

REGION IV EMS ADVISORY COUNCIL
November 18, 2025
Minutes

Attendees:

In Person: Bryan Ebling, Michael Parsons, Zach Yerkie, Cyndy Wright-Johnson, Chris Shaffer, John Dennis, Derrick Simpson, Kathy Jo Marvel, Dr. Chiccone, Dr. Ciotola, Dr. Chizmar, Tina Kintop, Dr. White.

Virtual: Zach Phillips, Nicole Leonard, Doug Walters, Shari Donoway, Aaron Edwards, Kyle Fratta, Logan Quinn, Dwayne Kitis, Yelitza Hernandez-Davis, Mark Bilger, Patrick Campbell, Debbie Wheedleton, Barbara Goff, Dr. Delbridge, Jenna Jarriel, Morganne Castiglione, Eric Klotz.

The meeting was called to order at 1:41pm by Zach Yerkie

Approval of Minutes: A motion was made by Chris Shaffer to approve the September 16, 2025 minutes as written, seconded by Derek Simpson and passed.

Regional Medical Director's Report:

Dr. Chiccone – I will be sharing some highlights from the Medical Director's Call that was held on November 11, 2025 and then some highlights from the Protocol Review Committee which followed the next day.

There was an announcement that we have a new Medical Director, Dr. Craig Melville in St. Mary's County.

Dr. Chizmar gave us an update on CMS's Rural Health Transformational Grant which has been expanded to include EMS. This is a substantial sum of money, 10 billion dollars a year for five years. The Department of Health has the lead on this in Maryland and some of the things that hopefully should come out of this will be the further investment in MIH and investments towards new whole blood programs. Also, some of you may recall that at the time of the original Tele-EMS proposal, there was a second arm to the protocol that there might be some hope for central EMS direction through EMRC which at the time went away completely; however, it appears there may be new life brought back into that. It appears that 18 of 24 Maryland jurisdictions will qualify to participate in this initiative.

Dr. Chizmar took an informal poll of Medical Directors to find out within our jurisdictions how many ambulance companies were actually using VAIP standards but not actually participating in the official certification. The reason that he brought that up is because it appears that at the legislative level of the state there may be some interest in compelling participation among

ambulance services. Obviously, this would have lots of ramifications but he always likes to advise us whenever there may be pending legislation which could be of interest to us.

We had a brief preview of the protocol review committee. Dr. Janelle Martin had brought up a question regarding the whole blood protocol and participation criteria for tachycardia requirements for lower age groups. PEMAC weighed on that discussion to some extent and Dr. White actually identified that the source of the confusion was the fact that the heart rate guidelines and blood pressure guidelines are posted in proximity to each other and might create some confusion.

Dr. Guyther with her pediatric expertise then weighed in and said she favored strictly heart rate criteria and had made a proposal of using Finkelstein criteria perhaps as a heart rate of 140 to 160 beats per minute. Dr. Chizmar said maybe we should be favoring more of a clinical impression of hypotension as opposed to getting lost in the minutia.

Dr. Levy requested that there be officially a whole blood work group because so many agencies in the state are going towards whole blood programs.

Dr. Chizmar had approached JAC with regard to any interest in having glucagon available for BLS providers. There were a couple of barriers, one being the cost and it seems like there's not a lot of interest so I am not sure that glucagon for BLS providers will go further.

The Pain Protocol was prepared to submit and we will talk about that in just a minute but just in large strokes the revision is now going to try to include access to oral ibuprofen and a multimodal approach to pain control with the goal of decreasing dependence on opioids. IV Tylenol also will be in the protocol as well as the use of ketorolac with the goal again being to diminish overall reliance on fentanyl.

An announcement came out regarding a change in licensing from the DEA. This first surfaced prior to the Corona Virus when the DEA sent seven pages of proposals to the State which was then disseminated to all Jurisdictional Medical Directors about how they would like to change business going forward in dealings with EMS. One of the things that they wanted to do was to get away from having a Medical Director pull the DEA license and transfer the licensing to the agency itself. There were some of barriers, namely that a lot of states didn't have a mechanism for this because this was not a prior law and so the EMSOPS essentially would be bearing the responsibility of holding the certificate and as it turns out it looks like this is going to happen. There will be some legislation that has to be written, but ultimately it will not be the Medical Director's head on the chopping block if something goes awry with the administration of controlled substances.

During the Protocol Review Committee, the retirement of John Oliveira was announced as well as my upcoming retirement. The meeting schedule for 2026 was published and the following highlights were mentioned as well.

- There is a Pediatric Dose trial in place for anti-epileptics with Children's National Medical Center and P.G. County. They are adjusting the age ranges for participants into what I think is the final age adjustment. The purpose here is to determine do we treat them based on age or do we treat them based on weight and this is a proposal to see what happens with age-based dosing.

- We talked about infrequent use medications and reassigning or redefining their status medicines.
- The Newly Born protocol will be formatted so that it will resemble the algorithms that are in the rest of the book. So that will likely be in the manual for 2026.
- There has been a change with regard to crush injuries. The consult has been removed for the use of high dosage albuterol and can now be administered without consultation. That will undergo some editing and it may ultimately be combined with hyperkalemia protocol.
- The proposal for obtaining 12 leads for BLS providers was passed. What was stricken from the proposal was that a minimum of one-year direct patient care be required of any BLS provider obtaining a 12 lead and as I understand it this protocol will apply to patients 18 years of age and up.
- Dr. White presented on TXA for use in severe angioedema. The proposal was laid out very well and contained about six pages of information to demonstrate the clear difference when it comes to the treatment of severe angioedema. An attempt was made to try to make a description that would be easy to distinguish this from other types of angioedema reactions and the purpose of using TXA as a bullet for this particular indication. This was sent back for more work and will not come in the 2026 changes.
- There was an approval for the administration of ketamine for control of refractory seizures for age groups 6 months to less than 18 years and 18 years and up with a consult after two doses of midazolam. This will most likely be a change for the 2026 protocol publication.
- The Pain Management protocol rewrite will not make it into the 2026 publication due to all the changes that will go in to it and the amount of discussion that would be required to give this protocol the attention it deserves.
- There was a discussion on whether or not we have a valid backup drug for atrial fibrillation. This would be specifically symptomatic Afib, and Afib with rapid ventricular response. So, a discussion was held it looks like Metoprolol will be the medication that we will use.
- For jurisdictions who are ultrasound participants, a proposal was made that in traumatic arrest an amendment be made to say if you have PEA as your resuscitation rhythm, do you not have wall motion? The only way to tell is going to be to put that ultrasound probe on and this is an intervention that literally takes seconds to perform. Additionally, a proposal was made that this should become a part of the trauma resuscitation protocol folded into the decision to use whole blood in your resuscitation. So, this was approved to move forward and I don't think there's going to be lots of opposition.
- Dr. Chizmar had made an observation that lots of jurisdictions in the state have IV Technician Programs available. The problem is the requirements are so diverse among these programs that the knowledge that's available needs some type of unification so that the training requirements will become more standardized. I am pretty sure that is something that will move forward.

Pediatric Medical Director's/EMSC Report:

Dr. White – Our Pediatric Emergency Medicine Advisory Committee meeting was held on November 5th and the following items were discussed.

- Pediatric Protocols were discussed which Dr. Chiccone has covered in his report, so I thank him for that.
- There's ongoing Pediatric Facility recognition which I am sure Cyndy will cover in her report.
- The Pediatric Champions are ongoing for EMS Champions, Nurse Champions and Physician Champions. There was a Physician Champion meeting at the end of October, and there was a good discussion about respiratory illnesses and RSV and how to manage those. The next meeting will be held on January 21, 2026.
- I was in Salisbury this morning helping with their PEPP Course and they did a really nice job.
- On November 25th Salisbury is holding one of their advanced multimodal simulations with pediatrics at 5:00pm and it is really worthwhile for people who are working on doing simulation programs.
- After the PEMAC meeting there was a research forum that had some interesting discussions including one from Dr. Kyle Fratta regarding the PD Tree (Pediatric Decision Tree) and its impact on destination decisions so the level one centers are not getting overwhelmed.
- There was a study on EMS clinicians' confidence with high performance CPR that was done at Hopkins.
- There was review of pediatric out of hospital cardiac arrests in Baltimore City in terms of the volume and they also discussed some interesting articles.

Cyndy Wright-Johnson – The Research Forum has been going on for 19 years and there is a lot of preliminary research that is being done that then leads to larger studies. We used to get 30 or 40 people and we are now down to the same cohort of 12. So, we don't know that we are advertising it correctly because it really is about EMS research. For the 20th anniversary we will launch a new Forum name to encourage participation.

The PEPP course is in final edits which will be its fifth edition after the fall release of ILCOR recommendations for resuscitation. We anticipate an April or May of 2026 release EMSC will roll out with the current PEPP Coordinators and Instructors and also offer the full PEPP 5th Edition Hybrid course to the Pediatric EMS Champions, probably over the summer

Highlights from the EMSC November Update:

- S.T.A.B.L.E. Program – This is an 8 hour in-person day with 2 hours of online prep on neonatal resuscitation. The course is open to EMS and Nursing and offered as preconference at Winterfest and Miltenberger.
- First annual Pediatric Readiness conference will be on Wednesday, February 25th 2026 at MITAGS. Save The Date has been shared.
- We still have 20 ENPC course scholarships available for nurses in emergency departments.
- Right Care When It Counts nominations remain open until February 1 2026 (NEW deadline from past years). We have not had a child identified on the shore and we are eager to see one this year.

EMS Board Report:

Dr. Delbridge – Congratulations to Scott Hass who is the new Chairman of SEMSAC and as the Chairman of SEMSAC he is an appointed member to the EMS Board which is great for Region IV. The board has several new members that spent the last meeting orienting themselves. I think a couple things they're keeping track of is our upcoming legislation and one of the potential interests has to do with the minimum equipment list on ambulances. Right now, that's promulgated through the protocols and the Voluntary Ambulance Inspection Program; however, there is an effort in the Senate to make that a more mandatory process. I think that's really all I have to report. It's been sort of mellow through the season.

SEMSAC Report:

Zach Yerkie – I know Scott Haas sent out a very thorough and comprehensive SEMSAC report for everyone in Region IV. I also wanted to congratulate Scott on his position as Chairman of SEMSAC.

Regional Affairs Report:

Dwayne Kitis – Regional Affairs met in the beginning of November and they prioritized all of the cardiac devices for the new 2026 cycle. Region IV had 8 companies apply and they have received funding for 35 devices, 4 of which are cardiac monitors and they actually received about \$23,000 that was unallocated from the western region. So, congratulations to all those folks. Sherry and Lolita will be sending out the agreements to be signed shortly.

I think there are still three pending on the FY2025 grant, which are in the process of getting reimbursement now.

MIEMSS Report:

Dr. Chizmar – Dr. Chiccone did a great job covering the proposed protocols for the year and as all of you probably know our last PRSD meeting is in November and we are actually going to go through the process of looking at all of those and how they fit with the larger protocols. I will have a couple meetings with Dr. Delbridge and we will go over those and how we will present those to SEMSAC and the EMS board.

We have been very fortunate to have a real proliferation of blood programs. Calvert County I think was mentioned, Washington County just came online yesterday and Harford just recently as well. I have had conversations with several of you as well, Salisbury, Caroline and there are several others on the shore that are looking at blood programs as well. So, thank you I know this is an enormous commitment of resources and time. As Dr. Chiccone mentioned, we were going to informally convene sort of a working group to be able to trade best practices, lessons learned among the jurisdictions that are doing blood, some of the regulatory things that you've come across and so forth so you don't have to reinvent the wheel.

I'm going to be looking for volunteers in the coming year, I would like to get a group of Paramedics, EMTs and Medical Directors together to take a look at the IV Tech model in general and also the training program to see if we can improve upon both the content and consistency.

As Dr. Chiccone mentioned, we will continue to look at pain management, that was a proposal that we had at the very end of this year and we will continue that work.

The last thing I wanted to mention was eMEDS. For those that don't know, the emergency department advisory system is fed by your local 911 CAD that goes into eMEDS and then makes the leap over to the dashboard. We have limited our eMEDS updates to quarterly instead of monthly to try and minimize that amount of downtime, but we have a lot of complexities tied to eMEDS and sometimes when there is an update from Image Trend that gets pushed, we have a drop in data feeds and that is what caused the dashboard to go down a couple of days. We apologize for that and we will obviously try to keep that to a minimum.

Also, in the very near future, we will have access to what's called AI assist within eMEDS which should really cut down on the amount of time it takes to complete a patient care report. I'm not so sure that I'd really characterize it as artificial intelligence because what it essentially does is opens up a text box that you can either type into or dictate into and then the software suggests various places throughout the report where it thinks the information should go. So instead of going to all these different places and trying to type it in I think this will really speed up the report process. For those that have reservations, just know that there is a final confirmatory step.

I just wanted to take a minute and thank Dr. Chiccone as this is I believe his last regional council meeting. He has been the Region IV Medical Director long before my time at MIEMSS, even as a contractor. I met him when I was the Assistant Region III Medical Director and he has mentored me over the years and has always been a steady presence here in Region IV. I know we

will see him at Winterfest, but I thought it was appropriate just to take time and say thank you Dr. Chiccone for all of your years of dedication to the shore.

Bryan Ebling – I just have a few updates and announcements.

- FY2025 Cardiac Devices Grant – All grant awards are closed out. I want to thank each recipient for their diligence in getting their reimbursements turned in.
- FY2026 Cardiac Devices Grant – Region IV has been submitted. We anticipate final approval through RAC and SEMSAC at the December meeting. The award letters will follow in December and January.
- ALS Education Grant – The notice of funding award is out and the application period closes on December 18, 2025. We have received 10 applications so far, so if you are interested and have not received the information, please let us know.
- VAIP – We were very busy in the month of October. We conducted three days of inspections in Wicomico County and inspected 12 EMS departments. We would like to congratulate the following companies for passing their inspections:

1. Mardela Springs VFC
2. Westside VFC
3. Hebron VFC
4. Fruitland VFC
5. Salisbury Fire Department

The remainder of those departments that were not mentioned are in various stages of meeting all of the requirements.

We would also like to congratulate the following departments for passing their inspections:

Kent County:

1. Community Fire Company of Millington

Cecil County:

1. Hacks Point VFC

We are scheduling inspections about four to six weeks out right now. So, if you're interested, please let us know.

- Training Opportunities:

1. Winterfest will be held on January 30, 31, and February 1, 2026. There are some changes coming this year with Winterfest so keep an eye out for the brochure.
2. Active Shooter Incident Management Training will be held on February 3rd through February 6th at the Baltimore Convention Center.

MIH Reports:

Caroline County:

Kathy Jo Marvel – Thanks to Queen Annes County, tomorrow we are officially training. Andrew Hughes who is coming over and working with our new nurse that has been hired through the health department and our paramedics to learn how to use Elite, the Mobile Integrated Health module. The nurse is actually riding today with Queen Annes and she has never seen mobile integrated health, so she's out about today. Our goal is to softly start seeing patients in December on Wednesdays in December and we are going to start with a patient a day for a couple months just to get our feet wet and then jump in full force. Holly has been advocating and reaching out and has filled my calendar up with all kinds of presentations. We did receive some grant funding from the Caroline Foundation and we are off and running so hopefully by our next meeting I will be able to talk about our statistics.

Cecil County:

Patrick Campbell – We have seen a couple patients and it is going well. We are working through some of the kinks with our CAD talking to the EMEDs portal but other than that is going well.

Queen Annes County:

Zach Yerkie – Noting really to report, we are just moving along.

Salisbury:

John Dennis – Salisbury's MIH team is doing really well. We have two new programs that we are starting up. The first one is going to be refusal follow-ups. The MDCN (Minor Definitive Care Now) team will visit those in the Salisbury Fire District that refuse EMS within the last 24 hours for whatever reason. The second program is high-risk discharge. The Swift team will follow up with high-end discharges, COPD, CHF, diabetes, etc. that did not meet the criteria for admissions but would benefit from having follow-up appointments, specialties care centers scheduled, medications filled and any medicine reconciliation for those who had their medicines changed.

Talbot County:

Tina Kintop – We are plugging right along with our MIH program. We are looking at a way to capture high-risk people who have been discharged. We are working on a referral process for that, but it sounds like we may need to look at using CRISP. We don't have nurses that can access Epic yet, so we are working on that. Other than that, we just renewed our yearly MOU with the Health Department and with University of Maryland Regional Health. We are seeing an increase in patients all the time, we re-did some numbers and I do think we had about a 40% reduction in calling 911.

Worcester:

No Report.

Agency Reports:**Cecil County:**

Patrick Campbell – Hopefully very soon we will have our blood program up and running. We are at the end of testing and are just working through the fiscal procurement process to firm all that up with the blood bank.

Queen Annes County:

Zach Yerkie – January opens up budget season for FY27 which should be interesting especially with the state's deficit. Other than that, it steady as we go.

Caroline County:

Kathy Jo Marvel – We are accepting applications, but other than that there is nothing new to report.

Salisbury:

John Dennis – We are accepting applications for full-time and part-time firefighter paramedics and firefighter EMTs. We have also been given the green light from City Hall allowing us to hire paramedic only positions which we have been fighting for that ability for a couple years.

The only other thing I have is regarding the whole blood program. As Dr. Chizmar was saying earlier, we have submitted the application and we are moving right along.

Worcester:

Chris Shaffer – Worcester DES was able to stand up a language line for the county EMS companies separate from the PSAP line. Since we are not a county system yet instead of having 9 or 10 separate companies all having their own line, we made one for the county and it brings us up with the general patient protocols that just went through.

TidalHealth:

Doug Walters – Thank you Dr. White and Bryan for speaking on behalf of the Pediatric simulation that we have coming up. Just one small clarification, this is a collaborative effort that was initiated by Tidal Health's ALS training center, the EMS office, and the ED champions along with Wicomico County pediatric champion, Worcester pediatric champion, and Salisbury Fire Department's pediatric champion. We had an oversight and missed Ocean City and Somerset, but we are reaching out to them to invite them to be a part of it as well. As I said, this is a collaborative effort. We are asking that you register so we can have an idea of how many people are attending. It is going to start with a prehospital scenario involving Maryland State Police Aviation, and whole blood as well. Then we will transition into a trauma level one in the ER with an MRP involving the trauma surgical residents as well as pediatric hospitalists and the ED physicians. So, we're hoping for a great scenario and I'd like to thank all of the Pediatric Champions that Cindy has groomed as they have helped me immensely in this process.

I would also like to thank everyone who attended our most recent ALS refresher. We had 26 people attend and I think it was one of our better years.

Old Business:

Zach Yerkie – The only thing I have under old business is our successor for the Regional Medical Director. We have the job posting and requirements for that and Bryan has worked diligently to put that together and it should be going out shortly. I think there is going to be a short lapse before we find a replacement so, Dr. Chizmar will be stepping in to cover during that interim period.

New Business:

Zach Yerkie – The only thing I have for new business is the same thing that Dr. Chizmar said. I just want to take time to congratulate, and thank Dr. Chiccone for his 15 years as the Region IV Medical Director. I haven't been able to find out whether that's the longest serving term or not, so I told you at lunch you are still the longest serving in our hearts either thank you very much. You have made a tremendous impact here on the shore and you have done a wonderful job. We have the very tough task of finding someone to fill some very large shoes.

Dr. Chiccone – Thank you. I must say, I have had the opportunity to work in a number of settings in my emergency medicine career. However, I have had few that have given me the type of support that this organization has given me both on a local and at state level and I am truly grateful to all of you for that.

Adjournment: A motion was made at 2:48 pm by John Dennis to adjourn, seconded by Kathy Jo Marvel and the meeting was adjourned.