REGION IV EMS ADVISORY COUNCIL
March 17, 2026
Minutes

Attendees:

In Person: Dr. Fratta, Chris Shaffer, Amanda Bunting, John Dennis, Brandon Hoppes, Cory Polidore, Tina Kintop, Zach Yerkie, Dr. White, Michael Parsons.

Virtual: Scott Haas, Falon Beck, Mark Bilger, Harvey Booth, Nicole Leonard, Logan Quinn, Doug Walters, Shari Donoway, Dr. Chizmar, Aaron Edwards, Lisa Lisle, Barbara Goff, Stephanie Forbs, Cyndy Wright-Johnson, Jason Shorter, Morganne Castiglione, Ryan McCready, Angie Lord, Debbie Wheedleton.

The meeting was called to order at 1:31 by Zach Yerkie

Approval of Minutes: A motion was made by Chris Shaffer to approve the January 20, 2026 minutes as written, seconded by John Dennis and passed.

Regional Medical Director's Report:

Dr. Chizmar – I got the green light to send Dr. Ciotola his draft contract. We look forward to working through that with him to get him signed on as Region IV Medical Director.

The 2026 Maryland Medical Protocols were approved by the EMS Board and SEMSAC and we are hoping to get them out by the end of April early May so that there is at least two months for everyone to be able to review them. I would like to spend a little time hitting on some of the highlights of the 2026 Protocols.

Abuse / Neglect:

- We have formally been added as abuse neglect reporters for vulnerable adults and children. A statewide 1-800 hotline has been added and it will be published in the protocol book.

Angioedema:

- We have added the option to give TXA with medical consult for angioedema.

Chest Pain:

- We have added the option to give labetalol with medical consult if we suspect that there is potentially an aortic dissection.

Choking / Foreign Body Airway Obstruction:

- New AHA guidelines added – GPC / Airway
- Age 1 and older – 5 back blows / 5 abdominal thrusts

- Less than 1 year of age – 5 back blows / 5 abdominal thrusts

Critically Unstable Patient:

- Added a pediatric section
- Address immediate life threats for adults and kids on scene prior to initiation patient movement.

Crush Syndrome / Hyperkalemia:

We have reorganized the hyperkalemia protocol and added a specific focus for crush syndrome this will do the following:

- Simplifies dosing of sodium bicarbonate (bolus only)
- Removes consult for albuterol
- Describes timing of medication administration for crush syndrome.
    1. Pre-extrication: Calcium
    2. Post-extrication: Sodium bicarbonate, albuterol, repeat dose of calcium after 30 minutes.

Model-T (Buprenorphine)

- All ALS clinicians may administer buprenorphine with additional training.

Newly Born Protocol

- Combines ALS AND BLS interventions into a single protocol. The inverted triangle is going away.

Seizure – Adult and Pediatric

- Increased dose of midazolam to 10 mg IV/IM/IN (No consult for 2nd IV dose).
- Adds ketamine 1 mg/kg IV or 2 mg/kg IM/IN, with consult for refractory seizure.
- Close monitoring and airway management prep required.

Stroke:

For patients with SBP > 220 and DBP > 120:

- Labetalol 10 mg IV/IO x 2 doses
- If SBP not reduced by 15% from initial: additional doses of 20 mg with medical consult.

Trauma: Multiple/Severe & Traumatic Arrest:

We have reorganized the major severe and traumatic arrest protocols into the X for exsanguinating hemorrhage ABC format.

- Emphasizes whole blood use, when available.
- Abdominal aortic and junctional tourniquet (AAJT)
    1. can be used as junctional TQ or aortic indication.

- Tourniquet conversion to pressure dressing.
    1. Lay-person applied or “hasty tourniquet”.
    2. Prolonged transport time.

Patient-Initiated Refusal of Care:

This restructures the checklist and it takes a little bit of the emphasis away from alcohol and drugs and replaces that with a broader screen looking to see whether the patient's judgment is intact.

- Removes alcohol/drug ingestion with slurred speech or unsteady gait.
- Patient judgement impaired or severe illness, injury or intoxication.
    1. Advise patient of clinical concern
    2. Ask the patient to verbalize their understanding
    3. Assess whether patient understands nature of illness/potential for adverse outcome.

If they are able to do these things, even if we don't agree with their decision to refuse care, they at least have demonstrated some capacity to understand what's going on to be able to refuse care.

Pediatric Medical Director’s/EMSC Report:

Dr. White – We had a PEMAC meeting on March 4th during which we didn't have a lot to discuss in terms of upcoming protocols from a pediatric standpoint. We did look at Zofran and extending the age parameters down to more pediatric ages. There are some dosing concerns and what we don't want is any dividing of tablets meaning if EMS agencies are carrying 8 milligram tablets, they would not work for pediatrics; however, I think most EMS agencies are carrying the 4 milligram tablets since there is not much of a difference in cost.

We also looked at the antimicrobial optional protocol for interfacility and thought that should be extended down to pediatrics and that was really the extent of protocol discussion. The PD tree is being worked on and going through some modifications as a standing protocol. It is really just going to provide guidance for EMS clinicians on how to proceed through the decision of where the appropriate facility would be. It is really more geared towards the metropolitan areas in terms of having multiple choices of hospitals to go to. There is some applicability I think with Queenstown where there are some pediatric facilities within reach, but for much of Region IV probably not a lot of change. There is still ongoing work with the pediatric recognition site visits.

Cyndy Wright-Johnson – I did want to add that in addition to the pediatric recognition site visits that we are doing which is a voluntary recognition process, we are also now a week and a half into the national pediatric readiness re-assessment. This is a re-assessment being done with about 5,500 hospitals across the country. They have added Indian health service and military hospitals this time and this is something we do once every five years.

For those who are on line today from hospitals if you have done the spreadsheets that we have set up in Smartsheet for your application to MIEMSS for recognition, you've answered 80% of the questions you just have to key them into the national data set. We are encouraging all of our

nurse managers or pediatric nurse champions to go online and start that so that we are sure they have connectivity as well as to make sure that what happened in a different part of the state doesn't happen on the shore. We had a couple physicians fill it out by themselves without checking with the nurses about policies. I cannot reset this assessment; it is meant to be done jointly on paper and then one person puts in all the answers. We have 90 days for that to be completed, but as usual I would like to see this done sooner than later.

We did have a very successful pediatric readiness conference in February that was interdisciplinary at M.I.T.A.G.S. and we hope to repeat that again next year. I was on a call with all of the East Coast states this morning and none of us have our grant notifications, but they promise it's coming for an April 1 new calendar year.

The spring forum for our Pediatric EMS Champions will be held at MIEMSS on April 15th for a full day of in-person training.

The spring forum for our Pediatric Nurse Champions will be held at Frederick Health Hospital on April 16th for a full day of in-person training.

The Physician Champion forum will be virtual on April 29th from 12:00 pm to 1:30 pm.

Just a wrap up from Winterfest in Miltenberger, we had two very successful S.T.A.B.L.E. courses. The feedback from everyone who took it was that they have friends who would like to take it. So, I am prepared to order additional books and schedule some more S.T.A.B.L.E. classes.

EMS Board / SEMSAC Report:

Scott Haas – The only action item for both the EMS Board and SEMSAC was the approval of the protocols. Other than that, there was no other action items. It was basically an informative update meeting and those details were emailed out to everyone about a week ago.

Regional Affairs Report:

Michael Parsons – Dwayne is not able to attend but he wanted me to let everybody know a few things.

- The FY25 grant for cardiac devices is now closed.
- All the purchase orders for the FY26 grant have been sent out, just make sure you get those turned back in as soon as you get your equipment. We have a target date set for June 15th to have 100% of those reimbursement requests submitted.
- Regarding the Education grant, everything has been submitted and projects have been approved. Dwayne said that grant agreements have started to go out over the last few days.

MIEMSS Report:

Dr. Chizmar – The legislative season is still ongoing and below are several bills that our legislative team are following.

- House Bill 276, which is cross-filed with Senate Bill 24 is a MIEMSS sponsored AED bill cleanup and it is likely to pass.
- We did weigh in on Senate Bill 219, which is cross-filed as House Bill 117 as opposing the Airway Clearing Act, which would have required one of the suction-based choking devices be placed in all public schools. There is very little evidence to support that that does a better job than the standard AHA guidelines.
- House Bill 212 would correct some of the problems with improper vehicle registration. There are many Maryland residents who registered their vehicle in Virginia to save money. This would correct that and has a potential to restore about a million dollars to the emergency medical services operations fund. This bill is moving forward and is in committee.
- We did not take a position on the Medical Cannabis bill
- Senate Bill 159 is an EMS vehicle inspection bill that would require Dr. Delbridge to create a required supplies list for all ambulances as well as a few other requirements. That bill has not yet crossed over to the other chamber. If it does not have a cross over by this weekend, it's not likely to pass with this session.

We are working with Andy Robertson to make sure that we are meeting our deadline of October 2027 to get Naloxone co-located with AEDs that are in schools and other facilities that are funded by public money.

We are working Randy Linthicum who is our lead for the Rural Health Transformation Grant. The state was awarded about one million dollars and there are 13 counties that have applied in for whole blood programs. There's also going to be some money to start up new expand MIH programs.

Aaron Edwards – Everyone should have received the education grant information and if you haven't, please reach out to me. Currently we have 964 paramedics that still have to re-certify and we are working to move through those applications. We have been having a bit of a hiccup with the online training center and are trying to get that figured out. We have about 190 individuals that have completed courses that haven't come over and we are having our data team go in and figure out why this is happening. We are going to start forcing them over, however we wanted to see what the glitch is in the system first.

We are working on putting together the yearly ALS state content training so that it can be uploaded to the online training center and as soon as we get all the content for the protocols, that information uploaded as well.

Michael Parsons:

- MEMRAD: We sent out emails in the last day or so to re-verify everybody's contacts for the jurisdictions. We have received a lot of responses back, but if you have not confirmed your contacts, please do so. We highly recommend for jurisdictions that don't have two people listed to put two people on there because we have seen some issues where emails haven't been received.

- VAIP: We currently have inspections scheduled for Queen Annes County at the end of April and into the first week of May. We are also working with Kent Queen Anne's Rescue Squad to get them scheduled. Our inspections are starting to pick up a little bit so if you're thinking about getting inspected, make sure to go get your paperwork turned into us.

- Training: The 1st Responder Mental Health and Wellness conference is being held in Ocean City on March 23rd and 24th at the Princess Royale.

MIH:

- **Caroline County:**

  Dr. Fratta – We have 9 in the MIH program now and KJ is handling the majority of it. We are currently recruiting internally for some more MIH Paramedics. We meet on Thursday to validate our coolers for whole blood and we've finished off our whole blood training series and also just recently brought on some sergeants.

- **Salisbury:**

  Miranda Webster – We are working on getting buprenorphine on all of the ambulances now rather than just our MIH people in our MIH units. I think we have a total of 33 or 34 paramedics and 29 of them that have taken an additional opioid use disorder training.

- **Talbot County:**

  Tina Kintop – MIH is growing and we are definitely busy. We are partaking in that five-year grant and are going to the table for a grant review of this coming year. They did something with the grant that I guess the people don't like and they want to cut our money by 29%. So, we're kind of negotiating with them to keep some of our monies, but they seem to keep trying to bounce back and forth.

- **Worcester:**

  Chris Shaffer - Tracy asked me to pass on that their enrollment averages between 110 and 120 patients and referrals are averaging around 30 unduplicated individuals a month and some are not very receptive and don't meet the criteria.

Agency Reports:

Cecil County:

Morgan Castiglione – We just recently started our blood program about a month ago. We have actually had four patient utilizations and it has been great.

Ocean City:

Amanda Bunting – Our part-time academy is going on right now and we have 11 people in that and then our full-time academy will start next month and we have 12 hopefully 13 people in that. Other than that, we are just getting ready for summer.

Queen Anne's County:

Zach Yerkie – Right now we are hip deep in budget and we will see how that plays out. We have our meeting with the county commissioners a week from tomorrow. So, we will find out what we will get and what we are not going to get.

Salisbury:

John Dennis – We received our final approval from MIEMSS to start our whole blood program. Everything is complete, we just are waiting on money for the equipment. We don't have a start date yet. After the training, we will have a two-week test period and then we will forward with that. Currently trying to mount the mom with the new back 35s. We had some issues with that. Just the new mounts.

Lastly, we are having issues with our glucometers from Bound Tree and was wondering if anyone else was having issues as well.

Somerset County:

Cory Polidore – I have a couple of documents to finish setting up for the state to move our MIH program forward. We were short a BAA between the health department and our county so that's going to have to wait till next Tuesday when the commissioners have a meeting to approve signing that and then I'll be able to finish submitting the rest of that to the state for approval.

We are hiring a chief and you have until Friday to apply if you are interested. We have a new paramedic that is starting tomorrow and we have an interview next week for another one. I have been working with the state on getting some apprenticeship grants to help cover EMTB to paramedic training where you can send up to 10 people per year to school and each person has an allotment for that training.

Talbot County:

Tina Kintop – We are hiring, it looks like we need one paramedic, maybe two, and four EMTs and we are doing the lieutenants process next Friday. I have a couple people from other jurisdictions including Mr. Dennis here helping out with our reviews. Our ultrasound program is doing great, we have worked out a clinical agreement with the emergency room and Dr. Klotz. So, we're doing one-on-one just to keep up our competencies, proficiency. I think Winterfest was a great success. We cleaned it up from previous years and we are actually looking forward to next year having complete online registration including payment. Next year we are looking at doing a MIH track and we might also be doing a peer support track, so those are some of the things we are working on.

Tidal Health:

Doug Walters – For those in the local area, you will see there is lots of construction going on. There are partial and complete road closures and parking is very limited here at the facility. So just be aware if you're coming in from one of the western parts of the lower shore that you may encounter a different route to get to the emergency room. This will be an ongoing project as they're building the observation unit of 40 beds addition to the emergency room.

Old Business:

Zach Yerkie – The only thing that I had under old business for follow up was Med 4 encryption, is that live now?

Tina Kintop – I can find out the status and get back to everybody.

New Business:

None

Adjournment:

A motion for adjournment was made by Dr. Fratta and seconded by Amanda Bunting. The meeting was adjourned at 2:23pm.