

MIEMSS EXECUTIVE DIRECTOR'S REPORT

July 2022

Maryland EMS Clinicians and Jurisdictional Programs

2022 Maryland Medical Protocols for Emergency Medical Services. *The Maryland Medical Protocols for Emergency Medical Services* (2022 edition) is available on the MIEMSS website (<http://www.miemss.org/home/emsproviders/protocols>). The protocols went into effect on **July 1, 2022.**

There are multiple evidence-based updates to the protocols this year. We have added new medications and procedures, revised indications for others, and removed a few procedures as well. As a reminder, if you are using the electronic version of the protocol document, you may click on any italicized word to go to relevant medication and related protocol pages. There is also a “Back to Contents” link located at the bottom of each page.

This year’s protocol video updates have been posted to the MIEMSS Online Training Center (www.emsonlinetraining.org); they have also been posted to MIEMSS’ YouTube channel (<https://www.youtube.com/user/MarylandEMS>). EMS clinicians should complete the protocol update version that aligns with their level of licensure: EMRs and EMTs should complete the BLS version, CRTs and Paramedics should complete the ALS version.

Regardless of how each clinician views the video content portion of this year’s update (Online Training Center, YouTube, company drill format), every EMS clinician must log in to the MIEMSS Online Training Center and complete the quiz portion in order to obtain credit for the required course. Please remember to complete your update before July 1, 2022.

For EMS base stations, the video update is available on the MIEMSS base station website (<http://www.miemss.org/home/hospitals/base-stations>). Hospitals may download the SCORM file from this site, if desired. Importantly, each base station coordinator must maintain learning management records or signed and dated attestation forms that reflect update completion for all base station physicians and nurses.

To download the print or digital version of the *2022 Maryland Medical Protocols for Emergency Medical Services*, or for more information, visit <https://miemss.org/home/ems-providers/protocols>.

Monkeypox: What You Need to Know. Monkeypox is a rare, but potentially serious, viral illness that typically starts with flu-like symptoms and progresses to a rash, characterized by fluid-filled lesions that resemble chickenpox or herpes, within 3 days. The rash typically starts on the face and spreads to other parts of the body.

Monkeypox is commonly encountered in some countries within central and western Africa. However, as of this writing, there have also been 395 documented cases in the United States, including 5 confirmed

cases in Maryland. Viral spread typically requires close contact with an infected animal (e.g., primates, small mammals) or person, contaminated materials, or by respiratory droplets that can travel as far as 6 feet.

Currently, the CDC acknowledges that EMS personnel in the US are unlikely to encounter a case, but is advising precautionary measures to reduce the risk of transmission. Read more here:

<https://miemss.org/home/Portals/0/Memos/Memo-Monkeypox-What-You-Need-to-Know-20220526.pdf?ver=2022-05-26-120520-063>.

COVID-19. MIEMSS continues to provide guidance on recommended steps for EMS operational programs. Although COVID-19 cases and hospitalizations in Maryland have markedly declined from their peaks in early January 2022, EMS continues to transport patients with COVID-19 illness as well as immunosuppressed patients. EMS clinicians should continue to pay close attention to using appropriate personal protective equipment (PPE). EMS is part of the health care environment, and these guidelines are based upon CDC and Maryland Department of Health (MDH) recommendations for health care professionals:

- EMS clinicians should continue to wear surgical masks, eye protection, and gloves, at minimum, on all calls.
- If there is any concern for COVID-19 illness, clinicians should use gloves, eye protection, surgical gown, and a fit-tested N-95 or equivalent respirator.
- ALL patients encountered by EMS should be instructed to wear a surgical mask, if their clinical condition allows. EMS should provide an appropriate mask if the patient does not have one. Exceptions to this guideline include patients who have significant disabilities or children under 2 years of age.
- Consider local hospital visitor policies when allowing family members to accompany patients who otherwise are capable of making their own medical decisions.
- For patients who are suspected to have COVID-19 illness or exposure, clinicians should reference the COVID-19 EMS Guidance dated July 1, 2021.
- The Pandemic Triage Protocol is a safe and effective measure for evaluating patients with a likely viral syndrome who may be able to remain at home and advising them about self-care.

The latest information regarding monitoring and caring for patients and EMS clinicians, including COVID-19 EMS Guidance documents, may be found on the Infectious Diseases portion of the MIEMSS website. Recognizing that guidance regarding COVID-19 is ever-changing, MIEMSS continues to post new documents to the <https://www.miemss.org/home/infectious-diseases> website as updates occur.

EMS Transfer of Care Times. EMS-to-Emergency Department transfer of care times have been gradually increasing during the spring months of 2022. MIEMSS continues to closely monitor transfer of care times, and sends weekly reports to hospitals upon their request. We encourage leaders to continue collaborative discussions with hospitals on strategies to transfer care from EMS to hospital staff in an efficient fashion. In addition, the Direct to Triage Protocol enables delivery of stable patients to the ED

triage waiting area; of note, it is important that the patient report be conveyed to nursing staff when using this protocol.

MIEMSS sincerely appreciates the great flexibility of Maryland's EMS clinicians and jurisdictions as they respond to challenges in our health care system. MIEMSS will continue to advocate for additional strategies and resources to provide assistance in any way possible.

Medicaid Supplemental Payment Program. MIEMSS continues to work with the Maryland Department of Health (MDH) on the Medicaid Supplemental Payment Program that will help rebalance reimbursement to EMS for the unreimbursed costs of providing services to Medicaid patients by calculating and obtaining the appropriate portion of federal reimbursement for these services. Participants in the program must be an EMS Board-designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; bills Medicaid for EMS transports; and documents expenses paid with public (tax receipt) funds.

MDH, in partnership with MIEMSS, will disburse more than \$81 million in funding to 13 Jurisdictional Emergency Medical Services Operational Programs (JEMSOPs), through the Emergency Service Transporter Supplemental Payment Program (ESPP), a voluntary program that provides supplemental federal payments to eligible public JEMSOPs. The 13 JEMSOPs include: Allegany County; City of Annapolis; Anne Arundel County; Baltimore City; Baltimore County; Caroline County; Dorchester County; Frederick County; Harford County; Howard County; Montgomery County; Prince George's County; and Queen Anne's County.

More than 80 percent of all emergency service transports provided to Medicaid members, and 23 percent of all emergency transports overall, by participating JEMSOPs are eligible for a supplemental payment. ESPP will continue for the foreseeable future to provide annual federal reimbursement for EMS Medicaid costs. JEMSOPs that did not participate in the first year of the program have the opportunity to do so in the future.

At Hospital Ambulances (@HA). MIEMSS developed and released a web-based application showing 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 runs on iOS, Android, and Windows mobile devices as well as on desktop computers. The application displays the hospital name and number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. The information may be sorted by Length of Stay, Alphabetically by Hospital, or by Unit Count. If there are no units at a hospital, then the hospital is not listed (unless there is an associated CHATS Alert). Not all of the jurisdictions are participating. A map, available on the dashboard, shows which jurisdictions 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. It may also be viewed at <https://aha.miemss.org>. Jurisdictional EMS administrators have credentials to login to view additional details, including the ambulance's unit number and jurisdiction. At this time, 19 of the 24 counties are submitting the necessary data to support the dashboard. MIEMSS continues efforts to improve the utility of the application.

Statewide EMS Communication System Upgrade. The MIEMSS EMS Communications System Upgrade Project is in the Implementation Stage of Phase 1, which encompasses the Southern Maryland – EMS Region V. The Implementation Stage began in May 2021, after the successful completion on Factory Acceptance Testing of the Phase 1 equipment in March and delivery of Phase 1 Equipment in April. Current work includes the integration of the NICE audio recording system with the InterTalk™ console system and enhancements to the system software. All microwave installations associated with Phase 1 as well as a significant portion of the Phase 2 microwave have been completed. System core integrations and console configurations will be completed in the fourth quarter of 2022; these are precursors to performing Regional Acceptance Testing in 2Q23. MIEMSS has approved the contractor, OCI, to commence work on the Phase 2 (Region III and Western Maryland) to mitigate timeline challenges due to Phase 1 equipment installation delays, COVID-19 impacts (e.g., travel ban, personnel quarantines) and resolving issues related to new equipment, e.g., tuning/optimization, firmware updates, and addressing the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges. Current projected CUP Final Acceptance is estimated to be July 9, 2025.

Electronic Maryland EMS Data System (eMEDS®) Updates.

- ***COVID-19 Updates:*** eMEDS® continues to adapt to the necessary change requests associated with Maryland’s COVID-19 response.
- ***Ambulance @ Hospital Dashboard (@HA):*** MIEMSS continues to work with various EMSOPs to submit their CAD data to ImageTrend® in order to populate the @HA Dashboard in near-real time.
- ***Mobile Integrated Health (MIH):*** Since October 2020, MIEMSS has been working with the Statewide EMS Advisory Council’s (SEMSAC) MIH Workgroup to implement ImageTrend®’s MIH module. EMSOPs have continued to utilize the MIH module within eMEDS® since quarter 1 of 2021.
- ***eMEDS® Support:*** eMEDS® support receives tickets from EMS clinicians, hospital personnel, and other stakeholders throughout the state for issues like password resets and login issues, access questions, report writer functionality, and other various needs.
 - o Email: emed-support@miemss.org
 - o Phone Number: (410) 706-3669
- ***Quarterly ImageTrend® Releases:*** MIEMSS and ImageTrend® have been working to minimize the amount of downtime that occurs during periodic updates to the eMEDS® site. Since quarter 1 of 2020, it was decided to stop automatic, twice-per-month updates from being pushed and to move to a quarterly update schedule. When these updates occur, the site will be updated to the latest version available from ImageTrend®. We do not expect any prolonged outage during these updates as all necessary precautions are being taken to prevent this. However, some updates may take up to six (6) hours to complete due to the complexity during these times.

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 (HIE). 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 NEMESIS data elements via XML. This was completed as of July 2021.
- 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 (MIH) charting module for eMEDS® used by a number of counties.
- Commencing a project to develop products to serve as replacements for MEMRAD components, including CHATS and FRED.
- Working to integrate hospital outcomes data into eMEDS® for review by EMS clinicians.
- Creating a portal whereby paramedics can access clinical health data for their patients at the bedside.

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 MDH’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. This new EMS module is available to other states for the purposes of integrating EMS data with ESSENCE. These technical aspects of this program were recently completed.



Hospital Programs

Trauma and Specialty Centers. The following COMAR Regulations are in the “State” process for promulgation:

- *General Provisions* – Approved by the EMS Board and is going through the DSD process
- *Perinatal Standards* – Approved by the EMS Board and is going through the DSD process
- *Pediatric Trauma* – Approved by the EMS Board going through the DSD process

MIEMSS will be updating the Maryland State Trauma Registry with the American Association for Automotive Medicine Association Abbreviated Injury Scale by August 1, 2022.

Trauma and Specialty Center Programs due for re-designation in CY 2023 have submitted their Letters of Intent. A notice was published in the April 8, 2022, edition of *The Maryland Register* listing the centers seeking re-designation. Application to the centers due for re-designation in CY 2023 were mailed out to the centers and due back to MIEMSS by October 21, 2022.

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 mission of the Cardiac Arrest Steering Committee (CASC) is to improve cardiac arrest survival in all communities in Maryland. In the past year, the CASC has been evaluating two new educational and implementation strategies that utilize feedback of high-fidelity simulation data on CPR performance to EMS clinicians and on telephone CPR data to 9-1-1 Specialists. Results of these trials are positive and have been presented to the 9-1-1 Board and to SEMSAC. Plans are underway to share the results of these pilot programs and identify a few early-adopter communities that may be interested in trying new educational and quality improvement strategies to improve survival in their communities.

EMS Preparedness and Operations

General Report:

Work continues within several active workgroups; these include:

- **Crisis Scene Collaboration Workgroup.** This group was formed to identify best practices, training and tools to assist Fire/EMS and Law Enforcement (LE) personnel to safely and effectively work together in assisting agitated individuals at incident scenes. This workgroup is made up of representatives from Fire/EMS departments, Medical Directors, LE, mental health clinicians, the Attorney General’s Office, and a civil rights expert. The workgroup has met three times and is currently collecting expert advice and information and completing a draft guidance document.
- **Active Assailant Interagency Workgroup.** This workgroup continues efforts in support of Governor Hogan’s Executive Order “Active-Assailant Incident Preparation and Coordination”, issued in February 2019. 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. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, LE, and other organizations. Several

subcommittees continue to make progress towards completion of identified goals and objectives.

Last year, the workgroup completed work on a new website, <https://aaiwg.maryland.gov>, where workgroup and related materials are located. The focus in the coming year will be on community outreach and recovery. Recovery efforts will focus on emergency people search and family support to assist those involved in or affected by active assailant events.

A statewide symposium will be held in Annapolis on October 14, 2022. Additional information will be available as the symposium planning is completed.

- **Responder Health and Wellness Workgroup.** In 2019, a workgroup was formed with the goal of improving the health and wellness of Maryland's first responders. The group brings together critical incident stress management and peer support team members from Fire/EMS, LE, 9-1-1 centers, and commercial ambulance agencies. Licensed mental health clinicians also support the workgroup. Efforts have resumed following a pause stemming from the COVID-19 pandemic. The vision of this group is to ensure that *Every Maryland first responder has the health and wellness knowledge and support necessary to thrive.*

Field Operations:

- Working with state, federal, and local partners on the Baltimore National Disaster Medical System (NDMS) plan update.
- Planning and evaluating a next-generation Maryland Emergency Medical Resource Alerting Database (MEMRAD) system for MIEMSS.
- In conjunction with the Regional Coordinators and SOCALR Director, continuing to distribute Personal Protective Equipment (PPE) and COVID-19 Test Kits (PCR and Antigen) to Maryland Public Safety and Commercial EMS Agencies.
- In conjunction with our Data Manager, continuing to work on pre-hospital patient care report data (eMEDS®) integration and analysis with the Maryland Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) team. MIEMSS recently completed an opioid analysis project with the Maryland Department of Health (MDH) and the Johns Hopkins Applied Physics Lab.

EMRC/SYSCOM:

- Initiated, participated and critiqued the recent NCR MCI Drill. This drill featured a scenario based in Prince George County. Bed statuses for 100 patients were requested and documented. A brief review was drafted for the NCR group.
- Advertised, interviewed and hired three (3) new contract employees to augment the EMRC/SYSCOM "full-time" crews.
- Began reviewing SOPs and guidance documents to identify areas for revision and updating.
- Completed the hiring process for the EMRC/SYSCOM "Deputy Director" position.
- Completed the promotional process to fill the vacant "B" Shift Lead/Supervisor position.
- Began the recruitment process for two (2) vacant EMSCO-I positions.

Programs:

- **Automatic Electronic Defibrillator (AED) Program.** The Region IV office is responsible for managing the AED registration and renewal process as required by COMAR and the Annotated Code of Maryland. For the month of April 2022, they have:
 - o processed 21 program renewal requests,
 - o renewed 435 AEDs located at sites throughout the state,
 - o processed 9 new programs,
 - o approved the placement of 32 new AEDs at sites throughout the state, and continue to answer a multitude of questions from organizations participating in the program.

- **Critical Care Coordination Center (C4).** MIEMSS continues to utilize the C4 to help physicians identify available hospital critical care resources when patient transfers are necessary. Over 3,000 assists have been generated. C4 is staffed with two (2) critical care coordinators and a 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. MIEMSS has expanded the C4 to include Pediatrics. "C4-Pediatrics" provides an EMS Coordinator and Central Advisor Pediatric Physician available 24/7 by phone. C4-Pediatrics provides consultation and facilitates the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit utilizing the intensive care bed surveillance system at MIEMSS. The phone number for C4 and C4-Peds is the same (410-706-7797), with option #1 connecting to the Adult ICU coordinator and physician team and option #2 connecting to the Pediatric coordinator and pediatric emergency care and critical care physician team.

- **Voluntary Ambulance Inspection Program (VAIP).** The VAIP document has been completed and posted to the MIEMSS website in conjunction with the 2022 *Maryland Medical Protocols for Emergency Medical Services*; go to <https://miemss.org/home/vaip>.

Regional Highlights:

- **Regions I and II:**
 - o Regional Coordinators continue to deploy rapid and PCR tests to public safety EMSOPs.
 - o Regional Coordinators have been visiting hospital emergency departments to offer assistance during latest surge with several facilities under "crisis standards of care".

- **Region III:**
 - o Supporting multiple grants, including the Cardiac Devices, Advanced Life Support Training, and Naloxone Leave-Behind Grants.
 - o Preparing for Voluntary Ambulance Inspections.
 - o Preparing for base station site surveys for Region III hospitals.
 - o Working on an IRB application for the ALS Protocol Orientation Study.
 - o Leading the NCR Regional Trauma Plan development.
 - o Preparing to submit two manuscripts to peer-reviewed journals.

- **Region IV:**
 - o Updating the Voluntary Ambulance Inspection Program incorporating minor enhancements and the 2022 EMS Protocol additions.
 - o Continue to support Winterfest / Miltenberger online conferences. This online continuing education content will remain available through December 31, 2022.
 - o Continue working with several recipients of the Cardiac Device grant to assist them with their reimbursements.
 - o Working with various stakeholders in the First Responder Health and Wellness area on statewide projects.
 - o Assisting two Region IV jurisdictions with ELITE enhancements.
 - o Assisted EMSOPs with data reporting.
 - o Region IV staff continue to support Maryland’s continuing COVID-19 response efforts.
 - o Currently facilitating Hospital Base Station re-designations for two hospitals in Region IV.
 - o Providing support to Region IV EMS Clinicians needing assistance with licensure.
 - o Supporting the needs of emergency departments within the region with coordination for various resources provided by MIEMSS.
 - o Supported Region III Education Council at EMS Care 2022.

- **Region V:**
 - o Continue to support Maryland’s COVID-19 response efforts.
 - o Lead vendor relationship and provided staffing for EMS Care 2022.
 - o Continue to work on EMS Bases Station Updates
 - o Continue to meet with and support EMS Operational Programs
 - o Continue to work with the MWCOG to support inter-agency development.



Emergency Medical Services for Children

Emergency Medical Services for Children Department (EMS for Children). The EMSC Department coordinates the state Pediatric Emergency Medical Advisory Committee (PEMAC) and Pediatric Data Analysis Research Team (DART) meetings with ongoing subcommittees and a workgroup focused on protocol revisions and EMS data analysis. PEMAC will meet on July 6, 2022, with afternoon work focused on reviewing the Pediatric Cardiac protocols and the development of an educational bundle for EMS Clinicians. The annual Pediatric EMS Champions Forum was held in person on May 12-13, 2022, as a preconference to EMS Care 2022. The instructor training content focused on Pediatric TOR, delivering compassionate news of the death of a child, resilience for both children and clinicians, and the development of additional pediatric clinical scenarios for local training. Pediatric EMS Champions are supporting the Pediatric HPCPR and PEPP Courses offered by EMSC this summer. The next Champion forum is scheduled on July 20, 2022, and will feature a presentation on Pediatric Asthma assessment and management.

C4-Pediatrics, launched on October 1, 2021, and led by Dr. Jen Anders, includes a team of pediatric emergency medicine and pediatric critical care physicians along with additional paramedic coordinators. The Central Advisor Pediatric Physician (CAPP) is available 24/7 through the same statewide access phone number as C4. C4-Pediatrics will provide consultation and facilitate the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit when the normal referral patterns are not currently able to accept a transfer.

The EMSC Department coordinates four (4) different grant programs that remain funded:

- **EMSC State Partnership Grant** (federally funded by HRSA/MCHB) focuses on federal performance measures specific to emergency care in EMS and emergency departments. PEPP 4th edition hybrid course is scheduled for July 10 in Southern Maryland and October in Central Maryland. The Family Advisory Network (FAN) 2021-2022 project focuses on the dissemination of Safe Sleep education and creating teaching resources for EMS and ED public education. Fifteen interactive displays are located across Maryland through Safe Kids coalitions, Safe Kids Community Partners, and Risk Watch teams. This project is one of four presentations at the MSFA Convention in June. The others are CPS Update, Bike Safety Community Events, and Pediatric Cardiac Arrest: Improving Outcomes. Contact the EMSC program at PEPP@miemss.org.
- **Child Passenger Safety and Occupant Protection (CPS & OP) Healthcare Project** (federally funded by NHTSA through the Maryland Highway Safety Office [MHSO]). The project's 22nd year of funding began on October 1, 2021. It 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, KISS program at MDH, EMS agencies working on CPS, and hospital EDs and nurseries to provide education and car seat resources. Vehicular Heatstroke Prevention Awareness is ongoing, with in-person outdoor thermometer displays and social media education. CPS Webinars are scheduled for summer and fall – flyers will be out soon. This grant year includes a pilot program to provide “3 in 1” Car Seats (seats that can be used for infants, toddler and older children) for EMS Agencies to use when the child is not the patient and needs to be transported safely. Allegany, Washington, Calvert, and Ocean City EMSOP are participating in this pilot. CPS Updates on how & why car seats protect children was a breakout session at both EMS Care Conference and MSFA Convention 2022 in Ocean City. Contact the project at cps@miemss.org.
- **Bike Helmet Safety Project** (state funded through the MHSO) is about to start a sixth year of funding. During the first five years, almost 4,100 bicycle helmets have been distributed through Safe Kids coalitions and community partners, Trauma Centers, and Pediatric EMS Champions. Bike safety educational materials are available and new display signs are available for returning to in-person outreach and education. Bike helmets have been ordered for spring outreach by participating partners. A new educational poster is now available on the Anatomy and function of the Brain along with the importance of using a helmet. Contact bikesafety@miemss.org for more information or to request educational materials.
- **Safe Kids Maryland** state coalition continues to provide prevention information through social media and articles in *Maryland EMS News*. The spring meeting on March 2 featured presentations from the Maryland Poison Center and Safe Kids Worldwide “Ready to Roll” programs. September 7, 2022, meeting will be at 12:30 p.m. following PEMAC. Contact safekidsmd@miemss.org to join the email event announcements.

Maryland Safe Kids Coalition, EMSC Family Advisory Network, and Maryland Risk Watch teams continues to lead the “Steps to Safety” at the MSFA Convention with support from the MSFA Fire and Injury Prevention/Life Safety Committee. Eight Steps to Safety prevention interactive training stations were provide to children, families, and injury/fire prevention advocates at the MSFA Convention in June 2022. 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.

Dates to Save:

- **Mid-Atlantic Life Safety Conference: September 20, 2022**, at the JH Applied Physics Lab in Laurel Maryland. Brochure and online registration to be available soon.

Recent News

For Some, Path to Paramedic Profession Cuts Through MD’s Garrett College. Hanna Taranto’s path into the emergency medical services industry began when she joined the Fountain Volunteer Fire Department in Mineral County, West Virginia, despite having no prior experience. “I wanted to get involved in the community and better myself,” said Taranto, who then ran calls for several months, completed emergency medical technician classes, and then decided to expand her career path. “I made the decision to continue my education and move forward into the paramedic program,” said Taranto just before graduating from Garrett College of Maryland’s paramedic program. Read more here: <https://www.jems.com/best-practices/for-some-path-to-paramedic-profession-cuts-through-mds-garrett-college/>.

UM BWMC Physician Serves Anne Arundel County Residents in Many Ways. It’s not uncommon for University of Maryland Baltimore Washington Medical Center (UM BWMC) physician Dr. Jonathan Wendell to respond to high-level calls from his Severna Park home, offering his assistance when it can make the difference for a patient in urgent need of care. That dedication is just one reason why Wendell was honored by the Maryland Chapter of the American College of Emergency Physicians (MD ACEP) as its EMS Physician of the Year at its annual meeting on April 21 at the BWI Airport Marriott in Linthicum. Read more here: <https://www.severnaparkvoice.com/stories/um-bwmc-physician-serves-county-residents-in-many-ways,39011>.

NEMSIS Data Update. Each month, the National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center (TAC) shares an activity report which highlights achievements that are but small glimpses of the efforts underway to continually improve the collection, analysis, and use of EMS data. According to the interactive [V3 State Map](#) on the NEMSIS website, 53 participating states and territories now regularly submit data to the National EMS Database, up from 47 a year ago. Data

submissions in 2021 totaled nearly 49 million activations, a substantial increase from the 2020 total of approximately 43 million. These submissions contributed to a total of over 168 million unique records in the NEMSIS v3 standard database by year's end. Read more here: https://www.ems.gov/newsletter/summer2022/NEMSIS_Data_Update.html.



Prevention

MDH Launches New GoVAX Campaign Featuring Maryland Families Stressing the Importance of Vaccinating Against COVID. The Maryland Department of Health (MDH) launched a new series of television, radio and social media ads today featuring Maryland families from across the state, who share their reasons for vaccinating against COVID-19. The new series is part of the state's ongoing GoVAX campaign. "We want parents and guardians to hear from other families about the choices they made to protect themselves and their families. They need to be able to make informed choices based on their own research and information available about safety and effectiveness," said MDH Secretary Dennis R. Schrader. "Marylanders want to do what they can to protect themselves and their communities, and most agree vaccines are our best defense against COVID-19." Read more here: <https://health.maryland.gov/newsroom/Pages/MDH-launches-new-GoVAX-campaign-featuring-Maryland-families-stressing-the-importance-of-vaccinating-against-COVID.aspx>.

2022 August/Labor Day Impaired Driving Prevention Campaign Materials Now Available. The 2022 impaired driving national enforcement mobilization "Drive Sober or Get Pulled Over" goes into effect across the country from August 17 to September 5, 2022. Impaired driving - one of the deadliest and most often committed, yet preventable crimes – has become a serious safety epidemic in our country. Research shows that high-visibility enforcement can reduce impaired driving fatalities by as much as 20%. This is why NHTSA has prepared these campaign materials to maximize participation in this year's high-visibility enforcement mobilization campaign. Read more here: <https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/drive-sober-or-get-pulled-over/national-mobilization>.

First Responder Mental Health and Suicide. Working in EMS can be as rewarding as it is challenging, but little research has examined exactly how hard the job can be. More specifically, few studies have looked at exactly how big a problem mental health issues and suicide are among first responders, what makes professionals vulnerable, or how best to address these issues. Answering those questions is why the National Highway Traffic Safety Administration (NHTSA) Office of EMS (OEMS) has partnered with the Centers for Disease Control and Prevention (CDC) and its National Institute for Occupational Safety & Health (NIOSH) to better understand first responder mental health and suicide. Read more here: https://www.ems.gov/newsletter/fall2021/first_responder_mental_health_and_suicide.html.



2022 Educational Programs

Winterfest & Miltenberger 2022 EMS Conferences. The Winterfest & Miltenberger 2022 EMS Conferences are now available through the newly revamped MIEMSS Online Training Center! All content is eligible for BLS and ALS continuing education credits. Nursing continuing education credits will be available on or before April 1, 2022. Course content will be available through December 31, 2022. Go to <https://www.emsonlinetraining.org>.

2022 EMS Care. This year's EMS Care, held May 11-15 in Ocean City, was a success! There were 192 clinicians who received CEUs for the conference. Those CEUs are reflected in the Education Report in eLicensure.

EMT Stipend Program. MIEMSS has processed 339 applicants for the stipend and will continue to process them until June 30, 2023. Applicants should monitor their spam folders for correspondence and instructions on how to proceed to the next step. Email abrethauer@miemss.org if you have questions.

Save the Date: Critical Issues in Trauma 2022. Saturday, November 12, 2022, 8:00 a.m. – 12:00 p.m., Suburban Hospital Auditorium. Four hours of trauma-related continuing education.