

Maryland EMS News

For All Emergency Medical Clinicians

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COVID-19 Vaccine Makes Maryland Debut

THE FIRST KNOWN U.S. VACCINE AGAINST COVID-19 since the Food and Drug Administration (FDA) authorized emergency use of a vaccine became available to roughly 145 sites across the country on December 14, 2020. Among the locations receiving the initial batch was the University of Maryland Medical System (UMMS), where five healthcare workers were the first people in Maryland outside a clinical trial to get the shots.

The initial vaccine supply is limited and will be rolled out in three phases:

- **Phase 1** will focus on target priority groups at highest risk of exposure to or developing complications from COVID-19, beginning with healthcare workers; residents and staff of long-term care facilities; and emergency responders. Next will be those community members at significantly higher risk of severe COVID-19 illness.
- **Phase 2** will include people in critical infrastructure roles, including essential non-healthcare and transportation workers, and people at moderately higher risk of severe COVID-19 illness.
- **Phase 3** will be a wide-scale distribution of the vaccine associated with broad availability to the general population of the state.

The first five UMMS frontline

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▲ Dr. Tim Chizmar (left), MIEMSS State EMS Medical Director, gets his COVID-19 vaccine at the University of Maryland Upper Chesapeake Medical Center.

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MIEMSS "Covers" BWI Thurgood Marshall Airport Fire & Rescue Department



MIEMSS WAS PLEASED TO PRESENT a framed cover of the 2020 *Maryland Medical Protocols for Emergency Medical Services* to Baltimore/Washington International Thurgood Marshall Airport Fire & Rescue Department today. The department was featured on the cover of this year's protocols. Thank you, BWI Thurgood Marshall Airport Fire & Rescue Department, for your help with this! [Pictured, left to right: Dr. Ted Delbridge, MIEMSS Executive Director; Division Chief Chad Packard; Fire Chief Victor Ferreira; Dr. Tim Chizmar, State EMS Medical Director; Paramedic Firefighter Isabel Robinson; and Lieutenant Ethan Freyman.]



WINTERFEST EMS 2021 IS TAKING ON A NEW LOOK!

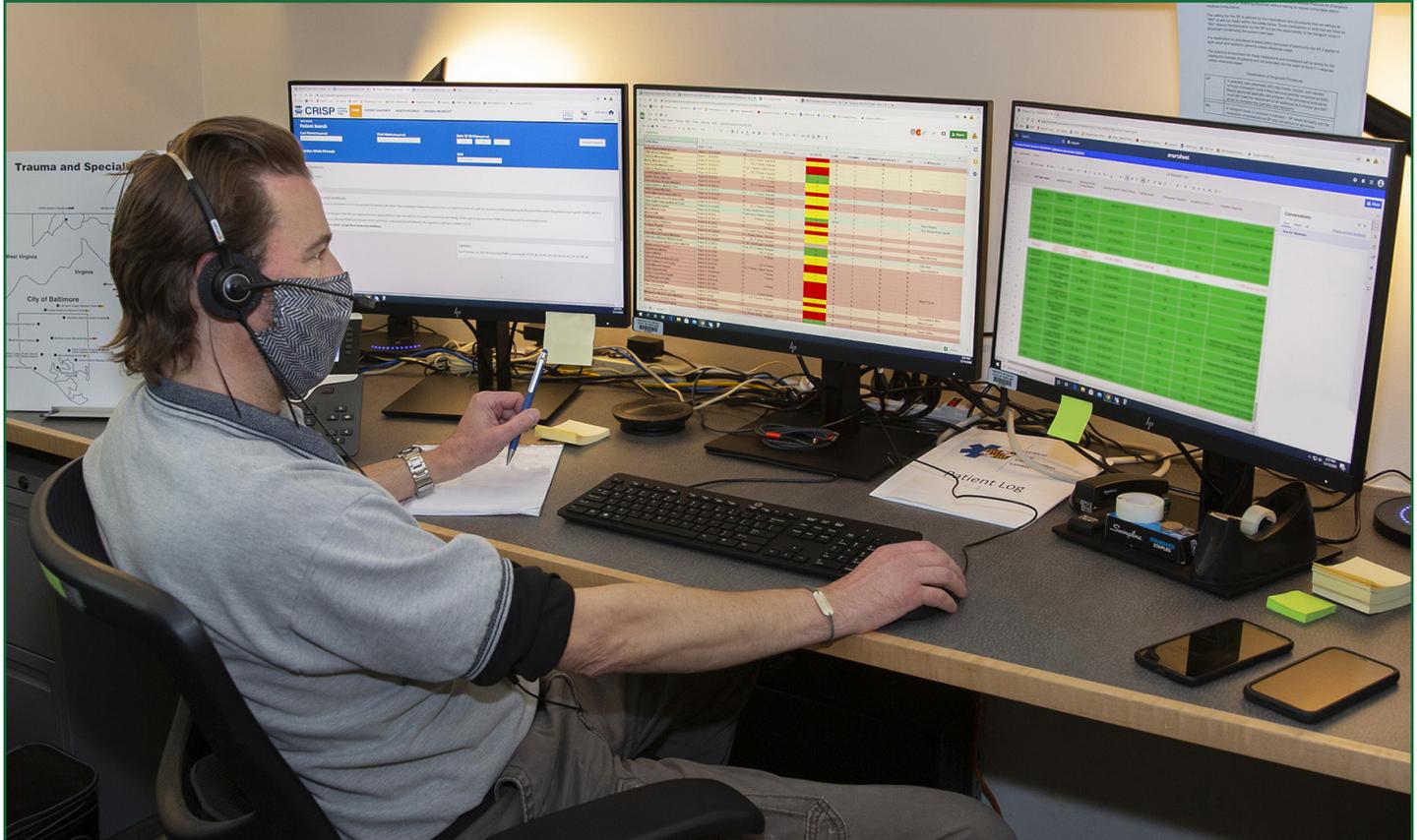
~ "A WINTER OF WINTERFEST" ~

Virtual Conference AND socially distant in-person Skills Classes for EMT Skills and Pediatric Education for Prehospital Professionals (PEPP)

Kick off – Saturday January 30, 2021!!

Look for details coming soon!

Critical Care Coordination Center (C4) Assists in Critical Care Transfers



▲ Alex Kelly, MIEMSS Region I and II Associate Administrator, staffs the Critical Care Coordination Center (C4) at MIEMSS.

MIEMSS HAS DEVELOPED THE CRITICAL CARE COORDINATION CENTER (C4) to help physicians identify available hospital critical care resources when patient transfers are necessary. The C4, which is located within the Emergency Medical Resource Center (EMRC) at MIEMSS, is staffed with a critical care coordinator and virtual Central Intensivist Physician (CIP) 24/7. Any Maryland hospital seeking a critical care transfer is able to call the C4. The C4 coordinator will have a near real-time view of statewide hospital critical care bed capac-



**Critical
Care
Coordination
Center**

ity. The CIP works with referring physicians to identify patients' anticipated critical care needs. The coordinator and CIP, working jointly with the sending and receiving facilities, work to match the patients with available critical care resources that can manage the patients' conditions. As of December 23, 2020, the C4 handled 157 calls for patient transfers. ■

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Maryland's Efforts to Provide Video Car Seat Assistance

PEOPLES' NEED FOR ASSISTANCE HAS GROWN since COVID-19 hit Maryland. But how to provide that assistance has had to undergo many changes. Car seat inspections are one area that required a new methodology.

Typically, expectant parents or caregivers advancing their child to a new style of car seat would schedule an in-person appointment through Maryland Kids in Safety Seats (KISS), a local Safe Kids Coalition, or other safety agency. For their appointment, they would drive to the inspection site (hopefully in a garage, out of the elements!) with their car seat and child, and spend 30-60 minutes with a Child Passenger Safety Technician (CPST), who would demonstrate how to install their seat correctly in their car and how to harness their child properly in their seat; in turn, the caregiver would replicate the process to ensure correct installation and use.

However, with the implementation of stay-at-home orders and social distancing, all in-person inspections were cancelled, so KISS initiated a virtual process to help caregivers with their car seat issues. The new process is going well, with this service available at the state level as well as in some local regions. Montgomery County Fire and Rescue Service (MCFRS) mobilized their service quickly and has held more than 350 checks this year.

Anthony Ramirez, who works for MCFRS and is the Coordinator of Safe Kids-Montgomery County, says that they promote their service through their webpage and Twitter account, and utilize



SignUpGenius to schedule appointments. Ramirez likes offering the service and feels that the participating caregivers start the video checks more prepared regarding their specific car seat, and there are fewer cancelled appointments.

Safe Kids-Washington County, which operates out of Meritus Medical Center, has also been offering online checks. Kelly Llewellyn, their program coordinator, says these are really needed with hospitals' strict "no visitors" policies, which prohibit in-person seat checks. She describes their Zoom appointments as "great experiences that are well-received by families."

As the state's lead agency on child passenger safety, Maryland KISS has been busy; they have provided 231 virtual appointments and "checked" 262 seats since March. Seventy percent of these were for expectant parents. However, some of those appointments served a dual function: they were the supervised seat checks that CPSTs are required to do every two years in order to recertify.

Marianne Wysong, a nurse and Perinatal Instructor at Holy Cross Health as well as a CPST, describes her experience con-

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HOW TO REFER SOMEONE OR MAKE AN APPOINTMENT FOR VIRTUAL CAR SEAT ASSISTANCE:

- **MD KISS:** Visit <https://tinyurl.com/VidAppt20>
- **Montgomery County Fire & Rescue Service Car Seat Program:** Call 240-777-2223 or email fire.carseatsafetyprogram@montgomerycountymd.gov
- **Safe Kids-Washington County/Meritus Medical Center:** Call 301-790-8214 or email emsfeedback@meritushealth.com
- **Safe Kids-Frederick County:** Call 240-415-8790 or email safekids@FrederickCountyMd.gov

A-B-C of Toy Safety: Awareness and Benefits for Children

THE 2020 HOLIDAY SEASON will require many changes to keep everyone safe, but the need for safety in and around the home remains a priority for children and families. Everyone enjoys seeing the delight in the eyes of a child as they open and explore a new toy. The challenge is to first ensure that the toys are safe and age-appropriate.

Families are encouraged to use quick resources that provide safety guidelines on selecting toys for children and youth, access to safety recalls on toys, and warnings on the newest types of toys that are causing harm to children. The internet has many websites – listed below are a few with national recognition:

- **Consumer Product Safety Commission (www.cpsc.gov):** Includes Toy Safety Alerts and Toy Safety Guides;
- **American Academy of Pediatrics (www.healthychildren.org):** Website for parents and guardians; look under “Safety and Prevention” > “At Home” on how to purchase safe toys;
- **National Association for the Education of Young Children (www.naeyc.org/resources/topics/play/toys):** Features an updated list of toys by age and stage;
- **Safe Kids Worldwide (www.safekids.org):** Features a “Tips and Fact Sheet” on toy safety, home safety, and bike safety;
- **U.S. Public Interest Research Group (<https://uspig.org>):** Publishes an annual “Trouble in Toyland” report.

Awareness: High Risks

The risks from specific toys vary by age, but there are clear national trends. The leading cause of fatalities from toys is caused by choking and aspiration of small parts. The CPSC defines a “small part” as an object that fits inside of a cylinder with the diameter of 1.25 inches and a length of 2.25 inches (3.17 cm by 5.71 cm). There are commercial “choke testers” available for purchase at many retail stores – but a toilet paper cardboard roll cut in half serves the same purpose. If an object fits into that space, it should be kept up and away from children under 3 years of age and children of any age who put toys in their mouth.

The risk of toxic substances (poison exposure) extends beyond lead paint on antique toys and window sills in old houses. Batteries for toys, remote controls, and phones are dangerous if swallowed; the same applies to small sets of magnets. Both instances create surgical emergencies if ingested. The new popularity of slime toys poses a risk of exposure to Boron [from chemistry class, B(OH)₃] and other hard metals. Boron is one of the compounds used to make slime (and putty) more elastic – fun, but not for small children who are known to eat almost anything. Even school-age children and teens should take precautions after working with “slime”. The safety rule will sound very familiar in 2020 – WASH your hands!

Benefits: Development

It has long been said that children’s work is play, and toys

BELOW ARE 10 TOY TIPS to keep children and youth safe:

1. **READ the labels:** Appropriate ages, warnings for use and storage, securing parts and batteries, and completing registration cards.
2. **Think LARGE:** Make sure all toys and parts are larger than a child's mouth to prevent choking, and encourage toys that promote motor activities.
3. **AVOID toys that shoot objects into the air:** There is a risk for eye and face injuries, and even outside supervision is key.
4. **CHECK for noise levels:** Before you purchase a toy or when a gift is given.
5. **SEWN is better than glued:** When it comes to stuffed toys, make sure there are no choking hazards added to animals or dolls. Remove loose strings, ribbons, and elastic bands that attach decorations. Eyes should be sewn with thread for younger children.
6. **Wooden toys are still “In”:** Children are stronger than we think, and plastic does break.
7. **SCREEN for poisons and toxins:** Labels must include the content of materials and parts. The longer the label, the more cautious you should be.
8. **KITS:** Craft kits, hobby kits, cooking kits and chemistry kits may contain substances that are dangerous for all children younger than 12 years of age. Often, kits also contain many small parts – keep them in secured containers and up and away from younger children. Read the directions with preteens and teens – science requires safety.
9. **UL Approved:** Underwriters Laboratories conducts testing on much more than smoke and CO alarms. All electric toys should be labeled as “UL Approved”.
10. **SUPERVISION:** Toys, new and those shared from another, offer children and families hours of fun and learning. Each should be examined when opened by an adult, the wrapping recycled or reused but kept away from heat and flames, and the children watched for the first few minutes of play. Make sure play includes intended uses. Provide safe storage. Then get down on the floor and join the fun! ■

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Video Car Seat Assistance...

(Continued from page 4)

ducting seat checks for recertification sign-offs saying, “My favorite part of this is that you can do it from anywhere, and not in the rain!” According to KISS staff, expectant parents and caregivers seem to be more relaxed in the video seat checks than at in-person appointments, which are typically conducted at fire stations, and their post-check evaluations are very positive.

In September, during National Child Passenger Safety Week, KISS worked closely with CPST instructors from Washington, D.C., and Virginia to coordinate the first-ever “Virtual Seat Check Saturday”. This event was widely promoted via social media and over 100 families registered. Participating technicians were from all over the country. Susanne Ogaitis-Jones, MIEMSS’ CPS Healthcare Project Coordinator and one of the participating Technicians, says, “After so long with no in-person events, it felt great to ‘see’ parents and help them with their own car seats and ‘in’ their vehicles. It really hit home that this was a national activity when one family I helped said they were from Charleston, South Carolina.” KISS



is working with other child passenger safety programs to hold another free national event like this, which will occur on February 13, 2021. Families can obtain more information at www.MdKISS.org.

Due to the success of these video car seat assistance programs, Tracy Whitman, KISS Coordinator, plans to keep offering regular remote services after Maryland returns to full in-person activities. ■

A-B-C of Toy Safety...

(Continued from page 5)

that are appropriately selected for each developmental stage promote exploration, learning, and joy. Both the AAP and NAEYC websites listed above (or to the side) have specific recommendations that promote both safety and learning.

Remember to check for correct “fit” each season: helmets, protective pads, life jackets, bike seat height, and more. A good rule is to check protective equipment every time a child changes shoe sizes, or gains 10 pounds.

An overlooked area of toy safety is noise level – yes, there are noise standards

for toys. ASTM F963 lists decibel levels for burst, continuous sounds and close to the ear sounds. [<https://www.astm.org/Standards/F963.htm>]. A much simpler standard also exists – if it is bothering others in the house, it is probably too loud, and even outside use should be limited. Children’s voices never exceed the decibel limits, even if they sometimes exceed adults’ tolerance. Outside with masks is a great way to spend energy!

Children: Come in All Sizes and Have Different Interests

There are many references in pediatrics on ages and stages (see Development

above) but equally important is the individual child’s interests and exposing children to a variety of toys and books. Efforts to promote health equity (equal access to health promotion, prevention, primary care, and emergency care) is a top priority for the EMS for Children’s initiatives. Selecting toys and books that represent the diversity in Maryland communities will promote learning and increased understanding. ■

New AAP Pediatric Education for Prehospital Professionals Hybrid Course



THE MARYLAND EMS FOR CHILDREN DEPARTMENT is pleased to announce a new and improved Pediatric Education for Prehospital Professionals (PEPP-4) course developed by the American Academy of Pediatrics.

The PEPP-4 hybrid course features an all-new lecture on behavioral emergencies, role-play activities, and learning games such as matching and trivia, along with updated case-based lectures, videos, hands-on skill stations, and small group discussions. The PEPP-4 hybrid course is designed for both ALS and BLS clinicians with a focus on the assessment and management of ill or injured children. Maryland EMS for Children has also added scenarios and special equipment to correlate with EMS Scope of Practice in Maryland. BLS and ALS clinicians will complete online course work prior to coming to the one-day, in-person skills class. Continuing education credits are as follows: BLS – 15 hours, ALS – 18.75 hours.

Pilot courses of this newly revised program are scheduled to occur in January as part of the pre-conference activities of the Winterfest EMS Conference, as well as in March in Western Maryland. Be on the lookout for course information as registrations will be limited.

For more information, please email pepp@miemss.org. ■



COVID-19 Vaccine...

(Continued from page 1)

healthcare workers, included two physicians, a nurse, a respiratory therapist, and an environmental service worker received COVID-19 Pfizer vaccines. UMMS received 975 vaccine doses in the initial shipment. One of the first five individuals was Dr. Sharon Henry, Professor of Surgery at the University of Maryland School of Medicine and Director of the Division of Wound Healing and Metabolism at the R Adams Cowley Shock Trauma Center. Dr. Henry has cared for COVID-19 patients during this pandemic.

It is important that all EMS clinicians get the COVID-19 vaccine to protect themselves, their families, and their patients. ■



▲ Dr. Sharon Henry (left), Director of the Division of Wound Healing and Metabolism at the R Adams Cowley Shock Trauma Center, receives one of the first five COVID-19 vaccines in Maryland. [Photo courtesy of the University of Maryland Medical System.]

2021 MSP Polar Bear Plunge Update

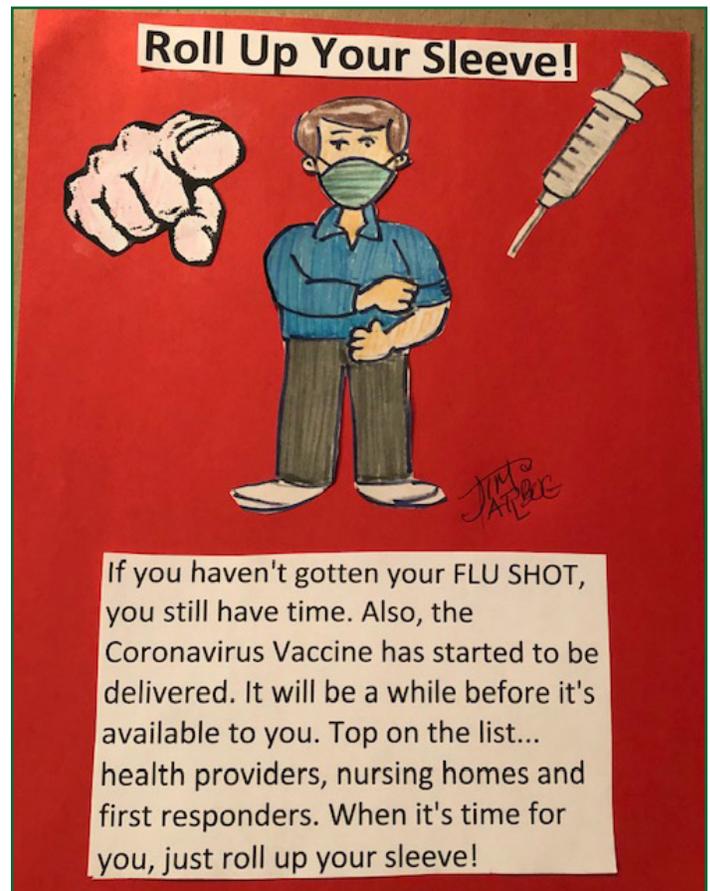


WITH THE COVID-19 PANDEMIC situation across the state, Special Olympics Maryland (SOMD) re-assessed its plan for In-Person Plunges this year and made the difficult decision to not proceed with any In-Person Plunges as usual this coming January at Sandy Point State Park.

However, in an effort to keep this Maryland tradition alive, SOMD has decided to hold its first-ever Virtual Plunge and is encouraging individuals to participate! It is now easier than ever to be involved with the Polar Bear Plunge. No matter how someone plunges this year, their commitment to the Polar Bear Plunge will support the 8,716 Special Olympics Maryland athletes across the state. Starting December 1, 2020, through January 31, 2021, individuals can sign up to participate. Sign up either as an individual Plunger or start a team! To register, please go to <https://bit.ly/3a7jAGI>! ■

MIEMSS
WISHES ALL OF
MARYLAND'S
EMS CLINICIANS AND
THEIR FAMILIES, FRIENDS,
AND COLLEAGUES
A HAPPY AND HEALTHY
HOLIDAY SEASON!

► *Artwork courtesy of Jim Jarboe, a retired Montgomery County career firefighter and member for close to 65 years of the Takoma Park Volunteer Fire Department, where he continues to volunteer.*



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Governor Larry Hogan
Lt. Governor Boyd Rutherford

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