

# Maryland EMS News

For All Emergency Medical Care Providers

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## Maryland Emergency Response System Evacuation Table Top Exercise

Article by Kay Aaby, ERS, Maryland National Capital Region

On January, 28, 2015, the Maryland Emergency Response System (MDERS) program of the Capital Region held an exercise, titled “Nursing Home and Assisted Living Facilities Evacuation Planning Table-Top Exercise (TTX)” at the VisArts Center in Rockville, Maryland. Administrators and supporting staff from over 60 Montgomery County Nursing Homes and Assisted Living Facilities participated in the exercise along with partner agencies who came together to help plan and support the exercise. They include: MDERS, Montgomery County Department of Health and Human Services (Public Health), Montgomery County Fire and Rescue Services, MEMA, MIEMSS, and the Health Care Association of New Jersey (HCANJ).

The morning started with welcome remarks from Luke Hodgson, the Director of MDERS, followed by a presentation from the Keynote Speaker David J. Weidner, Director of Emergency Preparedness Health Care Association of New Jersey (HCANJ). Mr. Weidner is responsible for all-hazards emergency preparedness, exercise design and planning, emergency communications, and response supporting over 400 long term care (LTC) facilities across New

Jersey. He spoke on the “Implementation of Lessons Learned- Irene vs Sandy HCANJ’s Response and Support Operations to Long Term Care”. A participant asked what was the most important item needed during Sandy and Irene. Mr. Weidner replied “cash” because all the banking facilities and internet services were down, and there was no power. LTC facilities needed to refuel their generators after running for two to three days to ensure residents sheltered in place. The trucks arrived with fuel but the drivers would only accept cash for the payment. Several key messages made by Mr. Weidner to the audience were: “Don’t wait till the 11th hour-plan now; recognize the importance of LTCs in coalitions; develop pre-event relationships; LTCs need to speak the language of Incident Command System and maintain and communicate situational awareness.”

The second half of the session began with a Table Top Exercise (TTX) composed of two modules with accompanying videos provided by the Virginia Department of Health – “Don’t Sweat It” - *Preparing for Disasters in Nursing Homes and Assisted Living Facilities*. Module One video covered Advanced Preparation and Module Two covered Deciding to Evacuate. Facilitators from Fire and Rescue Services and MDERS led the participants through group discussion questions representing a situation

similar to a Category One hurricane striking Maryland. The TTX provided the opportunity for collaboration between nursing home/assisted living facilities, community partners, and first responders, to improved coordination of efforts and integration of plans. Mr. Weidner facilitated a debriefing and hotwash of the issues, challenges or gaps in their evacuation facility plans, as well as a course of action to take to address the issues, challenges, or gaps.

Based on the discussion, the participants identified the need to improve their facilities evacuation plans by addressing several issues: supply chain resilience, communication, patient tracking, security, transportation, power and funds. Participant’s feedback acknowledged the need to educate staff in their roles and responsibilities and for more frequent drills to ensure that their plan is workable. An After Action Report and Improvement Plan will be sent out by MDERS program to all participants of the exercise as a follow-up action item.



Keynote Speaker David J. Weidner delivers lessons learned and his experiences during the responses to Hurricanes Sandy and Irene during the Maryland Emergency Response System (MDERS) exercise.

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# Chief James Brothers Receives Leadership Award from IAEMSC

The International Association of Emergency Medical Services Chiefs (IAEMSC) recently presented Battalion Chief/Paramedic James M. Brothers, Executive Officer of Emergency Medical Services Bureau of the Howard County Department of Fire and Rescue Services with the Excellence in Innovation and EMS Leadership Award. This award was presented during the IAEMSC conference in Washington, DC. Chief Brothers was chosen from a very competitive pool of qualified EMS chief officers.

Chief Brothers has over 25 years of service with Howard County Fire and Rescue Services. He has received several department awards and has served on and chaired a number of local, regional, and statewide committees focusing on a variety of EMS top-

ics to enhance operations and policies. He has also served as the EMS Training Battalion for several years, coordinating all of Advanced and Basic Life Support Training Programs. During his tenure as the EMS Training Battalion, the ALS program was the first Fire Department ALS training program in the state to be awarded the CoAEMSP accreditation. Chief Brothers is also a faculty member at the University of Maryland School of Nursing. He teaches both undergraduate and graduate students on a wide variety of topics including pharmacology, assessment, laboratory diagnosis, and advance procedures for nurse practitioner practice. While at the University of Maryland, Chief Brothers became board certified as a Family Nurse Practitioner and Emergency Nurse Practitioner.



© IAEMSC Photographs

Howard County Department of Fire and Rescue Services Battalion Chief / Paramedic James M. Brothers, MS, CRNP, (on left) receives his award from Chief James L. Robinson, IAEMSC President, during the recent International Association of Emergency Medical Services Chiefs (IAEMSC) conference held in Washington, DC. (Photo courtesy of IAEMSC)



## Maryland AED Registry

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is the state agency that oversees the Maryland Public Access Automated External Defibrillator Program and, as such, approves entities meeting the necessary requirements to participate in the Maryland Public Access AED Program

## MIEMSS launches new On-line Public Access AED Program Registry

Maryland's AED law requires organizations with AEDs to register with MIEMSS and maintain a current certificate in order to have AEDs on site. MIEMSS now provides a web based Automated External Defibrillator (AED) registry in order to facilitate compliance with the certification requirements. The new on-line registration simplifies the former manual process and provides enhanced data review capabilities. In addition to meeting Maryland's registration requirements, the registry generates periodic task notification messages to registrants reminding them to regularly inspect the device and to replace electrode pads and batteries before their use period expires. The registry is free to AED facilities. To register AEDs with MIEMSS please go to [www.marylandaedregistry.com](http://www.marylandaedregistry.com) and enter the required information into the Maryland AED registry. Individuals are required to set up a user name and password. Upon creation of the account, an automated email is generated asking for verification of the information entered. The site location information for all AEDs, make and model of the AEDs, serial numbers, and battery and electrode expiration dates are required information. Upon completion, a new certificate is issued by email that is valid for three years. The Maryland AED Registry will automatically send monthly reminders to update the Registry with any changes or new information, as well as a notification when AED batteries and electrodes are nearing expiration.

The information entered into the Maryland AED Registry will be included in the National AED Registry™ and will be made available to the local EMS 9-1-1 dispatch center in the event there is a cardiac arrest at a site with the registered AED. If you would like more information on this AED registry, please call 410-822-1799 or email [amccaslin@miemss.org](mailto:amccaslin@miemss.org).



*Save the Date!*

**2015  
Miltenberger Emergency  
Services Seminar**

*April 10 & 11, 2015*

**WISP Resort, McHenry, MD**

Registration information available at  
[www.miemss.org](http://www.miemss.org)

# First Department in St. Mary's County to host Certified ALS Transport Units

The Lexington Park Volunteer Rescue Squad (LPVRS) became the first department in St. Mary's County to host certified ALS transport units. St. Mary's County has set the Voluntary Ambulance Inspection Program as the minimum standard for ambulance stocking in the county. LPVRS worked in cooperation with their partners at St. Mary's Advanced Life Support (SMALS) Unit to meet this milestone.

LPVRS currently owns and maintains six transport units and three utility vehicles, in addition to hosting an ALS chase car in partnership with SMALS. The EMS Supervisor unit was certified as a BLS rapid response unit and the transport units were each certified as ALS units. Representatives from the MIEMSS Region V Office spent the day going over all seven of the certified units ensuring that each unit meets standards.

This project was completed thanks to Supply Officer Tracey Steelman, Lieutenant Lori Marsh, ALS Lieutenant Michael Cahall, and member Tom Brick, noted for their work pulling all the units together for inspection. Their work spanned 12 months and ensured that the inspection process was easy and successful.



Photo: (l-r) Chief Engineer Ralph Stotler, ALS Lieutenant Michael Cahall, Chief Shawn Davidson, Supply Officer Tracey Steeleman and Lieutenant Lori Marsh

## 2015 EMS & Prevention Educational Conferences

*Please go to the MIEMSS website  
for details on these events.*

### Public Fire and Life Safety Educator Seminar:

March 28, 2015, MFRI  
College Park, Md.

### Miltenberger Emergency Services Conference:

April 10–11, 2015  
Wisp Ski Resort, McHenry, Md.

### EMS Care 2015:

April 30–May 3, 2015  
Clarion Resort Fountainebleau Hotel,  
Ocean City, Md.

### MSFA Annual Convention:

June 20–26, 2015 Ocean City, Md.

## MIEMSS Safety Corner

### *Buckle Up for Safety*

Recent articles in EMS trade journals have reported a large number of ambulance crashes. This is not only a national issue, but also an issue right here in Maryland. *“Ambulance crash injures 2 EMT’s”, “Four injured in Maryland ambulance crash”, and “Ambulance crash injures 1”* – these are all media headlines from here in our own state.

There are many things that factor into an ambulance crash. This month we will focus on one thing you can do to help protect yourself, **buckle your seatbelt!**

Are you wearing your seatbelt on every call? Hopefully the answer is yes. Our primary mission is to save lives...we must start by first saving our own.

We have all heard the seatbelts save lives. During your career as an EMS professional you have most likely encountered the patient who would not be alive if they didn't wear their seatbelt.

- Review your policies and procedures on the use of seatbelts in the ambulance.
- Always wear your seatbelt, even in the patient compartment.

Now that we have our seatbelt on, make sure that the patient is properly secured as well. They should have 3 seatbelts, one at the knee, hip and chest. Don't forget the shoulder straps! In the event of a rapid deceleration, they will keep the patient from sliding forward.

Visit the National Fallen Firefighters Foundations First Responder Seatbelt Pledge website at <http://www.everyonegoeshome.com/seatbelts/>, to find out more information on how you can *“Buckle Up, so Everyone Goes Home®!”*

Buckle up so you don't become the next news headline!

# EMS for Children Data Analysis Research Team



D.A.R.T.

## Pediatric DART: Maryland Burn Injuries in Children

Injury is the leading cause of childhood death and hospitalization between the ages of one and fourteen. During the month of February each year, the focus of injury prevention networks is Burn Prevention and how to keep children safe in their homes and communities. Burns are categorized into four major types: Electrical, Chemical, Thermal, and Inhalation. Based upon the data from the Maryland Burn Centers – the focus of this article will be on Thermal Burns and preventing them. Thermal burns include: flame, contact, and scald mechanisms.

The charts and graphs below provide a snap shot of the Burn Facts in Maryland for those children seen in Burn Centers:

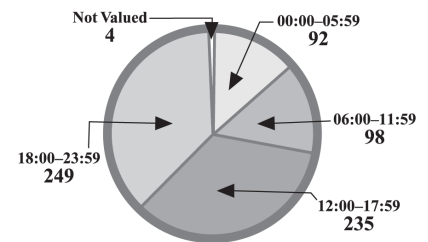
- Who: Children are at greatest risk between the ages of 1 year to 9 years of age
- What: The majority of burns to children are from scalds and contact with hot objects
- Where: The majority of burns in children occur in the home
- When: Burns occur throughout the 24 hour period but peak between 12 Noon and 12 Midnight
- When: Burns occur evenly in all seasons of the year

The MIEMSS Annual Report provides details by county, age and hospital ([www.miemss.org](http://www.miemss.org)).

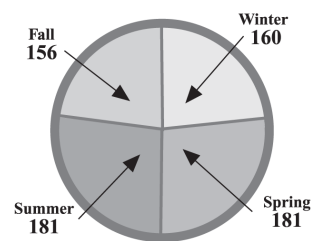
**Etiology of Injuries by Age**  
Patients Treated at Pediatric Burn Centers and Patients Less Than Age 15 Treated at Johns Hopkins Burn Center at Bayview (June 2013 to May 2014)  
Source: Maryland State Trauma Registry

Age Range	Electrical	Chemical	Thermal			Inhalation	Other Burn	Other Non-Burn	Unknown	Total
			Flame	Contact	Scald					
Under 1 year	1	1	4	30	45	4	2	1	0	88
1 to 4 years	18	5	11	91	211	1	1	1	5	344
5 to 9 years	1	4	26	27	76	4	0	0	0	138
10 to 14 years	4	3	17	10	41	1	1	1	0	78
15 years and over	0	5	5	4	15	0	1	0	0	30
<b>Total</b>	<b>24</b>	<b>18</b>	<b>63</b>	<b>162</b>	<b>388</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>678</b>

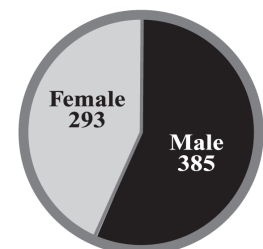
**Time of Arrival Distribution**  
Patients Treated at Pediatric Burn Centers and Patients Less Than Age 15 Treated at Johns Hopkins Burn Center at Bayview (June 2013 to May 2014)  
Source: Maryland State Trauma Registry



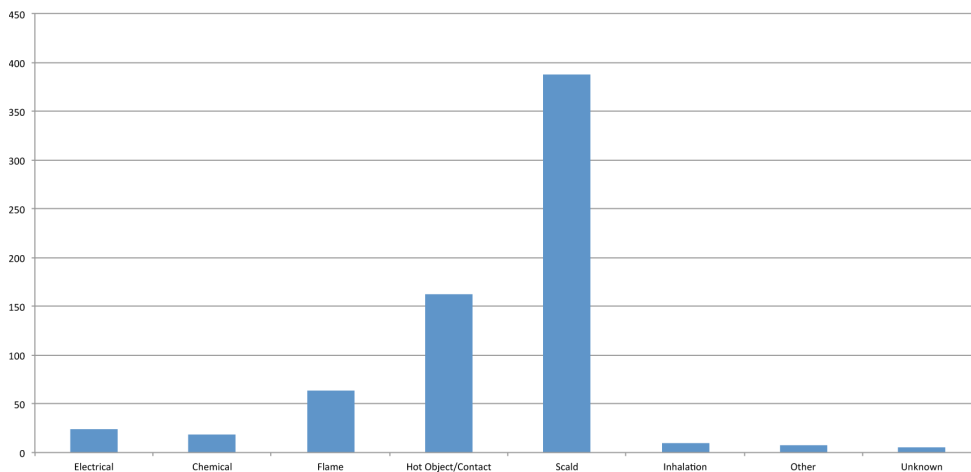
**Season of Year Distribution**  
Patients Treated at Pediatric Burn Centers and Patients Less Than Age 15 Treated at Johns Hopkins Burn Center at Bayview (June 2013 to May 2014)  
Source: Maryland State Trauma Registry



**Gender Profile**  
Patients Treated at Pediatric Burn Centers and Patients Less Than Age 15 Treated at Johns Hopkins Burn Center at Bayview (June 2013 to May 2014)  
Source: Maryland State Trauma Registry
















**Etiology of Injury**  
Patients Treated at Pediatric Burn Centers and Patients Less Than Age 15 Treated at Johns Hopkins Burn Center at Bayview June, 2013 to May, 2014  
Source: Maryland State Trauma Registry



**EMS for Children**  
**Data Analysis**  **Research Team**  
D.A.R.T.

## Pediatric DART: Maryland Burn Injuries in Children

Keeping children safe and secure is the responsibility of the adults in their family and community. Below are some easy steps to take to prevent burns in the home and when combined with adult supervision will protect children from harm.

-  Check water heater temperature – set no higher than 120° F/ 48° C (or just below the medium setting)
-  Always supervise children in bathtub (ignore the phone/ doorbell)
-  Install anti-scald devices in water faucets and shower heads
-  Place pots & pans on the back burner with handles turned inward to the back of the stove
-  Use back burners on stove
-  Never carry a child while cooking or pouring anything hot – not even to open the microwave
-  Keep hot drinks and food away from the edge of counters and tables
-  Keep appliance cords out of reach and behind the cooking device
-  Keep hair dryers, curling irons and cloth irons out of reach when in use and when cooling
-  Consider flameless (battery operated) candles throughout your home
-  Install safety gates into the kitchen, around fireplace and wood stove
-  Keep matches, lighters and gasoline/ lighter fluid up and away from children
-  Cover electrical outlets with safety caps

**Burn and Fire Prevention Resources include:**

American Burn Association (ABA) [www.ameriburn.org/](http://www.ameriburn.org/)  
Consumer Products Safety Commission [www.cpsc.gov](http://www.cpsc.gov)  
National Fire Protection Association (NFPA) [www.nfpa.org](http://www.nfpa.org)

# ***EMS Care 2015***



***April 30-May 3, 2015***  
***Ocean City, MD***

Presented By:  
Maryland's Regional EMS Advisory Councils  
The Maryland Institute for Emergency Medical Services Systems

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**Maryland EMS Care 2015**  
**April 30 – May 3, 2015**  
**at the Clarion Resort Fontainebleau Hotel**

**The Program**

This year's program brings some new and exciting nationally recognized speakers to town, as well as some of your favorite presenters from years past. There's something for everyone at this year's conference, to include prehospital EMS providers, nurses, and fire/rescue personnel. Two full days of pre-conference workshop offerings will begin on Thursday, April 30, 2015. Hot speakers on hot topics, and an enticing resort setting make this an inviting conference for all emergency services providers.

**Continuing Education**

All workshops have been approved by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) for continuing education for ALS and BLS providers. EMTs can fulfill the 12 hours of didactic (4 Medical, 4 Trauma, and 4 Local) training required for recertification throughout the weekend, and a 12-hour EMT skills class will be available as a pre-conference offering. Conference staff will be available on-site to assist attendees with their CEU requirements. As an additional benefit, we are also pleased to announce that all "Critical Care" track CEU's have been approved by UMBC for CCEMTP renewal. For specific questions regarding continuing education requirements, please contact the MIEMSS Office of Licensure and Certification at 410-706-3666 or 800-762-7157.

**The Hotel**

EMS Care 2015 will be returning to the beautiful Clarion Resort Fontainebleau Hotel located at 10100 Coastal Highway, Ocean City, Maryland, 21842. The room rates for the Conference are as follows: Double/Double \$120/night, Executive King \$140/night, Studio King \$150/night, Cabana \$170/night. All rates are based on single or double occupancy; a \$15/night charge will be applied for extra persons. Children under 18 stay free in their parent's room. To receive these rates, you must make your reservations **NO LATER** than March 30, 2014. After this date, the room rates will return to the prevailing rate. The block of rooms reserved for Conference participants will fill up quickly. For more information or to make your reservations, call 1-800-638-2100 and request the EMS Care group rate or visit the Clarion website: [www.clarionoc.com](http://www.clarionoc.com). **NOTE: All reservations should be made directly through the Clarion in Ocean City, MD. Reservations made through corporate Clarion may not accurately reflect room availability.**

**Stay for the Fun!**

The Conference is located in the heart of beautiful Ocean City, Maryland. The beachfront hotel is within easy walking distance to many local attractions and just a short drive from the boardwalk, outlet shopping, the all-new Casino at Ocean Downs, and an abundance of fabulous restaurants. If you prefer to stay in, the Clarion offers numerous amenities including an indoor swimming pool, a health spa, a children's playground on the beach, arcade games, Breaker's Pub, and their famous "All You Can Eat Prime Rib, Crab Legs, and Seafood Buffet" in the oceanfront Horizon's Restaurant.



## **Vendors**

Vendors from a variety of disciplines will be joining us this year beginning at 5:30 PM on Friday, May 1, followed with the annual vendor reception from 6:30 PM – 8:30 PM. This free reception with our vendors will be complemented by good food, a cash bar, door prizes, and, as always, outstanding fellowship! Vendors will be displaying this year from Friday evening, until 6 PM Saturday. Be sure to stop by and visit each of the vendors to enter for a chance to win a free iPad Mini, to be given away during Sunday's closing keynote session.

## **Health & Wellness**

Kick EMS Care off right by joining us for a Saturday morning fun run/walk beginning promptly at 6 AM. All fitness levels are welcome! Conference staff will lead a 5k (3.1 miles) distance run and a 1 mile walk, but participants are welcome to complete the distances that meet their wellness needs. Participants will gather in front of the Clarion and the run will take place on the sidewalks along Coastal Highway.

On Sunday, we're excited to offer *Get In Gear Beach Boot Camp*. Join us on the beach at 6am for a sunrise 45-minute boot camp class, followed by a 15 minute stretch/cool down. The class will include popular high intensity interval training elements with an added challenge of working out in the sand! Hoorah!

## **Entertainment**

As an added bonus, this year's Friday evening vendor reception will be immediately followed by a Bonfire on the Beach in celebration of our fifth year of EMS Care back in OC. Come out for the fun from 8:30 PM – 10:30 PM.

On Saturday evening, we'll be returning to *Seacrets* for more festivities, including our annual drop-in trivia competition. Bring your friends and family for just \$5/person and join in the fun from 7:30 PM – 10 PM. So come on out, eat a little, drink a little, enjoy the rivalry, and laugh A LOT!

## **Fees and Expenses**

This year we are pleased to announce that those registering before April 1, 2015 will receive the discounted "Early Bird" registration rate of \$175 for the full two-day conference, or \$90 for a one-day Saturday or Sunday registration. Beginning April 1<sup>st</sup>, the standard full two-day (Saturday/Sunday) conference registration fee will be \$195, or \$100 for a one-day registration (either Saturday or Sunday). This fee includes all expenses for workshops, lectures, AV material, and printing costs. Also included are wellness activities, a continental breakfast and full lunch on Saturday, a full buffet breakfast and lunch on Sunday, as well as morning and afternoon snacks on both days. Pre-conference workshops are offered for an additional fee as indicated on the attached registration form.

## **Registration**

Registration is limited and on a first-come, first-served basis. **Online registration** for EMS Care is available at [https://www.regonline.com/emscare2015\\_1672517](https://www.regonline.com/emscare2015_1672517). Registrations completed online will receive an email confirmation. All mailed and/or faxed registrations received by April 15, 2015, will receive written confirmation letters. Mailed and/or faxed registrations received after April 15 may not receive confirmations prior to

on-site conference check-in. Upon receipt of your confirmation, please review all workshop selections carefully. Any requests for changes to your schedule must be received prior to April 21, 2015, and should be emailed to [EMSCare@miemss.org](mailto:EMSCare@miemss.org). Requests for refunds must be submitted in writing prior to April 15, 2015. All cancellations are subject to a 20% processing fee. Returned checks are also subject to a \$25 processing fee.

**Walk-in registrations will be accepted pending availability of space.**

**Directions**

Driving directions to the Clarion Resort Fontainebleau Hotel are available on the hotel website at [www.clarionoc.com](http://www.clarionoc.com).

**For More Information**

Contact your MIEMSS Regional Office, or visit the MIEMSS website at [www.miemss.org](http://www.miemss.org), or follow the Maryland EMS Care page on Facebook.

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## Pre-Conference Activities

**Thursday, April 30, 2015**

### **Statewide CISM Coordinator Symposium (9 AM – 4 PM)**

This bi-annual meeting of the Maryland CISM coordinators brings together team coordinators / leads from Maryland's local and state CISM and crisis response teams. This group works to build relationships, mutual aid links, and share training opportunities from across the state. This is a closed meeting, and is limited to CISM team coordinators/ team leads and one back-up or alternate team member. Those wishing to attend should obtain prior approval from their team coordinator. {5 hrs, Cat L/2}

### **EMS Strike Team Training (1 PM – 5 PM)**

**David Stamey, CCEMTP – MIEMSS Region II Administrator**

**Brian LeCates, NREMTP – Talbot County Department of Emergency Services**

This course will provide an introduction to Maryland's Ambulance Strike Team (AST) program. This will include the minimum requirements, requesting process, deployment, and operations of ASTs. Through a review of past deployments, a review of the Maryland AST Manual, and a short exercise, students will get an idea of what it is like to work as part of an AST. **This course will meet the MIEMSS requirement for AST provider level training for the ambulance crews that will staff Maryland's pre-designated ASTs.**

Course Fee: \$25 {4 hrs, Cat L/2}

### **Cardiac Review and 12-Lead for the Basic Provider (1 PM – 5 PM)**

This session will focus on the identification of structures using a porcine heart, as well as a review of cardiac anatomy and physiology. Introductory 12-lead concepts for the EMT will also be covered, including: why 12-leads are necessary, proper skin prep, proper lead placement, and what a STEMI looks like. This class is NOT designed to teach you how to diagnose an MI using a 12-lead EKG, but it will help you to better understand what to look for, and what needs to be reported to responding paramedics or medical control. Course Fee: \$25 {4 hrs, Cat M/A}

### **EMS Care Cadaver Lab (8 AM – 12 PM) & (1 PM – 5 PM)**

This is an Advanced Skills Cadaver Workshop. It will offer a unique, hands-on experience with skill reviews including advanced airway, vascular access, and a surgical anatomy review. Facilitated by Dr. Mary Ripple, a Pathologist from the Office of the Chief Medical Examiner, and Paul Burke, an Emergency Medicine Physician Assistant and retired Captain from Baltimore County Fire Department, this four-hour workshop will be offered off site at the Peninsula Regional Medical Center (PRMC). Morning and afternoon sessions will be available, with each session limited to twelve registrants to ensure that each participant will have significant hands-on training opportunity. **Only ALS providers may register.** Course Fee: \$75 {4 hrs, Cat A}

## **Thursday, April 30 & Friday, May 1, 2015**

### **Pediatric Advanced Life Support (PALS) (8 AM – 5 PM)**

The Pediatric Advanced Life Support Course is designed for pediatricians, emergency physicians, family physicians, mid-level providers, nurses, paramedics, respiratory therapists, and other healthcare providers who initiate and direct advanced life support in pediatric emergencies. This course is open to Advanced Life Support EMS providers, nurses, mid-level providers, and physicians only. Course Fee: \$100 {16 hrs, Cat A}

At the conclusion of the program, participants will be able to:

- Recognize the infant or child at risk of cardiopulmonary arrest;
- Identify strategies for prevention;
- Demonstrate the cognitive and psychomotor skills necessary for resuscitating and stabilizing the infant or child in respiratory failure, shock, or cardiopulmonary arrest;
- Demonstrate the use of the various airway and oxygen adjuncts and methods for optimum ventilation and airway control;
- Identify normal vs. abnormal cardiac rhythms and the appropriate pharmacologic and electrical therapies;
- State the indications and dosages of medications used in cardiopulmonary arrest and the effects on the cardiovascular system;
- Perform techniques to obtain vascular access in infants and children via intraosseous cannulation using EZ-IO.
- Perform advanced skills in the assessment and treatment of cardiopulmonary arrest in the pediatric patient.

**Prerequisite:** online pretest must be taken prior to attending the course. Textbook will be mailed with online access code after payment has been received.

*Speakers and materials for this course have been sponsored by the University of Maryland Upper Chesapeake Health System. All fees associated with this pre-conference offering are intended to cover conference resort fees, meals, and refreshments.*

### **EMT 12-Hour Skills Refresher (Thurs., 6 PM – 10 PM; Fri., 8 AM – 5 PM)**

This course is a required part of recertification for all EMTs. By coupling this course with careful selection of conference breakout sessions, EMTs can meet all requirements necessary for recertification. This class will be hosted by the Ocean City Fire Department at an off-site location. Enrollment is limited to 30 registrants. Course Fee: \$25 {12 hrs, Cat S}

## **Friday, May 1, 2015**

### **Suicide Awareness: An Introduction for Crisis Responders (8 AM – 5 PM) **Victor Welzant, PsyD – International Critical Incident Stress Foundation****

The ability to recognize and effectively intervene with suicidal individuals is one of the most challenging issues facing first responders and crisis intervention personnel. This course is recommended for first responders (fire/EMS/police/etc.) and critical incident stress management team personnel who wish to increase

their awareness of suicide. This course will equip participants with information and basic skills to recognize the signs of an individual (including a co-worker) that is considering suicide, and to understand actions that can be taken to intervene. Course Fee: \$30 {8 hrs, Cat L/2}

**BLS PEPP – 3<sup>RD</sup> Edition: Pediatric Education for Prehospital Providers (8 AM – 5 PM)**

The PEPP-3 BLS Course is an 8-hour course designed by the American Academy of Pediatrics specifically designed to teach BLS providers how to better assess and manage ill or injured children. PEPP features case-based lectures, live-action video, hands-on skills stations, and small group scenarios. The program has been updated and includes new lectures and hands-on skill stations. Additional scenarios and special equipment have been added by the Pediatric EMS Advisory Council (PEMAC) to correlate with EMS Scope of Practice in Maryland. Participants will qualify to receive an AAP course completion card by participating in the 1 day course and successfully complete a written test. Course Fee: \$50 {8 hrs, Cat M/A}

**Prerequisite:** online pretest must be taken prior to attending the course. Textbook will be mailed with online access code after payment has been received.

*Speakers and materials for the PEPP – 3<sup>rd</sup> Edition Course have been sponsored by the Maryland EMS for Children State Partnership Grant and EMSC Program. All fees associated with this pre-conference offering are intended to cover conference resort fees, meals, and refreshments.*

**ACLS Refresher (8 AM – 5 PM)**

The Advanced Cardiac Life Support (ACLS) renewal course is a refresher course designed for healthcare providers who have taken ACLS before and who either direct or participate in the resuscitation of a patient. In this course you will receive training in effective team behaviors and have the opportunity to practice as a team member and team leader. At the end of the course you will participate in a megacode testing station. A simulated cardiac arrest scenario will test the knowledge of core case material and skills, knowledge of algorithms, understanding of arrhythmia interpretation, and use of appropriate basic drug therapy. Registrants must have a current ACLS card. Registrants must pre-purchase the Advanced Cardiovascular Life Support (ACLS) Provider Manual. Course Fee: \$50 {8 hrs, Cat A}

*Speakers and materials for this course have been sponsored by the Startbeat Heart Institute. All fees associated with this pre-conference offering are intended to cover conference resort fees, meals, and refreshments.*

**Firefighter Rehab and Medical Monitoring: The NEW (2015) NFPA Rehab Standard (8:00 AM - 2:00 PM)**

A revised version of NFPA 1584: *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises* was published in January 2015. Research, coupled with EMS and Fire Service experience over the past 8 years, has changed our understanding of hydration, nutrition, cooling, and medical monitoring. This 4-hour session will explain the fundamentals of firefighter rehab; emphasizing a practical, real world approach to implementing no-

nonsense firefighter rehab and medical monitoring. Learn about the shifting emphasis away from sports drinks, the reintroduction of caffeine, and a new ban on the use of energy drinks by firefighters. Gain important insight into new evolving strategies for passive cooling of firefighters and practical methods for rest and recovery. Explore changes in vital sign measurement and new assessment parameters for use in rehab. Understand the roles of EMS, firefighters, company officers, and incident commanders in the rehab process. The tremendous breadth of material covered in this class won't leave you disappointed! Course Fee: \$35 {4 hrs, Cat M/A}

*Speakers and materials for this course have been sponsored by Medtronic Physio Control. All fees associated with this pre-conference offering are intended to cover conference resort fees, meals, and refreshments.*

**Improving Quality and Efficiency with the eMEDS® QA/QI Module**  
**(9 AM – 12 PM)**

Jason Cantera, eMEDS® guru at MIEMSS, will present a 3 hour training session on the new eMEDS® Quality Assurance/Quality Improvement Module. This lecture will cover the basics of the QA/QI module, and will incorporate current best practices. Users will leave with a solid understanding of the benefits and features of this new addition to the MIEMSS eMEDS® system. Course Fee: \$25 {3 hrs, Cat L/2}

**Advanced Service Administrator Training with LIFENET Integration**  
**(1 PM – 5 PM)**

MIEMSS EMS Applications Coordinator Jason Cantera and Jim Springer of Medtronic Physio Control will present a 4-hour training session covering many of the advanced service administrator features of eMEDS®, including how to integrate LIFENET into your eMEDS® reports. Jason will cover a variety of topics including tips and tricks for basic system management for the service level administrator. He will use the Report Writer to demonstrate how to get out what your providers put in. Jim Springer will discuss best practices, methods for data import, and common problems encountered when initially setting up LIFENET integration from your system into eMEDS®. Course Fee \$25 {4 hrs, Cat L/2}

**2015 Prehospital EMS Provider Protocol Rollout (BLS and ALS)**  
**(5:30 PM – 7:30 PM)**

Are you computer-phobic? Do you wish that you could do the yearly protocol update in a real classroom instead of a virtual one? Here's your chance! Join MIEMSS Licensure and Certification staff for the presentation of this year's protocol update in a classroom setting. In no time at all, you will have met your continuing education requirements for this year's update. No fuss, no muss... and best of all, no computer. {2 hrs, Cat L/2}

**2015 EMS Care Vendor Reception (6:30 PM – 8:30 PM)**

Stop by and mingle with our impressive cadre of vendors and “talk shop” with your peers. While you're there, be sure and indulge in some tasty hors d'oeuvres. A cash bar will also be available.

## **Main Conference Program Descriptions:**

### **Saturday, May 2, 2015**

**7:30 AM – 8:30 AM: Conference Registration and Continental Breakfast**

**8:30 AM – 8:45 AM: Opening Ceremonies**

**8:45 AM – 9:15 AM: EMS State of the State**

The latest developments and trends in Maryland EMS will be highlighted by the Maryland Institute for Emergency Medical Services Systems Executive Director Dr. Kevin Seaman. {0.5 hrs, Cat M/A}

**9:15 AM – 10:45 AM: Keynote Address**

#### **EMS Articles You Have to Know**

**Benjamin J. Lawner, DO, MS, EMTP, FACEP - University of Maryland School of Medicine**

EMS protocols have a hard time keeping pace with the constant turnover in the medical literature. So, sit down, fasten your lap belt, close the protocol book, and take a look at the latest emerging trends in prehospital medicine. EMS providers have made significant contributions to the fields of cardiac arrest resuscitation, trauma care, and airway management. Dr. Lawner will summarize important articles of 2014 and suggest how the findings will impact your daily practice.

{1.5 hrs, Cat T/B}

**11:15 AM – 12:15 PM: General Session**

#### **An Arresting Story: Johns Hopkins and the Management of Sudden Cardiac Arrest**

**David Efron, MD, FACS - The Johns Hopkins Hospital**

On January 28, 2013, Anne Efron suffered a sudden and unexpected cardiac arrest. From out of hospital CPR, and multiple defibrillations, through being placed on ECMO and the placement of an automatic internal cardiac defibrillator, Anne's journey is unveiled. The rich history and the role that Johns Hopkins has played in the development of tools for the management of cardiac arrest are reviewed along the way. {1 hr, Cat M/A}

**1:15 PM – 2:45 PM: Breakout #1**

#### **(1A) Bleeding Everywhere: How to Stop a Gusher**

**Mike McEvoy, PhD, NRP, RN, CCRN**

Bleeding is a life-threatening emergency and strategies for hemorrhage control continually change. This session will review best practices for assessment and management of external and internal bleeding including locating the source of bleeding, tourniquets, hemostatic agents, permissive hypotension, wound closure, the Golden Hour, and novel hemorrhage control devices coming soon to your ambulance. From a routine scalp laceration to an arterial pumper, this session will give you the information you need to respond appropriately and prevent significant blood loss. {1.5 hrs, Cat T/A}



**(1B) Emerging Infectious Diseases: Implications for EMS**

**Ken Lavelle, MD, FACEP, NREMT-P - Capital Health Systems, Trenton, NJ**

Over the past 20 years the number of new infectious diseases has increased significantly: from SARS to MERS, EV-68 to Ebola. Dr. Lavelle will discuss the practical implications for EMS due to an outbreak or response to a patient exposed to these agents. {1.5 hrs, Cat M/B}

**(1C) Do You See What I See? Battered, Broken, and Burned**

**Allison M. Jackson, MD, MPH, FAAP – Children’s National Health System**

Children of all ages are at risk to be victims of abuse, and identification of early signs is key to linkages for protection. A difficult but important trauma topic for EMS providers is to understand their role, increase awareness and provide critical documentation. Dr. Allison M. Jackson, Chief of the Child and Adolescent Protection Center at Children’s National Health System will share current statistics and key things to look for when caring for infants, children and youth. {1.5 hrs, Cat T/B}

**(1D) Safety Management System for Ambulance Operations**

**Jonathan Godfrey, RN, CMTE – Children’s National Health System**

DC Children's Transport and Butler Medical Transport developed an evidence based system to improve operational safety, reduce costs and improve employee satisfaction. The results were shocking (in a good way). A review of the two year process, as well as data that was collected, will show other EMS or transport organizations the tools to build their own Safety Management System (SMS). {1.5 hrs, Cat L/2}

**(1E) Big Data Leads to Big Results**

**EMS Battalion Chief Alan Butsch – Montgomery County Fire and Rescue Service**

Data is becoming the lifeblood of EMS management. The last 24 months have seen the MCFRS launch several new EMS initiatives. However, initiatives are useless without meaningful measurements and feedback. Chief Alan Butsch will discuss the data and feedback loops that have enabled MCFRS to achieve a threefold increase in ROSC for cardiac arrest victims, near perfect transport ePCR completion, and steady improvement in overall documentation. The presenter will also discuss Montgomery County's CountyStat program and MCFRS' monthly EMS "dashboard" data report. {1.5 hrs, Cat L/2}

**(1F) Managing the Difficult Airway**

**Matt Levy, DO, M.Sc. - Johns Hopkins Emergency Medicine and Howard County Department of Fire and Rescue Services**

**David Stamey, CCEMTP – MIEMSS Region II Administrator**

This course is designed to enhance students’ knowledge of current advanced airway practices and techniques. It will improve students’ overall skill level and introduce each student to the latest airway equipment. Included will be a hands-on surgical airway lab where students will have the opportunity to practice a surgical airway. {1.5 hrs, Cat T/A} **\*\*Limited to 18 registrants\*\***

### **3:00 PM – 4:30 PM: Breakout #2**

#### **(2A) Approaches to Geriatric Trauma**

**Terrance Baker, MD – MedStar Good Samaritan Hospital**

This intensive, content rich workshop is appropriate for all levels of prehospital providers and will demonstrate principles of triage, evaluation and treatment of common traumatic conditions in geriatric patients. Attendees will learn the management of common geriatric trauma conditions from experienced faculty. {1.5 hrs, Cat T/B}

#### **(2B) Excited Delirium and EMS Sedation**

**Ken Lavelle, MD, FACEP, NREMT-P - Capital Health Systems, Trenton, NJ**

Excited Delirium is a syndrome that has recently been recognized that impacts EMS, law enforcement, and hospital medicine. These victims are at high risk of sudden death, and the actions of both law enforcement and EMS may forestall this outcome. This program will discuss the condition, its history and symptoms, and the actions that EMS can take to possibly prevent death. A review of a recent pilot project in Pennsylvania involving EMS use of Ketamine will be discussed. {1.5 hrs, Cat M/A}

#### **(2C) Ouch – It Hurts! Pediatric Pain Assessment and Management in the Field**

**Jennifer Guyther, MD – University of Maryland Medical System**

No one likes pain – everyone experiences pain differently. Managing pain in the EMS environment requires specific assessments, immobilization, appropriate medications, environmental controls and parental participation. Dr. Jennifer Guyther, University of Maryland emergency medicine and pediatric faculty, will engage the audience in discussing cases that need multiple interventions to decrease a child's pain. {1.5 hrs, Cat M/A}

#### **(2D) Case Studies in On-Scene Communications: The Razor's Edge Between Getting it Right or Wrong**

**Roger Stone, MD, MS, FACEP, FAAEM - Montgomery County EMS Medical Director**

**EMS Battalion Chief Alan Butsch – Montgomery County Fire and Rescue Service**

It is eye-opening how many times subtle differences in real-time communications between providers can lead to vastly different outcomes. It happens frequently that these are found in "hot washes" after various incidents of all types, or after root analyses of bad outcomes. This lecture, heavily weighted on audience participation, will go through case studies which underscore the value of good communications habits and crew resource management towards "getting it right" and hedging bets for favorable patient outcomes. {1.5 hrs, Cat L/2}

#### **(2E) Hazards (and Opportunities) Ahead: The Future of EMS**

**Len Guercia, MA, EMTP – The Holdsworth Group**

It is getting increasingly difficult to operate an EMS agency, and the road ahead is full of potholes and hazards. This session is designed to explore the main issues that many see as the biggest challenges and changes to the future of the EMS industry. Topics such as service, staffing, reimbursement, and marketing will be covered in enough depth to provide an overview and get participants headed in the

right direction for exploring the impact and/or opportunities that apply to their agency. {1.5 hrs, Cat L/2}

**(2F) How Low Do You Go to Stop the Flow? Current Trends in Trauma Resuscitation**

**Benjamin J. Lawner, DO, MS, EMTP, FACEP - University of Maryland School of Medicine**

Your patient's blood pressure is dropping and the nearest trauma center is 20 minutes away by ground. Do you pause for aeromedical intercept or evacuation? What are the most important interventions you can perform that will directly affect survival? Dr. Lawner will review the recent trauma literature and highlight EMS interventions directly linked to patient outcome. {1.5 hrs, Cat T/A}

**Sunday, May 3, 2015**

**7:00 AM – 8:30 AM: Breakfast Buffet**

**8:30 AM – 10:00 AM: They are Drinking and It Isn't "the Kool-Aid"**

**Matt Goldstein, DHSc, PA-C, NRP - Startbeat**

Alcohol is responsible for over 600,000 ER visits in the United States each year. EMS providers encounter many of these patients by way of calls for the isolated intoxicated subjects, or for more complex situations such as domestic violence, suicide attempts, or even death when alcohol is involved. The most difficult of these situations is when serious illness or injuries are masked by alcohol and the EMS provider treats the patient as someone who is "just drunk." This talk will discuss the pathophysiology of alcohol intoxication and its effects on the human body as well as the EMS provider's approach to treating these patients in a comprehensive manner. {1.5 hrs, Cat M/A}

**10:15 AM – 11:45 AM: Breakout #3**

**(3A) Backboards for Spinal Trauma**

**Michael Millin, MD, MPH, FACEP - The Johns Hopkins Hospital**

The 2015 MIEMSS protocols will include a dramatic shift in the management of blunt trauma, instructing EMS providers to allow patients that are ambulatory to lie down on an EMS stretcher and not place the patient on a backboard. This presentation will include an overview of the history of backboards and a review of the science that demonstrates that the theoretical benefit of backboards is outweighed by proven harm. {1.5 hrs, Cat T/B}

**(3B) What is ALS Gonna Do For This Guy? Pitfalls in ALS to BLS Downgrades**

**Roger Stone, MD, MS, FACEP, FAAEM - Montgomery County EMS Medical Director**

In many EMS models around the State and Country, we are seeing more "divorcing of the medic from the cot," with chase cars or paramedic engines joining BLS transport units; or two transport units, one of each level of care, meeting at an ALS dispatch. This is a discussion of "ALS to BLS downgrade" and the pitfalls of labelling the patient BLS, when one could reasonably initiate ALS care... if one

just felt like it. This lecture will show why "an ALS patient is what you make of it, "and there are many opportunities for an upgrade to really help our patients. {1.5 hrs, Cat M/A}

### **(3C) Destination Dilemma – Determining Where to Take the Pediatric Trauma Patient**

**Jennifer Anders, MD, FAAP – The Johns Hopkins Children’s Center**

“Pediatric consult needed - I have an injured pediatric patient.” Which ones can be transported to a local emergency department? Which ones should be transported to a pediatric trauma center? This session will highlight essential information that will improve consults to paint an accurate picture of a pediatric trauma patient. Both prehospital and hospital providers will participate in making destination decisions for these cases. {1.5 hrs, Cat T/B}

### **(3D) Liberia, Post-War, and Ebola: Impact on the Country's National Fire Service**

**Chief John Butler – Howard County Department of Fire and Rescue Services**

A group made up of fire and emergency medical professionals from throughout the United States is committed to help rebuild the Liberia (Africa) National Fire Service. Following a fifteen-year civil war, that ended in 2003, Liberia was left in ruins; among the casualties was the National Fire Service. Upon arrival of the team of U.S. Firefighters led by Howard County Fire and Rescue's Chief John Butler and Chief Ken Prillaman of Brooklyn Park, Minnesota, the Liberia National Fire Service had just one working fire engine and one ambulance, protecting a country the size of Ohio with almost 4 million residents. This presentation will focus on the work done from a non-profit, humanitarian perspective, by a handful of professional, passionate responders that helped prepare the Liberian National Fire Service for conventional fire protection and emergency medical service, as well as emerging threats such as the Ebola Virus. {1.5 hrs, Cat L/2}

### **(3E) A Roadmap for Success: Implementing a Mobile Integrated Healthcare Program in Your Service Area**

**Allison J. Bloom, Esq. – The Bloominghill Group, LLC**

Mobile Integrated Healthcare (aka “Community Paramedicine”) programs are sweeping the industry, and there is no “one-size-fits-all” approach. But, there are common denominators and best practices for creating a successful program. And, of course, there are the legal issues to consider. Join industry consultant and attorney Allison Bloom as she demystifies the ins-and-outs of starting a Mobile Integrated Healthcare program in your service area and provides you with the practical tools you will need to successfully get started. {1.5 hrs, Cat L/2}

### **(3F) Critical Care Monitoring Nuts and Bolts**

**Mike McEvoy, PhD, NRP, RN, CCRN**

Arterial lines and invasive pressure monitoring are fundamental critical care transport skills. This session will examine the goals of hemodynamic monitoring and offer pearls for managing and troubleshooting arterial lines and other pressure monitoring devices. We will also explore uses of both invasive and non-invasive patient monitoring technologies including evolutions in pulse oximetry, capnography, acoustic monitoring, ultrasound and bioimpedance technologies that could

help providers improve patient outcomes. Trends in patient care monitoring that guide critical thinking will be presented with an eye towards future evolution in monitoring technologies. {1.5 hrs, Cat M/A}

**11:45 AM – 12:45 PM: Lunch Presentation**

**Maryland's Strategic Highway Safety Plan Blending the 4-E's of Highway Safety**

**Thomas Gianni, Chief – Maryland Highway Safety Office**

This presentation is intended to introduce attendees to Maryland's Strategic Highway Safety Plan including its underlying data-driven philosophies and implementation process. By blending combined engineering and behavioral strategies the SHSP forms the framework for driving Maryland toward its stated goal of Zero Highway Deaths. {0.5 hrs, Cat L/2}

**12:45 PM – 1:45 PM: Breakout #4**

**(4A) Ophthalmology in the EMS Setting**

**Chimene Richa, MD – University of Maryland Medical System**

This course reviews the basic bedside eye exam and concerning findings that indicate emergent disease. The ocular exam can indicate more severe disease processes, requiring higher levels of care or transport to specialty centers. For example, abnormal pupils and/or eye muscle movement difficulties can indicate intracranial pathology, such as a stroke. Globe rupture, orbital fracture, and ocular foreign body management will also be covered, as well as discussion of other ocular emergencies and their emergent management. {1 hr, Cat T/B}

**(4B) ECG: What an EMT Could Know and a Paramedic Should Know**

**Matt Goldstein, DHSc, PA-C, NRP - Startbeat**

Time is muscle and EMS providers can save time, muscle, and lives by performing and transmitting a high-quality prehospital ECG. Obtaining the ECG is not just reserved for ALS providers. BLS providers have an increasing role in utilizing the ECG. This lecture will highlight how to recognize the good, the bad, and the ugly and will discuss common pitfalls in the EMS use of ECGs. Participants will learn how to perform a high-quality ECG, identify potential life threatening results, and transmit/communicate these findings to the appropriate emergency department. {1 hr, Cat M/A}

**(4C) What's Hot and What's Not: Pediatric Burn Case Reviews**

**Children's National Health System Pediatric Burn Center**

When a burn occurs, seconds count and initial prehospital care and transport decision are critical. Based upon Maryland statewide burn data and changes in outpatient care capabilities, the Pediatric Burn Center at Children's National Health System will present the new treatments that are resulting in, shortened hospital stays and dramatic results. {1 hr, Cat T/A}

**(4D) The Art of the Consult: Being Efficient and Effective on the Radio**

**Matt Levy, DO, M.Sc. - Johns Hopkins Emergency Medicine and Howard County Department of Fire and Rescue Services**

This session will focus on how to succinctly and successfully conduct a radio consult. The session will briefly review some of the challenges and pitfalls of consults and will use multimedia resources to engage audience participation. An aviation style check list will be introduced as a tool to aide providers.

{1 hr, Cat L/2}

**(4E) An Ounce of Prevention: EMS Innovations in Cardiovascular Care Improve Fire Fighter Health**

**Kevin Seaman, MD, FACEP - Executive Director, MIEMSS**

This interactive session will spotlight Howard County Department of Fire and Rescue Services innovative partnership with Howard County General Hospital, a Maryland Cardiac Interventional Center and a member of the Johns Hopkins Medical System. The hospital approached the Fire Department requesting to improve Door-to-Balloon (DTB) times for patients experiencing an ST Elevation Myocardial Infarction (STEMI). The collaboration combined detailed Quality Improvement feedback to providers who identified STEMI in the field, as well as cardiology input into continuing education sessions for providers. The result ...success! Average DTB time was 92 minutes and EMS provider success at identifying STEMI was 85%. EMS expanded to work on cardiac arrest survival, achieved 50% neurologically good survival, and became the East Coast partner for the Seattle Resuscitation Academy. New initiatives include an innovative partnership with Johns Hopkins Cardiology to improve firefighter cardiovascular health. {1 hr, Cat M/A}

**(4F) EMS Toxicology: Approach to the Poisoned Patient**

**Lisa Booze, Pharm D, CSPI - Maryland Poison Center**

Overdoses and poisonings present with a variety of clinical effects. In most cases, the drug or toxin can be quickly identified by a careful history and a directed physical examination. When the toxin is not known, there are clues such as toxidromes, that may point the EMS provider toward a specific type of toxin. This program will review the important aspects of a history, the identification of toxidromes and specific treatments and antidotes that may be considered for poisonings. {1 hr, Cat M/A}

**2:00 PM – 3:00 PM: Breakout #5**

**(5A) Prehospital Management of Traumatic Brain Injuries: Lessons Learned from Combat Casualty Care**

**Col. Raymond Fang, MD - C-STARS Baltimore**

"Primary" brain injury results from the initial traumatic event and is currently irreversible. Modern trauma care focuses on prevention of "secondary" brain injury which can occur immediately following the event. Prehospital care providers must be aware of the risks of secondary brain injuries and management strategies to reduce its impact. {1 hr, Cat T/B}

### **(5B) The Misuse and Abuse of Prescription and OTC Drugs**

#### **Lisa Booze, Pharm D, CSPI - Maryland Poison Center**

Every day in the United States, more than 6,700 people are treated in emergency departments and 114 die following the misuse and abuse of pharmaceuticals. Among people 25 to 64 years old, unintentional drug overdose causes more deaths than motor vehicle accidents. The toxicity of the most common prescription and over-the-counter medication misuse and abuse (opioids, sedatives, stimulants) will be reviewed as well as efforts to reduce the number of fatalities, such as bystander naloxone programs. {1 hr, Cat M/A}

### **(5C) Pediatric Assessment: From Tots to Teens**

#### **Regional Pediatric Medical Director Faculty**

Different age groups require different assessment techniques: ABC vs. CAB, sick or not sick and toe-to-head vs. head-to-toe. Pediatric Emergency faculty from our State Pediatric EMS Advisory Committee (PEMAC) will lead you through key questions, critical decision points and communication techniques to solve the puzzles children of all ages present. {1 hr, Cat M/A}

### **(5D) Care Under Fire: An Integrated Active Assailant Response**

#### **TFC Travis Nelson – Maryland State Police / MEMA**

#### **Sgt. Kevin Straight, MS, NRP, TP/C – Maryland State Police Special Operations Division**

This course will review the interdisciplinary response of Fire, EMS, Police, and Emergency Management to an active assailant incident. It will review on-scene security and safety concerns, as well as discuss how to quickly access patients while the incident is evolving. The course will examine methods on how to integrate the Police and EMS / Fire initial response and explore equipment options. {1 hr, Cat T/B}

### **(5E) eMEDS® Q&A**

#### **Jason Cantera – MIEMSS EMS Applications Coordinator**

Jason Cantera, MIEMSS EMS Applications Coordinator, will be in the hot seat answering YOUR questions on Maryland's ePCR tool. Bring your best questions on system capabilities, how to's, and best practices to share with the group. This breakout is aimed at the field level provider and will address questions on Field Bridge and State Bridge. {1 hr, Cat L/2}

### **(5F) Pediatric Sepsis**

#### **Jason Woods, MD – Children's National Health System**

Sepsis is one of the leading causes of death around the world and kills more than 6 million infants and young children annually. Diagnosis is unfortunately often delayed due to subtlety of symptoms leading to progression on the disease pathway and potential for disastrous outcomes. This session will review the pathophysiology, signs/symptoms and treatment of sepsis to help both nurses and EMS providers rapidly identify and aggressively treat this critical illness and prevent death. {1 hr, Cat L/2}

**3:15 PM – 4:15 PM: Closing Keynote**

**You Can't Make Me Go! Consent and Refusals in Prehospital Care**

**Allison J. Bloom, Esq. – The Bloominghill Group, LLC**

This informative session will explore the rights of patients to consent or refuse care; the documents that they, their families, or other public safety and/or healthcare providers may present or employ to obtain care for the patient; and, the circumstances where another person may or is required to consent or refuse care on behalf of a patient. {1 hr, Cat L/2}



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<b>Saturday, May 2, 2015</b>						
0730-0830	Registration / Continental Breakfast					
0830-0845	Opening Ceremonies					
0845-0915	EMS State of the State {M/A}					
0915-1045	EMS Articles You Have to Know {T/B}					
1045-1115	Vendor Break					
1115-1215	An Arresting Story: Johns Hopkins and the Management of Sudden Cardiac Arrest {M/A}					
1215-1315	Lunch					
	<b>Trauma</b>	<b>Medical</b>	<b>Peds</b>	<b>Ops</b>	<b>Mgmt / Leadership</b>	<b>Critical Care</b>
1315-1445	Bleeding Everywhere: How to Stop a Gusher {T/A}	Emerging Infectious Diseases: Implications for EMS {M/B}	Do You See What I See? Battered, Broken, and Burned {T/B}	Safety Management System for Ambulance Operations {L/2}	Big Data Leads to Big Results {L/2}	Managing the Difficult Airway {A}
1445-1500	Break					
1500-1630	Approaches to Geriatric Trauma {T/B}	Excited Delirium and EMS Sedation {M/A}	Ouch – It Hurts! Pediatric Pain Assessment and Management in the Field {M/A}	Case Studies in On-Scene Communications {L/2}	Hazards (and Opportunities) Ahead: The Future of EMS {L/2}	How Low Do You Go to Stop the Flow? {A}

**Sunday, May 3, 2015**

	<b>Sunday, May 3, 2015</b>					
0830-1000	They are Drinking and It Isn't "the Kool-Aid" {M/A}					
1000-1015	Break					
	<b>Trauma</b>	<b>Medical</b>	<b>Peds</b>	<b>Ops</b>	<b>Management</b>	<b>Critical Care</b>
1015-1145	Backboards for Spinal Trauma {T/B}	What is ALS Gonna Do For This Guy? {M/A}	Destination Dilemma – Determining Where to Take the Pediatric Trauma Patient {T/B}	Liberia: Post-War and Ebola {L/2}	A Roadmap for Success {L/2}	Critical Care Monitoring Nuts and Bolts {A}
1145-1245	Lunch Presentation - Maryland's Strategic Highway Safety Plan: Blending the 4-E's of Highway Safety {L/2}					
1245-1345	Ophthalmology in the EMS Setting {T/B}	What an EMT Could Know and a Paramedic Should Know {M/A}	What's Hot and What's Not - Pediatric Burn Case Reviews {T/A}	The Art of the Consult: Being Efficient and Effective on the Radio {L/2}	An Ounce of Prevention {L/2}	EMS Toxicology: Approach to the Poisoned Patient {A}
1345-1400	Break					
1400-1500	Prehospital Management of Traumatic Brain Injury {T/B}	The Misuse and Abuse of Prescription and OTC Drugs {M/A}	Pediatric Assessment: From Tots to Teens {M/A}	Care Under Fire: An Integrated Active Assailant Response {T/B}	eMEDS® Q&A {L/2}	Pediatric Sepsis {A}
1500-1515	Break					
1515-1615	You Can't Make Me Go! Consent and Refusals in Pre-Hospital Care {L/2}					

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# EMS Care 2015

## Registration Form – Count Me In!!!



**Online Registration available at** [https://www.regonline.com/emscare2015\\_1672517](https://www.regonline.com/emscare2015_1672517)

**~ SUBMIT ONE REGISTRATION FORM FOR EACH ATTENDEE ~**

Please print your name as you wish it to appear on your name badge:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_ Primary Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Email and phone number should be unique to each registrant. Do NOT use one email address for multiple registrants)

Certification/Licensure (Circle One): EMR EMT CRT-I Paramedic EMD RN Student Other

**Please select the programs that you plan to attend:**

**Pre-Conference Workshops:**

**Thursday/Friday, April 30 and May 1, 2015**

- \_\_\_\_\_ EMT 12-Hour Skills Refresher (\$25)
- \_\_\_\_\_ Pediatric Advanced Life Support (PALS) (\$100)

**Thursday, April 30, 2015**

- \_\_\_\_\_ Statewide CISM Coordinator Symposium (FREE)
- \_\_\_\_\_ EMS Strike Team Training (\$25)
- \_\_\_\_\_ Cardiac Review and 12 Leads for the Basic Provider (\$25)
- \_\_\_\_\_ EMS Care Cadaver Lab (\$75)

**Friday, May 1, 2015**

- \_\_\_\_\_ Suicide Awareness: An Introduction for Crisis Responders (\$30)
- \_\_\_\_\_ BLS PEPP (\$50)
- \_\_\_\_\_ ACLS Refresher (\$50)
- \_\_\_\_\_ Firefighter Rehab and Medical Monitoring (\$35)
- \_\_\_\_\_ Improving Quality and Efficiency with the eMEDS QA/QI Module (\$25)
- \_\_\_\_\_ Advanced Service Administrator Training with LIFENET Integration (\$25)
- \_\_\_\_\_ 2015 EMS Protocol Update (BLS & ALS) (FREE)

Will you be attending the **FREE Vendor Reception** Friday, May 1 from 6:30PM-8:30PM? YES! \_\_\_\_\_ No \_\_\_\_\_

Will you be attending the **FREE Bonfire**, Friday, May 1 from 8:30PM-10:30PM? YES! \_\_\_\_\_ No \_\_\_\_\_

Will you be attending **EMS Care Trivia at Seacrets**, Saturday May 2 from 7:30PM-10PM (\$5 paid on site) YES! \_\_\_\_\_ No \_\_\_\_\_

**Main Conference Breakout Sessions: (Please circle)**

**Saturday, May 2, 2015:**

Morning Run/Walk: \_\_\_\_\_ (I'm Attending)

Breakout 1: A B C D E F

Breakout 2: A B C D E F

**Sunday, May 3, 2015:**

Morning Get in Gear Beach Boot Camp: \_\_\_\_\_ (I'm Attending)

Breakout 3: A B C D E F

Breakout 4: A B C D E F

Breakout 5: A B C D E F

**WE'RE GOING GREEN!**

(Please select how you would like to receive your conference materials)

\_\_\_\_\_ Thumb Drive (Electronic) \_\_\_\_\_ Binder (Printed)

**Registration Fees:**

**EARLY BIRD (Received before 4/1/15)**

Pre-Conference(s) Sub-Total: \_\_\_\_\_

Full Conference (Sat/Sun) (\$175): \_\_\_\_\_

Conference One-Day Pass (\$90): \_\_\_\_\_  
(Sat. \_\_\_\_\_ Sun. \_\_\_\_\_)

**Total:** \_\_\_\_\_

**Standard (Received on or after 4/1/15):**

Pre-Conference(s) Sub-Total: \_\_\_\_\_

Full Conference (Sat/Sun) (\$195): \_\_\_\_\_

Conference One-Day Pass (\$100): \_\_\_\_\_  
(Sat. \_\_\_\_\_ Sun. \_\_\_\_\_)

**Total:** \_\_\_\_\_

**Payment:**

\_\_\_\_\_ **Pay by Check**

Payable to: Emergency Education Council of Region III

**Mail To:** MIEMSS Region III  
653 West Pratt Street  
Baltimore, Maryland 21201

\_\_\_\_\_ **Pay by Purchase Order** (see mailing address above)

\_\_\_\_\_ **Pay by Credit Card**

**Fax credit card registrations to 410-706-8530**

VISA: \_\_\_\_\_ Master Card: \_\_\_\_\_ AMEX: \_\_\_\_\_ Discover: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: (MM/YY) \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address:

Check if same as mailing address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Billing Address needed for credit card authorization)

**Signature:** \_\_\_\_\_

**PLEASE NOTE:** Submission of this registration form constitutes agreement to the full terms and conditions of EMS Care 2015 as seen on page 2 of this form.



# EMS Care 2015

## Registration Form – Count Me In!!!



**Online Registration available at** [https://www.regonline.com/emscare2015\\_1672517](https://www.regonline.com/emscare2015_1672517)

### **Maryland EMS Care Conference Attendee Terms and Conditions**

#### **REGISTRATION:**

Registration for Maryland EMS Care Conference incurs an obligation on your part to complete the registration process including paying registration fees. Registrations may be paid immediately by credit card. Registrations submitted with payment by check require payment within ten (10) days of submission. Registrations submitted with payment by purchase order require payment within thirty (30) days of submission. An invoice will be sent to the registrant with a request for payment when fees are to be paid by company check or purchase order. All registrations must be paid in full upon commencement of conference proceedings. If you fail to cancel prior to the cancellation deadline, April 15, 2015, registration fees are not refundable. If you register for the Maryland EMS Care Conference, but do not attend and do not cancel prior to the cancellation deadline, you are still liable for the registration fees.

#### **PRE-CONFERENCE OFFERINGS:**

All pre-conference offerings are subject to cancellation due to low enrollment. In the event a course is cancelled, participants will be given a full refund of the course fees. The decision to cancel a pre-conference course will be made at the discretion of the EMS Care planning committee and will be made on April 22, 2015.

#### **PAYMENT PROCESSING:**

By submitting the conference registration form, you agree to the charges to the submitted credit card of registration fees for Maryland EMS Care Conference 2015. If registration is made by check or purchase order, you agree to be responsible for the charges whether you attend the conference or not. Returned checks are also subject to a \$25 processing fee.

#### **ATTENDEE REFUNDS:**

No refunds will be given for cancellations made after April 15, 2015. Cancellations made before April 15, 2015, will be refunded less a 20% administrative fee. Refund requests must be made by email to [emscare@miemss.org](mailto:emscare@miemss.org). You may transfer your registration to another person without penalty, provided you inform the Maryland EMS Care Conference by email.

By registering for EMS Care 2015, you agree to grant the Emergency Education Council of Region III and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) the right to distribute, transmit, publish, copy, or otherwise make use of, either in whole or in part, either digitally or in any other medium known or later discovered, the photographs taken during the conference. Attendees assume all risk incidental to participation in all activities, loss or damage to property, and release management, its employees and agents against all claims.

#### **SPECIAL ACCOMODATIONS:**

Anyone needing special accommodations or having special dietary requirements should contact the Region III Office of MIEMSS by April 15, 2015, at 410-706-3996 or [EMSCare@miemss.org](mailto:EMSCare@miemss.org).



**Licensure** and **Certification**  
TIDBIT

**Q.** I am renewing by paramedic license for the first time I have received my NREMT card, but how do I renew my Maryland card?

**A.** The quickest and easiest way to renew your Maryland ALS card is to use the Renewal Button through the Provider Login on the MIEMSS home page. All Maryland ALS providers (CRT and Paramedic) that have a valid NREMT card will use this process.

- Go to the MIEMSS.org home page
- Click on the yellow Provider Login button
- Log in with your Username: 7 digit MIEMSS provider ID and Password: date of birth MMDDYY (unless you have changed it)
- If you are unable to login, click on the reset password link
- Once logged in, click on Renewal Form on the left side of the webpage and complete the form
- If only a blank page comes up, make sure your pop-up blocker is off
- If you do not have the Renewal Form on your list, call the Office of Licensure and Certification at 410-706-3666 or 800-762-7157 and we will turn that feature on.

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**Governor Lawrence Hogan, Jr.**  
**Lt. Governor Boyd Rutherford**

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