

Maryland EMS News



For All Emergency Medical Clinicians

Vol. 48 No.1

January 2022

New Bill Seeks to Continue Paramedics' Role in Vaccinating Public

AS PART OF THE RESPONSE TO THE PANDEMIC, Maryland EMS clinicians administered over 100,000 COVID-19 vaccinations from early 2021, when the vaccines first became available, through September 1, 2021. In partnership with local health departments and hospitals/hospital systems, EMS clinicians administered more than 80,000 vaccinations to members of the public and an additional 21,000 COVID-19 vaccinations to State, county, and local government public safety personnel. Nearly every EMS public safety jurisdiction in the State participated in the vaccination effort throughout Maryland, as did several commercial ambulance services. EMS clinicians not only administered COVID-19 vaccinations, they also supported the operation of vaccination clinics, including obtaining patient consent, preparing syringes for vaccine adminis-



tration, and monitoring patients for adverse reactions.

EMS participation in COVID vaccination initiatives for the public, however, is time-limited: without a change in Maryland law, Paramedics will be unable to administer these vaccinations to the public after January 1, 2023. Fortunately, a bill introduced in the Maryland General Assembly will extend the ability of paramedics to administer COVID-19 vaccinations for several for more years.

House Bill 286, sponsored by Delegate Anne Kaiser from Montgomery County, seeks to extend to 2026 the ability of paramedics to partner with health departments and hospitals to provide COVID-19 and influenza vaccines to the pub-

(Continued on page 14)

Governor Issues COVID-19 State of Emergency

ON JANUARY 4, GOVERNOR LARRY HOGAN declared a 30-day State of Emergency and Catastrophic Health Emergency in order to take urgent short-term actions to combat the current COVID-19 surge. Additionally, the Governor issued an Executive Order to authorize the MIEMSS Executive Director and the Chair of the State EMS Board to suspend certain statutory and regulatory provisions in order to augment the EMS

workforce and improve response to the state of emergency.

The EMS Board and MIEMSS have issued five (5) Public Notices taking action under the additional authority granted by Governor Hogan in his January 4 emergency orders.

■ **Public Notice #1 – Administration of Vaccinations** – authorizes EMTs and CRTs and Paramedics to administer seasonal influenza and Coronavirus vaccines and boosters

under the direction of an EMS operational program medical director as part of an EMS clinician occupational health program or part of a public health outreach effort coordinated by a local health department or Maryland Hospital or Health System, until the state of emergency has been terminated and the proclamation of the catastrophic health emergency

(Continued on page 14)

FOR TABLE OF CONTENTS, PLEASE SEE PAGE 2

COVID-19 Guidance

MIEMSS IS PROVIDING GUIDANCE

on recommended steps for EMS operational programs. The current omicron strain of COVID-19 is highly transmissible. EMS clinicians should continue to pay meticulous attention to using appropriate personal protective equipment (PPE). EMS is part of the health care environment, and these guidelines are based upon CDC and 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 con-



dition 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.

- CDC recommends mask use (at minimum, a surgical mask) when gathering with others indoors during times of substantial or high COVID transmission.

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. ■

IN THIS ISSUE

■ New Bill Seeks to Continue Paramedics' Role in Vaccinating Public	1
■ Governor Issues COVID-19 State of Emergency	1
■ COVID-19 Guidance	2
■ EMS Transfer of Care Times	3
■ Elizabeth Wooster Joins MIEMSS Team	6
■ Beverly Witmer Joins MIEMSS Team.....	7
■ PEPP-4 Hybrid Course Coming in Early 2022.....	8
■ Pediatric Continuing Education	8
■ Winterfest & Miltenberger 2022 EMS Conferences.....	9
■ National Burn Awareness Week.....	12
■ EMS Compliance Update	13
■ Maryland COVID-19 Crisis Support Program	13
■ MHSO News.....	15
■ Jarboe	16

EMS Transfer of Care Times

WITH THE SURGE IN COVID-19 cases and staffing shortages across the health care system, EMS to Emergency Department transfer of care times have increased significantly over the past several months. These extended, often hours-long delays at the hospitals have impeded the ability of jurisdictions to respond to incoming 9-1-1 calls.

MIEMSS encourages leaders to continue collaborative discussions with hospitals on strategies to transfer care from EMS to hos-

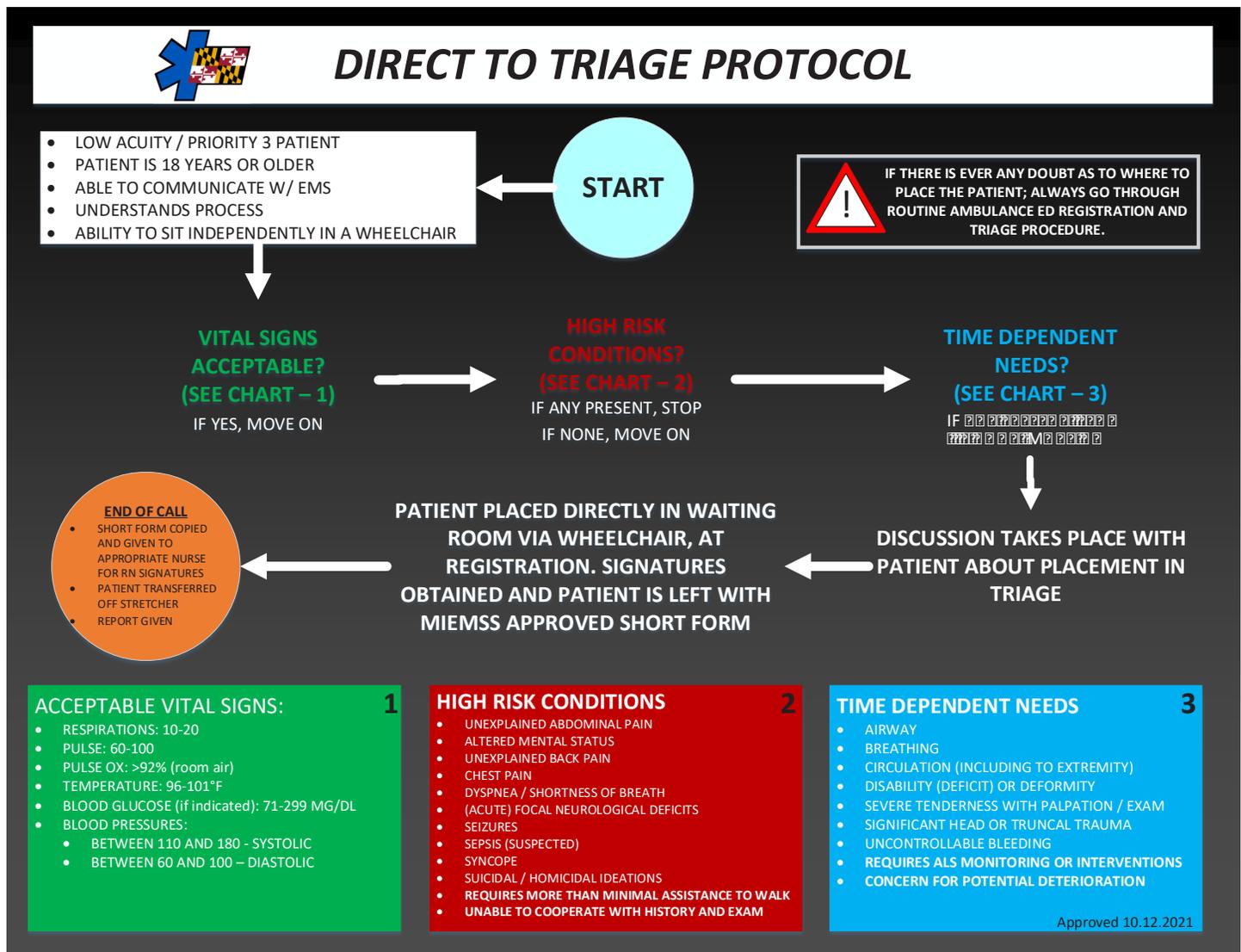
pital staff in an efficient fashion. In addition, MIEMSS also recommends maximizing use of the following tools:

■ **Pandemic Triage Protocol.** This protocol (*see pages 4-5*) is a safe and effective measure to evaluate patients who may be able to remain at home and advise them about self-care. Please reinforce use of this protocol with EMS clinicians in your jurisdiction.

■ **Direct to Triage Protocol.** This protocol (*see below*) enables delivery

of stable patients to the ED triage waiting area. Of note, it is important that the patient report is 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 these unprecedented challenges in our health care system. MIEMSS will continue to advocate for additional strategies and resources to provide assistance in any way possible. ■



15.36

**Optional Supplemental Protocol –
VIRAL PANDEMIC: TRIAGE PROTOCOL
(ALTERNATIVE DISPATCH PROTOCOL DURING PANDEMIC ILLNESS)**

Viral Syndrome Pandemic Triage Protocol	
EFFECTIVE March 17, 2020, until rescinded or superseded For Use by BLS and ALS Clinicians	
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient is between 2 and 55 years	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient has a suspected viral syndrome with at least two (2) of the following symptoms: fever, cough, body aches, or sore throat	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient has a history of immunosuppression, or is taking medicines that depress the immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient has a history of diabetes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient has a history of heart disease	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient has a history of COPD or lung disease	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient has a heart rate between: 50 - 110 bpm (age 13 - 55 years); (age 2-5 years: 80 - 140 bpm; age 6 - 12 years: 70 - 120 bpm)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient has a systolic blood pressure between: 110 - 180 mmHg (age 13 - 55 years); (age 2 - 5 years: > 80 mmHg; age 6 - 12 years: > 90 mmHg)	
<input type="checkbox"/>	<input type="checkbox"/>
Oxygen saturation (SpO2) greater than or equal to 94%	
<input type="checkbox"/>	<input type="checkbox"/>
Clear lung sounds	
<input type="checkbox"/>	<input type="checkbox"/>
Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of shortness of breath	
<input type="checkbox"/>	<input type="checkbox"/>
Patient is able to ambulate without difficulty	
<input type="checkbox"/>	<input type="checkbox"/>
Patient is agreeable to home self-care	
<p>ANY CHECKS in a shaded box indicate that patient transport should be encouraged.</p> <p>If ALL CHECKS are in non-shaded boxes, patient may provide self-care at home. Refer to no-transport instructions for patients.</p> <p>Any patient may be transported at the EMS Clinician's discretion.</p>	
<small>This emergency protocol was issued by the Maryland Institute for Emergency Medical Services Systems, after approval by the Executive Director and Chairman of the State Emergency Medical Services Board, in response to the COVID-19 pandemic, and in accordance with Education Article Section 13-516(d)(1) and COMAR 30.03.05.02(l) and a catastrophic health emergency proclamation.</small>	

Optional Supplemental Protocol: Viral Pandemic – Triage Protocol 15.36

**Optional Supplemental Protocol –
VIRAL PANDEMIC: TRIAGE PROTOCOL
(ALTERNATIVE DISPATCH PROTOCOL DURING PANDEMIC ILLNESS) (continued)**

15.36

Maximize the Use of Limited Resources Alternative Dispatch Protocols

Dispatch Priority Level (match vendor or call center based dispatch protocol/tiered algorithm)	Response (Standard Operating Mode)	Level 1(A) Activation of Card 36 and ONLY for use in 6, 10, 18, and 26 DSS1 BELOW IS BACK UP STRATEGY FOR EMD WITHOUT CARD 36	Level 2(B) Implement Declining Response / Configuration CAD Table (Moderate) + Card 36 (6,10,18 & 26) DSS2	Level 3(C) Implement Declining Response / Configuration CAD Table (Severe) + Card 36 (6,10,18 & 26) DSS 3
Classification 1 (*Echo) Confirmed Cardiac Arrest (Not Breathing, Unresponsive per 911 call) (MPD cards - 2, 6, 9, 11,15, 31)	Closest AED Unit <u>and</u> Closest 1st Responder <u>and</u> Closest ALS Ambulance	Closest AED Unit <u>and</u> Closest 1st Responder <u>and</u> Closest BLS Ambulance if available	-Closest AED Unit and -Closest 1st Responder if available	- Closest AED Unit if available - If no unit available, no response
Classification 2 (*Delta) Life Threatening Emergency/Potentially Life Threatening/Confirmed Unstable Patient(s)	Closest 1st Responder <u>and</u> Closest ALS Ambulance	- Closest 1st Responder <u>and</u> Closest ALS Ambulance if available; - BLS ambulance if ALS unit not available	Closest 1st Responder <u>and</u> Closest Ambulance available (ALS or BLS)	- Closest 1st Responder <u>and</u> Closest Ambulance if available (ALS or BLS)
Classification 3 (*Charlie) Non-Critical/Currently Stable Patient(s) Requiring ALS Assessment	Closest ALS Ambulance	Closest Ambulance available (ALS or BLS)	Closest Ambulance available (ALS or BLS)	- Closest 1st Responder if available or - Closest stand-in responder unit
Classification 4 (*Bravo) BLS Assessment for unknown/possibly dangerous scenes	Closest 1st Responder <u>and</u> Closest BLS Ambulance	Closest 1st Responder <u>and</u> Closest BLS Ambulance if available	Closest 1st Responder	- Trauma Closest 1st Responder - Medical Referral to Nurse or Health Department Advice Phone service if available; or self-transport to Alternate Care Site
Classification 5 (*Alpha) BLS Treatment	BLS Ambulance	Alternate Care Referral	Alternate Care Referral	Alternate Care Referral
Classification 6 (*Omega) Non-Ambulance Care	Alternate care such as Poison Control Center; Police/Fire service call, etc.	Alternate care such as Poison Control Center; Police/Fire service call, etc.	Alternate care such as Poison Control Center; Police/Fire service call, etc.	Alternate care such as Poison Control Center; Police/Fire service call, etc.

Optional Supplemental Protocol: Viral Pandemic – Triage Protocol 15.36

Elizabeth Wooster, PhD, RN, MSN, MS, MsEM, Joins MIEMSS as Director of Trauma & Injury Specialty Care Programs

FROM HER EARLY DAYS AS AN emergency department technician in her native Charles County to serving as Trauma Program Manager at UPMC Western Maryland, Elizabeth Wooster's entire career has focused on frontline medicine.

"It's where my interest is," says Wooster, who joined the MIEMSS team as Director of Trauma & Injury Specialty Care Programs effective December 1, 2021. "Not knowing what you're receiving is part of the great interest for me – figuring out what you can fix, what you can't fix, and how to deal with what you can fix."

Under Code of Maryland Regulations (COMAR) 30.08.05, MIEMSS is responsible for oversight of the Maryland trauma system, the foundation of which is comprised of the nine Maryland-designated adult trauma centers and five categories of specialty referral centers: pediatric trauma, adult and pediatric burn, neurotrauma, eye, and hand/upper extremity. Adult trauma centers are designated at one of four levels of care (Primary Adult Resource Center, Level I, Level II, and Level III), which provides for the appropriate resources necessary to care for injured and ill patients across the state. In her new role as Director of Trauma & Injury Specialty Care Programs, Wooster also works with three out-of-state hospitals – MedStar Washington Hospital Center, Children's National Hospital, and ChristianaCare – to facilitate trauma services for injured patients requiring a higher level of care in outlying areas of the state.



Relationships matter. The greater understanding you have between agencies, and between the different professions, the better cooperation you have.

ELIZABETH WOOSTER
MIEMSS Director of Trauma & Injury Specialty Care Programs

"I genuinely care about patients," says Wooster. "That's my first priority and greatest concern, that the delivery of care to patients is professional and at an expert level." EMS clinicians, in her view, represent the critical first step in that Confucian thousand-mile journey toward wellness.

"They are the beginning," she explains. "They start this process, then they hand that process off to a

hospital." However, to be most effective, that dynamic relies on seamless integration between the two entities.

"Relationships matter," she notes. "The greater understanding you have between agencies, and between the different professions, the better cooperation you have." Pre-hospital clinicians and hospital personnel "need each other's expertise in order to advance medicine forward. It is only by marrying those things together that the public receives good care."

Indeed, Wooster sees an inherent nobility in the EMS profession. "I believe the greatest honor and privilege we have in life is to care for another human life," she says. "It's a daunting task, and a humbling adventure – I always look at it as an adventure." Remembering the "great privilege" of caring for others, she notes, has pulled her through the most challenging of days. "It rights you. It steers the needle back north again."

Outside the context of EMS, Wooster, an aficionado of the outdoors, enjoys fly fishing. "I'm a happier and better person the more I can be outside," she admits, especially during baseball season. Despite being an avid fan of the Washington Nationals, Wooster recalls holding season tickets at Camden Yards during her days working at the R Adams Cowley Shock Trauma Center.

"I love to go to O's games, too," she laughs. "The good thing is that they're in opposite leagues, so you can watch the Orioles and the Na-

(Continued on page 14)

Beverly Witmer Joins MIEMSS as Director of EMS Clinician Services

HAILING FROM A FAMILY WITH ROOTS in firefighting and EMS, Beverly Witmer's decision to become an EMT early in her life was practically inherent. However, it was while pursuing her undergraduate degree in education at Shepherd University that the West Virginia native resolved to combine her chosen field with her passion for providing emergency medical services.

"Working in both EMS and education I thought, 'Why not combine them?'" says Witmer, who joined the MIEMSS team in November 2021 as Director of EMS Clinician Services. "I decided I'd like to teach EMT, so I went to MFRI, completed all the classes that I was required to take, and started teaching EMT."

Over the ensuing two decades, Witmer continued to expand her own horizons, advancing to (and ultimately qualifying to teach) Paramedic, working in the private sector for a vendor of high-fidelity EMS and nursing program simulators, and eventually earning her master's degree. From there, she joined the faculty of Hagerstown Community College (HCC), where she spent eight years coordinating the school's Paramedic program, before cost-saving measures led to its discontinuation in 2020.

Witmer subsequently brought her unique skillset as a Paramedic Coordinator to the Howard County Department of Fire and Rescue Services Bureau of Education & Training. While there, she learned of a singular opportunity at MIEMSS as the agency restructures to better serve the needs of today's EMS per-



I think the most rewarding thing is helping others to be more comfortable in an EMS or education situation...[to make them] feel that they have the resources that they need to be a successful clinician.

BEVERLY WITMER

MIEMSS Director of EMS Clinician Services

sonnel.

Formerly the Office of Licensure and Certification before its renaming in 2021, the Office of EMS Clinician Services is charged with the licensure and certification of all Maryland EMS clinicians. To help ensure that the citizens of Maryland receive the most reliable and efficient emergency care, it is also re-

sponsible for providing training and continuing education opportunities to the state's volunteer and career emergency health care clinicians by administering MIEMSS' Online Training Center and approving all EMS Educational Programs.

"I provide oversight to the team when it comes to certification and licensure, making sure people are following the rules, following COMAR – things like that," explains Witmer, who sees an opportunity to help the Office of EMS Clinician Services evolve.

"I would really love for us to have a more positive influence, and be viewed more as a resource for clinicians and EMS programs," she continues. In addition to a forthcoming overhaul of the MIEMSS website, Witmer emphasizes the need for providing more education opportunities in a "technology-driven" world, especially in the context of partnerships with other programs and agencies.

"When I first started in EMS in Maryland, there was a great video that MIEMSS and the Maryland State Police put out regarding pediatric immobilization," she recalls. "I thought, 'How cool is that, to have two agencies working together?' It made a huge impression on me 20 years ago."

Whether teaching, administering, or serving as an EMS clinician in the field, Witmer's motivation has remained consistent – touching the lives of all of those who play a role in, or otherwise come into con-

(Continued on page 14)

Pediatric Education for Prehospital Professionals (PEPP-4) Hybrid Courses Coming in Early 2022



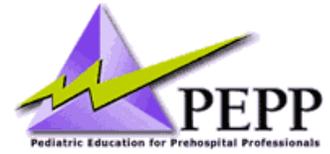
THE MARYLAND EMS FOR CHILDREN DEPARTMENT is pleased to announce several upcoming Pediatric Education for Prehospital Professionals (PEPP-4) Hybrid Courses in early 2022. These courses will be available as part of the following conferences:

- **February 18** as part of Winterfest 2022
- **March 11** as part of Miltenberger Emergency Services Seminar 2022

Please refer to the respective conference brochures for further information on how to register.

Developed by the American Academy of Pediatrics, the PEPP-4 Hybrid Course features 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 course is designed for both ALS & BLS clinicians with a focus on the assessment and management of ill or injured children. 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.



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

Searching for Pediatric Continuing Education? Look No Further.

THE EMERGENCY MEDICAL SERVICES FOR CHILDREN INNOVATION AND IMPROVEMENT CENTER



is pleased to announce the development of Pediatric Education and Advocacy Kits (PEAKs). PEAKs are collections of educational resources designed to facilitate the delivery of high-quality emergency care and support to children. PEAKs include a variety of resource types and formats ranging from evidence-based guidelines, podcasts, and webinars. The kits are organized by type of provider (clinicians, nurses, prehospital, patients/families) for easy access to information. All content is free and open-access.

Presently, the Emergency Medical Services for Children Innovation and Improvement Center has PEAKs developed for Status Epilepticus and Suicide. Management of the Agitated Patient is coming soon, with more topics steadily being added.

Please visit <https://emscimprovement.center/education-and-resources/peak/> for further information and access to these wonderful resources. ■



WINTER WEATHER DRIVING TIPS: Whether it's snow, sleet, or ice, winter weather can cause extremely dangerous road conditions. Preparing yourself – and your vehicle – for winter weather is key. The National Highway Traffic Safety Administration has compiled this list of winter weather driving tips to help protect yourself as well as your passengers, fellow motorists, and pedestrians: <https://www.nhtsa.gov/winter-driving-tips>. ■



Winterfest & Miltenberger 2022 EMS Conferences



This year, the annual Winterfest EMS Conference and Miltenberger Emergency Services Seminar are partnering to present the **Winterfest & Miltenberger 2022 EMS Conferences**. Both conferences have a longstanding commitment to providing quality EMS training to Maryland's clinicians, with Winterfest celebrating its 25th year, and Miltenberger providing training since 2003. This joint conference will feature an EMT Skills Refresher class as well as a PEPP 4th Edition Hybrid Course. Due to the recent increase in COVID-19 transmission, the joint conference will offer over 12 hours of exciting virtual continuing education. Those who attend the full conference and complete a Maryland 12-hour EMT Skills Refresher class will meet their 24 hours required for recertification as an EMT. Virtual content will be announced by February 4 via MIEMSS' website, and will also be disseminated in the February edition of *Maryland EMS News* as well as via Winterfest social media accounts.

PRECONFERENCES

Registration Required; Basic PPE Required (Face Mask and Eye Protection)

EMT-B 12-Hour Skills Refresher - Combination of online and in person

Fee: \$75

Location: **Easton Volunteer Fire Department**
315 Leonard Rieck Drive (formerly Aurora Park Drive), Easton, MD 21601

A 12-hour skills class will be divided into 4 hours of virtual instruction, followed by 8 hours of skills in person. Space is limited, register early!! Skills Refresher participants will be emailed to confirm class requirements.

Please note: You MUST have access to a computer with reliable internet access during the virtual (online conference) portion of the course AND be able to access the MIEMSS Online Training Center to complete the protocol quiz following the live virtual session.

Dates/Times: **Live virtual instruction requires you to log in for the session for the entire time.**

Thursday, February 10, 6:00 PM - 10:00 PM (virtual)

Friday, February 18, 8:00 AM (in person)

Pediatric Education for Prehospital Professionals (PEPP-4) Course

Fee: \$50

Dates/Times: **Friday, February 18, 8:00 AM**

Location: **The Oxford Fire Company**
300 Oxford Road, Oxford, MD 21654

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 by the American Academy of Pediatrics specifically for both ALS & BLS clinicians with a focus on assessment and management of ill or injured children. Maryland EMS for Children has added additional scenarios and special equipment to correlate with EMS Scope of Practice in Maryland.

BLS Participants will complete 10.25 hours of online learning prior to attend the one-day onsite portion. ALS Participants will complete 11.75 hours of online learning prior to attend the one-day onsite portion. Participants will qualify to receive an AAP course completion card by participating in both the online and on-site portions of the course and successfully completing a written test. **Credit Hours: BLS: 15 hours; ALS: 18.75 hours. Required – online learning must be completed prior to attending the course. Textbook will be mailed with online access code after payment has been received.** PEPP-4 participants will be emailed to confirm class requirements.

Winterfest & Miltenberger 2022 EMS Conferences

Location:

The Winterfest & Miltenberger 2022 EMS Conferences have been changed to a virtual format due to the increased transmission of COVID-19. All sessions will be offered through the MIEMSS Learning Management System. The Winterfest Skills Refresher Preconference hands-on class will be held at the Easton Volunteer Fire Department, and the PEPP-4 Preconference will be held at the Oxford Fire Company.

Payment and Cancellation Policy:

Preregistration is required for PEPP and EMS Skills. We request that registrations be submitted by January 28, 2022. Walk-in registrations will not be allowed. In the event that payment is not readily available from the registrant's department, registration forms must be submitted with a letter of intent to pay on department letterhead. Otherwise, payment of all fees must be included with preregistration. All students must be paid in full prior to the Winterfest & Miltenberger 2022 EMS Conferences, February 19, 2022. There is a \$25 fee for returned checks. Any student with an outstanding balance from any previous Winterfest will not be allowed to participate until their account is paid in full. All requests for cancellations must be made in writing and either emailed to winterfest@talbotdes.org or mailed to:

Winterfest EMS
C/O Talbot Co. DES
29041 Corkran Rd.
Easton, MD 21601

There is a \$10.00 processing fee for refunds. Speakers and topics are subject to change.

Accommodations: THE WINTERFEST & MILTENBERGER 2022 EMS CONFERENCES WILL NOT BE TAKING ANY RESERVATIONS.

All reservations must be made by the student. Please contact any hotel directly to reserve and pay for your room. If available, booking links will be posted to our Facebook page. All hotels listed include a hot breakfast and free Wi-Fi. Ask for the Winterfest rate from the suggested local lodging.

Fairfield by Marriott – \$99/night
(410) 822-0050

Holiday Inn Express – \$90/night
(410) 819-6500

Weather Cancellation:

The Conference Planning Committee will make a decision about cancellation of the Winterfest & Miltenberger 2022 EMS Conferences in-person sessions due to severe weather by 12 Noon on February 16. Call Talbot County DES at (410) 820-8311 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information:

For additional information or registration confirmations, call TCDES at (410) 820-8311, email us at winterfest@talbotdes.org, or contact us through Facebook. Lunch is provided; please contact the Conference Planning Committee if you have any dietary restrictions. The Conference Planning Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please call the Conference Planning Committee.

Important Addresses:

Easton Vol. Fire Dept. (EMS Skills – Friday, 2/18)
315 Leonard Rieck Drive
Easton, MD 21601

Oxford Fire Company (PEPP-4 – Friday, 2/18)
300 Oxford Road
Oxford, MD 21654

Winterfest & Miltenberger 2022 EMS Conferences

Winterfest & Miltenberger 2022 EMS Conferences Registration (In-Person Only)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Clinician #: _____

Email (required): _____

Primary Affiliation: _____

Certification/License (Circle): FR EMD EMT-B CRT EMT-P LPN RN NP PA MD

Preconferences (Select Only One):

EMT-B Skills Refresher **\$75**

PEPP-4 **\$50**

Make checks payable to **Winterfest EMS**. Reservations are due by January 28, 2022. Send check along with this form to Winterfest EMS, C/O Talbot Co. DES, 29041 Corkran Rd., Easton, MD 21601. **If payment is not readily available from the registrant's department, registration forms must be submitted with a letter of intent to pay on department letterhead.**

Call or email us with any questions or confirmation requests:
(410) 820-8311 or winterfest@talbotdes.org

***** Clinician Number is Required to Receive Continuing Education Credits *****

National Burn Awareness Week

FEBRUARY 6-12, 2022, is National Burn Awareness Week across the country. Led by the American Burn Association and echoed by the Center for Disease Control, National Fire Prevention Association, Safe Kids Worldwide, and the U.S Fire Administration, National Burn Awareness Week focuses on education and prevention of one specific cause of burns each year. For 2022, the theme is “Kitchen Burn and Fire Safety”. Everyone recognizes that burn prevention is needed 365 day a year!

Kitchen Fire Facts

- Cooking is the cause of 49% of home fires, 42% of home fire injuries, and 20% of home fire deaths (NFPA 2019).
- The leading cause of kitchen fires is unattended cooking.
- One in eight households will experience a cooking fire each year.

Kitchen Safety

Checklists are available from American Burn Association, National Fire Protection Association, and Safe Kids Worldwide (*see links in the box at right*).

For Infants, Toddlers, and Young School-Age Children

- Teach children to stay a safe distance from hot stoves and appliances.
- Create a three-foot “kid-free zone” around the stove, oven, cooking appliances.
- As it gets warmer, create that same three-foot “kid-free zone” around the grill and fire pit.
- Avoid carrying or holding a child while cooking on the stove or carrying hot liquids.
- Turn pot handles away from the

edge.

- Remember to check on food frequently by using a timer.
- Keep hot foods away from the edge of counters.
- Wear short, close-fitting, or tightly-rolled sleeves when cooking.
- Slowly open containers that have been in the microwave to avoid steam burns.
- Microwave ovens heat unevenly and are not safe for heating baby formula or milk.

For Older Children and Teens

- Teach older children to cook safely and be a role model of safe behav-

iors (they are watching!).

- Teach them never to leave the kitchen while they are using the stove or oven.
- Children should use a microwave by themselves when they are tall enough to reach it safely and are able to understand that steam can cause burns.
- Keep oven mitts or potholders within reach to remove items from the oven or stove and the microwave.
- From 2021 Electrical Safety – remember that kitchen outlets have special requirements called “ground-fault circuit interrupters” (GFCIs); check with an electrician or contractor. ■

Burn Awareness Resources

MORE DETAILED INFORMATION, printable fact sheets, and social media posts are available at these websites:

- **www.nfpa.org** – This site's public education section offers home checklists, social media posts, and videos to educate your community.
- **www.safekids.org** – This site features fact sheets and prevention tips on burns that include a focus on children with special needs.
- **www.ameriburn.org** – This site includes seven graphics that focus on kitchen safety for all ages.
- **www.cdc.gov** – This site features prevention tips for burns and fires along with national and state data at their WISQARS site.
- **https://www.usfa.fema.gov/prevention/outreach/burn_prevention.html** – This site offers half- and full-page educational handouts, social media content ready to post, stock photos and b- roll, pictographs, and other materials. ■

EMS Compliance Update

THE EMS BOARD IS AUTHORIZED to take disciplinary action against clinicians who engage in prohibited conduct to safeguard the integrity of the EMS system. COMAR 30.02.04.01 lists conduct which is prohibited. Below is a sample of actions the EMS Board has taken since October 2021 as a result of prohibited conduct. For more information contact Lisa Chervon, Director, MIEMSS Office of Integrity, at lchervon@miemss.org or (410) 706-2339. Additionally, MIEMSS maintains a searchable database of all decisions (<https://www.miemss.org/home/public>), which can be found under Public Orders Report in the left-hand column.

■ **IRC21-038 (EMT)** November 9, 2021. On February 19, 2020, the

EMT pled guilty to the crime of driving a vehicle while impaired by alcohol per se, and was issued unsupervised probation before judgment for a period of twelve (12) months. The EMT failed to disclose the probation before judgment disposition. The EMT received a reprimand and was placed on probation for one year.

■ **IRC21-033 (EMT)** December 14, 2021. On September 22, 2016, the EMT pled guilty to the crime of theft scheme \$1,000 to \$10,000, and was sentenced to a one-year (1) jail term, with all but one (1) month and sixteen (16) days suspended. The EMT was also issued unsupervised probation for a period of four (4) months. Upon subsequent application for provisional reinstatement, as well as application for non-provisional

reinstatement, the EMT failed to disclose the above-mentioned conviction. Previously, in March 2004, the EMT was placed on probation by the EMS Board as a result of two separate theft convictions in 1999. The EMT successfully completed that prior probationary period. As a result of the new incident, the EMT's provisional certification has been revoked and the EMT's application for a non-provisional EMT certificate is denied.

■ **IRC21-40 (Paramedic)** December 14, 2021. On July 7, 2021, the Paramedic pled guilty to the crime of driving a vehicle while under the influence of alcohol per se and was sentenced to one (1) year of supervised probation. The Paramedic was placed on probation for one (1) year. ■

Maryland COVID-19 Crisis Support Program

THE STATE OF MARYLAND, via the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the Maryland Department of Health Behavioral Health Administration (BHA), provides free and confidential support for Maryland Fire and EMS personnel.

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 avail-

able. Please note that individual services are confidential; participation is not reported to your department/employer. These 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.

To receive mental health support services for yourself or your organization, please 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. ■

Legislation...

(Continued from page 1)

lic. If the bill passes, Paramedic participation in these initiatives will be able to continue until 2026 regardless of whether a state of emergency / catastrophic health emergency is in effect. A hearing for HB 286 will be held on Tuesday, February 8, 2022, in the House Health & Government Operations Committee.

Paramedics are highly qualified to administer these vaccinations. Maryland Paramedics are educated and trained to the national standards, including administration of intramuscular injections and immunizations. Nationally, in 34 states, Paramedics vaccinate individuals as part of their regular routine scope of practice or under medical direction (i.e., vaccinations are not limited to COVID-19). In 17 other states/territories, Paramedics have been temporarily allowed to administer vaccines under an emergency/executive order or other administrative action.

Maryland EMS's successful experience with paramedic administration of COVID-19 vaccinations is documented in a report that was submitted to the Maryland General Assembly in December 2021 (<https://tinyurl.com/55bwzy5w>).

Dr. Ted Delbridge, MIEMSS Executive Director, said, "Given the uncertain trajectory of COVID-19 and annual surge of seasonal influenza, Paramedics should be authorized to continue to administer COVID-19 vaccinations and boosters to the general public as part of public health initiatives. HB 286, if passed, will ensure that Paramedics can continue to be a 'force multiplier' in public health vaccination programs in response to the COVID pandemic." ■

State of Emergency...

(Continued from page 1)

has been rescinded. Paramedics may continue to administer the vaccines after the termination of the statute under Education Article Section 13-516, Annotated Code of Maryland.

■ **Public Notice #2 – EMT-Candidate Internship Requirement** – permits EMT-candidates to take the cognitive and practical certification exam prior to completion of the field internship.

■ **Public Notice #3 – Extensions:**

- ◆ *EMR and EMT Extensions* – extends the expiration date for EMRs and EMTs whose certifications would have expired on December 30 or 31, 2021, to a new expiration date of June 30, 2022.
- ◆ Clinicians that received Pro-

visional certification / licensure prior to August 15, 2021, now have until May 11, 2022, to complete the requirements to transition from provisional status to full certification / licensure.

■ **Public Notice #4 – New Provisional Certifications/Licenses** – permits MIEMSS to issue new provisional certifications / licenses, under specified conditions, which will be valid until November 30, 2022.

■ **Public Notice #5 – Clinical Externs** – permits MIEMSS to register health sciences students at a Maryland-accredited school of nursing, medicine, or respiratory therapy as clinical interns who will be able to function under the direct supervision of a Maryland licensed health professional. ■

Witmer...

(Continued from page 7)

tact with, Maryland's EMS system. "I think the most rewarding thing is helping others to be more comfortable in an EMS or education situation," she says, adding that she wants to make fellow EMS personnel "feel that they have the resources that they need to be a successful clinician."

Outside of her professional life, the mother of four likes to "escape" with her family.

"Our favorite things to do are escape rooms," says Witmer. "Every time we travel, wherever we go, we have to do an escape room, and

we always ask for their hardest one. Except for our first one, we've never not escaped."

For more information about EMS Clinician Services, visit www.MIEMSS.org. ■

Wooster...

(Continued from page 6)

tionals and still say they're both your favorite teams."

For more information about Maryland Trauma and Injury Specialty Care Programs, visit www.miemss.org. ■

Maryland Department of Transportation Motor Vehicle Administration's (MDOT MVA)

Maryland Highway Safety Office

The MDOT MVA Highway Safety Office (MHSO) is dedicated to saving lives and working with many partners across the State to reduce the number of crashes each year. In addition, the MHSO looks for ways to reduce crash severity and ways to treat crash victims easier and faster.

Maryland aims to reduce the number of crashes, and the resulting deaths and injuries, to zero by 2030.

MHSO Announcements

While it can be beautiful, winter weather brings increased driving dangers. Remember to leave extra time to clear your windshield and remove any accumulated ice or snow from your vehicle. Failure to do so decreases visibility and creates a potentially hazardous situation as snow and ice fly off your vehicle into other cars and pedestrians.

As temperatures drop, remain alert for slick conditions caused by black ice; especially on bridges and elevated roadways which freeze more quickly. Increasing your following distance and decreasing your speed will mitigate many winter driving risks.



Emphasis Area Team Meetings

Looking to become more involved in local road safety? MHSO welcomes participation from the EMS community for all emphasis areas. Mark your calendar for the upcoming meetings:

- Impaired Driving: January 24, 2022 (10:00 a.m. – Noon)
- Pedestrian & Bicycle: January 27, 2022 (1:00 p.m. – 3:00 p.m.)

Contact MHSO@mdot.maryland.gov to register

What to do in a Roadside Emergency

Prepare. To avoid roadside emergencies, preparation is key. Ensure your vehicle is in good working order, especially before traveling.

Assess. Find a safe place to stop. Make every effort to get out of the travel lane and onto the shoulder. If it is possible to reach an off-ramp or parking lot, you should do so, *even* if it means traveling on a flat tire.

If you are broken down on a state-owned primary roadway, dial #77 for assistance. You may also dial 9-1-1, especially if you are stopped in a travel lane.

Use Good Judgement and Stay Vigilant. Activate your hazard lights and remain in your vehicle if it is safe to do so. Remain buckled and facing forward. If you are unable to remain safely in your vehicle, quickly move away from the road to a safe location.

If you stay near your car and it is struck by another vehicle, you could be seriously injured or killed.

For additional information, visit ZeroDeathsMD.gov/RoadsideSafety

every situation is different

› prepare › assess › use good judgment › stay vigilant

IF THERE IS NOT AN IMMEDIATE EMERGENCY

› Do everything you can to get your vehicle off the highway

IF YOU ARE ABLE TO REMAIN IN YOUR VEHICLE

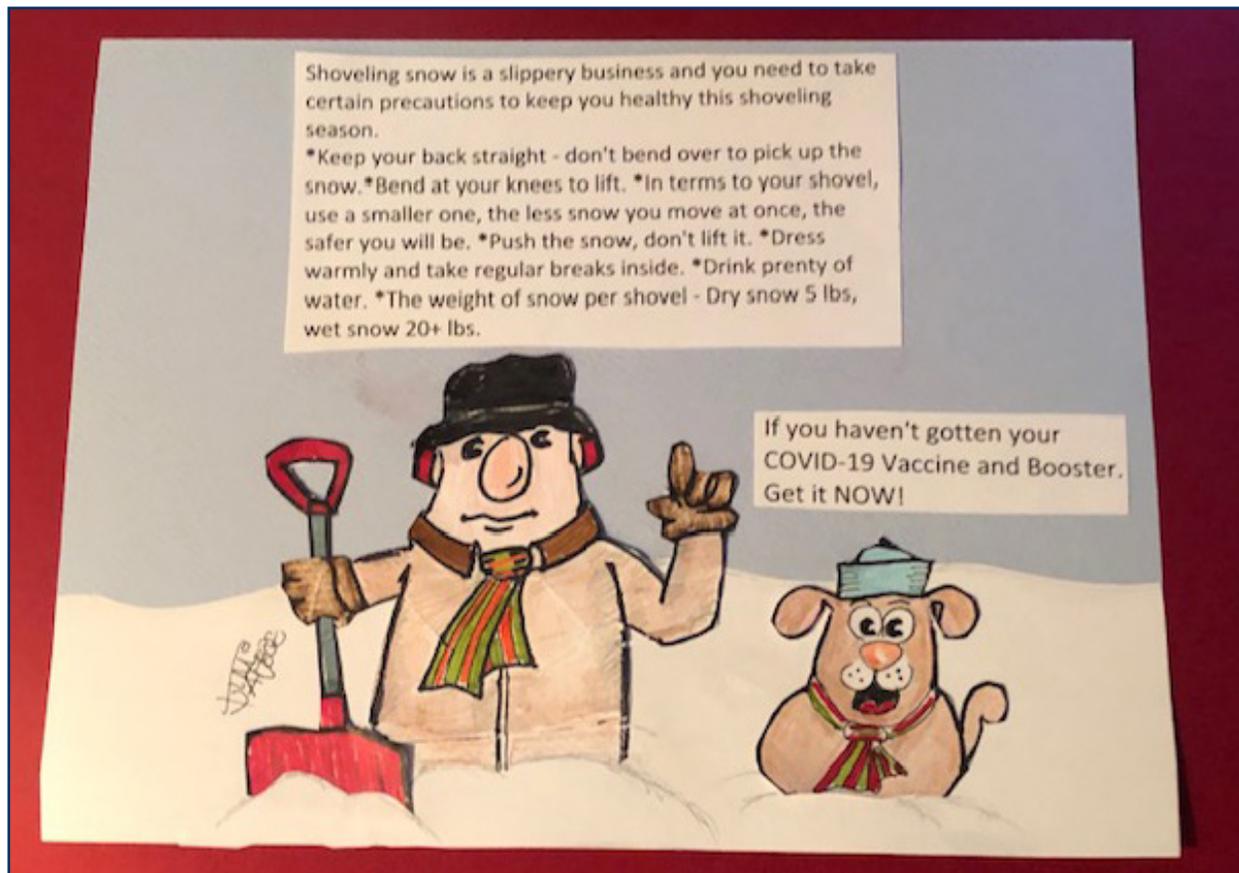
› Remain buckled and facing forward

IF YOU ARE UNABLE TO REMAIN IN YOUR VEHICLE

› Do not stand near the vehicle

› Move to higher ground, or behind a guardrail/embankment

If you need help, contact roadside assistance. If you're on an interstate call #77 or 9-1-1 if it is an emergency and wait until help arrives.



[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.]

MIEMSS, Maryland EMS News
653 W. Pratt St., Baltimore, MD 21201-1536



Governor Larry Hogan
Lt. Governor Boyd Rutherford

Copyright © 2021 by the Maryland Institute for
 Emergency Medical Services Systems
 653 W. Pratt St., Baltimore, MD 21201-1536
www.miemss.org

Chairman, EMS Board: Clay B. Stamp, NRP
Executive Director, MIEMSS:
 Theodore R. Delbridge, MD, MPH

Managing Editor: Patrick Tandy (410-706-3994)
Design & Layout: Patrick Tandy
Photography: Brian Slack
 (unless noted otherwise for specific photos)