

## ***MIEMSS Executive Director's Report***

September, 2021

*This year as we mark the 20<sup>th</sup> anniversary of the events of September 11, 2001, we remember all of those that lost their lives that day. Maryland emergency response personnel honor all of their fellow responders that gave the ultimate sacrifice that day to save the lives of others.*

### **Maryland EMS Clinicians and Jurisdictional Programs**

**COVID-19.** MIEMSS is providing guidance on recommended next steps for EMS operational programs. Although the statewide mask mandate has been lifted, EMS clinicians continue to care for patients who may be unvaccinated, have a weakened immune system, or are experiencing symptoms concerning for COVID-19. EMS is part of the health care environment and these guidelines are based upon CDC and MDH recommendations for health care professionals.

- EMS clinicians should continue to wear surgical masks, eye protection, and gloves, at minimum, on all calls.
- If there is any concern for COVID-19 illness, clinicians should use gloves, eye protection, surgical gown, and a fit-tested N-95 or equivalent respirator.
- ALL patients encountered by EMS should be instructed to wear a surgical mask, if clinical condition allows. EMS should provide an appropriate mask if the patient does not have one. Exceptions to this guideline include patients who have significant disabilities, or children under 2 years of age.
- Consider local hospital visitor policies when allowing family members to accompany patients who otherwise are capable of making their own medical decisions.
- For patients who are suspected to have COVID-19 illness or exposure, clinicians should reference the COVID-19 EMS guidance dated July 1, 2021.
- CDC recommends mask use when any unvaccinated individuals are present in a communal setting. A group of fully vaccinated personnel may gather in communal areas without masks or social distancing.

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

***Update on Actions Taken Under the COVID -19 State of Emergency.*** The EMS Board and MIEMSS issued nine Public Notices taking action under the additional authority granted by Governor Hogan in his emergency orders. Under Governor Hogan’s “Termination Roadmap”, these orders expired August 15, 2021, unless otherwise noted.

**Public Notice #1** created an expedited path for individuals to obtain provisional EMS certification or licensure to augment the EMS response during the emergency. More than 1600 individuals became provisional EMS clinicians. MIEMSS and the EMS Board issued regulations to provide path for full credentialing which must be achieved by February 11, 2022. Provisional EMS clinicians may continue to function while they achieve full credentialing.

Public Notice #1 also modified to the protocol to allow for an altered crew configuration of Mobile Integrated Health (MIH) teams consisting of a single paramedic. Subsequently, the EMS Board adopted this change to the protocol with a requirement for additional training so it does not expire.

**Public Notice #2** created a registry within MIEMSS to credential Nursing and Respiratory Therapy Clinical Externs to allow them to practice in a limited capacity during the emergency. More than 1500 nursing students and more than 100 respiratory care students. This notice expires September 15, 2021.

**Public Notice #3** allowed MIEMSS to waive certain personnel requirements for commercial ambulance services as long as the patient needs are met. This was used to allow a nurse/nurse configuration on certain specialty care transports that would have otherwise required a nurse/paramedic configuration. This was scheduled to end on September 15 but the EMS Board has proposed a regulation which would allow for continued waivers and the regulation has been approved on an emergency basis pending adoption.

Public Notice #3 also allowed Maryland licensed commercial ambulance service to use vehicles that were licensed in another state in Maryland with a waiver. This notice expires September 15, 2021.

**Public Notice #4** created an expedited path for individuals to obtain provisional EMD licensure during the emergency. Very few individuals became licensed under this provision but they will have until February 11, 2022 to achieve full credentialing under the regulations issued by the EMS Board.

**Public Notice #5** allowed EMT psychomotor testing to occur after completing the cognitive exam and expires August 15, 2021.

**Public Notice #6** allowed Paramedics and EMTs to vaccinate the public under appropriate supervision. While the notice expires August 15, 2021, MIEMSS sought to change the law regarding paramedics as vaccinators and was successful in the 2021 Legislative Session. Under the statute paramedics may administer flu and COVID-19 vaccines to the public under certain circumstances. Under a separate order issued by the Maryland Department of Health, EMTs and CRTs have the option to vaccinate as laypeople, not as EMS clinicians, under certain circumstances.

**Public Notice #7** permitted EMS clinicians to provide non-EMS care at state-facilitated alternative care sites such as the Baltimore Convention Center Field Hospital (BCCFH). This notice expires August 15, 2021

**Public Notice #8** extended all EMS clinician licenses and certificates that would have otherwise expired in April or June 2021 to October or December 2021, depending on level and remains in effect.

**Public Notice #9** allows commercial ambulance services to use non-certified personnel to drive a BLS ambulance if issued a waiver by MIEMSS. These individuals must be licensed by the Public Service Commission and meet certain training requirements. Additionally, the services must provide data so that MIEMSS can assess its effectiveness in expanding commercial ambulance service availability. It expires October 15, 2021. However, the EMS Board has proposed a regulation to allow for continued waivers. The regulation has been approved on an emergency basis pending adoption.

***2021 Maryland Medical Protocols for Emergency Medical Services.*** The all new look 2021 ***Maryland Medical Protocols for EMS*** document is available on the MIEMSS web site as the full document. Two versions are available on the web – one with interactive links and a second version for printing. Each EMS clinician in the state will receive a free copy of the pocket version of the protocols. Full size 3 hole punched, spiral, and additional copies of the pocket versions are available for purchase through the MIEMSS Office of Licensure and Certification at 410-706-3666.

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

Fourteen (14) jurisdictions are participating in this program during the first year. Jurisdictions that do not qualify this year have the opportunity to redefine how funding flows through their system to be eligible in the future. The Maryland Department of Health has projected that an estimated an approximate 75 million dollars in federal reimbursement to EMS in Maryland could result in the first year alone.

***Critical Care Coordination Center Assists in Critical Care Transfers.*** MIEMSS continues to utilize the Critical Care Coordination Center (C4) to help physicians identify available hospital critical care resources when patient transfers are necessary. Over 1,200 assists have been generated. C4, which is located within the Emergency Medical Resource Center at MIEMSS, is staffed with a critical care coordinator and virtual Central Intensivist Physician (CIP) 24/7. Any

Maryland hospital seeking a critical care transfer can contact the C4. The C4 coordinator has a near real-time view of statewide hospital critical care bed capacity. The CIP then works with referring physicians to identify patients' anticipated critical care needs. The coordinator and CIP, working jointly with the sending and receiving facilities, match the patients with available critical care resources that can manage the patients' conditions.

***At Hospital Ambulances (@HA).*** MIEMSS developed and released a web-based application showing ambulance activity at the many hospitals utilized by Maryland's jurisdictional EMS clinicians. The application is known as the At Hospital Ambulances (@HA) Dashboard. This application runs on iOS, Android, and Windows mobile devices and well as on desktop computers. The application displays the hospital name, number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. The information may be sorted by Length of Stay, Alphabetically, or by Unit Count. If there are no units at a hospital, then the hospital is not listed (unless there is an associated CHATS Alert). Not all of the jurisdictions are participating. A map, available on the dashboard, shows which jurisdictions are supplying data and those yet to come onboard. Access to the @HA dashboard is available to clinicians via a link on the eMEDS patient care reporting system dashboard. It may also be viewed at <https://aha.miemss.org/>. Jurisdictional EMS administrators have credentials to login to view additional detail, including the ambulance's unit number and jurisdiction. At this time 16 jurisdictions are submitting the necessary data to support the dashboard. MIEMSS continues efforts to improve the utility of the application.

***Statewide EMS Communication System Upgrade.*** The MIEMSS EMS Communications System Upgrade Project is in the Implementation Stage of Phase One. Phase One encompasses the Southern Maryland - EMS Region V. The Implementation Stage began in May after the successful completion on Factory Acceptance Testing of the Phase One equipment in March and delivery of Phase One Equipment in April. Headway on the Implementation Stage of Phase One continues as the contractor progresses on microwave installations, works on the integration of the NICE audio recording system with the Intertalk console system, and provides system software enhancements. It is expected that all microwave installations associated with Phase One, along with completion of system core integrations, will be completed in the third quarter of 2021, which are precursors to performing Regional Acceptance Testing. MIEMSS has approved the contractor, OCI, to commence work on the Phase 2 (Region III and Western Maryland) to mitigate timeline challenges. Challenges include Phase I equipment installation delays, COVID19 impacts (travel ban, personnel) and resolving issues related to new equipment such as tuning/optimization, firmware updates, and to address the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges.

### ***Electronic Maryland EMS Data System (eMEDS®) Updates.***

- **State Bridge Transition:** MIEMSS has completed the transition of the remaining federal EMS partners to the State's, upgraded, patient care reporting system known as eMEDS® Elite. This transition started in December of 2017 and concluded in March 2021. The overwhelming vast majority of the EMSOPs transitioned during calendar year 2018.
- **At Hospital Ambulances (@HA):** Improvements continue to be made to the interface between ImageTrend and County CAD systems in order to better improve the data received in the @HA Dashboard. This also has a positive impact each time a clinician performs a "CAD Download" within an eMEDS® report. Work continues with those EMSOPs who are not yet submitting the necessary data to support the dashboard.
- **COVID-19 Updates:** eMEDS® continues to adapt to the necessary change requests associated with Maryland's COVID-19 response.
- **Mobile Integrated Health (MIH):** Since October of 2020, MIEMSS has been working with the Statewide EMS Advisory Council's (SEMSAC) MIH Workgroup to implement ImageTrend's mobile integrated health module. EMSOPs began to use the MIH module in quarter 1 of 2021.
- **eMEDS® Support:** eMEDS® support receives tickets from EMS clinicians, Hospital Personnel, and other stakeholders throughout the state for issues like password resets and login issues, access questions, report writer functionality, and other various needs. In CY2021 as of 09/01/2021 eMEDS® support has received and resolved 1,465 tickets.
  - Email: emeds-support@miemss.org
  - Phone Number: (410) 706-3669
- **Quarterly ImageTrend Releases:** MIEMSS and ImageTrend have been working to minimize the amount of downtime that occurs during periodic updates to the eMEDS® site. Since quarter 1 of 2020, it was decided to stop automatic, twice per month updates from being pushed and to move to a quarterly update schedule. When these updates occur, the site will be updated to the latest version available from ImageTrend. We do not expect any prolonged outage during these updates as all necessary precautions are being done to prevent this. However, some updates may take up to six (6) hours to complete due to the complexity during these times.

***eMEDS®/CRISP Integration.*** MIEMSS is continuing to cultivate a relationship of mutual benefit with the Chesapeake Regional Information System for our Patients (CRISP), Maryland's designated health information exchange (HIE). This ongoing relationship has yielded a number of recent fruitful projects:

- Upgrading the eMEDS® / CRISP data linkage from 138 elements via HL7 to an export that includes NEMESIS data elements via XML. This was completed as of July 2021
- Designing a capability to export supplemental questions from eMEDS® to external sources
- Constructing a COVID-19 status dashboard that informs Maryland's hospitals and governmental leaders of daily hospital capacity statuses
- Developing a near-real time ICU bed tracking system for COVID-19 response purposes
- Acquiring a mobile integrated health (MIH) charting module for eMEDS® used by a number of counties

- Commencing a project to develop products to serve as replacements for MEMRAD components, including CHATS and FRED
- Working to integrate hospital outcomes data into eMEDS® for review by EMS clinicians
- Creating a portal whereby paramedics can access clinical health data for their patients at the bedside

***eMEDS® / ESSENCE Integration.*** MIEMSS in conjunction the Maryland Department of Health (MDH) has developed a near real-time data exchange between the State of Maryland’s EMS electronic patient care report (eMEDS) and the Maryland Department of Health’s syndromic surveillance system. This linkage allows EMS data to be utilized by MDH for the early identification of intentional or natural emerging infectious disease outbreak(s), providing for expedient public health threat and risk assessment for situational awareness, and ensuring prompt applications of public health interventions in the event of a public health emergency. Additionally, MIEMSS has partnered with MDH and the Johns Hopkins University Advanced Physics Laboratory to engage in the development of an EMS data module within the State’s syndromic surveillance system. This new EMS module is available to other states for the purposes of integrating EMS data with ESSENCE. These technical aspects of this program were recently completed.

### **Hospital Programs**

***Trauma and Specialty Centers.*** The program directors and the Trauma and Specialty Center workgroups have completed updating and revising the following COMAR Regulations:

- Perinatal Standards
- Adult Trauma Center Standards
- Burn Standards
- Primary Stroke Center Standards
- Acute Stroke Ready Center Standards
- Eye Trauma Center Standards
- Neuro Trauma Standards
- General Provisions
- Comprehensive Stroke Center Standards
- Thrombectomy-Capable Primary Stroke Center Standards

The following COMAR Regulations are in the “State” process for promulgation:

- Eye Trauma Center Standards
- Neuro Trauma Standards
- General Provisions
- Comprehensive Stroke Center Standards
- Thrombectomy-Capable Primary Stroke Center Standards

The following COMAR Regulations have completed the promulgation process and are now in effect:

- Perinatal Standards
- Adult Trauma Center Standards
- Burn Standards
- Primary Stroke Center Standards
- Acute Stroke Ready Center Standards

The following COMAR Regulation is undergoing revisions and updates:

- Pediatric Trauma Center Standards

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

Due to COVID-19, Trauma and Specialty Center Program re-designations due in CY 2021 have been moved to a virtual platform. Trauma Centers, Stroke Centers and Level IV Perinatal Referral Centers re-designation surveys due in CY 2021 are completed. Level III Perinatal Referral Center re-designations due in CY 2021 are ongoing.

MIEMSS Director, Perinatal Programs is assisting the Maryland Department of Health (MDH) with the Level I and II Perinatal site reviews.

## **Cardiac**

***Public Access AED Program.*** AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.”

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

## **Emergency Operations**

***COVID-19 Related Response.*** Focused turned to the pandemic response in late February and continues. MIEMSS continues to coordinate the agency's response utilizing the incident command system. MIEMSS' has participated in many planning and response activities, some of these activities include:

- Completed the MIEMSS COVID-19 Vaccination Clinic located at MIEMSS in Baltimore
- Continues to provide COVID-19 vaccinations to seafarers in conjunction with the Port of Baltimore
- High level participation in the Maryland Surge Task Force
- Staffing the State Emergency Operations Center and MIEMSS Department Operations Center
- Daily monitoring and reporting of EMS and hospital data
- Providing up to date guidance to EMS clinicians and EMSOPs
- Coordinating requests for, managing, and delivering PPE for public safety and commercial EMSOPs
- Facilitating COVID-19 testing for EMS personnel, and patients when resuscitation has been terminated in the field
- Assisting in the response to outbreaks at skilled nursing facilities
- Procuring and managing ambulance strike teams
- Coordinate virtual mental health crisis support program for staff working in skilled nursing and group homes. This program has assisted over 1000 people to date.
- Coordination of virtual crisis support training for state agency and EMS personnel
- Working with the Maryland Department of Health and other state agencies to ensure EMS clinicians have access to a COVID-19 vaccine
- Worked with the Maryland COVID-19 Testing Taskforce making COVID-19 Antigen Test Kits available for Fire/EMS clinician testing

## **Regional Programs**

***EMS Base Station Program.*** Pursuant to COMAR Title 30.03.06, the EMS Base Station designation program ensures designated hospitals are prepared to provide on-line medical consultation with Maryland EMS providers. Hospitals are designated, by the EMS Board, on a rotating schedule and are awarded five-year designations when found to be in compliance with all applicable regulations. Provisional designations of less than five years are awarded in the event a facility is found to have discrepancies. Regional Programs staff continue to work with EMS base stations to identify mechanisms to ensure compliance during the COVID-19 catastrophic public health emergency.



The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

### ***Region I and Region II***

- The notice and subsequent prioritization and stratification of the Cardiac Devices Grants have been completed. Garrett, Allegany and Washington counties all submitted requests. Frederick County opted to fully fund their own device purchases.
- “Virtual” Base Station re-certification logistics have been coordinated with the three facilities in the regions due to re-certify this year. Hospital partners have been receptive and supportive to the virtual survey concept.
- Regions I and II have been active with COVID testing, providing test kits to the regions, testing clinicians who are symptomatic or had an exposure, and encouraging Termination of Resuscitation (TOR) patient testing. With locations in Regions I and II being too far for routine use of the lab’s courier service, the staff has had to ensure test samples are delivered on time to the lab.
- The team is working to ensure the legacy of the Miltenberger Emergency Services seminar. Planning for the 2022 Miltenberger Emergency Services Seminar has started. The conference dates will be March 11-12, 2022 and will be held at the Rocky Gap Casino Resort in Flintstone, MD.

### ***Region III***

- The Region III Office continues to support our partners and the agencies response to the COVID-19 pandemic.
- The Region III Health and Medical Coalition continues to make strides in ensuring the region is prepared and equipped to respond to the evolving threats facing the medical community.
- The Region III Office continues to support multiple grants including the Cardiac Devices grant program, ALS Funding, and Naloxone.
- The Region III Office continues to schedule and conduct Voluntary Ambulance Inspections across the region.
- The Region III Office continues to conduct virtual base station site surveys for Region III hospitals.
- The Region III Office continues to support our local EMS Operational Programs.

### ***Region IV***

- Region IV staff distributed pocket protocol books to the local jurisdictions. Please contact the Region IV office should your agency have questions or additional needs.
- The Region IV EMS Council met to discuss the efficacy of red and yellow alerts. Additional discussion is planned at the regular meeting of the Council in September.
- Tidal Health’s 2021 Trauma Conference “Topics in Trauma” was held as a virtual conference this year on September 10, 2021.
- Region IV staff is assisting local jurisdictions with information to expand participation in the @HA (At Hospital Ambulance) program.

- Region IV staff continues to assist response partners, hospitals and agencies in their response to the COVID-19 pandemic.
- Region IV is assessing Hospital Base Station designation renewals within the region and will be scheduling site visits this fall. The decision whether there will be in person or virtual site visits is still to be determined.
- Region IV staff continues to support the needs of our constituents and is always interested in hearing from clinicians and EMS leadership when questions arise.

### *Region V*

- The Maryland-National Capital Region Emergency Response System (MDERS) is working with stakeholders to gather projects, evaluate grant compliance, strategic plan alignment and project feasibility. Staff also developed a balanced budget recommendation based on the assumption of level funding from last year (\$5.35 million) and reprogramming of FY19 funds.
- The RESF-8/RPWG working group and the COG EMS subcommittee are working on HSEC requirements to identify critical regional strategies and emerging threats as part of the UASI funding strategy.
- Region V is working with the COG EMS Subcommittee on several fronts:
  - 1) a consortium purchase of cardiac devices, 2) health information exchanges in the NCR, 3) best practices for MIH programs, 4) narcotics accountability processes and the CapRAC initiative in collaboration with military partners, to integrate civilian and military capabilities and regional situational awareness across the NCR.
- The office is engaged with the DC Coalition Notification Center and the Northern Virginia Regional Hospital Coordinating Center (RHCC) to coordinate resources and information sharing capabilities within the NCR region.
- The Region V Office is part of the Regional Burn MCI Taskforce efforts to strengthen preparedness and response to burn incidents.
- The Region V Office is leading the communications upgrade project for the State and is handling the MEMRAD hospital data reporting and associated quality assurance in collaboration with CRISP, as well as the upgrades to the CHAT system.
- The regional office is supporting and leading research projects with the MIEMSS Research Interest Group (RIG) and other colleagues, including projects in epinephrine use in cardiac arrest, behavioral health, patient safety, quality improvement and coordination of care. We will be presenting our work at the EMS World Expo and the Virginia EMS Symposium this year.
- The staff is also working closely with the Emergency Planning Committee of the Region V Healthcare Coalition to develop a robust operational surge and disaster plan by evaluating standard reporting and planning tools and coordinating between the state and the hospitals in Region V.
- Region V staff is leading the updates to the QA/QI Office training program and planning a pilot test for Calvert, Charles and St. Mary's counties, in collaboration with SOCALR and the Compliance Office.

## Emergency Medical Services for Children

***Emergency Medical Services for Children Department (EMS for Children).*** The EMSC Department continues to coordinate virtual state Pediatric Emergency Medical Advisory Committee (PEMAC) and Pediatric Data Analysis Research Team (DART) meetings with ongoing subcommittees and workgroup focused on protocol revisions and EMS data analysis. The ***2021 National Pediatric Readiness Project*** re-assessment of all hospital and free standing EDs was conducted from May through July 31 2021. All 49 Maryland EDs participated and received a confidential report to guide their ongoing work to become more “Peds Ready”. The EMSC Department will be establishing a forum this fall for Pediatric ED Champions to share best practices. The next Pediatric EMS Champions forum will be held on October 29 and be preceded by an optional PEPP Hybrid course on October 28, 2021 open to other EMS clinicians.

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

1. EMSC State Partnership Grant (federally funded by HRSA/MCHB) is focused on federal performance measures specific to emergency care in EMS and ED. PEPP Instructor update will be held virtually on September 29, 2021. PEPP 4<sup>th</sup> edition hybrid courses were held in this spring with positive feedback from faculty and students (CDC guidelines followed). National EMSC All Grantee Meeting was held virtually August 30 – September 2, 2021. Planning for 2022 EMS conferences is ongoing with PEPP Hybrid preconferences planned. The Family Advisory Network (FAN) continues to support local training to prepare children, youth and families on how to be “Emergency Ready”. The 2021 FAN project is focused dissemination of Safe Sleep education and creating teaching resources for EMS and ED public education. Contact the EMSC program at [PEPP@miemss.org](mailto:PEPP@miemss.org).
2. Child Passenger Safety and Occupant Protection (CPS & OP) healthcare project (federally funded by NHTSA through the Maryland Highway Safety Office [MHSO]): 22nd year of funding starts October 1, 2021. The project continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project collaborates with local Safe Kids chapters and coalitions and KISS program at MDH. Vehicular Heatstroke Prevention Awareness is ongoing with in person outdoor thermometer displays and social media education. Contact the project at [cps@miemss.org](mailto:cps@miemss.org).
3. Bike Helmet Safety project (state funded through the MHSO): has been funded for a 5<sup>th</sup> year starting July 1, 2021. During the first four years, almost 3000 bicycle helmets were distributed through Safe Kids coalitions and community partners, Trauma Centers and Pediatric EMS Champions. Bike safety educational materials are available and new display signs are available for returning to in person outreach and education. Contact [bikesafety@miemss.org](mailto:bikesafety@miemss.org) for more information or to request educational materials.
4. Safe Kids Maryland state coalition continues to provide prevention information through social media and articles in EMS News. Contact at [safekidsmd@miemss.org](mailto:safekidsmd@miemss.org).
  - a) There are now FIVE Temperature Heat Displays available for public education events as part of Maryland Safe Kids campaign to increase awareness of the risks to children

- in cars. A training video on operating the two different types of displays is posted on the MEMSS YouTube account. Two of the five are redesigned to be lighter weight and easier for transport and assembly. Contact [CPS@miemss.org](mailto:CPS@miemss.org).
- b) Buckle Up public information has included virtual seat checks in partnership with the KISS program (MDH), social media and print media information, and outreach to hospital EDs.
  - c) Safe Sleep display and educational materials are in development in partnership with the state Child Fatality Review Committee and using CDC and NIH standardized messaging.
  - d) October Fire Prevention messaging features messages on “Learn the Sound of Fire Safety”.

Maryland Risk Watch team continues to partner with the MSFA Fire and Injury Prevention/ Life Safety Committee. Steps to Safety prevention education templates are available based upon the interactive training stations typically held at the MSFA Convention each June. The MIEMSS YouTube account has PSAs posted on “What to Expect When You Dial 9-1-1” and “Right Care When it Counts”. Contact Maryland Risk Watch at [riskwatch@msfa.org](mailto:riskwatch@msfa.org)

## Prevention

***September is Flu Awareness Month.*** With attention on the COVID-19 Delta variant right now, it is important to remember that it is time for the seasonal flu vaccine. The flu spreads each year resulting in over 200,000 hospitalizations and thousands of deaths each year. The best protection against the flu is to get vaccinated. Flu viruses are detected year round however; the highest levels occur beginning in early October and last through May. The months of January and February can be especially bad.

The CDC recommends a yearly flu vaccine for everyone 6 months of age and older. Getting the flu shot helps ensure that individuals do not contract the flu and spread the disease to others. The flu shot is available now. The best time to get vaccinated is by early October. It is important to remember to regularly washing hands and covering nose and mouth with tissue when sneezing.

***National Preparedness Month (NPM).*** National Preparedness Month (NPM) is an observance each September to raise awareness about the importance of preparing for disasters and emergencies that could happen at any time. The 2021 theme is **“Prepare to Protect. Preparing for disasters is protecting everyone you love.”**

Each week in September, the campaign focuses on a different aspect of preparedness for individuals, families, and communities.

### **Week 1 September 1-4: Make A Plan**

Talk to your friends and family about how you will communicate before, during, and after a disaster.

**Week 2 September 5-11: Build A Kit**

Gather supplies that will last for several days after a disaster for everyone living in your home. Do not forget to consider the unique needs each person or pet may have in case you have to evacuate quickly.

**Week 3 September 12-18: Low-Cost, No-Cost Preparedness**

Sign up for alerts, safe-guard important documents, and take other low cost and no cost preparedness actions to lessen the impact of disasters and emergencies for you and your family.

**Week 4 September 19-25: Teach Youth About Preparedness**

Talk to your kids about preparing for emergencies and what to do in case you are separated. Reassure them by providing information about how they can get involved.

**Educational Programs**

***Treating Trauma: Care Across the Continuum.*** Sinai Hospital of Baltimore –  
September, 27, 2021 - 10:00 AM. to 3:30 PM

The conference will be hosted virtually. LifeBridge Health team members can register on Healthstream. All others can register by searching for “Treating Trauma: Care Across the Continuum” on [www.eventbrite.com](http://www.eventbrite.com).

***Mid Atlantic Life Safety Conference Virtual Event.*** September 28, 2021 - 9:00 AM

For more information and to register: [www.midatlanticlifesafetyconference.org](http://www.midatlanticlifesafetyconference.org)