

Region IV EMS Advisory Council

THE SEPTEMBER MEETING WILL BE HELD VIRTUALLY

Join with Google Meet

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Scott Wheatley, Chair
Rick Koch, Vice-Chair
Brian LeCates, Secretary

AGENDA

September 15, 2020

1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes" on the roster if you want to make a report)
9. Old Business
10. New Business
11. Adjournment



Next meeting
tentatively
November 17, 2020
@ 1330 hrs.
605 Port Street

REGION IV EMS ADVISORY COUNCIL
September 15, 2020
Minutes

Virtual Attendees: John Barto, Mike Parsons, Andrew Naumann, Scott Wheatley, Dr. Ciotola, Jarod Cooper, Rick Koch, Anna Sierra, Denise Hill, Chief Gunderson, David Rice, Scott Haas, Dr. Chiccone, Dr. White, Eric Denston, Chris Truitt, Brian LeCates, Cyndy Wright-Johnson, Andy West-McCabe, Melissa Brag, Mark Bilger, Dr. Chizmar, Doug Walters, Falon Beck, Dr. Krohmer, Dr. Todd, Shari Donaway, Nicole Leonard, Chris Schaffer, Mary Alice Vanhoy.

The meeting was called to order at 1:30pm by Scott Wheatley

Approval of Minutes: A motion was made by Rick Koch to approve the March 17, 2020 minutes as written, seconded by Anna Sierra and passed.

Regional Medical Director's Report:

Dr. Chiccone:

I would first like to ask if you are aware of the letter that was sent on or about August 20, 2020 from Dr. Delbridge regarding Ketamine for severe agitation important update.

Scott Wheatley – It was distributed Dr. Chiccone in multiple ways and the way it did come to this council was through Dawn, she sent out the update for Region IV.

Dr. Chiccone - My intent here is to ask that all clinicians take some thoughtful time to read that letter, as Ketamine has become a medication that has been propelled into the spotlight. The letter starts by reminding us that it is for use in patients that are combative violent and represent an immediate danger to self or others. There is a process by which the medicine is used. First, de-escalation should be attempted verbal and other techniques as outlined in the behavioral emergency protocol. They should always be the first things that are employed. Then a decision has to be made that Ketamine has inherent risks with its use. Those can include at higher doses loss of airway reflexes and hypoxia. Therefore, for that reason, effective immediately meaning with receipt of that document online medical direction has to be obtained prior to giving Ketamine for severe agitation unless taking the time to do that would present an immediate harm to the patient or EMS Clinicians. Patients that receive Ketamine have to be transported in the supine position, specifically no prone positing or positing underneath of a backboard is permitted. At least two EMS Clinicians, one of which must be ALS, must directly care for that patient during the transport (2 ALS Clinicians are recommended, if possible). Due to the risks of hypoxia or airway compromise, the patient must be closely reassessed. Pulse oximetry, ETCO2 and cardiac monitoring must be initiated at the earliest possible time after the Ketamine has been given. Advanced airway equipment needs to be on standby for immediate deployment. Effective immediately online medical direction has to be obtained for Midaxolam dosing if a prior dose of ketamine has been administered. The Jurisdictional Medical Director will review all cases.

Dawn has sent out some information regarding some updates to Maryland Medical Protocol. I would like to take a moment to point out a few of the updates as some of those were on our agenda at the most recent Protocol Review Committee meeting. Please take note of the first two items in the letter entitled Updates to Maryland Medical Protocol for EMS. The first correction is on page 70 in regards to pediatric termination of resuscitation. A similar correction can be found on page 154.

There have been revisions made to the burn protocol to bring that protocol into alignment with the most current American Burn Association Guidelines. There will be changes to the fluid resuscitation, no resuscitation indicated less than 20% total body surface area burned, no ice packs will be used. There will be some changes to the pediatric fluid resuscitation as well. Dr. Anders from pediatrics gave a proposal to eliminate the SIDS protocol as a stand-alone protocol since most of that information is now taken care of in other protocols.

The ALTE protocol may undergo a change to ALTE-BRUE or just BRUE protocol. More on that to follow.

Doctors successfully introduced an IV infusion pump for the Paramedic protocol. This would be for a regular transport as opposed to restricted only specialty care transport. This protocol has passed.

The definition of STEMI has migrated just slightly so the revisions will be incorporated into alignment with the American Heart Association definitions of STEMI.

In addition, passed through the Protocol Committee a motion that now aligns with the Wilderness protocol for treatment of overdoses poisoning, snakebites, etc.

Re-visitation of the spinal restriction protocol – due to some resistance the revision will come back in a future meeting.

I would also like to mention that thanks to Dr. Chizmar the Medical Directors within our 24 Jurisdictions now have the opportunity to meet virtually every two weeks. This has been a wonderful opportunity and very productive.

I am open to take any questions...

Dr. Jon Krohmer – Are you able to talk about the controversy regarding the Spinal Restriction discussion?

Dr. Chiccone – I would prefer at this point in time simply say that the protocol came up and what it had to do with was we got caught in the nitty gritty of exactly how a patient that was injured would be mobilized to the stretcher. I have complete faith that the committee will get that resolved.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson:

I have emailed the council handouts; our Child Passenger Safety project is ending this year and starting again on October 1st. The information is specific to child passenger safety week, which is next week. There is a lot of information so please read over the handouts I have sent. I do want to make a note to the hospitals this year we had put in from last October to this September a special project to give emergency departments' booster and convertible seats so that they will have car seats in case a child need to get home safely and created an online training. That was launched in February once the training was done by our colleagues. In March, we found that some emergency department did not have the room to store them. We still have them and if an emergency department did not take that opportunity, we are still able to provide those seats. If we do not get a response within the next two months, we will look to our EMS colleagues who are running child passenger safety projects with trained technicians in Cecil, Queen Anne, Talbot, and Wicomico counties to get those out to individuals.

As far as EMSC, we do have three new LMSs that have gone online during and right before the COVID process. Pediatric Champions have skill station information for two of the three. The two that they have scenarios for are the trach module, which is an inter-active LMS and this is available on the MIEMSS training center. We have two pediatric trach mannequins for every region. Judy Micheliche is the mother of those mannequins along with Jen Andrews in Talbot County and they come with some disposable supplies. The second is a burn LMS and there are case scenarios that go with that. The third is a pediatric stroke LMS and a very abbreviated version was included in the BLS and ALS protocol rollout thanks to Dr. Chizmar for including that. It was a commitment that Pat Gainer, Jen Andrews and I made to the legislature so that there was not a bill mandating training that is more extensive.

We are work working towards offering PEPP courses whether the conferences are held in January, March, or April or we come out and do two. The plan is but not approved to run two back-to-back hybrid courses. Most of the work would be done online and just the skill portion would be done in person since we can only put 12 people in a class. We have enough mannequins so that the mannequin would be assigned for the day, and we would revise how the simulations are done. Judy Micheliche is looking at a facility to see if we can offer that in January. We have purchased the books and will be sending them out to our Pediatric Champions.

EMS Board Report:

No report given

SEMSAC Report / Regional Affairs Report:

Scott Hass:

I did attend the last meeting and one action item is provisional EMS to regular EMS regulations. I have not heard of it going through the board yet so I am not sure if it has been finalized. However, if did go through SEMSAC.

The rest of the meeting was information only and was sent to Dawn right before the meeting. She has sent all of the documentation from that meeting to Council so you should have it sitting in your email right now.

Scott Wheatley:

The Regional Affairs committee meeting was very interesting. We were given some information regarding a board inside the first models of LifePack15 monitors. If those boards die, they do not have any way to repair those and you will be without a LifePack15. I encourage everyone to take inventory of your LifePack15's and look into replace them. The way it was explained is that there is a 50/50 chance of this happening. One day it could be working and the next day it may not and they have nothing they can do to change that.

MIEMSS Report:

John Barto:

I wanted to take a brief moment to thank everyone for all of their hard work and adjusting to what needs to be done to provide patient care and it does not go unnoticed.

Scott Wheatley is still our Chairman; he is the longest running chairperson in the history of the Region IV Council. I made one of those executive decisions that it was inappropriate to change leadership during COVID 19. Since this decision was made, I wanted to consult the entire council to have Scott Wheatley stay on until the end of the year. I would like to make a motion to have Scott Wheatley remain our Chairman at least until January. A motion was made by Dave Rice, seconded by Anna Serra, all in favor and passed.

With that being said, I would like to ask that the Council to think about someone to nominate to fill that position; it would be greatly appreciated.

I received a letter from Scott Wheatley today stating after 11 years, he would like to step down from the protocol review committee. We will be looking for recommendations to fill that seat and we will be talking to Dr. Chizmar about that as we move forward. Any recommendations can be forwarded to the Region IV office. I want to personally thank Scott for his service over the past 11 years.

Dr. Chizmar – I just saw that email come through and I wanted to thank wanted to Scott as well. I want to go on record even though I am not a voting member and oppose that resignation. All kidding aside, it has been great having Chief Wheatley on board. Mike Reynolds and I are all ears concerning recommendations.

Cardiac Devices Grant – The information has been sent out by the Region IV office, if you did not receive this please let us know. The due date for the application is September 29, 2020. This is done online so let us know if you do not have the link. The Grants will need to be approved by the council on November 6, 2020. However, since the council will not meet before that date what we have done in the past is have the HJOs convene to prioritize the applications. I would like to put forth a motion to have the Highest Jurisdictional Officers prioritize the Grants to take back to Regional Affairs. Mary Alice Vanhoy motions, Rick Koch Seconds and all are in favor. MIEMSS will make the awards on or about November 20, 2020 and the recipients of the awards will need to sign and return the documentation by December 18, 2020. Once they have received that you will have until March 5, 2021 to purchase the equipment and request reimbursement.

Scott Wheatley – Just for clarification, that seat on the Protocol Review Committee is also the JAC Representative meaning you will need to go on bi-monthly to the JAC meeting as well.

Agency / Regional Reports:

Dr. Chizmar:

I just want to clarify and make sure that everyone is on the same page regarding public notice number 6 that was sent out regarding vaccinations. This is an ability to give seasonal Influenza vaccine as well as Corona virus vaccine when available under the direction of an EMS operational program Medical Director. It would not be restricted to Jurisdictional; it would open it up to Commercial and any EMS operational program. The caveats are these, through an occupational health program; or as part of a public health outreach effort coordinated by the local health department; or through a Maryland hospital or health system and until the State of Emergency has been terminated. Therefore, those are some of the things you need to keep in mind as you are administering those vaccines. We have opened it up so that any EMS operational program can administer Flu or Corona virus vaccine to members of the public. Previously in statute, it was just Jurisdictional EMS operational programs administering it to each other as public safety personnel as in EMS, fire and police personnel, so that has been opened up for the duration of the emergency. Please read the public notice number 6 very carefully.

There is an ongoing effort to do a survey throughout the community particularly around First Responders. This is being coordinated by the Maryland Department of Health and essentially is an ability to offer free antibody testing to any first responder. If you are interested, the contact is in Health Department. If you email me, I can get you connected to the proper person.

We did conduct a flu survey through Mustafa Sidik and we discovered that some of the limitations that folks receiving or wanting to receive a flu shot is that they believe that receiving

a shot will make them sick, or that it will not work. We are really pushing that everyone get a flu shot as we enter the colder months and have COVID and Flu both circulating at the same time.

Lastly, we are still transporting statewide about 120 PUIs per day and of those 120 PUIs, about 15 to 20 of those patients are known COVID positive patients. These patients have been tested and they are presenting to you for transport to an acute care facility.

Mary Alice Vanhoy:

It is my understanding that a couple of the counties received some feedback from staff at Shore Regional Health about masks. Our policy at the present time is if you have an N95 mask with a filter on it, you will need to have a procedural mask on top of that when you come into our facilities. I did clarify that with infectious prevention and did send that out to the five (5) counties that respond.

The new Dorchester facility ceremony will be held Thursday, September 17, 2020 between 9:30 am and 4:00 pm. If you want to go by and sign the beam, you are welcome to go. You will have to have a mask and practice social distancing.

Dr. White – So there are different masks with different exhalation valves and I know it has been advised not to tape over the valves because then you can breathe. I am not sure there is any science behind this recommendation.

David Rice – I was questioning this as well and went to the CDC website and they actually acknowledge that the exhalation valves do not protect anyone else from any airborne exposures of COVID or otherwise and their recommendations is to put the surgical mask over it.

Anna Sierra – The CDC actually has two separate recommendations and as David alluded to their recommendations for not wearing an exhalation valve specifically is to a sterile field, so surgery. Obviously, no one is conducting surgery in an emergency department. I think we were actually the county that asked Mary Alice to follow up on that because that is the primary PPE we have in Caroline County.

Several Council members continued to discuss the blanket ruling of having to wear a surgical mask over the N95 when there is an option to close the valve so you are not exhaling through it.

Mary Alice Vanhoy – The challenge was that you might close it off, but the next person might not, so it is consistency across the board.

David Rice – UMMS makes rules for their staff not for EMS, if that is the rule for the facility they need to come up with accommodations.

Mary Alice Vanhoy – It is the rule whether you come in the front door or the back door of our facility. We are just trying to do what is best for EMS and the people in our facilities.

Doug Walters:

As most of you have probably seen with the merger affiliation of the three hospitals, Peninsula Regional has a name change. We are Title Health Peninsula Regional, Title Health Nanticoke Memorial and Title Health at McCreedy Freestanding Medical facility. There will be name branding and you will see change in logos, which have already been released.

We received today another phishing scam and they are using the emergency managers of the county. Today's came from Dorchester county and last week's came from Cecil county. We have blocked the domain so people cannot click it. They are email staff members, so we want everyone to be aware. Our IT department is working on it and blocking domains that they come through.

Nicole Lennord:

We had a virtual EMS meeting today and I know not everyone was able to attend. We will be having another one in November and should be the same date as our next council meeting.

We are still doing our process improvement project with our back process, which is ongoing here at Easton and it is also going on now at Chestertown. We appreciate EMS's support and help with that process.

In addition, I wanted to extend from Lab that they appreciate EMS's help with getting blood drawn, that has been a big help for them.

Dr. Etherton wanted me to pass on that at the next meeting he will talk about confirming the policy on divert or not. He said we are still accepting patients when we do not have an ICU bed. He said if you have any question you can contact him or if anybody has any questions about educational opportunities to also reach out to him.

Our stroke and CIC programs this year did receive the Gold Plus award from the American Heart Association. Dr. Etherton and I wanted to extend to EMS our thanks for all of your support; you are a big contributor to that so thank you!

Rick Koch:

We are having a massive issue getting feedback from Shock Trauma. Is anyone else having this problem?

Anna Sierra – We are also having this problem.

Scott Wheatley – Are you guys using CRISP?

Rick Koch – I have not looked through CRISP.

Scott Wheatley – Going through CRISP you will get total feedback and see x-rays within hours of them arriving. It is a great thing that they have allowed us to access.

Rick Koch – We are still having issues on who has access to CRISP, they only wanted certain people to have access and I believe I still don't have access.

Mary Alice Vanhoy – They are in the middle of transition people. The last time I heard they were relooking at the position so I am not sure there is anyone directly responsible right now.

Dr. Chizmar – Who are you emailing currently for Shock Trauma? I am going to put the current Trauma Program manager in the chat box.

Andrew Naumann – Becky Gilmour is the best person to email.

Dr. Chizmar – I did put her name and email address in the chat box.

Scott Wheatley – CRISP is the way to go once you have access.

Andrew Naumann – If you do not have access, shoot me an email.

Scott Wheatley:

PUI feedbacks, has anyone noticed that about 80% of the patients transporting as PUIs are coming back as not tested? Is anyone else seeing that trend or is it just us?

Mary Alice Vanhoy – I can tell you from the hospital side we are getting many refusals for testing. Therefore, that trends in with your transport feedback.

Dr. Jon Krohmer – Mary Alice, what is the rationale for allowing a patient to refuse COVID testing if they are coming in as a PUI?

Mary Alice Vanhoy – They can refuse testing, if they say no we cannot force it. We can try to talk them into it, but a lot of them are refusing. However, if we are admitting the patient, they are tested as part of the admission process.

Scott Haas:

I wanted to make everyone aware that QA DES is in the process of vacating their primary headquarters and our administrative staff has moved to the old courthouse in Centreville. We are probably going to be here until next April. Our dispatch center is in the process of moving all of the consoles out and relocating to their new facility, which is our storage garage right beside our facility. They should be out within the next week and a half. Our building will be going through a major renovation and we will be going from six position to ten position at the end of this renovation will basically have a brand new facility.

David Rice:

We have dropped about 25% of staff over the last 30 day and it is really starting to affect us operationally. When we opened our last application process, we only had one applicant.

Scott Wheatley – We wish you luck in filling those spots. We have a recruit class of four (4) starting at the end of September and it was difficult finding qualified candidates so we hear you loud and clear.

Old Business:

Cyndy Wright Johnson:

We are scheduling between the end of September and the second week in October Dr. Delbridge and Dr. Anders coming out and awarding all of the 2020 Star of life and Right Care When it Counts awards. We are doing them in person with family agreement. These will be hosted outside with masks and social distancing.

New Business:

Chief Frank Muller was and still is one of the pioneers of ALS here on the Eastern Shore in Region IV and he was recognized for that and was entered into the Hall of Fame for Cecil / Harford this past week.

Adjournment: Motion for adjournment was made by Mary Alice Vanhoy, and seconded by Rick Koch. The meeting was adjourned at 2:39