



**State Emergency Medical Services Board**  
**November 18, 2014**  
**Minutes**

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

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*Martin O'Malley*  
Governor

*Donald L. DeVries, Jr., Esq.*  
Chairman  
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**Board Members Present (all by phone):** Donald L. DeVries, Jr., Esq., Chairman; via phone: Vic Broccolino; 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.; Sally Showalter.

**Board Members Absent:** None

**Others Present:**

**MIEMSS:** Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Brown; Mr. Deckard; Ms. Goff; Ms. Mays; Ms. Myers; Mr. Slack; Mr. Schaefer.

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

**MSPAC:** Major Lioi (by phone).

**MSFA:** President Keller (by phone); First Vice President Roth (by phone).

Mr. DeVries called the meeting to order at 9:00 a.m.

**ACTION: Upon the motion of Dr. Westerband, seconded by Mr. Berg, the Board voted unanimously to approve the minutes of the October 14, 2014, meeting of the State EMS Board as written.**

**MIEMSS REPORT**

Ms. Gainer said the emailed meeting documents included the written monthly MIEMSS report. Moving forward, a copy the MIEMSS report will be distributed at SEMSAC and EMS Board meetings. Ms. Gainer highlighted the following items from the report:

Dr. Kevin Seaman will assume the Executive Director position at MIEMSS on December 1, 2014.

MIEMSS staff continues to work on the Jurisdictional EMSOP re-verification process for compliance with COMAR standards. Applications for re-verification as an EMSOP are due to Dr. Alcorta by November 15, 2014.

The American College of Surgeons (ACS) has release their revised Orange Book that contains the ACS re-verification of Trauma Centers Standards. MIEMSS is in the process of reviewing the ACS standards and will convene a workgroup comprised of representatives from Maryland's Trauma Centers to determine whether COMAR trauma regulations should be revised sometime after the first of the year.

Governor Elect Hogan will be sworn in on January 21, 2014, and will be presenting his budget to the legislature no later than January 28, 2014. Mr. Hogan's transition team will be working with the Department of Budget and Management reviewing agency budget requests. It is unclear what the impact on the FY16 budgets will be under the new administration.

Ms. Gainer added that with the recent election there will be significant changes in the legislature. Delegates Norm Conway, John Bohanan, David Rudolph, Mike Weir, John Donoghue, Kevin Kelly, and Senator Roy Dyson lost their bids for re-election, while Delegate Mary Delaney James failed in her bid for a Senate seat. As a result, there will likely be major changes in the House Appropriations Committee and the House EMS Workgroup which was formed after the crash of Trooper 2. Due to the retirements and the recent election results, the original 14-member House EMS Workgroup will have only 4 returning members: Marvin Holmes (Vice Chair), Talmadge Branch, Dan Morhaim and Kathy Szeliga. MIEMSS will be meeting with EMSOF partners in December to discuss initiatives the upcoming Legislative Session and efforts to reconstitute the House EMS Workgroup.

Ebola. Dr. Alcorta reported that Mali has been added to the CDC list of countries in West Africa affected by the Ebola virus disease outbreak, and MIEMSS has notified the 911 centers and EMS Operational Programs to add the country of Mali to their screening processes. DHMH is currently monitoring 125 persons who have traveled to one of the outbreak countries and returned to our area. MIEMSS has been relaying infectious diseases updates and notifications via weekly conference calls with statewide 911 centers and commercial and public EMS services. MIEMSS is conducting a survey to ascertain jurisdictional and commercial services PPE caches. An Infectious Disease page has been added to the MIEMSS website and will include links to CDC and DHMH updates and notifications.

Mr. Berg asked if the notification banner on eMEDS<sup>®</sup> could include a message to providers alerting them when an update has been posted to the infectious disease page on MIEMSS website. Dr. Alcorta will check to see if this can be done.

Ms. Vanhoy asked if there could be specific hospitals designated to receive persons under investigation (PUIs) for possible Ebola virus disease directly by EMS in order to keep resources open at smaller facilities. Dr. Alcorta said the Secretary of DHMH has determined that every emergency department must be capable of receiving a PUI, and EMS should not redirect to other facilities and must go to the closest ED. Ms. Adams said there has been a national discussion regarding designated receiving facilities but that this is not an option at this time. Since it is flu season, this could put stress on the EMS system by taking resources out of service. Ms. Adams added that there is an application process for requesting to be a designated referral treatment center through DHMH. Dr. Alcorta added that LifeStar Response and MedStar commercial ambulance services have received waivers as designated inter-facility transfer transports for Ebola patients.

## **SEMSAC REPORT**

Mr. Berg said the SEMSAC had a very productive meeting on November 6, 2014. The legislative changes and EMRC/SYSCOM renovations were discussed.

The 2015 protocol changes were approved.

The Regional Affairs Committee reported that the 50/50 grants have been prioritized.

The Minimal Equipment Standards subcommittee reported that the first meeting was well attended; non-participating VAIP jurisdictions were asked to review the VAIP in detail to identify reasons for not participating in the program. The next meeting will be held on December 4, 2014.

The SEMSAC Assessment Sub-committee, chaired by Jim Scheulen, had the first meeting with discussions surrounding past and future responsibilities of SEMSAC. The subcommittee would like to meet with Dr. Seaman and Mr. DeVries to ascertain their expectations regarding the roles and responsibilities of SEMAC.

Dr. Anders, American Academy of Pediatrics, Maryland Chapter representative, asked for SEMSACs assistance regarding the timely disposition of patient care reporting between EMS and hospital emergency departments. After a lengthy discussion, Dr. Anders agreed to Chair a subcommittee of SEMSAC to investigate a possible solution to patient care reporting by EMS. Mr. Berg asked for a MIEMSS IT eMEDS® staff person to participate on the subcommittee.

Mr. Berg and Mr. Scheulen were elected Chair and Vice Chair, respectively, of SEMSAC, each for a second term.

## **MSP AVIATION COMMAND UPDATE**

Major Lioi stated that MSPAC has completed transitional training at 6 of 7 Sections. The Baltimore Section, Trooper 1, began transition training on October 27, 2014. Members at the Trooper 1 Section are in the process of finishing the ground school portion of transition training and sortie-based training will follow in the coming weeks. MSPAC anticipates being fully transitioned the end of 2014.

Major Lioi said that the 20 Second in Command (SIC) PINs have been filled. There are three pilot vacancies due to attrition.

MSPAC and DGS are working together and DGS has begun the process to sell the legacy Dauphin fleet. It is anticipated the helicopters would be listed on the “GOV Deals” website around mid-December. The aircraft will be posted for bid for 60 days and will be available for inspection by prospective bidders soon thereafter.

Trooper 5’s Ribbon Cutting Ceremony took place at the Cumberland Section on October 15, 2014, to commemorate that Section providing full service to Western Maryland in the new AW-139. Our sincere thanks go out to all our partners who joined in this celebration.

## **MSFA UPDATE**

President Keller said that the MSFA is wrapping up Fire Prevention week. President Keller said the RFP is being finalized for hiring an assistant manager under the SAFER grant.

The MSFA Presidents will be meeting with the MSFA legislative group on November 24, 2014, to discuss the legislative changes as a result of the recent election.

The next MSFA Executive meeting will be held on December 6 and 7, 2014, in Pocomoke City.

## **OLD BUSINESS**

2015 Protocol Updates. Dr. Alcorta said there were some minor changes on the protocol updates that were sent to the Board including the addition of calcium chloride indications; magnesium sulphate as an antidote or reversing agent; the minor modification of the standardization of acute coronary syndrome and an indication for oxygen for hypoxia.

Dr. Hexter questioned the protocol wording regarding magnesium sulphate and the pregnant patient and the use of midazolam (IM vs. IO) in the pediatric patient seizing for 10 minutes. Dr. Alcorta said the wording for magnesium sulphate had been vetted by obstetricians and the wording for midazolam for the seizing pediatric patients had been vetted by PEMAC. After some discussion it was agreed to change the wording in the protocol for the seizing pediatric patient to read “if the patient’s seizures are refractory to treatment” instead of “if patient is in status”.

**ACTION: Upon the motion of Mr. Broccolino, seconded by Dr. Westerband, the Board voted unanimously to approve the 2015 Protocol updates with change in terminology from “if patient is in status” to “if the patient’s seizures are refractory to treatment” in connection with the use of midazolam IO in the seizing pediatric patient.**

## **NEW BUSINESS**

Perinatal Regulations. Ms. Sette every five years the perinatal standards are updated by the Perinatal Clinical Advisory Committee (PCAC) convened by DHMH who develop standards for levels 1 thru 4. MIEMSS in turn takes the standards and put them in regulation. Ms. Sette highlighted some of the changes, including combining the current the level 3a and 3b designations into a single level 3 and converting the current level 3c to a level 4 designation. The level 4 facilities will be Johns Hopkins and the University of Maryland. An additional change is pediatric cardiologists, neurologists, and general pediatric surgeons at a Level 3 facility who need to be available within 30 minutes, can now be available via telemedicine. Other personnel changes include the addition of occupational behavioral therapists (individuals whose expertise is in neonatal feeding and swallowing); the strengthening of nurse educator requirements; the removal and addition of certain lab requirements; changes in required equipment; specification for the Vermont Oxford network and the addition of a hemorrhage protocol. It is anticipated that a request for action regarding the Perinatal Regulations will be made at the December EMS Board meeting.

Dr. Hexter asked for a definition of “readily available;” Ms. Sette said the term “readily available” was defined as “in a short time” which implies some urgency. Ms. Sette and Dr. Bailey said this term was not an issue for the PCAC in designating centers, and the term was being used to refer to the subspecialist. Mr. DeVries suggested looking at tightening up the verbiage if possible.

Mr. Berg inquired on the status of the designation of pediatric emergency departments. Ms. Gainer said MIEMSS is waiting on pediatric patient data to determine if the data supports the need for pediatric designation.

Having no further business the EMS Board adjourned by acclamation.