



State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Clay B. Stamp, NRP  
Chairman  
Emergency Medical  
Services Board*

*Theodore R. Delbridge, MD, MPH  
Executive Director*

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**State Emergency Medical Services Board**

August 11, 2020

Virtual Meeting

Agenda

- I. Call to Order – Mr. Stamp
  - Call the roll
- II. Approval of the July 14, 2020 EMS Board minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Report – Mr. Tiemersma
- V. MSPAC Update – Captain McMinn
- VI. RACSTC Update – Ms. Carlson
- VII. MSFA Update – Ms. Tomanelli
- VIII. Old Business
  - Vision 2030 EMS Plan – ACTION – Dr. Delbridge
  - Primary Stroke Center Regulations – ACTION – Ms. Sette, Ms. Aycock
  - Acute Stroke Ready Center Regulations – ACTION – Ms. Sette, Ms. Aycock
- IX. New Business
  - Heated High-Flow Nasal Cannula (HHFNC) Protocol – ACTION – Dr. Chizmar
  - Bi-Level Positive Airway Pressure (BiPAP) Protocol – ACTION - Dr. Chizmar
- X. Adjourn to Closed Session

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



State Emergency Medical Services Board  
August 11, 2020  
Via Conference Call Only

State of Maryland

Minutes

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**Board Members Present:**

Clay Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, MSN

**Board Members Absent:** Sherry Adams, Vice Chairperson; Dean E. Albert Reece, MD

**Others Present:**

**MSPAC:** Major Tagliaferri; Capt. McMinn

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Alban; Ms. Abramson; Ms. Aycok; Dr. Bailey; Mr. Barto; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Dr. Floccare; Mr. Huggins; Mr. Kelly; Mr. Linthicum; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Sidik; Mr. Schaefer; Ms. Wright-Johnson; Ms. Goff

**OAG:** Mr. Magee; Ms. Sette

**RACSTC:** Ms. Carlson

**MSFA:** Ms. Tomanelli

Chairman Stamp called the meeting to order at 9:00 am and called the roll.

Mr. Stamp commended Dr. Delbridge and the work conducted by the MIEMSS team. He also thanked the MSFA, MFRI, MSPAC and RACSTC for their valued partnership and commitment in providing the citizens of Maryland with the best available healthcare.

Mr. Stamp asked for approval of the July 14, 2020, Board meeting minutes.

**ACTION: A motion was made by Mr. Cox, seconded by Mr. Tiemersma, and unanimously approved by the Board to accept the July 14, 2020, minutes as written.**

**MIEMSS REPORT**

**COVID-19 Updates**

Dr. Delbridge highlighted COVID-19 information available through the MIEMSS Dashboard tracking, including staffed in-patient beds available statewide and mechanical ventilators in Maryland.

He said the number of acute care beds occupied by COVID-19 patients remains steady since July. He added that Maryland is keeping a close watch for any upticks in COVID-19 cases and hospital admissions.

Dr. Delbridge shared the number of PUI contacts by EMS public safety and commercial services over the last 28 days. He said that the data is distributed widely on a daily basis and the numbers have leveled off. He added that MIEMSS is attempting to correlate, from the EMS perspective and experience, whether identifying PUIs translates into hospital admissions in Maryland.

Dr. Delbridge said that number of patients treated and transported by EMS public safety is down between 5% and 10% a day in the last 28 days. A typical day for public safety EMS is 1500 transports. He added that commercial services transports are down significantly which relate to current hospital services.

Dr. Delbridge said that hospital Yellow Alerts were low during the busiest period of COVID-19 cases in Maryland, but are now beginning to increase.

Dr. Delbridge said that the University of Maryland is beginning a Phase III trial for COVID-19, and they asked MIEMSS for assistance in recruiting EMS clinicians. After sending the request, MIEMSS received positive interest from EMS clinicians to be part of this trial.

#### Chesapeake Regional Information System for our Patients (CRISP)

Dr. Delbridge said MIEMSS continues to work with Chesapeake Regional Information System for our Patients (CRISP) on an App for an Emergency Department Advisory based on ED patient census. CRISP would receive a data feed from the hospital emergency departments on numbers of patients throughout the day.

#### MIEMSS' @HA (Ambulances at Hospitals) Dashboard

Dr. Delbridge gave the overview of @HA Dashboard visible to EMS. A discussion followed regarding the number of available EMS beds in emergency departments vs. the number of reported beds to HSCRC.

Dr. Delbridge said the denominator for each hospital emergency department would need to be determined.

He said there are currently 13 jurisdictions downloading CAD data into the ePCR. MIEMSS anticipates that Kent County will be on board soon. MIEMSS continues to work on including additional jurisdictions to provide real time awareness of EMS-ED interface.

#### EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications. He said the information on the new regulation that permits Provisional EMS clinicians to become fully certified or licensed has been sent to the clinicians and several have initiated the process.

Dr. Delbridge said that the requirements for converting provisional status to full certification/licensure were sent to clinicians.

#### Terminated Resuscitation COVID-19 Testing

Dr. Delbridge said that an emergency protocol has been issued stating that after termination of resuscitation in the field, a BLS or ALS clinician may perform nasopharyngeal testing for COVID-19 if the deceased person is not anticipated to be a medical examiner's case. This protocol is intended to alert for possible EMS exposures and to facilitate contact tracing by MDH. Several jurisdictions are up and running with a 4.5% positive COVID-19 result.

### Ready Responders

Dr. Delbridge provided an update on the Ready Responders, an in-home health care delivery company, employing EMS clinicians and Maryland licensed practitioners. Dr. Delbridge said that Ready Responders has no connectivity to CRISP or the EMS System, including Base Station medical direction. Dr. Delbridge added that MIEMSS is currently unaware of any incidents involving Ready Responders.

Dr. Delbridge said that MIEMSS and AAG Sarah Sette are in discussions with Ready Responders regarding the use of EMS Clinicians within this business model.

Dr. Delbridge said that the Governor's Executive Order augmenting the EMS Workforce enabled the EMS Board Chair and the MIEMSS Executive Director to suspend any provision of Sections 13-515, 13-516, or 13-517 of the Education Article, or of COMAR Title 30 in order to maximize the availability of EMS personnel to respond to the emergency continues.

MIEMSS would like to work on the future ability of EMS clinicians to be engaged in additional vaccination programs not currently permitted in statute. There is no provision in the law for EMS clinicians assist the health department with vaccinations. MIEMSS is seeking a collaborative effort between the health department and EMS to provide influenza vaccine or a COVID-19 vaccine when available. The MIEMSS legislative team is working on legislative initiatives for the upcoming session, one of which is likely to be vaccines. MIEMSS may need to be ahead of the legislative process in order to be able to assist with providing flu vaccines this year.

### UM Charles Regional Medical Center

After completion of the site survey for re-designation as a Primary Stroke Center on July 8, 2020, MIEMSS has determined that previous deficiencies resulting in provisional status have been resolved. As a result, MIEMSS re-designated UM Charles Regional Medical Center as a Primary Stroke Center for the remaining three- years of the five -year designation cycle.

## **SEMSAC REPORT**

SEMSAC Chairman, Mr. Tiemersma, reported that SEMSAC met on August 6, 2020.

Mr. Tiemersma said that a MIH committee is being formed to bring commonality to MIH Programs. He said that after meeting with the current jurisdictional MIH programs, he received their definitions and training regiments, which he will compile in a single document for distribution to the committee. He said the current MIH programs have done well capturing the needs in their communities and are working in partnerships to meet those needs. All of the MIH programs have a robust training program. The SEMSAC MIH Committee is seeking to have a reference document available to all jurisdictions.

Mr. Tiemersma said that he had shared with SEMSAC the information on the letter sent by the EMS Board requesting the Board of Public Works (BPW) to hold in abeyance further action regarding the Helicopter Base closure and sale of one helicopter until the Helicopter Basing Study could be completed and study results reviewed.

Mr. Tiemersma said that the Regional Affairs Committee reported that the 50/50 grants had closed with all paperwork received on time.

Mr. Tiemersma reported that SEMSAC reviewed and approved for the Board's consideration the Vision 2030 EMS Plan, the Primary Stroke Center and Acute Stroke Ready regulations, the Heated High-Flow Nasal Cannula (HHFNC) Protocol and the Bi-Level Positive Airway Pressure (BiPAP) Protocol.

## **MSPAC REPORT**

Chairman Stamp congratulated Captain McMinn on his impending retirement. He thanked Captain McMinn for his service to the MSPAC, the EMS System and the State of Maryland.

Captain McMinn said that regarding the decision on July 1, 2020, by the Board of Public Works (BPW) to approve the Governor's list of reductions for fiscal year 2021, our public safety partners, local legislators and many private citizens had expressed their concerns over the budget cuts. He said that no decision has been made concerning the closure of a MSPAC Helicopter Base. He thanked the EMS Board for the letter sent to BPW.

MIEMSS and MSPAC leadership have been engaged with the vendor (Arkenstone Technologies) conducting the Helicopter Basing study and has had a first look at the modeling being used for the study.

Chairman Stamp commented on the ground swell of support for the BPW to hold in abeyance the closure of a helicopter base and the sale of a helicopter until the Basing study is completed.

Mr. Scheulen expressed his gratitude for the service and work Captain McMinn has performed over the years.

## **R ADAMS COWLEY SHOCK TRAUMA**

(A written report was distributed)

Ms. Carlson said that the COVID-19 pandemic drove most of the changes in the reporting numbers. She reported for FY20 a decrease in patient volumes, inter-facility transfers, OR and Clinic volumes. She said capacity alerts increased by 32 hours with a significant increase in the inter-hospital transfers by air, especially in the third quarter (January through March). She said that although patient length of stay was down overall, length of stay was up January through March 2020. Ms. Carlson said that Hyperbaric Chamber hours decreased as the Chamber was suspended for non-emergent patients and that staff was redeployed to COVID mission critical work. She added that the "Go Team" was requested 13 times with three (4) deployments. She added that Organ and Tissue Donations are at 55%.

Ms. Carlson said that the Global Outreach programs have been suspended due to the pandemic and will be reassessed in 2021. She added that the Air Force doctors and nurses observations for honing trauma skills prior to deployment, which had been suspended, restarted on July 6, 2020. The program for Walter

Reed nurses resumed on August 6, 2020. Two-hundred and ninety-five (295) Injury Prevention events were conducted in FY2020.

Ms. Carlson reported that the TRU/ICU had 115 EMS observers and 51 participants in four Airway courses in FY20. She said that training space at Shock Trauma had been converted to a PPE distribution center and then was converted back as of August 10<sup>th</sup>. Future training is currently being evaluated.

## **MSFA**

Mr. Cox said that the MSFA Executive Committee has cancelled the two-day convention scheduled in September. The Executive Committee members will distribute the pertinent documentation and awards will be presented at County or Association meetings.

## **OLD BUSINESS**

### Vision 2030 EMS Plan

(The Vision 2030 EMS Plan was distributed)

Dr. Delbridge acknowledged the Vision 2030 Steering Committee and emphasized the collaborative multidiscipline stakeholder input over the past 14 months. He said that the Steering Committee has guided the process and spent multiple hours meeting and reviewing the Plan. He added that 80 people drafted sections of the document with over 200 people participating in the Vision 2030 EMS Plan Summit. Summit discussion remarks and written comments were compiled and reviewed by MIEMSS staff and the Steering Committee over numerous hours and iterations.

The Vision 2030 EMS Plan has 16 areas of focus including: EMS Clinicians, Medical Direction, Education & Training, Clinical Care, Systems of Care, Integration of Health Services, Communications, Public Access, Public Education & Prevention, System Finance, Resource Management, Preparedness & Response to Extraordinary Events, Evaluation, Research and Legislation & Regulation.

Dr. Delbridge said that the final draft was sent to the EMS Board on July 31, 2020, and was approved by SEMSAC on August 6, 2020. He asked the EMS Board to approve the Plan.

**ACTION: A motion was made by Mr. Cox, seconded by Ms. Vanhoy and unanimously approved by the Board the Vision 2030 EMS Plan.**

### Primary Stroke Center and Acute Stroke Ready Center Regulations

(Documents were distributed)

Ms. Sette presented the Primary Stroke Center and Acute Stroke Ready Center Regulations for approval by the EMS Board. Ms. Sette said there was one change to each regulation since being previously presented for information at the June Board meeting; the change clarifies the process for designation, allowing the Center to use a Joint Commission site survey.

**ACTION: A motion was made by Mr. Scheulen, seconded by Dr. Westerband and unanimously approved by the Board to accept the Primary Stroke Center and Acute Stroke Ready Center Regulations.**

## **NEW BUSINESS**

### Bi-Level Positive Airway Pressure (BiPAP) Protocol

Dr. Chizmar said the request is to change the current protocol to allow Paramedics to transport BiPAP patients who have had no changes or who reflect improvement within 6 hours. At the recommendation of PEMAC, patients 13-years old or younger will need SCT or nurse; patients over 13-years can be transported by a paramedic. The Acute BiPAP protocol allows paramedics to initiate BiPAP for patients 13-years or older and who have a spontaneous self-maintained airway.

Dr. Westerband requested changing (under contra indications) to: circumstances where “endotracheal intubation or surgical airway is indicated.”

**Upon the motion of Dr. Westerband, seconded Mr. Scheulen, the EMS Board voted to unanimously to approve the Bi-Level Positive Airway Pressure (BiPAP) Protocol with the clarification under contra indications.**

### Heated High-Flow Nasal Cannula (HHFNC) Protocol

Dr. Chizmar presented the Heated High-Flow Nasal Cannula protocol for paramedics to provide respiratory support for patients over 13-years old. At the recommendation of PEMAC, patient 13-years old or younger will need SCT or nurse.

Dr. Chizmar said the paramedic would need to ensure an adequate supply of oxygen is available for the transport by calculating the amount of oxygen needed prior to departure and ensure that there is available at least two times the amount of oxygen anticipated.

Dr. Westerband requested changing (under contra indications) to: circumstances where “endotracheal intubation or surgical airway is indicated.”

**Upon the motion of Ms. Vanhoy, seconded Dr. Westerband, the EMS Board voted to unanimously to approve the Heated High-Flow Nasal Cannula (HHFNC) Protocol with the clarification under contra indications and upon approval of PEMAC of the removal of redundant wording.**

**ACTION: Upon the motion of Mr. Scheulen, seconded by Ms. Showalter the EMS Board voted unanimously to adjourn to closed session.**

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).

**In Closed Session:**

**Board Members Present:** Clay B. Stamp, NREMT P; Chairperson; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; James Scheulen, NREMT P; Mary Alice Vanhoy, RN; Dany Westerband, M.D.

**Board Members Absent:** Sherry Adams, Vice Chairperson; Dean E. Albert Reece, M.D.; Wayne Tiemersma

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Goff; Mr. Fiackos

**OAG:** Mr. Magee; Ms. Sette.

The EMS Board discussed Educational Programs

The EMS Board returned to Open Session.

**In Open Session:**

**Board Members Present:** Clay B. Stamp, NREMT P; Chairperson; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; James Scheulen, NREMT P; Mary Alice Vanhoy, RN; Dany Westerband, M.D.

**Board Members Absent:** Sherry Adams, Vice Chairperson; Dean E. Albert Reece, M.D.; Wayne Tiemersma

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Goff; Mr. Fiackos

**OAG:** Mr. Magee; Ms. Sette.

**Upon the motion of Ms. Vanhoy, seconded by Mr. Scheulen, the EMS Board voted unanimously to approve the following Educational Programs:**

**Anne Arundel County Fire Department Training Academy – continued 5-year approval as a BLS Education program that can also host ALS Refresher Training.**

**Fort Meade Fire Department EMS Division – initial 5 year approval as an ALS and BLS refresher education program.**

**Pulse Medical Transport Commercial Ambulance Service - initial 5 year approval as an ALS and BLS refresher education program.**

**St. Mary's County Emergency Services, EMS Division - initial 5 year approval as an ALS refresher education program.**

**Maryland State Police Aviation Command - continued 5-year approval as an ALS and BLS refresher education program.**

**Upon the motion of Mr. Scheulen, seconded by Ms. Showalter, the EMS Board voted unanimously to approve the Baltimore City Community College Paramedic Program for a one-year provisional period with a monthly review by MIEMSS together with unannounced program inspections.**

**Upon the motion of Dr. Westerband, seconded by Mr. Scheulen the EMS Board voted to adjourn at 11:19am.**

**August 24, 2020**

***Pediatrics approved removal of redundant language in the Heated High-Flow Nasal Cannula (HHFNC) Protocol as approved by the EMS Board on August 11, 2020.***