



JURISDICTIONAL ADVISORY COMMITTEE MEETING

August 14, 2024

10A – 12P

MIEMSS

653 W. Pratt Street, Room 212

Baltimore, MD 21201

Meeting ID

meet.google.com/vzf-urtg-ioy

Phone Numbers

(US) [+1 617-675-4444](tel:+16176754444)

PIN: 619 793 687 7103#

AGENDA

1000	Welcome and Introductions	Chief Christian Griffin
1005	Approval of JAC Meeting Minutes (Feb. 2024)	Chief Christian Griffin
1005 - 1030	Office of the Medical Director Updates	Timothy Chizmar, MD, FACEP
1030 - 1045	Office of Clinician Services Updates	Timothy Chizmar, MD, FACEP
1045 - 1100	EMS Preparedness and Operations Update	Jeff Huggins, BS, NRP
1100 - 1115	EMS-Children Updates	Cyndy Wright-Johnson, MSN, RN
1115 - 1145	Jurisdictional Roundtable	All
1145 – 1200	Closing Remarks and Adjournment	Chief Christian Griffin

NEXT MEETING IS SCHEDULED FOR OCTOBER 9, 2024 AT 1000 HOURS

**JURISDICTIONAL ADVISORY COMMITTEE
MEETING MINUTES
In Person at MIEMSS, Room 212, Baltimore, Maryland
and by Virtual Invitation**

August 14, 2024

ATTENDANCE:

Committee Members

IN PERSON:

Dr. Timothy Chizmar (EMS State Medical Director-MIEMSS); Stephanie Ermatinger EMS Administrator MIEMSS); Todd Tracey (Emergency Manager, MIEMSS); Meg Stein (Protocol Administrator); Mustafa Sidik (MIEMSS Region III Associate Coordinator); Linas Saurusaitis (BWI).

Committee Members

ONLINE:

Patrick Campbell (Cecil Co); David Chisholm (Washington Co); Michael Cole (Frederick Co); Veronika Conner (Howard Co); John Cvach (Anne Arundel Co); Shawn Davidson (St. Mary's Co); Rebecca Gilmore (UM-Shock Trauma); Christian Griffin (Chair-Baltimore Co); Heather Howes (Calvert Co); Ben Kauffman (Montgomery Co); Tina Kintop (Talbert Co); Kathy Jo Marvel (Caroline Co); Justin Orendorf (Garrett Co); Mike Salvadge (Allegany Co); Eric Zaney (Carroll Co); Debbie Wheedleton (Dorchester Co); Kim Glaze (Baltimore Co FD); Ray McRae (City of Annapolis); Terrell Buckson (Prince George's Co); Timothy Cullen (Baltimore City); Dr. Ted Delbridge (Executive Director, MIEMSS); Andy Robertson (Region V Coordinator-MIEMSS); Dwayne Kitis (Director of Mission Support-MIEMSS); Michael Parsons (Region IV Associate Coordinator-MIEMSS); Cyndy Wright-Johnson (Director, EMS for Children-MIEMSS).

Committee Members

ABSENT:

Charles County, Harford County, Queen Anne's County, Somerset County, Wicomico Comity, Worcester County, MD State Fireman's Association, EMRC/SYSCOM.

GUESTS:

None.

MEETING:

- I. **Welcome, Instructions, and Approval of Minutes (Chief Christen Griffin, Chair)**
 - A. Call to Order
 1. Chief Griffin called the meeting to order at 1004 hours
 - B. Approved of Meeting Minutes
 2. Dr. Chizmar placed the June 12, 2024 minutes on screen for the group to review
 3. Chief Griffin asked the group if there are additions or corrections to the meeting minutes.
 4. Chief Griffin stated hearing no corrections to the minutes, he asked for a motion to approve.
 - a. Motion to approve made by Chief Chisholm, seconded by Chief Truitt

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- b. Chief Griffin asked for any objection, hearing none, Chief Griffin stated the JAC Meeting Minutes from June 14, 2024 are approved.

II. Office of the Medical Director Updates (Dr. Timothy Chizmar, MIEMSS)

A. Transfer of Care Times (SLIDE)

1. Dr. Chizmar reviewed the transfer of care times for all the hospitals in the state. Data is current through June 2024. Slides will be made available separately.
2. He pointed out the improvements and the hospitals which needed improvement over the course of several years.
3. He stated that the take home message from these slides is that there has been a good amount of improvement over the course of time, however there is still room for improvement.
4. He stated that although we continue to track these times, HSCRC has not made any announcements about hospital reimbursements tied to these metrics as of yet.

B. T-CPR

1. Dr. Chizmar asked the county dispatch centers to keep track of their PSAP Call to Out of hospital cardiac arrest recognition and the PSAP call to First T-CPR Compression time.
2. Dr. Chizmar asked all the Chiefs to go back to their PSAP managers and ask to see a report for all of their Cardiac Arrest patients.
3. Dr. Chizmar met with MACO ECC Group (most of the PSAP managers in the state). Priority Dispatch has provided training on how to run these reports. Now, we need EMS chiefs/leadership to ask the PSAP leadership for these reports (and get the data into CARES).
4. He stated optimally, the time from Call to First T-CPR Compression is less than 90 seconds (acceptable less than 150 seconds).

C. Volunteer Ambulance Inspection Program

1. Dr. Chizmar wanted everyone to know that Esmolol is still one of the medications that is in short supply.
2. He stated information has been sent out, and he reminded the regional coordinators, who conduct the inspections, not to be surprised if the units do not have esmolol on their units yet.
3. Dr. Chizmar advised the BLS units to ensure they have sufficient number of PEEP valves for your bvms and to increase the number of tourniquets on your units based upon input from this group, VAIP committee, and Active Assailant Work Group.

D. House Bill 404 (Gabriel's Law, effective Oct 1, 2024)

1. Dr. Chizmar displayed House Bill 404 on screen for the group to review.
2. Dr. Chizmar discussed this bill which includes a dispatching Fire and EMS to a wellness check of a person if a life threatening condition is indicated by the caller.

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3. Dr. Chizmar stated that the dispatch centers have some knowledge of this bill as well.
 4. Dr. Chizmar asked if there were any concerns about the bill; there were no responses, questions or concerns raised by the group.
 - E. Tactical EMS Program
 1. Dr Chizmar reintroduced information regarding this tactical course that is conducted jointly by State Police and Hopkins Special Division of Special Operations.
 2. He stated they are in the process of approving the National Tactical Officers Association or NTOA course as well.
 3. He stated this is a good opportunity to get your employees trained and that this is a local / in-state course.
- III. Office of Clinical Services Updates (Dr. Chizmar, MIEMSS)**
- A. Director of OCS
 1. Dr. Chizmar stated we are in the process of hiring for this position. We have interviewed (8) to (9) candidates and about half are coming back for second interviews.
 2. Randy Linthicum, Deputy Director for MIEMSS, is coordinating the OCS in the absence of a director.
 - B. Departure
 1. Dr. Chizmar stated that John Cromwell has departed from the Office of Clinician Services. We will be posting for that position shortly.
 2. Dr. Chizmar stated if you have any emails for the Office of Clinician Services, and are unsure whom to contact, Randy Linthicum is the best person to email.
 1. Dr. Chizmar appreciates understanding as MIEMSS is trying to get back to full staffing as soon as possible.
 - C. New Member
 1. Dr. Chizmar introduced Todd Tracey, who will be reporting for Jeff this week.
- IV. EMS Preparedness and Operations Updates (Todd Tracey for Jeff Huggins)**
1. Todd Tracey introduced himself to the group and stated he is the new Emergency Preparedness and Operations Coordinator for MIEMSS.
 2. Todd discussed his role at MIEMSS and the current projects assigned.
 3. He stated he is working on a SWOT analysis and will be meeting with the region staff in the near future.
- V. MIEMSS Executive Director (Dr. Ted Delbridge)**
- A. Personnel
 1. Dr. Delbridge stated that Dr. Chizmar had touched on the topic of personnel changes

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2. He stated they had some decision making to do in the next several weeks
- B. Draft Regulations
 1. Dr. Delbridge stated they had promulgated draft regulations involving the EMT and Paramedic recertification process.
 2. He stated they received a good amount of feedback on the way they were structuring the requirements.
 3. He discussed the feedback and advised the group that no changes are to be expected until July 31, 2025.
- C. Legislative Mandates
 1. Dr. Delbridge stated there are (2) legislative mandates over the past (2) years having to do with public access defibrillators.
 2. He discussed the legislation concerning public access in AEDs in restaurants and grocery stores.
 3. He also discussed legislation that will require naloxone to be co-located with AEDs in public buildings and parks (Oct 2027); coordination between MDH and MIEMSS and more information to follow.
 4. He discussed the upcoming change in the software vendor for the AED registry.
- D. CHATS
 1. Dr. Delbridge discussed a new systems to communicate with the hospitals on alerting of their capacity and wait times.
 2. He stated this would be an automated system and would eliminate the need for human interaction, giving the EMS providers a real time look at the receiving hospital status on their smartphones or tablets
 3. Dr Delbridge asked the group for feedback on this system.

VI. EMS Children (Cyndy Johnson-Wright, MIEMSS)

Cyndy shared a number of EMS-C documents in an email to JAC members

- A. Pediatric Champions
 1. Thank you to the Pediatric EMS Champions – Maryland had 100% participation from the jurisdictions in the National Prehospital Pediatric Readiness Project (NPPRP) Assessment which was a 207 item survey based upon the 2020 Joint Policy Statement & Technical Report (AAP/ACEP/NAEMT/NAEMSP and others). Contact Cyndy for copies of either
 2. Cyndy discussed the Pediatric EMS Champion summer and fall meetings and advised the group they received EMSC State Partnership funding for next year's program
 3. She thanked Mike Parsons who helped jurisdictions understand the NPPRP Assessment process
 4. She explained the roadmap for targeted training on pediatric skills and use of scenarios at least twice a year
- B. Webinar - September 16, 2024 at noon

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1. Cyndy stated that Jim Green, a Safety Engineer working with NASEMSO will be discussing safety standards for securing adults and pediatric patients in ambulances
 2. He will discuss the changes in the safety standards with the shoulder harnesses
 3. Cyndy indicated there is a You Tube video on the correct way to secure a patient utilizing the safety harnesses (contact Danielle if interested in the video or setting up an in service)
- C. Thank You
1. Joe Cvach thanked Cyndy and her team for their performance in Ocean City MSFA Convention – Steps to Safety

VII. Jurisdictional Roundtable (Christian Griffin, Chair)

- A. BWI
 1. No report
- B. Allegany
 1. No report
- C. Anne Arundel
 1. No report
- D. Baltimore City
 1. No report
- E. Baltimore County
 1. No report
- F. Calvert County
 1. No report
- G. Cecil County
 1. No report
- H. Dorchester County
 1. No report
- I. Frederick County
 1. Chief Cole reports they were approved to move forward with use of the whole blood pilot protocol.
 2. He stated they should be ready to go live Oct 1.

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3. Chief Cole stated they are ready to graduate their Paramedic program with (10) career providers and have opened up for their second class currently sitting at (21) interested individuals.
- J. Howard County
1. Nothing to report
- K. Kent County
1. Nothing to report
- L. Montgomery County
1. Nothing to report
- M. Ocean City
1. Chief Koch welcomed the attendees for the MACO Conference.
 2. He spoke of the current events going on in Ocean City this week
 3. Chief Koch stated that on October 27th, the ribbon cutting will take place for their new station on 66th Street and stated anyone is welcome to come down.
- N. St. Mary's County
1. Chief Davidson stated they are advertising to replace their DES Chief and that they have permission to add a Captain to their DES Services team.
 2. He stated they have hired (2) new personnel who will be starting soon, and are going through the process of hiring (2) Paramedics and several EMT's.
 3. Chief Davidson stated their new CAD system is in place and doing well.
 - a. He stated they ran into a few thing which had some effect on their neighboring counties, which they did not anticipate.
 - b. He stated they are working on the fixes and described to the group the way their new CAD system is to function.
 - c. Chief Davidson thanked Drs. Chizmar and Martin for their assistance and support working throughout their current challenges, and he thanked the group for their support as well.
- O. Salisbury
1. No report

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P. Talbot County

1. No report

Q. Washington County

1. Chief Chisholm stated they graduated their second Paramedic class and he thanked Dr. Chizmar for being their keynote speaker.
2. He stated they have planned a firefighter/apparatus operator class starting in October or November.
3. He stated they have a group working to replace their current transport ventilators with new or more updated models

R. City of Annapolis (Ray McRae)

1. No report

VIII. Closing Remarks and Adjournment (Chief Christian Griffin, Chair)

A. Reminders

1. Chief Griffin reminded the group to send any updated names to MIEMSS so they know about leadership changes.
2. He stated the next JAC Meeting is scheduled for October 9, 2024 at 1000 hours

B. Adjournment

1. Chief Griffin stated if there is no other business for the group, he asked for a motion to adjourn:
 - a. Motion to adjourn made by Chief David Chisholm, seconded by Chief Richard Koch.
 - b. The Jurisdictional Advisory Committee meeting for August 14, 2024 was adjourned at 1058 hours.

Respectfully submitted,

Stephanie Ermatinger
Administrator
Office of the EMS Medical Director

Jurisdictional Advisory Committee Meeting

August 14, 2024

ATTACHMENTS

Jurisdictional Advisory Committee Update



Timothy Chizmar, MD, FACEP, FAEMS
State EMS Medical Director

JAC UPDATE – AUG 2024

- **Transfer of Care times**
- **Protocol Update**
 - App
- **QA/QI**
 - Culture of Safety
 - eMEDS PCR Completion; T-CPR metrics
- **VAIP Updates**
- **HB 404 Gabriel's Law**
- **Tactical (TEMS) Training opportunity**

Facilities	2023												2024						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Anne Arundel Medical Center	78.27	67.36	80.4	74.62	78.73	70.95	70.43	67.94	68.69	65.13	68.48	62.16	49.92	42.45	37	38.34	34.31	37.41	38.08
Atlantic General Hospital	8.83	8.04	8.97	8.33	9.21	9.94	10.59	10.26	10.69	10.45	10.01	10.92	10.87	11.41	10.43	12.52	12.22	11.75	11.44
Baltimore Washington Medical Center	81.46	63.62	68.92	74.02	67.08	61.34	65.93	61.6	62.96	66.98	49.2	53.58	59.58	50.81	50.81	57.08	50.6	56.09	60.65
Bowie Health Center (UMCRH)	68.79	64.72	68.54	60.91	50.29	72.16	51.4	48.55	45.28	46.56	40.34	48.39	56.11	43.43	40.96	37.62	35.87	37.16	41.45
CalvertHealth Medical Center	38.09	35.72	32.66	37.38	33.57	35.9	40.31	39.39	31.86	34.99	37.16	53.7	40.78	39.23	29.03	25.63	35.79	31.15	29.37
Cambridge Free-Standing ED (UMSRH)	31.03	24	17.51	25.64	21.03	22.54	19.01	20.36	23.95	24.78	21.17	30.67	37.97	26.62	24.92	20.79	20.82	21.43	24.15
Capital Region Medical Center (UMCRH)	113.15	105.81	90.23	105.98	95.83	101.54	100.75	92.88	80.48	71.46	66.51	85.53	79.8	69.18	66.06	73.07	64.63	64.62	77.34
Carroll Hospital Center (LifeBridge)	46.88	42.65	40.9	35.53	37.06	32.19	35.39	32.97	37.83	39.35	39.83	40.67	42.12	37.19	38.56	42.47	36.99	34.68	36.42
Charles Regional (UM)	93.51	64.64	54.27	51.54	81.59	85.33	65.01	47.73	38.72	40.46	36.97	47.11	52.14	40.9	53.22	44.18	40.9	62	63.69
Chestertown (UMSRH)	38.43	45.83	41.13	36.66	37	39.25	46.5	44.3	46.53	49.91	35.66	37.66	30.63	18.97	19.54	20.19	21.33	19.56	19.78
Doctors Community Medical Center (Luminis)	94.27	90.17	74.91	82.49	92.38	91.62	85.05	81.38	71.28	73.77	59.69	74.48	73.6	59.73	52.52	60.49	57.82	59.91	69.04
Easton (UMSRH)	45	34.97	39.26	37.45	30.44	42.45	33.79	40.53	41.69	34.9	33.27	50.44	56.31	42.62	44.11	37.03	36.52	39.29	41.77
Fort Washington Medical Center (Adventist)	124.34	120.37	96.24	91.56	90.47	84.13	78.96	97.17	65.6	64.28	61.94	81.03	73.47	55.46	57.79	52.24	48.16	50.71	69.96
Franklin Square (MedStar)	50.5	42.45	38.29	33.83	36.25	34.73	35.4	37.8	38.01	36.99	38.91	45.09	38.55	36.57	36.93	39.07	36.72	36.3	35.46
Frederick Health Hospital	23.56	22.16	20.04	18.57	20.63	20.95	20.09	20	18.41	18.64	19.18	20.73	22.91	21.1	17.77	17.88	20	17.78	18.38
Garrett Regional Medical Center (WVU)	14	12.86	15	12.64	13.26	13.73	12.77	12.71	13.36	14.39	10.84	11.86	11.11	10.85	10.92	9.92	10.68	12.89	11.02
Germantown Emergency Center (Adventist)	24.98	25.74	24.1	26.61	21.8	20.7	19.86	20.71	16.67	17.08	17.87	19.11	18.34	19.51	18.85	18.07	18.47	21.63	15.76
Good Samaritan Hospital (MedStar)	51.84	42.47	37.72	35.6	38.73	33.07	34.39	34.53	32.25	39	34.91	41.65	40.26	35	31.65	32	32.09	30.99	34.6
Grace Medical Center (LifeBridge)	54	44	41.75	41.56	32.99	36.63	37	34.62	35.14	37.19	32	39.37	37.87	33.36	33.3	33.18	32.29	34.51	35.87
Greater Baltimore Medical Center	61.44	49.36	46	40.77	39.47	40.43	36.45	35.61	35.84	35.37	37.33	42.91	47.46	44.02	38.88	41.3	38.12	42.59	45.84

Harbor Hospital (MedStar)	79.64	59.69	60	62.01	65.67	54	54.98	49.8	53.52	57.23	44.91	58.12	53.97	44.52	45.55	52.34	54.31	49.36	58.81
Harford Memorial Hospital	24.27	21.19	28.03	25.63	21.53	22	21.02	18.07	21.81	27.19	25.63	35	31.49	19.71					
Holy Cross Germantown Hospital	31.26	27.73	27.48	28.27	28.82	26.88	28.12	23.9	20.31	22.61	22.12	25.18	27.03	21.31	23.38	21.91	22.85	21.25	21.98
Holy Cross Hospital	52.63	49.77	45.5	44.01	46.48	47.19	42.73	37.93	28.74	30.06	30.46	31.83	32.86	30.98	32.75	27.87	28.73	31.24	29.78
Howard County Medical Center (JHM)	69.37	58.89	56.65	60.87	64.37	69.04	67.68	64.4	68.99	78.62	60.87	66.7	65.89	56.46	57.31	60.31	55.87	62.11	57.26
Johns Hopkins Bayview	55.48	50.52	43.3	45.03	41.14	42.49	43.55	40.58	42.45	40	44.64	46.85	44.86	41.55	39.32	40.16	39.3	40	40.6
Johns Hopkins Hospital ADULT	52.4	52.62	50.03	49.64	44.15	46	45.93	46.12	44.04	47.99	49.5	47.66	47.32	46.01	39.68	44.62	39	38.57	45
Johns Hopkins Hospital PEDIATRIC	29.12	30.81	33.98	32.11	30.95	25.33	31.37	23.86	27.5	28.54	27.54	28.3	28.66	29.68	29.26	28.39	25	28.97	23.29
Laurel Medical Center (UMCRH)	84.98	82.51	72.99	62.3	62.79	70.67	68.43	60.31	57.7	59.51	50.37	59.72	53.92	40.34	35.7	46.87	45.6	47.5	44.44
McCready Health Pavilion	6.75	6.78	12.46	8.77	6.5	7.05	5.78	4.67	7.7	6.78	24.69	5.81	6.47	11.2	4.95	7.07	6.28	7.43	27.79
Mercy Medical Center	60	50.51	43.72	48.81	46.31	45	48.09	44.49	42.13	48.56	42.85	48.33	43.06	44.77	43.15	42.32	39.87	39.26	43.02
Meritus Medical Center	16.87	16.56	14.65	15.75	16.2	16.68	14.99	16.95	17.53	17.22	16.62	17.91	19.61	17.24	17	15.55	15.05	14.63	13.75
Midtown (UM)	66.66	64.78	56.11	56.76	50	52.83	51.29	52.94	43.62	45	43.98	56	51.99	50	47.76	43.93	43.51	41.49	46.6
Montgomery Medical Center (MedStar)	35.96	34.06	35.08	29.82	31.69	32.15	32.47	30.91	28.09	30.97	28.86	31.79	31.31	34.4	32.13	28.68	27.84	27.55	25.3
Northwest Hospital (LifeBridge)	69.44	50.4	46.35	42.04	41.53	41.42	44.69	40.78	42.39	43.38	44	47.72	47.41	52.73	46.06	50.25	52.42	48.52	53.85
Peninsula Regional (TidalHealth)	18.73	18.25	17.69	17.05	18.43	18.64	17.04	17	18.02	18.02	17.4	17.6	17	16.78	15.75	16.43	16.56	16.95	16.84
Queenstown Emergency Center (UMSRH)	36.81	21.55	23.98	26.65	17.28	25.4	24.7	26.96	25.14	24	19.17	32.07	30.71	24.1	19.2	19.79	26.18	26.66	20.6

R Adams Cowley Shock Trauma Center	34.99	36.94	35.71	37.13	30.9	25.5	23.55	22.92	28.77	20.9	25.96	28.13	20.3	20.54	20.09	21.26	20.48	18.76	21.16
Shady Grove Medical Center (Adventist)	40.85	34.45	33.66	33.78	31.93	37.41	35.13	32.28	29.92	30.01	31.95	34.01	34.27	36.07	30.15	25.66	26.88	29.43	27.57
Sinai Hospital (LifeBridge)	55.04	47.84	47.09	47.28	44.68	43.05	43.24	43.01	45.06	46.51	47.23	50.22	55.29	51.05	50.85	48.35	48.95	50.03	54.55
Southern Maryland Hospital (MedStar)	109.18	114.43	97.61	91.92	90.42	94.97	91.08	73.27	58.86	54.57	62.95	81.91	74.05	78.03	77.72	100.57	75.52	68.24	74.87
St. Agnes Hospital (Ascension)	66.82	60.26	60.28	58.39	54.82	53.26	47.95	52.46	48.01	47.3	46.57	58.77	61.52	53.73	52.45	59.79	65.3	51.48	56.21
St. Joseph Medical Center (UM)	54.25	40.04	33.3	31.56	34.66	35.99	36.76	34.86	40.42	40.51	32.94	43.53	43.13	40.26	35.72	38.72	39.23	39.41	44.73
St. Mary's Hospital (MedStar)	35.58	33.55	29.96	27.97	31.65	35.16	33	28.33	28.93	31.03	32	31.56	32.5	26.74	25.12	26.74	29	26.61	27.83
Suburban Hospital (JHM)	44.22	43.01	41.79	38.58	36.94	50.67	42.97	43.58	36.37	44.27	32.45	37.77	43.07	41.18	30.05	32.89	44.4	34.09	36.95
Union Hospital (ChristianaCare)	25	24.74	22.4	23.3	21.15	24.97	24.98	23	22.45	25.98	29.01	28.13	32.31	31.77	32.42	33.64	30.81	36.68	28.67
Union Memorial Hospital (MedStar)	37.59	34.47	33	33.04	32.57	30	30	29.16	27.73	31.85	30.08	34.31	33.44	30.62	30	30	25	27.32	31.01
University of Maryland Medical Center	60	57.32	55	53.82	43.16	40.35	41.13	40.99	38	43.77	38.48	42.97	44.6	44.97	43.32	43.36	43.24	44	41.4
Upper Chesapeake Health Aberdeen (UMUCH)														35.22	28.11	31.1	31.74	36.13	30.69
Upper Chesapeake Medical Center (UMUCH)	50.18	44.7	50.17	48.67	45.91	46.65	47.73	40.77	40.52	47.32	49.6	66.86	60.66	45.76	40.56	45.71	43.23	46.82	45.01
Walter Reed National Military Medical Center	26.82	26.81	17.27	21.05	31.99	17.2	24	17.35	17.62	13.03	16.91	16.8	18.58	13.8	14.96	14.6	15.83	17.05	18.69
Western Maryland (UPMC)	14	14	13	15	14.99	14.99	13.16	11.91	12.85	12.87	11.94	12.34	11.45	11.56	11.26	10.97	12.48	12.22	12.13
White Oak Medical Center (Adventist)	63.44	51.03	52.58	52.28	54.4	57.58	64.62	87.66	64.56	75.95	72	69.73	62.42	55.72	56.72	51.13	56.08	60.48	57.28

TRANSFER TIMES: 2023/2024

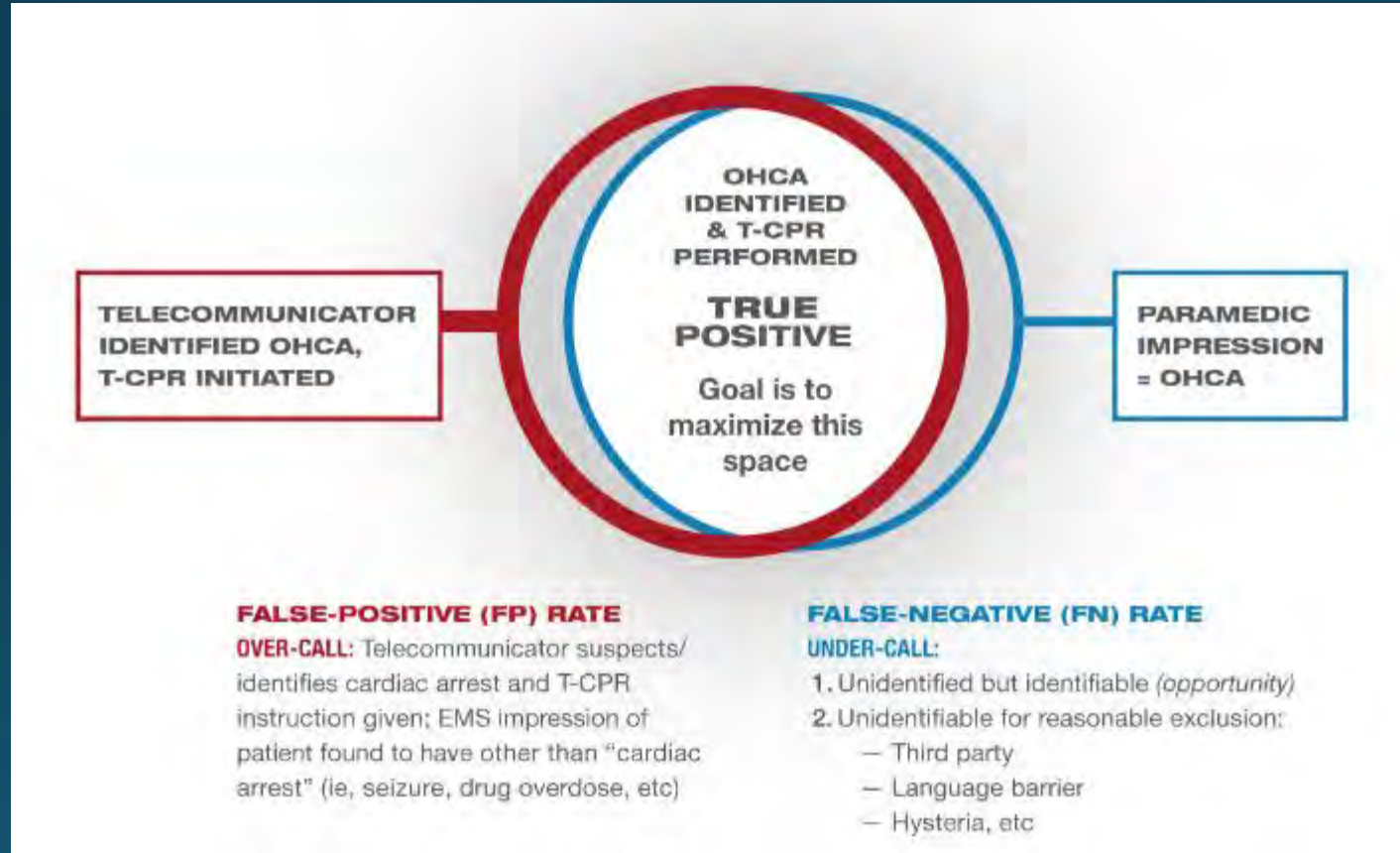
■ June 2024

- < 35 min: 24 facilities
- >60 min: 6 facilities

■ Jan 2023

- < 35 min: 15 facilities
- >60 min: 16 facilities

T-CPR

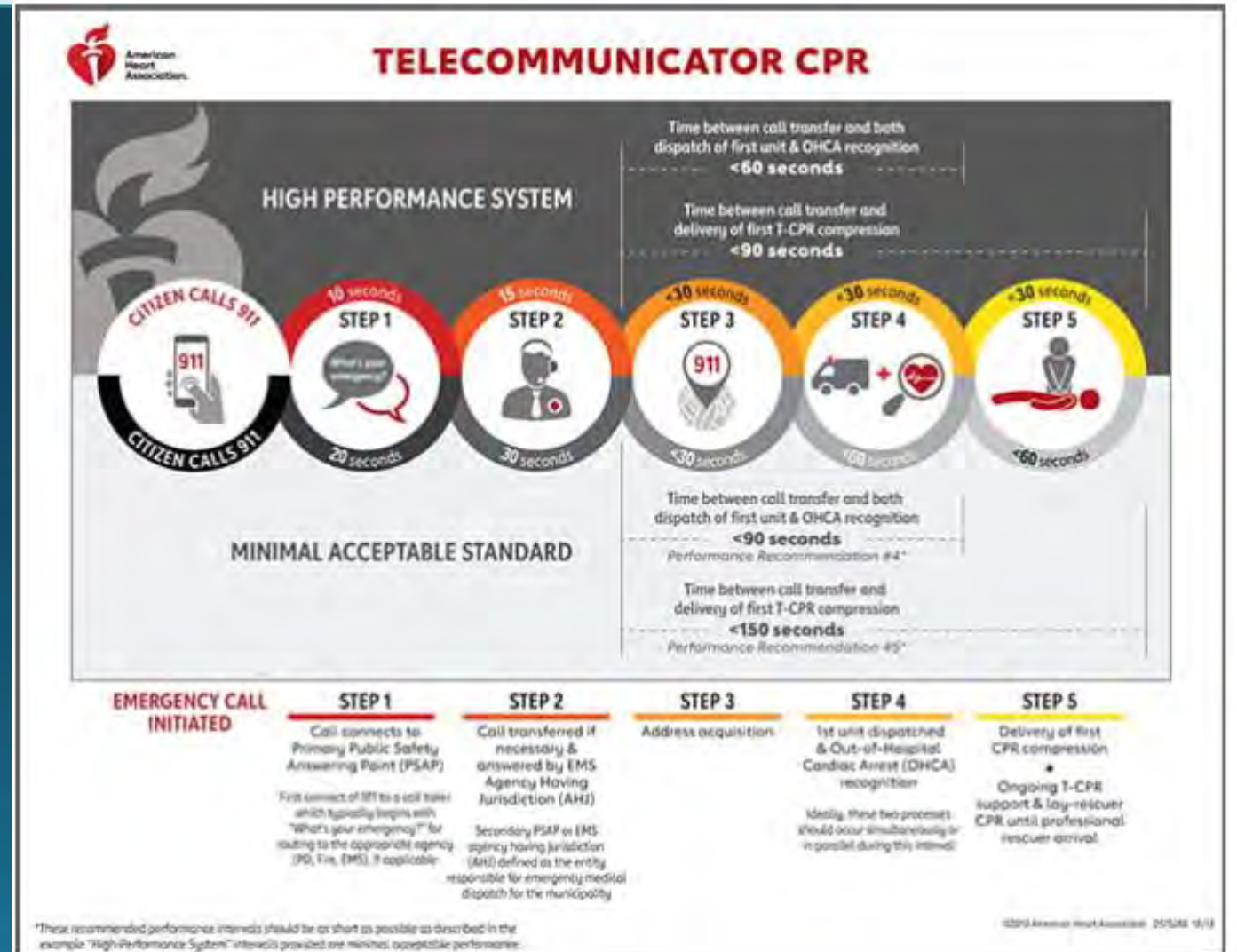


T-CPR

- **Training with Priority Dispatch (2-3 sessions)**
 - PSAP manager and EMS chiefs
- **Automated report**
 - PSAP call → OHCA recognition
 - PSAP call → First T-CPR compression

T-CPR

- PSAP call to OHCA recognition
 - < 60-90 seconds
- PSAP call to first T-CPR compression
 - <90-150 seconds



VAIP

- [Miemss.org/home/vaip](https://miemss.org/home/vaip)
- **ALS**
 - Esmolol 100 mg– 1 vial
 - Gum elastic bougie
- **BLS**
 - PEEP valve
 - 1st responder: 4 TQ
 - Ambulance: 6 TQ

2024–2025 Equipment Checklists

Title	Description
BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2024 – June 30, 2025
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2024 – June 30, 2025
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2024 – June 30, 2025
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2024 – June 30, 2025

2023–2024 Equipment Checklists

Title	Description
BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2023 – June 30, 2024
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2023 – June 30, 2024
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2023 – June 30, 2024
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2023 – June 30, 2024

Chapter 743

(House Bill 404)

AN ACT concerning

Law Enforcement Public Safety – Wellness Checks – Requirements
(Gabriel's Law)

FOR the purpose of requiring a law enforcement agency ~~or fire, rescue, or emergency medical services entity~~ that receives a certain request for a wellness check of an individual to ~~immediately~~ conduct a wellness check or submit a request for the relevant law enforcement agency ~~or fire, rescue, or emergency medical services entity~~ to conduct a wellness check ~~without unreasonable delay; requiring a fire, rescue, or emergency medical services entity to conduct the wellness check simultaneously with the law enforcement agency if the request concerns a life-threatening condition;~~ and generally relating to law enforcement agencies, fire, rescue, or emergency medical services entities, and wellness checks.

BY adding to

Article – Public Safety
Section 3-531 ~~and 7-405~~
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Public Safety**3-531.**

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “INTERESTED PARTY” MEANS A HEALTH CARE PRACTITIONER, AS DEFINED IN § 19-144(3) OF THE HEALTH – GENERAL ARTICLE, OR ANOTHER INTERESTED PERSON WHO HAS SUFFICIENT INFORMATION TO INFORM A LAW ENFORCEMENT AGENCY OF ANOTHER INDIVIDUAL’S HEALTH-RELATED CONDITION OR CIRCUMSTANCE THAT REPRESENTS A LIFE-THREATENING EMERGENCY SAFETY CONCERN OF THE INDIVIDUAL.

~~(3)~~ (3) “QUALIFIED REQUEST” MEANS AN ORAL OR WRITTEN REQUEST THAT INCLUDES SUFFICIENT CREDIBLE INFORMATION REGARDING A SPECIFIC SAFETY LIFE-THREATENING CONCERN FOR IMMEDIATE ACTION OR RESPONSE OF A LIFE-THREATENING CONDITION.

~~(3)~~ (4) “WELLNESS CHECK” MEANS AN IN-PERSON VISIT BY A LAW ENFORCEMENT OFFICER CONCERNING THE WELL-BEING OF AN INDIVIDUAL.

(B) (1) ~~IF SUBJECT TO SUBSECTION (C) OF THIS SECTION, IF~~ A LAW ENFORCEMENT AGENCY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL LOCATED IN THE LAW ENFORCEMENT AGENCY’S JURISDICTION, THE LAW ENFORCEMENT AGENCY SHALL ~~IMMEDIATELY~~ CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.

(2) ~~IF SUBJECT TO SUBSECTION (C) OF THIS SECTION, IF~~ A LAW ENFORCEMENT AGENCY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL WHO IS NOT LOCATED IN THE LAW ENFORCEMENT AGENCY’S JURISDICTION, THE LAW ENFORCEMENT AGENCY SHALL ~~IMMEDIATELY~~ SUBMIT A REQUEST TO THE RELEVANT LAW ENFORCEMENT AGENCY IN THE STATE OR ANOTHER STATE TO CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.

(C) IF THE INTERESTED PARTY STATES IN THE QUALIFIED REQUEST THAT THERE IS A CONCERN FOR A LIFE-THREATENING CONDITION, THEN A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL CONDUCT THE WELLNESS CHECK SIMULTANEOUSLY WITH THE LAW ENFORCEMENT AGENCY.

~~(C)~~ (D) A LAW ENFORCEMENT AGENCY AND, IF APPLICABLE, A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY, THAT RECEIVES A QUALIFIED REQUEST UNDER THIS SECTION SHALL MEET THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION REGARDLESS OF WHERE THE ~~INDIVIDUAL OR ENTITY~~ INTERESTED PARTY MAKING THE QUALIFIED REQUEST IS LOCATED.

~~7-405.~~

~~(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(2) “INTERESTED PARTY” MEANS A HEALTH CARE PRACTITIONER, AS DEFINED IN § 19-144(2) OF THE HEALTH GENERAL ARTICLE, OR ANOTHER INTERESTED PERSON WHO HAS SUFFICIENT INFORMATION TO INFORM A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY OF ANOTHER INDIVIDUAL’S HEALTH-RELATED CONDITION OR CIRCUMSTANCE THAT REPRESENTS A LIFE-THREATENING EMERGENCY.~~

~~(3) "QUALIFIED REQUEST" HAS THE MEANING STATED IN § 3-531 OF THIS ARTICLE.~~

~~(4) "WELLNESS CHECK" MEANS AN IN PERSON VISIT BY A FIREFIGHTER, A RESCUE SQUAD MEMBER, OR EMERGENCY SERVICES PERSONNEL CONCERNING THE WELL-BEING OF AN INDIVIDUAL.~~

~~(B) (1) IF A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL LOCATED IN THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY'S JURISDICTION, THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.~~

~~(2) IF A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL WHO IS NOT LOCATED IN THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY'S JURISDICTION, THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL SUBMIT A REQUEST TO THE RELEVANT FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY IN THIS STATE OR ANOTHER STATE TO CONDUCT A WELLNESS CHECK ON THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.~~

~~(C) A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY THAT RECEIVES A QUALIFIED REQUEST UNDER THIS SECTION SHALL MEET THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION REGARDLESS OF WHERE THE INTERESTED PARTY MAKING THE QUALIFIED REQUEST IS LOCATED.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.

Approved by the Governor, May 16, 2024.

CENTER for LAW ENFORCEMENT MEDICINE

MARYLAND TACTICAL MEDICINE COURSE

October 7 - 11, 2024
Baltimore, Maryland, USA



Sponsored by

**JOHNS HOPKINS EMERGENCY MEDICINE
DIVISION OF SPECIAL OPERATIONS**

and

**MARYLAND STATE POLICE
SPECIAL OPERATIONS DIVISION
TACTICAL MEDICAL UNIT**



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Emergency Medical Services for Children

Maryland Institute for Emergency Medical Services Systems



Maryland EMS for Children Department Update: May 2024 Update

Advocacy:

- **Right Care When It Counts & Star of Life:** nominations were reviewed. EMS Week is May 20-24 2024.
- **Child Passenger Safety Grant:** EMS Supervisor Vehicle – 3 in 1 Car Seat project continues to have training and car seats available for EMSOP to use for non patient transport of children when they are not able to be left with a responsible adult. Feedback is requested for those already involved in this project.

Pediatric Education EMS and Emergency Department Professionals:

- ✂ Online Training Center: <https://www.emsonlinetraining.org/>
- ✂ Pediatric EMS interactive scenarios “Sim on the Go” are available through Pediatric EMS Champions with Trauma and Medical scenarios available
- ✂ **2024 EMS Conferences** dates have been finalized with topics & faculty planning ongoing.
 - 📅 **ENA by the Bay:** Pediatric Preconference is Thursday May 9th in Annapolis
Friday May 10th (also in Annapolis) is full day conference
 - 📅 **EMS Care 2025 is targeted for a fall day**
 - 📅 **CPEN review course:** @ Tidalhealth Peninsula Medical Center September 18 &19, 2024 (registration opening soon)

2024 Pediatric Readiness/ Champion forums and meetings are scheduled (and attached):

- July 10, 2024 Pediatric Nurse Champion Forum at 12 PM (virtual)
- July 17, 2024 Pediatric EMS Forum at 1:00 PM (virtual)
- July 31, 2024 Pediatric Readiness Physician Forum is @ 12 Noon (virtual)

	<p>National EMSC Updates: EMSC is 40 Years Young this year !</p> <ol style="list-style-type: none"> EMS Assessment on Pediatric Readiness- is launched May 1, 2024. EMSC EIIC: American Academy of Pediatrics and American Foundation for Suicide Prevention join forces for an Emergency Medicine Suicide Prevention Clinical ECHO starts March 5 2024 and continue throughout 2024. CE available during live broadcasts, all are archived.
	<ol style="list-style-type: none"> Pediatric Pandemic Network Announces New National Collaborative to Improve Pediatric Disaster Response- https://pedspandemicnetwork.org/ 'Ready. Prep. Go!' is also available wherever you get your podcasts. You may also listen here: https://ow.ly/QOlu50QK4ex
	<p>Maryland EMSC Updates:</p> <ol style="list-style-type: none"> EMSC State Partnership Grant 2023-2027: focuses on Pediatric Readiness criteria and resources for hospitals and EMS, pediatric specific disasters planning, and family engagement that is representative of Maryland’s diversity. FAN: Committee is expanding – call for participation letter finalized and emailed out. BabySitting course will be featured at the MSFA Convention in June. Ocean City PSAP is joint the Steps to Safety team. C4 Pediatrics continues to be a 24/7 consultation resource for both pediatric critical care and pediatric inpatient care. Funding is available through June 2024.
	<ul style="list-style-type: none"> 🔗 CPS Healthcare Project: CPS Technician courses for 2024 have been posted – https://cert.safekids.org/become-tech . Specific training is available - contact cps@miemss.org. CPS Webinars are posted on MIEMSS website & YouTube accounts. (MHSO grant funded). 🔗 Bike Safety Project: MHSO grant bike safety and helmet distribution resources are available to Safe Kids coalitions and community partners through the end of May. The grant is closing 6/30/24. 🔗 Safe Kids Maryland & EMSC FAN Project: Safe Sleep displays are now in 27 EMSOP and 20 Safe Kids & ENA locations. 🔗 Risk Watch Update - Planning for MSFA Convention is also underway – join us in June at the Ocean!



Safe Transport of Children in Ground Ambulances

Proposal for Testing Child Restraint Devices

National Association of State EMS Officials
www.nasemso.org

EXECUTIVE SUMMARY

The Testing Child Restraint Devices proposal describes a proven methodology that can be used to ensure pediatric patient safety during ambulance transports through the collaborative development, validation, and publication of three new test methods. Because pediatric populations have unique transport needs, the testing methods would be developed for each of three unique pediatric subsets: (1) supine pediatric patients; (2) seated pediatric patients or pediatric companion transports; and, (3) supine neonatal patients.

With ambulance crash rates at least 2.5 times greater than that of an automobile¹, and an average of 841,000 children transported annually in the United States², development and testing of crashworthy pediatric restraint devices for ambulances is long overdue.

Because the manufacture, testing, and licensing of an ambulance is not regulated by the federal government, the only immediately available avenue to influence real change on a national level is through the consensus standards development process. Unfortunately, the complexity required to complete such an endeavor is too great for any one entity, public or private, to successfully execute independently. As a result, the proposed methodology requires the active participation of ambulance manufacturers and their suppliers, pediatric transport device manufacturers, pediatric transport experts, emergency medical service (EMS) practitioners, and key government officials.

Each would play a key role in the development of the three new test methods by providing engineering or medical expertise, design and manufacturing capacity to support testing, or specific vehicle and occupant testing expertise. At the conclusion of this effort, the extended project

¹ Centers for Disease Control and Prevention (CDC). Ambulance Crash-Related Injuries Among Emergency Medical Services Workers, United States, 1991-2002. *MMWR Morb Mort Wkly Rep.* 2003;52(08):154-6.

² National Emergency Medical Services Information System, Version 3 Data Cube. <https://nemsis.org/view-reports/public-reports/ems-data-cube/>. Accessed August 9, 2021. Data from 2019 and 2020 for children 13 and younger.

collaborative should have a minimum of three new published test methods and industry partners will have designed and tested new, safe, and more robust pediatric transport devices. Once each test method is published, manufacturers will be able to advertise that the products they have developed and tested meet a specific, industry accepted minimum testing requirement. Manufacturer test results, derived from the new consensus test methods, may then be used comparatively by prospective purchasers both nationally and internationally, as they strive to provide safe and effective transport options for their pediatric patients.

We will use the same methodology that was developed by the National Institute for Occupational Safety and Health (NIOSH) over an eight-year period as part of a government and industry collaborative (2010-2018) specifically focused on improving EMS practitioner and patient safety when being transported in a ground ambulance;³ especially when involved in a crash. The NIOSH project resulted in the creation of ten new test methods, each published by the Society of Automotive Engineers (SAE). The SAE published test methods are all focused on improving EMS personnel and adult patient safety in the back of an ambulance during a crash or near crash event by strengthening worker seating, the adult patient cot, equipment mounts and storage devices, as well as the patient compartment structure. Many in the EMS community, including Mark Van Arnem, former CEO of AEV Ambulance and now Administrator for the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard, have asserted the new test methods that resulted from the adult patient and EMS practitioner research have produced the most profound improvement to EMS practitioner and adult patient safety in an ambulance in the last 30 years. Unfortunately, because NIOSH is a worker-focused federal research institute, in accordance with their Congressional mandate, they will not be addressing pediatric patient safety.⁴

Those that participated in the earlier effort to improve EMS practitioner and adult patient safety are unified in their belief that this same methodology can be utilized to dramatically improve pediatric patient safety during ground ambulance transport. A list of those who have already committed funding support is provided in Appendix A, and a list of those who have indicated an interest in supporting such a collaborative research effort, to include individual letters of support are provided in Appendix B. Based on the success of the NIOSH project, and the partnerships forged during its development, NASEMSO feels strongly the time to address pediatric transport safety is at hand and is now prepared to take the lead on this effort so that we can provide our pediatric patients with the

³ Ambulance Test Methods. cdc.gov. <https://www.cdc.gov/features/ambulance-test-methods/index.html>. Updated May 23, 2017. Accessed April 15, 2019.

⁴ Occupational Safety and Health Act of 1970, 29 CFR § 671, Section 22.

same level of safety now provided to our adult patients. Approximately \$2,200,000 is needed to complete this 5-year project.

For additional information on work NASEMSO is doing with safe transport of children, as well as available resources, visit the Safe Transport of Children Committee webpage:

<https://nasemsso.org/committees/safe-transport-of-children/>.