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In 1973 President Gerald Ford recognized the vital role that emergency medical services play in community safety by declaring a week in May as National EMS Week. This year, we shine the spotlight on emergency medical services in Maine and across the nation when we celebrate National EMS week May 21 to 27, 2017.

The theme this year, “Always in Service”, is a fitting tribute to every EMS responder in Maine. Regardless of how you participate in EMS, be it on-call, part-time or full-time, in an ambulance or in an emergency room, EMS responders are always present to provide essential services to their neighbors, strangers, and everyone in their community. Every day and everywhere EMS providers are always in service, always ready to respond and help someone in need. From the smallest towns to the largest cities there is a dedicated staff ready and waiting to lend a sympathetic ear and needed emergency medical care.

EMS is constantly evolving and is a system focused on improvement. We dedicate time and effort to quality improvement, which leads to protocol and treatment improvements with one goal: to better meet the needs of the patient. The equipment we use has become more advanced and provides more diagnostic information quicker and more accurately. EMS providers in Maine dedicate a significant amount of time to train year round to best meet the needs of our patients. We recognize and value their sense of dedication, their desire to learn, and they move our field forward so that we can continue to improve and meet the needs of patients.

Our system also relies on the Emergency Medical Dispatchers positioned across the state. Our system relies on their knowledge, training, and, most importantly, their calm demeanor while talking to someone at the scene of an emergency. They too have rigorous training as a result of new research, new threats, and new protocols.

All these factors make the EMS System in Maine one we can be proud of. As our system is “Always in Service” we are taking this week to recognize the EMS providers across the state. We are grateful for your service, today and every day.

In this insert you’ll find important information and profiles of people and services that make up the dedicated team known as Maine EMS!
Firefighter/Advanced EMT Edward Enos is the chief of the Denmark First Responders. He also comprises one third of the active roster. “Besides myself, we currently have two members, and two more in the pipeline,” he says. Recruitment and retention are an ongoing challenge for this Fire Department-based, non-transporting service which Enos founded in 1992.

The First Responders serve a year-round area population of 1,200 which balloons to around 2,000 in the summertime. “We offer full service EMS at the intermediate level,” he explains. When they arrive on the scene, the First Responders stabilize the patient and provide support to crews from the Bridgton division of United Ambulance, who take over responsibility for patient care while transporting to the hospital when that is necessary.

Though they don’t own an ambulance, “We do have a boat which was jointly donated by our local Lions Club and Poland Spring. It comes in very handy for water rescues on Moose Pond and Hancock Pond,” according to Enos. His crew responds to an average of 30-50 calls per year, ranging from shortness of breath to Pleasant Mountain rescues to the occasional motor vehicle accident.

“We receive excellent support from United Ambulance, and we’re grateful to the Lions Club for all the help they give us, so that we in turn can better serve the community,” says Enos.

The Denmark First Responders’ most unusual call in recent memory, says Enos, was a report of an individual gored by a bull that had gotten loose from a neighbor’s property. “Good thing I was raised around cattle as a kid,” Enos smiles. Taking no chances, the patient was airlifted from the scene by LifeFlight— though thankfully, it turned out the injuries were not serious.

Thank you EMS providers for your life-saving care 24-hours a day, 7 days a week.

The EMS team is licensed at the paramedic level which guarantees paramedic-level care on every truck. The staff includes 12 full-time paramedics, 4 full-time Emergency Medical Technicians (EMT) and Advanced Emergency Medical Technicians (AEMT), and 18 per diem of all levels.

Last year the RFGH EMS team responded to 4,165 emergency calls from Skowhegan, Norridgewock, Mercer, Canaan, Cornville, Solon, Athens, and Brighton Plantation. They also provided mutual aid as requested and transfers from RFGH to a variety of specialty hospitals in and out of Maine.

Call 911 in a medical emergency.

Caring for the Community!
Tri County EMS Regional Coordinator Joanne LeBrun has been chosen to receive the 2017 Maine EMS Governor’s Award for exceptional contributions to the EMS system at the state, national or system wide level.

LeBrun has been at the helm of Tri County EMS almost since its inception, coming on board in January of 1979. The Tri County region includes 39 EMS Services in Androscoggin, Franklin and Oxford counties, as well as five hospitals and their emergency departments (four trauma system hospitals, and one trauma center), and LifeFlight’s EMS helicopter. For the past 38 years, LeBrun has overseen the efficient management and coordination of this progressive regional EMS system, the implementation of a regional Quality Council, administration of grants, and operating a Maine EMS-approved EMS training center.

Under her leadership, Tri-County EMS has provided EMS medical direction and the coordination, resources, and innovative thinking needed to meet the ongoing challenges of advancing contemporary emergency medical care throughout the region, such as the Cardiac Catheterization Lab Activation program.

In nominating her longtime colleague for this award, Carmen Fortin, RN, an emergency nurse and clinical educator, described LeBrun’s active involvement in the professional development of EMS providers in both the EMS community and healthcare systems, throughout the state. “She is often sought out for her input in decision-making, as she is able to problem-solve rapidly and comprehensively while always keeping the focus on positive patient outcomes. She encourages and promotes the use of evidence-based practice in guiding protocol and process improvement initiatives,” said Fortin.

“Joanne promotes and encourages collaboration with the Emergency Department staff toward achieving best patient outcomes while keeping cost constraints and healthcare initiatives in mind,” said Fortin. “She is currently working to arrange clinical rotations in various disciplines for those involved in the Community Paramedicine program, to foster their best learning experience.”

LeBrun has been a Maine EMS licensing exam coordinator since 1979, an American Heart Association instructor trainer in basic and advanced life support, as well as pediatric advanced life support. She has served on the Maine EMS Education committee and its Exam committee; has been Team Leader of the Tri County EMS Quality Council since 1994; Tri County Critical Incident Stress Management Team administrator and peer since 1998; and a board member of the New England Council for Emergency Medical Services since 1989. She has also served on the Board of Directors of the National EMS Alliance and of the American Heart Association.

LeBrun was an active participant in the consensus process to create the EMS Agenda for the Future, and represented New England in the National EMS alliance, where she worked collaboratively with nationally known EMS leaders. “I’ve really enjoyed attending regional and national meetings, and the opportunity to bring new knowledge and cutting edge ideas back to Maine.”

LeBrun traces her personal interest in EMS to her college student days. “My dad, who had heart disease even though he was only in his 40s, collapsed of a heart attack. We thought we had lost him—but my uncle rushed him to a nearby hospital, and [my father] survived. That experience motivated me to sign up for a CPR and First Aid class, back in 1973.”

In the early days of her career, “there were emergency rooms, not departments. Back in those days, emergency communications typically relied on ‘red phone’ systems. I remember Bryant Pond still had a switchboard and hand-cranked phones! This was long before the advent of 9-1-1, and there was no such thing as Emergency Dispatch. I’ve been privileged to witness and shape the evolution of professional standards for EMS providers, whether they are paid or not. We’ve evolved from Licensed Ambulance Attendants to EMTs and Paramedics. I’ve gotten to be part of the development of trauma, cardiac and stroke programs, the implementation of guidelines and protocols in place to assure that every patient in Maine gets the best possible emergency care towards the best possible outcome. It’s all about the right care at the right time with the right resources.”

We are dealing with tougher cases than in the past, she observes, “living in a more complex and dangerous world. Back in the ‘old days,’ we didn’t wear gloves, for example, because we had no frame of reference regarding communicable diseases such as sepsis, HIV, hepatitis or ebola.”

“When you think about it,” she said, “in the ‘olden days’ it came down to caring for your neighbors. Today, we have trained emergency responders, and a growing number of volunteer responders and bystanders saving lives with CPR and AEDs, Stop the Bleeding, Narcan, and epinephrine. It’s wonderful that the fundamental neighborly desire to look out for each other is still here.”

Our system has adjusted, she says, and we’ve been able to save a lot more lives, by coordinating our efforts and resources. Continuing education has played a critical role in this ongoing success story. LeBrun’s keen interest in how people learn, and how to best prepare people to be instructors, led her to continue her own education and earn a master’s degree in adult education in 2002. It has paid off in her creative approach to adult learning, instructor development, classroom methodologies, learning styles, critical thinking, simulation and games.

“Learning is a challenge. It’s also a healing art in itself,” said LeBrun. “I never want to forget what it feels like to be a new learner.” This conviction led her to take up the violin 15 years ago. “I’m still a novice, playing with people who are far better than I am—but I have fun. And I still feel I have something to offer, and I’m game to try new things. I love attending fiddle camp, and I enjoy playing in a small ensemble.”

LeBrun was honored to receive the Atlantic Partners EMS ‘Point of Light’ Award in 2016; a Maine EMS Excellence in EMS Award in 2013; and an IREMS (Initiative for Rural EMS) Instructor Excellence award in 2008, as well as numerous other citations and awards from the American Heart Association and from Maine EMS over the past three decades.

Reflecting on the changes she has seen and experienced in EMS, “This is a different job from the one I took after college,” she muses. “And every few years, it’s new again.”
The Gardiner Fire Department has been selected to receive a Maine EMS Merit Award this year, in recognition of their involvement and contributions to the EMS system at the local or regional level. The nomination was made by Dr. Timothy Pieh, MD, a board certified EMS physician and medical director of emergency medicine at MaineGeneral Medical Center.

Dr. Pieh has had the opportunity to observe Gardiner’s team approach first-hand, he notes, citing their skilled cardiac arrest management, best practice care, excellent documentation, and superb airway management, all achieved with minimal outside guidance or input.

“Given that they are a relatively low volume fire/rescue agency, they are achieving excellence with minimal resources. I consider Gardiner FD a model for other departments,” he said.

“We’re constantly looking to improve what we do and how we do it,” says Gardiner Chief Al Nelson, who says his department is humbled and grateful to be receiving this recognition. “On any new initiative, one of our crew will take the lead, acquire the knowledge and skills, and then share that learning with all of us. It was our Lieutenant/Paramedic Dustin Barry who took on mastering the High Performance EMS ‘Pit Crew’ approach to CPR back in late 2014. By increasing our efficiency, and maximizing chest compressions, managing the patient’s airway can become a focus, too.”

Barry has since spearheaded the efforts to educate all crew members, and their active and willing participation are paying off in the ways that Dr. Pieh has noted.

“Every member of every shift is on board, and plays a vital role,” said Nelson, who is one of fourteen paramedics who, along with one advanced EMT, make up the current Gardiner roster. “And on any given shift, we’re staffed with four people, covering 203 square miles (the city of Gardiner, as well as seven other communities and part of Chelsea), and serving 26,343 people. It never fails to amaze me what our crews are able to pull off!”

PHOTO COURTESY OF GARDINER FD
Gardiner Fire high performance CPR training.
Paramedic Carol Pillsbury, Supervisor at NorthStar Ambulance in Farmington, has been selected to receive a Maine EMS Lifetime Achievement Award. The honor is conferred for extensive involvement with EMS in Maine for at least ten years, including system development, patient care, service involvement and/or community engagement.

As a Basic EMT instructor at Foster Tech Applied Technology at RSU 9, Pillsbury is known for holding her students to the highest standards, affording them opportunities to succeed through regular assessment and hands-on practical experience.

Carol has been recognized by those who work with and for her, who praise her savvy as a street medic, her teaching skills, her empathy and advocacy. Younger personnel find they are not only challenged but also bolstered by her high expectations because of the confidence she instills in them.

Ironically, Pillsbury was on the receiving end of emergency care recently when she slipped on the ice and suffered a concussion while on a call. “We couldn’t even make it into the driveway—the fire department was there with rope and a basket,” she said. “Please be careful—it’s so slippery,” she remembers warning the other responders. That’s the last thing she recalls before regaining consciousness to find familiar faces peering down at her with great concern. She is now on the mend, making a steady but slow recovery from concussion-caused bleeding into the brain.

Pillsbury became an EMT in 1980, drawn to an EMS career thanks to watching episodes of Emergency! (a popular TV series in the 1970s featuring the Los Angeles County Fire Dept.’s Squad 51).

“My house is just three miles from the ambulance garage,” she explains. “All those years, every time the pager went off, I was off and running, no matter who or what. If I got there and found they already had enough people, I would just turn around and head home.”

To this day, Pony remembers her very first call. She had been assigned to pick up an elderly lady for a non-emergency transport from Bangor to Belfast. “But that morning at 6 a.m., my pager went off. Turns out the patient for that call was my cousin, who lives two miles away, and had fallen out of bed. I was so nervous -- one of the other responders told me later he was really worried about me, because I was white as a sheet.”

On the other hand, “Community members were always so relieved to see her when she responded-- and frankly, so were some of the other ambulance members. I know I was one of them, for sure,” says Roberts. “As a newly licensed EMT 20 years ago, I looked to Pony for guidance in the field, and came to learn a great deal from her. She was a mentor to so many as they came and went over the years, and not just with our service, but with others as well.”

On her retirement, colleagues gathered from all over to mark the occasion. “They came and got me in the ambulance! I had to lie down and they buckled me in and drove me to my own retirement party on a stretcher,” she smiles. Members of various Waldo County services came to share their personal stories and reminiscences, and to wish Pony well and thank her for her decades of dedicated service.

Theona “Pony” Stubbs, now retired from nearly 35 years as a dedicated first responder, has been recognized by Maine EMS with a Lifetime Achievement Award. She was nominated by Jeri Roberts, a Basic EMT who has worked with Arthur Jewell Community Health Center Ambulance (AJCHC) service for over 20 years. With a handful of like-minded others, Roberts relates, “Pony was instrumental in getting Brooks Ambulance Service (now AJCHC) up and running.”

Pony took a first responder class, was officially licensed by Maine EMS in 1981, and then, according to Roberts, “hit the ground running. She was completely dedicated to answering the call, day or night. She knew everyone in town, and where they lived—we didn’t need a GPS, because we had Pony.”

For decades, Pony was a fixture around town: community EMS education, Brooks Ambulance fundraisers, standing by at local events.

Born and raised in the Jackson and Monroe area, one of a family of 13, Pony will turn 85 a few days before the awards ceremony. “I still garden and mow my own lawn,” she declares. Health issues in recent years have forced her to give up her license. She also reluctantly made the tough decision to turn off her pager for good. “My house is just three miles from the ambulance garage,” she explains. “All those years, every time the pager went off, I was off and running, no matter who or what. If I got there and found they already had enough people, I would just turn around and head home.”

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Eric Wellman has been selected this year to receive an EMS Excellence award, which is conferred by Maine EMS in recognition of contributions at the state or regional level in system development, education, administration, public education, and/or quality improvement.

Wellman, MS, NRP, CCEMTP, is currently an Associate Professor and Department Chair of the Emergency Medical Services/Paramedicine at Southern Maine Community College (SMCC). One supporting letter of nomination was submitted by a former student who is now a teaching colleague, an individual who can not only speak for Wellman’s passion for EMS education but also personally experienced his “topnotch emergency care” in the back of an ambulance.

Wellman has received accolades for his teaching style, which engages students and helps them succeed. He is also known for his occasional “tough love” – though it is always with the best interest of his students at heart.

“I’m humbled to think that anyone would nominate me,” Wellman said on learning of the award.

While he has found his niche as an educator and EMS professional, Wellman candidly admits that he did not set out early in life with this goal in mind. “When I was young, I was not really interested in EMS. To be honest, I was terrified of vomit was disgusting. But since I was working as a lifeguard, I had to enroll in CPR and First Aid training. I got over it, and soon got hooked on EMS.”

Wellman went on to serve as a Junior EMT with Scarborough Fire & Rescue, then as a Junior Firefighter. He found a part-time position as a dispatcher, and then another job with a police department dispatch center. After earning his paramedic license he worked for the city of Westbrook, and later Delta Ambulance. Wellman has also been an instructor in law enforcement.

“By 2006, it was clear to me that I really liked teaching people, and one more effective way for me to contribute to EMS was by educating others—so I applied for my current position with SMCC,” he says. Since he was hired, Wellman has managed to earn his master’s degree in adult education and higher learning while remaining engaged with his other responsibilities.

He currently sits on the Maine EMS Education Committee, and in his spare time serves as EMS Division Deputy Chief for Cape Elizabeth Fire and Rescue.

Dr. Cressey Brazier, MD, FACEP of Calais will be presented with the EMS Excellence award at the upcoming Maine EMS Awards ceremony. The honor is conferred by Maine EMS in recognition of contributions at the state or regional level in system development, education, administration, public education, and/or quality improvement.

“I’m very humbled and surprised,” he exclaimed upon learning the news. But Dr. Cressey was enthusiastically nominated for the award by fellow employees at Calais Regional Hospital. He was appointed the hospital’s sub-Regional Medical Director of EMS in 2010, having already fulfilled that role in an acting capacity for some time.

In his quarterly gatherings with EMS staff, his interfacility transport review sessions, QA and QI meetings and more, Dr. Brazier has become known far and wide for his commitment and dedication as well as his good nature, rare quality of humility, and genuine respect for others. He willingly shares his knowledge and experience, and is also generous with his resources—whether providing a little extra guidance to EMS providers on his own time, or donating training equipment.

Highly respected by his peer physicians at the hospital and throughout eastern Maine, Dr. Brazier chairs the hospital’s Patient Care committee, sits on its Medical Executive Committee, and serves as the sub-Regional Medical Director of EMS in Washington County.

Dr. Brazier, a Belfast native, has seen remarkable changes in the field since he began practicing medicine 44 years ago. As a young man, his first job involved—in a sense—driving an ambulance: working in the family business for his dad, a funeral director. Back in those days, before EMS came to be, hearses were often equipped to accommodate either a gurney or a coffin. Dr. Brazier recounts that after he completed med school, his father passed on to him a set of wheels—a 21’ long black Cadillac funeral coach—in which he drove off to Ohio to pursue his internship.

“I fell into my career in emergency medicine by chance in 1974,” says Dr. Brazier. He had started his internship intending to go into family practice, but decided to accept a position that happened to be offered in the Emergency Department.

“In those days, we had no telecommunications, no protocols for patient care and safety. Emergency medicine was not even a specialty until 1980.”

Nowadays, he says, thanks to a good communications system patients are receiving care so that they’re in the best possible shape before arriving at the hospital. “It’s a proven fact that starting emergency care right away changes outcomes. And practicing evidence-based medicine is best for the patient, as well as cost efficient.”

For over three decades now, Calais Regional Hospital emergency services and the hospital’s community EMS partners have thrived under Dr. Brazier’s exemplary and visionary leadership.

Thank you to all of Maine’s talented Emergency Medical Services professionals for your dedication and commitment. EMMC is proud to join you in celebrating National EMS Week.
Chief Robert “Bob” Hand is one of 22 paramedics on the roster of 48 EMS personnel at PACE Paramedic Service. The name, he said, is an acronym for “Paramedic Alliance for Community Emergencies.” PACE, which is a department of Stephens Memorial Hospital in Norway, is a paramedic-licensed service maintaining 24/7 coverage that includes a minimum of two paramedics and two EMTs (emergency medical technicians) at all times.

PACE provides both emergency response and non-emergency transport—altogether, about 4,700 calls a year—to an area so sprawling that “it takes an hour and a half to drive across our district,” said Hand. It includes the towns of Norway, Otisfield, Paris, Hebron, Woodstock, Greenwood, Milton, part of Harrison, and in the winter, the Sunday River ski area in Newry.

That adds up to nearly 300 square miles and a total population of over 18,000, not counting the seasonal skiers—sometimes as many as a thousand or more a day. “We work with the ski patrollers at both Mt. Abram in Greenwood and Sunday River in Newry regularly during the ski season,” said Hand.

Stephens Memorial Hospital also operates the Western Maine Mountain Clinic at Sunday River, designed to offer area skiers medical attention for “sore throats, aches and pains, ear infections, lacerations, sprains and fractures, and offering medications, splints and crutches,” along with access, when required, to the services of PACE.

More than half of the calls received by PACE are considered non-emergency transfers, reflecting the fact that the coverage area includes four nursing homes in addition to Stephens Hospital.

“We had a code save (successful resuscitation following a cardiac arrest) in town recently, but most of our calls relate to backwoods, four wheeling, snowmobiles, camping and such—we’ve even responded to a few small plane crashes,” said Hand.

“We request assistance from the fire department for wilderness rescue calls, and local First Responders (part of the fire departments in Woodstock, Greenwood, Otisfield, Harrison, and Paris) are often able to make off-road vehicles available to us,” said Hand.

PACE recently acquired a new ambulance, with an auto [patient] loader and innovative, crash-tested, forward-facing captain’s chair seating in the patient compartment.

Hand started in EMS in 1991 as a Licensed Ambulance Attendant, obtaining his training through the Telstar High School program in Bethel. He worked in various EMS positions before becoming the director of PACE in 2006. Many of his fellow paramedics here are also seasoned EMS providers, with 10, 15 or 20 years of experience. “Dwight Corning has worked with PACE since the very beginning, and Mike Hartford started right behind him,” said Hand. He attributes the high retention rate at PACE to the local hospital connection, the good pay and benefits, and the fact that PACE is “cutting edge, all the time [a reference to its state-of-the-art equipment]. If it’s out there, we’ve got it—making it easier for us to do our job well.”

PACE crew members make local school visits, talking with classes and interested individuals on Career Day. They stand by to meet and greet as well as lend a hand at athletic events and community happenings such as the Oxford Hills Rotary’s “May Day Play Day.” PACE distributes complimentary “vials of life” to area residents at this family event that also features a ropes course, bounce house, and bike safety rodeo. Coming up on June 4th, PACE crews will be cheering on participants and standing by in case of emergencies at the Stephens Memorial “Run for Wellness 5K” road race.
Basic EMT Mike St. Peter, chief of the Jackman Area Volunteer Ambulance Corps (JVAC), joined the service back in 1994. “The roster includes about a dozen members, some more active than others. There are four who were here when I started,” St. Peter said. Creative partnerships with other agencies and entities have been developed to make emergency medical care possible for those in need.

The crew, all Basic EMTs, respond to 120-150 calls a year. They cover a sizable rural area (700 square miles) roughly 15 miles from the Canadian border, which is home to a year-round population of about 1,100. They often team up with Jackman Moose River FD Rescue to respond to remote woods emergencies using snowmobiles and rescue sleds.

“We have lots of sports enthusiasts,” said St. Peter, “both permanent residents and visitors. With snowmobilers, four-wheelers, boaters, hikers, fishermen and hunters, we’ve got all four seasons covered.” Moose collisions are not uncommon, and usually happen in the darkness of night, making emergency response operations more challenging.

Of course, Jackman Ambulance volunteers also respond to elderly folks and others with injuries and illnesses, respiratory or cardiac issues. Patients needing to be seen are transported to the Jackman Community Health Center, operated by Penobscot Community Health Care, which serves as the local “emergency room” and walk-in clinic.

JVAC’s two ambulance vehicles are supplied and maintained through an agreement with MaineGeneral Health. “Even with two vehicles, there are times when our resources are stretched thin. We’re sort of an island here, in terms of mutual aid,” St. Peter said. Arrangements are often made for a Redington Fairview or Delta Ambulance intercept, meeting up halfway in Caratunk, to transfer the patient and complete the transport to Greenville, Skowhegan, Waterville or Augusta. LifeFlight is called in on occasion for advanced life support air transport of seriously injured patients.

“We’ve been raising funds to purchase a power lift stretcher for our ambulance. Many of us are well into our 50s, and we’d hate to lose any crew members to injuries,” said St. Peter.

There are a lot of training requirements to maintain certification, even at a Basic EMT level, he said. He’s proud of his fellow volunteers, noting that while the outcome on rescue calls is not always positive, the effort is 100%.

“A few months back, my crew was out there in a 35 or 40-below wind chill, working a code [treating a patient for full cardiac, respiratory arrest]. You know when the tone goes off in winter to be prepared for a 5 or 8 mile snowmobile ride to arrive at the scene. We had another code on top of Sally Mountain—not far from town, but we had to take boats to the trailhead, and then hike to the summit, in order to get to the patient.”

(above) Jackman Ambulance EMT Mike St. Peter, standing in the center, directs Jackman Ambulance EMTs Marcia Van Camp (kneeling in red jacket) and Thad LaCasse (kneeling in blue jacket), and Jackman-Moose River firefighters as they tend to a seriously injured snowmobiler on a remote snowmobile trail in Thorndike Township in the Jackman region.
The Maine EMS Memorial and Education Center

Listen as paramedics, doctors, nurses, dispatchers, volunteer EMTs and other EMS team members explain what they do, and how the system works, as you tour through the audio stops listed at the site. Some of our key Maine EMS System founders are also honored, and a solemn tribute is paid to those who have sacrificed their lives in the line of duty. Even if you are not able to visit in person, call 480-3104 to take the audio tour from anywhere in the state of Maine.

2017 will mark the completion of the Memorial and Education Site, with the final phase installations being finished this spring. However, it is available for visiting now. The audio tour feature is unique and allows visitors to finish a visit with a better understanding of how EMS works. Putting the project together has not been fast or easy, however.

“It’s been a long, 14-year process to get the legislative and other permissions, and to raise over $140,000 to get to the 2017 culmination,” said Kevin McGinnis, former Maine EMS director and founder and chair of the Project. “This was an effort for EMS, by EMS. Thanks go to EMS providers and others from across the state who donated funds, sponsored auctions, and helped with the Project planning and fundraising effort.”

During EMS Week 2017, visit the Memorial and Education Site, pay your respects, and learn a little something. While you may encounter some aspects of final construction in progress, the site will remain available to visitors, and we welcome you.

207 480-3104

What is EMS? It is not just an ambulance transporting patients to hospitals. It is a complex medical care system that assures that the right response and the right care are provided for the right patient at the right time in a life or limb threatening event. Here in Maine and elsewhere, it is also being expanded to include community paramedicine, which provides access to preventive/primary care that patients might not otherwise have.

Want to learn more? You can visit the Maine EMS Memorial and Education Center on State Street in Augusta 24/7 (it’s adjacent to the Capitol building, and near the police and fire memorials). Bring your cell phone and take an audio tour of the Maine EMS system.

Photos by Nancy McGinnis/Communicado

(Above) At night, the striking illuminated panel featuring the Aesculapian star, better known as the EMS “Star of Life,” is a signature element of the Maine EMS Memorial and Education Center, located on the grounds of the Maine state capitol in Augusta.

(Right) (L to R) Current Maine EMS director Shaun St. Gemain joined former Maine EMS directors Jay Bradshaw (1996 to 2016) and Kevin McGinnis (1986 to 1996) for a photo after the Maine EMS awards ceremony last year at the State House Hall of Flags.

BRAIN ATTACK!

Saving the life of a stroke victim

Today, thanks to an extensive education and awareness campaign, it’s common knowledge that a heart attack is an emergency situation requiring swift intervention to avoid serious consequences, including death.

Though not everyone may realize it, the same can be said for stroke. A stroke is a “brain attack,” similar to a heart attack but targeting another critical organ, according to Eileen Hawkins, R.N., Advanced Practice Clinical Nurse Specialist and Stroke Program Coordinator at Pen Bay Medical Center in Rockport. She and her colleagues across Maine and across the country have been working diligently to establish stroke systems of care (like those systems already in place for cardiac arrest) to span the entire spectrum from prevention, symptom recognition, public and EMS intervention, and in-hospital treatment, to eventual post-stroke rehabilitation.

Each year, says the American Stroke Association, about 795,000 people experience a new or recurrent stroke. A stroke can be fatal, though many are not. Perhaps in part because of increased community education efforts across the country, the stroke death rate has decreased 28.7 percent, and the actual number of stroke deaths has declined 11.3 percent in the decade spanning 2004-2014, according to the Association. When considered on its own, apart from other cardiovascular diseases, stroke ranks second globally among all causes of death, and fifth in the US, where it kills nearly 133,000 people a year.

For the average person who just happens to be present, knowing what to do for someone suffering a stroke can not only save a life but also may lessen stroke-related disabilities. The sooner the transport, treatment and intervention, the better the outcome is likely to be.

A stroke occurs in one of two ways. In hemorrhagic stroke, a blood vessel in the brain ruptures and bleeds. The more common, ischemic stroke, happens when a vessel in the brain is blocked by a substantial narrowing or clot, cutting off the flow of blood. The “gold standard” (and only FDA-approved) drug treatment for ischemic strokes is tPA (Alteplase IV tissue plasminogen activator). If tPA is administered within a short window of time (usually three hours, sometimes up to four and a half hours) it can enhance the patient’s chance of recovery by dissolving the clot and improving blood flow to the affected part of the brain.

Hawkins has been Coordinator of the Stroke Program at Pen Bay Medical

The public is cordially invited to attend the 2017 Maine EMS Week Awards Ceremony, to be held in the Hall of Flags at the State House, Thursday, May 25th at 2 p.m.
Pen Bay became certified as a Primary Stroke Center in 2007, and is currently one of four hospitals so designated in the state of Maine. The other Primary Stroke Centers are Mid Coast Hospital, Eastern Maine Medical Center, and Maine Medical Center. MaineGeneral Medical Center is currently certified as “Acute Stroke Ready”. The remaining hospital facilities across Maine are not currently certified at any of these levels, but it’s important to bear in mind that stroke patients at every hospital in Maine benefit from the collaborative approach fostered by Maine’s Stroke Working Group and the emerging system of stroke care.

For one thing, said Hawkins, “telemedicine, and telestroke specifically, is being increasingly employed to allow skilled neurologists and other specialists from larger facilities to connect and consult with emergency room providers in smaller communities.” In another initiative to optimize patient outcome, advanced training in stroke assessment and transport decision-making in the field is being made available to Maine EMS providers. And cooperative measures are being implemented in the Maine stroke care system, such as Eastern Maine Medical Center’s commitment to guarantee a bed to stroke patients arriving from smaller northern Maine medical facilities if tPA has been administered.

Tina Love, R.N., a project manager with Augusta-based Medical Care Development Public Health (MCDPH), has also played an important role in the evolving developments. “Several years ago, we were contracted by the Maine CDC (Center for Disease Control) to coordinate and expand the ongoing efforts of the Stroke Working Group, and their stroke initiatives in Maine.” The group had been comprised of a handful of Stroke Coordinators (including Hawkins) from the larger hospitals, and representatives from the American Heart and Stroke Association. Last year, Love was contacted by Dr. Matt Sholl, Maine EMS’ State Medical Director, to discuss how to engage others, including more of Maine’s small, independent rural hospitals. The new configuration brings together broad statewide committee representation, adding EMS, hospital organizations, rehab and public health to the original mix and increasing the number of participants to about 35. “They include nurses, stroke coordinators, neurologists, paramedics, emergency room docs, as well as reps from the Maine CDC, Medical Care Development, American Heart/American Stroke Association and Maine Rural Health and Primary Care Program — some of these folks wearing multiple hats — to look at stroke care across the state from pre-hospital to rehab,” says Love. “We have a unique opportunity, because Maine is small enough that we can roll out new initiatives statewide. We want to actively connect every hospital as a stroke care provider on some level, and to get all Maine hospitals stroke-ready. Our overall goal is to ensure that a minimal standard of care is provided for any patient having a stroke, anywhere in Maine. ”

Back to the basics: how you can help. Said Hawkins: “The best you can do is to know and recognize the signs of stroke, call for help and get the person to the hospital ASAP, where qualified staff can determine the type of stroke, and whether further treatments are appropriate.”

While nearly 90% of Maine adults said they would call 9-1-1 for a stroke, less than one in four (23.1%) actually knew the symptoms of a stroke.

While stroke is statistically more common in older people, and in women, it can happen to anyone. One of the telltale signs is the sudden onset of symptoms, which most often include: drooping of the facial muscles, especially limited to one side; weakness or numbness in the face, arm or leg, especially if limited to one side of the body; and confusion, slurred speech or difficulty understanding speech; sudden trouble walking, balancing, or seeing in one or both eyes; or sudden, severe unexplained headache.

If you witness someone having a stroke, the first thing to do is call 9-1-1 for help, ASAP. The emergency dispatcher will ask questions and provide further instructions. Stay with the person in distress until emergency responders arrive at the scene and take over. The patient will be transported quickly and safely to a nearby hospital or stroke treatment center, for assessment and timely treatment as appropriate.

Love concurs, adding: “It’s important to pay attention to TIA’s [transient ischemic attacks], as well.” These are mini-stroke episodes, where the individual may appear to recover quickly after experiencing fleeting stroke symptoms. “Don’t just think, ‘That was weird,’ and shrug it off,” Love advises. TIA’s should be considered warning signs. “It’s really important for the primary care doctor to be informed that this has happened,” in order to take proactive measures.

**Stroke Statistics at a Glance**

- Someone in the United States has a stroke every 40 seconds.
- Nearly 800,000 people in the United States have a stroke every year, with about three in four being first-time strokes.
- Stroke is a leading cause of long-term disability and the leading preventable cause of disability.

**To Learn More:**

Check out [cdc.gov/stroke/signs_symptoms.htm](https://www.cdc.gov/stroke/signs_symptoms.htm) to see the 12 signs of a stroke video near the bottom of the web page.

Check out [mainehearthealth.com/resources/program-materials.html](http://mainehearthealth.com/resources/program-materials.html) to view Stroke Videos featuring Maine newscaster Doug Rafferty

[mainehearthealth.com/stroke/stroke-resources.html](http://mainehearthealth.com/stroke/stroke-resources.html)

Maine Cardiovascular Health Council [mainecardiohealth.org/stroke.html](http://mainecardiohealth.org/stroke.html)

Courtesy of the American Stroke Association
STOP UNCONTROLLED BLEEDING TO SAVE A LIFE

By the time first responders arrived at the scene of the shooting tragedy at Sandy Hook Elementary School in Newtown, CT in 2012, it was sadly too late to save the lives of 20 schoolchildren and several of their teachers.

From that unfortunate reality sprang the idea to teach the general public—potential bystanders who may be present during an active shooting incident before the arrival of the first emergency responder—what to do to save a life that might otherwise be lost to uncontrolled bleeding.

Less than five years after that shooting, Anna Moses, RN, a trauma nurse coordinator at Eastern Maine Health Systems, is part of a group in Maine working to implement the initiatives set forth in the Hartford Consensus.

The Hartford Consensus emerged from the efforts of the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events, convened in April 2013 by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others. Under the guidance and leadership of Hartford Hospital trauma surgeon Dr. Lenworth M. Jacobs, Jr., the committee created a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events.

“Our goal is to offer basic training that ordinary people can use in everyday settings such as schools, places of worship, shopping malls, movie theaters, municipal and office buildings, and airports,” Moses said. “Our approach consists of a simple ‘Stop the Bleeding’ kit with easy-to-follow instructions on when and how to use it.” With minimal training and the right equipment, ordinary citizens can be lifesaving heroes in an emergency. This is especially true in a rural state like Maine, she said, which has a total of three designated Trauma Center hospitals statewide (compared to Boston, for example, where victims of the Boston Marathon bombing could be transported to any of six trauma facilities nearby).

Inside the kit is a tourniquet that can be applied to stop an open wound from bleeding, gauze dressings, QuickClot packing material, Ace wrap bandaging, disposable gloves, safety glasses, and a Sharpie marker pen to record directly on the tourniquet the date and time it was applied. All of these items are packed with a laminated instruction card in a durable box that can be wall mounted, similar to an AED (automatic external defibrillator).

“Though commercial versions are available at a much higher price, we’ve found that for an outlay of $70 or $80 it’s possible to purchase the necessary items to assemble a kit,” said Moses.

The training component is being finalized by a core group consisting of the program managers from Maine’s three trauma centers working with injury prevention coordinators, surgeons and EMS representatives. “We’ll start by asking interested citizens to sign up to participate in a two to three hour program. Similar to current CPR certification training, it will include some class time as well as an opportunity for hands-on practice at packing wounds. We can accomplish that in a cost effective manner by using foam mattress material, liquid latex and fake blood to simulate a wound in the classroom setting.”

Paramedic Rick Petrie, Maine’s State Trauma Coordinator, will soon be leading “train the trainers” sessions for Maine EMS-certified PHTLS (prehospital trauma life support) instructors, so that professionally-taught classes for the public can be offered by late summer.

“Since one of the most common causes of death is uncontrolled bleeding, our hope is that everyone will want to take this quick class, and our communities will all benefit as a result.

But in the meantime, there are steps that anyone can do, today, that could make a difference,” says Moses. Take a moment to learn the basics, and perhaps share them at the family dinner table, or at work or school.

Think of them as the ABC’s: alert, bleeding, and compression. The first consideration is to be alert regarding your situation and surroundings, to ascertain that it’s safe for you to proceed. Obviously, you can’t effectively help someone else if doing so puts you in danger.

Call 9-1-1 to alert responders to the emergency, then look for the source of bleeding and apply compression to the wound to stem the flow of blood.

Moses notes that gloves, a useful barrier against transmission of bloodborne pathogens, are included in each Stop the Bleeding kit. Another step that ordinary citizens can take immediately is to purchase a readily-available box of disposable gloves at the local supermarket or pharmacy to keep accessible in your workplace, or to donate to your child’s classroom or Sunday school.

Depending on the situation and your comfort level with the risk involved, some bystanders may choose at their own discretion to stop the bleeding even if they don’t have gloves. A clean article of clothing or handkerchief can serve as a barrier if need be. And if there is no tourniquet available, “in an absolute emergency, you can always use a wide belt or a scarf, even pressure applied with just your hands is better than nothing,” said Moses. “Pressure may also be the only option if you can’t apply a tourniquet—to treat a neck or torso wound, for example.”

Efforts are underway to secure funding so that at least the initial round of “Stop the Bleeding” training for Maine citizens is made available to the public at no cost. “We’re hoping that scout and church groups, students performing community service, and interested individuals will take advantage of this opportunity to not only complete the training, but then also help us get the word out,” said Moses.

It makes good sense to be prepared for an active shooting incident, or a planned or spontaneous mass casualty event, no matter where you are in today’s world. While disasters may not be as likely to occur in Maine as in larger, more crowded cosmopolitan areas, no place is immune from this possibility. Just as can be said for knowing CPR, Maine citizens can feel good about knowing the simple actions an individual may be able to take to change the outcome – and save a life.

For more information:

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CPR and AEDs
Knowing what to do can save a life

If you had to, right this minute, could you perform CPR?
Do you know what an AED is, how to use it, and the location of the nearest one?
If you answered yes, you could save a life. Chances are, it would be the life of a loved one: your spouse or partner, perhaps your child, parent or a friend. According to the American Heart Association (AHA), 70% of out-of-hospital cardiac arrests happen at home.

Cardiac arrest is an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). The heart’s normal rhythmic pumping action is critical for assuring blood flow to the brain, lungs and other vital organs. AHA data shows that each year, more than 350,000 out-of-hospital cardiac arrests occur in the United States, and that almost 90 percent of them are fatal.

CPR is an easy-to-learn intervention that can keep a person alive after a cardiac arrest. Of course, in any medical or other emergency, it’s important to call 9-1-1 right away for help. But CPR, especially if performed by a bystander who is already present within the first few minutes of cardiac arrest, while waiting for EMS to arrive, can double or triple a person’s chance of survival. To do CPR, place one of your hands over the other and begin pushing hard and fast in the center of the person’s chest. The correct tempo is 100 to 120 beats per minute–aptly enough, that’s the beat of the classic disco tune “Stayin’ Alive”.

Even more encouraging in the face of those daunting AHA statistics: if there are two or more bystanders, or as soon as a second person comes along, there’s another way to help. While the first person continues chest compressions, the other bystanders should look for the nearest AED.

What’s an AED? An Automated External Defibrillator (AED) is a user-friendly portable electronic device, designed for use by lay person bystanders, with built-in capability to diagnose and then treat potentially life-threatening cardiac arrhythmias.

An AED administers electrical therapy, or defibrillation, with a controlled shock to the heart muscle. This is turn stops the arrhythmia and allows the return of a healthy rhythm. The AED is designed to be simple and effective, with visual and voice prompts to guide the user through the process. Now considered an essential first-aid tool, AEDs are increasingly found in places where people gather. The AED is typically wall-mounted for easy access, inside a durable case about the size and shape of a rectangular lunchbox. Often there is arrow signage above the AED, to make it easier to locate.

Variations of chest compressions and mouth-to-mouth resuscitation have been documented as early as the 1700’s, according to the AHA. It was about fifty years ago that general training practices and performance standards for CPR as many of us envision it, were established.

Over time, the emphasis on rescue breathing, or mouth-to-mouth resuscitation, has diminished—primarily because the demands of performing mouth-to-mouth correctly were interfering with successfully administering rapid, ongoing, sustained chest compressions. “By around 2005, the focus had clearly shifted to hard, fast, continuous compressions,” said Joanne LeBrun, MS, EMT. LeBrun is not only the Regional Coordinator of Tri-County EMS, which serves the Androscoggin, Franklin, and Oxford county region; she is also on the faculty of their American Heart Association Community Training Center. “With approximately 200 instructors, we currently train around 8,000-10,000 individuals a year,” she estimated.

The tide has started to turn, LeBrun observed. Over the last decade or so, there has been renewed recognition of the importance of excellent compressions and well executed, hands-only CPR. With fewer things to bear in mind, “a bystander can focus on doing one task well. And the net result of this streamlined approach is that more people are surviving.”

Meanwhile, as CPR was becoming more widely known and taught over the past decades, AEDs were also being developed and adapted for widespread use by the public. Over the course of the same most recent decade, said LeBrun, AEDs have become more readily available and affordable than ever. Grant funding and some discounted pricing for municipalities, schools and eligible organizations, especially in rural areas, has helped to increase the number of AEDs installed throughout Maine.

Anyone who is interested in purchasing an AED should contact their regional EMS office, said LeBrun. She has even been approached recently by individuals motivated by their family history of heart disease, seeking to purchase and install an AED in their homes.

“Purchasing one for residential installation was economically feasible for them, and under the circumstances, not a bad idea,” said LeBrun.

“When Tri-County EMS obtains an AED on behalf of any person or group, we make a point of having it shipped here to our office, not directly to the end user. That way we can set up an orientation, go over the operation and maintenance, encourage the users to practice here on our manikin, and demystify the whole thing.”

She also encourages the public to contact their local EMS or Fire Department with questions about their school, meeting or workplace AED, if they have one; or to arrange for a periodic informal refresher. “Even if you know what AEDs are and where to find them, it’s recommended to review at least every two years or so,” LeBrun estimates she has performed CPR in real-life situations perhaps ten times or so in her career, though it has been a while now since she last needed to use her skills on a human being.

Another recommendation is that for businesses or organizations with an AED on site, one individual should be designated to inspect it periodically. “It’s a really good idea to have one person responsible for keeping an eye on it, making sure appropriate signage is in place, checking the battery, and mindful of the expiration date of the defibrillator pads, etc.”

Tri-County EMS has teamed up with the Central Maine Heart & Vascular Institute to launch a searchable directory of AED locations in the Tri County area and ideally across the entire state, employing crowdsourcing to improve the list by making it as up to date and comprehensive as possible. For more information, or to contribute to the listings, visit www.cmhc.org/AEDhome. Various commercially-available smartphone apps also can help users locate the nearest AED.

Next time you are in a meeting or conference, a graduation or a banquet, LeBrun suggests, take a moment you may later be grateful for. In such a setting, many people make mental note of the location of restrooms; you may even remember to glance around for fire extinguishers and emergency exits; but it may not have occurred to you to look for the closest AED. “Don’t rely on staff to know where to find one in the middle of an emergency,” said LeBrun. You shouldn’t hesitate to ask. “The American Heart Association has made it a policy not to book any meeting space that does not have an AED nearby.”
The Northeast Harbor Ambulance Service Inc. (known when it was founded in 1938 as The Northeast Harbor Fire Co., Inc.) is now incorporated as a private, nonprofit entity providing emergency medical care to the residents and visitors of the Town of Mount Desert and surrounding areas. This includes the villages of Northeast Harbor, Seal Harbor, Somesville, Hall Quarry, and Pretty Marsh. Northeast Harbor Ambulance also assists Southwest Harbor/Tremont Ambulance, Bar Harbor Fire, Acadia National Park, and provides transport service for the Town of Cranberry Isles, meeting their First Responders at the dock when their patients require transport on the mainland.

Service Chief Basil Mahaney, EMT-P, oversees a crew of two dozen licensed personnel on the roster, including other paramedics, advanced EMTs, basic EMTs and Firefighter/Drivers. “Northeast has no full-time employees,” Mahaney said. The seasonal fluctuation in population calls for a creative approach to providing EMS services to residents and visitors. “From November to June, we serve the year-round population of 2,100 like a traditional volunteer service, with volunteer response, paid per call. But in the summer months, when Acadia National Park alone attracts well over six million visitors, we switch over to paid coverage 24/7.”

Northeast Harbor Ambulance maintains two Advanced Life Support (ALS) equipped ambulances with “brand new Zoll cardiac monitors, power lift stretchers, and other features that are have been acquired through their fundraising efforts. “Because of our nonprofit status, as opposed to being a municipal department, we are allowed to fundraise, which means significant savings for our taxpayers,” said Mahaney. This year will mark the 40th anniversary of the Northeast Harbor Ambulance benefit road race, a five mile route described as “one of the true gems of road running left in Maine... a beautiful point-to-point course following Somes Sound, the only fjord in the eastern USA” which attracts hundreds of runners every August.

Proceeds from the annual event help Northeast Harbor Ambulance provide the best possible response to EMS calls such as bicycle accidents, fractures, falls off mountains, fishing and boating mishaps as well as chest pain and shortness of breath and more. “Every year we respond to a call or two from the cruise ships docked in Bar Harbor, and because of the Acadia carriage roads, we occasionally treat horse-related trauma injuries,” said Mahaney. It’s an “interesting experience” to drive up or down the mountains in an ambulance, he grins, though “we don’t get to enjoy the views.”

Last year, Northeast Harbor Ambulance responded to 258 calls. “But the call volume can be as low as six a month in the winter-- while in August, 60 calls a month is more typical.”

Mahaney acknowledges the excellent working partnerships that Northeast Harbor Ambulance enjoys with LifeFlight of Maine for airlifting patients when required; MDI Search and Rescue for technical assistance with climbing incidents; and the Acadia National Park rangers, “all certified EMTs, who often get the patient ready for us.”
Serving on the Island Falls Ambulance Service (IFAS) is a family tradition and a natural way of life, not only for Ambulance Director Katie Cullen, but for most of the crew as well. A National Registry certified paramedic, she joined the service 11 years ago, and has served as director for the past three. There are 12 on the roster, including two other paramedics; the others are basic EMTs and drivers. “While I’d say the average age of our crew is 35, we’re lucky to have one EMT, John Schmidt, who started long before my time,” she said.

It was 25 years ago that Schmidt, proprietor of an Island Falls hunting lodge, decided to volunteer as an ambulance driver to help out and to keep busy during the off months in the winter. “He went on to earn his EMT license in 1996, and has continued as an EMT for our service ever since,” Cullen said.

The service responds primarily to Island Falls, providing mutual aid to surrounding towns when needed. “Island Falls is a very recreational community,” said Cullen, with snowmobile and hiking trails, lakes, all kinds of outdoor opportunities. The population of 847 swells to twice that number in the summer.

In addition to medical calls to care for a significant aging population, her crews respond to four-wheeler accidents, snow-sled injuries, and fishing and boating mishaps. All told, they typically receive about 120 calls a year.

The ambulance works with the Island Falls Fire Department, and all crews are cross-trained. “All members of our fire department are CPR and First-Aid certified and they often help us out on calls by driving the ambulance.”

“My dad served on the fire department,” said Cullen, “and most of us on Island Falls Ambulance are following in family members’ footsteps. It’s kind of a tradition. There’s a lot of pride and enthusiasm for serving our community, and the desire to be there for each other.”

“We had one call recently that was eight miles in on a dirt road,” she said. “We drove the ambulance as far as we safely could, then switched to ATVs and four-wheelers. We’ve sometimes had to transport patients on an ATV, wade through brooks and brave the elements, but whatever it takes, the crew never hesitates.” Just last month, crew members completed an intensive cold-water rescue training licensure course.

IFAS maintains two ambulance vehicles. A new one will be in service soon to replace an aging 1994 model: “We’ve invited the community to help us choose the color by casting their votes,” Cullen said. To bolster their resources, Island Falls Ambulance has agreements with local vendors that rent out four wheelers, ATVs and snow-sleds to recreational visitors, to borrow such equipment on a moment’s notice when it is needed to respond to a call. Often, local citizens take the initiative and offer their own snow and trail-friendly vehicles for rescue purposes without even being asked, she said.

It’s not surprising that community members are happy to step forward to help. IFAS contributes actively to the community on a regular basis by offering CPR education, blood pressure clinics and blood glucose screenings, orientation for scout troops, elementary school and daycare visits, and a holiday food drive. It’s become an annual tradition for IFAS to decorate one of their ambulances and set it up in front of the local grocery store, where donations are collected for the community food bank, just before Christmas.

With ongoing training and community engagement, “we want to offer our citizens and visitors the best possible emergency services we can provide,” said Cullen.
Advanced EMT Chris Whytock has worked with the Rockland Fire Department for almost 18 years, and was named Chief of Rockland Ambulance Service last year. The service is licensed at the Advanced EMT level, and has a permit from Maine EMS to operate at the Paramedic level whenever staffing makes this possible.

The Rockland Ambulance crew roster consists of 18 individuals who work full time, as well as 10 call division members. “Though we have a few recent hires, the majority of us have been here for a long time,” said Whytock. Five will be eligible for retirement over the next four years, so recruitment is one of Whytock’s priorities.

Whytock explains that his service is responsible for a fairly small but densely populated coverage area that includes Rockland, and by contractual agreement, the Town of Owls Head (with populations of 7,500 and 2,400 respectively). Their annual call volume is approximately 2,150. All of these are emergency medical calls, transporting critically ill or injured patients, typically no more than four to ten miles to Pen Bay Medical Center.

“Outside of the EMS realm,” said Whytock, “we also provide fire coverage. Our crew members are all Confined Space Technicians. Anyone who has obtained a permit to do work in a confined space—for example, in a manhole—is required to notify us, and we may stand by, at our discretion.” They are hazmat [hazardous material] certified as well, as required by state regulations.

“As for our EMS rescue calls, they run the gamut,” said Whytock. “The toughest ones involve children. Most of us are parents ourselves.”

“There have been some interesting ‘out of the box’ calls,” he notes. “For instance, tower rescue. For some reason, people like climbing communication towers... till they get stuck. We like to help people, but sometimes we wonder how they get in certain situations.”

The ambulance service responds to as many as half a dozen calls every year to medical emergencies on the Rockland breakwater. Those can tax the system, especially on hot summer days, he said—it’s a mile on foot from the parking lot to the lighthouse at the far end of the breakwater. That’s a long distance to hike out and back to carry an injured person back to the ambulance.

“We’re glad we can call on the Coast Guard, the harbormaster, and/or the marine patrol for assistance,” said Whytock. Sometimes it actually makes sense to transport the patient back to land by boat rather than trekking over the rocks and crevices of the breakwater.

“Four years ago, a woman actually slipped and fell between rocks on the breakwater, and we had to use air bags to separate the rocks to extricate her,” he said. “Until that call, it had never occurred to us to carry gallon jugs of mineral or vegetable oil among our supplies—that day, we wished we had.”

Making community connections and establishing relationships that will continue into the future, Rockland Ambulance personnel regularly participate in outreach and education initiatives in the local schools. And the Rockland FD is one of several local fire departments partnering with the Region 8’s Midcoast School of Technology fire science program, which offers local high school students certification and college credits for successful completion of its firefighting/EMT classes.

“We’re really appreciative of our citizen base,” said Whytock, “and having the city council behind us, supporting us every step of the way.”
Cultivating health, wellness and resilience for Maine EMS providers

Flashbacks, panic attacks, insomnia, anxiety, depression and even suicidal thoughts. Cardiovascular and other disease. It all comes with the territory for EMS practitioners, more often than one might think.

The risks of working in EMS go beyond potential exposure to bloodborne pathogens and other hazards, the emotional challenges of responding to difficult calls involving children, or the possibility of violence when encountering mentally unstable patients or those with criminal intent. Working in a “street job” in the public safety field can take a serious and very real toll on your physical and mental wellbeing, said Dr. Laurie Cyr-Martel, D.BH, LCPC, a faculty member of the social and behavioral sciences department at the University of Southern Maine at Lewiston Auburn College.

Cultivating health, wellness and resilience to address the built-in stress of EMS and other public safety careers has been a focus of professionals like Cyr-Martel for many years. Her knowledge is firsthand, having earned her paramedic certification in the 1980s and worked in law enforcement. In addition to teaching, she maintains a private practice dedicated exclusively to counseling clients who have a public safety background.

“Compared to the general public, the emotional and psychological needs of first responders are very different,” she said. “There is a lack of health care practitioners who know and understand the physiology of emergency systems.”

Her assertions are reflected in many of the anecdotal comments included in the National Association of Emergency Medical Technicians’ National Survey on EMS Mental Health Services, published last year.

“EMS providers, like most people, tend to take one’s own primary care for granted and assume that doctors know what’s best for us,” she said. “But how good are they at advocating for themselves? Are they asking for particular bloodwork, assessment of their nutritional status, evaluation of their physical activity?”

“And as far as the resiliency piece, and how to nurture it—do they know how to really relax? Are they getting sufficient and restful sleep? Do they have a vitamin or thyroid deficiency? Are they monitoring their A1C and glucose levels?”

Hypervigilance, she explains, is an inevitable way of life for first responders. Being alert and maintaining an edge is an expectation of the job. “Hypervigilance helps EMS providers get through the day. But they haven’t been taught how to turn it off when they’re off duty. And on average, it takes the human body 24 hours for elevated glucose levels [which are associated with hypervigilance] to process out of the system. By then the EMT is likely back on the job for the next shift—it’s an endless cycle.”

Prolonged elevated glucose levels can lead to cardiovascular disease, nerve and kidney damage, and vision problems, among other serious consequences.

And over time, not knowing how to decompress after a shift can eventually erode relationships, and take its toll on significant others.

This was part of the fallout experienced by Charles “Chip” Boehm, an RN, EMT, and a 40-year EMS veteran, who describes himself as a post-traumatic stress (PTS) injury survivor. “In my profession, it is not always wise to admit such things,” he said. “I have faced some of the deepest pain I could ever imagine. I have learned much about stigma, isolation, nightmares, flashbacks, depression, abandonment, and yes, suicide.”

Boehm related in an article published last year in FireSafety magazine that he was shaken by the experience of responding to a pediatric cardiac arrest in 2012. He was the lead responder on the call. Despite their best efforts, the child did not survive. Boehm began to question his lifetime passion for the profession.

“Boehm began to question his lifetime passion for the EMS calling as well as his ability to do the job. He finally recognized that his mounting distress became more than he could handle six months later, when “because of a lack of focus, emotions, and after responding to the wrong address, I asked my lieutenant and deputy chief for help.”

There were no resources available for him, he said, and he felt more stigmatized, isolated and helpless than ever.

Boehm relates how after hitting rock bottom, he sought out professionals who helped him turn to mindfulness, intentionality, and emotional connection.

“I began to seek better choices by creating a healing environment for myself, and one that I could share someday with others. Department administrations weren’t, and generally still aren’t, well versed in integrated psychological and physiological care,” he said. “Drawing from my own experience and resources, I eventually created my own.” Those included (and still do consist of) equine therapy, nature meditation walks, and creative time spent in his wood shop.

“Post-traumatic stress injury is a multifaceted issue that affects our first responders as individuals, and our system as a whole,” he said. “Thankfully, over the last few years, awareness is slowly happening. I believe the time has come for us not only as caregivers, but as an industry, to fully face this issue in order to ensure its survivability.”

Boehm and Cyr-Martel envision a system designed to treat those in crisis, as well as prevention programs, instilled early on—from an individual’s entrance into the profession. This would include immediate treatment without stigma or repercussion for those in crisis: a behavioral health program 9-1-1-system for first responders, designed to mitigate their signs and symptoms.

It would require a significant, but not insurmountable, cultural change to re-tool existing initiatives, says Boehm. “Continuing behavioral health programs and peer-support for departments could fall into place as we succeed in mobilizing resources to reduce the stigma, increase awareness, and provide education and training to all first responders.”

Current legislative efforts (LD 848) are also encouraging. Legally establishing the presumption of post traumatic stress disorder for police, fire and EMS responders is an important first step, Boehm says.

Boehm and Cyr-Martel agree the prevention effort needs to start during recruit training. “Be honest from day one about what they are facing. The feigned bravado—‘work doesn’t affect us’—is only good until it blows up,” said Boehm. In the [public safety] academies, too often students are taught to deflect emotion, ignoring the critical need “to release the pressure valve. If department personnel don’t buy in, and promote health and wellness as a priority from within the administration, there is no ‘trickle down’ to staff and personnel.”

They caution that post-incident debriefings can backfire if not conducted properly by trained personnel. “It’s not sufficient just to sit around a table hashing over an operational critique and the lessons learned,” said Cyr-Martel, because integral to a successful debriefing is an emotional check-in component, the body/mind connection.

There is no clearinghouse or uniform reporting for post-traumatic stress and suicide, Boehm notes. “I am choosing to share my story, using my experience and research to develop awareness, prevention and survival outreach programs to begin breaking the silence.”

Any Maine EMS providers in need of support are encouraged to contact the Maine EMS regional critical incident stress debriefing and crisis intervention teams:

Southern Maine, Region 1
Standish Public Safety Communications 207-642-4533

Tri-County, Region 2 I United Ambulance Communication Center 207-777-6000

Kennebec Valley, Region 3
business hours: 207-877-6966 | after hours and weekends: Delta Ambulance, 207-961-4244

Northeastern Maine, Region 4
St. Joseph Hospital switchboard 207-907-1000

Aroostook EMS, Region 5
Maine State Police 800-924-2261

Mid-Coast EMS, Region 6
business hours: 207-877-6966 | after hours and weekends: Delta Ambulance, 207-961-4244

More info, help and resources for EMS providers:

Safe Call Now I (207) 459-3020 safecllnow.org
A confidential, comprehensive nationwide 24/7 hotline and referral service for first responders and their family members, staffed by fellow first responders who are trained in mental health crisis counseling and can assist with treatment options for mental health, substance abuse and other personal issues.

National Suicide Prevention Lifeline I (800) 273-8255 | suicidepreventionlifeline.org
Available 24/7, the suicide hotline is a network connecting callers with a trained, experienced local crisis counselor offering support to people in emotional crisis connecting the caller to area mental health services.

Code Green Campaign codegreencampaign.org
Providing awareness and education about mental health, PTSD, and suicide in first responders including EMTs and paramedics, firefighters, and law enforcement officers. Visit them online to learn about others’ experiences with mental health issues, and for a list of helpful mental health resources for those who are struggling.

Dr. Laurie Cyr-Martel 207-753-6665
laurie.j.cyrmartel@maine.edu

Dr. Chip Boehm’s counseling practice, limited to clients in public safety fields: healthstrategiesconsulting.com
Chip Boehm, RN, EMT, (207) 650-1570
www.facebook.com/turtlesky.farm.3 chipboehm1@gmail.com
Charlie Piper is a personable, articulate 17-year-old currently wrapping up his junior year at Scarborough High School. An active member of the cross country and track teams, he’s determined to top his own personal best—a 5.01 minute mile—while keeping his grades up enough to maintain his place on the Honor Roll.

But about a year and a half ago, out of the blue, Charlie’s life nearly came to an abrupt end at the age of 15. “We know now that it was because of an underlying heart problem, but that was the furthest thing from his parents’ mind back in November, 2015.”

Ironically, Chris Piper and his wife Natalee Descheneaux are used to keeping a watchful eye on their daughter, Charlie’s younger sister Melina, who has undergone three heart surgeries because of a heart condition. “But Charlie’s always been super healthy,” his mom says.

A few minutes after 6 a.m. on that fateful early November morning, it was Melina, 13 years old at the time, who heard an odd thump on the other side of her brother’s bedroom door. She called out to him, but there was no response. As Charlie’s alarm continued to go off, she went in to check on her brother. She found him lying unconscious on the floor. Descheneaux, who came running, recalls thinking her son was suffering a seizure. But within a minute or two, she said, “Charlie was turning blue, and he had stopped breathing.” By then Chris had also come running, and he immediately began chest compressions while Natalee dialed 9-1-1.

By a stroke of good fortune—one of many that day—the entire family, including Charlie and Melina, had just recently completed a CPR training session at the parents’ workplace. It was the first time for the kids, but a refresher for the adults, whose inservice recertification is part of their professional development as physical therapists.

“No sheer, wonderful coincidence, performing chest compressions was fresh in my mind that morning,” says Chris. “And even if I had been too upset to do what I had learned, it would have been okay because the 9-1-1 dispatcher very calmly talked me through it and helped me stay calm, as well.”

It always seems like forever to the person waiting for help to arrive, muses Cindy Gorham, the paramedic who was to assume lead responsibility as Charlie’s primary EMS caregiver that day. But call data records show that merely seven minutes elapsed from the time of Natalee’s 9-1-1 call to the arrival of a Scarborough Fire Department ambulance.

By then, assistance was already being rendered to Charlie and his family. Nearby resident John Fischer, a respiratory therapist at Maine Medical Center who is also on the Scarborough FD roster as a call company responder, was the first fire department responder on the scene. He relieved Chris Piper and took over CPR compressions on Charlie. Shortly afterward, John Sherrier and Mathew Pantera, fire science student interns residing at Scarborough FD’s Pleasant Hill Station, arrived in the department’s Forestry 3 vehicle, remembering to bring along with them an automatic external defibrillator (AED).

Working together while continuing with CPR and airway management, the three set up the AED, placed it on Charlie, paused while the device analyzed Charlie’s heart rhythm, and then administered a cardiac shock.

In all, it took three rounds of shocking Charlie with the AED before they were able to discern a pulse.

At this point, Scarborough FD paramedic Nate Contreras drove Gorham and her partner Adam Foster, also a paramedic, to Charlie’s residence in the advanced life support ambulance. “Natalee brought us briefly up to speed and answered some questions about Charlie’s medical history. Then we quickly hooked up the 12-lead cardiac monitor to get a read on Charlie, and administered epinephrine via intraosseous IV” (drugs delivered directly into the bone marrow).

“The key to our successful outcome was bystander CPR and early defibrillation, thanks to the AED,” Gorham asserts. “We transferred Charlie into the ambulance, and provided more meds and airway management. With his pulse and blood pressure returning, he was able to make some respiratory effort on his own at this point, and our role shifted to monitoring and assisting him in that effort.”

“Every call presents its own challenges, but it’s especially difficult—the stress and anxiety are ramped up—when such a young person is involved,” she reflects.

“Charlie’s a miracle,” Deschenaux affirms, still grateful every day for the outcome. Oxygen deprivation often leads to some degree of cognitive deficit. “There’s no question that our son went without oxygen to the brain for some time, those few minutes until the AED kicked in. After the cardiac arrest, he was in a coma for 20 hours. His short term memory was awful—we braced ourselves and didn’t dare expect a full recovery.”

But before long, Charlie had made an astonishing recovery back to his former self. The very next day, from his hospital bed, Charlie recorded a heartfelt video “thank you” to everyone on the team who rescued him.

On examining Charlie after the incident, doctors discovered that he had Wolff-Parkinson-White (WPW) syndrome. The Mayo Clinic describes it as “an extra electrical pathway between your heart’s upper and lower chambers [which] causes a rapid heartbeat. The extra pathway is present at birth and fairly rare...Although [the syndrome] is often harmless, doctors might recommend further evaluation before children with WPW pattern participate in high-intensity sports.”

A brief procedure at Maine Medical Center was all that was required to correct the situation, now that it had been identified. Charlie is once again enthusiastically engaged in high school athletics.

“Everything worked out perfectly that day,” Chris agrees. “To get your son back after you lose him,” his voice trails off with emotion. “If Melina hadn’t found Charlie till minutes later, if we hadn’t quickly called 9-1-1, if we hadn’t jumped into action... it’s definitely a good thing for everyone to be CPR certified, to know what to do in emergency situations.”

Scarborough FD Deputy Chief Tony Attardo adds that fate was smiling all around that day. “It was sheer luck that as it happened, at the time the call came in, we had this many personnel and vehicles available. And that a respiratory therapist/firefighter also happened to live in the neighborhood, and heard the dispatch call go out.”
Scarborough High School student Charlie Piper and the team of emergency responders who worked together to save his life after he suffered a cardiac arrest:

From Top Left: Captain Nate Contreras - Second Paramedic aboard ambulance #1 • Deputy Tony Attardo - Duty Chief who responded to call • Brian Ackley - Paramedic who responded in the second ambulance to assist • Mike Mains - Emergency Medical Dispatcher who put out the call for help to the FD • Charlie Piper - Victim of Cardiac Arrest • Mike DiClemente - Call Company Lieutenant/also a full time Advanced EMT with SFD, who responded in Ambulance 2 (Was on Duty) • Adam Foster - Paramedic on Ambulance 1 who drove ambulance 1 to MMC that morning • Cindy Gorham - Primary Paramedic on Ambulance 1, primary caregiver for Charlie Piper

From Bottom Left: John Sherrier - Student Intern, responded with Forestry 3 (First FD apparatus on scene) • Mathew Pantara - Student Intern, responded with Forestry 3 (First FD apparatus on scene) Fire science student at SMCC • John Fischer - Call Company Responder / MMC Respiratory Therapist - First FD responder to Charlie • Scott Vaughan - Police Officer who responded to the scene • Ashley Knight - Emergency Medical Dispatcher - was on phone with the 9-1-1 caller

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From all of us at Coastal Healthcare Alliance, we thank you for your service.