

Rec'd 2/24/83 Beverly Joseph



UNIVERSITY OF MARYLAND
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

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OFFICE OF THE DIRECTOR

February 21, 1983

TO: Members, AD HOC Committee EMT Training/Testing/
Certification
FROM: R Adams Cowley, M.D. *RAC*
SUBJECT: Attached Brief Meeting Summary of Meeting held
February 3, 1983

Herewith is the Brief Meeting Summary of the AD HOC
Committee meeting held on February 3, 1983.

The next meeting will be scheduled as soon as the formal
proposal is prepared in final form. The poll of the mem-
bers favored the Three Station Practical Skills Evaluation.

I thank each of you for your interest and participation.

RAC/dae

CC: Alexander J. Gretes



Mrs. Beverly Sopp

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February 18, 1983

BRIEF MEETING SUMMARY

MEETING: AD HOC Committee - EMT Testing/Training/Certification Meeting Held Thursday, February 3, 1983 at 6:30 P.M. At Prince Georges County Administration Building Upper Marlboro, Maryland

PARTICIPANTS:

- R Adams Cowley, M.D., Chairman - MIEMSS
- Frank T. Barranco, M.D. - Field Medicine
- Mrs. Mary Beachley, R.N. - REMSAC
- Alasdair Conn, M.D. - MIEMSS
- Robert N. Dempsey - Maryland State Firemen's Association
- M. H. "Jim" Estep - Metropolitan Fire Chiefs of Maryland
- John Fuston - Maryland Council of Fire & Rescue Training Academies
- John W. Hoglund - Maryland Fire Rescue Institute
- Robert P. Lynch - Maryland State Ambulance and Rescue Association
- Paul H. Reincke - Metropolitan Fire Chiefs of Maryland
- Charles W. Riley - Maryland Fire Rescue Education & Training Commission
- Smith N. Stathem, Jr. - Maryland State Firemen's Association
- Ms. Margaret Costella - Intern - University of Maryland - Baltimore County
- Dennis Evans - MIEMSS
- Alexander J. Gretes - MIEMSS
- Ms. Ellen Hewitt - St. Mary's County
- Jesse Jackson - Maryland Fire Rescue Institute
- Ms. Richelle Kennedy - Intern - University of Maryland - Baltimore County
- James Miller - Prince Georges County
- F. E. "Ted" Porter - State Board of Higher Education

1.0 The Brief Meeting Summary of the December 14, 1982 Meeting was approved as written.

Dr. Cowley took this opportunity to thank Chief Estep for hosting this meeting and providing the excellent meeting room and food arrangements.

Dr. Cowley also introduced Dr. Frank Barranco and Mrs. Mary Beachley as new members of the Committee.

2.0 Proposal to EMS/Fire and Rescue Services in Maryland.

2.1 Comments.

- At the request of the Chairman, the historical background for the EMT-A Practical Skills Evaluation Proposal was presented.
- Comments from the AD HOC Committee Members concerning the proposal were solicited.
 - Smith Stathem.
 - Executive Committee of the Maryland State Firemen's Association endorsed the original proposal presented.
 - Statewide training guidelines should be standard for each of the counties.
 - Any revisions would require the recommendations and endorsement of the Executive Committee.
 - Chief Paul Reincke.
 - The proposal in principle was endorsed. There were some questions, and these questions would be answered this evening.
 - A statewide standard should be established; and each county, once the EMT-A had been certified, would be permitted to train above that standard.
 - The Practical Skills Evaluation should be conducted at the end of the course.
 - The Practical Skills Evaluation was a very important part of the total training of an EMT-A.
 - Examples were cited in which there were differences in the practical skills capability of individuals from different jurisdictions.

- Each EMT-A should be expected to meet a minimum standard.
- The question of CRT Reciprocity between counties surfaced, and the explanation presented was that a physician within the county was assuming responsibility for the CRT.
 - Chief Estepp.
 - The misconception existed in the field that P. G. County precipitated the proposal. It should be clarified that the concept for the proposal came from the Metropolitan Fire Chiefs.
 - There was a point to be made that each high school does not have an inspector on-site to be certain that classes are being taught correctly.
 - Prince Georges County is very much in favor of the proposal and praised the proposal.
 - Mrs. Mary Beachley.
 - There was a great deal of misinterpretation in the field.
 - A report sent by REMSAC reflected the views of the majority of the members.
 - A great deal of peer pressure is on the instructors, particularly in rural areas.
 - Failure is a variable that includes all phases of the educational process and should be looked upon in that sense.
- Chief Estepp read a letter (a copy of which is attached) stating the minority report of Prince Georges County. ✓
 - It was his opinion that the REMSAC Report demeaned the jurisdictional Fire Chief and his responsibility to his citizens. ✓
 - Reciprocity could be established through mutual aid agreements. ✓

- Dr. Cowley assured the Committee that MIEMSS will assist.

- Charles Riley.

- Wished clarification of the sponsoring agency and stated that in rural areas the sponsoring agency would be MFRI.
- The final proposal would be presented to the MFRETC for its endorsement.
- MFRETC would meet on February 17, 1983, and it was desirable that a representative of MIEMSS be present to present the proposal and answer questions. ✓
- The number of stations must be clarified.
- The method for retraining should be described.
- The Practical Examination should be given at the end of the course.
- Speaking for Harford County: Harford County, at its last meeting, had unanimously adopted the proposal.

- John Hوجلund.

- All MFRI instructors were provided a copy of the proposal, and their comments requested. To date, some of the instructors have responded. ✓
- Central Administration of the University was aware of the proposal.
- The University makes the final decision for MFRI.
- The resources and funding necessary would be studied.
- The courses would be conducted by MFRI if they were funded and sponsored by MFRI.
- Retraining at the examination site would not take place. Special remedial training methods would be used.

- Peer group pressure towards instructors is a reality; however, an instructor has his responsibilities to carry out his task assignment.
- The liability, should such occur, would extend to the instructor.
- The quality of the EMT-A would continue to increase.
- Any modifications in the existing program should take place at the beginning of the school year.
- Instructors have repeatedly stated that additional time is needed to teach the skills.
- There are thirteen sponsoring agencies within the State of Maryland, in addition to the private contract courses.
- That MFRI was not accepting the certification of EMT-As but would accept the authority for the end-of-a-course Practical Skills Examination.
- In the past, the question has been repeatedly asked but without answer:
 - What is the acceptable failure rate?
- John Fuston.
 - Abstained.
 - The Council of Academies would accept the decision of the AD HOC Committee.
- Frank Barranco, M.D.
 - Comprehensive hands-on training is extremely important.
 - Experience has shown that double reinforcement is necessary for skills retention.
 - Practical skills training should not end with certification, but should be continued at the local level.

- Robert Lynch.

- Has the endorsement to go with the local jurisdiction authority.
- Reciprocity was not a problem to his group.
- Mr. Ted Porter, speaking on behalf of the State Board of Higher Education, stated that a copy of Mr. Page's letter had become available, and that his superior felt the letter was an outrage and written without complete study of the Maryland System and the facts available from the field.
- ✓ - Mr. John Hoglewund wished to offer an Amended Proposal from MFRI.
- The mechanics of the Amended Proposal could be worked out without a great deal of difficulty.
- An end-of-the-course skills practical was necessary.
- MFRI promises to work with the statewide EMS System and carry out its responsibilities.
- ✓ - Jesse Jackson felt the proposal was a great step forward and distributed a Suggested Amendment to the Proposal.
- ✓ - Dr. Alasdair Conn presented a Modification to the Proposal which is attached.
- A motion was made and approved that CPR training be given during the course and that the CPR Qualifying Examination be given prior to the Final Examination.
- ✓ - It was felt that implementation of the Modifications to the EMT-A Practical Skills Testing begin after the First of July.
- Baltimore County and Prince Georges County were willing to begin pilot programs as soon as the guidelines and standards were established. Both of these jurisdictions were willing to adhere to a Three-Station Practical, the Third Station being CPR, which may be conducted at any time prior to the Qualifying Exam, and that the Practical Exam portion then consist of the other two stations.

- Dr. Cowley appointed Messrs. Ted Porter and Alexander Gretes, both non-voting members of the AD HOC Committee, to form a subcommittee to address the guidelines and implementation of the EMT-A Practical Skills Evaluation. Dr. Cowley reiterated that he wished this task completed as soon as possible.
- A polling would take place on Wednesday, February 9, as to the number of stations that would be approved for statewide standards.
- Dr. Cowley announced that Mr. Dennis Evans would be the MIEMSS contact for the AD HOC Committee.
- Plans for the next meeting were delayed until all necessary documents will include Dr. Conn's proposal.

RAC/bam

Attachments



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R ADAMS COWLEY, M.D., DIRECTOR

Dr. Conn

EMT PROPOSAL

1. Must maintain reciprocity.
2. Must assume quality assurance.
3. Must maintain 84 hours course with
 - 78 hrs instruction
 - 3 hrs practical
 - 3 hrs for written test
4. Local authority to perform practical examination under delegated authority.
5. Practical examination to be performed to standards and guidelines established by MIEMSS.
6. One statewide program.

Decisions

1. One statewide program.
2. How many stations for practical exam?
 - 2 station
 - 2 station + C.P.R.
 - 3 station
 - 5 station
3. How many scenario's in the "test bank" of practical situations and who should draw them up. (27 or 15)
4. Implementation date:

	Practical	Written for Certification
78 hrs	3 hrs	3 hrs

1. 78 hrs instruction given by M.I.C.R.B. Instructor.
2. Practical Exam - (2,3 or 5 station ?)
 - scenario's for practical drawn at random from a "test bank"
 - 1 instructor (M.I.C.R.B. certified) per station
 - M.I.E.M.S.S. personnel on location to assure compliance with standars (lighting, heating, etc) and exam protocol only.

NOT IN EVALUATION PROCESS
3. Written exam as now for certification.



THE PRINCE GEORGE'S COUNTY GOVERNMENT

Office of the Fire Chief
Room 2132 952-4730

February 3, 1983

R Adams Cowley, M.D.
Director
MIEMSS
22 South Greene Street
Baltimore, Maryland 21201

Dear Dr. Cowley:

I am writing to reiterate this Department's minority position on the question of modifications to the EMT-A practical testing process. Our position was outlined at the January 27, 1983, meeting of REMSAC, but I do not know if our position has been relayed to you yet.

In general, this Department supports the proposal, and I would like to amplify that position by responding to the points offered by the REMSAC Education and Training Committee in their report to REMSAC.

The recommendation to delay changes until a "complete review of the entire program" is viewed as a tactic to delay and protract corrections that are obviously and immediately needed. The problem has been studied ad infinitum, but little progress has been seen. It is time to stop studying and start acting.

I seriously doubt the proposal will lead to a loss of standardization, objectivity and quality control. The EMT-A program presently has a standard course outline and content; uses a standardized textbook; is employing a standardized methods manual (the "Maryland Way"); and will continue to have a standardized, State-wide, written test.

To suggest the loss of objectivity is to demean the values and integrity of the fine cadre of EMT Instructors in the State, who are certified by the MICRB. Further, to suggest that they would be subject to peer pressure to pass substandard students is also to question their integrity. From our viewpoint, since we stand to assume the liability for the actions of our personnel; we would be foolish to increase our vulnerability in this area by pushing personnel into positions of responsibility before we thought they were ready.

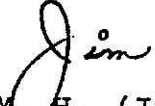
R Adams Cowley, M.D.
February 3, 1983
Page Two

Although I support the concept of intrastate and regional reciprocity of certification, I must state that the operational needs of the jurisdiction to which I am responsible must take precedence. This jurisdiction is trying to cope with severe budgetary problems, and arbitrary and artificial obstacles to the certification of properly trained personnel must be removed. If some facets of reciprocity are sacrificed due to this, that is unfortunate; however, may I point out that we have operated for years, both in the County and through mutual aid pacts with other jurisdictions, without reciprocity of certification; and have not suffered for it.

The question of skills retention was raised in the Training Committee report. This is a rhetorical point. There is no basis to assume the loss or retention of a practical skill after the test date, regardless of the timing of the test. If needed, the proposed method does not preclude the instructors reviewing and certifying all students in practical skills at the last class before the written exam.

Thank you for the opportunity to express this department's position. If you need amplification of any of these points, feel free to contact us.

Sincerely,


M. H. (Jim) Estep
Fire Chief

MHE/nmm

AN AMENDED PROPOSAL TO EMS/FIRE & RESCUE SERVICES IN MARYLAND

The MIEMSS, in making every effort to decrease the amount of bureaucracy involved in the EMT-A certification process, while continuing to maintain the quality in the program as it presently exists, offers the following proposal to the EMS/Fire & Rescue Services in Maryland.

PROPOSAL: MIEMSS shall delegate to the appropriate sponsoring agencies the authority to conduct EMT-A classes, administer in-course quizzes and practical skills evaluations according to the guidelines established by MIEMSS.

This proposal assures that course standards and guidelines would be maintained at their present level State-wide.

The proposed modification of existing policy would affect the present mechanism by which practical skills are evaluated and verified.

Currently, students are required to complete a practical testing process, conducted by MIEMSS evaluators, at the completion of the class.

The proposal is that student skills be evaluated by the sponsoring agency at the end of the course. *Maintained by full-time faculty*

The Director of the sponsoring agency, or his designee, would by signature attest that the student has met practical skills and course completion requirements.

The MIEMSS would continue to administer the EMT-A certification examinations throughout the State, and this would be limited to the written examination.

Resources will be transferred or provided to the agency to carry out the additional responsibilities.



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*Pls. return
to me
bjs*


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OFFICE OF THE DIRECTOR

August 17, 1982

MEMORANDUM

TO: Members, AD HOC Committee
EMT Training/Testing/Certification

FROM: R Adams Cowley, M.D. 

REFERENCE: Brief Meeting Summary
August 10, 1982

Enclosed is a copy of a Brief Meeting Summary of the August 10, 1982 meeting. The last two small meetings have been extremely productive, and I thank you for your attendance and participation.

As promised, also enclosed is a copy of Draft VII of the Decertification Policy for your review prior to the next meeting, as well as a copy of the Resolution passed at the last meeting of the Atlantic EMS Council. Please note the number of states that have signed this Resolution.

Again, thank you very much for your dedication to Maryland's EMS System.

RAC/bam

Enclosures

CC: Alexander J. Gretes



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August 19, 1982

BRIEF MEETING SUMMARY

MEETING: AD HOC Committee EMT Training/Testing/Certification
University of Maryland Student Union Building
621 W. Lombard Street, Alumni Lounge
6:30 P.M., Tuesday, August 10, 1982

PARTICIPANTS:

R Adams Cowley, M.D., Chairman - MIEMSS
Alexander J. Gretes - MIEMSS
George Hall - Maryland State Ambulance & Rescue Association
John W. Hogle - Maryland Fire Rescue Institute
Lou Jordan - MIEMSS
Paul H. Reincke - Metropolitan Fire Chiefs of Maryland
Charles W. Riley - Maryland State Firemen's Association and
Maryland Fire Rescue Education & Training Commission
Ron Schaefer - MIEMSS
Bert Shaffner - Maryland Council of Academies
Curt Wilkerson - Maryland State Firemen's Association

1.0 Introductions.

- Capt. Bert Shaffner was introduced as the appointed representative from the Maryland Council of Fire and Rescue Academies replacing Chief Joseph Angylof.
- Mr. George Hall was introduced as the representative for MSARA (the Maryland State Ambulance and Rescue Association) as the alternate for Mr. Robert Lynch, who was on vacation in Vermont.
- Mr. Smith Stathem and Mr. Robert Dempsey had telephoned that they would not be present this evening since they would be attending the Virginia State Firemen's Association meeting in Fredericksburg. In accordance with Mr. Stathem's request, Mr. Charles Riley was designated as the voice for MSFA this evening.

- Mr. Ted Porter was unable to attend this evening due to a conflict in his schedule.

2.0 Approval of Brief Meeting Summaries - Meetings, April 27 and June 29, 1982.

- These Brief Meeting Summaries were approved as written.

3.0 EMS Olympics 1982.

- EMS Olympics were scheduled to begin at 12:00 NOON, September 19, at the UMBC Campus.
- Eight (8) teams had applied to participate in the skills competition.
- Chief Reincke volunteered to solve the problem of the three junk vehicles required. Dennis Evans and Lou Jordan would contact Chief Reincke with full information.
- Each of the associations and organizations present were requested to submit nominations for recognition with a Certificate of Appreciation. Regional Councils had also been requested to submit their recommendations.
- Each of the Regional Councils had been asked to furnish a representative to act as a final judge in selection of the winning teams.
- The decision made by the judges on that day would be final as it was in 1981.

4.0 EMT Testing and Certification.

4.1 Advice of Counsel, Office of the Attorney General, Letter dated July 16, 1982.

- A copy of this letter was distributed to the members. The letter specifies that the responsibility for certification of EMT-As is with MIEMSS.
- Chief Reincke stated that this letter clarified the question that had arisen several times as to one agency teaching and training and the other agency testing.
- *- Discussion of Draft VII of the Decertification Policy was rescheduled for the next meeting of the AD HOC Committee so that members would have an opportunity to completely review this draft.

4.2 Progress Report on Two Station Practical.

- Lou Jordan and Ron Schaefer submitted a progress report on the Two-Station Practical.
- Results of the Two-Station Practical at Forest Hills and MFRI were distributed to the members.
- Thirty pilot practicals have been scheduled over the next year. The next pilot practical is scheduled at Millersville, Anne Arundel County, on September 9, 1982.
- A Three-Station Practical as proposed by the Metropolitan Chiefs Association had been studied and pilot practicals using this proposal will be scheduled.
- It was emphasized that at the Class Start, of each class, students will know the type of practical test they will receive at the end of the course.
- Mr. John Hoglund stated that he had observed the practical on June 30th and felt that an excellent job was done by the team present to administer the practical.

Md. Way - Mr. Charles Riley added that it was his impression that an abbreviated practical was a step in the right direction and that these pilot practicals should be continued until a complete evaluation is available.

- Members present expressed that the Maryland Way, once in the field, would be extremely useful in resolving both training and testing problems. ✓
- Copies of the Maryland Way had been distributed to all certified EMT-A instructors within the State of Maryland.
- Copies of the Maryland Way would be distributed to members of the AD HOC Committee for review as well as other interested agencies and organizations.
- Chief Reincke suggested that once the final copies of the Maryland Way were prepared, any changes issued to individual instructors should include a form to be signed by the instructor which would acknowledge the fact that the instructor had received the changes and had entered these changes into his copy.

4.2.1 Resolution of the Mid-Maryland EMS Advisory Council.

- A copy of the Mid-Maryland EMS Advisory Council Resolution was distributed to members for discussion.
- The AD HOC Committee voted that students unable to read would NOT be accepted as students in the EMT-A classes.
- Other suggestions by the Mid-Maryland Council were taken under advisement for further discussion.
- *- It was reiterated that the AD HOC Committee members at the last meeting had agreed that only complaints that were received in writing would be discussed.

- Practical
- A copy of the Three-Station Practical as proposed by the Metro. Fire Chiefs would be sent to all Regional EMS Councils for review and comment.
 - It was reported by Dr. Conn that all Regional EMS Councils had agreed with the concept of an abbreviated practical; however, there was a variation of opinions as to what should be included in these practicals.

5.0 Suggestions/Comments.

- The Chairman again stated that the voting representatives on the AD HOC Committee were there to represent the views of their organizations and vote accordingly.
- Dr. Conn proposed that consideration be given to the elimination of the EC I examination in future classes; and after some discussion, this was delayed until further views could be gathered and would be put on the next agenda for vote.
- Currently there are only approximately 150 individuals who have passed the EC I in the State of Maryland and had not as yet completed the EC II examination.
- Dr. Cowley, a member of the U.S. Army Science Board, distributed a summary of technical reports prepared by the U.S. Army Research Institute. These reports discussed the retention benefits derived from repeated testing. This summary was offered as information to the members.

- Dr. Cowley reported that Utah's EMS System had prepared a document entitled, "What to do Until the Ambulance Arrives?"; this would be used as a part of Utah's Driver Education Program. As soon as a copy of this document arrives, it will be made available to members of the AD HOC Committee. This booklet could be used to further enhance the EMS image of students in public school and also act as a recruitment tool for the volunteer and career fire/ambulance services.
- After a great deal of discussion, it was agreed that existing by-laws in the fire/ambulance services should be reviewed so that a change in tradition may be considered. Certainly the time has arrived to have females (and wives) further involved in the fire/ambulance services activities.
- The length of the CRT course was discussed and Dr. Cowley confirmed that the number of hours presently in the curriculum had not been expanded.
- Mr. Riley felt that sequential training should receive consideration for the ~~EMT-As~~ in order to enhance recruitment. In other words, modules or step-wise career training should be explored for EMT-A students to reach certain levels.
- Dr. Cowley stated that if such sequential training could be developed, he would personally meet with Mr. Raymond Peck to request funds for a pilot program of this kind.
- It was reported that the EOA/MAST training will require \$28,000. for training and testing. DOT funding for this project is no longer available, and there is presently no funding for the classes for 1982/1983.
- Mr. Riley stated that he had brought this depletion of federal funding to the attention of committee members at past meetings.
- A brief summary was given of the text, "The Post Land Grant University, The University of Maryland Report", as prepared by Dr. Malcolm Moos. It was noted that this report did not contain references to the service aspects such as fire and EMS in which the University was presently involved.
- *- The third edition of "Emergency Care" as published by the Brady Company was available and it was requested that this item be reviewed and put on the agenda for the next AD HOC Committee meeting.

- Mr. Høglund reported that the Regional Training Centers Committee had completed their report and forwarded the report to the Chancellor for final review and approval by the President of the University. Upon approval by President Toll, a draft will be sent out to the field.
- Dr. Cowley requested that Mr. Høglund chair a committee to study the existing EMT-A training and make recommendations to the AD HOC Committee. Mr. Høglund's committee would complete its report in approximately 90 days. Mr. Høglund accepted and would begin his activities immediately.
- It was the consensus of the members that it was necessary to muster support for funding of the EMT Program within the state and that principals should meet to further discuss this potential.
- At the request of the States of New Jersey and New York, the Mid-Atlantic Council had expanded its membership to those states. North Carolina, South Carolina, and Florida had expressed interest in becoming members of the Mid-Atlantic Council. As a consequence, the name of the Council was changed to the "Atlantic EMS Council".
- Dr. Cowley requested that copies of the resolution for continuum of care across state lines passed at the last meeting of the Atlantic EMS Council be sent to members of the AD HOC Committee.

6.0 Next meeting.

- Date: 6:30 P.M., Tuesday, September 28, 1982.

Location: Student Union Building, University of Maryland, 621 W. Lombard Street.

AJG/bam



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OFFICE OF THE DIRECTOR

August 19, 1982

Mr. John W. Hogleund
Director
Maryland Fire & Rescue Institute
University of Maryland
at College Park
College Park, Maryland 20742

Dear John:

Thank you for accepting the task of studying the existing EMT-A Training for the AD HOC Committee. May I suggest that you include a representative from each of the five Regional EMS Councils, since these Councils have also voiced concerns.

In your study, please give attention to the potential for the use of sequential training of EMT-As (i.e., the Career Ladder Concept).

The recommendations of your Committee will be presented at the AD HOC Committee Meeting in November for consideration.

As stated, I will personally contact the Administrator of NHTSA, U.S. Department of Transportation, and solicit funding for a pilot program, if appropriate.

Sincerely,

R Adams Cowley, M.D.
Professor of Thoracic and
Cardiovascular Surgery
301-528-5085

RAC/bam

CC: Alexander J. Gretes

JOINT RESOLUTION ON RECIPROCITY OF SERVICES
FOR EMERGENCY MEDICAL CARE

- WHEREAS: The States of the Mid-Atlantic Region, namely Virginia, West Virginia, Maryland, District of Columbia, Pennsylvania, Delaware, New Jersey, and New York have statutory authority to regulate and recognize certain health care professionals; and
- WHEREAS: Each State recognizes the provision of Basic Life Support (BLS) by Emergency Medical Technicians (EMT) and Advanced Life Support (ALS) care as provided by ALS trained personnel; and
- WHEREAS: Each State has set forth certain minimum standards for the training and certification or licensure of Basic and Advanced Life Support personnel including evaluation by written examination and manipulative skills examination; and
- WHEREAS: The training and evaluation of Basic and Advanced Life Support personnel in each State is relatively uniform; and
- WHEREAS: The Basic and Advanced Life Support personnel in each State are at times required to cross the border of their home State and perform services in a neighboring State in which they are not necessarily licensed or certified to perform up to their level of certification; and
- WHEREAS: It could be considered an abandonment of the patient by the Basic and Advanced Life Support person if he/she were to cease providing emergency care in the neighboring State or jurisdiction where he/she is not licensed or certified; and
- WHEREAS: Each State desires that continuous treatment be given to a patient regardless of the location of the patient from the scene of the accident or illness through transportation to the medical facility to which the patient is taken; and
- WHEREAS: Each State desires that the Basic and Advanced Life Support persons who are fully licensed or certified in their home state be able to provide emergency care within the scope of their recognized and authorized abilities in any interstate emergency situation in which they are called upon to act; and

WHEREAS: Existing State Good Samaritan laws and Mobile Intensive Care personnel laws provide varying protection to the out-of-state Basic and Advanced Life Support persons; and

WHEREAS: Each State desires to enter into a bona fide reciprocal agreement recognizing the capabilities of Basic and Advanced Life Support persons trained and certified in another state, for the purpose of rendering interstate emergency medical care.

NOW THEREFORE BE IT RESOLVED THAT:

ONE: Each State previously named shall recognize the Basic and Advanced Life Support personnel trained and certified or licensed in one state as being capable of continuing emergency medical care in another state which is a party to the agreement in accordance with the medical protocols of the state in which they are certified.

TWO: Each State will recognize and permit certified Advanced Life Support personnel from any of the other signatory States to initiate invasive techniques when they are under the supervision of a physician and in accordance with the medical control requirements of the State directly involved.

THREE: Recognizing that the legal mechanism and authority for entering into a Resolution such as this differ from State to State, the signatory states agree that this Resolution shall become effective among each state which executes this resolution at the time of execution.

FOUR: Any State may terminate its participation in this Resolution by providing written notice to each of the other signatories. Such termination will take effect 90 days after such notice is given.

FIVE:

Definitions:

For the purpose of this Resolution, Basic Life Support person is defined as an individual who has at a minimum successfully completed the 81 hour Department of Transportation course and is state certified. Advanced Life Support personnel shall include those persons who have successfully completed the Department of Transportation EMT-P 15 module course and are state certified or licensed and those persons who have successfully completed as a minimum, modules one through six and fifteen of the above-referenced course and are state certified or licensed.

SIX:

For the purpose of this Resolution, New Jersey recognizes only those ATLS personnel who have completed Modules 1-15 of the above-referenced course and are state certified or licensed.

AGREED TO, ACKNOWLEDGED AND SIGNED BY:

For the State
of Maryland:

[Signature]
Title: _____

Date: 7.16.82

For the State
of West Virginia:

[Signature]
Title: Dir. of Health

Date: 7/11/81

For the Commonwealth
of Pennsylvania:

H. Donald Miller, M.D.

Title: Sec. of Health Date: 1/1/82

For the Commonwealth
of Virginia:

[Signature]

Title: State Health Commissioner Date: 12/17/81

For the State
of Delaware:

Charles E. Natch

Title: Director, Emergency Medical Services Date: July 16, 1982

[Signature]

Title: Director, Division of Public Health Date: July 16, 1982

For the District
of Columbia:

Arthur H. Hoyte M.D.
Arthur H. Hoyte, M.D.

Title: Commissioner of Public Health Date: 2/5/82

For the State
of New Jersey

[Signature]

Joanne E. Finley, M.D., M.P.H.

Title: Commissioner of Health

Date: _____

MIEMSS DECERTIFICATION POLICY
FOR EMT-A AND EOA/MAST
DRAFT VII

8/9/82

Any complaints regarding MIEMSS certified pre-hospital care providers (EMT-A, EOA/MAST) received initially by MIEMSS shall be referred to the local EMS authority for investigation. Any complaint received initially by the local EMS authority shall be reported to MIEMSS, although the local authority shall still make a primary investigation of the complaint. Such an investigation shall be made confidentially, though the individual against whom the complaint has been filed shall be notified at the investigation stage that an investigation is in process. The notice shall also inform the individual that there is no action he can or should take regarding the investigation.

The local EMS authority shall be requested to submit a report of the findings and make a recommendation within 90 days to the Director of MIEMSS for action. The Director may request further investigation, revoke or suspend the MIEMSS certification, place the holder of the certification on probation, or reprimand the holder of the certification for any of the causes listed below as unprofessional conduct.

Disciplinary action, however, may be ordered only after a hearing before the Director of MIEMSS and/or his designee(s). Written notice of the hearing shall be sent by certified mail to the individual concerned and to the local authority at least 30 days before the hearing. It shall also state the issues or charges involved in the proceedings. Hearings will be conducted in accordance with the provisions set forth in the Administrative Procedure Act.

Nothing in this policy shall serve to abrogate, supersede, or otherwise interfere with the authority and responsibility of local EMS providers to discipline their members or employees.

This policy shall be reviewed on a regular basis and is subject to amendment by MIEMSS.

For the purposes of this decertification policy "local EMS authority" shall be the chief, county or city fire/ambulance department, the county chief's association (if such exists), or chief, fire/ambulance company (or department) of which the certified pre-hospital care provider is a member, as recognized by MIEMSS. Recognition shall be based on the recommendation of the authority having jurisdiction.

Grounds for Decertification

(1) Physical or mental illness or injury that adversely affects the ability to practice the delegated medical duties for an extended period of time. (Suspension of certification shall only be for the period of time the individual is incapacitated).

(2) Conviction of, or the entry of, a nolo contendere, or guilty plea to a crime involving moral turpitude, or a crime relating to the carrying out of the responsibilities of an EMT, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

(3) Discipline by a licensing, certifying or disciplinary authority for acts or omissions reasonably related to the carrying out of the responsibilities of an EMT.

(4) Immoral conduct in the practice of delegated medical duties.

(5) Practice or performance of any medical act not specified in the MIEMSS course objectives, or protocols as developed and/or approved by MIEMSS, consistent with the highest level of certification held by the pre-hospital care provider.

(6) Omission of a medical act specified in the MIEMSS course objectives or protocols as developed and/or approved by MIEMSS.

(7) Abandonment of an individual in need of medical attention.

(8) Addiction to the illegal use of a controlled dangerous substance as defined in Article 27, Annotated Code of Maryland.

(9) Habitual intoxication.

(10) Habitual use of any narcotic or controlled dangerous substance as defined in Article 27, Annotated Code of Maryland.

(11) Rendering services while under the influence of alcoholic beverages.

(12) Rendering services while under the influence of narcotics or other controlled dangerous substances as defined in Article 27, Annotated Code of Maryland, or other drugs in excess of therapeutic amounts or without valid medical indication.

(13) Willful making and filing of false reports or records, in his/her performance as a MIEMSS Certified pre-hospital care provider.

(14) Willful failing to file or to record any medical report as required under law, willful impeding or obstructing the filing or recording of a report, or inducing another to fail to file or to record a report.

(15) Willful misrepresentation in the care of an individual.

(16) Failing to furnish details of an individual's ambulance medical records to physicians, hospitals or the state or local authority upon proper request.

You are invited
to the Second Annual
**Emergency Medical Services
Olympics**



Sunday, September 19th

at the
**Baltimore County Campus
of the University of Maryland (UMBC)**

12 NOON — 7:00 P.M.

*Paramedic Skills Competition
Helicopter Rescues
High-Rise Fire Rescue Demonstrations
Demonstration of Life-Saving Techniques
Sky Diving
Auto Extrication and Rescues*

Free
Admission! Parking!

**Come join local and state government officials
and T.V. and radio personalities in honoring
your community's rescue personnel.**

Sponsored by:
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July 23, 1982

MEMORANDUM

TO: AD HOC Committee Members, EMT Training/Testing/
Certification

FROM: R Adams Cowley, M.D. *RAC*

REFERENCE: Brief Meeting Summary, June 29, 1982

Herewith is a copy of the above referenced.

In my opinion, this meeting was extremely constructive. I attribute this to the small number present. Therefore, attendance at future meetings should be limited to the voting member and/or his alternate (please refer to Special Note on page 4 of the Brief Meeting Summary).

I look forward to seeing you at the next meeting scheduled for 6:30 P.M., August 10, 1982 at the University of Maryland at Baltimore, Student Union Building.

Thank you very much.

RAC/aml

Enclosure

CC: Alexander J. Gretes



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July 22, 1982

BRIEF MEETING SUMMARY

Meeting: AD HOC Committee EM Training/Testing/Certification
Room 202 A & B, Student Union Building
Baltimore, Maryland 21201
6:30 P.M., Tuesday, June 29, 1982

Participants:

R Adams Cowley, M.D., Chairman - MIEMSS
Robert N. Dempsey - Maryland State Firemen's Association
John W. Hoglund - Maryland Fire Rescue Institute
Robert P. Lynch - Maryland State Ambulance & Rescue Assoc.
Chief Paul Reincke Metro. Fire Chiefs of Maryland
Charles W. Riley - Maryland Fire Rescue Education & Training
Commission
Chief Rudy Sagan Maryland Council of Academies
Smith N. Stathem, Jr., President - Maryland State Firemen's
Association
Alasdair Conn, M.D. - MIEMSS
Alexander J. Gretes - MIEMSS
Lou Jordan - MIEMSS
Ron Schaefer - MIEMSS

Purpose:

The purpose of this Meeting was to establish firm direction for future EMT-A training, testing and certification.

DISCUSSIONS:

- Confusion appears to exist in the field with reference to who is the legislative representative for the Maryland State Firemen's Association and the other fire organizations within the State of Maryland. This was clarified with the statement that the specific legislative representative for MSFA would be Mr. Robert Dempsey, and no one else.

- The Chairman stated that it was his opinion that MIEMSS was receiving the brunt of criticism with reference to failures in the EMT-A courses in the field. As Director of MIEMSS, it is his responsibility to establish the standards for certification of EMT-A's in the field. There had been statements in the field that one agency should have the complete program, both training and testing. This would have the approval of MIEMSS; however, MIEMSS would maintain its responsibility for certification.
- The Chairman felt certification was necessary if there was going to be reciprocity amongst the adjoining States.
- The Fire Chiefs of Regions III & V indicated that their offices would be willing to assist and cooperate in an effort to decrease incorrect rumors concerning failure rates; that The Maryland Way that had been developed was excellent and should be utilized throughout the State when it was finally developed. The Maryland Way would be of great assistance in dispelling rumors that existed in the field and would decrease the failure rate and problems with the length of the practical examination.
- The Medicaid and the physician malpractice insurance costs had created budgetary problems within MIEMSS that needed to be addressed and in order to conform with the budgetary constraints a reorganization of the entire MIEMSS was necessary including the abolishment of some positions.
- The Two-Station Practical would save both time and money.
- It was indicated that Baltimore County would be willing to support the funding of Evaluators within this County for both career and volunteers in order to assist in the timely testing of EMT-A students.
- It was felt that one of the problems was the lack of information exchange and this could be best accomplished by a newsletter of some type from MIEMSS.
- MSFA would be willing to publish any information that was pertinent to the field programs. This would be of assistance in dissemination.
- It was also stated by several present that there was a great deal of misinformation in the field that was created by MIEMSS' own staff.
- Chief Paul Reincke emphasized that career and volunteers worked well together in the Baltimore County area and this should continue.

- Trauma Days - A plan was being proposed to President Reagan to establish a National Trauma Day on the anniversary of his attempted assassination. This was being developed at the present time with some of the members of Congress.
- Present costs to certify an EMT-A was approximately \$70.00 per candidate.
- Baltimore County would be willing to xerox The Maryland Way for distribution within its own jurisdiction.
- The initial pilot testing of a class in Harford County on Saturday, June 26, 1982, proved extremely satisfactory using the Two-Station Practical. Other pilot tests would be conducted at MFRI and in some of the other counties.
- Chief Reincke offered a proposal for consideration of a Three-Station Practical test that was developed by the Regional Fire Chiefs' Council. This proposal would be reviewed by MIEMSS and Lou Jordan and Ron Schaefer would offer their comments back to Capt. Howell and Lt. Reggie Shephard.
- MIEMSS would develop a copy of the schedule for practical examination testing and once developed, this would be distributed to local jurisdictions as well as placed in the Maryland News Letter.
- It was agreed that in the future, all complaints received concerning ETM-A classes and EMT-A tests would be accepted only in writing. Each organization represented on the AD HOC Committee once receiving a complaint would request this complaint in writing, and forward it to MIEMSS. Each of these complaints would be made available to the AD HOC Committee.
- Mr. Smith Stathem indicated that MSFA would appreciate a progress report on the Two-Station Practical for the MSFA meeting to be held in Beltsville, MD on July 25, 1982.
- The Maryland Way would cost approximately \$40,000 to print.
- The Fire Chiefs' Council offered talent from the Fire Services such as artists and illustrators to assist in further illustrating The Maryland Way.
- Mr. Bob Dempsey requested budget information on Block Grants.
- It was announced that the MIEMSS Office of EMT-A Certification would establish two expiration dates per year for EMT-A's. These dates would be June 30 and December 31 of each year.
- There was discussion concerning the use of continuing education to assist in the recertification of the Advanced Life Support Components (CRT level).

CONCLUSIONS:

- EMT-A testing and certification procedures would continue as they presently exist until January 1, 1983. During this period of time, the Two-Station practical examination and a Three-Station Practical examination would be pilot-tested in the field for consideration and adoption in the field.
- All complaints concerning training, testing & certification would be accepted in writing only and once received, these complaints would be brought before the AD HOC Committee for further discussion.
- The certification of EMT-A's would be established with only two expiration dates, - June 30 and December 31 of each year.

Special Note:

- This meeting was very constructive and therefore, future meetings should be limited to the AD HOC Committee member and one alternate. In instances where additional staff was necessary to present a project or a concept, this would be permitted.
- Next Meeting is scheduled for August 10, 1982, 6:30 P.M.

Location - Student Union Building, Baltimore, Maryland.

AJG/aml



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May 26, 1982

MEMORANDUM

TO: Members, AD HOC Committee EMS Training/Testing/Certification

FROM: R Adams Cowley, M.D. *RAC*

REFERENCE: Brief Meeting Summary, April 27, 1982

Herewith is a copy of the above referenced.

I look forward to seeing you at the meeting scheduled for July 6, 1982.

Thank you very much.

RAC/aml

Enclosure

CC: Alexander J. Gretes



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Hyperbaric Medicine
Medical Engineering
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May 25, 1982

BRIEF MEETING SUMMARY

Meeting: AD HOC Committee EMS Training/Testing/Certification
Alumni Lounge, Student Union Building
Baltimore, Maryland 21201
6:30 P.M., Tuesday, April 27, 1982

Participants:

R Adams Cowley, M.D., MIEMSS
Chief Joseph W. Angyelo, Maryland Council of Fire & Rescue
Academies
Alasdair Conn, M.D., MIEMSS
Robert N. Dempsey, Maryland State Firemen's Association
Alexander J. Grete, MIEMSS
John W. Hogle, Maryland Fire Rescue Institute
Lou Jordan, MIEMSS
Robert P. Lynch, Maryland State Ambulance & Rescue Association
F. E. "Ted" Porter, State Board for Higher Education & MFRETC
Chief Paul Reincke, Metropolitan Fire Chiefs of Maryland
Charles W. Riley, Chairman, Maryland Fire Rescue Education &
Training Commission and MSFA
Ron Schaefer, MIEMSS
Thomas Tharp, President, Maryland State Firemen's Association
Smith Stathem, Jr., 1st Vice President, Maryland State Firemen's
Association
Curt Wilkerson, Maryland State Firemen's Association
Robert B. Wright, Maryland Fire Rescue Institute

1.0 - Approval of Brief Meeting Summary:

- The Brief Meeting Summary for March 2, 1982 was approved with corrections and a Revised Meeting Summary has been mailed to members.

2.0 - Remarks by R Adams Cowley, M.D., Chairman:

- Commented on the new building for the Shock Trauma Center for which planning money was approved by the Legislature. The new building will be seven floors.
- Trauma victims are increasing at the rate of 35% per year.

- Dr. Cowley expressed his appreciation for the support he had received in the legislature for the new building. The support of the Fire Association, state agencies and organizations were one of the factors that assisted in receiving legislative approval.
- Chief Paul Reincke was introduced as a new member of the AD HOC Committee. He represented the Metropolitan Fire Chiefs' Association.

3.0 - Status Reports:

3.1 - EMT-A Decertification Policy Draft V

- After considerable discussion of Draft V of the MIEMSS EMT-A Decertification Policy, several changes were suggested. These changes will be incorporated in Draft VI that will be forwarded to members of the Committee.
- It was also suggested that once decertification had been processed and completed, the number on the EMT-A Certification Card belonging to the decertified individual would be made available to all jurisdictions and organizations concerned.

3.2 - EMT-A Testing and Certification Policy

- The proposed new Two-Station EMT-A Practical was presented in detail by Dr. Conn, Ron Schaefer, and Lou Jordan.
- This new approach to the practical examination would decrease the time necessary for testing and certification of the practical examination. Students would spend less time waiting at the testing site.
- It was felt that the savings that would result would be approximately \$20,000 a year; these savings could be used for the EOA/MAST Programs.
- The proposed EMT-A Practical Examination would be presented to organizational groups and comments solicited prior to approval of such.
- It is estimated that the EMT-A records and testing results would be on computer no later than the end of 1982.
- It was pointed out that there is a continued need to request additional funds in the budget for training in all phases of the EMT Programs.

- Dr. Cowley emphasized the need for a standing Subcommittee to study the problems that surface with the EMT-A Programs in the field and that these problems be resolved by suggesting changes in the EMT-A training and testing. He further suggested that Mr. Robert Dempsey chair this committee, and that MIEMSS Staff would be available to serve on the committee.
- In response to an inquiry, the Maryland Way Manual would be ready by June of 1982.
- The Regional EMS Coordinators would attend the EMT-A Class Starts.
- Mr. Tom Tharp announced that a meeting of the Executive Committee of the Maryland State Firemen's Association was scheduled for May 23, 1982 and he requested that Dr. Alasdair Conn, Lou Jordan, and Ron Schaefer attend to present the proposed Two-Station EMT-A Practical Examination as well as answer questions.
- Lou Jordan and/or Ron Schaefer were also requested to attend the MSFA Ambulance Committee meeting to be held on May 22, 1982 in Westminster.
- It was reported that 1457 students took the Practical Examination in the last calendar year.
- Concerns were expressed that students thought that they had failed the recent EMT-A Refresher Examination. These concerns were unfounded since the pass rate for the Refresher was 99%.

3.3 - Advanced Life Support Training:

- The CRT pass rate is 53%.

4.0 - Comments/Suggestions:

4.1 - EMS Olympics - '82

- Mr. Dennis Evans, MIEMSS, is in charge of the Olympics.
- The Olympics are scheduled at UMBC on Sunday, September 19, 1982.
- Major goal is to create more interest among young people in fire and ambulance services, and therefore, increase recruitment within both the career and volunteer services.

- Chief Angyelof will be forming a group to assist in the recruitment efforts.
- A list of the Committee for Olympics should be sent to AD HOC Committee members.
- A Program with advertisers must be developed to defray expenses.

4.2 - MSFA Convention - Ocean City, MD, June 13-16, 1982 -

- MIEMSS participation would be:
 - Exhibit
 - Sunday, June 13, 2:00 P.M. - Dr. Conn "rap session", 50 minutes
 - Monday, June 14, 2:00 P.M. - Dr. Cowley or Dr. Conn, 10 minute update on EMS in Maryland
 - - Monday, June 14, 2:15 P.M. - Dr. Roy Myers, 20 minute presentation on Smoke Inhalation Program.

4.3 - MFRI -

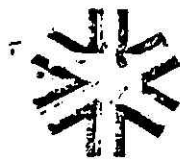
- EMT-A Packets for handout were needed for new MFRI Courses
 - MIEMSS will forward the week of May 24
- Fifteen (15) EMT Refresher Courses did not start due to poor response.
 - Bob Wright had completed MFRI-EMS Drill Manual.

4.4 - "Maryland Way" -

- Draft copies of "Maryland Way" will be sent out no later than June 1, 1982
- Final cost for printed copies is estimated to be \$10.00 per copy.

5.0 - Next Meeting:

- Time and Date: 6:30 P.M., Tuesday, July 6, 1982
- Location: Student Union Building, University of Maryland at Baltimore.



- Shock Trauma Center
- CNS Center
- Traumatology
- Critical Care
- Critical Care Nursing
- Hyperbaric Medicine
- Medical Engineering
- Research & Development
- Operations Research/
Systems Analysis
- EMS Systems
- Education
- Training
- Communications
- Transportation
- Administration
- Evaluation

BRIEF MEETING SUMMARY

(Corrected and Approved
March 2, 1981)

Meeting: AD HOC Committee, EMS Training, Testing
& Certification
Batlimore County Fire Headquarters
Towson, Maryland
6:30 P.M., Monday, January 5, 1981

Participants:

- Alexander J. Gretes, MIEMSS
- Steve Carter, Maryland Fire & Rescue Institute
- Lt. James Craumer, Baltimore County Fire Department (representing Chief Granruth, Maryland Council of Academies).
- Alasdair Conn, M.D., MIEMSS
- Robert N. Dempsey, President, Maryland State Firemen's Association
- Jim Abate, MIEMSS
- John Hoglund, Maryland Fire & Rescue Institute
- Lou Jordan, MIEMSS
- Robert P. Lynch, Past President, Maryland Ambulance & Rescue Association
- William Neal, MIEMSS
- George Pelletier, MIEMSS
- F. E. "Ted" Porter, MFRETC Administration and State Board for Higher Education
- Ronald Schaefer, MIEMSS
- Roger C. Simonds, Anne Arundel Co. Fire Dept.-EMS
- Smith N. Stathem, Jr., Maryland State Firemen's Association
- Thomas L. Tharp, Maryland State Firemen's Association
- Gary E. Warren, Baltimore County Fire Dept.-EMS
- Joseph H. Weisgerber, Maryland State Firemen's Association

Discussions:

- The Brief Meeting Summary for the November 3, 1980 meeting was approved as written.
- Dr. R Adams Cowley was unable to attend due to the after-effects of an eye examination procedure.

- Mr. Charles W. Riley was unable to attend due to a severe toothache.
- Mr. Alexander J. Gretes discussed the Review Report concerning the purpose of committee and voting members. There were no questions.
- Letters from Dr. Conn to Dr. Keefe and from Dr. Cowley to Dr. Knorr were reviewed and discussed.
- Thirty-eight or thirty-nine states now have accepted the EMT-P Training Programs.
- Dr. Conn discussed how paramedic training first began in 1974. The 15 Module DOT Paramedic Standards were developed in 1978. He stated that Maryland must work with the states around us if there is to be a National standard. Those trained in Maryland would be able to go to other states, and vice-versa. Certain areas of the State are beginning to initiate programs on their own. Dr. Conn has asked Regional EMS Advisory Councils to comment on the Paramedic Program and to find out how many DOT Paramedics the State will require. He has heard from Dr. Keefe and is to appear at the State Board Medical Examiners on January 22, 1981.
- Mr. Dempsey had a question about this extra service and if Paramedic Training would become mandatory.
- The ATLS, a new program, is coming up. It is now going through the Instructor phase. In the next 3-4 years, it will probably be a part of emergency room training. In a couple of years, every physician will be familiar with these procedures. The first ATLS Provider Course is going to be in early March.
- The Star of Life sign is being prepared by DOT to be put on highways in about one or one and a half years. The sign will have an arrow pointing towards the hospital. These hospitals will be required to have 24-hour, 7-day coverage by a physician. A recommendation for these signs was initially made by the Regional Council IV of Eastern Shore some four years ago.
- The following questions were read with reference to a State-wide program:
 - Q. Does the program conform to acceptable medical practice?
 - A. Yes.

- Q. Are the credentials of those who are to do the instructing adequate?
- A. The program is not set up in the State as yet. There will be identified Paramedic coordinators who will brief the instructors (mostly physicians) for the course. Approval to run the course will rest with the State Board of Medical Examiners and endorsed by the State Board of Higher Education.
- Q. Is there proper medical supervision of the program?
- A. Yes, because physicians are utilized to teach portions of the program.
- The National curriculum as published by DOT will be utilized.
 - The Paramedic Training Coordinator designated in each jurisdiction would also have a coordinating responsibility.
- Q. Are proper facilities provided?
- A. Yes. As specified in the DOT Course Guide.
- Q. Are program requirements adequate?
- A. Yes. Student internships are necessary in conjunction with hospital facilities. This is a local jurisdictional planning and development requirements as it was with the CRT course.
- The DOT National Training Course, EMT-Paramedic specifies the criteria. Certain portions of the state have received CRT instruction -- if any particular jurisdiction is going to use that training, they must get approval from the State Board of Medical Examiners.
- Q. How will the program impact on the present EMS system?
- A. MIEMSS intends to keep the EMT-A and CRT programs as the priority programs within the State of Maryland. The EMT-P Program will be voluntary at the local jurisdictional level.
- Q. Ted Porter - How do they interface with a certain program; some of them are actually CRT's?
- A. CRT's have completed about seven of the basic 15 modules - don't have the neonatal - burn - trauma modules - obstetrics and gyn. A CRT would be able to complete the additional modules on a voluntary basis. It must be understood that the need for EMT-P level of training will not be as widespread as the EMT-A or the CRT levels of training.

Q. Would additional requirements be placed on the field providers as a result of an EMT-P training level being available?

A. The EMT-P training level would be voluntary on a local jurisdictional basis. At the moment, the State would recognize extra training - voluntarily developed by the local jurisdiction. It would not be a part of mandatory statewide requirements.

Q. Will an EMT-P certification system be implemented and if so, how?

A. Yes. The standards maintained statewide conform with the EMT-P training instructors. Explanation as to the certification can be found in the letter of Dr. Conn to Dr. Arthur Keefe dated November 25, 1980. A copy of which was distributed.

- Ted Porter responding for Mr. Riley, would like to request from Dr. Cowley a specific letter regarding what additional requirements would be placed on the field as a result of EMT-P level being implemented in the State.
- John Hoglund spoke regarding the certification process. If the Paramedic Students pass the National Registry exam, that would be a means by which they would be recognized in Maryland. The National Registry can't verify that the training in Nebraska would be as good as the training they would get in Maryland, therefore, candidates would be given an exam before they could become a Paramedic in Maryland.
- The coordinating of facts would be through the State Board of Medical Examiners. The Board is very anxious to assure the best quality of medical care throughout the State and each local jurisdiction. We must all remember that Maryland is the only Statewide Program in the Nation and therefore, the implementation process differs from that of other States
- How best do you see this vehicle (AD HOC Committee) being of assistance to you? This body is not charged with that responsibility.
- There appears to be a problem as far as additional training is concerned. Paramedic Training was placed on the Agenda at the direction of Dr. Cowley to give you additional information and make you aware of the exchange of correspondence within MIEMSS.
- All this is being brought out for your information, recognition, and support.
- A Motion was made by Mr. Gretes to support the Paramedic Program throughout the State.

- After some discussion, it was decided that it is too early to vote on this Motion.
- Captain Roger Simonds spoke on behalf of the citizens in Anne Arundel County. His jurisdiction would like to move ahead - he doesn't feel the EMT's and CRT's have the ability or the expertise to provide the level of training needed in his community. His jurisdiction was ready for a program of this nature three years ago and has the money for everything -- he doesn't want to wait. He is looking for early summer to submit his people to the National Registry. He wants to make it loud and clear that they want to go ahead.
- The State Board of Medical Examiners has the power to say "yes" or "no". Dr. Conn thinks the Board will adopt the National Paramedic Program at the January 22 meeting.
- It was stated that the DOT EMT/P training program should be evaluated on its merit for State use. If it is judged to be sound and in the best interest of the State it will have to be approved for use in accord with appropriate protocol.
- We need to have one program that is recognized statewide.
- Everyone will try to work together to obtain a common goal throughout the State. At present, a Statewide Paramedic Program does not exist in the Nation.
- Steve Carter spoke regarding CRT; asked if there is a move to bring it back to more of a standard with no variations.
- The State Board has approached Dr. Conn - they want a standard of care for the CRT in the State, - Statewide CRT protocols have been developed. Any exception should pass through the State Board of Medical Examiners. If anything is done outside these protocols, it will be considered practicing medicine without a license.
- Evaluator Workshop Feedback - A follow-up meeting on the Maryland Way was held at College Park with a good turn out. It was probably the most productive meeting, so far as the effort that went into it; they went over evaluation forms and came up with ways on how to grade evaluation sheets.
- There was a good turn out at the Eastern Shore meeting - MIEMSS and MFRI - expressed desires for return meeting which was held Thanksgiving weekend. The intent of the letter that went out to all Instructors was to have a final draft type made which would not make the December deadline - they want to go over their complaint on the input - MIEMSS letter going out end of the week regarding meeting January 24 for all instructors to attend and comment. Potential problem with this drafted material is that someone saw a copy and started to implement it and was notified that it was still a draft.

- EMT-A Training - Classes scheduled - nothing new; got a commitment for MFRI to spend up to \$54,000 for equipment and payroll. They originally scheduled 60 basic EMT classes. There will now be 75 basic courses across the State as well as 75 refresher courses. They have had some counties who have given up classes because of lack of registration - five basic and six refreshers were cancelled. They did not get the supplemental budget. They didn't get a lot of training equipment - they feel they have taken care of about 85% of the courses requested.
- MFRI had nothing to report on supplementary funding tonight.
- MIEMSS borrowed the money from other accounts to be able to take care of salaries for evaluators for examinations - MIEMSS still needs \$36,000, a large deficit, for travel expenses - EMT Evaluators- CRT Instructors - Staff - MIEMSS has spent approximately \$13,000 in travel expenses, and should have sufficient funds to test approximately 63 classes. These have already been approved --- MIEMSS is at the funding limit.
- Many of the 'evaluators' salaries have to come out of next year's budget.
- Mr. Bob Dempsey reported that he was informed today that \$50,000 is needed by MIEMSS to do testing and recertification for 1981. He also read a letter from the Governor to Senator Simpson regarding funds being transferred -- he will get together with people of MFRI to find out exactly how much they need this year.
- On question of whether MFRI should be taken from under the Chancellor, it will have to be studied - may not be advisable. It's time for a change - exactly what change he doesn't know yet.
- There is a meeting tomorrow with the Governor.
- A Supplemental Budget will be resubmitted February 1 for exactly what is needed.
- On Skills Competition, Mr. Lynch gave a subcommittee report. This is to be held October 10-11, 1981 at Timonium Fairgrounds. He sent out several letters after the December 5 meeting.
- The Teams must be sponsored by some fire company, rescue squads, or state police dept.
- The Ladies Auxiliary could probably provide food for public at a charge, and would keep the profits made.
- Any judging to be done would be done under EMT Standards. (Our Instructors instead of Red Cross) - MIEMSS will furnish the evaluators for this.

- Would we be able to get cash from the University for prizes. Dr. Cowley has promised \$3,000, and it should be cash because it will be hard to get people to compete if they don't get cash prizes.
- It was suggested that the Skills Competition be a one-day meeting to avoid hotel costs.
- Lt. Craumer will contact Dave White regarding publicity - There should be a preliminary announcement within 3-4 weeks.
- Mr. Gretes will check to see if there will be seminars.
- We have to be sure of the availability of funding before we start any publicity.
- The Committee will meet again and make a report.
- There were no other comments or suggestions.
- New Business -- Dr. Conn stated that we have no method of EMT decertification; probably we should have this.
 - Should a convicted felon be allowed to be an EMT?
 - We should come up with a guideline for decertification - then submit it to the States Attorney to find out if it is legal and proper.
- MIEMSS reported that they are going to computerize answer sheets for EC1 - EC2 examinations so that there will be analytical information for feedback. There was some discussion as to which score will stand - the written score - or the computer score. An agreement will be reached after more experience is gained.
- Meeting Adjourned.
- Next Meeting: Monday, March 2, 1981 at College Park.

/aml

Attachment(Skills Competition Committee Meeting Report)

SKILLS COMPETITION COMMITTEE MEETING, DECEMBER 5, 1980

Sandy Spring Vol. Fire Dept.

Robert Lynch, Chairman; Joseph Weisgerber, Spencer Brown, Ellen Rozzelle

Suggestions and recommendations for the EMS Field Day at Timonium Fair Grounds on October 10-11, 1981:

Teams must be sponsored by a fire company, rescue squad or State police.

One level of competition covering basic life support systems.

Allow the teams to bring own equipment if they wish - or they may use equipment from Towson.

Types of Problems

1. Automobile accident - specify only one ambulance to be used.
2. Domestic - could include knives, guns, etc.
3. Construction type accident - either home or on the job.

All victims will be marked as to injuries by tape with injury written on tape and placed in the area of the injury.

All problems will be done in a timed condition - such as 30 minutes per problem.

\$1,000 to go to winning team's company. Individual plaques to team members.

\$750 for second place with individual plaques.

\$500 for third place with individual plaques.

Suggested that the three winning teams go to the International Rescue & Emergency Care Conference in Baltimore in August 1982, possibly sponsored by Dr. Cowley.

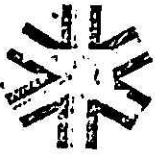
Booth to be set up by MEMSS at the Firemen's Convention in Ocean City detailing the EMS Field Day.

What provisions for feeding the public?

Check into insurance to cover units competing.

This will be a statewide competition rather than regional.

Will there be seminars?



Shock Trauma Center
CNS Center
Traumatology
Critical Care
Critical Care Nursing
Hyperbaric Medicine
Medical Engineering
Research & Development
Operations Research/
Systems Analysis
EMS Systems
Education
Training
Communications
Transportation
Administration
Evaluation

OFFICE OF THE DIRECTOR

March 19, 1981

TO: Members AD HOC Committee EMS Training/Testing/
Certification

Enclosed is a copy of the Brief Meeting Summary for
the Committee Meeting held on March 2, 1981.

Unfortunately, a called meeting of the Board of Regents
precluded my presence at the meeting. I have informed Alex
that he should keep me better informed.

I am very regretful that I was unable to attend the meeting
but understand that it was again extremely productive.

Thank you very much.

Sincerely,

R Adams Cowley, M.D.
Professor of Thoracic and
Cardiovascular Surgery

RAC/aml

Enclosure

CC: Alexander J. Gretes



Shock Trauma Center
CNS Center
Traumatology
Critical Care
Critical Care Nursing
Hyperbaric Medicine
Medical Engineering
Research & Development
Operations Research/
Systems Analysis
EMS Systems
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Communications
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Evaluation

R ADAMS COWLEY, M.D., DIRECTOR

March 19, 1981

BRIEF MEETING SUMMARY

Meeting: AD HOC Committee, EMS Training/Testing/Certification
Center for Adult Education
University of Maryland, College Park
6:30 P.M., Monday, March 2, 1981

Participants:

Alexander J. Gretes, MIEMSS (Representing R Adams Cowley, M.D.)
Steve Carter, Maryland Fire & Rescue Institute
Lt. James Craumer, Baltimore County Fire Department (Representing
Chief Granruth, Maryland Council of Academies)
Alasdair Conn, M.D., MIEMSS
Robert N. Dempsey, President, Maryland State Firemen's Assoc.
John Hoglund, Maryland Fire & Rescue Institute
Lou Jordan, MIEMSS
Robert P. Lynch, Maryland State Ambulance & Rescue Assoc.
William Neal, MIEMSS
F. E. "Ted" Porter, MFRETC Administration and State Board for
Higher Education
Charles W. Riley, Maryland Fire Rescue Education & Training
Commission
Thomas L. Tharp, Maryland State Firemen's Association
Joseph A. Weisgerber, Maryland State Firemen's Association

Dr. Cowley was unable to attend because of a conflict - there
was a meeting with the Board of Regents.

MFRI was thanked for Hosting this meeting.

1.0 - Approval of Brief Meeting Summary

The Brief Meeting Summary of January 5, 1981 was approved
approved with corrections. Corrected copies will be forwarded
to members.

2.0 - Status Reports

2.1 - Paramedic Training - Dr. Alasdair Conn

- Dr. Conn met with State Board of Medical Examiners on Janu-
ary 22, 1981. They discussed the contents of the course

guide for the National DOT Standards and were very interested, but would not endorse it until they were better informed.

- He is meeting with their attorney and the Secretary of the State Board of Medical Examiners in the next few weeks to see how such a program would interface with the existing CRT and EMT Programs in the State.
- As it now stands, State Board of Medical Examiners did not approve or disapprove. More time was requested to examine the content of the course.
- The fact that CRT's will not be phased out was stressed again.
- The course content would have to meet the DOT standards. If a program is set up within the State that meets the standards, it would be approximately 340 hours above EMT-A. The CRT would be able to challenge approximately 50% of the course immediately. If the CRT had extra training in his local jurisdiction, then the CRT should be able to challenge more hours. They could challenge 160 hours of the 340.
- Dr. Conn drew an illustration of hours for qualification of instructors on the wall board. The DOT-P program would probably be approximately 340 hours, the CRT would be able to challenge and get 140 of the 340 hours, and in addition, hopefully would be able to challenge some of the indicated modules. The State Board of Medical Examiners needs to look at the mechanism for these challenges.
- The Anne Arundel program repeats a lot of material in the CRT course, therefore, 517 hours are needed in order to reach the EMT-P level.
- The CRT is the only person with the prerequisites to come into this program.
- In teaching all 15 modules, the National average is 288 hours.
- What will happen to those who go through the program before the State agrees on the standards?
 - They would not be recognized by the State. If there is no mechanism for certification, then they cannot be certified.
- The only difference between CRT and DOT-P is intubation.
- The DOT-P doesn't certify.
- To go the National Registry type certification, you must meet all the DOT requirements. The National Registry will not test at the Paramedic level until all modules or requirements have been met and the State certifies that this is an accepted program.

- The Program needs to have objective approval and it also has to have medical approval.
- Regarding the program that was submitted by Anne Arundel Community College to the Commission for approval, on Dr. Conn's last contact with them, there were still some modules that did not have instructors. Dr. Conn considers the program appropriate in terms of medical content. He is not sure of the quality of the instructors teaching the pediatrics, obstetrics, and gynecology modules, because the instructors have not been identified. Mr. Porter will explore the qualifications of each of the instructors to be used for each course. Dr. Conn and Mr. Riley will get together and discuss drawing up some specifications as to certification of instructors.
- Instructor qualifications must be identified and specified.

2.2 - Skills Competition - Robert Lynch

- Mr. Lynch gave a progress report on the Skills Competition. They met on February 9 to discuss the program. One of the biggest problems is how many teams will compete in the program. Maybe nine teams could do a problem at a time, then nine more. We also have to decide how many problems we can actually do.
- Dr. Conn has graciously volunteered to conduct a Medical Seminar for EMT's during the Skills Competition.
- A Flyer was passed out on the program.
- Jim Craumer is checking on the trophies.
- The Flyer, a mock-up of the check, and some trophies will be taken to Ocean City for the Exhibit at the State Firemen's Convention.
- It was requested at the last Executive Committee Meeting for them to put MIEMSS and MFRI together at the head of the steps at the Firemen's Convention.
- August 15th is the deadline for the teams to enter the competition.
- Funds are needed immediately to buy the trophies.
- Mr. Porter will distribute several hundred copies of the Flyer - MFRI will put the Flyer in their bulletin.
- Alex Gretes stated MIEMSS definitely has the \$3,000 for the prize money, in spite of the rumors.
- We might want to have a door prize.
- Chuck Woods is supposed to work on the Exhibits.

- There was some discussion regarding what stations would be allowed to enter the competition; those just over the line, etc. We will have to get a list of those companies who are boarder line.
- It was decided that the Skills Competition will be limited to all Maryland Based Companies.
- Their next meeting will be held March 23rd at Sandy Springs in Montgomery County.

2.3 - MEMTA - Alexander J. Gretes

- The status of MEMTA was reviewed.
- It was unanimously decided that MEMTA would best continue to be represented through the existing Associations and Agencies presently seated on the AD HOC Committee, namely, Maryland State Firemen's Association, Maryland State Ambulance and Rescue Association, the Maryland Council of Fire Training Academies, MFRETC, MFRI, and MIEMSS.

3.0 - Computer Grading of Written Examinations - William Neal

- The new Computer Grading system was instituted on January 26, 1981. The computer answer key and computer score card had a notation that the computer grades were not final grades. These were used out in three of the Regions, and the scores that were graded on these were brought to our attention. Four questions were keyed incorrectly on the answer sheet being used by the other two Regions. The incorrect templates had the potential to affect nine individuals - six of those on rescoring had a passing grade; they have all been notified and they are all scheduled into practical exams. Sufficient re-training has been completed and now the problem is rectified. In the future, all answer sheets for the ECII will be sent to the office and be graded on the computer. MIEMSS will have a control sheet that is premarked - run it through as a quality control at the beginning, the middle, and the end of each batch, to verify that the computer is correcting the answer sheets properly.
- There will no longer be preliminary scoring on the night of the examination.
- It is being proposed that everyone who takes the written exam go on to complete the practical. The written exam score is verified after the practical. If they pass the practical exam and the score is verified for the ECII, if they pass, they receive certification, - if they pass the practical and fail the written, they are allowed to re-test the written exam anywhere from 14 to 90 days after the course completion date.

- The original reason for scoring the EC II right at the site, is that in many instances years ago, the practical examination was given the same night - so they would have to get a reading before they moved on into the practical examination.
- The new system will give the opportunity for the computer to give the information plus analyze the scoring.
- A two-week time frame was established for the candidates to receive their scores.
- The new approach will put a little more emphasis on the skills, - weaknesses.
- At the present time, if a candidate fails the written, she/he might not even show up for the practical. Under the new system, she/he does the practical whether or not she/he passes the written or fails it. The candidate is still eligible to sit the practical - and that is what is needed. If she/he passes the practical and then finds that the written was failed, the student can go back to his books, and re-take the written within three months. If the student again fails, then he has to re-take the EC II.
- The use of the computer will also enable us to tell the Instructor if it is the case, that all of your students did not do a good job in this particular class that you taught. So you, as an instructor, need to upgrade your skills. It will also enable you to go back to the individual student and tell him, you passed your test, but you were a little weak in this subject. At the same time, it gives us an opportunity to find that on one question, the whole class average was 97%, and there was one question where all the students only got 80%, then we know there is something wrong with that question in terms of wording, etc. We can re-word the question and put it back in, in a better form.
- If he fails the written, we can feed back through the instructor and say you did very well, you have passed on the questions relating to this --- and the place where you failed is this particular portion of the written.
- The current pass rate is 96%. We could go back to the 4% who fail and they would have time to study and take it again.
- It is hoped that the information, if they pass or fail, would be available when the student takes the practical.
- A vote was taken on the acceptance of the new computer grading system of written examinations, and it was agreed to accept it.
- Implementation of the new procedure would be immediate and results would be reviewed at the next AD HOC Committee meeting.

4.0 - Self Study Refresher Program Proposal - Steve Carter

- MFRI applied about eight months ago for a \$16,000 Grant to design a self study refresher. The title is a little misleading - MFRI will take the 12 hours that we consider as classroom knowledge and prepare a slide/tape program that meets the objectives of that 12 hours of material. A slide would come up with questions on it, the student would write his answer down, then the next slide would give him the right answer, and refer him back to the correct section of the textbook or the correct protocol, or to the section of the slide/tape to repeat. This slide/tape would cover the classroom material completely. There would be a report card, similar to existing yellow skills card. A company-level officer would have to endorse the Skills card of the individual, actually go through the segments of the slide/tape. At that point, we would come out and offer six hours of skills based on one instructor for 14 people.
- An individual who needs to, could sit there and go through the slide/tape as many times as he wishes, until he feels confident before he goes on to the next lesson.
- There is now a national trend toward continuing education credits or re-certification. Most states are now going to say that the individual must get 12 hours of continuing units or 20 education units (MAST, EOA, etc.). We should think more about this direction for recertification.
- There would be one slide/tape per region out of the Grant money. If it works, maybe we could find a way to make more slide/tapes. The slides would be available for duping. Of course, 12 hours of slides would take a lot of duping. A caramate would cost about \$400.00.
- The first year, we could put about six courses on slide/tape. Later on, we could do them all this way.
- Mr. Dempsey will see what they can do to help with the costs of these slide/tape programs.

5.0 - Comments and Suggestions -

5.1 - Regional Participation

- After considerable discussion, it was unanimously decided that Regional participation was adequate in the AD HOC Committee through the existing members. The Regional Councils have a voice through these members, as well as the MIEMSS Coordinators.
- AD HOC Committee members were extremely firm in the decision that additional members should not be added to the original Committee as established.

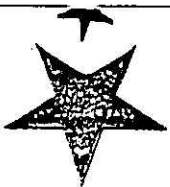
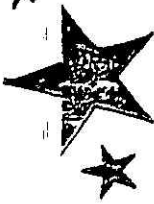
- 5.2 - There is a noticeable absence of MIEMSS Regional EMS Coordinators at the various County fire association meetings around the state, and at most of these meetings, there is MFRI representation.
- Is EMS taking a back seat by virtue of not appearing at more of these meetings?
 - Dr. Conn announced there is to be an EMS Coordinators Retreat on April 2, and at this retreat, MIEMSS will discuss how the program is functioning. Out of this retreat, we expect to become more aware of what our deficiencies are, perhaps we will find that we do need extra manpower, and more money, etc., but how do we utilize these people more effectively.
 - In any one month, the Coordinator could attend five council meetings, and in the course of two months, see every county association and answer questions.
 - The Coordinator would be more useful at these meetings than at the class start. His presence is necessary at the practical, but not at the class start. This will be discussed at the Retreat.
 - Many of the problems coming into the Central Office could be solved by a MIEMSS coordinator when he attended the county association meetings.
- 5.3 - The Commission has approved a first draft of the Fire Rescue/Education Master Plan. If anyone would like a copy, Mr. Porter can send him one. MFRETC is interested in any input or comments, criticism, etc. Target date for completion is July 1st.
- 5.4 - Reciprocity with neighboring states - This has been a problem for many years and came to a drastic head a little more than a month ago, when Maryland people were called and went into Pennsylvania and were unable to give advanced life support because they were not functioning in Pennsylvania. Dr. Conn went to Harrisburg to discuss this recently. There is some legislature being introduced in Maryland in this session and the Pennsylvania people have been given a draft of that bill and they will introduce a similar bill in Pennsylvania allowing those people who straddle the border to function (This Bill is Senate Joint Resolution No. 55) and we hope we will be able to cover our people who straddle the line, and hopefully it will be used as a model and very quickly it will be for all the neighboring states.
- 5.5 - A question was asked concerning the computer program - Is it possible in the near future that the programming will have reached a plateau where a person coming up for re-certification can be readily identified and notice be forwarded. The particular computer program that MIEMSS is

involved with at this time is not geared up for this and the funds required to accomplish this are not known. The MIEMSS student records have not yet been transferred to MFRI. Their (MFRI) computer carries no grades of the students. Dr. Conn will take this matter back to Dr. Sperrazza.

6.0 - Agenda Suggestions for Next Meeting -

- Formation of a Sub-Committee to look into the National Registry and have them report back to the next meeting. EMT-A, EMT-Intermediate, and EMT-Paramedic. A Committee was named: Steve Carter will Chair the Committee, Ted Porter, Bill Neal, and Joe Weisgerber will also be members.
- Dr. Conn to report on Computer Testing Grading.
- Alex Gretes announced that Dr. Cowley would like to be kept informed as to what is coming up in the legislature and if anyone wants MIEMSS assistance to please contact Bill Hathaway.
 - Ted Porter stated that an Amendment had been proposed by the Commission to amend the Scholarship Bill. Hearings will be held on March 4th.
 - Mr. Weisgerber says that the Drunken Driving Laws need immediate and continued attention.
- Review of FY 82 Budget.
- Appoint a Committee to look into MIEMSS/MFRI funding for EMS training and merger.
- Report on Regional Coordinator's attendance at County fire association meetings.
- Consider new meeting date to avoid conflicts.
- Discuss MSFA Convention plans.
- Meeting Adjourned.
- Next Meeting: Monday, May 4, 1981 (tentative)
6:30 P.M., MIEMSS

AJG/aml



MARYLAND STATEWIDE EMERGENCY CARE COMPETITION

For All Maryland Emergency Care Providers



- 1st Prize \$1000 - Trophy and Individual Awards
- 2nd Prize \$750 - Trophy and Individual Awards
- 3rd Prize \$500 - Trophy and Individual Awards

Cash Prizes and Trophy Awarded to Sponsoring Company

- When: October 10, 1981
- Where: Timonium Fairgrounds
- Time: 8AM - 5PM

*****NO ENTRY FEE*****

Each 3 person team will be judged on their ability to deliver patient care at the EMT-A, Basic Life Support Level in 3 individual problems.

Equipment utilized will be limited to that listed in the Maryland State Firemans Association Guidelines. Companies wishing to sponsor a team must apply no later than August 15, 1981.

Company Name _____

Company Address _____

Of Teams To Compete _____

Authorized Company Representative _____

Phone # _____

Mail To: Committee Chairman, Robert Lynch
4227 Colchester Drive
Kensington, MD 20795