


Maryland EMS News



For All Emergency Medical Clinicians

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Critical Care Coordination Center (C4) Expands to Include Pediatrics

MIEMSS CONTINUES TO UTILIZE the Critical Care Coordination Center (C4) to help physicians identify available hospital critical care re-

sources when patient transfers are necessary. Based upon the positive experience with C4 focused on Adult Critical Care patient transfers, MIEMSS has expanded this service to include pediatric patients – “C4 Pediatrics”.

Launched on October 1, 2021, a team of pediatric emergency medicine and pediatric critical care physicians joined C4 Pediatrics along with additional paramedic coordinators. The Central Advisor Pediatric Physician (CAPP) is available 24/7 through the same statewide access phone number. C4 Pediatrics will provide consultation and facilitate the transfer of patients requiring a Pediatric Intensive Care Unit or Pediatric Acute Care Unit utilizing the hospital bed surveillance system at MIEMSS. Hospitals call the same phone number for both C4

and C4 Pediatrics, 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. These coordinator/physician teams have a near real-time view of statewide hospital pediatric acute care and critical care bed capacity. Based upon the sending facility’s request and description of the child’s care needs, the C4 Pediatric team matches the patient with available receiving facilities.

C4 Pediatrics is not intended to replace existing access lines to known “medical home” pediatric specialty hospitals; children are best served at their medical home hospital. C4 Pediatrics offers consulta-

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Seasonal Flu Awareness

WITH ATTENTION CURRENTLY FOCUSED ON the COVID-19 Delta variant, it is important to remember that it is time for the seasonal flu vaccine. The flu spreads each year resulting in over 200,000 hospitalizations and thousands of deaths each year. The best protection against the flu is to get vaccinated. Flu viruses are detected year round however; the highest levels occur beginning in early October and last through May.

The CDC recommends a yearly flu vaccine for everyone 6 months of age and older. Getting the flu shot helps ensure that individuals do not contract the flu and spread the disease to others. The flu shot is available now. The best time to get vaccinated is by early October. It is important to remember to regularly wash hands and cover nose and mouth with tissue when sneezing. ■

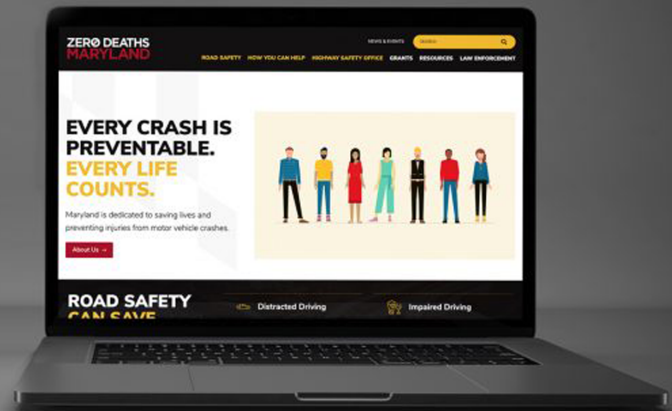
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Check out the new

ZeroDeathsMD.gov

- Crash Data
- Digital Resources
- Grant Assistance



**Access new content and
request community resources at
ZeroDeathsMD.gov/resources**

- Access Maryland Crash Data
- Download Social Media Toolkits
- See All Available Community Resources
- View Local Strategic Highway Safety Plans
- Explore Current Campaigns

Questions? Email MHSO@mdot.maryland.gov

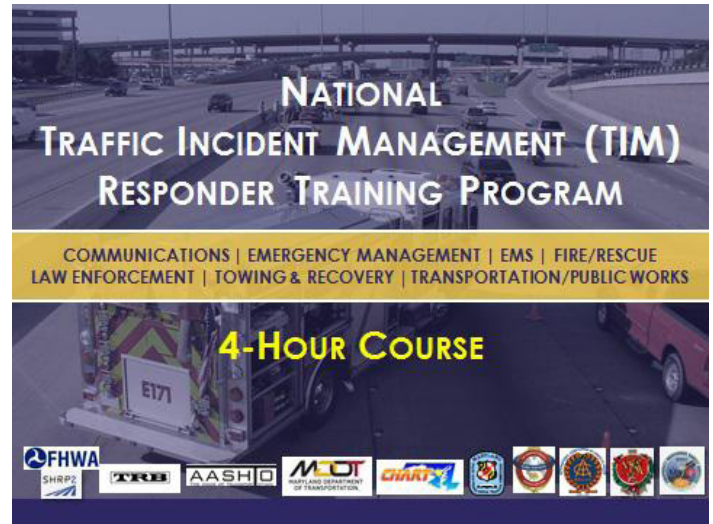
Four Traffic Incident Management (TIM) Classes Offered

FOUR TRAFFIC INCIDENT MANAGEMENT (TIM) classes are being offered at the State Highway Administration (SHA) statewide command center in Hanover, Maryland. This important training will explain how to prevent emergency responders from being injured or killed when operating on the roadsides. This safety training is offered for all levels of fire, EMS, and anyone who has a reason to work near the traveled portion of any roadway.

The week of November 8-14 is the National Crash Responder Safety Week. These courses are being offered in conjunction other events going on that week. The Monday, Tuesday, and Wednesday sessions will be held from 0800-1200. The Friday class is being held from 1200-1600 to make it easier for those working the afternoon shifts.

Below are direct links to register for the courses:

- **Monday, November 8, 2021 | 0800-1200**
<https://www.eventbrite.com/e/national-traffic-incident-management-responder-hanover-md-tickets-191824872357>
- **Tuesday, November 9, 2021 | 0800-1200**
<https://www.eventbrite.com/e/national-traffic-incident-management-responder-hanover-md-tickets-191830208317>
- **Wednesday, November 10, 2021 | 0800-1200**
<https://www.eventbrite.com/e/national-traffic-incident-management-responder-hanover-md-tickets-191834370767>
- **Friday, November 12, 2021 | 1200-1600**
<https://www.eventbrite.com/e/national-traffic-incident-management-responder-hanover-md-tickets-191841672607>. ■



~ *SAVE THE DATE* ~

WINTERFEST 2022

This February, come to Easton for all of your EMS Continuing Education needs at Winterfest 2022!

PRECONFERENCES

- **EMT Skills Class**
Hybrid (online) with Skills in-person –
February 18, 2022
- **Pediatric Education for Prehospital Professionals (PEPP)**
Hybrid Class: Pre-course work online with
Onsite day of skills, simulations, and scenarios
**February 18, 2022 @ Oxford Volunteer
Fire Department**

FULL CONFERENCE

February 19-20, 2022

* * *

DETAILS AND FULL AGENDA COMING SOON!

Follow Winterfest EMS on Facebook
(@WinterfestEMS) for updates!

Dr. R Adams Cowley, Pioneer in Trauma and EMS Care, Passed Away 30 Years Ago

DR. R ADAMS COWLEY, whose pioneering efforts in trauma and EMS care helped save thousands of lives around the world, died 30 years ago on October 27, 1991.

Dr. Cowley was born in Layton, Utah, on July 25, 1917. A graduate of the University of Utah and the University of Maryland Medical School, he went on to serve as chief of surgery for the United States Army in France and Germany during 1946 and 1947, where he observed European surgeons. He was impressed with their speed and success in operating on patients. Following his military service, he started with a two-bed project at the University of Maryland in 1961, which grew to the current shock trauma center that bears his name.

In 1966, Dr. Cowley presented a report to the National Academy of Sciences entitled "Accidental Death and Disability: the Neglected Disease of Modern Society". He knew that trauma from crashes and violence is the leading cause of death for Ameri-



▲ Dr. R Adams Cowley

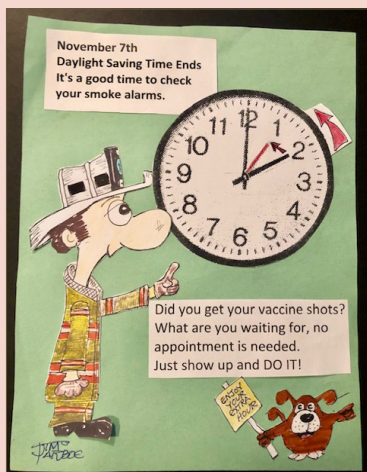
cans from the ages of 1 to 44. During this early period, he organized Maryland's statewide emergency medical system, incorporating hospitals, trauma and specialty referral centers, ambulances, and a fleet of med-evac helicopters. First known as the Maryland Institute for Emergency Medicine (MIEM) in the early 1970s, the

current MIEMSS trauma and EMS system is rooted in his work.

Dr. Cowley's work began with physiological research on how shock deprives tissues and organs of vital oxygen. He applied his findings to help develop medical treatments and, eventually, entire systems of emergency care.

Besides his work in emergency medicine, Dr. Cowley was also a noted heart surgeon. He was one of the first to perform open-heart surgery and devised a surgical clamp named after him. He helped design a prototype pacemaker used by President Dwight D. Eisenhower. Dr. Cowley wrote numerous articles and books. He was the subject of a 1982 television film, *Shocktrauma*, with his part played by actor William Conrad.

Following his retirement in 1989, Dr. Cowley became director of the National Study Center for Trauma and Emergency Medical Systems, which was created by President Ronald Reagan and Congress. ■



DID YOU KNOW that today, if your home broke out in fire, you would have less than three minutes to escape safely? Luckily, the simple action of closing your door before going to sleep can help slow the spread of smoke, heat, and fire. [Artwork courtesy of Jim Jarboe, a retired Montgomery County career firefighter and member for close to 65 years of the Takoma Park Volunteer Fire Department, where he continues to volunteer.] ■

Maryland Risk Watch Team is 20 Years Young

THE MARYLAND RISK WATCH TEAM is a statewide network of local EMS, Fire, and Rescue communities that provides education to children and families to prevention eight injury risk areas and prepare for natural disasters. The very first Risk Watch Training in Maryland was held at the Southern Maryland Pyramid EMS Conference in September 2001. Mary Marchone, from Montgomery County Fire & Rescue Community Outreach department, introduced the Risk Watch program. The curriculum was developed at Duke University in North Carolina and shared with the National Fire Prevention Association for national distribution. Between 2002 – 2004, four teams were created to pilot the NFPA Risk Watch curriculum in schools: Charles, Howard, Montgomery, and Prince George's Counties. Additionally a special-needs Risk Watch program was adapted within two schools in Prince George's County. Baltimore, Carroll, Cecil, Frederick, Kent, St. Mary's, and Washington Counties joined the RW Team in 2005-2006.

Risk Watch was designed as a school-based curriculum linking teachers with community safety experts and parents. The curriculum includes five age group teaching modules: Pre-K/Kindergarten, Grades 1-2, Grades 3-4, Grades 5-6, and Grades 7-8. There are eight injury risk areas: Fire & Burn Prevention, Motor Vehicle Safety, Bike & Pedestrian Safety, Water Safety, Poison Prevention, Falls Prevention, Choking, Suffocation Prevention, and Firearms Injury Prevention. The program includes activities for the classroom with parent/ caretak-

er letters for home reinforcement. Risk Watch provides children and their families the skills and knowledge they need to create safer homes and communities. The curriculum was first available in large three-ring binders and, later, on CDs with teaching resources for children, parent/ caregiver follow up letters, and educator references to core curriculum goals in reading, math, and science. In 2006, NFPA received a grant from United State Fire Administration to develop curriculum resources for the same five age groups on preparing for natural disasters.

In the subsequent years, the focus shifted from in-school programs to after school programming, community outreach and working with the fire prevention ambassadors to move teaching opportunities into the local fire stations. In addition, while the curriculum is no longer in print, the Maryland Risk Watch Team continues to update materials and expand risk areas based upon injury and fatality data specific to our state. Since 2005, the Maryland Risk Watch team has coordinated interactive educational displays at the annual June MSFA Convention in Ocean City. The EMS for Children State Partnership Grant at MIEMSS includes a Family Advisory Network (FAN) council that plans and leads the "Steps to Safety" activities at Convention. New educational resources have been developed on these topics: Vehicular Heat Stroke (Never Leave Your Child Alone in a Vehicle), Close Your Door, Dialing 9-1-1 with smart phones, and Emergency Ready Families. Infant Safe Sleep interactive displays are

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THE MARYLAND RISK WATCH TEAM has four goals during the in-person Convention:

1. To provide young children and school-age children hands-on education experiences to be safer in their homes and communities through both psychomotor skills and new knowledge and high-risk injuries.
2. To provide young life safety advocates (tweens, teens, and young adults) with a mentored experience and specific lesson plans to work with younger children and their families.
3. To empower parents and care providers with knowledge on both the risks and the prevention strategies to keep everyone safer in their home and community (infants through seniors).
4. To demonstrate interactive safety displays based upon evidence based and best practices for life safety advocates across Maryland's EMS, Fire & Rescue services. ■

Maryland Risk Watch Team is 20 Years Young...

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being developed for the 2022 MSFA Convention with the FAN Council leadership and the state Child Fatality Review team.

To invite children and families to come to the displays, mascots with safety escorts are onsite at Convention – Walker the Panda (EMSC), Sparky the Fire Dog, and Trauma Roo (Tidal Health Peninsula Trauma Center/ American Trauma Society). Mascot safety training is provided

to volunteers annually with careful monitoring for hydration and cooling.

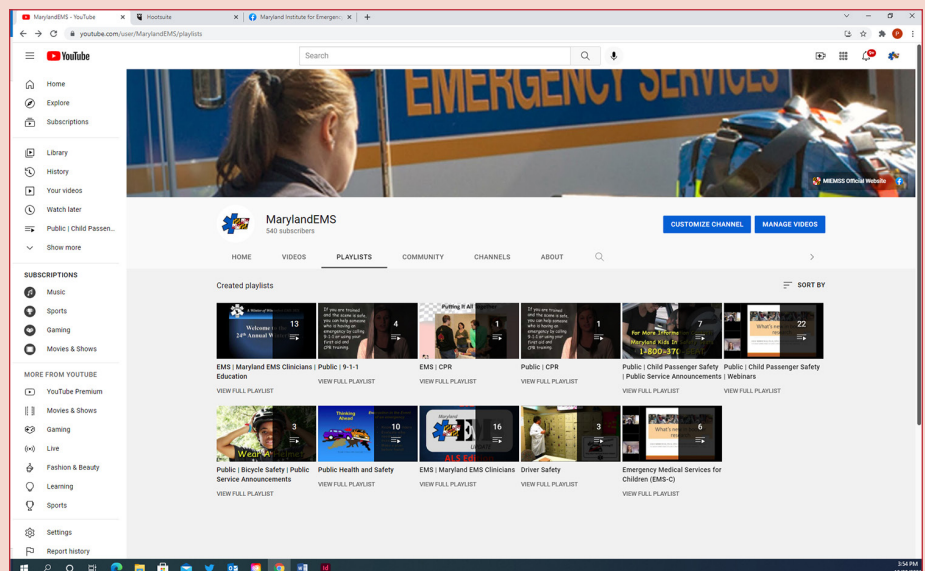
During the past 18 months, the work of both Risk Watch and Safe Kids Maryland have been through social media outreach and distance education due to the COVID-19 pandemic. In 2021, the day-to-day work of this team of volunteers recognizes the primary support given by the MSFA through the Fire & Injury Prevention and Life Safety Committee. In partnership with Safe Kids Maryland, resources are coordinated

and teaching tools are mobilized to reach children and teens across the state through daytime, weekend and evening programming. 2021 MSFA Convention educational program includes two injury prevention focused lectures: Medication Safety and Engineering behind seat belts and car seats.

For more information on the Risk Watch and Safe Kids Steps to Safety or to volunteer to help in 2022 at Convention, email riskwatch@msfa.org. ■

~ Online Training Posted on the MIEMSS YouTube Channel ~

- MIEMSS' EMS for Children CPS Project hosted two webinars, "Vehicle Occupant Kinematics, Case Studies, and Tips for First Responders at Crash Sites" and "Data Collection Methods & Analysis for Useful Results in Child Passenger Safety", this spring. Both webinars, which have been posted to YouTube, offered CPS Technician and EMS continuing education.
- A training video on the use of both types of Outdoor Temperature Displays has been posted to YouTube, under the "Public Health and Safety" playlist.
- A series of five Child Passenger Safety public service announcements (PSAs) has been posted to YouTube.
- MIEMSS' YouTube features Bicycle Safety PSAs, including Helmet Safety, Riding Safety, and Bike Safety Resources.
- Other PSAs featured include Learning CPR, Driver Safety, 10 Right Care Steps, and What to Expect When You Call 9-1-1. ■



Visit youtube.com/MarylandEMS

VISIT MIEMSS ONLINE AT WWW.MIEMSS.ORG

Facebook: @MarylandEMS ■ Twitter: @MarylandEMS ■ Instagram: @maryland_ems

EMS Compliance Update

THE EMS BOARD IS AUTHORIZED to take disciplinary action against clinicians who engage in prohibited conduct to safeguard the integrity of the EMS system. COMAR 30.02.04.01 lists conduct which is prohibited. Below is a sample of actions the EMS Board has taken since January 2020 as a result of prohibited conduct. For more information, contact Lisa Chervon, Chief Compliance Officer, at lchervon@miemss.org or (410) 706-2339. Additionally, MIEMSS maintains a searchable database of all decisions at <https://www.miemss.org/home/public>, which can be found under Public Orders Report in the left-hand column.

■ **B-2019-923/B-2020-968 (EMT Applicant)**, *July 13, 2021*. On July 11, 2019, the Applicant was sentenced to 10 years in jail, with seven years suspended and the remaining three years to be served as supervised probation, for the crime of assault in the second degree. Additionally, on July 27, 2020, the Applicant was sentenced to 75 days in jail for the crime of violation of probation. The EMS Board proposed to deny the Applicant's application for reinstatement of their EMT certification. The Applicant requested a hearing on the matter, which took place on June 23, 2021, but the Applicant failed to appear. Thereupon the Administrative Law Judge issued a proposed order of default on June 25, 2021, and the Applicant's request to be reinstated as an Emergency Medical Technician was denied.

■ **IRC21-019 (EMT)**, *July 13, 2021*. The EMT verbally assaulted a patient and left the scene of the call without conducting a proper patient

assessment and was suspended from practicing within the jurisdiction and required to complete significant remediation, with which they have complied. The EMT was placed on probation through their next certification cycle and required to continue to comply with the performance improvement plan as outlined by the Jurisdictional EMS Operational Program, regardless of where the EMT may become affiliated.

■ **IRC21-023 (Paramedic)**, *July 13, 2021*. The Paramedic was counseled and issued a letter of reprimand by the jurisdictional EMSOP for using their personal cell phone to obtain photos and video footage of a fellow EMS clinician, as well as a patient, as treatment was being provided in the patient compartment of the medic unit, then forwarding the video to other EMS clinician co-workers for viewing in order to critique clinical care. The Paramedic was reprimanded and placed on probation for the remainder of their current licensure cycle by the EMS Board.

■ **IRC21-029 (EMT)**, *July 13, 2021*. The EMT pled guilty to the crime of carrying a handgun on their person and was issued unsupervised probation before judgment for a period of one (1) year. The EMT was placed on probation through the remainder of their certification cycle.

■ **B-2020-957 (EMT)**, *September 14, 2021*. On October 4, 2019, the EMT was sentenced to jail for 30 days, ordered to pay \$5,675 restitution, and serve three years supervised probation for the crime of theft scheme more than \$1,000 but less than \$10,000. The victims of the theft scheme were clients of a residential program for individuals with

disabilities, where the EMT was employed. The EMT requested a hearing, and the Administrative Law Judge affirmed the EMS Board's decision that revocation is the appropriate disciplinary sanction under the circumstances of this case. Accordingly, the EMT's Emergency Medical Technician certificate was revoked.

■ **IRC21-015 (EMT)**, *September 14, 2021*. On February 23, 2021, coworkers reported what they believed to be an odor of alcohol on the EMT's breath while on duty. The EMT was subsequently administered an alcohol breathalyzer test, which confirmed that EMT had a positive indication for alcohol. The EMT was referred to an employee assistance program and has complied. The EMT was placed on probation for three years, during which the EMT will be subject to random alcohol testing at the EMT's expense, with the results sent to the MIEMSS Chief Compliance Officer, be required to maintain compliance with their sobriety program, and be required to submit quarterly reports to the MIEMSS Chief Compliance Officer.

■ **IRC21-020 (Paramedic)**, *September 14, 2021*. On February 24, 2021, coworkers reported that they believed the Paramedic to be acting in a manner consistent with intoxication while on duty. The Paramedic was subsequently taken for blood alcohol testing, which confirmed that the Paramedic had a positive indication for alcohol. The Paramedic was referred to an employee assistance program and has

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EMS Compliance Update...

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completed inpatient treatment. The Paramedic was placed on probation for two years, during which time the Paramedic will be subject to random alcohol testing at the Paramedic's expense, with the results sent to the MIEMSS Chief Compliance Officer, be required to submit quarterly reports to the MIEMSS Chief of Compliance, and be required to maintain compliance with his sobriety program.

■ **IRC21-025 (EMT)**, *September 14, 2021*. On December 6, 2019, the EMT pled guilty to the crime of driving a vehicle while impaired by alcohol in the District Court of Maryland for Montgomery County, and was issued supervised probation before judgment for a period of six months. Furthermore, upon

application for the EMT reinstatement on January 31, 2020, the EMT failed to disclose the probation before judgment disposition. The EMT was placed on probation for one year during which time the EMT will be subject to random alcohol testing at the EMT's expense, with the results sent to the MIEMSS Chief Compliance Officer. Additionally, the EMT received a letter of reprimand for failure to disclose the probation before judgment on the EMT's application for reinstatement.

■ **IRC21-030 (Paramedic)**, *September 14, 2021*. On February 27, 2020 the Paramedic pled guilty in the Circuit Court for Talbot County to the crime of theft \$100 to under \$1,500, and was issued probation before judgment for a period of two years, and ordered to pay restitution in the amount of \$1,500. The EMS

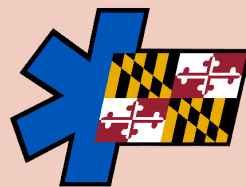
Board entered into a Disposition Agreement with the Paramedic's license. Under the agreement, their license is placed on probation for a period of three years, during which period they shall successfully complete their criminal probation. ■

C4 Pediatrics...

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tion for pediatric acute inpatient and PICU bed availability when normal referral patterns do not currently have an available bed for the clinical care needs of an infant, child, or adolescent. The physicians and coordinators of C4 Pediatrics meet regularly with Dr. Jennifer Anders, MIEMSS Associate State EMS Medical Director for Pediatrics, who is leading this program expansion. ■

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Governor Larry Hogan
Lt. Governor Boyd Rutherford

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