



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

410-706-5074
FAX 410-706-4768

Statewide EMS Advisory Council (SEMSAC)
AGENDA
September 3, 2020 - 1:00pm
Virtual Meeting

- I. Call to Order – Mr. Tiemersma
 - Call the roll
- II. Approval of the August 6, 2020 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. Ketamine – Dr. Chizmar
- VI. MSPAC Report – Major Tagliaferri
- VII. MSFA Update -
- VIII. Committee Reports
- IX. Old Business
 - Provisional EMS to Regular EMS Regulations – ACTION – Ms. Sette
- X. New Business
 - Neonatal Commercial Ambulance Services Regulations – INFORMATION – Ms. Chervon, Ms. Sette



State EMS Advisory Council (SEMSAC)

September 3, 2020

Via Conference Call Only

Meeting Minutes

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SEMSAC Members Present: Wayne Tiemersma, Chairman; John Filer; Wynee Hawk; Eric Smothers; Michael Cox; Jeffrey Fillmore, MD; Michael Rosellini; Habeeba Park, MD; Justin Orendorf; Kathleen Grote; Tim Burns; Scott Haas; Murray Kalish, MD; Wayne Dyott; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Jennifer Anders, MD; Karen Vogel; Brian Frankel; Linda Dousa; Michael Millin, MD; Michael DeRuggiero; Melissa Meyers; Lisa Tenney

MSPAC: Major Tagliaferri for Keith McMinn

MSFA: Ms. Tomanelli;

RACSTC: Ms. Carlson for Ms. Doyle

OAG: Mr. Magee; Ms. Sette

MIEMSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Terrell Buckson; Michael Cooney; Luis Pinet Peralta; Cyndy Wright Johnson; Jim Brown; Mark Bilger; Carole Mays; Mustafa Sidik; Barbara Goff

Mr. Tiemersma called the meeting to order at 1:00 pm.

Mr. Tiemersma asked for approval of the August 6, 2020, SEMSAC meeting minutes.

ACTION: A motion was made by Dr. Kalish, seconded by Ms. Tenney and unanimously voted upon to approve the August 6, 2020, minutes of SEMSAC as written.

MIEMSS Report

COVID-19

Dr. Delbridge presented the current statistics from the Maryland COVID-19 Status Dashboard; including the number of mechanical ventilators, patients hospitalized (392) and bed availability. The metrics used by the state that help guide the Governor's actions:

1. the number of hospitalized patients and the number of patients in intensive care units,
2. the positivity rate for Marylander's who are tested; and
3. the number of positive cases per 100,000 people.

Dr. Delbridge reviewed current EMS statistics on pre-hospital respiratory illness and COVID-19 PUIs treated and transported by public safety and commercial ambulance services. He said that the number of PUIs transported by EMS continues to decline, while the average number of overall patient transports was beginning to return to a more normal level. Current hotspots are Baltimore City and Baltimore County.

Dr. Delbridge said that MIEMSS continues involvement in several multi-agency coordinating meetings each week for situational awareness; coordinate and distribute PPE; conduct jurisdictional bi-weekly updates; and participate in EMS workforce COVID-19 testing and data collection and analysis. MIEMSS also is involved in mental health support initiatives. Dr. Delbridge reminded everyone that the viral syndrome pandemic triage protocol applies to COVID-19 or any other viral syndrome patient during the upcoming flu season.

Dr. Delbridge said that termination of resuscitation in the field protocol had been amended to allow a BLS or ALS clinician to perform nasopharyngeal testing for COVID-19 if the deceased person is not anticipated to be a medical examiner's case. He said the option to test the patient was intended for cases where resuscitation had been attempted. He said that results so far have indicated a positivity rate of around 5%. He said the testing results also alert EMS personnel of possible exposure and facilitate contact tracing by the Health Department. Dr. Delbridge asked that non-participating jurisdictions contact Dr. Chizmar or himself if additional information is needed.

Dr. Delbridge provided an overview of the requirements and the current number of EMS provisional clinicians who have met the requirements to transition to full certification or licensure for each level of EMS clinician.

Dr. Delbridge said MIEMSS is encouraging all EMS Clinicians to get a Flu vaccine this year and to be advocates for all to be vaccinated.

Dr. Delbridge said that MIEMSS is advocating for EMS clinicians and other first responders be at the top of the priority list for receiving the COVID-19 vaccine when it becomes available. After surveying jurisdictions as to who should distribute COVID-19 vaccinations to EMS jurisdictions, the consensus is that MIEMSS should assist with the distribution of the COVID-19 vaccine to EMS jurisdictions when available.

MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge gave an overview of the @HA Dashboard and showed a screen shot of this morning's @HA app showing locations of ambulances at hospitals. He said there are currently 14 jurisdictions downloading CAD data into the ePCR. MIEMSS continues to work on including additional jurisdictions to provide real time awareness of EMS-ED interface.

CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP for near real-time census data from hospital emergency departments into CRISP. MIEMSS is currently working on a few regulatory issues to allow the sharing of data from CRISP.

EMS Plan Vision 2030

Dr. Delbridge said that SEMSAC and the EMS Board have approved the EMS Plan Vision 2030. MIEMSS is compiling a publishable document and will distribute when available.

SEMSAC Report

Chairman Tiemersma reported that the EMS Board approved the following at the August 14, 2020, meeting:

- The Vision 2020 EMS Plan
- The Primary Stroke Center and Acute Stroke Ready Center Regulations.
- The Bi-Level Positive Airway Pressure (BiPAP) Protocol with the clarification under contra indications
- The Heated High-Flow Nasal Cannula (HHFNC) Protocol with the clarification under contra indications and upon approval of PEMAC of the removal of redundant wording.
 - Pediatrics approved removal of redundant language in the Heated High-Flow Nasal Cannula (HHFNC) Protocol as approved by the EMS Board on August 11, 2020. Dr. Chizmar updated the protocol to reflect the requested Board.
- Anne Arundel County Fire Department Training Academy – continued 5-year approval as a BLS Education program that can also host ALS Refresher Training.
- Fort Meade Fire Department EMS Division – initial 5 year approval as an ALS and BLS refresher education program.
- Pulse Medical Transport Commercial Ambulance Service - initial 5 year approval as an ALS and BLS refresher education program.
- St. Mary's County Emergency Services, EMS Division - initial 5 year approval as an ALS refresher education program.
- Maryland State Police Aviation Command - continued 5-year approval as an ALS and BLS refresher education program.
- Baltimore City Community College Paramedic Program for a one-year provisional period with a monthly review by MIEMSS together with unannounced program inspections

Chairman Tiemersma said the bi-monthly meeting of the MIH committee took place last week; the committee reviewed documents from MIH jurisdictions on definitions of MIH and minimum educational requirements. The next meeting of the MIH committee is September 17, 2020, to discuss a unified vision for MIH. Mr. Tiemersma added that he would like for the MIH committee to become a Standing Committee of SEMSAC.

Chairman Tiemersma said he requested Dr. Chizmar update SEMSAC on the use of Ketamine.

Ketamine

Dr. Chizmar said that the primary uses for Ketamine are analgesic for pain, induction for rapid sequence intubation (RSI), and sedation for severe agitation. Ketamine was added to the Maryland Medical Protocols in July 2018.

Dr. Chizmar said that the use of Ketamine for severe agitation has come under some recent scrutiny. He said that Ketamine can be used by EMS for a patient showing signs of bizarre and aggressive behavior that presents an imminent risk of harm to patient or EMS which may be related to medical, psychiatric or substance abuse.

Dr. Chizmar said one of the reasons Ketamine was added to the Maryland protocol formulary was the risks associated with the use of other medications (haloperidol, midazolam). The use of Ketamine appears to lower the risk of adverse events such as hypoxia, low blood pressure or cardiac rhythm disturbances.

Drs. Delbridge and Chizmar authored a memo clarifying the use of Ketamine by EMS clinicians that stated EMS clinicians are to obtain online medical direction unless doing so would present imminent and immediate harm to the patient or EMS and to obtain online direction for administering midazolam or versed after patient has received Ketamine. The decision to administer Ketamine is solely a medical decision, and there have been no reports in Maryland of law enforcement involvement in the decision to administer. The memo also clarified the patient must be transported in the supine position and directly monitored by two EMS clinicians, one being ALS, with cardiac monitoring, ETCO2 and pulse ox. Jurisdictional medical directors have committed to review all cases where Ketamine has been administered for agitation.

Dr. Chizmar said it has been two years since the addition of Ketamine to the Maryland EMS protocols and that it is an appropriate time to review. This will be a topic for discussion at the next Protocol Committee meeting.

A discussion regarding the use of Ketamine and the term “excited delirium” ensued. Also discussed was the use of alternative medications and reexamining the use of Ketamine through the Protocol Committee.

MSPAC

Major Tagliaferri said that MSPAC continues to work with the Arkenstone Technologies on the Basing Study and anticipate receiving a draft shortly.

On September 2, 2020, the Board of Public works recommended that the Attorney General provide advice on the legality of overturning the cuts to the MSP Aviation Command budget.

Major said the six new medics were pinned today.

The MSPAC received an offer to purchase its fixed wing, King Air, aircraft.

MSFA

Ms. Tomanelli said that the MSFA, Metro Fire Chiefs, the IAFF and the Maryland Fire Chiefs penned a joint letter to the Governor in support of MSPAC maintaining its current bases and fleet.

Ms. Tomanelli said that the next MSFA Executive Committee meeting is scheduled to be an in-person meeting to be held at the Flintstone Fire Company on October 10th and 11th, 2020. Committee Chairs will have the opportunity to meet with their respective partners from 0830 to 1015 on October 10th. President Walker has asked that you only attend on the day of your presentation to limit the number of persons in the building at one time.

SEMSAC Committee Reports

Regional Affairs Committee (RAC)

Mr. Smothers said the Mr. Naumann will sending out the information on the upcoming 50/50 grant in September.

Mr. Smothers reported that Physio was discontinuing support of the phase 1 and 2 devices. They will no longer be producing the motherboards for the LifePack 15's. Physio will only be replacing motherboards for units that are less than eight (8) years old. Mr. Naumann will send a list of units that are in jeopardy across the state. He said some jurisdictions are reconsidering how they do their ALS, taking away 12 leads and replacing with AEDs. The RAC will be monitoring this issue.

Old Business

COMAR 30.02.02.13 - Requirements for Individuals with a Provisional License or Certificate to Obtain a Full License or Certificate

Ms. Sette said this regulation establishes criteria and time limits for individuals with provisional certificates or licenses to transition to a full certificate or license. This proposed regulatory change was published in the *Maryland Register* June 19, 2020. No comments were received. The regulation is currently effective as an emergency regulation, which expires on October 30, 2020. Final Action will allow it to become effective before expiration of the emergency regulation. Ms. Sette said this is for final action.

Upon the motion of Dr. Kalish, seconded by Dr. Fillmore, the COMAR 30.02.02.13 - Requirements for Individuals with a Provisional License or Certificate to Obtain a Full License or Certificate was approved for recommendation to the EMS Board as written.

New Business

COMAR 30.09.12 Revised Neonatal Transport Regulations

Ms. Sette presented the revised Neonatal Transport Regulations for information only.

Ms. Chervon gave an overview of the revised regulations. She said that the goal is to improve standards for neonatal and infant transports while ensuring appropriate utilization of a limited resource. The Neonatal Transport Subcommittee is composed of subject matter experts- neonatologists, nurse practitioners, paramedics, transport service representatives, members of PEMAC. The subcommittee developed the draft regulations through many meetings, and the draft regulations were reviewed and approved by Commercial Ambulance Services Advisory Committee, MIEMSS Leadership and the office of the Assistant Attorneys General.

The revised regulations include a change in the definition of neonate and the addition of a definition of infant. The Services, not vehicles, will be licensed, giving Services the flexibility in utilization of various units which will model Specialty Care Transport (SCT) licensing. The Services will be required to have an MOU with a hospital, which provides the neonatal transport equipment, medication, and personnel, recognizing this is the primary model for neonatal services in Maryland. A copy of the MOU will be kept by MIEMSS.

The regulation clearly delineates the triage process for the transport of neonates and infants requiring certain kinds of care. It allows for flexibility in determining appropriate equipment and medications for specific patient needs and removes some obsolete equipment.

Dr. Chizmar said that the Neonatal workgroup did a great job ensuring a proper level of safety for all patients.

A motion was made by Mr. Smothers, seconded by Dr. Kalish, and unanimously approved to adjourn the meeting.