

# Hospitals & Contaminated EMS Equipment

EMS crews face a variety of challenges and risks while providing medical care during an emergency. But the risks don't end when the incident is over. The dangers from exposures to bloodborne pathogens on contaminated equipment can be present for a long time—in some cases for a week or more after the equipment has been used—if the equipment is not properly cleaned and disinfected.

Backboards and other EMS equipment frequently are still being used by hospital staff caring for our patients when an EMS crew is ready to return to service. The equipment typically is left at the hospital and picked up later. This raises the question: "Who is responsible for cleaning and disinfecting this equipment?"

The hospital's responsibility regarding equipment left by EMS crews is regulated by the Occupational Safety & Health Administration (OSHA)—Bloodborne Pathogens (BBP) Standard, 29 CFR 1910.1030. OSHA has addressed specifically the issue of medical equipment left at hospitals by EMS crews in an opinion letter dated October 4, 2000. In this letter, OSHA's response is based on the responsibility of every employer "to ensure a safe and healthful workplace for its employees."

Referring specifically to equipment left by EMS crews, the OSHA opinion finds, "If a hospital places such equipment, contaminated, in the hallways or in closets awaiting

pickup, it is exposing its employees and anyone in the area to potential bloodborne pathogens." It goes on to state that this violates OSHA requirements that contaminated equipment be cleaned and disinfected "after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials."

In its opinion letter, OSHA describes two options for hospitals and other health care facilities regarding equipment left by EMS crews. The first is to clean and disinfect the equipment in accordance with the OSHA BBP Standard. The second option for hospitals is to "prevent employee contact with such equipment by placing it in durable, leakproof, and labeled or color-coded containers and handling it in a manner similar to that prescribed for contaminated laundry." When hospitals return contaminated equipment using this second option, EMS crews must then follow appropriate procedures for cleaning and disinfecting the equipment as described in their organization's Infection Control Plan.

Hospitals also must properly maintain EMS equipment storage areas. The BBP Standard states, "Employers shall ensure that the worksite is maintained in a clean and sanitary condition." This applies to all areas, including the location where EMS equipment is stored awaiting pickup.

Storing dirty, contaminated equipment for pickup by EMS crews in a manner that creates the potential for employees or others to be exposed to bloodborne pathogens is unacceptable and is a violation of OSHA regulations.

We also must do our part as members of the EMS care delivery team. Hospitals have reason to complain if we deliver patients using equipment that is not properly maintained. Common courtesy and good medical practice demand we keep our equipment clean. This makes it easier for hospital personnel to notice "new" dirt and contamination and to fulfill their obligation to clean and disinfect equipment left at their facility.

EMS crews and hospitals are partners in the effort to provide quality emergency medical care, and we must work together to ensure one another's safety and the safety of our patients.

◆ **Captain Jim Korn**

*Baltimore County Fire Department  
Chair, MIEMSS Infection Control  
Committee*

*"Thanks to Mr. William Grabau, Senior Industrial Hygienist with Maryland Occupational Safety and Health (MOSH), for reviewing this article prior to publication."*

# New Leadership Appointments at Baltimore Burn Center

Stephen Milner, MD, has been named chief of burn services at the Johns Hopkins Hospital and the Johns Hopkins Bayview Medical Center. Because one of Dr. Milner's chief research interests is wounds, he also has been named surgical director of the Johns



Stephen Milner, MD

Hopkins Wound Healing Center at Hopkins Bayview. He comes to Johns Hopkins from the Southern Illinois University School of Medicine, where he was director of the burn center.

Dr. Milner earned his medical and dental degrees at Guys Hospital, University of London. He completed a general surgery residency in London and at the Massachusetts General Hospital, where he first became interested in burns during a rotation through Boston's Shriners Burn Hospital. On his return to London, he joined the Royal Army Medical Corps as a surgeon, serving as a lieutenant colonel during Operation Desert Storm and increasing his burn experience. Afterwards, he returned to the United States to train in plastic surgery, concentrating on burns and reconstruction.

Dr. Milner joined the staff at Southern Illinois in 1997. The burn center grew substantially while he was in charge, partly because other specialists were welcomed. In addition to calling on specialists, Milner will be adding intensivists and other staff to the Hopkins burn services. In addition, there are plans to re-open 10 step-down beds, doubling the size of the current unit by September.

Dr. Milner is a diplomat of the American Board of Plastic Surgery and a fellow of the American College of Surgeons. He has written more than 70 publications and is the founding editor of the *Journal of Burns and Wounds*.

## Center for Burn Reconstruction

Robert Spence, MD, will continue as director of the Center for Burn Reconstruction, a component of the Johns Hopkins comprehensive burn care program established under his leadership in 1990 to help burn survivors with rehabilitation and recon-

struction. The program has been recognized by the National Institute on Disability and Rehabilitation Research (NIDRR) as one of three model systems for burn care. Dr. Spence will work with Dr. Milner to make more reconstructive surgery possible—an area for national and international potential.



Robert Spence, MD

## Dealing with PPOCs

Many prehospital care EMS providers may have encountered a new form—a Patient's Plan of Care or PPOC—that became effective October 1. The PPOC form is a standardized way of summarizing and communicating a patient's key preferences regarding end of life care. A law passed in 2004 authorized the use of a new PPOC form in health care facilities. The Attorney General's Office is responsible for issuing the form and has adopted regulations to govern its use. These regulations become effective October 1, 2005.

The use of the PPOC form is not mandatory but the forms will be available to nursing home and other patients. The PPOC form must accompany the patient on any transfer. When EMS providers encounter these forms, it is important to note that the PPOC form is not a physi-

cian's order, and **it cannot serve as an EMS/DNR Order. There is no change in the requirements, protocols, or documentation for prehospital providers regarding EMS care in treating a patient who has a PPOC form.**

The PPOC form is meant to help improve existing practice. It introduces a standardized way of summarizing and communicating a patient's key preferences regarding the use of life-sustaining medical technology relevant to the patient's current illness and health status. For further information about PPOC forms, see the Maryland Attorney General's Office website at [http://www.oag.state.md.us/Healthpol/PPOC\\_explanatory\\_professionals\\_final.pdf](http://www.oag.state.md.us/Healthpol/PPOC_explanatory_professionals_final.pdf).



# The Right Care When it Counts

## Maryland EMSC 2005-2006 Program

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The Maryland EMS for Children program is **In Search Of** children and youth in Maryland who have demonstrated one of the 10 Steps to Take in an Emergency or one of the 10 Ways to be Better Prepared for an Emergency. Throughout the 2005-2006 year we will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Please submit nominations to the EMSC Program Office at MIEMSS. Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during May 2006.

### Ten ways to be better prepared if your child has an Emergency:

1. Check if 9-1-1 is the right number to call
2. Keep a well-stocked First Aid Kit on Hand
3. Make a list of Emergency Phone Numbers
4. Teach your children whom to call and what to say
5. Make sure your house number is visible from the street
6. Keep a clear and up-to-date record of Immunizations
7. Write down medical conditions, medications, and dosages
8. Make a list of allergies and reactions
9. If you have health insurance, check your emergency coverage
10. Take First Aid Classes

### Ten steps to take in an Emergency:

1. Call 9-1-1 Immediately
2. Call Poison Control Immediately
3. If you think your child has been seriously injured, do not move your child
4. Know how to treat your child in case of a burn
5. Be prepared if your child has a seizure
6. Know what to do if your child is bleeding
7. Know how to help a child with a broken bone
8. Do not administer the Heimlich maneuver or CPR unless you are trained
9. Have your emergency plan on hand
10. Make it easy for emergency personnel to find you

**Send to EMSC Program Office**  
**FAX: 410-706-0853**



## Former MIEMSS Staff Person Honored

The National Association of Emergency Medical Technicians (NAEMT) and the National Registry of Emergency Medical Technicians (NREMT) presented its 2005 Rocco V. Morando Lifetime Achievement Award to Lou Jordan, whose career in Maryland EMS goes back to the 1960s. He received his award at the Board of Governors meeting on August 27, in New Orleans, Louisiana.

Mr. Jordan serves as president of Emergency Training Associates, a company he founded over 27 years ago, located in Taneytown, Maryland. He is a member of the George Washington University Homeland Security Policy Institute's Task Force on EMS, and works to expand the national recognition, representation, and support of EMS providers through his *EMSUnites.com* website.

Starting his career in the 36th Evacuation Hospital with the U.S. Army (1960-63), he then served as a firefighter and EMS trainer for the Baltimore City Fire Department and the State of Maryland. Trained by the federal government as one of the original 116 EMS instructors in the late 1960s, Mr. Jordan moved to full-time State employment and worked

with Dr. R Adams Cowley as a part of the original Shock Trauma Unit at the former University Hospital (now University of Maryland Medical Center) in Baltimore in 1974.

Mr. Jordan helped develop the field provider programs for the statewide EMS System, and served as a member of the Maryland Instructor Certification Review Board, training and evaluating numerous EMS instructors over the next 14 years. He developed and initially taught the training program for Maryland State Police and U.S. Park Police Med-Evac helicopter programs. He was Director of Prehospital Care for Maryland State EMS from 1972 to 1986, where he developed the "Trauma Go Team" for the R A. Cowley Shock Trauma Center, and was instrumental in developing medical protocols for ALS providers. He was also the project director for the "Maryland Way," a skills manual used for many years in Maryland.

Mr. Jordan has served as a regional representative of the National Registry of EMTs since the early 1970s and is a past member of its practical exams committee. He has trained numerous SWAT and Hostage teams to provide emergency medical care for numerous federal law enforcement agencies. For 20 years he served as Maryland's State Training Coordinator at the National Council of EMS Training meetings, and from 1976 to 2000 he also represented the U.S. Virgin Islands EMS. As the chair of the Committee on EMS of the American

Society for Testing and Materials (ASTM), he was able to guide the development of the first ASTM EMS National Standard. Mr. Jordan also served as chair of the American Powerboat Association's Safety and Rescue Committee for many years, earning numerous national awards prior to his retirement.

He has been a member of the Union Bridge Fire Company since 1995, where he also serves as Public Information Officer, and also serves his community through numerous community groups such as the Taneytown Chamber of Commerce and the Taneytown American Legion.

When asked about his many accomplishments, he said: "I have led a rewarding life and have had the assistance of many wonderful people and despite the things I have done so far, there are still things to do.

"Receiving this lifetime achievement award is no doubt the biggest surprise of my professional career. To be picked to stand with those that have received this award in the past is more than I could ever have believed would happen. I just was doing what needed doing. That's what the key to everyone's success usually boils down to."

NAEMT celebrates its 30th anniversary in 2005. It is a national association of EMTs and paramedics that represents paid and volunteer EMS workers worldwide. NAEMT's mission is to represent and serve EMS personnel through advocacy, educational programs, and research.

Each year, NAEMT recognizes excellence in various areas of prehospital medical care with the presentation of individual and organizational achievement awards. These awards honor America's EMS providers and organizations that demonstrate exceptional leadership within the profession and outstanding commitment to prehospital medical care.



(Left) Lou Jordan with (right) Rocco Morando, founder of the National Registry of Emergency Medical Technicians.

# Governor Proclaims November as 'Heart-Safe Community Month'



## Proclamation

*From the Governor of the State of Maryland*

**PARTNER WITH US: CREATE A HEART - SAFE COMMUNITY MONTH  
NOVEMBER, 2005**

- WHEREAS,** *The State Advisory Council on Heart Disease and Stroke is charged with promoting educational programs in the prevention, early detection and treatment of heart disease and stroke; and*
- WHEREAS,** *Emergency Medical Services (EMS) providers respond, annually, to over 3000 victims of sudden cardiac arrest in Maryland, and a large percent do not survive to arrival at the hospital; and*
- WHEREAS,** *Death from sudden cardiac arrest may be prevented by citizen action which includes RECOGNIZING SIGNS OF CARDIAC ARREST, IMMEDIATELY CALLING 911, BEGINNING CPR AND USING AN AED; Public access defibrillation programs may be organized in high incidence community locations and in communities whose citizens are prepared to respond to victims of sudden cardiac arrest. These communities may be considered HEART-SAFE COMMUNITIES; and*
- WHEREAS,** *Maryland is pleased to commend the State Advisory Council on Heart Disease and Stroke's promotion of the life-saving concept of HEART-SAFE COMMUNITIES and urge all citizens to work toward achieving this capability in their own neighborhoods.*
- NOW, THEREFORE, I, ROBERT L. EHRlich, JR., GOVERNOR OF THE STATE OF MARYLAND, do hereby proclaim NOVEMBER, 2005 as PARTNER WITH US: CREATE A HEART - SAFE COMMUNITY MONTH in Maryland, and do commend this observance to all of our citizens.**

*Given Under My Hand and the Great Seal of the State of Maryland,  
this 1st day of November  
Two Thousand and five*



*Robert L. Ehrlich, Jr.*  
Governor

*Nicholas S. Stiles*  
Lt. Governor

*Myra Hanes*  
Secretary of State

## 3 Positions Open at DHMH

The Office of Public Health Preparedness and Response (OPHPR) at the Maryland Department of Health & Mental Hygiene (DHMH) is currently recruiting for 3 positions to further develop the state's Strategic National Stockpile (SNS) and Cities' Readiness Initiatives (CRI) programs. This dynamic new team will provide program planning efforts as well as response capability in cases of emergency. The ideal candidate possesses strong organizational skills, emergency management experience and, optimally, some knowledge of medications and/or medical material.

**SNS Coordinator:** This person will coordinate the state's SNS Program, write and update state plans in conjunction with local plans, provide program oversight and deployment activities during an emergency.

**SNS- CRI Coordinator:** This person will coordinate the state's activities related to CRI, assist 2 intrastate regions and local jurisdictions with their CRI activities, write and update statewide plans, and provide deployment expertise during an emergency.

**SNS Logistics Coordinator:** This person will provide logistics expertise to the program for receipt, storage and security of SNS assets and deployment during an emergency.

These positions will be posted at <http://www.dhmh.state.md.us/testing/serv/html/limited/sched.htm>. Please look for Coordinator(s) of Special Programs or Program Administrator(s), as these postings are not by job title but by job classifications. If you are interested and cannot find the postings, please contact DHMH OPHPR at 410-767-0823.

## Mark Your Calendars EMS Educational Opportunities

### November 15

#### Special Topics in Trauma Care

R Adams Cowley Shock Trauma Center, Baltimore, Maryland  
For information, call the Clinical Practice & Professional Development Office, University of Maryland Medical System, 410-328-6257.

### January 27–29, 2006

#### Winterfest

Tilghman Island, Maryland  
Contact: TCEMS–Winterfest EMS Line at 410-822-2030

### March 21–25, 2006

#### EMS Today 2006

Baltimore Convention Center  
Sponsored by JEMS Communications. Contact: Olga Berdial 800-266-5367. Website: [www.emstodayconference.com](http://www.emstodayconference.com)

### April 29–30, 2006

#### EMS Care 2006

#### (Preconference April 27–28)

Maritime Institute for Technology and Graduate Studies (MITAGS) in Linthicum  
Presented by the Region III EMS Advisory Council & MIEMSS.  
Contact the MIEMSS Region III Office, 410-706-3996.

## Coming in a future issue...



Some team members of Maryland's "Operation Lifeline"—Maryland's state rescue effort made up of doctors, nurses, first responders, EMTs, paramedics, and dispatchers who were deployed to assist in Jefferson County, Louisiana following Hurricane Katrina. More in a future issue!



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