JURISDICTIONAL ADVISORY COMMITTEE

MEETING MINUTES

Wednesday, June 10, 2026

ATTENDANCE:

In Person:

Dr. Timothy Chizmar (MIEMSS), Jason Cantera (MIEMSS), DeRon Folson (MIEMSS)

Virtual:

Aaron Edwards (MIEMSS), Alex Kelly (MIEMSS), Bureau Chief Amanda Wensel (Baltimore County), Andy Robertson (MIEMSS), Battalion Chief Tony Scott (Montgomery County), Assistant Chief Ben Kaufman (Montgomery County), Bryan Ebling (MIEMSS), Capt. Ethan Freyman (BWI), Chief Christian Griffin (Cecil County, Committee Chairman), Deputy Chief Cory Polidore (Somerset County), Deputy Director Crystal Dowd (Calvert County), Cyndy Wright-Johnson (MIEMSS/EMSC), Deputy Chief Danielle Knatz (Baltimore County), 1SG David Svites (MD State Police), Deputy Director David Chisholm (Washington County), Dr. David Newman-Toker (Johns Hopkins), Chief Debbie Wheedleton (Dorchester County), Drew Oudin, Dwayne Kitis (MIEMSS), Dr. Eric Klotz (Talbot County), Chief Eric Zaney (Carroll County), Chief Heather Howes (Calvert County), Chief James Matz (Baltimore City), Jeffrey Huggins (MIEMSS), Chief Joe Cvach (Anne Arundel), Lt. John Dennis (City of Salisbury), Capt. Jon Krisman, Director Justin Orendorf (Garrett County), Chief Kathy Jo Marvel (Caroline County), Chief Kristy Mayne (Howard County), Chief Logan Quinn (Kent County), Luis Pinet-Peralta (MIEMSS), Michael Parsons (MIEMSS), Chief Mike Salvadge (Allegany), Director Patrick Campbell (Cecil County), Paul Schneiderhan (U.S. Secret Service), Battalion Chief Peter Dugan (Montgomery County), Randy Linthicum (MIEMSS), Battalion Chief Raymond McRae (Annapolis), Rebecca Gilmore (MD Shock Trauma), Battalion Chief Robert Vaccaro (Anne Arundel), Scott Legore (MIEMSS), Shari Donoway (Wicomico County), Chief Shawn Davidson (St. Mary's County), Assistant Chief Stephen Cummins (Cecil County), Chief Tina Kintop (Talbot County), Wayne Tome (MSFA), Assistant Chief Zach Yerkie (Queen Anne's County)

CALL TO ORDER: The meeting was called to order at 10:01 a.m. by Chief Griffin, Committee Chair.

MINUTES: A motion was made by Capt. Freyman, seconded by Chief Yerkie, to accept the February 11, 2026 minutes as written. The motion passed with no objections or abstentions.

REPORTS and UPDATES:

I. Office of the EMS Medical Director (Dr. Timothy Chizmar)

A. Introductions
   1. Dr. Chizmar introduced DeRon Folson as a new MIEMSS team member providing administrative support to the Office of the State EMS Medical Director, the Office of Care Integration, and EMS for Children.

B. Transfer of care times
   1. Transfer of care times remain above the goal of under 35 minutes at the 90th percentile. MIEMSS continues to monitor recent summer patient surges and provide feedback.
   2. Hospital reporting emails are being automated and may now be sent separately by hospital.

C. Baltimore VA receiving facility update
   1. Since the Baltimore VA began receiving EMS transports in early February, it has received 148 transports, primarily priority-three patients with medical or behavioral health complaints.
   2. The facility does not yet have a dedicated EMRC connection; consultations are managed through the University of Maryland Medical Center, and Baltimore City has a direct contact process.

D. 2026 protocol updates
   1. The 2026 protocol updates take effect July 1. Renewal requires the last three years of BLS updates and the last two years of ALS updates; printed books and the protocol app remain available.
   2. Ketamine should be administered slowly for seizure or pain management. Because it is incompatible with lactated Ringer's solution, saline flushing is recommended before and after administration when LR is running.
   3. Junctional and abdominal tourniquets were added to trauma protocols. Jurisdictions should provide additional training and submit training materials for review; abdominal tourniquets should be reserved for severe hemorrhagic shock.
   4. The ALS tourniquet conversion protocol provides a process for conversion to a pressure dressing, and the refusal protocol emphasizes assessing a patient's capacity to make medical decisions.

E. Buprenorphine
   1. Buprenorphine has expanded to paramedics and CRTs with jurisdictional training and is encouraged statewide, including in jurisdictions without MIH programs.
   2. Dr. Chizmar emphasized the mortality and repeat-overdose risks following a non-fatal overdose and encouraged a care bundle that includes naloxone leave-behind, attempted buprenorphine initiation, and referral for follow-up care.
   3. Statewide, approximately 25-30% of patients who receive naloxone are not transported, although the rate varies by jurisdiction.

F. Prehospital transfusion and whole blood
    1. There are 12 active whole blood programs. Annapolis recently started, Salisbury completed its paperwork, and an application was received from Ocean City/Worcester County.
    2. From January 1, 2025, through June 9, 2026, 387 patients received just under 500 units of whole blood statewide. Ground EMS has used whole blood more often for medical cases, particularly GI bleeding, than for trauma.
G. Whole blood documentation and QA/QI
    1. Chiefs, medical directors, and QA officers were asked to focus on documenting the rationale for whole blood administration and selecting a primary impression that reflects the reason for treatment.
    2. A one-page eMEDS documentation reference will be shared, and the June 11 statewide QA/QI meeting will include whole blood documentation.
    3. The 5/35 process is moving to a Smartsheet-based electronic process. Medical directors need to review and attest to submissions in the system.
H. Statewide quality measures
    1. Midazolam dosing in elderly patients and sporadic esophageal intubations remain areas of focus. Waveform capnography should be applied to every invasive airway.
    2. Telephone CPR reporting remains a priority. Seven jurisdictions are reporting, CARES automation is pending, and CPR LifeLinks may provide reporting and training support.
I. Cardiac arrest management
    1. Cardiac arrests should generally be managed on scene unless scene safety requires transport; public visibility alone should not routinely drive transport.
    2. Transporting deceased patients should not become routine. When transport begins with active resuscitation, the patient should generally arrive as a working arrest unless a DNR/MOLST or another appropriate reason to stop is identified.
J. SB 159 - EMS vehicles and ambulances required supplies
    1. SB 159 was signed into law and requires the MIEMSS Executive Director to coordinate minimum equipment, supplies, and medications for EMS vehicles, including neonatal items.
    2. Jurisdictions were asked to submit local equipment and supply lists to establish a baseline. The volunteer ambulance inspection process will continue pending further guidance.
    3. PEMAC will discuss pediatric components in July and provide final recommendations by September.
    4. The law requires a list but does not specify an inspection process, frequency, or enforcement method.
K. Rural health grants

1. Randy Linthicum remains the MIEMSS point of contact for whole blood grant questions. MIH funding is being coordinated through lead local health departments in each region.
2. Additional opportunities under review include a possible rural C4 restart and the NavigateMD project.

L. Clinical and medical alerts / high-consequence infectious disease
1. The Clinical and Medical Alerts webpage has been updated with PPE guidance and links to CDC and ASPR resources.
2. MIEMSS and MDH are monitoring Hantavirus and Ebola concerns. Dedicated teams may be used for appropriate non-emergent transports.
3. For highly suspected HCID cases within a reasonable transport distance, the preferred receiving facilities remain Johns Hopkins Hospital main campus and MedStar Washington Hospital Center.

M. DEA and state licenses
1. OCSA has submitted the required paperwork to DEA, and DEA is reviewing it. Medical director licenses may eventually transition to jurisdictional licenses in bulk.
2. Medical director licenses expiring in 2026 should still be renewed.
3. Jurisdictions should prepare a comprehensive list of stations and addresses where ambulances or narcotics may be stored.

II. Office of Clinician Services (Aaron Edwards)

A. Approximately 1,500 affiliated EMTs still need to renew; lists were sent to regional representatives.

B. Four hours of ALS continuing education should be posted by July 1. The training will be required for 2027 and 2028 ALS renewals, providing eight hours over each two-year cycle.

C. ImageTrend performance has improved following significant issues during the prior month.

III. Office of Preparedness and Operations (Jeffrey Huggins)

A. Mission ready packages
1. Jurisdictions interested in MAC or EMAC participation should contact Todd Tracey or Jeffrey Huggins. Pre-built mission-ready packages speed response offers and do not obligate a jurisdiction to provide resources when local needs prevent support.

B. Annual resource survey
1. The annual resource survey will be sent at the beginning of July and should be completed to support reporting, planning, and identification of capability gaps.

C. Special event support supplies

1. MIEMSS is developing loanable supplies for special events, including Stop the Bleed and MCI triage kits. Requests should be coordinated through the regional coordinator.

IV. Office of the EMS for Children (Cyndy Wright-Johnson)

A. The May EMSC summary was distributed. EMSC will provide Safe Kids/ Risk Watch "Steps to Safety" training for children & Families in Room 210 during the State Firefighters Convention.

B. A three-hour vehicle crash science workshop led by Janet Bahouth, D.Sc., will include Vision Zero case review material and a hot wash format for major vehicle crashes.

C. The 2024 National Pediatric Readiness Assessment for EMS agencies has reopened as a quality-improvement tool. NPPR GAP Analysis with scores from 2024 Assessment are available to each EMSOP and the national summary has been released. The national assessment will not be repeated until 2030.

D. The EMSC Hospital National Pediatric Readiness Project online Re-Assessment was closed in May with Maryland achieving 100% participation.

E. MIEMSS Maryland Pediatric Facility Recognition Program has conducted six recognition site visits with four additional visits ready to be scheduled. The hospitals currently recognized are:

University of Maryland Medical Center and Sinai Hospital as Comprehensive Pediatric Centers

Sinai Hospital as Comprehensive Pediatric Centers

Meritus Medical Center as a Pediatric Resource Hospital

Carroll Hospital as a Pediatric Resource Hospital

Northwest Hospital as a Pediatric Ready Emergency Department

Grace Medical Center as a Pediatric Ready Emergency Department

F. Recommendations from three completed site visits are being finalized, with another update planned for the August JAC meeting.

V. NavigateMD Project (Dr. David Newman-Toker)

A. Dr. Newman-Toker presented NavigateMD, a rural health transformation proposal involving Johns Hopkins Medicine, MedStar Health, MIEMSS, and CRISP. The project would use mobile technology, telehealth, and remote eye-movement review to improve triage of patients with dizziness, vertigo, or possible stroke.

B. The initial focus is rural counties because of the funding structure, but the model is designed to scale statewide. Goals include improved destination matching and diagnostic safety and reduced unnecessary testing and imaging.
C. Early interest was noted from Ocean City, Talbot County, Caroline County, and St. Mary's County.
D. No action is required beyond notice of interest. Preliminary information is expected in early to mid-July, with possible phased startup around August 15.

VI. eMEDS / AI Assist Update (Jason Cantera)

A. Jason Cantera provided an overview of eMEDS AI Assist.
B. AI Assist can capture audio or images, populate portions of a run report, generate values from narratives, and support plain-language incident searches.
C. The AI Check feature can identify possible documentation gaps before a report reaches QA.
D. Jurisdictions should coordinate with their EMSOP and legal departments as needed. The tool requires clinician review, and feedback should be submitted when gaps are identified.

VII. Jurisdictional Roundtable (Chairman Chief Christian Griffin)

A. City of Annapolis (Battalion Chief McRae)
    1. Annapolis reported its first successful whole blood administration and continues to work through logistics with Anne Arundel. The jurisdiction is also pursuing bike medic training, RSI clinician development, and ultrasound implementation.
    2. Annapolis is seeking six additional paramedics and making final offers to nine cadets to reduce overtime.
B. Allegany County (Chief Salvadge)
    1. Allegany continues to work through whole blood logistics and determine whether the hospital can serve as the blood bank. Four new hires are expected to receive offers.
C. Anne Arundel County (Battalion Chief Vaccaro)
    1. Anne Arundel applied for a Safe Streets grant and hopes to use grant funding to support the whole blood program.
D. Baltimore City (Chief Matz)
    1. Baltimore City reported upcoming academy graduations and continued success with Nurse Navigation, which averages approximately 700 calls per month with about 25% navigated.
    2. The city is conducting extensive planning for Sail250/Sail Baltimore and thanked jurisdictions that offered MEMAC support.
E. Baltimore County (Deputy Chief Knatz / Bureau Chief Wensel)

1. Baltimore County reported upcoming paramedic and firefighter graduations and additional academy classes planned through March.
2. Two whole blood grants are pending. A fall prevention program is underway, and the Quick Response Team will expand to four days per week.

F. BWI (Capt. Freyman)
    1. BWI has five offers out for paramedic firefighters and is considering implementation of ultrasound.

G. Calvert County (Chief Howes)
    1. Calvert recently graduated a class and continues to fill remaining vacancies. Its whole blood program has had three cases in which both units were administered before MSP arrival, with patient survival reported.

H. Carroll County (Chief Zaney)
    1. Carroll is working through MIH and opioid-reduction grants and expanding whole blood capacity and resupply.
    2. The county was approved to hire 12 additional personnel, promote three station lieutenants to captains, and hire four safety lieutenants.

I. Caroline County (Chief Marvel)
    1. Caroline's whole blood program began May 18 and administered two units within its first eight days. The MIH program has 40 clients, and grant funding may support a full-time paramedic.
    2. Staffing is currently stable, although an upcoming lieutenant retirement will require hiring and a promotional process.

J. Cecil County (Assistant Chief Cummins)
    1. Cecil has two paramedics starting June 22 and is filling three new positions, with four additional positions planned for a future station.
    2. The 911 center is meeting with CPR LifeLinks and testing assisted-dispatch and Axon 911 software. A new medical director is joining, Dr. Kahn and Dr. Castiglione is expected to become associate medical director around July 1.

K. Dorchester County (Chief Wheedleton)
    1. Dorchester was accepted for the whole blood grant and is completing paperwork. Applications are open for a new deputy chief, and one person is enrolled in the fall paramedic program.

L. Howard County (Chief Mayne)
    1. Howard increased whole blood availability to six units countywide and has used two units for individual patients.
    2. Ventilators are expected on MDO vehicles by the end of the month. MDO training, a 19-person paramedic class, and a July fire academy class are underway.

M. Garrett County (Director Orendorf / Chief Smith)
    1. Garrett is onboarding one new paramedic, with two additional clinicians waiting to test. Vehicle shortages continue, but operations are being maintained.

2. Tourism is increasing call demand, a July 18 event is expected to draw approximately 15,000 attendees, and the county is seeking information on starting a whole blood program.

N. Kent County (Chief Quinn)
    1. Kent welcomed a new paramedic and continues to address vacancies. FY 2027 plans include upgrading video laryngoscopes and adding four full-time BLS clinicians.
    2. Kent received Rural Health Transformation funding for whole blood, is discussing MIH with the local health department, and upgraded its career ladder and step program.

O. Montgomery County (Battalion Chief Dugan)
    1. Montgomery is coordinating with hospital partners for the July 1 GEC closure and the opening of Shady Grove Medical Center's new emergency department.
    2. The county recognized approximately 200 clinicians, added seven EMS duty officer backups, and is planning a fall medic program and June 22-24 duty officer training.

P. Queen Anne's County (Assistant Chief Yerkie)
    1. Queen Anne's received approval for its whole blood grant, which includes a full-time blood coordinator. Eight additional positions and eight new RSI field training officers are also planned.
    2. The county is transitioning to a new billing company and upgrading cardiac monitors to the Zoll X series in July.

Q. City of Salisbury (Lt. Dennis)
    1. Salisbury is waiting for the purchase order to be cut for the rural grant so the blood program can begin. Everything else should be complete.

R. Talbot County (Chief Kintop)
    1. Talbot hired one paramedic and four EMTs and is finalizing its Rural Health Transformation Grant submission.
    2. Tentative ribbon cuttings are planned for the North Station on July 12 and the Mary's Court headquarters on August 12. A peer support conference is tentatively scheduled for September 10.

S. St. Mary's County (Chief Davidson)
    1. St. Mary's welcomed Chief Ed Moreland and continues MIH and Ebola planning with the local health department. IV pumps are expected to roll out this summer.
    2. Two lieutenant positions and a July new-hire academy are planned. MedStar St. Mary's Hospital is expanding mental-health crisis capacity while maintaining relatively stable transfer times.

T. Washington County (Deputy Director Chisholm)
    1. Washington County welcomed Dr. Robert Flint as assistant medical director, approved ultrasound purchases for the next fiscal year, and started Recruit Class 8 with 18 firefighter EMTs.

U. Wicomico County (Shari Donoway)

1. Wicomico is in the early stages of its blood program and continues to have staffing needs.

V. Shock Trauma (Rebecca Gilmore)
   1. A reminder was provided for jurisdictions to pick up backboards.

W. MD State Police (1SG Svites)
   1. MSP Aviation marked the 55th anniversary of Trooper 2, completed field training for three rescue technicians, and is preparing for crew chief evaluations and anticipated promotions and transfers.

X. MSFA (Wayne Tome)
   1. The MSFA convention and parade are upcoming. Wayne Tome expects to become second vice president and identified volunteer recruitment, organizational fiscal health, responder wellness, and active-assailant preparedness as priorities.

Y. U.S. Secret Service (Paul Schneiderhan)
   1. Paul Schneiderhan attended on behalf of Dr. Margolis and reported Secret Service planning with multiple jurisdictions for upcoming national special events and the July 4 anniversary.

Z. Somerset County (Deputy Chief Polidore)
   1. Somerset County accepted the whole blood grant, will add three positions July 1, and has a new paramedic starting.
   2. A public safety apprenticeship grant will support three paramedic students this fall and two next year. The chief position has closed, but no selection has been announced.

VIII. Good of the Committee (Chief Griffin)

A. No additional items were raised for the good of the committee.

IX. Closing Remarks and Adjournment

The next JAC meeting is scheduled for August 12, 2026.

The meeting was adjourned at approximately 11:45 a.m. following a motion by Battalion Chief Dugan and a second by Chief Howes.

DF/tc

Minutes pending approval at the 8/12/26 JAC Meeting.