

Region IV EMS Advisory Council

Rick Koch, Chair
Chris Truitt, Vice-Chair
Brian LeCates, Secretary

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AGENDA

January 17, 2023

1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes" on the roster if you want to make a report)
9. Old Business
10. New Business
11. Adjournment

Next meeting
March 21, 2023
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
January 17, 2023
Minutes

Attendees:

In Person: Rick Koch, Matthew Watkins, Chris Truitt, Shari Donoway, Dr. Ochsenschlager, Bryan Ebling, Michael Parsons.

Call In: Kathy Jo Marvel, Ryan Todd, Lisa Lisle, Nicole Leonard, Mark Bilger, Mary Alice Vanhoy, Jessica Webster (for Falon Beck), Doug Walters, Yelitza Davis-Hernandez, Stott Haas, Dr. White, Dr. Chiccone, 1st. Sgt. Larsen, Zach Yerkie, Patrick Campbell, Andy Budzialek, Matt Mc Cormick, Beverly Witmer, Randy Linthicum, Cyndy Wright-Johnson, Wayne Tome, Dr. Chizmar, Dr. Todd, Dozia Rahilly, Harvey Booth.

Rick Koch called the meeting to order at 1:30pm

Approval of Minutes: A motion was made by Matthew Watkins to approve the November 15, 2022 minutes as written, seconded by Mary Alice Vanhoy and passed.

Regional Medical Director's Report

Dr. Chiccone:

Report from the Protocol Review Committee meeting held on January 11, 2023:

- An optional supplemental protocol was proposed for opioid use disorder. The goal of the protocol is to reduce illicit drug usage by way of having the ability to treat at the scene of an overdose with the medication Buprenorphine and have that patient referred into follow-up care. The goal of the protocol is as follows:
 1. Reduce illicit drug usage with the specific issue here being fentanyl.
 2. Reduce deaths
 3. Reduce the incidents of HIV and Hepatitis C
 4. Reduce the crime which often supports this drug related activity
 5. Correct substance induced activity in the brain

The proposal specifically would be to engage individuals who have been resuscitated with Narcan to an alert state, but refuse transport to the hospital. What is being propose is an overdose patient who has refused transport to the hospital would be approached by either the paramedic crew on scene, or more likely someone from MIH or its equivalent in partnership with EMS to administer in a sublingual format the first dose of Buprenorphine. In addition, the patient

would be provided with airtight services to fall back on for follow up treatment and support. There was not any issue in the committee regarding the need of this type of service. The issues seem to stem from the implementation part of the protocol that would propose the greatest difficulty. For example, not many Jurisdictions would be able to devote the extended time on scene that this protocol would require. Therefore, secondary agents would be mobilized either from MIH or from whatever the individual counties had to offer. We all agree that this is useful and necessary; there is still much work to be done on the back end.

The State has been looking at the phenomenon atrial fibrillation with rapid ventricular response from the Adult Symptomatic Tachycardia protocol. It has been discovered that in more than one instance, patients actually received for atrial fibrillation with a controlled ventricular response or atrial fibrillation with a slow ventricular response the medication Diltiazem. The questions being looked at is is there actually a floor heartrate below which it would be unwise or discourage to administer Diltiazem. There was great discussion about this prior to the meeting in which we had agreed that we were looking for a range of 120 to 130 and we were hung up in the verbiage as to where this is going to lie. I think this will be closer to 130 with verbiage not unlike a relative contra indication less than 130 that might appear on pharmacology page. The goal is not to just throw medicines around but to identify underlying causes when they can be identified and addressed, so that verbiage may also be added. The committee has moved a step forward, however, this is one is currently on hold pending some revision.

A question was brought up regarding the Refractory V-Fib V-Tach protocol. The question was suppose you get to what looks like the end of the protocol. How much further do you go? How many times should you shock? Should there be guidance that says repeat this pattern above? Therefore, we are working on polishing that verbiage. In addition, there may be a recommendation added to that protocol to change vectors for defibrillation, which will likely involve a new set of pads to be placed. In addition, that will be under the heading Consider a Vector Change Defibrillation for Refractory Fibrillation and a consideration of the administration of Magnesium Sulfate.

Heads up CPR was covered previously and tabled. However, you might see that come up again since there are better outcomes when Heads up CPR is performed.

General announcement, Wednesday April 12, 2023 will be the date of this year's Medical Directors Symposium.

The American College of Emergency Physicians sent a request to the White House to study the problem nationally referred to as ED boarding. Although I did not get a timetable with that announcement, that request went to them in November. If there is no reply or if the White House elects not to convene national taskforce then ACEP will pursue this and assemble a national taskforce to attempt to address ED boarding and make recommendations.

Pediatric Medical Director's/EMSC Report

Cyndy Wright Johnson:

The National EMSC information center based out of Ohio and Texas is doing a collaborative on teen suicide and is open to anyone who would like to be involved. It requires about 6 to 8 hours of work every month. They are looking for emergency departments to join with a minimum of two professionals to work on implementing new policies or practices within their emergency departments.

I sent out a full list of educational conferences to the Council. I want to highlight Pediatric pre-conference at Winterfest, that brochure is out and we put together a flyer and sent that out for distribution. Our pre-conference will take place at Chesapeake College and we are collaborating with the health education department for use of the EMS simulations lab.

The Miltenberger brochure came out on Friday of last week and we have a PEPP course there. It is out at Rocky Gap.

There are two nursing conferences that are still open. One is in February in Annapolis; it is a two-day in person course on pediatric resuscitation aftercare. We also have a certification in pediatric emergency nursing course that will be at Rocky Gap on Wednesday and Thursday before the PEPP course on Friday.

The EMS Care brochure is still in draft form so I do not have any updates on that.

We did launch our EMS survey and all of the data points for each of the EMS Operational programs has been emailed to the Pediatric Champion or to the EMS HJO. That survey is open throughout January and February.

An emergency protocol came out in December regarding inter-facility to allow paramedics who work for a commercial company that is an SCT company and have had the additional training to transport high flow nasal cannula.

EMS Board Report

Mary Alice Vanhoy:

This was our annual joint meeting with SEMSAC and the EMS Board so it was a report out of all of our EMSOF partners giving us their annual reports. Nothing new coming out of that meeting to report. More business of the State will be handled next month at our board meeting.

SEMSAC Report / Regional Affairs Report

Scott Haas:

No report, as I was unable to attend.

MIEMSS Report

Beverly Witmer:

I was asked to give an update on the stipend numbers as well as give the new expiration dates for the EMTs.

Any BLS provider that up to EMT who will expire on June 30th will be extended for 30 days until July 31st. Most likely, in March we will update all of those applications within licensure. Everyone who is due to expire on December 31st will be moved to January 31st and again in March those will also be updated.

Currently we have given out 500 stipend vouchers, of those, 316 of those students are in good standing. Of those 316 students, 150 of them have completed everything all the way through National Registry and are current Maryland EMTs. 166 of that 316 are still in the process of class or National Registry and are in good standing so we do anticipate them finishing. We do have 184 that are not in good standing. What I mean by that is that they are missing a form they need for us to pay them, or they have not turned in their grades. We are reaching out to them so that they can give us the necessary paperwork to pay them. Of the applicants who applied, we denied 159 applicants for various reasons. We are still looking into replacing some of those spots; we have 42 that we are pulling from the wait list and prior to that between December and January we pulled 78 from the wait list. We intend on making sure all 500 vouchers are used. So the final count as of today, we have 176 college students that have been approved from the stipend, 227 from MIFRI, 53 from Montgomery County Volunteer Academy and 44 that are still in the process of giving us their course number.

Randy Linthicum:

During previous meetings, we talked about looking for a new member for the Active Assailant work group from either the Eastern Shore or Southern Maryland. Matt Watkins was selected as the new member. We had many excellent candidates from the Eastern Shore; these candidates have been invited to participate in the First Responder subcommittee chaired by Chief Haas.

Bryan Ebling:

In regards to the Winterfest 2023, if you are a Facebook enthusiast, follow it on Facebook, share it and add it to your page if you have one so we can get the word out.

Covid 19 test kits are still available if your EMSOP would like to have some, we have a Smartsheet from that you can fill out and we will make sure you get what you need.

Cardiac Device Grant 2022 recipients, if you have not submitted your documentation, please do so as soon as possible. We want to clear up FY22, as we are now half way into FY23.

The FY23 recipients should have all received their award documents. If you are a recipient and have not received the documents, please let me know. If you have received the documents, please get those completed and sent back to Sherry. If possible, I would appreciate a cc on those emails. As soon as those documents are turned in please order your equipment.

We would like to congratulate Snow Hill Volunteer Fire Company, Rock Hall Volunteer Fire Company and Singerly Volunteer Fire Company for completing VAIP inspections since our last meeting. Anyone interested in have an inspection, please contact Michael Parsons to get on the schedule.

Dr. Chizmar is encouraging everyone to continue to use PPE including masking.

We would like to congratulate Christiana Union, TidalHealth Peninsula Regional and Atlantic General hospitals for receiving their Base Station re-designations for the next 5 years.

I have a few training opportunities I would like to share:

- ALS refresher at TidalHealth is January 28th, 29th and February 4th and 5th and you can register through MIFRI.
- An 8 hour Rescue Taskforce class is being held in Talbot County on January 27th and again in Dorchester County on February 3rd, March 3rd, April 29th and April 30th
- A First Responder Mental Health and Wellness Symposium will be held on March 30th and 31st
- EMS Care is scheduled for April 29th and 30th

Agency / Regional Reports

Ocean City:

Rick Koch – Just two things I would like to share: Thanks to the help of EMSC we completed four (4) PEPP classes here recently.

In addition, we have taken possession of two mental health puppies for the Ocean City Fire Department. Therefore, if you come visit us you will see a black lab and a golden retriever and we are happy about these additions.

Salisbury:

Chris Truitt – We met with Wor-Wic the other day and they are starting a Fire Science Applied Associate's degree starting this fall.

MSP Aviation:

1st Sgt. Larsen – We have had 5 troopers transfer into the aviation command from the road and they just started their ground school training.

I would like to congratulate Corporal Tyler Brice of Trooper 6. He was nominated and selected as the VFW Post 5118 as well as the districts EMS Provider of the year for the State of Maryland.

MSPAC early activation: Make sure your providers know the Trauma Decision Tree and if they need us, call for us early. We would rather be called and cancelled en route than called too late resulting in delay of patient care.

Chester River:

Lisa Lisle – All four EDs of Shore Regional Health had their Base Station site visits and we are just waiting to hear the results for MIEMSS.

If you are transporting patients into either Easton, Cambridge or Queenstown and drawing blood for us we appreciate that. That said, we have had a changeover in our machines so the gold top tubes are less significant. So if you can't get a tube, let it be the gold top tube, the green, purple and blue top tubes are much more important at this point.

Worcester MICH:

Harvey Booth – We are seeing many patients in the field and getting a lot of referrals from mostly the north end of the county especially Ocean City.

We are bringing a new Paramedic onboard and things are going very well. We have a lot of training going on this spring so we will be working on that soon.

Rick Koch – Correct me if I am wrong, but I think we did put it in place in Ocean City that when your staff is going out that they are actually writing a card up on it so that there is accountability, is that correct?

Harvey Booth – I did get an email and we are going to call dispatch by phone just to say where we are, what time we get there, when we leave and things like that. We are working on that with Worcester as well, but that requires the Worcester Chiefs to get together and make an agreement.

Old Business:

None

New Business:

Rick Koch – There has been some questions going around about whether or not folks can carry their concealed weapons when they enter hospitals. I am not an expert on this so if 1st Sgt. Larsen is still on, would you have an insight?

1st Sgt. Larsen – I am going to defer on this while I don't know the answer to that right now, I would be more than happy to find that out and pass that information along for the greater good.

Rick Koch – I did receive a note that MIEMSS does not have an ability to regulate that as hospitals are privately owned organization. In the charter of Ocean City, it is very clear that only certified sworn police officers can carry firearms in Ocean City.

Mary Alice Vanhoy – Shore Regional Health has a policy in place that states, “Shore Regional Health prohibits the possession of all weapons in all Shore Regional Health Facilities except those carried by Federal, State, County or City law enforcement officers.” Weapons include for them, firearms, and knives with blades longer than 3 inches in length, brass knuckles or any object used to inflict bodily harm. You may want to check with other hospitals as they may have their own policies in place.

Jessica Webster Christiana Union – I honestly have no idea; I would have to look up the policy.

Yelitza Davis-Hernandez AGH – I would have to look up our policy as well, however, I do believe our policy runs along the same lines at AGH regarding only licensed law enforcement are permitted to carry.

Dr. Ochsenschlager – What implemented this discussion?

Rick Koch – I received an e-mail regarding where folks can and cannot carry due to the change in the laws in Maryland.

Dr. Ochsenschlager – Was there a specific instance?

Rick Koch – Not that I am aware of, I was not give a specific instance.

Mary Alice Vanhoy – I think Lisa Chevron has a letter from Sarah Sette stating that it is not in MIEMSS purview to make any decisions related to this topic.

Adjournment: The meeting was adjourned at 2:32