Meeting was called to order at 1300 hours by Chair Bill Dousa. He thanked Level Fire Company for hosting the meeting. On behalf of Level, Mike Deckard thanked everyone for attending.

Linda Dousa passed around the sign in sheet and asked everyone to verify that the information is correct.

Chair report:
Bill Dousa asked for approval of the minutes from August 30. Dr. Alcorta asked that the following comment be placed in the minutes under the NREMT discussion: “Throughout the discussion both MIEMSS and MFRI provided reports on implemented and anticipated strategies to address the numerous NREMT education and testing issues described in the minutes. Regrettably they were not captured in the minutes and as this is an ongoing area of concern it is anticipated that the November meeting minutes should help clarify these actions and strategies from MIEMSS and MFRI in collaboration with the MSFA.” Motion by Susan Mott, second by Steve Mroczek to approve the minutes with the above amendment. Motion carried.

Association Officers:
President Johnie Roth welcomed everyone and thanked them for their continued efforts. He has attended several meetings regarding the NREMT testing. Since the last meeting, there have been several ongoing issues that are being addressed.

NREMT:
President Roth stated MSFA has provided MIEMSS the addresses of all member companies and MIEMSS will soon notify the companies of their plan to fix the testing process. MFRI has also sent out a memo about the issues; MSFA has done the same. The MSFA document will be in the Trumpet as well as on the website. A student may call either 1-800-762-7157 or 410-706-3666 for help with the testing process. MIEMSS and others are reaching out to help “limbo” students through the testing process. The cost of testing currently is $72.00; it will soon go up to $85.00. MIEMSS will pay for the first attempt if they have not taken the test. MIEMSS will also pay for the next attempt for those who have failed one or more tests if they attend the remediation program. NREMT requires students fail 3 times to take a remediation class before attempting 3 more times. There are currently 16 PearsonVue centers for testing; Montgomery County is coming online soon. This center will be EMS only testing and is not clear if they will be open to out of county candidates. Group testing is being worked on. There is continued confusion between the national standards and Maryland protocols during the testing process. Dr. Alcorta stated the number of differences between Maryland and national standards are few. MIEMSS is working on getting them addressed.

The Chair of the EMS board has made the resolution of the National Registry process their number 1 priority. President Roth said progress is being made and he is cautiously optimistic that this issue will be resolved.

President Roth was given 2 letters from a member of the EMS committee regarding ongoing issues in a recent EMT class. There was a question of whether issues from the letters have been addressed on an instructor level as that may be the issue. There was discussion of MFRI issues including information not being made available for instructors (no updated books, instructor zone not updated, etc.). The instructors have been told to teach the book and nothing
else. There was discussion about the lack of consistency in teaching. President Roth stated Steve Edwards is very compassionate and very defensive of his program as is Dr. Seaman from MIEMSS. He feels both MFRI and MIEMSS are doing the best they can at this time to work through a very difficult situation. Dr. Alcorta feels that this SEMSAC report demonstrates that MFRI has done a great job of recently improving and making change to meet the demands of the curriculum as well as teaching the new EMT class. Larry Preston confirmed in a November 9 email to Dr. Alcorta that

“As I [Larry Preston] reported at the SEMSAC meeting on Thursday there were 22 students from the Anne Arundel County class who passed the MFRI class and who were eligible for National Registry testing. Of that amount 13 students have already tested and of those 12 passed the test on the first attempt. Both this class and the one at our North East region were completed using the 13th edition of the Brady text and the My Brady Lab was incorporated into the curriculum. The results for the North East class were all 22 students passing the MFRI class passed the National Registry test on the first attempt.”

Dr. Alcorta is committed to helping make everyone successful and stated this is a team effort. He stated that while interim co-executive director he should have had better oversight of the educational program process and takes ownership for not better preparing the students for the registration and processes related to scheduling with the test sites. MFRI, MIEMSS, MSFA, Metro fire chiefs are working to the same goal of getting people through these classes efficiently and successfully to have competent EMS providers on the street.

There was question of the 24 hour remediation and where it is in the planning process and when will it be available to be utilized.

SEMSAC:
Linda Dousa stated they reviewed the proposed protocol changes for FY 16 (see Dr. Alcorta’s report), EMT testing was discussed, Dr. Anders completed the short form survey and a full report will be given next month. They also looked at the minimum ambulance standards; the implementation process is currently being worked on by that committee.

ALS Sub Committee:
Marianne Warehime had no report.

BLS Sub Committee:
Joan Williams was not present.

Standards:
John Sullivan was not present.

VAIP / Minimum Ambulance Standards:
Charlie Simpson discussed the minimum ambulance standards. This group has a meeting on Tuesday afternoon. He stated the implementation process will be discussed. The actual equipment standards have been approved by the work group. The committee looked at essential equipment to be on the unit only as well as medications to treat 1 patient. The proposed plan is to have 2 year inspections as well as spot inspections. Failure would mean yearly inspections. Spot inspections center on critical failures (life safety issues). Charlie said the proposed minimum standard list is a watered down version of VAIP and shouldn’t be an issue with the jurisdictions that comply with VAIP. There was discussion of why this document was drawn up and why the VAIP wasn’t adopted. Dr. Alcorta stated this was done because the
“big 4” wouldn’t adopt the VAIP stating it was too costly and intrusive. It is important to counties that have mutual aid coverage to be assured that all the essential equipment and medications are present for their citizens which currently is not guaranteed.

MIEMSS:

**Dr. Alcorta:**
- Krokodil is a drug that gives people a high and it’s relatively cheap. It’s been seen in Delaware. It is also called “Zombie drug” because it will cause vessel damage, death of the tissue around it and the dead tissue will fall off. It’s an opioid and will respond to narcan.
- The CARES conference was held and was very successful. Each jurisdiction needs to appoint an EMS CARES coordinator.
- The eMeds CARES cardiac arrest screen that has additional data points will be turned on December 1. MIEMSS is getting letters of commitment from several hospitals. All jurisdictions will be participating.
- Ebola – there are 2 levels currently “Frontline” hospitals and “Treatment” hospitals. A third level is being developed (“Assessment” hospital that can handle a patient for up to 96 hours and able to diagnose the disease process).
- Howard County had their Resuscitation Academy recently and was very successful. CPR is a total team concept and BLS is in charge (empowerment).
- High performance “pit crew” CPR protocol is currently optional supplemental protocol; in 2016 this will be a standard of care.
- BDLS and ADLS courses were held at MFRI College Park (mostly EMS providers) with huge success. There is a BDLS class that will be held in Ocean City on December 6 at the 15th Street Firehouse.
- Protocol changes: for Vfib and Vtach the drug of choice will be amiodarone (lidocaine will still be carried). Entire protocol will have a pediatric age adjustment (from 42 different ages to 8). Emerging infectious disease protocol will be added (“Assessment” hospitals should be designated by then). Anaphylaxis has been broken out of the allergic reaction protocol. Zofran dose increase from 4 to 8mg. Sepsis protocol will be added. Two pilot protocols (Doppler and use of ultrasound device) have been added. Ultrasound will be used for trauma and will be piloted in Queen Anne County which will not change the destination criteria. This will be ALS only. Strokes – Los Angeles motor score to be added whenever there is positive Cincinnati stroke. These changes will be finalized at the next protocol review committee. They will be approved at the EMS board in December.
- eMeds steering committee was held this week. Attendance has been poor. The page layout committee has been changing dates; Susan Mott is on this committee.
- It is clear that administration of aspirin to STEMI patients can reduce mortality by 23%. The EMEDS steering committee has been looking at the STEMI cases and the frequency of aspirin administration documentation (not in the narrative as this cannot be queried). There is concern that aspirin is not being documented as given to 39% of the time for confirmed STEMI patients. Please make sure providers are documenting in the medication administration drop down boxes that aspirin has been given, either by providers or prior to arrival.
- The flu is in Maryland. Please get your flu shot! Flu mist is in short supply.

**Dr. Seaman:**
He thanked all veterans for their service. The EMT issue is the number 1 priority for MFRI, MIEMSS and MSFA and the EMS board. MIEMSS will be paying for the first test as well as the next test once students complete a remediation course. The best practices committee is working on a test preparation course. A letter is being sent out to all volunteer companies as
well as the highest jurisdictional authority. There are 2 telephone numbers (listed above) that can be used to get information on EMT testing. There are 17 PearsonVue testing sites (originally there were only 5) that now have been approved. MIEMSS wants to hear about issues with testing sites. They are also working on more access sites and group testing. Each student that is eligible to test but has not tested has been notified by MIEMSS. MIEMSS is also reaching out to the students who have failed. They met with educational programs on October 27, education institution performance data, and shared best practices. They were asked to be a resource for students. MIEMSS is monitoring pass rates and those programs that are below the national average have been asked for improvement plans. MIEMSS is meeting with leadership of the EMS Board, MFRI and MSFA tomorrow to continue moving forward.

MFRI:

Steve Frye – ALS. Brochures for the leadership symposium were handed out. Registration is still open as well as on-site registration. The main program will be held on Saturday and Sunday. MFRI ALS has entered into an agreement with the burn center. They are doing burn seminars. The next will be held on December 5 in Centerville. BDLS will be held on December 6 in Ocean City. Steve is looking for a date and location for another class. If any are interested, please let him know. Richard Armstrong - BLS. EMR class is now a 72 hour class. MFRI will be doing the final practical test. They are redoing the EMT and EMR refresher classes. He confirmed the recent MFRI NREMT testing success rate for the two classes that just completed.

MSP aviation: not present.

RAC Shock Trauma:

Diana Clapp stated save the dates notification for the gala next year will be going out. April 16, 2016 is the date. On December 2 there will be a broadcast by Dr. Robert Rosenthal discussing carbon monoxide.

Old Business: nothing.

New Business: nothing.

Good of the committee: nothing.

Next meeting will be held on January 9 at the Frederick County Training Center.

Adjourned at 1515.

Respectfully submitted
Linda Dousa