



Jurisdictional Advisory Committee Agenda

August 12, 2020

10:00 AM to 12:00 Noon

VIRTUAL MEETING

Meeting called by: Christian Griffin, Chairman

10:00 AM	Welcome and Introductions	Christian Griffin
10:00-10:30 AM	OMD Update	Dr. Chizmar
10:30-10:45 AM	Regional Programs Update	Andrew Naumann
10:45-11:00 AM	Emergency Operations	Randy Linthicum
11:00-11:15 AM	2019 Coronavirus Update	Mustafa Sidik
11:15-11:30 AM	EMS-C Update	Cyndy Wright-Johnson
11:30-11:45 AM	Jurisdictional Roundtable	Christian Griffin

**JAC Meeting
August 12, 2020**

The JAC Meeting was called to order and roll call taken for the virtual meeting. Those attending were recorded on the Sign In sheet.

Chairman Griffin asked for a motion to approve the June JAC Minutes. Shawn Davidson, St. Mary's County made the motion to approve the Minutes, Chad Packard seconded the motion. Motion to Approve was unanimously passed.

Dr. Chizmar announced the passing of paramedic Jeff Schaffer. Jeff was a QA/QI officer for Carroll County and all here at MIEMSS are sad to hear of his passing. Chris will send out the funeral and burial arrangements this afternoon to everyone.

Everyone should have received the e-mail yesterday regarding the Phase III vaccine trial along with the contact information for Dr. Lawrence. Phase III means it has been tested. They want to see rather or not it works. Also along the lines of COVID, there is an antibody study that is being conducted by MDH, Johns Hopkins and University of Maryland that many attending today have e-mailed Dr. Chizmar. Dr. Chizmar emphasized that this is research to examine the prevalence of antibodies and understand COVID in the community. They do have full approval from their institutional review board (IRB). He has been asked if paramedics can perform blood draws and they can. He emphasized, still do not know what the antibodies mean, whether they are protective or not or how long they last. It is important to encourage your people to use PPE regardless of what their antibody test result is.

The Governor put a note out yesterday. It is important for everyone to get a flu vaccine every year, but especially this year. Mustafa will have more on the survey they will be conducting regarding barriers to receiving the flu vaccine. Right now is a prime time for you to dust off any agreements with your local health departments. For those who have been doing the existing vaccination protocol for flu, hepatitis B and TB skin testing that some have done years ago, but not recently, now is the time to discuss with your health departments. It is fair to say that when a valid COVID vaccine becomes available, they intend to modify, not just the protocol, but also the statute, or seek through executive order, make it so that EMS could at the very least administer said COVID vaccine, if it becomes available.

Dr. Chizmar has heard consistently throughout the State is that folks have become lax on the wearing of masks, at a minimum on every call and wearing them at the station. Unfortunately, there are several who have been out with COVID and they are aware of several people who have become ill. Dr. Chizmar wants to reinforce mask use.

Protocols went live on August 1st. Protocol updates were due by August 1st. This is the first year they have reliable stats because everyone is taking the protocol quiz through the same mechanism emsonlinetraining.org site. The statistics are 84% ALS and 71% BLS have completed. Dr. Chizmar asked that everyone please continue to work on getting EMS clinicians to complete. Licensure and Certification can generate continuing education reports, if needed.

Dr. Delbridge and Dr. Chizmar sent out a joint memo last month to all jurisdictions and hospitals reminding all of their responsibility to provide clinical training sites, field internships for EMT and paramedic students and they are to consider this a priority. I hope that you will begin to see sites open for EMT and paramedic students. Dr. Chizmar wanted to clarify questions about the ALS state and local

content. As part of the NCCP model that National Registry rolled out several years ago, MIEMSS developed state content and posted it online as early as 2018. It was not widely disseminated or widely known about. Two years later the material has become a bit stale. With the help of Melissa Meyers and the MIEMSS ALS Committee, new content has been developed based on feedback from the jurisdictions that attend the ALS Committee and based on QA/QI trends, as well as input from several of JAC. The National Registry will not look for that State content completion in the renewal process on their end. Dr. Chizmar said they would start to look for that completion of the State content around March 2022. They are already midway through the renewal cycle for people whose National Registry expires in March 2021. In the NCCP model, it is 30 hours of National, 15 hours of State and local and 15 hours of individual. The State is providing 10 hours of State content, 7 hours are online and 3 hours are either in person or video teleconferencing. Will send out additional notice of the date of March 2022.

Dr. Chizmar said they are continuing to refine the protocols. As part of this, Mustafa Sadik is leading a project on the protocol app. Several of the jurisdictions have that and are beta testing. They are also continuing, and this was posted to the protocol website, this was an internal change, to emphasize COVID testing for termination of resuscitation patients. If the patient was pronounced on scene, and not a medical examiner's case, they are essentially saying there is value in knowing if this patient is COVID positive or not. This is a pilot started in Montgomery County; there have been several jurisdictions indicate they would like to participate also. Dr. Chizmar said they would like to have the jurisdictions, who are not doing it, strongly consider it as well. It helps to understand the prevalence of COVID in cardiac arrest patients. It also helps us let family members know if the person was deceased from COVID or not so they can take appropriate action.

Along the lines of interim protocol changes or out of cycle protocol changes, they made permanent through the EMS Board, is the solo paramedic for MIH. There is not an on scene nurse requirement. If your program has been functioning well with a nurse, there is no need to change. However, if it has become a limitation to you and you are providing additional training to your paramedics, they are able to do that. That did go through the EMS Board. The MIH programs and counties are aware of that.

Dr. Chizmar reminded all to check (and they will continue to send out memos) the protocol website under EMS Clinicians for the out of cycle protocols. They have committed two protocols that have, to some degree, time sensitivity to posting and not waiting until the full reprint of the book that is once per year.

The SEMSAC and now the EMS Board have both approved the EMS Plan.

Dr. Chizmar has been getting questions about Lab turnaround time across the state. He did speak to the Maryland Public Health Lab and they are still quoting 24 to 48 hours for turnaround of specimens sent to Maryland Public Health Lab. The ICMD lab that is being used by the MIEMSS based nasal swab test is turning around in less than 24 hours. Dr. Chizmar had a test turn around in eight hours. If you are using a different testing mechanism, there are still labs that take five days or longer; they have no control over that.

Dr. Delbridge: Yesterday the EMS Board approved the updated EMS Plan Vision 2030. Will be packaging it up and make copies. Hope is people will read through, find what speaks to them, and take on a piece of action related to the plan. Dr. Delbridge pointed out that hundreds of people in Maryland are responsible for making the Plan what it is. It is very broad and hopes has something for everyone.

Alert System/Hospital Advisory System: The goal was to have an alternative to yellow/red system by springtime. He feels they are on track to do something different. They are collaborating with CRISP health information exchange; they have some procedural logistical things to work thorough. Vision is to create a system that is based on what an actual hospital reports on what the volume is, more so than the exceptional business reported by the ED staff, which is very subjective. He thinks they have the technological capabilities to monitor to see exactly how many patients are in every emergency department in the state. Have been working diligently to use CAD data that flows with Image Trend to create a hospital ambulance dashboard. He said many attending today are currently able to see more than half the state, by geography, where ambulances are at hospitals. Can sort by jurisdiction and hospital. He hopes that by now those attending have heard from Jason Cantera to discuss the challenges moving forward and what needs to be done to have appropriate data points sent over to Image Trend from the county CAD system.

Lab testing was made available for EMS and fire personnel. For the swab testing, a courier will come and pick it up. More than 500 tests have been done across the state and the turnaround time is excellent. Funding for this comes through MDH, its emergency money. People have asked for lab specimen kits, they are not free. The lab incurs a cost when they give us the kits. He stated able to get as many kits as needed, especially with 24 hours' notice. The positive rate among EMS and fire personnel is somewhere between 5-10 percent. That is a little bit higher than the population at large.

A month or so ago we encouraged folks to begin to test resuscitation patients who terminated at the scene. Marked clearly, we need medical examiner's cases; somebody who suffered sudden cardiac arrest at home and resuscitation was unsuccessful. Dr. Delbridge said they really want you to test those people. It is now going on in several jurisdictions in the state. The positive rate around the State is around five percent. He said they have met with all the local health departments, they are really committed to contact tracing and if we don't find these cases, those are contact tracings they lose because the patient is never identified as having coronavirus and they miss the opportunity to alert EMS, alert EMS on scene, and they made it explicit they did not appropriately don PPE. Also, the patient's family, relatives, friends who were nearby in the days leading up to the patient's death. Therefore, it really is an interesting surveillance tool.

Andrew Naumann: Continuing relationship with CRISP. Have completed Phase II and working on completing Phase III by the end of the fiscal year. Phase III is getting data back to the EMS clinicians in the field. That comes in two parts; one is getting outcomes data back to the individual clinicians through the Outcomes tab in Image Trend. For example, when a patient is transported to the hospital, you are able to see a couple of different things, i.e. how the patient fared, if they had some sort of major treatment during their course of stay and then eventually what their discharge status was. The second piece, having the ability to provide some sort of real time data to EMS clinicians in the field, i.e. recent discharge diagnosis, where the patient was discharged from, what hospitals the patient is followed by, old 12-EKG's, etc. Those two items are currently funded from this fiscal year. He stated these are exciting times regarding EMS data. Andrew stated this could not have been done without the partnership with CRISP, who has been a phenomenal partner.

Essence: Syndromic Surveillance System Program at MDH. Completed the data integration into Essence that is designed to provide early warning for either emerging infectious diseases or incidence of bioterrorism or bio warfare. That system is up and running now. They are working on pulling in the various syndromes from the EMS data currently starting with respiratory and influenza like illness and

will move into other syndromes. There will be a briefing by the Essence Team at the upcoming e-MEDS Steering Committee meeting in October.

Regional Administrators will soon be out in the jurisdictions again. Andrew has asked them to spend time on an ambulance in every jurisdiction they work with within the next six months or so. Please be willing to accommodate them as this gives them a perspective as to what is going on in your systems and allows them to better advocate for you. You should be hearing from them in the upcoming weeks/months.

Randy Linthicum: Continuing to handle PPE requests for EMS. Randy told the Committee that should you have PPE needs or are trying to collect a stockpile for the next round, should that happen, submit your specific requests through your emergency manager. They are no longer getting the big pushes of PPE from the MDH. They are able to order specific items that are in need. The Committee was asked to order what they need in specific and reasonable numbers. Randy said they would try to continue to fill the orders.

Randy discussed vaccine planning. He stated they are part of a state level work group with the MDH. The MDH is starting the planning process on how to get a COVID vaccine out to EMS and other first responders once it becomes available. There are not a lot of answers at this point. The Federal government will drive what route is used for distribution of the vaccine.

Mustafa Sidik: Provided Covid-19 updates and advised the Committee that Guidance's can be found on the MIEMSS website, under Infectious Diseases. There have been many questions regarding the ethnicity of antibody testing, what it actually means. A list of frequently asked questions on antibody (serology) testing from the FDA that answers very specific questions is on the MIEMSS website. Also posted on the MIEMSS website, Disinfectants for Use Against SARS – CoV-2 (COVID-19) and personal protective equipment usage information. The CDC last updated their Guidance for first responders on July 15th. Mustafa recommended the Committee look at it.

Transitioning to general infectious diseases updates. Mustafa said he is excited to announce that in February 2021 and May 2021, they are planning to hold a designated basic infection control officers course. The course in February will be a two-day course and the May course will be an advanced course, one day. More to come on this.

Mustafa and Dr. Chizmar are working on a protocol app. They received money from the Ebola grant and using that to fund a general preparedness application that includes EMS protocols, just in time resources for infection control, medication doses, calculators, etc. They are in the very early stages of testing this.

It is National Immunization Month. Governor Hogan issued a Proclamation encouraging Marylanders to be vaccinated. EMS responders are some of the highest priority clinicians who should be vaccinated. A survey will be sent out on August 24th to a select group of EMS clinicians in the state, Committee members will also be notified. Starting Monday of next week, there will be a two week social media push giving educational items on why individuals should get a vaccinated. Mustafa said they would also be sending out resources for clinicians. He asked Committee members to post in their frequently traveled areas. He encouraged active dialogue between you and your EMS clinicians about vaccination. Comment on Kathy West, vendor.

Cyndy Wright-Johnson: Funding for the PEPP courses and in the process of scheduling. Pediatric champion conference call was held in July. Completed a training video, it is posted on MIEMSS YouTube channel, on how to use the heat stroke display. They currently have four displays and plan to purchase a fifth on October 1st with a Federal grant. They will have a video training on bike helmet with social distancing distribution. Protocol work continues.

Jurisdictional Roundtable

Baltimore County: A thank you to MIEMSS for setting up the ICMD Lab, they just started using it. They have been getting incredible turnaround time with that. EMS shift commanders have been trained to do testing and training all of their district officers. He hopes by the first week of September will roll out the termination of resuscitation. Their call volume has started to increase, COVID cases are trending downward and the staffing levels are trending down and are much more manageable. Director Schenning is advocating for their Thursday night training series, including TRU. Most are done in a virtual platform.

Baltimore City: Graduated a class of about 25 EMT/firefighters. Also about 23 are in an EMT paramedic class. Rolled out clinician referral for UMBC program on July 24th. Hospital turnaround times have decreased, first time since COVID; they were averaging 40 minutes now down to 30 minutes. Call volumes have returned to normal level, 600 to 300 transports.

BWI: They have five recruits in Anne Arundel's Academy; two are still finishing up. The other three are now doing ride alongs. A BLS unit was placed in service at the airport.

Calvert County: Advancing their career EMS and placing more units in service. They are still in the hiring process for additional paramedics and EMT's. They are reducing response time and ALS on scene times dramatically with the hope to see dramatic decreases in the southern end once they get the initial paramedics hired and in place in Solomon's. Additional improvements in the near future.

Carroll County: Very sad with the loss of Jeffrey Shafer. Family will receive friends at pleasant valley fire hall 2-4 and 6-8 PUT IN FUNERAL INFO – SEE MY E-MAIL
Funeral at pleasant valley fire hall.

Cecil County: They are still actively hiring. Once COVID started, shifts went to 24/72. It will continue on, the paramedics loved it. Actively hiring personnel now and they are looking for that shift. Just had practice for the 5 Star Horse Event last weekend. They passed that inspection. All should see in 2021 the 5 Star in Fair Hill, Maryland. That is a big deal.

Charles County: Process of building out a new fire/ems station in the Northern Waldorf area. County class of 15 to start on September 14th. In addition, they will conduct exams for two captains and seven Lieutenants. They are adding an additional medical duty officer to the western end of their jurisdiction which will give them three 24/7 medical duty officers.

Harford County: They added a new medical director, Doug Sward, MD, who started August 1st.

Prince George's County: They added a third EMS duty officer and added a 7th battalion chief around the clock. MIH folks are assisting the Health Department. A testing strike team for those folks in the community who are not able to get out.

Anne Arundel County: Proceeding with their MICH program; they are ready to launch COVID testing for TORs.

MFRI: ALS courses currently scheduled can be found on MFRI.org.

MSFA: Phase II of the Convention has been cancelled. The MSFA is supporting the COVID antibody testing mentioned for volunteers. Dr. Chizmar reported on this earlier in his report.

Cecil County motion to adjourn second by Calvert County.

Next JAC Meeting is scheduled for October 14, 2020.