This summer MIEMSS hosted six student interns, from Baltimore City’s YouthWorks jobs program, who were interested in a career in health care. For these students, this important program helped bridge the gap between the academic world and the working world. MIEMSS’ goals in taking on these interns were to help them learn about working with other people, accept responsibility, and make good decisions and choices. This experience helped each student develop awareness of needs and opportunities in the community, gave them a chance to put theories into practice, and offered opportunities for personalized learning—more than that available in the traditional classroom.

Through this program, YouthWorks interns explored both career and volunteer paths in emergency services. They gained valuable insight and experience in prehospital care of the sick and injured and the multiple disciplines of fire service through hands-on encounters and public education. Topics covered during the internship program included:

- CPR and first aid
- EMS operations
- Commercial ambulance operations
- Medevac operations
- Tactical medical operations
- Dispatch operations
- Airport firefighting operations
- Hose line operations
- Ground and aerial ladder operations
- Auto extrication
- Communication equipment repair
- Military medical operations

MIEMSS’ Ombudsman Mike Deckard led the YouthWorks program for the summer. “Throughout the program you could see the students develop greater interest in EMS and other public safety career options,” said Deckard. “It became a good, positive experience for them and a positive

(Continued on page 2)
The “graduating” students also had positive feedback about their MIEMSS experience. “I learned new things and discovered ways to reach my goals,” said one student, “and it made me think about my future even more than before.”

Many thanks to all the EMS/fire departments and other agencies and organizations that opened their doors to these students so they could have a great learning experience.

Maryland EMS News
CHEMPACK: A Critical Resource Available to EMS Providers and Hospitals

CHEMPACK, a nationwide initiative coordinated by the Centers for Disease Control and Prevention (CDC), is a critical resource that is available to EMS providers and hospitals in Maryland. The project has placed caches of chemical nerve agent antidotes throughout the nation (and throughout Maryland). These caches are housed where they are readily available to EMS providers and hospitals. CHEMPACK caches contain Mark I auto-injectors, Atropine auto-injectors, Pralidoxime (2-Pam Chloride), and Diazepam.

There are two types of containers—EMS and hospital. Each EMS CHEMPACK container is stocked to treat up to 454 casualties with most of the medication in auto-injectors and a lesser amount in vials. There are 23 EMS CHEMPACK containers disbursed around the state, ready for rapid deployment. Hospital containers are stocked to treat up to 1,000 casualties with most of the medication in vials with a lesser amount in auto-injectors.

In Maryland, EMS caches are dispersed throughout the state and hospital caches are available to all hospitals upon request (they are centrally located at selected hospitals across the state). It is critical that these medications be rapidly available since they must be given early for maximum effectiveness. For this reason we would like everyone to be aware of the requesting process outlined below.

When and how to request CHEMPACK materials

For EMS

The use of CHEMPACK medications should be considered during any mass casualty event in which multiple patients show signs and symptoms consistent with a chemical nerve agent or organophosphate exposure—especially if there is indication that large numbers may have been exposed (e.g., patients coming from a large public gathering or mass transit). The incident commander or designee should request CHEMPACK materials as soon as indicated by contacting EMRC via radio or phone and providing an estimate of the number of casualties. EMRC will coordinate the delivery of materials to address 150% of the estimated casualties to the scene or area via ground or air transport.

For Hospitals

The use of CHEMPACK medications should be considered with any influx of patients with symptoms consistent with a chemical nerve agent or organophosphate exposure, especially if there is indication that large numbers may have been exposed. Hospitals should consider utilizing CHEMPACK medications if there is any indication they will require more medication than what is readily available on-site.

• Hospitals with CHEMPACK caches on-site should open and utilize these materials when indicated. An immediate call should be made to EMRC to make notification of the event and CHEMPACK use.

Signs and symptoms of a cholinergic overdose due to nerve agent or organophosphate exposure:

Remember the mnemonic DUMBBELLS

Diarrhea
Urination
Miosis/muscle weakness
Bronchorrhea
Bradycardia
Emesis
Lacrimation
Salivation/sweating

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CHEMPACK: A Critical Resource Available to EMS Providers and Hospitals

(Continued from page 3)

• Hospitals without a CHEMPACK on-site should call EMRC and request CHEMPACK materials and provide an estimate of the number of casualties. EMRC will coordinate delivery of these materials to address 150% of the estimated casualties (via air or ground transport) from other locations.

In all cases the request for CHEMPACK materials must be made through EMRC.

Requesting hospital or EMS personnel should indicate the following in their request to EMRC:

• The number or estimated number of patients affected. EMRC will base the amount of medication delivered on this information
• The location where the medication is to be delivered. This should be close to the intended destination, but must be in the cold zone
• The point of contact for delivery and acceptance of materials at the destination

When the CHEMPACK materials arrive, the controlled medications must be accepted by a pharmacist or MD (for hospitals) or an ALS provider (for EMS locations), and his or her signature must be obtained.

For detailed information on the symptoms and treatment of exposure to chemical nerve agents or organophosphates, see the current version of The Maryland Medical Protocols for EMS Providers. Information can be found in the Optional Supplemental Mark I/DuoDote Protocols and the WMD Supplement.

MIEMSS plans to provide additional training on the identification and treatment of nerve agent or organophosphate exposures in the coming year.

Child Passenger Safety Technicians Needed in Your Community

“There is no greater feeling than providing a service to your community that helps protect and save lives.” When Lieutenant Holly Trego of the Cecil County Department of Emergency Services said this, she wasn’t talking about her crucial work in communications. She was referring to checking car safety seats for Cecil County families.

Lieutenant Trego’s program has been educating about proper car seat use for nearly four years and has reached approximately 100 families. Over the years, they have found that most families need car seat corrections that include tightening the harness on the child, locking the seat belt, and attaching the tether strap from the car seat to the vehicle’s anchor. Baltimore City Fire Inspector Shana Haughton describes her work at safety seat check-ups as a “great way to engage the public and inform them.” She adds that “some parents even come up to me at other events and ask about car seats.” She wishes she could do more child passenger safety education and hopes to target some check-ups for Baltimore neighborhoods in need.

Are you interested in learning about child passenger safety and helping check car seats in your community or region? There is a particular need for new CPSTs from underserved parts of the state, and ideally, the CPS activities could be integrated into your job and/or volunteer activities.

To become involved you would need to start by taking a three-day Child Passenger Safety Technician (CPST) certification class. The cost for the class is only $85 and a limited number of scholarships are available to EMS providers through a grant by the Maryland Highway Safety Office and offered by MIEMSS. The class combines classroom instruction, hands-on work with car seats and vehicles, and has a community safety seat check-up event at the end. Open-book quizzes and skills tests are required. Contact the CPS Healthcare Program at MIEMSS for more information at CPS@miemss.org or 410-706-8647.

Sajad Als, a new CPST and a firefighter/EMT from Kensington VFD #5, says, “being a CPST has been heart-warming knowing that I have made a difference in child safety…and that I have taught parents how to properly install and maintain their children’s car seat.”

EMRC Phones Installed in DC Hospitals

Maryland EMS providers: please take note that EMRC phones have been deployed in the following Washington, DC hospitals:

• Providence Hospital
• Georgetown Hospital
• George Washington Hospital
• MedStar Washington Hospital Center (Adult ED)
• Washington DC VA Medical Center
• Howard University Hospital
• MedStar Washington Hospital Center Trauma and MedStar Washington Hospital Center Adult ED
• MedStar Washington Hospital Center and Washington Adventist Hospital and Fort Washington Hospital (both in Maryland)

These phones have been tested and are operational. Hospital personnel have been trained and EMSOPs may begin using these new EMRC phones immediately.

Be cautious to avoid confusion between these facilities:

• Howard University Hospital and Howard County General Hospital (Johns Hopkins Medicine) (in Maryland)
• MedStar Washington Hospital Center Trauma and MedStar Washington Hospital Center Adult ED
• MedStar Washington Hospital Center and Washington Adventist Hospital and Fort Washington Hospital (both in Maryland)

To avoid any confusion with other named hospitals, you need to be very clear when requesting one of these facilities through EMRC. If necessary, request that the hospital confirm its name if they did not provide it or if it was unclear when the facility comes online.

Please refer to the instructions on page 6 for accessing EMRC via radio for more information.
Charles W. Wills celebrates 60 years of Volunteer Fire and EMS Service

On July 26, 2015, Charles W. Wills (“Charlie”) was honored for 60 active years of volunteer EMS and fire service to the citizens of Charles County and to the State of Maryland. Friends, family, colleagues, state officials, and legislators came together to recognize and congratulate him. It was ten years ago, as Charlie celebrated 50 years of service, that he received the State of Maryland’s Star of Life – Leon W. Hayes Award for Excellence in Emergency Medical Services. It is an award that honors an individual who has achieved a lifetime of excellence in care, compassion, and respect for each patient, and who demonstrates a commitment to continuous improvement to Maryland’s EMS system.

Charlie Wills is an EMT instructor with 43 years of experience, who has taught countless students in the classroom and at many statewide conferences. He has held many positions while serving as a volunteer with the Potomac Heights Volunteer Fire Department and Rescue Squad. In addition, he is a Southern Maryland Volunteer Firemen’s Association and Maryland State Firemen’s Association Hall of Fame member. He served on the Statewide EMS Advisory Council for several years and continues to serve on many statewide EMS committees. Charlie frequently paid visits to Annapolis, advocating for legislation that benefits volunteer EMS providers and firefighters. Charlie continues to set an excellent example to others as an EMS provider, instructor, mentor, and advocate for Maryland’s EMS and fire community.

MIEMSS Safety Corner

Although August is typically the hottest part of the year, there is no excuse for not wearing your issued safety gear. Safety vests, turnout gear, helmets, gloves, gogles, and other safety equipment are designed for your protection. They are designed to reduce injuries and limit or stop exposures to blood borne pathogens.

Your number one responsibility is your personal safety. Remembering this little tidbit can help protect you and your family from the danger of the job and ensure that everyone goes home!

Upcoming Educational Opportunities

- **Topics in Trauma**
  Peninsula Regional Medical Center
  **September 18, 2015**
  Ocean City, MD
  www.peninsula.org

- **TraumaCare**
  **September 24, 2015**
  Hilton Baltimore, MD
  www.mdcot.org

- **Mid-Atlantic Life Safety Conference**
  **September 29, 2015**
  Johns Hopkins APL, Laurel, MD
  www.fabscom.org

- **Eastern Shore Emergency & Critical Care Symposium**
  **November 12, 2015**
  Chesapeake College, Wye Mills, MD
  www.facebook.com/shoresymposium
Accessing EMRC Via Radio

Steps
1. The initial call from the EMS unit should be “EMRC, this is <Jurisdiction Name> <Unit Number>”
   - Do not expect EMRC to recognize NCR county codes. Multiple jurisdictions have unit numbers that start with 7 and 8.
   - While not mandatory, it is helpful to state during the initial call whether the provider is utilizing a UHF radio (EMRC Med Radio) or 800 MHz radio.
2. EMRC will respond and advise whether to go ahead with your request or to stand by.
   - Please do not make any requests until the EMRC operator acknowledges your unit number.
3. After EMRC has advised to go ahead with your transmission, state your request:
   - State the receiving hospital and whether a physician-consult is needed.
   - Noting if a physician consult is required will ensure that the EMRC brings an authorized consulting base station on the line. Some facilities are not authorized to provide online medical direction.
4. EMRC will then direct you to a med channel for connection with the hospital.
5. Upon changing to the med channel, acknowledge that you are on the med channel with your unit identifier: “<Jurisdiction Name> <Unit Number> online.”
   - This is important when using the conventional EMS radios. Your transmission is needed to steer the automated electronic system to the correct radio tower for your area.
6. Once a hospital announces they are on line identify your unit and proceed with your request or report.
   - If you are unsure you have the correct hospital(s) online, have them confirm their facility name.

Important Notes
- Remember, EMRC services many jurisdictions. The initial call should be brief.
- Always use plain language and avoid abbreviations or codes.
- State the full hospital name being requested.
- Please be extra cautious with the following common miscommunications:
  - Howard University Hospital vs Howard County General Hospital
  - Washington Hospital Center vs both the Maryland-based Washington Adventist Hospital and Fort Washington Hospital.
  - EMRC is often confused when units request “PG Shock Trauma.” The operator may bring up BOTH Prince Georges Hospital Center (PGHC) and R Adams Cowley Shock Trauma Center. Refer to the PGHC Trauma Center as “Prince George’s Hospital Center”.
  - MEDSTAR Trauma Center vs Washington Hospital Center Adult Emergency Department. Like University of Maryland Hospital and Shock Trauma, these are two separate facilities with separate lines. Please either use “MEDSTAR Trauma” or “Washington Hospital Center.”

CARDIAC ARREST REGISTRY to ENHANCE SURVIVAL (CARES)
Hospital & EMS Education and Training Conference

Hosted by MIEMSS and Howard County Fire & Rescue Services
James N. Robey Public Safety Training Center
Marriottsville, Maryland, 21104

SAVE THE DATE
October 8, 2015
Basic Disaster Life Support™ 3.0 Course

The BDLS® course aims to improve the care and coordination of response for disasters and other public health emergencies by developing a common approach and language among multiple disciplines in the health care community. This course targets emergency medical services providers, nurses, physicians, hazardous materials personnel, public health personnel and other health care professionals simultaneously and offers a review of natural disasters, traumatic and explosive, nuclear and radiological, biological and chemical events. Information on the health care professional’s role in public health and incident management systems, community mental health and special needs of vulnerable populations is also included in the BDLS course.

COURSE LOCATION
15th Street Fire Station
1409 Philadelphia Avenue
Ocean City, Maryland 21842

REGISTRATION INFORMATION
Visit http://register.ndlsf.org to register.
Please register early, space is limited!

COURSE DATE
December 6, 2015

TIME:
8:00 a.m. – 5:00 p.m.
Registration begins at 7:30 a.m.

THERE IS NO COST TO THE STUDENT FOR THIS COURSE

Questions: Contact Chris Hyzer
Telephone 410-706-0881
chyzer@miemss.org

Sponsored by
Maryland Regional NDLS Coalition
Johns Hopkins CEPR, Maryland Fire and Rescue Institute (MFRI)
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
The R Adams Cowley Shock Trauma Center and the University of Maryland Baltimore County (UMBC)
SAVE THE DATE!

This January
come to
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Winterfest

2016

Preconferences including EMT Skills class
January 28 and 29, 2016

Full Conference
January 30 and 31, 2016

More information on Facebook at Winterfest EMS