

Maryland

EMS News

For All Emergency Medical Care Providers

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Geriatric EMS Education Comes to Maryland

On August 21 and 22, in a program hosted by the Maryland Fire and Rescue Institute (MFRI) and MIEMSS, 24 Maryland EMS educators were certified as GEMS Course Coordinators. GEMS—Geriatric Education for Emergency Medical Services—is a new national training program aimed at educating emergency medical services providers in caring for the needs of older patients in the prehospital setting.

According to the U.S. Census Bureau, the population of those over 65 years of age encompasses approximately 12 percent of the United States population. However, patients over age 65 encompass approximately 60 percent of the medical calls for EMS service in Maryland. In spite of these numbers, EMS training for the care of older people has been minimal. The GEMS program seeks to fill this important gap in EMS education.

Developed by the American Geriatrics Society and the National Council of State Emergency Medical Services Training Coordinators, and published by Jones and Bartlett Publishers, GEMS is the first of its kind that addresses the needs of older patients.

"EMS providers respond not only to the acute medical needs of older people, but to their social, environmental, and psychological problems as well. Prehospital providers can have a positive, profound impact on the lives of older people if they receive the training that is so desperately needed. The GEMS program will help the prehospital care professional to identify what the needs of older patients are and how to effectively manage their care," says David R. Snyder, editor of GEMS and Chair of the MIEMSS Geriatric EMS Advisory Committee (GEMSAC).

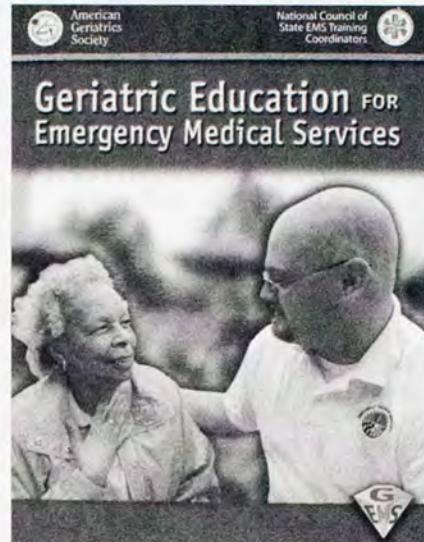
The GEMS course is available as an 8-hour program for BLS providers and a 12-hour program for ALS providers. The GEMS course is learner friendly and features case-based lectures, live action video, hands-on skill stations, and small group scenarios. GEMS is about "people care"—the nature of aging, communication, and protecting the dignity of the elderly adult who is scared of being taken from his/her home. GEMS also features many perils of managing the complex needs of geriatric patients—both medical and trauma.

Dr. Colleen Christmas, a geriatrician at Johns Hopkins Bayview campus and member of the GEMSAC Committee, adds: "As a geriatrician, I see elderly patients everyday. What I would like EMS providers to take away from the GEMS course is how wonderfully complex and interesting geriatric patients are to work with."

Role of Long-Term Care Ombudsman In Elder Abuse Reporting

What is an Ombudsman? To begin with, it's someone with a difficult title to pronounce...."Ombudsman" is a Swedish term originally used to describe someone as a citizen advocate. This person acted as a liaison between the people and the government. In Maryland, Long-Term Care Ombudsman is a title given to someone who is an advocate for residents of nursing homes and assisted living facilities.

Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvement in the long-term care system. In Maryland there is a Long-Term Care



The cover of "GEMS," edited by David R. Snyder

For more information on attending a GEMS course, visit the MFRI website at www.mfri.org. You may also visit the GEMS website at www.gemssiste.com or contact David Snyder at hbrook@starpower.net.

Ombudsman Program in 19 counties with a total of 52 Ombudsmen and a State and Assistant State Long-Term Care Ombudsman within the Maryland Department of Aging.

What do we do? We advocate for residents and their rights. Just because a person enters a long-term care facility does not mean he/she loses autonomy. Ombudsmen educate people about what they can do to get quality care in facilities. We work collaboratively with the families, the facilities, and other health care providers. However, we only do this with permission of a resident, or legal representative if a resident is unable to give consent, to share the

(Continued on page 2)

Role of Long-Term Care Ombudsman In Elder Abuse Reporting (cont.)

(Continued from page 1)

concerns. Matters are strictly confidential unless otherwise authorized.

Ombudsmen receive professional training to assist people with complaints, provide information about how to find a facility, work together with residents to enable them to become their own advocates, and provide public education on the role of the Ombudsman. In addition, Ombudsmen review current and pending laws and regulations affecting the long-term care industry.

We work closely with the Office of Health Care Quality, Adult Protective Services, and local law enforcement agencies, particularly in regard to abuse cases. When we receive a complaint of abuse, we attempt to respond within 24 hours by visiting the resident, making sure a plan of action is established to

keep the resident safe, complete an investigation of the facts, and forward that documentation to the other regulatory agencies. We follow-up to make sure the resident is feeling secure and safe.

How do you contact an Ombudsman? Most programs have a confidential call system where a message can be left 24 hours a day. These numbers are listed in the next column. There is a toll-free number in Maryland (1-800-243-3425) where a message can be left for the State Ombudsman's Office. When you have a concern about a resident residing in a long-term care facility, particularly about abuse or neglect, please feel free to contact your local program.

◆ *Frances C. Stoner
Maryland Department of Aging*

Contacting Ombudsmen

Allegany Co.	301-777-5970
Anne Arundel Co.	410-222-4464
Balt. City Co.	410-396-3144
Balt. Co.	410-887-4200
Calvert Co.	410-535-4606
Carroll Co.	410-876-3363
Cecil Co.	410-996-5289
Charles Co.	301-934-0133
Frederick Co.	301-694-1605
Garrett Co.	301-334-9431
Harford Co.	410-638-3025
Howard Co.	410-313-6423
MAC, Inc. (Lower Shore)	410-472-0505
Montgomery Co.	240-777-3369
Prince Geo. Co.	301-699-2684
Queen Anne Co.	410-475-4509
St. Mary's Co.	301-475-4509
Upper Shore	410-778-6000
Washington Co.	301-790-0275

In Memoriam



Peter J. Safar, MD:
Innovator in CPR, Prehospital Transport, Intensive Care, & Therapeutic Hypothermia

Peter J. Safar, MD, whose innovations shaped modern prehospital care and anesthesiology, died on August 4 in Pittsburgh at the age of 79. Often called the "Father of CPR," Dr. Safar

was instrumental in combining the A, B, and C of cardiopulmonary resuscitation. In 1956, his team at Baltimore City Hospital (now Johns Hopkins Bayview Medical Center) demonstrated, on human volunteers, that blood oxygen levels increased with rescue breaths. Dr. Safar added external heart massage to complete the fundamental set of priorities in emergency medical care.

Among Dr. Safar's long list of "firsts" are the design of the modern ambulance, the creation of Resusci Annie in collaboration with the Norwegian company Laerdal, and the development of the first physician-staffed intensive care unit in the United States (at Baltimore City Hospital). He was the founder of the journal *Prehospital and Disaster Medicine* and the author of the first guidelines for community-wide emergency medical services.

At the time of his passing, Dr. Safar was the Distinguished Professor of Resuscitation Medicine at the University of Pittsburgh School of Medicine. Since the 1980s, his research focused on therapeutic

hypothermia, the idea that "suspended animation" achieved by body-cooling techniques could allow time for life-saving interventions after cardiac arrest and traumatic shock. These investigations are ongoing at the Safar Center for Resuscitation Research in Pittsburgh.

Dr. Safar is survived by his wife, Eva Kyzivat Safar. They met in their native Vienna, Austria, in the late 1940s; married in 1950; and then moved to the United States, becoming American citizens in 1959. They have two sons. A third child, Elizabeth, died in 1965, at the age of 11, after a severe asthma attack. Due to medical limitations of the time, her heart and lungs could be revived, but her brain could not be saved; her death was a forceful motivation in Dr. Safar's distinguished career.

This article is based on information in articles at various websites.

◆ Linda J. Kesselring, MS, ELS
Division of Emergency Medicine
University of Maryland School of Medicine



WINTERFEST EMS 2004

JANUARY 31 & February 1

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 29 & 30
LOCATION: Harrison's Chesapeake House
FEE: \$45 Registration is required.

Complete all your EMT-B recertification needs with us at WINTERFEST EMS 2004. A 12-hour skills class is available as a pre-session followed by 12 hours of continuing education, which, with careful choosing, can meet the 12-hour recertification requirement.

PRECONFERENCE—Moulage Technician Training—Basic

DATE: January 30
LOCATION: Tilghman Island Volunteer Fire Department
FEE: \$45 Registration is required.

Learn how to create realistic injuries for disaster drills and trauma classes.

Please wear old clothes so you can have fun!

WINTERFEST EMS 2004 SCHEDULE

SATURDAY

- 7:30 AM Registration
7:45 AM Welcome
8:00 AM **WHAT'S UP IN EMS IN MD?**
Future trends in EMS in Maryland
8:30 AM **FINZEL CRASH—AN EXPERIENCE IN MCI**
Panel presentation of the multi-crash incident in Western Maryland
BLS Credits: T ALS Credits: B
9:45 AM **BREAK WITH VENDORS**
10:15 AM **WHAT DO WE NEED TO KNOW ABOUT SARS?**
Learn about SARS, its methods of transmission and how to protect yourself.
BLS Credits: M ALS Credits: A
11:30 AM **LUNCH WITH VENDORS**
1:00 PM **BREAKOUT SESSIONS**
A—High Tech Hearts
Management of the patient with Ventricular Assist devices and other types of mechanical heart devices.
BLS Credits: M ALS Credits: A

- B—Trach Management**
Hands-on practice with trachs
BLS Credits: M ALS Credits: A
C—Management of the Combative Patient
How to restrain a patient safely and effectively
BLS Credits: M ALS Credits: B
D—Blast Injuries
Small ordnance and their pattern of injury
BLS Credits: T ALS Credits: B
E—Radiological Exposure
Hands-on experience with radiation monitoring devices
BLS Credits: T ALS Credits: B
BREAK WITH VENDORS
REPEAT OF BREAKOUT SESSIONS A-E
BREAKOUT SESSIONS END.

SUNDAY

- 9:00 AM **PEDIATRIC TRAUMA**
Assessment and intervention challenges of the pediatric patient
BLS Credits: T ALS Credits: B
10:15 AM **BREAK**
10:30 AM **CHEST TRAUMA – ASSESSMENT AND MANAGEMENT**
Types of chest trauma and their interventions
BLS Credits: T ALS Credits: A
11:45 AM **LUNCH**

- 1:00 PM **EMS AND FAMILY PRESENCE**
Family interactions—how to make it a positive experience for all
BLS Credits: M ALS Credits: A
AS WE GROW OLD
Geriatric assessment and an overview of the GEMS Program
BLS Credits: M ALS Credits: A
WINTERFEST ENDS.

DRIVE CAREFULLY — SEE YOU NEXT YEAR

HAVE A QUESTION? E-MAIL US AT winterfest2004@hotmail.com



WINTERFEST EMS 2004

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 21, 2004 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 21, 2004. Cancellation after January 21, 2004 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 28. 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 CRT-I EMT-P LPN RN NP PA MD

CONFERENCE FEES:

EMT-B Skills \$45 _____

Saturday #1 A B C D E

Moulage Technician \$45 _____

1 - Day \$75 _____

Saturday #2 A B C D E

2 - Day \$110 _____

TOTAL _____

FREE T-Shirt with Early Registration Size _____

BREAKOUT SESSIONS:

MEALS & ACCOMMODATIONS

Harrison's Chesapeake House, Tilghman Island, MD

Room Rate/Night:

Package/Person:

Single \$95

1 Fri/Sat. – Dinner & Entertainment \$56

Double (2 people/2 beds) \$85

2 Saturday Dinner, Entertainment \$30

Extra person \$10

Roommate _____

NIGHTS: THURSDAY FRIDAY SATURDAY PKG: 1 2

Make checks payable to WINTERFEST EMS. Accommodation and packages fees will be included with registration. Reservations due by January 21, 2004. Send your check, along with this form, to WINTERFEST EMS, c/o Talbot Co EMS, 29041 Corkran Rd., Easton, MD 21601.

HAVE A QUESTION? E-MAIL US AT winterfest2004@hotmail.com

Download Applications: <http://www.eecreg5.org>
<http://www.miemss.org>

Emergency Education Council of Region 5 Home Page
The Maryland Institute for Emergency Medical Services Systems

Communicable Diseases Update for COMAR

EMS Providers should note the following changes recently made to COMAR 10.06.01 through the adoption of emergency regulations. (COMAR 10.06.01 refers to Communicable Diseases and Related Conditions of Public Health Importance.)

1. SARS has been added to the list of "provider-reportable" conditions (10.06.01.03).

2. "Pneumonia in a health care worker resulting in hospitalization" has also been added to the list of "provider-reportable" conditions

Flu Season

The flu and respiratory season is rapidly approaching, and consequently it is once again time for EMS providers and health care providers to receive their annual flu shots. The optimal time to receive a flu shot is during late fall or early winter.

High-risk individuals, such as the elderly, healthy young children, nursing-home patients, and individuals with long-term illnesses or who are immuno-suppressed, are at risk not only for getting the flu but also for serious complications that could result from the flu. To ensure that they themselves do not become infected with the flu and a source of exposure to high-risk individuals, EMS providers should receive flu shots.

The flu has already been reported in Virginia (which is much earlier than last year); thus it is imperative that providers be protected as soon as possible. For more information on getting flu shots, please contact your primary care provider or local health department. Flu shots are also offered at many grocery stores' pharmacy departments for a small fee.

(10.06.01.03), since illness in health care workers may be the earliest indication of an emerging respiratory pathogen like SARS-CoV infection or a new strain of influenza.

3. "Health care worker" has been defined more specifically (10.06.01.02) as:

- (a) a paid or unpaid individual working in a health care setting who has the potential for exposure to:
 - (i) Infectious materials, including body substances;
 - (ii) Contaminated medical supplies and equipment;
 - (iii) Contaminated environmental surfaces; or
 - (iv) Contaminated air.
- (b) "Health care worker" includes, but is not limited to:
 - (i) Emergency medical service personnel;
 - (ii) Dental personnel;
 - (iii) Laboratory personnel;
 - (iv) Autopsy personnel;
 - (v) Nurses;
 - (vi) Nursing assistants;
 - (vii) Physicians;
 - (viii) Technicians;
 - (ix) Therapists;
 - (x) Pharmacists;
 - (xi) Students and trainees;
 - (xii) Contractual staff not employed by the health care facility; and

(xiii) Individuals not directly involved in patient care but potentially exposed to infectious agents, for example, clerical, dietary, housekeeping, maintenance, and volunteer personnel.

4. "Arboviral infections, including, but not limited to Eastern equine encephalitis, LaCrosse virus, St. Louis encephalitis, Yellow fever, Western equine encephalitis, and West Nile Virus" have been added to the list of "provider-reportable" conditions (10.06.01.03).

5. "Harmful Algal Bloom related illness" has been added to the list of "provider-reportable" conditions (10.06.01.03).

6. "Pesticide related illness" has been added to the list of "provider-reportable" conditions.

These changes are not yet reflected in the online version of COMAR, but should be soon.

If you have any questions about the changes listed above, please contact David Blythe, MD, MPH, State Epidemiologist (Acting), Maryland Department of Health and Mental Hygiene, at 410-767-6685.

Disciplinary Actions

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

B-2002-183—(EMT-B)—March 11, 2003. (By disposition agreement) Two-year probation with random drug testing and psychiatric evaluation at beginning and end of probationary period for improperly deviating from assigned inter-facility transport destination and consuming alcohol during return from transport.

R-2002-203—(CRT)—April 8, 2003. Revocation of CRT license for stealing money from patient under provider's care.

R-2002-204—(EMT-B)—April 8, 2003. Revocation of EMT-B certification for pleading guilty to theft over \$300 with right to reapply upon satisfactory completion of court-ordered probation.

R-2002-205—(EMT-B)—April 8, 2003. Revocation of EMT-B certification for pleading guilty to theft under \$300 with right to reapply upon satisfactory completion of court-ordered probation.

Mid-Atlantic Life Safety Conference Held

Over 250 fire and life safety experts from the Mid-Atlantic region gathered at the Kossiakoff Center on the campus of the John Hopkins Applied Physics Laboratory in Laurel on Tuesday, September 30 to attend the 2003 Mid-Atlantic Life Safety Conference. This year's theme, "Make It Happen," highlighted a wide array of educational programs designed to support attendees' efforts in providing vital life safety services in their communities.

Nationally known experts from a broad cross-section of life safety fields covered topics ranging from Homeland Security and child safety initiatives, to preventing fires in assembly occupancies, such as the tragedy earlier this year in West Warwick, Rhode Island. Also featured during the day-long program was the announcement of the 2003 recipient of

Maryland's "Excellence in Fire Safety Education Award," Jane Huffman of Lake Shore Volunteer Fire Company.

The 2004 Mid-Atlantic Life Safety Conference is scheduled for Tuesday,

September 28, 2004 at the Kossiakoff Center. Please mark your calendars now!

◆ *W. Faron Taylor, Deputy State Fire Marshal*



William E. Barnard, State Fire Marshal, presents Jane Huffman with Maryland's "Excellence in Fire Safety Education Award."

AED Update

As of October 31, 2003, there are 310 approved layperson AED (automated external defibrillator) facilities in Maryland with a total of 664 sites. The AED Task Force at MIEMSS is now able to use data from the 2001 Maryland Cardiac Arrest study being conducted by the MIEMSS Office of Epidemiology to determine high-risk locations for placement of AEDs in the community. The data from 2002 also should be available soon.

MIEMSS partnered with the State Advisory Council on Heart Disease and Stroke in September 2003 on a public education initiative entitled "Partner with Us: Create a Heart Safe Community." The awareness effort was kicked off with a reading of a proclamation from Governor Robert Ehrlich, Jr. and focused on motivating members of the community to become an integral part of the Chain of Survival by knowing the signs of cardiac arrest, calling 9-1-1, learning CPR/AED, and developing public access defibrillation programs as appropriate.

EMS Prehospital Providers Essential in Creating Heart-Safe Community

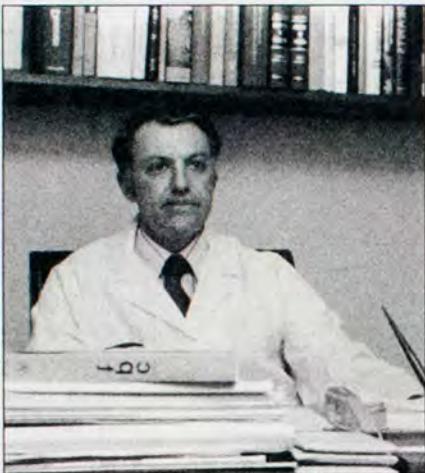
A heart-safe community exists when citizen education and awareness about sudden cardiac arrest and the Chain of Survival are promoted and incorporated into a community's priorities.

EMS providers are an essential component in the creation of heart-safe communities, not only because EMS providers respond to cardiac arrests and administer lifesaving interventions such as CPR and defibrillation, but also because EMS providers possess the knowledge and training to assist citizens in establishing successful public access defibrillation programs. EMS providers know where AEDs may be beneficial, based on previous locations of cardiac arrests and prolonged response times within individual communities.

The EMS provider is the ideal individual to assist with determining the appropriate number and placement for AEDs based on a particular

location's layout, calculating the number of individuals that should be trained, obtaining medical direction, notifying local EMS and 9-1-1 centers, and offering support and encouragement to the layperson who is unfamiliar with responding to emergencies. EMS providers also work closely with other public safety providers such as firefighters and law enforcement officers who are an essential component of a heart-safe community because of their mobility and ability to respond to emergencies quickly.

In order to create heart-safe communities, EMS providers must be leaders in establishing partnerships between public safety, layperson, and EMS systems. For more information on community-wide AED programs and heart-safe communities, please contact Lisa Myers 410-706-4740 or the National Center for Early Defibrillation at www.early-defib.org.

In Memoriam**Dr. Andrew Munster, Burn Care Pioneer**

Dr. Andrew Munster in a 1977 photo.

Andrew M. Munster, MD, a pioneer in the treatment of burn patients and the director of the Baltimore Regional Burn Center at the Johns Hopkins Bayview Medical Center for 24 years, died September 27, in Baltimore at the age of 67.

Dr. Munster became involved in the Maryland EMS/trauma system when he first came to Baltimore in 1976. He had been recruited to turn the 6-bed burn unit at what was then called Baltimore City Hospitals into a regional burn center. (In 1976, specialty referral centers were just being designated by MIEMSS as part of the Maryland EMS/trauma system.) Dr. Munster not only succeeded in creating a regional burn center but established a burn center acknowledged as one of the best in the world, with an extremely low mortality rate and a comprehensive burn care program centering on the "team concept."

The "team concept" is concerned not only with medical management but with facilitating the patient's return to normalcy in all areas of life. The "burn team" at the Baltimore Regional Burn Center consisted of a multidisciplinary team of doctors, nurses, physical and occupational therapists, psychologists, psychiatrists, teachers, medical social workers, rehabilitation guidance counselors, and clergy. Team members contributed to the total rehabilitation of the patient on a regular, day-to-day basis. This team concept made the burn center different from community hospitals that treated burns.

Because the skin is the body's largest organ, major burns are considered the worst injury and form of trauma that a patient can sustain. The physical healing process often stretches into many months. Physical, occupational, and vocational therapy can stretch into years. The stress on patients and families is enormous. Dr. Munster extended the emphasis on team care to the patient's family. He noted in an article in the June 1977 issue of the *Maryland EMS News* that "it's almost impossible to describe what a severe burn does to the family. It turns it upside down for years. I see part of our job here as keeping the family supportive during the time of stress."

Dr. Munster was also committed to burn research, and supported the Burn Center having its own research lab. He pioneered advances in several patient care areas, and the Baltimore Regional Burn Center was one of two sites to develop the technique for the application of cultured skin to burn areas. He was also committed to providing continuing professional education regarding burns to EMS prehospital providers and nurses throughout Maryland. He was a popular speaker at many EMS workshops. His commitment to the community was widely acknowledged; the Burn Clinic treated as outpatients not only former inpatients who needed follow-up care, but also people from the surrounding area who had minor burns.

A native of Hungary, Dr. Munster was 13 when his family fled Budapest, Hungary in 1948. He was always interested in science and medicine and was educated in Italy, Australia, and England. He earned his MD degree from the University of Sydney in Australia and did internships in hospitals in Australia and England and did his surgical residencies in England. He first became interested in burn patients after working with Dr. Francis More at Peter Bent Brigham Hospital in Boston in 1964. A young general surgeon, he entered the Army in 1968 and was assigned to work at the Brooke Army Hospital in Texas, where many burn-injured soldiers from the Viet Nam conflict were treated. There he experienced the newest advances in burn treatment and was introduced to the "burn team" concept. When he

left the army as a lieutenant colonel, he joined the surgical staff of the Medical College of South Carolina and later was appointed Chief of Surgery of Charleston County Hospital. He left there in 1976 when he was recruited to lead the Baltimore Regional Burn Center.

In Baltimore, Dr. Munster became involved in the planning and design of the Maryland EMS System and participated in the development of the American Burn Association Standards that were published by the American College of Surgeons. He also served as president of the American Burn Association (ABA). Recently he was spearheading efforts to establish the ABA's first national foundation for burn safety and prevention.

His dedication to medicine was further illustrated when Dr. Robert J. Spence, the Director of the Comprehensive Burn Program at Bayview Medical Center, asked him to be the medical director of the Tissue Division of the Transplant Resource Center of Maryland (TRC). (The TRC is the state organ and tissue procurement organization that makes organs available for transplantation and skin bank skin available to save the lives of burn patients.) Dr. Munster accepted the job of medical director just before he was diagnosed with liver cancer. According to Dr. Spence in his eulogy on Dr. Munster, "despite having his grave diagnosis and having to work through bouts of illness related to his treatments, he [Dr. Munster] worked tenaciously to make very significant changes in the program that will be beneficial to recipients of this banked tissue for years to come. He had a meeting with the nurses from the TRC at his home the evening before he came into the hospital for the last time."

Dr. Andrew Munster will be remembered for his lasting contributions to the advancement of burn care. He gave new dimension to burn medicine in the areas of specialized patient care, teaching, research, and community service.

This article is based on information in article from various websites.

◆ Beverly Sopp

MIEMSS, Maryland EMS News
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RETURN SERVICE REQUESTED



Governor Robert L. Ehrlich, Jr.

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Executive Director, MIEMSS: Robert R. Bass, MD
Managing Editor: Beverly Sopp (410-706-3248)

DATED MATERIAL

Approval of EMS Education Programs by EMS Board

Two years ago on October 15, 2001, Regulations in COMAR Subtitle 30.04 took effect addressing the approval of EMS education programs. The Regulations provide for EMS Board approval of ALS, BLS, and EMD education programs and the associated approval process. To become an approved education program, the program must complete a comprehensive self-study and take part in a site visit. The findings from the self-study and site visit are presented to the EMS Board for consideration of approval.

Education programs offering courses when the Regulations became effective on October 15, 2001 had three years to become approved under the provisions of COMAR Subtitle 30.04.

There is now less than one year until all remaining programs must become approved. After October 15,

2004, programs that are not approved by the EMS Board will not qualify individuals for Maryland EMS licensure, certification, relicensure, or recertification. To ensure that all remaining programs desiring approval complete the process by this deadline, we urge that you have a completed self-study sent to MIEMSS no later than July 1, 2004. If not, there is no guarantee that a site visit will be scheduled by the October 15 deadline.

If you have not started the self-study process, please contact Bill Seifarth at 800-762-7157 or via email at wseifarth@miemss.org as soon as possible to obtain the self-study materials and forms. If you have any questions while completing the self-study, Mr. Seifarth can answer them or address any concerns.

MARK YOUR CALENDARS *EMS Educational Opportunities*

Winterfest '04

January 31- February 1, 2004
Preconference January 29 – 30, 2004
Tilghman Island, Maryland
(See insert or MIEMSS web page for registration.)

Public Fire and Life Safety Educator Seminar

March 27, 2004
Maryland Fire and Rescue Institute
University of Maryland

This seminar is designed to give Fire Prevention chairs and life safety educators the tools and information to improve and enliven their local programs. This will be accomplished through lectures, workshops, and peer group interaction. The theme for the 2004 seminar is "Is Your PR Program Masquerading as Fire Prevention?"

Advanced registration is required and closes Friday, March 6, 2004. Please contact MFRI at (301) 226-9900 or (800) ASK-MFRI.

EMS Care '04

April 24 -25, 2004
Pre-conference April 22 – 23, 2004
Maritime Institute of Technology
and Graduate Studies (MITAGS)
Baltimore, Maryland

(Watch for schedule in the next EMS News and check the MIEMSS web page for registration.)