



# Jurisdictional Advisory Committee

June 14, 2017  
 10:00 AM to 12:00 Noon  
 653 West Pratt Street  
 Baltimore, Maryland

**Meeting called by:** Christian Griffin, Chairman

## \*\*\*Revised\*\*\* Agenda Topics

|                       |   |                      |
|-----------------------|---|----------------------|
| <b>10:00 AM</b>       | <b>Welcome and Introductions</b>  | Christian Griffin    |
| <b>10:05 AM</b>       | <b>Approval of JAC Minutes</b>  | Christian Griffin    |
| <b>10:05-10:20 AM</b> | <b>OMD Update</b>   | Dr. Alcorta          |
| <b>10:20-10:35 AM</b> | <b>Licensure and Certification Update</b> <ul style="list-style-type: none"> <li>• eLicensure Steering Committee</li> <li>• Timeline for administrator access to MIEMSS Licensure System reports</li> </ul> | Rae Oliveira         |
| <b>10:35-10:50 AM</b> | <b>Emergency Operations Update</b>  | Randy Linthicum      |
| <b>10:50-11:10 AM</b> | <b>CPS Rapid Educational Response Program</b>   | Susanne Ogaitis      |
| <b>11:10-11:25 AM</b> | <b>Discussion of Poll Results from E-Mail Distributed to JAC June 6th</b>   | Dr. Floccare         |
| <b>11:25-11:35 AM</b> | <b>EMS-C Update</b>   | Cyndy Wright-Johnson |
| <b>11:35-11:45 AM</b> | <b>JAC Attendance and By-Laws</b>   | Christian Griffin    |
| <b>11:45-12 Noon</b>  | <b>Jurisdictional Roundtable</b>  | Christian Griffin    |

## JAC Minutes - June 14, 2017

Attending on Phone: Robert Pattison; Mike Cole; Dan Grimes; Heather Howes; James Matz; Ryan Todd; Wayne Tiemersma; Tim Mikules; Mike Reynolds; David Stamey; Andrew Naumann; David Chisholm; Lisa Chervon; Dwayne Kitis; Andy Robertson

Motion was made by Scott Wheatley to approve the Minutes, motion seconded by Alan Butsch.  
Motion passed.

**OMD Update:** Dr. Alcorta discussed the “Emergency Treatment of an Opioid Overdose” card that’s available for distribution. It provides information on how to access the Maryland Crisis Hotline and information on how to obtain Naloxone training.

Clay Stamp and Birch Baron attended the eMEDS Steering Committee Meeting. Jason Cantera has added four questions to improve specificity for what is an opioid overdose when someone administers Narcan. Questions: 1) Do you suspect this patient is suffering from an opioid [heroin, fentanyl, or narcotic] overdose? (yes/no); 2) did the patient report having a previous opioid overdose? (Yes/No/Not Applicable); 3) Have you (the provider) previously encountered this patient as a suspected opioid overdose? (Yes/No/Unknown); 4) Modified pre-existing “Prior to Arrival” to document who gave the Narcan prior to EMS arrival. This information will be passed on to the local health officers so they can start approaching these individuals who are at the highest risk for opioid overdose with lethality.

Randy Linthicum provided jurisdictions with a document regarding personal protective equipment recommendations and unknown substance precautions for first responders. This guidance is for law enforcement, emergency medical services (EMS) personnel, and firefighters when coming into contact with unknown substances. Please share.

Dr. Alcorta discussed the sharing of data: MIEMSS continues to share data with the Department of Health who then passes it on to your jurisdictional Department of Health to identify the high risk individual to get them treatment. Jason Cantera stated there is a report in eMEDS titled, “Opioid SDQ” that shows how the information is pulled in the criteria for the four questions. It all depends on how the jurisdictions want to use it.

Regarding the communications project, the RFP is out. There are a couple of candidates; in the process of a technical review and will not have an answer for another 30 days.

Commercial ambulance inspections are underway and should continue for another two weeks; trying to get to the 400+ commercial ambulance services, BLS, ALS, neonatal and SCT.

Hospital Programs will be conducting 57 hospital site visits this year, 26 primary stroke, 11 base station, 9 perinatal, and 10 trauma visits or revisits/burn and one new potential cardiac intervention site visit.

MIEMSS has taken a very proactive approach to a respectful workplace. MIEMSS wants to make it imminently clear we treat everyone with respect and do not harass or cause anyone to feel threatened or make anyone feel their work space or environment is unsafe.

The MSFA Convention is next weekend. Pat Gainer, Mr. DeVries and Dr. Alcorta will attend. Dr. Alcorta will present the State of the State and Pat Gainer will provide the MIEMSS Update at the Convention Monday. Dr. Alcorta, Pat Gainer and Mr. DeVries will attend the MSFA Banquet Saturday evening.

Dr. Alcorta and Pat Gainer attended the Star of Life Awards ceremony in Annapolis along with Mr. DeVries and Mr. Kalish. Dr. Alcorta spoke about the recognition made to dispatchers, law enforcement, civilians, EMS providers and children who demonstrated the heroic activities of what each of you do every day. The ceremony was well received.

eMEDS Steering Committee: discussed establishing a mechanism for funding of the local validation rules process. It is an \$110,000 purchase and a \$35,000 maintenance cost, the vote to do this was essentially a tie. This means we are not going down this road. To that end, he has had a meeting with Tom Gianni, MD Department of Transportation to see if they have any funding available; they are looking into the possibility but it does not sound encouraging. They are looking at other strategies and have gone back to Image Trend.

PRC ALS Vacancy: Dr. Alcorta is meeting with Mike Reynolds, Protocol Administrator, Thursday to review the candidates nominated for this position. Was very pleased with the caliber of candidates submitted.

Rae Oliveira: BLS Renewal Process is underway. This is the first year providers are going online and completing the Application. Handouts provided detailing the process discussed.

Affiliation Application (not available in the licensure system currently): Regional Administrators have assisted in helping to identifying the two paths jurisdictions want to follow for signing off affiliations. COMAR requires the EMSOP/jurisdiction and the medical director to sign if the provider is ALS. Rae will provide a list to the jurisdictions as to who falls under Path I and Path II. The "Affiliation Application" is targeted to go live July 10, 2017. Lengthy discussion ensued on the licensure systems, Taken/Not Taken Report.

The eLicensure Statewide Steering Committee Meeting is scheduled for July 20, 2017.

Randy Linthicum: Thanked Annapolis Fire EMS helped coordinate CISM Course for 40 providers from all over the state. Working on another CISM in August in Howard County. He introduced new MIEMSS staff, Tessa Smith, Infectious Disease Program Coordinator and Sean Britton, EMS Preparedness Planner. Randy referred to Dr. Alcorta's memo sent out in May regarding high consequence infectious disease hospital designations. DHMH has designated three levels of hospitals in the state. The lowest level, the front line hospital which any ED should be able to receive PUI for Ebola or high consequence infectious disease. Assessment Center: Five hospitals - Anne Arundel, Frederick Memorial, Peninsula Regional, Holy Cross, and soon to be MedStar Southern Maryland. Those hospitals are the core hospitals in the state. Two treatment hospitals: Johns Hopkins and University of Maryland.

Tessa Smith: Her main mission is the development of the HCID Ambulance Teams which will work in partnership with the newly established assessment hospitals formerly known as the Ebola hospitals. We reopened applications on May 10<sup>th</sup> and they will be closing on July 7<sup>th</sup> if anyone else is interested in the program. Please don't hesitate to reach out to Randy or myself if you have questions about it. Currently she is working with newly established assessment hospitals to make sure they have the appropriate partnerships with the commercial companies and 9 1 1 response companies for their HCID transports.

Randy protocol went into effect last year on the process for going to assessment center. If you are within 45 minutes transport of an assessment center you should go there vs a front line hospital. regarding transport.

Sean Britton, Emergency Preparedness Planner: Sean is from Binghamton, New York and has a variety of experience in public health, healthcare and EMS. Working on the emergency operations plan as well as training exercise plans, both of which will be approved by July. Dr. Alcorta advised the Committee that they may be receiving calls from Sean as after action related events are looked at internally and improvement strategies. Early notification of a significant event is extremely important. There was an active shooter event in Alexandria. The shooter was captured but three were hit. Please engage MIEMSS as early as possible in an event; we can project assets to help you. It allows up to reach back MEMA and DHMH to get the assets. With Randy, Sean and Jon Bratt we can provide the assistance. Susanne Ogaitis, EMS-C: Provided a power point presentation on CPS Rapid Educational Response Program. Susanne coordinates the child passenger safety project here at MIEMSS on a grant from the MD Department of Transportation and Highway Safety Office.

Dr. Floccare: The easy tube is the alternative airway listed in the protocol. Currently there are ten jurisdictions that are not using the King Airway and he stated we need to sort out what they are using. Dr. Floccare was asked to head up a physician airway work group to look at replacing the easy tube on the state level. MSP and Park Police are utilizing the pediatric RSI. Feels it's important to have a pediatric version of an alternative airway when you are paralyzing a patient as a back-up if intubation is not successful. Options as a state, from a pediatric perspective, the majority of jurisdictions are using King Airways now. Makes sense to have the King airway as the standard alternative airway. Need to find out what the ten jurisdictions not using the King are using if they are not using the easy tube. Seems to make sense to make the King the standard alternative airway. What to do for kids? What alternatives can we have for airways that are not indicated for children? Now that the LTDFs is there in pediatric sizes, I've asked the Pediatric Quality Improvement Committee their thoughts about opening up the King Airway in the pediatric sizes for use in children. Another alternative is the LMA. Wants to speak with the Protocol Review Committee about allowing LMA as an optional protocol. Pediatric QIC blades, looking at the new UE scope with pediatric sizes. Trying to figure out best care for the patients and the most logistically feasible way to go about it.

Cyndy Wright-Johnson: Display at MSFA Convention - injury prevention and safe kids initiatives. Teach children and families to be safe; teach injury prevention; demonstrate to companies how they can do these themselves. The temperature display was purchased with MSFA funds. Plans to purchase two more. Discussed performance measures: 1) do you have a pediatric emergency care coordinator in your jurisdiction? and 2) access to EMS education. HP-CPR doing this at PMAC. Dr. Anders working closely with Montgomery County on moving TOR forward. Handouts provided.

Maryland Safety Workgroup: Share information; academic presentation at each meeting. The February presentation was from Johns Hopkins Pediatric Transport and Johns Hopkins School of Engineering, monitoring seatbelt use going to a call without a patient and coming back with a patient. Opening workgroup up, if interested.

Legislative Update: MIEMSS has been directed by the Legislature to conduct three studies: 1) repeat of an AED study conducted about a decade ago. Looked at locations where cardiac arrests occurred and made recommendations where AEDs should be required; 2) Look at ED overcrowding; every year during the budget hearings we have to address what is happening with ED overcrowding and yellow alerts; 3) MICH provide legislation on what these programs are doing and address the lack of funding for

support of these programs. Once the studies are complete, they will be drafted and sent to SEMSAC, the EMS Board and the Governor for approval.

Christian Griffin: The JAC By-Laws need updating. An attendance review was conducted for 2016. Of the 38 voting members, 23 were non-compliant. Prior to the next JAC Meeting those in the non-compliant category will be notified and asked to confirm if they are actually the jurisdictional representative who should be receiving the notices of the JAC meetings and the jurisdictional representative attending. Also included will be notice they are not in compliance with the JAC By-Laws regarding by-law attendance requirement. Scott Wheatley and John Filer will review the By-Laws for update and bring to the August meeting.

### **Jurisdictional Roundtable**

Baltimore County: EMS Week was wonderful. In the process of hiring for EMT and P class. Recruit class graduating in July. Fire Chief is retiring June 30<sup>th</sup>. Kyrle Preis will be the Acting Fire Chief.

Charles: Dr. Kevin Seaman has been hired as the new medical director. The third academy class starts sometime in August with ten personnel. A 24/72 hour shift has been added in Waldorf. MIHC program is up and running and seeing patients. Thanked Brian Frankel of Prince George's County for his help. Charles County is fortunate to host Wheels of Soles Bike Club. All hotels in Charles County are booked. Expecting bike clubs from all over the country. Event dates: June 30, July 1 and July 2<sup>nd</sup>. Lead agency is the sheriff's office.

Harford: Harford County government is taking over the EMSOP. Eddie Hopkins is the HJO. In the process of hiring eight paramedics to start sometime in January. One ambulance will be in service in January (surge unit) and the second in service in July.

Howard: 33 graduates, 11 ALS. Horizon Foundation gave Howard a grant. Spring RA 86 people came from Texas and New Mexico and as far North as Vermont.

Montgomery: Graduated 18 members of recruit class. Thanked Jason for getting them in eMEDS. Placing two more paramedics in service; turning three ALS into BLS units.

Prince George's: 17 ambos; 35 recruit class. Deputy Chief Ben Barksdale was confirmed.

Queen Anne's: If you have a protocol change or new protocol concept, make sure you have the supporting documentation and medical based evidence. If anyone from JAC has something to submit, he is happy to filter it or accompany you to the PRC meeting. Rolled out Stop the Bleed kits to high schools, middle schools and elementary schools. Phase II, with the help of the Queen Anne's Health Department, we are putting them in county owned business buildings. Graduated a small class of full time recruits.

Scott Wheatley commended MSP and went on to discuss a call they received for a diabetic emergency that turned out to be a patient who had an altered level of consciousness because of a closed head injury from an assault. Crew came back requesting Category Alpha, Priority 1, helicopter. He wanted to share what they got in the field was he needed a consult. An investigation was conducted; a discussion ensued regarding helicopters, consults and destination.

Washington: Within the next three months will be have an ambo bus.

BWI: EPLEX in May went very well. Getting ready to hire a recruit class. New medical director.

STC: Airway Course has been taken over by a contracted employee. Educational broadcasts are on hold for the summer. Equipment pickup reminder.

Next meeting August 9, 2017.

Meeting adjourned at 12 Noon.