

MOLST Form Recognition by EMS Providers

This past year, the Maryland General Assembly passed a law that makes significant changes in how EMS and healthcare facilities and providers must address and document end of life care. The law went into effect on October 1, 2011. As a result, it is likely that EMS providers will encounter a new form, the Maryland Medical Orders for Life-Sustaining Treatment (MOLST), which will eventually replace the current MIEMSS EMS/DNR form. The “Maryland Medical Protocols for EMS Providers” currently require that EMS providers comply with the new MOLST forms, as well as the old EMS/DNR forms (Attempt CPR, Option A-1, Option A-2 (DNI) or Option B).

While the Department of Health and Mental Hygiene (DHMH) regulation requiring Maryland health care facilities to begin using the new MOLST forms has been promulgated, the regulation has not been finalized. Therefore, there is currently no mandatory date after which a health care facility must comply with the requirements of the new law. Until the MOLST regulations are finalized, EMS providers are likely to see some health care facilities that are in compliance with the new law and some are not.

A short 20 minute course with Continuing Education credit is available on-line through the MIEMSS Learning Management System(LMS). Dr. Alcorta has asked that all EMS providers in Maryland complete this important training by December 1, 2011. EMS providers can access the LMS by going to www.emsonlinetraining.org.

Maryland Medical Orders for Life-Sustaining Treatment (MOLST) FAQs

• Why did DHMH not proceed with the emergency regulations for Maryland MOLST?

The development and implementation of MOLST is an important step to help health care providers honor individual’s wishes for life-sustaining treatments. Key stakeholders made the reasonable request that the Department allow additional time for implementation. This additional time should be used by health care facilities and programs to refine policies and procedures related to health care decision making and to train their health care practitioners in the proper use of the MOLST form.

• Why can’t you give an exact date that the Maryland MOLST regulations will be mandatory?

There are many steps involved in the process, so we cannot give the exact date. We expect the proposed regulations to become effective between January and April 2012. As soon as information is available, it will be posted on the Maryland MOLST website.

• Will nursing homes and assisted living facilities still have six months from the mandatory date of implementation to complete Maryland MOLST forms for those individuals admitted to the facility prior to the date of implementation?

Yes. For six months after the mandatory implementation date, the Office of Health Care Quality will not cite deficiencies related solely for failure to complete the MOLST form for a resident who was admitted prior to the implementation date.

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Maryland Medical Orders for Life-Sustaining Treatment (MOLST) FAQs

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• **My facility or program is ready to implement Maryland MOLST. May we voluntarily implement the Maryland MOLST form and processes on October 1, 2011?**

Yes. Since the regulations are not in place, the Office of Health Care Quality will not issue technical deficiencies based solely on the Maryland MOLST form; however, deficiencies based on all other federal, state, and local regulations will continue to be cited as usual.

• **What version of the Maryland MOLST form should I use?**

You should use the form that was posted on the Maryland MOLST website at 12 noon on September 22, 2011. <http://dhmh.maryland.gov/marylandmolstpapes/molstform.html>

• **In nursing homes, are the requirements for the Instructions on Current Life Sustaining Treatment Options (LSTO) in COMAR 02.06.03 still in effect after October 1, 2011?**

No, but if a nursing home stops the LSTO process and does not implement the MOLST process, the facility must have policies and procedures in place to protect patients' rights.

• **Will the current EMS DNR form still be available after October 1, 2011?**

Yes, the current MIEMSS EMS DNR form will be available at: <http://www.miemss.org/home/Portals/OIDocs/OtherPDFsIDNRorderform.pdf>

• **When will prior versions of the EMS DNR forms expire?**

Never. All prior versions of the EMS DNR order forms never expire.

• **Will EMS providers throughout the state of Maryland recognize and honor the Maryland MOLST form beginning on October 1, 2011?**

Yes. EMS providers will follow orders on the Maryland MOLST form beginning on October 1, 2011.

• **Should health care providers, health care facilities and community based programs honor orders on the Maryland MOLST form beginning on October 1, 2011?**

Yes. Beginning October 1, 2011, to protect patients' rights in determining their care, all health care providers, health care facilities, and community based programs should honor orders on a Maryland MOLST order form

• **How do I get more information?**

The website below will contain the most up-to-date information available on MOLST. If your question is not answered on the website, you may email or call the Office of the State EMS Medical Director at 410-706-0880.
Website: <http://dhmh.maryland.gov/marylandmolst>
Email: MarylandMOLST@dhmh.state.md.us

New Law Sends Drivers Message – Put the Phone Down

If you are thinking of picking up your phone and reading text messages or emails at a red light, don't. The prohibition of texting and driving became law two years ago, but did not exclude reading texts. That loophole is now closed as Maryland's Texting While Driving Law took effect on October 1, 2011. The new law prohibits all drivers in Maryland from using an electronic device to write, send, or read a text message while operating a motor vehicle in the travel lanes of the roadway. The law does not apply to texting 9-1-1 or using a global positioning system (GPS).

This texting law is a primary enforcement law and the activity is a misdemeanor crime. A first offense carries a fine of \$70.00 and a second offense fine is \$110.00. According to the U.S. Department of Transportation, an estimated 800,000 vehicles nationally were driven by someone who was using a hand-held cell phone while driving last year.

2012 EMS Education Symposium

A daylong PDI and informational conference for EMS Education Program Administrators and Instructors will be held on Thursday, January 5, 2012, from 8:00 AM—3:30 PM at MFRI Headquarters, 4500 Paint Branch Parkway, College Park, Md. The conference is titled, "Spanning the Distance of EMS Education" and will include presentations and the MIEMSS Annual EMS Education Program Update. Registration is limited to the first 100 people and must be received before December 30, 2011. To register, please go to the MFRI Seminars web page and register electronically: <http://www.mfri.org/cgi-bin/seminars.cgi>

If you have questions, please contact Peter Fiackos in MIEMSS Offices of Licensure and Certification, 1-800-762-7157 or pfiackos@miemss.org.



Pre-Positioning of Anthrax-Preventing Antibiotics Should be Determined by State, Local Agencies, Says New Report

As part of preparations for a possible large-scale anthrax attack, public health officials on the state and local levels should determine where and how anthrax-preventing antibiotics should be stored in their communities, says a new report from the Institute of Medicine. Dr. Robert Bass, MIEMSS Executive Director served as chair of the committee that wrote the report. The report recommends that state, local, and tribal health officials work with the federal government to assess the benefits and costs of strategies that preposition antibiotics close to or in the hands of people who will need quick access to them should an attack occur. These locations

include local stockpiles, workplace caches, or possibly homes. However, the report discourages broad use of a home storage strategy for the general population due to possible antibiotic misuse and higher costs.

“Delivering antibiotics effectively following an anthrax attack is a tremendous public health challenge,” said Dr. Bass. “The Strategic National Stockpile has ample supplies of the antibiotics. The issue is not whether inventory is adequate but how to get the medication into people’s hands soon enough to be effective. Because needs and capabilities vary across the country, state and local governments will have to examine which

strategies would work best for them should an attack occur.”

Antibiotics are most effective at preventing anthrax if taken before symptoms begin to occur -- a timeframe likely to be four days or longer, according to the report. Current federal, state, and local plans for dispensing antibiotics rely heavily on post-attack delivery from state stockpiles or the Centers for Disease Control and Prevention’s Strategic National Stockpile, a national repository of medicine and medical supplies that can be deployed rapidly. Antibiotics from these stockpiles are dispensed to the public primarily at points of distribution (PODs) located throughout a region. The goal is to get antibiotics to all individuals in need within 48 hours of a decision to dispense. To complement these current plans, each jurisdiction should assess the benefits and costs of different strategies for storing antibiotics locally and determine which ones would be most appropriate for their communities, the report concludes.

For areas that are at higher risk for an attack and have limited dispensing capability through the current POD system, the report recommends considering “prepositioning strategies” to keep medicine stockpiled near where people work and live. These strategies may help individuals receive antibiotics more quickly. In areas where the risk of an attack is low and/or dispensing capability is sufficient, existing PODs likely already fulfill the needs of a community and prepositioning strategies may offer little additional value, the report says.

In addition, the report provides guidance for state, local, and tribal policymakers and public health authorities on how to assess the benefits of prepositioning strategies. Factors to consider include the risk of an anthrax attack; the ability to detect an attack quickly; an assessment of the current dispensing system; and an evaluation of the costs, risks, and benefits of prepositioning strategies like local stockpiling. For more information, visit <http://national-academies.org> or <http://iom.edu>.

Fire Service - Including the EMS Community - And Related Fire Protection Disciplines Seeking to Preserve Historic Documents

Across the country, there are thousands of collections of Fire and Fire Service based EMS-related memorabilia ranging from badges, buckets, helmets, oxygen resuscitators, heart “thumpers,” patches, training materials, and even old ambulances and fire trucks from long ago; but there’s no repository for the written word of public and private sector initiatives from the history of our country available in one place or from one source. That’s now changing. A group of national fire protection leaders have been hard at work in recent years to initiate the National Fire Heritage Center (NFHC – the Heritage Center) in Emmitsburg, Maryland. Their goal is to help preserve records and documents from the fields of fire protection, operational firefighting, and EMS-related disciplines connected with the fire community.

In a cooperative initiative with the Frederick County, Maryland, Fire / Rescue Museum and Preservation Society, Inc., this center has come together. Located only steps from the campus of the National Fire Academy, United States Fire Administration, National Emergency Training Center, as well as the National Fallen Firefighters Foundation headquarters; the Heritage Center is scheduled to become operational on October 14, 2011, starting initially on a part-time basis. “We’re working to find a means to save and also preserve documents and papers relating to the fire services and fire protection,” said Ronny J. Coleman, president of the Heritage Center legacy project who is a national emergency services leader and former California State Fire Marshal. “We’re hopefully going to save more cardboard boxes full of firefighters’ works from ending up in the dump.” Coleman said project organizers are excited about uncovering records that will share stories about the fire, EMS, and allied disciplines including the critical thinking behind various concepts that became commonplace as well as documenting technological advances in service delivery. “Everyone else collects hardware. We’re not going to do that. We want documents,” said Coleman.

The Museum leases space to the Heritage Center – but the Heritage Center is national in focus and seeks to preserve the written word. The two activities are a perfect match. Located at 300 South Seton Avenue in Emmitsburg, both activities have already been receiving visitors from near and far. Websites for these respective organizations are:

www.nationalfireheritagecenter.org and www.frederickmdfiremuseum.org.

Ocean City Fire Department Supports Breast Cancer Awareness

The Ocean City Fire Department took off their blue and went pink in support of breast cancer awareness. The department used August as its awareness month and wore dark blue t-shirts with pink lettering. The shirt featured the Ocean City Fire Department logo on the left chest in pink with a breast cancer ribbon in the center. The back of the shirt read, "OCFD" in bold pink letters with a breast cancer ribbon through the letters.

Fire Chief Chris Larmore authorized the wearing of these shirts to not only show the community that Ocean City providers were at their side during an emergency but also through difficult personal times such as dealing with cancer.

"Firefighters dedicate their lives to the service of others," stated Ryan L. Whittington, Ocean City Fire Department Spokesperson. "We used the month of August to provide community outreach and support for members of the community, firefighters, and family members that are stricken not only by breast cancer, but other types of cancers and illnesses."

The change in attire, which lasted for the entire month of August, generated a lot of attention. "We have folks on the street

stopping to thank us, and individuals at the hospital who stop to give us a hug and share their personal cancer story with us," stated Whittington.

The Ocean City Fire Department wanted to make aware that they support those going through illness such as cancer year round, no matter what month it is.



Members of the Ocean City Fire Department display their blue and pink shirts worn during the month of August to show their support of breast cancer awareness.

Get Ready for the Nationwide Emergency Alert System (EAS) Test

On November 9, 2011, at 2 PM Eastern Standard Time (EST), the FCC and FEMA will conduct the first-ever, nationwide test of the Emergency Alert System (EAS). EAS alerts are transmitted over radio and television broadcast stations, cable television, and other media services. The purpose of the November 9th test is to assess the reliability and effectiveness of the system as a way to alert the public during nationwide emergencies. Although FEMA and the FCC are taking steps to ensure that broadcast announcements are made during the test, some people may not see or hear these announcements and, as a result, 9-1-1 Call Centers may receive calls. In addition, the FCC has established a website dedicated to the November 9th test which can be found on at www.fcc.gov/pshs.

The EAS is an alert and warning system designed to transmit emergency alerts and warnings to the public at the national, state, tribal and local levels. EAS Participants broadcast alerts and warnings regard-

ing weather alerts, child abductions and other types of emergencies. Although local and state components of the EAS are tested on a weekly and monthly basis, there has never been an end-to-end nationwide test or a national activation of the system. It is important to know that the system will work as intended should public safety officials ever need to send an alert or warning to a large region of the United States.

Although the EAS test will be initiated by FEMA, state and local governments can use the test as an opportunity to educate appropriate public safety and other government officials and staff about the EAS, how it works, when it should be activated. The FCC asks state and local government officials to help inform residents within your jurisdictions in advance of the test, so that they will know what to expect. Additional information can be found at the FCC's Public Safety and Homeland Security Bureau website at www.fcc.gov/pshs.

Park Rescue at Tuckahoe State Park

On Thursday, June 9, 2011 at 1:12 PM Caroline County Emergency Communications dispatched medical and fire units along with units from the Maryland Department of Natural Resources (DNR) - Tuckahoe State Park, Maryland State Police Aviation Trooper 6, and the Caroline County Sheriff's Department to a child experiencing a medical emergency at an unknown location in Tuckahoe State Park. Units on-location were the Ridgely Volunteer Fire Department, Caroline County Department of Emergency Services (DES) Paramedic 14, Director of DES Bryan Ebling, DNR park personnel, Trooper 6, and the Caroline County Sheriff's Department, as well as several personal vehicles operated by members of the Ridgely VFD. Also alerted was the Queen Anne-Hillsboro and Denton VFDs. Command operations were conducted by the Ridgely VFD Captain Alex Marvel.

After approximately 30 minutes, the child was located on a trail deep into the park.

Following medical care the child was carried to a near-by field where the helicopter was able to land. The child was transported to Johns Hopkins Hospital by Maryland State

Police helicopter Trooper 6. The operations were conducted with a heat index over 105 degrees which was a substantial challenge to rescuers.



Personnel from the Ridgely VFD and Caroline County DES carry a child to be loaded into MSP Trooper 6 for transport to Johns Hopkins Hospital following a medical incident on a trail deep into Tuckahoe State Park.

Article and photo by Kevin Knussman, Caroline DES PIO

BCFD's July and August Paramedic of the Month

The St. Agnes Stroke Center nominated Adam Lazowski as the Baltimore City Fire Department's (BCFD) Paramedic of the Month in July for his quick thinking and actions on behalf of his patient. The patient experienced stroke symptoms and Baltimore City Fire EMS were called. Mr. Lazowski immediately recognized that the patient was a stroke patient who might be able to receive alteplase (TPA) treatment. Mr. Lazowski's narrative noted all pertinent information that the hospital medical staff needed to begin the assessment for TPA treatment. After a rapid evaluation, the patient received TPA within 60

minutes of arrival. Within 24 hours, he had recovered all language and strength.

In her nomination of Mr. Lazowski, Dr. Marian P. LaMonte, the Chief, Division of Neurology; Director, Stroke Center; and Director, Neuroscience Unit at St. Agnes Hospital, said "I have now started three acute stroke programs, first at the University of Pennsylvania, then the Brain Attack Team at the University of Maryland, and now, my third, at St. Agnes Hospital. Yet I am still in awe of the EMS crews who perform such a vital role in the chain of events that are required for exceptional stroke patient care." In

stressing the vital role EMS plays in the continuum of care, Dr. LaMonte further stated, "I have never faltered from my habit of reading every MAIS (runsheet) for each patient I treat, as their content is so important to patient care."

The August Paramedic of the Month was David Lunsford. He was nominated for his ability to exemplify professionalism in carrying out his duties. Mr. Lunsford also serves as an ALS preceptor for fellow providers. He has furthered his education to become an ALS provider to ride the medic unit.



Baltimore City Fire Department (BCFD) July Paramedic of the Month Adam Lazowski was presented his award by BCFD staff. He was nominated for his quick thinking and actions taken on behalf of his patient.



Baltimore City Fire Department (BCFD) August Paramedic of the Month David Lunsford was presented his award by BCFD Chief James Clack and members of the EMS staff. He was nominated for his ability to exemplify professionalism.

Winterfest EMS 2012

Tilghman Island, MD

Pre-conferences: January 26th and 27th, 2012

Conference: January 28th and 29th, 2012

For more information and registration information,
please go to:

www.talbotdes.org or

email at: winterfest.ems@hotmail.com

MIEMSS, *Maryland EMS News*
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Managing Editor: Jim Brown (410-706-3994)

Design & Layout: Gail Kostas

Photography: Jim Brown & Brian Slack (unless noted otherwise for specific photos)