

MIEMSS Report
March, 2019

Maryland EMS Providers and Jurisdictional Programs

Theodore R. Delbridge, MD, MPH, FACEP, FAEMS. Dr. Theodore R. Delbridge has started as MIEMSS Executive Director. Dr. Delbridge is a board-certified Emergency Physician with a 27-year clinical background in the practice of emergency medicine. He is experienced in all aspects of EMS including EMS medical and aero-medical direction, education, quality improvement, and research.

Clay B. Stamp appointed chair of the Maryland Emergency Medical Services (EMS) Board. Governor Larry Hogan has appointed Clay B. Stamp as the chair of the EMS Board. Stamp is currently the Talbot County Director of Emergency Services and Assistant County Manager, as well as Senior Advisor to Governor Hogan for Emergency Management and the chair of the Governor's Emergency Management Advisory Council. He has a long history with emergency services in Maryland. He is experienced in all aspects of EMS and emergency services management. Mr. Stamp takes over as Chair of the EMS Board as only the second person to fill the position since MIEMSS was re-established as a separate state agency in 1992. Mr. Stamp takes over from Mr. Donald L. DeVries, Jr., Esq., who has served as the Chair of Maryland's EMS Board since its inception.

Maryland Flu Cases. As of February 22, 2019, the Maryland Department of Health has reported Maryland's influenza -like illness intensity is moderate and there was widespread geographic activity. Influenza vaccine is recommended for everyone over the age of six months. The vaccine is widely available. Maryland emergency services providers should get protected by contacting their health care provider, local health department, or neighborhood pharmacy and getting vaccinated against influenza.

Reporting of Overdose Information. MIEMSS is required to submit information to the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) Overdose Detection Mapping Application Program (ODMAP). Patient care reports are identified for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone as reported in eMEDS®. Information is reported electronically to ODMAP every 15 minutes; following elements are reported:

- The date and time of the overdose;
- The approximate address where the overdose victim was initially encountered or where the overdose occurred;
- Whether an opioid overdose reversal drug was administered; and
- Whether the overdose was fatal or nonfatal

Opioid Intervention Teams (OITs). Opioid Intervention Teams (OITs) are the local jurisdiction multi-agency coordination bodies established by the OOC to integrate with the statewide opioid response. OITs are coordinated jointly by the jurisdiction's health officer and emergency manager but rely heavily on coordination of community organizations, local agencies, and community members to develop a unified local strategy to reduce the impact of overdose deaths in their jurisdiction. OITs are set up in 24 jurisdictions in Maryland, including 23 counties and Baltimore City. All jurisdictions have reported EMS as partners with their OIT.

Naloxone Reimbursement Grant – Year 2. MIEMSS, in conjunction with the Governor's Opioid Operational Command Center and the Maryland Department of Health (MDH) Behavioral Health Administration, has released a second year of funding to assist EMS jurisdictions in by providing relief for uncompensated naloxone usage. Grant fund availability was calculated based upon a jurisdiction's naloxone use on calls in which the patient was not transported to a hospital. Applications are due by March 1, 2019. Please contact your MIEMSS Regional Office for details.

BeforeItsTooLateMD.org for Opioid Addiction Resources. Marylanders grappling with a substance use disorder can find help at BeforeItsTooLateMD.org or by calling 2-1-1 and pressing 1 or text their zip code to 898-211 to speak with knowledgeable crisis call specialists.

SEMSAC BLS Committee. The new evaluation process, and scenarios are working well. We encountered a few minor issues, but they have been addressed. The new evaluation system has reduced the overall time for the EMT psychomotor evaluations. As a result, we have been able to offer more opportunities for same day retesting. MIEMSS is currently testing a new form in the licensure system that has been added to the initial EMT workflow—electronic internship. This form will allow EMT students to submit internships electronically through the public portal. Once testing has been completed, instructions for completing the process will be widely distributed.

eLicensure System. MIEMSS is working diligently to enhance functionality in the eLicensure's public portal. This will include functionality that will allow EMS systems administrators to access the public portal to retrieve data, including provider license or certification status, issue and expiration dates, and continuing education credits that will assist with staffing, and other critical decisions during daily operations. The eLicensure Statewide Steering Committee continues to meet quarterly to develop recommendations for modifications and improvements to the new system.

Voluntary Ambulance Inspection Program (VAIP). The Statewide VAIP committee has reconvened to conduct a thorough review and update of the VAIP standards in an effort to allow more jurisdictional EMS operational program to participate. This committee will be sending out a survey to all EMS jurisdictions to identify barriers to participation and will be meeting monthly to work toward developing a standard that is achievable by all jurisdictions.

eMEDS®/CRISP Integration. As of January 1, 2019, MIEMSS has completed the technical work and pilot testing of the integration between eMEDS® and the Chesapeake Regional Information System for our Patients (CRISP), Maryland’s designated health information exchange. This integration includes a data linkage between participating jurisdictional EMS operational programs and CRISP, automatically uploading 138 data elements directly from eMEDS® to CRISP. This data, which is available in the CRISP Provider Portal, is designed to provide clinical EMS treatment data to in-hospital and community healthcare partners to better streamline a patient’s care across the entire healthcare system. Additionally, this program allows jurisdictional QA officers and medical directors from public safety EMS operational programs to access the CRISP Provider Portal for quality assurance and mobile integrated health purposes. As of February 24, 2019 there are six participating jurisdictions (Anne Arundel County, Carroll County, Charles County, Frederick County, Queen Anne’s County, and Washington County). The program is open to all of Maryland’s public safety EMS operational programs and MIEMSS has set a goal that all jurisdictional EMS operational programs will be participating by the end of calendar year 2019.

Electronic Patient Care Reporting – Electronic Maryland EMS Data System (eMEDS®).

Public Safety/911 EMSOP Update

As of January 2, 2019, MIEMSS has completed transition of all twenty-five, public safety jurisdictions (including Baltimore City, & City of Annapolis) to ImageTrend’s Elite platform, now known as eMEDS®. The transition moves MIEMSS’ data collection of pre-hospital care reporting, from the NEMESIS 2.2.1 (eMEDS® v2) data standard to the current NEMESIS 3.4 (eMEDS® v3) data standard. MIEMSS is actively working with the remaining federal, EMS partners to transition them as well. Expected completion time is unknown for these agencies.

State Office of Commercial Ambulance Licensing & Regulation (SOCALR) Update

As of January 2, 2019, MIEMSS SOCALR department has completed transition of twenty-one commercial services to eMEDS® v3. These services complete eMEDS® reports directly into the application similar to all public safety jurisdictions. There are twenty (20) commercial services that use 3rd party patient care reporting software, and import their data into eMEDS®. There is one (1) service transitioning from eMEDS® v2 to a third party software that will import into our system.

Submitted patient care data is available to the hospitals through the Hospital Hub, and is accessible for performance reporting and analysis. Reports are also integrated with other systems such as the MIEMSS’ trauma registry, and the CARES registry. Work continues to expand the integration of eMEDS® data into Maryland’s statewide Health Information Exchange (HIE) known as the Chesapeake Regional Information System for our Patients (CRISP). To date, six jurisdictions/counties (Anne Arundel, Carroll, Charles, Frederick, Queen Anne’s, and Washington) have completed all necessary agreements with MIEMSS and CRISP to allow for this transfer of data to occur. MIEMSS is reaching out to the remaining EMS jurisdictions to encourage their participation in CRISP

Statewide EMS Communication System Upgrade. MIEMSS is upgrading the Maryland statewide communications systems to meet current and future needs. MIEMSS' goal is to have a highly reliable, next generation communications system which is built on a uniform platform, is IP-based, utilizes proven and scalable technology, and integrates with the State's Public Safety Answering Points (PSAPs). The MIEMSS project team went before the Board of Public Works (BPW) on May 16 to obtain approval to award the contract to Overland Contracting.

Overland Contracting (Black & Veatch) successfully completed the Preliminary Functional Validation (PFV) and Preliminary Crosspatch Validation (PCV) milestones on February 6 and 7. The PFV/PCV is a small scale implementation of the upgrade which is performed early in the process to provide assurance to MIEMSS that the voting and patching functions operate exactly as specified in the Contract. OCI and MIEMSS are now focused on completing the Detailed Design Report (DDR). The DDR is a cohesive, written, document detailing what the vendor is going to provide including details on IP and microwave engineering, configurations, equipment/hardware, software and services; how the vendor is doing to accomplish the work (Implementation Plan and Transition Plan); a clear, realistic, timeline to accomplish the task; and coordination and acceptance test plans. MIEMSS and OPCI continue to have weekly project meetings. The IT workgroup continues to meet regularly on IP network design/detail.

Hospital Programs

Freestanding Medical Facilities. During the 2016 Session, Maryland enacted legislation to establish a process for acute care general hospitals seeking to convert to a freestanding medical facility. As part of this process, the law includes requirements for acute care general hospitals seeking a conversion without obtaining a Certificate of Need from the Maryland Health Care Commission (MHCC). These requirements include that the conversion "will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services Board." The EMS Board promulgated draft regulations regarding this determination, including the factors the EMS Board shall consider in making such a determination, as well as a timeline for the process. MIEMSS met with members of the EMS community and other stakeholders to develop draft regulations and asked for informal comments on the draft regulations from the public or other interested parties. The final regulations became effective on July 31, 2017.

Harford Memorial Hospital (HMH) filed notice to the Maryland Health Care Commission (MHCC) and MIEMSS on August 4, 2017 that it intends to convert from an acute general hospital to a freestanding medical facility. In accordance with COMAR 30.08.15.03, the EMS Board was required to consider eleven (11) factors in order to make a determination as to whether the conversion will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system and provide that determination to the MHCC. The EMS Board discussed the eleven factors at the October 10, 2017 EMS Board meeting and determined the HMH conversion to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system. The determination was provided to the Maryland Health Care Commission on October 12, 2017. HMH has since filed a modified request to the MHCC of the original notice filed August 4, 2017. A public informational hearing was held December 13, 2018.

University of Maryland Laurel Regional Hospital (UMLRH) filed notice to the MHCC and MIEMSS on April 13, 2018 that it intended to convert from an acute general hospital to a freestanding medical facility. In accordance with COMAR 30.08.15.03, the EMS Board was required to consider eleven (11) factors in order to make a determination as to whether the conversion will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system and was to provide that determination to the MHCC. The EMS Board discussed the eleven factors at the July 10, 2018 EMS Board meeting and determined the UMLRH conversion to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system. The determination was provided to the Maryland Health Care Commission on July 17, 2018. Laurel Regional Hospital's conversion became effective January 1, 2019. The Laurel Freestanding Medical Center's name is University of Maryland Laurel Medical Center.

University of Maryland Shore Medical Center Dorchester (UMSMCD) filed notice to the MHCC and MIEMSS on July 6, 2018 that it intends to convert from an acute general hospital to a freestanding medical facility. In accordance with COMAR 30.08.15.03, the EMS Board was required to consider eleven (11) factors in order to make a determination as to whether the conversion will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system and provide that determination to the MHCC. The EMS Board discussed the eleven factors at the October 9, 2018 EMS Board meeting and determined the UMSMCD conversion to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system. The determination was provided to the Maryland Health Care Commission on October 15, 2018.

Cardiac Interventional Centers (CICs). Because many sudden cardiac arrest patients require intervention in the cardiac catheterization lab, EMS protocols direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a CIC if possible. All 24 CICs have reported the ability to provide therapeutic hypothermia.

MIEMSS and the Maryland Health Care Commission (MHCC) obtain data from the Cardiac Interventional Centers. The upload of all required data occurs quarterly and is then analyzed for completeness. Re-verification of the 23 Maryland CIC designations was completed in 2014. MIEMSS Hospital Programs staff also conducted site visits at the four out of state CICs with which MIEMSS has MOUs (Christiana, Bayhealth-Kent General, Nanticoke Memorial, and MedStar Washington Hospital Center). University of Maryland Shore Medical Center at Easton was approved as a CIC in February 2018, giving Maryland a new total of 24 in-state CICs. Re-Verifications and MOU renewals are underway again in 2019. A list of the CICs as well as all trauma and specialty centers is available on the MIEMSS webpage under the Hospitals tab.

As MIEMSS continues to work with stakeholders on the STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the MHCC. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. The Cardiac Data Coordinators meet quarterly with MIEMSS and MHCC.

Perinatal Referral Centers. The Vermont Oxford Network (VON) which is a national neonatal registry focusing on Perinatal Centers ability to comply with the core metrics of neonatal care has completed the development of the MIEMSS Statewide Nightingale Report. This report will allow MIEMSS to review all Level III and Level IV's compliance with meeting the core metrics of neonatal care. The neonatal and maternal subcommittees have begun meeting to determine areas of focus for improvement based on the Nightingale Report. The Perinatal Clinical Advisory Committee has completed updating the Perinatal Regulations and all perinatal referral centers have received the updated regulations.

Primary Stroke Centers (PSCs). The process for Primary Stroke Centers and Comprehensive Stroke Centers (CSC) due for re-designation in CY 2019 has begun. MIEMSS has received one CSC and four PSC re-designation applications. All applications have undergone review and site survey dates are scheduled. The Stroke QIC continues to focus on ways to improve and decrease the inter-facility transfer times of stroke patients requiring Endovascular Treatment for their stroke. A subcommittee of the Stroke QIC revised and updated the inter-facility guidelines as it relates to the stroke patients requiring endovascular therapy. Two subcommittees of the Stroke QIC have completed the draft COMAR Regulations for designation of Acute Stroke Ready Centers and revisions to the Primary Stroke Center COMAR Regulations. The draft regulations have undergone review by MIEMSS Leadership. It is anticipated both Regulations will be presented to SEMSAC and the EMS Board in early summer.

Trauma Centers. All Adult Trauma Center re-designations are completed. The Children's National Medical Center was reverified in September for Pediatric Burn Center designation. Burn Center regulations are under further review and anticipate presentation to SEMSAC and the EMS Board in the coming months. Pediatric Trauma, Eye Trauma, and Neurotrauma Center regulations are in the review process. The Trauma Quality Improvement Committee has begun to monitor Electric Scooter injuries received in Maryland Trauma Centers.

Emergency Operations

High Consequence Infectious Disease (HCID) Program. MIEMSS has awarded HCID grant funding to four EMSOPs and one commercial ambulance company. Each of these agencies will utilize the grant funds to develop specialized HCID transport teams. In the coming months these teams will purchase necessary equipment and conduct training to meet their outlined capabilities. This project is funded through a federal HHS/ASPR grant which is administered by the Maryland Department of Health.

Active Assailant Interagency Workgroup (AAIWG). Earlier this year, Governor Hogan issued an Executive Order, "Active-Assailant Incident Preparation and Coordination". The Maryland State Police and MIEMSS continue to co-chair the work group. Recent meetings have focused on the future direction of the workgroup. Multiple subcommittees have been formed and have begun meeting to address their respective focus areas. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, and law enforcement and other organizations. The full workgroup continues to meet monthly with a focus on review and coordination of the subcommittees activities. A one-day educational symposium was held on February 22, 2019 in Annapolis. This symposium covered a review of recent events in Maryland and Texas and discussions about active assailant related plans, tools and best practices.

Regional Programs

Hospital Base Station Survey and Re-designations. MIEMSS staff conducted ten base station site visits in CY2018. Of the ten, five are five-year renewals while others are either provisional or another limited approval status. Site surveys for each of these base stations were completed by MIEMSS staff from regional programs, hospital programs, and the regional medical directors. The regional programs staff is currently in the planning process for the CY2019 redesignation process.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

Region I

- The Region I Office, in conjunction with the Western Maryland Regional Medical Center Trauma Program, the Garrett County Department of Public Safety, Allegany County Emergency Services, and the Maryland Fire and Rescue Institute Western Maryland Regional Training Center continue to advocate the Stop the Bleed Campaign. This initiative has trained over 3,000 citizens in Allegany and Garrett Counties.
- The Region I and II Healthcare Coalition has completed the development of a medical ambulance bus to support Mid and Western Maryland. The unit is available for response.
- Planning continues on the 17th annual Miltenberger Emergency Services Seminar that will be held on March 8-9, 2019 at the Rocky Gap Casino Resort in Flintstone, MD.
- Region I has started the roll out of Pediatric High Performance Pediatric CPR in conjunction with MIEMSS Emergency Medical Services for Children Office.

Region II

- The Region II Office has completed the HCID transport team development process with Frederick County DFRS. Development of a functional exercise is underway.
- The Region II Office is continuing to coordinate training for Frederick County paramedics selected for participation in the pre-hospital ultrasound pilot program.
- The Region I and II Healthcare Coalition has completed the development of a medical ambulance bus to support Mid and Western Maryland. The unit is available for response.
- The Region II Office is working on the 50/50 Grant process.
- Region II held Chempack training for healthcare partners and is planning an exercise on its deployment.
- Region II has started the roll out of Pediatric High Performance CPR in conjunction with MIEMSS Emergency Medical Services for Children Office.

Region III

- Work is continuing to implement the Region III Ambulance Strike Team.
- The Region III Office is coordinating four active assailant classes through Region III Hospital Preparedness Program (HPP) Funds.

Region IV

- The 22nd Annual Winterfest EMS Conference was held January 24-27, 2019 in Easton. The conference included approximately 200 students in total. The 12 Hour EMT Skills class was completed by 41 students. A PEARS Course was held at University of Maryland Shore Regional Health with 23 students and the two day Conference was attended by over 150 students. Dr. Chizmar was introduced to the Region and was one of our guest lecturers. Lectures included Active Shooter, Case Reviews, Understanding the Kinematics of Severe Burn Injury, Pediatric Assessment, and Penetrating Trauma. In addition, a wide range of breakout lectures were held.
- The two Mobile Integrated Health programs continue to expand and are seeing excellent results. The Queen Anne County program is annualizing the cost saving to EMS, hospitals and the improved health and wellbeing of these patients that have been served by the visit from the MIH program and enrollment in the Mobile Integrated Health program. Some of the financial information is very impressive and if requested I am sure that the Queen Anne program would be happy to share. The Salisbury program is continuing to grow and identifying the positive results of the program on the reduction of use of 9-1-1 and visits to the emergency departments. These MIH programs are working with MIEMSS and other Health Care stakeholders on Senate Bill 682 and are cautiously optimistic that advancements will be made this year in the Legislature to secure additional funding for MIH.
- The CIC program at UMMS Easton has exceeded original estimates and outcomes continue to be very favorable. Continuing Education programs are being held and the physicians and nurses meet regularly with providers to review cases and share data. This same format is also being used to enhance and improve the prehospital and hospital care of the stroke patient.
- The Region IV EMS Advisory Council reviewed and prioritized the FY/19 50/50 matching Grants. The Region used all of the \$91,200 allotted to the Region. The 50% total of all of the applications was \$210,626. We are anxiously waiting for the release of the agreements so that purchases can be made on this new equipment.
- The Region IV staff continues to work with the jurisdictions, Emergency Planners, hospitals, and providers on the distribution of information to our communities on the Opioid Crisis. In addition efforts continue to insure that data is transferred to the Health Departments on opioid use in a timely manner to help those in need of treatment.
- The Naloxone Grant has been distributed to all jurisdictions in Region IV. The Shore Regional Health Opioid Task Force continues to meet on a regular basis. Individual County Committees are also very active. Numerous ideas and solutions are being implemented to deal with this crisis. This group brings together hospitals, Health Departments, and EMS from the five counties of the mid-shore.

Region V

- The Maryland-National Capital Region Emergency Response System (MDERS) is currently overseeing \$4.6 million dollars in FY 2019 Urban Areas Security Initiative (UASI) funds to support Prince George's and Montgomery Counties with eleven interdisciplinary, inter-jurisdictional projects involving Fire, Rescue, EMS, Law Enforcement, Emergency Management, Public Health, and hospitals.

- Region V resumed its involvement with the RESF-8 health and medical programmatic working group to support regional collaboration and coordination in the National Capital Region.
- The Region V staff continues to support the Region V EMS Advisory Council including drafting a new charter and bylaws, and supporting the election of new officers.
- Working off of a series of workgroup meetings and workshops, the Region V Staff developed a Mass Casualty Incident Concept of Operations document for Southern Maryland. When implemented, the concept of operations will provide a framework for southern Maryland jurisdictions to use in responding to major incidents that require assets and units from all three counties.
- The Region V staff has taken the lead role, working with the Department of Homeland Security, to develop a HSIN share point site to allow for collaboration across pre-hospital and hospital stakeholders in the region.
- Region V is also working on a pilot program for Stop-The-Bleed training in the region in collaboration with ERS and other regional partners.
- The Region V Office is working on EMS research projects related to mobile health integrated care, behavioral health, and cardiac care at the state and national levels.

Emergency Medical Services for Children

Emergency Medical Services for Children Department (EMS for Children). The state Pediatric Emergency Medical Advisory Committee (PEMAC) met just after the new year on January 2, 2019. The new Pediatric EMS Reference Card for providers have been printed and were distributed at the 2019 Winterfest EMS Conference and all the Pediatric HP CPR workshops in January and February. EMSC State Partnership Grant and Child Passenger Safety and the Bike Helmet Safety (new) grants are presented every two months with the most recent update posted on the website under PEMAC Meetings. Safe Kids Maryland and Risk Watch updates are also updated quarterly. FAN Website within the www.miemss.org website includes components of the “Emergency Ready Family” project. Pediatric QIC and DART committee is working on quality improvement projects that include protocol compliance and EMS provider skill/equipment utilization.

Pediatric High Performance CPR protocol and procedures 90 minute workshops are currently being offered across the state to EMS instructors, evaluators, and training officers. There is a Learning Management System (LMS) Continuing Education program available online through the MIEMSS “Online Training Center” - <http://www.emsonlinetraining.org/>. The PowerPoint lecture has been converted into a movie format and placed on the MIEMSS YouTube account to be used for company level training - <https://www.youtube.com/user/MarylandEMS> .

The EMS for Children State Partnership Grant current grant award period for 2018-2022 started on April 1, 2018. The work will continue to focus on the Federal EMSC Performance Measures and support EMS and hospital pediatric education.

- EMS for Children continues to offer the Advance Pediatric Life Support (APLS) physician courses for 2019 will be held on May 23, 2019 and December 13, 2019. Flyers and registration will be available soon.
- Emergency nursing CPEN review course will be held at EMS Care in April 2019.
- Maryland ENA Pediatric Committee will meet with EMSC to plan for the new 5th edition of ENPC course implementation in 2019.

- **Pediatric Education for Prehospital Professionals (PEPP - AAP) hybrid course is scheduled for March 15, 2019 at MIEMSS.** Online registration is open.
- PEARS (AHA) courses will be preconferences at Winterfest and Miltenberger EMS regional conferences and in Southern Maryland in February.
- Pediatric Base Station course dates for 2019 have been identified and have been disseminated to all pediatric base stations, pediatric transport teams and neonatal transport teams.
- Safe Transport of Children in Ambulances reference cards on best practices to restrain children on stretchers are available upon request. Safe Transport Learning Management education program is available on the MIEMSS LMS website and has continuing education hours approved.
- Maryland Hospitals and many hospitals across the nation completed a short re-assessment on Interhospital transfers and guidelines this past spring to benchmark for HSRA/ EMSC. Hospital survey on Interfacility Transfer agreements and guidelines has been completed and 100% of Maryland EDs participated.
- Pediatric Reference Cards and Posters has been updated include protocol updates.

Please contact pepp@miemss.org for more information.

Child Passenger Safety (CPS) & Occupant Protection Healthcare Project: MIEMSS CPS & OP project (19th year of funding DOT/NHTSA) continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project collaborates with local Safe Kids chapters and coalitions and KISS program at DHMH. Again in this year's grant MIEMSS EMSC CPS project is able to **provide scholarships for EMS and Hospital providers to take the standardized CPS Course.** Contract the project at cps@miemss.org.

- The CPS project has started the process to purchase a fourth Temperature Heat Displays available for public education events. Contact CPS@miemss.org for more information.
- In 2019, this project will host a Nursery and NICU workshop for nurses to promote competency training in child passenger safety and the car seat tolerance test on April 8 2019 hosted by St Agnes Hospital in Baltimore.
- “Rapid Response CPS Education Kits” have been shared with EMS agencies when a child fatality occurs related to car seat misuse or hyperthermia.
- The Drowsy Driving special grant project has ended but the current grant will continue to provide information on the risks in healthcare professionals. MIEMSS has a dedicated website, Public Service Announcements and educational materials for EMS and Hospitals on the risks and the warning signs of Drowsy Driving. Drowsy Driving presentation was part of the September Mid Atlantic Life Safety conference.
- The project continues to support Safe Kids coalitions, the Occupant Protection Emphasis Area Team and the Maryland CPS Board to promote best practices for CPS and educate both professionals and the public. We are working with Maryland Kids in Safety Seats (KISS) program to expand the instructor pool for course on Safe Transport for Children with Special Needs. This course focuses on passenger vehicles with a small segment on school buses and another on public safety vehicles. New in this year’s grant is a special needs update workshop for those who have completed the initial training.
- In 2019, this project will host a Nursery and NICU workshop for nurses to promote competency training in child passenger safety and the car seat tolerance test.
- CPS posters are available upon request and can be viewed on the website - <http://www.miemss.org/home/emsc/cps> including a new poster on Teens in Cars as well as Rear facing longer & Booster Seats. SECURE Ambulance Safety & BUCKLE UP - Every Ride Every Time posters are available from the EMSC & SOCALR offices.

Cardiac

The Maryland RA Spring 2019 Two-day Resuscitation Academy. The Maryland RA Spring 2019 Two-day Resuscitation Academy has been scheduled for May 1 and 2, 2019 from 8:00am-4:30pm at the Howard County Public Safety Training Center 2200 Scott Wheeler Drive Marriottsville, Maryland. This audience is directed to Medical Directors, EMS supervisors, Fire/EMS Chiefs, EMS personnel of all levels, and Emergency Department staff across Maryland and surrounding regions. Attendees can expect to increase understanding of the interventions important to pre-hospital cardiac arrest survival and learn to implement ways to track and improve survival rates in the community.

Public Access AED Program. AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.” Facilities whose certificates have expired are not in compliance with Maryland’s AED law. AEDs should be placed in locations where they are clearly visible to anyone who is willing to use the AED, regardless of whether the individual has received training or not, recognizing trained individuals may not always be available to respond before EMS arrives. Labels or signage on AEDs that read “For use by trained personnel only” must be removed.

Out-of-Hospital Sudden Cardiac Arrest Steering Committee. In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non-health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. The committee last met on November 19, 2018.

EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in the Spring and a one day Summit each year in the Fall. The Summits are attended by EMS providers and EMS leadership to learn about improving optimal response and treatment to sudden cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. A one day summit was held November 6, 2018. Information about the Maryland Resuscitation Academy and registration can be found at <http://ramaryland.org/>. A Telephone CPR Dispatch Academy was held on December 13.

To encourage citizens to learn about sudden cardiac arrest, CPR and how to use an AED MIEMSS has sponsored a campaign advertising on MTA bus tails and during radio commercials airing in October, February, and the first week of June. The months coincide with national Sudden Cardiac Arrest Awareness Month, American Heart Month, and CPR and AED Awareness Week, respectively.

Heart Rescue Project. Maryland is participating in phase two of the Heart Rescue US collaborative. Medtronic Philanthropy's HeartRescue Project began as multi-state collaborative program to measure and improve sudden cardiac arrest (SCA) survival rates. Today, with impressive results in more than six states, the effort is now expanding in the U.S. Medtronic Philanthropy – in conjunction with the current HeartRescue partners - is moving forward with a Phase 2 of the HeartRescue Project. The Phase 2 mantra is to “measure, improve, and expand” with the explicit goal to leverage HeartRescue experience and collective wisdom to work with other interested states to build or enhance statewide efforts to comprehensively measure out-of-hospital resuscitation and ultimately improve outcomes. The ultimate goal is to achieve a representative national registry that will elevate care and outcomes for cardiac arrest

Prevention

National Poison Prevention Week. National Poison Prevention Week raises awareness of poison prevention nationwide during the third full week of March every year. This year it will be observed March 17-23, 2019. The week is an opportunity to highlight the dangers of poisonings for people of all ages and promote community involvement in poisoning prevention. In 1961, Congress established National Poison Prevention Week as a national celebration each year during the third full week of March. Emergency services are committed to reducing unintentional poisonings and promoting poison prevention.

March is Brain Injury Awareness Month. The Brain Injury Association of America (BIAA) conducts an awareness campaign in March each year. The theme for the 2019 campaign is Change Your Mind. The #ChangeYourMind campaign provides education to the general public about the incidence of brain injury and the needs of people with brain injuries, as well as their families. The campaign also provides outreach within the brain injury community to de-stigmatize the injury, empower those who have survived, and promote the many types of support that are available.

Maryland RISK WATCH Champion Team. The Maryland Risk Watch team led by the EMS for Children Department in partnership with Safe Kids Maryland has already started to plan the prevention education display for the 2019 MSFA Convention with volunteers from across the state. The STEPS TO SAFETY interactive displays focus on providing injury prevention information and hands on training for families and infants, toddlers, school age and teens. The Fall Risk Watch Update is available on the MIEMSS EMSC website. <http://www.miemss.org/home/emsc/maryland-risk-watch>.

New this year for the Annual Public Educator and Life Safety Seminar is a call for posters. The abstract form is posted in the documents section of the MSFA website.

Training DVDs are available through the EMS for Children office: “What to Expect When You Dial 9-1-1” featuring the Cecil County PSAP and “Right Care When It Counts” featuring children and youth teaching families to be prepared.

Safe Kids Maryland Coalition. Maryland Safe Kids and Risk Watch have completed the 2018 medication safety and water safety grants. A Maryland Highway Safety Office grant for Bike Helmet Safety education started in May and will run through June of 2019. Cecil County will participated in the Walk To School day event for the state coalition. Plans for Safe Kids activities in the spring have been started in all 17 coalitions and 4 community partners.

Safe Kids Maryland continues to support local coalitions and local community partners in their identified injury risk areas. Safe Kids Maryland has received a Medication Safety mini grant to focus on Over the Counter Medications with middle school children and their families. Safe Kids Buckle Up FY 2018 grants continue in the seven local Safe Kids Coalitions (Baltimore City, Carroll County, Frederick County, Howard County, Montgomery County, Prince George's County, Washington County) and with the support of the Safe Kids community partners in Anne Arundel, Cecil, Garrett, counties and partnerships with Maryland Kids in Safety Seat program.

A fourth Outdoor Temperature Displays has been funded and arrived that will be located at Meritus Hospital/ Safe Kids Washington County. These displays are used at EMS and Hospital conferences as well as a number of county Fire & Rescue displays throughout the fall. These displays will educate the public and professionals about the danger of heatstroke to children left in cars. One is located at the MIEMSS CPS office, one is located in Cecil County DES, and one is located in Prince George's Fire & EMS Department in addition to the new one for western Maryland. To request training on how to use these displays and to schedule one for your event - email cps@miemss.org.

To join the email notifications, please contact the Maryland Safe Kids Coalition through the EMSC Office at 410- 706-1758 or email: safekidsmd@miemss.org .

Dates to Remember:

March 23, 2019 - Public Education & Life Safety Seminar - MFRI Headquarters in College Park

September 4, 2019 @ MIEMSS Room 212 from 12:30 PM – 3:00 PM - Safe Kid Maryland Coalition Meeting

2019 Educational Programs SAVE THE DATES

17th Annual Miltenberger Emergency Services Seminar - March 8-9, 2019
Rocky Gap, Flintstone, Md.

Public Education & Life Safety Seminar - March 23, 2019
MFRI Headquarters, College Park, Md.

Delmarva Safety Association's Health and Safety Conference - April 8 - 9, 2019
Clarion Resort Fontainebleau Hotel, Ocean City, Md.

Maryland EMS Care 2019 – April 25-28, 2019

Clarion Resort Fontainebleau Hotel, Ocean City, Md.

The Maryland RA Spring 2019 Two-day Resuscitation Academy - May 1 - 2, 2019

Howard County Public Safety Training Center, Marriottsville, Md.

Maryland State Firemen's Association Annual Conference and Convention 2019 –

June 15-20, 2019 Ocean City, Md.