MIEMSS Hosts ONDCP Director

~ Dr. Rahul Gupta Met with Leaders on the Front Lines of the Overdose Epidemic on Jan. 23 ~

Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy, visited MIEMSS Headquarters in Baltimore on January 23, 2023, to discuss the ongoing overdose epidemic with EMS and public health leaders as well as law enforcement officials who work to disrupt illegal drug trafficking as part of a trip organized by law enforcement officials of the Washington/Baltimore High-Intensity Drug Trafficking Areas (HIDTA) program.

Gupta addressed recent trends in overdose response, as well as President Joe Biden’s National Drug Control Strategy, including key actions the Biden-Harris Administration has taken to expand access to care for substance use disorder, reduce the supply of illicit drugs like fentanyl, and ensure that states across the country receive the resources they need in their response to the crisis. Those in attendance included State EMS Board Chair and former Maryland Opioid Operational Command Center Executive Director Clay B. Stamp, MIEMSS Executive Director Ted Delbridge, HIDTA Deputy Director Jeff Beeson, and Congressman Dutch Ruppersberger. Topics addressed also included the Overdose Detection Mapping Application Program (ODMAP), naloxone distribution, A Division for Advancing

See Gupta page 28
Governor Moore Visits Deep Creek VFC During Tour of Western Maryland (Office of the Governor). Governor Wes Moore joined members of the legislature and local officials on February 6 to visit Garrett and Allegany Counties, touring civil service and small business locations that are vital to the counties’ rural communities, including Deep Creek VFC. Among other stops, Governor Moore’s visit to the Town of Lonaconing marked the first time since 1996 that a sitting governor visited the town. Read more: https://bit.ly/3ldyyuV.

Providing Top-Notch Care to Patients with Service Animals (EMSI). As one of the busiest fire-based EMS agencies in the country, Baltimore City Fire Department (BCFD) personnel go above and beyond the call of duty, providing top-notch pre-hospital emergency medical care not only for the patients they serve, but for their four-legged service animals, as well. In 2012, BCFD created an operation memo dedicated to the appropriate treatment of service animals, according to Baltimore City Fire Department Deputy Chief of EMS James Matz. It spells out the definition of service animals, how they can be identified, and how the department will transport them along with their owners for treatment. Read more: https://bit.ly/3K0eptE.

Backing the First Responders: Recent Bills Empower EMS Systems (National Conference of State Legislatures). As EMS systems across the country continue to face challenges in workforce, funding and administration, providing timely and quality emergency medical services to all residents is a common priority. Several factors have long strained EMS systems, which were further stretched by the COVID-19 public health emergency. Challenges include the supply of EMS clinicians, limited funding, violence against EMS clinicians, long ambulance offload times and supply chain delays. Read more: https://bit.ly/3jRD3J.

Foundation Has Awarded $400k in Scholarships to Students, Firefighters, and EMS Clinicians (EMSI). Over its 17-year history, the Charlie Riley Community Service Scholarship Foundation has awarded 333 scholarships totaling over $400,000 to Harford County students and Fire/EMS personnel, including $29,500 in scholarships awarded during its annual awards ceremony held November 9, 2022, at Level Volunteer Fire Company in Havre de Grace, MD. Read more: https://bit.ly/3WYh9D.

Barbara “Bobbie” Cooke, Charles County’s First Volunteer Paramedic, Passes Away (The BayNet). The Charles County Association of Emergency Medical Services extends its deepest condolences to the family of Barbara “Bobbie” Cooke, who passed away on January 1, 2023, at the age of 81. Cooke was the first female of the Waldorf Volunteer Rescue Squad, as well as Charles County’s first volunteer paramedic. Read more: https://bit.ly/3HqorRV.
The Maryland Hospital Association (MHA) and its members—the state’s 60 hospitals and health systems—have launched a digital marketing campaign to address historic workforce shortages in health care.

The effort, JoinMdHealth.org, invites students as well as those looking for new opportunities, to pursue careers in health or educational opportunities that lead to hospital careers. The campaign offers digital resources to easily learn about specific hospital careers and education paths.

“Maryland hospitals and health systems are facing the most critical staffing shortage in recent memory,” says Bob Atlas, MHA President & CEO. “Our members inspired this campaign—aimed at addressing their primary challenge, bolstering their workforce.”

A 2022 GlobalData report, commissioned by MHA, reveals the current shortfall of nurses in Maryland and predicts the shortage will grow worse. Most recent data estimate a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses. That data aligns with projections showing that, without intervention, shortages could double or even triple by 2035. Gaps between need and the supply of talent are also seen in many other hospital care roles.

JoinMdHealth reminds Marylanders that no matter your skill set, your interests, your goals, your background, or your age, there is a career in health care waiting for you.

“Whether you lead with your head, your hands, or your heart, a hospital is a terrific place to work,” says Edward Lovern, President & CEO of Ascension Saint Agnes and the chairman of the MHA Task Force on Maryland’s Future Health Workforce. “We have openings and opportunities in all of our hospitals for all education levels.”

See JoinMdHealth page 28

Johns Hopkins Burn Center Welcomes New Director

Mark Fisher, MD, is an associate professor of plastic surgery (PAR) and serves as the director of the Johns Hopkins Bayview Adult Burn Center. His areas of clinical expertise include burn surgery, burn reconstruction, craniofacial surgery, and reconstructive microsurgery. Dr. Fisher’s research interests include improving prevention wherever burns happen, improving acute and reconstructive outcomes, strengthening healthcare systems in the U.S., and abroad in the face of burn and other disasters, and wound healing and scar for burns and trauma.

Dr. Fisher is committed to acute and reconstructive burn care of the highest quality, and has completed extensive training at multiple leading centers. From 2014 to 2022 he was on the faculty of the University of Iowa where he served in the burn unit, led the craniofacial team, and served the hand trauma team. Recognizing that complex injuries need coordinated care, he developed the Complex Face Group at Iowa to coordinate multiple specialty collaboration. Learn more about Dr. Fisher at hopkinsmedicine.org/mark-fisher.
MIEMSS on the Move

Kelly Hammond

Kelly Hammond has joined MIEMSS as Chief Administrative Officer, effective December 14, 2022. In her new role, Kelly’s responsibilities include finance, accounting, budget, payroll and timekeeping, procurement, human resources, grants management, inventory control, fleet management, and building maintenance.

Prior to joining MIEMSS, Kelly’s nearly 30 years of experience in all aspects of budget, finance, accounting, and auditing, in both the public and private sectors. She has worked for various state agencies, including the Maryland Judiciary, the Department of Public Safety, the Office of Legislative Audits, the General Accounting Division of the Comptroller’s Office, and the Maryland Military Department. Her private-sector experience includes retail, energy, and healthcare in various Fortune 500 companies.

As her career has progressed, Kelly has opted for roles within organizations where, drawing upon her experience and expertise, she feels she can make a difference. Based on positive past interactions with MIEMSS personnel, Kelly concluded that the agency “seemed like a great place to work.”

“I chose MIEMSS because I believe the work we do here is vital to public safety, and I feel that I have a vast amount of experience that will prove beneficial in helping the organization to reach its goals,” she explains. “I am excited to be offered this opportunity and am looking forward to working with the people here and supporting them in their mission.”

Meg Stein

Meg Stein, who joined MIEMSS effective March 2, 2022, began her EMS career in 1997 as a volunteer EMT for Oxford Volunteer Fire Company, where she remains an active member.

“When I first joined Oxford VFC, I started as a firefighter,” she explains. However, “when I saw that a large percentage of our calls were for EMS, I decided to become an EMT so I could better help serve my local community. Once I began running EMS calls, the writing was on the wall.”

Three years later, Meg joined the Talbot County Department of Emergency Services as an EMT and, in 2001, became a Paramedic. Still with Talbot County DES, she has since risen to the rank of Lieutenant.

Over the course of her EMS career, Meg has been active in the Talbot County Public Access AED Program. She also teaches CPR, ACLS, and PALS, as well as serves on the Winterfest EMS Conference Committee. Her wide array of experience, Meg explains, helps to inform her role with MIEMSS.

“My career as both a volunteer and career clinician has given me great respect for the importance of having clear, well-written protocols, as well as an understanding of how the protocols are used by practicing clinicians,” she says. “I’m excited to be able to help develop and shape the protocols that I’ve spent so many years studying.”

With production of the 2023 Maryland Medical Protocols for Emergency Medical Services well underway, Protocol Administrator Meg Stein works closely with State EMS Medical Director Dr. Timothy Chizmar, the Protocol Review Committee, and other MIEMSS personnel to develop and implement the most up-to-date EMS best practices.

“VISIT MIEMSS ONLINE AT WWW.MIEMSS.ORG
The eighteenth Miltenberger Emergency Services Seminar will be held on March 9 - 11 at Rocky Gap Casino Resort in Flintstone, Maryland, along with an off-site course on March 9 & 10. Please join us and participate in the excellent educational opportunities this program offers, along with the chance to enjoy the relaxing atmosphere in the mountains of Western Maryland.

The Miltenberger Emergency Services Seminar is designed to meet the continuing education needs of emergency services clinicians in Western Maryland and the surrounding area. The large diversity of workshops offered at this year’s seminar include EMS, Nursing, Fire, and Dispatch. A strong inter-working relationship among public safety and healthcare clinicians is the key to the successful outcome of any incident.

The program this year will feature a variety of pre-seminar workshops held Wednesday, Thursday, and Friday and ending with the all-day seminar on Saturday. Some classroom spaces are limited in size, so please register early.

The Keynote speaker for Saturday is Bob Page, an internationally known speaker, instructor, author, and paramedic. He is recognized for his energetic, humorous, and motivational style. Bob takes ordinarily dry and hard-to-teach topics and transforms them into a fun, learning experience. He holds a Master’s degree in Adult Education. Bob has been an instructor for almost 4 decades teaching a variety of adult education courses from customer service to advanced medical care. He is a Certified Healthcare Simulation Educator and Operations Specialist. He has presented over 3000 seminars worldwide. He was recognized by his peers in Missouri as Missouri’s “Most Creative Educator” in 2009 and was awarded the Legends That Walk Among us Award from NAEMSE in 2012.

Registration Information
Pre-registration is required and must be received via our website, [www.miltenbergerseminar.com](http://www.miltenbergerseminar.com), or at the MIEMSS Region I Office by Feb. 27, 2023. Everyone registered by this date and attending will receive a t-shirt. Please register early to ensure yourself a place in this outstanding program. Registration confirmation notices will be mailed. If the confirmation notice has not been received by March 3, 2023, it is the responsibility of the attendee to verify that their registration has been received. Late registration will be accepted on a space-available basis.

Cancellations
Cancellation notices submitted in writing to the MIEMSS Region I Office and postmarked no later than March 2, 2023, will be eligible for a full refund. If a registrant is unable to attend, another person may be substituted with a letter from the original registrant or sponsoring agency authorizing the substitution. No refunds will be issued for cancellations after March 2, 2023.

Fees
All workshops on Friday at Rocky Gap Casino Resort are $85. The registration fee for Saturday’s seminar is $105 and it covers all activities, including continental breakfast, breaks, luncheon, and printed materials. Payment may be made in the form of a check or by credit card; there is a $30 fee for all returned checks. If your company or agency would like to be invoiced for the program, please contact the MIEMSS Region I Office at 301-895-5934 or 301-746-8636. Payment information must accompany registration. This affordable registration fee is possible due to the generous support of the UPMC Western Maryland, Garrett Regional Medical Center, R Adams Cowley Shock Trauma Center, Maryland Emergency Number Systems Board, Emergency Medical Services for Children, US Acute Care Solutions, MIEMSS, and MFRI.

Continuing Education Credits (Con-Ed)
Con-Ed credits have been applied for through MIEMSS. Brochure designated Con-Ed credits reflect current information from the descriptor and title, and may change to reflect the actual course content. Conference materials will also be available to request Con-Ed from neighboring jurisdictions and other organizations.

Nursing Contact Hours
Western Maryland Health System (WMHS) is approved (PW 13-03-506-1001) as a provider of continuing nursing education by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. WVBRN provider registration number is WV96-0009RN. The Saturday seminar provides contact hours as noted below. To receive nursing contact hours, participants are required to attend the entire session and submit the course evaluation.

Courses for Nursing Credits – T denotes Trauma Credits
Friday:
- Nursing / ALS Program (7 hrs) T-3.5 hrs
- Multi-Lead Medics 12 Lead (8 hrs)
- Stop the Bleed Instructor (7 hrs) T
Saturday:
- Should We Be Giving Narcan to Everyone (1hr)
- Bleeding Kills (1.25 hrs) T
- Tracheostomy Care (1.25 hrs)
- When’s the Last Time We Gave That (1.25 hrs)
- Helping the Helpers (1.25 hrs)
- Conquering the Critical Airway (1.25 hrs)
- Playing with Fire – Children and Fireworks (1.25 hrs) T
- Global Health (1.25 hrs)
- Advanced Trauma Assessment (3 hrs) T
- Clearing the Air (1.25 hrs)
- Hyperbaric Oxygen Therapy (1.25 hrs)
- In Plain Sight (1.25 hrs)
- Transfer and Transport of the Burn Patient (1.25 hrs) T
Hotel Accommodations

A limited number of rooms have been reserved at Rocky Gap Casino Resort at special discounted rates for Miltenberger Emergency Services Seminar participants. These special prices can be guaranteed ONLY until Friday, February 9, 2023. After this date, the availability of discounted rooms cannot be guaranteed. The room rates are $119 per night plus tax and fees. All room rates are subject to state and county taxes plus a $25 resort fee. If you are tax-exempt for rooms, let them know upfront when you call. To obtain these discounted rates, please use the Miltenberger code for rooms which is DRW0323. Please reserve your room early by calling Rocky Gap Resort at 301-784-8400 or 1-800-724-0828.

Directions to Rocky Gap Casino Resort

Take I-68 West to Rocky Gap State Park, Exit 50. Make a right off the exit. The resort is visible from the road.

Take I-68 East to Rocky Gap State Park, Exit 50. Make a left at the stop sign and cross over the bridge. The resort is visible from the road.

Directions to Winter’s Towing Garage Warehouse, located at Upper Potomac Industrial Park Street, Cumberland, MD

Take I-68 West to Exit 42, S. Greene Street, turn left onto US 220-S. Greene Street toward McCoole/Keyser, WV. Continue 0.9 miles, turn left onto Upper Potomac Industrial Park Street, take the first left after crossing the bridge, you will see the garage/warehouse in front of you.

Directions to Allegany College of Maryland (ACM), located at 12401 Willowbrook Road, Cumberland, MD

Take I-68 West to Exit 44 Willowbrook Road, turn left onto Willowbrook Road. Continue 1 mile, turn left into the ACM campus. Continuing Education is the first building on the right with parking behind.

Special Accommodations

If you require special accommodations, please provide information about your requirements when you register.

Additional Information

You may wish to bring a sweater for your comfort. For additional information, please contact the MIEMSS Region I Office at 301-895-5934 or 301-746-8636. You may also want to visit Rocky Gap’s website at www.rockygapresort.com to check out the resort and other activities available during your stay.

Schedule Changes and Right to Cancel

Every effort has been made to ensure accurate information in this brochure. However, due to unforeseen circumstances, it may become necessary to make changes to the schedule. The Miltenberger Emergency Services Seminar Planning Committee reserves the right to cancel or make changes in course offerings, presenters, and session times without prior notice to attendees.
Pre-Conference Program at Allegany College of Maryland Continuing Education Building

March 9 - 10, 2023

Emergency Medical Technician Skills (Thurs. 6 PM – 10 PM & Fri. 8 AM – 5 PM)
Presented by University of Maryland MICRB Certified EMS Instructors
This session will provide students with the knowledge, skills, and abilities to satisfy the 12-hour psychomotor requirements for Maryland EMT recertification. The student will perform skills related to patient assessment, oxygen adjuncts and delivery, CPR, AED, bleeding control and management of soft tissue injuries, musculoskeletal injuries, and spinal immobilization.
Students must attend required classroom sessions on Thursday evening and Friday, be able to demonstrate proficiency in the practical skills evolutions and obtain a score of 70% or better on the MIEMSS protocol quiz.
(12 Hrs BLS: S) Lunch will be provided on Friday.

Pre-Conference Programs at Rocky Gap Casino Resort

March 10, 2023

7:00 AM: Registration & Continental Breakfast

PEPP Hybrid Course: BLS & ALS (Fri., 8 AM – 5 PM)
Presenters: EMS for Children Faculty
The PEPP-4 Hybrid Course is designed by the American Academy of Pediatrics specifically for both ALS & BLS clinicians with a focus on the 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.
PEPP-4 hybrid ONLINE portion features all-new lecture material and new modules on Behavioral Emergencies, Children in Disasters, and Pediatric Toxicology. PEPP “In-Person” day is 100% interactive with skills, case scenarios, role-play activities, and small group discussions.
The skill videos are all new and available online for reference for 2 years to all participants.
Required – Online learning must be completed prior to attending the course.
Textbook will be mailed with an online access code to the address provided upon receipt of registration.
  • BLS Participants must complete 10.25 hours of online learning prior to attending the one-day onsite portion.
  • ALS Participants must complete 11.75 hours of online learning prior to attending the one-day onsite portion.
Participants will 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.
CEs: BLS Clinicians will receive 15 hours, ALS Clinicians will receive 18.75 hours upon completion of both online and attending the in person day.
The course is limited to 24 students.
(15 Hrs BLS: 8 Hrs M & 7 Hrs T, ALS: Applied For) Lunch will be provided.

Multi-Lead Medics 12 Lead ECG Interpretation Workshop (Fri., 8:00 AM – 5 PM)
Presenter: Bob Page, M.Ed, NRP, CCP, NCEE, CHSE, CHSOS, State CEU Educator, Virginia Office of EMS
For over 30 years, Bob has been delivering this course to Emergency and Critical Care providers worldwide. If anyone told you that you could take a 12-lead class and have fun, would you believe them? Presented by Bob Page, author of the book 12 Lead ECG for Acute and Critical Care Providers, this 8-hour, highly motivating, non-stop interactive course on 12-Lead ECG is comprehensive including proper lead placement, axis, and hemiblock determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG for increased sensitivity for STEMI. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill.
(8 Hrs BLS: M, ALS: Applied For) Lunch will be provided
Nursing / ALS Program (4 Sessions, Fri. 8:30 AM – 4:30 PM) Lunch will be provided.

- **Follow the Bubbles: Airway Management in the Trauma Patient**
  
  **Presenter:** Dr. Rameen Shafiei, DO FACEP, Allegany County EMS Medical Director  
  
  Airway management in a trauma patient comes with many special considerations and complications to consider. This session will provide an overview of the typical pitfalls encountered during airway stabilization and intubation of a trauma patient, and ways to better help you and your patient take a deep breath and move on with the rest of the primary survey.

- **An Introduction to Antimicrobial Stewardship**
  
  **Presenter:** Rameet Thapa, MD, Director of Infectious Disease and Antimicrobial Stewardship Program at UPMC Western MD  
  
  While antibiotics are commonly prescribed medications and can save lives, the data shows that up to 50% of the antibiotics prescribed in hospitals are either unnecessary or inappropriate. This has led to the development of multi-drug resistant bacteria and antimicrobial resistance has been recognized as a global threat to public health. Learn about antimicrobial stewardship and the common clinical conditions where antibiotics are inappropriately prescribed as well as the consequences of antibiotic overuse such as C. diff diarrhea.

- **Pediatric Respirations: More than a Vital Sign and Frequently Noisy**
  
  **Presenter:** Gail Schoolden, DNP, APRN-CNS, CPEN, Maryland ENA 2023 Pediatric Chair  
  
  Respiratory emergencies are one of the most common reasons parents seek emergency medical attention for their children. Some are new and acute illnesses needing rapid triage, stabilization, and treatment, and then they turn around and can go home. Others require longer treatments and changes in home routines. Children and families are also present when home treatment plans for chronic respiratory illness are not working. Dr. Gail Schoolden will review the most common types of pediatric respiratory emergencies, initial assessment findings, appropriate medical interventions, and care planning. Learn tips and tricks that work with children of different ages as well as red flags to watch for.

- **ALS/Nursing Keynote: Blunt Trauma - Patterns of Injury**
  
  **Presenter:** Andrew B. Peitzman, MD, Mark M. Ravitch Professor of Surgery, University of Pittsburgh School of Medicine  
  
  Trauma is the leading cause of death in patients under 45, many of these injuries are due to blunt force trauma from vehicle crashes to pedestrian accidents. This lecture will emphasize the relationship between blunt injury patterns and associated injuries. This knowledge is essential in efficient trauma team assessment and detection of associated injuries.  
  
  *(BLS: 3.5 Hrs M, 3.5 Hrs T, ALS: Applied For)*

**Stop the Bleed Clinician – Instructor Course (Fri., 8:30 AM – 4:30 PM)**

**Presenters:** Jeff Hobbs, BSN, RN, UPMC Western Maryland Trauma Program Manager; Michael Salvadge, NRP, EMS Chief, Allegany County Department of Emergency Services; Wayne B. Tiemersma, NRP, EMS Chief, Garrett County Emergency Services; Elizabeth Wooster, RN, PhD, MIEMSS Director of Trauma and Injury Specialty Care Program  

Our nation has a history of learning hard lessons from wartime experiences; the case for hemorrhage control is no different. The Hartford Consensus directs that all responders have the education and necessary equipment for hemorrhage control and strongly endorses civilian bystanders to act as immediate responders. Immediate responders represent a foundational element of the ability of the U.S. to respond to these events and are a critical component of our ability to build national resilience. Immediate responders must be empowered to act, intervene, and assist. We are a nation of people who respond to others in need. It is no longer sufficient to “see something, say something.” Immediate responders must now “see something, do something.” This course teaches participants basic life-saving medical interventions, including bleeding control with a tourniquet, bleeding control with gauze packs or topical hemostatic agents, and opening an airway to allow a casualty to breathe. The course is intended for Anyone and Everyone who may one day find themselves in a “see something, do something” situation. Course materials include a PowerPoint presentation and three practical skill stations. This course will continue during the second half as an STB instructor course for those participants that qualify to become instructors as outlined by the American College of Surgeon-Committee on Trauma. Students will be mentored both in lecture content and style, communication skills for the general public along with practical skill station instruction.  

*(5 Hrs BLS: T, ALS: Applied For)* Lunch will be provided.

**Dispatch: Expecting the Unexpected (Fri., 8 AM – 5 PM)**

**Presenters:** Doug and Jill Showalter, Showalter & Company, Inc.  

This course offers critical and essential information along with specific guidance and direction on emergency calls ranging from sinking vehicles, home invasions, school shootings, officer-involved shootings, and homeland security issues. All employees will benefit from this course which uses more than four decades of real public safety experience to offer realistic, practical, and useful techniques for responding to and handling a variety of unexpected emergency incidents. (Learning category: supervision, all personnel)  

*(8 Hrs BLS: L, ALS: Applied For)* Lunch will be provided.
Saturday’s Seminar on March 11, 2023

A schedule of the day’s program is presented below. There are five categories of training for you to choose from during the day. They are listed below and color-coded for your convenience.

- **Nursing**
- **ALS**
- **EMS**
- **Dispatch**
- **Fire**

6:45 AM: Registration and Continental Breakfast

8:00 AM: Welcome / State of the State

8:30 AM: Keynote Address – Should We Really Be Giving Narcan to Everyone?

**Presenter: Bob Page, M.Ed, NRP, CCP, NCEE, CHSE, CHSOS, State CEU Educator, Virginia Office of EMS**

It is in the news, Opioid Epidemic! Drug overdose deaths are up nationwide. Narcan has been hailed as a lifesaving drug! Everybody can give it, EMS, firefighters, the Police, and the lay public even. Everybody is caught up in the hoopla! But what are the costs? Besides the actual cost of the drug Narcan, what are the other costs? What are the risks to the patient who gets Narcan and EMS and others that give the drug as an antidote? Toxicologists have for years warned about giving antidotes without knowing what the patient took. Is there an alternative? Come to this session and hear what no one else is telling you, and take a look at the other side of the discussion that goes against most systems protocol. EMS providers have been following their protocols and some have even suggested that Narcan can “rule out” a narcotic overdose? We will look at the effects of narcotics on the body and what the real problem is. Solid patient assessment techniques could point the provider to a management plan.

(1 Hr BLS: M, ALS: Applied For)

9:30 AM: Break and Visit Vendors

9:45 AM: Breakout Session 1

(A) Bleeding Kills: Working Towards Zero Preventable Deaths

**Presenter: Andrew B. Peitzman, MD, Mark M. Ravitch Professor of Surgery, Univ. of Pittsburgh School of Medicine**

Bleeding is the most common preventable cause of death after injury. Nationally, 30-40% of traumatic deaths annually are due to significant hemorrhage. This lecture will provide an understanding of the mechanisms and natural history of major bleeding. A system-wide approach to bleeding control will be discussed.

(1.5 Hrs BLS: T, ALS: Applied For)

(B) When’s the Last Time We Gave That? – Infrequently Used Drugs and Drug Concentrations

**Presenter: Rick Koch, Sr., NRP, Battalion Chief, Ocean City Fire Department**

When you get the orders for the drugs you haven’t seen since pharmacology class what do you do? During this session we will review infrequently used drugs, cover the different ways these drugs are packaged, and how to get the proper dosage for your patient. Attendees will brush up on their drug calculations, concentrations, and the mixing of these elusive medications.

(1.5 Hrs BLS: M, ALS: Applied For)

(C) Tracheostomy Care: Not Just for ALS

**Presenter: Sterling Myers, NRP & Maryland Pediatric EMS Champions**

Caring for a patient with a tracheostomy tube does not need to be a nerve-racking experience. Tubes go in, tubes come out – the key is effective air exchange. Through discussion and hands-on practice with manikins, BLS and ALS professionals will gain the confidence and skills needed to handle the call for an infant, a child, or an adult needing assistance.

(1.5 Hrs BLS: M, ALS: Applied For)

(D) From the Recent Literature………

**Presenter: Ted Delbridge, MD, MPH, MIEMSS Executive Director**

Dr. Delbridge will deliver an overview of relevant findings from recent educational articles. With an outcomes-based perspective, he will explore the written material’s who, what, where, when, why, and how in hopes of enlightening participants on some of the contemporary issues facing EMS.

(1.5 Hrs BLS: M, ALS: Applied For)
[E] Doing Time in Dispatch
Presenters: Doug and Jill Showalter, Showalter & Company, Inc.
This is our unique approach to a traditional “Customer Service” course. The concept of customer service starts long before the first call is answered, it starts with a clearly defined mission so each employee can understand their role. We will demonstrate easy, unique, and practical ways to keep your staff motivated, ready & fully engaged. Appreciation is one of the most powerful yet overlooked aspects of successfully motivating and empowering people. The link between employee satisfaction and productivity is long-established and encourages employees to do their best and perform at the highest of standards. Remember, you’re not just “Doing Time”, you’re making a difference.
(8 Hrs BLS: L, ALS: Applied For)

[F] Fire Class – Advanced Vehicle Rescue; Held at Winter’s Towing, Upper Potomac Industrial Park St., Cumberland Maryland
Instructors: Lt. Ronnie Carr, Special Operations, Anne Arundel County Fire; Lt. Derek Crippen, Special Operations, Prince George’s County Fire/EMS
In this action-packed full-day course, participants will advance through different accident scenes rescuing victims from a variety of different vehicles in a variety of different positions. This will be a fantastic refresher on stabilizing, moving, lifting, and cutting vehicles as instructors put you through extrication practical scenarios. Participants must be physically able to participate in this training including the adherence to or exceeding the MFRI physical policy. Students must bring a fitted, full set of turnout gear and have permission from their home fire/rescue department to participate in this training on their behalf.
(6 Hrs BLS: L, ALS: Applied For)

11:15 AM: Breakout Session 2

(G) Helping the Helpers: CISM-ASAP
Presenter: Zane A. Leydig, LCSW, CCISM
A brief overview of the peer, frontline support program CISM-ASAP recently launched at UPMC Western Maryland. Built around the concepts of Critical Incident Stress Management, the program looks to provide support and guidance to frontline workers as they navigate the often stressful and sometimes traumatic world of healthcare in an effort to prevent the second-victim phenomenon.
(1.5 Hrs BLS: L, ALS: Applied For)

(H) Conquering the Critical Airway
Presenter: Timothy P. Chizmar, MD, FACEP, FAEMS, State EMS Medical Director, MIEMSS
Dr. Chizmar will discuss ways to refine your approach to airway management. With a systematic approach and knowledge of various adjuncts and technology, you will emerge feeling inspired to “conquer” your next critical or compromised airway. Participants will be able to rapidly identify compromised airway patients, develop plans to effectively manage a patient’s airway, recognize the importance of a systematic approach to airway management, and utilize various devices, adjuncts, and technology in EMS airway management.
(1.5 Hrs BLS: M, ALS: Applied For)

(I) Playing with Fire – Children and Fireworks Injuries
Presenter: Cindy Colson, MSN, RN, Injury Prevention and Education Outreach Coordinator, Children’s National Medical Center
Summertime celebrations, especially July 4th, include food, fireworks, and fun. But, did you know that teens and tweens are 2x more likely to be injured by fireworks than the general population and that sparklers account for 30% of injuries amongst children? Through case presentations, this session will differentiate the types of burns seen in children and youth as well as the blast injuries also associated with fireworks.
(1.5 Hrs BLS: T, ALS: Applied For)

(J) Global Health - A View of Emergency Medicine
Presenter: Janelle M. Martin, MD, FACEP, Medical Director for LifeNet 8-1, WellFlight 2-8, Washington County EMS, MIEMSS Region I and GC Paramedic Program
This session will focus on the practice of Emergency Medicine internationally, including natural disaster response, conflict zone field hospitals, and epidemic medicine. Dr. Martin will review the challenges faced when serving in low-resource areas. She will present case reviews focusing on common situations encountered in disaster and epidemic medicine including during the current war in Ukraine.
(1.5 Hrs BLS: M, ALS: Applied For)

12:30 PM - 1:30 PM: Lunch and Visit Vendors
1:45 PM: Breakout Session 3

(K) Advanced Trauma Assessment
Presenter: Jason Layman, MSN, CRNP, ENP-C, FNP-C, Lead Advanced Practice Provider USACS, UPMC Western Maryland ED
This course will provide you with the fundamental knowledge to systematically assess a critically injured trauma patient. You will be able to understand and demonstrate key assessment principles specific to the trauma patient and recognize life-threatening abnormal findings.
(3 Hrs BLS: T, ALS: Applied For)

(L) Clearing the Air: Capnography in Cardiac Arrest
Presenter: Bob Page, M.Ed, NRP, CCP, NCEE, CHSE, CHSOS, State CEU Educator, VA Office of EMS
Capnography is mentioned in patient care protocols, standardized course algorithms, and policy and procedure manuals nationwide. USE WAVEFORM Capnography to confirm tube placement; Use Capnography for determining the adequacy of CPR or Use Capnography as a determining factor of ROSC. But very few if any actually describe how that is done. Without explanation or an understanding of it, many are left to figure it out themselves or rely on blogs and here say. Join Bob as he breaks it all down on how to actually use Capnography in cardiac arrest.
(1.5 Hrs BLS: M, ALS: Applied For)

(M) Hyperbaric Oxygen Therapy Basics and Emergency Care
Presenter: Gregory A. Fulmer, BTPS, RRT, CHT, R Adams Cowley Shock Trauma Center
This presentation discusses the basics of hyperbaric oxygen therapy (HBOT). There are a number of emergency conditions a patient may face for a medical clinician would suggest HBOT. This session will draw attention to the emergency needs of those likely to need Hyperbaric Oxygen Therapy.
(1.5 Hrs BLS: M, ALS: Applied For)

(N) Soft, Slow, Steady, and Simple, Assessing the Autistic Patient
Presenter: Dwayne Kitis, BS, CRT-I, MFRI Instructor, MIEMSS C4 Manager
This session will present an overview of Garrett, and his life with Autism. We will discuss how children and adults with Autism Spectrum Disorder (ASD) receive, translate, and respond to different types of external stimulation. Participants will be shown ways to assess autistic individuals, including how to gather identifiable health and other pertinent information. Students will interact with Garrett in an attempt to assess the patient's health utilizing techniques learned in this session.
(1.5 Hrs BLS: L, ALS: Applied For)

3:00 PM: Break and Visit Vendors

3:15 PM: Breakout Session 4

(O) In Plain Sight: Identifying the Occlusive Myocardial Infarction (OMI) on the ECG
Presenter: Charity Rinker, NRP, MICRB, MFRI Instructor, Lt. Frederick County Fire & Rescue Services (Retired)
STEMI has been the longstanding paradigm of identifying myocardial infarction in patient care. Research has shown that nearly 40% of patients with coronary occlusions do not present with ST-segment elevation. As clinicians, we must revert to our clinical knowledge and training to identify and treat these patients. Not only is it paramount that a STEMI is identified early and appropriate notifications made to the receiving facility, but we must consider transmitting and notifying the receiving facility of all ECGs that reveal OMI findings. Current cardiac monitors, both pre-hospital and in-hospital, are not equipped with internal algorithms to identify findings indicative of an OMI. Many patients requiring emergent cardiac catheterization are delayed because “****MEETS ST ELEVATION MI CRITERIA****” is not part of the ECG interpretation. This course will review the anatomy of cardiac infarction, symptoms associated with coronary artery occlusions, and the NSTEMI ECG findings in OMI patients.
(1.5 Hrs BLS: M, ALS: Applied For)

(P) Considerations for the Transfer and Transportation of the Burn Patient: A Review of Current Guidelines and Case Studies
Presenter: Emily H. Werthman, MSN, RN, Burn Program Manager, JHH Bayview Medical Center
During this lecture, participants will learn about the transfer and transportation of burn patients in the state of Maryland, with special attention paid to MIEMSS and ABA requirements. Case studies from the Johns Hopkins Burn Center will also be presented to enhance learning. At the completion of this lecture, participants will be able to state three referral criteria for the transfer of burn patients. Participants will also be able to discuss methods to prevent hypothermia and fluid overload.
(1.5 Hrs BLS: T, ALS: Applied For)

(Q) Unmanned Arial Systems (UAS) Operations for Public Safety
Presenters: Cpl. Lantz, Cpl. Peterson, F/Sgt. Thomas, Maryland State Police
Drone programs for public safety have increased exponentially throughout the country. This session will show how agencies, including the Maryland State Police, utilize Unmanned Arial Systems for public safety to aid in intelligence-gathering missions, planning, and risk mitigation.
(1.5 Hrs BLS: L ALS: Applied For)

4:30 PM: Seminar Ends
MILTENBERGER EMERGENCY SERVICES SEMINAR - REGISTRATION FORM
(Please duplicate form and use for additional registrants)

LAST NAME: _______________________________________________ FIRST NAME: _______________________________ MI: ______

STREET: ___________________________________________________________________________________________________________________

CITY: ________________________________________________________ STATE: __________ ZIP: ____________________

COUNTY OF RESIDENCE: __________________________________ EMAIL: ________________________________________________________

PHONE #: ___________________________________ OTHER PHONE #: ____________________________________

DATE OF BIRTH: _________________________________ CLINICIAN ID: __________________________________

PRIMARY AFFILIATION: ________________________________________________________________________________________________

CERTIFICATION/ LICENSURE (Circle all that apply) FF EMD EMR EMT CRT PARAMEDIC LPN RN NP PA MD

SIGNATURE: ____________________________________________________________ DATE: ___________________________

(I certify that the information on this form is correct.)

PRE-CONFERENCE WORKSHOPS
Place check next to the class you wish to attend

THURS / FRI 2-DAY CLASSES

___ Emergency Medical Technician Skills – ($60)

FRIDAY CLASSES

___ PEPP Hybrid Course – ($85)
___ ALS/Nursing Program– ($85)
___ 12 Lead – ($85)
___ Stop the Bleed Clinician-Instructor Course – ($85)
___ Dispatch – ($85)

___ SATURDAY SEMINAR ($105) Please circle your choice below for each Breakout Session

Session 1: A B C D E F

Session 2: G H I J E F

Session 3: K L M N E F

Session 4: K O P Q E F

If you choose Workshop E or F, do not choose any other classes for the day. Workshop K is a 2-session class, do not choose another for Session 4.

Workshop F - Fire class is being held at Winter’s Towing, Upper Potomac Industrial Park Street, Cumberland, MD. The cost for attendees is $75.

PLEASE INDICATE YOUR T-SHIRT SIZE: S M L XL XXL XXXL

VISIT OUR WEBSITE – MILTENBERGERSEMINAR.COM – TO REGISTER AND PAY

Or

Mail Registration Form and Payment to: MIEMSS Region I Office, P.O. Box 113, Frostburg, MD 21532

Make Check or Money Order Payable to

** Region I Emergency Services Education Council**

PRE-REGISTRATION IS REQUIRED AND MUST BE RECEIVED VIA THE WEBSITE (WWW.MILTENBERGERSEMINAR.COM) OR IN THE MIEMSS REGION I OFFICE BY FEBRUARY 27, 2023. (ALL THOSE REGISTERED BY THIS DATE AND ATTENDING WILL RECEIVE A T-SHIRT.)
Meet the Region IV Pediatric EMS Champions

MARYLAND'S EMS SYSTEM is comprised of 29 EMS operational programs divided into five regions. In this month’s article, we continue to highlight some of the members of the Region IV Pediatric Team.

DAN OCHSENSCHLAGER, MD | REGION IV PEDIATRIC MEDICAL DIRECTOR

Dan Ochsenschlager, MD is the Region IV Pediatric Medical Director. Dr. Ochsenschlager attended Beloit College in Beloit, WI for his undergraduate studies and the Medical College of Wisconsin in Milwaukee, WI for his medical training. Post-Doctoral training included a mixed internship at the Passavant Memorial Hospital in Chicago, IL, as well as an anesthesiology training with the U.S. Army before coming to Children’s National Medical Center for a pediatric residency program. During his career at Children’s National Medical Center, Dr. Ochsenschlager held numerous roles, including Chairman and Medical Director of the Emergency Medical Trauma Center.

Dr. Ochsenschlager joined the Maryland EMS for Children team in 2006, first as the Region V Pediatric Medical Director and then Region IV when he moved to Queen Anne’s County. It was a natural fit for him as he recognized the importance of EMS and the impact on patient care. In his role as the Region IV Medical Director, EMS clinicians would often see Dr. Ochsenschlager taking an active role in teaching PEPP courses across the State and in his Region.

Since retiring from Children’s National Medical Center, Dr. Ochsenschlager loves to sail and travel as well as hone his photography skills. He still challenges himself to learn something new each day.

JEN ANDREWS, NRP, RN
TALBOT COUNTY PEDIATRIC EMS CHAMPION

Jen Andrews, NRP, RN is a Pediatric EMS Champion for Talbot County. Jen is an EMS Captain for Talbot County as well as a Hospice Nurse. Captain Andrews was first drawn to EMS and EMSC at a young age. She grew up around EMS, going to the station with her father, a paid paramedic for 27 years. Plus, Captain Andrews loves children, so being able to have pediatric training is very beneficial to her career and personal life.

Her first EMS job was working on interfacility transports for a short period of time, before being...

See Andrews page 14

KATELYN GUNDERSON, NRP
TALBOT COUNTY PEDIATRIC EMS CHAMPION

Katelyn Gunderson, NRP is a Pediatric EMS Champion for Talbot County. Katelyn shares that since pediatric calls are typically difficult for EMS clinicians due to low-frequency, she wanted to be part of EMSC and the Pediatric EMS Champion team to continue to educate herself as well as others on pediatrics in EMS. She wants to help provide fellow clinicians with resources and educational options. She also knows how important it is to be able to provide a "voice" for low-frequency patients.

Katelyn grew up playing card games, such as Go...

See Gunderson page 14
David Rice, NRP
Kent County Pediatric EMS Champion

David Rice, NRP is the Kent County Pediatric EMS Champion. David recently retired from his position as Chief of EMS for the Kent County Office of Emergency Services, a position he held for over 14 years. He remains active as an active Paramedic Kent County in a paramedic role where he continues to be able to foster & mentor the next generation. David also serves as an instructor with Lexipol.

When not at work, David enjoys reading and hiking. These relaxation activities come as no surprise given that his favorite subject in school was library time. If David had one superpower, he would love the ability to fly, because it would enable him to avoid traffic jams and simply just get away. He admits that if he came with a warning label, it would read “very direct”.

The best piece of advice he has ever received? David shares that you should do what you feel is right 100% of the time. If other people do not forgive you, then that is on them, and being unable to forgive yourself will always be worse.

Richard Childers, EMT
Caroline County Pediatric EMS Champion

Richard Childers, EMT is the Caroline County Pediatric EMS Champion. Richard started out in EMS as a member of the Tilghman Volunteer Fire Company in Talbot County, where he obtained his EMT-B in 2001. In 2017, he came to Caroline County, where he was excited to join the Pediatric EMS Champion team and bring pediatric training to the Caroline County EMS clinicians. Richard has taken the lead to teach PEPP to the BLS clinicians as well as enhanced the County’s community outreach programs for Bike Safety, Child Passenger Safety, and Safe Sleep.

In addition to his EMS work, Richard volunteers with the local Boy Scouts and helps keep them up-to-date in CPR and Emergency Preparedness. When not at work, Richard enjoys camping and spending time with his family. As a child, Richard spent his summers working as a waterman and crabbing. He also loved his Nintendo Entertainment System (NES), especially playing Duck Hunt. His favorite subject in school was history, as Richard feels that the events of the past help shape us today.

Why does Richard love EMS? Because EMS is an adventure that through skill and knowledge, we can turn someone’s worst day and put some positive into it. Each day brings a new call, and we get to make a difference in people’s lives.

Gunderson...

(Continued from page 13)

Fish and Five Thousand, with her grandmother. While she has always loved English classes for the reading, she notes that she also enjoyed her AP U.S History class in high school.

Katelyn appreciates EMS work for its ever-changing environment, sharing there is no monotony in her days. She also loves going to yoga classes and sitting down to read a book...or two...or three.

Finally, if Katelyn had a time machine, she would like to go into the future to see the impact of the choices she made in her life. “My past shaped me,” she says, “so I don't feel the need to go back in time to fix mistakes or change my choices.”

Andrews...

(Continued from page 13)

hired by Caroline and Talbot County EMS. Captain Andrews was fortunate to spend five years working in the school system and as the medical professional for many sporting events, which gave her the confidence to deliver pediatric patient care.

Captain Andrews loves her job, noting that she gets to help others during the scariest time of their lives. However, she enjoys her time away from work just as much by traveling with her family, watching her boys play a variety of sports, and attending sporting events.
MID-ATLANTIC TRANSPORT CONFERENCE 2023

MARCH 6TH & 7TH, 2023
Maritime Conference Center
692 Maritime Boulevard Linthicum Heights, MD 21090

Register Here
**Pre-conference Workshops**

*(Pre-registration required)*

**0800-1200**

**Just a fancy BVM - A mechanical ventilation workshop**

Mechanical ventilation is an essential skill for any provider who has advanced airway management as a part of their scope of practice. Mechanical ventilation is a great equalizer in the transport environment. Through a mix of both lecture and hands-on manipulation of the ventilator this workshop will provide foundational knowledge of mechanical ventilation. Then after we set the foundation, we will utilize lung simulators and case studies to solidify your newfound knowledge and prepare you for your next intubated patient.

**0900-1200**

**Surgical Airway Workshop**

Surgical airways are a high-risk low frequency procedure that can be the difference between life and death. Throughout our presentation, we will review the indications, relative contraindications, overview of open surgical cricothyrotomy, and overview of needle cricothyrotomy. Attendees will participate in a lung lab that will show the effects of various oxygenation techniques on fresh lungs in a vacuum chamber.

**1300-1500**

**Leadership workshop**

The past few years have put tremendous strain on our staff, our programs, and on our leadership. This workshop will help to prepare new leaders and strengthen seasoned leaders with the tools to lead effectively and sustainably even in these challenging times. Shawn Trautman- Nurse Leader for the Lifeline Critical Care transport team and the Johns Hopkins Bayview Neurosciences unit, will facilitate this workshop focusing on the:
- Character and tools of a leader
- Decision-making in leadership
- The Leader as an educator.

**1300-1700**

**Point of Care Ultrasound (POCUS) Workshop**

Point of Care Ultrasound (POCUS) is one of the most powerful diagnostic tools the transport and resuscitation provider can utilize. With practice, a wealth of diagnostic information can be gathered with POCUS that can help guide the care of critically ill patients. During this workshop, we will utilize a combination of both lecture and hands-on practice under the supervision of experienced POCUS providers to introduce basic TTE, lung exam, and FAST exam.
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<td><strong>Pediatric Tales from the</strong>&lt;br&gt;<strong>Darkside</strong>&lt;br&gt;Julie Bacon</td>
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<td><strong>Shock and Awe: differentiating shock for prehospital clinicians</strong>&lt;br&gt;Mustafa Sidik, Dr. Timothy Chizmar, Cody Winniford</td>
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<td><strong>Be Cool Man -or-</strong>&lt;br&gt;<strong>Aequanimitas</strong>&lt;br&gt;Shawn Trautman</td>
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<td><strong>STARS: One kid counts</strong>&lt;br&gt;Niki Shimko</td>
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<td><strong>Failing to rescue: the continuing challenge of managing torso hemorrhage</strong>&lt;br&gt;Dr. Zaf Qasim</td>
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<td><strong>Management of the Burn Patient in the First 48</strong>&lt;br&gt;Hugh Cline</td>
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<td><strong>Pediatric Trauma</strong>&lt;br&gt;<strong>Resuscitation: Fluid, Blood, &amp; Prayers Oh My!</strong>&lt;br&gt;David Seastrom</td>
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<td><strong>The Science of Resuscitation-Why What We do Matters.</strong>&lt;br&gt;Dr. Matt Levy</td>
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<td><strong>POCUS : What questions are we answering?</strong>&lt;br&gt;Dr. Arissa Torrie</td>
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<td><strong>It's raining babies: Not all disasters are created equal</strong>&lt;br&gt;Niki Shimko</td>
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<td><strong>When The Bite is Bigger Than The Bark.</strong>&lt;br&gt;Sarah Anderson and Hollee Russell</td>
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<td>1515-1530</td>
<td><strong>Break</strong></td>
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<tr>
<td>1530-1700</td>
<td><strong>Transport Medicine Panel Discussion</strong></td>
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Education Descriptions

**Courageous Care**
Nursing care can make a lasting difference in the lives of patients and families and takes tremendous courage to deliver. Courageous care requires critical care nurses to care with compassion, maintain a sound knowledge base, renew themselves and serve as leaders. This presentation will emphasize the importance and describe key nurse behaviors of compassionate care.

**Smooth Sailing through the Glottic Opening: Taming the Physiologically Difficult Airway**
Intubation of critically ill patients presents multiple challenges for first responders and critical care transport personnel. Even when physiology is optimized, complications such as hypoxia or even peri arrest can occur. Examine best practices for intubating patients on the extremes of physiology and engage in case-based discussion.

**Shock and Awe: differentiating shock for prehospital clinicians**
Review of shock assessment and management for EMS clinicians. Mustafa will lay the groundwork with a review of baseline physiology. Winniford will review assessment and exam findings, and Dr. Chizmar will discuss EMS interventions and treatment, along with emerging trends/research related to shock.

**Pediatric Tales from the Darkside** (Pediatrics)

**TARS: One kid counts** (Pediatrics)

**Be Cool Man -or- Aequanimitas**
Building on a classic speech from a founding Johns Hopkins Physician, William Osler, this presentation will describe the need and the tools to stay calm and take control of stressful situations.

**Whole blood - worth the sum of its parts?**
The recent military conflicts have reignited an interest in finding the ideal resuscitation fluid in trauma. Increasing evidence has supported the benefit of early warm fresh whole blood as opposed to component therapy for injured patients. Does this benefit translate back to civilian practice? This talk will cover the fundamentals of whole blood, the current evidence, and future directions.

**Kicking the ass of metabolic acidosis**
Interpretation of an ABG, particularly an acidic ABG has challenged clinicians for as long as we have had the technology to do an ABG. In this lecture, Dan will utilize a no-nonsense process that will help break down how to identify the acidosis, differentiate the etiology, and finally how to act on your interpretation.
A case of knife or death: Pediatric penetrating head trauma (Pediatrics)

Mission Ready - How Character Drives Outcomes
Despite any attempt to classify it otherwise - healthcare, especially at the point of contact in first response, is a critically important human experience. After the lights, the sirens, the equipment, and the protocols - it is you and the person depending on you. People are the mission. This presentation is a discussion on the impact that a first responder’s self-awareness, purpose, integrity, and decision-making has on this experience. Leave your ego at the door and leave Mission Ready.

There's an App For That: How a Mobile Application Improves Medical Operations
Protocols? Policies? Drug Calculators? Checklists? Radio Channels? Medical transport crewmembers have a massive amount of reference information to access to do their job. Unfortunately, reference information is rarely in one convenient place, and clinical calculations have to be performed manually or with a third-party tool. This presentation will discuss a custom solution developed at STAT MedEvac: a mobile application containing all of our reference materials and clinical tools. The app has been successfully deployed and embraced by our medical crew members.

Failing to rescue: the continuing challenge of managing torso hemorrhage
Despite advances of in-hospital trauma care, a significant proportion of civilian trauma deaths occur in the prehospital or very early in-hospital setting from non-compressible torso hemorrhage. Management of this type of injury has been difficult, and in some ways is further challenged by our current trauma system setup. This talk will review the challenges of torso hemorrhage, how our current system is not designed to care for this subset of patients, and potential changes that may improve outcomes.

Management of the Burn Patient in the First 48
This lecture will cover the basics of burn management in the field & in the early hours of resuscitation.

Pediatric Trauma Resuscitation: Fluid, Blood, & Prayers Oh My! (Pediatrics)

The Science of Resuscitation- Why What We do Matters.
What is effective CPR? Why do we do what we do in a code? What is science and what is a myth? Join us for this brief discussion of the latest data and what it means for you the next time you run an arrest.
POCUS: What questions are we answering?
Point of care ultrasound (POCUS) is the new cool toy for Christmas that everyone wants but will it get used every day or will it get put to the side after and bit and you will have more fun playing with the box? This lecture will explore the questions that POCUS can answer and the questions it cannot. Because, if mom and dad (your leadership) buy you the cool new toy and you like playing with the box more then the present they are going to be pretty upset.

When The Bite is Bigger Than The Bark.
This presentation will work in several parts; We will start with a brief case review of a recent traumatic canine attack that required critical care transport via air. We will then discuss the difficult airway and soft tissue trauma that required care. The second half of this presentation will provide an overview of the formal debrief performed after this event and specifically, the use of the dogs to provide support and stress relief to EMS providers. Even in the toughest cases, the dogs can provide necessary support.

It's raining babies: Not all disasters are created equal (Pediatrics)

Tracheostomy Train Wreck
Tracheotomy complications can bring anxiety to even the most experienced providers, being prepared how to manage complications when they arise can determine the patient's outcome. This lecture will discuss the indications of tracheostomies, the assessment and management, and troubleshooting of tracheostomy complications.

A Review of Anticoagulation Reversal for Transport Medicine Providers
This presentation will cover the approach to anticoagulation reversal, clinical pearls related to reversal products, and the recommended monitoring parameters while transporting a patient receiving these therapies.

Transport Medicine Panel Discussion
Have you ever wanted to pick the brain of the receiving physician or had some burning question for your medical director about how you should approach a certain patient? well, this is your chance we have put together a panel of experts who will share their knowledge with attendees. We will ask this panel to debate and discuss the care and treatment of a number of different patient scenarios with the hopes of getting a glimpse into their thought process.
MARYLAND STARS OF LIFE AWARDS

Each year, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. The eight categories for awards relate to specific incidents occurring from January 1, 2022, through December 31, 2022. For further information, call 410-706-3994, or email awards@miemss.org.

MARYLAND STAR OF LIFE AWARD
This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue under extreme circumstances by EMS personnel.

MARYLAND EMS CITIZEN AWARD
This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

EMS CLINICIAN OF THE YEAR
This award recognizes a clinician who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance, public or EMS education, prevention, delivery of EMS services, and new technology).

EMD CLINICIAN OF THE YEAR
This award is given for extraordinary efforts in assisting the public through dispatch in this vital portion of the Chain of Survival.

OUTSTANDING EMS PROGRAM
This award recognizes a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

LEON W. HAYES AWARD FOR LIFETIME EXCELLENCE IN EMS
This award is given to an individual who has devoted a lifetime of dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system through his/her professional and personal life.

MARYLAND EMS-CHILDREN (EMS-C) AWARD
This award is given to an adult or program that has demonstrated ongoing dedication and commitment to improving the care for children and for promoting Family Centered Care in a Maryland EMS program or hospital.

MARYLAND EMS-GERIATRIC (EMS-G) AWARD
This award is given to an individual or program that has demonstrated ongoing dedication and commitment to improving the EMS care of the elderly in Maryland.

NOMINATIONS FOR 2023 are DUE by FRIDAY, MARCH 31, 2023.
SUBMIT THROUGH THE ONLINE LINK: http://www.miemss.org/home/documents
The Right Care When It Counts
Maryland EMSC 2023 Program

The Maryland EMS for Children program is in search of children and youth in Maryland who have demonstrated steps to take in an emergency or ways to be better prepared for an emergency. Actions taking place January 1, 2022, through December 31, 2022, are eligible for nomination. We will be recognizing children and youth who acted so that others would receive “The Right Care When It Counts.” Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week 2023.

Questions? Email awards@miemss.org

Children and youth who have met one or more of the following criteria are eligible for Right Care Awards:

1. Activates the Emergency Response System by calling 9-1-1 in an emergency

2. Calls the Poison Control Center in an emergency (1-800-222-1222)

3. Provides family emergency phone numbers, address, and contacts to emergency responders

4. Knows and practices an emergency plan at home

5. Applies knowledge learned in a first aid class

6. Performs CPR and/or uses an AED effectively

7. Knows his or her medical history (allergies, medications, special needs, etc.) and shares this information with emergency care providers

8. Participates in fire and injury prevention education in the community

9. Prepares, with his or her family, to respond to a disaster

10. Provides emergency assistance in the community

Nominations for 2023 are DUE by March 31, 2023 (Friday)
Submit through the online link: http://www.miemss.org/home/documents
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 April 2022 as a result of prohibited conduct. For more information, contact Lisa Chervon, Chief of the MIEMSS Office of Integrity, at lchervon@miemss.org or (410) 706-2339. MIEMSS also maintains a searchable database of all decisions at https://www.miemss.org/home/public, which can be found under “Public Orders Report” in the left-hand column.

IRC22-016 (EMT) October 11, 2022. On August 7, 2020, the EMT was found guilty of assault — second degree and was sentenced to 10 years in jail with all but two (2) days suspended, and issued supervised probation before judgement for a period of two (2) years. The EMT was also ordered to attend domestic violence counseling. The EMT’s certification was on probation at the time of this disposition, related to incident B-2018-839 pursuant to a Disposition Agreement entered into by the EMS Board on January 30, 2019, as a result of a guilty plea for the crime of an indecent exposure on September 25, 2017. Lastly, upon application for renewal of EMT certification on December 19, 2020, the EMT failed to disclose the aforementioned disposition. As a result, the EMS Board proposed to revoke the EMT’s certification. The EMT requested a hearing on this matter, then withdrew the hearing request and settled via Disposition Agreement. Subsequently, the EMT was suspended for 7 days, then placed on probation for three (3) years with treatment requirements and subject to random testing at their own expense.

IRC22-019 (EMT) October 11, 2022. On March 20, 2021, while responding to an emergency medical call for service, the EMT verbally assaulted a patient who had contacted 9-1-1 for assistance, and left the scene of the call without conducting a proper patient assessment. The EMT was suspended from practicing within the jurisdiction for a minimum of 45 days. As a result, on July 13, 2021, the EMS Board issued a Final Decision to place the EMT on probation through their next certification cycle and required the EMT to continue to comply with the performance improvement plan as outlined by the jurisdiction, regardless of where the EMT may become affiliated. Since that Final Decision, circumstances changed that warranted a Disposition Agreement to be more appropriate. Subsequently, the parties agreed that: the EMT’s certification remain on probation for one (1) year from the date of the agreement, and that the EMT continue to comply with the performance improvement plan as outlined by the jurisdiction, which will be required regardless of where the EMT may become affiliated.

IRC22-020 (Paramedic) October 11, 2022. On March 6, 2020, the Paramedic pled guilty to the crime of selling, possessing, and manufacturing vaccination cards without proper authorization. The Paramedic was subsequently sentenced to six (6) months of probation and was ordered to pay fines totaling $1,310. Upon consideration of this matter, on June 27, 2022, the Board issued a noncompliance notice to advise the Paramedic that the Board proposed to revoke the Paramedic’s license. Subsequently, the Paramedic proposed to voluntarily surrender his license on October 5, 2022. The EMS Board accepted the surrender of the Paramedic’s license and issued a final decision on October 12, 2022.

IRC22-040 (Paramedic) December 13, 2022. On June 15, 2022, the Paramedic failed to provide the appropriate standard of care to a gunshot wound patient. The Paramedic was counseled by the jurisdiction, which placed the Paramedic on six (6) months of probation, with 100% quality assurance review. Upon consideration of this matter, the Board issued a noncompliance notice to advise the Paramedic that the Board proposed to suspend the Paramedic’s certification on April 21, 2021, the EMR failed to disclose the aforementioned disposition. On June 27, 2022, the EMS Board issued a noncompliance notice proposing to revoke the EMR’s certification. The EMR requested a hearing on this matter, then withdrew the hearing request and settled via Disposition Agreement, pursuant to which the EMR has been placed on probation for 20 months.

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license for a period of one (1) year, during which time the Paramedic could only function at the BLS level and could not be the sole clinician for any patient. Upon reinstatement, the Paramedic’s license would have been on probation for a period of two (2) years with successful completion of remediation as required by the jurisdiction, even if the paramedic changed affiliations. The Paramedic requested a hearing on this matter, then withdrew the hearing request and agreed to settle matters by means of a Disposition Agreement. Pursuant to the Agreement, the Paramedic’s license was suspended for 30 days, during which time the Paramedic may only function at a BLS level and must complete: a. 20 hours of CAPCE accredited Trauma Education, and b. PHTLS or ITLS, or equivalent. If the Paramedic does not complete the required remediation within the 30 days, their suspension will continue until it is complete. Upon reinstatement, the Paramedic will be precepted in the field for a period of six (6) months and on probation for a period of two (2) years.

■ IRC21-062 (EMT) December 16, 2022. On November 8, 2021, the EMT pled guilty to three (3) counts of the crime of child porn promote/distribute. The EMT is currently serving his sentence at a correctional facility. As a result of the above findings, the EMT’s provisional certification has been revoked.

■ IRC22-022 (EMT) December 16, 2022. On April 21, 2022, the EMT acted unprofessionally when driving an ambulance while simultaneously watching a movie on the EMT’s phone. As a result of the above findings, the EMT has been placed on probation for one (1) year and issued a letter of reprimand.

■ IRC22-032 (CRT) December 16, 2022. On June 13, 2022, the CRT pled not guilty to the crime of driving a vehicle while under the influence of alcohol and was issued supervised probation before judgment for a period of 18 months. As a result of the above findings, the CRT has been placed on probation concurrent with his criminal probation.

■ IRC22-033 (EMT) December 16, 2022. On December 4, 2019, the EMT pled guilty to the crime of driving a vehicle while impaired by alcohol, and was issued supervised probation before judgement for a period of three (3) years. Upon subsequent application for EMT renewal on December 8, 2021, the EMT failed to disclose the aforementioned disposition. As a result of the above findings, the EMT has been placed on probation concurrent with their criminal probation.

■ IRC22-036 (EMT) December 16, 2022. On July 1, 2022, the EMT pled guilty to the crime of driving a vehicle while under the influence of alcohol and was sentenced to 60 days in jail, with all suspended, and issued unsupervised probation before judgment for a period of two (2) years. As a result of the above findings, the EMT has been placed on probation concurrent with their criminal probation.

■ IRC22-042 (EMT) December 16, 2022. On August 25, 2020, the EMT provided a breathalyzer sample for a reasonable suspicion alcohol test ordered. The test results were confirmed as positive for alcohol. The EMT was subsequently placed on suspension for 29 working days, was enrolled in the jurisdiction’s Aftercare Contract, and was required to attend a drug treatment program. On October 13, 2020, the EMT provided a breathalyzer sample for return to duty testing, which also produced positive results for alcohol. On Friday, May 21, 2021, the EMT was dismissed from service for violation of MOP 336. As a result of the above findings, the EMT has been placed on probation for three (3) years and will be subject to random testing at his own expense.

■ IRC22-039 (CRT) December 16, 2022. On July 22, 2022, the CRT pled guilty to the crime of driving a vehicle while under the influence of alcohol per se and was issued unsupervised probation before judgment for a period of 12 months. As a result of the above findings, the CRT has been placed on probation concurrent with their criminal probation.
WHO SHOULD ATTEND: If you are a leader in your department (Fire Chief, Chief Officer, Company Officer, Senior Leader, or you aspire to be, you need to be here!

** You **DO NOT** need to be an officer to attend this seminar

Saturday, March 4th 08:00 – 16:00

KEYNOTE:
Dan Shaw, Assistant Fire Chief
Fairfax County Department of Fire & Rescue Department

COURSE DESCRIPTION:
JUST BE THE LEADER
Dave Downey, Fire Chief (retired)
Miami-Dade Fire Rescue

Leaders must understand how their intentions as well as their actions define them. This interactive presentation will discuss the importance of becoming a student of leadership, continually developing yourself and refining techniques to lead the men and women in our fire service.

Sunday, March 5th 08:00 – 16:00

DECADES OF LEADERSHIP AND SERVICE
Frank Leeb, Deputy Assistant Fire Chief
Fire Department of New York (FDNY)

Drawing on his more than two decades of leadership in the FDNY and more than 38 years of combined career and volunteer firefighting experience, Chief Leeb will deliver real world lesson learned and best practices. Each of the examples presented will be from his personal experience. Chief Leeb will
emphasize the importance of the winning mindset, playing to win, training, teamwork, fireground strategy and tactics, large scale emergency response, extinguishment, search and safety cultures and how they coexist for optimal outcomes, problem solving, leadership development, decision making, how process drives outcome, understanding and working with the media, health wellness and cancer in the fire service, improving soft skills, the power of knowing what you don’t know, staying learnable and motivating your team. From the chief to the proby, you will leave this presentation motivated and better prepared for any emergency response.

** Lunch provided both days

REGISTER AT MFRI’S SEMINAR PAGE:
https://www.mfri.org/training/seminars/

~ Save the Date ~
April 26-30, 2023
Ocean City Fontainebleu Resort
Ocean City, Maryland

Further details will be published as they become available.

FOLLOW MIEMSS ONLINE
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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

With football playoffs winding down and the Big Game approaching, many are preparing their festivities. Whether you’re watching the game at the bar or celebrating with friends, remember that impaired driving is never the right choice.

Be the MAKE A PLAN Driver and ensure your ride home is planned before you drink. Never allow friends or family to drive if they have been using alcohol or drugs.

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:

- Speed & Aggressive Driving: February 8, 2023 (10:00 a.m. – Noon)
- Occupant Protection and Distracted Driving: February 16, 2023 (10:00 a.m. – Noon)
- Pedestrian & Bicycle Safety: March 9, 2023 (1:00 p.m. – 3:00 p.m.)

Contact MHSO@mdot.maryland.gov to register

Do You Know How to Handle a Roadside Emergency?

At some point it will happen to each of us, you’re on the road and suddenly your car breaks down, or you get a flat. The key to keeping yourself safe in these situations is knowing, in advance, how to handle them.

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, buckled and facing forward if it is safe to do so. If you are unable to remain safely in your vehicle, quickly move away from the road to a safe location.

Remember, as of October 1, 2022, Maryland law requires drivers to MOVE OVER for all stopped vehicles. If you are unable to move over, you must slow down to a safe and prudent speed.

For additional information, visit ZeroDeathsMD.gov/Roadside
(Continued from page 1)

Prevention and Treatment (ADAPT), and community outreach strategies.

During his welcoming remarks, Delbridge highlighted the frontline role Maryland’s emergency medical services play in the statewide coordinated response to the crisis, including overdose data reporting and the use of “leave-behind” naloxone to counter the effects of opioid overdose.

“MIEMSS transmits data pertaining to suspected drug overdoses encountered by the EMS system in near-real time,” said Delbridge. “Thus, we’re able to appreciate, on an ongoing basis, the breadth and depth of the issue, and have situational awareness when spikes of activity occur.” He also stressed the importance of leave-behind naloxone, especially for the roughly one-third of overdose patients rescued by EMS clinicians who subsequently refuse transport to a medical facility.

“We know that leaving naloxone with those at risk of future overdose and their friends and family members leads to more people seeking subsequent treatment,” continued Delbridge, noting that it directly correlated to a six-fold “greater likelihood that overdose victims in the same community will receive naloxone before EMS arrival the next time.”

While in Baltimore, Gupta also met with emergency department physicians, nurses, administrators, and peer support specialists at The Johns Hopkins Hospital to discuss the importance of initiating medication for opioid use disorder in emergency settings.

To view the Maryland Overdose Data Dashboard, or learn more about the state’s collective efforts to address the opioid overdose epidemic, visit https://beforeitstoolate.maryland.gov/. Learn more about the White House Office of National Drug Control Policy at WhiteHouse.gov/ONDCP.

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The JoinMdHealth campaign was a key recommendation of MHA’s Workforce Task Force.

Dozens of health care leaders from hospitals statewide formed the Task Force to examine ways to stabilize and grow Maryland’s health care workforce. Convened by MHA in November 2021, the group released an evidence-backed report, the 2022 State of Maryland’s Health Care Workforce, to ensure Maryland has the health care workforce it needs now and into the future.

MHA has partnered with Mission, a brand marketing agency based in Baltimore, on this important initiative. Learn more about JoinMdHealth at JoinMdHealth.org. For more information about the Maryland Hospital Association, visit MHAOnline.org.