



## State Emergency Medical Services Board

February 9, 2021

Virtual Meeting

Agenda

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Clay B. Stamp, NRP  
Chairman  
Emergency Medical  
Services Board*

*Theodore R. Delbridge, MD, MPH  
Executive Director*

*410-706-5074  
FAX 410-706-4768*

- I. Call to Order – Mr. Stamp
  - Call the roll
- II. Approval of the December 8, 2020 EMS Board minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Report – Mr. Tiemersma
- V. MSPAC Update – Major Tagliaferri
- VI. RACSTC – Dr. Snedeker
- VII. MSFA Update – President Walker/ Ms. Tomanelli
- VIII. Old Business
  - Thrombectomy-Capable Primary Stroke Center- TCPSC & Revised Comprehensive Stroke Center (CSC) Regulations – ACTION - Ms. Sette
  - ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions – ACTION - Ms. Sette
- IX. New Business
  - 2021 EMS Protocol Updates - ACTION – Dr. Chizmar
- X. Adjourn to Closed Session
- XI. Return to Open Session

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



State Emergency Medical Services Board  
February 9, 2021  
Via Video Conference Call Only  
Minutes

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**Board Members Present:**

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dean E. Albert Reece, MD

**OAG:** Mr. Magee; Ms. Sette

**RACSTC:** Dr. Snedeker

**MSFA:** Ms. Tomanelli; 2<sup>nd</sup> VP McCrea

**MSPAC:** Major Tagliaferri

**Others Present:** Christopher Montera, MHL, NRP  
Director of State and Federal Business - ESO

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Mr. Balthis; Dr. Bailey; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Mr. Legore; Mr. Linthicum; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Seaman; Ms. Wright-Johnson; Ms. Goff

Chairman Stamp called the meeting to order at 9:00 am and proceeded with calling the role.

Chairman Stamp asked for approval of the December 8, 2020, Board meeting minutes.

**ACTION: A motion was made by Dr. Westerband, seconded by Mr. Scheulen, and unanimously approved by the Board to accept the December 8, 2020, minutes as written.**

**MIEMSS REPORT**

COVID-19 Updates

Dr. Delbridge said the number of acute care beds occupied by COVID-19 patients was down to the pre-Thanksgiving level of 1377 this morning. Current concerns are that the new variants in general populations will not respect the antibodies built up by previously infected or vaccinated persons. As of this morning, there are over 100 UK and a handful of South African variants identified in Maryland.

Dr. Delbridge said that, although CRISP makes the graphs, the MIEMSS Regional Administrators spend a significant amount of time diligently compiling and validating the data provided by the hospitals through MEMRAD seven days a week.

Dr. Delbridge said that MIEMSS continues to track the number of PUIs transported by EMS and the number of PUI contacts by EMS public safety and commercial services. Dr. Delbridge added that trending still shows an approximate nine-day lag between the EMS encounters and the increase in hospitalizations of COVID patients. The Governor's office receives this information every day. Dr. Matt Levy, Dr. Chizmar, and MIEMSS' IT Program Analyst Teferra Alemayehu have authored a paper that has been electronically published in *Prehospital Emergency Care* and will come out in print in March.

Dr. Delbridge said that EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients, but some clinicians need to improve documentation. There is a 1% hospitalization rate when the protocol has been followed, which is better than the return rate for most hospital emergency departments. MIEMSS is reviewing a subset of cases that were not well-documented, where patients did not go to the hospital, to assure that when protocol is applied, it is not a function of documentation.

#### Yellow Alerts

Dr. Delbridge said that although there were a few bad days, the numbers of Yellow Alert hours are mostly consistent with the same period last year.

#### CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP on the technical aspects for access to near real-time census data from hospital emergency departments submitted to CRISP. MIEMSS anticipates working with ED staff in the first quarter of 2021 on the operationalization of the data collection effort.

#### Cardiac Arrest TOR COVID Test Positive Rate

Dr. Delbridge said the positivity rate for TOR COVID testing through January 2021 was around 20%. People are succumbing to COVID-19 complications at home. This represents about 6% of all COVID-19 deaths outside of the hospital. In some cases, the first symptom of COVID is cardiac arrest. He added that since March 2020, cardiac arrests are up 20-25% across the country. Maryland is the only state testing cardiac arrest TORs for COVID on a statewide basis.

#### Clinical Externs

Dr. Delbridge said that MIEMSS has processed over 1200 Clinical Nurse Externs and just shy of 100 Clinical Respiratory Externs. MIEMSS sends the updated list to MDH weekly who in turn send to the staffing agency. Since the school semester has ended, externs are upgrading their level of qualifications. Clinical Externs augment the existing hospital workforce. MIEMSS sends an updated list of clinical externs to hospitals weekly.

#### EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications and clinicians applying for full licensure status. He said that about 225 provisional clinicians have converted to full status.

#### Critical Care Coordination Center (C-4)

Dr. Delbridge said that MIEMSS is facilitating communications for the referral and transfer of patients needing ICU care from hospitals without sufficient ICU beds to other hospitals with ICU bed availability. So far, MIEMSS has taken 559 calls as of beginning, averaging 8 calls per day. Calls have been received from 60 requesting hospitals with placement in 58 receiving hospitals. The majority of patients are not

related to COVID-19. Dr. Delbridge said that the C-4 is funded through June and MIEMSS hoping to secure funding to continue the program after that. Dr. Delbridge gave an overview of receiving hospitals including DC hospitals, NIH and WRNMMC.

#### MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard from this morning's @HA app showing locations of ambulances at hospitals. A few jurisdictions cannot be viewed due to variations in CAD feeds to MIEMSS. Depending upon the jurisdiction, some major system software updates would need to be made. MIEMSS' IT/Data personnel continues to work with Apple on the app for the IOS platform. Barring any additional requirements from Apple, MIEMSS anticipates having the Apple app within the next few months.

#### Vaccinations

Dr. Delbridge said there are 34 states that permit paramedics to vaccinate for all vaccines and a handful of states that allow EMTs to vaccinate on a regular basis. Maryland Paramedics can vaccinate themselves for hepatitis and flu vaccine and TB tests; but cannot vaccinate the public unless under an emergency order such as the current COVID-19 Catastrophic Health Emergency Order.

Dr. Delbridge gave an overview of use of EMTs as vaccinators under the Governor's Catastrophic Health Order. So far, 309 EMTs have completed the didactic training with 83 of them authorized by their EMS Medical Director to administer COVID-19 vaccines. Over half of Maryland EMS agencies have plans approved to assist with COVID-19 vaccinations.

#### Legislation

Dr. Delbridge gave an overview of some of the legislative bills that MIEMSS is following.

SB67 – This bill is intended to permit paramedics to assist LHDs and hospitals and health systems in vaccination initiatives targeted to address population health needs (including assisting with COVID-19 vaccination efforts), as well as to permit both public safety and commercial EMS to administer vaccines and tuberculin skin testing to their own personnel through occupational health programs. This is MIEMSS' departmental bill.

SB389 - This bill modifies the requirements for Medicaid reimbursement to an emergency service transporter for services provided in response to a 9-1-1 call. Specifically, the bill requires reimbursement for medical services provided to a Medicaid recipient in response to a 9-1-1 call in situations when the recipient is not transported to a facility. In addition, beginning in fiscal 2022, the Maryland Department of Health (MDH) must increase the amount of reimbursement for transportation and medical services by \$25 each fiscal year until the reimbursement rate is at least \$300. MIEMSS is in favor of this bill.

SB078 - This bill prohibits a law enforcement officer from administering ketamine to an individual or directing an emergency medical services (EMS) provider to administer ketamine to an individual; and permits EMS to administer ketamine to a severely agitated individual if (1) the individual is combative, violent, and represents an immediate danger to the individual or others and (2) the EMS provider first obtains "medical direction," with a specified exception.

MIEMSS is opposed to this bill because EMS use of Ketamine is already covered in the EMS Protocols.

Dr. Delbridge said that the MEMSOF budget hearing held on March 7, 2021, by joint Senate and House committees went smoothly. The MIEMSS budget hearings are next week.

#### Vision 2030

Dr. Delbridge asked SEMSAC members to review the EMS Plan Vision 2030 for sections they may be interested in addressing. Terrell Buckson is working on a project and will be developing key performance indicators on how to move progress in making Vision 2030 relevant.

## **SEMSAC REPORT**

Chairman Mr. Tiemersma one of the things COVID has taught us is that productive meetings can be held remotely. The services provided by C-4 is a great program that should continue. He congratulated the team that put this effort into motion.

The MIH Vision document was approved to send to the Board.

The new Thrombectomy-Capable Primary Stroke Center (TCPSC) regulation, revised Comprehensive Stroke Center (CSC), ETC & NTC Definitions; Eye Trauma Center & Neuro Trauma Center Regulations were approved for recommendation to the Board.

The 2021 Protocol updates presented by Dr. Chizmar were supported for recommendation to the Board for approval.

## **MSPAC REPORT**

Major Tagliaferri said that MSPAC has been heavily involved with vaccination planning and vaccination clinics. MSPAC has held approximately a dozen clinics at this time and have vaccinated over 2500 people. Martins State Airport has been the primary vaccination site and have held a site in Easton and one in Frederick. MSPAC medics and 30 MSP personnel are operating drive through clinics. MSPAC has also vaccinated 230 legislators and staff in Annapolis. There are 13-second dose clinics scheduled. Clinics were held with no interruption of services.

MSPAC is in receipt of the Tiger Respirators as a result of the \$45,000 grant.

MSPAC tested the temperature data logger and coolers for the whole blood program during the transport of the COVID vaccine for the clinics.

## **MSFA**

1<sup>st</sup> VP McCrea brought greetings from the officers and members of the MSFA. He said that the MSFA submitted testimony for the MEMSOF hearing. VP McCrea said the MSFA is continues planning for the Convention 2021. It is unclear at this time whether it will be an in-person convention or virtual at this time. He added that the next MSFA Executive Committee meeting is scheduled for April 10 & 11, 2021.

## **OLD BUSINESS**

Thrombectomy-Capable Primary Stroke Center (TCPSC) & Revised Comprehensive Stroke Center (CSC) Regulations: Ms. Sette and Ms. Aycock

The draft new TCPSC and updated CSC regulations were distributed.

Ms. Sette said the Thrombectomy-Capable Primary Stroke Center (TCPSC) & Revised Comprehensive Stroke Center (CSC) Regulations were presented to SEMSAC at the December meeting and are being brought today to request recommendation to the Board for approval and the promulgation process in the Maryland Register for comment.

**A motion was made by Mr. Scheulen seconded by Mr. Cox and unanimously voted upon to approve the Thrombectomy-Capable Primary Stroke Center (TCPSC)**

**A motion was made by Ms. Vanhoy seconded by Mr. Scheulen and unanimously voted upon to approve the Revised Comprehensive Stroke Center (CSC) Regulations.**

ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions

Ms. Sette and Ms. Mays

A copy of the proposed regulations was re-distributed.

Ms. Sette said the ETC & NTC Definitions; Eye Trauma Center and Neuro Trauma Center Regulation Revisions were presented to SEMSAC at the December meeting and are being brought today for approval and subsequent publication for comment in the *Maryland Register* .

Ms. Sette said that the telehealth definition, in particular, is changed to refer to the Board of Physician (BOP) definition. This will avoid changing the MIEMSS regulation every time the BOP changes their regulation.

Ms. Sette said the proposed changes to the Eye Trauma Center and Neuro-Trauma Center regulations to updated the current treatment standards to include changes to medical staff availability, equipment/supply changes and continuing educational requirements.

**A motion was made by Mr. Scheulen seconded by Ms. Vanhoy and unanimously voted upon to approve the ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions.**

Base Station Regulation

Ms. Sette and Mr. Naumann

A copy of the proposed regulations were distributed.

Ms. Sette said that the regulation was published in the Maryland Register. No comments were received and, therefore, the regulations were ready for final approval.

**A motion was made by Mr. Tiemersma seconded by Ms. Adams and unanimously voted upon to approve the Base Station Regulations.**

**NEW BUSINESS**

Dr. Chizmar presented the new layout and content for the 2021 Protocols moving forward. He said the goal is to make the protocols more clear and concise. MIEMSS is also working with Apple on the linkage within the pages.

Dr Chizmar provided an overview proposed protocol changes:

## 2021 EMS Protocol Updates

A copy of the proposed protocol content updates was distributed.

### Agitation protocol

(Also, reference the August 2020 memo with interim guidance and monitoring required for the seriously agitated patient)

Guidance on specific medications based on suspected etiology (psychiatric, delirium, head injury).

Medication first dose can only be administered without medical consult if the patient presents eminent danger to himself/herself or to the clinicians. The clinician is to make a judgement as to the cause of the agitation before determining the particular medication.

Safeguards for ketamine – as noted in memo from Aug 2020 – monitoring ALS equipment and a second EMS clinician on hand.

### Albuterol for BLS

To align with national scope of practice BLS may administer MDI or nebulized albuterol; this may be repeated: dose x1 over 30 min.

### Burn Patients: Fluid Resuscitation

In accordance with the 2018 ABA guidelines and with input from Maryland burn centers, the protocol limits IV fluids to patients in shock and those with >20% BSA burns. For 15 years of age and above administer 500 mL/hr. LR (120 drops/min using 15 drop-set). Maximum dose 2,000 mL without medical consultation. For children who have not reached 15th birthday: do not administer IV fluid unless the patient is in shock.

### Hypoglycemia and Hyperglycemia

Including Glucometer as a standard procedure for BLS (vs. OSP)

Distinct treatment protocol (vs. glucometer procedure protocol)

### Snakebite

Removes use of cold packs and removes the request for taking the snake to the ED.

### STEMI

Streamlining the STEMI ACS symptoms plus one of the following:

New ST elevation of 1 mm (or greater) in two or more contiguous leads OR

Posterior MI: ST depression greater than 1 mm in V1-V3

### Stroke

Moves Baltimore City LAMS Research Protocol to statewide stroke protocol. For the stroke patient with last known normal within 22 hours, and LAMS 4 or 5, and within 30 min of CSC/TC-PSC bypass PSC and transport patient to thrombectomy-capable center.

### IV infusion pump protocol for ALS

For more accurate dosing of medications and broad, instead of based upon individual medications

### Ultrasound Pilot Protocol

(Limited to Anne Arundel, Dorchester, Frederick and Howard Counties)

Currently used for FAST, abdominal, cardiac; adding lung and extremity ultrasound.

Dr. Frohna suggested under the ultrasound pilot protocol to change ventilator “standards” to ventilator “procedures.”

Dr. Reece and Chairman Stamp congratulated Dr. Chizmar and the MIEMSS team on the format and mobile application changes to the protocols.

**ACTION: Upon the motion of Dr. Reece seconded by Dr. Frohna, the EMS Board voted unanimously to approve the 2021 EMS Protocol updates with the suggested change under the Ultrasound Pilot Protocol.**

**ACTION: Upon the motion of Ms. Vanhoy, seconded by Dr. Frohna, the EMS Board voted unanimously to adjourn to closed session.**

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).

**In closed session:**

**Board Members Present:**

Clay B. Stamp, NREMT P, Chairperson; Sherry Adams, Vice Chairperson; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; James Scheulen, NREMT P; Dean E. Albert Reece, M.D.; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dany Westerband, M.D.

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Dr. Chizmar; Ms. Goff; Ms. Chervon.

**OAG:** Mr. Magee; Ms. Sette.

**In Closed Session:**

1. The Board considered a SEMSAC nomination; and
2. The Board considered disciplinary matters.