

REGION I EMS ADVISORY COUNCIL MEETING
OCT. 19, 2017
Agenda

- I.** Call to Order
- II.** Approval of July 20, 2017 Minutes
- III.** Welcome Guests
- IV.** Chairperson's Report
- V.** Committee Reports
 - a.** Prehospital Care System
 - b.** Quality Improvement
 - c.** Bylaws/Membership
 - d.** ALS Advisory Committee / Garrett College – Doug Beitzel
 - i.** Paramedic Degree Program – Julie Yoder
 - e.** Region I Emergency Services Education Council Inc.
- VI.** Garrett County Activities
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 - b.** Garrett County Emergency Management / ESB – John Frank
 - c.** Garrett County Communications – Ken Collins
 - d.** Garrett County EMS – Wayne Tiemersma
 - e.** Garrett County Health Department – Diane Lee
- VII.** Allegany County Activities
 - a.** Allegany County Emergency Management / Communications – Dick DeVore
 - b.** Allegany County Emergency Services Board – Ken May
 - c.** Allegany County EMS – Robert Pattison
 - d.** Allegany County Health Department – Alison Robinson
 - e.** Western Maryland Health System – Jill Spiker/ William Hardy
 - f.** Allegany College of Maryland – Kathy Condor
- VIII.** Regional Reports
 - a.** Regional Medical Director – Dr. Janelle Martin
 - b.** Regional Pediatric Medical Director – Dr. Stephanie Sisler
 - c.** Region I Specialty Center – Elizabeth Wooster
 - d.** MFRI – Todd Dyche
 - e.** MEMA – John Reginaldi
 - f.** Medevac – Alex Kelly
 - g.** CISM – Al Ward
 - h.** AGCVFRA – Donna Struntz
 - i.** Region I & II Health Care Coalition – Katie Salesky
 - j.** Career Fire & EMS – Donnie Dunn
 - k.** Commercial Ambulance – Chris Guynn
- IX.** MIEMSS
 - a.** 11th Annual EMSC Research Forum – Cyndy Wright Johnson
 - b.** Region I Report – Dwayne Kitis
 - i.** Prioritization of Matching & Hardship Grants
- X.** Old Business
- XI.** New Business
- XII.** Adjournment

Region I EMS Advisory Council Meeting

October 19, 2017

The Region I EMS Advisory Council Meeting was held October 19, at 7:00 p.m. at the Frostburg Ambulance building located at 86 West Main Street, Frostburg, MD. Members in attendance included: Elizabeth Wooster, Bill Hardy, Jeff Hinebaugh, Dr. Janelle Martin, Donna Struntz, Robert Pattison, Wayne Tiemersma, Chris Guynn, Alison Robinson, Doug Beitzel, Alex Kelly, Al Ward, Cheryl Rexrode, and Dwayne Kitis.

The meeting was called to order by Donna Struntz at 7:00 p.m.

Approval of July 20, 2017 Minutes:

The minutes were reviewed and accepted as written.

Welcome Guests

Guest attending included: Cyndy Wright Johnson, John Reginaldi, Katie Salesky, Jim Koon, Cheryl Hinebaugh, Julie Yoder, Paul Harmon, and Shannon Adams.

Chairperson's Report – No report

Committee Reports

Prehospital Care System – No report; No recent meeting.

Quality Improvement – No report

Bylaws/Membership – No report

ALS Advisory Committee / Garrett College – Doug Beitzel

- Doug gave an update on ALS training in the Region and a list of upcoming ALS classes, please see attachment.
- Julie Yoder talked about the Paramedic Credit Program at Garrett College. She informed the membership about the process and where in the process they are now. The college hopes to have it in place for FY 2018 classes.

Region I Emergency Services Education Council, Inc. – Dwayne Kitis

- The Night for Stars program will be held November 4. The two cases being presented both originated in Garrett County, with one of them crossing over into Allegany County. Dwayne thanked those that helped get donations for the program.
- The Miltenberger Seminar workshop schedule is finished now. The seminar is to be held on March 9-10, 2018.

Garrett County Activities

Garrett Regional Medical Center – Jeff Hinebaugh

- Dr. Robert Corder is the new ED Physician Director.

Garrett County Emergency Management/Communications / Emergency Services Board / EMS – Wayne Tiemersma

- Emergency Operations Center Project is under review again; taking a look at financing options for the project.
- Emergency Management continues with Stop the Bleed program in the area.
- They are finalizing the new All Hazards Mitigation Plan for the county.
- County is at full complement of EMS providers.
- VAIP Inspections were in October and companies did well with only a few issues.

Garrett County Health Department – No report

Allegany County Activities

Allegany County Emergency Management and Communications – Robert Pattison

- Radio installations for law enforcement have begun.
- Dan's Mt. tower is completed now; Warrior Mt. tower has been started.
- Steve Shipley is new Emergency Management Chief.

Allegany County Emergency Services Board – Robert Pattison

- Ambulance Inspections were completed with some minor issues.
- Rocky Gap Casino continues to do well with recent disbursements increasing to \$33,400 per department.

Allegheny County EMS – Robert Pattison

- The County went live with operational control of Frostburg Ambulance on July 1 and also started 24/7 staffing model in the county. System seems to be working well.
- The latest stats for the 3rd quarter are: Combined Failed/Delayed Response is 1.9% now; before it was up to approximately 34%
- Safer Grant has been acquired for 4 firefighter/paramedics; individuals will hopefully be fulltime by the beginning of November.
- Narcotic Knox Boxes have been installed in all units. Drug Policy will be going before the EMS Committee for approval at the next committee meeting.
- They are working with the Health Department on reimbursements to Fire/EMS companies for Narcan; Governor's office allotted \$38,000 to the county.
- There is now a Regional EMS Facebook Training Page; Chris Biggs is in fulltime training capacity for the County.
- Stop the Bleed classes are still available; PALS class was just done; Working on having an ACLS recert class.
- Allegheny County has received an AFG Grant for \$165,000 to be used for Lifepack 15's.
- The Emergency Services Division did shirts this month in support of Cancer; raised \$600 which was donated to purchase a brick at the Schwab Cancer Center.

Allegheny County Health Department – Alison Robinson

- A simulated Active Shooter drill is being planned; revamping previous model to Run, Hide, Fight.
- Rebranding of the Health Department is finished – new logo and letterhead.

WMHS – Bill Hardy/Elizabeth Wooster

- Dr. Kalaria, ED Medical Director, has requested they look at modifying how ALS 12 leads are transmitted to them. He is requesting that the ED get STEMI alert 12 leads and any other ones that providers have trouble interpreting. Dr. Martin wants a little more discussion on this subject and how to handle it before any policy change is made. No action will be taken at this time.
- WMHS will be opening a pediatric observation unit which will be located in the Emergency Department. Over the past several years, most of the pediatric patients admitted to the hospital have met the criteria for observation status and have been discharged within 24 hours. The new Pediatric Observation Unit is slated for an opening in late Spring, early Summer. Pediatric patients less than 18 years old that require full admission will be transferred to an appropriate center.
- Construction will be occurring – a new psych emergency department is to be developed soon at the Health System; completion date given is June 30, 2018.

Allegheny College of Maryland

- Reminder: On November 10, Dr. Jim Gordon is coming to ACM to provide a full day of training; he is from the Center for Mind-Body Medicine.

Regional Reports

Regional Medical Director – No report

Region I Specialty Center – Elizabeth Wooster

- The Trauma Center re-designation is May 11, 2018
- The Health System is starting a rotation for Family Practice residents from UPMC.
- Thanked Bobby for including the Health System in the Allegheny County QA/QI Committee; it has been very professionally run.

MFRI – Todd Dyche

- A handout was provided on EMS classes in the Region. Please see attachment.

MEMA – John Reginaldi

- Started regional quarterly meeting, first one was held in October. In the meeting the radio system and training needs were discussed.
- He also just heard about a regional exercise with WV and EPA coming up soon.
- The State is putting together a statewide Incident Management Team (IMT) to help out in other states and jurisdictions.
- Opioid epidemic is still a State emergency.

Medevac – Alex Kelly

- The out-of-state helicopter policy recently updated was discussed.

- A (Draft) handout on Utilization and Alerting of Helicopters in Region I from a meeting held on September 15 was also presented.
- The membership discussed issues in the area, including WV.

CISM – Al Ward

- One call-out since last meeting
- There will be a one-day course at Allegany College on March 10, 2018. A three day course is being held in Salisbury in November 2017.
- The team is available to do training for companies.

AGCVFRA

- Garrett County had ceremony on Sunday for their Line of Duty Death Memorial.

Region I & II Healthcare Coalition – Katie Salesky

- They have a mobile ambulance bus which is housed in Washington County; it is a regional asset to be used by all 4 counties.
- They are allocating 62 Stop the Bleed kits and 17 training kits amongst the counties.
- Budgeted for a regional threat gap analysis and have reached out to hospitals for hazard vulnerability analysis and to Emergency Management for their Hazmat mitigation plans, also asked other agencies in coalition for regional hazard vulnerability assessments.
- The Ebola tabletop at the Regional Conference in October was well attended.

Career Fire & EMS – Shannon Adams reported for Donald Dunn

- A little good news on staffing; they are hiring one person now.
- No other changes – business as usual.

Commercial Ambulance – Chris Guynn

- Their new director is John Robin.
- Chris talked about interfacility transfers; Elizabeth Wooster is helping with Specialty Transport training. Wayne added that Garrett Medical Transport has only 1 ambulance to use for transport, so Valley Medical has been backing them up when available. When they are not available, public safety ambulance has been used.
- Also spoke on issue of Medevac usage in neighboring areas of West Virginia.

MIEMSS EMSC – Cyndy Wright Johnson

- A handout was provided, please see attachment.
- Cyndy highlighted a few items from the handout;
 - Stars for Life and Right Care When it Counts are up on website now.
 - National Driving Drowsy week is first week in November. The February podcast will be on science of drowsy driving.
 - There are 3 outdoor temperature displays for use on child passenger safety
 - Will be rolling out High Performance CPR for Babies; have purchased a set of QCPR babies - have 3 with SimPad
 - She thanked those that attended the focus group meeting on Termination of Resuscitation in Pediatrics earlier today.

MIEMSS Region I Report – Dwayne Kitis

- Dwayne thanked Cyndy and Jen for the meeting on “Protocol for Termination of Resuscitation in Pediatrics” that was held before the Council meeting tonight.
- Rae Oliveira from MIEMSS Licensure & Certification emailed a few items of interest from her office.
 - BLS renewal cycle for Fall 2017 has begun;
 - Email notifications have been sent to EMDs, EMRs, and EMTs due to lapse on, or extend to, 12-31-17; postcard notification will be mailed the week of October 16.
 - Applications for renewal or extension were turned on for providers lapsing in December on Oct. 1st.
 - A renewal card will not be provided, or an extension honored, without an application completed by the provider at www.miemsslicense.com
 - To assure renewal cards are received before Dec 31st, providers should complete their applications before Dec 15th.
 - Extension applications must be completed prior to 11:59 pm on Dec 31st.
- A handout on CARES Statistics was presented.
- Region I EMS Hall of Fame was started last year; nomination forms are out and due in by the next Council meeting.

Old Business

- QA/QI – progressing on 12-lead issues.
- CEUs available for EPI and Narcan training now.

New Business

- FY 2018 Matching and Hardship Grants were presented to the group (See attachment); the membership voted on the submission and passed it unanimously.

Adjournment

The meeting adjourned at 8:45 p.m.

Garrett College – ALS Training report for Region 1 EMS Advisory Council meeting

October 19, 2017 - 1900 hours - Frostburg Area Ambulance

Cohort Report and status

2016-2018 cohort – 34 students applied by deadline. 26 students started program. 23 students completed the first year on June 29, 2017. 1 still pending. NREMT I'99 psychomotor testing was held July 8, 2017. Students then scheduled their NREMT written exam and once they passed both, they are able to sit for the Maryland CRTI exam.

Currently 12 students have completed I'99 practical testing, 9 have completed I'99 written exam and 3 have completed the state protocol test and are practicing CRTIs. Students will continue the testing process throughout the bridge course as they work toward their NRP certification.

The third semester (second year) began Sept 26, 2017. 20 students continued on from the first year. We received applications from 11 providers for the bridge course. Of the 11, 5-CRTs followed through and started the bridge part of the program, bringing our total student number to 25 who started. Since the start of the program, 1 student withdrew leaving 24 current students.

Classes are Tuesday and Thursday evenings and the course will run through May 31, 2018 with NRP testing on June 9, 2018.

2018-2020 cohort - A new cohort will beginning in September 2018. Applications will be available after the first of the year and due May 31, 2018.

Accreditation Status

Initial national accreditation at Sept. 2012-2017. We finished the reaccreditation proceed in December 2016. In our findings letter, CoA stated zero citations and moved it on to CAAHEP for reaccreditation for the period of five years. We then received a letter in May 2017 from CAAHEP advising our initial accreditation date has been extended to Sept 30, 2018 at the request of CoA to allow time to process our reaccreditation. However, prior to the end of September, we did receive our reaccreditation status with an expiration date of September 2022.

Degree programs

Garrett College continues its commitment to begin a full degree program(s) and is continuing to work on this. Julie Yoder, Dean of Continuing Education and Workforce Development, is attending this meeting to describe the process to the Council members.

Upcoming ALS classes:

ALS Refresher - Allegany County Dept. of Emergency Services – 11/4, 11/5, 11/18 & 11/19.

Geriatric Education for Emergency Medical Services (GEMS) - Garrett College CTTC – 12/2 & 12/3.

Advanced Medical Life Support (AMLS) - Allegany County Dept. of Emergency Services – 1/20 & 1/21.

Prehospital Trauma Life Support (PHTLS) - Garrett College CTTC – 2/17 & 2/18.

Emergency Pediatric Care (EPC) - Garrett College CTTC – 3/24 & 3/25.



Maryland Fire and Rescue Institute
 University of Maryland
 Western Maryland Regional Training Center
 Post Office Box 5153
 13928 Hazmat Drive
 Cresaptown, MD 21502-5153

EMS Class Update in Allegany / Garrett County (note: may not reflect entire schedule)

Report Date: October 2017

Class	Log Number	Location	Start Date	Days	# Students	Status
EMR	-	Midland	8/19/17	Sat	(3)	Canceled
EMT	-	GCTTC	8/21/17	M/W/Sat	(7)	Canceled
EMT	-	WMRTC	8/23/17	W/Sun	24	Active
<i>*EMT Refresher</i>	<i>EMS-203-S002-2018</i>	<i>GCTTC</i>	<i>11/4/17</i>	<i>Sa/Su</i>	<i>(8)</i>	<i>Open</i>
<i>*EMT Refresher</i>	<i>EMS-203-S003-2018</i>	<i>WMRTC</i>	<i>12/2/17</i>	<i>Sa/Su</i>	<i>(7)</i>	<i>Open</i>
<i>*EMT Skills</i>	<i>EMS-202-S001-2018</i>	<i>WMRTC</i>	<i>12/5/17</i>	<i>T/Th</i>	<i>(0)</i>	<i>Open</i>

Notes:

1. Numbers in parentheses indicate total preregistered students
2. *red color, bold, and italicized font indicates additional enrollment needed for class to start

Additional Information

1. Preregister online at <http://www.mfri.org/cgi-bin/schedule.cgi?S=Online> for the following training opportunities:
 - EMT Refresher (12 hour) – November 1
2. Spring schedule will be online soon. Anticipate running an EMT class in Garrett and one in Allegany. Also will have the normal EMT refreshers. May include the new EMS Officer I program as well.

MFRI ALS REPORT

Good afternoon,

Unfortunately I am unable to attend the Region 1 meeting this evening, but wanted to provide you with a brief report:

The ALS Refresher Program

1. EMS 305 the ALS Refresher rolled out October 1st. A couple notes
 - a. EMS 305 is the Part 1 of the NCCR refresher, which is the 24 hour face to face portion of the class.
 - b. Classes will meet 8:00 AM to 4:30 PM on the first day
 - c. Days 2, 3 & 4 run 8:30 AM to 4:30 PM
 - d. As mentioned before there is a skills checkoff in EMS 305 so we encourage students to attend all 4 days with their class and avoid make – up classes.
2. EMS 306 is Part 2 of the NCCR ALS refresher,
 - a. This is the online portion of the program
 - b. Students will be enrolled automatically after the first meeting of the class
 - c. The online portion is 6 hours
3. To meet the NCCR 30 hours students must have both EMS 305 & EMS 306 on their transcript.

Teleflex Lab

1. MFRI will be hosting a Teleflex Airway and EZ IO lab on November 14th
2. MFRI College Park
3. Flyer attached , Please print if possible. It was also blasted out across the state.

Upcoming Seminar at MFRI

1. Understanding & Changing Fire & Emergency Service Culture
2. Dr. Brian Brauer is the speaker
3. December 5th
4. At MFRI, HQ
5. 6 hours of PDI available

Thanks so much. If you have any follow-up questions from the meeting, please let me know.

Sincerely,

Nicole Deutsch, DrPH (c), NRP
ALS Coordinator
Maryland Fire Rescue Institute
University of Maryland
ndeutsch@mfri.org
301-789-9711

Utilization and Alerting of Helicopters in Region I September 15, 2017

On September 15, 2017, a meeting was held at 11:30am in Frederick County at the Trooper 3 hangar to discuss helicopter requests by Region I providers and PSAPS. Garrett County EMS Chief Wayne Tiemersma, Garrett County Dept. Public Safety Communications Assistant Chief Justin Orendorf, Allegany County EMS Chief Robert Pattison, Western Maryland Health System Trauma Care Coordinator Elizabeth Wooster, MSP Major Steve Konold, MSP Captain Keith McMinn, MIEMSS Chief of IT and Communications Dave Balthis, MIEMSS Co-Executive Director Dr. Rick Alcorta, Region 1 EMS Medical Director Janelle Martin, and MIEMSS Region I Administrator Dwayne Kitis were present.

The meeting was precipitated by an email dated July 25, 2017, requesting a review of helicopter dispatch by SYSCOM to a large accident in Garrett County with 3 priority 1, trauma category A patients. Minutes from a meeting in 2012 with MSP Aviation, MIEMSS staff, and Region I officials were distributed. Discussions ensued as a variety of points were made. It was mentioned that culture and demeanor has changed from the last time issues were brought up: state officials from MSP aviation are much more approachable. The tapes of the actual phone conversations revealed a very cordial exchange between all parties during that specific call.

When Trooper 5 is unavailable for whatever reason, even if Trooper 3 is moved to Hagerstown, in most instances in Western Garrett County commercial helicopters are still the closest. Waiting 40 minutes for helicopters is not acceptable. Commercial aircraft should not be discouraged or prevented especially in Garrett County and with multiple significant trauma patients. When there are multiple patients with significant trauma this should be an automatic trigger for commercial aircraft including the public safety aircraft. Everyone understands that patients in Region I are usually in desperate need when an aircraft is called. Providers should be encouraged to make decisions to transport by ground if extended ETA of aircraft. The providers on the call referenced have reviewed their decisions with the County. Resources should be looked at and an educational piece reviewed with providers on when not to wait on a helicopter. There was a commercial aircraft that responded, but probably should have been at least another that was closer. Trooper 3 was down for maintenance and Trooper 5 was on another call. When Trooper 3 completed maintenance they were started to the scene. Questions on the number of times and length of time that Trooper 3 is in Hagerstown, as well as why is Trooper 3 is not moved to the Trooper 5 hangar instead of just to Hagerstown since there are a few other assets that could cover some of the Region II area. The call volume and extreme distance may prevent the redeployment of Trooper 3 to Trooper 5 hangar however the issue will be investigated. There may be another workaround with ensuring an aircraft in all hangars during maintenance.

A discussion on the Helicopters being down due to maintenance was held along with some instances of very serious patients not being flown due to this issue. Aviation command advised

that, hopefully, going forward the down time with the helicopters will be much less. Stroke patients were also discussed and wanted to ensure that a specialty care patients such as stroke and STEMI were treated as high priority calls for aviation transport due to length of time to a specialty center from most of Garrett County. Trooper 3 is good for Trauma category C&D. The standard for trauma C&D patients will go by the 35 min rule, which is 10 minutes longer than the 25 given to MSP. Dr. Alcorta explained that the CDC ACS single indicator gives a 1-5 likelihood that the trauma C&D patient is bad. Reality is that Garrett County does not have significant resources at local hospital or in the jurisdiction to get the patient transferred out to a trauma center. Using aviation to get C&D trauma patient to a trauma center is better than waiting and going to local hospital if able to do so. C&D Trauma patients will turn to priority 1 patients if not treated and transported quickly. It is in the Region's best interest to consider them a high priority when requesting a helicopter for those patients. The Region should be ensuring all C&D trauma patients are reviewed for standard of care and transport data; if not, those that may not need a helicopter and get a commercial helicopter will have an extremely high medical bill.

There are limitations to predicting weather in different regions and over the ridges. SYSCOM should call the command units and if MSP aviation cannot get to the scene or unable to fly due to weather, SYSCOM should make sure to check the other side of the mountains. Weather related declinations will be a hindrance to the Region since commercial aircraft are not always available from the other end. SYSCOM is trained in weather and they do not want to put anyone at danger and they will follow their policy. Garrett County dispatch center has been told a few times that "if MSP aviation is not flying, no one is flying" and it seems that they are not checking on the weather from the west. This can be eased if SYSCOM staff would advise that they are checking on the weather from the other directions and then relay the information if they can or cannot send a helicopter. We are in complete agreement that there are situations when MSP cannot get there but a commercial can. It is worth noting that in the last round of reviews by the FAA, they think the operations center bears some liability for accidents and the dispatch center staff needs to sign off on the risk. Garrett would be set at ease if they get confirmation that SYSCOM has looked at all aircraft. Helicopter safety is paramount when the request is made. We should be able to rely on SYSCOM to send an aircraft whether it be MSP or a commercial craft and all directions and avenues should be checked. Clearly the larger part of the decision making process on whether to take the mission or not is on the pilot. Most helicopter accidents are weather related, and the communication center faults were deemed weather related. FAA requires more training and pilots at SYSCOM are making the decision. Part 135 does not require a pilot to make the decision; the State thought that was the direction that the FAA was going.

When there are multiple patients with significant trauma this should be an automatic trigger for commercial aircraft including the public safety aircraft, everyone understands that patients in Region I and the surrounding areas are usually in desperate need when an aircraft is called. West Virginia University Hospital is still considered a resource center for area multi system trauma

patients. Garrett and Allegany Counties are using pre-alerting for helicopters based on CAD information. If a Maryland unit is in another state, they should go through that state's dispatch to request a helicopter if the ability is there. This cuts out the middle man and is quicker for the patient. If there is a medical consult needed, Maryland providers should consult with a Maryland designated base station. There are times when MEDCOM from West Virginia has dispatched a West Virginia helicopter to a scene when Trooper 5 is only minutes away. The MSP special order out-of-state mission response should give better guidance to neighboring states and reduce this type of issue. Elizabeth Wooster will be sitting on Mineral County, West Virginia's Quality Assurance Committee and may help with some of the issues with cross state line aircraft missions.

It is suggested that:

MSP Aviation / SYSCOM

- Evaluate the move of Trooper 3 to Trooper 5's hangar when the Trooper 5 aircraft is out of service for an extended period of time
- Ensure all directions are checked for clear weather and this is relayed to the requesting agency
- Adhere to the 35 minutes for Trauma C&D patients

MIEMSS Staff

- Work to find a way to allow jurisdiction to print a report of the information that they have recorded in the HUD database
- Review SYSCOM policies with other states (most notably MEDCOM in West Virginia) and vice-versa to ensure open channels of communications with our neighboring states
- Assist with the matching up of trauma interface data, including incident numbers that are different because they went by MSP aircraft

Region I

- Review all helicopter utilizations and requests, keep a spreadsheet and quality assurance/improvement notes and review with the jurisdictional and regional medical directors
- Review all C and D patients for transport disposition and outcome to verify proper mode of transport
- Schedule another meeting within 1 year, then at least every 2-3 years for information sharing
- Providers should be educated on when not to wait for a helicopter

- Maryland providers should be educated that when in another state they should request a helicopter through that state's/Jurisdiction's communication center, but if medical orders are needed they must consult with a Maryland designated base station.



MARYLAND STATE POLICE SPECIAL ORDER



Out-of-State Mission Response

Distribution:	All MSPAC Personnel	Index:	SO 22-17-002
Responsible Unit:	MSPAC Flight Operations	Rescinds:	N/A
DLI Program:	N/A	MD Code:	N/A
Issued:	08/11/2017	Revised:	N/A
		Reviewed:	N/A
		Next Review:	08/11/2018

.01 Purpose

The mission of the Maryland State Police Aviation Command (MSPAC) is to protect and improve the quality of life through the delivery of emergency medical, law enforcement, search and rescue, homeland security and disaster assessment services to the citizens of the State of Maryland 24 hours a day.

The MSPAC must ensure these services are available first and foremost to the citizens of Maryland, and manage its assets and utilization accordingly. MSPAC will assist neighboring States with its airborne public safety support within the guidelines of this policy

.02 Policy

It is the policy of the MSPAC to provide airborne public safety support to neighboring out-of-state jurisdictions, within 30nm of the Maryland State line, upon request, and when such request meets the following guidelines:

1. Out of State Medevac requests for all patients, when the closet in state asset is greater than a 25 minute ETA and an MSPAC asset can arrive to the scene greater than 10 minutes sooner.
 - i. This policy does not apply to requests for responses to Tangier Island, Virginia.
 - ii. All requests for medevac assistance into West Virginia require the approval of MedCom prior to the response of a MSPAC asset.

2. Law Enforcement, Search & Rescue, Homeland Security, Disaster Assessment, missions of an unusual nature or any mission outside the 30 nm limit, upon approval of Flight Operations or the Officer of the Day. Note: Search & Rescue requests involving an immediate life threat should be dispatched while Flight Operations or the Officer of the Day is being contacted.
 - i. The CDO will inquire about the availability of the requesting state's public safety airborne assets prior to dispatching aircraft. Related information shall be documented in the notes portion of the mission request.

3. In State operational conditions, readiness and fleet status will factor into all requests received by the Syscom Duty Officer to send MSPAC assets out of state and the CDO will use his or her discretion in approving such requests.

.03 Definitions

COMPUTER AIDED DISPATCH (CAD): The software system used by the OCC to identify, assign, and manage aviation assets.

Out-of-State Mission Response

CENTER DUTY OFFICER (CDO): The individual(s) assigned to the OCC who process requests for services and manage the operational helicopter sections.

OPERATIONAL CONTROL CENTER (OCC): The term applied to the station(s) where the Command Duty Officer provides fleet management, including request/mission assignment, flight tracking, and communication.

.04 References

N/A

.05 CALEA Standards

LE: N/A

TA: N/A

CM: N/A

.06 Procedures

- A. Upon receiving the request for aviation services from a neighboring out-of-state jurisdiction the CDO, assisted by other OCC personnel, will process the request utilizing the CAD and determine if the request meets the criteria for aircraft dispatch/release as outlined in the policy. An out of state requester will be specifically asked whether an in-state local asset was requested for the mission before utilizing MSPAC assets.
1. Note: If a medevac is requested to a location that is known to be outside of a 25 minute response zone of any other asset, then it is not necessary for the out-of-state medevac requestor to have previously made a request to any other service when calling in to SYSCOM.
- B. If MSPAC assets are being requested because an in state asset turned the request down for weather, the CDO will inform the flight crew of this decision upon dispatch for consideration in mission planning.
- C. Should MSPAC personnel learn of a request for assistance into West Virginia prior to being assigned the mission by OCC, personnel shall contact the OCC/SYSCOM promptly to ensure the request is approved by MedCom.
- D. At the conclusion of a completed out-of-state mission, the CDO will fill out an Out-of-State Request Review Form (TBD).
- E. A review will be conducted by the NCOIC of the OCC for all Out-of-State missions. This review will be conducted to ensure conformance to policy, good decision making, and appropriate utilization of MSPAC assets.

Approved:


 Captain Steve Konold
 Acting Commander – Aviation
 Command



Emergency Medical Services for Children
Maryland Institute for Emergency Medical Services Systems



Maryland EMS for Children Department Update – September 2017 Update

What's NEW:

	<p>EMSC HRSA: The EIIC – EMSC Innovation and Improvement Center coordinated the EMSC All Grantee meeting August 15-17, 2017 in Arlington Virginia. Updates were provided on many grant programs and federal partner updates were shared. NASEMSO Fall Meeting will be in Oklahoma in October with Pediatric Emergency Care Council meeting included along with planning for regional meetings in Fall 2018.</p>
	<p>Safe Kids Maryland – MIEMSS CPS & OP Health Care Project provided education on the Vehicle Temperature display at State Highway Summit, EMS Care and 125th MSFA Convention. We now have three displays in the state – MIEMSS Safe Kids Maryland, Prince George's Safe Kids and Cecil County DES/Safe Kids Partner. Contact the project at cps@miemss.org for more information and to be linked to a local coordinator. PreVenCon – Safe Kids Worldwide was held Baltimore Maryland July 26-29, 2017 – posters and vendors were the highlight according to local Safe Kids Coordinators. If you are interested in joining a Safe Kids coalition – contact safekidsmd@miemss.org. Next Meeting: September 6, 2017 at 12:30 PM – rsvp to safekidsmd@miemss.org.</p>

1. Advocacy:

- **Right Care When It Counts & Star of Life** 2017 Awards ceremony was during EMS Week in Annapolis. Four children and one parent received awards.
- **#MDPANDAFAN** – Emergency Ready Families projects continues with train the trainer offered at MSFA Convention. Anticipate seeing the Panda at future regional and state conferences. New website page is LIVE: <http://www.miemss.org/home/emsc/family-advisory-network>
- **MSFA Risk Watch Injury Prevention** –MSFA Fire & Injury Prevention and Life Safety Committee conducted prevention stations @ MSFA 125th Convention. It was both educational and FUN!
- **Safe Kids Maryland** –2017 & 2018 meetings will be in March and September after PEMAC business meeting.
- MIEMSS has received a Governor's Highway Safety Association grant (through MHSO) to create a Drowsy Driving prevention educational campaign for Maryland Healthcare providers. This grant is from June 2017 through end of June 2018. Educational materials will be available in the fall for November's **Drowsy Driving Awareness Week** – more details to come soon. PSA is being filmed at Upper Chesapeake Medical Center and Bel Air Fire Department.
- MSFA Fire Prevention and Life Safety committee purchased THREE large temperature display to educate on the **danger of heatstroke to children left in cars**. The display was featured at MDOT Highway Safety Summit, EMS Care and MSFA. A schedule is being maintained of other groups/events when the display will be borrowed/used.

2. EMS for Children Performance Measures – Three EMSC Performance Measures (total of 10) are retiring but will continue to be part of the EMS for Children Program at MIEMSS.

- **Off line Medical Direction** – new protocols went into effect on July 1, 2017
- **On line Medical Direction** – Four Pediatric Base Station courses for 2017 have been scheduled
- **Equipment:** MIEMSS Seal of Excellence meets the national ACS/ACEP/NAEMSP/ EMSC guidelines and the federal EMSC PM. The new minimum equipment list does not have all the equipment.

NEW EMSC Performance Measures 01, 02, and 03 are now in effect and Maryland conducted an EMS Survey on PM 02 (Pediatric Emergency Care Coordinator in EMS) and PM 03 (Education on use of pediatric equipment). PM 01 is statewide participation in NEMSIS data submission. **Maryland was able to secure 100% participation in this EMSC EMS Survey.**

For more information please call the Maryland EMS for Children office at 410-706-1758
Website: www.miemss.org look under departments, Click on EMS for Children



Emergency Medical Services for Children

Maryland Institute for Emergency Medical Services Systems



- **Pediatric Trauma & Burn Centers:** site visits were conducted at CNHS in 2013 & 2014 and JHCC in 2015. Both centers continue to participate in state and national registries and provide EMS education. Pediatric Burn regulations are under revision and Pediatric Trauma regulations will be reviewed this fall. Revisions are based upon the new American College of Surgeon's standards and the needs of Maryland.
- **Pediatric Readiness:** Federal EMSC program continues to work with a best practice groups to support and promote Peds Ready for all states.
 - ✍ **APLS courses:** 3 hybrid courses will be scheduled for 2017. Information email: pepp@miemss.org
 - ✍ **CPEN Review Course:** was held at PRMC on June 29 & 30, 2017. Contact pepp@miemss.org
- **Pediatric Education** for BLS & ALS and Hospitals
 - ✍ 2018 EMS conferences are being scheduled now. New topics and speakers are welcome.
 - Winterfest 2018 – January 26-28, 2018 in Easton
 - Miltenberger 2018 – March 9-10, 2018 at Rocky Gap
 - EMS Care 2018 – April 26-29, 2018 in Ocean City
 - ENA by the Bay – May 9-10, 2018 at MITAGS
 - ✍ LMS module on **Safe Transport of Children in Ambulance** is posted at the MIEMSS online training center
 - ✍ LMS module on **Newly Born Resuscitation and Stabilization** will go live with the new LMS 3.0 platform.
- 3. **Prevention & Life Safety Conference dates:**
 - September 26, 2017 (Tuesday)** Mid-Atlantic Life Safety Conference @ Johns Hopkins Applied Physics Lab (Howard County) - Brochure & Registration: <https://www.fabscom.org/malsc-info-and-registration>
 - March 24, 2018 (Saturday)** Public Educator and Life Safety Seminar @ Maryland Fire & Rescue Institute in College Park Maryland.
Brochure & Registration will be online at www.mfri.org under seminars later this year
- 4. **Pediatric EMS Data activities:**
 - **Pediatric QIC/ DART** committee is working on standardized quarterly reports for pediatric trauma and medical transports and reviewing specific protocol utilization and documentation.
 - Sepsis Protocol – first full year of data is being analyzed for the pediatric population
 - Pediatric High Performance CPR workgroup has completed their meetings and has a proposal for 2018 protocols that includes a new algorithm.
 - Pediatric Cardiac Arrest and CARES data is reviewed quarterly

Respectfully submitted Cyndy Wright –Johnson MSN RN, EMS for Children Director @ MIEMSS

CARES Statistics
Phase One EMSOPs and Hospitals Only*
Calendar Year 2016

Non-Traumatic Etiology Survival Rates	Maryland	National
Overall	10.1%	10.8%
Bystander Witnessed	16.9%	16.8%
Unwitnessed	4.3%	4.7%
Utstein	35.7%	33.9%
Utstein Bystander	41.5%	38.2%

Bystander Intervention Rates	Maryland	National
CPR	38.6%	39.9%
Public AED Use	13.8%	11.7%

*Note: Only Allegany, Caroline, Dorchester, Howard, Kent, Somerset, Talbot, Washington and Wicomico Counties and the eight hospitals within those counties are included in this table.

Explanations for Non-Traumatic Etiology Survival Rates:

Overall: Overall number of survivors/total resuscitations attempted by 911 responders.

Bystander Witnessed: Number of survivors with bystander witnessed arrests/total arrests witnessed by bystanders

Unwitnessed: Number of survivors with unwitnessed arrests/total number of unwitnessed arrests

Utstein: Survivors of arrests witnessed by bystanders where the patients had shockable rhythms/total arrests witnessed by bystanders where the patients had shockable rhythms.

Utstein Bystander: Survivors of arrests witnessed by bystanders where the patients had shockable rhythms and bystanders either performed CPR and/or applied AEDs/total arrests witnessed by bystanders where the patients had shockable rhythms and the bystanders either performed CPR and/or applied AEDs.

Explanations for Bystander Intervention Rates:

Bystander CPR: Arrests in which CPR was initiated by lay persons, occurred before the arrival of 911 and did not occur in a nursing home, healthcare facility, physician's office, clinic or hospital/arrests before the arrival of 911 and did not occur in a nursing home, healthcare facility, physician's office, clinic or hospital.

Bystander AED Use: Arrests where AEDs were initially applied by lay persons for those arrests that occurred before the arrival of 911 and did not occur in a nursing home, healthcare facility, physician's office, clinic or hospital/those arrests that occurred before the arrival of 911 and did not occur in a nursing home, healthcare facility, physician's office, clinic or hospital

MIEMSS Region I
Matching/Hardship Grants
FY 2018 SUBMISSIONS

COUNTY	COMPANY	OPTIONS	EXPANDED SERVICE	REPLACE	TOTAL COST	REIMBURSE	COMPANY PAY	PRIORITY
Allegany (50/50)	Cresaptown VFD	(4) Lifepak Express AEDs		Yes	\$4,686.44	\$2,343.22	\$2,343.22	
Allegany (50/50)	Flintstone VFC	(2) Life Pac 1000	Yes		\$6,970.00	\$3,485.00	\$3,485.00	
Garrett (50/50)	Bittinger VFD	Lifepak 15 - Ver 4			\$35,565.00	\$17,782.50	\$17,782.50	
Garrett (50/50)	Bloomington Fire Co.	(2) AED; (2) G3 Pro 3 lead cables		Yes	\$7,495.30	\$3,747.65	\$3,747.65	
Garrett (50/50)	Deer Park VFD	Lifepak 15 - Ver 4	Yes		\$35,565.00	\$17,782.50	\$17,782.50	
Garrett (50/50)	Grantsville VFD	Lifepak Express	Yes		\$1,371.68	\$685.84	\$685.84	
Garrett (50/50)	Southern Garrett Co. Rescue Sq.	Lifepak cr Plus AED			\$1,471.61	\$735.81	\$735.81	
Garrett (50/50)	Garrett County EMS	(7) Lifepak Express	Yes	Yes	\$9,601.76	\$4,800.88	\$4,800.88	
Grand Totals					\$102,726.79	\$51,363.40	\$51,363.40	