Maryland EMS News

Vol. 27, No. 1 *For All Emergency Medical Care Providers* November 2000

CRT Program Update

Background

In 1973, Maryland implemented the Cardiac Rescue Technician (CRT) Program to respond to a statewide need for advanced cardiac, respiratory, and other emergency medical care. The program's scope of practice was expanded in 1981 to conform to the changing standards in emergency care. Since that time, it has become necessary to include within the curriculum such topics as trauma, pediatrics, geriatrics, obstetrics, and various other medical emergencies. As a result, many educational programs have adjusted their CRT programs accordingly, by adding content to the curriculum. With these additions, the current CRT program ranges from 210 to 340 hours in length statewide, and varies in the content delivered. With significant variances in course content and length, there is a need for a statewide, standardized CRT curriculum that reflects current standards for optimal care.

The U.S. Department of Transportation released the 1999 EMT-I curriculum to address the nation's need for a standardized intermediate-level EMS provider. In addition to the topics contained within the current Maryland CRT program, the EMT-I curriculum also includes pediatrics, neonatology, geriatrics, assessment-based management, trauma, and other core components currently being taught in educational programs in Maryland. The knowledge and skills in the national intermediate curriculum would enable the CRT to be more appropriately educated and able to provide more effective care for patients requiring ALS intervention.

During the summer of 2000, a full 336-hour EMT-B to EMT-I pilot course was completed on Maryland's Eastern Shore. The EMT-I pilot course was conducted to assess the EMT-I curriculum in training new CRTs. The curriculum was well received by the students and faculty alike. Twelve of 13 students completing the course gained NREMT-I/99 status and are eligible for licensure as Maryland CRTs. In addition, a second pilot course is currently being conducted in Southern Maryland, and is scheduled to test for

(*Continued on page 2*)

Flu V accine

Once again flu season is around the corner, and hospitals and EMS providers will be handling increased volumes of patients. Patients with flu-like symptoms arriving at emergency departments are not uncommon because of a decreased availability of primary care health care providers who are also overloaded with patients. The best way to prevent getting the flu is by getting a flu shot, usually offered from the beginning of October through the remainder of the fall and winter depending upon availability of the vaccine.

This year, however, the Center for Disease Control (CDC) issued a notice of an expected shortage of influenza vaccine for the upcoming (2000-2001) season. The CDC is recommending that vaccination campaigns normally targeted for early October be delayed until early November except for certain high-risk groups. Among the groups recommended to receive the flu vaccine as soon as it is available are healthcare providers in direct contact with patients. It is strongly recommended that EMS providers be immunized not only to prevent themselves from getting the flu but also to prevent infecting patients because high-risk patients that get the flu may experience very serious symptoms that require hospitalization or, in some instances, be fatal.

EMS providers who get the flu should stay home from work to prevent transmitting the flu to patients and co-workers.

EMS providers are strongly encouraged to get vaccinated as soon as possible. Providers should be aware that the influenza vaccine uses a killed virus and therefore cannot cause the flu. Jurisdictional EMS operational programs and commercial ambulance services making the vaccine available to providers either through their own immunization programs or through their local health departments should try to do so as soon as the vaccine is available.

In addition, EMS providers should strongly encourage friends and family members who are considered high-risk to get vaccinated as soon as possible. High-risk groups include the following:

- Persons 65 years of age or older
- Nursing home or chronic care facility patients of any age with chronic medical conditions
- Adults and children who have chronic respiratory or cardiac

(*Continued on page 2*)

Dr. Walker Joins MIEMSS Staf f

MIEMSS Executive Director Robert R. Bass, MD, recently named Allen R. Walker, MD, FAAP, as Associate State EMS Director for Pediatrics—Liaison for Regional and Local Programs.

Dr. Walker joins the EMSC Program staff at MIEMSS and will be working with Joseph Wright, MD (Associate State EMS Director for Pediatrics—Liaison for State and National Issues) and Cynthia Wright-Johnson (EMSC Program Director).

Dr. Walker, who is the chairman of pediatric emergency medicine at the Johns Hopkins Children's Center, assumed responsibilities for the part-time MIEMSS position in September. In his new role, Dr. Walker is facilitating physician education as it relates to pediatric emergency care and acting as a resource for the five regional pediatric medical directors. He will be involved in such issues as medical oversight and quality management of pediatric EMS issues, pediatric pre-hospital protocols, and pediatric interfacility transport guidelines. Dr. Walker has served on the state Pediatric Emergency Medical Advisory Group for the past four years and is the American Academy of Pediatrics representative to the State Emergency Medical Services Advisory Council.

CRT Program (Con't)

(*Continued from page 1*)

the NREMT-I examination in October 2000. Also, Baltimore County is scheduled to complete a pilot course by January of 2001. All three pilot courses have provided positive feedback.

Proposal

Based upon an EMS leadership meeting held on September 27, 2000, MIEMSS is **proposing** to adopt the EMT-I curriculum for initial CRT training beginning in 2001. All who are enrolled in EMT-B to CRT courses after July 1, 2001 would be required to successfully complete the NREMT-I examination process to be eligible for Maryland licensure as a CRT. Additionally, a course would be developed to update all current CRTs through the continuing education and relicensure process. The update course would be designed so that it may be attended either over two relicensure cycles, or in its entirety as a one-time course. The course would contain lecture, laboratory, and clinical sessions to update current CRTs. Upon successful completion of the update course, providers would be required to successfully complete the NREMT-I examination process. CRTs who are unable to successfully complete the update process within two relicensure cycles would be offered the option to surrender their licenses for an EMT-B certification.

Summary

In October and November, meetings to discuss the Maryland CRT Programs were held in each region. MIEMSS will utilize this input in making a final recommendation to the EMS Board. The need for both a modernized and a standardized curriculum has become apparent. The new curriculum offers both a standardized scope of practice and the knowledge necessary to benefit patients by creating a well-rounded and knowledgeable CRT. For more information, call the MIEMSS Education, Licensure, and Certification Office at 1-800-762-7157.

Flu Vaccine (Con't)

(*Continued from page 1*)

conditions, including asthma, or who have needed regular medical attention or hospitalization during the past year because of chronic metabolic diseases or immunosuppressive disorders (including immunosuppression from medications)

- Children age six months to eighteen years receiving long-term aspirin therapy, who are therefore at risk for developing Reye's Syndrome after influenza infection
- Women in the second or third trimester of pregnancy during influenza season

The CDC and the Advisory Committee on Immunization Practices have requested that efforts to maximize protection of persons most likely to develop serious and life-threatening complications from influenza be implemented wherever possible. EMS providers can significantly contribute to this request by getting vaccinated.

Need for Speed Without Compromising Safety

When a traumatic event occurs, quickly calling your dispatch center to request a Maryland State Police helicopter and knowing how to safely work around the helicopter when it arrives at the scene can save precious moments and mean the difference between life and death to the critically injured. Helicopters are best utilized to give patients already at a distance disadvantage the same chance for survival as patients injured in proximity to a trauma center. Important initial information that your dispatch center will need to provide to SYSCOM to fulfill a mission request includes:

- location of a desired landing zone (LZ)
- the patient's treatment priority
- the total number of patients to be flown and their combined patient weight
- approximate age of the patient (adult or pediatric)

While the aircraft is responding, a landing zone should be identified as close to the scene as safely possible to expedite a rapid patient turnover. The ideal landing site is a level surface, clear of debris (gravel, dirt, straw) that measures 100 feet by 100 feet. The site should be clear of people, power lines, trees, tall vegetation, and vehicles. En route to the scene, flight crews will establish radio contact on your frequency in order to receive further details of the incident and more complete patient information. The flight crew may also ask for directions to help locate the landing site and/or discuss specific LZ concerns with scene personnel once the aircraft is overhead. Keep in mind that MSP pilots have the ultimate responsibility to land the aircraft safely and may accept or reject the designated LZ based on their perspective from above.

Parking emergency vehicles where they can be easily seen from above helps in locating the landing zone quickly.

Setting up the Landing Zone

a) Set up LZ boundaries and physically walk over the LZ to check for holes and large objects.

b) Do not use flares (the aircraft rotor wash would knock them over causing a fire hazard).

c) Do not use markers that may become airborne hazards; flat, weighted, colorful markers are helpful.

d) Do not pull hoselines (in case of a mishap, the engines may have to be repositioned).

e) Wear reflective vests or clothing.

f) Have all personnel remain clear of the landing zone and approach/departure paths.

Securing the Landing Zone

a) Clear all pedestrians (including press) from the area. No one should enter the LZ.

b) No vehicles should be allowed to enter the LZ.

c) Park emergency crew personal vehicles out of the way.

d) Leave all emergency vehicle lighting on while the helicopter is attempting to locate the LZ.

e) Turn all emergency vehicle lighting off as the helicopter makes a final approach to land, but leave parking lights on all vehicles illuminated at night for safety reasons.

f) Once the flight crew has established radio contact on your frequency, provide any further patient information the flight crew may require, such as the patient's level of consciousness, the patient's airway status, and the patient's treatment priority, including any changes. Discuss any specific LZ concerns with them prior to landing. Also, give helpful directions if the helicopter appears to be unable to locate the LZ. The following are useful: GPS coordinates, ADC Map grid locations, and the LZ location in reference to nearby landmarks (for example, 500 feet west of big red barn, 0.5 miles south of Deer Creek Bridge).

(*Continued on page 4*)

Verification of a clear and secure LZ should be accomplished before the helicopter arrives.

Direct radio communication about any LZ obstructions should be made prior to the aircraft making its final approach to landing.

Protecting the landing zone from unwanted intrusion while the helicopter is on the ground is the primary role of standby personnel.

(*Continued from page 3*)

g) After the aircraft has landed, place personnel around the LZ perimeter to keep unauthorized people from entering the area. Landing zone personnel must remain attentive at all times while the aircraft is on the ground.

Turning the Patient Over to the Flight Crew

Turning the patient over to the flight crew needs to be a quick and orderly process, with time at the scene kept to a minimum. The total scene time should take no more than 10 minutes, including the actual loading process, unless extrication or critical interventions need to be performed. Passing on information in written format is always helpful in minimizing scene time.

a) The BTLS primary survey needs to be performed by the flight paramedic.

b) The turnover report must include:

- The mechanism of injury and a history of the events leading to the injury
- Injuries found
- The patient's chief complaint
- Interventions performed
- Pertinent medical history

c) Ensure that a patient with suspected spinal injury is fully immobi-

(*Continued on page 5*)

A rapid transition of patient information can be facilitated by utilizing a focused team approach.

Each team member performs a task in order to prepare the patient for air transport more quickly.

(*Continued from page 4*)
lized before transport.

d) A flight crew monitor (ECG, BP, Sp02) will be attached to the patient.

e) Critical airway interventions should be addressed prior to transport.

Approaching the Helicopter

a) Follow all directions of the flight crew at all times.

b) Approach the helicopter from a quartering head-on position so that the pilot can see you.

c) Always approach the aircraft in a bent-over position.

d) Secure any loose clothing or baseball caps prior to approaching the aircraft.

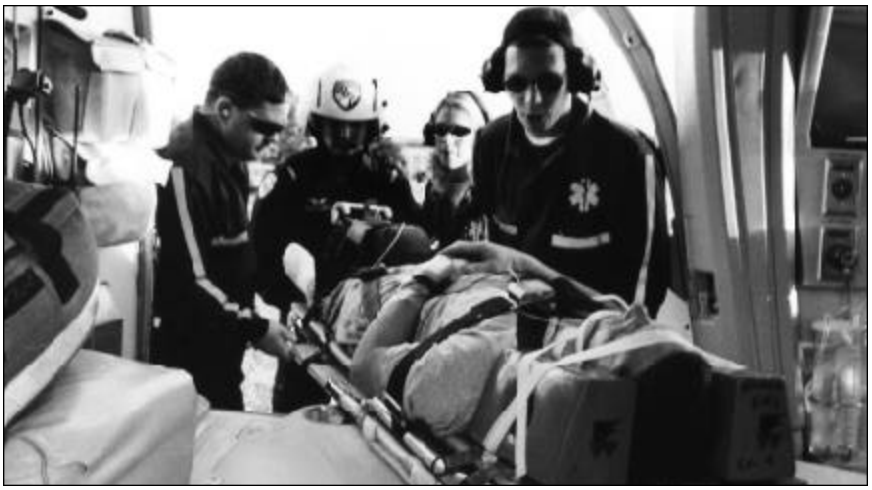
e) Eye and ear protection is required at all times.

f) Never shine any lights directly toward the aircraft.

g) If the helicopter has landed in a remote LZ from the incident scene, offer the flight paramedic a ride to the scene location.

h) If you or other ground personnel are asked to fly aboard the aircraft, remember to leave the pepper spray behind. It is prohibited on the helicopter because of the closed cockpit environment.

Utilizing the fewest number of personnel necessary to safely load the aircraft within the direct view of the pilot helps to minimize any potential risk.



The flight paramedic directs all movement under the turning rotor blades. Personnel must exit to the front of the aircraft—never approaching the rear/tail rotor section.

The MSP Aviation Division has been able to maintain one of the best safety records in the air medical industry due largely to the expertise of the EMS personnel who work in and around the aircraft on a daily basis. The Aviation Division does not dictate a specific landing zone policy but allows each jurisdiction to govern its own emergency operation procedures at the LZ. Further information on MSP Aviation Division operations can be obtained by contacting the Maryland State Police Aviation Division, Flight Operations, 3023 Strawberry Point Road, Baltimore, Maryland 21220 or calling 410-238-5862.

◆ *Cpl. Water A. Kerr, MS, REMTP*
Paramedic Training Coordinator
Maryland State Police

Shock Trauma Gala 2001

April 21, 2001

The Hero Award Committee would like to solicit your assistance in nominating a case that exemplifies the Maryland's EMS System. If you are interested in nominating a case or would like more information, please contact the Shock Trauma EMS Office at 410-328-8844 or 800-528-1732.

Submission Deadline: December 15, 2000

WINTERFEST EMS 2001

JANUARY 18 – 21, 2001

HARRISON'S CHESAPEAKE HOUSE

TILGHMAN ISLAND, MARYLAND

JOIN US FOR A FUN AND RELAXING WEEKEND OF QUALITY EDUCATION

PRECONFERENCE – EMT-B 12-Hour Skills Refresher

DATE: January 18 (6:30 PM – 10:30 PM) & January 19 (8:30 AM– 4:30 PM)
LOCATION: Tilghman Island Volunteer Fire Department.
FEE: $35 Registration is required.

EMT-Bs can complete all their recertification needs at Winterfest 2001. The preconference session fulfills the 12-hour skills class requirement. EMT-Bs can fulfill all the 12 hours of didactic (4 Medical, 4 Trauma, 4 Local) required for recer - tification by carefully selecting from the Saturday and Sunday sessions.

WINTERFEST EMS 2001

Saturday, January 20, 2001

7:30 AM	Registration
7:45 AM	Welcome
8:00 AM	**CPR IS HAVING A BIRTHDAY – M/B** Evolution of CPR—past and future
9:30 AM	BREAK WITH VENDORS
10:00 AM	**THE BATTERED CHILD – T/B** A startling view of what can happen to children
11:30 AM	LUNCH WITH VENDORS
1:00 PM	**END POINTS OF RESUSCITATION – T/B** Beyond the field – care of the trauma patient
2:15 PM	BREAK WITH VENDORS
2:30 PM	**BREAKOUT SESSION #1** **A – Herbal Medicines – Cure or Cause – M/A** Effects of herbal supplements – good or bad **B – Name that Rhythm – M/A** Practice your ECG interpretations **C – Pediatric Respiratory Distress – M/B** Assessment & intervention **D – When Things Get Hot – T/B** Thermal & chemical burn management
3:45 PM	**BREAKOUT SESSION #2** A – Herbal Medicines – Cure or Cause – M/A B – Name that Rhythm – M/A C – Pediatric Respiratory Distress – M/B D – When Things Get Hot – T/B

Sunday, January 21, 2001

9:00 AM	**RETURN OF THE ROADSIDE DETECTIVE – T/B** Assessment + Mechanism of Injury = Intervention
10:15 AM	BREAK
10:30 AM	**EXPOSED! – WHAT DO YOU DO NEXT? – M/B** New trends in Infection Control
11:45 AM	LUNCH
1:00 PM	**WHEN PEOPLE GO CRAZY – M/B** Management of behavioral emergencies
3:00 PM	Conference Ends

WINTERFEST EMS 2001

JANUARY 18 – 21, 2001

Location: WINTERFEST EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House. A detailed map and directions will be sent with your confirmation letter.

Payment and Cancellation Policy: Preregistration is required. We will be accepting registration until January 12, 2001 or until the conference is filled – whichever comes first. Confirmation letters will be sent. All requests for cancellations must be made in writing to WINTERFEST EMS, c/o Talbot County EMS, 29041 Corkran Rd, Easton, MD 21601.

Refunds, excluding a $10 processing fee, will be mailed for cancellations received before January 12, 2001. Cancellation after January 12, 2001 will result in forfeiture of your entire registration fee. (Note: There is a $25 fee for bad checks.)

Weather Cancellation: The Conference Planning Committee will make a decision about cancellation of WINTERFEST EMS due to severe weather by 12 noon on January 17. Call Talbot County EMS – WINTERFEST EMS Line at (410) 822-2030 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information: For additional information, call the TCEMS – WINTERFEST EMS Line at (410) 822-2030.

The WINTERFEST EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please contact the WINTERFEST EMS Committee.

REGISTRATION

Name: _____ Nickname:_____

Street: _____

City :_____ State: _____ Zip:_____

Email: _____ SSN # _____ Fax: _____

Phone: _____ Evening:_____ Pager: _____

Primary Affiliation: _____

Certification/Licensure (circle): FR EMT-B CRT EMT-P LPN RN NP PA MD

CONFERENCE FEES:

EMT-B Skills	$35	_____
1 Day	$65	_____
2 Day	$100	_____
	TOTAL	_____

BREAKOUT SESSIONS:

Sat: #1 A B C D

#2 A B C D

MEALS & ACCOMMODATIONS

Harrison's Chesapeake House, Tilghman Island, MD

Room Rate/Night:

Single	$95
Double (2 people/2 beds)	$85
Extra person	$10

Roommate _____

Package/Person:

1	Fri/Sat – Dinner & Entertainment	$56
2	Sat Dinner, Entertainment	$30

NIGHTS: THURSDAY FRIDAY SATURDAY PKG: 1 2

Make checks payable to WINTERFEST EMS. Accommodation and package fees should be included with the registration fee. Reservations are due by January 12, 2001. Send your check, along with this form, to WINTERFEST EMS, c/o Talbot Co EMS, 29041 Corkran Rd., Easton, MD 21601.

Governor Parris N. Glendening

Chairman, EMS Board: Donald L. DeVries, Jr., Esq.
Executive Director, MIEMSS: Robert R. Bass, MD
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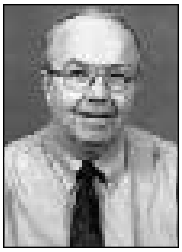
Provider Liaison



As MIEMSS Liaison to the Fire and EMS Service, I will be writing to you in each newsletter edition about issues and items of interest. It is my hope that this column will help MIEMSS effectively share new ideas and concerns in the fire and EMS communities. I welcome your thoughts, comments, and concerns at anytime, and ask that you not hesitate to call me at 800-762-7157. It is my job to ensure that lines of communication are open.

As many of you know, after meeting with representative of the EMS community, MIEMSS is proposing to adopt the U.S. Department of Transportation EMT-I curriculum for initial CRT training beginning in 2001 and to update all current CRTs through the continuing education and re-licensure process. The specifics of the proposal are included in this newsletter. Special meetings were held in each region during October and November so that all CRTs could learn about and discuss the proposal. If you were not able to attend any of those meetings and have comments on the proposal, please send them to your MIEMSS Regional Administrator or me by December 8.

Also, I would like to thank all the providers who attended the E-MAIS vendor fairs that were scheduled throughout the state in October and November. Provider participation is vital to ensuring the development of an effective system that will be used by all EMS providers. I will update you further when the bid is awarded.

Finally, several months ago, the Maryland Court of Appeals issued its opinion on the so-called "Chase Case." A summary of the opinion is included in this newsletter. I urge all providers to carefully read the article as the opinion involves important issues of provider immunity.

Future columns will bring various issues and concerns, as well as other information that is important to you. Please contact me if there is a subject or question you have in mind.

◆ *Philip Hurlock*
Ombudsman

Corrections

The photo of the Country Club Mall on the cover of the June/July issue of the newsletter incorrectly names Marsh Smith as Mark Smith. In addition, in the photos of the EMS awards, Chief John Frazier was incorrectly identified as Capt. John Fraser. We regret the errors.

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