



Jurisdictional Advisory Committee Agenda

February 12, 2020
10:00 AM to 12:00 Noon
653 West Pratt Street
Baltimore, Maryland

Meeting called by: **Christian Griffin, Chairman**

10:00 AM	Welcome and Introductions	Christian Griffin
10:00-10:30 AM	OMD Update	Dr. Chizmar
10:30-10:45 AM	Regional Programs Update	Andrew Naumann
10:45-11:00 AM	Licensure Update	Terrell Buckson
11:00-11:15 AM	2019 Coronavirus Update	Mustafa Sidik
11:15-11:30 AM	EMS-C Update	Cyndy Wright-Johnson
11:30-11:45 AM	Jurisdictional Roundtable	Christian Griffin

**JAC Meeting
February 12, 2020**

Attending via conference line: Jason Cantera; Jessica Wolfe; Luis Pinet-Peralta; Mark Pettit, St. Mary's County; Shawn Davidson; MIEMSS Regional Programs; Chad Gainey, MSP; Charles Dorsey, MIEMSS; Denise Hill, Cecil County; Barry Contee, ; Scott Wheatley, Queen Anne's County; Dwayne Kitis, MIEMSS; Wayne Tiemersma, Garrett County; Brian LeCates, Talbot County; John Barto, MIEMSS; Bill Smith, Charles County; Ben Kaufman, Montgomery County; Michael Cooney, MIEMSS; Roger Stone, MD, Montgomery County.

Chair Griffin asked for motion to approve the December JAC Minutes. Curtis Wiggins, Carroll County made the motion to accept the Minutes as written, second by James Matz, Baltimore City. Unanimous vote to accept December Minutes as posted.

OMD Update: Protocol changes for this year were approved by the Board.

Both extremity tourniquets and junctional tourniquets are allowed. If you are using the junctional tourniquet, you should plan on educating your personnel on the particular junctional tourniquet. Chempack Guidelines were revised. It is one page, front and back with one side adult the other pediatric with an algorithm. They are removing the last 50 pages of the Protocol Book that contained the WMD Protocol, the plan is to update it as a supplement. As it is moved out, one has been moved in and that is chlorine and phosgene exposure. For epinephrine in cardiac arrest, there has been one big change, the maximum dose allowed will be six (four doses for initial arrest, and two additional doses if arrest recurs after ROSC). If your Dopamine expires after July 1st of this year, Dr. Chizmar suggests you do not plan on reordering it (it will be replaced by epinephrine).

Resuscitation and shock management: The protocol for administering IV fluid to trauma patients has been limited so the goal will be to achieve a systolic blood pressure of 90 in adults or $70 + 2 \times \text{age}$ in years in kids.

Heat Emergencies: When someone has severe exertional heat illness, with core temperatures of 102, 103, and 104 F, it is helpful to cool them as soon as possible and not transport them immediately to the hospital. There will be language that will say if you are going to an athletic field and if active cooling measures are in place or started, just standby for a brief period of time to allow those cooling measures to take place before transport. The athletic trainers and team physician is set up to cool. Many patients are cooled to 102 or less in ten minutes time (or less).

Interfacility Infusion: Added amiodarone and pantoprazole to the list of medications that may be transported by a commercial ALS service, so they are no longer SCT. Why does that matter for this group, Dr. Chizmar hopes this is a common sense move and will cut down on the number of times a 911 resource is used for an interfacility transfer because commercial will be able to run those infusions with their ALS units and it won't require an SCT or nurse call to do that.

Ketamine: The use of Ketamine has been expanded to allow for its use in ventilator difficulty. Dr. Chizmar stated that a line was added that speaks to CPR induced awareness. The reality is that CPR is being done so well that people become aware, they are neurologically starting to move, open their eyes. There have been a few cases in the state already where either mechanical CPR or manual CPR, the patient has not had a ROSC but were perfusing their head so well that they were aware of what was

going on. You will be able to give ketamine to do the ethical thing and allow them to not be aware they are actively receiving CPR.

Ketorolac (brand name: Toradol) has been added as an optional supplemental medication. If your jurisdiction is interested in adding that, let Dr. Chizmar know (file an optional supplemental application). They wanted to add a non-opioid pain medication that is a bit more effective than Tylenol. The dose will be 30 mgs IM or 15 mgs IV and there is a milligram per kilogram weight dose for pediatrics.

Dr. Delbridge and Dr. Chizmar are committed to not leaving protocols in pilot status for years. Moving pilots to optional supplementals or full protocols makes sense. Protocols that will be moved to optional supplementals are Tactical EMS, Video Laryngoscopy, Adult Surgical Cricothyroidotomy, Naloxone Leave Behind and Freestanding Emergency Medical Facility. RSI will remain an optional and the training requirements will remain the same for RSI, incorporating high fidelity simulations quarterly.

An emergency protocol change was submitted for pediatrics to change the needle decompression site back to the 2nd intercostal space (in the front as opposed to on the side). It has come from the pediatric trauma surgeons that even when using the appropriate landmarks in pediatrics we run the risk of going too low and hitting the liver and spleen. For adults we will still ask that the preferred site stay lateral at the 5th inter space, at the anterior axillary line, but for patients under the age of 15, the ask is to go back to using the second inter space on the anterior chest wall at the mid-clavicular line. A memo will be going out on this.

There were two pilot protocols: 1) Anne Arundel County, Annapolis City and Howard County will be piloting a Direct to Triage protocol that uses the Alternative Destination algorithm as a screening test for who is low acuity enough to go to triage with the rest of the walk-in patients. The Board approved this yesterday. Dr. Chizmar also presented to the Board an algorithm from Montgomery County that is open to any jurisdiction interested.

The Ambulances at Hospitals dashboard, one component of the replacement of Chats was demonstrated to the group. It will enable tracking of units at hospitals and approximate turnaround time (using CAD feed). This is in beta testing at this time.

eMEDS Steering Committee, held quarterly. We appreciate feedback from clinicians and leadership in helping us to continuously improve upon eMEDS.

EMT field training packet is designed to help the EMT student get the field training. This will be shared with other stakeholders prior to implementation. A few classes at MFRI will help us test this packet and process in the initial stage.

Legislative: Reimbursement for MIH as well as Alternative Destinations. Legislature is open. Not sure where the bill is going to go.

A@H Ambulances@Hospitals Dashboard demonstrated screen shots.

Protocol Template – for protocol reformat with a goal to have a draft by July

Andrew Naumann: CRISP - putting together a workgroup. Chief and representative (likely Paramedic) from each jurisdiction to work on an EMS specific landing page within CRISP.

VAIP: Standards were recently updated and are now on the MIEMSS website.

Naloxone: Additional funding opportunities will soon be released.

Opioid command center awarded a grant to UMBC for a one-day symposium in June to share best practices.

POLST: There is a nationwide effort to establish a field directives program that will be honored the same as MOLST. It is the same thing as the MOLST document. "P" stands for physician. Expect to see it, 35 out of 50 states are enrolled.

Legislation: Next generation 911 bill. Result would drop all state agencies from following the billing legislation.

Terrell Buckson: It's ALS relicensure application time. When you renew your NRP it will not automatically renew your Maryland. Terrell will start visiting the jurisdictions after March.

Mustafa Sidik: As of this morning, there are 45,204 cases of COVID-19 and 1117 deaths. He is working with State and Federal partners. There is low risk for sustained transmission. He stressed appropriate use of hand hygiene and PPE use. Reach out for training.

Cyndy Wright-Johnson: Regarding the Survey, Federal EMS Assessment for the entire system has been completed. The drawing for the recipient of the award will be done by Dr. Anders.

Update on PEPP: Rollout planned at MIEMSS for July 28th or 30th.

Two adults have been nominated for Star of Life. The nomination form can be completed online. EMD Award, reach out to your dispatch centers. Goal 20-21 champions have asked for this.

Prevention: Shift from both NHTSA and there is a national rollout for kids being left in cars. Innovative concepts flyer for conference on March 21st. Maryland Highway Safety had grants presentation by Christina Utz. Now four regional grants for outreach and prevention.

Pediatric Termination of Resuscitation: will need to be different algorithms. Very specific line added. Everyone agrees that it is safe to terminate. What they are hoping to see is people staying on scene longer. Want to see increased survival. Adult medical terminate with asystole alone, but we will have a higher bar (futility) in pediatrics.

Jurisdictional Roundtable

Annapolis City: Looking at Alternate Destinations and Telemedicine. Hopefully within the next two months.

Anne Arundel County: Direct to Triage, first one yesterday. One hour 38 minutes with 12 hour Applications submitted for MIH and Ultrasound, both were approved. Training will now begin.

Baltimore City: EMS ride time within next two months. 6 machines in area hospitals Bayview, Harbor, will see. Dr. Wade Gaasch is retiring after 23 years. Announced that Dr. Ben Lawner is returning.

Baltimore County: Integrated community and assessment data collection program. All of the district officers are going through the training. A fire class is starting on March 2nd.

BWI: They have five new recruits starting class on Thursday. There were two promotions to lieutenant. Regarding the Kiosk, there have been 23,000 certificates issued. There was a PUI and Chief Packard thanked MIEMSS and Dr. Chizmar for their help. 2500 cards English CC message for patients from DOH. They will be setting up training at Hopkins.

Calvert County: They are in the process of hiring career EMT-P's.

Cecil County: CV screening back up. Paramedic positions are available. Yesterday the Peach Bottom Drill was conducted. John Donohue working on HCID trailer.

Charles County: Still recruiting for a Director; there is currently an Acting Director filling the position. Phase 1 of the joint rescue task force training is being planned.

Garrett County: A full-time paramedic position was recently filled and they are now at full staff. Miltenberger will be coming up soon. The Community Resource Team with DOH is going very well.

Howard County: Has started the Direct to Triage and was able to match up the data. Saturday they had a potential PUI. Created single page info graphic. Regarding Leave Behind Kits, when leaving the kits with families, there has been a 400% increase in getting the patient into treatment.

Prince George's County: Tiffany Green is now confirmed. Hospital drop time is the biggest issue they are dealing with; will involve the hospitals on an executive level as well as MIEMSS and the Region V Office. There is a 5.5 hour wait time.

MFRI: The March deadline for recertification is approaching. They are now encountering providers who say they have completed their recertification but status reflects as not complete. The FY-21 course request went out in January. There are two open ALS Coordinator positions available at MFRI. There is a physician who created a chest decompression guide; Jim invited those in attendance to stop by MFRI and he will show it to anyone interested. Southern Maryland has an application in for a testing center; hopefully it will be in place by mid-March.

Montgomery County: One day into Direct to triage and seeing a significant decrease.

MSFA: The Fire Laws are posted on their website in the Members Area. They are actively following the Bills that affect EMS.

MSP Aviation: 6 medics getting ready to start first week in April. Pediatric vents in aircrafts. Still recruiting medics.

The next JAC Meeting is scheduled on June 10, 2020.

Meeting adjourned at 12 Noon.