

Region IV EMS Advisory Council

THE MARCH MEETING WILL BE HELD BY WEB OR CONFERENCE CALL

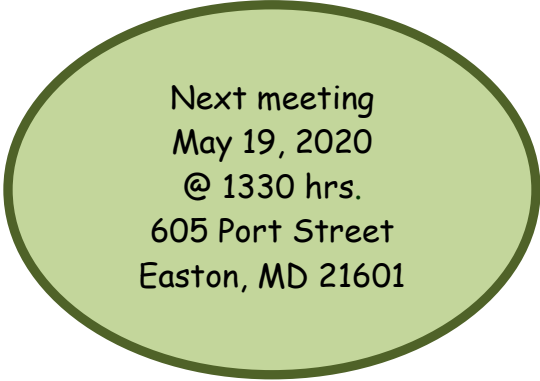
Join by phone [REDACTED]

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

AGENDA

March 17, 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
May 19, 2020
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
March 17, 2020
Minutes

Virtual Attendees: Denise Hill, Paul Massarelli, Scott Wheatley, Dr. Thomas Chiccone, Jarod Cooper, Chris Truitt, David Rice, Harvey Booth, Rick Cook, Cyndy Wright Johnson, Dr. Daniel Ochsenschlager, John Barto, Michael Parsons, Mark Bilger, Nicole Leonard, Andrew Naumann, Randy Linthicum and Dr. William Todd.

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

Approval of Minutes: A motion was made by Rick Cook to approve the January 21, 2020 minutes as written, seconded by Denise Hill and passed.

Regional Medical Director's Report:

Dr. Chiccone:

More than 50% of our most recent meeting surrounded COVID-19.

Document release - Viral Syndrome Pandemic Triage Protocol. This is a protocol enacted should the EMS system become overwhelmed based on a dynamic system severity score which inputs data such as absenteeism, number of occupied beds in local hospitals, etc.

Currently trying to get through the Protocol review committee is a revision to optional ultrasound protocol, which is currently used for fast exams for the screening of trauma patients. The technology and software package has advanced to include use of a simple butterfly probe that can be hooked to an iPhone type device if not in fact an iPhone. Sample uses may include putting over a carotid artery to determine return of flow during a pause and resuscitation or putting over a femoral artery, as well as using it to find veins peripherally. It could also include ruling out pneumothoraces by simple lung exams. These are a few examples of approximately a dozen uses. The committee received it warmly; it is now going to our pediatric colleagues for a closer look and hopefully come up for discussion as soon as May.

Pilot protocol for push boluses of epinephrine vs. epinephrine infusion did not fare as well. It is hung up a little bit on execution as opposed to concept. It will sit on hold until the next meeting.

I am happy to report in follow up that there has been a month's worth of direct to triage data collected. Some of this has been disseminated although I am not sure how much to recap. This was the pilot protocol that would allow patients to be handed off to the triage nurse, and bypass the charge nurse. It turns out that that program has decreased wait times by a startling percentage. The wait time of persons to off load stretchers at AAMC and BWMC went from a fifty-one (51) minute pre-study off load time to fourteen (14) minutes. Over a month's time, Ninety-one (91) patients in that study group had no bad outcomes. Five (5) of them were refused, meaning the triage nurse refused them or some other hiccup. In those cases, all five (5)

patients were found to be stable. At this time, this protocol looks to be a success. I suspect that if this data trend continues it will be fast tracked.

Thank you to MIEMSS at the highest level for your support during my hours of need, which have been great.

Guidance for Fit testing N95s officially came out on Friday. N95s are only recommended for aerosolized treatments such as BiPAP, CPAP, Neb treatment, suctioning, endotracheal intubation, and bag valve mask. Patient and provider in all other cases can wear a simple surgical mask.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson:

Thank you to EMS for 100% participation in the EMS assessment. The hospital assessment is still scheduled to start on June 1st.

Safe Kids is moving forward with Medication Safety Grant. This grant provides teachers across the county five (5) days of blogging information to keep our children occupied.

EMS Care has been cancelled along with all of the Pediatric Tracks and Champion workshops. I am asking the champions to keep Friday April 24th open, we are still planning to do a two hour distance webinar on Cardiac Science and TOR protocol.

The deadline for Stars of Life will not change. That deadline is April 3rd and there are still categories to nominate. We will be doing a virtual review two weeks later. We do not know when the ceremony will be held, but we would like to close the 2019 experiences. There is an online Smartsheet form that you can use to nominate someone, short and sweet is acceptable.

We will continue to look at the protocol changes on BiPAP, CPAP, and high flow oxygen as more data becomes available.

The Assistance to Firefighter Grant application has been extended. Look for additional information to follow; they are not going to hold to their March 30th deadline.

EMS Board Report:

No report given

SEMSAC Report / Regional Affairs Report:

No report given

MIEMSS Report:

John Barto:

My thanks go out to our Jurisdictions, Clinicians, HJOs, and everyone else who has worked tirelessly during this pandemic.

Rick Cook – Has MIEMSS consider an extension of the ALS Clinician’s license like the National Registry has done.

Andrew Naumann – We are actively working on guidance in regards to our EMS Clinicians that will hopefully go out to the Jurisdictions very soon. One thing to note is we will be following the Governor’s declaration for all registrations and licenses.

Scott Wheatley – What is the turnaround time on PPE?

Randy Linthicum – We were told we would hear something in the next day or two. If you are desperate, reach out to your local administrators and get your request into Web EOC.

Agency / Regional Reports:

Andrew Naumann:

Thank you for filling out the daily PPE, absenteeism, and COVID Jurisdictional survey. Please continue to post your information daily so we can keep up on your needs. MEMA and MDH both use this data.

PUI’s can now be transported to the nearest hospital.

All MIEMSS offices are open by appointment only. Some screening will be mandatory before you will be permitted to enter the offices.

We will be postponing any base station site surveys at this time. We will be sending out communication to all of the hospital base stations after the end of the government emergency declaration.

Randy Linthicum:

Thank you for taking time to fill out the survey, the distribution plan was based on that survey. EMS was prioritized at the top of the list. Please keep us updated through web EOC with your needs. Also, please keep your Regional Administrators in the loop so that your needs can be reported to the State EOC.

Old Business:

None

New Business:

None

Adjournment: The meeting was adjourned at 2:10, Motion made by Rick Cook, seconded by Denise Hill.