Mid-Atlantic Life Safety Conference

Nearly 300 fire and life safety experts from the Mid-Atlantic region gathered at the Kossiakoff Center on the campus of the Johns Hopkins Applied Physics Laboratory in Laurel on September 28 to attend the 2004 Mid-Atlantic Life Safety Conference. This year's theme, "It's a Small World —Let's Protect It" highlighted a wide array of educational programs to support the efforts of attendees in providing vital life safety services in their communities. On hand to help celebrate the 40th anniversary of the Maryland State Fire Prevention Commission were several members, including the Commission's first chair, Raymond L. Adkins.

Nationally known experts from a broad cross-section of life safety fields covered topics ranging from Homeland Security and child safety initiatives, to local initiatives in support of residential sprinkler systems in single family homes. Also featured during the daylong program was the announcement of the 2004 recipient of Maryland's "Excellence in Fire Safety Education Award," Debbie Gartrell-Kemp of the Gamber Volunteer Fire Company.

Conference sponsors included the Maryland State Fire Prevention Commission, the Maryland Fire and Rescue Institute, the Maryland State Firemen's Association, the Maryland Fire Chief's Association, the Office of the State Fire Marshal, the Fire and Burn Safety Coalition of Maryland, the Maryland Emergency Management Agency, and the Maryland Institute for Emergency Medical Services Systems. The 2005 Mid-Atlantic Life Safety Conference is scheduled for Tuesday, September 27, 2005 at the Kossiakoff Center. Mark your calendars!

Maryland fire service leaders join Debbie Gartrell-Kemp in celebrating her Excellence in Fire Safety Education Award.

National EMS Week
May 15 - 21, 2005

Ready Responsive Reliable

Frequent Questions from the Field

How long should an EMS Company keep MAIS Runsheets and Patient Care Reports?

There are a number of considerations involved in how long to maintain these records. Such records may have impact on billing, quality assurance, and legal defense among other things. You should consult your legal counsel to determine how your company can best address these issues.

As a guide to the medical-legal issues which should be considered, the requirements of Health General Article Section 4-403 should be reviewed. That section does not technically apply to EMS providers because they are not included in the definition of health care providers as used in that section.

Nonetheless, it is probably a good guide for EMS to follow assuming the other concerns mentioned above are satisfied.

Section 4-403 provides in part:
(b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made.
(c) In the case of a minor patient, a medical record or laboratory or X-ray report about a minor patient may not be destroyed until the patient attains the age of majority plus 3 years or for 5 years after the record or report is made, whichever is later, unless:
(1) The parent or guardian of the minor patient is notified; or
(2) If the medical care documented in the record was provided under § 20-102(c) or § 20-103(c) of this article, the minor patient is notified.

Universal Login System

As MIEMSS continues to expand its online web-based systems (ConEd, EMAIS, EMAIS Reporting Writer), a need has surfaced to centralize the login procedures for these systems. Currently, different login procedures exist to login to EMAIS systems (user ID number and password) versus ConEd (user ID, DOB, and home zip code). To help simplify login procedures for current and future applications, MIEMSS will implement the Universal Login System (ULS).

The ULS was implemented for EMAIS users on November 1, 2004. Effective January 1, 2005, MIEMSS will implement the ULS for all remaining EMS providers. The ULS allows a user to login to the MIEMSS web-based applications system once, and then access any and all systems that user has rights/access to. With the ULS, a user needs to enter only his/her seven-digit provider ID number and his/her assigned password.

Using ULS

To access ULS, either click the link on the MIEMSS web page (see following example) or use the URL www.miemss.org/uls/

Universal Login System

ULS Login and Password Assignment

At the Login screen, a user will enter both his/her seven-digit ID number and password:
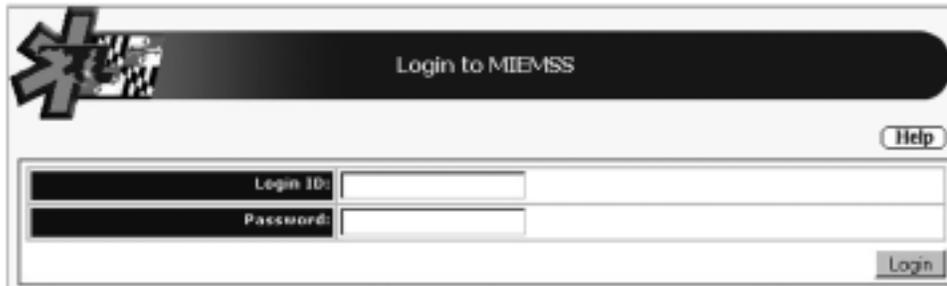
If you are a current EMAIS user, you will continue to use your existing password.

For non-EMAIS users, the first time you login using ULS, you will login using your seven-digit ID number and your date of birth entered in the following format - MMDDYYYY. For example, if you were born on January 1, 1970, you would enter 01011970 for your password. You will now be prompted to enter a new password. The new password must be alpha-numeric and at least seven characters in length (that is, a combination of seven characters containing letters and numbers and may not include special characters such as the underscore, hyphen, or pound sign). ULS will prompt you to re-enter the password to confirm it was typed in correctly. Your password will now change from your date of birth to the new one you entered. You will use this new password in the future to enter the ULS.

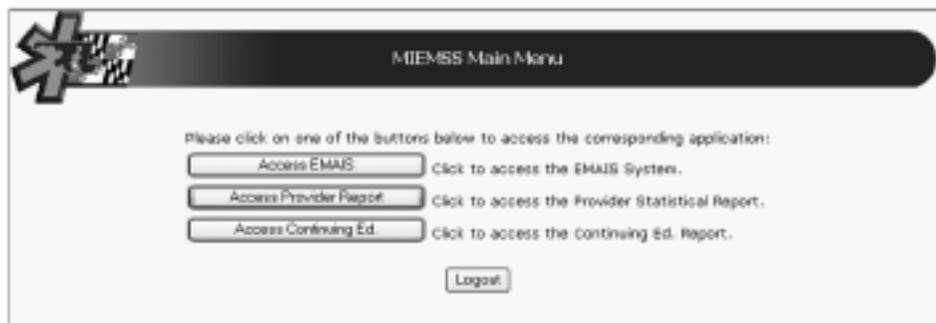Users will then see an access screen showing which MIEMSS web-based applications they can access:

Users can access a specific application by clicking on the specific button. Exiting an application will return users to the MIEMSS Main Menu screen where they can logout of the system. Note—users will be automatically logged out after five minutes of non-activity.

The ULS gives providers an easy process for accessing MIEMSS' current and future web-based applications.

HIPAA Security Regulations

Covered entities under the federal HIPAA privacy regulations are required to comply with a second set of federal HIPAA regulations by April 20, 2005—the HIPAA security regulations.

EMS companies that are covered by the HIPAA privacy regulations are covered by the HIPAA security regulations. EMS companies that are not covered by the HIPAA privacy regulations, are not covered by the HIPAA security regulations, but the HIPAA privacy regulations contain concepts that should be considered by anyone with sensitive electronic data.

The HIPAA privacy regulations already require certain safeguards for protected health information. Protected health information under the HIPAA privacy regulations includes all forms of individually identifiable health information—written, oral, and electronic.

The HIPAA security regulations focus on protecting only the electronic protected health information (EPHI). The EPHI can be in the form of floppy disks, hard drives, CDs, memory sticks, and similar storage or transmission devices.

Covered entities will need to implement a written policy that appoints an EPHI security officer (who could be the same person as the privacy officer) and that describes the procedures for compliance with the regulations concerning EPHI.

The regulations provide flexibility so that small healthcare providers, such as EMS companies, can implement policies that are reasonable in light of their operation.

The regulations are organized in three topic areas—administrative, physical, and technical safeguards. Each area contains "implementation specifications." Some of the specifications are required. Others are "addressable"—that is, they need to be considered, implemented if reasonable and appropriate under the circumstances, and the reasons for any decision documented.

The specifications, in general, are:

Administrative Safeguards:

Security management process—implement polices and procedures to prevent, detect, contain, and correct security violations regarding EPHI.

Assigned security responsibility—security responsibility must be assigned to a specific individual.

Workforce security—policy and procedures must be implemented to ensure that the workforce has appropriate access to EPHI.

Information access management—implement policies and procedures establishing access authorization and modification to EPHI.

Security awareness and training—implement a security awareness and training program concerning EPHI for all members of the workforce.

Security incident procedures—implement polices and procedures to address security incidents involving EPHI.

Contingency plan—establish polices and procedures for responding to an emergency or other occurrence involving EPHI. Establish an EPHI disaster recovery plan.

Evaluation—perform technical and non-technical evaluation initially based on the standards in the rule, and subsequently in response to environmental or operational changes affecting the security of EPHI.

Business associate contracts and other arrangements—obtain satisfactory assurances from business associates (which includes a billing company) that EPHI is appropriately safeguarded.

Physical Safeguards:

Facility access controls—implement polices and procedures to limit physical access to electronic information systems and the facility where they are housed while insuring proper authorized access.

Workstation use—implement policies and procedures to insure the proper function and physical surroundings of workstations or class of workstations that access EPHI.

Workstation security—physical access safeguards must be developed and maintained for all workstations that access EPHI.

Device and media control—implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI including media re-use, accountability, and data backup and storage.

Technical Safeguards:

Access control—implement technical policies and procedures for systems that contain EPHI to allow access to only those persons or software programs that have been granted access rights as specified in the security regulations.

Audit controls—implement hardware, software, or procedures that record and examine activity in information systems that contain or use EPHI.

Integrity—implement polices and procedures that protect EPHI from improper alteration or destruction.

Person or entity authentication—implement procedures to verify the identity of a person or entity asking for access to EPHI.

Transmission security—implement technical security measures to guard against unauthorized access to EPHI that is transmitted over an electronic communications network.

Covered entities should consult their counsel to draft a suitable policy and to review agreements with billing companies and other business associates to ensure compliance.

The Centers for Medicare & Medicaid services is publishing a series of guidance papers on the HIPAA security regulations. The first one came out in November and is available online at:
http://www.cms.hhs.gov/hipaa/hipaa2/education/Security%20101_Cleared.pdf

The complete regulations are available at:
http://www.cms.hhs.gov/hipaa/hipaa2/regulations/security/03-3877.pdf

A commercially available compliance guide can be purchased at:
http://www.pwwemslaw.com/ACTIVE/HIPAA/ThirdEditionGuideInfo.htm

2005 CALENDAR

January 28-30
Winterfest
Tilghman Island, Maryland

March 19
Miltenberger EMS & Trauma Conference
Rocky Gap, Maryland

April 2
Public Life Safety Educator Seminar
MFRI Headquarters, College Park, Maryland

April 21
Trauma: Historical Perspectives and Current Trends
Hagerstown, Maryland

April 29–May 1
EMS Care 2005
Marriott Hotel,
Bethesda, Maryland

May 5-6
ENA by the Bay
MITAGS, Linthicum Heights, Maryland

May 15–21
National EMS Week 2005
EMS: Ready, Responsive, Reliable

September 23
Trauma Conference
Sponsored by Peninsula Regional Medical Center
Clarion Hotel & Conference Center, Ocean City, Maryland

September 27
Mid-Atlantic Life Safety Conference
Johns Hopkins Applied Physics Lab, Laurel, Maryland

October 14–16
Pyramid 2005
Solomons Holiday Inn,
Solomons, Maryland

See **www.miemss.org** for more information.

2005 Protocol Update

The 2005 update of the Maryland Medical Protocols for EMS Providers is awaiting approval from the EMS Board. The new protocols are scheduled to be printed in January and distributed in early February. There will be a mandatory update for all levels of EMS providers. A PowerPoint presentation explaining this year's update will be developed and disseminated to training centers throughout the state. For additional information regarding the protocol update, please contact Eric Chaney at 410-706-0880.

EMS CARE 2005

Learning from the Past – Creating the Future

Look for Complete Schedule & Registration Information in Our Next Issue!

New Associate Regional Administrator

Danielle M. Dunn is the new Associate Administrator for Regions III and V. Ms. Dunn will divide her time between assisting Lisa Chervon, Administrator for Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties) and Marie Warner-Crosson, Administrator for Region V (Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties).

Ms. Dunn, who holds a bachelor's degree in emergency health services from the University of Maryland Baltimore County (UMBC), is currently working

Danielle Dunn

on her master's in the emergency health services education track at UMBC. An active EMT for more than nine years and a paramedic since 2001, she is a member of Calvert Advanced Life Support in Calvert County, Maryland.

Before coming to MIEMSS, she worked at the International Critical Incident Stress Foundation in Ellicott City, Maryland as its Trained Trainer Program Manager, coordinating training activities for all field trainers.

Ms. Dunn can be contacted in the Region III Office (410-706-3997) or the Region V Office (301-474-1485).

Maryland's Child Passenger Safety Law Celebrates 20 Years

Maryland's First Lady and Honorary Chairwoman of the Maryland SAFE KIDS Coalition Kendel S. Ehrlich joined dozens of Coalition members and survivor families on November 17 at the State House in Annapolis to launch a new public service announcement and business challenge in honor of the 20th anniversary of Maryland's Child Passenger Safety Law. Chesapeake Region Safety Council representatives also were on hand to present members of the SAFE KIDS Coalition and personnel from safety seat loaner programs throughout the state with booster seats to loan to families in need.

"As a mom to Drew and Joshua, preventing childhood injury is a cause that is near and dear to my heart," stated Mrs. Ehrlich. "Across the country, preventable injury is the leading cause of death to children 14 years of age and younger. And each year in Maryland, at least 20 children in this age group are killed, and more than a thousand are severely injured, as passengers in motor vehicle crashes. I am proud to be part of an organization whose members are working together to educate adults and children about injury prevention, provide safety devices to families in need, and work tirelessly to empower families and communities to protect their children."

According to Colonel Thomas E. Hutchins, Secretary of the Maryland Department of State Police, "Although the loss of even one precious young life is too many, there is good news. Since 1999, serious and fatal motor vehicle occupant injuries to children younger than 5 years old have been cut by 33 percent—from 412 in 1999 to 282 in 2003. However, those in the 5-10 year age group clearly remain the 'forgotten children,' who are moved to an adult seat belt without the benefit of a belt-positioning booster seat. Although this age group has seen a 21 percent decrease in serious and fatal injuries, they still are being killed and injured much more often than other age groups."

First Lady Kendel S. Ehrlich; Dave Minford, CEO of the Chesapeake Region Safety Council; Barbara Beckett; Cody Godman, President of the Chesapeake Region Safety Council; and Tracy Whitman, KISS State Coordinator, celebrate the Child Passenger Safety Law 20th anniversary and the Safety Council's booster seat donation.

Since October 1, 2003, Maryland's Child Passenger Safety law was enhanced to require child safety seats or boosters for children up to age six and weighing less than 40 pounds; however, it is too soon to determine what kind of impact the enhancement has had. Nevertheless, the Maryland SAFE KIDS Coalition is confident that with ongoing educational measures and safety seat loaner programs, combined with the enhanced law, these injury figures will decrease more significantly than in the past.

As part of this educational campaign, the Chesapeake Region Safety Council has created a way in which anyone can help combat the problem of preventable injuries to the "forgotten child." The Council donated booster seats to each of Maryland's 24 political jurisdictions. They further have challenged other businesses to support Maryland Kids in Safety Seats' statewide loaner programs by pledging funds to provide more seats, so that more families can be assisted with these lifesaving devices.

In conclusion, Barbara Beckett, State Coordinator for the Maryland SAFE KIDS Coalition, remarked: "This year marks the 20th anniversary year of Maryland's first Child Passenger Safety law. An untold number of Maryland children whose lives have been saved because of this law—some of whom are at this event today—serve as a tribute to this important milestone. We are grateful to First Lady Kendel Ehrlich for her willingness to take a leadership role in supporting numerous initiatives to prevent unintentional childhood injury and death. And, we are thrilled that she has allowed her sons to be part of this educational effort with their starring roles in two child safety seat public service announcements. Indeed, we are confident that by raising awareness and the availability of those lifesaving devices that we will be able to help a greater number of Maryland children to become SAFE KIDS."

EMAIS Update

Implementation of the Electronic Maryland Ambulance Information System (EMAIS) for the City of Annapolis has been postponed until early 2005. The City is in the process of upgrading internet services to ensure that EMAIS operates efficiently.

A training schedule has been developed for the first half of 2005. EMAIS training will be conducted in Queen Anne's County during January with a scheduled implementation date of February 1, 2005.

On November 1, a new Universal Login System (ULS) was added to EMAIS. The ULS allows a provider to access information at MIEMSS through a single web-based access point. Providers using EMAIS have the ability to query the database for their individual skills reports as part of the ULS. By selecting the "Access Provider Report" button on the MIEMSS Main Menu screen, providers can generate a report of their EMS activities over a select period of time. Several providers have requested a guide for interpreting the values contained on the individual report. This document is being drafted and will be available by January 1, 2005.

The next step in EMAIS report development is to complete company level reports. Both access and format of the company level reports will be similar to the individual provider reports. Providers with "supervisor rights" will be able to generate reports based on all aspects of care provided at the company level.

In previous newsletter articles we have addressed frequently asked questions and comments. The following questions/comments and their responses have been received since the last newsletter:

My computer at the station is so slow compared to the computer at the hospital.
Are you accessing EMAIS through a high-speed internet connection or a dial-up modem? Dial-up modem access to EMAIS will be slower than a high-speed connection.
Have you loaded your personal computer with games and other software? This will slow your computer's operating speed. Having multiple programs running while you are using EMAIS will also impact how quickly the system responds.
Have you run spyware detection software on your computer regularly? Spyware can use large amounts of bandwidth as well as other computer resources.

My patient's medications were not in the Medications Dictionary. How do I enter them?
If the patient is taking a medication that is not currently in the Medications Dictionary, simply type the name of the medication in the narrative section of the report. If you email the name of the medication to kpaez@miemss.org it will be added to the medications list.

I was both the "driver" and "provider in charge of care." Do I enter my provider number twice under the crew section?
There is no need to enter the same provider ID number multiple times in the crew section. The program allows one provider to be designated both "driver" and "in charge of care."

The patient refused to be transported, but after completing the Refused Services screen, I was prompted to complete the Destination screen. Why?
This issue has been resolved. If it is indicated that the patient refused transport, the system will bypass the Destination screen and continue to the Narrative Call Times screen.

Passwords, Passwords, Passwords.
If you need a password generated for a provider in your jurisdiction, MIEMSS must have an appropriately signed Provider Affiliation form. You should not use a family member's or your own social security number as your password. Passwords should be at least eight characters in length and contain numbers and letters.

If you have any questions regarding EMAIS, please contact either Kathy Paez kpaez@miemss.org (410-706-7798) or Steve Burkett sburkett@miemss.org (410-706-7798).

Maryland EMS Provider Workforce Study

The November 2004 "Maryland EMS News" reported on the continuing difficulties that EMS services (public and private) are having in maintaining adequate staffing. An EMS Provider Workforce Committee met for the second time and has begun to outline a report on the current and future needs of the Maryland EMS workforce. A major section of the report will be based on the results of the EMS provider survey.

The survey is available in two formats—paper and electronic—and should be completed by all Maryland-certified EMT-Bs, CRTs, CRT-Is, and Paramedics.

Paper copies of the survey are available through the MIEMSS and MFRI Regional Offices.

The electronic version of the survey can be completed by going to the MIEMSS homepage and clicking on "Click Here for the Workforce Questionnaire." The URL for the survey is www.miemss.org/survey.

To date, the response to the survey has been slow. Please make every effort to ensure the survey is completed by all the EMS providers in your organization. Results from this survey are very important and will help to shape the future of Maryland's EMS System. The Workforce Committee report is scheduled to be completed in late January. If you have any questions regarding the Workforce Committee or survey, please contact Phil Hurlock at 410-706-3666. Thank you in advance for your valuable input and assistance with this project.

DATED MATERIAL

EMS Community Embodies Holiday Spirit

A popular Christmas song implores us to extend the special feelings of the holiday season throughout the year. It says, "It's not the things you do at Christmas, it's the Christmas things you do all year."

The EMS community is the embodiment of that spirit. At this time of the year we should consider and celebrate the tradition, the commitment, and the responsibility displayed by all of the segments of the emergency medical services community. Thousands of you are volunteers within the strict definition of the word, and your displays of kindness and caring are incredibly commendable and clearly a rare commodity. Others have answered the call to EMS as a career, and your commitment goes well beyond a paycheck at the end of the week. Some, amazingly, serve as volunteers on top of their paid EMS jobs.

In these difficult times, it would be convenient for us to ignore the dangers and turmoil around us, to turn the other cheek, and channel our efforts and resources only toward our families and ourselves. Instead, in hundreds of communities and local and state agencies and institutions, people gather, organize, and deliver services that meet and abate human suffering. At a time when so many have lost sight of the worth of human life, you work unceasingly to protect, save, sustain, restore, and prolong life.

On behalf of the Emergency Medical Services Board and the MIEMSS staff, I salute you for your continued good work, and wish for you and your families a joyous and safe holiday season.

Robert R. Bass, MD
Executive Director, MIEMSS