



Jurisdictional Advisory Committee Agenda

June 10, 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
10:00-10:15 AM	OMD Update	Dr. Chizmar
10:15-10:30 AM	EMS-C Update: <ul style="list-style-type: none">• New NASEMSO Study on EMS Sleep Health (Drowsy Driving)• Thank you for 2020 Awards submissions• 2021 Awards nominations remain open online	Cyndy Wright-Johnson
10:30-10:45 AM	COVID-19 Emergency Operations	Randy Linthicum
10:45-11:00 AM	Jurisdictional Roundtable	Christian Griffin

JAC Meeting Minutes
June 10, 2020

The meeting today is a virtual meeting.

Chair Christian Griffin called the meeting to order. Attendance was taken and recorded on the prepared Sign-In Sheet that will be filed with the Minutes of today's meeting.

Chair Griffin asked for a motion to approve the February JAC Minutes. Motion to accept the Minutes as written with unanimous vote to accept February Minutes.

Dr. Chizmar: 2020 Protocol Updates are now available on the MIEMSS website under EMS Clinicians tab ALS/BLS updates on the Training site and on YouTube.

Epinephrine infusion is replacing dopamine as the primary vasopressor. You will not need to carry dopamine. What will be asked is that you carry epinephrine in a 100 cc bag and a 60 drop set to be able to initiate an epinephrine infusion.

For pediatrics, there is a simple infusion chart in the protocol. It is in increments of 10 kilograms below 50 kilograms (0-10, 10-20, etc.) and it gives an initial dose and a follow up dose if the patient remains hypotensive. Note for safety reasons, the pediatric epinephrine infusion for hypotension requires consultation, the adult epinephrine infusion will not.

There were some last minute tweaks to the protocol. There was a typo to the pediatric epinephrine infusion chart. You will receive notification when the chart is updated.

Toradol is an optional supplemental medication. Dr. Chizmar asks jurisdictions to notify him if they plan to carry this medication. Reminder to submit an optional supplemental application. This is a non-opioid pain medication.

Now in a sustainment mode with COVID, Dr. Chizmar stated that efforts have been doubled to look at long range planning at MIEMSS. Every two years for ALS clinicians, there is an update to continuing education requirements at the State level. Melissa Meyers, L&C, has been working with Terrell Buckson, and with the ALS sub-committee to produce those updates. They should be launched within the next two weeks. The content is based on the QA trends as well as the educators who attend the ALS sub-committee.

In addition, they have made a commitment to move away from a high stakes ALS protocol test to a protocol orientation. COVID has put the brakes on that. They are still looking to launch this summer. What that will do is allow an online option for ALS clinicians to take an orientation session and then check their knowledge. It is the vision to replace the scan tron high stakes protocol assessment with the online protocol orientation.

Ambulances in Hospitals Dashboard: Dr. Delbridge said the IT folks at MIEMSS have been working diligently over the past couple of months. When this is operational, the EMT or paramedic will be able to look on their cell phone or computer and see how many ambulances are at a hospital and how long they have been there. Replacement of Chats is still on the drawing board. The vision for that is more real time and automatic so EMS clinicians know what the capacity is at a hospital.

EMS Plan Vision 2030: Dr. Delbridge provided an update. It is still in the works and hopes to have a plan that can be distributed to SEMSAC and the EMS Board by their next meeting in July.

Dr. Chizmar stated this year they will continue to work on revamping the protocols, a complete reformat. For this year the Pocket Protocols will be printed, at least for one more year until they are confident the app is up and running without any issues.

Dr. Chizmar informed the Committee that provisional licenses were created at the EMR, EMT, CRT and Paramedic level. There were 777 provisional EMTs issued and 145 provisional Paramedics issued. Dr. Delbridge and our Attorney Generals' have been working through having a template for those provisional licensees to be able to obtain full licensure within a six-month period following the end of the emergency declaration. You will see more details on this. It is our intent to have those that provided emergency medical services during the pandemic to become part of our system as full licensees if they wish to do so, they are not required to do so.

COVID: Both refusals and transports, as far as cardiac arrests, compared to our baseline are up over the past two years. That is something we continue to monitor.

Cyndy Wright-Johnson: Cyndy provided handouts for the Committee to review prior to the meeting. She discussed each during the meeting: NASEMSO study on ems /sleep health (drowsy driving); 2021 Awards nominations are open online – there are ix awards for 2021; and she thanked everyone for submitting nominations for the 2020 awards.

Randy Linthicum: Since March he has been receiving the EMS share of PPE. This is what the State receives from the national stockpile and other sources. He thanked everyone who has assisted with this, i.e. picking up PPE. Your help is appreciated. Randy said they will continue to receive small amounts but encouraged everyone to purchase PPE for a second wave. He is not sure how much longer he will have supplies; vendor supplies are becoming more available.

Jurisdictional Roundtable

Anne Arundel: Recruit class in now. Entire department is participating in Direct to Triage; last week they had 20 patients. They now have decontamination sprayers on all units.

Annapolis City: Working on telehealth and alternate destination; said they are close to getting both up and running for the Fall when the ET3 program launches. Chair Griffin congratulated Annapolis City on being selected for the ET3 program.

Baltimore City: They have a class graduating on June 22nd. They are watching the hospital turnaround time, having problems with a couple on the East side. Also looking at the skilled nursing and assisted living facilities. They are in different stages of the COVID process. We have protests in the area. Trying to get back on the tracks with the MIH program.

Baltimore County: Working on a program for inventory. Spoke about the Thursday night training offered at one of the volunteer companies, presented by good subject matter experts, physician speakers. Anyone can attend. Replacing all of their laptops. Starting to see some of the hospital times clear up as they start to get back to normal. Will have a lieutenant position available within the next two months.

BWI: Two new paramedic lieutenants graduated; five new recruits at Anne Arundel Academy. Dr. Woltman has been reappointed for another contract period. However, they were without a medical director for a period of time and Dr. Levy stepped in. Dr. Levy was thanked.

Calvert County: On April 27th, Calvert County started hiring temporary paramedics and EMT's to staff three fire stations 24/7, continues to this day. Hiring has started and orientation has begun.

Cecil County: Paramedics went to a 24/7 schedule. The overdoses have been increasing along with COVID. Overdose deaths last month were highest ever since tracking. There were 17 COVID cases on Monday.

Charles County: They are transporting about 11 or 12 PUI patients per day but that number has settled down to about 7 – 8. They are averaging about one COVID positive patient per day. The skilled nursing facility situation has leveled out. They were approved for one additional ALS unit in Waldorf. They have two captain promotions coming up. Continue working on ET3 MOU that was postponed until November. As part of that, working with MedStar and Bright Time Medical for the Alternate Destination MOU.

Dorchester County: They have had an influx in their opioid and cardiac arrest calls. They were running about three per day. Dorchester is hiring for an Assistant Chief for their EMS Division.

Garrett County: They are in the same boat as far as overdose calls. He asked to take a few moments as the SEMSAC Chair. SEMSAC would like to look at new MIH programs and other issues that are closely related to it. SEMSAC is putting together a committee to look at that and will be tapping on shoulders to be a part of that group. If you are already a part of the MIH program or are interested let them know. They want to take a look and make sure we are moving in a direction that is beneficial.

Howard County: Continues to pilot the Direct to Triage program with Howard County Hospital that has been successful. Similar to Montgomery County, they maintain a decontamination unit for ambulances and PPE distribution at Howard County Hospital. Although this has been successful, they are looking at deploying a different model. Looking at cardiac arrests, they are running twice as many cardiac arrests non-COVID related as compared to the same time as last year. However, non-fatal opioid overdoses are down compared to the same time as last year; fatal opioid overdoses are up almost 100 percent as compared to the same time as last year. Every third PUI they transport is COVID positive.

Kent County: During this time of COVID, they have hired temporary personnel. Their call volume is down; there is a slight uptake in cardiac arrests in the county. In training for the CAD system.

Montgomery County: Continue the Direct to Triage program and it is going well. In terms of ET3, they are under contract and under contract for telehealth. They have stabilized to between 20–30 PUI patients per day from the highs of 70-80 PUI patients. Today will be the last day of decontamination units at the six county hospitals. An EMS officer will sit in Communications and direct ambulances to the appropriate hospital based on the information they know about the emergency room. They are looking at the data in real time about what is available, i.e. ICU bed availability.

Queen Anne's County: They are working with the nurses participating in the testing that is taking place countywide at the test sites. There is a new class starting the end of July. Working along with Dr. Chizmar and the other Region IV counties on telehealth.

St. Mary's County: St. Mary's County has hired a Division Chief, David Stamey. MIEMSS Region V Staff and Andrew Naumann were thanked for their recent assistance. They were awesome! In addition, they had a mini-disaster over the weekend with St. Mary's Hospital; Dr. Chizmar was also thanked for his assistance with that incident, as well as some of their neighbors who had to take some of the patients. St. Mary's County Health Department is now starting to test their clinicians. They have had two protests in Leonardtown.

Talbot County: Recognized MIEMSS for all the work they have done during COVID.

MFRI: Classes are back and running. If jurisdictions have requests for ALS classes for the Fall and Spring semester please submit them. There are about four or five jurisdictions they have not heard from.

MSFA: Changes for the Convention are on the MSFA website. Ballots will be on the website.

Next JAC Meeting is August 12, 2020 at 10:00 am