

For All Emergency Medical Care Providers

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2011 Maryland Medical Protocols for EMS Providers Update



The 2011 Maryland Medical Protocols for EMS Providers are available. Printed copies of the pocket version have been distributed statewide. Each EMS provider is to receive one copy by MIEMSS through their local jurisdiction. Additional copies of the pocket protocols are available through MIEMSS for \$1.00 per copy. Full printed versions of the large protocol are also available. The 2011 Protocol Educational Updates for BLS and ALS are available through the MIEMSS' Learning Management System's Online Learning Center. In addition to the online training content, the 2011 Protocol documents are available to reference on the MIEMSS web site. All BLS and ALS providers in Maryland are required to obtain this training prior to June 1, 2011. Upon completion

National EMS Week 2011



The dates for National EMS Week 2011 are May 15, 2011 through May 21, 2011 with May 18 set aside as Emergency Medical Services for Children (EMSC) Day. The 2011 theme is EMS – *Everyday Heroes*. National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-today lifesaving services of on the "front line." MIEMSS will be honoring the winners of Maryland's annual EMS Stars of Life and Right Care When It Counts Awards during EMS Week. The Statewide Committee met and reviewed the nomination forms which were submitted. After careful consideration, the winners have been chosen and will be awarded during EMS Week. The winners will be featured in the next issue of the *Maryland EMS News*. of the course, the Online Training Center will provide you with a certificate of completion for your records and reference. If you are unable to complete the course content online, MIEMSS has distributed a DVD version of the training to the operational and educational programs across the state to enable the course to be delivered in "Company Drill" type settings. Please contact your educational program or MIEMSS regional office to utilize this method of training. If you have any further questions, please contact the MIEMSS Office of Licensure and Certification at 410-706-3666.

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Charles County Dispatcher and Local Student Receive National Recognition with Presentation of Award for Heroism

Football legend (former captain of NFL's Oakland Raiders and 1987 Heisman Trophy Recipient) and 9-1-1 for Kids® International Chairman, Tim Brown, recognized two Maryland heroes on Thursday, March 31, at the Lower Senate Park on Capitol Hill in Washington, D.C. The calm, decisive actions of Charles County Department of Emergency Services Public Safety Dispatcher I, James Maloney, along with the quick-thinking of a brave seven-year-old Charles County student, Madison Davis, saved a life. On March 6, at their home in Waldorf, Sophia Davis experienced a medical emergency and Madison Davis called 9-1-1. Maloney took the call from Davis, quickly finding out important details and asking her if there was an adult in the home besides her mother. She stated she was alone with her mother because her father was "in the desert" with the military. Maloney quickly dispatched medical personnel to Davis' home. Upon arrival to Davis' home, emergency responders found that Davis had secured her pets, unlocked the door,

Urgent Ventilator Protocol Update for July 1, 2011

Please update your 2011 version of the Maryland Medical Protocols to correct the optional ventilator protocols. This update, approved by the EMS Board, affects both public safety and commercial operational programs.

In both acute and chronic/scene ventilator protocols (pp 300-303), "**adjustable pressure support settings**" has been changed from a requirement to a strongly recommended option. Also, the definition of a chronic ventilated patient has been clarified; among other requirements, the patient must have had no changes to ventilator settings "**within 24 hours**", unless they reflect improvement.

The affected protocol pages are posted on

http://www.miemss.org/home/portals/0/docs/guidelines_protocols/maryland_medical_protocols_2011.pdf. Please print them and replace them in your protocol books. If you have any questions, do not hesitate to call the Office of the Medical Director at 410-706-0880.

Update on Early Helicopter Activation

Guidance was sent out last November about the ability of a 9-1-1 Center to request helicopter dispatch prior to EMS arriving on scene if there was good information that the patient was badly injured. This guidance was developed over several months by a work group of 911 Operators, EMS Providers, Police Dispatchers, and SYSCOM Personnel that was assembled last spring by Dr. Floccare with input from MSFA.

This guidance is not obligatory, but merely enables a 9-1-1 center to request helicopter dispatch when information from a 9-1-1 caller or from on-scene law enforcement indicates that a trauma patient is in a location where medevac transport would normally be needed, and the patient has:

- Unconsciousness
- · Ineffective breathing
- · Gunshot or stab wound to head, neck, torso, shoulder, or groin
- Complete amputation of hand, arm, foot, or leg

Data from the Helicopter Utilization Database (HUD) indicates that launching on an Early Activation Request results in a patient transport 83% of the time, and that 78% of these patients are classified as Category A or B.

and gave a good history to medics. While her mother was being treated, she gathered her belongings, locked the door, gave police the keys, and told the officer where her babysitter lived. Because of Maloney's patience and assistance on the phone, and Davis' ability to articulate to emergency personnel, Sophia Davis made a full recovery.

For their actions, Davis and Maloney were recognized by "9-1-1 for Kids," a national organization based in California. 9-1-1 for Kids® is the official public education organization for law enforcement agencies, fire departments, emergency medical response, and 9-1-1 communication centers for the United States, Canada and the Cayman Islands; all countries where "9-1-1" is the universal emergency response phone number. 9-1-1 for Kids® was established in 1994 and is endorsed by: APCO International (Assn. of Public Safety Communications Officials); E9-1-1 Institute; NENA (National Emergency Numbers Assn.); and NASNA (National Assn. of Nine one-one Administrators).

With examples set by everyday heroes such as Davis and Maloney, educators can drive home important information concerning critical emergency preparedness and response procedures. Whether it is a medical emergency, a fire, or a crime to report it is essential to teach children when it's okay to call 9-1-1, how to dial, and what to say to the dispatchers. In Maryland, citizens with special needs may contact the Maryland Relay Service at 711, or Relay Service TDD: 800-735-2258.

Newly Designated Stroke Center

Effective immediately, Washington Adventist Hospital has been designated as a Primary Stroke Center and is accepting patients that meet the criteria for transport to a Primary Stroke Center as directed by the Maryland Medical Protocols for EMS Providers.

If you need more information please contact the Office of the State EMS Medical Director at 410-706-0880.

Safe Kids Maryland Hosts Youth Sports Safety Week and Concussion Awareness To Help Children and Youth Prepare, Prevent Injuries, and Play Safely

Safe Kids Maryland, MIEMSS, US Lacrosse, the Johns Hopkins Children's Center, and the Maryland Council of the Emergency Nurses Association hosted a Youth Sports Safety Week and Concussion Awareness Press Event on April 18, at MIEMSS.

The Safe Kids Maryland Youth Sports Safety Week Media Event was a part of a national education campaign sponsored by Safe Kids USA and supported by Johnson & Johnson. The campaign is focusing on specific areas which are critical to keeping young athletes healthy and injury-free: preventing acute and overuse injuries; proper hydration before, during and after play; an annual pre-participation physical evaluation prior to play; concussion awareness, prevention, and screening methods; and CPR training and rapid access to AEDs (automated external defibrillators).

The goal of this campaign is to increase awareness and help reduce the more than 3.5 million injuries that occur in youth sports each year in the United States. Experts say as many as half the injuries sustained by youth while playing sports are preventable. Here are the important sports safety tips from Safe Kids Maryland to use to prevent sports-related injuries and be prepared if emergencies occur.

Pre-Season Medical Screening: These exams can detect any underlying conditions the young athlete may have and therefore prevent a potential medical emergency.

Safety gear: To prevent acute injuries, children playing sports should have access to and consistently use well-maintained safety equipment during both practices and games.

Qualified coaching: Athletic coaches should be trained in both first aid and CPR, have a plan for responding to emergencies and have current knowledge of proper hydration methods and concussion prevention, recognition and response.

Proper Conditioning: To prevent acute and overuse injuries, young athletes need proper routines for both warm-ups and cooldowns before and after practice and play. This can help prevent sports-related injuries such as muscle tears or sprains.



Dr. Robert R. Bass, MIEMSS Executive Director, addresses the media during the Safe Kids Maryland Sports Safety Week press conference. Seated from left to right are Ms. Ann Carpenetti, US Lacrosse's Managing Director of Game Administration; Dr. Bass; Susan Ziegfeld, MS, CRNP, RN, Manager, Pediatric Trauma and Burn Program, Johns Hopkins Hospital; Cyndy Wright Johnson, MSN, RN, EMS for Children Director at MIEMSS and Chair of Safe Kids Maryland; and Mary Alice Vanhoy, MSN, RN, NREMTP, Nurse Manager for the Queen Anne's Emergency Center, President of Maryland Emergency Nurses Association (ENA), and Maryland EMS Board member.

Hydration: Athletes should be encouraged to drink fluids 30 minutes before the activity begins and every 15-20 minutes during activity. Coaches should establish mandatory water breaks during practice and games—don't wait for the child to tell you he/ she is thirsty.

Rest: If young athletes are very tired or in pain, coaches and parents should encourage them to rest as this valuable recovery time can help prevent acute and overuse injuries.

Concussion: Awareness of coaches, school personnel, students and parents or guardians of the risk of concussions and head injuries; a requirement to remove a youth from play when a concussion or head injury is suspected; and a requirement that any player removed from play must receive an evaluation and written clearance by a licensed health care provider before return to play.

Sudden Cardiac Arrest: CPR training for coaches, teachers and parents and youth is important as well as the availability of an AED whenever children and youth are involved in physical activities.

For more information on Safe Kids Maryland's Sports Safety Week and Concussion Awareness or sports injury prevention in general, please call Safe Kids Maryland at 410-706-1758, visit <u>www.miemss.org</u>, or visit <u>www.safekids.org/sports</u>.

Jan Withers of Maryland Appointed New MADD National President

Mothers Against Drunk Driving (MADD) has announced that Jan Withers will take over as its new National President, effective July 1, 2011. Withers joined MADD in 1992, after her 15-year-old daughter, Alisa Joy, was killed by an underage drunk driver.

Withers will be a key spokesperson for the MADD's Campaign to Eliminate Drunk Driving, which calls for high-visibility law enforcement, ignition interlocks (or "in-car breathalyzers") for all convicted drunk drivers, and development of advanced technology to turn cars into the cure for drunk driving.

"During her nearly 20 years as a MADD volunteer, Jan has demonstrated an excep-

tional ability to connect with those who have been through the unimaginable devastation of a drunk driving crash," said MADD CEO Kimberly Earle. "As someone who lost a child because of underage drinking, she also knows the importance of helping parents have lifesaving conversations with their teens."

Withers was elected to the MADD National Board of Directors in 2005. She also serves on the MADD Maryland Operations Council, and is a certified victim advocate and certified trainer for MADD Victim Services in Maryland. She first started volunteering with MADD by sharing her personal story and lobbying for stronger drunk driving legislation.



Jan Withers, MADDs new National President; effective July 1, 2011, addresses a group attending a press event. Withers joined MADD in 1992, after her 15-year-old daughter, Alisa Joy, was killed by an underage drunk driver. Withers' story was featured as part of MADD Maryland's PowerTalk 21 event at the University of Maryland R. Adams Cowley Shock Trauma Center to encourage parents to start talking with their kids about alcohol.

She also actively participated in campaigning to lower the illegal limit for drivers' blood alcohol concentration from a .10 to a .08, both on the national level and in Maryland. Withers even had the privilege of being present in the Oval Office when President Clinton signed the federal bill into law. She is also a Board Member of the Maryland Division of the American Trauma Society.

May is National Trauma Awareness Month

May is National Trauma Awareness Month. In 1988, The Congress, by House Joint Resolution 373, designated May "National Trauma Awareness Month" and authorized and requested President Ronald Regan to issue a proclamation in observance of this occasion. It is a time to provide injury prevention messages to the public.

Trauma injury is the leading cause of death for those one to 44 years old, and the leading cause of disability in the first four decades of life. Since 1980, trauma has killed more people from one - 34 years old in the United States than all diseases combined. Each year, approximately 90,000 people sustain injures serious enough to produce long-term disability. Motor vehicle crashes remain the leading cause of death from age five through 27 years. Trauma is recognized as a surgical disease and needs to be viewed in that context. The real tragedy in these statistics is that injury is preventable, diagnosable, treatable, survivable and controllable.

As we recognize National Trauma Awareness Month, let's become "aware". Life is precious and as emergency services providers, we know it takes only seconds for that to change forever. Take some time to make yourself and your family aware of how to keep safety at the forefront. The life you save might very well be your own.

NHTSA's Administrator Visits Maryland

Recently, National Highway Traffic Safety Administration's Administrator, David L. Strickland visited MIEMSS and the R Adams Cowley Shock Trauma Center to learn more about Maryland's Trauma and EMS System. Mr. Strickland came to get a better understanding of how the Maryland System functions. Prior to his appointment as Administrator, he served for eight years on the staff of the U.S. Senate Committee on Commerce, Science, and Transportation. As the Senior Counsel for the Consumer Protection Sub-



committee, he was the lead staff person for the oversight of NHTSA, the Federal Trade Commission, and the Consumer Product Safety Commission. He held a staff leadership role in the 2005 reauthorization of NHTSA in the Safe, Accountable, Flexible, Efficient Transportation Equity Act -- a Legacy for Users (SAFETEA-LU). His work in advising Commerce Com-

His work in advising Commerce Committee members led to the inclusion of several significant vehicle safety mandates, including the electronic stability control mandate for every passenger vehicle. Mr. Strickland advised Congressional members on safety reforms and funding increases for NHTSA's seat-belt and drunk-driving grant programs and earned national recognition from Mothers Against Drunk Driving, who named him Congressional Staffer of the Year in 2004 for his role in making the driving public safer.

The group was able to view Trooper 1 of the Maryland State Police's Aviation Command following their delivery of a patient to the University of Maryland R Adams Cowley Shock Trauma Center.



Dr. Robert R. Bass gives an overview of Maryland' Systems Communications Center (SYSCOM) to NHTSA visitors. From left to right, Dr. Bass; David L. Strickland, NHTSA Administrator; Mrs. Robin Strickland; Elizabeth A. Baker, Ph.D., Regional Administrator, Region 3, NHTSA; Drew Dawson, Director of NHTSA's Office of EMS; and Tom Louizou, Acting Associate Administrator, Regional Operations and Program Delivery, NHTSA.



Dr. Mayur Narayan (far left) provided a tour of the R Adams Cowley Shock Trauma Center's Trauma Resuscitation Unit and other clinical areas.

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Medical Orders for Life Sustaining Treatment (MOLST)

In 2009, the State Advisory Council on End-of-Life Care formed a subcommittee to explore Physician Orders for Life Sustaining Treatment (POLST). The Subcommittee worked with the Attorney General's Office, Maryland Institute for Emergency Medical Services Systems, Board of Physicians, and Office of Health Care Quality (OHCQ). Based on the current Health Care Decisions Act, the project was re-labeled Medical Orders for Life Sustaining Treatment (MOLST). Both physicians and nurse practitioners are authorized to sign EMS/ DNR orders. The MOLST form successfully combines both the EMS/DNR form and the OHCQ Life Sustaining Therapy Orders form. The legislature passed a law that will require recognition, and honoring, of the MOLST order form and require certain health care facilities to have a MOLST form for their patients. Effective October 1, 2011, the MOLST order form must be completed for all individuals admitted to nursing homes, assisted living facilities, hospices, home health agencies, dialysis centers and for some individuals admitted to hospitals. This assures that the MOLST order form is valid across the continuum of care in all health care settings and in the community. All previous EMS/DNR forms will still be recognized and honored by EMS and other health care professionals.

Baltimore City's Paramedic of the Month



Baltimore City's latest Paramedic of the Month, Paramedic Rhonda Johnson, receives her award from the EMS Committee. On February 26, 2011, units were on a working rescue assignment for person under a vehicle. The person was entrapped in a position where the transmission of the auto was on the upper torso of the victim, laying supine pinned to the ground. During the rescue operation, limitations of cribbing prevented the vehicle from being removed entirely from the patient. Using the cribbing, the upper torso was exposed, allowing minimal access to the patients head and chest. Without hesitation Paramedic Johnson, laying face down, with her arms above her head, used a bag valve mask to ventilate the patient until the car could be lifted completely off the patient. Her efforts were successful in reversing the effects of traumatic asphyxiation so that the patient was later breathing on his own in the adult emergency department of the Johns Hopkins Hospital.

First Responders Visit HSMC for Free in May

May is First Responders' Month at Historic St. Mary's City (HSMC) for police, fire, and ambulance personnel. Active fire, EMS, rescue and law enforcement workers are invited to show an I.D. at check-in and enjoy a free visit to the museum. Accompanying family members receive \$1 off admission.At HSMC, visitors experience colorful living history as they explore the site of Maryland's first capital Historic St. Mary's City is located in tidewater Southern Maryland, an easy trip from the metro areas. The museum is open Tuesday through Saturday, from 10 a.m. until 5 p.m. Start your day at the Visitor Center, located at 18751 Hogaboom Lane off MD Route 5, in St. Mary's City. Regular admission is \$10 for adults and \$3.50 for children. There is no charge for those ages 5 and younger. For more information, visit <u>www.stmaryscity.org</u> or call 240-895-4990 or 800-SMC-1634.



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