



**FAQ**  
**Frequently Asked Questions**  
**Implementing Lochlin's Law (Sepsis Protocol Law)**

**Background:** In 2024 the Maryland Legislature approved [Lochlin's Law](#) which requires all Maryland Hospitals and Urgent Cares to:

- Implement an evidence-based protocol for the early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock.
- Hospital protocols must comply with CDC sepsis guidelines.
- Implement before January 1, 2025.
- A hospital that submits sepsis data to the CMS' hospital inpatient quality reporting program is presumed to meet the requirements of having protocols in place.
- Requires *periodic* training of direct and indirect patient care staff (including laboratory and pharmacy staff).

**FAQ:**

**1. What does the [new law](#) require urgent care centers to do?**

The new law required all Maryland hospitals and urgent care centers to implement an evidence-based protocol for the early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock that is based on generally acceptable standards of care.

**2. How do I know if my practice is considered an urgent care center and required to comply?**

The law does not include a definition for urgent care centers.

**3. If my hospital submitted sepsis data to the CMS' hospital inpatient quality reporting program, am I exempt from the requirements of the law?**

The law says that hospitals that submit sepsis data to the CMS' hospital inpatient quality reporting program are presumed to meet the *requirements of having protocols in place*. The periodic training requirement is separate from the protocol requirement.

**4. By what date do the new protocols and training need to be in place?**

On or before January 1, 2025, each hospital and urgent care center in the State shall implement an evidence-based protocol.

**5. How will compliance with the law be checked?**

There is no language in the law about how compliance with the law will be monitored, or by what State entity.



**6. Will my urgent care center be penalized for non-compliance?**

There is no language in the law about how non-compliance with the law will be assessed or penalized.

**7. What steps can my organization take right now to be in compliance?**

- i. Review and standardize your protocols around early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock. Ensure they are up-to-date and are based on generally acceptable standards of care.
  1. Consider having a protocol specifically for pediatric patients.
  2. Include specific transfer protocols (e.g., when to call 911, when to direct a patient/family to the nearest emergency department, what handoffs and communication need to be in place).
- ii. Determine which staff need to be trained: who are considered direct and indirect patient care staff (including laboratory and pharmacy staff).
- iii. Develop and document a training plan for staff using your own resources, or available sources in the public domain (see below).
- iv. Consider building the clinical protocol (e.g., vital signs and symptoms triggers) into your electronic health record and build in alerts or triggers with clinical pathway recommendations.
- v. Consider development and dissemination of patient education materials.

**8. If I do not have clinical protocols in writing, are there resources for clinical protocols?**

There are many evidence-based resources in the public domain. Some links include (check back for more resources to be added):

[Early Care of Adults With Suspected Sepsis in the Emergency Department and Out-of-Hospital Environment: A Consensus-Based Task Force Report](#)

[CDC Sepsis toolkit](#)

[Sepsis Alliance](#)

**9. How often do staff need to be trained?**

The law requires *periodic* training of direct and indirect patient care staff (including laboratory and pharmacy staff) but does not further specify a time interval.



## 10. Are there educational materials available for free?

We encourage training on your protocols for early recognition, treatment, and transfer protocols for sepsis. Here are some sources for educational materials.

- a. **CDC Sepsis Communication** (social media and patient education and letters to providers) <https://www.cdc.gov/sepsis/communication-resources/index.html>
- b. **NQIIC Stop Sepsis Now – IPRO NQIIC** (Training Materials and Patient Education)
- c. **Betsy Lehman Center** <https://betsylehmancenterma.gov/assets/uploads/SepsisLTSS-AwarenessTrainingNonClinical.pdf> (Training)
- d. **Sepsis Alliance Sepsis First Response Education Video** (15 minutes) [Sepsis: First Response | Sepsis Alliance](#)
- e. **Project First Line/AMA Education: Hospital Sepsis Program Core Elements** <https://edhub.ama-assn.org/cdc-project-firstline/video-player/18811983>
- f. **Nursing and Urgent Care Practice Nursing - Recognition and management of sepsis in the urgent care out of hours setting**
- g. **Sepsis Alliance** [Sepsis Alliance Institute: Home](#)

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*More information is forthcoming on protocols.*

*Please reach out to [MPSCPrograms@marylandpatientsafety.org](mailto:MPSCPrograms@marylandpatientsafety.org) for further details.*