

Maryland EMS News

For All Emergency Medical Clinicians

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Requirements for Transition from EMS Provisional Status to Full Certification or Licensure



IN RESPONSE TO THE COVID-19 pandemic, Maryland has added a significant number of Provisional EMS Clinicians to its emergency medical services workforce. Provisional EMS Clinicians include those whose Maryland license/certification previously expired; clinicians who are licensed/certified in other states; and Maryland EMT and Paramedic students.

MIEMSS is encouraging Provisional EMS Clinicians to remain part of Maryland's EMS System and has implemented a process for Provisional Clinicians to obtain full Maryland certification or licensure. The requirements for obtaining full certification/licensure status vary by level of EMS clinician and the specific criteria by which the individual qualified for provisional status. The requirements by level of clinician may be accessed at <https://www.miemss.org/home/emsproviders> and clicking on the specific clinician level.

Please keep in mind the following:

- All individuals who desire to progress

from Provisional Status to Full Certification/Licensure must file an application to do so within 180 days after the end of the emergency period.

- To be eligible to progress from Provisional Status to Full Certification / Licensure, all requirements must be completed within the timeframe indicated.
- Provisional Status personnel may provide EMS until end of emergency period + 180 days. Paramedics may continue to provide EMS under their provisional NREMT certification until December 31, 2021.
- ALL Provisional Statuses other than paramedics terminate at end of emergency period + 180 days.
- COMAR 30.02.02.09E applies to individuals who are reinstated.

For further information about transitioning from Provisional to Full certification or licensure in Maryland, please email licensure-support@miemss.org. ■

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2020 Breaking Barriers Through Telehealth Award Winner

THE MID-ATLANTIC TELEHEALTH Resource Center (MATRC) recently awarded the Category 1 (Small, Rural and/or Safety Net Provider/Organization) Award to the Queen Anne's County Mobile Integrated Community Health Program, nominated by Jared Smith with the Queen Anne's County Department of Health in Maryland. The Mobile Integrated Community Health program team consists of a community health nurse from the Department of Health, a paramedic from the Department of Emergency Services, a pharmacist from the University of Maryland Shore Regional Health facility in Easton, Maryland, and, as needed, a peer recovery specialist or licensed addictions counselor.

The criteria for the Category 1: Small, Rural and/or Safety Net Providers/Organizations Award nomination had to meet at least ONE of the following criteria:

- The program or project serves a rural or underserved area based on either program eligibility, common rural definitions or shortage designations criteria
- The program or project is administered by a small practice or organization (under 50 regular full-time employees)
- The program or project is administered by an organization that is considered a health care safety net organization (e.g., public health/mental health, Federally Qualified Health Clinic, free/charitable care clinic, private nonprofit clinic). Organizations are considered part of the health care safety net if: (1) either by legal mandate or explicitly adopted mission they maintain an "open door," offering access to services for patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.

MATRC nominations were based on a compelling story of a telehealth program or project that has led to breaking down barriers to accessing quality care and/or addressing an unmet need that has led to improved health outcomes and/or quality of life. Some examples of applications of telehealth included live interactive videoconferencing, store-and-forward, remote patient monitoring, as well as the use of mobile health apps, games, and wearables.

"Mobile Integrated Health is a compassionate, effective program to provide personal, in-person oversight of our citizens by helping them to become better educated about their health care," said Joseph A. Ciotola, Jr., M.D., who serves as the Medical Director of the Queen Anne's County Department of Emergency Services as well as the Health Officer for the Queen Anne's County Department of Health. "The effectiveness of the program has been instrumental in reducing ambulatory transports, visits to the emergency rooms, and hospital readmissions. The ability to provide telehealth visits with a pharmacist has resulted in appropriate medication management."

Telehealth Resource Centers (TRCs) are funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the

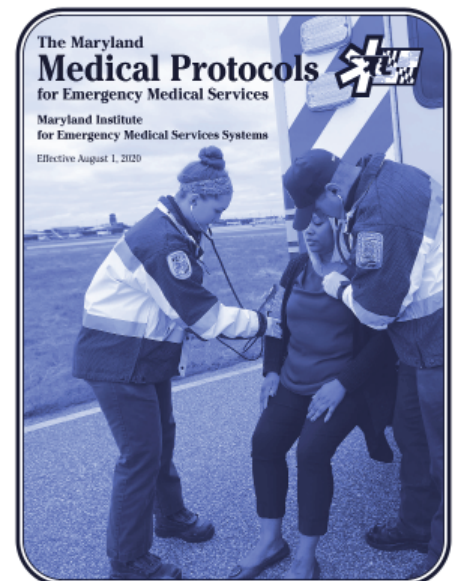
Office of Rural Health Policy. Nationally, there are 14 TRCs. TRCs have a mission to serve as a focal point for advancing the effective use of telehealth and support access to telehealth services in rural and underserved communities. The Mid-Atlantic Telehealth Resource Center (MATRC) was established as a regional TRC in September 2011. ■

Mobile Integrated Health is a compassionate, effective program to provide personal, in-person oversight of our citizens by helping them to become better educated about their health care.

JOSEPH A. CIOTOLA, JR., M.D.

Medical Director, Queen Anne's County Department of Emergency Services Health Officer, Queen Anne's County Department of Health

THE 2020 MARYLAND MEDICAL PROTOCOLS FOR EMERGENCY MEDICAL SERVICES printed documents are now available through the MIEMSS Office of Licensure and Certification. The complete document, as well as the spreadsheet containing the changed pages are available on the MIEMSS website at: <https://bit.ly/32DS13u> for your reference. The full-size (8 ½ x 12"), three-hole-punched version, spiral version, and pocket-sized protocols are available for sale by calling the MIEMSS at 410-706-3666 or 1-800-762-7157. All EMS clinicians will receive a pocket version of this year's protocols. ■



Bike Safety Drive-Thru: Distributing Bicycle Helmets to Children and Families Using Social Distancing Best Practices

FOR NEARLY 20 YEARS, United Communities Volunteer Fire Department (UCVFD) in Stevensville, Maryland, has been involved in advocating for bike safety in their community. When their normal distribution venue at Kent Island High School was unavailable due to coronavirus safety concerns, UCVFD members came up with a new plan: A Bike Safety Drive-Thru.

The goal was to distribute the over 200 helmets and to provide some bike safety training while maintaining social distance and precautions. Each year, UCVFD purchases helmets from their community outreach budget for their annual distribution events. In the past, funds were donated by the Kent Island Elks Lodge for helmet purchase, and helmets were donated from Safe Kids Maryland and the EMS for Children (EMSC) Program.

UCVFD has been a Safe Kids Maryland community partner for many years and worked with the EMSC Program to support injury prevention education through the Maryland State Firemen's Association Risk Watch programs. Through a Maryland Highway Safety Office Bike Safety grant, UCVFD has received bike helmets, a demonstration manikin, and educational materials. UCVFD also created an activity book for children using Safe Kids



▲ Participants of the Bike Helmet Drive-Thru are ready to ride the Kent Island Trail, which runs right in front of UCVFD.

Worldwide and National Highway Traffic Safety Administration (NHTSA) graphics.

"With schools out and children and their friends and families spending more time outside, I needed to find a way to continue promoting bike safety," said Mary Alice Vanhoy,

Paramedic at United Volunteer Communities Fire Department and Maryland EMS Board Member. "It came to me as I was picking up food at one of our local restaurants that we could do the same with the helmets. I ran the idea by my colleagues at the UM Shore Emergency Center in early May, and the idea of the Bike Safety Drive-Thru was born."

Held at the firehouse on July 11, 2020, the event was broken down into four stations, set up so that cars entered from a side road and drove through in a single line. Families took part in the different aspects of the event while remaining in their vehicles. Volunteer staff members wore masks and had hand sanitizer and wipes at each station. Teams were rotated through stations, with hydration breaks due to the temperature and humidity.

- **Station 1:** Volunteers maintained their distance while helping parents measure their child's head to determine correct size, and kids chose a colored card labeled with their size. (Cards were made ahead of time and corresponded to available helmet sizes and colors.)
- **Station 2:** A manikin head display helped volunteers demonstrate correct helmet fit (Eyes, Ears, Mouth – see the safety poster available from the Bike Safety Project at MIEMSS EMSC) and participants received a bag of education materials and fun supplies.



▲ In the picture above, vehicles move through Station 2, where they received education on proper bike helmet fit, and Station 3, where they receiving the helmet that matched the size and color selected at Station 1.

(Continued on page 4)

Bike Safety Drive-Thru

(Continued from page 3)

- **Station 3:** Children turned in their tickets, which told volunteers which size and color helmet to give them in exchange.
- **Station 4:** Participants viewed an Outdoor Temperature Heatstroke Prevention educational display about the dangers of kids and hot cars.

Queen Anne’s County’s popular South Island Trail, used for biking, walking, and running, goes directly in front of the UCVFD, so not all of the participants came through in cars. Organizers quickly adjusted to make sure participants who walked or biked through the event were also safe.

Helmets are the single most effective safety device known to reduce head injury and death in children, youth, and adults of all ages. A 2018 analysis of 55 studies conducted between 1989-2017, which estimated the effects of bicycle helmets on head injury among crash-involved cyclists, concluded that the use of bicycle helmets reduced head injury by 48%, serious head injury by 60%, traumatic brain injury by 53%, and the total number of cyclists killed or seriously injured by 34%.

“Just a few days ago, I saw children in my neighborhood riding with our helmets on,” said Vanhoy. “That was very rewarding.”



▲ Mary Alice Vanhoy (right) explains the importance of bike safety.

MIEMSS staff was also on hand to document the event. Information in the form of written guidelines, sample activity book, event map template, and a training video will

be available online early this fall at <https://www.miemss.org/home/bike-safety-project> for other jurisdictions to access so that they may replicate this innovative event. ■

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These bike safety posters are available to order by emailing bikesafety@miemss.org or downloading as a PDF from www.miemss.org/home/bike-safety-project.

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Counterfeit Car Seats and Decoy Safety Products

BARGAINS ABOUND ON THE INTERNET.

But is buying that fancy car seat, advertised at a fraction of its usual cost, actually a good buy? Or is that car seat an imposter, made cheaply and quickly to resemble the real thing, while it wouldn't meet safety standards if tested?

In a webinar hosted by Lifesavers Traffic Safety Conference and Safe Kids Worldwide, Denise Donaldson, CPST-I, described several ways that a few recent car seat purchases have deceived caregivers:

- They are “knock-off” products, illegally made to resemble the genuine product, but not likely to have been tested, or are non-compliant with U.S. safety standards.
- They are “imposters” which don't meet the federal definition of a car seat and the standards, but imply they can be used to protect children.
- They are “decoys” which don't claim to be compliant with U.S. standards but imply that they are appropriate and safe for children to use.

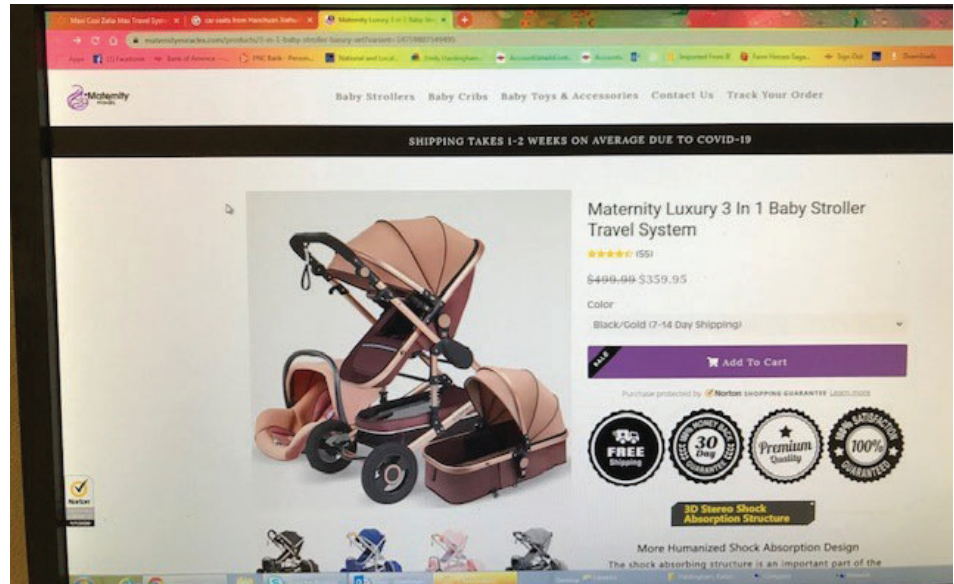
A recent example of a knock-off is a car seat with integrated stroller made to look like the real Doona™ product. Crash-testing of this caused the seat to collapse in a way that would have badly hurt a child occupant. Examples of decoys include the numerous seat belt positioner devices that have been sold over the years when there is no standard by which to judge their efficacy.

Finding and identifying counterfeit products is not so simple. Some authentic car seats used in the U.S. may have been purchased in other countries where they passed their safety standards, but they don't meet the requirements of U.S. standards. These should not automatically be considered unsafe, but caregivers need to understand the issues related to those specific restraints, and it is best to use a device approved for where you are located. Some of these seats have been brought in by parents when they come in to pick up their newborns.

If you suspect a problem with a car seat or occupant restraint product:

- Keep detailed records of where, when, and how it was purchased
- Look on the seat's labels and note its model number and date of manufacture, and then call the manufacturer to verify these

If the product is determined to be counterfeit, report it online to the National Highway Traffic Safety Administration (www.nhtsa.gov) and click on “Report a Problem”) or to the U.S. Department of Commerce at www.STOPfakes.gov.



An infant car seat recently brought by a parent to a Maryland newborn nursery for baby's first ride home. This seat does not meet U.S. federal standards - for instance, it has no chest clip - so it is not recommended for use. However, using a foreign car seat is far better than NOT using a car seat!



To avoid buying a counterfeit car seat, buy at a reputable store instead of online. If you must buy online check that:

- The seat's manufacturer has a website that is found easily and lists that seat
- The seat is included on the American Academy of Pediatrics guide (<https://www.healthychildren.org/English/safety->

[prevention/on-the-go/Pages/Car-Safety-Seats-Product-Listing.aspx](https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Product-Listing.aspx))

For assistance with any car seat or child occupant protection products and their use, caregivers can contact Maryland Kids in Safety Seats at 800-370-SEAT or email at mdh.kiss@maryland.gov. ■

Child Vehicular Heatstroke Prevention Education

ON AVERAGE EACH YEAR, 39 children in the U.S. die from heatstroke when left alone in cars. In 2019, 52 children died this way, and as of July 20, 2020, there have been 10 reported deaths due to pediatric vehicular heatstroke. Half of these were cases in which young children got into parked cars to play and couldn't get out, which may correlate to the extended time at home for parents and children due to the COVID-19 pandemic.

Awareness and behavior modification among caregivers are key to preventing the majority of these tragic deaths. The Outdoor Stand-Up Temperature Display is an excellent tool for illustrating how a vehicle can quickly heat up in the sun to where the inside temperatures would kill a child. In the display, a thermometer is placed inside the car and another outside the car; each



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thermometer is connected to an electronic monitor which shows the temperature in real time. Typically, temperatures inside and outside the vehicle will vary 20-50 degrees! Signage and handouts accompany the temperature monitor.

This display is available for free for EMS, healthcare, and safety agencies to borrow for educating their staff or the public. It works well in a location with pedestrians or slow-moving vehicles. MIEMSS recently created a short training video that demonstrates how to assemble and use the heavy display. It can be viewed at: <https://youtu.be/CBFh3M4Kp74>. ■

To reserve
one of the four display
kits statewide, contact
cps@miemss.org.

Call for Presentations: 2020 Winter PDI Symposium

THE MARYLAND FIRE AND RESCUE INSTITUTE is soliciting presenters for its Winter Professional Development for Instructors Symposium which will be held December 5, 2020. This is a virtual PDI that will be hosted via Zoom.

Attended by instructors from across the state, this is an excellent opportunity for all instructors to share effective teaching practices, principles of learning, classroom management techniques, and current research in education.

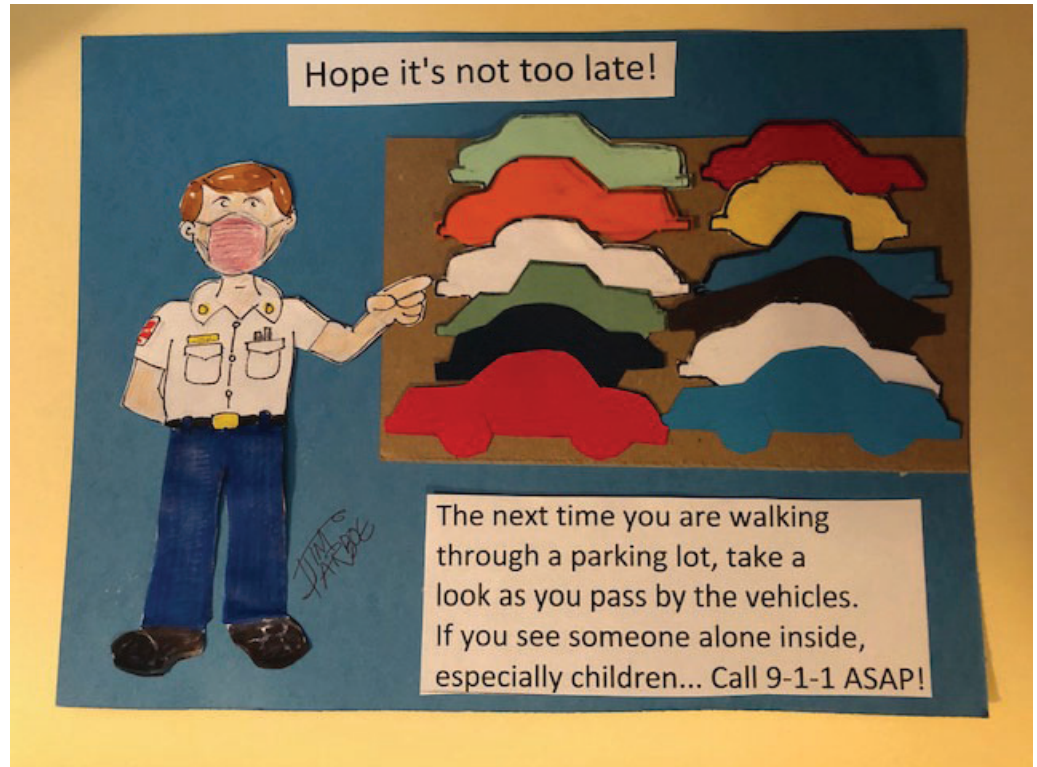
We are looking for educators and instructors to submit proposals for our 90-minute virtual sessions. This Call for Presentations is open to all instructors regardless of instructor-trainer credentials.

Please send your submissions to Diane May, Interim Planning Manager, at dmay@mfri.edu. All submissions must be received no later than August 15, 2020. Please use separate submissions for each PDI you would like to present.

The presentation submission shall include a course description, at least three objectives, teaching method, student participation activities, and your biography and credentials.

Speakers selected will be notified of their acceptance by September 15, 2020. Once selected, the speaker will be contacted concerning the additional information that will be needed for the class to meet MICRB approval. ■





IN THE JUNE 2020 ISSUE (VOL. 46, NO. 2) OF *MARYLAND EMS NEWS*, we profiled the public health and safety-focused artwork of retired Montgomery County career firefighter Jim Jarboe, who returns this issue with these latest offerings. Read more about Jarboe and his community-minded "doodles", as well as other state and local EMS news, in our newsletter archive at www.miemss.org. ■





THE OUT-OF-HOSPITAL CARDIAC ARREST RECORDS for calendar year 2019 in the CARES registry are now complete. In Maryland, there were 6796 total non-traumatic sudden out-of-hospital cardiac arrests for CY 2019.

National reports are now available on the CARES website: <https://mycares.net>.

The Bystander CPR Rate and the Public AED Use Rate were calculated in Maryland and at the national level. The Maryland and national rates for 2019 are as follows:

Bystander Intervention Rates		
	Maryland	National
CPR	41.0%	41.2%
Public AED Use	10.5%	12.2%

The Bystander CPR Rate is the percentage of those that had CPR initiated by a lay person, lay person family member, or lay person medical provider for those where the arrest occurred prior to 911 arrival and was not in a nursing home, health care facility, physician's office or clinic.

The Public AED Use Rate is the percentage of those that had an AED first applied by a lay person, lay person family member, or lay person medical provider for those where the arrest occurred prior to 911 arrival and was not in a home/residence, nursing home, health care facility, physician's office, or clinic. ■



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Governor Larry Hogan
Lt. Governor Boyd Rutherford

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