

# Maryland EMS News

For All Emergency Medical Care Providers

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## New Naloxone Dosing Goes Into Effect Immediately

Maryland and the nation are in the midst of an opioid crisis. The drug fentanyl and many of its more potent analogs are being mixed with street drugs like heroin, causing hypoventilation and death among users at rates never seen before in this state. An overdose of this nature requires prompt EMS ventilatory support and respiratory depression reversal with the drug naloxone.

There are several new delivery models on the market that can deliver a unit dose of naloxone by either intramuscular autoinjector or intranasal administration. These unit doses range from 0.4 mg in 0.4 mL, 2 mg in 0.4 mL, or 4 mg in 0.1 mL. The 4 mg in 0.1 mL intranasal dose exceeds the current single dose maximum in the 2017 *Maryland Medical Protocols for EMS Providers*.

Therefore, BLS and ALS providers are now authorized to use the higher single dose of 4 mg in 0.1 mL intranasal dose for the treatment of suspected opioid overdose victims with respiratory depression or arrest. This higher dosing alternative change has been approved by the EMS Board and is included in the 2018 *Maryland Medical Protocols for EMS Providers* that will be effective July 1, 2018. However, MIEMSS authorizes EMS providers to use this higher single dose, effective March 9, 2018. Please note: since October 2017, naloxone has been a standing order medication for public safety EMT and EMR providers, but remains an Optional Supplemental Program medication for BLS commercial services. New dosing instructions for naloxone for BLS and ALS providers is displayed in the table below.

	Adult Naloxone Dosing	Pediatric Naloxone Dosing
BLS Providers	2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, OR administer 4 mg/0.1 mL IN in one nare. Repeat as necessary to maintain respiratory activity.	Less than 28 days: Contraindicated Aged 28 days to adult: 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, OR administer 4 mg/0.1 mL IN in one nare. Repeat as necessary to maintain respiratory activity.
ALS Providers	0.4–2 mg IVP/IO (titrated)/IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare); OR administer 4 mg/0.1 mL IN in one nare. Repeat as necessary to maintain respiratory activity.	Less than 28 days: Contraindicated Aged 28 days to adult: 0.1 mg/kg IVP/IO (titrated) IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare); OR administer 4 mg/0.1 mL IN in one nare. Repeat as necessary to maintain respiratory activity. ET dose: 0.2–0.25 mg/kg

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Questions about this change or the *Maryland Medical Protocols for EMS Providers* may be directed to the Protocol Administrator or the Office of the State EMS Medical Director at 410-706-0880.

# Maryland Legislators Receive Stop the Bleed Training

On March 6, 2018, the American College of Surgeons Maryland Committee on Trauma sponsored Stop the Bleed training in Annapolis for legislators and their staff members in the Miller Senate Office Building. Representatives from Trauma Centers across the state were on hand to train the participants, which included Maryland Governor Larry Hogan. Governor Hogan has proclaimed March as Stop the Bleed Month in Maryland.

The national Stop the Bleed initiative was designed to provide bystanders with the tools and knowledge to provide immediate and effective hemorrhage control. The goals of the initiative are to empower the public to be aware of the steps that they can take to stop or slow life-threatening bleeding and to promote public access to bleeding control kits before emergency responders arrive. National Stop the Bleed Day was observed on March 31, 2018.



Members from the Maryland Committee on Trauma delivered Stop the Bleed training in Annapolis on March 6, 2018. Representatives from Trauma Centers across the state were on hand to train the participants, which included Maryland Governor Larry Hogan.



Dr. David Efron, left, from The Johns Hopkins Hospital Adult Trauma Center and Dr. Raymond Fang, far right, from the Johns Hopkins Bayview Medical Center explain the techniques needed for hemorrhage control to a legislative staff member during the March 6, 2018, Stop the Bleed training.

Also on March 6, those individuals who have been a part of the statewide Stop the Bleed program received Maryland Senate resolutions for their dedication and service in these efforts to save lives, and Dr. Thomas Scalea was honored with resolutions from the Senate and House of Delegates for his 20 years of lifesaving work as Physician-in-Chief at the R Adams Cowley Shock Trauma Center.

## Licensing of Maryland Cardiac Rescue Technicians

Maryland uses the National Registry of Emergency Medical Technicians (NREMT) I/99 examinations for licensing cardiac rescue technicians (CRTs) in Maryland. MIEMSS has been notified by the NREMT that effective December 31, 2019, they will no longer offer I/99 certification or retest examinations. The NREMT decision will impact Maryland in the following ways:

- As of December 31, 2019, Maryland will no longer license new CRT candidates who are seeking an initial CRT license.
- Individuals who were already licensed as Maryland CRTs as of December 31, 2019, will continue to be licensed as Maryland CRTs as long as they meet all state requirements for license renewal prior to the end of each licensure period.
- Maryland CRT candidates seeking initial Maryland licensure as a CRT must have successfully completed the NREMT examination process before December 31, 2019, including retest attempts, in order to obtain initial CRT licensure in Maryland.
- The NREMT previously informed individuals NREMT-certified at the I/99 level (CRTs in Maryland) that if they wish to maintain national NREMT certification at the advanced life support level, they must complete a Paramedic Bridge Program and successfully complete the NREMT Paramedic cognitive exam within three (3) certification cycles. Some CRTs have already taken advantage of the opportunity to upgrade to the paramedic level.

The following Maryland educational programs currently offer a CRT-to-Paramedic bridge program:

- Anne Arundel Community
- Harford Community College
- Chesapeake College
- Hagerstown Community College
- Community College of Baltimore County–Essex
- Prince George's Community College
- Garrett College
- WorWic Community College

As noted above, Maryland CRTs may continue to be licensed in Maryland as long as they meet all Maryland re-licensure requirements.



## Upcoming Pediatric Education Opportunities

- **April 25, 2018**  
*Meritus Medical Center Spring Trauma Conference*  
**Location:** Hagerstown, Maryland  
**REGISTRATION:** Contact Ruth Leizear at [ruth.leizear@meritushealth.com](mailto:ruth.leizear@meritushealth.com)
- **April 26, 2018**  
*EMS Care 2018*  
*Thursday Preconference Offerings – AHA’s Pediatric Assessment, Recognition & Stabilization (PEARS) Course*  
**Location:** Ocean City, Maryland  
**REGISTRATION:** <http://bit.ly/2018MarylandEMSCare>
- **April 26–27, 2018**  
*2nd Annual Child Abuse Symposium*  
**Location:** Children’s National Medical Center, Washington, DC  
**REGISTRATION:** <https://traumaburneducation.ticketleap.com/>
- **May 9–10, 2018**  
*ENA by the Bay*  
**Location:** MITAGS, Linthicum, Maryland  
For more information visit [www.mdna.org](http://www.mdna.org)

For more information, email [pepp@miemss.org](mailto:pepp@miemss.org)

## EMS and Prevention Educational Conferences and Events



**April 25-29, 2018**  
*Maryland EMS Care 2018*  
**Location:** Ocean City, Maryland  
**Full conference brochure and registration:**  
<http://bit.ly/2018MarylandEMSCare>

**September 21, 2018**  
*28th Annual Trauma Conference: Topics in Trauma*  
**Peninsula Regional Medical Center**  
**Location:** Ocean City, Maryland  
**REGISTRATION:** Available starting August 8  
**For more information:** 410-912-2844 or 410-543-7328



## Licensure and Certification

TIDBIT

**Q.** I have completed all of my continuing education to recertify, and my certification expires in nine months. Why can't I see my renewal application when I sign into [www.miemssliscense.com](http://www.miemssliscense.com)? I don't want my certification to lapse.

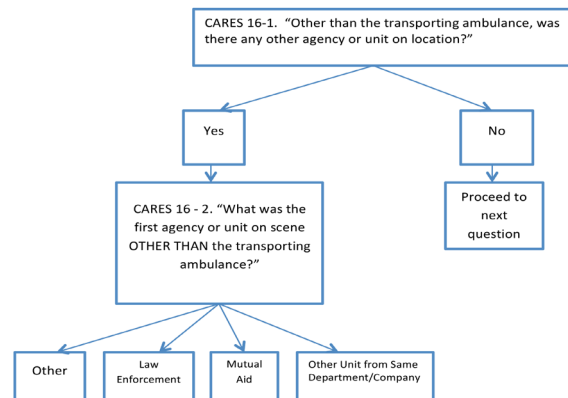
**A.** Your renewal application will be available in your licensure account beginning 90 days prior to your expiration date. Although ALS providers have had this in place for several years, this is something new for BLS providers. Anytime within the 90 days of your certification expiration, log into the Licensure System and complete your application for renewal to prevent a lapse in your certification. If you are within 90 days of your expiration date and DO NOT have the renewal application in your licensure account, contact Licensure and Certification at 800-762-7157 or [licensure-support@miemss.org](mailto:licensure-support@miemss.org).



## CARES Corner

### This Month's CARES Tip

**For all cardiac arrest calls**, regardless of whether the patient was transported to the hospital or pronounced dead at the scene, CARES 16-1 must be answered. If the transporting ambulance (or unit that pronounced the patient) arrived first, and there was another ambulance or law enforcement at the scene that came afterwards, the answer to this question should still be "yes."



If the answer to Question 16-1 is "yes," Question 16-2 must be answered regardless of whether the patient was transported to the hospital or died at the scene.

# Maryland Active Assailant Interdisciplinary Work Group Seeks Input

In 2013 Maryland formed a team of federal, state, and local experts from many disciplines, including law enforcement, emergency management, and fire/rescue/EMS, to tackle the challenge of multi-discipline response to an active assailant incident. This team, the Maryland Active Assailant Interdisciplinary Work Group, is co-chaired by the Maryland State Police and MIEMSS.

As a result of the work group's efforts, a robust guidance document for first responders was published in October 2014. On February 28, 2018, Governor Larry Hogan signed an Executive Order for active assailant incident preparedness and coordination. With this directive, Governor Hogan has called the work group back together to enhance Maryland's preparedness for these types of events.

The work group is taking a "whole community" approach to preparing for and responding to active assailant incidents, and is looking to schools, businesses, government, and emergency responders for input to help focus on preventing incidents like we are seeing too often across the country and most recently in Maryland's own St. Mary's County. In order to ensure that every person is given an adequate chance to offer assistance or provide feedback, please consider providing your input through the Active Assailant Survey page at <http://mema.maryland.gov/Pages/ActiveAssailantSurvey.aspx>. The group is asking for a few minutes of your time to provide a perspective that they may not otherwise have. Please do not delay; the form will only be active for a short time.

## National EMS Week 2018

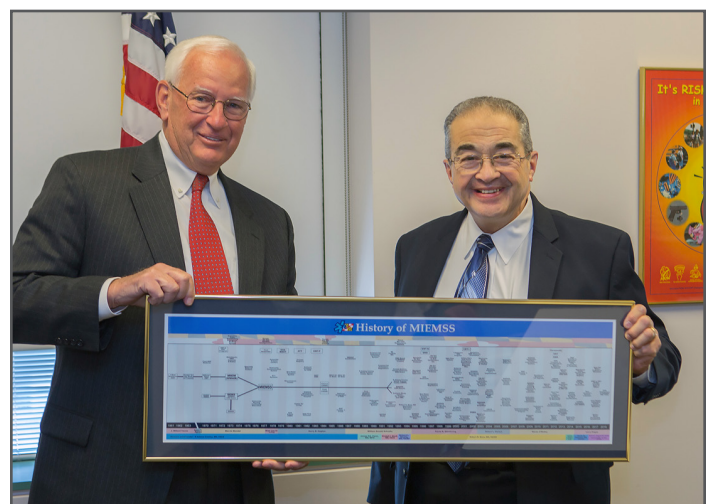
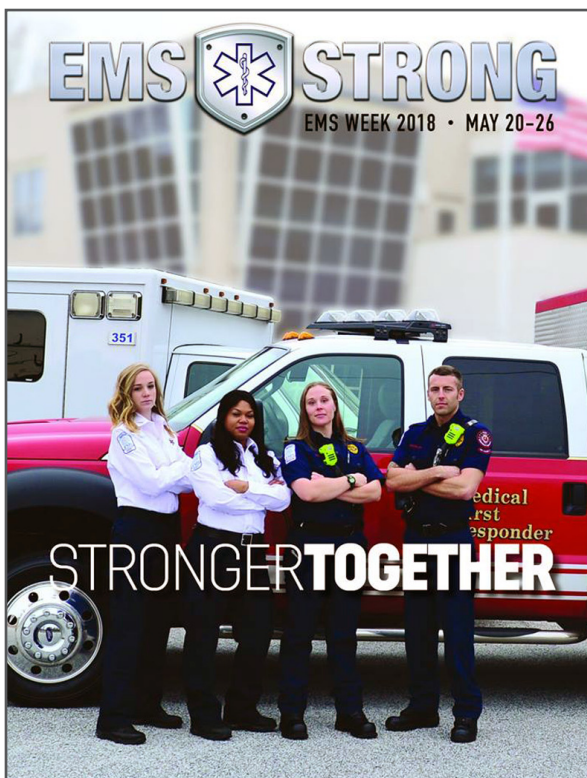
This year, National EMS Week 2018 will be celebrated May 20–26. The EMS STRONG theme for 2018 is "Stronger Together." Special theme days will be observed during the week:

- Monday: Education
- Tuesday: Safety
- Wednesday: EMS for Children Day
- Thursday: Save-A-Life (CPR and Stop the Bleed)
- Friday: EMS Recognition Day

National EMS Week brings together local communities and medical personnel to promote safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's front lines. This information can be used throughout the year for public education and safety programs. For additional information, contact the American College of Emergency Physicians (ACEP) at [www.acep.org/emsweek](http://www.acep.org/emsweek).

## CISM Team Supports Great Mills High School Personnel

On Friday, March 22, 2018, a critical incident stress management (CISM) team of mental health providers and fire/EMS/law enforcement peers provided support to Great Mills High School teachers and staff following the recent campus shooting in St. Mary's County. MIEMSS coordinated a multi-jurisdictional team led by Jeffrey Mitchell, PhD. The team was supported by personnel from Baltimore, Calvert, Carroll, Charles, and Montgomery Counties, the International Critical Incident Stress Foundation, and private sector mental health providers.



EMS Board Chair Donald DeVries, Jr., left, presents a framed copy of the History of MIEMSS to former Vice-Chair Victor A. Broccolino. Mr. Broccolino recently retired from his position as Vice-Chair of the Maryland EMS Board. Also having formerly served as the President and CEO of Howard County General Hospital, Inc., Mr. Broccolino had been a member of the EMS Board since its formation in 1993. MIEMSS offers its sincere gratitude to Mr. Broccolino for his 25 years of service to the EMS Board and the statewide EMS system.

# Suburban Hospital Receives Public Safety Award

Suburban Hospital–Johns Hopkins Medicine, a Maryland Level II Trauma Center, has received the Public Safety Corporate Vital Link award from the Montgomery County Chamber of Commerce. The award was presented at the Chamber of Commerce’s 44th Annual Public Safety Awards Luncheon, on March 16, 2018, in Bethesda.

The Public Safety Corporate Vital Link award recognizes a commercial enterprise that transforms and advances the mission of public safety agencies in Montgomery County to better able one or more agencies to meet the 21st century challenges that impact the National Capital region. Suburban Hospital was recognized for systems that effectively integrate with the county’s EMS providers, saving time and saving lives of trauma patients in need of care, in addition to its commitment to disaster preparedness and “Code C” protocols to reduce the incidence of diverting ambulances to other nearby hospitals when the emergency department is temporarily overloaded.

Jacky Schultz, President and CEO of Suburban Hospital, and Dr. Dany Westerband, Director of the Suburban Hospital Trauma Program received the award on behalf of the Trauma Center.



Jacky Schultz, President and CEO of Suburban Hospital (left) and Dr. Dany Westerband, Medical Director of the Trauma Center at Suburban Hospital–Johns Hopkins Medicine and Maryland EMS Board member, exhibit the hospital’s Public Safety Corporate Vital Link award. Photo courtesy of Joe Chornock.

## Hands-Only CPR in Prince George’s County

Since 2017, EMS providers in Prince George’s County have been holding frequent events to train the public how to administer hands-only CPR. From small crowds, such as staff training at local businesses, to large-scale events, like Bowie Baysox games, the Prince George’s County Fire/EMS Department aims to offer hands-only CPR training to as many people as possible, all at no cost to participants.

Prince George’s County Fire/EMS trained about 7,300 individuals in 2017 in adult hands-only CPR and AED use. Although they do not train in infant/child CPR, the department makes sure that participants know this training is available through alternative sources.

“Our goal is to give people the knowledge and confidence to administer CPR,” says the Adult CPR Coordinator for Prince George’s County, Paramedic/Firefighter Jorge Paucar, “and we offer classes in English and Spanish to reach as many residents as possible.”

You can follow the department’s hands-only CPR initiative on Twitter with @handsonlycprpgf.



Paramedic/Firefighter Jorge Paucar, far right, demonstrates the application of an AED while students practice how to perform hands-only CPR. Photo courtesy of PM/FF Paucar.

**Help prevent heatstroke to children left in cars by borrowing this vehicle thermometer display for your station or event.**



Awareness and behavior modification among caregivers are key to preventing the majority of these tragic deaths. This outdoor stand-up temperature display is an excellent tool to demonstrate the highly-elevated temperatures inside a parked car compared with outside ambient temperature, in order to raise awareness of the high risk for fatal injury to young children from heatstroke. The Maryland State Firemen’s Association and its Ladies Auxiliary purchased the display and donated it to Safe Kids-Maryland to be used across the state. The 78” tall metal display is transported in a case that is 28” x 48” x 13”, and requires at least two people to set up. For more details or to reserve it for your agency’s use, contact [cps@miemss.org](mailto:cps@miemss.org).

# Maryland's Trauma System to Hold Distracted Driving Prevention and Awareness Events

In recognition of April's National Distracted Driving Awareness Month, the Maryland Trauma Quality Improvement Committee (TQIC), made up of representatives from the Maryland Trauma Centers, are holding a Distracted Driving Prevention Awareness day on Wednesday, April 4, 2018, at Trauma Centers across the state. Distracted driving continues to be a dangerous, escalating problem on Maryland's roadways. Our Maryland Trauma Centers see the tragic results that occur when individuals drive while distracted.

Each of the following Trauma Centers have prepared events to bring statewide awareness to distracted driving and how it can be prevented: The Johns Hopkins Hospital Adult Trauma Center, Johns Hopkins Children's Center, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital Wilmer Eye Institute, Suburban Hospital Trauma Center—Johns Hopkins Medicine, Peninsula Regional Medical Center, UM Prince George's Hospital Center, Sinai Hospital, Western Maryland Health System, Meritus Medical Center, and the R Adams Cowley Shock Trauma Center.

These events will highlight the need for drivers to be more aware of what can happen when they drive distracted. This year, drowsy driving will be introduced as a component of distracted driving. Drowsy driving can happen to anyone; however, shift workers like emergency services and hospital workers are at a higher risk. Materials focusing on the effects of driving while drowsy among these groups will also be distributed during this awareness program.



## Public Fire and Life Safety Educator Seminar

On March 24, 2018, Maryland Life Safety Partners presented the 2018 Public Fire and Life Safety Educator seminar. Executive Director of the Maryland Opioid Operational Command Center Clay B. Stamp, the keynote speaker, presented "Opioids: Danger to Your Community and to Responders." Other topics presented at the seminar included how to find and use community resources, burn prevention, utilizing mascots for injury prevention messaging, and fire prevention education.

This annual seminar provides a great opportunity for EMS educators to hear updates from peers, learn new teaching skills, and network with each other.



*Clay Stamp, Executive Director of the Maryland Opioid Operational Command Center, presented "Opioids: Danger to Your Community and to Responders" during the 2018 Public Fire and Life Safety Educator seminar.*

For brain injury awareness month (March), the Brain Injury Association of America has published this informative fact sheet. Please read and share! As indicated below, more than 40% of brain injuries are the result of falls. For the past two years, statewide, coordinated activities have been held in September by Maryland Trauma Centers to bring awareness to falls prevention. Stay tuned for more information about this year's upcoming falls prevention awareness activities.



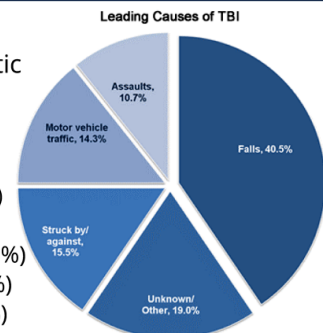
## BRAIN INJURY FACTS & STATISTICS



- Every 9 seconds, someone in the United States sustains a brain injury
- An ABI is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma
- More than 3.5 million children and adults sustain an acquired brain injury (ABI) each year, but the total incidence is unknown
- Typical causes of ABI include:
  - Electric Shock
  - Infectious Disease
  - Lightning Strike
  - Near Drowning
  - Oxygen Deprivation (Hypoxia/Anoxia)
  - Stroke
  - Seizure Disorder
  - Substance Abuse/Overdose
  - Toxic Exposure
  - Trauma
  - Tumor
- Traumatic brain injury (TBI) is type of ABI. A TBI is caused by trauma to the brain from an external force
- The number of people who sustain TBIs and do not seek treatment is unknown
- One of every 60 people in the U.S. lives with a TBI-related disability
- The annual impact of TBI in the U.S. is significant:
  - At least 2.5 million adults & children sustain a TBI
  - 2.2 million are treated for TBI in Emergency Departments (also known as ERs) or Trauma Centers
  - 280,000 are hospitalized
  - 50,000 die

- There are many causes of traumatic brain injury:

- Falls (40.5%)
- Struck By or Against (15.5%)
- Motor Vehicle Accidents (14.3%)
- Assaults (10.7%)
- Unknown (19%)



- Every day, 137 people die in the United States because of a TBI-related injury
- At least 5.3 million Americans live with a TBI-related disability
- When someone sustains a brain injury, many people are affected:
  - Survivors and their parents, spouses, siblings, extended families, and friends
  - Healthcare providers, including surgeons, physicians, counselors, rehab therapists, social workers, and personal care attendants
  - Insurance companies that issue auto accident, individual, and group health, disability, life and reinsurance policies
  - Attorneys of all types, including those who handle personal injury, insurance and disability claims, civil rights and discrimination, domestic actions, wills, estates, and trusts
  - Educators at every level, but especially special education teachers and those who prepare America's future healthcare workforce
  - Government agencies that administer health and social programs such as Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), Supplemental Nutritional Assistance Program (SNAP), and vocational rehab
  - Employers of all types

**MIEMSS, *Maryland EMS News***  
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**Governor Larry Hogan**  
**Lt. Governor Boyd Rutherford**

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