

Maryland EMS News

For All Emergency Medical Care Providers

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You Can Help Improve Cardiac Arrest Outcomes in Maryland Enroll in Maryland Resuscitation Academy to Learn How



For several years, EMS leaders in Maryland have been teaming up to promote life-saving training for providers through the Maryland Resuscitation Academy. This collaboration was formed by a partnership among MIEMSS, Howard County Department of Fire and Rescue Services, and the Resuscitation Academy in Seattle, Washington.

The primary goal of the Maryland Resuscitation Academy (MRA) is to maximize survival from sudden cardiac arrest in Maryland and in the surrounding region. Participants learn what programs they can teach in their home agencies. After attending MRA training, they are expected to implement a new program or programs and commit to its long-term operation.

MRA training is offered at least twice a year: A full program is usually offered in the

spring and one-day high-performance CPR (train-the-trainer) program is offered in the fall. If you are interested in attending one of these programs, now is the time to start encouraging personnel in your EMS agency to apply for enrollment. There are a limited number of slots available for each program and admission is competitive. If you are accepted into the program, there is no cost to participate.

EMS managers, medical directors, 9-1-1 dispatchers, and EMS field personnel are all encouraged to apply, which can be done online at www.ramaryland.org. You can also email ramaryland@hcdfrs.org with any questions or to join their mailing list and receive updates as classes are announced.

MRA Goals:

- Learn how to define the cardiac arrest survival rate in the host community.
- Understand the principles of the Utstein template and how to report data.
- Develop a concrete plan of action to improve survival.
- Measure the effect of the plan of action on cardiac arrest survival.

Spotlight on Success: Montgomery County Fire and Rescue

Personnel from Montgomery County Fire and Rescue attended the MRA in spring 2013 and came away with a plan to improve their resuscitation rates from cardiac arrest in the county. At the time they attended the MRA, their countywide rate of return of spontaneous

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High Performance CPR is demonstrated to the participants during Maryland Resuscitation Academy training in 2013.

You Can Help Improve Cardiac Arrest Outcomes in Maryland

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circulation (ROSC) in the field was between 9% and 10%.

Montgomery County Fire and Rescue (MCFR) is comprised of 37 stations that are divided into five battalions. In December 2013 EMS Leadership implemented a high-performance CPR (HPCPR) protocol in one station in each battalion (the B-shift) as a pilot program. After one quarter, they enlarged the program to a few other stations. Within a year after implementing HPCPR, the B-shift saw their ROSC success rate rise to 40%, while A-shift and C-shift remained at 11% and 9%, respectively.

After countywide implementation of the program, MCFR continues to see a significant increase in ROSC success rate (about 32%) from what it was prior to implementing the MRA-inspired program.

As part of their protocol, MCFR provider teams stay on the scene of a cardiac arrest a minimum of 20 minutes, then transfer if ROSC is achieved or if requested by family members. Their HPCPR program is not just about on-scene treatment protocols, however. MCFR credits the success of their program in part on outreach to county hospitals and police to garner their support for expected changes. MCFR also integrated a family liaison component to help loved ones deal with grief if medics terminate resuscitation per Maryland EMS Protocols. The County Department of Health and Human Services also agreed to help provide counseling support for families if needed.

Many thanks to Capt. Bob Lindsey, Office of Quality Improvement, Montgomery County Fire and Rescue Services, for his contribution to this article. He can be reached at Robert.Lindsey@montgomerycountymd.gov.

Help Prevent Injury and Death: Become a Certified Child Passenger Safety Technician

A Certified Child Passenger Safety Technician (CPST) can:

- Educate caregivers on what is the most appropriate car seat for their child.
- Assist with community events to check car seats and their installation.
- Teach how to properly use specific seats for actual children.

The CPST Certification Course:

- Is a three-day standardized course from NHTSA and Safe Kids Worldwide
- Is being scheduled for fall 2015 at various Maryland locations
- Combines classroom instruction (requires open-book quizzes and skills tests), hands-on work with car seats and vehicles, and has a community safety seat check-up event at the end

The registration fee is \$85, but scholarships are available for qualifying healthcare/EMS personnel. To learn details about upcoming courses or to register, go to cert.safekids.org. To learn about scholarships for healthcare/EMS personnel, contact CPS@miemss.org or call 410-706-8647.



At a Car Seat Check event, a Certified Child Passenger Safety Technician demonstrates the safety features of a car seat to an expectant mother.

Upcoming Educational Opportunities

Topics in Trauma

September 18, 2015
Peninsula Regional Medical Center
Ocean City, MD
www.peninsula.org

TraumaCare

September 24, 2015
Hilton Baltimore, MD
www.mdcot.org

Mid-Atlantic Life Safety Conference

September 29, 2015
Johns Hopkins APL, Laurel, MD
www.fabscom.org

Robert T. Adkins Scholarship for OC Providers

The Ocean City Paramedic Foundation has announced the creation of the Robert T. Adkins, MD Memorial Scholarship. The scholarship will provide financial assistance for educational purposes to members of the Ocean City Fire Department wishing to enter the field of EMS and for those currently employed in EMS who desire to advance their certification.

Dr. Robert Adkins served as Medical Director for Region IV for MIEMSS for many years and was awarded EMS Physician of the Year in 1995. He was an active member of the Ocean City Paramedic Foundation, acting not only as a liaison between the foundation and the Ocean City Paramedics, but also providing guidance to the fiscal operation of the foundation. He served as the President of the Foundation in 2000–2001.

Scholarship applications can be requested through the Ocean City Paramedic Foundation by calling 410-289-2882. They will also be made available to the Ocean City Fire Department and local high school guidance departments. The application must be submitted by August 1, 2015, with the awards being presented later that month.



Dr. Robert T. Adkins

MIEMSS Staff Attend 123rd Annual MSFA Convention

Dr. Kevin Seaman, Executive Director; Donald L. DeVries, Jr. Esq, EMS Board Chair; and other MIEMSS staff members recently participated in the 123rd Annual Convention and Conference of the Maryland State Firemen's Association (MSFA) in Ocean City, Maryland.

Dr. Seaman gave a presentation on *The Future of EMS* in consideration of the changing healthcare processes in Maryland and patient needs. Additional MIEMSS staff made presentations at the convention, including Ombudsman Mike Deckard (*Navigating an Infectious Source Exposure*) and John Donohue, with other colleagues (*Care Under Fire: The Interdisciplinary Response to Dynamic Incidents of Criminal Nature*).

MIEMSS would like to congratulate the award winners from the convention and, in particular, MIEMSS Executive Assistant Barbara Goff for her election into the MSFA Hall of Fame.



MIEMSS Executive Director Dr. Kevin Seaman, MSFA Past President David Keller III, EMS Board Chair Donald DeVries, and Ladies Auxiliary (LAMSFA) Past President Ann Price-Davis are pictured at the President's Dinner.

We would also like to recognize Past President David Keller III for a successful year as President of the MSFA and for the leadership qualities that he provided to the members of the emergency services in Maryland. MIEMSS would like to congratulate Johnie F. Roth, Jr. of Sandy Spring Volunteer Fire Department on his recent election as President of the MSFA. We also congratulate First Vice President Mike Davis of Cockeysville Volunteer Fire Company and Second Vice President Mark Bilger of Hampstead Volunteer Fire Company on their election to MSFA leadership roles. We look forward to working with President Roth and the other officers in the coming year.

MIEMSS thanks all emergency services providers in Maryland for the job that they do every day in making our state a safer place to work and live.

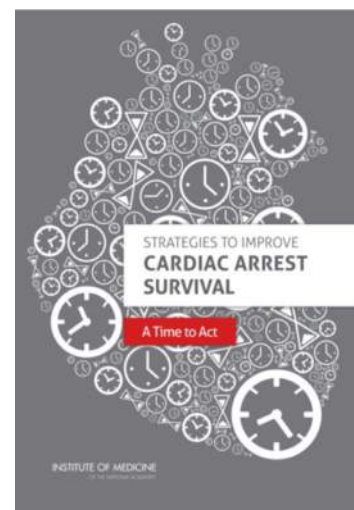


New MSFA President Johnie Roth and new LAMSFA President Darby Byrd are pictured at their Installation Ceremony. MIEMSS congratulates all the new MSFA officers.

IOM Releases New Report on Cardiac Arrest Survival Strategies

The Institute of Medicine (IOM) recently released a report, *Strategies to Improve Cardiac Arrest Survival: A Time to Act*. With support from the American Heart Association, the American Red Cross, the American College of Cardiology, the Centers for Disease Control and Prevention, the National Institutes of Health, and the US Department of Veterans Affairs, the IOM convened a committee of experts to study the current status of, and oppor-

tunities to improve, cardiac arrest outcomes in the United States. This report examines the complete system of response to cardiac arrest. It identifies opportunities utilizing existing and new treatments, strategies, and research that will improve survival and recovery of patients. Information regarding the report can be found at <http://bit.ly/1MexsJI>.



A Review of Important Traffic Laws to Help Keep Our Highways Safe

Tens of thousands are expected to visit or travel through Maryland this summer, and if you are one of those drivers, or know one headed here from out-of-state, this list of traffic laws is an important one to review.

SEAT BELTS: Drivers, all front seat passengers, and all rear seat passengers are required by law to wear seat belts. All occupants under 16 are to be restrained in a seat belt or child safety seat. Children under eight shall be secured in a child safety seat. Violations carry a fine of \$83.

MOVE OVER LAW: If you see an emergency vehicle or tow truck operating on the shoulder of a Maryland highway, you must move to an available lane not immediately adjacent to the stopped vehicle if it is safe to do so, or if unable to do so, slow down significantly as you pass. Violators face a penalty of \$110 and one point. A violation involving a collision with injury could cost the driver a fine up to \$750 and three points.

HAND HELD DEVICES: Use is prohibited while any vehicle is in motion. A hands-free or Bluetooth device should be used if you must talk while driving. Texting or talking with a device in your hands is strictly prohibited and enforced. The penalty for this violation is a fine of \$83 for the first offense, \$140 for a second offense, or \$160 for a third or subsequent offense.

RENTAL AGREEMENT: If you are driving a rental vehicle, your name must appear as an authorized driver of that rental vehicle. Driving a rental vehicle without authorization may result in being issued a traffic citation that requires you to appear for court in Maryland.

AGGRESSIVE DRIVING: This is a series of driving violations such as speeding, unsafe passing, following too closely, or failing to yield the right of way. This violation is punishable by a fine of \$370 and five points.

TRAFFIC CRASHES: If you are involved in a minor crash and there are no injuries, please pull your vehicle from the roadway to a safe area. Motorists are required by law to exchange registration and insurance information. Involvement in a vehicle crash and leaving the scene of an injury or property damage crash is considered a serious offense and could result in jail time and up to 12 points.

IMPAIRED DRIVING: Drivers are considered to be impaired with a blood alcohol concentration (BAC) of .07 and operating under the influence is a BAC of .08. Violators will be arrested. If convicted, a driver could receive up to a year in jail, up to a \$1,000 fine, or both.

FIREARMS-TRANSPORTING/CARRYING: Maryland does not recognize concealed carry gun permits from outside this state. All firearms must be transported separate from the ammunition and inside a case or lock box. Anyone found in violation of this statute faces arrest.

EMERGENCY SERVICE: If you need emergency police, fire, or medical services, please call 9-1-1. If you are on an interstate and witness a traffic crash, an impaired driver, or need routine assistance, safely dial #77 on your cellular phone to be connected to your nearest Maryland State Police barrack.

ROAD AND TRAFFIC CONDITIONS: For the latest information, visit www.md511.com, or safely dial 5-1-1 on your cell phone.

Resources:
www.maryland.gov
www.visitmaryland.org
www.sha.state.md.us
www.chart.state.md.us
www.mdsp.org

(Courtesy of the Maryland State Police)



Q. I am enrolled in an EMT course and have been told I will need to apply for NREMT testing. Is there any information on MIEMSS' website for how to do this?

A. MIEMSS is very glad to hear you are enrolled in an EMT course. As part of the registration process, your EMS Education Program will provide information on how to apply with NREMT. However, you can access this information any time by clicking on the **NREMT Testing Information** link on MIEMSS' Licensure and Certification page (<http://bit.ly/1ToeK6D>). Here you can read or download a presentation on registering for the NREMT examination, a one-page fact sheet on registering for the NREMT examination, a map of NREMT testing sites in Maryland through Pearson VUE, and information specific to EMT students under the age of 18. If you have any questions, you may contact the Office of Licensure and Certification at 1-800-762-7157 or 410-706-3666.

Heat Emergency Awareness: Hot Weather Tips and Heat-related Illnesses

Marylanders should be aware of the dangers posed by extreme heat. Anyone can be a victim of a heat-related illness, such as people working or exercising on hot days. Those most at risk are children under age 5, people over age 65, people with chronic illnesses and disabilities, and people taking certain medications.

Hot Weather Tips:

- NEVER leave children or pets in a car, even with the windows cracked—not even for a minute.
- Drink plenty of water to prevent dehydration, and don't wait until you are thirsty to drink. Avoid alcohol, caffeine, and overly sweetened beverages.
- Wear loose-fitting, lightweight, and light-colored clothes.
- Avoid direct sunlight by staying in the shade and wear sunscreen, a wide-brimmed hat, and sunglasses.
- Avoid using salt tablets unless your doctor told you to take them.
- Stay in air-conditioned areas when possible. If your home is not air-conditioned, consider a visit to a shopping mall or public library or stay with family or friends who have air conditioning. Contact your local health department to see if there are cooling shelters open in your area. Maryland residents in need of energy assistance to keep cool should call 2-1-1, Maryland's information and referral service, to see if there are resources available to help.
- Electric fans may provide comfort, but will not prevent heat-related illnesses on very hot days.
- Check on elderly relatives or neighbors at least twice a day, and make sure they have a cool environment to live in during extreme heat.
- Take it easy when outdoors. Athletes and those who work outdoors should drink plenty of water and take short breaks when feeling fatigued. Schedule physical activity during the morning or evening when it is cooler.

Heat-related Illnesses:

- Heat cramps are caused by a loss of water and salt from heavy sweating and can cause muscle pains and spasms. They are not as serious as heat exhaustion and heat stroke. To treat heat cramps, get the victim to a cool place to rest comfortably. Lightly stretch the cramped muscle, and give the person plenty of liquids.
- Heat exhaustion is a milder form of heat stroke that may develop due to a combination of several days with high temperatures and dehydration in an individual. Signs of heat exhaustion include cool, moist, pale, or flushed skin; extreme weakness; muscle cramps; nausea; or headache. Victims may also vomit or faint. Heat exhaustion is treated with plenty of liquids and rest in a cool, shaded area. Those on a low-sodium diet or with other health problems should contact a doctor. Get medical attention if heat exhaustion symptoms worsen or last longer than an hour.
- Heat stroke is a serious illness characterized by a body temperature greater than 105 degrees. Symptoms may include dry, red skin; rapid, weak pulse; rapid, shallow breathing; convulsions; disorientation; delirium; and coma. Onset of heat stroke can be rapid; serious symptoms can occur within minutes. Treatment involves the rapid lowering of body temperature using a cool bath or wet towels. If the victim refuses water, is vomiting, or has fainted, do not give anything to eat or drink. Keep victims of heat stroke in a cool area and immediately call 9-1-1.

These tips were adapted from a Maryland Department of Health and Mental Hygiene publication (www.preparedness.dhmh.maryland.gov/Documents/FactSheetHeatEmergencyAwareness.pdf).

A New Generation of First Aid for Law Enforcement

There has been a dramatic rise in active violence incidences (AVI), and tragedies like the Columbia Mall and Navy Yard shootings have challenged our thinking on the role of first responders. To deal with this, the Maryland-National Capital Region Emergency Response System (MDERS)—an organization within MIEMSS that helps build response capabilities in Prince George’s and Montgomery Counties—is helping train and equip law enforcement officers for a new type of first aid.

Studies have shown that many AVI victims died from the same three preventable injuries seen in war—massive extremity bleeding, obstructed airways, and open chest wounds—and could have been saved if they had received basic care at the point of injury. This knowledge inspired an initiative to train law enforcement officers to treat themselves, and others, when there is an active threat and traditional EMS is not available. This holistic model is known as Tactical Emergency Casualty Care (TECC) and was developed by a

nonprofit committee of experts in military and civilian high threat medicine.

Using Urban Areas Security Initiative (UASI) grant funds, MDERS purchased several thousand medical kits for all law enforcement officers in all departments within Montgomery and Prince George’s Counties. Based on the Individual First Aid Kit (IFAK) used by the US military, the contents are useful for many medical emergencies, but are specifically designed to treat those most deadly, but preventable, injuries associated with “bullets and bombs.”

To train officers on how to use their new equipment, eight-hour train-the-trainer sessions—jointly hosted by the two counties and MDERS—prepare county, sheriff, state, municipal, and federal police departments to sustain their capabilities internally. Additionally, MDERS used UASI funds to purchase two high-fidelity mannequins that will support realistic training for officers.

The backbone of TECC in the National Capital Region (NCR) is a series of professionally-produced videos that teach students the basics of anatomy and physiology, injury patterns, and patient care in a high threat environment. These videos are currently being edited by MDERS into an online learning block to be used in conjunction with hands-on training.

The NCR TECC program is just one of many ongoing state efforts to train, equip, and teach first responders how to deal with, and work together during, AVI. As well as the

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Disciplinary Actions

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

B-2013-656 (EMT) – July 8, 2014. For pleading guilty to a sex offense: Provider voluntarily surrendered EMT certification.

B-2013-551-2 (EMT) – September 18, 2014. For obtaining drugs by fraud: Provider voluntarily surrendered EMT certification.

B-2014-679 (EMT) – October 14, 2014. For using an office computer to view pornographic websites, including websites that contained child pornography: Provider voluntarily surrendered EMT certification.

B-2014-702 (EMT) (by Disposition Agreement) – January 13, 2015. For failing to report convictions relating to CDS possession on application for recertification: Provider is placed on probation for three years during which Provider is required to submit quarterly reports from supervisor to Compliance Office, submit to random drug and alcohol testing at Provider’s expense with results forwarded to MIEMSS, and participate in an ongoing sobriety support program.

B-2014-704 (Paramedic) (by Disposition Agreement) – March 10, 2015. For continued failure to demonstrate acceptable performance and adequate knowledge of Maryland Medical Protocols for Paramedic-level patient care despite efforts at remediation: Provider is required to surrender Paramedic license. Provider must retake Paramedic training and successfully retest for licensure if Provider wishes to renew Paramedic license.

B-2014-690 (EMT) – January 30, 2015. For pleading guilty to driving while impaired by alcohol: Provider placed on probation for one year with random alcohol testing at Provider’s expense with reports sent to the MIEMSS Compliance Office.

B-2014-694 (CRT) – January 30, 2015. For pleading guilty to driving under the influence of alcohol: Provider placed on probation for one year with random alcohol testing at Provider’s expense with reports sent to the MIEMSS Compliance Office.

B-2015-711 (CRT) – April 24, 2015. For pleading guilty and receiving probation before judgment for driving while impaired by alcohol: Provider placed on probation for one year with random alcohol testing at Provider’s expense with reports sent to the MIEMSS Compliance Office.

B-2014-684 (Paramedic) – April 14, 2015. For improper handling and distribution of medication: Provider voluntarily surrendered Paramedic license.

B-2015-709 (EMT) – June 9, 2015. For being found guilty of theft less than \$500 and theft-scheme less than \$500: Provider voluntarily surrendered EMT certification.

IFAK CONTENTS

- 2 Tourniquets
- Hemostatic Gauze
- Sterile Gauze
- H-style bandage
- Chest seal
- NPA
- Elastic bandage
- Gloves
- Permanent marker
- Triage card
- Medical tape
- Trauma shears
- Carrying pouch

MIEMSS Welcomes New Staff

Josh Roberts is MIEMSS' new EMS Training Specialist. Josh has been an ALS provider since 2000, first working in Carroll County. For the past five years, he has been the Education Manager for an EMS organization in Lancaster County, Pennsylvania. Until recently, Josh also served as the Lead Instructor for EMS Programs at Harford Community College. He is thrilled to be back in Maryland EMS and looks forward to working with providers to meet their educational needs.

Ryan MacDonald is MIEMSS' new Information Security Officer. He worked at Alcatel-Lucent for the past 14 years and has designed and deployed wireless network infrastructure for major wireless carrier providers. Ryan provided consulting and contracted services to the communications industry, with an emphasis and specialized expertise in 3G wireless broadband networks and 4G LTE systems. He is CCNA certified, has a BS in Management of Information Systems from Capitol College, and will soon achieve an MS in Technology

Management: Project Management from University of Maryland University College.

Sherron Bullock joined MIEMSS to work as the agency's Administrative Specialist. She is a graduate of Coppin State University and possesses over 20 years of experience in finance. Sherron worked for Johns Hopkins University from 2005 to 2015 and Baltimore City Department of Social Services from 1995 to 2005.

Mary Whitley is a new EMRC/SYSCOM operator with over 10 years' experience as a Baltimore City 9-1-1 Operator. "I am very excited about learning and adapting to the challenges of being a Communication Operator I for EMRC/SYSCOM," said Mary recently. "Thank you for the opportunity to join the MIEMSS family."

David Miedzinski is also a new EMRC/SYSCOM operator. He was a 9-1-1 dispatcher in St. Mary's County for nine years. He joined Lexington Park Volunteer Rescue Squad in 2012 and became an EMT in 2013.

Peggy Anuszewski is a new EMS Training Officer for the Office of Licensure and Certification. She has a Bachelor's of Science degree in Emergency Health Services from University of Maryland, Baltimore County. She is a Registered Nurse with a specialty in NICU. Peggy is a retired EMS Lieutenant, after having served 26 years with Baltimore County Fire Department, including being a Recruit Instructor. At MFRI, she held a Program Coordinator position and was an EMS and Fire Instructor and CPR Instructor.

Also new to MIEMSS is EMS Communications Operator Carol Redding. Carol joins MIEMSS after retirement from Baltimore County 9-1-1, where she worked for nearly 30 years. For 11 years with Baltimore County 9-1-1, she also managed the dispatch center training academy. Carol is a former volunteer EMT provider, having served in Baltimore County. Welcome everyone!



Josh Roberts



Ryan MacDonald



Sherron Bullock



Mary Whitley



David Miedzinski



Peggy Anuszewski



Carol Redding

Passing of Former SEMSAC Member Margaret Elaine Wedding

Margaret Elaine Wedding, of Charles County, passed away on June 5, 2015, at 83 years of age. Better known by her middle name, Elaine Wedding was an active and well-known member of Maryland's EMS community.

She was trained as a nurse but served as an active volunteer EMS provider for most of her life. As the Advanced Life Support (ALS) Coordinator for Charles County, she worked to develop new training programs to meet the needs of volunteer EMS providers. In the mid-1990s she became the first graduate of the Emergency Health Service program from Charles County Community College, which is now the College of Southern Maryland. She served as the Quality Assurance Team Leader for Charles County, on the Charles County EMS Council, and as the Region V representative to the Regional Jurisdictional Quality Improvement Committee. She also served as Chair of the Region V EMS Advisory Council and as a member of the Regional Affairs Committee and the ALS Subcommittee of the Statewide EMS Advisory Council.

The Maryland State Firemen's Association selected her to receive the Josiah A. Hunt, MD (EMS Person of the Year) award in 1999. In June 2003 she was awarded The Leon W. Hayes Award for Excellence in EMS, a statewide award given by MIEMSS for lifetime achievement in EMS care.

In November 2014, the Charles County Mobile Intensive Care Unit, where she was a founding member, dedicated their Station 60 in White Plains to Elaine Wedding for her more than 45 years of active EMS service to Charles County and the State of Maryland.



State of Maryland

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MEMO

TO: Highest EMS Jurisdictional Officials
Commercial Ambulance Service Officials
Public Safety and Commercial Medical Directors

FROM: Richard L. Alcorta, MD, FACEP
State EMS Medical Director

DATE: June 19, 2015

RE: CDC/DHMH EVD Liberia Update

Maryland EMS Providers:

Please review the attached clinician letter from DHMH which provides an update on Ebola Virus Disease (EVD) monitoring and reporting. We want to make you aware of a minor change that you may hear about from media sources. As reported in May, Liberia was removed from the list of countries considered in determining if a patient is a "person under investigation" (PUI) for EVD—**this is unchanged.**

The Centers for Diseases Control and Prevention has changed the monitoring process for travelers returning from Liberia. These travelers will now be asked to monitor their own health ("self-observation") instead of being actively monitored by local or state public health agencies. Although this change does not affect EMS procedures for EVD screening and transport, we want to take this opportunity to remind all providers to remain vigilant in screening patients with recent travel to Guinea or Sierra Leone (see the attached EVD screening tool for additional screening information). Please continue to follow universal precautions on all patients and ask about recent travel history as there are other emerging infectious diseases for which EMS providers should use additional airborne protection (e.g. Middle East Respiratory Syndrome-Coronavirus) or droplet protection. Any patient who has any of the following: fever, abdominal pain, vomiting, diarrhea or hemorrhage should receive standard universal contact and droplet precautions.

As a reminder, the only patients who should currently be designated and reported as a PUI are those with recent travel to Guinea or Sierra Leone, and that meet the other screening criteria.

Thank you for your continued efforts in responding to this on-going challenge.

Attached:
EVD Screening Criteria
Clinician Letter – Liberia Policy



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

June 17, 2015

Dear Colleagues,

This letter is an update on the current Ebola Virus Disease (EVD) epidemiology and United States guidance for monitoring of travelers from Ebola-affected areas of West Africa and a reminder of the importance of incorporating travel history into the medical evaluation of patients.

Travel History

DHMH wants to take the opportunity to reinforce the importance of identifying a recent travel history when medically evaluating a patient. The relevance of travel history is highlighted not only by the Ebola epidemic, but also by the resurgence of MERS-CoV in Asia, mosquito-borne chikungunya in the Caribbean, vigilance for emerging strains of avian influenza worldwide, multi-drug resistant enteric infections from Europe and Asia, vaccine preventable diseases like measles and pertussis, as well as more common travel-related illnesses such as malaria and traveler's diarrhea.

Identification of travel history and consideration of geographically-specific infectious illnesses incorporated into your healthcare facility's infection control plan is essential to control infectious spread of many of these diseases, to protect healthcare workers and to manage patient illness. A useful link for evaluating travelers before and after travel is the CDC site:

<http://wwwnc.cdc.gov/travel/>.

Ebola Update – Liberia Ebola-free

To date, the United States has had two imported Ebola cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. Monitoring of West African travelers has occurred in Maryland since late October, 2014, and to date, 3000 travelers have been actively monitored by DHMH and local health departments. No Ebola cases have been identified in any of these travelers.

While the epidemic has greatly slowed in both Sierra Leone and Guinea, there are continued cases in certain areas within these two countries. To date, WHO reports a total of 16,643 confirmed, probable and suspect Ebola cases and 6,363 deaths in Sierra Leone and Guinea.

Liberia has had 10,666 confirmed, probable and suspect Ebola cases, with 4,806 deaths. However, there have been no Ebola cases in Liberia since March 27 and on May 9, the WHO has declared Liberia to be Ebola-free. Since then, there has been no indication of Ebola in Liberia. Consequently, the guidance on monitoring patients with recent travel to Liberia has been changed.

The changes are that, rather than being called daily by the health department, persons arriving from Liberia will be asked to pay attention to their health (“self-observation”) and to contact a healthcare provider with any symptoms of concern, including fever, vomiting, diarrhea and unexplained bleeding and to report their recent travel history.

Clinicians are requested to continue to ask all patients about international travel, including travel from Liberia within the past 21 days, and to screen for fever and other signs of infection, including abdominal pain, vomiting, diarrhea, and hemorrhage. Appropriate infection control is recommended based on risk of Ebola and accompanying signs/symptoms.

For travelers to Liberia in the past 21 days before symptom onset, infection control should be based on common healthcare infection prevention principals, employing standard precautions, with addition of contact and/or droplet precaution using transmission-based criteria. Patients requiring contact or droplet precautions should be placed in a private room if possible.

(<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>).

After screening Liberian travelers, if there are any concerns about infections of public health importance, clinicians should contact their local health department

(http://phpa.dhmh.maryland.gov/OIDEOR/SIPOR/NEDSS/CD_Contacts_List.pdf) or DHMH.

Note that because Ebola transmission is ongoing in Sierra Leone and Guinea, travelers arriving from either of those two countries will continue to be monitored by the health department. For patients who had been in Sierra Leone or Guinea in the past 21 days before symptom onset, please see attached algorithms for Ebola infection control guidance in emergency department

(<http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf>) and ambulatory care settings (<http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>).

The United States Ebola response is a dynamic situation designed to rapidly identify any individuals at risk of Ebola and to minimize exposure and transmission in healthcare and community settings. Therefore, guidance is subject to change as the Ebola epidemic evolves. DHMH will continue to provide updates as the situation warrants. Thank you for your attention to this issue.

Sincerely,



Lucy E. Wilson, M.D., Sc.M.

Chief, Center for Surveillance, Infection Prevention and Outbreak Response
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene



Ebola Virus Disease (EVD) Screening for EMS

EMS patient assessment criteria for isolation/hospital notification are likely to be:

1. Travel to West Africa (Guinea, Sierra Leone, or other countries where current EVD transmission has been reported by WHO), or exposure to an Ebola patient within 21 days (3 weeks) of symptom onset.
- AND**
2. Fever of greater than 38.0 degrees Celsius or 100.4 degrees Fahrenheit, or additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

If both criteria are met:

- A. The patient should be isolated and STANDARD, CONTACT, and DROPLET precautions followed during further assessment, treatment, and transport.
- B. IMMEDIATELY report suspected Ebola case to receiving facility and EMRC.

If patient is not transported (refusal, pronouncement, etc.):

- A. Inform Local and State Public Health Authorities:
Enter PHA Name Enter PHA Email Enter PHA Phone
- B. Inform the U.S. Centers for Disease Control and Prevention (CDC), available 24/7 at 770-488-7100, or via the CDC Emergency Operations Center (EOC) or via email at eocreport@cdc.gov.

Sources: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>, <http://www.bt.cdc.gov/han/han00364.asp>,
<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Revised 6/17/2015

National Disaster Life Support Program



**Basic Disaster Life Support
October 5, 2015
and
Advanced Disaster Life Support
October 6 and 7, 2015
(Requires Successful Completion of BDLS)**



Location:

Maryland Fire and Rescue Institute, 4500 Paint Branch Parkway, College Park, MD 20742

**Register online NOW at www.mfri.org as space is limited
or go to <http://register.ndlsf.org>**

THERE IS NO COST FOR THESE PROGRAMS

Sponsored by

Maryland Regional NDLS Coalition

*Johns Hopkins CEPAR, Maryland Fire and Rescue Institute (MFRI),
Maryland Institute for Emergency Medical Services Systems (MIEMSS),*

The RA Cowley Shock Trauma Center and the University of Maryland Baltimore County (UMBC)

The National Disaster Life Support (NDLS) program was established to better prepare health care professionals & emergency response personnel for mass casualty events. The NDLS program has been validated through an “all disciplines” rigid, academic peer review methodology. The goal is to standardize emergency response training in Maryland and strengthen our nation’s public health system.

Maryland has established an academic Regional NDLS training center. The Maryland Regional NDLS Coalition is conducting the Basic Disaster Life Support (BDLS) (1-day) course for 100 students and an Advanced Disaster Life Support (ADLS) (2-day) course for 50 students which requires completion of a BDLS Course.

The NDLS courses provide a uniform, coordinated approach to mass casualty management that will enable emergency responders to:

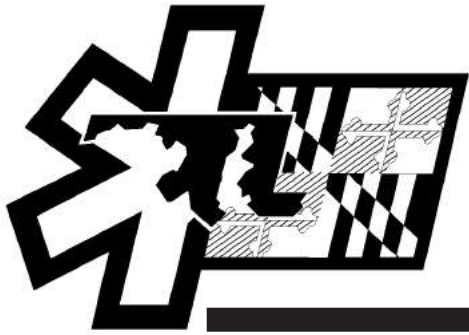
- Recognize the potential for a mass casualty incident and identify when a dangerous incident has occurred
- Understand how to rapidly alert the public health and emergency response systems at the local, state and national levels
- Cope with the unusual search, rescue, and triage challenges that occur in disaster situations
- Understand how to meet the acute care needs of patients/victims in a safe and appropriate manner
- Participate in a coordinated, multidisciplinary response to a terrorist event or other emergency
- Become knowledgeable of personal safety measures to protect oneself
- Become knowledgeable of personal roles, responsibilities, and limitations during a crisis situation

Requirements

- The October 5th BDLS program is open to all EMS providers, Nurses, Physicians and health care professionals. (7.5 hrs.)
- The October 6th and 7th ADLS program is open to all EMS providers, Nurses, Physicians and health care professionals who have previously completed the BDLS program (13.5 hrs.)
- **To register contact chyzer@miemss.org**

CME

- Physician AMA category one hours, Nursing contact hours and CME for EMS providers will be awarded.



MARYLAND'S STARS OF LIFE AWARDS

Each year, the Maryland Institute for Emergency Medical Services Systems celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. We use the term "Stars of Life" because it combines our symbol, the Star of Life, with our shared vision, "the elimination of preventable death and disability from injury or sudden illness." This year, we are again opening the award nomination process to everyone who receives the Maryland EMS News. Awardees will be selected by a statewide committee of career, volunteer, and commercial EMS providers. For further information, call 410-706-3994 or email awards@miemss.org.

The categories of Maryland Star of Life, Maryland EMS Citizen, EMS Provider of the Year, and EMD Provider of the Year relate to specific incidents occurring from January 1, 2015, through December 31, 2015. Multiple awards may be presented.

MARYLAND STAR OF LIFE AWARD

This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue by EMS personnel.

MARYLAND EMS CITIZEN AWARD

This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

EMS PROVIDER OF THE YEAR

For a provider who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance, public or EMS education, prevention, delivery of EMS services, and new technology).

EMD PROVIDER OF THE YEAR

This award is given for extraordinary efforts in assisting the public in this vital portion of the Chain of Survival.

OUTSTANDING EMS PROGRAM

For a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

LEON W. HAYES AWARD FOR LIFETIME EXCELLENCE IN EMS

This award is given to an individual who has devoted a lifetime of dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system through his/her professional and personal life.

MARYLAND EMS-CHILDREN (EMS-C) AWARD

This award is given for an adult or program that has demonstrated ongoing dedication and commitment to improving the care for children and for promoting Family Centered Care in a Maryland EMS program or hospital.

MARYLAND EMS-GERIATRIC (EMS-G) AWARD

This award is given for an individual or program that has demonstrated ongoing dedication and commitment to improving the EMS care of the elderly in Maryland.

MARYLAND'S STARS OF LIFE AWARDS 2016 NOMINATION FORM

Individual(s)/Organization(s) Nominated: _____

If there is more than one nominee, please duplicate this form or use a separate sheet for the other names and addresses and attach it to this form.

***Address:** _____

(P.O. Box or Street)

(City)

(State)

(Zip)

***Telephone Nos.** (H) _____ (W) _____ (Cell) _____

Nominee's Level of Certification or Licensure (if applicable)

Professional Affiliation _____ Telephone No. _____

Award Category (Please select only one category on this sheet):

Maryland Star of Life Award

Outstanding EMS Program

Maryland EMS Citizen Award

Leon W. Hayes Award for Excellence in EMS

EMS Provider of the Year

Maryland EMS-C Award

EMD Provider of the Year

Maryland EMS-G Award

***** PLEASE NOTE:** *If there is more than one nominee associated with the same incident or activity, please DO NOT duplicate this form but rather list names, affiliation, and contact information on a separate sheet of paper and attach to this form.*

This individual/group/program/facility is being nominated for outstanding recognition because:

If applicable, please submit additional documentation such as newspaper articles, video footage, audio recordings, and letters of commendation.

Name of person submitting this nomination:

(Print or Type)

(Signature)

(Address)

Email Address _____

*** Telephone Nos.** (H) _____ (W) _____ (Cell) _____

FAX Nos. (H) _____ (W) _____

* Must be completed!!

NOMINATIONS MUST BE RECEIVED AT MIEMSS BY FRIDAY April 1, 2016

Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

FAX to: 410-706-3485 (attn: Jim Brown) or scan and email to awards@miemss.org

You can complete and submit this form online at <http://www.miemss.org> under "What's New"



The Right Care When It Counts Maryland EMSC 2016 Program



The Maryland EMS for Children program is In Search Of children and youth in Maryland who have demonstrated Steps to Take in an Emergency or Ways to be Better Prepared for an emergency. Actions taking place January 1, 2015, through December 31, 2015, are eligible for nomination. We will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week 2016. Questions? Email awards@miemss.org

Children and youth who have met one or more of the following criteria are eligible for Right Care Awards:

1. Activates the Emergency Response System by calling 9-1-1 in an emergency
2. Calls the Poison Control Center in an emergency (1-800-222-1222)
3. Provides family emergency phone numbers, address, and contacts to emergency responders
4. Knows and practices an emergency plan at home
5. Applies knowledge learned in a first aid class
6. Performs CPR and/or uses an AED effectively
7. Knows his or her medical history (allergies, medications, special needs, etc.) and shares this information with emergency care providers
8. Participates in fire and injury prevention education in the community
9. Prepares, with his or her family, to respond to a disaster
10. Provides emergency assistance in the community

NOMINATIONS MUST BE RECEIVED AT MIEMSS by FRIDAY April 1, 2016.

Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

FAX to: 410-706-3485 (attn: Jim Brown) or scan and email to awards@miemss.org

You can complete and submit this form online at <http://www.miemss.org/EMSCwww/RightCare.html>



The Right Care When It Counts Maryland EMSC 2016 Program



Contact information for the person submitting this recommendation:

Name: _____ Affiliation: _____

Best Phone Number(s) to reach you: _____

Address: _____

Email: _____ Fax: _____

Child or youth who acted so that others would receive
"The Right Care When It Counts":

Child/ Youth's Name: _____ Age: _____ Gender: _____

Parent's Name: _____

Parent's Name: _____

Address: _____

Phone(s): (H) _____ (W) _____ (cell) _____

Email: _____

Alternative contact person: _____

Best method to reach this person: _____

Primary language spoken at home: _____

Description of event/ incident and the action taken

- PLEASE indicate if you have spoken with the family about this nomination
- PLEASE include any printed materials about this nomination and if the child/youth has been recognized locally

NOMINATIONS MUST BE RECEIVED AT MIEMSS by FRIDAY April 1, 2016.

Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

FAX to: 410-706-3485 (attn: Jim Brown) or scan and email to awards@miemss.org

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A New Generation of First Aid for Law Enforcement

(Continued from page 6)

inclusion of a “potentially volatile environment” section in the 2015 *Maryland Medical Protocols for EMS Providers*, MDERS and other MIEMSS staff serve on the State of Maryland Active Assailant Workgroup, which developed the seminal document, *Guidance to First Responders for the Active Assailant Incident*.

TECC principles reach beyond one specific threat, and it equips first responders with the knowledge, skills, and abilities to better serve and protect. MIEMSS and MDERS will continue to welcome law enforcement personnel into the vision that our agency subscribes to—“*providing the highest quality patient care.*”

Andy Moffitt is a Project Manager for MDERS. He works out of the MIEMSS Region V office and can be reached at andrew.moffitt@maryland.gov.



Screenshot of the MDERS video training program courtesy of Andy Moffitt.

MIEMSS, *Maryland EMS News*
653 W. Pratt St., Baltimore, MD 21201-1536



Governor Larry Hogan
Lt. Governor Boyd Rutherford

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