



Maryland EMS News

Vol. 28, No. 2 For All Emergency Medical Care Providers December 2001

Policy for Military Service Members Called to Active Duty

This policy applies to the certification/licensure status of all Maryland prehospital providers (first responder, EMT-B, CRT, EMT-P, and EMD) who are deployed or activated under military orders in the service of the United States Armed Forces. This also includes any reservist called to extended active duty. Recognizing that no entity can jeopardize the rights and privileges of one called into the service of the United States, a "military EMS provider status" is available to these service members, enabling them to return to their established level of function within one year of their return to Maryland.

The date of return will be established based on the service member's certificate of discharge, statement of release, separation orders, or certificate of retirement. The State of Maryland reserves the right to require a photocopy of one of the above as documentation of the service member's date of return.

If the Maryland EMS certification or license is predicated upon current registration with the National Registry of Emergency Medical Technicians (NREMT), maintenance of NREMT registration, including continuing education requirements, is an individual responsibility and must be conducted per National Registry policies.

In the event of deployment or activation:

1. The EMS provider or his/her designee notifies MIEMSS in writing that the provider has/had been called to extended active duty.

2. The MIEMSS Office of Education, Licensure, and Certification places the provider on military inactive status as a provider.

Upon return of the provider to Maryland:

1. The provider notifies MIEMSS that he/she desires reinstatement to active status and provides documentation of release from active duty.

2. The CRT or EMT-P provides documentation of current active registration with the NREMT.

3. The provider provides verification of EMS affiliation with an approved EMS operational program.

4. If a revision of the Maryland Medical Protocols for EMS Providers occurred during his/her absence, the provider must attend a protocol review session conducted by the EMS operational program.

5. The EMS operational program with which the provider is affiliated may elect to conduct a skills

review and proficiency demonstration.

6. One calendar year from the date of deactivation is afforded to the provider for completion of steps 1-5.

Final Ambulance Restocking Safe Harbor

The final federal regulations on the ambulance restocking safe harbor were published December 4, 2001 at 66 Federal Register 62979. (The regulations refer to "restocking" as "replenishment.") The regulations and associated commentary answer many of the questions concerning application of the regulations, and the regulations and commentary should be reviewed by your legal counsel. MIEMSS will work with jurisdictions and hospitals to assist in ensuring a uniform statewide approach to replenishment arrangements. The regulations are available on the Internet at: http://oig.hhs.gov/oigreg/restocking_final_rule.pdf.

The safe harbor is intended to prevent an ambulance restocking arrangement which meets the safe harbor requirements from being a crime under the federal Anti-Kickback Statute (42 USC 1320a-7b(b)). The Anti-Kickback Statute makes it illegal to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce referrals of items or services covered by federal healthcare programs. Parties on both sides of a "kickback" can be held criminally liable.

In general, under the final federal regulations the safe harbor applies if:

- The ambulance that is replenished provides emergency services at least 3 times a week on average;
- Only one party (the ambulance provider or the hospital) bills for the replenished supplies, and all billing

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Bioterrorism

MIEMSS, in light of the tragic, unprecedented events of September 11, is accelerating its work toward improving preparation for and response to Weapons of Mass Destruction incidents.

Two major educational conferences were held December 9 and 10. The first targeted fire and EMS personnel and provided management and operational information. The second conference covered the essential elements necessary for hospitals to respond to disasters and terrorism and provided a forum for each hospital to review and update its disaster plans to incorporate potential terrorism events.

An upcoming issue of the newsletter will focus on bioterrorism to provide additional information.

Geriatrics and EMS

"A 68-year-old-male with chest pain . . . a 70-year-old female who has fallen . . . an 85-year-old male with respiratory distress." EMS providers are seeing these types of scenarios quite frequently, sometimes daily. Although the chief complaint may differ in each of the three scenarios listed above, they all share one common, and very meaningful, characteristic—each patient is over the age of 65. Elderly patients present a realm of unique challenges to the pre-hospital care provider, and their pre-hospital management deserves careful consideration.

The latter half of the twentieth century has been often referred to as the "graying of America." The 1990 census revealed that 31.6 million Americans were over the age of 65 (or 12.6% of the population). By the year 2000, this number had increased to 34.9 million Americans (or 13% of the population). The aging population is projected to be greater than 70 million by 2030.

The elderly remain the largest single consumer of health-care resources, including emergency medical services. For these increasing numbers in our society, the EMS provider is the only health-care worker, outside of the emergency department, who is immediately available to assist the older person in crisis 24 hours a day, 7 days a week. In Maryland, during 2000, 46% of EMS transports, or approximately 139,000 patients, were older than 50 years of age. For elderly patients, the EMS system is often the entry point into the health care system. Upon presentation into the emergency department, they are likely to be more acutely ill than younger patients. In addition, older people are more likely to arrive in the emergency department by ambulance, as statistics have shown that the percentage of those arriving by ambulance increases with age.

EMS providers deal with not only acute medical or trauma emergencies in the elderly, but with social,

psychological, and environmental problems of the generation as well. Furthermore, the geriatric patient may present atypically, and may possess many co-morbid conditions, often making assessment, triage, and even physician diagnosis difficult.

Understanding the biological, psychological, social, and environmental factors that affect the aged will only serve to enhance the care provided to the geriatric patient. A person's chronological age might not be the most important factor in making him or her "elderly." Therefore, it is important to determine a person's functional age.

Functional age relates to the person's mental status, activity pattern, and ability to function in daily activities. By maintaining a watchful eye for risk factors in the elderly person's home, or recognizing factors that may lessen the patient's quality of life, the prehospital care provider will be better equipped to make the necessary referrals or contact the appropriate authorities to correct such problems. Care of the elderly patient is multifaceted and often involves many disciplines and specialties of care. Emergency medicine and internal medicine specialists, nutritionists, rehabilitation specialists, social workers, and others may all be encountered along the elderly patient's path to wellness.

Continuity of care can be further facilitated by EMS providers who are capable of competently and effectively managing the geriatric patient. The first step for prehospital providers is to identify group housing for older patients in their communities and surrounding areas. They can also visit local nursing homes and assisted living facilities to establish working relationships with other members of the geriatric health-care teams. In this way, they can establish realistic expectations of what might be needed in an emergency. Prehospital providers should also try to identify at-risk elders residing within these communities.

By understanding the unique challenges older people present and by treating them with compassion and respect, prehospital care providers can have a profound impact on the outcome of elderly patients. In the coming year, Maryland EMS will begin to promote its offering of continuing education programs designed specifically to assist prehospital EMS providers meet the needs of the increasing geriatric EMS population.

Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

R-2001-123—(EMT-B)—September 11, 2001. Certification revoked for felony convictions, failure to reveal felony convictions, and misrepresentation as EMT-P.

R-2001-126—(EMT-B)—September 11, 2001. By disposition agreement, probation until June 30, 2002, for failing to report theft conviction before conviction was expunged.

B-2001-130—(CRT)—September 11, 2001. By disposition agreement, suspension until determination of need for, and if needed, completion of, anger management program, and determination of fitness for duty with one-year probation following termination of suspension.

R-2001-137—(CRT)—September 11, 2001. By disposition agreement, acceptance of CRT surrender to EMT-B and requirement of 24-hour refresher course.

B-2001-138—(CRT)—September 11, 2001. License revoked for unlawful sexual contact with patient and conviction of second-degree assault.

B-2001-141—(EMT-B)—September 11, 2001. Probation until completion of probation in Virginia for grand larceny and forgery.



Maryland EMS Reference List

The following resource list is provided for information only. Please call your regional administrator with any questions or for further information.

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

◆ Office of the Director

Executive Director: Robert R. Bass, MD, FACEP, 410-706-5074, FAX: 410-706-4768

Deputy Director (Administration): Robert Dubansky, BA, 410-706-0470, FAX: 410-706-4768

Deputy Director (Policy & Programs): Patricia Gainer, JD, MPA, 410-706-3992, FAX: 410-706-4768

Ombudsman: Phil Hurlock, 410-706-3666, FAX: 410-706-2367

◆ Policy & Programs

EMS for Children

Director: Cynthia J. Wright-Johnson, MSN, 410-706-3178, FAX: 410-706-0853

Education, Licensing & Certification

1-800-762-7157 (phone line staffed M-F, 8 am - 5 pm with voice mail during other hours);

local phone: 410-706-3666; FAX: 410-706-2367

Director: Andy L. Trohanis, MA

Educational Development: William Seifarth, MS, NREMT-P

Advanced Life Support (ALS) Programs: Kenneth Young, NREMT-P

EMT-Basic (BLS) Program: Leona Rowe, NREMT-P

First Responder & Emergency Medical Dispatch (BLS Programs): Lisa Chervon, CRT

Chief Compliance Officer: Ronald B. Schaefer, NREMT-P

Continuing Education Program: Craig Coleman, CRT

Critical Incident Stress Management (call SYSCOM 1-800-648-3001)

Coordinator: Craig Coleman, CRT

Epidemiology

Chief: Janice White, 410-706-4193

Epidemiologist: Claudine Woo, 410-706-4193

Regarding cardiac arrest forms, call 1-877-93-RSRCH (77724) or FAX: 1-877-787-8089 (toll-free)

State Office of Commercial Ambulance Licensing & Regulation

Director: Cheryl Y. Bowen, MS, MA, RN, 410-706-8511 or 1-888-200-5015 (toll-free), FAX: 410-706-8552

Hospital Programs

Director: Mary Beachley, MS, RN, CEN, 410-706-3932, FAX: 410-706-0853, FAX: 410-706-4768

Program Development

Director: Lisa Myers, RN, MS, 410-706-4740, FAX: 410-706-4768

Quality Management

Director: John New, BA, 410-706-3977, FAX: 410-706-0901

◆ **Administration**

Educational Support Services

Director: James Brown, MA, 410-706-3994, FAX: 410-706-3485

Video Services: Nando Tosti, BS, 410-706-3994, FAX: 410-706-3485

Publications (including *Maryland EMS News*): Beverly Sopp, MA, 410-706-3248, FAX: 410-706-3485

EMRC/SYSCOM

Director: Andrew J. Pilarski, 410-706-3668, FAX: 410-706-4209

EMS Communications

Director: Thomas Miller, 410-706-3668, FAX: 410-706-8528

Communications Maintenance: Ed Macon, 410-706-3668, FAX: 410-706-8528

Finance

Director: Sherry Alban, 410-706-3145, FAX: 410-706-4768

Information Technology

Director: Kevin Combs, BS, BA, 410-706-7798, FAX: 410-706-0901

Database Administration: Kathleen L. Paez, 410-706-7798, FAX: 410-706-0901

◆ **Medical Director's Office**

State EMS Medical Director: Richard L. Alcorta, MD, FACEP, 410-706-0880, FAX: 410-706-0853

State Aeromedical Director: Douglas J. Floccare, MD, MPH, FACEP, 410-706-0880, FAX: 410-706-0853

Associate State EMS Pediatric Medical Director (State & National Issues):

Joseph L. Wright, MD, MPH, FAAP, 410-706-1758, FAX: 410-706-0853

Associate State EMS Pediatric Medical Director (Regional & Local Programs):

Allen R. Walker, MD, FAAP, 410-706-1758, FAX: 410-706-0853

Administrator, Office of the Medical Director: Eric Chaney, MS, NREMT-P, 410-706-0880, FAX: 410-706-0853

◆ **Office of the Attorney General**

Assistant Attorney General: Fremont Magee, JD, 410-706-8531, FAX: 410-706-4768

Assistant Attorney General: Sarah M. Sette, JD, 410-706-8514, FAX: 410-706-4768

◆ **Regional Programs**

Director for Regional Programs: David Ramsey, MBA, 301-895-5934

Regional EMS Administrators:

- Region I (Allegany and Garrett counties): David Ramsey, MBA, 301-895-5934, FAX: 301-895-3618
- Region II (Washington and Frederick counties): Richard Mettetal, 301-791-2366 or 301-416-7249, FAX: 301-791-9231
- Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties): John Donohue, BS, EMT-P, Harry Walleit (associate), 410-706-3996, FAX: 410-706-8530
- Region IV (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties): Marc Bramble, BA, John Barto, MAS, 410-822-1799 or 1-877-676-9617 (toll-free), FAX: 410-822-0861
- Region V (Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties): Marie Warner-Crosson, MA, Richard Meighen, BS, NREMT-P (associate), 301-474-1785 or 1-877-498-5551 (toll-free), FAX: 301-513-5941

Servicing Equipment

Scope of Service	LP10	LP11M	LP11D	LP12	LP300	LP500	FM510	FM610	FM710
On-site Repair Only MF 8-5	\$756	\$456	\$336	\$852	\$576	\$360	\$360	\$468	\$528
On-site Repair & Inspect x 1 MF 8-5	\$876	\$540	\$420	\$972	\$696	\$456	\$456	\$588	\$648
On-site Repair & Inspect x 2 MF 8-5	\$996	\$624	\$504	\$1,092	\$816	\$552	\$552	\$708	\$768
On-site Insp Only x 1	\$216	\$108	\$108	\$216	\$216	\$168	\$168	\$216	\$216
On-site Insp Only x 2	\$336	\$168	\$168	\$336	\$336	\$288	\$288	\$336	\$336

All monitor-defibrillators, automated external defibrillators, and EMS radios should be checked and serviced on a regular basis. MIEMSS recommends that Maryland EMS providers with Medtronic Physio-Control equipment consider using the state service contract with that company. See the table above for various

prices for equipment repair and/or inspection.

If you buy new equipment from Medtronic Physio-Control, please phone one of the Maryland service representatives listed below to ensure that your company or jurisdiction selects the best option offered among the many point-of-sale service contracts.

Medtronic Physio-Control Service Representatives in Maryland

Phone: 800-442-1142
 Joe Bichler (ext. 2358)
 Dave Jones (ext. 2053)
 Jim McLaughlin (ext. 2097)
 Will Oldham (ext. 2268)

Ambulance Restocking (Continued from page 1)

complies with applicable federal billing requirements;

- Records of replenished supplies are maintained by the hospital, ambulance provider, or both for at least 5 years and made available to the other party and the Secretary of Health and Human Services;
- Replenishment is not based on the volume or value of business or referrals; and
- There is compliance with federal, state, and local laws.

The replenishment arrangement must:

- (1) Be set forth in a written agreement posted where ambulance providers will see it or set forth in a plan or protocol promulgated by an EMS agency or council, and the arrangement must be available to all:
 - Ambulance providers who do not bill;
 - Not-for-profits and State and local jurisdictions;
 - Ambulance providers; or
 - Any combination of the above;

or

- (2) Require payment of fair market value for replenished supplies; or
- (3) Be mandated by state law or binding protocols.

Education Program Approval

On October 15, 2001, COMAR Title 30, Subtitle 04 Emergency Medical Services Education Programs and Courses went into effect. These regulations are the result of two years of consensus-building from many constituents across the state, including representatives from the Maryland Fire & Rescue Institute (MFRI), the Maryland State Firemen's Association (MSFA), volunteer and career EMS operational and educational programs, academies, and colleges. The regulations promote a consistent high quality EMS education standard throughout the state and enable programs, upon approval, to deliver education efficiently.

The regulations allow the EMS Board to approve education programs involved with advanced life support (ALS), basic life support (BLS), emergency medical dispatch (EMD), and continuing education. The approval process, paralleling concepts of the EMS Education Agenda for the Future, requires a self-study process by the education program, an application, and a site visit by a team of educators and a medical director.

Criteria for approval include demonstrating active involvement of a medical director, providing education program administration and coordination through a program coordinator, having qualified faculty, and providing various administrative duties associated with an education program. In addition, programs must deliver curricula approved by the EMS Board and must have adequate physical facilities in which they can deliver the courses. An information packet describing the new education approval process, step-by-step, is available from MIEMSS.

Education programs meeting all of the criteria outlined in the regulations will receive approval for five years and be required to submit annual updates to MIEMSS of program changes, progress, accomplishments, and outcomes. Existing education programs have three years to initiate the approval process; new programs must complete the process at least six months prior to the first course session.

For questions regarding the education approval process, contact your local MIEMSS Regional Office or the Office of Education, Licensure, and Certification at 800-762-7157.



WINTERFEST EMS 2002

JANUARY 17 – 20, 2002

HARRISON'S CHESAPEAKE HOUSE

TILGHMAN ISLAND, MARYLAND



JOIN US FOR A FUN AND RELAXING WEEKEND OF QUALITY EDUCATION

PRECONFERENCE – EMT-B 12-Hour Skills Refresher

DATE: January 17 (6:30 PM - 10:30 PM) & January 18 (8:30 AM - 6:00 PM & 1:00 PM - 4:30 PM)
LOCATION: Harrison's Chesapeake House
FEE: \$35 Registration is required.

EMT-Bs, complete all your recertification needs with us at WINTERFEST EMS 2002. A 12-hour skills class is available as a presentation, followed by 12 hours of continuing education, which, with careful choosing, can meet the 12-hour requirement for recertification.



WINTERFEST EMS 2002



Saturday, January 19, 2002

7:30 AM	Registration	
7:45 AM	Welcome	
8:00 AM	EMS IN A CHANGING WORLD	T/B
9:30 AM	BREAK: VISIT VENDORS	
10:00 AM	WOMEN'S EMERGENCIES	M/B
11:30 AM	LUNCH: VISIT VENDORS	
1:00 PM	GERIATRIC EMERGENCIES	M/B
2:15 PM	BREAK: VISIT VENDORS	
2:30 PM	BREAKOUT SESSION #1	
	A – PSTD/SUICIDE: HOW TO RESPOND	M/B
	B – TRAUMA AND PREGNANCY	M/B
	C – THERE IS A STRANGE PACKAGE	T/B
	D – ALS NEONATAL RESUSCITATION	M/B
3:45 PM	BREAKOUT SESSION #2	
	A – PSTD/SUICIDE: HOW TO RESPOND	M/B
	B – TRAUMA AND PREGNANCY	M/B
	C – THERE IS A STRANGE PACKAGE	T/B
	D – ALS NEONATAL RESUSCITATION	M/B

5:00 PM **CONFERENCE ENDS FOR THE DAY
HAVE A RELAXING EVENING**



Sunday, January 20, 2002



9:00 AM	CRASH DYNAMICS	T/B
10:15 AM	BREAK	
10:30 AM	TRAUMA CASE REVIEWS	T/B
11:45 AM	LUNCH	
1:00 PM	BREAKOUTS	
	A – BLS NEONATAL RESUSCITATION	M/B
	B – WHAT'S NEW IN ACLS?	M/A
	C – RAVE DRUGS	T/B
	D – NEW TOYS IN EMS	T/A
2:00 PM	BREAKOUTS	
	A – BLS NEONATAL RESUSCITATION	M/B
	B – WHAT'S NEW IN ACLS?	M/A
	C – RAVE DRUGS	T/B
	D – NEW TOYS IN EMS	T/A

3:00 PM **DRIVE CAREFULLY - SEE YOU NEXT YEAR**



WINTERFEST EMS 2002



JANUARY 17 – 20, 2002



Location: WINTERFEST EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House. A detailed map and directions will be sent with your confirmation letter.

Payment and Cancellation Policy: Preregistration is required. We will be accepting registration until January 12, 2002 or until the conference is filled – whichever comes first. Confirmation letters will be sent. All requests for cancellations must be made in writing to WINTERFEST EMS, c/o Talbot County EMS, 29041 Corkran Rd, Easton, MD 21601.

Refunds, excluding a \$10 processing fee, will be mailed for cancellations received before January 12, 2002. Cancellation after January 12, 2002 will result in forfeiture of your entire registration fee. (Note: There is a \$25 fee for bad checks.) Speakers and topics are subject to change.

*** Weather Cancellation:** The Conference Planning Committee will make a decision about cancellation of WINTERFEST EMS due to severe weather by 12 noon on January 16. Call Talbot County EMS – WINTERFEST EMS Line at (410) 822-2030 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information: For additional information, call the TCEMS – WINTERFEST EMS Line at (410) 822-2030.

The WINTERFEST EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please contact the WINTERFEST EMS Committee.

* REGISTRATION *

Name: _____ Nickname: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Email: _____ SSN # _____ Fax: _____
 Phone: _____ Evening: _____ Pager: _____
 Primary Affiliation: _____

Certification/Licensure (circle): FR EMT-B CRT EMT-P LPN RN NP PA MD

CONFERENCE FEES:

EMT-B Skills	\$35	_____
1-Day	\$65	_____
2-Day	\$100	_____
TOTAL		_____

BREAKOUT SESSIONS:

Sat: #1	A	B	C	D
#2	A	B	C	D
Sun: #1	A	B	C	D
#2	A	B	C	D

* MEALS & ACCOMMODATIONS *

Harrison's Chesapeake House, Tilghman Island, MD

Room Rate/Night:		Package/Person:	
Single	\$95	1	Fri/Sat – Dinner, Tax and Gratuities \$56
Double (2 people/2 beds)	\$85	2	Sat Dinner, Tax and Gratuities \$30
Extra person	\$10		

Roommate _____

NIGHTS: THURSDAY FRIDAY SATURDAY PKG: 1 2

Make checks payable to WINTERFEST EMS. Accommodation and package fees should be included with registration. Reservations are due by January 12, 2002. Send your check and this form to WINTERFEST EMS, c/o Talbot Co EMS, 29041 Corkran Rd., Easton, MD 21601.



Governor Parris N. Glendening

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for

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Executive Director, MIEMSS: Robert R. Bass, MD
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653 W. Pratt St., Baltimore, MD 21201-1536

DATED MATERIAL

Kesner Receives Josiah Hunt Award

Steven J. Kesner, a 17-year member of the Cresaptown Volunteer Fire Department, was awarded the Josiah A. Hunt Award and recognized as Maryland's EMS Person of the Year. The award was given by the EMS Committee of the Maryland State Firemen's Association (MSFA) at the association's annual convention and conference in Ocean City last June.



Steven Kesner, recipient of the Hunt Award

Mr. Kesner ranked in the top 10 responders in his department for 14 of the past 16 years. An EMT-P and an instructor in Basic Trauma Life Support and Pediatric Advanced Life Support, he has been extremely active in various associations. He is an elected delegate to the Allegany/Garrett Fire & Rescue Association. He also serves on several of its committees, including EMS and the 5-10 Year Strategic Planning committees. He was elected to the Allegany/Garrett Counties Volunteer Fire and Rescue Association's Hall of Fame and was selected as the association's Ambulance/Rescue Person of the Year. In addition, he is a member of the Statewide EMS Advisory Council (SEMSAC) and a member of its Regional Affairs Committee.

As EMS Lieutenant and Captain, Mr. Kesner is credited with many improvements and growth of EMS services in his department. For example, he applied for and received grant funds to purchase traffic control devices, safety vests for crew members, EMS jackets that meet NFPA bloodborne pathogen standards, eye protection, and other safety equipment. He worked to equip his department's two engines and brush truck

to meet the new Seal of Excellence BLS First Response Unit Standards and to take the department's Heavy Duty Squad from BLS status to Seal of Excellence ALS Engine status.

Reminder

As of January 1, 2002, EMS providers may recognize copies of EMS/DNR orders as valid for initiating the EMS/DNR protocol.

Mark Your Calendars!

EMS Care 2002
May 2-5
Maryland Institute of
Technology and
Graduate Studies
Baltimore

Look for EMS Care schedule and registration forms in next newsletter.