



A MESSAGE FROM THE EXECUTIVE DIRECTOR

As we start a new year, we are amidst serious challenges to our health care system. On December 28, COVID-related hospitalizations eclipsed the January 2021 peak of 1,952. Hospitals and other health care facilities are stressed significantly, causing them to adapt in unprecedented ways. Undoubtedly, you are in the fray. Please take a few minutes to familiarize yourself with the information included here. It is meant to help you. Most importantly, take care of yourself. Make sure you are nourished and rested. Your first priority has to be you! If you still haven't been vaccinated for COVID-19, I urge you to re-consider. I'm happy to discuss what I know (and what I don't) with anyone who needs help deciding. I'll even arrange for a vaccine to be brought to you. It's just that important! Thank you for all you do, your commitment, your expertise, and your unwavering dedication to helping others, and for making Maryland a better place to be.



DR. TED DELBRIDGE
MIEMSS Executive Director

PROTOCOLS YOU NEED TO KNOW

■ **Direct to Triage Protocol.** Are you waiting in a hospital hallway with a stable patient? Please consult the Direct to Triage Protocol: https://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/Direct-To-Triage-Protocol-20211012.pdf?ver=2021-10-29-175907-283.

There are currently eight jurisdictions participating in this optional protocol. The protocol is a tool that enables EMS clinicians to quickly identify stable patients suitable for ED triage/waiting room. This protocol is safe and effective in reducing ambulance wait time at the emergency department.

When this protocol is utilized, EMS clinicians may bring their patient into the emergency department through the waiting room entrance, NOT the ambulance entrance. Patient information should be communicated to registration and hand-off should be completed with the triage nurse.

■ **Pandemic Triage Protocol.** The Pandemic Triage Protocol (https://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/2019-Protocol-COVID-19-Viral-Syndrome-Pandemic-Triage-Protocol-20200317.pdf?ver=2020-04-07-221011-260) remains available for assisting EMS clinicians in identifying patients that may be appropriate to care for themselves safely at home, without transport to an emergency department. EMS clinicians should use this protocol for patients presenting with suspected viral syndrome (flu-like illness). During a time of unprecedented surge in hospital volume, this critical step can preserve resources for the sickest patients and enable stable patients to remain at home with appropriate home care instructions. Notably, patients screened using the pandemic triage tool in eMEDS® had a less than 5% chance of requiring a subsequent hospitalization in the following 24 hours.

VACCINE UPDATES

Getting vaccinated against COVID-19, including getting your booster when appropriate, remains the best defense against severe COVID-19 illness. Unvaccinated patients account for ~75% of patients admitted to the hospital.

Similarly, the seasonal flu also remains a significant threat. This winter's overlapping flu season and COVID-19 surge underscore the need for maximal preventive measures. Accordingly, MIEMSS urges all EMS clinicians to receive a seasonal flu vaccine in addition to COVID vaccination. EMS clinicians should take every opportunity to get these vaccines if you have not already done so.

To find the dates, times, and locations for seasonal flu and COVID-19 vaccination clinics near where you live or work, click on the links below to find more information from the Maryland Department of Health:

- <https://health.maryland.gov/phpa/influenza/Pages/getvaccinated.aspx>
- <https://coronavirus.maryland.gov/pages/vaccine>

PPE AND CLINICAL

In addition to vaccination, PPE is one of your best defenses to prevent transmission of COVID. Here a few reminders:

- EMS clinicians should continue to wear, at minimum: gloves, eye protection, and a surgical mask on ALL calls. Fit-tested N-95 masks should be used if there is any suspicion of COVID illness.
- All patients transported by EMS should wear a surgical mask.
- Clinicians should ALWAYS don the appropriate PPE before initiating care for any patient, including patients in cardiac arrest.
- As always, handwashing remains one of the best ways to mitigate the spread of infectious diseases.

For the complete COVID-19 EMS guidance document, please visit <https://www.miemss.org/home/infectious-diseases>.

AT HOSPITAL AMBULANCES (@HA)



MIEMSS has developed and released a web-based application showing ambulance activity at the many hospitals utilized by Maryland's jurisdictional EMS clinicians. 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, or Unit Count. If there are no units at a hospital, then the hospital is not listed (unless there is an associated CHATS Alert). A map, available on the dashboard, shows which jurisdictions are supplying data and those yet to come onboard.

Visit the @HA Dashboard at <https://aha.miemss.org/dashboard>.

FREE and CONFIDENTIAL SUPPORT FOR MARYLAND FIRE AND EMS PERSONNEL

Maryland COVID-19 Crisis Support Program

*Funding provided by the State of Maryland through the Maryland Institute for Emergency Medical Services Systems (MIEMSS)
and the Maryland Department of Health Behavioral Health Administration (BHA)*

Thank you for your work during this challenging time. Your dedication to your mission is extremely important and may have caused you significant stress. We encourage you to take care of yourself. Free support services for Fire and EMS Departments as well as individuals are available.

PLEASE NOTE:

Individual services are confidential; participation is not reported to your department/employer.

Free support services include:

- **Individual Counseling**
- **Bereavement Coaching/Counseling**
- **Self-care/Stress Management Education**
- **Group Support for specific workgroups/shifts**
- **Critical Incident support for specific traumatic events**
- **Management Consultation for sustaining employee wellbeing**
- **Wellness/Stress Management facilitated discussions for all employees**

Services are provided virtually by the Workplace Trauma Center (WTC) licensed mental health clinicians. Clinicians and MIEMSS staff can provide technical support as needed. Onsite support may be available as State guidelines allow.

Get Help Now

To receive mental health support services for yourself or your organization visit:

bit.ly/marylandcovidsupport . We will get back to you within 24 hours.

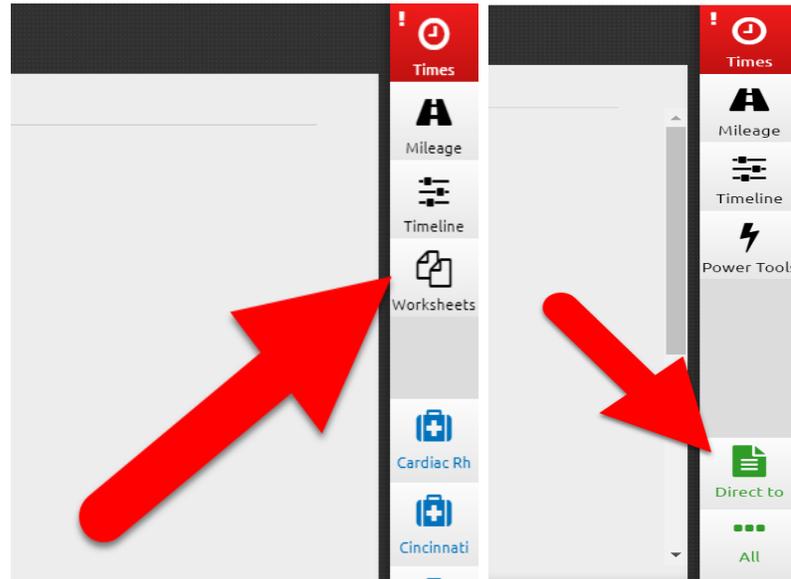
If you have an urgent request, please contact MIEMSS at 1-800-648-3001.

For general inquiries, email miemss.crisisresponse@maryland.gov





The Direct to Triage Protocol was approved by the EMS Board on October 12, 2021 as a jurisdictional optional protocol. A new EMS Worksheet called “Direct to Triage Protocol” is now available in eMEDS to facilitate documentation. In order for the worksheet to be visible to clinicians in your jurisdiction, the EMSOP must have applied to the State EMS Medical Director for use of the protocol.



At this time, the worksheet is not validated by MIEMSS. However, EMSOPs may utilize local validation rules to require that this worksheet be completed (i.e. appears red on the run form).

If the patient is delivered to the ED triage area, the destination information should be documented as follows:

Destination Info

City, Northern Area

Destination Name: [blurred]

Destination/Transferred To, Code: [blurred]

Type of Destination: Hospital - ER Dept

Department Taken To: Hospital-ED Triage / Waiting Room

Hospital Capacity with Patient Condition: [blurred]

Reason for Choosing Destination: Find a Value...

For additional questions, please contact emeds-support@miemss.org.



Maryland Institute for Emergency Medical Services Systems Viral Syndrome Pandemic Triage Protocol eMEDS® Guidance

Thursday, December 30, 2021

As of Thursday, December 30, 2021, the Viral Syndrome Pandemic Triage Protocol has been made available in eMEDS® for all jurisdictions. This protocol is located in the COVID-19 section, under, “On Scene Screening.” The on screen tool uses visibility rules, and is dynamic so that when a patient no longer qualifies for this protocol, there will no longer be additional information needed.

The screenshot shows the eMEDS interface with the 'On Scene Screening' form. The left sidebar has a 'COVID-19' section expanded to show 'On Scene Screening'. The main form area has a 'Viral Syndrome Pandemic Triage Protocol Used?' question with 'Yes' and 'No' buttons. A red arrow points to the 'Yes' button. Below this is a 'Patient Phone Numbers' section with an 'Add' button. The bottom status bar shows '-82 Validation' and 'Status: In Progress'.

If the patient does qualify to remain at home, the following dispositions should be utilized in eMEDS:

- **Primary Role of the Unit at End of Incident:** Non-Transport - Other Reason
- **Treatment & Transport Disposition:** Treated and Released Per Protocol

The screenshot shows the eMEDS interface with the 'Disposition' form. A red box highlights the 'Primary Role of the Unit at End of Incident' dropdown menu, which is set to 'Non-Transport - Other Reason', and the 'Treatment & Transport Disposition' dropdown menu, which is set to 'Treated and Released Per Protocol'. The form also includes fields for 'Were you the first EMS Unit on Scene?', 'Number of Patients on Scene', 'Unit Arrived on Scene Date/Time', and 'At Patient Side Date/Time'. The bottom status bar shows '-82 Validation' and 'Status: In Progress'.

For additional questions, please contact emedss-support@miemss.org