Maryland EMS News

Vol. 27, No. 1 For All Emergency Medical Care Providers September 2001

The HIPAA Privacy Rule and EMS Providers

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy rule now in effect requires compliance by April 14, 2003. The rule is long and complex. Seek competent advice on how it should be fitted to your particular EMS situation. Here is a brief sketch of the requirements.

Generally, EMS operational programs are required to:

- Provide information to patients about their privacy rights and how their individually identifiable health information (protected health information) can be used.
- Adopt clear privacy procedures for their EMS work.
- Train employees so that they understand the privacy procedures.
- Designate an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Secure patient records containing protected health information so that they are not readily available to those who do not need them.

Providers will need to obtain a patient's written consent to use protected health information for treatment, billing, and health care operations. There are exceptions for emergency situations in which obtaining the consent is not practical, but the provider is supposed to follow up and obtain the consent later in those emergency situations.

The consent can be short and in plain language.

The EMS operational program must keep the consent for 6 years.

The EMS operational program must also give the patient a notice describing the provider's privacy practices. The notice should tell patients how their protected health information will be kept confidential, whom it may be disclosed to, what may be disclosed, how patients can review and note changes to their information, and how they can make complaints regarding their protected health information and its disclosure.

If the EMS operational program wants to use protected health information for something more than treatment, billing, or health care operations, then an authorization is needed. The authorization is different from the consent. It is more detailed. An authorization would be needed to use patients' names and addresses for fundraising by third parties.

To summarize, EMS operational programs will need to:

- Obtain a consent to use protected health information to treat, bill, and perform health care operations on each patient.
- Provide each patient with a notice that explains the EMS operational program's privacy policy.
- Obtain an authorization from each patient if protected health information is to be used for anything not covered by the consent.

Other HIPAA privacy rule requirements are:

- Limit the disclosure of protected health information to the minimum amount necessary.
- Have in place appropriate administrative, technical, and physical safeguards to protect health information.

If EMS operational programs do business with persons ("business associates") such as data management consultants that have access to protected health information, the EMS operational program is required to have contracts which require the business associate to safeguard the data and assist the provider in complying with the privacy rule.

HIPAA provides civil and criminal penalties for misuse of protected health information. Violations of the requirements of the HIPAA privacy rule carry civil penalties of up to $100 per incident per person per year per standard.

The criminal penalties include fines of up to $250,000 and prison terms of up to 10 years depending on the extent of the violation.

It is recommended that EMS operational programs make plans to be in compliance well before April 14, 2003 to allow time to work out any problems.

Decide now how the HIPAA privacy rule will be implemented.

For further information see http://www.hhs.gov/ocr/hipaa/finalmaster.html.

◆ *E. Fremont Magee, AAG MIEMSS*

See Inside. . .

New Bloodborne Pathogens Standard Takes Effect

The Occupational Safety and Health Administration (OSHA) has published changes to its bloodborne pathogens standard (29 CFR 1910.130) that are intended to reduce needlestick injuries among healthcare workers and other employees who handle sharps. This new OSHA regulation became effective on April 18, 2001 and is the first revision to the standard since it was created in 1991. Maryland Occupational Safety and Health (MOSH) will adopt this new document by reference sometime during the summer of 2001. As with the previous standard, public safety agencies and other organizations with employees who are at risk for occupational exposure must comply with these regulations.

Specifically, the new bloodborne pathogens standard requires employers to consider safer needle devices and to involve frontline employees in the selection of these items. A needlestick log tracking all occurrences must be kept to help identify problem areas or operations. Also included are provisions designed to maintain the privacy of employees who have sustained needlesticks.

A recent study conducted by the Maryland Department of Health and Mental Hygiene (DHMH) indicated that a significant number of Maryland public safety agencies are still not in full compliance with the bloodborne pathogens standard. In light of this information, the Infection Control Committee of the Statewide EMS Advisory Council (SEMSAC) has assembled a list of resources (see box) to assist these agencies in complying with the regulations.

Ensuring our own safety, as well as that of other public safety personnel and the citizens that we serve, is each individual's responsibility. Become an active participant in this challenge by becoming familiar with the bloodborne pathogens standard and your organization's exposure control plan.

◆ *Captain Dale A. Crutchley*
Annapolis Fire Department
Chair—SEMSAC Infection Control Committee

Bloodborne Pathogens Information Resources

Occupational Safety and Health Administration – U.S. Department of Labor
http:// www.osha.gov
http://www.osha-slc.gov/needlesticks/needlefact.html
Internet—OSHA standards, interpretations, directives, technical advisors, compliance assistance, and other information are now on the Internet.
CD-ROM—a wide variety of OSHA materials, including standards, interpretations, directives, and more, can be purchased on CD-ROM from the U.S. Government Printing Office. To order, write to the Superintendent of Documents and Technical Information, P.O. Box 371954, Pittsburgh, PA 15250-7954 or telephone 202-512-1800. Specify OSHA Regulations, Documents, and Technical Information on CD-ROM (ORD T), GPO Order No. S/N 729-013-00000-5. The price is $43 per year ($53.75 foreign); $17 per single copy ($21.25 foreign).

Maryland Occupational Safety and Health
Maryland Department of Labor, License, and Regulation
www.dllr.state.md.us
312 Marshall Avenue, Suite 600
Laurel, MD 20707
Consultation Service: 410- 880-6131 or 301- 483-8635
Training and Education 410- 880-4970 or 301- 483-8406
William F. Grabau 410- 767-2209

Maryland Department of Health and Mental Hygiene
Epidemiology and Disease Control Program
201 West Preston Street
Baltimore, MD 21201
Phone: 410-767-6700
www.edcp.org

AIDS Administration
500 North Calvert Street
Baltimore, MD 21202
Phone: 410-767-5073

U.S. Public Health Service
Centers for Disease Control (CDC)
Atlanta, GA 30333
Phone: 404-332-4555
www.cdc.gov

CDC Prevention Guidelines Database
http://aepoxdvwww.epo.cdc.gov/wonder/PrevGuid/PrevGuid.htm
Provides access to the CDC Prevention Guidelines Database, which is a compilation of all of the official guidelines and recommendations published by the CDC for the prevention of diseases, disabilities, and injuries. Information on how to find a specific CDC Prevention Guideline.

Morbidity and Mortality Weekly Report (MMWR)
http://www2.cdc.gov/mmwr/mmwr.html
Provides access to the *MMWR*, a series that is prepared by the CDC. Contains comprehensive information on policy statements for prevention and treatment that are within the CDC's scope of responsibility–for example, recommendations from the Advisory Committee on Immunization Practices.
For more information on hepatitis B and AIDS, contact the Centers for Disease Control National Clearinghouse between the hours of 9 a.m. and 7 p.m. Eastern Standard Time, 1-800-458-5231; or the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD, 301-251-5160.

Effective Engineering Controls ECRI
http://healthcare.ecri.org/site/whatsnew/press.release/980724hdneedle.html
ECRI, designated as an Evidence-based Practice Center by the Agency for Health Care Policy and Research, is a nonprofit international health services research organization. This web site discusses the June 1998 issue of ECRI's *Health Devices*, which evaluated 19 needlestick-prevention devices, and provides information on how to obtain this document.

Harford County Holds Multi-Service Drill

The Harford County Volunteer Fire & Ambulance Association participated with the Harford County Sheriff's Office and other agencies in a drill simulating a large-scale school violence event. The drill, held June 30, 2001 at the Aberdeen High School South Building (which is scheduled for destruction), was the scene of an incident involving several "shooters" and almost 40 "patients" that were moulaged to represent many types of traumatic injuries.

EMS and fire resources were dispatched with law enforcement. They simulated a four-hour operation to secure the school and remove and treat the victims that were scattered in the building. Personnel from 7 of the 12 Harford County companies "responded," and quickly established a safe staging area, implemented an effective Incident Command System, and prepared to receive patients. Approximately 45 minutes into the incident, the first "victims" were removed and relayed to the EMS providers via SWAT armored vehicles. The Maryland Triage Tags were also implemented during the drill, and gave several new providers an opportunity to use the system. Harford Memorial Hospital received 10 "patients," which exemplified the stresses that such a large incident would have on local facilities, as well as on EMS resources.

EMS officers receive their assignments from the Medical Group Supervisor.

EMS providers from Joppa Magnolia VFC begin treatment of a Priority 2 patient while awaiting other patients from SWAT teams.

The Harford County Emergency Operations Center was "activated" for this event and assisted in managing the event, which would have required mutual aid from Baltimore, Cecil, and York counties, as well as the Maryland State Police, all three Harford County municipal police departments, and other law enforcement agencies.

Despite heat indexes above 90, both responders and "victims" played out the incident to a conclusion, where all but one perpetrator had been captured, and 25 surviving "patients" would have been transported. During the exercise, there was only one real-world casualty, who was promptly taken to Harford Memorial Hospital.

At the after-action meeting with all of the agencies, the main issue discussed was communications difficulties; each agency had different radio channels to operate on, with the result that law enforcement and EMS had little if any capability to communicate with each other. However, with some ingenuity and quick thinking, the agencies developed an effective alternative, and were able to successfully complete the mission and "rescue" as many personnel as possible. Overall, the drill was considered a success, and identified several important issues that should be kept in mind during a real response to such an incident.

◆ *Todd Dousa, NREMT-P*
EMS Training Specialist/
ATAP Medical Specialist

Provider Liaison

The Maryland State Firemen's Association (MSFA) recently completed their 109th Annual Convention and Conference in Ocean City. Many individuals devoted their time and talents to make the convention a success. The convention also provided the opportunity to obtain continuing education credits from courses held during the convention. We hope you were able to take advantage of these sessions.

Special recognition and congratulations should be given to MSFA Past President Roger A. Steger, Jr., for his leadership during the past year. During his term, Past President Steger was faced with many challenges and, as a true Ocean City resident, he was able to weather the storm and successfully meet every challenge. As the gavel passes to the new incoming President, Charles "Jenks" Mattingly of Hollywood, we wish him a most successful year as well. I would also like to congratulate all of the award winners that were chosen in Ocean City and, in particular, Steven J. Kesner of the Cresaptown Volunteer Fire Department in Alleghany County, who was awarded the Josiah Hunt (EMS Person of the Year) Award. This award is given in recognition of outstanding individual accomplishments in the field of EMS. Over the years, Steve has worked tirelessly to ensure that the best possible EMS programs are available to our providers and the Josiah Hunt Award recognized his efforts.

With the recent train derailment and water main break in the City of Baltimore, the residents of Baltimore are justifiably proud of the members of their Fire Department who risked their lives to respond and deal with the emergency. We are all proud of the City's courageous firefighters, EMS providers, police, and maintenance personnel. These men and women are unsung heroes and deserve our thanks.

As we approach the end of summer, hot weather continues to provide extra concerns for our Fire/EMS providers. Working in hot weather requires Fire/EMS/Rescue personnel to take extra precautions to prevent dehydration, which can lead to muscle cramps, heat exhaustion, and possible heat stroke. Fluid replacement should be a paramount concern not just during firefighting operations, but also before the call comes in. Please take the necessary precautions to prevent serious injury or possible death.

I look forward to hearing about any issues or concerns you may have—please feel free to call me at 800-762-7157. See you in the next issue.

◆ *Philip Hurlock*
Ombudsman

Trauma Care Conference Offered

"Medicine, Technology, and Human Factors in Trauma Care: A Civilian/Military Perspective" will be presented November 15-16 in the Medical School Teaching Facility Auditorium at the University of Maryland School of Medicine in downtown Baltimore.

The conference, co-sponsored by the National Study Center for Trauma and Emergency Medical Systems and the U.S. Army Medical Research and Materiel Command, will focus on the current state of integration of medicine and technology with human factors in emergency care of the injured, challenges in coordinating trauma care, and the future of technology in emergency care.

The conference is free; however, preregistration is required. For information and a preliminary program, call the National Study Center at 410-328-3007 or email nsc-symposium@som.umaryland.edu.

Mark Your Calendar!

EMS Week 2002
May 19–25, 2002

EMS—Help Is a Heartbeat Away

Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

R-2000-55—(EMT-B)—June 12, 2001. Indefinite suspension for practicing on an expired certificate.

B-2000-77—(EMT-B)—June 12, 2001. Suspension pending remedial training for failure to comply with protocols.

R-2000-81—(EMT-B)—June 12, 2001. Indefinite suspension for pleading guilty to felony theft and failing to reveal conviction on renewal application.

R-2000-83—(EMT-B)—June 12, 2001. Reprimand for failing to reveal conviction for disorderly conduct on renewal application.

Mock Shooting Drill at North Hagerstown High School August 11, 2001

Scenario

After hearing a rumor that a 15-year old student named Jason is bringing a gun to school to protect himself because he is picked on by other "popular" students, the principal meets him at the school door and takes him to his office. After convincing him to give up the gun, the principal lays it on his desk and calls the police. Jason grabs the gun and shoots the principal twice in the shoulder.

Jason then runs out of the principal's office and finds three students in the outer waiting room, along with a mother and her daughter. After arguing with the students, Jason shoots them and takes the mother and daughter hostage in a room opposite the lobby to the principal's office where the wounded students are. The school then goes into its pre-established emergency "lock-down" plan, where all teachers hold their students in locked classrooms away from doors and windows.

Hagerstown City Police officers are the first to arrive. They contain the area and call for back-up since they cannot access the wounded students (who are in the line of fire from Jason's barricaded area), the hostages, or Jason.

In the meantime, Jason's friend Brian who knew of Jason's plan and had brought a rifle to school to help him if needed, hears the shots, runs upstairs to retrieve the rifle in his locker and starts shooting at the police.

When the Washington County Special Response Team arrive in response to the call for back-up, they start a systematic room-to-room search, clearing each area as they go in, in an attempt to reach the wounded students and contain both Jason and Brian. During the drill, it took them five hours to accomplish their mission. Both students were subdued without additional violence.

About the Washington County Special Response Team

The Washington County Special Response Team (SRT) consists of Hagerstown City Police officers and deputy sheriffs from the Washington County Sheriff's Department. In addition, two EMT-Ps, Alan Matheny and Michael Mooers, are assigned to the SRT. Wade Gaasch, MD, is the medical director for the SRT team. He is also the Washington County Jurisdictional Medical Director.

EMT-P Matheny is an ALS provider at the Volunteer Fire Company of Halfway, while EMT-P Mooers is an ALS provider with the Community Rescue Service in

(Continued on page 6)

Community Rescue Service crew receive evacuated wounded school principal and begin assessment and treatment.

Washington County Special Response Team members arrive on the scene.

Special Response Team paramedics Alan Matheny and Michael Mooers arrive to treat the wounded students.

Hagerstown Drill (Cont.)

(Continued from page 5)

Hagerstown. Both volunteer their services to the SRT team and train twice a month with them. They receive identical training and are required to do everything that the SRT members do except carry weapons. They are trained specifically to accompany SRT members into the "hot zone" to provide medical care to both injured victims or police members of the team.

During an incident, each is dressed exactly like other SRT members but carries a specially designed vest loaded with EMS and ALS supplies and equipment, including a folded mesh-type evacuation litter. The two SRT medics usually set up other EMS and ALS supplies, medications, and a monitor-defibrillator in a nearby "cleared" area. They are in constant communication with SRT team members and have EMS communications capability.

Special Response Team paramedics with patients at the evacuation location outside the school. (A SRT armed police officer always accompanies SRT paramedics to provide security and protection.)

Participants in the Drill Not Mentioned in Above Scenario

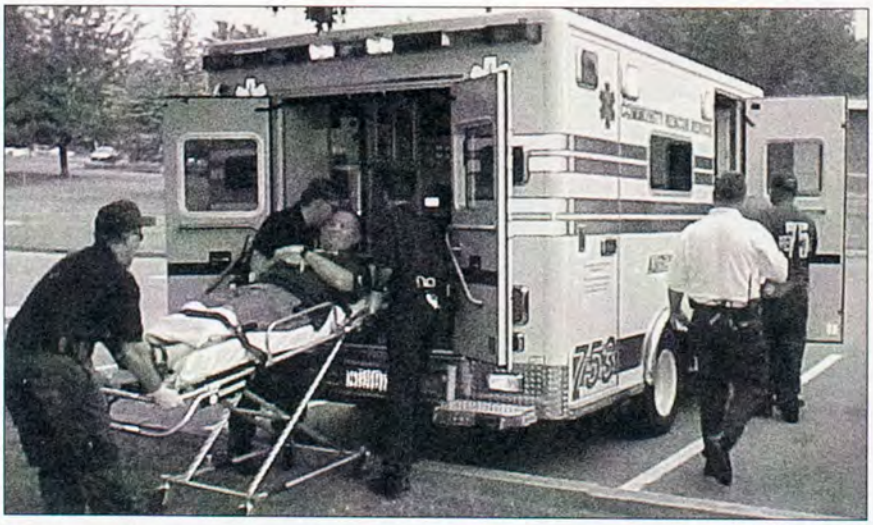
Community Rescue Service: Responded with ambulances and additional EMS personnel to set up the triage area. Chief Chris Amos and Duty Officers Capt. Chuck Singleton and Capt. Tim Gargana directed outside EMS operations.

Hagerstown City Police Mobile Command Center: In a situation such as the drill scenario, an EMS officer (in this event, Capt. Chuck Singleton) was assigned to coordinate EMS from the Command Center.

Hagerstown City Fire Police: Handled traffic control and secured the area used as the staging area for the ambulances and police vehicles.

School Officials: David Reeder, North Hagerstown High School principal, who played himself and Carol Mowen, public information officer for Washington County public schools, who played the role of a teacher.

Scouts from Explorer Post 321: Seven scouts, sponsored by Hagerstown First Hose Company (Hagerstown City Fire Department) played the roles of students.



Community Rescue Service crew load a patient into the ambulance.

Special Response Team paramedic Alan Matheny waits behind a SRT sniper for word to move forward.

New Medical Protocols for EMS Providers

The new "Maryland Medical Protocols for Emergency Medical Services Providers" will go into effect January 1, 2002 for the entire state.

The new protocols will be printed and delivered to various sites across the state in September. Training materials will also be available at that time. A two-hour protocol update course has been developed for BLS providers and a three-hour course for ALS providers. PowerPoint presentations on CDs noting protocol changes and additions will be available through the MIEMSS regional offices to organizations offering the update course. Slide sets or overheads will also be available if specifically requested.

The new Maryland medical protocols were developed by the Protocol Review Committee, comprised of providers from all levels of prehospital care and types of EMS services across the state.

The following protocols have been added to the new Maryland medical protocols for EMS providers:

- Expanded scope of practice for the CRT-(I) and the paramedic
- Ventilator pilot program
- Heparin infusion for the inter-facility transport program
- Bag valve mask ventilation
- Combitube for airway management
- Diltizem administration
- Medical devices spreadsheet

Although the list of new protocols is not extensive, ALS providers have been given more latitude in the administration of certain medications. For example, the paramedic may administer, without on-line medical consultation, morphine (for select single system injuries) and aspirin (for the suspected myocardial infarction). In addition, paramedics will be allowed to access peripheral intravenous catheters and central lines, as well as utilize Huber needles.

Due to new technologies developed during recent years, more patients are being cared for at home, using medical devices such as the home ventilator, medication pumps, and various tubes and catheters. The medical devices spreadsheet in the new medical protocols for prehospital EMS providers outlines a list of medical devices that EMS and commercial service providers have frequently encountered in the prehospital setting and the level of provider care needed to transport patients with those devices.

The complete "Maryland Medical Protocols for Emergency Medical Services Providers" will also be available on the Internet at the MIEMSS website http://MIEMSS.umaryland.edu.

For additional information regarding the protocols, contact your regional administrator or Eric Chaney at 410-706-0880.

Poison Center: New Phone Number! 1-800-222-1222

The Poison Control Center Enhancement and Awareness Act was signed into law in February 2000 to help stabilize the funding of poison centers and to assist in poison prevention education. This law also mandated the establishment of a nationwide toll-free phone number (1-800-222-1222) to be used to access regional poison control centers.

Calls to the nationwide toll-free number from anywhere in the United States will be automatically connected to a poison center in the caller's area. The Maryland Poison Center can now be reached by dialing 1-800-222-1222 from anywhere in Maryland, with the exception of Prince George's and Montgomery counties. (Callers who dial this number from Prince George's and Montgomery counties will be connected to the National Capital Poison Center in Washington, DC.) Don't worry... callers who dial the "old" telephone numbers for the Maryland Poison Center will still be connected for an as yet undetermined period of time.

National and local media campaigns will be conducted to increase awareness about poison control centers and the new nationwide phone number. Educational materials, including telephone stickers, Mr. Yuk stickers, and pamphlets, are now available with the new telephone number. If you would like materials for your facility, your community, or your home, call 410-706-8122 or email lbooze@rx.umaryland.edu.

Governor Parris N. Glendening

Maryland Institute
for
Emergency Medical Services Systems
The John M. Murphy Building
653 W. Pratt St., Baltimore, MD 21201-1536

Chairman, EMS Board: Donald L. DeVries, Jr., Esq.
Executive Director, MIEMSS: Robert R. Bass, MD
Managing Editor: Beverly Sopp (410-706-3248)

Address Correction Requested
MIEMSS, *Maryland EMS News*

NONPROFIT ORG.
U.S. POSTAGE
PAID
BALTIMORE, MD
Permit No. 9183

DATED MATERIAL

EMS/DNR Update

Recently a task force comprised of EMS providers, physicians, and caregivers, among others, has been reviewing potential changes to the Emergency Medical Services/Do Not Resuscitate (EMS/DNR) program. The review is aimed at making the EMS/DNR form more widely available as an authoritative DNR order in all care settings and at simplifying the form itself. MIEMSS fully supports this effort and intends to implement recommended changes as soon as the necessary training and other practical steps can be accomplished.

The task force's first recommendation was that MIEMSS consider allowing copies of the EMS/DNR order for initiating the protocol. MIEMSS has concluded this change is appropriate and it will take effect January 1, 2002.

When the EMS/DNR program was established, the decision was made to require original forms or the bracelet to initiate the protocol, rather than copies. This decision was based on concerns about potential fraud and abuse. Experience with the program over the past 5 years has shown that such concerns are not necessary. Further, experience has shown that the requirement is burdensome to patients, caregivers, and EMS providers.

Accordingly, MIEMSS has concluded that it is appropriate to allow providers to recognize copies of EMS/DNR orders as valid for initiating the EMS/DNR protocol. Thus, as of January 1, 2002, the EMS/DNR Program will recognize any of the following as evidence of a valid order: (1) the original of the order form, (2) a copy of the form, (3) other state EMS/DNR order form, (4) the plastic bracelet accompanying the form, (5) an appropriate Medic Alert metal bracelet or pendant, (6) an oral DNR order from EMS system medical consultation, or (7) an oral DNR order from other on-site physician. Under existing law other health care providers may also rely on any of these and have the immunity of the Health Care Decisions Act for good-faith decisions to do so.

2001-2002 Influenza Immunizations

On July 13, the Centers for Disease Control released a notice from the Advisory Committee on Immunization Practices (ACIP) in the *Morbidity and Mortality Weekly Report (MMWR)* on influenza vaccine availability and recommended immunization practices. ACIP reported that manufacturers project limited availability of influenza vaccine early in the 2001-2002 season, with vaccine availability increasing by November 2001. Therefore, the ACIP recommends that persons at increased risk for influenza complications, as well as **healthcare providers,** be vaccinated as soon as vaccine becomes available in September and October.

EMS should begin planning now for early vaccination strategies within their operational programs. To view the complete *MMWR* article, you may go to the CDC website at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a3.htm.