

REGION I EMS ADVISORY COUNCIL MEETING

OCTOBER 18, 2018

Agenda

- I. Call to Order
- II. Approval of July 19, 2018 Minutes
- III. Welcome Guests
- IV. President's Report
- V. Committee Reports
 - a. Prehospital Care System
 - b. Quality Improvement
 - c. Bylaws/Membership
 - d. ALS Advisory Committee / Garrett College – Doug Beitzel
 - e. Region I Emergency Services Education Council Inc.
- VI. Garrett County Activities
 - a. Garrett Regional Medical Center – Jeff Hinebaugh
 - b. Garrett County Emergency Management / ESB – John Frank
 - c. Garrett County Communications – Ken Collins
 - d. Garrett County EMS – Wayne Tiemersma
 - e. Garrett County Health Department – Diane Lee
- VII. Allegany County Activities
 - a. Allegany County Emergency Management / Communications – Dick DeVore
 - b. Allegany County Emergency Services Board – Ken May
 - c. Allegany County EMS – Robert Pattison
 - d. Allegany County Health Department – Alison Robinson
 - e. Western Maryland Health System – Jill Spiker/ William Hardy
 - f. Allegany College of Maryland – Kathy Condor
- VIII. Regional Reports
 - a. Regional Medical Director – Dr. Janelle Martin
 - b. Regional Pediatric Medical Director – Dr. Stephanie Sisler
 - c. Region I Specialty Center – Elizabeth Wooster
 - d. MFRI – Todd Dyche
 - e. MEMA – John Reginaldi
 - f. Medevac – Alex Kelly
 - g. CISM – Al Ward
 - h. AGCVFRA – Donna Struntz
 - i. Region I & II Health Care Coalition
 - j. Career Fire & EMS – Donnie Dunn
 - k. Commercial Ambulance
- IX. MIEMSS
 - a. Region I Report – Dwayne Kitis
- X. Old Business
- XI. New Business
- XII. Adjournment

Region I EMS Advisory Council Meeting

October 18, 2018

The Region I EMS Advisory Council Meeting was held Oct 18, at 7:00 p.m. at Western Maryland Regional Medical Center. Members in attendance included: Elizabeth Wooster, Dr. Janelle Martin, Robert Pattison, Wayne Tiemersma, Doug Beitzel, Kathy Condor, Bill Hardy, and Dwayne Kitis.

The meeting was called to order by Wayne Tiemersma at 7:00 p.m.

Approval of July 19, 2018 Minutes:

The minutes were reviewed and accepted as written.

Welcome Guests

Guests attending were James Karstetter, V.P. and Chief Nursing Officer for WMHS; Joseph Braithwaite, a manager with County Medical Transport; John Reginaldi; Paul Harmon.

President's Report – Wayne Tiemersma

- 50/50 Grants are out to departments now; please turn in to Region I Office as soon as possible. The formula for funding distribution across the State is being looked at for next year.
- SHSGP Grant - Allegany and Garrett Counties have been closed out for last year.
- Mobile Integrated Health (MIH) Program – There are bills before the legislation now for recovery of funds for EMS.

Committee Reports

Prehospital Care System – No report

Quality Improvement – No report

Bylaws/Membership

- This committee will be looking at the membership list to decide if any of its present members need to be replaced and which ones need reappointed. Voting on the membership will be held at the next meeting of the Council.

ALS Advisory Committee / Garrett College – Doug Beitzel

- Doug gave an update on ALS training in the Region and a list of upcoming ALS classes, please see attachment.
- Due to a new requirement enacted through the accreditation process, we cannot send students out of the state without a Medical Director in that state and also notifying the other state that we are sending students there. Garrett College uses WVU for their pediatric training time. Dr. Martin is in the process of getting here WV License to take care of this issue.

Region I Emergency Services Education Council, Inc. – Dwayne Kitis

- The Miltenberger Planning Committee met prior to tonight's Council meeting to continue working on getting the conference schedule completed.

Garrett County Activities

Garrett Regional Medical Center – No report

Garrett County Emergency Management/Communications / Emergency Services Board / EMS – Wayne Tiemersma

- The County is doing testing next week for Maryland First System to see how the functionality is working. They will maintain the other system (VHS) along with MD First.
- Garrett County EMS is currently looking for about 7 more part-time employees.

Garrett County Health Department – No report

Allegany County Activities

Allegany County Emergency Management/Communications / Emergency Services Board – Dick DeVore

- Dick provided a report, please see the attachment.

Allegany County EMS – Robert Pattison

- In July, Allegany County started the Leave Behind Narcan Program. Protocol says to leave behind Narcan when a patient refuses to go to the Hospital. The Health Department said that some providers are not caring towards patients and not leaving behind the narcan on purpose. Cumberland Fire Department is not leaving any narcan

behind because they transport every single overdose. The County is also trying to leave kits behind with family even when they do transport.

- The County received a PPE Grant and are ordering items now.
- They have put in for a Regional grant to get more Lucas devices.
- Ambulance inspections were held in Allegany County the beginning of October; overall results were fairly good with only minor items needing to be fixed.
- The county has transitioned over to ELITE now.

Allegany County Health Department – Alison Robinson

- Alison provided a report, please see attachment.

WMHS – Bill Hardy

- The hospital has installed an air printer in the EMS workroom for iPad tablets, etc. so providers can print their forms.
- The Pediatric Observation Unit is operational and functioning well.
- A Thanksgiving dinner will again be provided this year by the hospital on November 17 for any crews working that day. A flyer will be mailed to all fire, EMS and law enforcement. Mr. Karstetter stated that the hospital really appreciates EMS and working with them in the area.

Allegany College of Maryland – Kathy Condor

- Kathy informed the members present of a few classes of interest coming up in the next couple of months.

Regional Reports

Regional Medical Director – Dr. Martin

- Dr. Alcorta is retiring and Dr. Chizmar is replacing him.
- We are still in the middle of significant drug shortages and ketamine is one of them; there needs to be a little more education to providers in the area.

Region I Specialty Center – Elizabeth Wooster

- Base Station designation is the foundation for other hospital designations. At Tuesday's Base Station meeting in Baltimore they were told that there will be a different level of intensity and scrutiny done on EMS patient care records, which are supposed to be sent to the hospital within 24 hours. The Joint Commission will issue an RFI if they are not done in the appropriate time. Also, a Short Form or full record must be left at patient's first presentation to hospital. Our area had decided to leave Short Forms. We need to have a meeting to organize and figure out what needs to be done to address the problem of not always have the full patient care record within 24 hours.

MFRI – Todd Dyché

- A handout was provided by Todd Dyché on EMS classes in the Region; please see attachment.

MEMA – John Reginaldi

- Critical Decision Making – a 2-day class will be held the end of the month.
- On February 22 in Annapolis there will be an all-day event on Active Shooter.
- October 22, the EPA is holding an exercise for Western Maryland; only Garrett County is participating now.
- MEMA has developed a 2-day course for planners (any kind of planners) in April in Washington County.
- Volunteers in Disaster Assistance symposium in September.
- Incident Management Team in MD continues to grow.
- On November 14 there is an Emergency Managers Retreat on the Eastern Shore.
- There are 3 types of FEMA funding to help recover from the mudslide event in Luke.
- Anyone interested in attending the Center for Domestic Preparedness and Event Training in Anniston, AL should complete an application and let John know of their interest.

Medevac – No report

CISM – No report

AGCVFRA – Dick DeVore

- A report was provided, please see attachment.

Region I & II Healthcare Coalition

At this time, no Region has their coordinator position filled.

Career Fire & EMS – No report

Commercial Ambulance

- J.R. Braithwaite gave a quick overview of County Medical Transport. They have been in Allegany County for about 8 months now; run 2 trucks a day, ALS & BLS, from 7 am to midnight and are looking to expand to 24 hours in Cumberland. They handle most calls out of nursing homes. They also run 24 hours a day in Garrett County and recently got the contract at GRMC. County Medical Transport's SCT license was recently approved and their ambulance inspections are on the 28th.

MIEMSS EMSC – Cyndy Wright Johnson (handouts were available)

- The Annual Research Forum will take place on November 7.
- They now have funding through a grant for High Performance CPR Training. They would like to bring this training out to each Region with 4 different types of Ped manikins. Dwayne mention that there are 2 infant manikins in the Region for training, too; contact Doug Beitzel or Dwayne for training on them.
- Highway Safety has approved the purchase of another Outdoor Temperature Display; it will be housed at Meritus.
- There will be a meeting for all QI officers after the beginning of the year to talk about pediatric patients and meds received. Dr. Anders and Cyndy have data from across the state to share on how many patients receiving medication get weighed. Every patient should have an estimated weight.
- Public Educator Life Safety Seminar is held each March and is free; would like to have someone from Western Maryland on the committee that plans this seminar; right now there is no one west of Prince Georges County on that committee; participation involves five conference calls and then joining them, if at all possible, on March 23 at MFRI HQ – contact Cyndy if interested.

MIEMSS Region I Report – Dwayne Kitis

- EMS Mission Lifeline Standards for EMS recognition – please see handout.
- Pulsar App was discussed at D2B meeting; can take a picture on phone of 12-lead strip and send; it goes to the Cloud not to your phone.
- There is a need for 12-lead training for BLS providers.
- Narcan grant is again being done by MIEMSS.
- Please send in Hall of Fame nominations to the Region I Office.
- AEMT letter; Region V does not endorse AEMTs in Maryland – see attachment.
- In near future, Dwayne may be the Region I & II Administrator with an Associate Administrator under him.

Old Business

- Wayne talked about the interfacility transports from Garrett Regional Medical Center. There was a meeting held recently with administration from MIEMSS, Commercial Ambulance director, and GRMC administration. The meeting went well.
 - During that same timeframe County Medical Transport made a commitment to fill the gap on transports in Garrett County. On October 1, Garrett Medical Transport was dissolved and County Medical Transport took over the contract for GRMC. Scott Flashkamp is the manager for County Medical Transport in Garrett County.
 - It was established that the call down list for GRMC would be:
 - 1st call – County Medical Transport
 - 2nd call – Valley Medical Transport
 - 3rd call – Butler Medical Transport
 - 4th call – County 911, for possible use of Mutual Aid Contract with another ambulance company
 - Before they call the mutual aid company they will once again call County Medical to see if/when they can make the transport.

New Business - None

Adjournment

The meeting adjourned at 8:45 p.m.

Garrett College – ALS Training report for Region 1 EMS Advisory Council meeting

October 18, 2018 - 1900 hours – WMHS

Cohort Report and status

2016-2018 cohort (updated: 10/12/18)

Students completing program: 18

Passed NRP written: 10

Passed NRP psychomotor: 16

Registered NRP: 10

Maryland Paramedic: 4

Testing and re-testing are ongoing.

2018-2020 cohort – 30 students started the paramedic program on September 4, 2018. 22 students are currently completing Anatomy & Physiology. Paramedic I will start October 25, 2018. This fall they will cover IVs, meds, airway and patient assessment. They will begin clinicals in the ER after Nov. 16th and OR after Dec. 5th. They will be part of a cadaver airway lab the first weekend in December before going to the OR. Paramedic II will begin with cardiac after Christmas break.

Paramedic degree program

Garrett College continues the process of starting an Associate in Applied Science (AAS) degree. The President is involved and is working with the Dean of Continuing Education and the Academic Dean to complete the process.

Upcoming MFRI Region 1 ALS classes:

Oct. 6, 7, 20 & 21, 2018 - **NCCR ALS Refresher** – Garrett County

Nov. 3, 4, 17 & 18, 2018 - **NCCR ALS Refresher** – Allegany County

Dec. 1, 2018 - **Geriatric Education for Emergency Medical Services (GEMS)** – Allegany
County

Jan 5 & 6, 2019 - **Tactical Emergency Casualty Care (TECC)** – Allegany County

Jan. 12 & 13, 2019 - **Advanced Cardiovascular Life Support (ACLS)** – Garrett County

Feb. 9 & 10, 2019 - **Emergency Pediatric Care (EPC)** – Allegany County

March 2 & 3, 2019 - **Prehospital Trauma Life Support (PHTLS)** – Allegany County

March 16 & 17, 2019 - **Advanced Medical Life Support (AMLS)** – Garrett County



Allegany County, Maryland
Department of Emergency Services

11400 PPG Road, SE
Cumberland, MD 21502
301-876-9155 301-876-9160-Fax

BOARD OF COMMISSIONERS

Jacob C. Shade, President
Creade V. Brodie, Commissioner
William R. Valentine, Commissioner

Brandon S. Butler, County Administrator
Richard DeVore, Director
Susan Lee, Deputy Director of Administration
Roger Bennett, Deputy Director of Operations

Department Report

To: Region 1 EMS Council
From: Richard DeVore, Director
Date: October 18, 2018

- Distribution of fall allocations underway. This will include regular appropriations, Rocky Gap Monies of \$36,000 per department and an additional allocation for paper gaming.
- Rocky Gap Special Allotments have been awarded. Departments have been notified of their award status. Committee reserved funding for future large capital purchases and match monies for Lucas Devices. Capital requests should be directed to the Director.
- LEA has migrated to the new radio system. Fire and EMS will be moving very shortly.
- The new UFH alerting system is progressing with the pager monies being awarded through an AFG grant.
- The Dept. coordinated the grant on behalf of Potomac Fire Co. for a regional PPE grant for the Fire Service. This grant was successful and procurement is underway.
- Funding for Narcan is available this fiscal year. Submit invoices for reimbursement to Steve Shipley. Last year \$22,000 worth of narcan was purchased under the grant.
- Currently working with the Western Maryland Health System on a community health grant for diabetes.
- After several years with the Dept. Susan Lee has announced she is retiring Dec. 31.
- Reminder:
 - Communications Center Issues address with Bryan Miller 240-609-8521
 - EMS Issues address with Bobby Pattison 301-707-4669
 - Radio Issues address with Roger Bennett 240-580-0220
 - Special Operations Team issues address with Steve Shipley 240-609-7708
 - Narcan Grant and SB 508 Grant address with Steve Shipley 240-609-7708
 - Emergency Services Board issues address with Dick DeVore 301-607-3454

Region I EMS Advisory Council Meeting
10/19/2018 @ 7:00PM

Allegany County Health Department
REPORT

- Allegany County Health Department Website – the website is up and running, the public portion of the website is fully operational. The employee page still has some work to do. You can access our new/improved website at <https://health.maryland.gov/allegany>
- Allegany Speaks – A new online tool recently launched for Allegany County. www.AlleganySpeaks.com is an online community open to all Allegany County residents, hosting discussions on a variety of topics relating to individual and community health. Users are invited to engage in conversations about such issues as access to healthcare, addiction, healthy living, and much more. AlleganySpeaks was made possible through a grant from the Public Health National Center for Innovations (PHNCI) and the Robert Wood Johnson Foundation to test the replication of the Universal Community Planning Tool, a digital collaboration framework developed by the Garrett County Health Department in Oakland, MD
- EMS Naloxone Leave Behind Program – Distributed a total of eight (8) kits, during the months of July, August and September.
- ACHD Reaccreditation: ACHD was accredited with the Public Health Accreditation Board (PHAB) in 2015. ACHD is now in the process of gathering all necessary documents, plans, etc., for the reaccreditation process, which will be submitted in 2020. With that being said there are several plans within our department that needs updated, such as:
 - Continuity of Operations (COOP)
 - Risk Communications Planning
 - All Hazards Plan
- While other plans are not directly related to reaccreditation, they are a requirement within the PHEP Program., such as:
 - FAC – Family Assistance Center Plan: ACHD has been working diligently with the EP Workgroup to create a plan from the county perspective (vs facility only).
- Volunteer Management – New guidelines have come down from the State/Feds surrounding our Maryland Responds volunteers. Such requirements include, more training/exercise opportunities for volunteers and unit administrators. However, we have found issues/concerns with these, many jurisdictions don't have the staffing to follow through nor do we have the participation from the Maryland Responders.
- Red Cross Blood Drive at WMHS on 10/30/2018 from 10:30AM – 4:00PM



Maryland Fire and Rescue Institute
 University of Maryland
 Western Maryland Regional Training Center
 Post Office Box 5153
 13928 Hazmat Drive
 Cresaptown, MD 21502-5153

EMS Class Update in Allegany / Garrett County (note: may not reflect entire schedule)

Report Date: October 2018

Class	Log Number	Location	Start Date	Days	# Students	Status
EMT	-	WMRTC	8/15/18	W/Su	19	Active
EMT	-	GCTTC	8/20/18	M/Th/every other Sat	(3)	Canceled
EMR Refresher	-	Grantsville	10/1/18	M/W	4	Completed
EMS Officer I	-	Frostburg Ambulance	10/2/18	Tues	(1)	Canceled
*EMT Refresher	<i>EMS-203-S017-2019</i>	<i>GCCTTC</i>	<i>11/3/18</i>	<i>Sa/Su</i>	<i>(7)</i>	<i>Open</i>
*EMT Refresher	<i>EMS-203-S016-2019</i>	<i>WMRTC</i>	<i>12/1/18</i>	<i>Sa/Su</i>	<i>(4)</i>	<i>Open</i>
*EMT Skills	<i>EMS-202-S010-2019</i>	<i>WMRTC</i>	<i>12/4/18</i>	<i>T/Th</i>	<i>(2)</i>	<i>Open</i>

Notes:

1. Numbers in parentheses indicate total preregistered students
2. *red color, bold, and italicized font indicates additional enrollment needed for class to start

Additional Information

1. Preregister online at <http://www.mfri.org/cgi-bin/schedule.cgi?S=Online> for the following training opportunities:
 - a. EMT Refresher (12 hour) – Every month
2. EMS Officer II to be piloted this semester
3. EMS Officer I is being revised
4. Spring schedule will be out by November 1

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel
www.msfa.org



Report of Second Vice President Dick DeVore October 18, 2018

Region 1 EMS Council Meeting

- MSFA continues to work with both MIEMSS and MFRI on the issue of NREMT testing for EMT students. January through June, over 1300 students enrolled in an EMT test. 700 Completed the MFRI EMT course successfully. Only 400 took the NREMT test. Over those, only 330 passed the NREMT test to become MD EMTs. *(Approx. Numbers Only)* The position has been that those numbers are not sustainable for a volunteer system. Each of those areas open opportunities to improve the pass rate of the existing test.
- MSFA is formulating its legislative agenda for the upcoming session. The “ask” will include enhancements to incentives, additional funding for recruitment, and funding for the depleted VCAF fund.
- MSFA was saddened to learn of the passing of Legislative Chairmen Dale Hill from Washington County. Dale passed away suddenly early this month.
- A number of line of duty deaths and many more accidents have occurred while operating on busy highways. The TIMS program is available on line to assist in training personnel on the safety issues of operating on these busy roads.
- The Lavender Report on Firefighter Cancer has been released. Allegany County is working to provide video training tools to educate personnel on the risks as well as the 11 recommendations from the report. The report was produced by the International Association of Fire Chiefs – Volunteer Career Officers Section.
- Very shortly, local advertising for volunteers will hit the area on WQZK and The “Wolf”. Candidates are directed to the local stations or www.mdvolunteer.org.
- Departments still need to create their profiles for recruitment on MD Volunteer. If you need assistance please reach out.
- I had the honor of attending the National Fallen Firefighters Weekend in Emmitsburg. I would highly encourage every provider to attend atleast once.
- I attended the Allegany County LODD Ceremony on October 14, 2018. The name of Christopher Pryor was added to the local memorial and should be added next year to Emmitsburg.
- The next executive committee meeting will be held on Dec. 1 and 2 in Snow Hill, MD.
- I continue to work with the Chaplains to provide services to the western region. If you have a need please reach out to Chaplain Walbert or myself to assist or provide contact for additional resources.

2019 MISSION: LIFELINE® EMS RECOGNITION CRITERIA



Mission: Lifeline EMS Recognition Achievement Measures

- EMS MEASURE 1** - Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients ≥ 35 years of age, treated and transported by EMS who received a pre-hospital 12 Lead ECG
- PLUS MEASURE (Required reporting but not used for baseline recognition analysis)**- *Using the same patient population in EMS Measure 1*, The Percentage of 12 Lead ECG's performed within 10 Minutes of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms), who are ≥ 35 years of age.
- EMS MEASURE 2** - The percentage of hospital notifications or 12 Lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field.
- EMS MEASURE 3** - Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes. (When destination facility = STEMI Receiving Center)
- EMS MEASURE 4** - Percentage of STEMI patients treated and transported to a **STEMI Referring Hospital** for reperfusion A) With a Door-to-Needle time of ≤ 30 Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient ≤ 120 Minutes.

The Mission: Lifeline EMS Recognition program appreciates all agencies that apply for recognition and for those who participate in the Reporting Measure option of the application. The reporting measures give insight into possible gaps in care that warrant a stronger focus as well as planning for future recognition measures.

EMS Reporting Measure A - Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provided to the destination hospital.
EMS Reporting Measure B - Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.
EMS Reporting Measure C - Percentage of adult Out-Of-Hospital Cardiac Arrest (of suspected cardiac etiology), with ROSC in the field, with ROSC maintained to the ED, who has a 12 Lead ECG acquired
EMS Reporting Measure D - Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients ≥ 35 years of age, treated and transported by EMS who received Aspirin in the field, either by EMS or self administration

2019 MISSION: LIFELINE EMS Recognition Award Levels:

BRONZE EMS	<ul style="list-style-type: none"> At least one calendar quarter of compliance ($\geq 75\%$) on applicable Mission: Lifeline EMS Measures 1-4. 	SILVER EMS	<ul style="list-style-type: none"> Aggregated annual compliance ($\geq 75\%$) on applicable Mission: Lifeline EMS Measures 1-4. 	GOLD EMS	<ul style="list-style-type: none"> Aggregated annual compliance ($\geq 75\%$) on applicable Mission: Lifeline EMS Measures 1-4. Must have achieved SILVER award level in 2017.
<p>Volume Criteria – At least 4 STEMI patients (in Measure 3 and/or 4) for the calendar year for all levels of award achievement.</p>					

For additional Mission: Lifeline EMS Recognition information, contact MissionLifeline@heart.org

Updated May 2018



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

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EMS Region V Office

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TO: Maryland State EMS Advisory Council. (CHAIR)
Ms. Patricia Gainer, Co-Executive Director, MIEMSS
Dr. Richard Alcorta, Co-Executive Director, MIEMSS.
Dr. Timothy Chizmar, Assistant State Medical Director

FROM: Region V EMS Advisory Council
Chief Alan Butsch, Chair
Dr. Roger Stone, Region V Medical Director

DATE: DD Month YYYY

RE: Inclusion/Requirement of National Registry AEMT in Maryland

The Region V EMS Advisory Council (Council) has met and discussed the benefit of adding the National Registry Advanced Emergency Medical Technician (AEMT) certification level to the scope of EMS Providers in the State of Maryland. After careful consideration and discussion, the Council issues the following consensus statement:

- AEMT is not an adequate replacement for Cardiac Rescue Technician – Intermediate (CRT-I).
- AEMT is not an ALS level of provider.
- Each Jurisdiction and EMS Operational Program (EMSOP) has its own unique configuration and challenges.
- Optional Supplemental Protocols (OSP) already exist for purposes of augmenting the skills practiced by EMTs to meet the needs of particular EMSOPS
- Requiring AEMT in Maryland would create an unfunded mandate that could be financially burdensome to certain EMSOPS
- Expansion of skills at the EMT level should continue to be at the option of individual EMSOPS to meet their particular operational needs.
- Expansion of skills at the EMT level should continue to be classified as BLS care and are in no way a replacement for ALS care.
- An additional level of state-wide certification is neither needed nor desired in Region V.

In summary, the Region V EMS Advisory Council does not endorse the implementation of AEMT in Maryland as it will add burden to the EMSOPS without sufficient benefit over the existing OSPs for augmenting EMT skillsets based on the individual needs of the EMSOPS.

