



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

J. SAM HURLEY
DIRECTOR

EMD Committee Meeting
Thursday, April 25, 2024, 14:00

Zoom Meeting: <https://mainestate.zoom.us/j/87569618203>

MINUTES

- i. Call to Order at 14:01
- ii. Introductions
 - a. Committee Members: Tim Hall (Chair), Laura Downing, Jennifer Michaud, Monique Pomeroy, Cindy Rossi, Tara Doe, Dakota Turnbull, Dan Mayotte, Melinda Fairbrother-Dyer
 - b. MEMS Staff: Melissa Adams
 - c. Stakeholders & Guests: Dennis Russell
- iii. Maine EMS Mission Statement (Chairperson)

The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.
- iv. Public Comment - None
- v. Modifications to the Agenda - None
- vi. Previous Meeting Minutes – January 18, 2024

MOTION to accept the minutes as presented. (Downing, Rossi)
PASSED unanimously.

- vii. EMS Office Update
 - a. AED Registry

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

Melissa advised that the AED registry implementation guide for PSAP Directors, IT staff, and EMDs should be released in the next week; there is a delay with the licensing from PDC for the interface with ProQA.

- b. 911-988 Transfer
Melissa advised that nine (9) PSAPs have confirmed the adoption of the transfer policy and one other PSAP has performed transfers and is presumed to have adopted the policy. More than 65 calls have been transferred, and none of those have been routed back to 911. There are several success stories already and we are reviewing transfers weekly with a call taker survey and MCL caller outcomes. The average time for MCL to answer a transfer is 4 seconds and the warm handoff from 911 to 988 averages about 90 seconds. Agencies not currently utilizing the crisis transfer policy may reach out to Melissa or Cory Golob for more information and are encouraged to consider implementation.

- viii. ESCB Update – Unavailable

- ix. Old Business - None

- x. New Business
 - a. Tim Hall, Line EMD – PSAP Representative Resignation
The committee accepted Tim’s resignation.
MOTION to make Monique Pomeroy, now with Portland RCC, the Line EMD-PSAP Representative and post the Non-PSAP Director/Manager vacancy.
PASSED unanimously.

 - b. MPDS Version 14 Medical Director Authorization
The committee reviewed the MPDS v 14.0 Administration Definitions and Authorization form as well as Jurisdictionally Approved Questions, making recommendations on each item for the State EMS Medical Director’s consideration. The committee discussed making a recommendation rather than a requirement on some items, the recommendation might include logic similar to PEARLS found in the Maine EMS Pre-Hospital Protocols. These items include:
 - Aspirin Diagnostic Tool – passing the notification to CAD as an urgent message v. a standard message.
 - Launching the stroke diagnostic tool after dispatch may decrease the time to dispatch and would still provide for early notification to responders or receiving facilities in systems that do not have a differential response based on the suffix coding.
 - Compressions 1st v. Compressions Only – rural response times may exceed an acceptable period without encouraging ventilations but instructing ventilations may cause an unacceptable interruption in

compressions. We should look at available data to help make a decision on best practice.

- Stroke Treatment Time Window – should this remain at 3 hours to support clinical decision making compliant with the destination support guidance for possible LVO stroke patients in the Maine Pre-Hospital Protocols Gold 11?
- Crisis Team/Alternate Response Criteria – is it possible to set a universal minimum standard (988/MCL+), or should this be based on local resources? For agencies using response plans, would this be an override response at each determinant level and does an alternative response without EMS need to be approved?
- Nurse or Doctor Defined – Should we consider midwives or continue processing calls from a birthing facility or residence with a midwife present using chief complaint protocol 24 Pregnancy/Childbirth/Miscarriage?

- xi. Adjourned at 15:07
a. Next meeting is July 18, 2024, at 09:30