

Mid-Maryland EMS Advisory Council

December 15th 2025

The Mid-Maryland Advisory Council meeting was held on December 15th, 2025. Attending was: Jeff Fillmore M.D., Ryan McFague M.D., Janelle Martin M.D., Michael Cole, David Chisholm, Melanie Higgins, Suzanne Butler, Todd Johnson, Elizabeth Wooster, Wayne Tiemersma. Online: Tamara Baughman, Jeana Panarella, Mackenzie Shepherd, Caitlin Weems, Susie Nicols, Scott Gordon, Alex Kelly, and Cyndy Wright Johnson.

The meeting was called to order by Dave Chisholm at 6:02 pm.

Approval of September 15th 2025 Minutes

Motion by Mike Cole, second by Todd Johnson. Minutes were approved.

President's Report – Dave Chisholm

No Report

Regional Affairs Committee Report – Dave Chisholm

The last regional affairs meeting dealt with the 2025 cardiac device grant. We have three outstanding companies. we're working with them to get their reimbursement in and clearing that. I can report now that the cardiac device grant FY26 has been distributed. Everybody should have had their notification.

We are also going to be tracking the educational grants for the first time ever with regional affairs.

The next meeting is in January.

SEMSAC Report – Dr. Fillmore

Frederick health was listed as one of the top receiving hospitals in the State, as well as turnover of care times.

Dr. Delbridge reports that the EDAS system is complete and they're looking for critique. So, again, if anybody here or is getting feedback, from providers on whether they're using the system, whether they find it helpful, whether they find it unhelpful, that's the kind of stuff they're looking for. Comments need directed to MIEMSS, If the two jurisdictions can report on that tonight, it would be a good place to start.

EMT's need to recert online by January 31st. This is not automatic.

Dr. Delbridge reported that regards to reciprocity, which is a topic that we've discussed a couple times here in our meetings. he reported there had been 75 applicants for EMTs to get reciprocity from 15 different states. He stated the processing goes pretty quickly and the applicants have to review the protocol orientation. So, I think the reason he mentioned that was just to emphasize the fact that we really don't need to be involved in interstate program to automatically grant reciprocity because we have a good system for it already

Dr. Delbridge also stated that we should anticipate legislation that requires a minimum ambulance equipment list. Dr. Fillmore stated that since both jurisdictions are already involved with the Maryland Voluntary Ambulance Inspection Program (VAIP), he does not know if that would affect us at all. "That's something to keep an eye on".

Medical Advisory Committee Report – Dr. Fillmore

Commercial ambulances are going to have Naloxone. This was previously and optional protocol.

There was discussion regarding EMTs being able to start IVs and assist family with IV meds that the family could give at home if they have an IV. That would be with consult and ambulances would not carry the meds as they are medication that the family has. There will be more discussion. There was no decision made.

There was discussion with treatment of angioedema versus anaphylaxis. The idea here was that there are people with a type of angioedema with a giant swollen tongue that look like they're cannot to breathe. But it's actually a very slowly developing situation. And unlike anaphylaxis, it's not histamine related. Its bradykinin related and it doesn't respond to epinephrine. The suggestion was that we could use TXA for that. There's some evidence that it may work within three to five minutes. It is typically, if you're familiar with the ACE inhibitors and maybe ARBs that are used for hypertension, these situations relate to taking those medicines, especially first or second dose. Those are the clues that would help you identify it. "I'm sure we'll talk about that more in the next meeting".

There was discussion regarding glucagon for BLS use and it came up for a vote and due to the fact that it's \$200 a dose, made it unpalatable to jurisdictions. The vote failed.

Ketamine for pediatric seizures as a backup was discussed, we've already talked about that for adult seizures, if the "pediatric people" approve it for 6 months to 18 years of age. This will be tracked closely on all the cases.

Reminder, that these items need to be voted on, none of these would be in effect till next July if approved.

Jurisdictions that are having trouble getting verapamil as their treatment or for the a-fib with a rate over 130. Metoprolol was approved at 5 milligrams IV one or two doses.

Discussion regarding Buprenorphine for CRTs to use, it needs to be at least 12 hours since their last dose if they've been getting doses of Buprenorphine. A discussion was had regarding Southeast Asian opioid substance known as kratom and that people who go into withdrawal on it probably benefit from Buprenorphine.

There was also discussion regarding traumatic arrests with ultrasound proven cardiac wall motion. The discussion was whether we should recommend that those people automatically receive blood and I think generally the idea was it's a good idea.

Discussion regarding Ketamine infusions rather than just dosing it at the one to two minute or three-minute injection time. Generally, the idea that it would be good for bucking since that tends to be kind of recurring and you don't want to keep dosing and dosing and dosing. Was generally thought of as a tool that would be okay to use even with some supraglottic airways. It's another area of discussion

Another area of discussion revolved around inter- facility transports and whether specialty care transport paramedics should transport if there's insulin in TPN being used in facility. The group; thought this would be OK.

AED pad placement for cardioversion or pacing will be highlighted in the protocol, with a diagram showing the correct pad placement.

Lastly, a discussion regarding tourniquet conversion. Looking at trying to limit the time people are actually on tourniquets if packing the wound actually seems to solve the problem. The tourniquet at some point could be unwound slowly so there's no bleeding. Then they carefully can remove the outermost packing and then if it looks good, then they don't need to necessarily have their tourniquet replaced, but it can be left in place if it starts to bleed at some point doing transport and potentially needing to put a little more packing back in. There was some in-room discussion regarding the usage and EMS vs public education of tourniquet use.

Jeana Panarella informed the group that the MSFA EMS committee discussed that interstate compact issue and voted to not support the compact. This has been relayed to MIEMSS.

MD Trauma Network Report – Tammy Baughman

We had our final meeting of the year. basically, we're discussing a new registry platform that will need to be in place sometime in 2026. There are four different vendors that the MIEMSS is looking at. We just got our spec sheet today as trauma program managers to look at that.

We are still in talks looking to place "stop the bleed" into curriculum across the state.

The trauma fund grant application just went out after thanksgiving and is due right after the first of the year, to be distributed early 2026.

Pediatric Medical Advisory Committee Report – Cyndy W. Johnson

Handouts are being sent out.

We have a conference that we are doing on February 25th at MITAGS. It will be an interdisciplinary conference on pediatric readiness. It'll be an all-day conference. The middle portion will be hands-on skills, and we'll be doing some pediatric disaster triage both before and after lunch. there will be a stable course which is sort of beyond the neonatal resuscitation course whether you take Red Cross or American Heart AP. It's an eight-hour course. Two hours are done online and it will be offered at Winterfest and at Miltenberger. It is open to EMS and hospital personnel.

Emily Austill, is offering a PEPP course for region 1 and 2 on January 9th at the Washington County Public Service Training Academy. That flyer should have come out

Cyndy focused on the last page of the handout that is landscaped, and the orange calendar for EMS nursing and physician forums for 2026 are all set. Our EMS and nurses will get together in person separately in April. They will have a joint virtual meeting in July and then there'll be a second EMS in-person meeting in October.

We did revise and update the neonatal protocol. It is now a one-page algorithm. BLS at the top, ALS at the bottom, and all the information did make it onto one page. Similar to the current reference posters we'll be making one on neonatal.

Frederick County –

EMS Operational Program – Mike Cole

We are in the process of starting Tele 911. We have our final meeting with the county executive January 7th for the approval and then that will start procurement process.

Firstwatch is in progress, we will start that after the new year, with our data program, which will be a very lengthy process from what we're understanding to get that up and running.

We have been in talks over the last couple months with Red Cross regarding transitioning our blood from INOVA to FHH. It sounds like Red Cross is going to beat their price by about 50% and have 4 units in stock for us at all times. So that will save us a courier and it will save us the cost of the blood itself. They are in process with FHH in trying to figure out the process, get us a cooler set up, and how many units we want to keep in stock. We will hear something probably after the holidays.

We've completed our monitor trial which was two extensive days running both the new ZOLL monitor and the new Stryker Lifepak 35 through extensive training drills with live patients', and mannequins running through everything that both monitors are capable of doing. I believe we're just waiting on one more piece of the ZOLL monitor to see how the ImageTrend integration goes after the new year and then we will be making a final decision after that.

We are starting to put a committee together in the first quarter of 2026 to look at our ALS deployment plan. We had an initial five-year plan. We're at phase five which will be the additional two medic engines here probably April of next year. The group will get together we'll review all the data and analyze all the current areas of ALS deployment and see if there's anywhere, we need to move or add ALS services in the county.

A mid-level provider for the MCH program has been hired. He starts January 25th and will be mostly riding along to deal with substance abuse, work with Buprenorphine program, and then do simple wound care and things like that in the field.

Medical Review/QA – Mike Cole

We review a lot of cases, handle most in-house. We have had a change in our QA officers. Erik Wilhide left QA and is now in training. He will be the paramedic class coordinator. And we have brought Jesse McKittrick in to do QA with us

Education – Anne Johnkin Via relayed report (Dave Chisholm)

Frederick County graduated six paramedic students in November. They have 14 students in the upcoming class slated to start 1/12/26. New lead instructor is Lieutenant Mike Curry. The Paramedic class commander is Lieutenant Erik Wilhide.

The ALS refresher to start in April 2026 in a quarterly content offering.

EMT refresher just finished five courses under the new COMAR regulations. They had positive feedback. It is still a 24-hour in-person course, which is the desired format by most attendees.

Planning for at least 10 EMT refresher courses in 2026.

Initial recruit EMT class starting April 6th with up to 30 participants. We may potentially have another initial course in quarter three or four of next year.

EMS education recently relocated to shared office with all staff together.

EMS Committee – Jeana Panarella

No report.

Emergency Communications –

No report.

Washington County –

EMS Operational Program – Dave Chisholm

WCDES went live with our blood program in early November. To date, we have not given any. We are using Meritus Medical Center for our supply. We are only keeping stock for a week right now as we slow roll this out. I think you'll see us bump that up to two weeks. But thus far the equipment's working fine. Coolers are functioning well.

We placed for the first time in 30 years a new EMS transport service in Rohrsersville. That is an ALS transport service and just passed the VFRA's committee. It took exactly 54 minutes on its first call; they were on the scene in six minutes compared to a 15- or 16-minute response time from the previous first due company.

Medical Review/QA – Mel Higgins

We review a lot of charts. The MRC membership applicates have interviews for membership tomorrow.

Education – Dave Chisholm

Our current cohort is still in the didactic phase. That will continue until late January when they'll shift to both lecture and rotations. Believe there is 16 in the class.

Emergency Communications/Emergency Management – Dave Chisholm

We retired our low band tone alert frequencies earlier this month and are now strictly high band paging.

Region I & II Healthcare Coalition – Caitlin Weems

Colin Graham, has left his position as the coordinator. We are in process of replacing him; I think that position has been posted. Hopefully we will have somebody soon to fill that position

Agency Reports

Frederick Health Hospital - Suzanne Butler

There is a little construction going on. We are getting new purple zone doors.

Meritus Medical Center – McKenzie Sheppard

No Report.

Frederick County Health Department – Todd Johnson

This past Wednesday, we hosted USAMRIID and Hopkins Biocontainment Unit for their exercise, Operation Santa (special pathogen activation, notification, transport, and analysis) tabletop exercise. The scenario was discussed.

On Friday we were back at FHH with our public health response team which is kind of our internal first line who's on the ground. The DRFS Hazmat and Washington County Office of Emergency Management (Katie and Cody) came down because I hadn't seen the equipment during a community reception center introduction and the radiation equipment that region 2 acquired. We did find that the portal monitor didn't work despite page-by-page manual troubleshooting. The portal will be stationed at Frederick Health. FH would like to have an annual training.

Saturday, we did a "stop the bleed" class for our medical reserve core members. It was overlaid with the train the trainer format. So that we get these medical reserve board folks working in their communities teaching stop the bleed and use the equipment that the Health Care Coalition hospital readiness program purchased in regions 1 and 2.

We also activated a Mission for Maryland Response – Frederick County unit to do a child safety seat install work that our Safe Kids Coalition folks at the health department do regularly.

OPR (Office of Preparedness and Response from MDH) is looking at hospitals that need Maryland-FIRST radios so we can be operable and working with them to get the Demstel system up and 100% so we can use that to build into redundant communications

Washington County Health Department – Caitlin Weems

We conducted probably our last "stop the bleed" training of the year with the school system. We will pick it back up in the spring. As of today, we have trained 718 school staff just this school year.

"We connected with two of our nursing home long-term living locations and did a couple pod exercises last week".

MFRI –

No representative.

MSP Aviation –

No representative.

Old Business –

No old business.

New Business –

No new business.

MIEMSS Report –

Region 2 - Wayne Tiemersma

Education Grant application requests are to be turned in by December 19th. Approval of the funding needs to be supported by the council. Discussion was held regarding the council's support for continuance of the historical funding split between Washington and Frederick Counties. General consensus was voiced in support of the funding practice.

CDG agreements went out. I think it was January 8th I know that there's going to be a quick turnaround for some people. We can work on issues on a case by case but we need to have the agreements back.

Reminder of the January 31st EMT recert deadline ... it's not just about competing the class and getting the education. You do have to submit you application online for renewal. So, please do that. Please let your people know that renewal application needs to be submitted before the deadline.

Miltenberger Conference brochure should be out first or second week of January.

Office of Care Integration – Elizabeth Wooster

"I want to just publicly say thank you to Cindy for bringing burn courses forward. You have about close to 40 new burn nurses in the state of Maryland with training and certification. So that's a big jump forward that those are new ones. So that's good work moving forward that just occurred".

"I've been pushing the hospitals, trauma centers to include EMS in their quality improvement committees and work to reach across the aisle and be inclusive to those crews that brought those patients in, adding ad hoc members for those discussions. So, you should be seeing folks reach out for that to happen. I know Meritus does it. Tammy and I talk about that quite a bit. and across the state that also is starting to advance. and that's really good feedback from both sides and working together to solve issues and sometimes it's not just issues, it's a great case that becomes a teaching case that everything was done well. So, it's both ways. Thank you for opening up your mind and being willing to come in and discuss those cases".

"Trauma COMAR should be reviewed and then presented it to the EMS board within the next couple months and then from there it should move forward. through the final process of review, it would go into a place hopefully if everything gets done by July, and what you will see are some changes within the hospital. We'll see some additional things that they'll start doing so don't be surprised about that. I know I get a lot of questions all the time. Is it coming forward work's been done for a year plus? so it's coming".

"The office of care integration which includes trauma, stroke, perinatal and cardiac. The four of us are here to serve your needs. We don't know your needs if you don't let us know. we answer our phone 24/7. This person answers the phone 247 and so I'm happy to take your call or help you solve anything, provide education, work with you to get anything that you need moving forward. So, please don't hesitate"

Adjournment

The next meeting will be at the Washington County Public Safety Training Center on March 16th at 6:00pm.

The meeting adjourned at 6:52pm.