

CASAC Meeting Minutes – January 19, 2022

Meeting held virtually utilizing Go To Meeting

Meeting called to order at 1:05PM by Chairman Rosenberg.

The November meeting minutes were sent out in advance by Scott. Are there any additions or corrections to the minutes? None

Motion from Teddy – Lifestar and second by Adam from Vesper to approve the minutes. There were no objections and the minutes were approved.

State Medical Director's Report – Dr. Chizmar

* Slides presented are attached to the meeting minutes

Hospitalized number of COVID 19 patients show some glimmer of optimism with a downward trend in numbers. There are just over 3,000 hospitalized COVID 19 patients. I know you all are still feeling the pressure when the hospitals are this full as you are called upon for more transports to and from. On behalf of MIEMSS, we appreciate all of the effort, all of the work, you have put in getting patients to the appropriate destinations.

I know Bev Witmer is on the call so I won't cover in detail, but at a high level, the following public notices have been put into play:

- Turning on EMT and CRT vaccinators
- Allowing for EMT testing before completion of field internship
- Extending licensing and certifications – everyone got a full scale extension that would have expired in December until June 30, 2022
- Reopened the provisional process and also extended the time for the prior provisionals to complete the education requirements from February to May
- Also turned back on the clinical externs to help hospitals staff their facilities more effectively

From the online training perspective, there are a few things that are available now or will come available within the next few weeks. Everyone should have seen the email on the QA/QI Officer course, which now migrated online. It can be completed at the individual's own pace. You have 30 days to complete all modules. In Bev's shop, there has been tremendous work on two programs, for BLS Albuterol and BLS Epinephrine, that can be used for both initial and retraining. And there is a very active ALS education committee working on courses for the next cycle. As you recall, we had several courses for the 2020-22 renewal cycle and are working on refreshing that content. Look for that to start in April 2022 for new ALS content. Important to understand that this is not in addition to NCCP requirements but helps to fulfill the State/Local requirements. Thanks to Melissa Meyers and the ALS committee for their work. I encourage all of you and your ALS clinicians to visit this at our Online Training Portal.

Maryland EMS Protocol Update – 2022

It is the time of year when I go and ask the EMS Board for permission to make additions and modifications to our protocols. I thought it would be appropriate to summarize the proposals that were read to the Board yesterday and to be voted on at the February meeting for final approval.

Two new protocols – the first is the Critically Unstable Patient, which essentially directs on scene resuscitation prior to patient movement. There is good literature and data to support this, that if the person is critically ill and under resuscitation by EMS, some percentage will go into cardiac arrest if moved. Pretty self explanatory on addressing the life threats before moving the patient. The second is the Ventricular Assist protocol (VAD protocol), this doesn't speak to everything VAD but just to the management of unstable patients with VADs. Particularly germane to commercial services, if the person is going to a lower level of care, or going home, we are going to chop the SCT requirement and the patient can go with the appropriate level of care (ALS/BLS) based on patient's overall needs. If patients are going to higher level of care, this is a different story.

Two new medications will be proposed:

Droperidol and Tranexamic Acid (TXA)

Droperidol will fill the faster, longer acting replacement for Haloperidol

TXA for suspected hemorrhagic shock that are hypotensive

Some protocol revisions – will be turning on Acetaminophen for both fever and pain, and dropping the age down to three months on the recommendation of PEMAC. The second is the extraglottic airway. There is great evidence to support extraglottic airway in lieu of intubation in the initial airway management tool of choice. We have not done a great job of directing our clinicians to the use of this airway and we have been brand specific, limiting it to the King LT. What the protocol looks to do is open the choice to the service of King LT, or one of the three supraglottic airways, I Gel, Air Q or LMA. I am asking all services, both commercial and 911, because this will be the preferred airway, including pediatrics, is that the airway be stocked for all patients of all sizes. There is not a significant cost difference between brands. The average cost is \$500 for a set of all sizes. Three to five years on expiration dates. This is across the board for 911 services as well.

There are some protocol revisions as well. For the PEA/Asystole algorithm, Sodium Bicarb and Calcium use has become a lot clearer and their indications for use are limited and this revision will cut down on the use of both Bicarb and Calcium. More narrowing, defines the reasons for its use using evidence based criteria.

Lateral Uterine Displacement has been around for some time and we are playing catch up. For pregnant patients who are hemodynamically unstable or in cardiac arrest, displacing the uterus off of the vena cava is beneficial and will be added for the cardiac arrest protocol.

On this, we will be removing, for lack of efficacy, the Induced Neuroprotective hypothermia. This is not meant to prevent your ability to cool patients for your SCT transports but pulls out the requirement to start hypothermia for patients immediately post arrest. It is a distraction from the

larger goal of maintaining hemodynamic stability. Data shows no difference in mortality in the acute phase and there are more dysrhythmias in the hypothermic group.

One new OSP, not likely to be relevant to commercial services, Hydrofluoric Acid Exposure. Feedback from the Hazardous Materials teams is that we are likely to see more hydrofluoric acid exposures now due to electric car batteries. This OSP adds calcium gluconate, IV, nebulized or topical routes. Commercial services can apply but I don't see this being relevant.

I wanted to provide the landscape for the proposed protocol changes. Emphasize that these have not been voted on yet. February 11th is the next EMS Board meeting date.

Chairman Rosenberg – Any Questions for Dr. Chizmar.

Jimmy Pixton – AAA – Do you track the number of beds that are lost due to lack of staffing by the hospitals?

Dr. Chizmar – We do track physical beds versus staffed beds and the difference is I believe what you are looking for. I can research that number and get back to you later with the exact number.

Chairman Rosenberg – Is that \$500 per ambulance?

Dr. Chizmar – Yes, the price out would be around \$500 for a complete set of extraglottic airways. This would be for ALS units only.

SOCALR Report

Marty Johnson – Right now for the upcoming inspection season, we are working on updating all of our forms to fillable pdfs and sign electronically. It looks like we will be starting some inspections in February and we will be sending out the renewal application 30 days in advance of your expiration month. One of the changes we are looking for the SCT companies is that they could use our medication form. We have increased the form for services that have the large number of medications. New instructions for payments will be sent out. Nothing has changed but we need to be notified when paid by ACH to ensure proper tracking.

Scott Legore – QA/QI Officer course now available through the Online Training Center. 10 modules which must be completed within 30 days – eligible for six hours of continuing education. Reminder that all QA Officers must complete this course within six months of their appointment.

Data Import – Scott Barquin continues to work with several services on data import issues.

Equipment Update – we will wait for the protocols to be finalized and then will update the ALS and BLS checklists for the July Protocol changes. We will send the revised checklists out in advance so folks have time to prepare.

Non-EMS licensed drivers – There are 12 services that have been issued the waiver, with one in the review process. 97 approved drivers.

MH-CARS – The Maryland Hospital Commercial Ambulance Request System was launched last Wednesday. There have been six requests in the last week with two additional requests posted during the meeting. Still working out the bugs. We appreciate the feedback and your patience as we develop this system.

Sarah Sette – Public Notices

Dr. Chizmar did a good job covering the Public Notices. They are posted on the MIEMSS website – hard to miss, highlighted in the center of the page.

For two of these, the Board has approved regulations that will pick these up once the emergency order ends. First, is #2 allowing EMTs to test before the completion of the field internship. And the second is provisional licenses. If you remember the Board passed a regulation that provided a pathway to full licensure. We are amending that regulation to extend the time for the first batch to May 11th and secondarily provide a pathway for new folks giving them until November 30th to complete their requirements.

Randy Linthicum – COVID support

The federal government has been working with the Maryland Department of Health on offering resources to help deal with the COVID crisis. One offer is three ambulance strike teams. We don't have any data to support the need but were made aware of this today. I wanted to run it by the group to see if you are aware of any gaps where out of state ambulances could be used, any part of the state or a particular hospital. We don't want to turn down a resource that may be needed but are looking into its potential needs.

Clinician Services – Bev Witmer

Dr. Chizmar and Sarah already covered the Public Notices, so I wanted to jump forward to cover a couple of things. We are accepting Provisional applications, for all service levels, also reinstatement for all levels and reciprocity as well.

We are asking for help with the new process. Before, in the first state of emergency, we had an application where the applicant were to apply for provisional license and then when they completed their training for full licensure, we asked them to create another application. This created some confusion so this time we created a single application from initial provisional all the way through to full licensure. For this, service directors will need to put in courses for numbers. We are asking that you upload a course roster preferably by the second day of class. So we will need course request, attendance roster, attendee status (if passed) and the completion date.

To become a provisional student this time the course needed to have completed on or after February 1, 2021. Any courses before that are not eligible for this student provision.

For service directors, you will need to log into your account and you will see the provisional applications awaiting your approval. For each applicant, there will be three approval processes and each will need approval. It is not one and done.

This time around we are waiving the internship packet. As service directors, you log in and click the COVID 19 Attestation, which indicates the student actively provided patient care during the pandemic.

Request to send out the powerpoint slides to the group.

PEMAC – Jill Dannenfelser/Cindy Wright-Johnson

Cindy sent out the information, so there is no report.

The EMSC report highlights what is going on. We would like to have nominations for EMS Cares and Right Care When it Counts awards. PEPP course at Winterfest is moving forward – the virtual conference is to open in mid-March. The PEPP course and EMS Skills will occur on February 18th at Oxford Volunteer Fire Company.

SEMSAC – No report

MIH Committee – No report

Old Business –

Dr. Chizmar – the cost estimates for the extraglottic airways is \$350 per set.

Extraglottic Airway (Approx costs for full set of all sizes):

King LTS-D 7 sizes@ \$50ea = \$350

iGel 7 sizes@ \$22.50ea = \$158

AirQ 6 sizes @\$50 ea = \$300

LMA (supreme) 5 sizes @\$30ea =\$150

New Business

Teddy Baldwin – Lifestar The provisional stuff helps but doesn't help. Any thoughts for provisional reciprocity on long term basis. They can get a DC license but are waiting on a refresher course.

Chairman Rosenberg My question – The folks that have been functioning for the last two years as EMTs but have challenges passing the National Registry test, can they be grandfathered to full status since they have been functioning for two years.

Teddy Baldwin My thought – someone with an out of state license, they are granted provisional for six months, so that we can begin using them while they complete the Maryland requirements

Bev Witmer – This needs further discussion but this is a regulatory process this is already defined.

Chairman Rosenberg So if you have a National Registry card, you have to take an online course, why is it not the same for other EMT licenses?

Teddy Baldwin With limited classes, I was looking to utilize these folks while awaiting the course. Looking at long term, a regulations change to allow provisional status for those seeking reciprocity.

Dr. Chizmar For the group, Scott and Bev are looking at making educational programs available to commercial services

Chairman Rosenberg Why are we putting the 12 hour skills piece in place for National Registry EMTs but not for National Registry Paramedics?

Dr. Chizmar The reciprocity process does not segregate between state and National Registry for EMTs in the regulation while it does for Paramedics.

Jimmy Pixton We can offer anyone having trouble with refreshers or needs. AAA is hosting two refreshers in February in Southern Maryland (Huntington). These are usually not full and can offer seats if needed.

Teddy Baldwin We are running them every other month and the same applies. Perhaps we could compare calendars for the next CASAC meeting

Sarah Sette I don't want to throw cold water on these plans but everyone needs to be aware of the Maryland Higher Education Commission -(MHEC) requirements. Generally private career schools, including EMS Education programs, are approved by MHEC however if you are commercial services offering it to your employees only it does not need MHEC approval.

https://mhec.maryland.gov/institutions_training/Pages/career/pcs/apprfactsheet.aspx

Dr. Chizmar As a follow up to Jimmy's question on hospital beds. There are about 8400 physical beds in the state with 7058 staffed – so in theory there are 1300 beds that are unavailable due to staffing. For Adult ICU beds, 1412 physical beds with 1197 staffed. Pediatric beds – 347 physical beds with 264 staffed and Pediatric ICU beds – 69 physical beds and 52 staffed.

Jimmy Pixton Did they identify when the drop in staffing beds occurred? I am tracking some trends in call volume, ALS calls are down, and it is because the hospitals have no where to send the patients, especially with Kaiser. Not sure if the other services are seeing similar.

Dr. Chizmar There are definitely more physical spaces available than staff. Staff is the limiting factor for sure. Several hospitals, those that are on crisis standards of care, the Med/Surg nurse to patient ration is normally 4:1 have gone as high as 7:1

No other new business

Motion and second to adjourn the meeting.

Attendees:

Randy Linthicum – MIEMSS
Bobby Harsh – County Medical
Scott Legore – SOCALR
Gary Rains – Butler Medical
Jill Dannenfelser – PEMAC representative
Jeff Huggins – MIEMSS
John Damiani - Christiana
Bev Witmer – MIEMSS
Marty Johnson – SOCALR
Dr. Tim Chizmar – MIEMSS
Steve Hoffman – SOCALR
Will Rosenberg – CASAC Chairman
Sarah Sette – MIEMSS
Cyndy Wright Johnson – MIEMSS
Teddy Baldwin – Lifestar
Susan Rainey – Nemours Kids
Cory Skidmore – Hart to Heart
Rob Weiss – Pulse
Adam Cole – Vesper Medical
Jimmy Pixton – AAA
Cody Winniford – GEM
Anna Gainor – AMR
Leigha McGuin – Maryland Express Care
Jim Harsh – County Medical

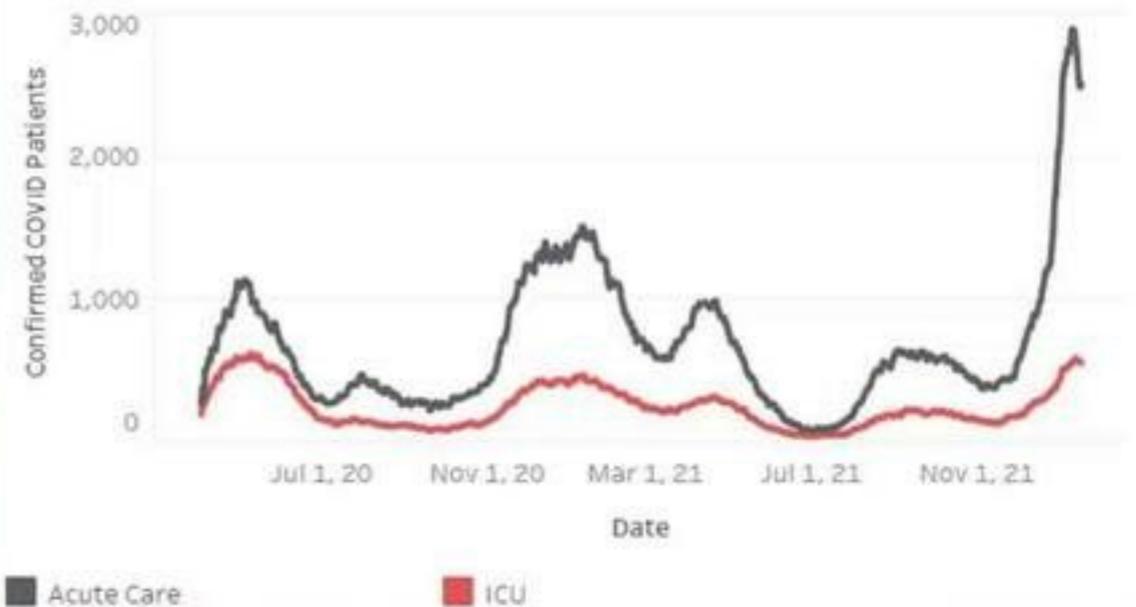
COVID

■ COVID Response

- EMT and CRT Vaccinator
- Testing Before Completion of Internship
- Extension of Licenses and Certificates
- Provisional Certificates and Licenses
- Clinical Externs

Hospitalized COVID-19 Patients

Number of Adult COVID-19 Positive Patients in Acute Care and ICU



ONLINE TRAINING

- **QA/QI Officer Course**
- **BLS Albuterol**
- **BLS Epineprine**
- **ALS Continuing Education Courses**

Maryland EMS Protocols Updates - 2022

NEW PROTOCOLS

- **Critically Unstable Patient**
 - Directs on-scene resuscitation prior to patient movement

- **Ventricular Assist Device (VAD) Protocol**
 - Management of unstable patients with VADs

NEW MEDICATIONS

- **Droperidol**

- ALS; for moderate agitation, in lieu of haloperidol

- **Tranexamic Acid (TXA)**

- ALS; for patients with suspected hemorrhagic shock

PROTOCOL REVISIONS

- **Acetaminophen**
 - BLS/ALS; for fever and pain
- **Extraglottic airway**
 - Maintains King-LT, adds other supraglottic airways

PROTOCOL REVISIONS

- **PEA/Asystole algorithm**
 - Defines treatments for narrow vs. wide PEA vs. asystole
- **Lateral uterine displacement**
 - Pregnant patients with hemodynamic instability or cardiac arrest

REMOVAL

- **Induced/Neuroprotective Hypothermia**
 - Hypothermia (33 C) vs. normothermia (avoidance of fever)
 - No difference in mortality
 - More dysrhythmias in the hypothermia group

NEW OSP

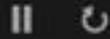
- **Hydrofluoric Acid (HF) Exposure**
 - Severe burns, systemic toxicity
 - Glass etching, manufacturing, rust remover
 - Electric car batteries
 - Adds: calcium gluconate (IV, nebulized, topical)

SHOW TASKBAR

DISPLAY SETTINGS

END SLIDE SHOW

0:00:01



1:32 PM



Provisional Licensure Update

Maryland Institute for Emergency Medical Services Systems
Office of Clinician Services
January 19, 2022

Next slide

A Few Reminders...

- We're in a Google Meet, so if you do not want to be seen and/or heard, please turn off your camera and/or mute yourself
- If you have any questions as we go, please use the "raise hand" feature, or ask your question in the chat
- If you are not approved as an instructor or coordinator, you will not see all of these features – your department must request to us that you be added (we cannot add you without verification from them)



No Notes.



Slide 1 of 25



A⁺ A⁻



Provisional Licensure Update

Maryland Institute for Emergency Medical Services Systems

Office of Clinician Services

January 19, 2022

A Few Reminders...

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Overview

- Announcements
- Course Verification for Students
- Processing Provisional Licenses
- Q&A



Governor's Order 22-01-04-02

- Issued under the Declaration of Proclamation of State of Emergency and Existence of Catastrophic Health Emergency on January 4, 2022
- Addresses the need to augment the emergency services workforce



Public Notices Issued

- Notice 2022-01 – Administration of Vaccinations
- Notice 2022-02 – Testing Before Completion of Internship
- Notice 2022-03 – Extension of Licenses and Certificates
- Notice 2022-04 – Provisional Certificates and Licenses
- Notice 2022-05 – Clinical Externs



Provisional Reinstatement Levels

- Emergency Medical Responder
- Emergency Medical Technician
- Cardiac Rescue Technician
- Paramedic
- Emergency Medical Dispatcher



Verification of Course Completion

Provisional Licensure Update

Verification of Course Completion

- Course completion will be verified prior to the issues of a provisional license or certification for all student levels
- Verification will be completed using the student's Education Progress Report in the MIEMSS Education Module
 - Courses that are not listed on the Education Progress Report will not be accepted
 - The paper forms from the previous student applications have been discontinued and will not be accepted



Assisting with the Verification Process

- Only courses completed on or after February 1, 2021 will be accepted towards provisional student licensure
- Please ensure the following for all courses completed
 - The **course request** has been submitted to and approved by MIEMSS Office of EMS Clinician Services
 - The **attendee roster** has been submitted
 - The **attendee status** has been updated to “**pass**”
 - The **completion date** has been recorded for each attendee



Processing Provisionals

Provisional Licensure Update

Finding Provisional Applications

Welcome, Melissa Meyers | Logout

My Account

- Applications**
- Continue 2
- Review 8

Education

Services

Available Applications

Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

My Applications | Service Applications

Meyers, Melissa Example (2159846)
EMT - Emergency Medical Technician
Issue Date: 01/13/2022
Expiration Date: 11/30/2022

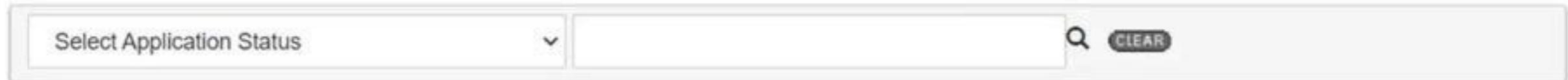
- All applications will be under the Review tab of your account
- Click on this tab to see this list

Reviewing Applications

Review Applications

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.



The screenshot shows a horizontal bar with a dropdown menu on the left labeled "Select Application Status" with a downward arrow. To the right is a search input field with a magnifying glass icon and a "CLEAR" button.

- Displays a listing of all applications that have been submitted and may require your approval

Provisional Statuses for Approval

Awaiting Provisional Service Approval		Q	CLEAR
Awaiting Provisional EMSOP Approval		Q	CLEAR
Awaiting Provisional Medical Director Approval		Q	CLEAR

▼ ↻ Provisional EMT Student to Full Licensure - (Meyers, Melissa Example)

Status: Awaiting Provisional EMSOP Approval
 Number: 2159846
 Level(s): EMT - Emergency Medical Technician
 Forms: 0 of 4 completed

Initiated On: Jan 13, 2022
 Issue Date: Jan 13, 2022
 Expiration Date: Nov 30, 2022

Provisional Certificate

Form	Requested	Completed	Action
Provisional Letter - Provider Certificate	Jan 13, 2022	Jan 13, 2022	 View PDF

Additional Forms

Form	Requested	Completed	Action
EMT Student Application	Jan 13, 2022	Jan 13, 2022	 View PDF
Provisional BLS Affiliation Application	Jan 13, 2022	Jan 13, 2022	 View PDF
Provisional Approval: EMS Operational Program (BLS Applicant)	Jan 13, 2022		

Provisional Approvals

Provisional Approval: EMS Operational Program (BLS Applicant)

Section 1

*Form Approval

Select Form Approval

As required by Maryland Regulation (COMAR 30.02.02.06.F.3.), an EMS provider shall notify the MIEMSS Office Licensure and Certification in writing within 30 days of any change in affiliation with an EMS operational program. This includes the establishment of affiliation with an EMS operational program. Confirmation of the BLS affiliation by an EMS Operational Program representative is part of the notification process.

By selecting **[Submit]**, I verify by my signature that the candidate named on this form is affiliated with a recognized and appropriate Maryland EMS Operational Program and/or Commercial EMS Service and will be/is authorized to provide EMS care within the company/EMS Operational Program of affiliation.

Submit

- Provisional approvals will only come through for provisional affiliation requests

COVID-19 Attestation

▼ Provisional EMT Student to Full Licensure - (Meyers, Melissa Example)

Status: Non-Provisional Licensure Pending
 Number: 2159846
 Level(s): EMT - Emergency Medical Technician
 Forms: 0 of 5 completed

Initiated On: Jan 13, 2022
 Issue Date: Jan 13, 2022
 Expiration Date: Nov 30, 2022

COVID-19 BLS Affiliation Attestation

Form	Requested	Completed	Action
COVID-19 BLS Affiliation Attestation	Jan 13, 2022		Start

Provisional Certificate

Form	Requested	Completed	Action
Provisional Letter - Provider Certificate	Jan 13, 2022	Jan 13, 2022	View PDF

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Questions?

Provisional Licensure Update

Office of Clinician Services

Contact Us:

licensure-support@miemss.org

410-706-3666

