

# Maryland EMS News

For All Emergency Medical Care Providers

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August 2017

## Phase Three of Maryland FiRST Completed

Maryland state officials have announced completion of the third phase of the Maryland First Responders Interoperable Radio System Team (Maryland FiRST), a statewide 700 MHz radio network that connects public safety personnel, including EMS providers.

On August 3, 2017, Governor Larry Hogan joined Superintendent of the Maryland State Police Colonel William Pallozzi, Deputy Secretary Lance Shine of the Maryland Department of Information Technology, members of the Maryland FiRST staff,

and other state and local officials to make the ceremonial first call on the system. Dave Balthis, MIEMSS Chief of IT and Communications was in attendance.

“As governor, I am committed to making sure that our law enforcement, firefighters, and first responders are equipped with the proper laws, the newest technology, and the full support of our entire administration,” said Governor Hogan. “Maryland FiRST is an exciting, innovative achievement for Maryland. It increases safety for our heroes, and allows for more effective coordination at incidents and a greater level of public safety services for our citizens.”

The Maryland FiRST system is slated to be completed in five phases. The third phase covers Central Maryland, connecting Cecil, Harford, Baltimore, Anne Arundel, Howard, Carroll, and Frederick Counties with the existing network. The first and second phases of the project were completed in 2012 and 2013, connecting key infrastructure patrolled

*(Continued on page 2)*



Maryland Governor Larry Hogan makes a statement about the successful implementation of Maryland FiRST in Central Maryland, the third phase of a multi-year project to connect public safety personnel throughout the state on a single 700 MHz radio system. The August 3, 2017, event to announce the most recent addition to the interoperable network was attended by a number of state and local officials.

## Important Message from State EMS Medical Director

### *Intranasal Naloxone: Factors to Consider*

For a patient who is suspected of having an opioid overdose with respiratory depression or respiratory arrest, civilians and EMS providers should first initiate rescue breathing to provide adequate oxygenation and ventilation. Without this supportive measure, no amount of naloxone will help the patient—they will die from lack of oxygen.

After initiating rescue breathing, naloxone can then be administered via an intranasal route. The nostril is a very vascular structure, but has a limited surface area to absorb the finely-sprayed naloxone. Each nostril can only handle 1 mL of misted naloxone no matter the concentration, as any excess amount of the drug will either go down the back of the nose into the pharynx or run forward out of the nose.

Naloxone comes in concentrations of 0.4 mg/mL, 1 mg/mL, and 4 mg/0.1 mL, which is the newest version available. Providers are permitted to use the 4 mg/0.1 mL concentration even though it exceeds the dosage authorized in the current Maryland Medical Protocols for EMS Providers. The onset of action of the intranasal naloxone is between 4 and 8 minutes, so it is important to maintain adequate oxygenation and ventilations, or conduct CPR, while the naloxone is being absorbed and taking effect.

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## Phase Three of Maryland FiRST Completed

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by the Maryland Transportation Authority Police, portions of Central Maryland, and the entire Eastern Shore region. The last two phases of Maryland FiRST will include Western and Southern regions of the state, as well as Prince George's and Montgomery Counties. Once completed, the system will provide local, regional, and, when needed, statewide communications interoperability for all first responders, including fire, EMS, and law enforcement. In addition to supporting regional interoperability with Pennsylvania, Virginia, Delaware, and West Virginia, the system supports allied federal agencies such as the FBI, ATF, DEA, Federal Protective Services, and the US Coast Guard.

The Maryland FiRST system is designed to support Project 25 (P25) Phase II communications standards, with P25 Phase I reserved for extraordinary events. Currently Kent, Talbot, Queen Anne's, and Caroline Counties are operating on Maryland FiRST, with Allegany and Garrett Counties committed to join upon completion of phase 5 of the project. Additionally, Maryland FiRST supports interoperability with other state and local agencies using P25-capable radios via Maryland TAC talkgroups (MD TAC), which are available to all state and local agencies and out-of-state mutual aid units that request this access for their radios. Currently, the TAC talkgroups are programmed into 20,000 P25-capable radios that are not currently operating on the Maryland FiRST network.

MIEMSS has been an active supporter of the Maryland FiRST system since its



*Maryland Governor Larry Hogan demonstrates the Maryland FiRST radio system's capabilities by making ceremonial "first calls" during the August 3, 2017, event.*

inception and has incorporated Maryland FiRST capabilities into its statewide EMS communications system, facilitating seamless communications that support the delivery of lifesaving care to critically ill and severely injured individuals.

"This new statewide radio system allows all of Maryland's public safety agencies to communicate more efficiently on the same system, which ultimately means increased safety for our first responders and an

increased level of public safety services for our citizens," said Colonel William Pallozzi, Superintendent of the Maryland State Police. "The Maryland FiRST system has fundamentally changed how first responders from every level of government are able to communicate with each other. Reliable and instantaneous communications for public safety mission critical communications is of utmost importance."

## Update on MIEMSS Licensure System

MIEMSS' Licensure System, accessible through [www.miemsslicense.com](http://www.miemsslicense.com), is continually undergoing improvements and updates. Recent developments include the following.

All applications on the MIEMSS Licensure System are accessible based on the provider's expiration date on file with MIEMSS. Extension applications are posted and available on the system 90 days from the provider's expiration date.

Changes to addresses, phone numbers, and email can now be completed through the Demographics section of My Profile. Changes to name or social security number require supporting documentation in addition to submitting a Change of Information application.

Contact the Office of Licensure and Certification at 800-762-7157 or [licensure-support@miemss.org](mailto:licensure-support@miemss.org) if you have any questions or need assistance using the Licensure System.

## NREMT Seeking Individuals for Exam Development

The National Registry of Emergency Medical Technicians (NREMT) has launched a new volunteer initiative for the advancement of National EMS Certification examinations. Through this initiative, diverse groups of EMS providers will collaborate with NREMT staff to develop accurate and fair examinations. Volunteers for this initiative will be asked to assist in a variety of National EMS Certification examination processes:

- Cognitive item development
- Psychomotor scenario development
- Standard setting
- National EMS practice analysis

All NREMT volunteer experience can be counted toward continuing education requirements of the provider's next National EMS recertification period. (Hours earned vary by program.)

More information about this program is available online at [www.nremt.org/rwd/public/document/volunteer/](http://www.nremt.org/rwd/public/document/volunteer/).

## 1st Alarm Girls Fire Camp Held in Howard County

For the second year in a row, the St. Florian's Brigade of the Howard County Department of Fire and Rescue Services (HCDFRS) conducted a two-day camp for young women who are interested in learning more about the fire service and what it takes to become a firefighter. HCDFRS volunteer and career firefighters, as well as civilian personnel, volunteered their time to make the camp a success.

The camp hosted 56 youths in two sessions. Girls aged 8 to 11 attended on July 8-9, and those aged 12 to 16 attended on July 29-30. The camp fosters empowerment, acceptance, and making new friends, all while introduce these young women to various public safety careers. Campers come

away with the knowledge, confidence, and understanding that all fields in public safety, especially the fire service, have a place for them and are viable career options.

The young participants enjoyed the camaraderie of their camp experiences, but they worked hard too. Day one of the camp included an introduction to safety, competitive team-building exercises, a scavenger hunt, ladder work, a hose station, a challenging maze, and training and certification in first aid and CPR. They observed a live burn presentation with female firefighters in action, to demonstrate how these professionals work as a team to ensure everyone's safety. On day two, campers met the HCDFRS fire dogs, took a field trip to an active 9-1-1 center, had lunch

with other firefighters at their station, received fire extinguisher training, and practiced putting on turn-outs and safety gear. They also observed a side-by-side demonstration of a fire sprinkler system in action versus a how quickly a home can be destroyed without those safeguards in place.

Thanks to fundraising and generous donations, there is no cost for participants to attend the camp. The St. Florian's Brigade intends to hold the camp again in 2018. Registration information will be made available later this year.

*Many thanks to Assistant Chief Christine Uhlhorn of HCDFRS for her contributions to this article!*



*Clockwise from top, campers receive first aid and CPR training, practice using fire extinguishers safely and correctly, and take part in team-building competitions. The 1st Alarm Girls Fire Camp fosters confidence in young women who are considering careers in public safety. Photos courtesy of Doug Walton.*

## Opioid Survivors Thank First Responders in Carroll County

On August 15, 2017, more than 140 EMS providers, firefighters, and law enforcement officers attended the First Responder's Appreciation Dinner, organized by the Carroll County Health Department and the Opioid Prevention Coalition.

The event featured a keynote address by MIEMSS Acting Co-Executive Director and State EMS Medical Director Richard Alcorta, MD, thanking first responders for the care and compassion they have exhibited to victims of Maryland's opioid crisis. Guest speakers included individuals in recovery from opioid or heroin addiction, some of whom had been rescued from a potentially fatal overdose by a first responder with naloxone, an opioid antidote.

"This is a way to show the community's appreciation to the first responders saving lives with naloxone," said Linda Auerback, substance abuse prevention supervisor with the Carroll County Health Department. "We have reached out to the first responder who administered naloxone in these cases, so they can come face to face with one another, to thank them, and for the first responder to know the rest of the story."

First responders don't always find out what happens to patients they revived from an overdose. The appreciation dinner served as an opportunity for patients to say thank you to the first responders who saved them, demonstrating the impact these interventions have on individuals and in the community.



*Dr. Richard Alcorta delivers the keynote address at this year's First Responder's Appreciation Dinner in Carroll County. The event allowed first responders to meet their former overdose patients, many of whom took the opportunity to personally thank those who saved their lives. Photo courtesy of Linda Auerback.*

## Lifesaving Skills on Display at Ripken Stadium, Home of Aberdeen IronBirds

### *Health Care and EMS Providers On Hand at July 28 Game*



*Representing Maryland Committee on Trauma, from left, Maj. Dallas Weills, RN, of the Center for the Sustainment of Trauma and Readiness Skills (C-STARs) and Jason Pasley, DO, and Lindsay O'Meara, CRNP, of the R Adams Cowley Shock Trauma Center educate the public on Stop the Bleed preparedness. The nationwide Stop the Bleed campaign, a US Department of Homeland Security initiative, trains and equips bystanders to stop life-threatening bleeding using military and law enforcement techniques.*



*From left, Judy Hinch from the Aberdeen Fire Department and Linda Dousa, the Maryland State Firemen's Association representative to the Statewide EMS Advisory Council and a member of Abingdon Fire Company, demonstrate how to administer hands-only CPR to an IronBirds game attendee. This technique can be of great benefit to a person in need, such as someone suffering from sudden cardiac arrest. Endorsed by the Maryland Resuscitation Academy, hands-only CPR can be performed by the lay public, and is a technique that can significantly increase a victim's chance of survival.*

# SAVE THE DATE!

## Maryland Life Safety Partners Present: 2018 Public Fire and Life Safety Educator Seminar

- WHEN:** Saturday March 24, 2018, from 8:30 AM to 4:30 PM
- WHERE:** Maryland Fire and Rescue Institute Headquarters  
4500 Paint Branch Parkway, College Park, Maryland
- WHAT:** Fun-filled educational day focused on life safety best practices
- WHO:** Fire and injury prevention coordinators and life safety advocates
- HOW:** Registration will be available fall 2017 through [www.mfri.org](http://www.mfri.org)



**Q.** I recently passed my NREMT EMT examination. I have my NREMT certification card, but have not received a Maryland EMT card yet. What should I do?

**A.** Congratulations on passing the NREMT exam! In order to receive a Maryland EMT certification card, you must create an account at [www.miemssl.com](http://www.miemssl.com). After your account is established, you must also complete an Application for Initial Emergency Medical Technician. Please be sure to complete the application in its entirety. If MIEMSS has a valid affiliation application for you on file, you will receive your EMT card. If MIEMSS does not have a valid affiliation on file, you will receive a letter stating your certification is pending. Contact the Office of Licensure and Certification at 800-762-7157 or [licensure-support@miemss.org](mailto:licensure-support@miemss.org) if you need assistance.



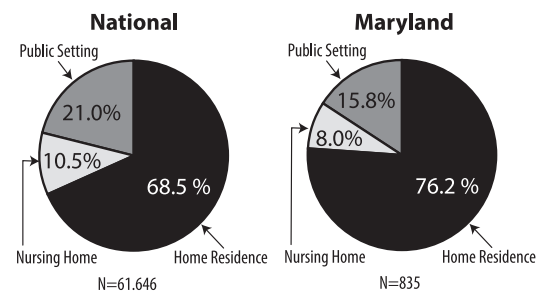
A key intervention for those suffering from sudden cardiac arrest is the knowledge and ability for bystanders to perform CPR and/or apply an AED until EMS providers are able to provide care. CPR and AED training for citizens has been strongly promoted in Maryland for this reason. Many fire/EMS departments offer CPR/AED instruction to the public, and Maryland public high school students are now required to receive CPR/AED training prior to graduation.

Nine Maryland counties and eight hospitals within them were included in national and Maryland CARES reporting for CY 2016. National reports are available on the CARES website at [mycares.net](http://mycares.net). Maryland cardiac arrest and CPR/AED data as compared with national statistics for CY 2016 are displayed below.

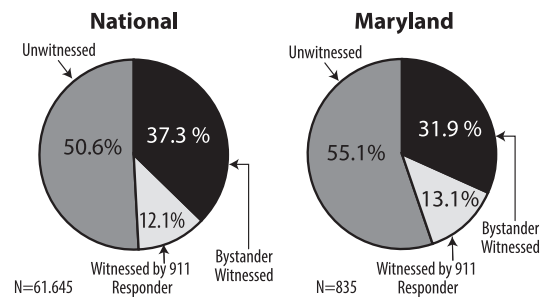
### Comparison of Maryland to National Statistics

Source: CARES Data Management System

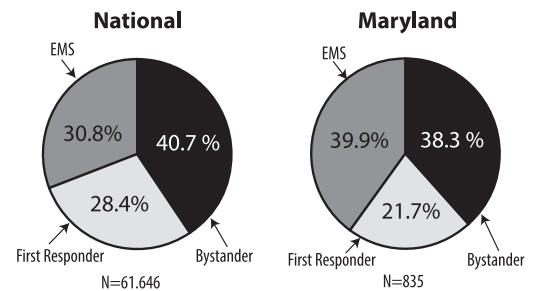
#### Location of Arrest



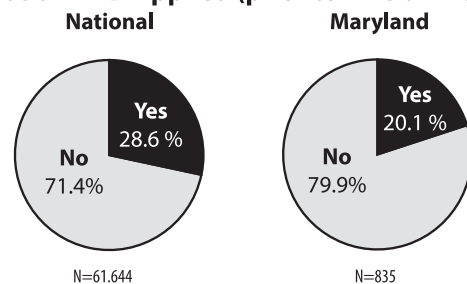
#### Arrest Witnessed Status



#### Who Initiated CPR?



#### Was an AED Applied (prior to EMS arrival)?



# *Winterfest EMS 2018 is on the move...*



## **Save the Date!**

***Location:*** Easton, Maryland

***Conference:***  
January 27 & 28, 2018

***Preconference:***  
January 25 & 26, 2018



This conference is a one-day educational opportunity to provide current issues and trends related to the trauma patient.

#### **Objectives**

- Discuss current methods of diagnosis and management of patients with traumatic, complex injuries
- Discuss the pre-hospital and hospital practices routinely given to patients with traumatic injuries
- Identify complications related to the care of the trauma patient

#### **Who Should Attend**

Nurses involved in caring for the adult and pediatric trauma patient.

Pre-hospital providers interested in expanding their knowledge of caring for the trauma patient and related topics.

#### **Accreditation**

This activity has been submitted to the Maryland Nurses Association for approval to award six contact hours. The Maryland Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

#### **Pre-hospital Care Providers**

Six hours of trauma credits will be awarded at the completion of the conference.

#### **Conference Location**

Clarion Resort Fontainebleau Hotel, 10100 Coastal Highway, Ocean City, Maryland will be the site for Peninsula Regional's 27th Annual Topics in Trauma Conference. The Clarion is Ocean City's finest full-service hotel. The oceanfront hotel with its 40,000-square-foot conference center provides an ideal location for the conference.

#### **Hotel Accommodations**

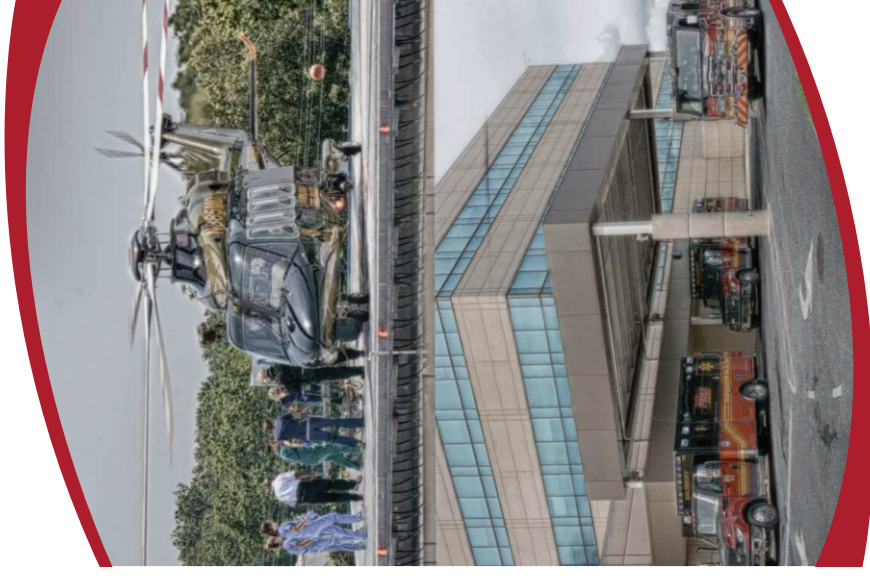
Rooms have been reserved at a special rate of \$140 plus tax for a double until August 24, 2017, so make your arrangements early. Refer to the Peninsula Regional Trauma Conference when making reservations at the Clarion Resort Fontainebleau Hotel, 1-800-638-2100.

#### **Exhibitors**

An array of vendors are expected to exhibit. This is an excellent opportunity to network with available resources.

## EDUCATION 27th Annual

# PRMC TOPICS IN TRAUMA



All proceeds will go to Peninsula Regional Medical Center Foundation for Trauma Education.



September 22, 2017



# 2017 PRMC Trauma Conference Schedule

## CONFERENCE REGISTRATION FORM (online registration recommended) [www.peninsula.org/events](http://www.peninsula.org/events)

**0715-0755** Registration/breakfast

**0755-0800** Opening Remarks

**0800-0900** Beautiful Water,  
Deadly Water

Mary Alice Vanhoy,  
MSN, RN, CEN, CPEN,  
NRP, FAEN

**0900-1000** Vascular Trauma

Hossain Said-Mahmoudian,  
MD, R.F.P.V.I.

**1000-1015** BREAK

**1015-1115** CISM: Helping the Helpers

Lori Goldman, BS, NREMT-P  
Deborah O White, M. Ed.  
Co-Coordinator's Dorchester  
County CISM

**1115-1215** LUNCH

**1215-1315** Management of Non-

**Compressible Hemorrhage:**

**The Emerging Role of REBOA**

Diana Clapp RN, CCRN, CEN, TCRN,  
BSN, NREMT-P  
University of Maryland  
R Adams Cowley Shock  
Trauma Center  
Quality Improvement Coordinator  
EMS Liaison/Base Station  
Coordinator

**1315-1415** When Trauma Systems

**Work: Complex Trauma**

**Case Reviews**

Lynn Gerber Smith RN, MS, TCRN  
Trauma Nurse Educator  
R Adams Cowley Shock  
Trauma Center

**1415-1430** BREAK

**1430-1530** Drowning: A new look at an  
old foe

Thomas Chiccone, MD FACEP  
Clinical Assistant Professor  
Department of Emergency Medicine  
University of Maryland School  
of Medicine  
Region IV Medical Director, MIEMSS

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Affiliation/Institution \_\_\_\_\_

Position/Title or Specialty \_\_\_\_\_

Email \_\_\_\_\_

EMS Provider #/PRMC Employee # \_\_\_\_\_

### Conference Registration Fees:

- RN/EMS \$90.00
- Students (unlicensed) \$70.00 with student ID; students must register by mail to get discount

Please return completed form, along with payment, by **September 20** to:

Peninsula Regional Medical Center  
100 East Carroll Street, Salisbury, MD 21801  
Attn: Trauma Department

**Make check payable to: Peninsula Regional Medical Center**

*For disability accommodations, please contact the trauma office at 410-912-2844.*

**Registrations are due by September 20, or until the conference is full.**

*Registration fee includes conference, exhibits, continental breakfast, buffet lunch, afternoon break with snacks, coffee, tea, iced tea, and water.*

*Handouts will not be provided unless provided by speaker at the conference. Electronic copies will be available online prior to the conference for registrants to download and print themselves. A link to download the handouts will be sent by email to registrants the week prior to the conference.*

**Please note:** Enrollment is **limited**, full registration fee must accompany registration form. Registrations will be accepted in the order received. Telephone registration for the conference will not be accepted. **Confirmation will be sent if e-mail address is provided.**

**Refunds:** No refunds will be granted.

**\*\*Don't forget to complete evaluations\*\***

**PRMC TOPICS IN  
TRAUMA** 



# Critical Incident Stress Management for Providers

*Training provided by the  
International Critical Incident Stress Foundation (ICISF)*



<b>What:</b>	Group Crisis Intervention and Individual Crisis Intervention and Peer Support; two courses combined into one 3-day course
<b>When:</b>	November 3, 4, and 5, 2017, 0800–1630 hours
<b>Where:</b>	Salisbury Fire Department 325 Cypress St. Salisbury, MD, 21801
<b>Cost:</b>	None
<b>Audience:</b>	New and experienced team members This is an entry level CISM course, which can also be taken as a refresher

## ***Deadline to register is October 20, 2017***

This course is a joint effort on the part of MIEMSS, the Salisbury Fire Department, and the Wicomico County Health Department. This course is part of an effort to enhance CISM resources on the lower Eastern Shore. Please note—attendance in the course does not guarantee membership on a state or local CISM team. The team has an application and selection process that will be followed to select members.

### **Course Details**

**Group Crisis Intervention:** Designed to present the core elements of a comprehensive, systematic, and multi-component crisis intervention curriculum, this course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusings, and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services and referrals when necessary will also be discussed. Highlights of the course include: large and small group interventions, reducing risks, relevant research and recommendations for practice, and more.

**Individual Crisis Intervention and Peer Support:** Crisis Intervention is NOT psychotherapy; it is a specialized acute emergency mental health intervention that requires specialized training. Crisis intervention is sometimes called “emotional first aid.” This program is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention. It is designed for anyone who wants to increase his or her knowledge of individual (one-on-one) crisis intervention techniques. Highlights of the course include: evidence-based practice, basic crisis communication techniques, suicide intervention, a revised model for SAFER, and more.

### ***EMS CEUs Provided***

*These courses are funded by a grant from the Maryland Department of Health and Mental Hygiene with funds from the Hospital Preparedness Program provided by the Assistant Secretary for Preparedness and Response, U.S. Health and Human Services.*

# Critical Incident Stress Management for Providers

*Training provided by the  
International Critical Incident Stress Foundation (ICISF)*

## Registration Form

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

***Name***

First: \_\_\_\_\_

Last: \_\_\_\_\_

***Provider Information (if applicable)***

Provider ID: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

Certification (Circle or click all that apply):

EMR, EMT, CRT, Paramedic, EMD, RN, Counselor, Psychiatrist, Other \_\_\_\_\_

***Contact Information***

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**To submit your registration form:**

**Email an electronic copy to [rlinthicum@miemss.org](mailto:rlinthicum@miemss.org) or fax to 410-706-4768, Attn: Randy Linthicum**

**Comments:**

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



**Governor Larry Hogan**  
**Lt. Governor Boyd Rutherford**

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Emergency Medical Services Systems  
653 W. Pratt St., Baltimore, MD 21201-1536  
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*Chairman, EMS Board:* Donald L. DeVries, Jr., Esq.  
*Acting Co-Executive Directors, MIEMSS:*  
Richard L. Alcorta, MD, FACEP & Patricia Gainer, JD, MPA

*Managing Editor:* Aleithea Warmack (410-706-3994)  
*Design & Layout:* Gail Kostas  
*Photography:* Jim Brown & Brian Slack  
(unless noted otherwise for specific photos)