



Commercial Ambulance Services Advisory Committee

Meeting Minutes

Wednesday, June 17, 2020

MIEMSS Room 212

Representatives Present:

CASAC Chair: *Will Rosenberg – Butler Medical Transport*

SOCALR: *Lisa Chervon – SOCALR Director, Deb Simmont – SOCALR Administrative Officer*

MIEMSS Staff: *Dr. Tim Chizmar (State EMS Medical Director), Sarah Sette (MIEMSS AAG), Cyndy Wright-Johnson (Director EMS for Children), Pat Gainer (MIEMSS Deputy Director)*

Virtual/Remote Attendees: *Debbie Ailiff (Procare), Teddy Baldwin (LifeStar), Charles Boone (Procare), Mark Buchholtz (Procare), Jill Dannenfels (PEMAC), Carol Faedtke (Christiana Care), Bobby Harsh (County Medical), Jim Harsh (County Medical), Mike Moretti (Keystone Quality Transport), Will Rogers (Procare), Susan Rainey (Nemours Kids), Mike Rosellini (East Coast Ambulance), Ashley Sampson (Vesper), Cory Skidmore (Hart to Heart), Heather Stamey (Med-Star),*

Introductions:

The meeting was called to order by Chairman Will Rosenberg at 13:02 hours; roll call/introductions were made. Motion by Mike Rosellini was made to accept the minutes, seconded by Charles Boone. Meeting minutes from January have been approved.

State EMS Medical Director's Report – Dr. Timothy Chizmar

The updated protocols have been released and are now available online. Pocket protocols and spiral bound books will be available at MIEMSS by July 1, 2020 (tentatively from the printer). The annual update is available online via the EMS Online Training Center. The go live date for the protocols is set for August 1, 2020.

Secondly, the online portion of the state content for ALS (7 hours), as required through the NCCP model, is available via the online training center. There are 3 hours required face-to-face content. Information for instructors of this content will be released shortly. The online training center will therefore provide ten of the fifteen required hours of State and Local continuing education, leaving the clinician responsible for the other five hours.

Numerous EMS agencies and hospitals have inquired about the request of hospitals that clinicians remove gowns prior to exiting a patient's treatment room in an effort to avoid contamination. In an effort to reduce PPE burn, an agreement has been reached that EMS clinicians do not need to discard their gown before leaving the patient's room and re-gown prior to decontaminating their equipment and stretcher after a patient transport. Gloves should be removed prior to leaving the patient's room.



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MIEMSS will be coming out with a pathway to full licensure for provisional licensees as there has been over 700 provisional EMT's and about 100-150 (estimated) Paramedics granted a provisional license under the conditions of this current and ongoing emergency. Once the state of emergency has been lifted, then there will be a pathway forward for those who received a provisional license to obtain full licensure.

Will Rosenberg took this opportunity to thank Dr. Chizmar for his dedication and hard work during this pandemic and these very uncertain times, and how appreciative all of the commercial services are to all those in MIEMSS/SOCALR. In kind, Dr. Chizmar recognized and thanked Will and all those commercial services that have been on the front line and traveling to other states to help those in need.

SOCALR Report

Lisa Chervon thanked everyone for their patience and continued support of SOCALR while we have been figuring out how to proceed with license renewals and the day-to-day needs of the commercial services during this pandemic. You are all very much appreciated. Lisa also asked for any feedback from the commercial services regarding what worked well and what hasn't regarding messaging. Please email Lisa with any feedback, or suggestions for improvements.

We are currently in the hiring process to replace Marty Johnson's position and we are hoping to have that person on board in July. The office phones are monitored during regular business hours (9am-5pm) and emails are monitored on just about a 24/7 basis, so if there is anything you need, please let us know.

Annual inspections are being done, however due to the Governor's executive order during this emergency, all State issued licenses have been extended, which includes commercial ambulance licenses. Because of the current situation we are doing the inspections virtually and have had success with a medium sized company and several smaller companies which have gone well thus far.

MIEMSS Licensure and Certification Report

Terrell Buckson was not available to attend. No report.

MIEMSS EMS for Children – Cyndy Wright-Johnson

Cyndy asked for a member of CASAC to sit on the review committee for the Star of Life and Right Care When it Counts awards. She is hopeful to have a ceremony in the fall and the next committee meeting is scheduled for July 14th. She asked that if you are interested to email her as soon as possible. Please email Cyndy if you have PEPP instructors or coordinators. A July virtual meeting will take place with a few key faculty doing some demonstrations. The course does have some new equipment and scenarios, and October courses are still scheduled. It will be open to all professionals and the books and cost will be on the grant. Cyndy anticipates the courses being smaller and therefore more frequent.



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Committee Report – SCT Subcommittee – Will Rosenberg

No report.

Committee Report – PEMAC Report – Jill Dannenfelser, RN

There has been some discussion on the high-flow nasal cannula protocol, and how that will be addressed with pediatrics. There will be a special workgroup forming that will meet for the first time next week.

Committee Report – SEMSAC – Mike Rosellini

Mike Rosellini reported that SEMSAC discussed how EMS clinician numbers continue to decline year over year. It was agreed that getting those clinicians who have received provisional licenses during this pandemic converted to fully licensed clinicians after this pandemic ends would help. The committee seeks to find other ways to increase the number of clinicians Maryland has and the need continues to grow.

Mike also announced that the EMS Board approved the regulation changes for the requirements for a commercial ambulance driver. Lisa clarified that this was regarding the finalization of the change allowing EMR's to drive commercial ambulances.

Committee Report – Ambulance Safety – Cory Skidmore

No Report.

Committee Report – Legislative Subcommittee Report –

No report.

Committee Report – MIH Committee – Deb Ailiff

Deb Ailiff stated that there was nothing to add as Dr. Chizmar covered everything.

Old Business – Open to the Floor

High Flow Nasal Cannula:

Dr. Chizmar addressed the protocol for high-flow nasal cannulas stating that the Protocol Review Committee approved it for use on patients that are 13 years of age and older. There was significant discussion among PEMAC and the PRC resulting in a consensus that the high-flow nasal cannula needs to be SCT/RN for pediatric patients, and ALS for those patients who are 13 years of age and older. Dr. Chizmar stated that he understood that the initial request for high-flow nasal cannula for ALS was that the greatest perceived benefit was in the pediatric population. He asked the group if the number of adult uses with this device is enough to benefit from the protocol. Chuck from Procure stated that his service is seeing a higher volume of adult high-flow nasal cannula patients than pediatric. Dr. Chizmar said that he is hoping to move this forward with adult and pediatric together. Cyndy Wright-Johnson



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stated that they finished discussing the high-flow nasal cannula piece back in May and that the final vote from PEMAC is scheduled for July 1st.

Bobby Harsh from County Medical asked if patients going to a Hospice facility that are DNR-B with a high-flow nasal cannula will require SCT transport. Dr. Chizmar recapped that patients 13 and above can go as an ALS call and below the age of 13 would be an SCT call. With regards to Hospice, Dr. Chizmar stated that high-flow can be captured as it is for chronically vented patients, where it says that if the reason for the transport is for extended care, that they can go down as low as BLS if they are considered a chronically ventilated patient. Will also asked that PRC look at Hospice as a whole in having to use RN resources to transport patients to hospice, whether it be intubation or high flow cannula and reiterated the group's request to have that revisited by PRC. Dr. Chizmar stated that they are happy to entertain it and requested that a proposal be submitted to forward to the Board.

Cyndy inquired as to whether the Pediatric Neonatal Critical Care Course (PNCC) can be substituted for the UMBC CCEMT-Paramedic Course. This would make it more feasible for the pediatric clinicians who do not transport adults to complete. Dr. Chizmar stated that the EMS Board approves the curriculum for the SCT course, and that the only curriculum they have approved is the CCEMPT course to date. Will asked if there needed to be a motion made to push this forward. Sara said that although not required, the Board prefers stakeholders input. Will asked if there was anyone present that has any concerns about advancing a recommendation to the board that PNCCT be approved as a Critical Care curriculum under the SCT regulations. There were no concerns voiced, motion made, and seconded.

Neonatal Regulations:

Lisa Chervon shared the update on the neonatal regs stating that Neonatal Transport Workgroup had met and revised portions of the neonatal regs and have brought them back to CASAC for review and they, since our last meeting, have not changed. Sara advised that generally speaking, there is some housekeeping things that need to be completed regarding formatting and this will be taken to the various committee boards for review then out for approval and then published in the late Fall. It is feasible to think that these regs will be changed and approved by January 2021.

New Business – Will Rosenberg – and Open to the Floor

COVID-19 Hotwash:

Lisa Chervon asked the committee for any feedback they have as to what has been working well and what could use some improvements with regards to messaging and communication.

Discussion followed regarding stockpiling PPE in preparation for future COVID-19 waves. Cory from Hart to Heart suggested that perhaps we could potentially be considered for inclusion in the government allocation group. He stated that they have not been able to acquire more than one case of PPE when they have been able to get 6 cases prior to the pandemic, as priority is being given to government agencies. Bobby Harsh added that he had a similar experience when ordering from McKessin, who would not fill orders for new customers. Will suggested that as a group, the commercial services could



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place a large order for PPE prior to the fall. It was suggested that price-points be considered because prior to the pandemic you could get an N-95 mask for about a dollar and now they are being charged \$5.95 per mask which is ridiculous. Lisa stated that maybe we need to reach out to local emergency management agencies and maybe piggyback onto their government purchasing capabilities because it is certainly in the best interest of the EMSOP's to have the commercials outfitted to assist. Lisa agreed to take that back through the chain and see if she can get any traction in that regard.

Equipment Requirements Review: We are actively working on updating the equipment lists based on the new protocols, which will be effective 8/1. Dopamine will be removed, and a 100cc bag for an EPI drip will be added. The 100 cc bag can be normal saline, LR, or D5W because of shortage issues. Toradol is now available via OSP. And lastly, alcohol wipes have been added to the BLS protocols for treatment of nausea and vomiting and should be added to BLS units if not already there. Lisa also suggested that a commercial tourniquet be added to the July 2021 equipment list.

For the Good of the Committee – Open to the Floor

Mark from Procure asked Sarah if she could discuss telemedicine companies. Sarah gave a brief background stating that there was a company coming into Maryland from another State that has marketed their business as a physician's practice, however after getting information, reviewing it, and briefing the Board, MIEMSS has determined that the service that the company is providing is indeed EMS. The company has been formally notified that they will need to have the oversight of MIEMSS, and we are currently awaiting their response. Mark further asked if the telemedicine company would have to become a licensed commercial service and Sarah responded saying that Education Article 13-515 requires a company to be licensed as a commercial ambulance service if they are operating in the State of Maryland, and a commercial ambulance service is defined as an entity that is transporting patients in an ambulance. Since they are not transporting patients, they would not be required to have that license. As a result of this matter, MIEMSS has begun to examine gaps in their regulatory and statutory authority.

Adjournment – Will Rosenberg, CASAC Chairman

CASAC meeting was adjourned at 14:11 hours. The next CASAC meeting will be on Wednesday, September 16, 2020 at 13:00 hours. This meeting will be held virtually.