



**State Emergency Medical Services Board**  
**October 14, 2014**  
**Minutes**

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Martin O'Malley*  
Governor

*Donald L. DeVries, Jr., Esq.*  
Chairman  
Emergency Medical  
Services Board

410-706-5074  
FAX 410-706-4768

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino (by phone), Vice-Chairman; Roland Berg; David Hexter, M.D.; Fred Cross; Dany Westerland, M.D.; Mary Alice Vanhoy (by phone); Kyrle Preis Sherry Adams; Dean E. Albert Reece, MD.

**Board Members Absent:** Sally Showalter

**Others Present:**

**MIEMSS:** Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Alban; Ms. Aycock; Mr. Balthis; Mr. Brown; Mr. Deckard; Mr. Donohue; Ms. Gilliam; Ms. Goff; Ms. Mays; Ms. Myers; Ms. Oliveira; Mr. Schaefer.

**OAG:** Mr. Magee; Ms. Sette.

**Maryland State Police Aviation Command:** Major Lioi, Cpt. Steve Konold; Lt. Pat King.

**R Adams Cowley Shock Trauma:** Ms. Doyle

Mr. DeVries called the meeting to order at 9:05 a.m.

**ACTION: The Board voted unanimously to approve the minutes of the September 9, 2014, meeting of the State EMS Board as written by acclamation.**

**MIEMSS REPORT**

Ebola. Dr. Alcorta gave an overview of the recent sequence of events regarding Ebola. MIEMSS distributed a memo emphasizing the appropriate donning and doffing of PPE on October 3, 2014. Following the Executive Order from DHMH Secretary Sharfstein, MIEMSS distributed a memo regarding the notification process for healthcare workers who have come in contact with a person displaying Ebola-type symptoms, who has either traveled in the affected areas of West Africa or who was in direct contact with a person showing signs and symptoms of Ebola from that region.

MIEMSS, along with representatives from DHMH and MEMA, hosted a statewide conference call to discuss Ebola on October 10, 2014, that included participants from EMSOPS, hospitals and Dispatch Centers. Highlights from the conference call included the dispatch screening of calls and the requirement to download the “Emerging Infectious Disease Surveillance Tool” by Priority Dispatch for screening recent travel and the signs / symptoms of Ebola. Appropriate double bagging and containment of contaminated materials along with the immediate notification to Infectious Control Officers of any exposures by healthcare providers was also discussed. Dr. Alcorta emphasized the use of standard droplet precautions.

Ms. Adams added that she and Dr. Alcorta are working closely assuring loop closures regarding identified suspicious encounters.

Mr. Berg asked for clarification on recommended PPE Equipment for use in suspected Ebola cases. Ms. Adams said the CDC recommends use of a single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf or coverall without integrated hood. A discussion ensued regarding the doffing of PPE in the hospital setting including isolated space availability. Ms. Adams added that every hospital should be able to screen appropriately and isolate a suspected Ebola patient, but every hospital does not have the complex ICU skills and equipment for long term quantum care.

In response to Dr. Reece's question regarding hospital coordination for potential Ebola patients, Dr. Alcorta said that Johns Hopkins and the University of Maryland Medical Center's infectious disease teams are sharing plans with DHMH for synchronization of processes. Ms. Adams said that a team is being set up at Hopkins in an ICS structure. Dr. Alcorta added that there is will be a checklist in every ambulance that includes the contact information of the local health officer and that weekly EMSOPs, Commercial Services and PSAPs conference calls are planned to assure up to date coordinated information is disseminated.

Enterovirus D-68. Dr. Alcorta said Enterovirus D-68, which can cause prominent respiratory problems and affecting mostly children, is dramatically impacting hospital systems from the Midwest to the Southeast. Ms. Adams added that DHMH is tracking with ESSENCE. Influenza A has been documented in Maryland and it is critical for everyone to receive a flu shot.

Guidance to First Responders for the Active Assailant Incident. Dr. Alcorta said the final guidance document has been widely distributed. A process is being developed for the tracking of the services that have and have not implemented the recommendations. The Active Assailant Workgroup is still on any necessary updates or improvements to the document.

Patient Tracking. Dr. Alcorta said that MIEMSS is currently investigating integration between HC Standard (Patient Tracking) and eMEDS and added that MIEMSS is doing a comparison of the GER and ImageTrend integration products.

Mr. Balthis gave an update on the "Shell Shock" virus which allows mobile execution of an exploit to be launched against a UNIX Systems server and noted that some vendors immediately issued patches, but other such as CISCO are still working on a patch. Mr. Balthis advised everyone to check with their IT Departments if they are using UNIX systems.

## **SEMSAC REPORT**

Mr. Berg said that Vice Chairman, Jim Scheulen, chaired the October SEMSAC meeting. At the SEMSAC meeting, recognition was given to Dr. Allen Walker for his years of service representing the Academy of Pediatrics on SEMSAC.

The Action Steps for the EMS Plan were approved.

After a lengthy discussion, the SEMSAC approved recommending that the EMS Board approve the EMSOF Budgets as submitted.

Another discussion at the SEMSAC meeting encompassed the roles, responsibilities and mission of the SEMSAC; a workgroup, chaired by Jim Scheulen, was formed to discuss.

Mr. Berg noted that the first meeting of the SEMSAC subcommittee on Minimum Equipment Standards on Ambulances, Paramedic Units and Chase cars is scheduled for today at 1:30pm in room 212 at MIEMSS.

## **MSP AVIATION COMMAND UPDATE**

AW139 Transition. Major Lioi said that Trooper 5, Cumberland, completed their transition training on September 20, 2014; which marks the 6th Section in the State to fully transition to the AW139. The Baltimore Section, Trooper 1, is scheduled to begin transition training on October 27, 2014. He anticipates being fully transitioned by year's end.

Second in Command (SIC). Major Lioi said that six (6) SIC pilots have been hired with four (4) additional SIC pilots to be hired tomorrow, October 15, 2014. This leaves three (3) current SIC vacancies which the MSPAC Personnel Unit is pursuing.

Trooper 5 Ribbon Cutting Ceremony. Major Lioi reminded everyone that the MSPAC Trooper 5 Ribbon Cutting Ceremony for the Cumberland Section is tomorrow, October 15, 2014 at 1:00 PM. MSPAC hopes all the EMSOF Partners can be in attendance.

In response to Mr. Berg's question regarding the staffing of the second provider on the helicopter, Major Lioi said that since MSPAC EMS providers are sworn members, the process takes a little longer. There are currently four (4) or five (5) members in an Academy class and nineteen (19) medic vacancies from the allotted thirty-two (32) PINs.

## **MSFA UPDATE**

President Keller said that the MSFA is wrapping up Fire Prevention week. President Keller added that policies are being written to assure the proper handling of funding through the SAFER grant.

The MSFA will be recognizing the Fire Marshall's Office with a plaque, this Saturday, in celebration of their 50<sup>th</sup> anniversary.

The next MSFA Executive meeting will be held on December 6 and 7, 2014, in Pocomoke City. There will be a fundraiser on Sunday to benefit the Betsy Marshall fund).

## **OLD BUSINESS**

EMS Plan. Mr. DeVries deferred the EMS Plan Action Steps to an upcoming meeting.

## **NEW BUSINESS**

EMS Protocol Updates. Dr. Alcorta highlighted some of the recommended changes such as the addition of magnesium sulphate for seizures especially in pregnant patients; the minor modification of the chronic ventilation protocol; the specialty care transport protocol modification; antibiotics, started by a hospital, can be monitored by an ALS provider; the addition of inter-nasal midazolam; the reduction in the use of backboards; removal of lactated ringers (iced) in favor of external ice packs; and the Active Assailant protocol. Dr. Alcorta said to contact the Office of the Medical Director for any questions or comments. The protocol changes will be presented to the EMS Board as an action item at the November meeting.

**NEXT MEETING:** Due to the state holiday, the next EMS Board meeting will be held on November 18, 2014 at 9am.

**Upon the motion of Dr. Reece, which was seconded by Ms. Adams, the Board adjourned to Closed Session.**

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502 (b), to obtain legal advice from counsel under State Government Article § 10-508 (a) (7), and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article § 10-508 (a) (13).

The closed session was attended by:

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino (by phone), Vice-Chairman; Roland Berg; David Hexter, M.D.; Fred Cross; Dany Westerband, M.D.; Mary Alice Vanhoy (by phone); Kyrle Preis Sherry Adams; Dean E. Albert Reece, MD.

**Board Members Absent:** Sally Showalter

**Others Present:**

**MIEMSS:** Ms. Gainer; Dr. Alcorta; Ms. Abramson; Mr. Fiackos; Ms. Goff; Mr. Schaefer.

**OAG:** Mr. Magee; Ms. Sette (phone).

In closed session, the Board:

1. Approved the closed session minutes of the Board meetings of September 9 & 16, 2014;
2. Considered the FY16 budgets of the entities funded by MEMSOF;
3. Considered Educational Program Designations;
4. Considered CIC Designations; and
5. Reviewed EMS provider disciplinary actions.

The Board reconvened in Open Session.

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino (by phone), Vice-Chairman; Roland Berg; David Hexter, M.D.; Fred Cross; Dany Westerband, M.D.; Mary Alice Vanhoy (by phone); Kyrle Preis Sherry Adams; Dean E. Albert Reece, MD.

**Board Members Absent:** Sally Showalter

**Others Present:**

**MIEMSS:** Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Goff.

**OAG:** Mr. Magee;

**ACTION: A motion was made, seconded, and the Board voted unanimously to approve the re-designation of the following Educational Programs for five years.**

- Howard Community College – ALS Education Program with CAAHEP approval
- Harford Community College – ALS Education Program with CoAEMSP/CAAHEP LOR
- Peninsula Regional Medical Center – EMS Refresher Program at the ALS level

**ACTION: A motion was made, seconded and the Board voted unanimously to approve the re-designation of the following Cardiac Interventional Centers for five years.**

- Johns Hopkins Bayview Medical Center
- Sinai Hospital of Baltimore
- Western Maryland Regional Medical Center

There being no further business, the Board adjourned by acclamation.