

Maryland EMS News

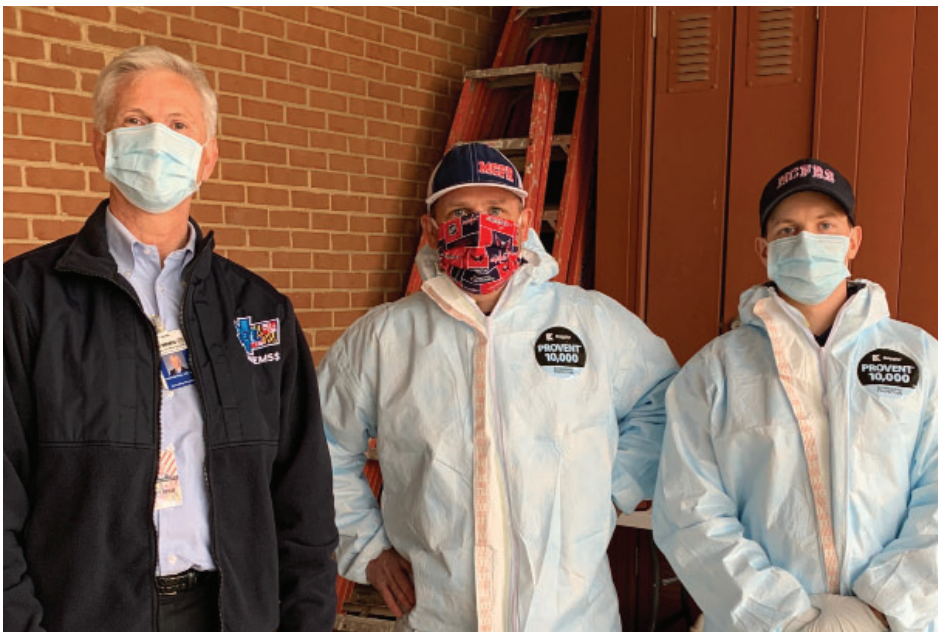
For All Emergency Medical Clinicians

Vol. 46, No.2

June 2020

EMS Week During COVID-19 Pandemic

~ Ready for Today, Planning for Tomorrow: A Message from MIEMSS' Executive Director ~



▲ Dr. Ted Delbridge (left), MIEMSS Executive Director, is pictured with Montgomery County Fire and Rescue Service EMS clinicians outside the Suburban Hospital - Johns Hopkins Medicine Emergency Department in Bethesda.

THE 46TH ANNUAL NATIONAL EMERGENCY MEDICAL SERVICES (EMS) WEEK was observed May 17-23, 2020. This year's theme, "Ready Today. Planning for Tomorrow.", couldn't have been more appropriate in describing Maryland's EMS clinicians who have been an important part of the frontline force to deal with the COVID-19 pandemic.

This year, our Maryland EMS system will respond to more than one million calls for help. As Maryland EMS clinicians, you will meet your neighbors, fellow citizens, and visitors during some of their worst moments. In many cases, you will provide life-saving care with efficient expertise. Sometimes, you merely offer an empathetic helping hand. At any time, you are ready to go places most people would not, and help people you do not know. Often,

as during this current pandemic, you risk your own health.

Throughout our magnificent state, people know that expert help is a mere phone call away. At any hour of day or night, literally thousands of you are standing at the ready to respond to emergencies of all types. You undergo hundreds of hours of specialized and continuing education to ensure you possess the needed knowledge and skills to prepare for most any foreseeable situation. Planning never ends. You are in our urban centers and rural corners, and you do your work with little fanfare.

Typically, National EMS Week provides an opportunity for hospitals and others to honor our EMS workers. Every year at this time,

(Continued on page 11)

This year, our Maryland EMS system will respond to more than one million calls for help. As EMS clinicians, you will meet your neighbors, fellow citizens, and visitors during some of their worst moments.

DR. TED DELBRIDGE
MIEMSS Executive Director

CONTENTS

■ Montgomery County Develops Incident Command System	2
■ MIEMSS' COVID-19 Response.....	3
■ Road Safety for Bicyclists	4
■ Child Heatstroke Prevention in Maryland.....	5
■ Children's Drowning Risk May Increase During COVID-19	7
■ Maryland Stars of Life and Right Care When It Counts Awards	8
■ Retired Firefighter "Doodles" to Combat COVID-19	9
■ CARES Corner	11
■ Caregiver Services Corps Connects Volunteers with Seniors	12

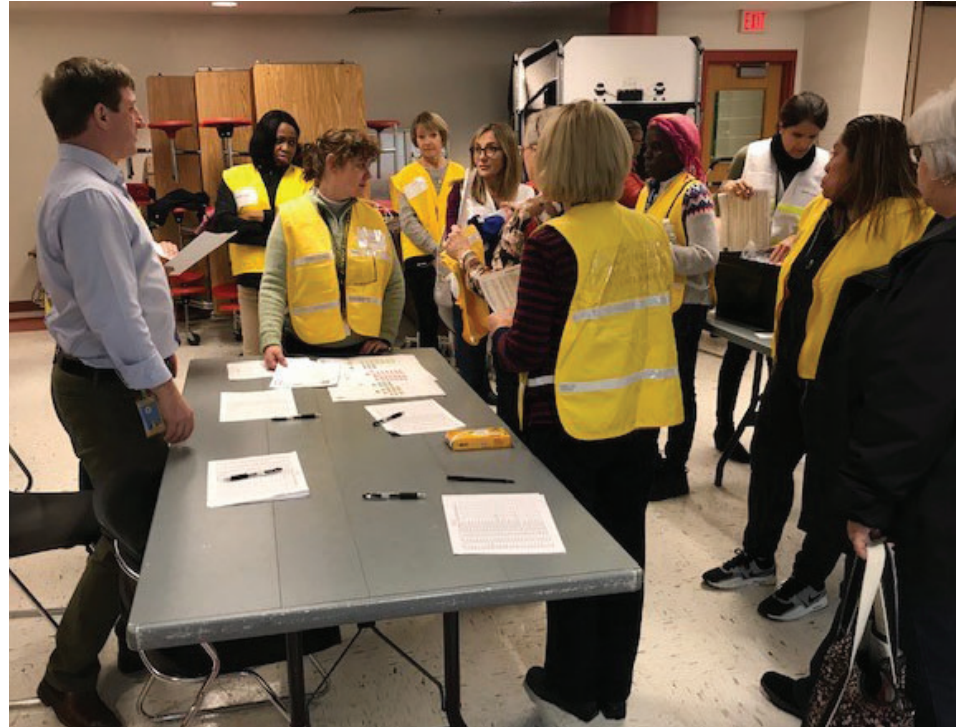
MDERS, MoCo PHEPR Develop Incident Command System Capabilities

Maryland-National Capital Emergency Response System teams with Montgomery County Public Health to expand ICS

THE MISSION STATEMENT of Maryland-National Capital Emergency Response System (MDERS) is to support the integration of fire, rescue, emergency medical services, law enforcement, emergency management, public health, and healthcare systems to ensure a coordinated response to emergency incidents through strategic planning, information sharing, training, exercises, and equipment allocation. While each discipline has unique requirements to build capabilities, all share the common need to manage and coordinate resources at an incident. The tool that connects the emergency response disciplines is the Incident Command System (ICS).

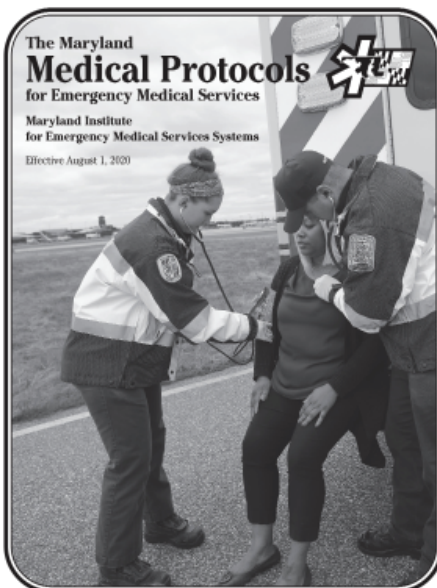
The Montgomery County Public Health Emergency Preparedness Program and Response (PHEPR) recognized a need to expand their capacity to use ICS processes. The review of several after-action reports showed that co-

(Continued on page 8)



▲ Public health personnel receive just-in-time training on incident command system titles, processes, and procedures. This directs personnel to complete critical tasks, establishes a clear line of command, and identifies tools needed for their job.

Maryland Medical Protocols for EMS - 2020 Release



THE 2020 MARYLAND MEDICAL PROTOCOLS FOR EMERGENCY MEDICAL SERVICES document and spreadsheet with the 2020 changes is now available on the MIEMSS website (<http://www.miemss.org/home/ems-providers/protocols>). The printed versions of the 8 ½ x 11" three-hole punched for binders, smaller spiral-bound books, as well as the abridged pocket version will be available from the MIEMSS Licensure and Certification. Each Maryland EMS clinician will receive a copy of the pocket version.

Online training for ALS and BLS clinicians is available through the MIEMSS Online Training Center at www.emsonline-training.org or by viewing the video on the Maryland EMS YouTube links below:

- **ALS:** <https://youtu.be/tAnc7257tFE>
- **BLS:** <https://youtu.be/GR6iKy2fFTw>

Of special note - regardless of how you

choose to view this year's EMS Update, you must login to the MIEMSS EMS Online Training site to take the quiz to receive your credit for completion.

The online training is available for hospital Base Stations personnel using the following links:

- **MIEMSS website:** <http://www.miemss.org/home/hospitals/base-stations>
- **Maryland EMS YouTube channel:** <https://youtu.be/qOxg4W4OZ0o>

As a reminder, due to COVID-19, the changes in the protocols for this year will go into effect on August 1, 2020. You must complete training by that date. ■

Regardless of how you choose to view this year's EMS Update, you **must** login to the MIEMSS EMS Online Training site to take the quiz to receive your credit for completion.

MIEMSS Implements Measures to Assist EMS and Healthcare Facilities in COVID-19 Response



▲ MIEMSS staff meets at the Department Operations Center at MIEMSS headquarters in Baltimore.

MARYLAND'S EMERGENCY MEDICAL SERVICES (EMS) system is working on many fronts to execute measures for dealing with the novel coronavirus COVID-19 in Maryland. MIEMSS implemented an emergency pandemic protocol, developed provisional status licensing/certification to augment the EMS workforce, credentialed certain categories of nursing and respiratory therapy students to assist with staffing medical facilities, secured an Ambulance Strike Team to assist in the movement of patients, and supported COVID Medical Response Teams working with the Maryland National Guard. These actions are important components of Maryland's response to COVID-19. On behalf of Executive Director Dr. Ted Delbridge and the entire MIEMSS staff, we want to thank you for all you do each and every day to help Marylander's dealing with this pandemic.

Some of the efforts that MIEMSS is as-



▲ Members of the Maryland National Guard deliver PPE to be distributed statewide.

(Continued on page 10)

Road Safety for Bicyclists

SAFETY ON THE ROAD FOR BICYCLISTS

depends on both the rider and vehicle drivers remaining focused on the road and the traffic around them, anticipating what others may do. Maryland requires bicyclists on the roadway to follow the same rules as motorists.

There are two main types of bicycle crashes. The most common crash involves falls, but the most serious crash involves vehicles. In 2018, the National Highway Traffic Safety Administration data shows that 857 bicyclists were killed in motor vehicle crashes.



Tips

for



~ BICYCLISTS ~

- Always wear a properly-fitted helmet that meets the Consumer Product Safety Commission (CPSC) standards.
- Check your bike equipment before heading out: check for proper fit and function, including tires, brakes, handlebars, and seats.
- Ride in the same direction as traffic, as a vehicle on the road.
- Obey traffic signs, signals, and lane markings; signal all turns; and follow local laws.
- Be predictable; ride in a straight line; and use hand signals when changing lanes or turning.
- Stay focused; look ahead for traffic and obstacles in your path.
- Be visible: wear bright colors, reflective materials and lights on your bicycle at night and in low-light conditions.
- Stay alert: don't use electronic devices.
- Ride safely: riding while impaired by alcohol or drugs affects your judgment and skill; it affects your safety and others on the road.



Tips

for

~ MOTORISTS ~

- Pass bicyclists on the road with care; allow at least three feet of clearance.
- Look for cyclists before opening a car door or pulling out from a parking space.
- Yield to bicyclists at intersections and as directed by signs and signals.
- Look for bicyclists before making turns, either left or right.
- Respect designated bicycle lanes; don't use them for parking, passing, or turning.
- Never drive while distracted or impaired. Always buckle up.

Visit www.miemss.org/home/bike-safety-project
for information about bike safety resources available
from MIEMSS, or email bikesafety@miemss.org.

Child Heatstroke Prevention in Maryland

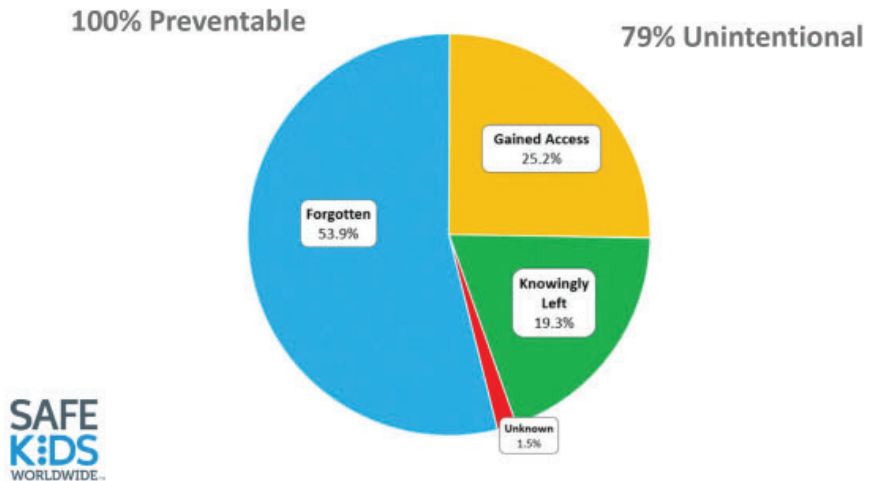
MARYLAND NEAR-MISS: *In late spring 2019, a busy Maryland caregiver dashed into a mall, leaving multiple kids in the car while she ran some brief errands. Midday, the air temperature reached 80 degrees, and with the sun shining, the heat inside the car rapidly rose. The children were told to wait, as the caregiver would soon return, but as temperatures increased they became uncomfortable. One astute child called 9-1-1, and emergency personnel used GPS to locate them and quickly get them out of the car. Fortunately, no one was hurt in this incident. The caregiver said she had been gone only about 20 minutes, but in that amount of time the car had heated up to about 100 degrees. Had the children remained in the car much longer, the temperatures could have reached lethal levels.*

By the end of 2019, 52 children in the U.S. died from hyperthermia while unattended in vehicles. Looking at data between 1998 and 2019, an average of 39 children died in cars due to heatstroke; more than half of these children were under the age of 2, and a third of them were less than 1-year-old. The majority (54%) were mistakenly left in the car, mostly by loving caregivers who were distracted or out of their usual routine. About a quarter of the deaths were due to children finding their way into a vehicle and then not being able to get out. Unbelievably, in 19% of the cases, the children were knowingly left inside the car. [www.no-heatstroke.org]

Heatstroke deaths to children in cars have occurred in almost every state in the U.S., and not just during the hotter times of year. Caregivers and bystanders can prevent the vast majority of these deaths by following a few guidelines as described by Safe Kids WorldWide. They recommend that you “ACT”:

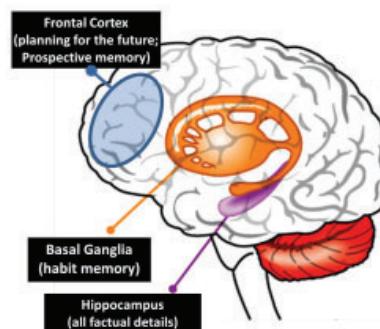
- Avoid hyperthermia-related deaths by never leaving your child alone in a car and always locking doors and trunks.
- Create reminders and habits for you and your child’s caregivers to serve as a safety net to ensure you don’t forget your child.
- Take action if you see a child unattended in a vehicle by immediately calling 9-1-1.
- MIEMSS provides free resources to Maryland healthcare clinicians to help educate on this topic:

Circumstances Resulting in Heatstroke Deaths of Children in Vehicles



San Jose State University
www.noheatstroke.org

How can a child be forgotten in a vehicle? It can happen to ANYONE, EVEN YOU!



Two Types of Memory:

Prospective Memory - the here and now, storage of new information, conscious decision making

Habit Memory - “autopilot”, doing things that are routine without thinking about it, turns on automatically without a conscious decision to do so

Dr. Diamond <https://bit.ly/28MGZgp>

Kids and Cars

- Posters (also available in a clear plastic stand to become a tabletop display)
- Factsheets
- Social media messages and images to share on your media platforms
- Stand up display-poster to borrow for use in a lobby or waiting room
- Large outdoor temperature display to borrow and use with a vehicle to show how

hot cars get.

To order these materials, or for more information, contact Susanne Ogaitis-Jones of MIEMSS’ Child Passenger Safety Healthcare Project at 410-491-7803 or cps@miemss.org. ■



PARK.



LOOK.



LOCK.



Never leave a child alone in a car.
Remember to A-C-T.



A Avoid Heatstroke

Avoid heatstroke-related injury and death by never leaving a child alone in a car, not even for a minute. And make sure to keep your car locked when you're not inside so kids don't get in on their own.



C Create Reminders

Keep a stuffed animal or other memento in your child's car seat when it's empty, and move it to the front seat as a visual reminder when your child is in the back seat. Or place and secure your phone, briefcase or purse in the backseat when traveling with your child.



T Take Action

If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations.

**SAFE
K:DS
WORLDWIDE®**

Children's Drowning Risk May Increase During COVID-19

EDITOR'S NOTE: This article is adapted with permission from a blog written by Dr. Richard Lichenstein for the Partnership for a Safer Maryland (www.safermaryland.org).

WE ALL HAVE MEMORIES OF THE SUMMER: sun, fun, and often water. I recall one summer when I was five our family visited a friend who had a pool. While people were eating and playing, I wandered into the shallow end of the pool and gradually walked to the deeper end as the water kept rising to my mouth. A sense of panic set in as I tried to stay on my tip toes and grab the rough pool floor to scabble back to having my head above water. My older brother happened to walk by, and seeing me struggle, pulled me to safety.

Over three decades in my practice as a pediatric emergency medicine physician I have witnessed saves and tragedies associated with the water. I have attended taken care of to infants who drowned, toddlers and preschoolers, and teenagers as well as adults. These tragedies have happened in open water, pools, and even buckets. I will always have a healthy respect for water's risk. The COVID-19 pandemic presents a new angle on the risk as parents and guardians may be preoccupied by work and other stressors. Deaths from drowning occur quickly so this summer is a perfect time to keep children and teens safe around water.

In the United States, drowning is the single leading cause of death for children ages 1 to 4, and it is a significant cause of death in teenagers. In Maryland in 2017, it was the 3rd leading cause of death among injury fatalities. Social isolation during COVID-19 times provides opportunities for children to have increased access to a wide variety of water sources including tubs, pools, ponds, and drainage ditches where tragedy can occur quickly. A strategy for keeping children safe in and around water during these unprecedented times is to think about "layers of protection," as recommended by the American Academy of Pediatrics.

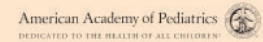
According to the AAP, the layers of protection should include:

- All children and adults know how to swim. If swim lessons are suspended in your area due to coronavirus, it is important to add other layers of protection until your child can access lessons.
- Close, constant, attentive supervision around water. Assign an adult 'water watcher,' who should not be distracted by work, socializing, or chores.
- Around the house, empty all buckets, bathtubs and wading pools immediately after use. If you have young children, keep the bathroom door closed, and use toilet locks to prevent access.

Assign a **water watcher** –an adult who will pay constant attention to children in the water.

If you are the water watcher, be sure to:

- Put down your cell phone
- Avoid other activities
- Supervise even if there are lifeguards
- Switch off with another adult for breaks



- Pools should be surrounded by a four-sided fence, with a self-closing and self-latching gate. Research shows pool fencing can reduce drowning risk by 50%. Additional barriers can include door locks, window locks, pool covers, and pool alarms.
- Adults and older children should learn CPR.
- Children and adults should wear U.S. Coast Guard-approved life jackets whenever they are in open water, or on watercraft.
- Parents and teens should understand how using alcohol and drugs increases the risk of drowning while swimming or boating.

This year, AAP is continuing its water safety campaign with four new public service announcements describing how to protect toddlers and teens around water, available in both English and Spanish. AAP is also making available a series of PSAs featuring the first-person stories of Bode and Morgan Miller, and Nicole Hughes, who lost children to drowning and have partnered with AAP to share their stories to help save other children.

For more AAP resources on drowning prevention that include parent to parent discussions, physician safety recommendations, infographics and age specific safety posters; , visit aap.org/drowning.

Safe Kids WorldWide also has some excellent resources on drowning prevention that include open water and pool infographics, review of the literature and data on childhood drowning, and water watcher cards to reprint. Go to: <https://www.safekids.org/risks/water-and-drowning>.

Richard Lichenstein, MD, FAAP, is Chair, Maryland State Child Fatal-ity Review Team, MIEMSS Region III Medical Director for Pediatrics, and UMMS Pediatric Emergency Medicine Director Attending.

WATER WATCHER



While wearing this tag, I agree to supervise the children in the open water or pool, keeping them in sight at all times.

I will not leave the water area without finding an adult to replace me.

MDERS

(Continued from page 2)

ordination and communication were a consistent challenge. Specifically, public health response often has a limited number of staff with knowledge of field operations and incident command experience. This makes it difficult to coordinate a broader or multi-site response while also providing direction in the field.

To address these capability gaps, public health officials and MDERS staff reviewed strategy plans, current documents, and reports. From this examination, the group identified the plans, organization, equipment, training, exercise, and evaluation elements (POETEE) needed to remedy areas of improvement. This action produced a capability plan that mapped out the steps for change.

Following the plan sequence, a set of activities and tasks were developed. Both fixed and mobile ICS resources were identified and included as a part of the allocation request from the Urban Area Security Initiative grant. These included a command center, a vehicle to assist in deployments, and equipment and supplies to support ICS operations.

The first step was to expand ICS training. MDERS staff worked with Montgomery County Office of Emergency Management and Homeland Security to sponsor and instruct a series of ICS 300 and 400 level courses. Select public health staff also completed command staff position-specific training. This set of trainings prepared the public health members to exercise and drill with the correct tools.

To test these capabilities, PHEPR partnered with School Health Services to operate three simultaneous flu vaccine clinics. The objectives for the exercise included staffing all ICS positions, developing the incident action plan with

all supporting documents, delivering just in time training to the on-scene staff, and coordinating situational awareness between sites to ensure efficient use of limited vaccine resources.

Montgomery County's public high schools provided the stage for these activities, with all events occurring after normal school hours. The mobile command equipment enabled PHEPR to coordinate personnel and supply deployments, track available resources,

and provide updated direction to each facility.

The results from this successful exercise included a throughput process of more than 900 patients in three hours. It also demonstrated proficient use of ICS to manage complex public health scenarios.

For additional information on this project or questions about MDERS, please contact Michael McAdams, Maryland ERS Planning & Organization, at michael.mcadams@maryland.gov. ■



▲ Clark J. Lee, JD, MPH, CPH, is pictured with the PHEPR response vehicle. The vehicle can transport personnel, supplies, and equipment to off-site locations to quickly build a command team. The universal equipment allows for other county and regional agencies to quickly and effectively relay critical information to maintain situational awareness.



MIEMSS EXTENDS A SINCERE THANK YOU to everyone who has been able to submit a nomination for the 2020 EMS and EMSC awards program during the current state of emergency. Recognizing that the entire EMS System is focused on the response to COVID-19, the Maryland EMS Star of Life and EMSC Right Care Awards Ceremony is being postponed until the fall of 2020. The nomination period for the 2021 awards is open to accept nominations. Online nomination forms are currently available for submissions for 2021 activities. Please contact awards@miemss.org for additional information. ■

Retired Firefighter "Doodles" to Combat COVID-19

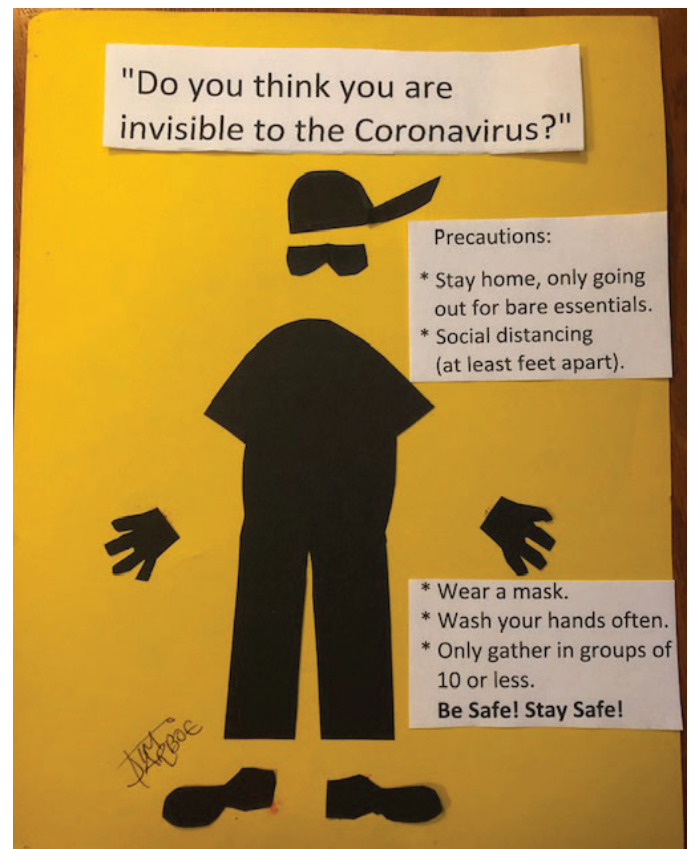
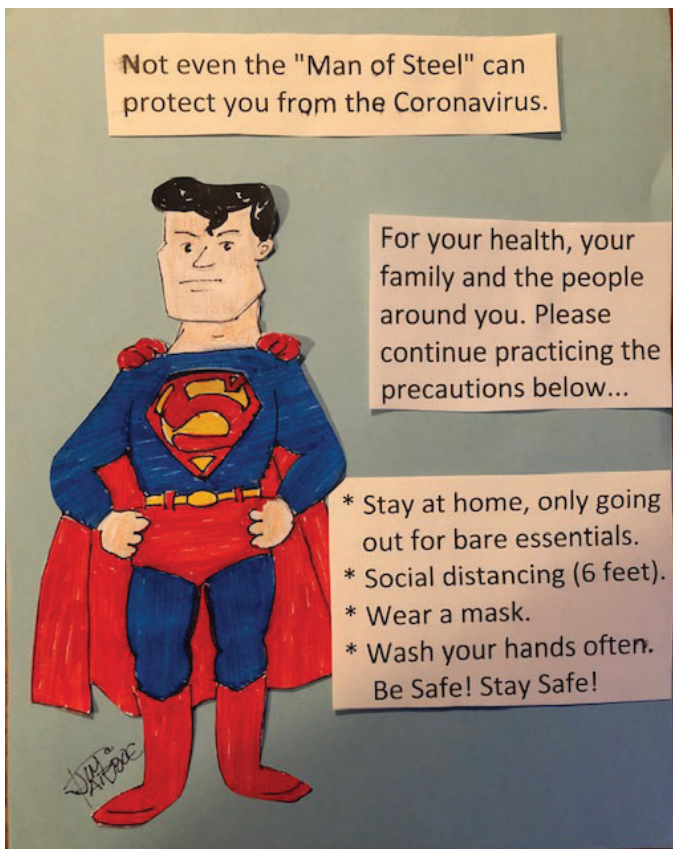
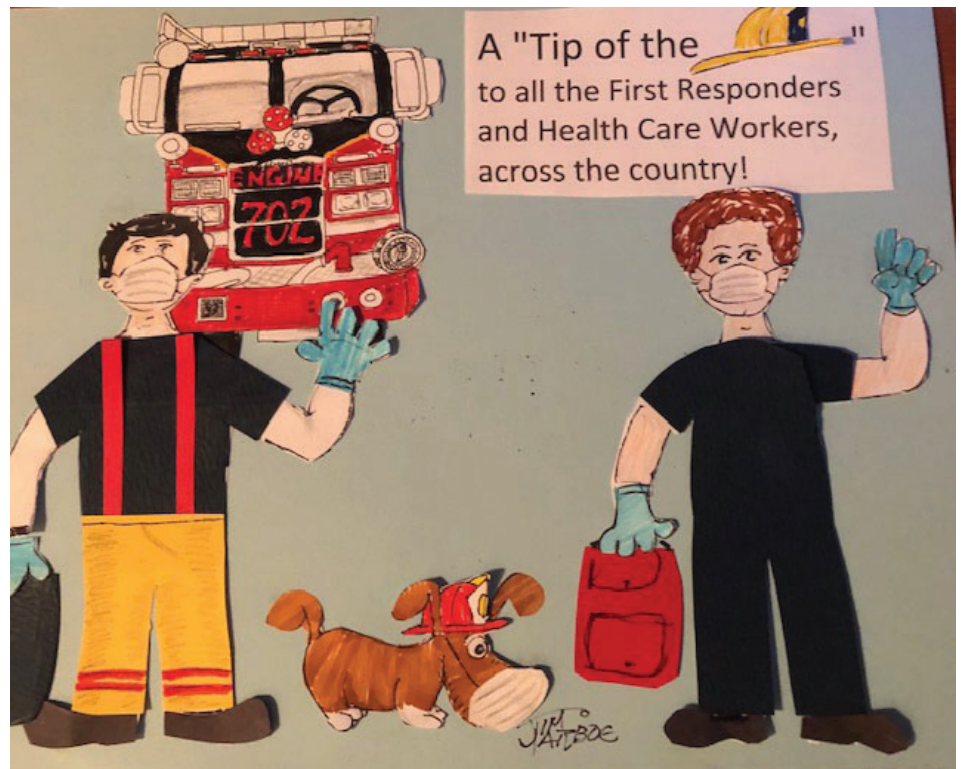
RETIRED FIREFIGHTER JIM JARBOE may no longer ride along to active scenes, but his concern for public safety carries on, as it has for over three decades, in the form of colorful illustrations which he uses to "spread the word" on best practices for maintaining the health of individuals as well as the greater community, most recently in the context of the ongoing COVID-19 pandemic.

"I am not an artist – I'm a doodler," says Jarboe, a 64-year veteran of the Takoma Park Volunteer Fire Department and former career firefighter in Montgomery County. "But for someone who can't draw, I'm pretty good."

Quarantined at home since the pandemic's outbreak earlier this year, Jarboe has created a score of "doodles" that focus on simple preventive measures for curbing the spread of the novel coronavirus.

"When you're dealing with something like COVID, it affects everybody," he says, stressing the importance of each person's role in the greater collective efforts to combat COVID-19. To better connect with viewers, Jarboe's "doodles" draw attention to their un-

(Continued on page 11)



MIEMSS' COVID-19 Response



▲ Randy A. Linthicum (left), MS, NRP, MIEMSS Director of Emergency Operations, and Mustafa M. Sidik, EMS Infectious Diseases Coordinator, facilitate a webinar designed to provide tools for emergency services personnel in dealing with COVID-19 related stress.

(Continued from page 3)

sisting in response to the crisis include:

- **“Viral Syndrome Pandemic Triage Protocol”.** Under this emergency protocol, EMS personnel can identify patients who may be able to remain at home, instead of being transported to an emergency department (ED). Using the Protocol, EMS clinicians responding to a 9-1-1 call will evaluate the patient and, if the patient meets certain criteria, may recommend that the patient remain at home and follow home-care instructions, including temperature monitoring, staying well-hydrated, and taking over-the-counter medications for fever and body aches. Patients who are able to home-care can avoid the potential for long wait times and overcrowding at hospital emergency departments. If the patient still wants to be transported to the ED, even though EMS has indicated they may stay at home, the patient will be transported. Patients who do not

(Continued on page 11)



▲ Andy Robertson, MIEMSS Region III Associate Administrator, sorts through PPE supplies for distribution to EMS jurisdictions and commercial ambulance companies.

MIEMSS' COVID-19 Response

(Continued from page 10)

meet the criteria for home-care will be transported to EDs.

■ **Augmenting Maryland's EMS Workforce.** Governor Hogan issued an Executive Order specific to Emergency Medical Services (EMS) in Maryland to respond to the state of emergency and catastrophic health emergency. Governor Hogan's Executive Order authorized the suspension of certain statutes and regulations and the issuance of additional, revised, or supplemental procedures or protocols for EMS licensing, certification, or scope of practice. Based on that Executive Order, the Chair of the State EMS Board and the MIEMSS Executive Director took certain actions. A new EMS Provisional Status Certification/License was developed that is valid from the date of issue until 180 days after the end of the emergency period. The new Provisional Status is available to applicants who are certified/licensed as EMS clinicians in another state, students enrolled in EMS educational courses, and individuals with expired Maryland certifications/licenses. Applicants for Provisional Status can log into miemsslinc.com to complete and submit a Provisional application. Provisional EMS clinicians must function under appropriate medical direction and must notify MIEMSS once they obtain any EMS affiliation or other employment using their Provisional license or certificate.

■ **Credentialing Clinical Externs.** MIEMSS has developed a process for credentialing provisional Clinical Externs with certificates that will be issued to allied health sciences students, e.g., nursing students and respiratory therapy students, who have met certain educational criteria. This will allow them to function as Clinical Externs under the supervision of Maryland licensed health professionals in order to supplement the health care workforce in hospitals and auxiliary treatment sites. The provisional certificate will be valid until 30 days after the state of emergency has been terminated.

■ **Ambulance Strike Team.** MIEMSS coordinated an Ambulance Strike Team to respond to a situation in which multiple patients must be transported from one location to another, such as from a nursing home facility to hospital. These teams are made up of five ambulances. Staffing includes one ALS clinician and one BLS clinician per unit. A strike team leader, with vehicle, supervises the team.

■ **COVID-19 Response Teams.** To support the response to a situation in which multiple

patients need to be evaluated, e.g., at a nursing home, MIEMSS is working with hospitals and health systems to coordinate response teams to support the Maryland National Guard as it as-

sists facility personnel in determining which patients are able to be treated in their current location. If needed, an Ambulance Strike Team will be dispatched to transport patients to an ED. ■

Delbridge

(Continued from page 1)

we gather to remember those EMS professionals, career personnel, and volunteers who lost their lives in the line of duty by honoring their service with the National EMS Memorial Bike Ride and the National EMS Memorial Service. MIEMSS usually holds our annual statewide EMS Stars of Life and Right Care When it Counts Awards. Most of these events had to be

cancelled or postponed as we continue to exercise caution amidst the COVID-19 pandemic. However, MIEMSS still wants to acknowledge the incredible work and dedication of the men and women of our EMS system.

There is no doubt that Maryland's EMS system and its thousands of committed men and women are "Ready Today". You are continually "Planning for Tomorrow". Thanks for all you do each and every day! ■

Jarboe

(Continued from page 9)

derlying message through simple and sometimes whimsical characters. For example, in one illustration, a disembodied character asks, "Do you think you are invisible to the Coronavirus?", while another, depicting the last son of Krypton - Superman - warns that "Not even the 'Man of Steel' can protect you from the Coronavirus," before encouraging continued

precautionary measures such as handwashing, social distancing, and the use of facemasks.

Jarboe's ultimate goal in delivering his message is to reach as many people as possible, which he accomplishes via whatever means are at his disposal, from local newspapers and station-house bulletin boards to newsletters and email.

"I'm not looking to make a name for myself with this," he chuckles. "The message is what's important." ■



CARES Corner

In order for the out-of-hospital cardiac arrest patient care reports (PCRs) to be posted to CARES, the PCRs for patients that were declared at the scene WITH interventions or the PCRs for patients that were transported to the hospital must have all relevant data elements completed. **Please also make note of the following:**

1. If a 9-1-1 responder provided compressions and/or defibrillation OR a bystander used an AED to defibrillate a patient in cardiac arrest, "Was Resuscitation Attempted by 9-1-1 Responder (or AED Shock Given Prior to EMS Arrival)" must equal "Yes".
2. All response dates/times must be entered, including "Back in Service Date/Time".
3. "Location Type" must be completed.
4. If the patient had an AED applied prior to EMS arrival, "Who First Applied AED" cannot equal "Responding EMS Personnel".
5. If the patient is transported (including response disposition of "Dead at Scene, WITH Interventions (Transport)"), ALL destination information must be completed.

Caregiver Services Corps: Connecting Volunteer Caregivers with Seniors

New program provides access to volunteers who can assist older adults who have suddenly found need for help with everyday tasks due to COVID-19 pandemic

The Maryland Department of Aging (MDA) has launched a new program called Caregiver Services Corps (CSC), connecting volunteer caregivers with seniors who have suddenly found they need assistance with everyday tasks due to the impacts of COVID-19.

The program will provide back-up support to informal caregivers of older adults (family or friends) who are unable to provide care due to their own illness, exposure to COVID-19, or other temporary constraint. The CSC will provide access to volunteers



who can assist older adults who, due to the impacts of COVID-19, have suddenly found they need help with everyday tasks.

Another goal of the program is to prevent hospitalizations of older adults that may be a result of lack of needed care in their homes. Emergency services personnel

can often identify these types of needs when responding in the homes of older adults. You are encouraged to utilize the CSC services as well by connecting to the call center directly by dialing 800-337-8958.

CSC volunteers can perform tasks such as assisting with the individual's self-administration of medications, helping with ambulation or transferring, assisting with bathing and completing personal hygiene routines, delivering essential groceries, and aiding with telehealth appointments. If you are interested in becoming a CSC volunteer, go to the Maryland Responds Medical Reserve Corps (MRC) website (mdr.health.maryland.gov). Once you register to be an MRC volunteer, proceed to the training section, and there you can choose to do the CSC training. If you have questions about volunteering, call 877-463-3464. ■

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

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