

SEMSAC Meeting Minutes
November 3, 2011

Members Present: M. Kalish (chair); J. Scheulen; S. Edwards; W. Kerr for M. Gibbons; M. DeRuggiero; E. Ganson; J. Brown; K. Yamamoto; R. Simonds; M. Meyers; C. Mays; L. Dousa; J. Markey; R. Lipps; K. Doyle; J. Fillmore; A. Faden; R. Berg; K. Grote; S. Haas; G. Delaplaine; A. Walker K. May (phone); E. Carlson (phone).

Members Absent: W. Bethea; D. Crane; J. Fowler; M. Muth; W. Gaasch

MIEMSS: R. Bass; P. Gainer; L. Myers; C. Hyzer; P. Hurlock; R. Oliveira; L. Hawthorne; B. Slack; J. Brown; A. Aycock; D. Floccare; J. Kelly.

OAG: F. Magee.

MSFA: J. Denver.

STC: J. Huggins.

Region III Council: Mike O'Connell.

Others: B. Dousa.

The Chairman opened the meeting at 13:02.

It was announced that George Delaplaine, the first chairman and member of SEMSAC since 1993 is retiring from service to SEMSAC. Mr. Delaplaine was presented with a plaque signed by Dr. Bass and Mr. Donald DeVries thanking him for his many years of service.

The minutes of the October 6, 2011 meeting were approved unanimously.

Executive Director's Report-Dr. Robert Bass

- The Ambulance Safety Summit was held at MITAGS on November 1, 2011. There were approximately 70 individuals in attendance. Statistics, and trends on Maryland crashes, injuries and deaths were presented. An outline of recommendations provided in a report by the Ambulance Safety Task Force at the Summit included:
 - Screen ambulance drivers.

- Ensure effective initial ambulance driver training and periodic refresher training .
- Increase use of restraints and safety improvements during ambulance operations.
- Reduce the incidence of excessive ambulance speeds and routine use of “lights and sirens”.
- Improve monitoring of ambulance safety issues and enforcement of safety practices.
- Create an ongoing statewide forum for ambulance safety issues.

The Executive Summary of the report which includes the recommendations is available on the MIEMSS webpage.

- An updated eMEDS slide of jurisdictions that have implemented, committed to, or not committed to eMEDs was given.
- The Department of Budget and Management has updated the previous EMSOF viability projections because revenues from the moving violation surcharge have not been as significant as originally anticipated. Consequently, the viability of the EMSOF is likely to be shorter than originally forecasted and will have to be addressed sooner than originally planned.
- The MOLST law became effective October 1, 2011 however the emergency regulation requiring skilled nursing facilities and hospitals to implement use of the form by the effective date has been suspended. Many facilities have already implemented the new form however, so EMS providers may begin seeing the new forms which are to be considered valid. Therefore, EMS providers should complete the online MOLST training no later than December 1, 2011. It is anticipated all facilities will be required to be using the new MOLST forms by early 2012.

SEMSAC Chairman’s Report

Dr. Kalish indicated there was nothing to report from the EMS Board meeting in October.

National Study Center Report-Dr. Alan Faden

- A major concussion program including several disciplines is being implemented as a result of Shock Trauma case reviews that showed approximately 40 percent of patients had full post concussive syndrome symptoms up to three months post injury event. The initiative will include children as well as adults. A research component with University of Maryland College Park is being discussed.

- A study using empirical data to make “guesstimates” about patient outcomes and treatment is going to be conducted. It will be the first of its kind in biomedicine.
- NSC has received funding from the USAF to study certain injuries from Iraq that are transferred under hyperbaric conditions.

Committee Reports

EMS Education Standards-No Report

BLS Committee-Rae Oliveira

- The final draft of the proposed EMR Pilot Program was presented. The pilot program will take 51 hours to complete. Towson State University Police Department has offered to pilot the program starting in January 2012. There is also interest from Harford County and MFRI SMRTC for possible pilots.
- MFRI Director Edwards requested a change in the wording under the Operations section to reflect “Hazardous Materials Awareness”.

EMD Committee-Les Hawthorne

- The last EMD subcommittee meeting was held on October 25, 2011.
- The committee is working to identify continuing education classes that are a common need to all dispatch agencies across the state. The committee is working to identify local instructors to present these classes in an LMS format so that the training is consistent. The committee feels that online program content is absolutely the way to deliver courses to EMDs. The committee feels that traditional classroom courses are not practical or cost effective in the dispatch setting.
- There are two LMS courses that will be released soon that cover the early dispatch of helicopters and communications interoperability.
- There are currently 1,138 EMDs certified in Maryland.

ALS Committee-No Report

Regional Affairs-No Report

Update of Activities

MSFA-Vice President John Denver

Mr. Denver thanked MIEMSS for hosting the Ambulance Safety Summit. The next Executive meeting will be held on November 12th and 13th in Parsonsburg.

JAC-Chief Roger Simonds

- JAC met on October 12, 2011.
- JAC received a vendor presentation on a new stethoscope that allows several providers to listen at one time to the same patient.
- JAC received a MOSLT form update.
- Scott Wheatley is the new JAC representative on the Protocol Review Committee.

Old Business

Walter Kerr attending on behalf of Major Mark Gibbons reported that the new MSP helicopter purchases remain on schedule as previously reported. The first are anticipated to arrive in May 2012.

New Business

- Proposed 2012 EMS Protocol Changes-Dr. Bass provided an overview of changes. The entire packet of changes was distributed in advance for review. The majority of updates are related to the 2010 AHA Emergency Cardiovascular Care Guidelines changes, specifically focusing on BLS care regarding administration of certain medications, use of AEDs in children and CPR. Post cardiac arrest care is also addressed as it related to the administration of therapeutic hypothermia by EMS providers and transport of patients to Cardiac Interventional Centers that can continue TH. Children will still be transported to the closest Children's Center or closest ED if the drive to the Children's center is greater than an additional 30 minutes. Other protocols that were highlighted in the overview included:
 - New born resuscitation
 - Croup
 - Congestive Heart Failure
 - Burns
 - Trauma Decision Tree
 - EMR category
 - Chemical restraints
 - Patient-Initiated Refusal of Care

- Interfacility Medications
- Optional Ventilator
- Wilderness

SEMSAC approved the Proposed 2012 EMS Protocols to go to the EMS Board after making the following two changes:

1. On page 52, **Cardiac Emergencies: Cardiac Arrest**, add to letter j) “17 years of age or younger”
2. On page 116, **Stroke: Neurological Emergencies**, remove “during the postpartum period” from the last sentence of the ALERT section.

It was also suggested the Protocol Review Committee revisit the administration of oxygen for stroke patients and specifying destination location for next year.

- **Election of 2012 SEMSAC Officers**

Chairman Kalish relinquished control of the meeting to past chair, Roger Simonds. Chief Simonds requested the By-laws be suspended to take a vote by voice since no nominees other than the 2011 incumbents had been submitted. After the By-laws were suspended, SEMSAC voted unanimously to re-elect Dr. Kalish to serve as Chairman in 2012 and Roland Berg to serve as Vice Chairman in 2012.

There will be no December 2011 meeting.

The meeting adjourned at 14:00