First authorized by President Gerald Ford in 1973, National EMS Week is a time for the public to recognize and show appreciation for the people who perform the work of Emergency Medical Services. This year, May 15-21 has been designated as National EMS Week.

“Called to Care” is this year’s theme. We are all called to care. For our communities, families, and each other. Those of us in EMS are called to care every day. Every shift. Every hour. All across Maine. From Kittery to Fort Kent. In Portland to Caribou. In Jackman or Eastport. Whether working in a dispatch center or on an ambulance or in a hospital. Whether volunteering in the local community. working full-time or part-time, or just being there whenever needed, EMS providers in Maine give a level of comfort and security to people throughout our State.

We ask a lot of those who support the Maine EMS system. Protocols evolve and equipment changes. More time and training are required to learn and perfect the skills and knowledge needed in order to provide care to the sick and injured. We ask that EMS providers be ready at any time, for any emergency. Did you know that Emergency Medical Dispatchers must complete a Priority Dispatch EMD course before they are allowed to take your emergency calls? And that they have a complete 24 hours of continuing education every 2 years in order to maintain their certifications? Or that the EMT that shows up at your door has completed nearly 200 hours of training and passed a rigorous testing process before they ever perform patient care?

None of this would be possible without the women and men of our Maine EMS system being “Called to Care.”

Please take some time to read through this insert. You’ll find articles about the people who make up our system. We hope that you’ll come away with a little more information than you may have had before. And we hope you’ll take an opportunity to thank your local EMS providers.

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The material in this section was produced by Nancy McGinnis, a freelance writer and photographer who has also been a member of the Maine EMS community for over 25 years. Learn more at www.facebook.com/communicado.words.and.images
Nationally certified Paramedic Shaun St. Germain is relatively new to the Maine Department of Public Safety’s Office of Maine EMS, having been appointed to take over as its director after Jay Bradshaw retired from that position last August.

But he is hardly new to the field.

“I got my start way back in 1988, volunteering for a small service in Brattleboro, Vermont,” he said.

What sparked his interest in Maine emergency medical services?

“It might be genetic,” he laughed. His father, John St. Germain, was employed as a licensing agent at Maine EMS in its early years, back in the 1980s. The younger St. Germain completed an EMT course, then went on for his EMT-Intermediate, and eventually enrolled in Paramedic school in New Hampshire, graduating in 1992.

For the next five years, he progressed through the ranks of volunteer and paid, private and fire department services, and in 1997 came to work for Portland Fire Department, while also earning an undergraduate degree in business administration.

He left Maine in 2012 to teach in a Paramedic program in Maryland for three years, and has now returned to Maine and enrolled in studies towards a graduate degree in public administration from Norwich University.

“As director of EMS, I see my role as that of facilitator—helping our EMS providers do their job even better,” he said. “We are blessed with good people—in our state and regional offices, and at the street level. There is a lot of strength in the system. There may be some healthy disagreement as to how to get there, but we all fundamentally agree as to where we need to go.”

“To the credit of my predecessors, Jay Bradshaw and Kevin McGinnis before him, our Community Paramedicine initiative is strong, and we are now developing legislation to change it from pilot to permanent status,” St. Germain said.

And there is a great deal of excitement statewide about the inaugural CP 360 Maine Community Paramedicine Conference, coming up in South Portland during 2016 EMS week.

“A group of us from Maine recently travelled across the country to Washington to attend the National Resuscitation Academy, with an eye toward training our trainers and developing Maine as the East Coast focus of cutting edge education, just as Seattle is on the West Coast,” he added.

St. Germain will preside, along with members of the Maine EMS Board, at the annual EMS Awards Ceremony, at 2 p.m. Tuesday, May 17 at the Hall of Flags at the State House. The public is invited to attend the event, and to gather afterwards, weather permitting, for a ceremonial wreath laying at the Maine EMS Memorial and Education Center site, on the capitol grounds between the Fire and Law Enforcement memorials.
Frye Island may have the most unique public safety system in Maine — it’s all about problem solving by making use of available resources. Its Emergency Medical Service is run by the Police Department. Rod Beaulieu, who holds a year round position as a security officer for a public utility in another municipality, is both the EMS director and chief of police in this seasonal recreational community. His family’s summer home is one of about 540 residences located on this small island in the middle of Sebago Lake. The population of 1,500 can swell to 5,000 on a holiday weekend. All of his eight police officers are also EMT’s or Paramedics, who along with 15 per diem EMT’s and an equal number of trained volunteer drivers provide public safety services 24/7 during the time the Island is officially “open” — from May to early November.

“We have a lot of retirees who come here for the summer, and the health challenges you might expect with an older population,” Beaulieu said. An EMS call response here is a remarkably choreographed assembly of moving parts of a well-oiled machine, he said — one that is not only cost effective for taxpayers but that has earned Frye Island EMS an unsurpassed response time for a municipal transport service: two minutes and 15 seconds last year.

“With no 24/7 transportation to or from the island, we have developed an agreement with a mainland service. When our tone goes off for an EMS call, the dispatch is simulcast to that service, which reports to the ferry landing on the mainland,” he said. “The ferry captain is always on call, even if it means he has to divert a scheduled crossing. Our per diem EMT responds to the scene in our public safety vehicle, while the volunteer driver heads to the station to drive our ambulance to the scene. If it’s determined that transport is required, our ambulance with the patient and crew aboard is taken to the mainland via a 10 minute ferry ride. The patient is then transferred over to the mainland service so that we can return to the island and be available for the next call.”

Before this arrangement was implemented, the average response time was a dismal 25 minutes, and there were other some serious issues, as well, said Beaulieu. “It has taken some creative thinking and a lot of guidance from the Maine EMS folks, especially Alan Leo, to address those concerns and make this system successful,” he said.
The recipient of the 2016 Maine EMS Governor’s Award is Jay Bradshaw, former Maine EMS director who retired last year after more than three decades of dedicated service to the EMS community in Maine.

Jay traces his interest in EMS back to 1982, when as a prospective father he was encouraged to enroll in a Red Cross First Aid class, and, “after that, one thing led to another.”

He was among a small group of people who launched a volunteer rescue squad in their hometown (Belgrade). In 1983, after finishing an EMT course and obtaining his state license, he began working per diem for Delta Ambulance in Waterville. By 1986 he had become a licensed Paramedic, and that year left the private sector to begin a full-time career in EMS, as the first full-time director (and only paid member) of Winthrop Ambulance, a municipal EMS service. He also continued to work part-time for Delta, and for Redington Fairview EMS in Skowhegan.

He joined Maine EMS in 1987 as a licensing agent, was promoted to assistant director two years later, and was appointed director when his former boss and longtime mentor, Kevin McGinnis stepped down in 1996 from his decade-long tenure.

“He had an eye for detail and long-term planning, Jay led the State’s EMS system through significant changes and growth,” said Don Sheets of the Maine EMS office. Jay supported, and sometimes led, initiatives such as the implementation of Training Center Standards, the continued development of Community Paramedicine, and the establishment of the Paramedic Interfacility Transport System, resulting in enhanced patient care.

On a national level, Jay’s colleagues and EMS associations have valued his professional collaboration, and the expertise and perspective he has contributed to large-scale projects over the years. Here in Maine, along with his many professional accomplishments, Jay Bradshaw will also be remembered for his steadfast commitment to the wellbeing of his employees and their families.

“I didn’t get into EMS because I was interested in a career, but now am so thankful that it turned out that way. Helping neighbors in their time of need was a wonderful feeling. Even though the calls often came at inconvenient times and were not always fun — many had emotional, and even tragic, outcomes. But it all reinforced to me the importance of this work.”

“Former state EMS Director Bob Tredwell once described EMS as a calling. It took me some time to accept that reality,” admitted Jay. “I am honored to have been selected by the Board of EMS for this award; and am immensely thankful for the opportunity to be involved with EMS at the local, state, national, and international levels. This calling has introduced me to some of the most compassionate people in our state. These people are your neighbors, too. They will be there when you need them. Please help them by recognizing both the physical and psychological challenges of their work — and thanking them for answering the call.”

Jay Bradshaw, 2016 Maine EMS Governor’s award recipient.

Under the direction of instructor Chris Liepold, Eastern Maine Community College (EMCC) Advanced EMT students Nick Oakes, Nic Davis and Jessie Cochran gain valuable hands-on experience by running simulated scenarios in the ambulance “box” – an actual ambulance patient compartment – that is incorporated inside the SIMLAB at the brand-new Public Safety Training Center located at EMMC in Bangor.
Bethel Ambulance’s service area includes not only Bethel but also the town of Gilead and some smaller areas including Bachelors Grant, Mason Township, Riley Plantation, Grafton Notch, and about half of Albany (the other half is covered by Stoneham Rescue).

That adds up to about 3,000-3,500 people served by a total of 31 crew members on the roster, said David Hanscom, one of 16 basic EMT’s at Bethel Ambulance, who has been Chief of the service since 2012. There are also seven paramedics, three advanced EMT’s, and the remaining personnel are CPR/First Aid certified drivers. They work paid per diem daytime shifts at the station; at night, a volunteer duty crew is on call.

Last year was especially busy, with over 400 calls; their typical annual call volume is between 300-350. They respond to 9-1-1 emergency calls including cardiac and trauma incidents — “unfortunately, with Routes 2, 26, 5 and 35 in our coverage area, that includes a fair number of motor vehicle accidents.” With a section of the Appalachian trail and a number of other trails in the area, there are hiking mishaps, and Bethel Ambulance sometimes coordinates with the Maine Warden Service or lends personnel support to Mahoosuc Mountain Search and Rescue efforts.

“Over the past few years we’ve become very community oriented, extending our outreach with senior citizens and also going into the schools,” said Hanscom. “We’ve met with kindergarten through fifth grade students to spotlight safety topics such as the importance of seat belts, bike helmets, or swimming with a buddy and wearing a life vest on the water.”

Thanks to Bethel Ambulance initiatives, a group of local fifth graders has now been certified in CPR. First Aid training is being implemented at the high school, where interested students may have the opportunity to become CPR trainers themselves.

“At one time there were three or four wood-related mills operating in our community, whose management were able to be flexible about allowing employees to respond to emergency calls during work hours,” Hanscom said. “Now they are gone, and it’s just not feasible for our current businesses here to do the same. I’m very appreciative of the people we do have, and everything they contribute to keep the service viable so that we can serve the community.”

Bethel Ambulance will host an EMS Week Open House next week, when the public is invited to stop in to meet the crew, see the facility and the equipment, even get a blood pressure check, and to learn more about joining the roster or other ways to help. For more information, check out their Facebook page.
Lori holds a bachelor’s degree in nursing, as well as a master’s degree in health care administration, and is also licensed as a Paramedic and a Critical Care Flight Nurse/Paramedic. (You can learn more about the latter, by calling in to the Maine EMS Memorial & Education Center audio tour at (207) 480-3104 and selecting Stop #27 to listen to Lori describe what she does, in her own words). A member of the Association of Critical Care Transport, Lori also serves on their Public Relations Committee. She has worked in the past as Manager of LifeFlight’s Lewiston base, and continues to serve as a LifeFlight nurse/paramedic wherever she may be needed “to bring the ICU to the patient, anywhere in Maine.”

Under the direction of Mark Lanzieri, MD, a cardiac interventionalist at the Lewiston-based Central Maine Heart and Vascular Institute, Lori is also part of a team providing critical care beyond Maine’s borders. Through Dr. Lanzieri’s affiliation with St. George’s University, the team travels to Grenada, where they perform lifesaving cardiac procedures such as the insertion of cardiac stents and pacemakers. Lori lends her clinical expertise and serves as the ICU nurse on these humanitarian ventures.

With her training and skills, and her ability to work under challenging conditions, Lori is uniquely qualified to render emergency care to patients in need whether in an ambulance, a helicopter, the emergency department or the ICU. She has also been a dedicated member of the Board of Maine EMS as well as the Tri-County EMS Board.

Scott Bragdon has worked tirelessly for more than 20 years to assure excellence in EMS and to establish seamless working relationships among Mayo Regional Hospital area Services. The Corinth Fire Department was the original provider of volunteer-based EMS services in this sizable rural community, which is located 20 miles away from either Bangor or Dover-Foxcroft. But the demand began to exceed the supply of available volunteers, and in 2002 the ambulance service folded. Soon after, Advanced EMT Scott Bradgon was hired as the town’s first full-time fire chief, and under his leadership, EMS in the Corinth Fire Department was resurrected.

In the early stages, Corinth Fire provided first responder services, with transport by Dover-Foxcroft-based Mayo Regional Hospital EMS. In 2008, an ambulance was once again stationed at the Corinth Fire Station. Cross-staffed by a Mayo Paramedic and a firefighter/driver from the Corinth Fire Department, this arrangement significantly improved response times to the surrounding communities of Bradford, Charleston, Exeter, and Garland. Then, to supplement transport provided by Mayo Regional Hospital EMS, Scott secured an ambulance at no cost to the town, and developed a transport program from within the Corinth Fire Department. Available to respond when the primary ambulance is already responding to a call, or upon request, this means area residents can now be spared waiting up to half an hour for an ambulance to arrive from Dover-Foxcroft. Scott also obtained a grant for a LifePak15© monitor to assure that those traveling in and around Corinth receive the highest standard of care.
In addition to Winthrop, six other communities comprise the service area covered by Winthrop Ambulance Service: Wayne, Readfield, Mt. Vernon, Fayette, and in the past few years, the addition of Manchester and Monmouth — with a combined population of approximately 21,000 that easily doubles in the summer season. Winthrop Ambulance responds to an average of 2,100 calls a year.

The municipally based service, with 46 on the roster, is staffed 24/7 at the Paramedic level, said EMS Director John Dovinsky, who has seen other changes during his two decades here. Perhaps the biggest was the move from their old cramped quarters (1,850 square feet) to the new ambulance building (9,000 square feet), seven years ago.

“Many folks have yet to visit, and we encourage everyone to come by to say hello and take a tour during our EMS Week Open House,” said Dovinsky.

The Town of Winthrop purchased and repurposed the former Winthrop Health Center as the new ambulance station.

“Even with the cost of renovations and adding on a four bay garage for our ambulances, we saved 50 percent over going with brand new, stick built,” said Dovinsky. In addition to sleeping accommodations for three crews, the “self-contained” station offers ample classroom, training and meeting space under one roof, as well as plenty of space for AVOC training in the spacious parking lot.

The Winthrop Ambulance coverage area includes eight major summer camps, with as many as 4,000 young campers — and lots of seasonal homes. “Forty percent of our local coverage land mass is actually water,” said Dovinsky. “And 35-40 percent of the roads we travel to reach our patients are privately owned and/or dirt roads.”

That can mean challenges trying to navigate emergency vehicles between trees, for example, to access a small camp. As the population ages, some camps are being converted into four-season retirement homes. And there are still safety concerns for hikers, skiers, snowmobilers and ice fishermen when summer is over.

For more information, visit the Winthrop Ambulance Service Facebook page.
SAFETY ON THE (SIDE OF) THE ROAD

Late last year, a troubling headline in the Bangor Daily News read, “2015 Deadliest Year for Pedestrians in a Decade, say Maine Police.” During the course of the year, a total of 16 pedestrians were involved in fatal accidents across the state — a statistic that left experts both concerned and puzzled.

It inspired Pret Bjorn, trauma program coordinator at Eastern Maine Medical Center Trauma Care and a longtime member of the Maine Trauma Advisory Committee, to dig into the state archives and review three registries comprising years of data, in an effort to elucidate any determining factors such as the age of the victims, geographic location, time of day, or season of the year.

While no explanation emerged, it did become apparent that Maine has suffered the same or even higher numbers of annual pedestrian deaths in some years prior to the past decade.

“Maine is actually a pretty safe state for pedestrians,” he observed, citing a Centers for Disease Control WISQARS (Web-based Injury Statistics Query and Reporting System) search that compares state-to-state pedestrian mortality over the past 15 years, in which Maine boasts the sixth-lowest pedestrian fatality rate in the U.S.

“[Nonetheless,] we surely have seen a recent increase, and we’d be foolish to ignore it, blip or not,” Bjorn said. “The Maine EMS Trauma Advisory Committee and injury-prevention-interested providers all over the state will continue to be on the lookout for trends. We’re deeply mindful of the fact that any trauma is almost always a preventable tragedy, and even our relatively safe and peaceful state is not immune from the unspeakable and inherently unexpected misery of fatal injury. Every trauma death should make us mindful of our day-to-day risks, and each may provide lessons to keep us wary, and thus safer.”

“But let’s not lose sight of the fact that walking from place to place is by no means an inherently dangerous undertaking,” he continued. On the contrary, walking may be among the safest, simplest, and most effective means of staying active and living longer. Many Americans would live healthier and fuller lives if they walked to school or to the grocery store MORE often. It can be done safely. It usually is.”

While the precise reason for Maine pedestrian mortality may be hard to pinpoint, there are good observations, reminders and considerations for all of us to bear in mind.

Bjorn’s counterpart at Central Maine Medical Center, Trauma Program Manager Tammy Lachance, noted that as the percentage of our geriatric population increases, there will likely be an increased need for engineering changes to accommodate them. For example, many elderly pedestrians need a little more time to safely navigate a cross walk, so it may be appropriate to extend the length of time of the green “walk” signal. And additional crosswalks should be added to busy pedestrian areas, shortening the distance needed to walk to the nearest one.

“Electric cars add a new component to pedestrian safety,” she pointed out. “It is difficult to hear them. I don’t think that we’ve had a major issue with this in Maine, but this has raised attention nationally, and there have been suggestions made to deliberately add a noise to electric cars, so that they will not be sneaking up on pedestrians.”

Bjorn suggests that the following tips are worth taking the time to read and perhaps to discuss with older or younger family members at the dinner table. While they are based on simple common sense, they could just save a life.

Pedestrian Safety Tips

• Choose your route carefully. If you can find sidewalks and crosswalks, use them.

• If you can’t find a better option, stay deep in the shoulder and walk facing traffic.

• Be as visible as you can. At night, carry a flashlight and wear light colored or reflective clothing.

• Keep your eyes and ears available to the traffic around you. Earbuds and smartphones are surely WAY more appropriate for walking than driving; but they still can distract you from the immediate risks of the roadside.

• Walking home drunk is no substitute for a designated driver. Or simply choose to stay where you are. You are more likely to be hurt doing ANYTHING when you’re intoxicated.

• And finally, keep pedestrians in mind when YOU’RE the motorist. Sadly, several times a year in Maine, it’s not a cat or a skunk or a deer that surprises us over the hill or around the curve. We should all regularly remind ourselves that otherwise good, conscientious drivers are sometimes to blame for uncommon yet unimaginable miseries.

The number of fatal vehicle/pedestrian accidents was up last year in Maine. Both pedestrians and motorists can contribute to traffic safety by paying attention and following common sense measures.
At 40 years old, Jennifer Quinlan wakes up every morning grateful to be alive, and acutely aware of how she might not be if events had transpired differently on the morning of January 24th. It takes a village — or in this case, a system. The Maine Emergency Medical Services system: a coordinated, choreographed network of EMS providers, each with the training and skills to perform their specific roles, and bringing compassion and professionalism to their part of the collaborative effort.

It’s a story that Jennifer, a former high school English teacher, and her husband Michael, with whom she works at their small Caribou accounting firm, now want to share with other Mainers as one way of expressing their gratitude to the EMS providers who made all the difference.

On that fateful January morning, they had no idea that one of Jen’s cardiac arteries was 95 percent blocked — and that without intervention, her heart was about to shut down permanently.

Mike takes up the story, because now, looking back, his wife remembers nothing of what happened for several days before and weeks after the incident.

Before retiring the night before, Jen mentioned experiencing a heavy feeling in her chest — and Mike’s Google search came up with “heart attack” and “panic attack.” Concerned, he suggested they make a trip to the emergency room — but Jennifer was not enthused at the prospect, and recalled how she had resolved the same discomfort a few weeks earlier by shifting her position and turning on her left side.

“Eventually they both fell asleep. But Mike awoke around 2:30 a.m., alarmed by the sound of something like deep snoring coming from Jen. He recalls he had to shake her vigorously, and repeatedly, before she finally woke up. She got out of bed to use the bathroom, came back, and promptly went back to sleep. He walked around to her side of the bed.

“We need to go the emergency room,” he urged. “I almost couldn’t wake you!” Soon thereafter, she again became unresponsive.

Shaken, Mike grabbed the phone and dialed 9-1-1.

“The dispatcher asked me a few questions, and then he told me, step by step over the phone, how to clear her airway and perform chest compressions. I could tell he was also letting someone else know we needed to get an ambulance here to the house.”

Some 175 miles away, in Bangor, Emergency Medical Dispatcher David King was nearing the end of his overnight shift when Mike Quinlan’s 9-1-1 call came in to the Penobscot Regional Communications Center. (For cost-effectiveness, Aroostook County contracts with the PRCC to answer incoming 9-1-1 calls, process the information and relay it to the appropriate Aroostook agency to respond.)

“Following our ProQA Emergency Medical Dispatch protocols by asking the husband a few questions, we were able to quickly establish the location of the emergency and confirm a callback number, and determine that his wife had collapsed, had lost consciousness and was not breathing.” King explained. “The next step was to get resuscitation going ASAP by talking Mike through CPR to try to keep Jennifer’s oxygen supply flowing while waiting for EMS response.”

“In our position, since we are not there in person, we have to rely on what the individual at the scene is telling us for information,” said King. “We need to be able to convey instructions, and have them relay what is happening as it unfolds.”

Emergency Medical Dispatch training includes techniques that can help to deescalate a panicked caller.

“Understandably, under the circumstance, people are sometimes so upset or hysterical that we have to ask them to find someone else to take over on the phone. But Mike Quinlan was great to work with — I’m sure he was scared and anxious, but he was able to communicate and process information, and to stay focused, to save his wife’s life.”

Under King’s steady, calm direction and encouragement, Mike continued to administer CPR, including mouth-to-mouth resuscitation when hundreds of chest compressions alone did not suffice.

“It felt like five years,” Mike recalled solemnly. “But I know it was less than 10 minutes before the first Paramedics arrived.”

He recalled that, as the sirens approached, he felt torn about leaving Jennifer’s side even just long enough to race to unlock the front door to let the crew in.

The response time was actually less than eight minutes, said Caribou Fire and Ambulance Chief Scott Susi, citing records documenting the dispatch call at 2:56 a.m., and the first Advanced Cardiac Life Support crews arrival on scene at 3:03 a.m. The patient’s initial cardiac monitor reading, time stamped 3:06 a.m., showed ventricular fibrillation — where the heart merely quivers instead of pumping blood.

At this point, in accordance with their protocols, a second Caribou ACLS crew was dispatched to respond to the confirmed cardiac arrest. Awakened by the commotion, the Quinlans’ 13-year-old daughter Alaina was settled into another part of the house to be spared witnessing her mother in such dire circumstances.

The ambulance crew members included Paramedics Corey Felix, John Thornton, Justin LaPlante, Scott Michaud, and Daniel Raymond; as well as Basic EMT Jonathan Stokely, a student who happened to be riding on this call.

“I’m extremely proud of all of my people,” said Susi, who emphasized how teamwork makes all the difference. “With no time wasted, in the end we can look back knowing we were part of the team that provided the full circle of treatment that saved a life.”

Thanks to their training, each crew member knew where to station himself and what needed to be done. Medications were administered intrasosseously (injected directly into the bone) when it was impossible to start an IV. CPR was restarted and defibrillation was administered as many as six or seven times, until ROSC (Return of Spontaneous Circulation) was achieved.
After their patient regained a pulse, she was transported to Cary Medical Center for further treatment and stabilization. But when it became apparent that Jennifer was critically ill and needed more definitive care, “We were called back again,” said Susi, “because Caribou Fire and Ambulance also runs an air service.”

Jennifer was then loaded, with fresh crew, onto their fixed wing aircraft and flown to Bangor International Airport. Bangor Fire Department EMS personnel David Rudolph and Ryan Taylor were waiting there to transport her by ambulance to the Eastern Maine Medical Center catheterization laboratory.

It was not until a debriefing, weeks later, that Jennifer discovered that one of the Caribou paramedics who helped to keep her alive by defibrillating her three more times aboard that air ambulance was actually Adam Chartier — a former high school student of hers years ago. Also monitoring Jennifer’s condition and providing care en route were Flight Nurse Chris Zappone and Respiratory Therapist Tammy Susi.

“I’m so thankful that everyone who helped me that day chose to go into emergency medical services as a line of work,” Jen said. The entire crew was amazing, so skilled and utterly professional, and there were so many, many people involved — I just can’t say enough about how thankful I am.”

Now farther along in her recovery than anyone anticipated just a few months after her ordeal began, “in some ways I’m even healthier than I was before the heart attack,” said Jennifer. “And we certainly have a renewed appreciation for each other and those we share our lives with, for health, and for life.” And perhaps the best medicine of all is gratitude — thankfulness for this happy ending.

“After our life got back to more or less normal, we were determined to go to the fire station to meet some of the people who made all the difference that day, and to express our appreciation,” Mike said. “We wanted to bring a token gift — coffee and donuts, or something — but what do you bring to a group of people who saved your wife and your daughter’s mother?”

Chief Susi assured them that their visit was the best thing they could have done. David King agreed.

“Most of the time, we don’t get to learn how things worked out,” he says. And everyone agrees that sadly, even despite following procedures and everyone’s best efforts, the outcome is not always what one would wish for. Though he has given CPR instructions over the phone at least 10 or 15 times in his seven years of experience as an Emergency Medical Dispatcher, this is the first case he knows of where the patient has made a full recovery.

One of the pictures that Jennifer will always bear in her mind: a sobering statement made by one of the crew members at the informal reunion.

“After we did everything we could for you, and handed you over to the next caregivers, it was an unforgettably long, quiet ride for all of us back to the station.”

From an EMS point of view, this call ran impeccably, “like textbook Advanced Cardiac Life Support,” according to Drexell White, Maine EMS’ longtime EMD Program Manager who has reviewed many calls, and who also personally followed up with the Quinlans after this remarkable incident.

“Talking to Mike was an emotional experience. It really hit home to hear him say that our EMS system didn’t just save her life; it saved their world.”
Service Director Deborah Staples is one-fourth of the crew for Swan’s Island EMS, serving a year round island population of about 350 that swells to close to 1,000 in the summertime. Her colleagues, who like her are also basic EMT’s, are Sonja Philbrook, Charlie Wiegle, and Tammy Tripler.

“With only four of us, we text each other every morning to know who is available to respond,” Staples said.

Under such challenging circumstances, you appreciate all the help you can get. “We’re grateful to work with the Fire Department — several of their 10 members support us when they can, such as help with lifting. And some of our EMS equipment is stored at the firehouse,” she said. To accomplish their mission, Swan’s Island EMS also relies on the ferry, and sometimes even the Coast Guard, to reach the mainland.

“There is no way we could exist without the support from Southwest Harbor/Tremont Ambulance,” Staples said. Weather permitting, LifeFlight air transport is called when a patient requires Advanced Life Support.

Annually, Swan’s Island EMS averages 35 to 37 calls requiring transport. The calls for help range from heart attacks to delivering a baby, and once, even a gunshot wound. When they can, the Swan’s Island crew takes time to familiarize local school children and even preschoolers with EMS and what they provide.

Each year in late July or early August, island residents and visitors look forward to the traditional, jointly hosted fire and ambulance services’ community lobster bake.

Thanks to a diligent letter writing campaign to every taxpayer and the town itself, their 20 year old ambulance is due to be replaced later this year, assuring not just the peace of mind of a more reliable vehicle and patient comfort but also state of the art equipment, more storage capacity, and space for the crew to operate.
MARJORIE ‘PEG’ FROST, PARAMEDIC

Over the course of her nearly four decades of service, Paramedic Peg Frost has become both a positive force and a familiar friendly face to patients and their families, as well as to EMS providers throughout the western Maine EMS community.

She was one of the founders of both Pace Ambulance (now Pace Paramedic Service) and Stoneham Rescue, and also has been affiliated with Russell’s Ambulance Service, Oxford Fire/Rescue and South Paris Fire/Rescue as well as the Paris Fire Auxiliary.

As a leader, mentor and role model for other EMS providers, Peg passionately has inspired and motivated countless others to advance their training to the next level. Even her off-duty moments have been filled with volunteer service elsewhere in the community. Peg is resoundingly recognized by her EMS peers — dozens of whom submitted nominations for her for this award — for being a pure joy to know and work with, having touched so many lives throughout her long career from which she will retire this summer.

REBECCA CHAGRASULIS, MD

As Regional Medical Director of Tri-County EMS, Stephens Memorial Hospital Emergency Room physician Dr. Rebecca “Becky” Chagrasulis has demonstrated her outstanding commitment to EMS providers, as well as to the patients they both serve. In addition, her tireless and thoughtful leadership and advocacy have helped the entire EMS system to excel on a community, regional and state level. Whether in person, one on one or in workshops and in-service education seminars, or by means of webinars and conference calls Dr. Chagrasulis has made it a priority to be an available resource and a supportive listener whenever needed. “It’s hard to describe how much she has done for all of us,” said Joanne LeBrun of Tri-County EMS. “Her commitment to patients, EMS providers, emergency medicine colleagues, our region and Maine EMS has never wavered, and we’ve all reaped the rewards.”

In Dr. Chagrasulis’ own words, “‘For over 30 years as an emergency physician, I have also been at some level involved in EMS. We are all part of the same team, taking care of the same patients. Feedback to the EMTs on the work they did in the field, training and education, quality improvement, and protocol development are examples of ways that emergency providers work collaboratively with all members of their team. To me, such interaction is part of my job, not over and above. Working closely within the EMS community has been one of the most rewarding aspects of my entire career.”

SYLVIA HULL, PARAMEDIC

Over the course of her nearly three-decade career in EMS, Paramedic Sylvia Hull has not only provided excellent and compassionate patient care, but has also left her mark as a preceptor and mentor to countless others during clinical internships and in classrooms all over southern Maine. She is blessed with a gift for teaching, and for sharing her passion as well as her knowledge when it comes to EMS and, as she sees it, the privilege of helping someone in their time of need. Recently retired from the Portland FD Medical Crisis Unit after 25 years of service, she “continues to climb out of the back of an ambulance, whether for Sacopee Rescue or volunteering with Lisbon EMS,” said Kennebunkport EMS Chief and Paramedic Brad Chicoine. He doesn’t hesitate to admit that as a student, he himself logged three times more than the mandated ride time because he recognized he had so much to observe and learn under her preceptorship. Sylvia recalls that back in the very beginning it was her husband who was approached by the local EMS chief looking for new recruits, but Sylvia is the one who “caught the bug” despite the fact that nearly everyone involved at that time was male.

“They told me I could be a dispatcher, but I wanted to be in the middle of the action,” she said. “I wheedled my way into classes, and before long, other women followed.”

As for being held in such high regard, she responded, “Honestly, there are so, so many people who have mentored me along the way. And I could not have lasted this long if it weren’t for the people I work with. Every day is a new adventure. And being a paramedic is not a job. It’s who you are, every day.”

NORM DINERMAN, MD

By the time Dr. Dinerman relocated to Maine from Colorado in the late 80s, he already was known for his leadership in the Denver General Hospital Emergency Room, and numerous other EMS initiatives in his former community. During the following 18 years as chief of emergency medicine at Eastern Maine Medical Center, he also served as Medical Director for Glenburn Hudson volunteer ambulance service, and developed the critical care transport retrieval program at EMMC. The latter became the precursor to LifeFlight of Maine, on which Dr. Dinerman has served continuously as Medical Director and board member to date. During his tenure as Maine EMS Medical Director from 1992-96, many core elements of the current EMS system were created, including standardized statewide EMS protocols, and the statewide Trauma Advisory Committee, on which Dr. Dinerman has continued to serve since 1992. Dr. Dinerman also currently practices clinically as an emergency medicine physician, and serves as the Medical Director of the Transfer Center, the Tele-health program and the Regional Health Care Partnership Provider Relations program at Eastern Maine Medical Center.

“I’m so very deeply honored and humbled by this award,” said Dr. Dinerman, “and so incredibly grateful to Maine EMS and Eastern Maine Medical Center and LifeFlight for providing me a venue to do meaningful work and express my creativity in my chosen profession.”
Each year, an average of 600 or 700 calls for help are received by Madawaska Ambulance Service, serving the 4,000 citizens of Madawaska. The calls are answered by a crew of 12, half of whom work part-time, ranging from EMTs to Paramedics. Full-time personnel work a 24-hour shift, followed by 48 hours off, providing response around the clock. The service maintains two fully-stocked ambulances, based at the Madawaska Public Safety complex. The latter is also home to the volunteer Fire Department, and the two agencies pool their resources and equipment for specialty rescue operations.

Madawaska Ambulance crews often respond to cardiac and respiratory emergencies, especially with Madawaska’s significant elderly population, some residing at home and others in assisted living and nursing home facilities. But there are also a variety of other emergencies, including motor vehicle accidents with injuries ranging in severity.

For many years, Madawaska Ambulance crews have also been happy to provide other community services such as standing by at local school basketball and soccer games, and conducting blood pressure clinics at residential facilities. They have also organized a 2016 EMS Week trade show at the Public Safety complex, and have been busy brainstorming plans with area colleagues for what is hoped will be the first annual Aroostook Region V EMS Expo, designed for current emergency responders and to attract the attention of potential recruits, from all over Aroostook county and beyond, including their Canadian counterparts. It will be held this year in Madawaska, slated for August 27 and 28. In addition to trade vendors and networking, there will be a symposium on responders’ own health and wellness, as well as training and educational opportunities for area EMS personnel, according to Madawaska Ambulance Service Assistant Director Eric Cyr. A Paramedic and also a Registered Nurse, Cyr stresses the importance of making EMS training and continuing education opportunities accessible in the community. He traces his own interest to his dad, who was a local EMT for over 35 years.

“I took a class in the 90s, and I was hooked!” he said.

Learning opportunities at the 2016 Expo will range from hands-on training with Zoll and LifePak monitors, to a LifeFlight of Maine Ground Safety Course, to Pediatric Advanced Life Support Made Fun and Easy. More information can be found on their Facebook page.
MAINE EMS MERIT AWARDS:

**PAUL MAGOON**

Paul, an EMT, has been an active EMS responder since he joined Harmony Regional Ambulance Service in 1975. He has been a member of Harmony Volunteer Fire Department for even longer. He has served as director of the ambulance service and is currently assistant treasurer. Paul often goes above and beyond to welcome new Harmony Ambulance members and to help those studying for their EMT certification. A longtime active member of Maine Search and Rescue Dogs, Paul and his current dog often provide demos for schools, scout groups and community events.

**KATELYN DAMON**

Having started in EMS only six years ago, Katelyn has stepped up to fill a need and taken over as Public Safety director for the Cranberry Isles. The service chief has overcome personal challenges to complete her fire academy training, as well as maintaining her EMS competency, promoting enthusiasm in her colleagues despite modest call volume. She continues to encourage growth and excellence as well as camaraderie in this small but vital service.

**MATTHEW LEACH**

As Kennebunkport EMS has evolved over the past 15 years, supplementing its all-volunteer roster with per-diem paramedics, Chief of Operations Matthew Leach has become instrumental as the administrative backbone of the organization. Matthew joined the service as a Paramedic himself in 2004, then worked as a Paramedic, and was eventually promoted to his current position as EMS Administrator. His responsibilities include oversight of QI/QA, payroll, state mandated documentation, staff relicensing and more. Matthew’s progressive vision and dedication to public relations have enabled KEMS to position itself as an accredited site for medical students from the University of New England, and to offer a live-in program for paramedic students from Southern Maine Community College as well as robust in-house training for all providers.

**ALFRED RIEL, MD**

Since 1986, Dr. Riel has served the patients and EMS providers of the Tri-County EMS Region with integrity, compassion and generosity. An outstanding clinician, he has been praised for combining superb critical thinking skills and an affinity for lifelong learning with a compassionate bedside manner. His generosity of spirit benefits not just his patients, but his emergency department staff, emergency medicine providers and EMS services.

As the medical director of the Department of Emergency Medicine at Rumford Hospital, Dr. Riel consistently lends his clinical as well as administrative expertise at regional meetings. As the medical director for Med-Care Ambulance over the past 25 years, he has provided invaluable medical oversight and quality review. In addition, Dr. Riel has served as the interim regional medical director and alternate director as needed. He has attended Medical Direction & Practices Board meetings, been involved in EMS protocols review and helped develop the Rural Trauma Training program. EMS providers are always made welcome in his department, encouraged to ask questions and listened to in a respectful manner. A steadfast advocate for EMS providers, Dr. Riel frequently goes on EMS ride alongs, not to supervise but to understand firsthand the challenges of prehospital emergency medicine.

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The EMS Awards ceremony in the State House Hall of Flags will be followed by a wreath-laying ceremony at the Maine EMS Memorial & Education Center site, just south of the Capitol. The three glass-topped pillars represent those Maine EMS responders who have given their lives; those who have helped found the system; and those who help make it work every day.
REVERSING OPIOID OVERDOSES: SAVING LIVES WITH NALOXONE

From summit meetings to town hall gatherings to the family dinner table, addressing the heroin and opioid drug overdose epidemic has been the subject of conversations all across Maine, and for good reason. No one is immune: many citizens who are not addicted themselves have a family member or friend who is. Maine data indicates that overdoses occur most frequently in men, and in the 24- to 54-year-old population. Victims 55 years of age and older outnumber those aged 19-24.

Overdoses can be reversed with naloxone, a cost-effective antidote sometimes known by its brand name ‘Narcan.’ “We’re proud of our role in supporting naloxone legislative efforts in Maine, and in educating our non-EMS colleagues in police and fire departments,” said Maine EMS Medical Director Matthew Sholl, MD. Though in some circles the discussion has become political and polarizing, for Sholl it remains a straightforward matter of honoring Maine EMS’ mission of assuring timely and appropriate emergency medical care for anyone who is ill or injured. Dr. Timothy Pieh, medical director of emergency medicine at MaineGeneral Medical Center, who like Sholl is also both an EMS provider and a practicing emergency physician, agrees.

In a letter to their membership last March, Maine Medical Association leaders noted, “the crisis that in 2015 resulted in 272 overdose deaths, 1,013 babies born with indications of neonatal abstinence syndrome, and 18,000 criminal drug cases being filed in Maine Courts — all significant increases from the previous year.”

In fact, more than 20,000 deaths might be prevented every year across the U.S. if naloxone were available according to the World Health Organization (WHO).

From an emergency medical care perspective, the goal is to intercede on behalf of a patient who suffers from a disease, and is potentially in imminent mortal danger. In order to succeed, the antidote must be not only be available via EMS responders but also made accessible to lay persons, including friends and family of such individuals, along with usage instructions and information on community follow up resources. Since the victim is confronting elements both within and beyond his or her control, these should include support for both victims and significant others, and help for the long term recovery process.

“Health care professionals need to let go of their biases, and see opioid addiction through the same lens as any other disease,” said Sholl.

An opioid overdose can occur intentionally or by accident, as the person may miscalculate the dosage or misjudge his or her own tolerance, especially after a period of sobriety, explained Pieh. It can happen by means of prescription medications or street drugs — which may be highly adulterated, varying in potency and purity.

Pinpoint pupils and unconsciousness are common signs of a drug overdose, in addition to respiratory depression: breathing that eventually slows to a fatal stop as opioids attach themselves to receptors in the brain. Naloxone competes with opioids and temporarily binds, for up to 90 minutes, with those receptors, thus reversing the overdose and allowing the person to resume breathing.

Naloxone is formulated for injection into the vein or muscle (mostly for use in hospitals or other facilities), or can be obtained in pre-measured doses administered through the nose — “squirted between the fingers and the thumb, as you would a spray decongestant,” said Pieh. It works within two or three minutes, and there are no side effects. If a caller reports a suspected or known overdose, 9-1-1 dispatchers are trained to talk the caller through the steps of using a nasal naloxone rescue kit, if on hand, until EMS arrives. The kits may be prescribed by a primary care physician, specialist, or by harm reduction program staff. And Maine EMS protocols allow licensed EMTs, Intermediate EMTs and Paramedics to administer naloxone in known or suspected overdose cases.

It’s important to be aware that after an overdose is reversed with naloxone and the victim comes down from the drug high, reactions such as agitation, aggression, confusion, nausea and vomiting are likely to ensue. Dialing 9-1-1 or calling out loud for help should precede administering the naloxone, and the victim to be transported to a medical facility for further care and treatment. It is also important to remember that while the opioid may remain in the system for up to 24 hours, the naloxone is typically depleted after 30 minutes, putting patients at risk to stop breathing again unless they are receiving medical attention.

Even when treating a patient who has repeatedly overdosed in the past, Sholl urges that creating a compassionate passionate, therapeutic environment might just present a different route for that individual who has been suffering from this devastating and debilitating illness. “What if the next time would have been the last time you needed to be saved before you quit for good?” asked Pieh.

“The first step in recovery is to be alive,” said Sholl. “And saving lives is what EMS is all about.”
Clang - Clang - Clang - Clang - Clang
The tolling of the bell interrupted the uncomfortable, distraught silence in the packed church. We were gathered to mourn the death of Captain Peter Larlee, who died in the line of duty on March 2, 2016. Peter was a Firefighter/EMT with the East Millinocket Fire Department. Over the course of 16 years he had worked his way up in the department, from a volunteer to his latest position, in charge of EMS training and vehicle maintenance.

Clang - Clang - Clang - Clang - Clang
The ringing of the bell, three repetitions of five bells, represents the last alarm for a firefighter who has died. It is a moving experience, carried out in the silence of the funeral, against the backdrop of the muted sobs of the grieving participants.

Looking around, you are reminded that Peter was not only a public safety provider, but also a husband, father, brother and friend. You are also reminded that every community in Maine has, or someday may have, their Peter Larlee: a dedicated public safety professional who has made helping people in need their final calling.

Clang - Clang - Clang - Clang - Clang
Maine has thousands of public safety personnel who respond to hundreds of thousands of calls for help every year. Emergency medical personnel, police, fire, dispatchers; they provide a protective blanket to Maine citizens by helping during your medical emergencies, putting out your fires, protecting you from crime, providing comfort and instructions while you wait for help to arrive. They are on duty 24 hours a day, 365 days a year, whether volunteer or paid. They respond when you are sick, scared and angry, and you can’t imagine on your worst day. They frequently miss Christmas, Thanksgiving and other special events with their families that some of you take for granted.

Penobscot County dispatch to East Mill 5702..........
The stillness in the church is broken by the static of the dispatch radio, broadcasting a call to the fallen public safety provider. The silence that follows that radio call is utterly heartbreaking. You never get used to these final alarms and broadcasts, no matter how stoic you think you are. It tears at your very core, both because it represents the loss of a friend and co-worker, but it also reminds us of the inherent danger that comes with the public safety career.

Penobscot County dispatch to East Mill 5702..........
The dispatcher repeats the call, as if this desperate plea will somehow produce an answering response, miraculously reversing the tragedy that brought us here today. Again, the silence is heartbreaking. I would encourage you to reach out to your local public safety providers. Take the time to get to know them, hear their stories, and learn about the public safety system in your community. Then, call the EMS Memorial & Education site, (207) 480-3104, and listen to EMS providers, doctors, nurses, educators, and administrators talking about our EMS system in Maine and their role in it. You can also hear from the families and friends of the EMS providers who have been killed in the line of duty in Maine.

Penobscot County dispatch broadcasting the final alarm for Captain Peter Larlee, East Millinocket Fire Department. On behalf of a grateful community, thank you for your service. May you rest in peace.
When you stop and think about it, some of us spend more than a third of our lives here,” said Scott Susi, chief of Caribou Fire & EMS since 2012. Susi and the other paid crew members work shifts of 24 hours on/48 hours off. “When we’re at work, and our [Northern Maine Community College] students are completing their ride time and clinical time with us — we eat here, sleep here ... this is our home.”

The northern Maine service responds to more than 2,000 ambulance calls, 300 fire calls, and 70 calls for air ambulance transport.

Susi started out in EMS in 2003 as a volunteer. Though he was working as first assistant in the Cary Medical Center operating room, the first time he ever set foot in the Caribou Fire Station was to put in his clinical time required for licensure as an EMT.

“I was struck immediately by the Fire House atmosphere,” he recalled. “It’s a whole different culture. The crew is, in a very real sense, your family.”

As Susi sees it, every one of his crew members is vital on every call, whether the call and the outcome is remarkably dramatic and successful like the Advanced Cardiac Life Support response last January or one that is less eventful, or ends less happily.

“Everyone on my crew performs better when they know I value and appreciate them— even something as simple as my saying thank you or offering them a meal,” he said. “And I can’t ask or expect my people to perform without tools, whether those tools are equipment, training, or communication.”

The current roster includes 15 Full time Firefighter/Paramedics, as well as 25 volunteers.

“I make sure my volunteers know that if they are fire trained and have an EMS license, they can be on the Call Board — and unlike in the past, paychecks are now issued on a weekly basis for those volunteers putting in ten hours or more.”

Community outreach is a key success strategy: “We do as much as we can, out in public.”

The schools are a logical venue to attract the younger generation to fill the gaps inevitably occurring with retirement and attrition. This fall, Caribou seventh and eighth graders will take a three-week CPR and First Aid seminar course. And Caribou Fire and EMS has partnered with the high school, police, and others including a local garage providing used vehicles, to stage a well-attended drunk driving “accident,” attracting a lot of attention via social media. The “drivers” and occupants (all drama club students), are extricated by Caribou EMS crews using the Jaws of Life. After being administered sobriety tests by local police officers, one student is “arrested” for drunk driving, and some are treated for “injuries” and loaded onto the ambulance, while another is taken away in a hearse.

While spreading an important message, the public safety crews are also gaining PR exposure in the community.

“Whenever we’re able, we participate in the city-sponsored ‘Thursdays on Sweden Street.’ Our volunteers bring down an

“we eat here, sleep here ... this is our home.”

- CARIBOU FIRE & EMS CHIEF, SCOTT SUSI
engine or an ambulance to show the public and answer questions,” said Susi.

In Thomaston, where fire and police are separate entities, EMS Chief Ruston “Rusty” Barnard oversees a crew that fluctuates between 20 and 25 paid and volunteer EMS providers. While daytime slots are paid on a per diem basis seven days a week, overnight coverage is based on volunteers, either at the station or on call if they are nearby.

“We have sufficient personnel here to not have to worry about nighttime coverage — if each individual would commit to serving twice a month,” Barnard noted. But engaging them to do just that on a reliable basis can be a challenge.

“Most of our Thomaston people also work full time somewhere else — in fire or EMS, or an altogether different field,” said Barnard, who was named EMS chief here four years ago, after serving a number of years as Deputy Chief. Barnard himself is a career firefighter/Paramedic who works in another town, as well as in Thomaston.

He “gets” the appealing camaraderie of the fire house ambiance, but has noted a disconnect sometimes when members of the older generation don’t engage in mentorship, which helps create the culture. Another possible factor is Generation Y’s leaning toward electronic connection over personal interaction.

“We do have a social media presence, but since Thomaston averages a modest 500 calls a year, there is not always a lot to post,” Barnard said.

And since the majority of those calls come in during the day, for those on the overnight roster the lower likelihood of responding to a call can dampen morale.

Barnard makes a conscientious effort to educate new and prospective new members as to what to expect on the job, day or night.

“Some people anticipate an action-packed shift: lights and sirens, with accompanying blood and gore—but lots of times it’s about checking out chest pain, or lifting a person off the floor. And then rinsing off the ambulance, and restocking supplies as needed,” he said. “Even if you are a volunteer, there is a certain level of professionalism needed to serve your fellow citizens.”

In return, Thomaston EMS is willing to make a substantial investment in its personnel. Once a background check is successfully completed, anyone looking to enroll in licensing courses is eligible for 100 percent education reimbursement from Thomaston EMS. To maintain fiscal accountability to the EMS service and Thomaston taxpayers, a signed agreement is required. For example, in exchange for the cost of enrolment in a Paramedic licensure program, valued at approximately $10,000, the candidate agrees to commit to signing on for Thomaston EMS duty one night a week, for a period of two years.

Even for those not seeking licensure, “Give us two nights a month, and attend 60 percent or more of the meetings and drills, and we will pay for any outside training you wish to pursue,” said Barnard. Thanks to this policy, a half dozen Thomaston EMS members took advantage of the opportunity to attend the annual Atlantic Partners EMS Seminar at The Samoset Resort for cutting-edge training and continuing education credit last November. Four crew members recently completed a CPR instructor class, in order to teach resuscitation out in community.

Planning is underway with representatives from the Maine Emergency Management Agency for a collaborative, multi-jurisdictional disaster drill, to be staged in collaboration with other and local public safety responders.

“The more well-rounded education our individual members pursue, the better equipped our service is as a whole, to prepare for whatever comes along,” says Barnard.

“We do make an effort to share the load and fill in for each other,” says Barnard, but from time to time, some EMS providers will in all likelihood miss family gatherings, birthdays, their child in the school play, concert or the big game.

The only thing more certain is the feeling of self worth and satisfaction that comes with giving back to the community.

Youth outreach is one way to enhance community interest in emergency medical services. Last June, about 35 fifth graders at Crescent Park School in Bethel received their CPT certification following instruction by members of Bethel Ambulance.
In their small town, whose 1,300 residents are spread over about 24 square miles, the small but dedicated crew of Edgecomb First Responders is part of the local Fire Department.

“It’s all about neighbors helping neighbors,” said the town’s Fire and EMS Chief Roy Potter.

Roland Abbott, one of Edgecomb’s two licensed Paramedics, is the service’s EMS coordinator. As a non-transport agency, Edgecomb’s trained first responders and EMTs respond to the scene of a call to assess the situation, stabilize the patient, communicate information and provide assistance once mutual aid arrives. As local familiar faces, they may ride along if transport is necessary, to provide additional comfort to the patient.

“Though some of our people do shift work, daytime coverage is tough in this sleeper community, where there are mostly retired folks around and working people travel to jobs out of town,” said Potter.

At the time he came on board as chief in 2008, he adds, his predecessor was the lone licensed EMS responder. Over time, that situation has slowly been addressed, and the First Responder roster will soon number a half dozen. As of late April, the five currently licensed individuals had responded to 39 calls in 2016.

Many of the calls are located at the ill-fated intersection of routes 1 and 27, where accidents are prone to occur, Abbott noted. Edgecomb is also home to the Smith Preserve, where outdoor enthusiasts occasionally suffer mishaps on the 900 acres of walking trails.

“We do our best to be prepared for anything,” Potter and Abbott agreed. And they are happy to lend and receive mutual aid whenever necessary. This past winter, Edgecomb Fire and First Responder personnel were part of a team including Wiscasset Ambulance Service, Boothbay Region Ambulance Service, Boothbay Fire Department, and the Lincoln County Sheriff’s Department, who worked together to extricate an Edgecomb man after both his legs became pinned in a tractor equipment malfunction.

The public is invited to stop by the Lincoln County Fire Chiefs’ Association EMS Week county-wide Open House, which will take place at the Edgecomb Fire Station on May 18. More details can be found on their FaceBook page.

“And anyone who would like to learn more about becoming involved as an Edgecomb firefighter or first responder is welcome to come by the station and talk with us anytime,” said Potter.