



JURISDICTIONAL ADVISORY COMMITTEE MEETING

**October 9, 2024
10A – 12P**

Meeting ID

meet.google.com/vzf-urtg-ioy

Phone Numbers

(US) [+1 617-675-4444](tel:+16176754444)
PIN: 619 793 687 7103#

AGENDA

1000	Welcome and Introductions	Chief Christian Griffin
1005	Approval of JAC Meeting Minutes (August 2024)	Chief Christian Griffin
1005 - 1030	Office of the Medical Director Updates	Timothy Chizmar, MD, FACEP
1030 - 1045	Office of Clinician Services Updates	Timothy Chizmar, MD, FACEP
1045 - 1100	EMS Preparedness and Operations Update	Jeff Huggins, BS, NRP
1100 - 1115	EMS-Children Updates	Cyndy Wright-Johnson, MSN, RN
1115 - 1145	Jurisdictional Roundtable	All
1145 – 1200	Closing Remarks and Adjournment	Chief Christian Griffin

NEXT MEETING IS SCHEDULED FOR DECEMBER 10, 2024 AT 1000 HOURS

**JURISDICTIONAL ADVISORY COMMITTEE
MEETING MINUTES**

**In Person at MIEMSS, Room 212, Baltimore, Maryland
and by Virtual Invitation**

October 9, 2024

ATTENDANCE:

Committee Members

IN PERSON:

Timothy Chizmar, MD (State EMS Medical Director); Stephanie Ermatinger (EMS Administrator MIEMSS); Mustafa Sidik (Region III Associate Coordinator MIEMSS); Aaron Edwards (Director, Office of Clinician Services MIEMSS); Jeff Huggins (Chief of Strategic Innovation and Field Ops MIEMSS); Todd Tracey (Emergency Preparedness and Ops Coordinator MIEMSS)

ONLINE:

Michael Salvadge (Allegany Co); Raymond McRae (City of Annapolis); Joe Cvach (Anne Arundel Co.);, Robert Vaccaro (Anne Arundel Co.); James Matz (Baltimore City); Christian Griffin (Baltimore Co.); Danielle Knatz (Baltimore Co.); Ethan Freyman (BWI); Linas Saurusaitis (BWI); Heather Howes (Calvert Co.); Kathy Jo Marvel (Caroline Co.); Mark Sheridan (Caroline Co.); Patrick Campbell (Cecil Co.); Stephen Cummins (Cecil Co.); Courtney Shannon (Charles Co.); Debbie Wheedleton (Dorchester Co.); Michael Cole (Frederick Co.); Scott Gordon (Frederick Co.); Justin Orendorf (Garrett Co); Chris Shannon (Howard); David Svites (MSP); Rich Koch (Ocean City); Chris Shaffer (Ocean City); Amanda Bunting (Ocean City); Terrell Buckson (Prince George's Co.); Christopher Truitt (City of Salisbury); Shawn Davidson (St. Mary's Co.); Tina Kintop (Talbot Co.); David Chisholm (Washington Co.); Dwayne Kitis (Dir. Mission Support-MIEMSS); Cyndy Wright-Johnson (EMS for Children-MIEMSS); Wayne Tiemersma (Region I & II-MIEMSS); Stephanie Forbes (Caroline Co.)

MEETING:

I. Welcome, Instructions, and Approval of Minutes (Chief Christian Griffin, Chair)

A. Call to Order

1. Chief Griffin called the meeting to order at 1002 hours

B. Approval of the Minutes

1. Dr. Timothy Chizmar presented the August 2024 draft meeting minutes, which were also sent to JAC membership prior to the meeting
2. Chief Griffin asked if there were any corrections to these minutes. There were no corrections offered. Chief Griffin asked for a motion to approve the August 14, 2024 JAC Meeting Minutes:
 - a. Motion to approve made by Danielle Knatz, second by Chris Truitt
 - b. Chief Griffin asked for any objections, hearing none, Chief Griffin stated the August 14, 2024 JAC Meeting Minutes are approved

II. Office of the EMS Medical Director Updates (Dr. Timothy Chizmar – MIEMSS)

A. Introductions (Dr. Timothy Chizmar, State EMS Medical Director (Slides)

1. Dr. Chizmar introduced Mr. Aaron Edwards to the group as the new Director of Clinician Services for MIEMSS. (Slide 3)

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2. Mr. Edwards was previously with Annapolis FD, and served on JAC for approximately seven to eight years
 3. Mr. Edwards stated he is looking forward to continuing to work with everyone here and within the MIEMSS organization
- B. Transfer of Care Times**
1. Dr. Chizmar reviewed the Hospital Transfer of Care times with the group (**Slide 4-7**)
 2. He stated the goal is that EMS transfer of care occurs in less than (35) minutes, 90% of the time
 3. Dr. Chizmar stated there are more hospitals meeting this goal compared to January of 2023, when tracking started
 4. He stated we had (24) facilities that were under (35) minutes (green), only (3) facilities that were over (60) minutes (red), and the remainder were in the yellow zone -between (35) and (60) minutes
 - a. He stated we will continue to monitor
- C. JEMSOP Reverification Site Visits (Slide 8)**
1. Dr. Chizmar stated he and Dr. Delbridge have started the JEMSOP reverification process
 2. He stated that these visits will give us a chance to meet face-to-face, and do our diligence to verify compliance with COMAR 30
- D. IV Fluid Shortage (Slide 9)**
1. Dr. Chizmar stated he sent out a memorandum asking clinicians to conserve IV fluids. We should reserve them for patients who are hemodynamically unstable or in shock
 2. He reminded clinicians that a saline lock can be placed, and not to hang IV fluids unless absolutely required
- E. Defibrillation Energy (Slide 10)**
1. Dr. Chizmar discussed the recent memo which clarifies the defibrillation dose for ALS clinicians utilizing cardiac monitors (not AEDs)
 2. He stated with higher energy, there is a higher rate of conversion from VF/VT into sinus rhythm
 - a. He added ALS clinicians should defibrillate at the highest joules setting permitted by the device manufacturer
 - b. He also stated that there is emerging evidence that anterior/posterior positioning may be a little more favorable for achieving ROSC
- F. Reprogramming of AEDs**
1. Dr. Chizmar discussed that he would not recommend reprogramming AED defibrillation joules setting at this time.
 - a. He stated there is a concern that the dose could be too high if used on pediatric patients
 - b. He suggested to discuss the monitor and AED settings with your device representatives and your medical directors prior to reprogramming the default settings on any cardiac monitors
- G. EMT Refresher (Slides11-13)**

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1. Dr. Chizmar stated the goal of revising the EMT renewal process is to capture QA/QI trends and make the process more consistent with national guidelines (NCCP model)
 2. He stated they would add pediatric and obstetric education, as well as a small hourly allocation to tox/environmental emergencies – for more well-rounded EMT continuing education.
 3. He stated they are proposing (15) hours of didactic education (can be entirely in-person, entirely online, or hybrid).
 - a. He stated the technical proficiency (skills) verification will be dedicated up to nine (9) hours of time.
 - b. He added if the verification can be done in less than (9) hours, the remaining hours will be backfilled with additional didactic education - remains a total of (24) hours.
 - c. He stated the past three years of protocol updates will remain a requirement for EMT renewal.
 - A. Dr. Chizmar stated the topic distribution will be updated every (3) years (well in advance), and it will follow the NCCP model - with the notable exception that NCCP requires (40) hours every (2) years.
 - a. In contrast, MD will continue to require (24) hours every (3) years.
- H. T-CPR (**Slide 14**)
1. Dr. Chizmar stated he had the opportunity to speak with everyone's PSAP directors at the National 911 Day at Emmetsburg last week.
 - a. He added they were enthusiastic about efforts to improve cardiac arrest survival.
 - b. During his talk entitled "Time and Cardiac Arrest," he discussed the important role of PSAPs in reducing the time to hands-on-chest (compressions; T-CPR).
 - c. PSAP directors willing to give you reports on T-CPR times (time from call to cardiac arrest recognition and call to first T-CPR compression).
 - d. He stated that when they have data to analyze, they can improve upon T-CPR performance
 - e. Dr. Chizmar discussed continuing education programs that the 9-1-1 Board is evaluating for 9-1-1 Specialists/Telecommunicators.
- I. VAIP (**Slides 14-15**)
1. Dr. Chizmar reviewed the VAIP requirements (including additions that were effective 7/1/2024: esmolol, gum elastic bougie, PEEP valve, increased number of tourniquets.
 2. Dr. Chizmar stated as a reminder, the checklist, both the old (2023) and the new (2024) for comparison purposes or up on the website (<https://www.miemss.org/home/vaip>).
- J. House Bill 404 (Gabriel's Law) Slides (**Slides 16-18**)
1. Dr. Chizmar reviewed his understanding of this legislation passed on October 1, 2024, which states if there is a wellness check and the person expresses a concern for a threatening condition, fire, rescue or EMS is also required to respond with police.
- K. Protocol Review Committee Updates (**Slide 19**)

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1. Dr. Chizmar presented his last slide stating these protocols have NOT been presented to the Board but he wanted to summarize the meeting the PRC committee had in November 2024:
 - a. Alcohol Withdrawal
 1. Dr. Chizmar stated this would be the use of midazolam for patients in alcohol withdrawal
 - b. He stated they are looking to add labetalol for pregnant patients with hypertensive emergencies.
 - c. Dr. Chizmar stated very early in the year, we agreed to put cefazolin for ALS providers for open fractures. This has been done in other states, and there has been a reduction in cases of osteomyelitis, even when the receiving trauma center is nearby.
 - d. He stated we are looking at sepsis and shock and the dialing down of the amount of initial fluid required before a vasopressor gets started.
 - e. Dr. Chizmar stated he believed he had conversations with several jurisdictions regarding the cleaning up and removal of several protocols and modification of some. All Covid protocols and the Doppler device will be removed for now. Video laryngoscopy would become part of standard protocol.
- L. CDC Health Alert Network Advisory-Marburg Virus
 1. Dr. Chizmar stated the last item on his agenda was the situation in Rwanda with Marburg (presentation similar to Ebola).
 - a. Information is on the CDC's website but it is not cause for alarm; only for situational awareness at this time.
 - b. We are monitoring this with the Maryland Department of Health.
 - c. The update is very preliminary – and only for situational awareness.

III. EMS Preparedness and Operations Updates (Jeff Huggins/Todd Tracey – MIEMSS)

- A. Ambulance Strike Team (Jeff/Todd)
 1. Jeff thanked everyone for their support and participation in making offers for the ambulance strike team.
 2. Todd stated they are coordinating efforts with the Maryland Department of Emergency Management.
- B. IV Fluid Shortage (Jeff/Todd)
 1. Jeff thanks everyone who responded quickly for the IV fluid shortage survey; this helped to make informed decisions in discussions with state partners.
 2. Todd stated they have been meeting with the Maryland Department of Health, twice a day for the last seven or eight days.
 3. Todd stated this morning that MDH was able to make contact with the Baxter facility and they have a pretty solid plan in place to get operations back up and running and then the allocations have also improved.
 - a. He believed that agencies would be moving to 70% allocation in the next few days. We should be back up to 90% of usual allocation by the end of the month.
- C. Work Groups (Jeff)

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1. HCID
 - a. Jeff stated this is one of their priorities to meet with those transport trams and make sure we are in the appropriate state for HCID requirements
2. MCI
 - a. Jeff stated they will be working with start of the MCI work group to discuss scene management; more to come on this topic.
- D. Questions for EMS Preparedness and Operations Updates
 - Q: Terrell Buckson (PG Co)- I understand that Baxter has a large percentage (60%) of the market. Are there plans in place to shore up their processes?
 - A: Dr. Tim Chizmar (MIEMSS): Yes, the US-based Baxter plant produces about a large percentage of IV fluids. Some of their production comes from Puerto Rico and Europe. There are a few other suppliers. Regulators are looking at allowing Baxter to bring in IV fluid that's made abroad (European plants that Baxter operates). They are also looking at Braun's production capabilities. We did ask that question about extended expiration dates, but no answer has been received yet. Baxter would have to initiate a process to extend expiration dates with FDA, and FDA would have to approve it. One challenge with expiration date extensions is that it requires a substantial amount of the same lot numbered product to be tested and evaluated.

IV. EMS for Children Updates (Cyndy Wright-Johnson – MIEMSS)

- A. EMSC Updates: Cyndy stated the EMS-C bimonthly update was sent out to the group and it is now divided into (2) parts – she asked the group to focus on page (2) of the update for information on Pediatric EMS & ED Champion work.
- B. Pediatric EMS Champions Updates
 1. Cyndy stated they are looking for a new champion in Somerset County
 2. She stated they have 27 of the 28 Pediatric EMS Champions in the operational programs; 45 of the 49 Pediatric Nurse Champions and about 20 Pediatric ED Physician Champions.
 3. Cyndy shared that she and Dr. Jen Anders present the Pediatric Readiness recognition program for hospitals to the EMS board. Both Dr. Delbridge and the EMS board have approved moving forward with the voluntary recognition program for Hospitals in Pediatric Readiness. The Maryland program will have three levels of pediatric hospital recondition and she offered to put together a formal slideshow for the December meeting.
 4. Cyndy advised the group of the Pediatric EMS Champions Fall Forum on October 30, 2024 which will be in person at MIEMSS headquarters with a focus on skills and scenarios for pediatric burn assessment (from Children's National Hospital) and a new resource for crash scene assessment and linkage to injury patterns presented by Dr. Janet Bahouth from Crash Core. EMSC CPS project has developed a new checklists that are pocket size specific to Crash Scene Evaluation and we will be working with the Pediatric EMS Champions on how to operationalize for more of an after action briefing on major crashes.

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5. Cyndy thanks those who joined the webinar on Cots and Crashes presented by Jim Green, formerly of NIOSH and now working with NASEMSO on safe transport in ambulances. The webinar will be posted on MIEMSS YouTube account and is being edited for the MIEMSS On-Line Training Center - LMS.

C. Questions/Answers?

1. Chief Griffin requested that Cyndy create a short PowerPoint about the Pediatric Readiness program for hospitals.

V. **Jurisdictional Roundtable**

A. Maryland State Police Aviation Command (Sgt. David Svites)

1. Sgt. Svites stated within the last month they started their most recent RT class of (3)
2. He stated they also internally processing (7) troopers out on the street for a transfer from aviation scheduled in January of 2025.
3. He stated to date for 2024, they administered ____ units of blood for a total of ____ units in 2024 for a total of ____ patients
4. Sgt. Svites stated they have (7) medics slated to start a January, 2025.

B. City of Annapolis (Battalion Chief R. McRae)

1. Chief McRae advised the group they just purchased (2) Butterfly Ultrasound machines.
2. He stated they hope to get the Optional Protocol application submitted shortly.

C. Allegany County (Chief Michael Salvadge)

1. Mr. Salvadge advised the group their EMS Director has retired and the interim Director is Roger Bennett
2. He stated their RSI program is going well and they completed their 8th successful RSI for the year
3. Mr. Salvadge advised the group they are slated to receive their first LifePak 35 in the next week.

D. Anne Arundel (Chief Robert Vaccaro)

1. Chief Vaccaro reports they have placed their last Fire Academy class out the field
 - a. He stated they're all now doing their rookie book training.
 - b. He stated they have a couple of new ALS providers as they continue to process them through Anne Arundel Community College.
2. Chief Vaccaro stated they are also muddling through the IV solution dilemma.

E. Baltimore City (Chief James Matz)

1. Chief Matz stated their Population Health Initiative has been really successful
 - a. He stated they have been running since last year and they've actually been able to outreach to just under (11,000) people in a year,
 - b. He stated (1493) awareness events that a totals about (240) hours of training and left behind about (11,528) Leave Behind Naloxone.
2. Chief Matz stated they started telehealth back in August

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- a. Relatively slow start—they have had about 243 uses thus far (since early 2024).
- b. Average time for each interaction with the telehealth physicians is about (9) minutes. It takes about 26 seconds for physician to answer. 63% of patients have been treated in place thus far.
3. On Dec. 4, 2024, Chief Matz advised Dr. Chizmar that they have been awarded the 2024 Innovation Award from MACO for Tele911
 - a. MIEMSS extends their congratulations to the Telecommunicators, 911 Operators, Supervisors and supporting staff for their hard work and dedication.
- F. Baltimore County (Chief Danielle Knatz)
 1. Chief Knatz stated they did successfully switch over to Digitech for EMS billing; things seem to be going well so far.
 2. Chief Knatz said they hoped to get a Paramedic recruit class up and running in December
 3. Chief Knatz stat they are switching to the UE scope too –doing training with all officers first then rolling out to all clinicians, career and volunteer.
- G. BWI (Chief Linas Saurusaitis/FF/Paramedic Ethan Freyman)
 1. Paramedic Freyman reported (4) new ALS providers are being put out in the field that are in Anne Arundel's Academy.
 2. He reported they are preparing for their reverification site visit.
- H. Calvert County (Chief Heather Howes)
 1. Heather reports they are in good shape with their IV solutions
 2. She discussed the inaugural Pax River EMS conference
 - a. November 1-3, 2024 in Solomon's Island, MD; all are invited.
- I. Caroline County (Chief Kathy Jo Marvel)
 1. Chief Marvel stated they are slated to go live December 1st working with University of Maryland on a telehealth pilot in Caroline County
 - a. They are in the process of training their clinicians and getting the equipment launched on the ambulances
 2. Chief Marvel said they completed their reverification site visit with MIEMSS.
- J. Cecil County (Assistant Chief Stephen Cummins)
 1. No report.
- K. Charles County (Lt. Courtney Shannon)
 1. Lt. Shannon reported they currently are in week (5) with their new recruit class
 - a. She stated they have (10) students –(2) ALS providers and (8) BLS providers coming on board with them
 2. Lt. Shannon stated they are getting ready to hire another academy class (likely starting in March 2025).
 3. Lt Shannon stated they are getting ready to start their recertification for their ALS providers
- L. Dorchester County (Chief Debbie Wheedleton)
 1. No report.

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- M. Frederick County (Chief Michael Cole)
 - 1. Chief Cole stated they continue to work on developing a whole blood program
 - a. He indicated they hoped to be up and running by November 1, 2024
 - 2. Chief Cole stated they are getting ready to graduate (11) new Paramedics
 - 1. He stated they are ready to start another class of (20)
- N. Garrett County (Acting Director Justin Orendorf)
 - 1. Director Orendorf stated they are preparing for the annual Autumn Glory Festival that kicks off tomorrow through the weekend
 - 2. He stated they just graduated several new ALS providers from the Garrett College program.
 - 3. He stated they also brought on some new LP35s that they are currently training on.
 - 4. Director Orendorf announced that they are actively seeking an EMS Chief
 - a. He stated that Chief Crippen is leaving them for a position in Washington County
- O. Howard County (Chief Chris Shannon)
 - 1. Chief Shannon reports they just received a few Life Pak 35s
 - a. He stated they are doing a deep dive into the training aspect of the devices to ensure the appropriate amount of training is provided to their ALS clinicians to make a smooth transition from the Life Pak 15 to Life Pak 35.
 - b. Transition from LP 15 to LP35 will occur over next 6-9 months. They want to ensure that they have all LP35s on the street (not a mix of 15s and 35s).
 - 2. Chief Shannon said they are very excited to announce they have started their 11th in-house paramedic program
 - a. He said they have (14) people in the course and (1) is an Annapolis City firefighter
 - b. The program is 18-months in duration and is taught at the fire academy.
 - 3. Chief Shannon continued with discussing whole blood experience so far. He believes they are up to 19 patients treated. He is excited to see that they are making a difference in our patient care and outcome.
- P. Ocean City Fire Department (Chief Richard Koch)
 - 1. Chief Koch stated they made it through their concert series over the last couple weeks; thanks those around the state who attended.
 - 2. Chief Koch said they just hired (2) new personnel which should bring them up the full staffing
 - 3. Chief Koch stated they just started their first EMT School
 - a. He said they brought in (9) personnel by the city as firefighters, putting them through EMT and then they will be part-time employees. Hopefully they will become full-time employees as positions open.
- Q. Prince George's County (Chief Terrell Buckson)
 - 1. Chief Buckson report they have a recruit class going on now with 25 recruits.
 - 2. He stated they are currently doing an in-house annual ALS skills

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3. Chief Buckson stated that they are working on staffing a grant-funded MIH program data analyst position.
- R. Queen Anne's County (Asst. Chief Buddy Callahan – sitting in for Chief Robert Yerkie)
 1. Chief Callahan reports they are preparing for their reverification site visit which is scheduled for November 2024
 2. He stated they are short (2) ALS transport units and (3) BLS transport units and they are still working on this project.
- S. St. Mary's County (Chief Shawn Davidson)
 1. Chief Davidson reports their EMS Division Chief position is still open
 - a. Conducting interviews this morning for several ALS and BLS positions in our system
 2. Chief Davidson stated they have integrated the Life Pak 35 into one of their chase units.
 3. Chief Davidson is excited about the new Pax River EMS conference; reiterated invitation to attend.
 4. Chief Davidson extended his gratitude to MIEMSS staff, Dwayne and Michael and Calvert and Charles Co.'s, for their support and patience with them while they work out the kinks on their new CAD system.
- T. Salisbury Fire Department (Chief Christopher Truitt)
 1. Chief Truitt reports they have just finished their in-house BLS refresher and kicked off their annual, ALS refresher yesterday
 2. He stated they are trying to swap up to the Life Pak 35s over the next three years.
 3. Chief Truitt reported they will launch a new MIH unit (car) for the implementation of the buprenorphine program.
- U. Talbot County (Chief Tina Kintop)
 1. Chief Kintop reports they have scheduled some training using Chesapeake College's facility starting in October 2024.
 2. She discussed MIH updates.
 - a. MIH coordinator staffing is now up to full-time.
 - b. Chief Kintop stated she is also their CPR/AED Coordinator and they are working on their first training with an Interdisciplinary Peer Support Program.
 - c. She stated they are very happy they have some people now trained who help our peers and still have an opening for a Training Coordinator.
- V. Washington County (Deputy Director David Chisholm)
 1. Director Chisholm stated sometime next month or early December 2024, they will be putting DES employees and another of their ambulance companies in service
 - a. This will bring DES staffing up to three stations in Washington County.
 2. He stated they have an EMT and paramedic hiring process open right now.
 - a. He said they have a small recruit class for the firefighters starting on the 28th of October, and a paramedic classes the second of the month (anticipated graduation in Aug 2025).

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VI. Closing Remarks and Adjournment

- A. Chief Griffin asked the group if there are any questions or additional comments
 - 1. There was no response from the group
- B. He asked the group if there are any persons/counties that have been missed
 - 1. There was no response from the group
- C. Chief Griffin reminded the group that the next meeting is December 11, 2024 at 10:00 am.
- D. Chief Griffin asked for a motion to adjourn
 - 1. Motion to Adjourn made by Chief Rick Koch
 - 2. Meeting adjourned at 10:51 am.

Respectfully submitted,

Stephanie Ermatinger
Administrator, MIEMSS

Attachments:

- 1. Presentation Slides (Dr. Timothy Chizmar)

JAC Meeting
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EXHIBIT A

(Office of the EMS Medical Director
Update-Slides)

Jurisdictional Advisory Committee Update



Timothy Chizmar, MD, FACEP, FAEMS
State EMS Medical Director

JAC UPDATE – AUG 2024

- **Transfer of Care times**
- **Reverification**
- **IV Fluid Shortage**
- **Defibrillation – Update**
- **EMT Renewals**
- **QA/QI**
 - T-CPR metrics
 - ETCO₂; EKG for syncope
- **Review: VAIP 2024-2025, HB 404 Gabriel's Law**



Aaron Edwards – Dir of Clinician Services

Facilities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Anne Arundel Medical Center	78.27	67.36	80.4	74.62	78.73	70.95	70.43	67.94	68.69	65.13	68.48	62.16	49.92	42.45	37	38.34	34.31	37.41	38.08	36.19	34.97
Atlantic General Hospital	8.83	8.04	8.97	8.33	9.21	9.94	10.59	10.26	10.69	10.45	10.01	10.92	10.87	11.41	10.43	12.73	12.56	11.75	11.43	12.49	11.55
Baltimore Washington Medical Center	81.46	83.62	68.92	74.02	67.08	61.34	65.93	61.6	62.96	66.98	49.2	53.58	59.58	50.81	50.81	57.08	50.58	56.09	60.64	51.81	51.31
Bowie Health Center (UMCRH)	68.79	64.72	68.54	60.91	50.29	72.16	51.4	48.55	45.28	46.56	40.34	48.39	56.11	43.43	40.96	37.67	35.87	37.16	41.45	37.35	32.01
CalvertHealth Medical Center	38.09	35.72	32.66	37.38	33.57	35.9	40.31	39.39	31.86	34.99	37.16	53.7	40.98	39.23	29.03	25.63	35.79	31.15	29.27	39.8	36.71
Cambridge Free-Standing ED (UMSRH)	31.03	24	17.51	25.64	21.03	22.54	19.01	20.36	23.95	24.78	21.17	30.67	37.97	26.62	24.92	20.79	20.82	21.43	24.18	24.01	25.33
Capital Region Medical Center (UMCRH)	113.15	105.81	90.23	105.98	95.83	101.54	100.75	92.88	80.48	71.46	66.51	85.53	79.8	69.18	66.06	73.07	64.63	64.62	77.34	72.98	65.67
Carroll Hospital Center (LifeBridge)	46.88	42.65	40.9	35.53	37.06	32.19	35.39	32.97	37.83	39.35	39.83	40.67	42.12	37.19	38.56	42.47	36.99	34.82	36.42	38.33	34.8
Charles Regional (UM)	93.51	64.64	54.27	51.54	81.59	85.33	65.01	47.73	38.72	40.46	36.97	47.11	52.14	40.9	53.22	44.18	40.9	62	63.69	78.25	58.02
Chestertown (UMSRH)	38.43	45.83	41.13	36.66	37	39.25	46.5	44.3	46.53	49.91	35.66	37.66	30.63	18.97	19.54	20.19	21.33	19.56	19.78	18.62	22.95
Doctors Community Medical Center (Luminis)	94.27	90.17	74.91	82.49	92.38	91.62	85.05	81.38	71.28	73.77	59.69	74.48	73.6	59.73	52.52	60.49	57.82	59.91	69.04	59.94	53.45
Easton (UMSRH)	45	34.97	39.26	37.45	30.44	42.45	33.79	40.53	41.69	34.9	33.27	50.44	56.31	42.62	44.11	37.03	36.52	39.29	41.79	38.33	48.2
Fort Washington Medical Center (Adventist)	124.34	120.37	96.24	91.56	90.47	84.32	78.96	97.17	65.6	64.28	61.94	81.03	73.47	55.46	57.79	52.24	48.16	50.71	69.96	58.65	47.6
Franklin Square (MedStar)	50.5	42.45	38.29	33.83	36.25	34.73	35.4	37.8	38.01	37.02	38.89	44.94	38.57	36.57	36.98	39.08	36.74	36.3	35.47	36.14	35.84
Frederick Health Hospital	23.56	22.16	20.04	18.57	20.63	20.95	20.09	20	18.41	18.64	19.18	20.73	22.91	21.1	17.77	17.88	20	17.78	18.39	18.1	19.2
Garrett Regional Medical Center (WVU)	14	12.86	15	12.84	13.26	13.73	12.77	12.71	13.36	14.39	10.84	11.86	11.11	10.85	10.92	9.92	10.68	12.89	10.98	13.38	12.21
Germantown Emergency Center (Adventist)	24.98	25.74	24.1	26.61	21.8	20.7	19.86	20.71	16.67	17.08	17.87	19.11	18.34	19.51	18.85	18.07	18.47	21.63	15.76	17.93	17.07
Good Samaritan Hospital (MedStar)	51.84	42.47	37.72	35.6	38.73	33.07	34.39	34.53	32.25	39	34.91	41.65	40.26	35	31.65	32	32.09	30.99	34.6	38.96	37.58
Grace Medical Center (LifeBridge)	54	44	41.75	41.56	32.99	36.63	37	34.62	35.14	37.19	32	39.39	37.87	33.36	33.3	33.18	32.29	34.57	35.87	37.58	40.76

Greater Baltimore Medical Center	61.44	49.36	46	40.77	39.47	40.43	36.45	35.61	35.84	35.37	37.33	42.91	47.46	44.02	38.88	41.3	38.12	42.59	45.84	40.81	42.78
Harbor Hospital (MedStar)	79.64	59.69	60	62.01	65.67	54	54.98	49.8	53.52	57.23	44.91	58.12	54.02	44.52	45.37	52.34	54.31	49.36	58.73	51.9	51.8
Harford Memorial Hospital	24.27	21.19	28.03	25.63	21.53	22	21.02	18.07	21.81	27.19	25.64	35	31.49	19.71							
Holy Cross Germantown Hospital	31.26	27.73	27.48	28.27	28.62	26.88	28.12	23.9	20.31	22.61	22.12	25.18	27.03	21.31	23.38	21.91	22.85	21.25	21.98	23.85	23.62
Holy Cross Hospital	52.63	49.77	45.5	44.01	46.48	47.19	42.73	37.93	28.74	30.06	30.46	31.83	32.86	30.98	32.75	27.87	28.76	31.24	29.78	30.09	27.27
Howard County Medical Center (JHM)	69.37	58.89	56.65	60.87	64.17	69.04	67.7	64.4	68.99	78.62	60.87	66.7	65.89	56.46	57.32	60.33	55.87	62.1	57.33	58	55.93
Johns Hopkins Bayview	55.48	50.52	43.3	45.03	41.14	42.49	43.55	40.58	42.45	40	44.63	46.99	44.85	41.53	39.32	40.16	39.3	40	40.6	46.07	44.29
Johns Hopkins Hospital ADULT	52.59	52.62	50.02	49.64	44.15	46	45.91	46.12	44.03	47.97	49.64	47.64	47.22	45.94	39.78	44.77	39	38.58	45	46.74	42.68
Johns Hopkins Hospital PEDIATRIC	29.12	30.81	33.98	32.11	30.95	25.33	31.37	23.86	27.5	28.54	27.54	28.3	28.66	29.68	29.26	28.36	25	28.99	23.21	29.96	29.8
Laurel Medical Center (UMCRH)	84.98	82.51	72.99	62.3	62.79	70.67	68.43	60.31	57.7	59.51	50.37	59.72	53.92	40.34	35.7	46.87	45.6	47.5	44	43.68	38.89
McCready Health Pavilion	6.75	6.78	12.46	8.77	6.5	7.05	5.78	4.67	7.7	6.78	24.69	5.81	6.47	11.2	4.95	7.07	6.28	7.43	27.79	10.62	13.65
Mercy Medical Center	60	50.51	43.72	48.81	46.51	45.02	48.09	44.49	42.13	48.6	42.89	48.33	43.09	44.77	43.15	42.31	39.87	39.26	43.02	41.69	43
Meritus Medical Center	16.87	16.56	14.65	15.75	16.2	16.68	14.99	16.95	17.53	17.22	16.62	17.91	19.61	17.24	17	15.55	15.05	14.63	13.75	14.03	14.56
Midtown (UM)	66.66	64.78	56.11	56.76	50	52.83	51.29	52.94	43.65	45	44	56	51.99	50	47.76	43.93	43.51	41.49	46.6	45.9	44.72
Montgomery Medical Center (MedStar)	35.96	34.06	35.08	29.82	31.69	32.15	32.47	30.91	28.09	30.97	28.86	31.79	31.31	34.4	32.13	28.68	27.84	27.55	25.3	28.05	31.03
Northwest Hospital (LifeBridge)	69.44	50.4	46.35	42.04	41.53	41.42	44.69	40.78	42.39	43.38	43.86	47.72	47.41	52.73	46.06	50.25	52.42	48.52	53.74	57.88	60.74
Peninsula Regional (TidalHealth)	18.73	18.25	17.69	17.05	18.43	18.64	17.04	17	18.02	18.02	17.4	17.6	17	16.78	15.75	16.45	16.56	16.95	16.83	16.91	15.84
Queenstown Emergency Center (UMSRH)	36.81	21.55	23.98	26.65	17.28	25.4	24.7	26.96	25.14	24	19.17	32.07	30.71	24.1	19.2	19.79	26.18	26.66	20.27	22.37	24.64

R Adams Cowley Shock Trauma Center	34.99	36.94	35.71	37.13	30.9	25.5	23.56	22.92	28.77	21	26.04	28.13	20.3	20.54	20.09	21.05	20.48	18.76	21.16	20.29	20.83
Shady Grove Medical Center (Adventist)	40.85	34.45	33.66	33.78	31.93	37.41	35.13	32.28	29.92	30.01	31.95	34.01	34.27	36.07	30.15	25.66	26.88	29.43	27.57	29.35	31.26
Sinai Hospital (LifeBridge)	55.04	47.84	47.09	47.28	44.68	43.05	43.24	43.01	45.06	46.51	47.25	50.22	55.29	51.05	50.85	48.35	48.95	50.04	54.6	50.03	52.93
Southern Maryland Hospital (MedStar)	109.18	114.43	97.61	91.92	90.42	94.94	91.08	73.27	58.86	54.57	62.95	81.91	74.05	78.03	77.72	100.57	75.52	68.24	74.83	92.29	75.51
St. Agnes Hospital (Ascension)	66.82	60.26	60.28	58.39	54.82	53.26	47.95	52.46	48.01	47.3	46.57	58.77	61.52	53.73	52.45	59.79	65.3	51.45	56.15	62.84	51.58
St. Joseph Medical Center (UM)	54.25	40.04	33.3	31.56	34.66	35.99	36.76	34.86	40.42	40.51	32.94	43.53	43.13	40.26	35.72	38.72	39.23	39.46	44.76	42.21	40.93
St. Mary's Hospital (MedStar)	35.58	33.55	29.96	27.97	31.65	35.16	33	28.33	28.93	31.03	32	31.56	32.5	26.74	25.12	26.74	29	26.61	27.83	27.93	29.57
Suburban Hospital (JHM)	44.22	43.01	41.79	38.58	36.94	50.67	42.97	43.58	36.37	44.27	32.45	37.77	43.07	41.18	30.05	32.89	44.39	34.09	36.95	33.86	43.7
Union Hospital (ChristianaCare)	25	24.74	22.4	23.3	21.15	24.97	24.98	23	22.45	25.98	29.01	28.13	32.31	31.77	32.42	33.64	30.81	36.68	28.67	35.89	36.11
Union Memorial Hospital (MedStar)	37.21	34.47	33	33.04	32.57	30	30	29.16	27.73	31.85	30.08	34.35	33.45	30.62	30	30	25	27.32	31.01	32.89	33.48
University of Maryland Medical Center	60	57.32	55	53.82	43.16	40.35	41.13	40.99	38	43.77	38.48	42.97	44.63	44.97	43.32	43.36	43.24	43.9	41.74	47.95	43
Upper Chesapeake Health Aberdeen (UMUCH)														35.22	28.11	31.1	31.74	36.13	30.6	30.28	31.33
Upper Chesapeake Medical Center (UMUCH)	50.18	44.7	50.17	48.67	45.91	46.65	47.73	40.77	40.52	47.32	49.6	66.86	60.66	45.76	40.56	45.71	43.23	46.8	45.13	44.45	37.99
Walter Reed National Military Medical Center	26.82	26.81	17.27	21.05	31.99	17.2	24	17.35	17.62	13.03	16.91	16.8	18.58	13.8	14.96	14.6	15.83	17.05	18.69	18.43	12.53
Western Maryland (UPMC)	14	14	13	15	14.99	14.99	13.16	11.91	12.85	12.87	11.94	12.34	11.45	11.56	11.26	10.97	12.48	12.22	12.13	12.27	12.95
White Oak Medical Center (Adventist)	63.44	51.03	52.58	52.28	54.4	57.58	64.62	87.66	64.66	75.95	72	69.73	62.42	55.72	56.72	51.12	56.08	60.48	57.25	60.98	55.57

TRANSFER TIMES: 2023/2024

▪ Sept 2024

- < 35 min: 24 facilities
- >60 min: 3 facilities

▪ Jan 2023

- < 35 min: 15 facilities
- >60 min: 16 facilities

REVERIFICATION

- Visiting each JEMSOP in late 2024/early 2025
- Every 5 years, compliance with COMAR regulations
- Brief overview of your system, successes, challenges



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes W. Moore
Governor

Clay B. Stamp
Chairman EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

To: EMS Clinicians

From: Timothy Chizmar, MD
State EMS Medical Director

Date: October 4, 2024

Re: **IV Fluid Shortage**

Recently, the Baxter North Cove Plant in North Carolina sustained significant storm damage from Hurricane Helene. This facility produces large quantities of IV fluids used in the United States. With this plant outage, we anticipate the possibility of supply chain disruption.

Please use sound judgment and conserve IV fluids when possible.

Effective immediately, please reserve IV fluids for patients who are hemodynamically unstable or in shock (e.g., tachycardic, hypotensive). For stable patients who may need intravenous access for medications, we should establish a "saline lock" and not hang IV fluids at "keep vein open (kvo)" rate.

Thank you for your flexibility and sound judgment as we aim to use our resources wisely and deliver excellent patient care. We will share further guidance on this evolving situation as it becomes available.



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director



To: ALS Clinicians

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

Date: October 1, 2024

RE: Defibrillation Energy Levels

The protocol for defibrillation of adult patients in ventricular fibrillation and pulseless ventricular tachycardia has been modified.

Effective immediately, ALS clinicians should deliver defibrillation energy at the highest joule setting permitted by the cardiac device manufacturer. This revision is being made outside of the usual Protocol review cycle primarily due to its potential to convert more patients out of VF or pulseless VT to perfusing cardiac rhythms without delay.

Please note that this change impacts only *adult patients in cardiac arrest with VF or pulseless VT rhythms*. It does not affect pediatric patients (less than 13 years of age) or patients who require synchronized cardioversion. Energy levels for these patients remain unchanged.

Please find the revised Protocol 12.16 -- Defibrillation attached. It will also be posted to the MIEMSS website and mobile protocol app. For any questions regarding this memo, please contact me by email (tchizmar@miemss.org).

EMT Renewal Process (Proposed)

- EMT continuing education modules: 15 hours
- Protocol updates for the previous 3 years: 1.5 hours
- Skills competency verification: 1-9 hours

EMT Renewal Process (Proposed)

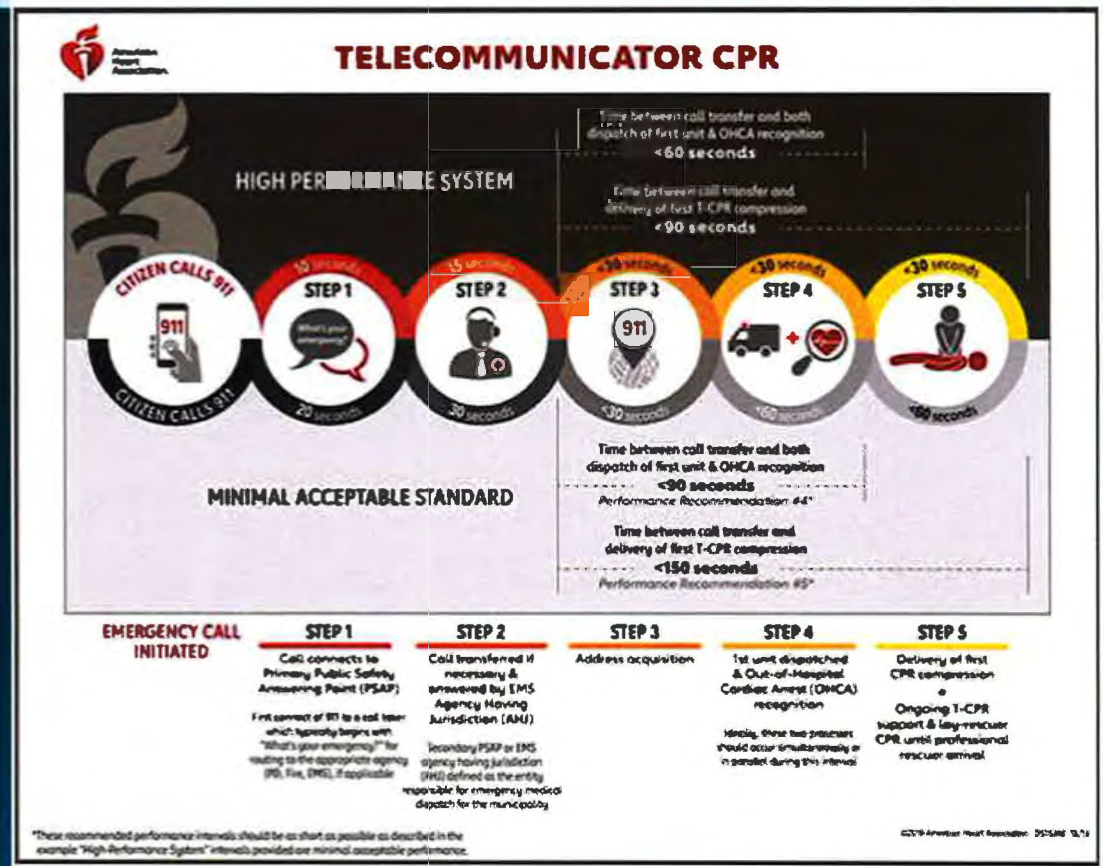
- Continuing education: 15 hours total
 - Cardiovascular – 3 hours
 - Medical (General) – 2 hours
 - OB/GYN – 1 hour
 - Respiratory/Airway/Ventilation – 3 hours
 - Toxicology and Environmental – 1 hour
 - Trauma and Burns – 3 hours
 - Pediatrics – 2 hours

EMT Renewal Process (Proposed)

- Technical Proficiency Verification: 1-9 hours
 - MIEMSS-approved verification of skills competency by:
 - EMSOP
 - BLS education program
 - Up to 9 hours
 - If this process takes less than 9 hours, remainder of the hours should be dedicated to additional hours of continuing education (e.g. cardiac, respiratory, operations).

T-CPR

- PSAP call to OHCA recognition
 - < 60-90 seconds
- PSAP call to first T-CPR compression
 - <90-150 seconds



VAIP

- Miemss.org/home/vaip
- **ALS**
 - Esmolol 100 mg– 1 vial
 - Gum elastic bougie
- **BLS**
 - PEEP valve
 - 1st responder: 4 TQ
 - Ambulance: 6 TQ

2024–2025 Equipment Checklists

Title	Description
BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2024 – June 30, 2025
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2024 – June 30, 2025
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2024 – June 30, 2025
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2024 – June 30, 2025

2023–2024 Equipment Checklists

Title	Description
BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2023 – June 30, 2024
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2023 – June 30, 2024
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2023 – June 30, 2024
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2023 – June 30, 2024

Chapter 743

(House Bill 404)

AN ACT concerning

Law Enforcement Public Safety - Wellness Checks - Requirements
(Gabriel's Law)

FOR the purpose of requiring a law enforcement agency ~~or fire, rescue, or emergency medical services entity~~ that receives a certain request for a wellness check of an individual to ~~immediately and~~ ^{ceiv} a wellness check or submit a request for the relevant law enforcement agency ~~fire, rescue, or emergency medical services entity~~ to conduct a wellness check without unreasonable delay; ~~requiring a fire, rescue, or emergency medical services entity to conduct the wellness check simultaneously with the law enforcement agency if the request concerns a life-threatening condition;~~ and generally relating to law enforcement agencies, fire, rescue, or emergency medical services entities, and wellness checks.

BY adding to
Article - Public Safety
Section 3-531 ~~and 7-405~~
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article - Public Safety

3-531.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) **"INTERESTED PARTY" MEANS A HEALTH CARE PRACTITIONER, AS DEFINED IN § 19-144(3) OF THE HEALTH - GENERAL ARTICLE, OR ANOTHER INTERESTED PERSON WHO HAS SUFFICIENT INFORMATION TO INFORM A LAW ENFORCEMENT AGENCY OF ANOTHER INDIVIDUAL'S HEALTH-RELATED CONDITION OR CIRCUMSTANCE THAT REPRESENTS A LIFE-THREATENING EMERGENCY SAFETY CONCERN OF THE INDIVIDUAL.**

(3) **"QUALIFIED REQUEST" MEANS AN ORAL OR WRITTEN REQUEST THAT INCLUDES SUFFICIENT CREDIBLE INFORMATION REGARDING A SPECIFIC SAFETY LIFE-THREATENING CONCERN FOR IMMEDIATE ACTION OR RESPONSE OF A LIFE-THREATENING CONDITION.**

~~(2)~~ (4) "WELLNESS CHECK" MEANS AN IN-PERSON VISIT BY A LAW ENFORCEMENT OFFICER CONCERNING THE WELL-BEING OF AN INDIVIDUAL.

(B) (1) ~~IF SUBJECT TO SUBSECTION (C) OF THIS SECTION, IF~~ A LAW ENFORCEMENT AGENCY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL LOCATED IN THE LAW ENFORCEMENT AGENCY'S JURISDICTION, THE LAW ENFORCEMENT AGENCY SHALL ~~IMMEDIATELY~~ CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.

(2) ~~IF SUBJECT TO SUBSECTION (C) OF THIS SECTION, IF~~ A LAW ENFORCEMENT AGENCY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL WHO IS NOT LOCATED IN THE LAW ENFORCEMENT AGENCY'S JURISDICTION, THE LAW ENFORCEMENT AGENCY SHALL ~~IMMEDIATELY~~ SUBMIT A REQUEST TO THE RELEVANT LAW ENFORCEMENT AGENCY IN THE STATE OR ANOTHER STATE TO CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.

(C) IF THE INTERESTED PARTY STATES IN THE QUALIFIED REQUEST THAT THERE IS A CONCERN FOR A LIFE-THREATENING CONDITION, THEN A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL CONDUCT THE WELLNESS CHECK SIMULTANEOUSLY WITH THE LAW ENFORCEMENT AGENCY.

~~(D)~~ (D) A LAW ENFORCEMENT AGENCY AND, IF APPLICABLE, A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY, THAT RECEIVES A QUALIFIED REQUEST UNDER THIS SECTION SHALL MEET THE REQUIREMENTS OF ~~SUBSECTION (B) OF THIS SECTION~~ REGARDLESS OF WHERE THE ~~INDIVIDUAL OR ENTITY~~ INTERESTED PARTY MAKING THE QUALIFIED REQUEST IS LOCATED.

~~7-495.~~

~~(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(2) "INTERESTED PARTY" MEANS A HEALTH CARE PRACTITIONER, AS DEFINED IN § 19-144(3) OF THE HEALTH GENERAL ARTICLE, OR ANOTHER INTERESTED PERSON WHO HAS SUFFICIENT INFORMATION TO INFORM A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY OF ANOTHER INDIVIDUAL'S HEALTH-RELATED CONDITION OR CIRCUMSTANCE THAT REPRESENTS A LIFE-THREATENING EMERGENCY.~~

~~(3) "QUALIFIED REQUEST" HAS THE MEANING STATED IN § 3-531 OF THIS ARTICLE.~~

~~(4) "WELLNESS CHECK" MEANS AN IN PERSON VISIT BY A FIREFIGHTER, A RESCUE SQUAD MEMBER, OR EMERGENCY SERVICES PERSONNEL CONCERNING THE WELL BEING OF AN INDIVIDUAL.~~

~~(b) (1) IF A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL LOCATED IN THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY'S JURISDICTION, THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL CONDUCT A WELLNESS CHECK OF THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.~~

~~(b) (2) IF A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY RECEIVES A QUALIFIED REQUEST FROM AN INTERESTED PARTY FOR A WELLNESS CHECK OF AN INDIVIDUAL WHO IS NOT LOCATED IN THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY'S JURISDICTION, THE FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY SHALL SUBMIT A REQUEST TO THE RELEVANT FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY IN THIS STATE OR ANOTHER STATE TO CONDUCT A WELLNESS CHECK ON THE INDIVIDUAL WITHOUT UNREASONABLE DELAY.~~

~~(c) A FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES ENTITY THAT RECEIVES A QUALIFIED REQUEST UNDER THIS SECTION SHALL MEET THE REQUIREMENTS OF SUBSECTION (b) OF THIS SECTION REGARDLESS OF WHERE THE INTERESTED PARTY MAKING THE QUALIFIED REQUEST IS LOCATED.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.

Approved by the Governor, May 16, 2024.

PRC UPDATES

- Alcohol withdrawal
- Hypertension in pregnancy (labetalol)
- Open fractures (cefazolin)
- Sepsis/shock (timing of pressors/fluid)
- Video laryngoscopy -> standard protocol
- Removal of protocols (Covid, doppler device)

MONITORING



Audience: Clinical Laboratory Professionals

Level: Laboratory Advisory

On October 3, 2024, the U.S. Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory about the confirmed outbreak of Marburg virus disease (MVD) in the Republic of Rwanda. As of October 2, 2024, 36 laboratory-confirmed cases and 11 deaths have been reported in the Republic of Rwanda, including at least 19 cases among healthcare workers. No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date. Currently, the risk of MVD in the United States is low. MVD is similar to other illnesses associated with viral hemorrhagic fevers (VHFs), such as Ebola virus disease.

JAC Meeting
October 9, 2024

EXHIBIT B

(EMS for Children Updates)



Emergency Medical Services for Children

Maryland Institute for Emergency Medical Services Systems



Maryland EMS for Children Department Update: October 2024 Update

Advocacy:

➤ October Prevention Messages:

October is **Safe Sleep Month** – every Pediatric Champion has a Safe Sleep Display to be used & loaned out to companies for their Open Houses. October's NFPA theme is: **Smoke alarms: Make them work for you!**

➤ **Bike Safety Grant** (MHSO funded) has concluded after 7 years. Bike Safety remains a priority for both in person and social media education.

➤ Child Passenger Safety Grant:

📺 **Webinar: September 16 2024 (12 PM – 1PM) “Cots and Crashes“** will focus on reducing the risks for patients and clinicians.

📺 **EMS Supervisor Vehicle – 3 in 1 Car Seat** project continues to have car seats available for EMSOP to use for non-patient transport of children when they are not able to be left with a responsible adult.

Pediatric Education EMS and Emergency Department Professionals:

📄 Please see the *new* Pediatric Readiness Program Update (page 2)

📄 Pediatric HPCPR 2024 Version (updated with protocols & new science) is posted in the Online Training Center: <https://www.emsonlinetraining.org/>

📄 2025 EMS Conferences dates have been finalized with topics & faculty planning ongoing.

📄 **Pediatric Resuscitation Readiness** preconference workshops are being planned for Winterfest & Miltenberger 2025. Eight hours skills and scenarios in teams.

	<p>National EMSC Updates: EMSC is 40 Years Young this year!</p> <ol style="list-style-type: none"> EMS Assessment on Pediatric Readiness- closed 7/31/2024 THANK YOU to the Champions! EMSC EIIC: EMSC Reauthorization Act (HR6960) passed in the House of Representatives on May 15, 2024 with a companion Senate Bill (S.3765) in committee. EIIC PEAK: Multi System Trauma was posted in August. https://emscimprovement.center/education-and-resources/peak/multisystem-trauma/ PECARN: PECARN releases guide on collecting sociodemographic data https://emscimprovement.center/news/pecarn-releases-guide-on-collecting-sociodemographic-data/ PECARN: A Cervical Spine Injury Prediction Rule for Children After Blunt Trauma released with an infographic. https://pecarn.org/pecarn_news/clinical-decision-rule-cervical-spine/
	<ol style="list-style-type: none"> Pediatric Pandemic Network Disaster Response Collaborative (DRC) is open to children's hospitals with the goal to improve Pediatric Disaster Response- https://pedspandemicnetwork.org/ Pediatric Disaster Centers for Excellence have a website that will have products developed by the three ASPR funded regions. https://www.pediatricdisaster.org/
	<p>Maryland EMSC Updates:</p> <ol style="list-style-type: none"> EMSC State Partnership Grant 2023-2027: focuses on Pediatric Readiness criteria and resources for hospitals and EMS, pediatric specific disasters planning, and family engagement that is representative of Maryland's diversity. FAN: Committee is expanding and welcome new members. Right Care award criteria language is under revision. C4 Pediatrics closed on June 18th 2024 with the end of CDC funding.
	<ul style="list-style-type: none"> 📄 Safe Kids Maryland – Safe Sleep resources: Sleep Safety and Suffocation Safe Kids Worldwide & Homepage Safe to Sleep (nih.gov) Safe Sleep displays are now in 27 EMSOP and 20 Safe Kids & ENA locations. 📄 CPS Healthcare Project: CPS Technician courses for 2024 have been posted – https://cert.safekids.org/become-tech. Specific training is available - contact cps@miemss.org. CPS Webinars are posted on MIEMSS website & YouTube accounts. (MHSO grant funded). 📄 Risk Watch Update – “Steps to Safety”@ MSFA Convention was well received. Ocean City PSAP joined the team to lead 9-1-1 Education. Looking for leadership for Burn & Fire Safety.

For more information please call the Maryland EMS for Children office at 410-706-1758
Website: www.miemss.org look under departments, Click on EMS for Children



Pediatric Readiness Program & Education Update September 2024



Pediatric Readiness Program Updates

Pediatric EMS Champion Update

- Pediatric **EMS Champion** Forum held July 17, 2024
 - 2024 NPPRP Survey discussed – 100% of Maryland EMSOP participated. Thank you to the Champions. EMS Champions were encouraged to review their survey results with EMSOP leadership and save the Gap Analysis Report for future survey comparison. General survey findings were reviewed. Global themes and identified opportunities examined and ranked for future development. State and National data will be available in late fall.
 - Injury prevention projects (Safe Sleep, Bike Safety, etc.) reviewed.
 - EMS Champions also provided feedback for the Fall forum and 2025 goals established.
 - Next forum will be October 30, 2024 @9:30 AM@ MIEMSS (In person only)

Pediatric Nurse Champion Update

- Pediatric **Nurse Champion** Forum July 10, 2024 with 20 EDs represented.
 - Educational Topic - "Recognizing and Responding to Child Abuse" by Cindy Colson (Children's National Hospital).
 - The Pediatric Education and Advocacy Kits - Child Abuse PEAK <https://emscimprovement.center/education-and-resources/peak/child-abuse/> Make sure you take a look at the LCAST (Lurie Children's Child Injury Plausibility Assessment Support Tool) App that is available for download.
 - Pediatric Readiness application, based on the 7 components of ED Readiness (<https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-toolkit-checklist/>) The goal is to open the application this fall.
 - Next forum scheduled for October 9, 2024 @ 12N Virtual Meeting

Pediatric Physician/APP Champion Update

- Pediatric **Physician/APP Champion** Forum July 31, 2024
 - 2024 changes for pediatrics in the Maryland EMS Protocols
 - Research & Guidelines – Optimizing Advanced Imaging of Pediatric Patient in ED
 - Physician reference tool for the Emergency Departments
 - Next forum scheduled for October 30, 2024@ 12N Virtual Meeting

Pediatric Education Updates

- Pediatric Nursing Process (PNP) poster and Pediatric Reference poster have been distributed to requesting EDs. Pediatric Reference card and poster have been distributed to EMS Champions for jurisdictional distribution.
- **Video/Web Training Updates:**
 - Pediatric Vehicular Heatstroke – Available on MIEMSS Online Learning Center
- **Upcoming Pediatric Educational Opportunities:**
 - Sept 18 & 19, 2024 CPEN Review Course in Salisbury MD <https://eereg3.wufoo.com/forms/cpen-review-course-september-2024/>
 - October 18, 2024 – PEPP-4 Hybrid Course at Washington County Public Safety Training Center

