



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

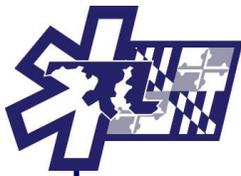
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State Emergency Medical Services Board

April 14, 2020
Meeting Agenda

1. Call to Order – Mr. Stamp
2. MIEMSS Report – Dr. Delbridge
 - COVID-19 Briefing
3. New Business
 - Emergency Protocols – ACTION - Dr. Chizmar
4. Adjourn to Closed Session
5. Reconvene in Open Session

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



State Emergency Medical Services Board
April 14, 2020
Via Conference Call Only
Minutes

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Board Members Present:

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Dean E. Albert Reece, MD; Mary Alice Vanhoy, MSN

Board Members Absent: None

Others Present:

MSPAC: Major Tagliaferri; Capt. McMinn

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Dr. Chizmar; Dr. Floccare; Mr. Naumann; Mr. Linthicum; Mr. Buckson Mr. Schaefer; Ms. Goff

OAG: Mr. Magee; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: 2nd VP Mr. McCrea; Ms. Tomanelli

Chairman Stamp called the meeting to order. He wished everyone well and thanked the Board members MIEMSS staff and stakeholders for taking time to meet during this health crisis. He said that today's open session meeting would be a briefing on the COVID-19 response by Dr. Delbridge.

MIEMSS REPORT

Dr. Delbridge said that work on the EMS Plan had been set aside due to the COVID-19 response. He said the Plan will be completed later in the year.

Dr. Delbridge said that the number of transports by public safety and commercial services has dropped off significantly. Commercial services have indicated that this has put financial stress on the industry. He said that some commercial services are contracting with jurisdictions to act as a back-up to public safety, if needed. He also reported that MIEMSS had used federal funds provided through the Maryland Department of Health to contract with a commercial ambulance company for an Ambulance Strike Team (AST). MIEMSS would be able to use the AST to help with specific patient transport needs, e.g., a large number of COVID patients needing transport from a nursing home. MIEMSS has trained and equipped AST personnel for deployment.

Dr. Delbridge said the Yellow Alerts are also down in every region. Currently, Montgomery, Baltimore City, Anne Arundel, Frederick and Prince George's counties are seeing more suspected COVID-19 patients. Some hospitals in those counties are struggling with patient

flow and staffing.

Dr. Delbridge highlighted some of the current MIEMSS COVID-19 activities.

- Daily morning conference calls with MDH, MEMA, others (situational awareness; planning)
- Daily surge planning group calls
 - Robust organization planning, procurement, etc.
 - Clinical awareness, EMS perspective
- Daily State Emergency Operations Center staffing
- Three times per week conference calls / webinars
 - Jurisdictional Advisory Council (JAC)
 - Medical Directors
 - Approximately 70 attendees per call
- Two conference calls per week with 9-1-1 centers

Dr. Delbridge said that MIEMSS also collects and reports data for situational awareness regarding acute hospital capacity and the availability of certain critical resources and capabilities, including ventilators and extracorporeal membrane oxygenation (ECMO). A report is generated and distributed to state and local EMS and public health partners throughout Maryland every evening, including weekends. MIEMSS is working closely with the Maryland Hospital Association and CRISP on this initiative, and CRISP and MIEMSS have partnered to provide additional data analysis of FRED COVID-19 data to EMS and public health partners throughout the State. This dashboard is available to any EMS, health care, or public health entity with a signed participation agreement with CRISP. To alleviate the challenges of manual data entry, CRISP has provided healthcare systems with the opportunity to automate bed availability counts if they desire.

The Governor's Executive Order augmenting the EMS Workforce enabled the EMS Board Chair and the MIEMSS Executive Director to suspend any provision of Sections 13-515, 13-516, or 13-517 of the Education Article, or of COMAR Title 30 in order to maximize the availability of EMS personnel to respond to the emergency. Based on the Governor's Order, the current re-licensure deadlines was extended by six months. A new Provisional Status Certification / License was created and is available to applicants who are licensed / certified as EMS clinicians in another state; students in approved EMS educational courses who complete course work between December 2019 and June 2020, but have not completed required testing; and individuals whose Maryland licenses / certifications expired within defined periods (5 years for ALS and 10 years for BLS). Provisional licenses / certifications are valid until 30 days after the end of the emergency period. MIEMSS will be developing strategies to try to retain involved clinicians in the EMS system.

At the request of the Governor's office, MIEMSS began issuing Clinician Extern Certification for health sciences students at an accredited schools who meet certain requirements. The Certification will permit these personnel to augment the clinical workforce in hospitals and auxiliary treatment sites. Qualifications and levels for the Externs were determined by participating Maryland Nursing and Respiratory Therapy schools.

Dr. Delbridge said MIEMSS has also taken several clinical actions, including implementing two emergency protocols: a viral pandemic triage protocol and authorizing use of terbutaline as a beta agonist in cases of bronchospasm. He said MIEMSS had also suspended the preference for transporting patients to special pathogen receiving centers, and issued guidance on 911-center specific queries to identify persons under investigation, as well as guidance to not instruct the caller to perform mouth to mouth resuscitation.

Issues pending include the development of alternative care sites and the possible incorporation of Walter Reed NMMC for surge potential.

Dr. Delbridge gave an update on the Pleasant Valley Nursing home and the coordinated efforts to transport 22 nursing home patients to hospitals which involved all four major health care systems to identify bed availability throughout the state. He said that MIEMSS continues to collaborate with these entities, MDH, the National Guard and the NDMS to help avoid a repeat of the type of situation encountered at that nursing home.

Dr. Delbridge said MIEMSS is working on a Hospital Dashboard to monitor offload times; working on adding jurisdictions to provide real time awareness of EMS-ED interface. EMS will be able to see other jurisdictions at hospitals of interest.

NEW BUSINESS

Emergency Protocols – Dr. Chizmar

Dr. Chizmar asked the Board to approve two Emergency protocols:

- Emergency Viral Syndrome Pandemic Triage Protocol. Dr. Chizmar said that protocol will assist EMS in identifying patients who are able to appropriately care for themselves at home, as opposed to being transported to an emergency department.
- Terbutaline (JM) and Epinephrine (JM) for Asthma and COPD patients. Dr. Chizmar said that the temporary re-introduction of this medication will help avoid the use of nebulized medications for treatment of patients with moderate shortness of breath with wheezing and brochospasm

ACTION: Upon the motion of Dr. Reece, seconded by Dr. Westerband, the Board unanimously approved the Emergency Viral Syndrome Pandemic Triage Protocol and the Terbutaline Protocol.

Upon the motion of Mr. Cox, seconded by Dr. Reece, the Board approved adjourning to closed session.

The EMS Board adjourned to closed session to carry out administrative functions, Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

In Closed Session:

Board Members Present via conference line:

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Dean E. Albert Reece, MD; Mary Alice Vanhoy, MSN

MIEMSS: Dr. Delbridge; Dr. Chizmar; Ms. Gainer; Ms. Goff; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

In closed session:

The Board considered EMS clinician disciplinary actions.