



Jurisdictional Advisory Committee

October 12, 2016
 10:00 AM to 12:00 PM
 653 West Pratt Street
 Baltimore, Maryland

Meeting called by: Christian Griffin, Chairman

Agenda Topics

10:00-10:05 AM	Welcome	Christian Griffin
10:05 AM	Approval of JAC Minutes	Christian Griffin
10:05-10:35 AM	OMD Update: <ul style="list-style-type: none"> • MIH Survey Submission by Public Safety and Commercial • Discussion regarding Utility of Pocket Protocols • 2017 Protocol Briefing • Update on RN to EMT & RN to EMTP 	Richard Alcorta, MD
10:35-10:50 AM	Emergency Operations Update	Randy Linthicum
10:50-11:00 AM	CAD MOU Update	Jason Cantera
11:00-11:15 AM	EMS-C	Cyndy Wright-Johnson
11:15-11:30 AM	Highly Contagious Infectious Diseases Expression of Interest Grants	John Donohue
11:30-11:45 AM	Impaired Driving Team	Jim Brown
11:45-12 Noon	Jurisdictional Roundtable	Christian Griffin

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The Chair and Co-chair were not present today; Dr. Alcorta convened the meeting today. Around the room introductions were conducted as well as those attending via conference line.

John Donohue: Ebola is fairly well under control now. We plan to hire an Infectious Disease Coordinator in a contract position by the end of the month. Will be providing startup funding for HCID Transport Teams to help with moving patients between hospitals and for the 911 response. There are two types of teams, the interfacility and 911 response teams. There are no definitions or standards for what those teams are at this time nor how many are needed. This is a discussion the HCID Advisory Panel will address. There are four commercial ambulance companies that have waivers. There is a Federal grant that went to NASEMSO to help with assessing where everyone is with infectious diseases around the country and hopefully help to define the HCID Transport Team. An Expression of Interest was just released; once all applications are received and look into who is interested, John will have the HCID Panel help to define what that is and determine how many teams are needed. This is the second part of a five year grant.

What they envision is a team available for Regions III, IV and V. Regions I and II will share a team. They will make sure the teams are supported by the EMS councils, health care coalitions, health departments and emergency managers. They are asking each of the councils to get together and talk about what they are going to do for their regions. Related to this, DHMH is also awarding a university to do a series of LMS training to help support these teams and EMS/infectious disease training overall.

MIH Surveys: More than 24 jurisdictions have completed the survey. Dr. Alcorta those who provided GAP analysis and strategies that will apply or to not perform a GAP analysis, where you think your needs lie and what kind of resource you would like to see fill those needs. They are working with both the PRC and SEMSAC Sub-Committee looking at MIH both from scope of practice role for EMS and alternate destination. Dr. Alcorta's hope from this is that they will be able to get a protocol from this that will allow for more diversity. Also working collaboratively with the Maryland Hospital Association. This also applies to Commercial Services.

Pocket Protocols: As you are aware, almost 30,000 pocket protocols are distributed to providers each year. Dr. Alcorta needs to have a better understanding as to rather the pocket protocols are useful or not. He polled the jurisdictions both in the room and on the phone asking if they want them or not. Generally from the group continue with the Pocket Protocols.

Protocol Briefing: Will have something for you once the Board has approved. Some of the changes, Freestanding medical facilities will be able to accept stable priority 2 patients. However, must consult on all priority 2 patients and could be redirected away. Terbutaline will be coming off the formulary. There will be a new syncopal protocol. The toxic inhalation will be converted to carbon monoxide and smoke inhalation and has a referral to hyperbaric established in it. Sexual assault will be focusing on MCASA recognized hospital that have safe or trained forensic nurses that can do examinations, provide the counseling they need and improve success rate of prosecution. Unless their injuries are serious enough and they need to go to a specialty center. 12 lead instead of being a pilot will become an option for EMT's. Reason is they longer have to report them. The MOLST Form update is the recognition of an electronic (tablet/computer) version is acceptable. The nursing facility is still required to send one with you. Pelvic Binder will be allowed to be used if you have the right size for the pediatric patient. Not

everyone has an application for the pelvic binder. It's an optional element. Oxygen formulary is in align with BLS and ALS, same now. The consult for Bucking Protocol has been removed. Medical consult is not required. Mark I protocol, the Chempack algorithm is being incorporated into protocol. Both adult and pediatric dosing in chart format. Have tuned up the IO insertion site to be consistent with the IO manufacturer's training. HP-CPR will apply to children now. Now allowing the base stations, when you have a child that is clearly dead, allowing EMS providers to consult one of the two pediatric base stations to provide a report and they may give you an order to withdraw care if there is enough evidence this is not a viable child.

The transition process from nurse to EMT and nurse to paramedic was displayed and discussed. This came up from the MSFA EMS Sub-Committee. Dr. Alcorta discussed the policy that has been in place for quite some time. A nurse who is licensed in the State of Maryland can apply, submit their license, CPR card and an application with a self-assessment, notifying the Office of Licensure and Certification what their skill set is. Based on that they will be exempt from certain sections of the EMT course. They must register and be part of an EMT course. They will have to successfully complete the practical and written examination. This applies to both public safety and commercial services.

Randy Linthicum: Back in 2013 there were supplemental grant funds to buy DuoDotes and that was to buy a minimal supply to all jurisdictions in the State to basically to treat all their first responders and to start treating the public. That was all stalled because they stopped making the DuoDotes; apparently they are making them now. Regional staff will now be working with you to find out how many you have and how many go to each jurisdiction. Need to update the survey from 2013. That all came about unexpectedly last week. Fleet Week is continuing here in Baltimore this week and the Riding Festival Friday and Saturday. The State EOC will be activated on Saturday. Everyone is activated and the City is heavily involved. Working on continued planning for the inauguration in January 2017. The assumption is the event will be similar in size to 2009. We coordinated three ambulance strike teams and sent EMRC staff down to a center in D.C. They are considering those resources but nothing concrete yet.

Jason Cantera: Provided update on current status of the Elite Contract Update Agreements with the EMSOP's with Image Trend. A lot of the jurisdictions have completed, submitted and signed off and are done with the update agreement. Some of them are working back and forth with Image Trend on the language, others have indicated that it is with their county legal department and they are working on this. The one's that we are seeing as under county law office review or some other department or organization within their EMSOP is: Baltimore, Howard, Montgomery, Anne Arundel, St. Mary's, Somerset and Caroline counties. Working on the language with Image Trend is: Carroll and Prince George's counties and Annapolis City. All others have submitted their update agreement. Jason has offered to help any jurisdiction that needs his assistance. It is important to get your CAD feed to the Elite site. This is the first step. If you have any other type of billing agreement, third party exports, and/or anything else that's going on in your e-MEDS today, this has to be done first along with your CAD download feature.

Cyndy Wright-Johnson: Both **Star of Life** and **Right Care When It Counts** awards are starting to come in. Refer to the MIEMSS website for forms. Nominations accepted until April 7, 2017. JAC asked to complete the form as soon as the event happens. PMAC met in September. They will meet with Dr. Seaman and the Howard County group after the Resuscitation Academy in November to put together the teaching tools for HP-CPR. She anticipates it to be a three to four month process. The Pediatric Quality Improvement Committee, also known as the Data Analysis Research Team, has looked at all pediatric intubations for the entire 2015 calendar year. There are jurisdictions that have not had any

pediatric intubations in that calendar year and some have had up to 25. Dr. Floccare is simultaneously working with a small group of people to look at alternative airways. They want to look at what are alternative airways, how to mobilize and get more training out there. There will be a mandate for states to receive Federal EMS-C funding that certain skills have to be demonstrated with the correct use of equipment at both the BLS and ALS levels (airway management, CPR, etc.). Stayed tuned for more on this. They have looked at cardiac arrest data on children. They will be looking at 100 cardiac arrests across the age spectrum, looking at every eMEDS form with Dr. Anders leading that group with Dr. Karen O'Connell. They have also looked at sepsis alerts over July, August and September. Once they know what their data elements are and what they are looking for, they will ask jurisdictions to give feedback on the three or four things you would like looked at if there is a sepsis alert. In March 2018, and have 2017 to plan for that, the identification of a Pediatric Emergency Care Coordinator (PECC). A Pediatric Champion within each EMS agency. Cyndy is asking for a small group to meet with them after the December meeting. This will be an in person meeting to talk about support that is not financial. If you are interested, e-mail Cyndy at: cwright@miemss.org. Dr. Anders has a new grant this year all about data analysis with the Study Center. Next year she will be reaching out to a number of you. She will be working with a national committee to develop a pediatric destination decision tree, called PD Tree. It is federally funded for six years. 45 put in for the grant and four were awarded, Dr. Anders' was one of the recipients. Washington County November 10th course: Dave Chisholm will check and see if the course has openings. A course scheduled for February 17, 2017 in Southern Maryland. These are one day PEPP Courses. Also, there are still openings for the October 28th course also.

Jim Brown: Handout was provided as part of the Statewide Highway Safety Plan that goes into effect this year. They have four focus areas, known as the four E's, on their Statewide Highway Safety Plan: engineering, enforcement, education, and EMS, the four E's. MIEMSS is part of the planning process. Dr. Alcorta is on the executive team that put this plan together with a high level push for prevention. There are four: aggressive driving, distracted driving, impaired driving, occupant protection, pedestrians and bicycles too. The Ambulance Safety Task Force is going to be involved with pedestrians and bicyclists. One of their individual components is safety at the scene of a vehicle that pulls off to the side of the road/safety at the scene of a crash. They are focusing on emergency scene safety. They meet quarterly and are looking for representation across the state in any of the emphasis areas. Dr. Alcorta stated as EMS providers on the scene, the Transportation Department view EMS providers as pedestrians. Need to be at the table to continue to advocate for strategies to address EMS specific, fire and law enforcement safety. Social media kit for Noah's Law, drunk driving law, the link has information you can put out on Facebook, etc. There are pieces provided you can put together to help prevent some of the highway safety concerns. The link to the Noah's Law PSA's and social media toolkit is:

<http://towardzerodeathsmd.com/wp-content/uploads/2016/09/Noahs-Law-Partner-Toolkit.zip>

Jurisdictional Roundtable:

Charles: They have a new medical director, Dr. Darin Mann. He is a local physician at Charles Regional Medical Center. He comes with an extensive background in pre-hospital medicine as well as special operations medicine and former mountain ranger. Tomorrow, Region V, MIEMSS, University of Maryland and the Eastern Shore will be conducting a UAV Drone Exercise.

Queen Anne's: Will be switching over to MD MHz radio system in combination with their radio system to enhance communications. On November 6th, the 10K "Across the Bay" event will take place with 40,000 to 50,000 people anticipated in the area and 20,000 runners.

Washington County: Renewed their medical director's contract. They are experiencing provider portal issues, in particular the HJO. Will reach out to Rae Oliveira. Bill Dousa is also having problems. Keep Dr. Alcorta in the loop regarding issues on this.

BWI: Plans have started for the EPLEX exercise next year. The Southwest CPR kiosk is in place and is located across from Starbucks.

MSP: The new commander in Aviation is Anthony Scott Lowman. Major Frank Lioi has relocated to headquarters and Captain Elizabeth Beck replaced Pat King.

STC: Members asked to pick up equipment. Discussed renovations to the helipad. There is a new person helping with EMS, Laurie Karr. She is a paramedic and the Patient Care Tech in TRU, helping with feedback. Request made when bringing patients into Trauma Center, encourage visitors/family members to use the Visitors' Waiting Room. Elevators are being renovated; patient transport elevators are for patients, visitors use the Visitors' Elevators.

Next JAC Meeting scheduled for December 14th at 10:00 a.m.

Motion to adjourn at 11:5 am.