



## State EMS Advisory Council (SEMSAC)

December 4, 2014

### Meeting Minutes

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
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*Martin O'Malley*  
Governor

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Chairman  
Emergency Medical  
Services Board

*Kevin Seaman, MD, FACEP*  
Executive Director

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#### **SEMSAC Members Present:**

In person: Roland Berg, Chair; Jim Scheulen, Vice Chair; Scott Haas; Roger Simonds.

By phone: Eric Smothers; Jeffrey Fillmore, MD; Michael DeRuggiero; Alan Faden, MD; Tim Chizmar, MD.; Murray Kalish; MD; Jennifer Anders, MD; Michael DeRuggiero; Will Bethea; Joe Brown; Wade Gaasch, MD; Tom Gianni; Linda Dousa; Kathleen Grote; Jay Fowler; Wayne Tiemersma; Joe Brown; Karen Doyle; Melissa Meyers; Frank Lioi; John Alexander for Steve Edwards.

**Members Absent:** Lisa Tenney; Wayne Dyott; Elliott Ganson; Celeste Lombardi; Jack Markey; Nathaniel McQuay, MD; Marian Muth.

**Others Present:** Lt. King, MSP.

**MIEMSS:** Richard Alcorta, MD; Pat Gainer; Carole Mays; Barbara Goff; Jim Brown; Bill Adams; Mike Deckard; Jim Brown; Anna Sierra; John Barto; Jason Cantera; Fremont Magee; Cyndy Wright Johnson.

Mr. Berg called the meeting to order at 1:05 pm.

**Action: A motion was made by Dr. Kalish, seconded by Mr. Simonds and passed unanimously to approve the minutes of the November 6, 2014, meeting of SEMSAC.**

#### **MIEMSS REPORT**

Dr. Kevin Seaman said he was happy to be at MIEMSS and be a part of the EMS System Team and plans to meet with partners and stakeholders to discuss the future of EMS moving forward.

Dr. Seaman highlighted items on the distributed MIEMSS Report.

National Registry Training. National Registry testing for initial EMR and EMT certification began with the classes that started this fall. Over the next year, MIEMSS will be monitoring the test results to gauge how well Maryland providers are performing on the test. There are currently 11 NREMT / Pearson VUE testing sites that have been established for this testing in various locations throughout Maryland.

SYSCOM/EMRC. The work to renovate and upgrade SYSCOM /EMRC is continuing. After completion of the relocation of the existing center to other space within MIEMSS and the

teardown / removal of the old modules, the technical portion of the upgrade began in November 2014 and will continue for approximately the next 6 months. SYSCOM / EMRC remains fully operational (24/7) during this project.

Reverification. MIEMSS has started the re-verification process for EMS Operational Programs. The re-verification process will ensure that jurisdictions remain compliant with requirements contained in COMAR regulations. It is anticipated that the process will be completed in early 2015.

Ebola. Dr. Alcorta said that the CDC has designated 35 hospitals across the US as “Ebola Treatment Centers” for treatment of confirmed Ebola cases. In our area, designated hospitals are: Johns Hopkins Hospital, the University of Maryland Hospital in Baltimore and NIH in Bethesda; and, in D.C., MedSTAR Washington Hospital Center, George Washington University Hospital, and Children’s National Medical Center. Maryland will be following a two-tiered system vs. the CDC recommended three-tiered system. Dr. Alcorta reiterated that the Secretary of DHMH has determined that every emergency department must be capable of receiving a PUI; EMS must go to the closest ED and should not redirect to other facilities.

Dr. Alcorta added that a link to the MIEMSS Infectious Disease web page: <http://www.miemss.org/home/InfectiousDiseases/tabid/214/Default.aspx> has been added to eMEDS. The Infectious Disease web page includes minutes from the now bi-weekly infectious disease conference calls and all other pertinent documents. The infectious disease web page also contains links to the latest CDC PPE standards and guidance for identifying patients.

Active Assailant Workgroup. Dr. Seaman said an awareness training video that will help introduce the concepts and recommendations contained in the “Guidance for First Responders for the Active Assailant Incident” will be released soon. MFRI has been instrumental in producing this training video which should help local jurisdictions begin the process of planning an integrated response for such events.

Public Access AED. MEIMSS has contracted with a company (Atrus, Inc.) to establish a web-based public access AED registration process. An important feature will allow jurisdictions to see all the PAD locations within their jurisdictions without having to manually enter AED addresses into the CAD.

Legislature. MIEMSS is gearing-up for the Maryland General Assembly that convenes on January 14<sup>th</sup>. We anticipate devoting significant efforts over the 90-day Session to educate new legislators about Maryland’s statewide EMS system.

## **SEMSAC REPORT**

Chairman Berg reported that due to the Veterans Day holiday on November 11, 2014, and the light agenda; the EMS Board met on November 18, 2014, via conference call.

Mr. Berg said an update on the election results and status of the House EMS Workgroup was provided by Ms. Gainer.

Dr. Alcorta gave an update on the Ebola outbreak in Africa which now includes a fourth country, “Mali”. As requested by the EMS Board, a banner, with dated updates/notifications, is on the eMEDS log-in page advising providers with status changes regarding the Ebola virus.

The Board approved the 2015 Protocol Updates with a change in terminology from “if patient is in status” to “if the patient’s seizures are refractory to treatment” in connection with the use of midazolam IO in the seizing pediatric patient.

Chairman Berg added that MIEMSS is waiting on pediatric patient data to determine if the data supports the need for pediatric ED designation.

## **NATIONAL STUDY CENTER REPORT (NSC)**

Dr. Faden reported on the University-wide Pain Research Center, a partnership involving the Schools of Nursing, Dentistry and Medicine and The Program on Aging Trauma and Emergency Care (PATEC) dedicated to reviewing the effects, presentations and treatments of trauma and emergency care in the elderly.

## **COMMITTEE REPORTS**

**BLS Committee.** Ms. Oliveira said the main focus of the BLS Committee has been on the NREMT testing for BLS. MIEMSS has been addressing the “Under 18” and “Over 18” application questions. There have been three classes who have tested thus far.

**Patient Care Reporting (PCR) Workgroup.** Dr. Anders said the Workgroup’s first objective is to understand the scope of issues. Over 30 receiving hospitals representing all 5 Regions have responded to a survey regarding the handoff of patients by EMS. Dr. Anders said that the results of the survey with recommendations by the Workgroup will be presented to SEMSAC in early 2015.

Dr. Fillmore said that the two Region II Hospitals had agreed not to sign-off on the handoff of a patient without the short form.

**Minimum Equipment Standards Workgroup.** Mr. Simonds said the Workgroup is in the process of collecting information regarding the reasons some jurisdictions choose not to participate in the Voluntary Ambulance Inspection Program. The next meeting is scheduled for February 2, 2014, at which time the Workgroup will assess the information and make suggestions based on the findings.

**MSFA Update.** The MSFA Executive Committee meeting is scheduled for December 6 & 7 in Pocomoke City, MD.

**MSP Aviation Command.** Major Lioi said that although the goal was to transition to the AW139 by the end of the calendar year, nine pilots still need to go through training. The transition should be by the end of January 2015 which is still ahead of the original transition schedule.

**OLD BUSINESS** None

## **NEW BUSINESS**

Perinatal Standards Update. Ms. Sette highlighted some of the updates to the Maryland Perinatal Standards which were distributed to the membership. Dr. Kalish inquired about the time change from 30 minutes to readily available under section 5.10 and asked for the definition of “readily available”. Ms. Sette said that “readily available” means a resource is available for use a short time after request. After much discussion it was determined to assemble a workgroup from SEMSAC to discuss the terminology and its consistency throughout the different standards and regulations.

A motion was made, seconded and unanimously agreed upon to re-address the terminology of “readily available” by a designated SEMSAC workgroup.

SEMSAC adjourned by acclamation.

DRAFT