exchange of drugs that are controlled substances, it will be required to enter into a separate agreement.

## **2. UNIT RESPONSIBILITIES**

### **2.1 Appointment of Personnel**

The Unit shall be responsible for the appointment of its own personnel to provide ALS services in the community it serves and for assuring that its personnel are qualified, licensed and trained, in accordance with all relevant laws and regulations.

### **2.2 Quality Management**

The Unit shall be responsible for the working with the Hospital on a Quality Management Program to monitor the care received by patients in the pre-hospital setting (as further described in paragraph 1.2 of this Agreement).

### **2.3 Medication Administration Program**

2.3.1 The Unit agrees to cooperate with the Hospital and to abide by any policies and procedures developed to assure that medications are appropriately administered to patients in the pre-hospital setting.

2.3.2 The Unit agrees to monitor medication usage and to secure medications provided to it through the exchange program to prevent unauthorized or inappropriate use.

### **2.4 Documentation/Record-Keeping**

The Unit is responsible for the following

2.4.1 Producing appropriate and adequate documentation of pre-hospital records, electrocardiograph strips, and other documentation relating to patient care, and providing such records to the Hospital and/or any other hospitals that it transports a patient to within 4 hours, but preferably contemporaneously with patient care, including documentation (upon request) on individuals and/or treated, but not transported. If there are back-to-back calls, a drop off form must be completed on patients requiring Intermediate or Paramedic level procedures.

2.4.2 Providing, upon proper authorization for disclosure, appropriate documentation and records regarding personnel training, employee health records, ALS certification and re-certification, and equipment maintenance logs.

2.4.3 Providing appropriate documentation of quality assurance activities and providing report at least quarterly, if requested by the Hospital.

### **2.5 Equipment, Medications, and Supplies**

2.5.1 The Unit is responsible for acquiring and maintaining necessary equipment (including proper decontamination of soiled equipment) and supplies, including any equipment recommended by the Medical Director.

2.5.2 The Unit will retrieve and transport all equipment and reusable supplies that are left in the Hospital's Emergency Department following the transport of a patient. The Unit is expected to retrieve and transport away all of its equipment within seventy-two hours of the patient's arrival. The Hospital shall have no responsibility for lost or damaged equipment or supplies.

2.5.3 The Unit is responsible for assuring that medications are restocked and that any medications with expired dates are exchanged promptly.

2.6 Acceptance of Decisions of Medical Director

The Unit agrees that the Medical Director has the final authority, subject only to the authority of the Medical Control Board and applicable state agencies, to determine whether providers meet the skills qualifications for carrying out standing orders and appropriate protocols. In addition to the provisions of Section 4.3, the Unit agrees to enforce the decisions referred to in this paragraph and to hold the Medical Director and the Hospital harmless from any action which may be brought against the Unit as a result of such a decision.

3. **TERM AND TERMINATION**

3.1 Term

This agreement shall commence on the Effective Date and shall continue for one (1) year, with automatic renewals for additional one-year periods, unless terminated sooner as provided herein.

3.2 Termination

This Agreement may be terminated as provided below:

3.2.1 Without Cause.

Either party may terminate this Agreement without cause by giving written notice at least 60 days' in advance of the effective date of termination.

3.2.2 For Cause.

This Agreement may be terminated immediately by either party in the event that the other party (i) loses its licensure, certification, or accreditation to offer services; or (ii) loses the ability to provide services for which this Agreement was sought; or (iii) is excluded or precluded from participation in Medicare, Medicaid, or any other federal or state health care program.

3.2.3 Compliance with Laws.

If either party reasonably believes that this Agreement violates any federal or state law, including but not limited to, Medicare and Medicaid anti-kickback laws, or laws regarding tax exemption, that party shall have the right to terminate the Agreement, effective upon written notice.

3.2.4 Material Breach

Each party shall have the right to terminate this agreement by giving written notice to the other party of material breach of any term(s) of this Agreement (effective on the date stated in the notice, which must be at least 30 days after its receipt by the party in material breach) if the party in material breach fails to cure the material breach(es) prior to the termination date stated in this notice.

**3.2.5 Patient Care during Transition**

In the event this Agreement is terminated for any reason, or upon expiration of this Agreement, the parties shall cooperate during the transition so that patient care is not adversely affected.

**4. MISCELLANEOUS TERMS**

**4.1 Independent Contractors**

It is expressly acknowledged and understood by the parties that each is an "independent contractor" and that nothing in this Agreement is intended to, or shall be construed to, create an employee/employer relationship, a joint venture relationship, a landlord/tenant relationship, or to allow one party to have control or direction over the manner or method of the other's performance of the services required under this Agreement; provided always that the performance of services under this Agreement shall at all times be in accordance with the law and with the terms and conditions of this Agreement. Each party acknowledges that neither it nor any of its employees or contractors shall be treated as employees of the other for tax purposes or for purposes of employee benefits or Workers' Compensation coverage, and that neither party is responsible for required withholdings or for the payment of any benefits to the other's employees or contractors. Further, if the Internal Revenue Service or any other governmental entity should deem one party (or any of its employees or contractors to be employees or contractors of the other) and require that party to make payments on behalf of the other (or its employees or contractors), then the party for whom payments have been made shall indemnify the paying party for and against any such payments, penalties, or interest.

**4.2 Insurance**

During the term of this Agreement and all renewals or extensions hereof, each party shall maintain liability insurance in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate covering each party's services rendered. Each party also agrees to maintain Workers' Compensation insurance or self-insurance in amounts as required by applicable state laws. Each party will provide proof of coverage at the time of execution of this Agreement and upon annual renewal of the Agreement.

**4.3 Indemnification**

Each party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other. Therefore, each party (the "indemnifying party") agrees to indemnify and hold the other harmless from any claims, actions, liabilities, and expense (including costs of judgments, settlement,

court costs, and attorneys' fees, regardless of the outcome of such claim or action) arising out of or related to any act or omission of the indemnifying party or its employees or subcontractors while performing any of the services provided under this Agreement, to the extent permitted by law.

4.4 Confidentiality

Each party agrees to protect, to the fullest extent required by federal and state law (including but not limited to the HIPAA privacy, security, and breach notification rules at 45 C.F.R. Parts 160 – 164), the confidentiality, privacy, and security of any patient information (or personnel records) generated or received by it in connection with the performance of services under this Agreement.

4.5 Nondiscrimination

The parties agree not to discriminate against any person on the basis of race, color, age, creed, religion, gender, national origin, disabled veteran's status, sexual orientation, physical handicap, or any other basis prohibited by law.

4.6 Severability

The invalidity of any provision of this Agreement shall not affect the validity of any other provision.

4.7 Construction

The parties acknowledge that each party hereto has contributed to the drafting of this Agreement, and that the rule of construction that an instrument shall be construed against the drafting party shall have no application to this Agreement.

4.8 Notices

All notices required under this Agreement are deemed effective on the date mailed by registered or certified mail, postage paid, addressed as set forth below or to the corresponding party:

As to the Hospital

As to the Unit

Wentworth-Douglass Hospital  
789 Central Avenue  
Dover, NH 03820

South Berwick Fire Department  
71 Norton Street  
South Berwick, ME 03908

4.9 Assignments

This Agreement (or any obligations hereunder) shall not be assigned; any such assignment shall be void.

4.10 Referrals

No consideration under this Agreement or otherwise between the parties is conditioned upon or intended to induce the referral of patients. Each party reserves the right to refer any patient to any other entity or person deemed appropriate for the patient's care.

4.11 Governing Law

This Agreement shall be governed by and constructed under the laws of the State of New Hampshire. Venue for resolution of disputes shall be in Strafford County, New Hampshire.

4.12 Entire Agreement/Merger

This Agreement sets for the entire agreement between the parties and supersedes all prior or contemporaneous agreements or understandings (whether oral or written), if any, between the parties with respect to the subject matter of this Agreement.

4.13 Amendment

This Agreement may be amended only in writing, with signatures by both parties. To the extent that the law allows for amendments of this Agreement orally, the parties specifically acknowledge and waive such right.

4.14 Captions

All heading or captions used in this Agreement are for the ease of reference and will not alter or affect the meaning of any provision of this Agreement.

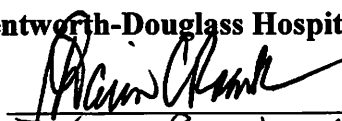
4.15 Counterparts

This Agreement may be executed in counterparts, each of which will be deemed original, but all of which together shall constitute one and the same agreement.

AGREED TO AND ACCEPTED this 30 Day of Jan, 202025

**Wentworth-Douglass Hospital**

BY

  
Edwin Roark COO

Date

1/30/25

BY

  
Lukas Kolm, EMS Medical Director

Date

01.30.25

BY

  
Brian Nicholson, EMS Coordinator

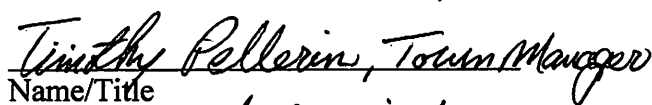
Date

1/30/25

UNIT:

South Berwick Fire

BY

  
Name/Title  
South Berwick, Me.

Date

1/27/2025

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

Emergency Medical Services Unit's Legal Name: South Berwick Fire Dept  
EMS Unit Station Name: South Berwick Fire  
EMS Unit Street Address: 71 Norton Street  
South Berwick, ME  
Medical Resource Hospital: Wentworth-Douglass Hospital

This Agreement is a written contract between the EMS Unit noted above which is duly licensed with Maine EMS and the EMS Unit's Medical Resource Hospital (MRH) which allows for the procurement, storage and accountability of controlled drugs by the Unit in accordance with Maine MRS 163 chapter 6 "Drugs and Medications".

For those EMS Units with multiple Stations, there shall be a separate Agreement for each of the Unit's Stations.

**Procurement of Controlled Drugs:**

- Only those controlled drugs, as approved by the Maine EMS Medical Control Board and the NH Board of Pharmacy, shall be included in the kit(s). Said controlled drugs shall be as indicated in the current *Maine Patient Care Protocols* as established by the EMS Medical Director of the Medical Resource Hospital. The NH Board of Pharmacy shall determine the maximum quantity of controlled drugs available to EMS Units.
- EMS Units shall conduct controlled drug activity pursuant to the provisions of United States 21 CFR 1304.03 as an extension of the MRH Drug Enforcement Agency registration.
- Individual controlled drug kits shall be obtained and exchanged only at the facility noted above.
- The Medical Resource Hospital pharmacy shall initially distribute Controlled Drugs kit(s) directly to the designated "Unit Controlled Drug Coordinator" (UCDC).
- At the time of initial distribution to the UCDC the Medical Resource Hospital Pharmacy shall review the Medical Resource Hospital's policies and procedures for possession and replacement of the kits.
- The UCDC shall be responsible for the placement of kit(s) at the appropriate, predesignated locations at the EMS Unit noted above.
  - The locations shall be climate controlled area and secured area access able only to the units Maine licensed paramedics.

**Medical Resource Hospital Responsibilities:**

- The MRH shall develop policies and procedures to address the supply and distribution of controlled drugs to Maine EMS-licensed Units for which it is the Medical Resource Hospital.
- At a minimum, the policies and procedures include:
  - 1) initial controlled drugs stocking
  - 2) return of issued controlled drug kits
  - 3) replacement of exchanged kits
  - 4) record-keeping requirements
  - 5) loss of drugs
  - 6) security of drug kits



**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- 7) reports
- Controlled drugs issued by the MRH shall include:
    - 1) controlled drugs identity, quantities and "proof-of-use sheet" per kit along with total kits per Unit as determined by the MRH EMS Medical Director and the Pharmacy
    - 2) documentation by the pharmacy of individual controlled drug kit(s) contents
    - 3) pharmacy preparation of each kit including kit sealing
    - 4) on the outside of each controlled substance kit:
      - a) The name of the MRH
      - b) The expiration date of the kit
      - c) The specific kit identification number
  - A change in the identity of the MRH Pharmacist shall require written notice to all parties in the agreement within 5 (five) days.
  - Controlled drug kit(s) shall be obtained either directly from the MRH Pharmacy or from a limited supply of kit(s) stored in the MRH Emergency Department for the purposes of kit exchange when the Pharmacy is closed.
  - If the controlled drugs kit(s) Emergency Department stocking option is implemented by the MRH, the following procedures shall be followed:
    - 1) Each controlled drugs kit shall be stored in a locked location separate from all other Emergency Department drug supplies
    - 2) Replacement kits shall only be accessed by the Emergency Department supervisor
    - 3) The sealed replacement kits shall be included as part of the Emergency Department shift change narcotic account based on procedures utilized by the MRH
    - 4) The Pharmacy shall provide the Emergency Department with a list of those individuals, designated by the EMS Unit's UCDC, as authorized to engage in kit replacement
    - 5) The Pharmacy shall develop a system of documentation for the Emergency Department to record kit replacement activities with include:
      - a. date and time for sealed kits shift counts
      - b. quantity of sealed kits on hand
      - c. names of individual and witness performing the count
    - 6) The Emergency Department Shift Supervisor shall accept and document, in the emergency department, all utilized kits received
    - 7) Utilized kits shall be stored in a locked area separate from the Emergency Department's own inventory
    - 8) A separate medications inventory sheet, for documenting utilized kit contents; will be implemented by the Pharmacy
    - 9) On receipt of a utilized kit, both the individual relinquishing the kit and the nursing supervisor or pharmacist receiving the kit shall document the contents of the kit
    - 10) The medications inventory proof-of-use sheet shall be documented at each shift inventory until such time as the utilized kit is returned to the pharmacy
    - 11) All utilized kits and inventory documentation shall be forwarded to the Pharmacy as established by hospital procedures
  - At the initial distribution meeting with the UCDC, the MRH Pharmacy shall document the review of the controlled drugs policies and procedures including the following information:
    - 1) The UCDC name
    - 2) The EMS Unit name
    - 3) The date, time, and place of the meeting
    - 4) The topics covered
    - 5) The Pharmacy personnel name(s) involved in the meeting

## **AGREEMENT POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

### **Unit/Station Responsibilities:**

- The EMS Unit UCDC shall be a currently Maine EMS-licensed paramedic with affiliation with said Unit, approved by the EMS Unit legal owner and designated in this Agreement.
- The UCDC shall be the individual designated to communicate with the Unit owner and the MRH pharmacy on all matters related to controlled drugs.
- Any change in the identity of the UCDC shall require written notice for all parties in the agreement within 5 (five) days.
- Controlled drug kits shall be maintained in secure locations as designated by the UCDC and noted in the Agreement.
- Controlled drug kits shall only be accessible to Maine EMS-licensed paramedic personnel.
- The designated EMS Unit UCDC shall establish and maintain a current list of Maine-licensed paramedics affiliated with the EMS Unit. Said listing shall be provided to the MRH Pharmacist and will be considered as the complete listing of personnel authorized to possess said kits.
- The UCDC shall conduct a formal training session(s) for all Unit personnel authorized to have possession of kit(s) prior to placing said kit(s) into service.
- Said training session(s) shall review the policies and procedures established by the MRH regarding the supply and distribution of controlled drugs.
- The UCDC shall maintain a record of all training sessions involving the possession of controlled drugs kits. The record shall include:
  - 1) date
  - 2) time
  - 3) location
  - 4) legal names of session participants
- Records of said training sessions shall be available for inspection by authorized individuals pursuant to RSA 318:8 and 381-B: 25.
- Key or access codes for controlled drug kits shall be issued by the UCDC only to those individuals authorized as part of this agreement.
- Controlled drug kit(s) stored on a vehicle shall be stored in the following manner:
  - 1) in a secured compartment
  - 2) separate from a non-controlled drug container
- Controlled drug kit(s) when not stored on a vehicle shall be stored as follows:
  - 1) in a secured area not accessible to personnel not designated as part of this Agreement
  - 2) separate from non-controlled drug containers
  - 3) in compliance with any security measures required as part of this

### **Agreement**

- Exchange of Outdated Controlled Drug Kits:
- All intact kits in the Unit's possession shall be returned to the MRH pharmacy at least 5 (five) days prior to the expiration date.

## **AGREEMENT POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- All intact kits shall be exchanged on a one-for-one basis.
- Documentation of kit exchange shall be maintained in the MRH Pharmacy pursuant to NH Board of Pharmacy rule Ph 704.11 with a copy provided for the Unit UCDC's records.

### **Loss or Tampering Report Procedures:**

#### **EMS Unit/Station Responsibilities:**

- Any loss, tampering, or potential damage to a controlled drug kit or its contents shall be reported by Unit personnel in the following manner:
- Immediately on conclusion of the inspection or incident involving the above, Unit personnel notify the UCDC orally.
- Within 8 (eight) hours of an occurrence, the reporting individual(s) shall file a written statement with the UCDC.
- On receipt of an oral report regarding the above, the UCDC shall orally notify the MRH pharmacy of the occurrence.
- Within 24 hours of the occurrence, the UCDC shall notify the MRH pharmacy, in writing, of the circumstances. Included will be a copy of the discovering unit personnel's report and the identity of the kit, if known.
- Report any instance of missing controlled medications to Maine EMS within 24 hours upon discovery.
  - A full report of the service's investigation of the missing medications and any action the service may have taken regarding the incident must be sent to Maine EMS as soon as completed. (Maine Rule 163 chapter 6)

#### **MRH Responsibilities:**

- Within 15 (fifteen) days of the reported incident, the MRH pharmacy shall notify the following agencies pursuant to Ph 703.04 and 21 CFR 1301.76(b) procedures:
  - 1) The Compliance Division of the NH Board of Pharmacy
  - 2) The United States Drug Enforcement Agency via form 106
  - 3) Copies of the above correspondence to the Chief, NH Bureau of Emergency Medical Services and Atlantic Partners EMS

### **Disciplinary Actions:**

- For violations involving 32 M.R.S. 90-A, denial, suspension or revocation of Maine EMS Provider licenses may be initiated as per rule 163 Chapter 12.
- Administrative fines may be assessed as per Maine EMS Licensing Rules 163 chapter 12.
- Fines may be imposed by the NH Board of Pharmacy pursuant to NH Pharmacy Rules Ph 710.01 and Ph 710.02.
- Violations of this Agreement may result in disciplinary action taken as noted in MRH policies and procedures regarding the accountability for use of controlled drugs.

### **Agreement Administrative Requirements:**

## **AGREEMENT POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- The Agreement shall be signed and dated by the following individuals:
  - 1) the EMS Unit Owner
  - 2) the EMS Unit UCDC
  - 3) the MRH Pharmacist
  - 4) the MRH EMS Coordinator
  - 5) the MRH EMS Medical Director
  - 6) the MRH Administrator
  - 7) Maine EMS Region Director(or designee)
  - 8) the Special Agent -In-Charge, US Drug Enforcement Agency
- The Agreement shall be forwarded to the overseeing Maine EMS region director for obtaining Commissioner (or designee) and DEA acknowledgement letter.
- The final signed original Agreement shall be maintained, on file, in the MRH Pharmacy.
- A copy of the final signed Agreement shall be maintained, on file, as follows:
  - 1) Maine Bureau of Emergency Medical Services
  - 2) the EMS Unit as noted in the Agreement
- Revisions to the Agreement, other than changes in the Unit UCDC or MRH Pharmacist, shall necessitate the completion of a new Agreement.
- The signed Agreement shall be available, upon demand, by any individual or agency charged with the responsibilities of enforcing NH RSA 318 or NH RSA 318-B.
- The Maine EMS shall maintain a current listing of all Units with signed Agreements and provide a copy to the NH Board of Pharmacy on request.

### **Agreement Supplemental Information:**

- MRH supply and distribution procedures for controlled drugs.
- Identity and quantities of controlled drugs contained in each kit prepared by the MRH Pharmacy.
- MRH Pharmacy documentation forms for:
  - 1) UCDC/Pharmacy training sessions
  - 2) Distribution and receipt of intact, utilized, and expired kits
  - 3) Emergency Department storage and/or exchange procedures for kits
  - 4) Proof-of-Use
- EMS Unit documentation forms for:
  - 1) Unit owner designation of Unit UCDC
  - 2) Controlled drug kits training sessions
  - 3) Listing of Unit-affiliated authorized paramedic personnel
  - 4) Procedures for reporting Loss/Tampering/Damage incidents involving controlled drugs
  - 5) Recording location and security measures for controlled drug kits

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

AGREEMENT PARTIES:

EMS Unit Name: South Berwick Fire

Street Address: 71 Norton St.

Mailing Address: 71 Norton St.

South Berwick, me 03908

Business Phone: 207-384-2731

Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

UCDC Name: Katie Moore

UCDC NH EMS License #: 18908

UCDC Business Phone: \_\_\_\_\_

UCDC Fax: \_\_\_\_\_

UCDC E-Mail: Kmoore@shmaine.us

EMS Station Address: 71 Norton St.

South Berwick, me 03908

Medical Resource Hospital: Wentworth-Douglass Hospital

MRH Mailing Address: 789 Central Avenue

Dover, New Hampshire 03820

MRH U.S. DEA Number: AD3304728

MRH Pharmacist Name: Robert Theriault, Pharm D

Pharmacist Business #: 603-740-2512

Pharmacist Fax Number: 603-740-2407

Pharmacist E-Mail: Rober.Theriault@wdhospital.org

EMS Hospital Coordinator: Brian Nicholson

EMS Hospital Coord. Business #: 603-609-6927

EMS Hospital Coord. Fax #: 603-740-2246

EMS Hospital Coord. E-Mail: Brian.Nicholson@wdhospital.org

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

SIGNATORY PAGE:

EMS Unit UCDC: Karen Moore Date: 10/30/25  
EMS Unit Owner: Timothy Pelletier, Town Manager Date: 10/9/2025  
Town of South Berwick  
MRH EMS Hospital Coordinator: [Signature] Date: 10/30/25  
MRH EMS Medical Director: [Signature] Date: 11.04.202  
MRH Pharmacist: [Signature] Date: 10/30/25  
MRH Administrator: [Signature] Date: 11.04.25  
Maine EMS Region Director/Designee: NA - see attached Date: \_\_\_\_\_  
email from Robert Glaspy

Distribution: \_\_\_\_\_ Original -- MRH Pharmacist  
\_\_\_\_\_ Copy -- EMS Unit UCDC  
\_\_\_\_\_ Copy -- Maine EMS

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

---

**RE: South Berwick Fire Narcotics agreement**

---

**From** Glaspy, Robert C <Robert.C.Glaspy@maine.gov>

**Date** Fri 10/10/2025 2:29 PM

**To** Katie Moore <kmoore@sbmaine.us>

Hello Katie,

Thanks for getting this over to me for review; however, there is no need for the Maine EMS Regional signature section. That is a holdover process from the previous regional system. The office just needs to ensure that there is an agreement in place that represents the services to be provided.

Best,

Robert C Glaspy Jr, BSP, NRP, I/C  
Maine EMS Regional Manager (Region One)  
Maine Emergency Medical Services  
152 State House Station  
45 Commerce Dr, Suite 1  
Augusta, Maine 04333  
207.626.3860  
207.248.9844— Direct

[Book time on my calendar by clicking here.](https://www.maine.gov/ems)

<https://www.maine.gov/ems>

---

**From:** Katie Moore <kmoore@sbmaine.us>

**Sent:** Friday, October 10, 2025 2:07 PM

**To:** Glaspy, Robert C <Robert.C.Glaspy@maine.gov>

**Subject:** South Berwick Fire Narcotics agreement

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Rob,

We are in the process of obtaining our narcotics agreement with Wentworth Douglass Hospital. I have attached the agreement. If it could be signed and then sent back to me.

Thank you!

**Katie Moore, NRP  
EMS Director  
South Berwick Fire Department**

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

Emergency Medical Services Unit's Legal Name: South Berwick Fire Dept  
EMS Unit Station Name: South Berwick Fire  
EMS Unit Street Address: 71 Norton Street  
South Berwick, ME  
Medical Resource Hospital: Wentworth-Douglass Hospital

This Agreement is a written contract between the EMS Unit noted above which is duly licensed with Maine EMS and the EMS Unit's Medical Resource Hospital (MRH) which allows for the procurement, storage and accountability of controlled drugs by the Unit in accordance with Maine MRS 163 chapter 6 "Drugs and Medications".

For those EMS Units with multiple Stations, there shall be a separate Agreement for each of the Unit's Stations.

**Procurement of Controlled Drugs:**

- Only those controlled drugs, as approved by the Maine EMS Medical Control Board and the NH Board of Pharmacy, shall be included in the kit(s). Said controlled drugs shall be as indicated in the current *Maine Patient Care Protocols* as established by the EMS Medical Director of the Medical Resource Hospital. The NH Board of Pharmacy shall determine the maximum quantity of controlled drugs available to EMS Units.
- EMS Units shall conduct controlled drug activity pursuant to the provisions of United States 21 CFR 1304.03 as an extension of the MRH Drug Enforcement Agency registration.
- Individual controlled drug kits shall be obtained and exchanged only at the facility noted above.
- The Medical Resource Hospital pharmacy shall initially distribute Controlled Drugs kit(s) directly to the designated "Unit Controlled Drug Coordinator" (UCDC).
- At the time of initial distribution to the UCDC the Medical Resource Hospital Pharmacy shall review the Medical Resource Hospital's policies and procedures for possession and replacement of the kits.
- The UCDC shall be responsible for the placement of kit(s) at the appropriate, predesignated locations at the EMS Unit noted above.
  - The locations shall be climate controlled area and secured area access able only to the units Maine licensed paramedics.

**Medical Resource Hospital Responsibilities:**

- The MRH shall develop policies and procedures to address the supply and distribution of controlled drugs to Maine EMS-licensed Units for which it is the Medical Resource Hospital.
- At a minimum, the policies and procedures include:
  - 1) initial controlled drugs stocking
  - 2) return of issued controlled drug kits
  - 3) replacement of exchanged kits
  - 4) record-keeping requirements
  - 5) loss of drugs
  - 6) security of drug kits



**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- 7) reports
- Controlled drugs issued by the MRH shall include:
    - 1) controlled drugs identity, quantities and "proof-of-use sheet" per kit along with total kits per Unit as determined by the MRH EMS Medical Director and the Pharmacy
    - 2) documentation by the pharmacy of individual controlled drug kit(s) contents
    - 3) pharmacy preparation of each kit including kit sealing
    - 4) on the outside of each controlled substance kit:
      - a) The name of the MRH
      - b) The expiration date of the kit
      - c) The specific kit identification number
  - A change in the identity of the MRH Pharmacist shall require written notice to all parties in the agreement within 5 (five) days.
  - Controlled drug kit(s) shall be obtained either directly from the MRH Pharmacy or from a limited supply of kit(s) stored in the MRH Emergency Department for the purposes of kit exchange when the Pharmacy is closed.
  - If the controlled drugs kit(s) Emergency Department stocking option is implemented by the MRH, the following procedures shall be followed:
    - 1) Each controlled drugs kit shall be stored in a locked location separate from all other Emergency Department drug supplies
    - 2) Replacement kits shall only be accessed by the Emergency Department supervisor
    - 3) The sealed replacement kits shall be included as part of the Emergency Department shift change narcotic account based on procedures utilized by the MRH
    - 4) The Pharmacy shall provide the Emergency Department with a list of those individuals, designated by the EMS Unit's UCDC, as authorized to engage in kit replacement
    - 5) The Pharmacy shall develop a system of documentation for the Emergency Department to record kit replacement activities with include:
      - a. date and time for sealed kits shift counts
      - b. quantity of sealed kits on hand
      - c. names of individual and witness performing the count
    - 6) The Emergency Department Shift Supervisor shall accept and document, in the emergency department, all utilized kits received
    - 7) Utilized kits shall be stored in a locked area separate from the Emergency Department's own inventory
    - 8) A separate medications inventory sheet, for documenting utilized kit contents; will be implemented by the Pharmacy
    - 9) On receipt of a utilized kit, both the individual relinquishing the kit and the nursing supervisor or pharmacist receiving the kit shall document the contents of the kit
    - 10) The medications inventory proof-of-use sheet shall be documented at each shift inventory until such time as the utilized kit is returned to the pharmacy
    - 11) All utilized kits and inventory documentation shall be forwarded to the Pharmacy as established by hospital procedures
  - At the initial distribution meeting with the UCDC, the MRH Pharmacy shall document the review of the controlled drugs policies and procedures including the following information:
    - 1) The UCDC name
    - 2) The EMS Unit name
    - 3) The date, time, and place of the meeting
    - 4) The topics covered
    - 5) The Pharmacy personnel name(s) involved in the meeting

## **AGREEMENT POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

### **Unit/Station Responsibilities:**

- The EMS Unit UCDC shall be a currently Maine EMS-licensed paramedic with affiliation with said Unit, approved by the EMS Unit legal owner and designated in this Agreement.
- The UCDC shall be the individual designated to communicate with the Unit owner and the MRH pharmacy on all matters related to controlled drugs.
- Any change in the identity of the UCDC shall require written notice for all parties in the agreement within 5 (five) days.
- Controlled drug kits shall be maintained in secure locations as designated by the UCDC and noted in the Agreement.
- Controlled drug kits shall only be accessible to Maine EMS-licensed paramedic personnel.
- The designated EMS Unit UCDC shall establish and maintain a current list of Maine-licensed paramedics affiliated with the EMS Unit. Said listing shall be provided to the MRH Pharmacist and will be considered as the complete listing of personnel authorized to possess said kits.
- The UCDC shall conduct a formal training session(s) for all Unit personnel authorized to have possession of kit(s) prior to placing said kit(s) into service.
- Said training session(s) shall review the policies and procedures established by the MRH regarding the supply and distribution of controlled drugs.
- The UCDC shall maintain a record of all training sessions involving the possession of controlled drugs kits. The record shall include:
  - 1) date
  - 2) time
  - 3) location
  - 4) legal names of session participants
- Records of said training sessions shall be available for inspection by authorized individuals pursuant to RSA 318:8 and 381-B: 25.
- Key or access codes for controlled drug kits shall be issued by the UCDC only to those individuals authorized as part of this agreement.
- Controlled drug kit(s) stored on a vehicle shall be stored in the following manner:
  - 1) in a secured compartment
  - 2) separate from a non-controlled drug container
- Controlled drug kit(s) when not stored on a vehicle shall be stored as follows:
  - 1) in a secured area not accessible to personnel not designated as part of this Agreement
  - 2) separate from non-controlled drug containers
  - 3) in compliance with any security measures required as part of this

### **Agreement**

- Exchange of Outdated Controlled Drug Kits:
- All intact kits in the Unit's possession shall be returned to the MRH pharmacy at least 5 (five) days prior to the expiration date.

## **AGREEMENT POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- All intact kits shall be exchanged on a one-for-one basis.
- Documentation of kit exchange shall be maintained in the MRH Pharmacy pursuant to NH Board of Pharmacy rule Ph 704.11 with a copy provided for the Unit UCDC's records.

### **Loss or Tampering Report Procedures:**

#### **EMS Unit/Station Responsibilities:**

- Any loss, tampering, or potential damage to a controlled drug kit or its contents shall be reported by Unit personnel in the following manner:
- Immediately on conclusion of the inspection or incident involving the above, Unit personnel notify the UCDC orally.
- Within 8 (eight) hours of an occurrence, the reporting individual(s) shall file a written statement with the UCDC.
- On receipt of an oral report regarding the above, the UCDC shall orally notify the MRH pharmacy of the occurrence.
- Within 24 hours of the occurrence, the UCDC shall notify the MRH pharmacy, in writing, of the circumstances. Included will be a copy of the discovering unit personnel's report and the identity of the kit, if known.
- Report any instance of missing controlled medications to Maine EMS within 24 hours upon discovery.
  - A full report of the service's investigation of the missing medications and any action the service may have taken regarding the incident must be sent to Maine EMS as soon as completed. (Maine Rule 163 chapter 6)

#### **MRH Responsibilities:**

- Within 15 (fifteen) days of the reported incident, the MRH pharmacy shall notify the following agencies pursuant to Ph 703.04 and 21 CFR 1301.76(b) procedures:
  - 1) The Compliance Division of the NH Board of Pharmacy
  - 2) The United States Drug Enforcement Agency via form 106
  - 3) Copies of the above correspondence to the Chief, NH Bureau of Emergency Medical Services and Atlantic Partners EMS

### **Disciplinary Actions:**

- For violations involving 32 M.R.S. 90-A, denial, suspension or revocation of Maine EMS Provider licenses may be initiated as per rule 163 Chapter 12.
- Administrative fines may be assessed as per Maine EMS Licensing Rules 163 chapter 12.
- Fines may be imposed by the NH Board of Pharmacy pursuant to NH Pharmacy Rules Ph 710.01 and Ph 710.02.
- Violations of this Agreement may result in disciplinary action taken as noted in MRH policies and procedures regarding the accountability for use of controlled drugs.

### **Agreement Administrative Requirements:**

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

- The Agreement shall be signed and dated by the following individuals:
  - 1) the EMS Unit Owner
  - 2) the EMS Unit UCDC
  - 3) the MRH Pharmacist
  - 4) the MRH EMS Coordinator
  - 5) the MRH EMS Medical Director
  - 6) the MRH Administrator
  - 7) Maine EMS Region Director(or designee)
  - 8) the Special Agent -In-Charge, US Drug Enforcement Agency
- The Agreement shall be forwarded to the overseeing Maine EMS region director for obtaining Commissioner (or designee) and DEA acknowledgement letter.
- The final signed original Agreement shall be maintained, on file, in the MRH Pharmacy.
- A copy of the final signed Agreement shall be maintained, on file, as follows:
  - 1) Maine Bureau of Emergency Medical Services
  - 2) the EMS Unit as noted in the Agreement
- Revisions to the Agreement, other than changes in the Unit UCDC or MRH Pharmacist, shall necessitate the completion of a new Agreement.
- The signed Agreement shall be available, upon demand, by any individual or agency charged with the responsibilities of enforcing NH RSA 318 or NH RSA 318-B.
- The Maine EMS shall maintain a current listing of all Units with signed Agreements and provide a copy to the NH Board of Pharmacy on request.

**Agreement Supplemental Information:**

- MRH supply and distribution procedures for controlled drugs.
- Identity and quantities of controlled drugs contained in each kit prepared by the MRH Pharmacy.
- MRH Pharmacy documentation forms for:
  - 1) UCDC/Pharmacy training sessions
  - 2) Distribution and receipt of intact, utilized, and expired kits
  - 3) Emergency Department storage and/or exchange procedures for kits
  - 4) Proof-of-Use
- EMS Unit documentation forms for:
  - 1) Unit owner designation of Unit UCDC
  - 2) Controlled drug kits training sessions
  - 3) Listing of Unit-affiliated authorized paramedic personnel
  - 4) Procedures for reporting Loss/Tampering/Damage incidents involving controlled drugs
  - 5) Recording location and security measures for controlled drug kits

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

AGREEMENT PARTIES:

EMS Unit Name: South Berwick Fire

Street Address: 71 Norton St.

Mailing Address: 71 Norton St.

South Berwick, me 03908

Business Phone: 207-384-2731

Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

UCDC Name: Katie Moore

UCDC NH EMS License #: 18908

UCDC Business Phone: \_\_\_\_\_

UCDC Fax: \_\_\_\_\_

UCDC E-Mail: Kmoore@shmaine.us

EMS Station Address: 71 Norton St.

South Berwick, me 03908

Medical Resource Hospital: Wentworth-Douglass Hospital

MRH Mailing Address: 789 Central Avenue

Dover, New Hampshire 03820

MRH U.S. DEA Number: AD3304728

MRH Pharmacist Name: Robert Theriault, Pharm D

Pharmacist Business #: 603-740-2512

Pharmacist Fax Number: 603-740-2407

Pharmacist E-Mail: Rober.Theriault@wdhospital.org

EMS Hospital Coordinator: Brian Nicholson

EMS Hospital Coord. Business #: 603-609-6927

EMS Hospital Coord. Fax #: 603-740-2246

EMS Hospital Coord. E-Mail: Brian.Nicholson@wdhospital.org

**AGREEMENT  
POSSESSION PROCEDURES FOR CONTROLLED DRUGS**

SIGNATORY PAGE:

EMS Unit UCDC: Karen Moore Date: 10/30/25  
EMS Unit Owner: Timothy Pelletier, Town Manager Date: 10/9/2025  
Town of South Berwick  
MRH EMS Hospital Coordinator: [Signature] Date: 10/30/25  
MRH EMS Medical Director: [Signature] Date: 11.04.202  
MRH Pharmacist: [Signature] Date: 10/30/25  
MRH Administrator: [Signature] Date: 11.04.25  
Maine EMS Region Director/Designee: NA - see attached Date: \_\_\_\_\_  
email from Robert Glaspy

Distribution: \_\_\_\_\_ Original -- MRH Pharmacist  
\_\_\_\_\_ Copy -- EMS Unit UCDC  
\_\_\_\_\_ Copy -- Maine EMS

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

---

**RE: South Berwick Fire Narcotics agreement**

---

**From** Glaspy, Robert C <Robert.C.Glaspy@maine.gov>

**Date** Fri 10/10/2025 2:29 PM

**To** Katie Moore <kmoore@sbmaine.us>

Hello Katie,

Thanks for getting this over to me for review; however, there is no need for the Maine EMS Regional signature section. That is a holdover process from the previous regional system. The office just needs to ensure that there is an agreement in place that represents the services to be provided.

Best,

Robert C Glaspy Jr, BSP, NRP, I/C  
Maine EMS Regional Manager (Region One)  
Maine Emergency Medical Services  
152 State House Station  
45 Commerce Dr, Suite 1  
Augusta, Maine 04333  
207.626.3860  
207.248.9844— Direct

[Book time on my calendar by clicking here.](https://www.maine.gov/ems)

<https://www.maine.gov/ems>

---

**From:** Katie Moore <kmoore@sbmaine.us>

**Sent:** Friday, October 10, 2025 2:07 PM

**To:** Glaspy, Robert C <Robert.C.Glaspy@maine.gov>

**Subject:** South Berwick Fire Narcotics agreement

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Rob,

We are in the process of obtaining our narcotics agreement with Wentworth Douglass Hospital. I have attached the agreement. If it could be signed and then sent back to me.

Thank you!

**Katie Moore, NRP  
EMS Director  
South Berwick Fire Department**





## ***SOUTH BERWICK FIRE DEPARTMENT***

***71 Norton Street  
South Berwick, Maine 03908  
Tel. 207-384-2731***

October 30, 2025

**TO:** Sanford Regional Communications Center

**FROM:** Fire Chief Nick Hamel

**RE: Maine EMS Ground Transport Dispatch Agreement**

---

Director Valido,

The South Berwick Fire Department is applying to Maine EMS for a Ground Transport EMS license. Part of the application relates to emergency dispatch agreements and protocols for when the department will be dispatched. This memo clarifies South Berwick Fire's role in responding to medical emergencies in South Berwick, and to affirm that Sanford Regional Communications Center (Sanford RCC) is the contracted 911 PSAP and Dispatch Center for all emergency services within the Town of South Berwick.

**(NEW)** The South Berwick Fire Department Ambulance will be the second-due ambulance dispatched to any medical call in South Berwick when York Ambulance's crew is not available, or more than one Ambulance is needed/requested. South Berwick Fire's Ambulance will also be available for mutual aid requests.

In addition to second-due calls, the SBFD will continue to be dispatched with York Ambulance to the following emergencies within the Town of South Berwick:

- Delta & Echo Level Medical Calls
- As requested by York Ambulance duty crews
- Vehicle crashes of any kind on or off-road
- Specialized Rescues (ice, water, off-road, carry outs, confined space, high angle, etc.)
- Carbon Monoxide or other hazardous conditions with victims
- Mass casualty or violent incidents

Per Sanford RCC's FIRE/EMS dispatch protocol, if no South Berwick Fire units respond within 2 (two) minutes of dispatch, they will be re-paged. If there is still no response, a mutual aid ambulance will be dispatched if there is not already an ambulance responding to the call.

Signed:

South Berwick Fire Department

A handwritten signature in black ink, appearing to read "Nick Hamel", written over a horizontal line.

Nicholas Hamel  
Fire Chief

Date: October 30, 2025

Sanford RCC

A handwritten signature in black ink, appearing to read "Darcy Valido", written over a horizontal line.

Darcy Valido  
Director

Date: October 30, 2025

## Glaspy, Robert C

---

**From:** Nick Hamel <nhamel@southberwickfire.gov>  
**Sent:** Thursday, December 11, 2025 1:01 PM  
**To:** Darcy L Valido  
**Cc:** Glaspy, Robert C; Katie Moore  
**Subject:** Re: Maine EMS License Dispatch Agreement

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Thanks Darcy!

**Nicholas Hamel**  
**Fire Chief**  
**South Berwick Fire Department**  
71 Norton Street  
South Berwick, ME 03908  
**Station:** 207-384-2731  
**Direct:** 207-384-6031

**IMPORTANT:** Our email domain has changed, please use [nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov) for future communications.  
Thank you!

---

**From:** Darcy L Valido <dvalido@sanfordmaine.org>  
**Sent:** Thursday, December 11, 2025 12:52 PM  
**To:** Nick Hamel <nhamel@southberwickfire.gov>  
**Cc:** Glaspy, Robert C <robert.c.glaspy@maine.gov>; Katie Moore <kmoore@southberwickfire.gov>  
**Subject:** RE: Maine EMS License Dispatch Agreement

Hello

I apologize for the delay. I do agree to the following points below and the Sanford Regional Communications Center will continue it's services with the South Berwick Fire Department as noted. Please let me know if you need anything else. Thank you!



**Darcy L. Valido**  
*Director of Communicati*  
*Sanford Regional Commu*  
*207-324-3644 ext. 1*

---

**From:** Nick Hamel <nhamel@southberwickfire.gov>  
**Sent:** Tuesday, December 9, 2025 5:27 PM

**To:** Darcy L Valido <dvalido@sanfordmaine.org>

**Cc:** Glaspy, Robert C <robert.c.glaspy@maine.gov>; Katie Moore <kmoore@southberwickfire.gov>

**Subject:** Re: Maine EMS License Dispatch Agreement

**Importance:** High

Good Evening Director Valido,

Maine EMS is currently reviewing our application package, including the signed dispatch agreement that we both signed and we submitted. Through that review, it was noted that the signed agreement does NOT address dispatching services after June 30th , 2026. I know that we have discussed this transition a few times over the past 6-8 months, but I failed to include it in the agreement letter.

To address the missing components, could you please respond (reply all) to this email acknowledging the following:

- Sanford Regional Communications has been the contracted 24 hour PSAP and 911 Dispatch center for Police, Fire, and EMS, services in the Town of South Berwick since 2018, and will continue to be after July 1, 2026.
- The attached signed dispatch agreement outlines the response guidelines for York Ambulance and South Berwick Fire 911 ambulance response agreement until June 30, 2026.
- As of July 1, 2026, the South Berwick Fire Department will become the primary (and only) 911 ambulance service covering South Berwick, taking over for York Ambulance.
- There will be no interruption in dispatch service before, during, or after this change.
- As of July 1, 2026, the current Fire and EMS mutual aid run cards will be replaced with the attached set of updated cards showing the South Berwick Fire Department ambulances and associated mutual aid resources for calls, including next-unit-up dispatching, MCI plans, and other responses as indicated.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Nicholas Hamel  
Fire Chief  
South Berwick Fire Department  
71 Norton Street  
South Berwick, ME 03908  
**Station:** 207-384-2731  
**Direct:** 207-384-6031

**IMPORTANT:** Our email domain has changed, please use [nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov) for future communications.  
Thank you!

**From:** Darcy L Valido <[dlvalido@sanfordmaine.org](mailto:dlvalido@sanfordmaine.org)>  
**Sent:** Thursday, October 30, 2025 8:51 AM  
**To:** Nick Hamel <[nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov)>  
**Subject:** RE: Maine EMS License Dispatch Agreement

Hello

Attached is the signed document. Let me know if you need anything else. Thank you!



**Darcy L. Valido**  
*Director of Communicati*  
*Sanford Regional Commu*  
*207-324-3644 ext. 1*

**From:** Nick Hamel <[nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov)>  
**Sent:** Wednesday, October 29, 2025 6:04 PM  
**To:** Darcy L Valido <[dlvalido@sanfordmaine.org](mailto:dlvalido@sanfordmaine.org)>  
**Subject:** Maine EMS License Dispatch Agreement

**\*\*\*EXTERNAL\*\*\***

This e-mail originated from outside of the City of Sanford E-mail System. **Do Not** click links or open attachments unless you recognize the sender address and know the content is safe.

Hey Darcy,

Any chance you can sign this and email it back to me ASAP? We're upgrading our EMS license (again) and need to include this with our application packet. The goal is to be licensed for transport by 12/31.

IMPORTANT! Actual dispatch guidelines won't change until we're in-service and ready to go, so I'll let you know when to "go live", hopefully Jan 1 or shortly thereafter.

Thanks!

-Nick

**Nicholas Hamel**  
**Fire Chief**  
**South Berwick Fire Department**  
71 Norton Street  
South Berwick, ME 03908  
**Station:** 207-384-2731  
**Direct:** 207-384-6031

**IMPORTANT:** Our email domain has changed, please use [nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov) for future communications. Thank you!

DISCLAIMER: This e-mail, and any file or attachment transmitted with it, is only intended for the use of the person and/or entity to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the recipient of this message is not the intended recipient or otherwise responsible for delivering the message to the intended recipient, be notified that any disclosure, distribution or copying of this information is strictly prohibited. If you received this communication in error, destroy all copies of this message, attachments and/or files in your possession, custody or control and any other copies you may have created, and notify the sender at the sender's e-mail address listed above.

DISCLAIMER: This e-mail, and any file or attachment transmitted with it, is only intended for the use of the person and/or entity to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the recipient of this message is not the intended recipient or otherwise responsible for delivering the message to the intended recipient, be notified that any disclosure, distribution or copying of this information is strictly prohibited. If you received this communication in error, destroy all copies of this message, attachments and/or files in your possession, custody or control and any other copies you may have created, and notify the sender at the sender's e-mail address listed above.

# South Berwick Fire Department (1079)

71 Norton Street, South Berwick, Maine 03908

**Emergency Medical Technician -- Issued: 10/24/2025 -- Expires: 11/30/2026**

 [Update record to MEFIRS](#)



[Demographics](#) | [Organization](#) | [Staff](#)

## Service Staff



**Agency Training** [Moore, Katie J](#)

**Coordinator:** **Home Phone:** 207-939-7964

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-939-7964

**Email:** [k\\_j@hotmail.com](mailto:k_j@hotmail.com)

**Primary Contact:** [Moore, Katie J](#)

**Home Phone:** 207-939-7964

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-939-7964

**Email:** [k\\_j@hotmail.com](mailto:k_j@hotmail.com)

**Medical Director - EMS:** [Kolm MD, Lukas](#)

**Home Phone:** (No home phone number listed for the contact )

**Work Phone:** 603-740-2163

**Cell Phone:** 603-498-9634

**Email:** [lukaskolm@msn.com](mailto:lukaskolm@msn.com)

**Service Chief / EMD or** [Hamel, Nicholas R](#)

**Training Center Director:** **Home Phone:** 207-451-0850

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-451-0850

**Email:** [nhamel@southberwickfire.gov](mailto:nhamel@southberwickfire.gov)

**Assistant Director:** [Moore, Katie J](#)

**Home Phone:** 207-939-7964

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-939-7964

**Email:** [k\\_j@hotmail.com](mailto:k_j@hotmail.com)

**Primary QA Contact:** [Moore, Katie J](#)

**Home Phone:** 207-939-7964

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-939-7964

**Email:** [k\\_j@hotmail.com](mailto:k_j@hotmail.com)

**Infection Control Contact:** [Moore, Katie J](#)

**Home Phone:** 207-939-7964

**Work Phone:** (No work phone number listed for the contact )

**Cell Phone:** 207-939-7964

**Email:** [k\\_j@hotmail.com](mailto:k_j@hotmail.com)



# SOUTH BERWICK FIRE DEPARTMENT

## FIRE-BASED AMBULANCE PROPOSAL



### BACKGROUND

#### THE PROBLEM

Ambulance services are in financial crisis and struggling to survive. Despite increased public subsidies, they struggle to stay in business, and maintain adequate staffing.

Call and volunteer fire departments are facing similar staffing struggles. Most active members are aging out, and younger people do not have the time to commit.

#### THE SOLUTION

#### FIRE-BASED EMS

A fire-based EMS system utilizing cross trained Firefighter-EMT and Firefighter-Paramedics is the sustainable solution that combats both of these public safety crisis.

#### THE VISION

### COMMUNITY FOCUSED vs. CONTRACT FOCUSED

The mission of **South Berwick Fire** is, and always will be to serve our citizens in their time of need. **We exist solely to serve YOU!**

- Improved response times
- Improved availability
- Improved community engagement
- Local control
- Long-term stability

📞 207-384-2731

🌐 [sbfd@sbmaine.us](mailto:sbfd@sbmaine.us)

### THE PLAN

#### COMBINED, STAFFED SERVICE

We propose a Fire & EMS Department that is staffed 24/7 with cross trained Fire & Medical personnel. The South Berwick Fire Department would assume emergency ambulance service in town starting July 1, 2026.

Despite the increased costs, no other available solutions address BOTH the Fire and EMS Crisis as efficiently or economically.

### BUDGET



**OPERATING BUDGET: \$1,259,033**

**FIRE DEPARTMENT \$565,392**

**ADD:** Fulltime staff starting May 2026

4 Firefighter/Paramedics

4 Firefighter/EMT's

**CAPITAL IMPROVEMENTS \$250,000**

**ADD:** Order new ambulance

**ADD:** Station modifications

**RESCUE SERVICES \$310,241**

No Change, York Ambulance

Contract through 6/30/26

**BENEFITS \$133,400**



**ONE-TIME EXPENSE: \$407,000**

Purchase used ambulance & equipment,  
New hire expenses, licensing, & permitting





# Frequently Asked Questions

## **Q: WHY NOT JUST CHANGE AMBULANCE CONTRACTORS?**

**A:** Most non-municipal ambulance services are under the same financial pressures, leaving very few options. This would not address the looming firefighter shortage.

## **Q: WHY SHOULD WE DO THIS NOW, CAN'T WE WAIT?**

**A:** These problems have been building for years, and there is no relief in sight. Each year that passes by, the cost to transition increases.

## **Q: HOW WILL THIS IMPROVE EMERGENCY MEDICAL SERVICE?**

**A:** Currently we are provided a single staffed ambulance available for calls. SBFD has trained EMT's who will answer calls with the second ambulance as needed, reducing our reliance on mutual aid.

## **Q: HOW WILL THIS IMPROVE FIRE DEPARTMENT SERVICE?**

**A:** The contract ambulance crew has no firefighter training. Our cross trained Firefighter-EMT's will respond to all calls from the station, arriving on scene quickly, and providing assistance in conjunction with call firefighters.

## **Q: HOW WILL THIS IMPROVE COMMUNITY ENGAGEMENT?**

**A:** We will treat medical education and awareness the same way that we treat fire prevention programs today. We focus on the most at-risk groups and deliver training, education, and information tailored for each group to improve safety town-wide.

## **Q: WILL THE AMBULANCE MAKE MONEY?**

**A:** This is not, and will never be a money maker. The purpose of the consolidation is to solidify the emergency response in South Berwick and increase the level of service while providing the best possible value. Billing revenue can offset some of the costs.

## **Q: HOW WILL THIS EFFECT FUTURE EMERGENCY SERVICES BUDGETS?**

**A:** The first two years are the toughest financially. There are contract costs, startup costs, personnel costs, and little incoming billing revenue. The long-term value starts in year three and continues beyond with a stabilized Fire and Rescue delivery system that improves quality of life at a more predicable cost.

## **Q: HOW CAN WE HELP?**

**A:** We are asking for your vote at the annual town meeting on May 20<sup>th</sup>


**Vote YES on Article 10 - Emergency Services**

**Vote YES on Article 18 - Capital Improvements & Reserves**

# **WE APPRECIATE YOUR SUPPORT!**

 207-384-2731

 sbfd@sbmaine.us

	<h1 style="text-align: center;">South Berwick Fire Department</h1> <h2 style="text-align: center;">Operations Manual</h2>			
	<b>Subject</b>	Safety Plan	<b>Number</b>	P-30
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	6/4/25	<b>Last Revised</b>	6/4/25

## 1 OBJECTIVE

---

The South Berwick Fire Department recognizes there will be risk related to the operations during the course of work at the South Berwick Fire Department. The plan outlines the safety program for the department.

## 2 SCOPE

---

This policy applies to all SBFD Members

## 3 PLAN

---

### 3.1 FACILITY SAFETY AND SECURITY

#### 3.1.1 Safety

SBFD considers the overall safety of its employees, vendors, and citizens to be of the utmost importance. In turn, it is the responsibility of both SBFD and employees to conduct themselves and perform their duties in a safe and efficient manner in compliance with all local, state and federal safety and health regulations, laws as well as all established SBFD policies and procedures.

#### 3.1.2 Access

The SBFD is considered a secure facility. The facility is always to remain locked and secure. Every member of SBFD has a code to access the facility, that is to be kept private. At no time should the code be given out to non-department personnel unless preauthorized by the Fire Chief.

#### 3.1.3 Visitors and Vendors


Visitors and vendors may be present with a department representative or prior authorization from the Chief. At no time are visitors allowed to sleep in the facility on an overnight basis except under extenuating circumstances and approved by the Chief.

#### 3.1.4 Personal Belongings

At no time does the SBFD take responsibility for personal belongings in the workplace that may become damaged, lost or stolen.

#### 3.1.5 Evacuation Plan

If the building must be evacuated, the evacuation points will be the designated areas as marked on the evacuation plans posted in each office and room. If long term evacuation is needed, consultation with town management, YCEMA will be sought.

	<b>South Berwick Fire Department</b> <b>Operations Manual</b>			
	<b>Subject</b>	Safety Plan	<b>Number</b>	P-30
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	6/4/25	<b>Last Revised</b>	6/4/25

If during an evacuation of the building, it is deemed that the fire apparatus must be removed and is safe to do so, staff will remove apparatus in the following order: Largest fire apparatus and ambulance first followed by smallest or per OIC.

### **3.1.6 Weapons/Workplace Violence**

At no time will fire department personnel carry a firearm while engaged in department activities

SBFD will not tolerate any acts or threats of violence by or against employees, customers, or visitors on South Berwick Fire Department's premises at any time or while they are engaged in business with or on behalf of SBFD, on or off SBFD premises.

Any employee determined to have committed threats, threatening conduct, or any other acts of aggression or violence will be subject to disciplinary action up to and including separation from the department.

Non-employees engaged in violent acts on the employer's premises or during SBFD operations will be reported to the proper authorities.

## **3.2 VEHICLE OPERATIONS AND OPERATOR SAFETY**

SBFD will follow all laws of the State of Maine regarding emergent and non-emergent vehicle operations.

### **3.2.1 Driving Eligibility**


SBFD Operators receive, at a minimum, EVOC/AVOC classroom and practical application education, followed by driver training with another approved training operator prior to being cleared to drive each apparatus. Drivers must be 18+ for ambulance and support vehicles and 21+ for all other fire apparatus and have a driving record capable of being covered under the Town of South Berwick's insurance carrier. All members are subject to a background check for driver eligibility

### **3.2.2 Vehicle Operations**

In situations where the nature of the complaint is of lower acuity, the apparatus will respond with the flow of traffic and not utilize lights and sirens. While responding to complaints of higher acuity, the apparatus will respond with lights and sirens with due regard for public safety.

### **3.2.3 Vehicle Occupants**

All occupants of a department vehicle must be seated in an approved seat with an approved seatbelt and/or restraint system. All occupants must wear their seatbelt when the vehicle is in motion. It is the responsibility of the vehicle operator to ensure all occupants are seat belted prior to moving the vehicle.

	<b>South Berwick Fire Department</b> <b>Operations Manual</b>			
	<b>Subject</b>	Safety Plan	<b>Number</b>	P-30
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	6/4/25	<b>Last Revised</b>	6/4/25

### **3.2.4 Vehicle Maintenance**

SBFD apparatus is to be checked monthly according to the SOPs by the assigned company. All maintenance requests generate a form, at which point the Chief and/or designee are notified.

### **3.2.5 Emergency Vehicle Accidents**

Should an incident occur, the apparatus will stop and notify dispatch of the incident immediately. At no time will any employee state any fault or discuss the incident until law enforcement arrives. The Chief and/or OIC are to be notified immediately.

## **3.3 SCENE SAFETY**

### **3.3.1 Potential violence at scenes**

When responding to a potential for violence or unsafe scenes (assault, aggressive animals, shootings, etc.) SBFD will stage for law enforcement. Once the scene is deemed safe, personnel can proceed to the scene and if applicable, report to law enforcement for further directions.

### **3.3.2 Scenes of Electrical Hazards**

While operating at scenes where electrical hazards are present, or potentially present, personnel should always remain vigilant. Contact will be made with utility companies for downed wires or other energized electrical sources. All personnel will follow Maine BLS guidelines on wire hazards, and the no wire is safe program.

### **3.3.3 Scenes of Hazardous Materials**


Potential Hazardous Materials are present at all scenes, from household chemicals, fuels, contamination, etc. At no time will personnel enter a hazardous materials scene without proper training and equipment. If operating at a hazardous materials incident and a patient is present, they must be decontaminated by a trained decontamination team. If a hazardous materials incident is discovered at a scene, personnel will evacuate the area, if possible, assisting those in the hazard area to evacuate as well. Once in a safe location, personnel will notify the dispatch center of the change and request appropriate resources to respond.

### **3.3.4 Scenes of Motor Vehicle Collision**

While operating on a public or private way, personnel will have all appropriate personal protective equipment, including bunker gear, ANSI approved breakaway traffic control vest, eye protection, helmet and gloves.

## **3.4 INFECTION CONTROL**

Personnel may be exposed to communicable diseases, however through established policies, guidelines, and practices, exposure and transmission is greatly diminished.

	<h2 style="text-align: center;">South Berwick Fire Department</h2> <h3 style="text-align: center;">Operations Manual</h3>			
	<b>Subject</b>	Safety Plan	<b>Number</b>	P-30
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	6/4/25	<b>Last Revised</b>	6/4/25

#### **3.4.1 Designated Infection Control Officer**

SBFD Infection Control Officer (ICO), is responsible for follow-through with any potential plan that includes review of the plan annually and modifying it as needed.

#### **3.4.2 Universal/Standard Precautions**

SBFD personnel will treat all potentially infectious materials as though it is contaminated and will mitigate these hazards immediately and properly with standards as set forth by MEMS and Maine BLS.

### **3.5 PERSONAL HEALTH AND SAFETY**

#### **3.5.1 Injury and Illness Prevention**

Every member of this organization is responsible for their safety first, followed by their partners safety. Each member knows their own limitations; however, they should also know the limitations of their partner as well. When approaching a scene, both responders will check each other to ensure personal protective equipment is worn and worn properly.

#### **3.5.2 Safe Lifting Procedures**

Every member will be trained and retrained annually on safe lifting of patients, equipment, and how to load and unload equipment and patients.

#### **3.5.3 Work Related Injury Reporting Procedures**

When a member acquires a work – related injury, they are to notify the Chief immediately and be pulled from duty to be evaluated (if needed) by a physician. A report of injury is to be filed.


#### **3.5.4 Substance Abuse Prevention and Reporting Procedures**

At no time will duty personnel consume alcohol or illegal substances, nor shall they respond to any incident if they have consumed any alcohol or illegal substances in the last 12 hours. If an employee is believed to be violating this policy, the Chief must be notified and will take appropriate actions. Employees may be screened for use of these substances with articulable suspicion. Should an employee be involved in a vehicle collision with department apparatus, they will follow through with all policies and procedures for commercial vehicle collisions in accordance with Maine State Police Commercial Vehicles Enforcement Unit.

#### **3.5.5 Fatigue Prevention**

Fatigue is common in this line of work. Personnel will be allowed down time after any assigned tasks are completed. Members must be ready to respond at a moment's notice and must keep a radio nearby. At no time should personnel rely on IAR alone for on duty emergency pages.



	<b>South Berwick Fire Department</b> <b>Operations Manual</b>			
	<b>Subject</b>	Safety Plan	<b>Number</b>	P-30
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	6/4/25	<b>Last Revised</b>	6/4/25

### **3.5.6 Mental Health**

Personnel are subject to some of the worst incidents that can be seen. Due to this, many responders suffer from job acquired mental health problems. If any member feels as though they are having a difficult time, or if they feel that they need assistance, they can reach out to Employees Action Programs for confidential help. If the employee feels comfortable, they can notify the Chief or anyone within the department and assistance can be obtained.

## **3.6 PATIENT SAFETY**

SBFD is committed to providing patient care in the safest possible manner.

### **3.6.1 Medical Device Maintenance**

All medical devices are to be serviced annually by manufacturers' recommendations and by certified maintenance personnel.


The EMS Coordinator will be responsible for maintaining the services.

### **3.6.2 Infection Control Prevention**

Patients deserve a safe and clean encounter free from potential infection from previous calls. After every call, the apparatus is to be disinfected with approved disinfecting chemicals, all medical equipment used is wiped down with approved disinfectant and stored properly.

### **3.6.3 Safety Reporting**

Any incidents that staff feel are unsafe must be reported to the Fire Chief or OIC for review. Complaints against staff must be forwarded to the Chief for review.

	<h1>South Berwick Fire Department</h1> <h2>Operations Manual</h2>			
	Subject	Driver/Operator Training Program	Number	P-15
	Approved By	Chief Nicholas Hamel	Type	Policy
	Approved Date	4/25/2025	Last Revised	4/25/25

## 1 OBJECTIVE

To establish the criteria and training process for members who wish to drive and/or operate emergency vehicles for the South Berwick Fire Department.

## 2 SCOPE

This policy applies to all SBFD Members

## 3 POLICY

### 3.1 GENERAL INFORMATION

The South Berwick Fire Department's Driver/Operator training plan shall meet the requirements of Maine Bureau of Labor Standards (BLS). Only members approved by the Fire Chief may operate fire department vehicles.

For the purposes of this policy, the term 'Fire Apparatus' is understood to mean larger vehicles such as pumpers, aerials, and tanker/tender trucks with a gross vehicle weight rating (GVWR) of 26,000 pounds or greater.


The Fire Chief shall perform an annual driver's license check on all members, regardless of their department driver/operator status. All members must report any traffic violations, accidents, or suspensions of their driver's license to the Fire Chief within 24 hours of occurring.

The eligibility and training requirements for operating fire department vehicles are listed below.

### 3.2 DEPARTMENT-OWNED VEHICLE OPERATION

To operate any Fire Department Vehicle, a member must:

1. Be at least 18 years old
2. Have a valid driver's license for more than two years
3. Receive permission from the Fire Chief
4. Complete EVOC/EVDT certification
5. Complete department review of relevant MRS Title 29-A Motor Vehicle statutes
6. Be properly trained in the operation of any department vehicle they wish to operate, including its tools, equipment, pumps, and systems

	<h2 style="text-align: center;">South Berwick Fire Department</h2> <h3 style="text-align: center;">Operations Manual</h3>		
	<b>Subject</b>	Driver/Operator Training Program	<b>Number</b>
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>
			P-15
			Policy
			4/25/25

### 3.3 FIRE APPARATUS (DEPARTMENT VEHICLES GREATER THAN 26,000 POUNDS GVWR)

In addition to the requirements of section 3.2, operators of vehicles over 26,000 pounds must:

1. Be at least 21 years of age
2. Completed their probationary firefighter period
  - a. **Exception:** Exterior or Support personnel whose primary role is to drive and operate fire apparatus may start training at the discretion of the Fire Chief
3. Apply to the Fire Chief to become an apparatus driver/operator
4. Complete the fire apparatus training process as outlined below
5. Complete basic & advanced pumps & aerial operator certification(s)
6. Receive an AUTHORIZATION TO TRAIN from signed by the Fire Chief

## 4 FIRE APPARATUS DRIVER TRAINING

---

### 4.1 APPLICATION PROCESS


Members who meet the requirements of sections 3.2 & 3.3 and wish to begin driver training must submit an Authorization to Train form to the Fire Chief for their review.

1. The Fire Chief will review the application and perform a driver's license check on the applicant at the time of application
2. If approved, the Fire Chief will sign the form and forward it to the Training Officer
3. The Training Officer will issue the trainee a FIRE DEPARTMENT OPERATOR EVALUATION CHECKLIST (Training Packet)
4. The Training Officer will assign the trainee an experienced driver/operator trainer

### 4.2 TRAINING PROCESS

Members authorized to begin training (trainees) shall follow the steps below to complete the driver/operator training program for each apparatus:

1. Perform the initial skills training and maintain the training packet
  - a. After completing their initial skills training with the driver trainer, the trainee may train with any certified driver
2. Complete the following skills with their driver trainer or another certified driver
  - a. Vehicle pre-trip check of all mechanical, electrical, and emergency systems
  - b. Overview of the vehicle's operation and controls
  - c. 5 hours (minimum) daytime driving
  - d. 5 hours (minimum) nighttime driving
  - e. 2 hours (minimum) pump operation
  - f. 6 hours aerial operation, with aerial sets on no fewer than 4 different buildings

	<b>South Berwick Fire Department</b> <b>Operations Manual</b>		
	<b>Subject</b>	Driver/Operator Training Program	<b>Number</b>
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>
			P-15 Policy 4/25/25

3. Trainees will train in one vehicle at a time
4. Upon completion, the Training Officer will review the training packet for completeness
5. The Training Officer will administer a road test using a prescribed route and skills, and a test of the trainee's vehicle, pumping, and aerial operation
  - a. The Fire Chief and Training Officer may assign pump and/or aerial certification to a more qualified trainer at their discretion
6. Upon successful completion of the driving and operational tests, the Fire Chief will sign the DRIVER APPROVAL FORM
7. The member is now certified to drive and operate fire apparatus for 3 years

## 5 CERTIFIED DRIVER OPERATORS

---

### 5.1 DRIVER/OPERATORS


Members certified to operate Fire Apparatus will be known as Driver/Operators or Drivers.

1. Driver certifications are valid for 3 years
2. Drivers must complete 3 hours of relevant training per quarter (12 hours annually)
3. Eligible training activities include:
  - a) Driver-specific department training
  - b) Outside training on operation of fire apparatus, water supply, or aerial operations
  - c) Serving as an assigned driver-trainer for a trainee
  - d) Operating apparatus during department training relating to water supply, hose lines, pumping, live-fire, aerial operations or other relevant topics if the driver is operating the apparatus and its systems as an integral part of the training

## 6 RECERTIFICATION

---

All driver/operator certifications are valid for a 3-year period. Driver/Operators will be recertified upon review of their quarterly training records, driver's license check, and basic driving/operating skills review administered by the Fire Chief and/or Training Officer.

	<b>South Berwick Fire Department</b> <b>Operations Manual</b>		
	<b>Subject</b>	Driver/Operator Training Program	<b>Number</b>
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>
			P-15
			Policy
			4/25/25

## 7 REFERENCES

---

### 7.1 MAINE DEPARTMENT OF LABOR


- BLS Compliance Directives 9-05, 10-05, and 24-11
- Board of Occupational Safety and Health section 12-179 chapter 7

### 7.2 MAINE REVISED STATUTE

- Title 29-A Motor Vehicle Laws

### 7.3 NATIONAL FIRE PROTECTION ASSOCIATION

- (NFPA) 1002 – Standard for Training of Drivers

	<b>South Berwick Fire Department</b>			
	<b>Operations Manual</b>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

## 1 OBJECTIVE

This is the South Berwick Fire Department EMS Quality Improvement Plan. It is the intent of this document to provide guidance regarding implementing and maintaining the QA/QI Program at The South Berwick Fire Department.

The South Berwick Fire Department is a combination full-time, per-diem and paid-per-call service. South Berwick Fire Department is an emergency medical non-transporting service, currently licensed and permitted at the EMT-basic level.

## 2 SCOPE

This policy applies to all SBFD Emergency Medical Service Providers

## 3 PROGRAM

### 3.1 QA/QI MISSION STATEMENT

It is the mission of the South Berwick Fire Department's Quality Assurance & Quality Improvement Program to ensure a high level of emergency care and transport of patients and partners that we serve.

Consistent with this mission, the goal is to provide care and transport that is:

**Safe** Avoiding injuries to our patients from the care that is intended to help them.


**Effective** Providing services that are based on scientific knowledge and Maine EMS protocols to patients that would benefit from those services and refraining from providing services to those not likely to benefit.

**Timely** Reducing waits and potentially harmful delays, including enroute/scene/transport times and delays in treatments.

### 3.2 CONFIDENTIALITY

The QA/QI review Committee, its reviewers, and Medical Directors outlined in this program make up the Maine EMS Board approved QA/QI review committee. Under Maine EMS law (Title 32 sec 92-A) all proceedings, reports, records and findings of the Committee are to be kept confidential. In accordance with the law, such records are not to be disclosed, are not subject to subpoena or discovery, and cannot be introduced into evidence in any judicial or administrative proceedings, except for proceedings held by the Maine EMS Board.



	<b>South Berwick Fire Department</b> <b>Operations Manual</b>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

No member, consultant, advisor or person supplying information to or receiving information from the Committee or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Committee or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the Chief of Department.

### 3.3 QI ADVISORY COMMITTEE COMPOSITION

The South Berwick Fire Department QA/QI committee will consist of the following individuals, appointed by the Fire Chief:

- |                                   |                         |
|-----------------------------------|-------------------------|
| 1. Chief of Department            | Chief Nicholas Hamel    |
| 2. EMS Coordinator/QI Coordinator | Katie Moore EMTP        |
| 3. Senior EMS Provider            | Lt. Bradley Gorman AEMT |
| 4. Member at large                | Cam McLean EMT          |

### 3.4 QA/QI COORDINATOR


The QA/QI Coordinator will be an experienced, licensed EMS provider, preferably a Paramedic.

### 3.5 COMMITTEE MEETINGS

The QI Advisory committee should meet monthly to review on-going information and concerns around this plan. The committee will also review any Patient Care Reports (PCR's) of concern and discuss educational opportunities to improve found deficiencies. This document is fluid and subject to change to meet department needs and standards.

### 3.6 SERVICE LEVEL QA/QI

Most Quality Improvement efforts will be focused on the Service level. The South Berwick Fire Department's goal is to strive for excellence in patient care. To achieve this goal, the QI advisory committee, medical director and department leadership agree that the following reviews shall be performed, reviewed, and/or monitored on an ongoing basis.

	<b>South Berwick Fire Department</b>			
	<b>Operations Manual</b>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

## 4 PATIENT CARE REPORT (PCR) REVIEW

### 4.1 REVIEW PROCESS

The South Berwick Fire Department will review PCRs on a regular basis. Reviews will be performed by one or all of the following:

1. EMS Coordinator/QI Coordinator
2. EMS Provider
3. QI Committee Members

It is recognized that the reviewers are a vital part of the QI Plan and will be protected by Maine Laws outlined previously in this plan. Primary review of EMS PCR's will be completed by the EMS/QI Committee and may include the following if deemed necessary:

1. Service Medical Director
2. Hospital Staff (representative / R.N.)
3. Chief of the Department
4. Maine EMS

The QI Coordinator will see that all target PCRs are reviewed monthly. The review will be performed by the QI/QI committee. A secondary review process, (If required), will include the committee and 3rd party peer reviewer.


QA/QI committee members must possess the knowledge and experience in EMS required to perform the PCR review and protocol compliance. A paramedic will review all ALS PCRs.

Individuals may not review PCRs for which they were part of the crew. If an alternate provider is not available, those PCRs may be brought to the QA/QI committee for review.

### 4.2 REVIEW PARAMETERS

The PCR review will include, at a minimum, the evaluation of:

- Run Times, including response, on scene, and transport times
- Dispatch information and EMD determinant code (when applicable)
- Completeness of PCR in proper format and other forms in required format
- Chief Complaint
- Appropriate Physical Exams
- Appropriate Treatment
- Protocol compliance
- Regional and State QI requirements

	<h2 style="text-align: center;">South Berwick Fire Department</h2> <h3 style="text-align: center;">Operations Manual</h3>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

### 4.3 REPORTS TO BE REVIEWED

Additionally, the PCRs will be chosen for review using the following criteria for 100% review:

- Cardiac Arrest
- Cardiac Care (Non traumatic chest pain, arrhythmias, etc.)
- Respiratory / Airway
- All No Transport, cancellations and/or Pt. Refusals
- Trauma
- OB
- Stroke
- Providers with minimal incident reporting submissions
- Any run that has been identified by any of the following:
  - Management
  - Notification of potential QA/QI issues from a QI Incident Report
  - 25% of BLS and ALS Calls that do not meet the above criteria

## 5 FEEDBACK


---

### 5.1 FEEDBACK TO PROVIDERS

All South Berwick Fire Department EMS PCR's will be reviewed in compliance with State mandates. The QA/QI Coordinator in conjunction with the Chief of Department are responsible for providing feedback to all employees. The messaging system within the MEFIRs system will be used to deliver messages regarding EPCRs.

Provider feedback will consist of the following benchmarks:

- Accuracy and completeness (based of validity) of the EPCR
- Completion of EPCR within the one business day as required by Maine EMS
- Accuracy of patient assessment
- Accuracy of treatment based on patient assessment
- Adherence to Maine EMS protocols
- Adherence to South Berwick Fire Department Policy and Procedures
- Appropriateness of care and skills proficiency
- Appropriateness of treatment(s)
- Appropriateness of resources

	<b>South Berwick Fire Department</b>			
	<b>Operations Manual</b>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

## 5.2 EMERGENCY DEPARTMENT FEEDBACK

On an “as needed” basis, the QI process should obtain feedback from personnel at the emergency departments of the hospitals to which the South Berwick Fire’s patients are transported from emergency incident scenes. This can be accomplished via coordination between the EMS Coordinator and the Hospital EMS Liaison.

## 6 POLICY AND PROCEDURE REVIEW

On an annual basis, all QA/QI policies and procedures should be reviewed by the QI Committee to see if they meet the current needs of the department and to make recommendations for changes, modifications, deletions and additions to policies.

## 7 COMPLAINTS AND INVESTIGATIONS

### 7.1 COMPLAINT REVIEW AND MONITORING


All complaints received concerning EMS services provided by the South Berwick Fire Department and its employees should be reviewed by the QI Committee to identify any patterns or trends. The QI Committee will make recommendations intended to reduce or eliminate issues raised in these complaints.

### 7.2 INVESTIGATIONS AND NOTIFICATIONS

Investigations of any issue shall begin within 24 hours of notification to the Chief of Department. Employees shall complete an incident report outlining the incident and all pertinent information either by the end of their shift or within 24 hours of the incident, whichever comes first.

Reportable incidents include, but are not limited to:

- Medication errors
- Practicing beyond the scope of license level
- Failure to provide treatment in accordance with Maine EMS Protocols
- Major medical, equipment, or communication failures
- Any incident that could result in serious injury or harm
- Any verbal or physical altercation with a patient or patient’s family
- Unrecognized esophageal intubations
- Patient neglect or abandonment
- Concerning treatment of a patient by any provider and/or responder
- Any incident that *could* have led to serious injury to a patient but was caught or remedied (Close-Call/Near Miss)

	<b>South Berwick Fire Department</b> <b>Operations Manual</b>			
	<b>Subject</b>	EMS QA & QI Program	<b>Number</b>	P-##
	<b>Approved By</b>	Chief Nicholas Hamel	<b>Type</b>	Policy
	<b>Approved Date</b>	4/25/2025	<b>Last Revised</b>	4/25/25

## 8 TRAINING AND EDUCATION

Training and education are vital to the success of all practitioners. Training and education are an essential element of a successful QI program. Providers will be compensated for training and education deemed required or mandatory by the department. Providers may be asked to complete a competency skill test at any time.

### 8.1 TRAINING PRIORITIES

The QI committee and Chief of Department will collaborate and prioritize education and training opportunities that improve the quality of service, and the overall system.

Areas that need improvements as identified during the QI process will be developed into training programs using the data collected and current training practices. Ongoing skills monitoring shall continue to ensure improvement and compliance.

### 8.2 NEW HIRE TRAINING REQUIREMENTS

Each new hire must complete a field training period with an assigned a Field Training Officer (FTO). During the field training period, the new hire must work with an equal or higher licensed provider, or their assigned Field Training Officer. Individuals may require varying timelines to complete new hire training. Additionally, the Chief of Department and EMS Coordinator may prescribe additional training as necessary.

#### 8.2.1 Field Training Task Book Components

- Department organization, policies, and procedures
- Department vehicles and equipment
- BLS & ALS field skills
- Patient Care Report best practices
- Area familiarization
- Hospital familiarization
- Bureau of Labor Standards mandatory training
- PCR review

#### 8.2.2 Field Training Period

Upon successful completion of the Field Training Task Book, the EMS Coordinator and Chief of Department will review the task book and confer with the FTO to determine if the employee should be released from Field Training and authorized to work as a primary crew member.





# Maine EMS Vehicle License Application



## Service Information:

Service Name: South Berwick Fire  
Service Number: 1079 Service Expiration: \_\_\_\_\_  
Mailing Address: 71 Norton Street  
City: South Berwick State: Maine Zip: 03908  
Telephone: (207) 384-2731 E-Mail: kmoore@southberwickfire.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: 1FDUF5HT7SDA09863 \*Complete 16 digit number  
DMV Plate Number: 432347 State: ME \*leave blank if not DMV registered  
Chassis Manufacturer: Ford \*i.e. Ford, Chevy, GMC, Dodge, etc  
Ambulance Manufacturer: Braun \*i.e. AEV, Horton, PL Custom, Wheeled Coach, etc  
Chassis Year: 2025  
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.

Katie Moore Printed Name of Authorized Service Representative  
Katie Moore Signature of Authorized Service Representative  
12/24/25 Date

Please email this form to Maine EMS at [ems.licensure@maine.gov](mailto: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

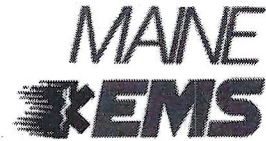
With offices located at: Central Maine Commerce Center, 45 Commerce Dr, Augusta, ME 04330





JANET T. MILLS  
GOVERNOR

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



MICHAEL SAUSCHUCK  
COMMISSIONER

WIL O'NEIL  
DIRECTOR

**Ground Ambulance Inspection Form  
Transporting Unit**

Effective July 22, 2025

Inspection Date: <u>12/22/25</u>	Time of Inspection: <u>0900</u>
EMS Service: <u>South Berwick</u>	License Number: <u>1079</u>
Maine EMS Vehicle License No.:	License Expiration: <u>11/30/26</u>
Vehicle Call Sign: <u>A1</u>	
Level of Service: <input checked="" type="checkbox"/> EMT	<input type="checkbox"/> AEMT
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Permit to: <u>Paramedic</u>
Type of Inspection: <input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> New Service
<input type="checkbox"/> Unannounced	

**Crew or Agency Representative**

Name: Katie Moore License Number: 20636 Expiration Date: 3/31/2026  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Service Contact Information**

Mailing Address of Service: 71 Norton St.  
City/Town: South Berwick  
Zip Code: 03908  
Service Phone Number: 207.384.2731  
Service Director/Chief Name: N. Hamel Email Address: nhamel@southberwickfire.gov  
EMS Contact Name: Katie Moore Email Address: Kmoore@southberwickfire.gov  
Medical Director Name: Lukas Kolm MD Email Address: lukaskolm@msn.com

**Results**

☒ Compliant ☐ Needs Correction ☐ **DO NOT OPERATE UNTIL CORRECTED**

Corrective Action Due By: \_\_\_\_\_ ☐ Recommended to be removed from service

Agency Rep Name: Katie Moore Agency Rep Signature: Katie Moore

Inspector Name: Robert Glaspy Inspector Signature: Robert Glaspy

## Ground Ambulance Inspection Form Transporting Unit

### Vehicle Conditions

Exterior Lights and Signals, General	
<input checked="" type="checkbox"/> Maine State Inspection Sticker (if not a municipal vehicle). Inform service if the sticker expires within 90 days.	<input checked="" type="checkbox"/> Vehicle free of fluid leaks. Fuel leak is cause for vehicle to be out of service.
<input checked="" type="checkbox"/> Windows intact, not leaking or cracked	<input checked="" type="checkbox"/> Wipers working and in good condition
<input checked="" type="checkbox"/> Mirrors, free of cracks and obstructions	<input checked="" type="checkbox"/> Headlights/taillights functional
<input checked="" type="checkbox"/> Reverse lights and back up alarm	<input checked="" type="checkbox"/> Brake lights functional
<input checked="" type="checkbox"/> Turn signals functional	<input checked="" type="checkbox"/> Tires/wheels in good condition
<input checked="" type="checkbox"/> Bumpers front and rear Back step rests completely down	
Exterior Doors and Compartments	
<input checked="" type="checkbox"/> Operates in accordance with manufacturer design	<input checked="" type="checkbox"/> Gaskets and seals present and intact
<input checked="" type="checkbox"/> Nadar bolt present and works	<input checked="" type="checkbox"/> Latches <ul style="list-style-type: none"> <li>- Secure and fully functional</li> <li>- Top, bottom, and side latches work on pt compartment doors</li> </ul>
<input checked="" type="checkbox"/> Compartment lights work	
Warning Devices	
<input checked="" type="checkbox"/> Siren Non-working siren is cause to remove the vehicle from service immediately.	<input checked="" type="checkbox"/> Flashing lights Operating, clear lenses, no exposed wires, securely in place. Lights visible from 360 degrees at all times.
Safety Equipment	
<input checked="" type="checkbox"/> Seatbelts latch Non-latching seatbelts is cause to remove the vehicle from service immediately.	<input checked="" type="checkbox"/> Fire extinguisher, 5 lb. or greater <ul style="list-style-type: none"> <li>- Professionally inspected and current</li> <li>- Type A-B-C or B-C</li> <li>- Secured in place</li> </ul>
<input checked="" type="checkbox"/> 2 flashlights Penlights do not count.	<input checked="" type="checkbox"/> 2 reflective safety vests <ul style="list-style-type: none"> <li>- ANSI 207-206 Class II</li> </ul>
Markings	
<input checked="" type="checkbox"/> Service name on left and ride side of the vehicle with letters at least 6 inches in height OR ---	<input checked="" type="checkbox"/> Logo adequately identifying the service



## Ground Ambulance Inspection Form Transporting Unit

### Patient Compartment

Environmental	
<input checked="" type="checkbox"/> Heat	<input checked="" type="checkbox"/> Air conditioning
<input checked="" type="checkbox"/> Ventilation	<input checked="" type="checkbox"/> Lights- 35-foot candles (lumens) that cover 90% of the cot surface area
Interior Storage	
<input checked="" type="checkbox"/> Compartment doors latch and operate per the manufacturer's design	<input checked="" type="checkbox"/> All equipment is stored in a compartment OR Mounted equipment is compliant with current NFPA/SAE standards
<input checked="" type="checkbox"/> All equipment not stored in a compartment is securely fastened	<input checked="" type="checkbox"/> Mounted equipment is compliant with current NFPA/SAE standards
Patient Stretcher	
<input checked="" type="checkbox"/> Patient straps <ul style="list-style-type: none"> <li>- 3 straps with metal buckle fasteners; chest, hip, and lower extremity</li> <li>- Upper torso harness-type restraints with metal buckle fasteners, totaling 5 straps on the stretcher</li> </ul>	<input checked="" type="checkbox"/> Stretcher is mounted and secured compliant with current NFPA/SAE standards
Pediatric Transport	
<input checked="" type="checkbox"/> 1 pediatric transport device	

**Comments about vehicle condition:**

---

---

---

---

---

---

---

# Ground Ambulance Inspection Form

## Transporting Unit

### Medical Equipment

To maintain consistency with Maine EMS protocols sections highlighted in green are EMT requirements, sections in yellow are additional requirements for AEMT & Paramedic level units, and sections highlighted in red are additional requirements for Paramedic level units. Any sections not highlighted are supplies required to be on all EMS units.

<b>All Levels</b>	<b>Linens</b>	
	<input checked="" type="checkbox"/> 4 towels	<input checked="" type="checkbox"/> 2 sheets
	<input checked="" type="checkbox"/> 2 pillows	<input checked="" type="checkbox"/> 2 blankets
	<b>Infection Control</b>	
	<input checked="" type="checkbox"/> 10 pairs of latex-free gloves. Sizes small, medium, large, and extra-large must be available.	<input checked="" type="checkbox"/> 4 surgical masks
	<input checked="" type="checkbox"/> 4 pairs of protective goggles	<input checked="" type="checkbox"/> 4 ea. Small and Large N-95 Masks
	<input checked="" type="checkbox"/> 2 emesis basins	<input checked="" type="checkbox"/> 4 protective gowns/overalls
	<input checked="" type="checkbox"/> 1 sharps container	
	<b>OB/Pediatrics</b>	
	<input checked="" type="checkbox"/> 1 obstetrics kit – Expiration: <u>11/30/27</u> - (2) pairs of <b>sterile</b> gloves - (1) set of umbilical scissors (no scalpels) - (2) umbilical cord clamps - (2) sterile dressings - (1) towel - (1) small bulb aspirator - (1) plastic bag - (1) receiving blanket	
	<b>Assessment Equipment</b>	
	<input checked="" type="checkbox"/> 1 BP cuff - large adult	<input checked="" type="checkbox"/> 1 BP cuff - adult
	<input checked="" type="checkbox"/> 1 BP cuff - child	<input checked="" type="checkbox"/> 1 BP cuff - infant
	<input checked="" type="checkbox"/> Stethoscopes - (1) adult - (1) pediatric	<input checked="" type="checkbox"/> 1 blood glucometer - (1) container of test strips - Lancets
	<input checked="" type="checkbox"/> 1 non-glass thermometer	<input checked="" type="checkbox"/> 1 pulse oximeter suitable for adult and pediatric patients
	<input checked="" type="checkbox"/> 1 pediatric length/weight based tape	
	<b>Medications</b>	
	<input checked="" type="checkbox"/> 1 drug logbook	<input checked="" type="checkbox"/> 1 drug storage container - Consistent with Maine EMS Rule Chapter 6
	<input checked="" type="checkbox"/> 1 mucosal atomization device	<input checked="" type="checkbox"/> 1 Naloxone leave-behind kit
<b>AEMT &amp; Paramedic</b>	<b>IV Supplies</b>	
	<input checked="" type="checkbox"/> 2 IO needles - 15 ga. Or equivalent - Earliest expiration: <u>1/31/29</u>	<input checked="" type="checkbox"/> 2 IV administration sets - Macro-drip (10-15gtts) - Earliest expiration: <u>9/1/29</u>
	<input checked="" type="checkbox"/> 2 each of IV catheters 14-24 gauge - Earliest expiration: <u>11/22/29</u>	<input checked="" type="checkbox"/> 2 IV pressure bags
	<input checked="" type="checkbox"/> 6 liters of IV fluids for volume replacement - Earliest expiration: <u>11/30/27</u>	<input checked="" type="checkbox"/> 1 micro-drip (60gtts) IV set



# Ground Ambulance Inspection Form

## Transporting Unit

Paramedic	<input checked="" type="checkbox"/> 1 IV fluid D5W - Earliest expiration: <u>3/26</u>	<input checked="" type="checkbox"/> 2 IV pump-compatible administration sets
	<input checked="" type="checkbox"/> 1 IV infusion pump - US FDA approved - Has a customizable drug library - Latex-free tubing - Have needle-free tubing/ports - Has both AC and battery power sources	
All Levels	<b>Bleeding, Bandaging, and Trauma</b>	
	<input checked="" type="checkbox"/> 3 - 8"x30" minimum universal dressings	<input checked="" type="checkbox"/> 12 - 4"x4" sterile sponges
	<input checked="" type="checkbox"/> 4 - 3" minimum self-adhering roller bandages	<input checked="" type="checkbox"/> 4 - 5"x9" minimum surgical dressings
	<input checked="" type="checkbox"/> 1 hemostatic agent, gauze - Expiration: <u>11/8/27</u>	<input checked="" type="checkbox"/> 2 tourniquets, windlass-type combat style, commercially prepared
	<input checked="" type="checkbox"/> 4 triangular bandages	<input checked="" type="checkbox"/> 1 box of adhesive bandages – assorted
	<input checked="" type="checkbox"/> 2 sterile burn sheets	<input checked="" type="checkbox"/> 2 rolls of adhesive tape – assorted sizes
	<input checked="" type="checkbox"/> 2 trauma shears	<input checked="" type="checkbox"/> 1 aluminum foil, or space blanket
	<input checked="" type="checkbox"/> 2 sterile saline – at least 500 mL	<input checked="" type="checkbox"/> 1 plastic bag
	<input checked="" type="checkbox"/> 24 disaster tags	<input checked="" type="checkbox"/> 2 occlusive dressings
	<b>Trauma, Immobilization/Splinting</b>	
	<input checked="" type="checkbox"/> 1 traction splint	<input checked="" type="checkbox"/> 4 - 3"x15" rigid splint
	<input checked="" type="checkbox"/> 4 - 3"x36" rigid splint	<input checked="" type="checkbox"/> 2 rigid, adult, adjustable cervical collars
	<input checked="" type="checkbox"/> 2 rigid, pediatric cervical collars	<input checked="" type="checkbox"/> 1 short spinal immobilization board
	<input checked="" type="checkbox"/> 1 long spinal immobilization board	<input checked="" type="checkbox"/> 1 head immobilizer
	<input checked="" type="checkbox"/> 3 straps 9"x2" with buckles	<input checked="" type="checkbox"/> 1 set of commercially made soft restraints
All Levels	<b>Airway/Oxygen Delivery</b>	
	<input checked="" type="checkbox"/> 2 pediatric NRB oxygen masks	<input checked="" type="checkbox"/> 2 adult NRB oxygen masks
	<input checked="" type="checkbox"/> 2 pediatric nasal cannulas	<input checked="" type="checkbox"/> 2 adult nasal cannulas
	<input checked="" type="checkbox"/> 2 infant NRB oxygen masks	<input checked="" type="checkbox"/> 1 adult-sized bag valve mask
	<input checked="" type="checkbox"/> 1 child-sized bag valve mask	<input checked="" type="checkbox"/> 1 infant-sized bag valve mask
	<input checked="" type="checkbox"/> 1 CPR pocket mask	<input checked="" type="checkbox"/> 1 bulb aspirator
	<input checked="" type="checkbox"/> 2 nebulizer sets	
	<input checked="" type="checkbox"/> Portable suction device - Provide suction of at least 300mmHg within four seconds - Must have trap bottle - Capable of operating from its own battery	<input checked="" type="checkbox"/> 1 of each oral airway: - 40 mm - 50 mm - 60 mm - 70 mm - 80 mm - 90 mm - 100 mm - 110 mm



# Ground Ambulance Inspection Form

## Transporting Unit

	<input checked="" type="checkbox"/> 1 of each nasal airway: <ul style="list-style-type: none"> <li>- 20 French</li> <li>- 22 French</li> <li>- 24 French</li> <li>- 26 French</li> <li>- 28 French</li> <li>- 32 French</li> </ul>	<input checked="" type="checkbox"/> Flexible suction catheters in the following sizes: <ul style="list-style-type: none"> <li>- 6 French</li> <li>- 8 French</li> <li>- 10 French</li> <li>- 12 French</li> <li>- 14 French</li> </ul>
	<input checked="" type="checkbox"/> lubricating jelly	<input checked="" type="checkbox"/> 1 rigid tip suction catheter
AEMT & Paramedic	<input checked="" type="checkbox"/> 1 peri-glottic device in each size: <ul style="list-style-type: none"> <li>- 1</li> <li>- 1.5</li> <li>- 2</li> <li>- 2.5</li> <li>- 3</li> <li>- 4</li> <li>- 5</li> <li>- Earliest expiration: <u>9/26</u></li> </ul>	<input type="checkbox"/> 1 trans-glottic device in each size: <ul style="list-style-type: none"> <li>- 0</li> <li>- 1</li> <li>- 2</li> <li>- 2.5</li> <li>- 3</li> <li>- 4</li> <li>- 5</li> <li>- Earliest expiration: _____</li> </ul>
	<input checked="" type="checkbox"/> 1 CPAP device – EMT Optional <ul style="list-style-type: none"> <li>- Full face mask</li> <li>- Continuous flow device</li> <li>- Capable of adjusting FiO2</li> <li>- Capable of regulating PEEP</li> <li>- Latex-free</li> <li>- Must have the ability to add a nebulizer</li> </ul>	<input checked="" type="checkbox"/> End title CO2 monitor with the following: <ul style="list-style-type: none"> <li>- (2) adult ETCO2 Nasal</li> <li>- (2) ETCO2 inline adaptors</li> <li>- (2) pediatric and infant Nasal</li> </ul>
Paramedic Level	<input checked="" type="checkbox"/> 1 ea. small and large laryngoscope handles	<input checked="" type="checkbox"/> 1 pediatric ETT stylet
	<input checked="" type="checkbox"/> 1 cuffed ET tube in each size: <ul style="list-style-type: none"> <li>- 2.5</li> <li>- 3.0</li> <li>- 3.5</li> <li>- 4.0</li> <li>- 4.5</li> <li>- 5.0</li> <li>- 5.5</li> <li>- 6.0</li> <li>- 6.5</li> <li>- 7.0</li> <li>- 7.5</li> <li>- 8.0</li> <li>- 8.5</li> </ul> Earliest expiration: <u>10/13/27</u>	<input checked="" type="checkbox"/> 1 of ea. sized laryngoscope blade: <ul style="list-style-type: none"> <li>- 0 (straight)</li> <li>- 1 (have both straight and curved)</li> <li>- 2 (have both straight and curved)</li> <li>- 3 (have both straight and curved)</li> <li>- 4 (have both straight and curved)</li> </ul>



# Ground Ambulance Inspection Form

## Transporting Unit

	<input checked="" type="checkbox"/> 1 large Magill forceps	<input checked="" type="checkbox"/> 1 small Magill forceps
	<input checked="" type="checkbox"/> 1 ea. adult and pediatric bougie	<input checked="" type="checkbox"/> 1 meconium aspirator
	<input checked="" type="checkbox"/> 1 gastric tube in each size: <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> 6 French  <input checked="" type="checkbox"/> 8 French  <input checked="" type="checkbox"/> 10 French  <input checked="" type="checkbox"/> 12 French  <input checked="" type="checkbox"/> 14 French  <input checked="" type="checkbox"/> 18 French </div>	<input checked="" type="checkbox"/> 1 surgical airway set consisting of the following: <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> (1) cuffed tracheostomy tube  <input checked="" type="checkbox"/> (1) tracheal hook  <input checked="" type="checkbox"/> (1) Kelly clamp  <input checked="" type="checkbox"/> (6) 4"x4" sterile sponges  <input checked="" type="checkbox"/> (2) #10 or #11 scalpel blades  <input checked="" type="checkbox"/> (1) scalpel blade handle  <input checked="" type="checkbox"/> (2) pairs of sterile surgical gloves  <input checked="" type="checkbox"/> (1) 10mL syringe  <input checked="" type="checkbox"/> (2) 14 ga. 2" IV Catheters  <input checked="" type="checkbox"/> (1) Povidone Iodine/Chlorohexidine </div>
	<input checked="" type="checkbox"/> 1 chest decompression kit consisting of the following: <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> (2) 14 ga. 3.25" IV catheters  <input checked="" type="checkbox"/> (4) surgical antiseptic swabs  <input checked="" type="checkbox"/> (2) 20 mL syringes  <input checked="" type="checkbox"/> (2) one-way type valve assembly </div>	<input checked="" type="checkbox"/> 1 ea. adult and pediatric tube securing device, or umbilical tape.
All Levels	<b>Portable Oxygen Supply</b>	
	<input checked="" type="checkbox"/> 2 D-cylinders or greater	<input checked="" type="checkbox"/> 1 flow meter operable in all positions
All Levels	<b>Defibrillator</b>	
	<input type="checkbox"/> 1 AED <div style="margin-left: 40px;"> - 2 sets of adult AED pads - Earliest expiration: _____  - 2 sets of pediatric AED pads - Earliest expiration: _____ </div> OR <input checked="" type="checkbox"/> Satisfied by cardiac monitor	
AEMT & Paramedic	<input checked="" type="checkbox"/> 1 cardiac monitor/defibrillator capable of and including: <div style="margin-left: 40px;"> - Pediatric and adult defibrillation  - Manually selectable joule settings  - 12 lead EKG monitoring – EMT Optional  - Paper strip ECG recordings – EMT Optional  - ECG electrodes (30) – EMT Optional  - Cardioversion – AEMT Optional  - Pacing – AEMT Optional  - Defibrillator pads, adult (2) – Earliest expiration: <u>11/13/27</u>  - Defibrillator pads, pediatric (1) – Earliest expiration: <u>10/9/26</u> </div>	

## Ground Ambulance Inspection Form Transporting Unit

### Health and Safety Concerns

#### Concerns:

---

---

---

---

---

---

---

---

#### References (Legislation, Rules, Policy):

---

---

---

---

---

---

---

---

# South Berwick Fire Department (1079)

71 Norton Street, South Berwick, Maine 03908

Emergency Medical Technician -- Issued: 10/24/2025 -- Expires: 11/30/2026

 [Update record to MEFIRS](#)



[Personnel](#) | [Personnel Longevity Credits](#) | [History](#)

Add Existing Personnel to Services

\* Add Personnel:

Search for Personnel with active status by name, username, email, phone or primary certification number

Add Existing Personnel to South Berwick Fire Department

Remove Primary		Name	Positions	Actions	Agency Cert Number	Agency Cert Level	Agency Cert Date	Agency Cert Expiration Date	Service Affiliation Created On
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Gorman, Aidan M (34850)</a>			<a href="#">34850 (.)</a>	<a href="#">Emergency Medical Technician (.)</a>	<a href="#">Thu 5/15/25 (.)</a>	<a href="#">Wed 3/31/27 (.)</a>	Tue 7/8/25
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Gorman, Bradley (30952)</a>			<a href="#">30952 (.)</a>	<a href="#">Advanced EMT (.)</a>	<a href="#">Tue 7/5/22 (.)</a>	<a href="#">Thu 7/31/25 (.)</a>	Tue 7/5/22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Hamel, Nicholas R (19138)</a>			<a href="#">19138 (.)</a>	<a href="#">Advanced EMT (.)</a>	<a href="#">Thu 11/10/11 (.)</a>	<a href="#">Sun 11/30/14 (.)</a>	Fri 6/13/25
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Kolm MD, Lukas (MD15811)</a>			<a href="#">MD15811 (.)</a>	<a href="#">Edit (.)</a>	<a href="#">Edit (.)</a>	<a href="#">Edit (.)</a>	Wed 10/29/25
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">McLean, Camden J (30332)</a>			<a href="#">30332 (.)</a>	<a href="#">Emergency Medical Technician (.)</a>	<a href="#">Mon 3/21/22 (.)</a>	<a href="#">Wed 9/30/26 (.)</a>	Tue 6/17/25
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Mills, Wallace (07830)</a>			<a href="#">07830 (.)</a>	<a href="#">Paramedic (.)</a>	<a href="#">Thu 10/17/24 (.)</a>	<a href="#">Wed 3/31/27 (.)</a>	Tue 7/8/25
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Moore, Katie J (20636)</a>			<a href="#">20636 (.)</a>	<a href="#">Paramedic (.)</a>	<a href="#">Tue 3/8/22 (.)</a>	<a href="#">Tue 9/30/25 (.)</a>	Fri 6/13/25
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Olmstead, Peter (34516)</a>			<a href="#">34516 (.)</a>	<a href="#">Emergency Medical Technician (.)</a>	<a href="#">Tue 10/29/24 (.)</a>	<a href="#">Sat 10/31/26 (.)</a>	Tue 6/17/25
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Scott, Tyler A (33119)</a>			<a href="#">33119 (.)</a>	<a href="#">Emergency Medical Technician (.)</a>	<a href="#">Mon 7/10/23 (.)</a>	<a href="#">Thu 7/31/25 (.)</a>	Tue 6/17/25

Records 1-9 of 9 | [First](#) | [Previous](#) | [Next](#) | [Last](#) | Per Page

Save Roster

- = EMD-Q  
 = Medical Director - Primary Care  
 = Service Chief / EMD or Training Center Director  
 = Primary AED Contact
- = Agency Training Coordinator  
 = Medical Director - Training Center  
 = Assistant Director  
 = Inactive User
- = TC Clinical Coordinator  
 = TC Program Coordinator  
 = Authorized Representative
- = TC Lead Instructor  
 = Primary Contact  
 = Primary QA Contact
- = TC Program Director  
 = Medical Director - EMS  
 = Infection Control Contact

TOWN OF SOUTH BERWICK  
WARRANT  
2025/2026

State of Maine

County of York, ss.

TO: Linda Wozny, a Resident of South Berwick in the County of York, State of Maine.

GREETINGS:

In the name of the Town of South Berwick, you are required to notify the inhabitants of said Town, qualified to vote in Town affairs, to assemble at Central School Gym on 197 Main Street in said Town on Tuesday, the 20<sup>th</sup> of May 2025, at 6:00 o'clock in the evening, then and there to act on the following articles:

ARTICLE 1. To elect a moderator to preside at said meeting. Election to take place at 6:00 p.m.  
Business session will be held immediately following.

ARTICLE 2. To see if the Town will authorize the Town Council to dispose of tax acquired property in any manner in which the Town Council deems to be in the best interests of the Town.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 3. To see if the Town will vote to authorize the Tax Collector to charge and collect interest at a rate of seven and half (7.5) percent per annum on all unpaid taxes not paid by the due dates, with one-half of the taxes due on September 30, 2025 and one-half due on March 31, 2026.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 4. To see if the Town will vote to authorize the Tax Collector to accept prepayment of taxes not yet due or assessed. Any excess paid in over the amount finally assessed shall be repaid at zero (0) percent interest.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 5. To see if the Town will vote to authorize the Tax Collector to continue an eight (8) month payment plan known as the "Tax Club", with interest waived for all members of the Club making regular payments in accordance with the rules and regulations governing said Club.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 6. To see if the Town will vote to set the rate of interest paid on overpayment of taxes due to abatement at three and three-quarters (3.75) percent per annum as per MRSA36/506A.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 7. To see if the Town will vote to appropriate from the Undesignated Fund for the payment of property tax abatements (and applicable interest) granted during this fiscal year.

TOWN COUNCIL RECOMMENDS: Adoption



ARTICLE 8. To see if the Town will vote to authorize the deposit of all proceeds from the Parking Lease Agreement between the Town and Avesta Young Street LP dated December 12, 2014 and December 22, 2015 into a non-lapsing designated reserve account and to appropriate and expend those funds to pay any costs associated with the repair and maintenance of said parking lot.

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 9. To see if the voters will authorize the Town Council to appropriate and spend funds from the Town's TIF Accounts for the approved project costs included within the Town's approved TIF Development Programs

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 10. To see if the Town will vote to raise and appropriate the following amounts for Police Services:

Police Department/Animal Control	\$ 1,749,748
Dispatch	<u>294,772</u>
Total	\$2,044,520

TOWN COUNCIL RECOMMENDS with a 4-1 vote  
Raise and appropriate from general taxation  
and other revenue sources \$2,044,520

ARTICLE 11. To see if the Town will vote to raise and appropriate the following amounts for Emergency Services:

Fire Department/Emergency Management Services	\$ 565,925
Water Hydrants/Fire Protection	374,675
Ambulance/Rescue Services	<u>294,731</u>
Total	\$1,235,331

TOWN COUNCIL RECOMMENDS with a 4-1 vote:  
Raise and appropriate from general taxation  
and other revenue sources \$1,235,331

ARTICLE 12. To see if the Town will vote to raise and appropriate the following amounts for Public Works:

Town Hall	\$ 81,741
Community Center	82,403
Community Center Food Pantry	200
Highway	1,266,170
Public Parks/Fields/Monuments	66,934
Town Garage Buildings	40,400
Transfer Station	<u>663,185</u>
Total	\$ 2,201,033

TOWN COUNCIL RECOMMENDS:  
Raise and appropriate from general taxation  
and other revenue sources \$ 2,201,033

ARTICLE 13. To see if the Town will vote to appropriate \$101,000 from the Department of Transportation Highway Block Grant (URIP/LRAP) funds and raise and appropriate the following amounts for Capital Improvements – Roads and Road Bond Debt:

CIP Roads	\$ 258,000
Road Bond Debt	<u>370,800</u>
Total	\$ 628,800

TOWN COUNCIL RECOMMENDS:

Appropriate from DOT Highway Block Grant (URIP/LRAP) \$ 101,000  
and

Raise and appropriate from general taxation and other revenue sources	\$ 527,800
Total	\$ 628,800

ARTICLE 14. To see if the Town will vote to appropriate \$1,000,000 from Undesignated funds and to raise and appropriate for the following amounts for General Government:

Town Council	\$ 9,250
Town Manager	269,450
Town Clerk	200,198
Finance	141,935
Computer	80,190
Administration	238,860
Tax Assessment	167,487
Employee Benefits	1,868,400
Streetlights	<u>8,000</u>
Total	\$ 2,983,770

TOWN COUNCIL RECOMMENDS:

Appropriate from Undesignated Fund Balance	\$1,000,000
Raise and appropriate from general taxation and other revenue sources	\$ 1,983,770
Total	\$ 2,983,770

ARTICLE 15. To see if the Town will vote to appropriate from general taxation and other revenue sources the following amounts for Debt Service:

Young Street Debt	\$ 32,382
2010 CIP Debt	41,109
Library Construction Debt	92,250
Police Bond	276,865
LED Lighting Library/Community Ctr.	10,587
Town Hall Renovation Bond	122,500
Hwy Equipment	27,139
Hwy Building	<u>29,980</u>
Total	\$ 632,812

Raise and appropriate from general taxation and other revenue sources	\$ 632,812
--------------------------------------------------------------------------	------------



ARTICLE 16. To see if the Town will vote to raise and appropriate the following amounts for Code Enforcement and Health Departments:

Code Enforcement	\$ 102,661
Planning	31,735
Historic District Commission	500
Zoning Board of Appeals	<u>750</u>
Total	\$ 135,646

TOWN COUNCIL RECOMMENDS:

Raise and appropriate from general taxation and other revenue sources	\$ 135,646
-----------------------------------------------------------------------	------------

ARTICLE 17. To see if the Town will vote to raise and appropriate the following amounts for Public Welfare:

Social Services/General Assistance	\$ 40,800
Social/Civic Contributions	11,500
Recreation	199,083
Conservation Commission	4,750
Library	<u>289,127</u>
Total	\$ 545,260

TOWN COUNCIL RECOMMENDS:

Raise and appropriate from general taxation and other revenue sources	\$ 545,260
-----------------------------------------------------------------------	------------

ARTICLE 18. To see if the Town will vote to appropriate \$367,705 from Undesignated funds and to raise and appropriate the following amounts for Capital Improvements – Reserves:

Highway Equipment	\$ 123,250
Office Equipment	10,000
Fire Equipment	212,845
Ambulance Equip ( <i>One Time Only Set up</i> )	<u>367,705</u>
Police Equipment	80,000
Transfer Station	20,000
Pedestrian Safety	5,000
Town Buildings Reserve	45,875
Compensated Absence Reserve	10,000
Recreation Fields/Playgrounds	10,000
Town Clerk Record Preservation	1,700
Assessing Town Revaluation	<u>75,150</u>
Total	\$ 961,525

TOWN COUNCIL RECOMMENDS with a 4-1 vote:

Appropriate from Undesignated Fund Balance (to cover the <i>one time only set up</i> for the Ambulance Equipment)	\$367,705
-------------------------------------------------------------------------------------------------------------------------	-----------

Raise and appropriate from general taxation and other revenue sources	\$ 593,820
Total	\$ 961,525

ARTICLE 19. To see if the Town will vote to apply the following amounts from Excise Taxes, Non-Tax General Fund Revenues, Revenue Sharing, BETE Reimbursement and Homestead Exemption Reimbursement to use toward the 2025/2026 Budget Appropriations, thereby decreasing the amount to be raised by taxation.

TOWN COUNCIL RECOMMENDS THE FOLLOWING APPLICATIONS:

Excise Taxes	\$ 1,500,000
Non-Tax General Fund Revenues	2,143,289
State Revenue Sharing	1,275,000
Homestead Exemption Reimbursement	445,000
BETE Reimbursement	<u>13,000</u>
Total	\$ 5,376,289

TOWN COUNCIL RECOMMENDS: Adoption

ARTICLE 20.

Shall the Town of South Berwick **(1) Authorize** the Town Council to enter into agreements with Ecomaine for the purpose of operating a solid waste disposal and management program for the Town, including the Addendum to Ecomaine Interlocal Solid Waste Agreement, Joinder Agreement, and Waste Handling and Recycling Agreement, "); **(2) Authorize** the Town Treasurer and the Chair of the Town Council to issue general obligation securities of the Town in the form of a promissory note in an amount not to exceed \$364,535, for buy-in amount that represents a capital contribution to Ecomaine, and appropriate such amount for this purpose; and **(3) Delegate** to the Treasurer and Chair of the Town Council the authority and the discretion to fix the date, maturities, denomination, interest rate, place of payment, form and other details of the securities and of providing for the sale of the securities?

FINANCIAL STATEMENT

Total Town Indebtedness:

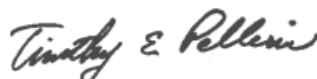
A.	Outstanding principal balance of bonds previously issued:	\$ 7,074,303
B.	Bonds authorized and unissued:	\$ 6,000,000
C.	Anticipated amount of bonds to be issued:	<u>\$ 364,535</u>
	Total:	<u>\$13,438,838</u>

Costs: At an estimated net interest rate of 0% for a 30-year maturity, the estimated cost of this bond issue will be:

Total Principal :	<u>\$364,535</u>
Interest:	<u>\$ 0</u>
Total Debt Service:	<u>\$ 364,535</u>

Note: 30 payments of \$12,151 per year for ownership buy-in.

Validity: The validity of the bonds and the voter's ratification of the bonds may not be affected by any errors in the above estimates, the ratification by the voters is nonetheless conclusive and the validity of the bonds is not affected by reason of the variance.



---

Treasurer  
Town of South Berwick

ARTICLE 21. To see if the Town will vote to adjourn the Town Meeting.

Given under our hands in the Town of South Berwick, this 8th day of April 2025 A.D.

\_\_\_\_\_  
Mallory Cook

\_\_\_\_\_  
John J James

\_\_\_\_\_  
Jeff Minihan

\_\_\_\_\_  
William (Bill) Cole

\_\_\_\_\_  
Melissa Costella