

MIEMSS EXECUTIVE DIRECTOR'S REPORT

April 2022

Maryland EMS Clinicians and Jurisdictional Programs

COVID-19. MIEMSS continues to provide guidance on recommended steps for EMS operational programs. Although COVID-19 cases in Maryland have sharply decreased from the peak in early January 2022, EMS continues to transport patients with COVID-19 illness as well as immunosuppressed patients. At the present time, EMS clinicians should continue to pay meticulous attention to using appropriate personal protective equipment (PPE). EMS is part of the health care environment, and these guidelines are based upon CDC and Maryland Department of Health (MDH) recommendations for health care professionals:

- EMS clinicians should continue to wear surgical masks, eye protection, and gloves, at minimum, on all calls.
- If there is any concern for COVID-19 illness, clinicians should use gloves, eye protection, surgical gown, and a fit-tested N-95 or equivalent respirator.
- ALL patients encountered by EMS should be instructed to wear a surgical mask, if their clinical condition allows. EMS should provide an appropriate mask if the patient does not have one. Exceptions to this guideline include patients who have significant disabilities or children under 2 years of age.
- Consider local hospital visitor policies when allowing family members to accompany patients who otherwise are capable of making their own medical decisions.
- For patients who are suspected to have COVID-19 illness or exposure, clinicians should reference the COVID-19 EMS Guidance dated July 1, 2021.

The latest information regarding monitoring and caring for patients and EMS clinicians, including COVID-19 EMS Guidance documents, may be found on the Infectious Diseases portion of the MIEMSS website. Recognizing that guidance regarding COVID-19 is ever-changing, MIEMSS continues to post new documents to the <https://www.miemss.org/home/infectious-diseases> website as updates occur.

COVID-19 State of Emergency. On January 4, 2022, Governor Hogan declared a 30-day State of Emergency and Catastrophic Health Emergency in order to take urgent short-term actions to combat the current COVID-19 surge. Additionally, the Governor issued an Executive Order to authorize the MIEMSS Executive Director and the Chair of the State EMS Board to suspend certain statutory and regulatory provisions in order to augment the EMS workforce and improve response to the state of emergency.

The EMS Board and MIEMSS issued five (5) Public Notices taking action under the additional authority granted by Governor Hogan in his January 4 emergency orders. The Governor subsequently terminated the State of Emergency on February 3, 2022. Accordingly, the public notices entered under the emergency declaration have all terminated effective February 3, 2022, with the exception of the internship completion requirement in #2 and the EMT and EMR extensions in #3.

- **Public Notice #1 – Administration of Vaccinations** – authorizes EMTs and CRTs and Paramedics to administer seasonal influenza and coronavirus vaccines and boosters under the direction of an EMS operational program medical director as part of an EMS clinician occupational health program or part of a public health outreach effort coordinated by a local health department or Maryland Hospital or Health System, until the state of emergency has been terminated and the proclamation of the catastrophic health emergency has been rescinded, which occurred on February 3, 2022. *Paramedics may continue to administer the vaccines after the termination of the order under Education Article Section 13-516, Annotated Code of Maryland.*
- **Public Notice #2 – EMT-Candidate Internship Requirement** – permits EMT-candidates to take the cognitive and practical certification exam prior to completion of the field internship. MIEMSS is proposing a regulation to make this a permanent change. An emergency regulation has been approved to be in effect until the regulation change is complete.
- **Public Notice #3 – Extensions:**
 - o EMR and EMT Extensions – extends the expiration date for EMRs and EMTs whose certifications would have expired on December 30 or 31, 2021, to a new expiration date of June 30, 2022.
 - o Clinicians that received Provisional certification / licensure prior to August 15, 2021, now have until May 11, 2022, to complete the requirements to transition from provisional status to full certification / licensure. Since the termination of the emergency, MIEMSS is promulgating a regulation with the new date for provisional certificate or license holders. An emergency regulation is in effect in the meantime.
- **Public Notice #4 – New Provisional Certifications / Licenses** – permits MIEMSS to issue new provisional certifications / licenses, under specified conditions, which will be valid until November 30, 2022. With the termination of the emergency, MIEMSS is not issuing additional provisional licenses and certificates. MIEMSS is promulgating a regulation to provide a path to full certification or licensure. An emergency regulation is in effect in the meantime.
- **Public Notice #5 – Clinical Externs** – permits MIEMSS to register health sciences students at a Maryland-accredited school of nursing, medicine, or respiratory therapy as clinical interns who will be able to function under the direct supervision of a Maryland-licensed health professional. With the termination of the emergency, MIEMSS is not registering further clinicians.

EMS Transfer of Care Times. EMS-to-Emergency Department transfer of care times have gradually improved since reaching significantly high levels in early January, 2022. MIEMSS encourages leaders to continue collaborative discussions with hospitals on strategies to transfer care from EMS to hospital staff in an efficient fashion. In addition, MIEMSS will keep the following tools available for use by EMS clinicians:

- ***Pandemic Triage Protocol.*** This protocol is a safe and effective measure for evaluating patients with a likely viral syndrome who may be able to remain at home and advising them about self-care.
- ***Direct to Triage Protocol.*** This protocol enables delivery of stable patients to the ED triage waiting area. Of note, it is important that the patient report be conveyed to nursing staff when using this protocol.

MIEMSS sincerely appreciates the great flexibility of Maryland's EMS clinicians and jurisdictions as they respond to challenges in our health care system. MIEMSS will continue to advocate for additional strategies and resources to provide assistance in any way possible.

MIEMSS Partnering with Mental Health Association of Maryland to Offer Free Mental Health First Aid Courses to 400 First Responders. MIEMSS is engaged in a multi-year initiative with the Mental Health Association of Maryland (MHAMD) to launch a series of Mental Health First Aid (MHFA) certification courses to first responders, statewide. The 8-hour course, valued at \$150 per person, is being offered to first responders at no cost through funding provided by the Maryland Department of Health's Behavioral Health Administration. The courses may be delivered in-person, virtually, or via a blended combination of both. The trainings will be facilitated by dozens of Mental Health First Aid instructors throughout Maryland.

Since the pandemic began, hundreds of agencies across the state have responded to the increased mental health challenges experienced by Marylanders by offering the MHFA course to their staff. Participants learn to identify the signs and symptoms of common mental illnesses and substance use disorders. Mental Health First Aiders are equipped with an action plan to respond effectively to an individual experiencing an emerging mental health challenge or crisis.

Now through June 30, 2022, MIEMSS will sponsor training for 400 first responders in Maryland. Successful completion of the 8-hour course participants will enable participants to receive a nationally recognized certification from the National Council for Mental Wellbeing (NCMW). Participants will:

- Increase their mental health literacy
- Increase their confidence in providing support to someone in distress
- Increase their knowledge of professional and self-help resources
- Decrease stigma associated with mental health concerns and responses
-

First responders can register for a course individually, or stations and departments can request to have their members/employees trained as a group. For more information on how to register for a class or request a group training, contact Jevon Billups at dominionservicesolutions@gmail.com or 571-378-

3030 (phone/text). To reach the Mental Health First Aid Maryland team, contact Indu Radhakrishnan at iradhakrishnan@mhamd.org or 443- 901-1550 ext. 228 (phone)

Medicaid Supplemental Payment Program. MIEMSS continues to work with the Maryland Department of Health (MDH) on the Medicaid Supplemental Payment Program that will help rebalance reimbursement to EMS for the unreimbursed costs of providing services to Medicaid patients by calculating and obtaining the appropriate portion of federal reimbursement for these services. Participants in the program must be an EMS Board-designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; bills Medicaid for EMS transports; and documents expenses paid with public (tax receipt) funds.

Fourteen (14) EMS jurisdictions have confirmed participation for the first year of this program by completing MOUs with MDH for costs. Jurisdictions that did not participate this year have the opportunity to do so in the future.

At Hospital Ambulances (@HA). MIEMSS developed and released a web-based application showing ambulance activity at the many hospitals utilized by Maryland's jurisdictional EMS clinicians. The application is known as the At Hospital Ambulances (@HA) dashboard. This application runs on iOS, Android, and Windows mobile devices as well as on desktop computers. The application displays the hospital name and number of ambulances at a hospital, as well as the minimum and maximum length of stay of a unit or units at the hospital. The information may be sorted by Length of Stay, Alphabetically by Hospital, or by Unit Count. If there are no units at a hospital, then the hospital is not listed (unless there is an associated CHATS Alert). Not all of the jurisdictions are participating. A map, available on the dashboard, shows which jurisdictions are supplying data and those yet to come onboard. Access to the @HA dashboard is available to clinicians via a link on the eMEDS® patient care reporting system dashboard. It may also be viewed at <https://aha.miemss.org>. Jurisdictional EMS administrators have credentials to login to view additional details, including the ambulance's unit number and jurisdiction. At this time, 19 jurisdictions are submitting the necessary data to support the dashboard. MIEMSS continues efforts to improve the utility of the application.

Statewide EMS Communication System Upgrade. The MIEMSS EMS Communications System Upgrade Project is in the Implementation Stage of Phase I. Phase I encompasses the Southern Maryland – EMS Region V. The Implementation Stage began in May 2021, after the successful completion on Factory Acceptance Testing of the Phase I equipment in March and delivery of Phase I Equipment in April. Headway on the Implementation Stage of Phase I continues as the contractor progresses on the integration of the NICE audio recording system with the InterTalk™ console system, and provides system software enhancements. All microwave installations associated with Phase I have been completed. System core integrations and console configurations will be completed in the fourth quarter of 2022; these are precursors to performing Regional Acceptance Testing in 1Q23. MIEMSS has approved the contractor, OCI, to commence work on the Phase II (Region III and Western Maryland) to mitigate timeline challenges. Challenges include Phase I equipment installation delays, COVID-19 impacts (e.g.,

travel ban, personnel) and resolving issues related to new equipment, such as tuning/optimization, firmware updates, and addressing the occasional part failure. The project team continually looks for targets of opportunity to mitigate timeline challenges.

Electronic Maryland EMS Data System (eMEDS®) Updates.

- **COVID-19 Updates:** eMEDS® continues to adapt to the necessary change requests associated with Maryland's COVID-19 response.
- **Ambulance @ Hospital Dashboard (@HA):** MIEMSS continues to work with various EMSOPs to submit their CAD data to ImageTrend® in order to populate the @HA Dashboard in near-real time.
- **Mobile Integrated Health (MIH):** Since October 2020, MIEMSS has been working with the Statewide EMS Advisory Council's (SEMSAC) MIH Workgroup to implement ImageTrend®'s MIH module. EMSOPs have continued to utilize the MIH module within eMEDS® since quarter 1 of 2021.
- **eMEDS® Support:** eMEDS® support receives tickets from EMS clinicians, hospital personnel, and other stakeholders throughout the state for issues like password resets and login issues, access questions, report writer functionality, and other various needs.
 - o Email: emed-support@miemss.org
 - o Phone Number: (410) 706-3669
- **Quarterly ImageTrend® Releases:** MIEMSS and ImageTrend® have been working to minimize the amount of downtime that occurs during periodic updates to the eMEDS® site. Since quarter 1 of 2020, it was decided to stop automatic, twice-per-month updates from being pushed and to move to a quarterly update schedule. When these updates occur, the site will be updated to the latest version available from ImageTrend®. We do not expect any prolonged outage during these updates as all necessary precautions are being taken to prevent this. However, some updates may take up to six (6) hours to complete due to the complexity during these times.

eMEDS®/CRISP Integration. MIEMSS is continuing to cultivate a relationship of mutual benefit with the Chesapeake Regional Information System for our Patients (CRISP), Maryland's designated health information exchange (HIE). This ongoing relationship has yielded a number of recent fruitful projects:

- Upgrading the eMEDS® / CRISP data linkage from 138 elements via HL7 to an export that includes NEMESIS data elements via XML. This was completed as of July 2021.
- Designing a capability to export supplemental questions from eMEDS® to external sources.
- Constructing a COVID-19 status dashboard that informs Maryland's hospitals and governmental leaders of daily hospital capacity statuses.
- Developing a near-real time ICU bed tracking system for COVID-19 response purposes.
- Acquiring a mobile integrated health (MIH) charting module for eMEDS® used by a number of counties.
- Commencing a project to develop products to serve as replacements for MEMRAD components, including CHATS and FRED.
- Working to integrate hospital outcomes data into eMEDS® for review by EMS clinicians.
- Creating a portal whereby paramedics can access clinical health data for their patients at the bedside.

eMEDS® / ESSENCE Integration. MIEMSS, in conjunction the Maryland Department of Health (MDH), has developed a near-real time data exchange between the State of Maryland’s EMS electronic patient care report (eMEDS®) and MDH’s syndromic surveillance system. This linkage allows EMS data to be utilized by MDH for the early identification of intentional or natural emerging infectious disease outbreak(s), providing for expedient public health threat and risk assessment for situational awareness, and ensuring prompt applications of public health interventions in the event of a public health emergency. Additionally, MIEMSS has partnered with MDH and the Johns Hopkins University Advanced Physics Laboratory to engage in the development of an EMS data module within the State’s syndromic surveillance system. This new EMS module is available to other states for the purposes of integrating EMS data with ESSENCE. These technical aspects of this program were recently completed.



Hospital Programs

Trauma and Specialty Centers. The following COMAR Regulations are in the “State” process for promulgation:

- *General Provisions* – To be presented at the April EMS Board meeting
- *Perinatal Standards* – Approved by the EMS Board and needs to go through the DSD process
- *Pediatric Trauma* – Presented in March for information, will be approved in April and then go through the DSD process

MIEMSS will be updating the Maryland State Trauma Registry with the American Association for Automotive Medicine Association Abbreviated Injury Scale by August 1, 2022.

Maryland Trauma Centers reviewed Trauma Bypass and Capacity activations. Factors have been identified that initiate Trauma Diversion. Work continues to find solutions to mitigate this issue.

Due to COVID-19, Trauma and Specialty Center Program re-designations due in CY 2022 have been moved to a virtual platform and the re-designation process is ongoing.

Trauma and Specialty Center Programs due for re-designation in CY 2023 have submitted their Letters of Intent. A notice will be published in the April 8, 2022, edition of *The Maryland Register* listing the centers seeking re-designation.



Cardiac

Public Access AED Program. AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator”.

Cardiac Arrest Steering Committee. The mission of the Cardiac Arrest Steering Committee (CASC) is to improve cardiac arrest survival in all communities in Maryland. In the past year, the CASC has been evaluating two new educational and implementation strategies that utilize feedback of high-fidelity simulation data on CPR performance to EMS clinicians and on telephone CPR data to 9-1-1 Specialists. Results of these trials are positive and have been presented to the 9-1-1 Board and to SEMSAC. Plans are underway to share the results of these pilot programs and identify a few early-adopter communities that may be interested in trying new educational and quality improvement strategies to improve survival in their communities.

EMS Preparedness and Operations

General Report:

Work continues within several active workgroups; these include:

- **Crisis Scene Collaboration Workgroup.** This group was formed to identify best practices, training and tools to assist Fire/EMS and Law Enforcement (LE) personnel to safely and effectively work together in assisting agitated individuals at incident scenes. This workgroup is made up of representatives from Fire/EMS departments, Medical Directors, LE, mental health clinicians, the Attorney General’s Office, and a civil rights expert. The workgroup met for the first time in December 2021 and plans to complete initial work by mid-2022.
- **Active Assailant Interagency Workgroup.** This workgroup continues efforts in support of Governor Hogan’s Executive Order “Active-Assailant Incident Preparation and Coordination”, issued in February 2019. The Maryland State Police and MIEMSS continue to co-chair the work group. Meetings have resumed virtually after a short pause caused by the COVID-19 outbreak. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, LE, and other organizations. Several subcommittees continue to make progress towards completion of identified goals and objectives.

Last year, the workgroup completed work on a new website (<https://aaiwg.maryland.gov/>), where workgroup and related materials are located. The focus in the coming year will be on community outreach and recovery. Recovery efforts will focus on emergency people search and family support to assist those involved in or affected by active assailant events.

- **Responder Health and Wellness Workgroup.** In 2019, a workgroup was formed with the goal of improving the health and wellness of Maryland’s first responders. The group brings together

critical incident stress management and peer support team members from Fire/EMS, LE, 9-1-1 centers, and commercial ambulance agencies. Licensed mental health clinicians also support the workgroup. Efforts have resumed following a pause stemming from the COVID-19 pandemic. The vision of this group is to ensure that *Every Maryland first responder has the health and wellness knowledge and support necessary to thrive.*

Field Operations:

- Working with state, federal, and local partners on the Baltimore National Disaster Medical System (NDMS) plan update.
- Planning and evaluating a next-generation Maryland Emergency Medical Resource Alerting Database (MEMRAD) system for MIEMSS.
- In conjunction with the Regional Coordinators and SOCALR Director, continuing to distribute Personal Protective Equipment (PPE) and COVID-19 Test Kits (PCR and Antigen) to Maryland Public Safety and Commercial EMS Agencies.
- In conjunction with our Data Manager, continuing to work on pre-hospital patient care report data (eMEDS®) integration and analysis with the Maryland Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) team. MIEMSS recently completed an opioid analysis project with the Maryland Department of Health (MDH) and the Johns Hopkins Applied Physics Lab.

EMRC/SYSCOM:

- Initiated, participated in, and critiqued the recent NCR MCI Drill. This drill featured a scenario based in Prince George County. Bed statuses for 100 patients were requested and documented. A brief review was drafted for the NCR group.
- Advertised, interviewed, and hired three new contract employees to augment the EMRC/SYSCOM full-time crews.

Programs:

- ***Automatic Electronic Defibrillator (AED) Program.*** The Region IV office is responsible for managing the AED registration and renewal process as required by COMAR and the Annotated Code of Maryland. In the last 30 days, they have:
 - o processed 33 program renewal requests,
 - o renewed 428 AEDs located at sites throughout the state,
 - o processed 5 new programs,
 - o approved the placement of 9 new AEDs at sites throughout the state, and
 - o continue to answer a multitude of questions from organizations participating in the program.
- ***Critical Care Coordination Center (C4).*** MIEMSS continues to utilize the C4 to help physicians identify available hospital critical care resources when patient transfers are necessary. Nearly 2,700 assists have been generated. C4 is staffed with two (2) critical care coordinators and a Central Intensivist Physician (CIP) 24/7. Any Maryland hospital seeking a critical care transfer can contact the C4. The C4 coordinator has a near-real time view of statewide hospital critical care

bed capacity. The CIP then works with referring physicians to identify patients' anticipated critical care needs. The coordinator and CIP, working jointly with the sending and receiving facilities, match the patients with available critical care resources that can manage the patients' conditions. MIEMSS has expanded the C4 to include Pediatrics. "C4-Pediatrics" provides an EMS Coordinator and Central Advisor Pediatric Physician available 24/7 by phone. C4-Pediatrics provides consultation and facilitates the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit utilizing the intensive care bed surveillance system at MIEMSS. The phone number for C4 and C4-Peds is the same (410-706-7797), with option #1 connecting to the Adult ICU coordinator and physician team and option #2 connecting to the Pediatric coordinator and pediatric emergency care and critical care physician team.

- **Voluntary Ambulance Inspection Program (VAIP).** Nothing new to report. Meeting prep is ongoing for the next meeting, scheduled for March 22 at 10:00 a.m.

Regional Highlights:

- **Regions I and II:**

- o The Miltenberger EMS Seminar scheduled for March 2022 in-person will now be virtual, and presented in concert with Winterfest EMS to keep clinicians and presenters safe during Omicron's surge.
- o Regional Coordinators continue to deploy rapid and PCR tests to public safety EMSOPs.
- o Regional Coordinators have been visiting hospital emergency departments to offer assistance during latest surge with several facilities under "crisis standards of care".

- **Region III:**

- o Continuing to support the agency's response to the COVID-19 pandemic.
- o Continuing to support multiple grants, including the Cardiac Devices, Advanced Life Support Training, and Naloxone Leave-Behind Grants.
- o Conducting Voluntary Ambulance Inspections across the region.
- o Conducting base station site surveys for Region III hospitals.
- o Continuing to support local EMS Operational Programs.

- **Region IV:**

- o Assisting response partners, hospitals, and EMS agencies in their response to the COVID-19 pandemic. Delivered test kits and PPE to multiple JEMSOPs throughout the region.
- o Staff conducted VAIP inspections of 13 units in Queen Anne's County Department of Emergency Services.
- o Actively assisting Talbot County Emergency Services and the Winterfest EMS Conference Steering Committee with their work in planning Winterfest EMS 2022, which has been changed to a virtual format and held in conjunction with the Miltenberger EMS Seminar; content is currently available through the MIEMSS Online Training Center (www.emsonlinetraining.org), where it will remain available through December 31, 2022.
- o Worked with several recipients of the Cardiac Device grant to assist them with their reimbursements.

- Assisted three Region IV jurisdictions with ELITE enhancements.
 - Assisted two EMSOPs with data reporting.
- **Region V:**
- Delivered antigen tests kits to all EMSOPs in Region V.
 - Presented a poster at the 2022 NAEMSP conference.
 - Finalized ALS training grants with the Region V EMSAC.
 - Region V staff continue to support Maryland’s continuing COVID-19 response efforts.



Emergency Medical Services for Children

Emergency Medical Services for Children Department (EMS for Children). The EMSC Department coordinates virtual state Pediatric Emergency Medical Advisory Committee (PEMAC) and Pediatric Data Analysis Research Team (DART) meetings with ongoing subcommittees and a workgroup focused on protocol revisions and EMS data analysis. PEMAC met on March 2, 2022, with the Safe Kids Maryland state meeting in the afternoon. The 2022 Federal EMS Assessment launched on January 5, 2022. This national survey reaches 16,000 EMS agencies across the country. As of March 14, 2022, 23 (85%) of the Maryland JEMSOPs have already completed the survey. Maryland EMSC is providing biweekly “Office Hours” to the EMSOPs as they work to complete this national re-assessment. The next in-person training for these Champions will occur May 12-13, 2022, as a preconference to EMS Care 2022 and focus on Child Fatality Review program changes, resilience for both children and clinicians, and the development of additional pediatric clinical scenarios for local training. Quarterly web-based forums will continue to share educational material.

C4-Pediatrics, launched on October 1, 2021, and led by Dr. Jen Anders, includes a team of pediatric emergency medicine and pediatric critical care physicians along with additional paramedic coordinators. The Central Advisor Pediatric Physician (CAPP) is available 24/7 through the same statewide access phone number as C4. C4-Pediatrics will provide consultation and facilitate the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit when the normal referral patterns are not currently able to accept a transfer.

The EMSC Department coordinates four (4) different grant programs that remain funded:

- **EMSC State Partnership Grant** (federally funded by HRSA/MCHB) is focused on federal performance measures specific to emergency care in EMS and emergency departments. PEPP 4th edition hybrid course was held as a pre-conference for Winterfest EMS 2022. Additional course will be offered in the summer and fall. The Family Advisory Network (FAN) 2021-2022 project is focused on the dissemination of Safe Sleep education and creating teaching resources for EMS and ED public education. This project is one of 4 presentations at the MSFA Convention in June. The others are CPS Update, Bike Safety Community Events, and Pediatric Cardiac Arrest: Improving Outcomes. Contact the EMSC program at PEPP@miemss.org.

- **Child Passenger Safety and Occupant Protection (CPS & OP) Healthcare Project** (federally funded by NHTSA through the Maryland Highway Safety Office [MHSO]). The project's 22nd year of funding began on October 1, 2021. It continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project collaborates with local Safe Kids chapters and coalitions, KISS program at MDH, EMS agencies working on CPS, and hospital EDs and nurseries to provide education and car seat resources. Vehicular Heatstroke Prevention Awareness is ongoing, with in-person outdoor thermometer displays and social media education. On April 26, 2022, the project will again provide a Nursery/NICU Child Passenger Safety workshop focused on updated procedures and protocols for car seat challenge testing and new technology in child safety seats for small infants. Contact the project at cps@miemss.org.
- **Bike Helmet Safety Project** (state funded through the MHSO) is in a fifth year of funding, starting July 1, 2021. During the first five years, almost 3,500 bicycle helmets have been distributed through Safe Kids coalitions and community partners, Trauma Centers, and Pediatric EMS Champions. Bike safety educational materials are available and new display signs are available for returning to in-person outreach and education. Bike helmet orders for spring outreach will be gathered from the participating partners. Contact bikesafety@miemss.org for more information or to request educational materials.
- **Safe Kids Maryland** state coalition continues to provide prevention information through social media and articles in *Maryland EMS News*. The spring meeting on March 2 featured presentations from the Maryland Poison Center and Safe Kids Worldwide "Ready to Roll" programs. September 7, 2022 meeting will be at 12:30 p.m. following PEMAC. Contact safekidsmd@miemss.org to be added to the email event announcements. Maryland Risk Watch team continues to collaborate with the MSFA Fire and Injury Prevention/Life Safety Committee. Steps to Safety prevention interactive training stations are planned for the MSFA Convention in June 2022. The MIEMSS YouTube account has PSAs posted on "What to Expect When You Dial 9-1-1" and "Right Care When it Counts". Contact Maryland Risk Watch at riskwatch@msfa.org.

Dates to Save:

- **Public Educator Life Safety Seminar:** April 2, 2022
- **Mid-Atlantic Life Safety Conference:** September 27, 2022



Recent News

Reflective Markings May Decrease First Responder Visibility. Traffic incident scenes are a dangerous place. Secondary crashes, including struck-by incidents, are a leading cause of line-of-duty deaths among emergency responders. Now, a new study suggests that the presence of very highly reflective markings may decrease drivers' ability to see first responders working adjacent to their vehicles. Read more here: <https://www.usfa.fema.gov/blog/ig-030322.html>.

New Emergency Medical Services Chief Named for St. Mary's County. George W. Edelen has been named Emergency Medical Services Chief by the Commissioners of St. Mary's County, effective April 4,

2022. “I am enthusiastically looking forward to working with my community in this capacity,” said Edelen. “I want to be a resource to our volunteers and career service providers as they do the invaluable work of saving lives every day. St. Mary’s County has an incredibly skilled group of women and men serving as emergency responders, and it is my privilege to work alongside them.” Read more here: <https://smnewsnet.com/archives/502843/new-emergency-medical-services-chief-named-for-st-marys-county/>.

Federal Bill Provides \$1.35 Million for Prince George’s County Fire/EMS. The Prince George’s County Fire/EMS Department will receive \$1.35 million in federal funds to build water tanks as part of an omnibus fiscal 2022 appropriations bill recently passed by Congress. In sum, the legislation directs \$10 million to fund projects throughout Southern Maryland. Read more here: https://www.somdnews.com/news/local/southern-maryland-to-get-10m-from-federal-appropriations-bill/article_8d62ea1a-46d9-59c1-a453-17f11054a5b6.html.

Trooper 5 Medevac Marking 40 Years at Greater Cumberland Airport. This year, the Maryland State Police Cumberland Aviation Section celebrates its 40th year of service to the citizens of Western Maryland. Trooper 5 was the fifth aviation base to be placed into service by the Maryland State Police and is one of seven bases operated within the state. Read more here: https://www.times-news.com/first_responders/first-responders-trooper-5-medevac-marking-40-years-at-greater-cumberland-airport/article_d259f41e-8e8a-11ec-b2d5-8b083de64071.html.



Prevention

“U Drive. U Text. U Pay.” High-Visibility Enforcement Mobilization. As part of Distracted Driving Awareness Month, the “U Drive. U Text. U Pay.” media campaign centers on efforts to keep distracted drivers off the road. Distracted driving is a first offense in many States and continues to gain recognition across the nation as a deadly traffic safety epidemic. For campaign materials like sample news releases, graphics, and social media posts for generating awareness about distracted driving prevention, visit <https://www.trafficsafetymarketing.gov/get-materials/distracted-driving/u-drive-u-text-u-pay>.

“420” Impaired Driving Prevention. Although its origins are uncertain, April 20 (more commonly known as “420”) has become synonymous with marijuana use and, in some circles, this date is considered a “marijuana holiday.” Consequently, there will likely be an increase in marijuana use. So, to help keep stoned drivers off our roads, NHTSA is teaming up with State and local traffic safety advocates to spread the message that drug-impaired driving of any kind is dangerous and illegal: <https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving/if-you-feel-different-you-drive-different/420-impaired-driving>.

First Responder Mental Health and Suicide. Working in EMS can be as rewarding as it is challenging, but little research has examined exactly how hard the job can be. More specifically, few studies have looked at exactly how big a problem mental health issues and suicide are among first responders, what makes professionals vulnerable, or how best to address these issues. Answering those questions is why the National Highway Traffic Safety Administration (NHTSA) Office of EMS (OEMS) has partnered with the

Centers for Disease Control and Prevention (CDC) and its National Institute for Occupational Safety & Health (NIOSH) to better understand first responder mental health and suicide. Read more here: https://www.ems.gov/newsletter/fall2021/first_responder_mental_health_and_suicide.html.

2022 Educational Programs

Winterfest & Miltenberger 2022 EMS Conferences. The Winterfest & Miltenberger 2022 EMS Conferences are now available through the newly revamped MIEMSS Online Training Center! All content is eligible for BLS and ALS continuing education credits. Nursing continuing education credits will be available on or before April 1, 2022. Course content will be available through December 31, 2022. Go to <https://www.emsonlinetraining.org>.

2022 Highway Safety Summit. The 2022 Highway Safety Summit, presented by the MDOT MVA's Highway Safety Office, will be back in-person on April 18, 2022, at the Maritime Conference Center in Linthicum Heights, Maryland. To register, or for more information, visit <https://zerodeathsmd.gov/highway-safety-office/highway-safety-summit/>.

SAVE THE DATE! Maryland EMS Care. May 11-15, 2022, Ocean City Fontainebleu Resort, Ocean City, Maryland. More information coming soon.