

## MIEMSS EXECUTIVE DIRECTOR'S REPORT

January 2022

### Maryland EMS Clinicians and Jurisdictional Programs

**COVID-19.** MIEMSS is providing guidance on recommended 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 of concern 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.

**Seasonal Flu Awareness.** With attention on COVID-19 right now, it is important to remember that it is now time for the seasonal flu vaccine. 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 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. It is important to remember to regularly wash hands and cover nose and mouth with tissue when sneezing.

**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 1,600 individuals became provisional EMS clinicians. MIEMSS and the EMS Board issued regulations to provide a 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 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, encompassing more than 1,500 nursing students and more than 100 respiratory care students. This notice expired September 15, 2021.
- **Public Notice #3** allowed MIEMSS to waive certain personnel requirements for commercial ambulance services as long as patients' 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 proposed a regulation which would allow for continued waivers, and the regulation has been approved on an emergency basis pending adoption. The final regulation becomes effective on February 4, 2022. Public Notice #3 also allowed Maryland-licensed commercial ambulance services to use vehicles that were licensed in another state in Maryland with a waiver. This notice expired 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 expired August 15, 2021.
- **Public Notice #6** allowed Paramedics and EMTs to vaccinate the public under appropriate supervision. While the notice expired 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 expired 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 expired October 15, 2021. However, the EMS Board proposed a regulation to allow for continued waivers. The regulation has been approved on an emergency basis pending adoption. That emergency regulation may be found here: <http://www.dsd.state.md.us/comar/comarhtml/30/30.09.04.08.htm>. The final regulation becomes effective on February 4, 2022.

**Mobile Integrated Health: COVID-19 Monoclonal Antibody Protocol.** The EMS Board approved the Monoclonal Antibody for COVID-19 optional protocol for Mobile Integrated Health (MIH) programs at its November meeting. This protocol enables MIH programs, when partnered with hospitals or health departments, to administer monoclonal antibody infusions for treatment of COVID-19 infection or post-exposure prophylaxis. For patients with limited mobility or other barriers to receiving monoclonal antibodies, this can offer treatment in a home setting.

Please contact the MIEMSS Office of the State EMS Medical Director (410-706-0880) if your MIH program is interested in implementing this protocol.

**EMS Transfer of Care Times.** With sharply rising COVID-19 case volume and staffing shortages across the health care system, EMS to Emergency Department transfer of care times have increased significantly over the past several months. These extended, often hours-long, delays at the hospitals have impeded the ability of jurisdictions to respond to incoming 9-1-1 calls.

MIEMSS encourages leaders to continue collaborative discussions with hospitals on strategies to transfer care from EMS to hospital staff in an efficient fashion. In addition, MIEMSS also recommends maximizing use of the following tools:

- **Pandemic Triage Protocol.** This protocol is a safe and effective measure for evaluating patients who may be able to remain at home and advising them about self-care. Please reinforce use of this protocol with EMS clinicians in your jurisdiction.
- **Direct to Triage Protocol.** This protocol enables delivery of stable patients to the ED triage waiting area. Of note, it is important that the patient report be conveyed to nursing staff when using this protocol.

MIEMSS sincerely appreciates the great flexibility of Maryland's EMS clinicians and jurisdictions as they respond to these unprecedented challenges in our health care system. MIEMSS will continue to advocate for additional strategies and resources to provide assistance in any way possible.

**Medicaid Supplemental Payment Program.** MIEMSS continues to work with the Maryland Department of Health (MDH) 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 by public (tax) dollars; bills Medicaid for EMS transports; and documents expenses paid with public (tax receipt) funds.

Fourteen (14) EMS jurisdictions have confirmed participation for the first year of this program by completing MOUs with MDH for costs. Jurisdictions that did not participate this year have the opportunity to do so in the future.

**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 2,100 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. MIEMSS has expanded the C4 to include Pediatrics. "C4-Pediatrics" provides an EMS Coordinator and Central Advisor Pediatric Physician available 24/7 by phone. C4-Pediatrics provides consultation and facilitates the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit utilizing the intensive care bed surveillance system at MIEMSS. The phone number for C4 and C4-Peds is the same (410-706-7797), with option #1 connecting to the Adult ICU coordinator and physician team and option #2 connecting to the Pediatric coordinator and pediatric emergency care and critical care physician team.

**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 as well as on desktop computers. The application displays the hospital name and number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. The information may be sorted by Length of Stay, Alphabetically by hospital, 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 details, including the ambulance's unit number and jurisdiction. At

this time, 17 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 I. 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 I equipment in March and delivery of Phase I Equipment in April. Headway on the Implementation Stage of Phase I 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 I, along with completion of system core integrations, will be completed in the first quarter of 2022, and console configurations will be completed in the second quarter of 2022; these are precursors to performing Regional Acceptance Testing. MIEMSS has approved the contractor, OCI, to commence work on the Phase II (Region III and Western Maryland) to mitigate timeline challenges. Challenges include Phase I equipment installation delays, COVID-19 impacts (e.g., travel ban, personnel) and resolving issues related to new equipment, such as tuning/optimization, firmware updates, and addressing the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges.

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

- **Approved EMSOPs from EMS Board:** During the December EMS Board Meeting, it was voted and approved to make the Town of Ocean City Fire Department and Salisbury Fire Department each their own independent EMSOP within their respective counties. MIEMSS is working closely with each EMSOP to make several logistical modifications within the eMEDS® application to reflect their status change.
- **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 2020, MIEMSS has been working with the Statewide EMS Advisory Council's (SEMSAC) MIH Workgroup to implement ImageTrend's MIH module. EMSOPs have continued to utilize the MIH module within eMEDS® since 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.
  - Email: [emed-support@miemss.org](mailto:emed-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 taken 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 MDH'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 following COMAR Regulations are in the “State” process for promulgation:

- Eye Trauma Center Standards
- Neuro Trauma Standards
- General Provisions

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
- Comprehensive Stroke Center Standards
- Thrombectomy-Capable Primary Stroke 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.

Maryland Trauma Centers reviewed Trauma Bypass and Capacity activations. Factors have been identified that initiate Trauma Diversion. Work continues to find solutions to mitigate this issue.

Due to COVID-19, Trauma and Specialty Center Program re-designations due in CY 2022 have been moved to a virtual platform. Trauma Centers, Stroke Centers, and Level IV Perinatal Referral Centers re-designation surveys due in CY 2021 have been completed.

MIEMSS’ Director of 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.

Updated



## EMS Preparedness and Operations

**COVID-19 Related Response.** Focus turned to the pandemic response in late February 2020 and those efforts continue. MIEMSS' has participated in many planning and response activities, some of these activities include:

- Established MIEMSS COVID-19 Booster Vaccination Clinic.
- 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 when activated.
- 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 3,000 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 and PCR 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 clinicians. 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, Frederick, and Washington Counties all submitted requests.
- “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-19 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 will be held March 11-12, 2022, at the Rocky Gap Casino Resort in Flintstone, Md.
- The Volunteer Ambulance Inspections (VAIP) have been completed for ALL counties in Regions I and II, with any noted deficiencies corrected.
- With a notable increase in COVID-19 cases, Regions I and II have increased surveillance. The Regional Offices continue to assist healthcare partners with navigating surge planning, bed capacity, staff shortages, and reviewing Hospital Alert Status policies.
- The Region I and II coordinators are assisting with the resumption of activities (that were reduced during the statewide COVID-19 response) of the Maryland Alliance for Public Safety Support (MAPSS). The group works to ensure that every Maryland emergency responder has the health and wellness knowledge (both mental and physical) and support necessary to thrive in the public safety ecosystem. The group incorporates the best practices of Health and Wellness, Peer Support, Critical Incident Stress Management, to provide a statewide standard of practice as well as central availability location for clinician/responder services.

### ***Region III***

- The Region III Office continues to support the agency’s response to the COVID-19 pandemic.

- The Region III Office continues to support the Region III Health and Medical Coalition in its mission to prepare the region for evolving threats facing the medical community.
- The Region III Office continues to support multiple grants, including the Cardiac Devices, Advanced Life Support Training, and Naloxone Leave-Behind Grants.
- The Region III Office continues to conduct Voluntary Ambulance Inspections across the region.
- The Region III Office continues to conduct base station site surveys for Region III hospitals.
- The Region III Office continues to support our local EMS Operational Programs.

#### ***Region IV***

- Staff coordinated the 2021 Base Station Coordinators' Meeting on December 3, 2021. Seventy-five (75) people representing 40 hospitals attended the virtual meeting.
- Assisting response partners, hospitals, and agencies in their response to the COVID-19 pandemic.
- Assisting local jurisdictions with information to expand participation in the At Hospital Ambulance (@HA) program.
- Currently scheduling base stations for their designation renewal evaluations.
- The Region IV Office is leading the effort to reboot the Voluntary Ambulance Inspection Program (VAIP) in 2022. A statewide meeting on the topic is scheduled for January 4, 2022.
- Staff conducted VAIP inspections of one EMS agency in Dorchester County and the Ocean City Fire Department.
- Actively assisting Talbot County Emergency Services and the Winterfest EMS Conference Steering Committee with its work in planning Winterfest 2022, which will be held February 18-20, 2022.
- The Region IV Office continues to support the needs of its constituents and is always interested in hearing from clinicians and EMS leadership when questions arise.

#### ***Region V***

- The COG EMS Subcommittee is finalizing a consortium purchase of cardiac devices and working on a regional trauma plan in collaboration with military partners.
- The Region V Office is working with the Regional Burn MCI Taskforce to strengthen preparedness and response to burn incidents.
- The Region V also engaged with MEMRAD hospital data reporting and associated quality assurance in collaboration with CRISP, as well as the upgrades to the CHAT system.
- The Region V Office is supporting and leading research projects with the MIEMSS Research Interest Group (RIG) and other colleagues. We will be presenting at the Ecuadorian Society of Emergency Medicine and the Iberoamerican Congress of Emergencies in late-November and December 2021 and at the NAEMSP conference in January 2022. We also are working with colleagues from UCLA, ESO and the State of Queretaro (Mexico) in a research project related to the International Paramedic Registry.
- Region V staff is leading the updates to the State QA/QI Office training program and in collaboration with SOCALR, the MIEMSS OMD, the Compliance Office and Jurisdictional EMS partners.

## 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. PEMAC met on January 5, 2022, with special presentations on new protocol considerations, C4 Pediatrics update, and discussed revisions for the VAIP Standards. Pediatric EMS Champion Winter Forum was also held on January 5 focused on three topics: Pediatric safe transport, Pediatric non-transport, and training for the 2022 Federal EMS Assessment that launched January 5, 2022. Maryland EMSC will provide biweekly "Office Hours" to the EMSOP as they work to complete this national re-assessment. The next in-person training for these Champions will be in May 2022 as a preconference to EMS Care 2022. Quarterly web-based forums will continue to share educational material.

C4-Pediatrics, launched on October 1, 2021, and led by Dr. Jen Anders, includes a team of pediatric emergency medicine and pediatric critical care physicians along with additional paramedic coordinators. The Central Advisor Pediatric Physician (CAPP) is available 24/7 through the same statewide access phone number. C4-Pediatrics will provide consultation and facilitate the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit when the normal referral patterns are not currently able to accept a transfer.

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 4<sup>th</sup> edition hybrid courses are scheduled as preconferences for 2022 EMS conferences. The Family Advisory Network (FAN) 2021 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]): 22<sup>nd</sup> year of funding began on 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, KISS program at MDH, EMS Agencies working on CPS, and hospital EDs and Nurseries to provide education and car seat resources. 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) is in a fifth year of funding, starting July 1, 2021. During the first four years, almost 3,000 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 *Maryland EMS News*. Meetings dates for 2022 are scheduled

for March 2 and September 7 at 12:30 p.m., following PEMAC. Contact at [safekidsmd@miemss.org](mailto:safekidsmd@miemss.org) to be added to the email event announcements. 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 are planned for 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).

Updated

## **Recent News**

***Governor Hogan Announces COVID-19 Testing Surge, \$100 Million in Emergency Funding to Address Staffing Needs at Maryland Hospitals and Nursing Homes.*** As the Omicron variant becomes more dominant and COVID-19 hospitalizations continue to rise across the state, Governor Larry Hogan announced on December 21, 2021, the commitment of \$100 million in emergency funding to address urgent staffing needs at Maryland hospitals and nursing homes, as well as a series of actions to further ramp up the availability of COVID-19 testing across the state. The governor was joined virtually by Dr. Ted Delbridge, MIEMSS Executive Director; Dr. David Marcozzi, the COVID-19 incident commander for the University of Maryland Medical System (UMMS); and Dr. Jinlene Chan, deputy secretary for public health services at the Maryland Department of Health (MDH). Read more here: <https://governor.maryland.gov/2021/12/21/governor-hogan-announces-covid-19-testing-surge-100-million-in-emergency-funding-to-address-staffing-needs-at-maryland-hospitals-and-nursing-homes/>.

***Governor Hogan Declares 30-Day State of Emergency, Mobilizes 1,000 Members of Maryland National Guard to Respond to COVID-19 Surge.*** In addition to declaring a 30-day state of emergency to enable the State of Maryland to take urgent short-term actions to combat the current COVID-19 surge, Governor Larry Hogan issued an Executive Order on January 4, 2022, that will augment the state's EMS workforce by authorizing the MIEMSS Executive Director and State EMS Board Chair to suspend the effect of certain statutes or regulations in order to improve the state's response to COVID. The governor also issued an executive order authorizing the Maryland Secretary of Health to regulate hospital personnel, bed space, and supplies, and mobilized 1,000 members of the Maryland National Guard to assist state and local health officials with the state's emergency pandemic response. Read more at <https://governor.maryland.gov/2022/01/04/governor-hogan-declares-30-day-state-of-emergency-mobilizes-1000-members-of-maryland-national-guard-to-respond-to-covid-19-surge/>.

## **Prevention**

**Winter Weather Driving Tips.** Whether it's snow, sleet, or ice, winter weather can cause extremely dangerous road conditions. In 2019, there were 440 fatal crashes, and an estimated 33,000 injury crashes that occurred in wintry conditions. Preparing yourself – and your vehicle – for winter weather is key. The National Highway Traffic Safety Administration has compiled this list of winter weather driving tips to help protect yourself as well as your passengers, fellow motorists, and pedestrians:

<https://www.nhtsa.gov/winter-driving-tips>.

**First Responder Mental Health and Suicide.** Working in EMS can be as rewarding as it is challenging, but little research has examined exactly how hard the job can be. More specifically, few studies have looked at exactly how big a problem mental health issues and suicide are among first responders, what makes professionals vulnerable, or how best to address these issues. Answering those questions is why the National Highway Traffic Safety Administration (NHTSA) [Office of EMS \(OEMS\)](#) has partnered with the Centers for Disease Control and Prevention (CDC) and its [National Institute for Occupational Safety & Health \(NIOSH\)](#) to better understand first responder mental health and suicide. Read more here: <https://www.ems.gov/newsletter/fall2021/first-responder-mental-health-and-suicide.html>.

Updated

## **2022 Educational Programs**

**Winterfest 2022** - February 18 – 20, 2022 - Easton, Md.

### **Preconferences**

EMT Skills class

Hybrid (online) with Skills in person – **February 18, 2022**

Pediatric Education for Prehospital Professionals (PEPP) Class

Hybrid (online) with Skills in person – **February 18, 2022**

### **Full Conference - February 19 and 20, 2022**

Follow **Winterfest EMS** on Facebook for updates!

**2022 Miltenberger Emergency Services Seminar** – March 11-12, 2022 – Flintstone, Md.

The preconferences will be held on March 11 and the full seminar will be March 12, 2022.

The seminar will be held at the Rocky Gap Casino Resort in Flintstone, Md.

Updated