

Emergency Triage, Treat and Transport (“ET3”)

There are important developments in efforts to secure reimbursement for EMS new models of care. The Center for Medicare and Medicaid Innovation recently announced the “Emergency Triage, Treat and Transport (“ET3”) Program,” that will expand Medicare coverage to reimburse EMS for low-acuity Medicare patients who are treated / transported under certain new models of EMS care.

ET3 will expand Medicare reimbursement under a 5-year program to cover instances when a low-acuity Medicare patient calls 9-1-1 and either EMS transports the patient to an alternative destination (not an emergency department) or the EMS response includes a qualified health care practitioner who treats the patient on scene or using telehealth. ET3 will also provide a two-year funding opportunity for local governments and others with authority over 9-1-1 dispatch centers to establish medical triage lines for low acuity calls. Traditional Medicare

reimbursement, which covers ambulance transports to hospital emergency departments and other currently permitted destinations, will continue to provide reimbursement for those transport destinations.

Medicare will announce additional specifics of the ET3 program this summer. While we await further information from Medicare, here is the MIEMSS’ perspective on this new program.

1. MIEMSS has been involved in the development of new models of EMS care and continues to work to expand reimbursement to cover these new models. MIEMSS believes that Medicare’s ET3 Program will likely affect future EMS reimbursement from all payer sources for new models of care. MIEMSS strongly encourages all jurisdictions to review available ET3 information, pay attention for new and updated information, and consider applying for ET3 participation.

2. MIEMSS anticipates that the models of EMS care that will be reimbursable under ET3 (i.e., treat in place with a qualified health care practitioner; transport to alternative destinations) will require some adjustment in the *Maryland Medical Protocols for EMS Providers*. We do not anticipate that any adjustments to the Protocols will be significant since the Protocols already include pilot programs for these models. MIEMSS anticipates completing any adjustments to the Protocols needed for ET3 participation no later than July 1, 2019.

MIEMSS will advise EMS clinicians regarding further information on ET3 as it becomes available.



Maryland EMS Update 2019 for all Maryland EMS Clinicians

MIEMSS is pleased to announce the release of the Maryland EMS Update 2019 to the MIEMSS Online Training Center (www.emsonlinetraining.org). This course provides the annual protocol orientation required of all Maryland EMS clinicians. Electronic versions of the full protocol, changed pages for 2019, and the accompanying spreadsheet with all the modifications noted are available on the MIEMSS website (www.miemss.org/home/ems-providers/protocols). MIEMSS will be coordinating the distribution of a copy of the abridged Pocket Protocols for all clinicians through the MIEMSS Regional Offices and MIEMSS Office of Licensure and Certification. The full binder-sized (3-hole-punched) versions, sets of replacement pages, and the full protocol in a smaller spiral-bound size, as well as additional copies of the Pocket Protocols will be available for purchase from the Office of Licensure and Certification.

As a reminder, all ALS clinicians (CRT, Paramedic) must complete the Maryland ALS Update 2019 prior to July 1, 2019. Likewise, all BLS clinicians (EMR, EMT) must complete the Maryland BLS Update 2019 prior to July 1, 2019.

The Maryland EMS Update 2019 version for use in company-level drills is available through the MIEMSS regional offices. Educational and operational programs can download a zipped SCORM package for the Maryland EMS updates for use in local learning management

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Celebration of Maryland EMS

Mr. Donald L. DeVries, Jr., Esq. recently stepped down as Chair of Maryland's EMS Board. He has led the Board since its inception in 1993. MIEMSS celebrated the 25th Anniversary of the statute that formally created Maryland's present statewide EMS system. This law recognized the importance of the EMS system in reducing death and disability, the value of Maryland's highly-trained career and volunteer firefighters, EMS clinicians, and rescue squad personnel in rendering life-saving emergency services, as well as the complexity of our EMS system, which involves multiple partners, stakeholders, and interests. And the one person who personifies all that has made the system great for those 25 years since the MIEMSS restructuring has been Mr. Donald L. DeVries.

Before looking at his accomplishments as the Chair of the EMS Board, it is important to note his talents in his professional life. Mr. DeVries and his partners established Goodell DeVries in 1988, where he built an award-winning regional medical malpractice defense litigation practice. He has consecutively been honored by The Best Lawyers in America every year since 1995. He was recently recognized by the Daily Record as a 2019 Influential Marylanders honoree.

In 1993, as a result of his familiarity with Maryland's Emergency Medical System through his service as Chairman of the Shock Trauma Board, Mr. DeVries was appointed by Governor Schaefer as the first Chairman of the EMS Board governing Maryland's entire emergency medical system, having been subsequently reappointed as Chairman by Governors Glendening, Ehrlich and O'Malley, and Hogan. He has constantly been an advocate for emergency medical services and received the Maryland Chapter of the American College of Emergency Physicians' EMS Provider of the Year Award in 2006. Just a few of those accomplishments as the volunteer Chair of the Board that have occurred which have helped Maryland's statewide EMS system to flourish that Mr. DeVries has championed, are the following:

- Led the coalition of Maryland's partners – MSFA, MIEMSS, MFRI, MSP Aviation Command, and the R Adams Cowley Shock Trauma Center – to institute cooperative excellence in the delivery of emergency services.
- Worked with all stakeholders to bring consensus to Trauma and EMS system concerns.



Mr. Donald L. DeVries, Jr., receives a plaque and timeline history of Maryland's EMS System during the celebration of his dedicated service as Chair of the Maryland EMS Board. Pictured (left to right) – Clay Stamp, Chair, EMS Board; Dr. Richard Alcorta, retired State EMS Medical Director; Dr. Ted Delbridge, MIEMSS Executive Director; Dr. Robert Bass, retired MIEMSS Executive Director; Mr. DeVries; Pat Gainer, MIEMSS Deputy Director; and Dr. Tim Chizmar, State EMS Medical Director.

- The first Statewide EMS Plan, approved by the EMS Board in 1995, which identified 99 objectives. These objectives have ensured that EMS readiness to treat emergency patients in the field remain at the highest standards.
- Between 1994 and 2014, Maryland moved from a paper-based prehospital care record, to a homegrown electronic form (EMAIS), and finally to a sophisticated prehospital care information system (eMEDS) that is now used in every EMS jurisdiction in Maryland.
- Maryland's EMS communication system, confined in the early 1990s to operating in certain defined areas of the state, now operates statewide and is the largest medical communication system in Maryland.
- Designation of specialty centers capable of receiving seriously ill or injured patients began with Maryland's trauma centers, which were first designated in 1997. Since then, hospital designation has grown beyond trauma to encompass 11 specific specialty center designations. The impact of hospital designation has been significant.
- Maryland's EMS system remains one of the few in the nation with uniform, statewide protocols for all EMS clinicians. Our statewide EMS protocols ensure that the care rendered throughout Maryland from Western Maryland to the Eastern Shore—is consistent with the highest standards. Since the inception of our system, Mr. DeVries and the EMS Board have championed the development and implementation of our EMS protocols.

Mr. DeVries has led numerous accomplishments of the past 25 years. The key to the systems success over the years has been his commitment, dedication, leadership, and support in making our EMS system what it is today. He has worked with the entire fire and EMS community, both volunteer and career, hospital, trauma and specialty center personnel, with the commitment and dedication to making the Maryland trauma and EMS system a national and international model.

During this celebration, Mr. Clay Stamp was welcomed as the new EMS Board Chair. He takes over as only the second person to hold this position, following Mr. DeVries' tenure. 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.



Upcoming Pediatric Education Opportunities

- June 16-19, 2019**
MSFA Convention
Risk Watch/Safe Kids Steps to Safety Interactive Stations
 Location: Convention Center, Ocean City, MD
 For information visit www.msfa.org
 To volunteer to assist with prevention activities please email riskwatch@msfa.org
- August 6-8, 2019**
School Health Interdisciplinary Program (SHIP) Conference
Theme: Advancing Innovation and Best Practices in School Health
 For more information visit:
<https://csmh.umaryland.edu/Conferences/School-Health-Interdisciplinary-Program/>
- August 10, 2019**
Pediatric EMS Symposium
 Location: Children's National Medical Center, Washington, DC
 Register online at <https://traumaburneducation.ticketleap.com/>

For more information, email pepp@miemss.org

2019 Educational Programs SAVE THE DATES

May 13-14, 2019
Point/Counterpoint Conference
 Marriott Inner Harbor at Camden Yards, Baltimore, Md.

May 23, 2019
Topics in EMS
 Johns Hopkins Bayview Medical Center

June 15-20, 2019
Maryland State Firemen's Association Annual Conference and Convention 2019
 Ocean City, Md.

September 24, 2019
Mid Atlantic Life Safety Conference
 Johns Hopkins Applied Physics Lab Laurel, Md.



Licensure and Certification

TIDBIT

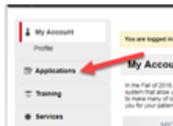
Attention BLS Clinicians!

BLS clinicians whose certifications are expiring
June 30, 2019

Your renewal application is now available!

You can access it by logging in to
www.miemsslicense.com

1. Click Applications Tab >>
2. Then click the Apply Now button next to the Application for Renewal.



Application for Renewal EMT
 MIEMSS records indicate that you hold an EMT certification that is nearing expiration. The application is for renewing your certification. 87 days until application period closes

If you have any questions, contact MIEMSS Office of Licensure and Certification at 800-762-7157 or 410-706-3666.



Point/Counterpoint XXXVIII
 Resuscitation 2019

May 13-14, 2019

Baltimore Marriott Inner Harbor at Camden Yards



To register:
MDCOT.org

Regional Bicycle and Pedestrian Safety Education Campaign from the Baltimore Metropolitan Council (BMC) – coming in June 2019

LOOK ALIVE

The Baltimore region represents 46% of the total fatalities and more than half of all crashes and injuries across our state. Close to one-third of all pedestrian and bicycle crashes in Maryland occur in Baltimore City. The Baltimore region averages over 1,800 pedestrian and 400 bicycle crashes each year, resulting in an average of 54 fatalities per year. In 2017, 51 pedestrians were killed in motor vehicle crashes in the region. An educational campaign to bring awareness to regional bicycle and pedestrian safety is being developed by the Baltimore Metropolitan Council.

The Baltimore Metropolitan Council (BMC) is a nonprofit organization that works collaboratively with the chief elected officials in the region to create initiatives to improve quality of life and economic vitality. The BMC Board of Directors includes members from Anne Arundel, Baltimore, Harford, Howard, Carroll, and Queen Anne's counties, and the City of Baltimore as well as a member of the Maryland State Senate, a member of the Maryland House of Delegates, and a gubernatorial appointee from the private sector.

The goals of the campaign are to change motorist, pedestrian, and bicyclist behavior, and reduce pedestrian and bicyclist crashes, fatalities, and injuries, by:

- Increasing public awareness and education of drivers, pedestrians, and bicyclists about safe usage of roadways, specifically in high crash corridors, to help reduce the number of pedestrian and bicyclist crashes, injuries and fatalities. The target audience for this campaign includes pedestrians, bicyclists, drivers, transit riders, and tourists.
- Building on awareness of pedestrian and bicycle traffic safety issues that have been established in prior campaigns in order to change behaviors.



The intersection of Park Avenue and Read Street in Baltimore was the location for the video shoot of the soon to be released Public Service Announcement filmed for the Regional Bicycle and Pedestrian Safety Education Campaign.

- Coordinating and supporting intensive region-wide enforcement of pedestrian and bicyclist traffic safety laws – and making drivers, pedestrians, and cyclists aware of enforcement efforts.

The campaign is supported by a grant from the Maryland Department of Transportation Motor Vehicle Administration Highway Safety Office (MHSO).

2019 National EMS Weekend of Honor and Honorees

The National EMS Memorial Service (NEMSMS), the National EMS Memorial Foundation and the National EMS Memorial Bike Ride (NEMSMBR) will pay tribute to twenty-six EMS fallen from across the United States during the 2019 National EMS Weekend of Honor, scheduled May 17-19, 2019 at the Gaylord National Resort & Convention Center in Oxon Hill, MD. The list of honorees from thirteen states can be found on the NEMSMS website via the following link: <http://www.national-ems-memorial.org/the-national-ems-memorial-service-2019-honorees/>

There will be several activities during the three days including two events that the public and media are invited and encouraged to attend as a show of support for the selfless service and sacrifice of the twenty-six 2019 honorees. On Friday afternoon, May 17, 2019 the arrival and tribute ceremony of the National EMS Memorial Bike Ride will occur. The riders will be arriving at the National Harbor Plaza. Then on Saturday evening, May 18, 2019 the National EMS Memorial Service, a formal ceremony to honor fallen EMS and air medical professionals, will be held at the Gaylord National Resort and Convention Center.

The NEMSMS's annual Line-of-Duty Death Seminar will be held on Friday, May 17, 2019, from 8:00 a.m. until 4:30 p.m. and is open to all who serve in EMS, Air Medical, Fire Service, or Law Enforcement and is offered at no cost to participants. Chaplains and other support personnel are also invited to participate. Registration is required and can be completed at <https://bit.ly/2DAnYwp>

The National EMS Weekend of Honor coincides with the beginning of National EMS Week, which will be May 19-25. The Weekend of Honor is organized and hosted by the following volunteer-staffed organizations: National EMS Memorial Bike Ride, National EMS Memorial, and the National EMS Memorial Foundation. See <http://www.national-ems-memorial.org/> for more information.

2019 Maryland Highway Safety Summit

The Maryland Department of Transportation Motor Vehicle Administration's Highway Safety Office recently hosted the 2019 Maryland Highway Safety Summit to focus on the Maryland Strategic Highway Safety Plan (SHSP). Traffic safety advocates and officials throughout the state were in attendance. The Maryland SHSP is a statewide traffic safety plan that provides the framework for reducing highway fatalities and serious injuries on all public streets and highways. The plan sets strategies within six emphasis areas including: Aggressive Driving Prevention; Distracted Driving Prevention; Highway Infrastructure, Impaired Driving Prevention, Occupant Protection, and Pedestrian and Bicycle Safety. The success of the emphasis area Action Plans heavily depends upon partnerships with the "Four Es of Safety" (Engineering, Enforcement, Education, and Emergency Medical Services). The SHSP is designed to move Maryland toward its goal of cutting roadway fatalities in half by 2030 and eventually ending traffic fatalities and serious injuries on Maryland roadways. Members of Maryland's EMS community are encouraged to become involved with local and state highway safety plans and initiatives.

This year's summit also included a press event announcing the total number of highway fatalities in Maryland during 2018. Fewer people riding in vehicles died on Maryland roads in 2018, however more pedestrians were killed than in the previous year. Last year 511 people lost their lives in vehicle crashes across Maryland, which was an 8.5 percent drop in fatalities compared to 2017, when 558 people were killed. The 2018 figures were also lower than the 2016 number of 522 traffic deaths. Pedestrians and bicyclists are most vulnerable on Maryland roads. In 2018, 133 pedestrians and six bicyclists were killed, compared to 117 pedestrians and 11 bicyclists in 2017.



Dr. Tim Kerns, Director of the Department of Transportation Highway Safety Office and SEMSAC member, addresses highway safety advocates from across the state during the 2019 Maryland Highway Safety Summit.



Information from partners in highway safety were on display during the Highway Safety Summit.

Child Passenger Safety for Maryland Newborn Nursery and NICU Nurses Workshop

A Child Passenger Safety for Maryland Newborn Nursery (NBN) and NICU Nurses Workshop was recently held at St. Agnes Hospital. The workshop had a total of 59 attendees with twenty-nine hospitals represented. This group included the majority of Maryland hospitals who have a newborn nursery or NICU, as well as Mt. Washington Pediatric Hospital. Participants learned the latest child passenger safety information through presentations, hands-on activities, and CPS teaching materials for families. Topics included the role of NBN/NICU staff in child passenger safety; hospital policies/liability/documentation; proper harnessing of a newborn/preemie in a car seat; strategies for teaching parents; and when to use/not use a car bed. Resources were available regarding child passenger safety such as assistance programs, local seat checks, and heatstroke to children as a result of being left in cars. Participants were able to improve their hospital's car seat tolerance testing procedures by

learning how to write a protocol for their units. Additionally each hospital left with more accurate information to share in prenatal classes, health fairs, and other community events. Each participating hospital received one Evenflo infant car seat to use for a needy family at their agency or to use for staff training. This workshop was funded through a grant from the Maryland Highway Safety Office to the MIEMSS Child Passenger Safety and Occupant Protection Healthcare Project.

Maryland EMS Update 2019 for all Maryland EMS Clinicians

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systems. These packages are available at the MIEMSS Instructor's Corner. Programs using this option are responsible to request a continuing education number from MIEMSS and then upload a course completion list to the Licensure System. If you have any questions, please contact Pete Fiackos at 410-706-3157 or pfiackos@miemss.org.

If you have any questions or concerns that cannot be answered by the MIEMSS Regional Offices or Office of Licensure and Certification, please contact the Office of the Medical Director at 410-706-0880.



Both educational and hands-on activities were part of the Child Passenger Safety for Maryland Newborn Nursery and NICU Nurses Workshop held at St. Agnes Hospital.

presented by the Fire and Burn Safety Coalition of Maryland (FABSCOM)

september 24
SAVE THE DATE
MID ATLANTIC LIFE SAFETY
conference

September 24, 2019
Johns Hopkins Applied Physics Lab
Kossakoff Conference Center
Lanval, MD 20723

for information
WWW.FABSCOM.ORG
FABSCOMMD@GMAIL.COM

60 years  MALSC
1959-2019


JOHNS HOPKINS
MEDICINE
JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

Topics in EMS – Spring-2019
Thursday, May 23, 2019
7:15 AM - 4:00 PM
Johns Hopkins Bayview Medical Center
Asthma & Allergy Auditorium

Register online at:
https://www.hopkinsmedicine.org/johns_hopkins_bayview/education_training/additional_ems_education/index.html

For questions, please contact
Marie Dieter, MSN, MBA, RN, PHRN, CEN at 410-550-0479 or
Amanda McCartney, RN, Base Station Coordinator,
410-550-1513, amccar12@jhmi.edu

CHEMPACK: Pearls for the Prehospital Clinician

Michael F.X. O'Connell
Emergency Preparedness Planner

Mustafa M. Sidik
EMS HCID Program Coordinator

CHEMPACK is a federal program that prepositions chemical nerve agent antidotes throughout the country. In Maryland, CHEMPACK caches are stored in secure locations where they can be rapidly deployed to any part of the state. Because these antidotes must be administered quickly to be effective, EMS clinicians should request CHEMPACK medications early in an incident with multiple patients when exposure to a chemical nerve agent or organophosphate is suspected.

Nerve agents and organophosphate pesticides inhibit cholinesterases which are responsible for digesting acetylcholine. Acetylcholine is a neurotransmitter (chemical messenger) that has various functions in the nervous system. The lack of cholinesterases causes a build-up of acetylcholine, which causes the symptoms below in a progressive fashion.

Treatment for nerve agents are split into three categories to the right: anticholinergics (atropine), oximes (pralidoxime), and benzodiazepines (diazepam and midazolam).

ANY EMS CLINICIAN CAN REQUEST CHEMPACK DEPLOYMENT TO THEIR SCENE VIA EMRC IF THEY BELIEVE A SIGNIFICANT ORGANOPHOSPHATE OR NERVE AGENT EXPOSURE HAS IMPACTED A LARGER NUMBER OF PATIENTS.

TO REQUEST A CHEMPACK, CONTACT EMRC AND ADVISE THEM OF THE NUMBER OF PATIENTS THAT ARE AFFECTED. MARYLAND STATE POLICE WILL DELIVER ENOUGH ANTIDOTE FOR 150% OF THE REQUESTED AMOUNT.

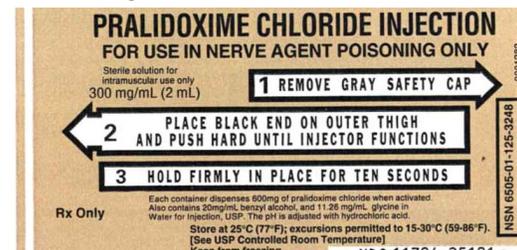
CHEMPACK MEDICATIONS

*****Atropine and 2PAM are packaged together as Mark I or ATNAA kits, or separately as individual auto-injectors and vials. All deliver the same medications*****

Atropine: Delivered as part of a kit, or as an individual auto-injector or vial, competes with acetylcholine at both central and peripheral receptors to reverse symptoms of acetylcholine toxicity. A recent addition to the CHEMPACK are infant & pediatric dose atropine auto-injectors. They are colored differently than the adult devices and have the dose information on the auto-injector.



Pralidoxime (2PAM): Also delivered as part of a kit or as an individual vial, oximes are utilized to reactivate inhibited cholinesterases that are bound with the chemical agent by breaking the bond holding the two together.



ATNAA Label

Nerve Agent & Organophosphate Pesticide	Signs and Symptoms	
	Vapor Exposure	Liquid Exposure
Mild Symptoms		
P- Pinpoint Pupils	X	NOT SEEN
S- Salivation	X	NOT SEEN
L- Lacrimation	X	NOT SEEN
Severe Symptoms		
U- Urination	X	X
D- Defecation	X	X
G- GI gas/pain	X	X
E- Emesis (Vomiting)	X	X
M- Muscle Twitching	X	X
C- Convulsions	X	X
B- Bradycardia	X	X
B- Bronchospasm	X	X
B- Bronchorrhea	X	X



Mark I Kit

Diazepam & Midazolam: Benzodiazepines are administered to treat seizures caused by severe nerve agent toxicity. Within the CHEMPACK cache, the CANA auto-injector, or "Convulsive Antidote, Nerve Agent" delivers 10mg of diazepam. It can also be packaged in a vial, like the midazolam found within the cache.



Midazolam



CANA Auto-injector

Stop. Trains Can't. Awareness Campaign

The U.S. Department of Transportation's Federal Railroad Administration (FRA) and National Highway Traffic Safety Administration (NHTSA) have launched a national railroad crossing safety ad campaign to increase public awareness around railroad tracks and reduce crossing deaths and injuries. In 2018 alone, 270 people were killed at railroad crossings, according to data from FRA. Of those, 99 people died after the driver went around lowered crossing gate arms — a 10-year high.

In fact, from 2014–2018, 1,538 drivers went around a lowered gate and were struck by a train, accounting for 14 percent of all collisions. These crashes were caused by risky driving behaviors and poor decision-making, which means the incidents and deaths could have been prevented.

By law, trains always have the right of way because of their sheer size: A train cannot swerve, stop quickly, or change directions to avert a collision. Avoiding a collision with a train is always the responsibility of the driver. Although crashes at railroad crossings are an old problem, the problem is easily avoidable. This is the latest messaging in a three-year, focused effort to reverse the uptick in railroad crossing fatalities. The message is simple: Stop. Trains can't.



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

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