MIEMSS Executive Director’s Report

March, 2021

Maryland EMS Clinicians and Jurisdictional Programs

Novel Coronavirus – COVID-19. In an effort to provide the latest guidance on monitoring and caring for our patients and EMS clinicians during the COVID-19 pandemic, please continue to utilize the COVID-19 EMS Guidance documents found on MIEMSS Infectious Diseases website. Recognizing that guidance regarding COVID-19 is ever changing, MIEMSS will post new documents to the https://www.miemss.org/home/infectious-diseases website as updates occur. MIEMSS would like to thank all Maryland’s emergency services personnel for the continued dedication to caring for patients during the pandemic.

COVID-19 Day of Remembrance – March 5, 2021. Governor Larry Hogan issued a proclamation recognizing Friday, March 5 as COVID-19 Day of Remembrance to honor the Marylanders who have lost their lives due to COVID-19 over the past year. On March 5, 2020, the first cases of COVID-19 were confirmed in the State of Maryland. More than 500,000 Americans, including more than 7,700 Marylanders, have lost their lives due to the COVID-19 virus that has spread throughout the world. The Governor asked Marylanders join in honoring the memory of those whose lives were lost due to COVID-19 and to express sympathy and support to those suffering from this worldwide pandemic.

COVID-19 Vaccine. Vaccines against COVID-19 are available. Maryland continues to work with partners at the federal, state, local and community level for the logistics of delivering, storing, and administering the COVID-19 vaccine. Following approval by the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC), the State of Maryland has now begun to deploy the single-dose Johnson & Johnson (J&J) vaccine. This is the third safe and effective COVID-19 vaccine granted emergency use authorization by the FDA. State health officials have directed the J&J vaccine allocation to mass vaccination sites, hospitals, local health departments, and community health centers. In addition, the J&J vaccine will be deployed to pharmacies that the federal government has selected to participate in its retail pharmacy partnership. Persons may receive any recommended COVID-19 vaccine and are encouraged to receive the earliest available COVID-19 vaccine. It is important that all EMS clinicians get the COVID-19 vaccine to protect themselves, their families, and their patients. As we proceed with vaccinating, everyone must keep working to slow the spread of COVID-19. Keep on wearing your mask, watching your distance, and washing your hands.
**GoVAX Vaccination Campaign.** The State of Maryland has launched its grassroots public outreach and equity campaign to promote vaccine confidence. GoVAX encourages all Marylanders to get vaccinated when they become eligible. The GoVAX campaign includes a mix of traditional and digital media with an outreach plan to increase COVID-19 vaccine confidence, especially among Marylanders in underserved populations that have been disproportionately affected by the disease. Brigadier General Janeen Birckhead of the Maryland National Guard leads the Maryland Vaccine Equity Task Force to ensure equitable distribution of the vaccines. The GoVAX campaign features testimonials and virtual events with first responders, religious leaders, sports figures, research scientists, health officers, elected officials, and healthcare providers sharing their personal stories about being vaccinated to encourage others to do the same.

**Critical Care Coordination Center to Assist in Critical Care Transfers.** MIEMSS has developed a Critical Care Coordination Center (C4) to help physicians identify available hospital critical care resources when patient transfers are necessary. C4, which is located within the Emergency Medical Resource Center 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 can contact the C4. The C4 coordinator has a near real-time view of statewide hospital critical care bed capacity. The CIP then works with referring physicians to identify patients’ anticipated critical care needs. The coordinator and CIP, working jointly with the sending and receiving facilities, match the patients with available critical care resources that can manage the patients’ conditions.

**At Hospital Ambulances (@HA).** MIEMSS has developed a web-based application showing the ambulance activity at the many hospitals utilized by Maryland’s jurisdictional EMS clinicians. The application is known as the At Hospital Ambulances (@HA) Dashboard. This application shows the hospital name, number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. If there are no units at a hospital, then the hospital is not listed. Not all of the State’s jurisdiction are participating. A map, available on the dashboard, shows which jurisdiction are supplying data and those yet to come onboard. Access to the @HA dashboard is available to clinicians via a link on the eMEDS patient care reporting system dashboard. At this time 15 jurisdictions are submitted the necessary data to support the dashboard. MIEMSS continues efforts to improve the utility of the dashboard.

While MIEMSS continues to make improvements to the web-based dashboard, MIEMSS is focusing back to developing a mobile version of the @HA application. The mobile version, as initially conceived, was to be developed for iOS (Apple) devices first, however we are now looking to address a broader variety of mobile platforms including Apple, Android, and Windows. The mobile application will include integrations with the agency’s CHATS system. More information will be forthcoming as we firm up our implementation timeline.
**EMS Vision 2030.** Maryland EMS Vision 2030 is Maryland’s EMS plan to help move the EMS system forward. It presents a meaningful opportunity to chart a visionary path for Maryland’s statewide EMS system. It is intended to capture the passion thousands of people have for their roles in EMS. Maryland EMS Vision 2030 lays out the paths to follow through the coming decade to get us to where we want to be at the dawn of the next one. Printed copies are available and it may be found on the MIEMSS website: https://www.miemss.org/home/Portals/0/Docs/OtherPDFs/Vision-2030-Marylands-EMS-Plan-202010.pdf

**Licensure and Certification Online Training.** The MIEMSS Online Training Center continues to be a value-positive tool in the agency’s outreach to clinicians, hospital personnel, and citizens seeking Maryland EMS licensure. With the development of new requirements and restrictions associated with the COVID pandemic, the ability to provide training and evaluation from a distance has repeatedly provided the agency with the ability to expand its methods of reaching benchmarks. Beyond providing the yearly updates to changes to the medical protocols in a timely manner, MIEMSS has expanded its use to include confirming readiness for licensure, providing access to BLS protocol quizzes for refresher courses at a distance, working with the council of academies (and other groups) to expand libraries of timely training, and providing a means to offer EMS conferences using a distance learning model.

In cooperation with the ALS committee and the MIEMSS ALS office, the Online Training Center now hosts a multi-part protocol orientation course for those seeking paramedic licensure. Serving to replace the previous protocol examination process, access to the course is password controlled and serves to verify that the applicant understands the protocols that will regulate their practice once licensed. Tested in the fall of 2020 and placed into full use the first of 2021, this system has been well received by candidates, EMSOPs, and medical directors.

**Advanced Life Support (ALS) Subcommittee.** ALS renewals for clinicians scheduled to expire on April 30, 2021 began February 1, 2021. As of February 26th, there are still 208 CRTs and 1370 paramedics who have not renewed their licenses, down from approximately 2051 clinicians on February 1st. Efforts are underway to also encourage ALS clinicians who are on an administrative extension due to the pandemic to renew their license. Currently, 20 CRTs and 120 paramedics are still on an administrative extension, down from approximately 160 total ALS clinicians on February 1st. Processing of provisional applications continues.

Psychomotor exams for National Registry paramedic candidates continue to be conducted. Paramedic programs have been compliant with completing a questionnaire and form that outlines the pandemic procedures implemented to ensure safety of all in attendance.
Requirements for Transition from EMS Provisional Status to Full Certification or Licensure.
Maryland has added a significant number of Provisional EMS Clinicians to its emergency medical services workforce in response to COVID-19. Provisional EMS clinicians include individuals whose Maryland license/certification previously expired; clinicians who are licensed/certified in other states; and Maryland EMT and Paramedic students.

MIEMSS is encouraging Provisional EMS Clinicians to remain part of Maryland’s EMS System and has implemented a process for Provisional Clinicians to obtain full Maryland certification or licensure. The requirements for obtaining full certification/licensure status vary by level of EMS clinician and the specific criteria by which the individual qualified for provisional status. The requirements by level of clinician may be accessed at https://www.miemss.org/home/ems-providers by clicking on the specific clinician level. Requirements for all EMS clinician levels are detailed in COMAR at http://www.dsd.state.md.us/comar/comarhtml/30/30.02.02.13.htm

Please keep in mind the following:
- All individuals who desire to progress from Provisional Status to Full Certification/Licensure must file an application to do so within 180 days after the end of the emergency period.
- To be eligible to progress from Provisional Status to Full Certification /Licensure, all requirements must be completed within the timeframe indicated.
- Provisional Status personnel may provide EMS until end of emergency period + 180 days.
- Paramedics may continue to provide EMS under their provisional NREMT certification until December 31, 2021.
- ALL Provisional Statuses other than paramedics terminate at end of emergency period + 180 days.
- COMAR 30.02.02.09E applies to individuals who are reinstated.

For further information about transitioning from Provisional to full certification or licensure in Maryland, please email licensure-support@miemss.org.

Statewide EMS Communication System Upgrade. The MIEMSS EMS Communications System Upgrade Project is in the Implementation Stage of Phase One. Phase One encompasses the Southern Maryland - EMS Region V. The Implementation Stage began in May after the successful completion on Factory Acceptance Testing of the Phase One equipment in March and delivery of Phase One Equipment in April. Headway on the Implementation Stage of Phase One continues as the contractor progresses on microwave installations, works on the integration of the NICE audio recording system with the Intertalk console system, and provides system software enhancements. It is expected that all microwave installations associated with Phase One, along with completion of system core integrations, will be completed in the first quarter of 2021, which are precursors to performing Regional Acceptance Testing. MIEMSS has approved the contractor, OCI, to commence work on the Phase 2 (Region III and Western Maryland) to mitigate timeline challenges. Challenges include Phase 1 equipment installation delays, COVID-19 impacts (travel ban, personnel) and resolving issues related to new equipment such as tuning, firmware updates, and to address the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges.
**COVID-19 Testing After Termination of Resuscitation in the Field.** This emergency protocol addendum was issued in response to the COVID-19 pandemic. Given the continued transmission of COVID-19 in the State of Maryland, along with an increase in out-of-hospital cardiac arrests (OHCA), MIEMSS amended the Termination of Resuscitation protocol with the following addendum. After termination of resuscitation in the field, a BLS or ALS clinician may perform nasopharyngeal testing for COVID-19 if the deceased person is not anticipated to be a medical examiner's case. The option to test the patient is intended for cases when a resuscitative effort was made, and not for expired patients with no resuscitative effort. Appropriate personal protective equipment should be worn. Nasopharyngeal specimens should be labeled and sent for testing following local jurisdictional procedures. Nasopharyngeal swabbing procedures shall be documented, including which nostril was used, in the patient's eMEDS record. Jurisdictions wishing to participate in COVID testing of patients pronounced in the field should provide training in specimen collection and local procedures to their EMS clinicians.

Training resources for COVID-19 testing may be found at:

- Maryland EMS COVID-19 Testing Procedure: [https://www.miemss.org/home/infectious-diseases](https://www.miemss.org/home/infectious-diseases)
- Obtaining Swab Specimen for COVID Testing: [www.emsonlinetraining.org](http://www.emsonlinetraining.org)

**CRT and EMT COVID-19 Vaccinations.** Vaccination is an essential step to save lives during the current COVID-19 pandemic. Given the anticipated increased demand for vaccination throughout Maryland, we are expanding the cadre of EMS clinicians available to administer the COVID-19 vaccine to include cardiac rescue technicians (CRTs) and emergency medical technicians (EMTs). CRTs do not require any additional training; the requirements below apply to EMTs.

An EMT may administer COVID-19 vaccine to any patient if all of the following criteria have been met:

- EMT has completed MIEMSS didactic vaccination training.
- EMT has completed a vaccination skills competency evaluation and has been approved by EMSOP and medical director in the MIEMSS licensure system.
- A physician, nurse practitioner, physician assistant, nurse, or paramedic physically supervises the EMT while administering the vaccine. A maximum of three EMTs may be assigned to any one supervisor at a time.

After completion of didactic and practical training, the EMT will submit an application on the MIEMSS licensure website (www.miemsslicense.com). This application will be approved by the EMSOP with an attestation that reflects successful completion of training and competency in the safe administration of an intramuscular injection.
**Adult Acute Stroke Patients Destination with LAMS 4 or Greater.** Effective immediately, stroke patients who meet all of the following criteria should be transported to a Comprehensive Stroke Center or a thrombectomy-capable Primary Stroke Center, if one is available within 30 minutes by ground transport:

- Adult acute stroke patients (>18 years of age), AND
- Positive Cincinnati Stroke Scale or positive Posterior Cerebellar Assessment, AND
- Los Angeles Motor Scale (LAMS) score of 4 or greater, AND
- Patient can be delivered to the hospital within 22 hours of last time known well

If the transport time to a Comprehensive Stroke Center or a thrombectomy-capable Primary Stroke Center exceeds 30 minutes by ground transport, the patient should be transported to the closest designated Acute Stroke Ready or Primary Stroke Center. If there is not a stroke center with 30 minutes, the patient should be transported to the nearest hospital.

The Baltimore City LAMS Research Protocol has concluded. MIEMSS would like to thank Dr. Urrutia’s research team, collaborating stroke centers and EMS operational programs for helping us to understand the best destination for patients with suspected large vessel occlusion strokes. For these patients with a LAMS score of 4 or greater, direct transport to a stroke center with thrombectomy capability provided a reduced time to clot retrieval procedure with minimal delay in the administration of the clot-busting medication, tPA, when appropriate.

Comprehensive Stroke Centers include: University of Maryland Medical Center, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center.

Primary Stroke Centers that have indicated thrombectomy capability on a 24/7/365 basis include: Shady Grove Medical Center (Adventist), Sinai Hospital (LifeBridge), Peninsula Regional Medical Center (TidalHealth), and Suburban Hospital (JHM).

**eMEDS updates.** MIEMSS and ImageTrend have been working to minimize the amount of downtime that occurs during periodic updates to the eMEDS® site. It has been decided to stop automatic updates from being pushed and to move to a quarterly update schedule. Please understand the importance of these updates as they contain fixes and new features. Therefore, the list below reflects the approximate update schedule:

- Qtr. 1 - January
- Qtr. 2 - April
- Qtr. 3 - July
- Qtr. 4 - October

The first eMEDS update occurred on Thursday, January 21, 2021. When these updates occur, the site will be receiving updates to bring eMEDS to the current version available from ImageTrend. There should not be any prolonged outage during these updates as all necessary precautions are done to prevent this. The updates are expected to last up to 6 hours.
**eMEDS®/CRISP Integration.** MIEMSS is continuing to cultivate a relationship of mutual benefit with the Chesapeake Regional Information System for our Patients (CRISP), Maryland’s designated health information exchange. This ongoing relationship has yielded a number of recent fruitful projects:

- Upgrading the eMEDS® / CRISP data linkage from 138 elements via HL7 to an export that includes NEMSIS data elements via XML
- Designing a capability to export supplemental questions from eMEDS® to external sources
- Constructing a COVID-19 status dashboard that informs Maryland’s hospitals and governmental leaders of daily hospital capacity statuses
- Developing a near-real time ICU bed tracking system for COVID-19 response purposes
- Acquiring a mobile integrated health charting module for eMEDS®
- Commencing a project to develop products to serve as replacements for MEMRAD components, including CHATS and FRED (expected completion April 2021)

**eMEDS® / ESSENCE Integration.** MIEMSS in conjunction the Maryland Department of Health (MDH) has developed a near real-time data exchange between the State of Maryland’s EMS electronic patient care report (eMEDS) and the Maryland Department of Health’s syndromic surveillance system. This linkage allows EMS data to be utilized by MDH for the early identification of intentional or natural emerging infectious disease outbreak(s), providing for expedient public health threat and risk assessment for situational awareness, and ensuring prompt applications of public health interventions in the event of a public health emergency. Additionally, MIEMSS has partnered with MDH and the Johns Hopkins University Advanced Physics Laboratory to engage in the development of an EMS data module within the State’s syndromic surveillance system. These technical aspects of this program were recently completed and access to this data analysis by EMS jurisdictions is expected in the 1st quarter of CY 2021.

---

**Hospital Programs**

**Trauma and Specialty Centers.** The program directors and the Trauma and Specialty Center workgroups have completed updating and revising the following COMAR Regulations:

- Perinatal Standards
- Adult Trauma Standards
- Burn Standards
- Primary Stroke Center Standards
- Acute Stroke Ready Center Standards
- Eye Trauma Standards
- Neuro Trauma Standards
- General Provisions
- Comprehensive Stroke Center Standards
- Thrombectomy-Capable Primary Stroke Center Standards
The following COMAR Regulation is undergoing revisions and updates:
  
  • Pediatric Trauma Standards

MIEMSS is updating the Maryland State Trauma Registry, Maryland State Eye Trauma Registry, and Maryland State Hand Registry to the ESO Gen 6 platform. All updates will be completed in the first quarter of CY 2021.

Due to COVID-19, Trauma and Specialty Center Program re-designations due in CY 2021 have been moved to a virtual platform. Trauma re-designation surveys due in CY 2021 are completed and the Specialty Center Programs (Stroke and Perinatal) re-designations due in CY 2021 are on-going.

MIEMSS Director, Perinatal Programs will be assisting the Maryland Department of Health (MDH) with the Level I and II Perinatal site reviews.

Cardiac

Public Access AED Program. AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.”

Cardiac Arrest Steering Committee. The purpose of the committee is to enhance the care of patients experiencing sudden out-of-hospital cardiac arrest in a way that improves outcomes from this disease in all communities and populations in Maryland. The committee is embarking upon an improvement project to evaluate the processes involved in producing data for all three echelons/phases of care. Analyzing strengths, along with opportunities for improvement, provides the best chance of maximizing survival in all communities.

Emergency Operations

COVID-19 Related Response. Focused turned to the pandemic response in late February and continues. MIEMSS continues to coordinate the agency’s response utilizing the incident command system. MIEMSS’ has participated in many planning and response activities, some of these activities include:

  • MIEMSS COVID-19 Vaccination Clinic located at MIEMSS in Baltimore
  • High level participation in the Maryland Surge Task Force
  • Staffing the State Emergency Operations Center and MIEMSS Department Operations Center for several months
  • Daily monitoring and reporting of EMS and hospital data
  • Providing up to date guidance to EMS clinicians and EMSOPs via webinars, memos, and other routes
• Coordinating they requests for, managing, and delivering PPE for public safety and commercial EMSOPs
• Facilitating COVID-19 testing for EMS personnel, and patients when resuscitation has been terminated in the field
• Assisting in the response to outbreaks at skilled nursing facilities
• Procuring and managing ambulance strike team
• Coordination of virtual mental health crisis support program for staff working in skilled nursing and group homes. This program has assisted over 1000 people to date.
• Coordination of virtual crisis support training for state agency and EMS personnel
• Currently working with the Maryland Department of Health and other state agencies to ensure EMS clinicians have access to a COVID-19 vaccine now that it is available
• In conjunction with the Maryland COVID-19 Testing Taskforce, MIEMSS is making COVID-19 Antigen Test Kits available for Fire/EMS clinician testing

New Virtual Training of Mental Health First Aid. The Maryland Department of Health (MDH), in partnership with the MIEMSS, has launched a new virtual form of Mental Health First Aid (MHFA) Maryland, which is being offered to firefighters, emergency medical personnel, and police. MHFA Maryland has trained over 40,000 individuals and professionals in identifying the signs and symptoms of mental illnesses and substance use disorders so they can respond effectively to individuals in crisis. The first training sessions began in late October. Over the next three years, MIEMSS will coordinate statewide training for hundreds of emergency responders, teaching the skills necessary to provide initial support to those in crisis. Participants receive national certification upon successful completion of the 6.5 hour training program, which includes both self-paced learning and live virtual training with a certified instructor. The shift from in-person to virtual training comes as the result of precautions taken to slow the spread of COVID-19 in Maryland.

For more information about Mental Health First Aid Maryland, visit www.mentalhealthfirstaidmaryland.org.

If interested in attending an upcoming course, please contact MIEMSS at cism@miemss.org.

Active Assailant Interagency Workgroup (AAIWG). In February of 2019, Governor Hogan issued an Executive Order, “Active-Assailant Incident Preparation and Coordination.” The Maryland State Police and MIEMSS continue to co-chair the work group. Meetings have resumed virtually after a short pause caused by the COVID-19 outbreak and continue to focus on the future direction of the workgroup. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, and law enforcement and other organizations. Several subcommittees continue to make progress towards completion of identified goals and objectives.

A Field Operations Guide (FOG) has been completed. This document is a quick guide designed to assist emergency services personnel in coordinating the initial response to active assailant events. Significant progress has also been made in development of the AAIWG website. The website will provide access to workgroup related documents.
Regional Programs

EMS Base Station Program. Pursuant to COMAR Title 30.03.06, the EMS Base Station designation program ensures designated hospitals are prepared to provide on-line medical consultation with Maryland EMS providers. Hospitals are designated, by the EMS Board, on a rotating schedule and are awarded five-year designations when found to be in compliance with all applicable regulations. Provisional designations of less than five years are awarded in the event a facility is found to have discrepancies. Regional Programs staff continue to work with EMS base stations to identify mechanisms to ensure compliance during the COVID-19 catastrophic public health emergency.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

Region I and Region II

- The notice and subsequent prioritization and stratification of the Cardiac Devices Grants have been completed. Garrett, Allegany and Washington counties all submitted requests. Frederick county opted to fully fund their own device purchases.
- “Virtual” Base Station re-certification logistics have been coordinated with the three facilities in the regions due to re-certify this year. Hospital partners have been receptive and supportive to the virtual survey concept.
- Regional staff have been heavily involved with the personal protective equipment requests and distribution to Regions I and II.
- The regional administrators have hosted multiple regional “COVID Townhall” meetings. These augment the statewide informational sessions with information and questions specific to Regions I and II.
- Regions I and II have been active with COVID testing, providing test kits to the regions, testing clinicians who are symptomatic or had an exposure, and encouraging Termination of Resuscitation (TOR) patient testing. With locations in Regions I and II being too far for routine use of the lab’s courier service, the staff has had to ensure test samples are delivered on time to the lab.
- The team is working to ensure the legacy of the Miltenberger Emergency Services seminar. The 2020 seminar was cancelled the day of the pre-conference to ensure the safety of the participants. The 2021 seminar is being developed now with a focus on a “hybrid” in person/virtual seminar depending on the future of gatherings of people will be this year.
Region III

- The Region III Office continues to support our partners and the agencies response to the COVID-19 pandemic.
- The Region III Health and Medical Coalition continues to make strides in ensuring the region is prepared and equipped to respond to the evolving threats facing the medical community.
- The Region III Office continues to support multiple grants including the Cardiac Devices grant program, ALS Funding, and Naloxone.
- The Region III Office continues to schedule and conduct Voluntary Ambulance Inspections across the region.
- The Region III Office continues to conduct virtual base station site surveys for Region III hospitals.
- The Region III Office continues to support our local EMS Operational Programs.

Region IV

- The Winterfest EMS Conference is going live under the new format. The new format will enable clinicians to hear a list of speakers on various topics to obtain the needed continuing education for recertification.
- The Region IV Office is continuing to assist jurisdictions on the lower shore conducting meetings with departments, communications staff, and medical leadership. This group is identifying concerns and ways to enhance cooperation between departments, communications, and delivery of EMS services.
- The Office is continuing Seal of Excellence inspections in Region IV.

Region V

- The Maryland-National Capital Region Emergency Response System (MDERS) developed policy requirements to improve the management and coordination of Urban Areas Security Initiative (UASI) funds to match Prince George's and Montgomery counties' capabilities. It also finalized goals and objectives for each of the capabilities approved by the Steering Committee and is working on jurisdictions' project management plans. MDERS continues to implement various projects, including firefighting decontamination and EMS surge, and continue offering Wide Area Virtual Environment lab tours. MDERS is also offering several trainings targeting all stakeholders.
- The RESF-8/RPWG working group, along with the National Security Special Events Committee, concluded its work on inauguration. Both are resuming their regular meetings.
- Region V is co-chairing the COG EMS Subcommittee and working on several fronts: 1) a consortium purchase of cardiac devices, 2) health information exchanges in the NCR, 3) best practices for MIH programs, and 4) narcotics accountability processes. We are also working with the USUHS facilitating integrated emergency preparedness operations throughout the NCR.
• The office is engaged with the DC Coalition Notification Center and the Northern Virginia Regional Hospital Coordinating Center (RHCC) to coordinate resources and information sharing capabilities within the NCR region.

• The Region V Office is leading the communications upgrade project for the State and is handling the MEMRAD hospital data reporting and associated quality assurance in collaboration with CRISP.

• The regional office is supporting and leading research projects with the MIEMSS Research Interest Group (RIG) and other colleagues, including projects in behavioral health and patient safety. An article has been published in collaboration with Prince George's County Fire and EMS.

• The staff is also working closely with the Emergency Planning Committee of the Region V Healthcare Coalition to develop a robust operational surge and disaster plan by evaluating standard reporting and planning tools and coordinating between the state and the hospitals in Region V. The office is actively involved in the medical surge and resource management working groups, as well as with pediatric emergency preparedness.

• Region V staff is in the planning stage of a QA/QI pilot project focused on Calvert, Charles and St. Mary's counties.

Emergency Medical Services for Children

Emergency Medical Services for Children Department (EMS for Children). The EMSC Department continues to coordinate virtual state Pediatric Emergency Medical Advisory Committee (PEMAC) and Pediatric Data Analysis Research Team (DART) meetings with ongoing subcommittees and workgroup focused on protocol revisions and EMS data analysis. Pediatric EMS Champions Spring Forum will be held in April and feature a clinical update on the pediatric EMS protocol known as “ALTE/BRUE” and the key assessment of these high risk infant and toddlers. All of the Maryland EMSOP have completed the 2021 EMS for Children Survey that gathered updated information on the performance measures 02 & 03 which focus on Pediatric EMS Champion roles and pediatric educational programs. The 2021 National Pediatric Readiness Project re-assessment of all hospital and free standing EDs will launch on May 1, 2021. Maryland EMSC will host instructional webinars on this survey which was last completed by all Maryland hospitals in 2016. Recurring online “Office Hours” will also be held biweekly to guide the ED directors and managers through the assessment and clarify any questions.

MIEMSS is seeking nominations for both Star of Life EMS and Right Care When it Counts EMSC Awards. These nominations are due Friday April 2, 2021 with the application available online. Information about each category and the link to the online submission form are located at www.miemss.org under the document tab.
The EMSC Department coordinates four different grant programs that remain funded:

1. EMSC State Partnership Grant (federally funded by HRSA/MCHB) is focused on federal performance measures specific to emergency care in EMS and ED. Education for both EMS and Hospital Clinicians has been virtual since March 14, 2020. 2021 planning has started for PEPP 4th edition courses for EMS, APLS courses for physicians, and CPEN courses for nurses, with both in person and virtual options. The Family Advisory Network (FAN) continues to support local training to prepare children, youth and families on how to be “Emergency Ready”. Contact the EMSC program at PEPP@miemss.org.

2. Child Passenger Safety and Occupant Protection (CPS & OP) healthcare project (federally funded by NHTSA through the Maryland Highway Safety Office [MHSO]): 21st year of funding started Oct 1, 2020. The project continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project collaborates with local Safe Kids chapters and coalitions and KISS program at MDH. Again, in this year’s grant, the MIEMSS EMSC CPS project is able to provide scholarships for EMS clinicians and hospital providers to take the standardized CPS Course. A webinar was held on February 19th – focused on Crash Reconstruction and will be placed on the MIEMSS YouTube channel. The next webinar will be held on March 11th – focused on data from car seat checks. Contact the project at cps@miemss.org.

3. Bike Helmet Safety project (state funded through the MHSO): 4th year of funding started July 1, 2020 and will include distribution of 900 bicycle helmets through Safe Kids coalitions and community partners, distribution of bike safety educational materials, and social media prevention messaging. Contact bikesafety@miemss.org for more information or to request educational materials. Helmets distribution will be expanded to the Pediatric EMS Champions who are able to offer education with distanced safety precautions.

4. Safe Kids Maryland state coalition continues to provide prevention information through social media and articles in EMS News. Contact at safekidsmd@miemss.org
   a. There are four Temperature Heat Displays available for public education events as part of Maryland Safe Kids campaign to increase awareness of the risks to children in cars. A training video on operating the displays was filmed in June and is posted on the MEMSS YouTube account. Contact CPS@miemss.org.
   b. Buckle Up public information has included virtual seat checks in partnership with the KISS program (MDH), social media and print media information, and outreach to hospital EDs.
   c. February Burn safety messages were placed on social media and featured in the February 2021 EMS Newsletter.
   d. March injury prevention focus will be Medication safety and Poison prevention in the home. Educational information is available for young children, school age & middle school children on medication literacy, and for families and care givers.
   e. Safe Sleep display and educational materials are in development in partnership with the state Child Fatality Review Committee and using CDC and NIH standardized messaging.
Maryland Risk Watch team continues to partner with the MSFA Fire and Injury Prevention/ Life Safety Committee. Steps to Safety prevention education templates are available based upon the interactive training stations typically held at the MSFA Convention each June. The MIEMSS YouTube account has PSAs posted on “What to Expect When You Dial 9-1-1” and “Right Care When it Counts”. Contact Maryland Risk Watch at riskwatch@msfa.org.

SAVE THE DATE: The Maryland Public Fire & Life Safety Educators Seminar will be held on Saturday March 20, 2021 in partnership with MSFA, OSFM, MFRI, MIEMSS, and EMSC/Safe Kids Maryland. A virtual platform is being developed for a half-day program in 2021 to keep faculty and participants safe.

Prevention

National Nutrition Month. National Nutrition Month is meant to be a celebration of healthy eating. Learn about making informed food choices and developing healthful eating and physical activity habits. This year's theme, Personalize Your Plate, promotes creating nutritious meals to meet cultural and personal food preferences. Make informed food choices and develop sound eating and physical activity habits that can be followed all year long.

2021 Vehicle Safety Recalls Week / March 8-12, 2021. NHTSA manages vehicle safety recalls, sets vehicle safety standards, and requires automakers to recall vehicles that have safety defects or do not meet those standards. During Vehicle Safety Recalls Week, Help to increase awareness of the urgency of safety recalls and encourage the driving public to check and see if there is an open recall on their vehicle. The event coincides with the beginning of Daylight Saving Time, which occurs Sunday, March 14, 2021. This web-based portal allows checks for open safety recalls for vehicles or automotive equipment, such as tires and car seats. Please use the nhtsa.gov/recalls website to check for recalls.

Saint Patrick's Day Buzzed Driving Prevention - March 17, 2021 St. Patrick’s Day is one of the deadliest times on our nation’s roads. During the 2015-2019 St. Patrick’s Day period, 280 lives were lost in drunk-driving crashes. In 2019 alone, 57 people were killed in drunk-driving crashes over the St. Patrick’s Day period. If you plan to go out and enjoy the evening with alcohol, make sure you do not drive. Help share the word about the dangers of drunk driving so everyone can continue merry-making for all the St. Paddy’s Days to come. Please remember: Buzzed Driving is Drunk Driving! https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/buzzed-driving-drunk-driving/saint-patrick's-day
COVID Safety Considerations. One of the most common coronavirus symptoms has reaffirmed the need for working smoke alarms in every home. Over the last several months, there have been accounts of people not being able to smell smoke in their home. On January 15, 2021, a teenage girl in Texas, the only family member not suffering from the coronavirus, smelled smoke and was able to get her family and pets out of the home safely. Please remind your community about the importance of working smoke alarms. Smoke alarms not only provide an early warning of the fire, but if you are suffering from loss of smell, it may be the only warning you can depend upon.

Fire Safety Outreach Materials for Older Adults. Older adults have an increased risk of dying in a fire. Help prevent older adult fire deaths in your community using safety tips, social media messages, public service announcements, and handouts developed by the U.S. Fire Administration (USFA) and other organizations. To find free materials to use when educating older adults (ages 65 and over) and their caregivers about the importance of home fire safety, go to: https://www.usfa.fema.gov/prevention/outreach/older_adults.html

Educational Opportunities

A Winter of Winterfest EMS 2021 Conference. This year there is a different format for Winterfest EMS. The conference is offering an EMT Skills Refresher class on March 19 and 26 as well as over 12 hours of FREE online continuing education for a limited time, accessed through the MIEMSS Online Training Center. Clinicians that complete all 12 hours of online content and complete a Maryland 12-hour EMT Skills Refresher class, will meet the 24 hours required for recertification as an EMT.

The online training programs include Dr. Ted Delbridge presenting “MIEMSS: What Do We Do and Where Are We Going?”, Dr. Ben Lawner discussing “Trauma Resuscitation”, and Dr. Jennifer Anders and Dr. Jenny Guyther discussing “Best Practices in Spinal Protection and Safe Transport for Children”. For skills registration, please go to: https://www.miemss.org/home/Portals/0/Docs/EMS_News/Winterfest-2021.pdf?ver=2021-01-20-111057-230 or for a full list of presentations log into the MIEMSS Online Training Center and select the Course Category “A Winter of Winterfest EMS 2021” and sign in.

The Maryland Public Fire & Life Safety Educators Seminar - Saturday March 20, 2021. A virtual platform, half-day program in partnership with MSFA, OSFM, MFRI, MIEMSS, and EMSC/ Safe Kids Maryland is planned. Please go to: www.mfri.org under Seminars to register.