

MIEMSS EXECUTIVE DIRECTOR'S REPORT

February 2022

Maryland EMS Clinicians and Jurisdictional Programs

COVID-19. MIEMSS is providing guidance on recommended steps for EMS operational programs. The current omicron strain of COVID-19 is highly transmissible. EMS clinicians should continue to pay meticulous attention to using appropriate personal protective equipment (PPE). EMS is part of the health care environment, and these guidelines are based upon CDC and Maryland Department of Health (MDH) recommendations for health care professionals:

- EMS clinicians should continue to wear surgical masks, eye protection, and gloves, at minimum, on all calls.
- If there is any concern for COVID-19 illness, clinicians should use gloves, eye protection, surgical gown, and a fit-tested N-95 or equivalent respirator.
- ALL patients encountered by EMS should be instructed to wear a surgical mask, if their clinical condition allows. EMS should provide an appropriate mask if the patient does not have one. Exceptions to this guideline include patients who have significant disabilities or children under 2 years of age.
- Consider local hospital visitor policies when allowing family members to accompany patients who otherwise are capable of making their own medical decisions.
- For patients who are suspected to have COVID-19 illness or exposure, clinicians should reference the COVID-19 EMS Guidance dated July 1, 2021.
- The CDC recommends mask use (at minimum, a surgical mask) when gathering with others indoors during times of substantial or high COVID-19 transmission.

The latest information regarding monitoring and caring for patients and EMS clinicians, including COVID-19 EMS Guidance documents, may be found on the Infectious Diseases portion of the MIEMSS website. Recognizing that guidance regarding COVID-19 is ever-changing, MIEMSS continues to post new documents to the <https://www.miemss.org/home/infectious-diseases> website as updates occur.

Seasonal Flu Awareness. With attention on COVID-19 right now, it is important to remember that it is not too late to receive the seasonal flu vaccine. The best protection against the flu is to get vaccinated. Ideally, everyone should be vaccinated by the end of October. However, even if you are not able to get vaccinated until November or later, vaccination is still recommended because flu most commonly peaks in February, and significant activity can continue into May.

The CDC recommends a yearly flu vaccine for everyone 6 months of age and older. Getting the flu shot helps ensure that individuals do not contract the flu and spread the disease to others. The flu shot is available now. It is important to remember to regularly wash hands and cover nose and mouth with tissue when sneezing.

COVID-19 State of Emergency Issued January 4, 2022. Governor Hogan declared a 30-day State of Emergency and Catastrophic Health Emergency in order to take urgent short-term actions to combat the current COVID-19 surge. Additionally, the Governor issued an Executive Order to authorize the MIEMSS Executive Director and the Chair of the State EMS Board to suspend certain statutory and regulatory provisions in order to augment the EMS workforce and improve response to the state of emergency.

The EMS Board and MIEMSS have issued five (5) Public Notices taking action under the additional authority granted by Governor Hogan in his January 4 emergency orders.

- **Public Notice #1 – Administration of Vaccinations** – authorizes EMTs and CRTs and Paramedics to administer seasonal influenza and coronavirus vaccines and boosters under the direction of an EMS operational program medical director as part of an EMS clinician occupational health program or part of a public health outreach effort coordinated by a local health department or Maryland Hospital or Health System, until the state of emergency has been terminated and the proclamation of the catastrophic health emergency has been rescinded. *Paramedics may continue to administer the vaccines after the termination of the statute under Education Article Section 13-516, Annotated Code of Maryland.*
- **Public Notice #2 – EMT-Candidate Internship Requirement** – permits EMT-candidates to take the cognitive and practical certification exam prior to completion of the field internship.
- **Public Notice #3 – Extensions:**
 - o EMR and EMT Extensions – extends the expiration date for EMRs and EMTs whose certifications would have expired on December 30 or 31, 2021, to a new expiration date of June 30, 2022.
 - o Clinicians that received Provisional certification / licensure prior to August 15, 2021, now have until May 11, 2022, to complete the requirements to transition from provisional status to full certification / licensure.
- **Public Notice #4 – New Provisional Certifications / Licenses** – permits MIEMSS to issue new provisional certifications / licenses, under specified conditions, which will be valid until November 30, 2022.
- **Public Notice #5 – Clinical Externs** – permits MIEMSS to register health sciences students at a Maryland-accredited school of nursing, medicine, or respiratory therapy as clinical interns who will be able to function under the direct supervision of a Maryland-licensed health professional.

EMS Transfer of Care Times. With the surge in COVID-19 cases and staffing shortages across the health care system, EMS-to-Emergency Department transfer of care times have increased significantly over the past several months. These extended, often hours-long delays at the hospitals have impeded the ability of jurisdictions to respond to incoming 9-1-1 calls.

MIEMSS encourages leaders to continue collaborative discussions with hospitals on strategies to transfer care from EMS to hospital staff in an efficient fashion. In addition, MIEMSS also recommends maximizing use of the following tools:

- ***Pandemic Triage Protocol.*** This protocol is a safe and effective measure for evaluating patients who may be able to remain at home and advising them about self-care. Please reinforce use of this protocol with EMS clinicians in your jurisdiction.
- ***Direct to Triage Protocol.*** This protocol enables delivery of stable patients to the ED triage waiting area. Of note, it is important that the patient report be conveyed to nursing staff when using this protocol.

MIEMSS sincerely appreciates the great flexibility of Maryland's EMS clinicians and jurisdictions as they respond to these unprecedented challenges in our health care system. MIEMSS will continue to advocate for additional strategies and resources to provide assistance in any way possible.

Medicaid Supplemental Payment Program. MIEMSS continues to work with the Maryland Department of Health (MDH) on the Medicaid Supplemental Payment Program that will help rebalance reimbursement to EMS for the unreimbursed costs of providing services to Medicaid patients by calculating and obtaining the appropriate portion of federal reimbursement for these services. Participants in the program must be an EMS Board-designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; bills Medicaid for EMS transports; and documents expenses paid with public (tax receipt) funds.

Fourteen (14) EMS jurisdictions have confirmed participation for the first year of this program by completing MOUs with MDH for costs. Jurisdictions that did not participate this year have the opportunity to do so in the future.

At Hospital Ambulances (@HA). MIEMSS developed and released a web-based application showing ambulance activity at the many hospitals utilized by Maryland's jurisdictional EMS clinicians. The application is known as the At Hospital Ambulances (@HA) dashboard. This application runs on iOS, Android, and Windows mobile devices as well as on desktop computers. The application displays the hospital name and number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. The information may be sorted by Length of Stay, Alphabetically by Hospital, or by Unit Count. If there are no units at a hospital, then the hospital is not listed (unless there is an associated CHATS Alert). Not all of the jurisdictions are participating. A map, available on the dashboard, shows which jurisdictions are supplying data and those yet to come onboard. Access to the @HA dashboard is available to clinicians via a link on the eMEDS® patient care reporting system dashboard. It may also be viewed at <https://aha.miemss.org>. Jurisdictional EMS administrators have credentials to login to view additional details, including the ambulance's unit number and jurisdiction. At this time, 19 jurisdictions are submitting the necessary data to support the dashboard. MIEMSS continues efforts to improve the utility of the application.

Statewide EMS Communication System Upgrade. The MIEMSS EMS Communications System Upgrade Project is in the Implementation Stage of Phase I. Phase One encompasses the Southern Maryland – EMS Region V. The Implementation Stage began in May after the successful completion on Factory Acceptance Testing of the Phase I equipment in March and delivery of Phase I Equipment in April.

Headway on the Implementation Stage of Phase I continues as the contractor progresses on microwave installations, works on the integration of the NICE audio recording system with the Intertalk console system, and provides system software enhancements. It is expected that all microwave installations associated with Phase I, along with completion of system core integrations, will be completed in the first quarter of 2022, and console configurations will be completed in the second quarter of 2022; these are precursors to performing Regional Acceptance Testing. MIEMSS has approved the contractor, OCI, to commence work on the Phase II (Region III and Western Maryland) to mitigate timeline challenges. Challenges include Phase I equipment installation delays, COVID-19 impacts (e.g., travel ban, personnel) and resolving issues related to new equipment, such as tuning/optimization, firmware updates, and addressing the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges.

Electronic Maryland EMS Data System (eMEDS®) Updates.

- **COVID-19 Updates:** eMEDS® continues to adapt to the necessary change requests associated with Maryland's COVID-19 response.
- **Ambulance @ Hospital Dashboard (@HA):** MIEMSS continues to work with various EMSOPs to submit their CAD data to ImageTrend in order to populate the @HA Dashboard in near-real time.
- **Mobile Integrated Health (MIH):** Since October 2020, MIEMSS has been working with the Statewide EMS Advisory Council's (SEMSAC) MIH Workgroup to implement ImageTrend's MIH module. EMSOPs have continued to utilize the MIH module within eMEDS® since quarter 1 of 2021.
- **eMEDS® Support:** eMEDS® support receives tickets from EMS clinicians, hospital personnel, and other stakeholders throughout the state for issues like password resets and login issues, access questions, report writer functionality, and other various needs. In CY 2021, eMEDS® Support received and processed over 2,000 support tickets.
 - o Email: emed-support@miemss.org
 - o Phone Number: (410) 706-3669
- **Quarterly ImageTrend Releases:** MIEMSS and ImageTrend have been working to minimize the amount of downtime that occurs during periodic updates to the eMEDS® site. Since quarter 1 of 2020, it was decided to stop automatic, twice-per-month updates from being pushed and to move to a quarterly update schedule. When these updates occur, the site will be updated to the latest version available from ImageTrend. We do not expect any prolonged outage during these updates as all necessary precautions are being taken to prevent this. However, some updates may take up to six (6) hours to complete due to the complexity during these times.

eMEDS®/CRISP Integration. MIEMSS is continuing to cultivate a relationship of mutual benefit with the Chesapeake Regional Information System for our Patients (CRISP), Maryland's designated health information exchange (HIE). This ongoing relationship has yielded a number of recent fruitful projects:

- Upgrading the eMEDS® / CRISP data linkage from 138 elements via HL7 to an export that includes NEMESIS data elements via XML. This was completed as of July 2021.
- Designing a capability to export supplemental questions from eMEDS® to external sources.
- Constructing a COVID-19 status dashboard that informs Maryland's hospitals and governmental leaders of daily hospital capacity statuses.

- Developing a near-real time ICU bed tracking system for COVID-19 response purposes.
- Acquiring a mobile integrated health (MIH) charting module for eMEDS® used by a number of counties.
- Commencing a project to develop products to serve as replacements for MEMRAD components, including CHATS and FRED.
- Working to integrate hospital outcomes data into eMEDS® for review by EMS clinicians.
- Creating a portal whereby paramedics can access clinical health data for their patients at the bedside.

eMEDS® / ESSENCE Integration. MIEMSS, in conjunction the Maryland Department of Health (MDH), has developed a near-real time data exchange between the State of Maryland’s EMS electronic patient care report (eMEDS®) and MDH’s syndromic surveillance system. This linkage allows EMS data to be utilized by MDH for the early identification of intentional or natural emerging infectious disease outbreak(s), providing for expedient public health threat and risk assessment for situational awareness, and ensuring prompt applications of public health interventions in the event of a public health emergency. Additionally, MIEMSS has partnered with MDH and the Johns Hopkins University Advanced Physics Laboratory to engage in the development of an EMS data module within the State’s syndromic surveillance system. This new EMS module is available to other states for the purposes of integrating EMS data with ESSENCE. These technical aspects of this program were recently completed.



Hospital Programs

Trauma and Specialty Centers. The following COMAR Regulations are in the “State” process for promulgation:

- Eye Trauma Center Standards
- Neuro Trauma Standards
- General Provisions
- Perinatal Standards

The following COMAR Regulation is undergoing revisions and updates:

- Pediatric Trauma Center Standards

MIEMSS will be updating the Maryland State Trauma Registry with the American Association for Automotive Medicine Association Abbreviated Injury Scale by August 1, 2022.

Maryland Trauma Centers reviewed Trauma Bypass and Capacity activations. Factors have been identified that initiate Trauma Diversion. Work continues to find solutions to mitigate this issue.

Due to COVID-19, Trauma and Specialty Center Program re-designations due in CY 2022 have been moved to a virtual platform and the re-designation process is under way.

MIEMSS' Director of Perinatal Programs is assisting the Maryland Department of Health (MDH) with the Level I and II Perinatal site reviews.

Cardiac

Public Access AED Program. AED information, including application information, is located in the public information tab under "Maryland Public Access Automated External Defibrillator".

Cardiac Arrest Steering Committee. The mission of the Cardiac Arrest Steering Committee (CASC) is to improve cardiac arrest survival in all communities in Maryland. In the past year, the CASC has been evaluating two new educational and implementation strategies that utilize feedback of high-fidelity simulation data on CPR performance to EMS clinicians and on telephone CPR data to 9-1-1 Specialists. Results of these trials are positive and have been presented to the 9-1-1 Board and to SEMSAC. Plans are underway to share the results of these pilot programs and identify a few early-adopter communities that may be interested in trying new educational and quality improvement strategies to improve survival in their communities.

EMS Preparedness and Operations

General Report:

Work continues within several active workgroups; these include:

- **Crisis Scene Collaboration Workgroup.** This group was formed to identify best practices, training and tools to assist Fire/EMS and Law Enforcement (LE) personnel to safely and effectively work together in assisting agitated individuals at incident scenes. This workgroup is made up of representatives from Fire/EMS departments, Medical Directors, LE, mental health clinicians, the Attorney General's Office, and a civil rights expert. The workgroup met for the first time in December 2021 and plans to complete initial work by mid-2022.
- **Active Assailant Interagency Workgroup.** This workgroup continues efforts in support of Governor Hogan's Executive Order "Active-Assailant Incident Preparation and Coordination", issued in February 2019. The Maryland State Police and MIEMSS continue to co-chair the work group. Meetings have resumed virtually after a short pause caused by the COVID-19 outbreak. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, LE, and other organizations. Several

subcommittees continue to make progress towards completion of identified goals and objectives.

Last year, the workgroup completed work on a new website (<https://aaiwg.maryland.gov/>), where workgroup and related materials are located. The focus in the coming year will be on community outreach and recovery. Recovery efforts will focus on emergency people search and family support to assist those involved in or affected by active assailant events.

- **Responder Health and Wellness Workgroup.** In 2019, a workgroup was formed with the goal of improving the health and wellness of Maryland's first responders. The group brings together critical incident stress management and peer support team members from Fire/EMS, LE, 9-1-1 centers, and commercial ambulance agencies. Licensed mental health clinicians also support the workgroup. Efforts have resumed following a pause stemming from the COVID-19 pandemic. The vision of this group is to ensure that *Every Maryland first responder has the health and wellness knowledge and support necessary to thrive.*

Field Operations:

- Working with state, federal, and local partners on the Baltimore National Disaster Medical System (NDMS) plan update.
- Planning and evaluating a next-generation Maryland Emergency Medical Resource Alerting Database (MEMRAD) system for MIEMSS.
- In conjunction with the Regional Coordinators and SOCALR Director, continuing to distribute Personal Protective Equipment (PPE) and COVID-19 Test Kits (PCR and Antigen) to Maryland Public Safety and Commercial EMS Agencies.
- In conjunction with our Data Manager, continuing to work on pre-hospital patient care report data (eMEDS®) integration and analysis with the Maryland Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) team. MIEMSS recently completed an opioid analysis project with the Maryland Department of Health (MDH) and the Johns Hopkins Applied Physics Lab.

EMRC/SYSCOM:

- Initiated, participated in, and critiqued the recent NCR MCI Drill. This drill featured a scenario based in Prince George County. Bed statuses for 100 patients were requested and documented. A brief review was drafted for the NCR group.
- Advertised, interviewed, and hired three new contract employees to augment the EMRC/SYSCOM full-time crews.

Programs:

- **Automatic Electronic Defibrillator (AED) Program.** The Region IV office is responsible for managing the AED registration and renewal process as required by COMAR and the Annotated Code of Maryland. In the last 30 days, they have processed 29 program renewal requests, which in turn renewed 404 AEDs located at sites throughout the State of Maryland. They also processed six (6) new programs, which approved the placement of nine (9) new AEDs at sites

throughout the state. We also continue to answer a multitude of questions from organizations participating in the Maryland Public Automated Defibrillator Program.

- **Critical Care Coordination Center (C4).** MIEMSS continues to utilize the C4 to help physicians identify available hospital critical care resources when patient transfers are necessary. Nearly 2,600 assists have been generated. C4 is staffed with two (2) critical care coordinators and a Central Intensivist Physician (CIP) 24/7. Any Maryland hospital seeking a critical care transfer can contact the C4. The C4 coordinator has a near-real time view of statewide hospital critical care bed capacity. The CIP then works with referring physicians to identify patients' anticipated critical care needs. The coordinator and CIP, working jointly with the sending and receiving facilities, match the patients with available critical care resources that can manage the patients' conditions. MIEMSS has expanded the C4 to include Pediatrics. "C4-Pediatrics" provides an EMS Coordinator and Central Advisor Pediatric Physician available 24/7 by phone. C4-Pediatrics provides consultation and facilitates the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit utilizing the intensive care bed surveillance system at MIEMSS. The phone number for C4 and C4-Peds is the same (410-706-7797), with option #1 connecting to the Adult ICU coordinator and physician team and option #2 connecting to the Pediatric coordinator and pediatric emergency care and critical care physician team.
- **Voluntary Ambulance Inspection Program (VAIP).** The VAIP serves to formally recognize, and make readily apparent to the public, those emergency response vehicles in Maryland that are equipped to a standard of excellence as defined by the program's inspection guidelines.

Stakeholders met on January 4, 2022, to discuss updates to the current document. The program is primarily being updated to reflect changes in *The Maryland Medical Protocols for Emergency Medical Services* (2021 and 2022), and a few minor non-protocol related modifications are also being considered. The next meeting is March 22, 2022. VAIP updates are coordinated by the Region IV office.

Regional Highlights:

- **Regions I and II:**
 - o The Miltenberger EMS Seminar scheduled for March 2022 in-person will now be virtual, and presented in concert with Winterfest EMS to keep clinicians and presenters safe during Omicron's surge.
 - o Regional Coordinators continue to deploy rapid and PCR tests to public safety EMSOPs.
 - o Regional Coordinators have been visiting hospital emergency departments to offer assistance during latest surge with several facilities under "crisis standards of care".

- **Region III:**
 - o Continuing to support the agency's response to the COVID-19 pandemic.
 - o Continuing to support multiple grants, including the Cardiac Devices, Advanced Life Support Training, and Naloxone Leave-Behind Grants.
 - o Conducting Voluntary Ambulance Inspections across the region.
 - o Conducting base station site surveys for Region III hospitals.
 - o Continuing to support local EMS Operational Programs.

- **Region IV:**
 - o Assisting response partners, hospitals, and EMS agencies in their response to the COVID-19 pandemic. Delivered test kits and PPE to multiple JEMSOPs throughout the region.
 - o Assisted Caroline County with information and coordination to expand participation in the @HA (At Hospital Ambulance) program.
 - o Currently scheduling base stations for their designation renewal evaluations.
 - o Staff conducted VAIP inspections of one EMS agency in Cecil County.
 - o Actively assisting Talbot County Emergency Services and the Winterfest EMS Conference Steering Committee with their work in planning Winterfest EMS 2022, which has been changed to a virtual format and will be held in conjunction with the Miltenberger EMS Seminar; content will be available on March 11, 2022.

- **Region V:**
 - o Delivered antigen tests kits to all EMSOPs in Region V.
 - o Presented a poster at the 2022 NAEMSP conference.
 - o Finalized ALS training grants with the Region V EMSAC.
 - o Region V staff continue to support Maryland's continuing COVID-19 response efforts.



Emergency Medical Services for Children

Emergency Medical Services for Children Department (EMS for Children). The EMSC Department continues to coordinate virtual state Pediatric Emergency Medical Advisory Committee (PEMAC) and Pediatric Data Analysis Research Team (DART) meetings with ongoing subcommittees and a workgroup focused on protocol revisions and EMS data analysis. PEMAC met on January 5, 2022, with special presentations on new protocol considerations, C4 Pediatrics update, and discussed revisions for the VAIP Standards. The Pediatric EMS Champion Winter Forum was also held on January 5, 2022, focusing on three topics: Pediatric safe transport, Pediatric non-transports, and training for the 2022 Federal EMS Assessment. This national survey launched January 5, 2022, reaching out to 16,000 EMS Agencies across the country. As of January 21, nine (9) of the Maryland JEMSOPs have already completed the survey. Maryland EMSC is providing biweekly "Office Hours" to the EMSOPs as they work to complete this national re-assessment. The next in-person training for these Champions will occur in May 2022 and focus on Child Fatality Review program changes, resilience for both children and clinicians, and the development of additional pediatric clinical scenarios for local training. Quarterly web-based forums will continue to share educational material.

C4-Pediatrics, launched on October 1, 2021, and led by Dr. Jen Anders, includes a team of pediatric emergency medicine and pediatric critical care physicians along with additional paramedic coordinators. The Central Advisor Pediatric Physician (CAPP) is available 24/7 through the same statewide access phone number as C4. C4-Pediatrics will provide consultation and facilitate the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit when the normal referral patterns are not currently able to accept a transfer.

The EMSC Department coordinates four (4) different grant programs that remain funded:

- **EMSC State Partnership Grant** (federally funded by HRSA/MCHB) is focused on federal performance measures specific to emergency care in EMS and emergency departments. PEPP 4th edition hybrid courses are scheduled as pre-conferences for 2022 EMS conferences. The Family Advisory Network (FAN) 2021-2022 project is focused on the dissemination of Safe Sleep education and creating teaching resources for EMS and ED public education. Contact the EMSC program at PEPP@miemss.org.
- **Child Passenger Safety and Occupant Protection (CPS & OP) Healthcare Project** (federally funded by NHTSA through the Maryland Highway Safety Office [MHSO]). The project's 22nd year of funding began on October 1, 2021. It 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, KISS program at MDH, EMS agencies working on CPS, and hospital EDs and nurseries to provide education and car seat resources. Vehicular Heatstroke Prevention Awareness is ongoing, with in-person outdoor thermometer displays and social media education. In April 2022, the project will again provide a Nursery/NICU Child Passenger Safety workshop focused on updated procedures and protocols for car seat challenge testing and new technology in child safety seats for small infants. Contact the project at cps@miemss.org.
- **Bike Helmet Safety Project** (state funded through the MHSO) is in a fifth year of funding, starting July 1, 2021. During the first four (4) years, almost 3,000 bicycle helmets were distributed through Safe Kids coalitions and community partners, Trauma Centers, and Pediatric EMS Champions. Bike safety educational materials are available and new display signs are available for returning to in-person outreach and education. Bike helmet orders for spring outreach will be gathered from the participating partners. Contact bikesafety@miemss.org for more information or to request educational materials.
- **Safe Kids Maryland** state coalition continues to provide prevention information through social media and articles in *Maryland EMS News*. Meeting are scheduled for March 2 and September 7, 2022, at 12:30 p.m., following PEMAC. Contact safekidsmd@miemss.org to be added to the email event announcements. Maryland Risk Watch team continues to collaborate with the MSFA Fire and Injury Prevention/Life Safety Committee. Steps to Safety prevention interactive training stations are planned for the MSFA Convention in June 2022. The MIEMSS YouTube account has PSAs posted on "What to Expect When You Dial 9-1-1" and "Right Care When it Counts". Contact Maryland Risk Watch at riskwatch@msfa.org.



Recent News

Governor Hogan Highlights Progress Against Omicron Surge; Announces More Testing Sites, Additional Relief for Hospitals, New Antibody Testing for Nursing Home Residents. In addition to highlighting encouraging trends among many key health metrics during the current surge in the COVID-19 Omicron variant, on January 20, Governor Larry Hogan announced that the state, in coordination with lab partners, has launched another round of antibody testing in nursing homes to determine whether it is necessary to move forward with a potential fourth vaccine dose for vulnerable residents. The governor also announced an additional \$5M for specialty hospitals that receive COVID-positive patients who are being discharged from acute hospitals to assist them with labor costs. Hogan also said that his

administration would soon introduce the “Health Care Heroes Act” as emergency legislation, which would codify some of the administration’s previous actions to address workforce shortages at health care facilities, including expediting licenses for retired health care practitioners, practitioners licensed in other states, and nursing graduates: Read more here:

<https://governor.maryland.gov/2022/01/20/governor-hogan-highlights-progress-against-omicron-surge-announces-more-testing-sites-additional-relief-for-hospitals-new-antibody-testing-for-nursing-home-residents/>.

NHTSA Names New Office of EMS Director. The National Highway Traffic Safety Administration (NHTSA) has announced that Gamunu Wijetunge, NRP, has assumed the role of Director of the Office of EMS, effective January 29, 2022. Wijetunge, who has worked within NHTSA’s Office of EMS for more than 20 years, assumes the director role, which is also responsible for the National 9-1-1 Program housed within the Office of EMS, following the retirement of Jon Krohmer, MD, FACEP, FAEMS, in 2021. Wijetunge is a volunteer paramedic, fire captain, and the president of the Wheaton Volunteer Rescue Squad in Montgomery County, Md. Read more here: <https://www.jems.com/news/nhtsa-names-gamunu-wijetunge-new-office-of-ems-director/>.

SAMHSA Announces Rural EMS Training Grant. The Substance Abuse and Mental Health Services Administration (SAMHSA) will be awarding grants of up to \$200,000 to support the recruitment and training of EMS clinicians in rural areas, with a particular focus on addressing mental and substance use disorders. The deadline for applications for the Rural EMS Training Grant program is Monday, February 14, 2022. Read more here: <https://www.samhsa.gov/grants/grant-announcements/ti-22-001>.



Prevention

420 Impaired Driving Prevention. Although its origins are uncertain, April 20 (more commonly known as 420) has become synonymous with marijuana use and, in some circles, this date is considered a “marijuana holiday”. Consequently, there will likely be an increase in marijuana use. So, to help keep stoned drivers off our roads, NHTSA is teaming up with State and local traffic safety advocates to spread the message that drug-impaired driving of any kind is dangerous and illegal:

<https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving/if-you-feel-different-you-drive-different/420-impaired-driving>.

Winter Weather Driving Tips. Whether it’s snow, sleet, or ice, winter weather can cause extremely dangerous road conditions. In 2019, there were 440 fatal crashes, and an estimated 33,000 injury crashes that occurred in wintry conditions. Preparing yourself – and your vehicle – for winter weather is key. The National Highway Traffic Safety Administration has compiled this list of winter weather driving tips to help protect yourself as well as your passengers, fellow motorists, and pedestrians:

<https://www.nhtsa.gov/winter-driving-tips>.

First Responder Mental Health and Suicide. Working in EMS can be as rewarding as it is challenging, but little research has examined exactly how hard the job can be. More specifically, few studies have looked at exactly how big a problem mental health issues and suicide are among first responders, what makes professionals vulnerable, or how best to address these issues. Answering those questions is why the National Highway Traffic Safety Administration (NHTSA) Office of EMS (OEMS) has partnered with the Centers for Disease Control and Prevention (CDC) and its National Institute for Occupational Safety & Health (NIOSH) to better understand first responder mental health and suicide. Read more here: https://www.ems.gov/newsletter/fall2021/first_responder_mental_health_and_suicide.html.



2022 Educational Programs

Winterfest & Miltenberger 2022 EMS Conferences. This year, the annual Winterfest EMS Conference and Miltenberger Emergency Services Seminar are partnering to present the Winterfest & Miltenberger 2022 EMS Conferences. Both conferences have a longstanding commitment to providing quality EMS training to Maryland’s clinicians, with Winterfest celebrating its 25th year, and Miltenberger providing training since 2003. This joint conference will feature an EMT Skills Refresher class as well as a PEPP 4th Edition Hybrid Course. Due to the recent increase in COVID-19 transmission, the joint conference will offer over 12 hours of exciting virtual continuing education. Those who attend the full conference and complete a Maryland 12-hour EMT Skills Refresher class will meet their 24 hours required for recertification as an EMT. Virtual content will be announced by February 4 via MIEMSS’ website, and will also be disseminated in the February edition of *Maryland EMS News* as well as via Winterfest social media accounts. Visit www.miemss.org for further details.