



# Jurisdictional Advisory Committee -Virtual Meeting

December 8, 2021  
10:00 AM to 12:00 Noon  
653 West Pratt Street  
Baltimore, Maryland

**Meeting called by:** Christian Griffin, Chairman

## Revised Agenda Topics

|                |                               |                   |
|----------------|-------------------------------|-------------------|
| 10:00 AM       | Welcome and Introductions     | Christian Griffin |
| 10:05 AM       | Approval of JAC Minutes       | Christian Griffin |
| 10:05-10:30 AM | OMD Update                    | Dr. Chizmar       |
| 10:30-10:45 AM | Clinician Services Update     | Bev Witmer        |
| 10:45-11:00 AM | EMS Preparedness and Response | Randy Linthicum   |
| 11:00-11:15 AM | Field Operations Update       | Jeff Huggins      |
| 11:15-11:30 AM | EMS-C Update                  | Danielle Joy      |
| 11:30-11:45 AM | Jurisdictional Roundtable     | Christian Griffin |

Meeting ID  
Jurisdictional Advisory Committee

[REDACTED]

Phone Numbers

(US) [REDACTED]

PIN: [REDACTED]

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## JAC Meeting – December 8, 2021

Calvert County made the motion to accept the October 2021 JAC Minutes as posted. Vote was unanimous for approval.

Dr. Chizmar: Provided a COVID-19 update to the Committee. There are, as of yesterday, 893 patients hospitalized in Maryland hospitals, including 690 patients in acute care and 194 in ICUs. The acute care volume has risen sharply over the last two weeks, 70 percent. The Pediatric COVID volume has not risen and the ICU volume has not risen as sharply as acute care beds. Between the two primary alternate care sites, Washington Adventist and Laurel, they have 135 patients, 96 in acute care and 39 in the ICU. It is fair to say that we are far from done with COVID. Regarding vaccinations, 9.6 million doses have been administered. Dr. Chizmar thanked all jurisdictions who have helped with the survey. Approximately 100,000 COVID-19 vaccinations have been administered to the public. A PowerPoint presentation displaying the At Hospital Ambulance Dashboard, available for use was provided by Dr. Chizmar. For example, one day there were ten units at a given hospital and there were still units arriving at the hospital; the next closest hospital had one or two units. Knowing that the alert system is far from perfect, we know it doesn't function well at a time when all the hospitals are saturated. However, the Committee was asked to reinforce to their EMS clinicians the use of the At Hospital Ambulance Dashboard, to try and form the decision so a more efficient offload can be had. This is something that can be used close to real time to have the conversation with the patient as to where the best destination for them would be. Dr. Chizmar said if a patient is receiving care from a certain hospital and has been hospitalized there for one week, it would be helpful to get that person back to that same hospital. Bottom line if the patient has just had an operation or complex hospitalization, there is a Repatriation Protocol, within the past 30 days if that person has had significant medical care and it is not an overly great travel distance, try and get that patient back to where they received their primary medical care. This avoids waiting on a Commercial Service transport. Dr. Chizmar provided the website, [aha.miemss.org](http://aha.miemss.org). He has had a few jurisdictions reach out to get their login information. He will refer you to Jason Cantera and the IT folks to get you the login information so that you can see what units are sitting at which hospitals. If you are missing your login let Dr. Chizmar know and he will get that for you.

Reminders: The vaccination mandates are on hold as far as OSHA is concerned. What we do know is it prevents most severe cases of COVID-19. It has been approved for ages 5 and older and boosters have been approved for all adults 18 and older. Dr. Chizmar encouraged clinicians and their families to get vaccinated.

Dr. Chizmar has heard a few rumors about clinical staff in hospitals and EMS getting lax on masks. Now is not the time in the healthcare environment to get lax on masks.

For awareness, there is an OSP for MIH in counties for approved MIH jurisdictions. If you want to work with your hospital and/or health department to administer monoclonal antibodies to home bound patients that is available. He thinks the first to kick this off will be Frederick

County. Within the next two weeks, the FDA is set to review a couple of po medications to treat COVID-19, the Merck drug, Paxlovid (Nirmatrelvir and Ritonavir), not approved yet.

MIEMSS continues to maintain the infectious diseases e-mail site. Notably Mustafa Sidik has transitioned from that role to the position of Region III Associate Coordinator. However, e-mails will continue to be answered from that site.

Public Notice #1: More than 1600 individuals became Provisional EMS Clinicians. Regulations provided a path for full licensure which must be achieved by February 15, 2022. Provisional EMS clinicians may continue to function while they achieve full credentialing.

Public Notice #6 allowed paramedics and EMTs to vaccinate the public. Paramedics may continue to provide flu and COVID vaccines under the new law for patients 18+. If you are or intend to do that, MIEMSS needs to approve a plan. Submit a plan to Jeff Huggins, Drs. Delbridge and Chizmar who will guide you with this. Something to consider if you are not doing this already.

MDH has maintained a separate order that allows laypeople to vaccinate. EMTs and CRTs would be covered as laypeople, under that MDH document which requires the vaccination site to directly educate and supervise them as "laypeople." Dr. Chizmar is pointing this out because there are still people who are unclear about the vaccination piece here.

Public Notice #8 extended all EMS clinician licenses that were extended are coming due the end of this month. Bev Witmer will speak more on this. Ms. Witmer is the new Director of Clinician Services.

Direct to Triage Protocol: Seven jurisdictions are now actively participating in Direct to Triage. Stable patients who have been screened by EMS to the triage area of the hospital and not waiting in the hallway for a bed. Feedback has been largely positive from this. This has spurred conversation with the hospitals around the fact that EMS is not credentialed to provide care within the hospital walls. Have seen several large volume hospitals achieve medium times of 15 to 30 minutes with their EMS offload times. Last Friday met with all EMS base stations. As a result of that meeting, several hospitals are doing this very well and identified what their best practices are. If your folks are enrolled in Direct to Triage, Jason Cantera turns this field on and you know how many patients were taken to the hospital ED and triaged to the waiting room but also the characteristics of these patients. Also looking at how to improve this protocol.

Quality Improvement: What are we achieving from a clinical standpoint? MIEMSS is developing a QI Officer Course and is in the final testing phase. Statewide measures have been developed for acute coronary syndrome, trauma, stroke, pediatrics. They were presented last week. At this point Dr. Chizmar shared slides on measures. EMS QIC will be held quarterly and will look at these measures and see how jurisdictions are doing.

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Cecil County, John Donohue: Struggling to get patients into the hospital. Now seasonal flu. Is there any discussion with hospitals to cut down on some of the less critical procedures? Dr. Chizmar said that regarding the essence data, showed small rise within the past couple of weeks. However, not rising like the sharp rise of the COVID cases. Dr. Chizmar has had conversations with hospitals and they have already canceled elective procedures. There are some procedures hospitals feel as a group still need to be done. These are procedures that should people forego them, i.e. vascular and the semi-elective gallbladders, patients may present and require a longer hospitalization. Not doing the elective knees.

Opioid crisis is still out there. Nationally there has been an increase of about 30 percent over the past year. Dr. Chizmar thanked the 18 jurisdictions who are participating in the Naloxone "Leave Behind." He encouraged the eight jurisdictions who are not to come onboard. Those jurisdictions participating are leaving treatment referral resources for patients to try and get them connected to care.

C4 Continues/C4 Pediatric Patients: C4 continues to provide services to help hospitals place patients in appropriate beds, particularly critical care patients but also for pediatric patients that are at the acute care level. To date there have been in excess of 1800 calls received since the kick off.

Working on continuing education for albuterol for BLS and epinephrine for BLS as well as they have already published an ALS protocol orientation and a Statewide BLS protocol orientation for people who need initial training or retraining.

Also have published ALS con ed; 10 hours of con ed that helps meet the National Registry state and local requirement. Actually working on new content based on your feedback and your QI Officers' feedback 2022 – 2024.

Provided that we are allowed to hold these in-person conferences: Winterfest, February 19 and 20, 2022; Miltenberger, March 11 and 12, 2022; Annual Medical Directors' Symposium, April 13, 2022; and EMS Care at the Beach in April 2022.

Bev Witmer, Director of the Office of Clinician Services formerly known as Licensure and Certification was introduced by Dr. Chizmar. He stated that Ms. Witmer comes to us with a wealth of experience from Western Maryland, Hagerstown Community College, where she was in charge of the paramedic program. She most recently was in charge of education in Howard County. We are very fortunate to have Ms. Witmer join us.

Ms. Witmer: Expiration of BLS clinicians who were already on an extension due to the pandemic are set to expire on 12/30/2021. They are not eligible for additional extensions and will need to apply for reinstatement if they do expire by that date. Speaking of those BLS clinicians who would normally expire on 12/31/2021, and they do not have an extension, they need to apply for an extension. If not they need to do a renewal application for that to go into

effect. Provisional clinicians will be due to expire on February 11<sup>TH</sup>. They must meet those requirements for full licensure or they will revert back to their prior license status.

Educational components: BLS protocol orientation is up and running. Lunch time has PDI started. Will be on the first Thursday of every month and you will be able to register for those. The next presenter, January 2022, is Robby Mays, ALS Coordinator at MFRI. Working on Webinar's to walk clinicians and service directors through Image Trend. It is difficult to navigate at times. You will be able to log in and ask questions.

Melissa Meyers: The Advanced Life Support (ALS) Committee is a standing committee of SEMSAC designated to consider issues pertaining to the education, training, and certification of ALS clinicians. Current Committee Activities: Protocol Orientation – In November 2019, the ALS Committee began work on the ALS Protocol Orientation as the replacement for the MIEMSS-approved protocol review session and Maryland ALS Protocol Team. Committee members were tasked with participating in a stakeholder analysis, contributing to content development, and review of materials as the program came to fruition.

Director Robinson, Carroll County asked for clarification regarding BLS providers who are expiring and the options available to them. Dr. Chizmar provided the following. Two groups of people expire at the end of December: 1) People who have been on an extension for 18 months. There is an opportunity for reinstatement. Take the EMT refresher, 24 hours within the year. The second group of people will expire December 31st and are eligible for the traditional six month extension.

Dr. Chizmar: Randy Linthicum is now the Director of Preparedness and Response and is accountable for a number of branches, preparedness, EMRC, regional coordinators and will report out on infection control and field operations. There is a new effort starting Friday, the crisis team collaboration workgroup. There are subject matter experts from civil rights, law enforcement, EMS, fire, attorney general, behavioral health, and two medical directors coming together to tackle the issue of fire, ems and law enforcement interaction at the scene of patients who are either agitated, drug or alcohol issues, behavioral health issues with a variety of backgrounds and issues. He will take that on and try and come up with a recommendation to share best practices and guidelines across the state within the next six months or so. They will be meeting for the first time and will be reporting out on this as this progresses.

Dr. Chizmar: This is meant to tackle the question of how do police and EMS cooperate to achieve the best outcome for the patient. At various times in the past, protocols were written that say if the patient is bad, request police. Everyone is aware that police are under the magnifying glass more than they ever have been. What has been heard, particularly from the larger jurisdictions, is if we call police they are not going to let clinicians get hurt, trying to the extent possible make EMS and police interface more seamless so that they are not reading from a completely different playbook than we are.

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Jeff Huggins: Antigen testing and PCR testing continue to be used statewide. Continue to have PPE, if you have needs please let them know. Call with CRISP later today surrounding test uploads and trying to get both antigen access for everyone. Current tests expire on the 18<sup>th</sup> and they are in the process of getting new ones from the Health Department. Through the Regional Coordinators will work to get those distributed out to everyone. Concurrent timeline to that will be moving to a new lab for the PCR testing. The new lab, Cian, out of Frederick, will be taking over and ICMD will be going away. This was part of a statewide procurement change under the Health Department who has been facilitating paying for us to be able to run the PCR tests. PCR testing is not to be used for surveillance, it was designed for high risk exposures or symptomatic people to be tested. On the PCR side, to date have done 3700 tests with 28 different physicians as the ordering doctors. Each of those doctors have been approached by Dr. Delbridge to get access to the new portal system. They are looking at a December 15<sup>th</sup> go live date, plus or minus a day or so. However, the hard stop is ICMD ends on December 31<sup>st</sup> and there isn't a payment mechanism or any test if you try and use them after that. Will be sending out more information to everyone. What they will be needing from the jurisdictions using the PCR testing is an address (singular) for the courier to pick up from. Courier process will be a bit different than the current process. Jurisdictions/Commercials will have to work to consolidate to one consistent/central location for the courier to pick the tests up from. Also be getting who the delegate is for each jurisdiction to view test results and getting that over to Cian Lab. There will be a new form. It will have labels on it but will not require physician signatures on it. There will be check boxes with physician names preprinted. The process for requesting additional kits will be the same as what is currently in place. Aside from that if you have PPE needs, happy to provide.

Randy Linthicum: Working to continue outreach on the Chempack nerve agent antidotes that are available and requested through EMRC. Will be doing drills with MSP and EMRC staff to get those drugs to you quickly if ever requested. On the other side, they want to do outreach to EMS clinicians. As part of that FX O'Connell has been working on tabletop exercises. If any jurisdiction is interested in a tabletop let them know. Jeff Huggins added that if you are not currently doing vaccinations with EMS and are interested and need information on how to apply, let him know or contact a Regional Coordinator. Same with antigen testing if you have not been using antigen testing and have an interest, let Jeff know. One last piece on information on the PCR, they expect the turnaround time from the new lab to be 24 to 48 hours. This is based on if it is picked up as part of the daily pick up. If that changes anyone's needs, let Jeff know.

Dr. Chizmar: It is important for those jurisdictions who are using ICMD lab, as this is rolled out, to make sure you have all of the old order forms pulled back and have all of your personnel sending the samples to the new lab. His understanding is if a sample is sent to ICMD, payment will not be paid by the State. Make a concerted effort to pull back the old forms.

Danielle Joy: Provided the JAC report for EMS-C today. Ms. Joy presented a PowerPoint entitled, "2021 EMSC EMS Assessment." Maryland had 100 percent participation. The rate exceeds the National standards. The new survey will occur in January 2022 as required. If you would like the PowerPoint, e-mail Chris.

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## **Jurisdictional Roundtable**

**MSP:** January next group of troopers always excited for 2022.

**Anne Arundel County:** Academy class starts in February. Training ALS clinicians on the i-gel supraglottic and king airway.

**Baltimore City:** COVID numbers are on the rise. Vaccinated 567 patients. Naloxone Leave Behind, 2071 kits, averaging about 20 to 30 a month. Training academy, probably have 15 EMTs and paramedics in the fire academy.

**Baltimore County:** They are monitoring hospital offload times. Will be advertising for a part-time assistant medical director. It will be a 16 hour per week position. Anticipate the promotion of four captains within the next four to six weeks. EMS recruit class started on Monday of this week. Started fire department testing of the non-vaccinated members this morning. What they are seeing is an increase in volume in the complexity of their eye care referrals. Very similar to what other people have told us regarding increase in volume of MIH referrals between COVID, flu and opioid referrals. Also evaluating i-gel. Anticipating logistical supply chain issues. There has been an increase in volume of MIH referrals between COVID, flu and opioid referrals. Anticipating logistical supply chain issues; shortage of 12 lead cables replaced. Anticipating epi shortage.

**BWI:** Latest group from Anne Arundel County Academy graduated Friday night. Will be hiring the next group off current list and into the next academy class. NDMS exercise planning for next year. They have built a relationship with the Urgent Care Center in the Airport and they are doing their PCR testing, rapid testing and booster shots and that has worked out very well for them.

**Carroll County:** Number of issues with their local hospitals recently that have become regional issues. Carroll Hospital placed on reroute four times within the last week and then the question becomes as COVID is increasing, they are looking at alternative care centers or surge centers. When on reroute and everyone else on red and yellow there are not a lot of options out there. Hiring about 226 to try and develop hiring process. Funding available for an EMS Bureau Chief to advertise after January 1<sup>st</sup> and need on board by early March. July 1 to follow with four county wide shift commanders, EMS, fire, running on high acuity calls and much better direction for QA/QI. More to come. Will be reaching out to some Region III jurisdictions to look for people to assist them with development of an assessment center for bureau chief and lieutenant positions. Involved on assessment of skills for their clinicians through end of December. Joined local opioid coalition. Do not have any current mandatory vaccination testing for their clinicians. Did get an administrative assistant this week.

**Cecil County:** Proud of their prevention overdose response team. Bill Adams was promoted to a lieutenant position to be able to coordinate with multiple agencies and organizations throughout the county and other states and regions to follow up and go out with the Health Department to determine what the needs are and encourage them to get into treatment so

they are not picking up the same people as they always do. Also brought to light a lot more of the narcan issues and with that they have expanded their narcan availability by working with the local Health Department in their overdose response program, working under their medical director when it does not meet the Leave Behind Program for EMS. As for COVID, continuing to handle county employees, testing with the contact tracing, continue to do home visits and are still involved in the vaccination clinics. They are sorry to announce that Michelle Lloyd will be moving on to a private organization and will continue her career in emergency management. Continue to advertise for more positions, have increased the salary for dispatchers; have two paramedic vacancies. Down to 25 percent vacancies.

**Dorchester County:** They are transitioning. Offering different classes.

**Frederick County:** Graduated a paramedic class last week of 13; excited to get them in the field and operational. They have ten (10) new providers starting Jan 1<sup>st</sup>. There are 46 fire recruits who will graduate March/April 2022. The Crisis Pilot Program in conjunction with the Frederick City Police Department and Shepard Pratt, a six month pilot program, will end in December. This unit ran multiple mental health crisis events. It was decided today that this program will move to an 8 hour, 5 day a week unit. In the process of working with FHH on delivering homebound monoclonal antibodies to COVID positive patients within the next couple of weeks. Everyone wished safe and happy holidays.

**Harford County:** Hiring and placing their first bariatric unit in service next week.

**Howard County:** Established a couple of relationships for transport options, Grassroots Crisis Intervention Center. This is located in Columbia and eventually will become 24/7, 365 and will be able to transport the opioid addicted patients directly to Grassroots. Grassroots currently has a 75 percent success rate, getting the client from their facility into treatment within 23 hours. They are excited with that partnership. They have partnered with FirstCall Urgent Care in the Laurel area. They are working with them as an alternate destination for low acuity patients. They are also working on an internal search policy as to how that affects ambulance availability and wait groups. Switching to i-gels this month. All paramedics have been trained. In addition to that will be switching to medication pumps. Bev Witmer wished the best in her new career.

**Prince George's County:** Able to implement Direct To Triage on December 1<sup>st</sup>. Working with the Health Department ordering Naloxone Leave Behind kits. Will start this January 2022. Taking steps to move forward with participating in the midazolam study. Documents currently in their Legal Department.

Next JAC Meeting will be February 9, 2022.

Chair Griffin wished everyone Happy Holidays.

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