

JURISDICTIONAL ADVISORY COMMITTEE

MEETING MINUTES

Wednesday, August 12, 2026

ATTENDANCE:

In Person:

Dr. Timothy Chizmar (MIEMSS), DeRon Folson (MIEMSS), Jason Cantera (MIEMSS),
Battalion Chief Raymond McRae (Annapolis), Todd Tracey (MIEMSS)

Virtual:

Bureau Chief Amanda Wensel (Baltimore County), Rebecca Gilmore (MD Shock Trauma),
Bernard Studds (Frederick County), Bryan Ebling (MIEMSS), Chief Christian Griffin (Cecil
County, Committee Chairman), Deputy Chief Cory Polidore (Somerset County), Cyndy
Wright-Johnson (MIEMSS/EMSC), Deputy Chief Danielle Knatz (Baltimore County), Deputy
Director David Chisholm (Washington County), Chief Debbie Wheedleton (Dorchester
County), Dwayne Kitis (MIEMSS), Chief Edward Moreland (St. Mary's County), Capt. Eric
Cohn (Howard County), Chief Eric Zaney (Carroll County), Capt. Ethan Freyman (BWI),
Chief Heather Howes (Calvert County), Deputy Chief Joel Dixon (Dorchester County), Lt.
John Dennis (City of Salisbury), Capt. Jon Krisman (Annapolis), Director Justin Orendorf
(Garrett County), Chief Kathy Jo Marvel (Caroline County), Chief Logan Quinn (Kent County),
Luis Pinet-Peralta (MIEMSS), Dr. Matthew Levy (Howard County), Chief Mike Salvadge
(Allegany County), Mustafa Sidik (MIEMSS), Battalion Chief Robert Vaccaro (Anne Arundel),
EMS Capt. Scott Gordon (Frederick County), Shari Donoway (Wicomico County), Chief
Steve Smith (Garrett County), Dr. Theodore Delbridge (MIEMSS), Assistant Chief Terrell
Buckson (Prince George's County), Battalion Chief Timothy Cullen (Baltimore City), Chief
Tina Kintop (Talbot County), Wayne Tome (MSFA), Battalion Chief Wesley Shipley
(Montgomery County), Assistant Chief Zach Yerkie (Queen Anne's County)

CALL TO ORDER: The meeting was called to order at 10:01 a.m. by Chief Griffin, Committee Chair.

MINUTES: The June 10, 2026 minutes were reviewed. Dr. Chizmar noted that an updated copy containing technical corrections from EMS for Children had been distributed that morning. A motion was made by Capt. Freyman, seconded by Assistant Chief Yerkie, to accept the June 10, 2026 minutes as corrected. The motion passed with no objections.

REPORTS and UPDATES:

I. Office of the EMS Medical Director (Dr. Timothy Chizmar)

A. Transfer of care times

1. Automated weekly transfer-of-care reports are now distributed on Mondays to jurisdictional staff and hospitals. Jurisdictions should notify Dr. Chizmar when distribution-list changes are needed.
2. At the 90th percentile, transfer-of-care times remained relatively flat through the summer. Regional coordinators, particularly in Regions III and V, continue to work with hospitals experiencing persistent delays.

B. 2026 protocol clarifications and corrections

1. The 2026 Maryland Medical Protocols are in effect. Clinicians must complete the last three years of required protocol updates for renewal; spiral and full-size books and the protocol app remain available.
2. A July 20 correction changed the diastolic blood pressure threshold for labetalol use in hypertensive disorders of pregnancy from 105 mmHg to 110 mmHg. The protocol app and online and printed materials were updated.
3. The Patient-Initiated Refusal of EMS form was revised to remove double negatives in questions 6-9 and use shaded boxes to identify responses requiring transport or medical consultation. eMEDS was updated to align with the revised form.

C. 2027 protocol cycle

1. Items under review include expanding pediatric ondansetron ODT use to younger children, agitation treatment in pregnancy, making 4%/viscous lidocaine optional, and reviewing simpler MCI triage models.
2. Pilot and research concepts include CPAP for BLS clinicians, ventilator use during out-of-hospital cardiac arrest, sepsis treatment including possible antibiotics, and pupillometry for selected trauma patients.
3. Dr. Chizmar emphasized that proposed protocol changes should include a practical method to evaluate whether the change improves care.

D. ALS state content

1. MIEMSS plans to release four hours of ALS state content each year. Clinicians will generally complete eight hours during each two-year recertification cycle; 2027 renewals will require four hours, while 2028 renewals and beyond will require eight hours.
2. The content is available at no charge through the Maryland EMS Online Training Center and may count toward National Registry state/local continuing-education requirements.

E. Prehospital transfusion / whole blood

1. There are 12 active whole blood programs and one program in the planning phase. From January 1, 2025, through August 10, 2026, 468 patients received 609 units statewide; approximately 45% of patients were medical, including 3% obstetric, and 55% were trauma.

2. Rural Health Transformation funding is expected to support development of approximately 11-12 additional whole blood programs over the coming year.

F. Whole blood documentation and QA/QI

1. Dr. Chizmar emphasized that the primary impression should reflect the reason whole blood was administered. Current statewide data included 35 cases with no documented primary impression and numerous cases with impressions that did not clearly match the reason for transfusion.
2. Common reasons for transfusion include traumatic injury, GI bleeding, and obstetric hemorrhage. Participating programs are required to complete 100% QA/QI review of whole blood cases.
3. eMEDS reports are being configured for weekly distribution to whole blood coordinators, and the eMEDS Steering Committee is evaluating additional prompts or validation tools to capture the reason blood was administered.

G. Opioids and naloxone

1. Dr. Chizmar highlighted the Maryland Department of Health Overdose Data Portal and noted that the unregulated drug supply increasingly contains non-opioid adulterants, including benzodiazepines.
2. Naloxone should still be administered when opioid overdose is suspected. Respiratory drive may improve while altered mental status persists because of other substances, and some patients may still require transport.

H. Statewide QA/QI priorities

1. The next statewide EMS Quality Improvement Committee meeting is scheduled virtually for September 10 at 1:00 p.m. Topics will include whole blood documentation, midazolam/fentanyl/ketamine dosing, airway confirmation, and refusals.
2. Waveform capnography should be used to confirm every invasive airway. Unrecognized esophageal intubations remain an area of concern.
3. Jurisdictions were reminded to monitor statewide trauma, cardiac, stroke, and airway quality measures and to work with dispatch centers to capture telephone-CPR performance intervals. Approximately eight jurisdictions are currently reporting T-CPR data into CARES.

I. SB 159 - EMS vehicles and ambulances required supplies

1. Dr. Chizmar thanked jurisdictions that submitted local equipment and supply lists. The information is being used to establish a baseline for the required statewide supplies list under SB 159; additional guidance will follow.

J. Clinical and medical alerts / infectious diseases

1. MIEMSS has received reports of measles cases in several Maryland counties. The Clinical / Medical Alerts webpage includes current measles, Ebola, and other infectious-disease resources, and MDH post-exposure guidance has been shared with jurisdictional officials and medical directors.

- K. Rural health grants
 - 1. Rural Health Transformation funding continues to support whole blood development and Mobile Integrated Health initiatives coordinated with local health departments.
- II. **Office of Clinician Services**
 - A. No formal report was provided. Dr. Chizmar covered the ALS state-content renewal requirements during the Office of the EMS Medical Director update.
- III. **Office of Preparedness and Operations (Dwayne Kitis)**
 - A. Jurisdictions with outstanding reimbursements related to cardiac-device and ALS grant funding were asked to submit reimbursement documentation as soon as possible.
- IV. **Office of the EMS for Children (Cyndy Wright-Johnson)**
 - A. The standard July EMSC update, Pediatric Champion information, and conference schedule were referenced for the committee.
 - B. Three Science of Vehicle Crash workshops hosted by Howard County were completed successfully, with ALS and BLS participation from at least 10 jurisdictions and Fairfax Police. Feedback will be used to revise the vehicle-crash hot-wash tool.
 - C. A four-hour intensive vehicle-crash workshop, targeted to instructors but open to others, is scheduled at MFRI for September 16.
 - D. EMSC and the State Highway grant program will host an August 26 webinar on safely securing an infant and parent during ambulance transport. The webinar will review available and developing devices and will be archived.
 - E. Pediatric Champions will meet in person at MIESS on October 28. Jurisdictions were asked to provide administrative support so their Champions can attend.
 - F. The online neonatal education program for prehospital clinicians consists of five modules that can generally be completed in 90 minutes to two hours. The course is approved for continuing-education credit, costs \$25, and is intended as foundational education rather than a replacement for NRP or STABLE.
 - G. PEPP instructor materials and books are expected by the end of September, with rollout planned for late fall and courses anticipated at Winterfest and Miltenberger.
- V. **Jurisdictional Roundtable (Chairman Chief Christian Griffin)**
 - A. City of Annapolis (Battalion Chief McRae)
 - 1. Annapolis expects to advertise for additional paramedics and continues implementation of its whole blood program. Anne Arundel Medical Center is expected to begin supporting the program's blood supply in the coming month.
 - B. Allegany County (Chief Salvadge)
 - 1. Five EMTs recently completed the transition to ALS and are now paramedics.
 - C. Anne Arundel County (Battalion Chief Vaccaro)
 - 1. Anne Arundel continues to expand its whole blood program and is steadily adding new paramedics through the community college program.
 - D. Baltimore City (Battalion Chief Cullen)

1. An EMS academy class graduated at the end of July with 17 EMTs and one paramedic. Two academy classes are currently underway, and 13 department EMTs upgraded to ALS during the past year.
 2. The department is working to add another BLS unit to the fleet.
- E. Baltimore County (Bureau Chief Wensel)
1. Baltimore County continues to await grant decisions related to its whole blood program.
- F. BWI (Capt. Freyman)
1. Four BWI personnel are participating in the Anne Arundel County Fire Academy.
- G. Calvert County (Chief Howes)
1. Calvert's whole blood program continues, and recently hired personnel have completed onboarding and entered field operations.
- H. Carroll County (Chief Zaney)
1. Carroll is conducting promotional processes for three station captains and four safety lieutenants.
 2. The county received Rural Health Transformation funding for opioid-reduction and Mobile Integrated Health initiatives.
- I. Caroline County (Chief Marvel)
1. Caroline is working with the local health department to expand MIH into a full-time program using Rural Health Transformation funding and is advertising for a full-time paramedic.
 2. A lieutenant retirement will require a promotional process. The whole blood program has administered six units since beginning in May.
- J. Cecil County (Chief Griffin)
1. Effective August 3, Dr. Khan became Cecil County's medical director, and Dr. Morganne Castiglione transitioned to associate medical director.
 2. Cecil continues hiring in preparation for an additional unit of service later this year and received Rural Health Transformation funding to expand MIH.
 3. The 911 center activated assisted-dispatch emergency keywords. Neighboring jurisdictions were asked to provide the emergency keyword used by their personnel so it can be entered into Cecil's system.
- K. Dorchester County (Chief Wheedleton / Deputy Chief Dixon)
1. Deputy Chief Joel Dixon was introduced as Dorchester County's new deputy chief. Chief Debbie Wheedleton remains the jurisdiction's chief.
- L. Frederick County (Bernard Studds)
1. Frederick placed Zoll X Series cardiac monitors in service, replacing LIFEPAK 15 monitors, and reported that the transition is progressing well.
 2. A 13-person paramedic class is nearing completion, with another class anticipated around December. A recruit class was also recently completed.
- M. Garrett County (Chief Smith)
1. Garrett has one current opening. Two BLS clinicians recently completed ALS licensure and are entering field training.

2. Both ambulances have returned to service and normal operations have resumed.
- N. Howard County (Capt. Cohn)
1. Howard's in-house paramedic program began in July with 16 personnel. Ventilators were placed in service at the beginning of July and have received positive feedback.
- O. Montgomery County (Battalion Chief Shipley)
1. Battalion Chief Wesley Shipley introduced himself as the new EMS Operations Battalion Chief.
 2. Montgomery continues to monitor transfer-of-care times and transport volumes following the July 1 closure of the Germantown Emergency Center and is working with regional hospitals on resulting impacts.
 3. Four ultrasound devices have been deployed to EMS supervisors for duty-officer use, including cardiac wall-motion assessment in traumatic arrest. The county is also continuing QA/QI work with high-volume facilities.
 4. Approximately two dozen paramedic students are expected to enter two fall classes.
- P. Prince George's County (Assistant Chief Buckson)
1. The cardiac-device trial has approximately 30 days remaining before a selection is expected.
 2. Clinicians were reminded that the prior dosing study has concluded and to use weight-based midazolam dosing in accordance with protocol. The county is also finalizing its buprenorphine implementation workflow with the health department.
- Q. Queen Anne's County (Assistant Chief Yerkie)
1. Implementation training for the transition to Zoll X Series monitors is underway, with deployment planned for August 26.
 2. Three new employees started, with five additional hires targeted for October to staff another transport unit.
 3. Rural Health Transformation funding will support a whole blood program, including recruitment of a blood coordinator, and may support community health workers for MIH follow-up.
 4. Dr. Brian Ferguson has joined Queen Anne's County as associate medical director.
- R. City of Salisbury (Lt. Dennis)
1. Salisbury ordered supplies for its whole blood program. Training will begin after the equipment arrives, with implementation targeted for early fall.
- S. Somerset County (Deputy Chief Polidore)
1. The county EMS advisory council approved an updated quality-assurance plan for submission to MIEMSS.
 2. Somerset hired one full-time and three part-time paramedics. EMT hiring is expected to support three fully staffed units and expansion of the EMS supervisor role.

3. Whole blood equipment has been ordered, and Somerset is exploring joint training with Salisbury and surrounding jurisdictions.
- T. St. Mary's County (Chief Moreland)
 1. A BLS academy graduated six full-time EMTs, with another academy anticipated in late September and additional hourly paramedics expected.
 2. The county has begun preliminary planning for a whole blood program but expects implementation to remain several months away.
- U. Talbot County (Chief Kintop)
 1. Talbot held a ribbon cutting for the new North Station. The building is expected to become operational in early fall after furniture and technology are installed.
 2. Training continues, and the county submitted its Rural Health Transformation Grant budget and a whole blood program request.
- V. Washington County (Deputy Director Chisholm)
 1. Washington County is working with the local health department on Rural Health Transformation funding and potential MIH development. The current paramedic class is nearing completion.
- W. Wicomico County (Shari Donoway)
 1. Wicomico remains in the early planning stages of its whole blood program.
- X. Shock Trauma (Rebecca Gilmore)
 1. The blast-injury educational broadcast was rescheduled for August 31. Jurisdictions were also reminded to retrieve backboards.
- Y. MSFA (Wayne Tome)
 1. Gina Panerella is the new chair of the MSFA EMS Committee. The committee's first meeting is scheduled virtually for August 13, with four meetings planned during the year - two virtual and two in person.

VI. Good of the Committee (Chief Griffin)

- A. Assistant Chief Yerkie announced that the 10K Across the Bay / Bay Bridge Run is scheduled for Sunday, November 8. EMS support will be requested from approximately 4:30 a.m. to noon, and participating units will be compensated.

VII. Closing Remarks and Adjournment

The next JAC meeting is scheduled for October 14, 2026.

The meeting was adjourned at approximately 10:58 a.m. following a motion by Assistant Chief Yerkie and a second by Chief Howes.

DF/tc

Minutes were approved by the committee at the 10/14/26 JAC Meeting.