



Maryland EMS News

Vol. 28, No. 4

For All Emergency Medical Care Providers

April 2002

Introducing FRED

In after-action reports or critiques of responses to major incidents or mass casualty exercises, communication is the most frequently cited problem or failure under the topic of operations. This is true for responses around the world, including Maryland. But we are lucky to have a separate communication system for EMS in Maryland that can take a lot of the burden from the congested local dispatch and tactical channels. In the more populous areas of the state, separate communication technicians staff those frequencies to manage their use and make the most of this precious, shared resource. Even with these additional resources, large incidents place a major stress on our ability to get information to those who need it *when* they need it.

Historically EMRC/SYSCOM, the central hub of Maryland's communication system, has relayed information (such as the number of patients that emergency departments [EDs] can receive from multiple patient incidents), advised hospital staff about multiple patients to be transported to their facilities, tracked those patients, notified EMS system components of large incidents with dangerous potential, warned of unusual occurrences such as new or ultra-potent street drugs, and made call-downs for the National Disaster Medical System. After the September 11 events, EMRC/SYSCOM also cataloged EMS resources available to travel to New York, Pennsylvania, or the Pentagon and disseminated information about the treatment of anthrax patients. Although our operators do an excellent job, it takes too long to disseminate

all the information needed if a major incident should occur. In addition, the information is not always completely secure nor is it completely reliable.

To improve communications operations, MIEMSS is introducing a new tool—the Facility Resources Emergency Database (FRED), an Internet-based application. Those involved in disseminating critical information during an emergency know how frustrating and laborious that job can be. With FRED, MIEMSS hopes to replace the faxing, phoning, and radioing with just a few clicks of a mouse. FRED is not meant to be an additional burden, but a means to reduce the burden of existing tasks. Initially FRED will be on the Internet, but in a few years we hope to move it to a closed system of digital microwave and eventually provide a private wireless access from the scene of an incident.

In the event of a major incident, MIEMSS personnel at EMRC or at the scene can enter information into FRED and send it out to the entire state system instantaneously! Each participant in FRED can monitor the system continuously 24 hours a day on computers that can also be used for other tasks. Once MIEMSS initiates an alarm, an audible signal will sound until that information is accessed. MIEMSS can request that participants provide information on the status of their resources.

To help catalog the typical information requested during such an event, FRED has a series of individual entry screens and associated central spreadsheets to allow easy entry of

information. EDs, upon request, can proceed to their "ED Availability" entry screen from the alarm page and quickly enter the number of patients they could receive by priority. Once saved, that information would be automatically posted to the central spreadsheet at MIEMSS, where it would be sent to those who need it. Other pre-existing, incident-driven spreadsheets with instant automatic posting include Pediatric Bed Availability, NDMS Bed Status, Medication and Equipment Availability, EMS Transport Unit Status, and Prehospital Personnel and Equipment Catalogs.

Many of these sheets include unlabeled fields that could be labeled during a specific incident. For example, if Baltimore City had needed massive amounts of smoke-ejecting fans during the CSX train derailment and fire last July, that could have been added to one of the spreadsheets. Each entry screen includes an area to indicate contact persons for those resources listed and how to contact them. These sheets will not be used unless they are specifically requested during an incident. However, FRED will be exercised on a regular basis to ensure everyone knows how to react and to ensure the system is operational.

One activity that will be added is expected to help emergency departments move patients through their facilities quicker. The psychiatric facilities have offered to maintain a spreadsheet of available beds for psychiatric patients throughout the state. The emergency departments will be able to refer to FRED to find an open bed instead of calling several psychiatric facilities. Currently this disposition process can take over 24 hours, while psychiatric patients who are

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Introducing FRED

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waiting to be transferred occupy valuable ED beds and resources.

FRED also includes an incident log feature that will allow participants to be updated throughout an event. Users can also scroll back to refresh themselves on the activities and advisements. Additional instructions or information requests can also be provided easily.

Accessing FRED

Hospitals
 EMS/Fire Department Dispatch Centers
 Field/Command Units
 Maryland Emergency Management Agency (MEMA)
 Local Emergency Management Agencies
 Maryland Department of Health and Mental Hygiene (DHMH)
 Maryland Hospital Association (MHA)
 Local Health Departments
 Maryland Poison Center
 Psychiatric Facilities
 Maryland State Police
 Maryland Department of Transportation
 Specified Out-of-State Partners

Entities able to access FRED can be easily added or deleted as necessary. Everyone will be provided access through a password, and all transmissions will be encrypted. Security is a priority. MIEMSS will handle the administrative aspects of the system, including the web server hardware, the initial programming with regular updates, access rights, and users' manuals. Other participants simply need a personal computer that has reliable continuous Internet access, a current web browser, and a sound card with speakers. Mobile units, such as command posts, may also wish to consider wireless access to FRED.

Some hospitals are considering placing the computers that will access FRED in their emergency departments or security offices, but that is an individual choice. Multiple sites are also acceptable, as long as individuals do not attempt to edit the same screen simultaneously. We are asking that participants have at least one contact that monitors FRED 24 hours

a day/7 days a week. The monitoring program can be minimized to allow the PC to be used for other tasks.

Currently FRED can communicate in a few minutes what previously took an hour or more to communicate. We now have improved security over the old faxes or phone calls. Users know that MIEMSS is the only one allowed to send alarms, and all information will be thoroughly verified before distributed. We can now keep

track of what has happened and can save the logs for later evaluation or critique. FRED adds another level of redundancy. MIEMSS will maintain two web servers (one as a back-up), and we are discussing having the Maryland Emergency Management Agency (MEMA) back them up at a different site. If all that fails, we can revert back to EMRC/SYSCOM radios, fax machines, and convention-

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Moulage Tech Training Class



An EMS moulage training class was held February 22 and repeated on February 23 at the Laurel Volunteer Fire Department (LVFD). (Top photo) Under the hand of Sheila Hyman, from the Port Tobacco Players, Jordan Johnson receives simulated burn injuries. (Bottom photo) Leona Rowe, an EMS training officer at MIEMSS and a LVFD member, watches as two class participants try out moulage techniques. Further EMS moulage technician information can be found at the Region V Emergency Education Council website: www.eecreg5.org



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 and volunteer EMS providers. For further information, call 410-706-3994.

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 March 1, 2001 to February 28, 2002. 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; 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 EXCELLENCE IN EMS

This award is given to an individual who demonstrates through his professional and personal life, dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system in education and in prevention.

MARYLAND EMS-C AWARD

This award is given for an individual or program that has demonstrated excellence in affecting the EMS care for children in Maryland.



MARYLAND'S STARS OF LIFE AWARDS — 2002 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)

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

Professional Affiliation _____ **Telephone No.** _____

Award Category:

- | | | |
|--|---|---|
| <input type="checkbox"/> Maryland Star of Life Award | <input type="checkbox"/> EMS Provider of the Year | <input type="checkbox"/> Leon W. Hayes Award |
| <input type="checkbox"/> Maryland EMS Citizen Award | <input type="checkbox"/> EMD Provider of the Year | for Excellence in EMS |
| | <input type="checkbox"/> Outstanding EMS Program | <input type="checkbox"/> Maryland EMS-C Award |

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

Please attach additional documentation such as newspaper articles, video footage, and letters of commendation.

Name of person submitting this nomination:

(Print or Type)

(Signature)

(Address)

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

FAX Nos. _____ (H) _____ (W)

* Must be completed!!

NOMINATIONS MUST BE RECEIVED AT MIEMSS BY April 19, 2002.
Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536
or FAX to: Jim Brown, 410-706-3485.

EMS

Emergency Medical Services Week in Maryland

May 19 - 25, 2002

This year EMS Week will be celebrated May 19–25, nationally and statewide. The theme "EMS: Help Is a Heartbeat Away" emphasizes the responsiveness, commitment, and dedication of EMS providers around the country, while underscoring the importance of the national 9-1-1 EMS system.

"This year's EMS Week honors the rescuers and medical teams who answered the call to the World Trade Center and Pentagon rescue efforts, and especially to those who made the ultimate sacrifice by giving their lives," said Michael L. Carius, MD, FACEP, president of the American College of Emergency Physicians (ACEP), the organizational sponsor of EMS Week. In recognition of their heroic actions during the events of September 11, a special patriotic "EMS: Proud to Serve" logo was designed. It is available through ACEP at 1-800-798-1822.

EMS Week Activities

At the statewide level, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the state's coordinating agency for Maryland's EMS System, will honor EMS personnel for outstanding performance in delivering prehospital emergency care. Non-EMS individuals will also be recognized for their roles in providing life-saving care. In addition, special awards will be given to the EMS provider of the year; the EMD provider of the year; the outstanding EMS program; the individual meeting the standards of the Leon W. Hayes Award for Excellence in EMS; and the individual demonstrating excellence in affecting EMS care for children in Maryland.

Special Days during EMS Week

May 22—Second Annual EMS for Children Day.

This day focuses on drawing national attention to the essential need for specialized emergency care for children to ensure that every child in the nation receives the highest quality emergency care possible—from primary prevention to acute care and rehabilitation.

May 25—Third Annual National Moment of Silence.

The National EMS Memorial Service, Roanoke, Virginia, organizes this national event to honor and remember the nation's EMS providers who died in the line of duty. All EMS and communications agencies participating observe 60 seconds of radio silence on this day at 7 pm EDT.

Visit <http://nmos.nemsms.org> to download a participation packet.

At the local level, EMS providers are planning their own events. In the past, EMS Week events have been varied. Examples from previous years included:

Shopping Mall Displays. EMS providers answer questions; hand out printed materials or inexpensive giveaways; display ambulances, helicopters, rescue equipment; do free blood pressure or other health/safety checks.

Mock Medical Emergency. EMS providers stage a mock emergency, such as an auto or motorcycle crash, and show how the EMS System responds. Auto extrication and EMS equipment are demonstrated.

Adult Lectures & Classroom Talks. Home safety, medical tips, emergency care, CPR, choking and injury prevention—are only a few sample topics about which EMS providers talk.

Open Houses. In addition to showing off EMS ambulances and rescue units, many EMS providers also conduct free blood pressure screenings, hearing tests, safety checks for bikes or child safety seats, or teddy bear clinics.

EMS Provider Recognition Ceremonies. Local EMS "heroes" are often honored at award ceremonies or lunches and dinners.

EMS Poster Competitions for Children in Elementary & Middle School. Prizes are often awarded to winners in each age category.

Media Outreach. Local ambulance companies often invite reporters from print or electronic media to do "ride-alongs" or highlight various rescues or EMS providers.



Tire Inflation Concerns

Bridgestone/Firestone North American Tire Company recently did a survey of inflation pressure on the dual tire assemblies of emergency medical service vehicles. They

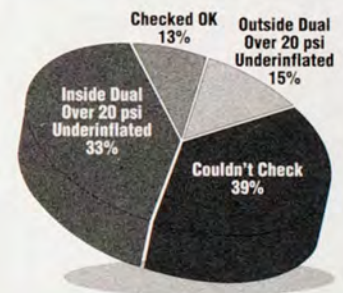
found that about 39 percent of the tires could not be checked at all, because the valve stems were inaccessible. (Worse, even if one of these tires had needed air, there was

no way to add any.)

Some vehicles had extension hoses, thereby allowing them to be checked. But 33 percent of those tires were underinflated by at least 20 psi—dangerously low. Since the manufacturer's specification is 80 psi, these tires were 25 percent underinflated. The tire industry considers any tire that has been run on the road 20 percent or more underinflated to be "run flat." Running flat can result in very serious damage to the tire that can cause it to fail catastrophically—and without warning.

Of the underinflated tires, 33 percent were on the inside tire of the dual assembly, which is nearly impossible to see. Only about 13 percent or roughly one in eight of the tires checked had the correct inflation pressure.

Bridgestone/Firestone addressed the concerns in its "Best Practice for Tire/Wheel Assembly of Dual Wheels for Ease of Air Inflation Maintenance."



Best Practice for Tire/Wheel Assembly of Dual Wheels for Ease of Air Inflation Maintenance

Background

- Air carries the load, not the tire.
- Dual wheel configurations are difficult, at best, to check for air pressure.
- Wheel covers with small hand holes make checking the tire pressure more difficult. In most cases, the only way to check the pressure is to pull the wheel covers.

Objective

- Configure a system, that will allow for easy and accurate checking of air inflation pressure.

Valves

- Ford and GM vehicles come with wheels that have *rubber snap-in valves*. These valves have been found to become cocked and leak when used with extension hoses.
- Recommend replace the *rubber snap-in valves* with *clamp-in tubeless metal valves*.

Extension Hoses

- To overcome the handicap of the small hand holes in most wheel covers, the use of extension hoses is recommended. To minimize the potential for damage to these hoses, those with stainless steel braided protective covers would be preferred.
- There are numerous ways the hose extensions can be secured on the outside of the wheel:
 1. Fastened under the lug nut.
 2. Mounting brackets attached to the aluminum wheel cover.
 3. Clamped onto the rim.
 4. Spring or sheet metal brackets which attach to the hand hole.
- The more secure the outside ends of the extension hose are, the better the system will work.
- Bridgestone/Firestone strongly recommends either item 1 or 2 above to achieve a secure attachment.

Valve Caps

- In any operation, the valve cap is essential to protect the valve core and to prevent foreign material (water, dirt, etc.) from getting into the assembly. The disadvantage of most valve caps is that you must remove them to check the air pressure and then, if you have not lost it, put the cap back on.

Note: Never use the plastic valve caps, as they do not have any internal seals to prevent air loss or dirt and water migration into the valve needle.

- The V2B inflate through the valve cap is a *double seal valve cap* which allows for pressure measurements directly, without the need to remove and replace it.

Note: Most tire dealers and/or automotive part suppliers can assist you in obtaining these components.

- Anytime you can make pressure checking simpler, you increase the likelihood that the checks will be made and that your inflation maintenance program will be successful.

Additional Information

- If you would like to distribute information on implementing a good tire inflation maintenance program, Bridgestone/Firestone can supply you with copies of its "Best Practices" recommendations, as well as a brochures entitled "Ready to Roll." For copies or additional information, please contact John E. Miller, Engineering Manager of Bridgestone/Firestone's Commercial Corporate Accounts at 615-231-3460 or by email at millerjohn@bfusa.com.

New Date for Pyramid

October 25-27, 2002

Holiday Inn Solomons
Solomons, Maryland

Contact:

MIEMSS Region V Office
301-474-1485 or 1-877-498-5551

Correction

In the table on page 1 of the February issue of the newsletter, the last sentence of the description of Yellow Alert is incorrect. It should read: Priority II and III patients will normally bypass unless transport time will be lengthened by more than 15 minutes.

Nominations for New PRP Members

In June the terms of four members of the Provider Review Panel (PRP) will expire. The EMS Board will appoint replacements and is accepting nominations to fill the vacancies. One EMT-B, one Cardiac Rescue Technician (CRT), one EMT-P, and one Emergency Medical Dispatcher (EMD) will be appointed. Nominees may be either volunteer or local government EMS, fire, or rescue persons knowledgeable in the delivery of EMS who are currently certified as an EMD or an EMT-B, or licensed as a CRT or an EMT-P.

The PRP is the 13-member panel established by law to provide peer review of EMS provider disciplinary matters concerning patient care and make recommendations to the EMS Board regarding any possible disciplinary action.

The Maryland EMS community is invited to submit for the EMS Board's consideration the names and resumes of EMS providers to serve on the PRP. Incumbents interested in continued service are encouraged to reapply.

Those serving on the PRP must be able to meet in Baltimore bimonthly for an average of 2 hours to review Incident Review Committee complaints and must understand the importance and confidentiality required. The meetings are held on the third Friday of every other month. Those interested in applying may contact either a Jurisdictional Advisory Committee representative or the MIEMSS Compliance Office (410-706-2339) to obtain additional information. Nominations must be received no later than April 30. Please send the name and resume of your nominee to Ron Schaefer, Chief Compliance Officer, MIEMSS, 653 West Pratt Street, Baltimore, MD 21201.

Introducing FRED

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al telephones used in the past.

MIEMSS will budget for annual updates of the FRED program and continue to make it as user-friendly as possible. In addition, we have begun discussions with the state's Department of Health and Mental Hygiene to incorporate syndromic monitoring into the program. We also hope to include a triage program, currently under development, to track bed availability as beds are filled or opened. This could also be used as a central repository to determine who went to which facility. To reduce the amount of data entry and make data available on a real-time basis, we hope to link several databases to include Pysch Bed Registers, Computer-Aided Dispatch Centers, EMAIS, ED patient logs, Medical Records, etc. As we upgrade to digital microwave, we will convert the system into a closed wide-area network for better security. This will be required for database linkage, improve speed, and begin to improve wireless access.

FRED can now be accessed with a PC during any emergency from anywhere in Maryland. If you have questions on how to access FRED, contact the MIEMSS Region III Office (410-706-3996). If you are involved

in an incident and think the system can help, call EMRC and have them alert FRED to respond to your needs.

◆ *John Donohue*
MIEMSS Region III
Administrator

Disciplinary Actions

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

R-2001-125—(EMT-B)—

September 11, 2001. Revocation of certification for fraudulently obtaining a certificate, being convicted of a felony and crime of moral turpitude, and intentionally misrepresenting the level of licensure held.

B-2001-140—(EMT-P)—December 18, 2001. Revocation of license for violating protocols and standards of care for the delivery of quality emergency medical services and filing a false report relating to emergency medical services.

B-2001-169—(EMT-B)—January 17, 2002. Summary suspension and subsequent acceptance of voluntary surrender of certification for engaging in unprofessional or immoral conduct while performing emergency medical services, addiction or abuse of a narcotic or controlled substance as defined in Article 27, Annotated Code of Maryland, and administering drugs for illegal purposes.

R-2001-148—(EMT-P)—

February 12, 2002. Reprimand to be followed by suspension unless provider completes remedial education within one year for abandoning a patient, filing a false record related to the provision of emergency medical services, and failing to meet the appropriate standard of care.

R-2001-153—(EMT-P)—

February 12, 2002. (By disposition agreement) Indefinite suspension of license to be abated upon successful completion of drug rehabilitation program and, if suspension is abated, two years probation and random drug testing for engaging in unprofessional or immoral conduct while performing emergency medical services, addiction or abuse of a narcotic or controlled substance as defined in Article 27, Annotated Code of Maryland, and administering drugs for illegal purposes.

B-2001-132—(CRT)—March 4, 2002. Acceptance of voluntary surrender of license for fraudulently or deceptively obtaining a license, being convicted of a felony and a crime involving moral turpitude, and violating appropriate protocols and standards of care for the delivery of quality emergency medical services.

R-2001-149—(EMT-P)—March 12, 2002. (By disposition agreement) Reprimand for failure to comply with the applicable standard of care.



Governor Parris N. Glendening

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for

Emergency Medical Services Systems

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Executive Director, MIEMSS: Robert R. Bass, MD

Managing Editor: Beverly Sopp (410-706-3248)

Address Correction Requested

MIEMSS, Maryland EMS News

DATED MATERIAL

Out-of-Hospital Cardiac Arrest Reports

The Maryland Cardiac Arrest Public Defibrillation (M-CAPD) study is still underway. We have completed the first 12 months and are continuing to collect information throughout 2002. Thanks again to all EMS providers for submitting the forms (Supplemental EMS Cardiac Arrest form, along with the Maryland Ambulance Information System or MAIS, additional Narrative, and Code Summary) for each out-of-hospital cardiac arrest incident. Forms may be faxed, mailed, or delivered to the MIEMSS Epidemiology Office.

During the past year, we have been fortunate to talk with some of you by telephone, and learn more about how reporting occurs in your jurisdiction or at the local level. In 15 jurisdictions, there are cardiac arrest form coordinators, usually the same people who oversee quality assurance for the ambulance runsheets.

We have received reports of nearly 2600 cardiac arrest cases occurring in 2001, or an average of over 200 reports per month. Based on the number of cardiac arrests transported in previous years, we had expected approximately 5000 cardiac arrest reports. Please continue to send in reports for 2001 cases, if you

have not done so already.

Study results will be used to identify where out-of-hospital cardiac arrests are occurring, to assess EMS response to sudden cardiac arrest, and to assess the impact of the layperson automated external defibrillator (AED) program. (Since April 2000, facilities are required to be registered with MIEMSS in order to have a public access AED on site.)

We provide periodic updates about the M-CAPD study to the Jurisdictional Advisory Committee (JAC) members, the Statewide EMS Advisory Council (SEMSAC), and the

EMS Board, as well as to jurisdictional cardiac arrest form coordinators. If you would like to receive information about the progress of this study, or have any questions, please do not hesitate to contact the MIEMSS Epidemiology Office.

Phone: 410-706-4193

Phone Toll-free: 877-937-7724

Fax Toll-free: 877-787-8089

Fax: 410-706-4366

Pager: 410-475-8433

Website:

<http://miemss.umaryland.edu/m-capd.htm>

Calendar

May 2-5

EMS Care 2002

Maritime Institute for Technology & Graduate Studies in Linthicum, MD
Contact: John Donohue, MIEMSS Region III, 410-706-3996

May 18

Tri-County Disaster Exercise

Contact: Rick Meighen, MIEMSS Region V, 301-474-1485; 1-877-498-5551 (toll free)

May 19-25

Emergency Medical Services Week

Contact: MIEMSS Regional Administrator in your area

June 1

EPLEX Disaster Exercise

BWI Airport
Contact: John Donohue, MIEMSS Region III, 410-706-3996

June 16-20

Maryland State Firemen's Association Convention

Ocean City, Maryland
Contact: MSFA, 410-867-3658

September 20

13th Annual Trauma Conference

Sponsored by Peninsula Regional Medical Center & Trauma Department
Clarion Resort Fontainebleau Hotel
Ocean City, Maryland
Contact: Lisa Hohl, 410-543-7328