

## State EMS Board Weighs Proposed New and Revised EMS Protocol Changes for 2024

**THE PROTOCOL REVIEW COMMITTEE** and a multi-disciplined group of subject matter experts from around the state presented their recommendations for new and revised EMS treatment protocols for 2024 during the annual joint meeting of the Maryland EMS Board and Statewide EMS Advisory Council on January 16.

The proposed changes for *The Maryland Medical Protocols for Emergency Medical Services* include the following:

■ **Asthma/COPD:** This modification eliminates the need for paramedics to consult for repeat doses of albuterol when treating adult and pediatric patients with persistent or recurrent symptoms. Need for medical consultation is also removed for administration of magnesium sulfate by paramedics treating adult patients with moderate to severe exacerbations.

■ **Burns – Palmar Method Instead of Rule of Nines:** At the recommendation of the Burn Centers, this proposal replaces the Rule of Nines with the Palmar Method as the recommended means of estimating the percent of body surface area (BSA) burned for both adult and pediatric patients.

■ **Burns and Carbon Monoxide Poisoning Exposure Protocols:** These changes clarify the most appropriate destination for patients with burns

and/or smoke inhalation. Patients with thermal burns with or without smoke inhalation are to be triaged to a burn center rather than a hyperbaric center. Patients with smoke inhalation without burns should be transported to a hyperbaric center.

■ **Calcium Administration with Low Titer O+ Whole Blood Transfusions (Pilot):** This amendment calls for the administration of calcium chloride in patients who remain unstable after administrations of the first unit of whole blood. The intent of this modification is to avoid hypocalcemia associated with multiple whole blood transfusions.

■ **Diltiazem:** This modification adds a precaution for use of diltiazem in patients with a history of CHF or decreased ejection fraction. Hypotension may occur rapidly following diltiazem administration in patients and clinicians should be prepared with calcium chloride.

■ **Dive Medicine (OSP):** This new Optional Supplemental Protocol is intended for use by EMS clinicians providing standby medical coverage for dive operations. It provides guidance for the evaluation and treatment of public safety divers as well as all other dive-related emergencies, including recreational and occupational dive activities.

■ **Droperidol for Nausea and Vom-**

**iting:** This revision allows for administration of droperidol for treatment of nausea and vomiting. In particular, droperidol is preferred for treatment of nausea and vomiting secondary to migraines, cannabinoid hyperemesis syndrome, and cyclic vomiting syndrome. Droperidol may also be used in general cases where symptoms persist after administration of ondansetron.

■ **Extraglottic Airways for Tactical EMT (OSP):** This addition to the Tactical EMS Optional Supplemental Protocol allows for use of extraglottic airways by tactical EMTs.

■ **Guidelines for Infusion Pump Settings (OSP):** This addition provides medication dosing guidelines for jurisdictions participating in the Infusion Pump OSP.

■ **Ketamine Drip for Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients (OSP):** This modification allows administration of a ketamine infusion using an infusion pump to maintain sedation on extended transports for patients on a ventilator.

■ **Language Line Recommendations:** This addition to General Patient Care reminds clinicians to utilize a translation line when a perceived language barrier is present.

# EMS News Digest

■ **Ocean City Today Recognizes State EMS Board Chairman Clay B. Stamp** (*OC Today*). *OC Today* profiles Ocean City Volunteer Fire Company Life Member and State EMS Board Chairman Clay B. Stamp. Read more: [https://www.oceancitytoday.com/column\\_posts/ocvfc\\_volunteer\\_spotlight/clay-b-stamp-served-19-years-with-ocvfd/article\\_4ed21b64-b0be-11ee-82a3-c73cec832728.html](https://www.oceancitytoday.com/column_posts/ocvfc_volunteer_spotlight/clay-b-stamp-served-19-years-with-ocvfd/article_4ed21b64-b0be-11ee-82a3-c73cec832728.html)

■ **What Does a “State of Preparedness” Mean?** (*Maryland Department of Emergency Management*). When there is a heightened risk of disruption to the lives of Marylanders, the Governor may declare a “State of Preparedness” to enhance the state’s ability to respond swiftly and effectively to potential hazards and threats in advance of an actual disaster. But

what, exactly, does that mean? Read more: <https://news.maryland.gov/mdem/2024/01/09/what-does-a-state-of-preparedness-mean/>

■ **Governor Moore Announces \$2.8M in Grants to Enhance Efforts to Address Maryland’s Nursing Shortage** (*Office of the Governor*). Governor Wes Moore has announced \$2.8 million in grants from the Maryland Higher Education Commission’s Nurse Support Program II to help address the state’s nursing shortage. Through the New Nursing Faculty Fellowship and Nurse Educator Doctoral Grants for Practice and Dissertation Research, funding will help support the need for more nurse educators who are critical to getting students out of the classroom and into Maryland’s health-care system. Read more: <https://gover->

[nor.maryland.gov/news/press/pages/governor-moore-announces-28-million-in-grants-to-enhance-efforts-to-address-maryland%E2%80%99s-nursing-shortage.aspx](https://nor.maryland.gov/news/press/pages/governor-moore-announces-28-million-in-grants-to-enhance-efforts-to-address-maryland%E2%80%99s-nursing-shortage.aspx)

■ **A Problem You Can’t Afford to Ignore** (*EMSI*). As an EMS leader, you likely have a concerted and ongoing culture of safety efforts at your agency aimed at traffic fatalities, medication errors, and unacceptable patient handling. However, you must also create a culture of safety and initiatives to protect your EMTs and paramedics from the violence they encounter on the streets from patients and bystanders. Read more: <https://www.emsl.com/paramedic-survival/a-problem-you-cant-afford-to-ignore>. ■

## IN THIS ISSUE

■ State EMS Board Weighs Proposed New and Revised Protocol Changes for 2024.....	1
■ EMS News Digest.....	2
■ Respiratory Virus Season and Masks/PPE.....	3
■ MSPAC 2023 at a Glance .....	3
■ Scalea Briefs Senate Committee on Community Impact of Gun Violence .....	4
■ Stop the Bleed Training Schedule.....	4
■ Miltenberger Emergency Services Seminar 2024.....	5
■ Become a Certified Child Passenger Safety Technician .....	13
■ Maryland EMS Interactive History Timeline .....	14
■ Enhancing Preparedness Through Innovative Training.....	15
■ Prevention .....	17
■ Maryland Highway Safety Office News .....	18
■ EMS Compliance Update .....	19
■ Calendar .....	20



*FROM THE OFFICE OF THE STATE EMS MEDICAL DIRECTOR*

## Respiratory Virus Season and Masks/PPE

**MARYLAND** is in the midst of “respiratory virus season”, with hospitalizations due to COVID-19, influenza, and RSV infections currently greater than 10 per 100,000 residents. This exceeds the Centers for Disease Control and Prevention (CDC) threshold for recommending universal source control, including use of face masks in patient care areas and patient-facing environments.

Accordingly, MIEMSS advises all EMS clinicians to implement the following measures to reduce the risk of virus transmission:

- Employ universal face mask use for all clinicians and patients, as tolerated, during care encounters.
- Utilize personal protective equipment (PPE), including a fit-tested N-95 mask, eye protection, and gloves for suspected COVID-19 infections.
- Remember to don appropriate PPE prior to performing airway procedures.
- Gowns should be utilized if there is anticipated contact with secretions or bodily fluids.
- Remember to wash your hands frequently or use hand sanitizer when

soap and water are not available.

In addition to these guidelines, EMS clinicians should continue to exercise good judgment based upon their infection prevention training.

As recommended, many health care facilities are now implementing masking requirements. Please plan accordingly, and be prepared to don a face mask prior to entry.

Please contact the Office of the State EMS Medical Director at 410-706-0880 or [tchizmar@miemss.org](mailto:tchizmar@miemss.org) if you have any questions regarding this memo. ■



*MARYLAND STATE POLICE AVIATION COMMAND*

## MSPAC 2023 at a Glance

**IN 2023**, the Maryland State Police Aviation Command (MSPAC) celebrated 53 years of uninterrupted delivery of airborne services to the State of Maryland, including air medical, law enforcement, search and rescue, homeland security, and disaster assessment. Since transporting its first patient on March 19, 1970, MSPAC has flown over 165,000 patients.

In 2023, MSPAC logged 2,760 flight hours. These included 1,916 medevacs and the transportation of 1,956 patients. MSPAC conducted 141 law enforcement missions, with 30 apprehensions; 174 search-and-rescue missions; and 18 aerial extractions (hoists). The following sampling of 2023 events reflect MSPAC’s dedication to providing high-quality care to Maryland’s most seriously injured patients in their hour of greatest need,



*Photo: MSPAC*

each and every day.

■ **Trooper 1 – Baltimore.** On December 21, the Baltimore County Fire Department requested Trooper 1 and the R Adams Cowley Shock Trauma Center (RACSTC) GO-TEAM for a crash involving a box truck and a tree on I-83, at RT-439. Trooper 1 responded directly to the scene, while Trooper 2 transported a trauma surgeon and

nurse anesthetist from RACSTC to the scene. Trooper 1 administered whole blood to the patient while they were still trapped and coordinated with the GO-TEAM on patient care throughout the two-and-a-half-hour extrication process. Following extrication, Trooper 1 and the GO-TEAM treated the patient’s injuries during transport to RACSTC, helping to effect a positive outcome for the patient.

■ **Trooper 2 – Washington.** On October 8, at 0040 hours, Trooper 7 was dispatched to the area of Taylor’s Island, in Dorchester County, for a subject on a boat that had run aground. The local fire department responded to an earlier call, around sunset, but had been unable to locate the victim. Trooper 7 located the victim, whom

*See MSPAC page 16*

*R ADAMS COWLEY SHOCK TRAUMA CENTER*

## Scalea Briefs Senate Committee on Community Impact of Gun Violence

AS THE 2024 MARYLAND LEGISLATIVE SESSION gets underway, the R Adams Cowley Shock Trauma Center (RACSTC) is preparing for an important year of advocating for Maryland's world-class EMS system, trauma care, and many efforts to prevent gun violence. On January 17, RACSTC Physician-in-Chief Dr. Thomas Scalea joined fellow experts from Johns Hopkins and the LifeBridge Health Center for Hope in briefing the Maryland Senate Judicial Proceedings Committee on the impact of gun violence in our community as well as the financial, psychological, and emotional costs for all victims of violence and those who care for them. ■



**PLEASE CONSIDER PARTNERING** with the R Adams Cowley Shock Trauma Center (RACSTC) in its mission to teach every person in Maryland the potentially lifesaving skills required to stop bleeding. RACSTC provides free Stop the Bleed classes to the public and values your assistance in teaching these skills. For further information, please contact:

### **Katie Meyers, EMT-B**

*Stop the Bleed Project Coordinator*  
Center for Injury Prevention & Policy  
R Adams Cowley Shock Trauma Center  
(410) 328-4042(O) | (410) 935-9221(c) | [kmeyers@umm.edu](mailto:kmeyers@umm.edu)

### *Upcoming STOP THE BLEED Classes*

#### **February 2024**

- 2/5/24 (1000-1100) | Public Class | Shock Trauma T1S11
- 2/8/24 (1200-1330) | Public Class | Annapolis, MD
- 2/8/24 (1400-1530) | Public Class | Annapolis, MD
- 2/14/24 (1300-1500) | Public Class | Shock Trauma T1S11

#### **March 2024**

- 3/5/24 (1700-1800) | Public Class | Annapolis, MD

#### **April 2024**

- 4/15/24 (1000-1100) | Public Class | Shock Trauma T1S11

For further information, please visit [www.umm.edu/stopthebleed](http://www.umm.edu/stopthebleed).





## Miltenberger Emergency Services Seminar

March 8 - 9, 2024

Rocky Gap Casino Resort, Flintstone, MD

Presented by

*The Maryland Institute for Emergency Medical Services Systems, the Maryland Fire and Rescue Institute, the Region I Emergency Services Education Council, Garrett College, and Allegany College of Maryland*

The 19<sup>th</sup> Miltenberger Emergency Services Seminar will be held March 8 – 9, 2024, at Rocky Gap Casino Resort in Flintstone, Maryland, along with an off-site course on March 8. Please join us and participate in the excellent educational opportunities this program offers, as well as the chance to enjoy the relaxing atmosphere in the mountains of Western Maryland.

The Miltenberger Emergency Services Seminar is designed to meet the continuing education needs of emergency services clinicians in Western Maryland and the surrounding area. Since a strong cooperative relationship between public safety and healthcare clinicians is key to the successful outcome of any incident, this year's seminar offers diverse workshops that cater to EMS, Nursing, Fire, and Dispatch.

This year's program will feature a variety of pre-seminar workshops on Friday, followed by the all-day seminar on Saturday. Some classroom spaces are limited in size, so please register early.



Former paramedic, journalist, and author Kevin Hazzard (*American Sirens: The Incredible Story of the Black Men Who Became America's First Paramedics*) will deliver the keynote address on Saturday afternoon. Kevin published his first book, *A Thousand Naked Strangers: A Paramedic's Wild Ride to the Edge and Back*, in 2016, and he now writes for film

and TV, with work produced by Hulu, CBS, ABC, and Universal. His work has appeared on the 99% Invisible podcast, *The Atavist Magazine*, *Men's Journal*, *Creative Loafing*, *Atlanta Magazine*, and elsewhere. He performs medical relief work through Global Response Medicine and is a sought-after voice in emergency medicine. Kevin lives with his family in Atlanta, Georgia.

### Registration Information

Pre-registration is **required** and must be received via our website, [www.miltenbergerseminar.com](http://www.miltenbergerseminar.com), or at the MIEMSS Region I & II Office by February 26, 2024. Attendees who have **paid** to attend the seminar and registered by this date will receive a t-shirt at sign-in. Please register early to ensure yourself a place in this outstanding program. Registration confirmation notices will be emailed. If the confirmation notice has not been received by March 1, 2024, it is the responsibility of the attendee to verify that their registration has been received. Late registration will be accepted on a space-available basis.

### Cancellations

Cancellation notices submitted in writing to the MIEMSS Region I & II Office and postmarked no later than February 26, 2024, will be eligible for a full refund. If a registrant is unable to attend, another person may be substituted with a letter from the original registrant

or sponsoring agency authorizing the substitution. No refunds will be issued for cancellations after February 26, 2024.

### Fees

All workshops on Friday at Rocky Gap Casino Resort are \$95. The Saturday seminar's \$120 registration fee covers all activities, including continental breakfast, breaks, luncheon, and printed materials. Payment may be made in the form of a check or by credit card (there is a \$30 fee for all returned checks). If your company or agency would like to be invoiced for the program, please contact the MIEMSS Region I & II Office at 301-895-5934 or 301-746-8636. Payment information must accompany registration. This affordable registration fee is possible due to the generous support of UPMC Western Maryland, Garrett Regional Medical Center – WVU Medicine, R Adams Cowley Shock Trauma Center, Maryland Emergency Number Systems Board, Emergency Medical Services for Children, US Acute Care Solutions, MIEMSS, and MFRI.

### Continuing Education Credits

MIEMSS has approved continuing education credits for all workshops and lectures. Conference materials will also be available for continuing education credits from neighboring jurisdictions and other organizations upon request.

### Nursing Contact Hours

UPMC Western Maryland is approved (PW 13-03-506-1001) as a provider of continuing nursing education by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. WVBRN's provider registration number is WV96-0009RN. The Saturday seminar provides contact hours as noted below. To receive nursing contact hours, participants are required to attend the entire session and submit the course evaluation.

### Courses for Nursing Credits – T denotes Trauma Credits

Friday: Nursing / ALS Program (7 hrs) T 5.25 hrs  
Capnography (3.5 hrs)  
12-Lead ECG (3.5 hrs)

Saturday: Time is Brain (1.5 hrs)  
Future Trends in Trauma Care (1.5 hrs) T  
Heatstroke (1.5 hrs)  
Trauma Jeopardy (1.5 hrs) T  
BiPAP – Feeling the Pressure (1.5 hrs)  
Infants and Sleeping (1.5 hrs)  
Family Presence During Resuscitation (1.5 hrs)  
Sugar and Sweet But Not So Nice (1.5 hrs)  
Airway Basics (3 hrs)  
Pediatric Trauma Case Studies (1.5 hrs) T  
Shock and Awe (1.5 hrs) T  
Freedom House- Forgotten History of EMS (1.5 hrs)



#### Hotel Accommodations

A **limited** number of rooms have been reserved at Rocky Gap Casino Resort at special discounted rates for Miltenberger Emergency Services Seminar participants. These special prices are guaranteed **ONLY** through Thursday, February 8, 2023; after this date, the availability of discounted rooms cannot be guaranteed. The room rates are \$119/Thursday and start at \$169/Friday and Saturday per night, plus tax and fees. All room rates are subject to state and county taxes, plus a \$25 Resort Fee and \$3 Park Fee. **Please reserve your room early by calling Rocky Gap Resort at 301-784-8400 or 1-800-724-0828. To obtain these discounted rates, please identify as a participant of the Miltenberger conference group.** If you are tax-exempt for rooms, let them know upfront when you call.



\*\*Accommodations also are available at **Fairfield Inn & Suites by Marriott Cumberland**, located approximately 8 miles from Rocky Gap Casino Resort. Room rates there are \$119/Thursday and \$139/Friday and Saturday per night, plus tax. These special prices can be guaranteed **ONLY** through Thursday, February 8, 2023. To obtain these rates, **please identify as a participant of the Miltenberger conference group.** Call **301-722-0340** to make a reservation.

#### Directions to Rocky Gap Casino Resort

**Take I-68 West** to Rocky Gap State Park, Exit 50. Make a right off the exit. The resort is visible from the road.

**Take I-68 East** to Rocky Gap State Park, Exit 50. Make a left at the stop sign and cross over the bridge. The resort is visible from the road.

#### Directions to MFRI – Western Maryland Regional Training Center

**Take I-68 West** to Exit 42, US 220 S toward Keyser, WV. Keep left on the ramp. Turn left on US 220 S, and continue approximately 3.7 miles. Turn left onto Arnel Ave. Turn right onto Hazmat Dr.

**Take I-68 East** to Exit 42, US 220 S toward Keyser, WV. Turn right on US 220 S, and continue approximately 3.7 miles. Turn left onto Arnel Ave. Turn right onto Hazmat Dr.

#### Special Accommodations

If you require special accommodations, please provide information about your requirements when you register.

#### Additional Information

For additional information, please contact the MIEMSS Region I & II Office at 301-895-5934 or 301-746-8636. Learn more about the resort and other activities available during your stay at Rocky Gap's website, [www.rockygapresort.com](http://www.rockygapresort.com).

#### Schedule Changes and Right to Cancel

Every effort has been made to ensure accurate information in this brochure. However, unforeseen circumstances may require changes to the schedule. *The Miltenberger Emergency Services Seminar Planning Committee reserves the right to cancel or make changes in course offerings, presenters, and session times without prior notice to attendees.*



## ***Pre-Conference Programs at Rocky Gap Casino Resort***

***March 8, 2024***

### **Pediatric Skills & Scenarios: Interactive Pediatric Trauma & Medical Workshop (Fri., 8:30 AM – 4:30 PM)**

*Presenters: EMSC Faculty and Pediatric EMS Champions*

Join Maryland Pediatric EMS Champions and EMSC faculty for a series of five medical and trauma-based simulations and scenarios where ALS and BLS clinicians will have the opportunity to practice their pediatric assessment and medical intervention skills. Each clinician will have the opportunity to be the “team lead” for a scenario in a simulated environment designed to be as close to “real life” as possible. This intense, hands-on workshop will allow ALS and BLS clinicians to enhance their pediatric skills and become more confident and comfortable in treating an injured child and working with parents. The course is limited to 24 students.

*(7 Hrs BLS: 3.5 M, 3.5 T, ALS: NCCP Individual) Lunch will be provided.*

**ALS / NURSING COURSE – 4 Topics (Fri. 8:30 AM – 4:30 PM) Lunch will be provided.**

#### **Crush Syndrome**

*Presenter: Dr. Rameen Shafiei, DO, FACEP, Director of Emergency Medicine, UPMC Western Maryland*

Through a case presentation, Dr. Shafiei will discuss the physiology of crush injuries, how and why we treat them, and review many of the common clinical scenarios and side effects to consider when managing these injuries in both the field and hospital settings.

#### **Cardiac Tamponade**

*Presenter: Hani Alkhatib, MD, Interventional Cardiology, Medical Director, Structural Heart Program, UPMC Western Maryland*

This class will cover the pathology of this life-threatening condition, exploring the accumulation of fluid in the pericardial sac and its impact on cardiac function. Students will learn to recognize clinical signs, diagnostic methods, and emergency interventions, providing a comprehensive understanding of how to promptly manage this critical medical emergency.

#### **Chest Tube Management**

*Presenter: Janice Amabel Lee, MD, MSc, Pulmonary and Critical Care Physician, UPMC Western Maryland*

This session will provide participants with the essential skills in safely inserting, monitoring, and troubleshooting chest tubes. Dr. Lee will give an overview of chest tube anatomy, parts, drains, and indications, and review the basic physics of the chest tube and drain systems. Participants will review the management and weaning of chest tubes ensuring effective patient care and minimizing complications.

#### **Whole Blood in Trauma**

*Presenter: Raquel M. Forsythe, MD, FACS; Assistant Professor of Surgery and Critical Care Medicine; Medical Director, Trauma Surgery; Associate Program Director, General Surgery Residency Program - UPMC Presbyterian*

This class will review the critical role of whole blood transfusion in trauma resuscitation, covering its composition, compatibility considerations, and transfusion strategies. Participants will gain a comprehensive understanding of how whole blood administration enhances patient outcomes in emergencies and equip healthcare professionals with essential skills for effective trauma response.

*(7 Hrs BLS: 3.5 M, 3.5 T, ALS: NCCP Individual)*

**ALS COURSE – 2 Topics (Fri. 8:30 AM – 4:30 PM) Lunch will be provided.**

#### **Capnography: Learning Through Case Scenarios**

*Presenter: Robert Murray Jr., MS, NRP, Director for Sussex County EMS, DE*

While capnography has become the gold standard for tube verification, it is only the beginning, and your peers are using it daily to do much more. Come and see how capnography is used to monitor ventilation, perfusion, and metabolism status in both intubated and non-intubated patients. Discover how capnography is guiding care and assisting healthcare professionals in making clinically appropriate decisions that improve patient outcomes. Through the lecture and case scenarios, attendees will leave this session with a thorough understanding of capnography and a new level of excitement regarding its use.

**12-Lead ECG: That Time Where “Where’s WALDO” Actually Becomes a Helpful Life Skill!**

*Presenter: Robby May, Ed.D, NRP*

Finally, the day has come when all those hours you spent as a kid searching for Waldo will come of use! Many EMS clinicians regard the 12-lead ECG like a toddler with a marker looks at a white wall – have no fear! This interactive session will hone your 12-Lead ECG interpretation skills using WALDO, a clever memory aid used to identify the atypical 12-Lead tracings that often go unnoticed, and give you tools that you can immediately put into practice.

*(7 Hrs BLS: M, ALS: NCCP Individual)*

**Increasing Survival from Out-of-Hospital Cardiac Arrests (Fri., 8:30 AM – 4:30 PM)**

*Presenters: Faculty from the Maryland Resuscitation Academy*

This session will improve your understanding of the interventions important to pre-hospital cardiac arrest survival and teach ways to improve survival rates in your community. It will focus on the science of CPR, the importance of time, the importance of measuring performance, the critical role of dispatch, pediatric cardiac arrest, and more. Academy faculty also will include an extensive, in-depth, practical train-the-trainer session where all class participants will learn and become confident in delivering High-Performance CPR, and participants will leave with a standardized curriculum (including instructor guides and standardized videos) for teaching this practice in their own departments.

*(7 Hrs BLS: 3 M, 4 L, ALS: NCCP Individual) Lunch will be provided.*

**DISPATCH COURSE – 2 Topics (Fri., 8:30 AM – 4:30 PM) Lunch will be provided****Dispatching During Social Unrest**

*Presenters: Showalter & Company, Inc.*

Police stations and other public safety facilities – including Communications Centers – are sometimes targeted during periods of social unrest, and preparation for such an incident at or near your center should be part of your Emergency Operations Plan. Your crew’s sense of safety is essential to maintaining operational integrity, as well as peace of mind, and maintaining critical communications throughout a difficult or challenging event takes some preplanning. This course will provide evacuation and preparation guidance to ensure the safety and security of your center and personnel.

**The Business of Leadership**

*Presenters: Showalter & Company, Inc.*

True leadership is about doing what is right, not what’s popular. Your ability to build and maintain effective interpersonal skills and establish yourself as someone people trust are critical to your role as a leader. This specially designed course will provide each participant with a renewed sense of identity, purpose, and skill using proven techniques to help you become a successful and effective leader, no matter your position or title. Learn special methods for discovering your motivation, maintaining a positive attitude, and developing a willingness to accept challenges. This session will engage and empower you to be the best leaders possible, using all available resources you may already have in place.

**Fire Class – Back to Basics - Firefighter Refresher being held at MFRI (Fri., 8:30 AM – 4:30 PM)**

*Instructors: FF Hunter McCrobie, FF Brayden Pennington, FF Eli Crowe, FF Jeff Teter, Capt GT Parsons, BC Cody Pearce, DC Steve Grogg, and Chief Shannon Adams*

This course is designed to build confidence in basic firefighter skills in an environment fostering company pride, teamwork, and success. Perfect for any experience level! The morning session will include skill stations driven by current tactics used by our fire service, including search and rescue, forcible entry, vent-enter-search, and stretching and advancing lines. The afternoon portion will feature scenario-driven evolutions that will put your skills to the test.

***Prerequisites are FFI, and a current MFRI physical clearance.***

***Full gear and SCBA are required. Students must bring a fitted, full set of turnout gear and have permission from their home fire/rescue department to participate in this training on their behalf.***

**Lunch will be provided.**





## *Saturday's Seminar on March 9, 2024*

Below is a complete schedule of the day's program. There are five categories of training from which to choose throughout the day, color-coded for your convenience.

Nursing

ALS

EMS

Dispatch

Fire

**6:45 AM: Registration and Continental Breakfast**

**8:00 AM: Welcome / State of the State**

**8:30 AM: Visit Vendors**

**8:45 AM: Breakout Session 1**

### **(A) Time is Brain**

**Presenter: Kenny Barajas, DNP, RN, Chief of Health Service & Hospital Programs, MIEMSS**

Identifying a stroke when it occurs and treating it as quickly as possible are critical to the patient's outcome. This presentation will outline what a stroke is, warning signs of a stroke, EMS protocols, emergency department treatment, and medical and surgical management.

*(1.5 Hrs BLS: M, ALS: NCCP National)*

### **(B) Future Trends in Trauma Care: Through the Lens of the Wounded. How Lessons from the Battlefield May Be Used at Home**

**Presenter: Matthew D'Angelo, DNP, CRNA, MHPE, MSS, FAANA, Chief, Division of Nurse Anesthesia, Department of Anesthesiology, University of Maryland School of Medicine**

This presentation will review the evolution of forward care on the battlefield and highlight its integration on the home front. Participants will gain insights into cutting-edge techniques and technologies employed in military settings and discover their adaptation for use in domestic hospitals. Prepare to navigate the evolving landscape of trauma care with lessons drawn from the frontlines.

*(1.5 Hrs BLS: T, ALS: NCCP Individual)*

### **(C) From the Recent Literature.....**

**Presenter: Ted Delbridge, MD, MPH, MIEMSS Executive Director**

Dr. Delbridge will deliver an overview of relevant findings from recent educational articles. From an outcomes-based perspective, he will explore the written material's who, what, where, when, why, and how to enlighten participants on contemporary issues facing EMS.

*(1.5 Hrs BLS: L, ALS: NCCP Individual)*

### **(D) Heatstroke: Kids & Heat & Cars Don't Mix**

**Presenters: Katie Donnelly, MD, MPH, Associate Professor of Pediatrics and Emergency Medicine, Children's National Hospital, Medical Director, Safe Kids DC; Maryland EMSC Faculty**

Weather changes constantly – do you and your community know the dangers of leaving kids (or pets) in cars? Hyperthermia occurs at home, at school, during sports, and at large events. Recognizing and responding to heat emergencies must be quick and size-appropriate. In an average year, 39 children die from heatstroke when left alone in cars. In 2019, 52 children died this way. In 2020 – 25, 2021 – 23, and 2023 numbers are again climbing. This presentation will include clinical indicators for emergency care treatment and information on the prevention resources available as well as the outdoor temperature displays available for loan from the Maryland EMSC CPS & OP Healthcare Project.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**(E) Dispatch: Is Your Training Program Focused on Success? & You are Not Just Doing Time in Dispatch****Presenters: Showalter & Company, Inc****Is Your Training Program Focused on Success?**

If you've experienced challenges finding the right people, training them, and ultimately retaining them, this course is for you. We'll demonstrate proven methods, approaches, and engaging techniques to improve training styles for the new trainer and seasoned veteran alike. Successful businesses use the philosophy of ROA, which means evaluating based on the results of activity. Training should also use this proven technique and change, if necessary, to be successful, and avoid "the way we've always done it". Let us show you how to focus on the important issues and create a more successful training environment.

**You are Not Just Doing Time in Dispatch**

Do you have ongoing problems with staff retention? Are your best people checking out because they do not feel like they're part of a team? Tired of "that's how we've always done it"? In fact, "customer service" plays a vital role in public safety communications, and each one of your employees must fully understand the important role they play in public safety. In this session, you will learn simple, practical techniques and tips for keeping your personnel motivated, inspired, and ready to provide the best service possible. Using a strategic business perspective and the business philosophy of results of activity will help you improve training, retain your best employees, and deliver better bottom-line results.

**(F) Fire Class –Practical Rescue****Instructors: Capt. Derek Crippen, Special Operations, Prince George's County Fire/EMS, and Lt. Pat Monahan**

This course will present students several with rescue scenarios that will challenge their abilities and build their basic rescue knowledge and skills in such scenarios as patient impalements, machinery rescue, and low-angle rope access issues.

**Students must bring a fitted, full set of turnout or rescue gear (must include work gloves and safety glasses) and have permission from their home fire/rescue department to participate in this training on their behalf.**

**10:15 AM: Breakout Session 2****(G) Trauma Jeopardy****Presenter: Raquel M. Forsythe, MD, FACS; Assistant Professor of Surgery and Critical Care Medicine; Medical Director, Trauma Surgery; Associate Program Director, General Surgery Residency Program - UPMC Presbyterian**

Based on the popular game show, this program's fast-paced answer-and-question format will review trauma facts – but sadly without cash prizes.

*(1.5 Hrs BLS: T, ALS: NCCP Individual)*

**(H) BiPAP – Feeling the Pressure****Presenter: Elizabeth Wooster, PhD, MSN, MIEMSS Director of Trauma & Injury Specialty Care Program**

This class will focus on the administration of Bi-level Positive Airway Pressure (BiPAP) therapy, a non-invasive respiratory support method. Participants will learn the principles behind BiPAP, its applications in various respiratory conditions, and gain practical skills in setting up and monitoring BiPAP equipment. The course is designed for healthcare professionals seeking proficiency in delivering effective BiPAP therapy to patients with respiratory challenges.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**(I) The Science Behind the Protocols 2024****Presenter: Timothy P. Chizmar, MD, FACEP, FAEMS, State EMS Medical Director, MIEMSS**

Do you want to know "why" we added new treatment protocols or changed the old ones? Don't just say "Because the protocol says so" – become an expert! Join us as we take a deep dive into the science behind the recent updates to *The Maryland Medical Protocols for Emergency Medical Services*.

*(1.5 Hrs BLS: L, ALS: NCCP State)*

**(J) Infants & Sleeping – Do You Know the A, B, C's?****Presenters: Cynthia Wright-Johnson, MSN, RN; Lisa Wilson, EMT, EMS for Children, MIEMSS**

Maryland's leading cause of traumatic death for infants is unsafe sleeping. State and county Child Fatality Review committees need your help to change that data. The Maryland EMS Family Advisory Network has developed training for EMS and ED staff as well as educational materials for community health displays.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**11:30 PM - 12:30 PM: Lunch and Visit Vendors****12:45 PM: Breakout Session 3****(K) Family Presence During Resuscitation****Presenter: Pete A. Kuhn, MSN, BSN, RN, CRNP, CEN, CPEN, UPMC Western Maryland**

This presentation will focus on the concept of family presence during a resuscitation event, including discussion of benefits, supporting literature, barriers to implementation, and provider discussion.

*(1.5 Hrs BLS: L, ALS: NCCP Individual)*

**(L) Sugar and Sweet But Not So Nice – Managing Diabetes in Children**

**Presenter:** *Cathy Parks, MSN, RN, Director, Pediatric Emergency Department, Johns Hopkins Children's Center; Maryland EMSC Faculty*

Caring for pediatric medical emergencies can be stressful for EMS clinicians. Even though diabetic emergencies are fairly common overall, new onset and acute complications in children are not seen as often. The key is the early assessment, recognition of the type of emergency, and rapid management of hypoglycemia and hyperglycemia. At home, technology changes frequently and parents/teachers will know the specifics for each child. Bring them into the emergency care team early!

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**(M) Airway Tips, Tricks, and Tools**

**Presenters:** *Sergeant W. B. Jansen, NREMT-P, FP-C, Special Operations Division-Tactical Medic/Flight Paramedic, Maryland State Police; Richard DeVore, Corporal/Flight Paramedic, Maryland Department of State Police Aviation Command*

Proper airway management is critical for all levels of clinicians in the EMS setting. Having an organized approach and utilizing superb communication skills to manage airways takes training, knowledge, and experience. This lecture will open your mindset as a clinician to look at the "big picture" in preparation for your next patient through tips, tricks, case studies, and hands-on skills practice for clinicians of all levels.

*(3 Hrs BLS: 1.5 M, 1.5 T, ALS: NCCP Individual)*

**(N) How to NOT be Headline News and Lose Your Career - EMS Treatment of Psychiatric Patients**

**Presenter:** *Robby May, Ed.D, NRP*

Maryland law governing when police are able to intervene with patients changed on July 1, 2023. This session will explore what the new law means for EMS, discuss how we determine patient capacity in challenging circumstances, and talk about the use of restraints (both physical and chemical) on patients.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**2:15 PM: Breakout Session 4****(O) Pediatric Trauma Case Studies**

**Presenters:** *Jennifer Anders, MD, FAAP, Associate State EMS Medical Director for Pediatrics, MIEMSS Pediatric Base Station Medical Director, Johns Hopkins Children's Center; Debra Skultety-Robinson DNP, RN, Pediatric Trauma/Burn Program Manager, Johns Hopkins Children's Center*

Children come in all sizes, and they explore their environment to learn. While those explorers often become world-renowned scientists and leaders, their exploration sometimes results in acute injuries that must be identified, triaged, and treated. Many injuries are mild single system and treated locally, while others require rapid assessment, triage, treatment, and transfer to a pediatric trauma center. Faculty from Johns Hopkins Pediatric Trauma Center will share the key decisions that make a difference through case studies.

*(1.5 Hrs BLS: T, ALS: NCCP Individual)*

**(P) Shock & Awe: Demystifying the MAP**

**Presenter:** *Mustafa M. Sidik, Region III Associate Coordinator, MIEMSS*

This presentation will walk the audience through the physiological components of the mean arterial pressure and pulse pressure to gain a framework for differentiating the severity and cause of shock in their patients.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**(Q) Search and Rescue Unleashed**

**Presenters:** *Mountain Maryland Rescue Team*

Join us for a detailed look at the multifaceted SAR capabilities of local Mountain Maryland Search and Rescue. Learn about how searches are managed, the multitude of resources at our disposal, and the data and research used to formulate the tactics we use to find missing subjects (and also meet some of our amazing dogs).

**3:30 PM: Break and Visit Vendors****3:45 PM: Keynote Address – Freedom House—the Forgotten History of EMS**

**Presenter:** *Kevin Hazzard, writer and former paramedic*

In 1967, 24 Black men from Pittsburgh began the world's first paramedic training program. Eight years later, after being named the national standard by a Presidential commission, they were unceremoniously shut down by their local government. This is the story and legacy of the men who helped create a whole new brand of medicine.

*(1.5 Hrs BLS: M, ALS: NCCP Individual)*

**5:00 PM: Seminar Ends**

**MILTENBERGER EMERGENCY SERVICES SEMINAR – REGISTRATION FORM**

(Please duplicate the form and use it for additional registrants)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CLINICIAN ID: \_\_\_\_\_

PRIMARY AFFILIATION: \_\_\_\_\_

CERTIFICATION/ LICENSURE (Circle all that apply)      FF   EMD   EMR   EMT   CRT   PARAMEDIC   LPN   RN   NP   PA   MD

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(I certify that the information on this form is correct.)

<p><b>FRIDAY PRE-CONFERENCE WORKSHOPS (\$95)</b> <i>Place check next to the class you wish to attend</i></p> <p><input type="checkbox"/> Pediatric Skills &amp; Scenarios</p> <p><input type="checkbox"/> ALS/Nursing Course</p> <p><input type="checkbox"/> ALS Course</p> <p><input type="checkbox"/> Increasing Survival from Out of Hospital Cardiac Arrests</p> <p><input type="checkbox"/> Dispatch</p> <p><input type="checkbox"/> Fire Class-Back to Basics held at MFRI (FREE sponsored by the AGCVFRA)</p>	<p><b>SATURDAY SEMINAR (\$120)</b> <i>Please circle your choice below for each Breakout Session</i></p> <p><b>Session 1:</b>      A      B      C      D      E      F</p> <p><b>Session 2:</b>      G      H      I      J      E <i>Continued</i>      F <i>Continued</i></p> <p><b>Session 3:</b>      K      L      M      N      E <i>Continued</i>      F <i>Continued</i></p> <p><b>Session 4:</b>      O      P      M <i>Continued</i>      Q      E <i>Continued</i>      F <i>Continued</i></p> <p>If you choose Workshop E or F, <b>do not</b> choose any other classes for the day. Workshop M is a 2-session class, <b>do not</b> choose another for Session 4.</p> <p><b>Workshop F – Fire class will be held at Rocky Gap Casino Resort</b></p>
--	---

❖ PLEASE INDICATE YOUR T-SHIRT SIZE:      S      M      L      XL      XXL      XXXL

**TO REGISTER AND SUBMIT PAYMENT SCAN THIS CODE  
OR VISIT OUR WEBSITE – MILTENBERGERSEMINAR.COM**



**You May Also Mail Registration Form and Payment to: MIEMSS Region I & II Office, P.O. Box 113,  
Frostburg, MD 21532**

***Make Check or Money Order Payable to  
\*\* Region I Emergency Services Education Council\*\****

***PRE-REGISTRATION IS REQUIRED AND MUST BE RECEIVED VIA THE WEBSITE  
(WWW.MILTENBERGERSEMINAR.COM) OR IN THE MIEMSS REGION I & II OFFICE BY  
FEBRUARY 26, 2024. (ONLY ATTENDEES THAT HAVE PAID TO ATTEND THE SEMINAR AND REGISTERED BY THIS  
DATE WILL RECEIVE A T-SHIRT WHEN THEY SIGN IN.)***





EMS FOR CHILDREN

## Child Passenger Safety

### Want to do more to keep children safe?

#### Become a Certified Child Passenger Safety Technician ("CPST")!



#### As a CPST you could:

- Check safety seats for proper use with children.
- Educate and help parents install their child safety seats.
- Provide community education & training on child passenger safety.
- Attend free periodic update courses & training opportunities.

#### About the CPST certification course:

- usually 4 – 4 ½ days long
- combines classroom instruction, hands-on work with car seats and vehicles
- has a community safety seat check-up event at the end
- includes open-book quizzes and skills tests
- costs \$95 to register
- confers CPST status for 2 years

#### Maryland 2024 courses:

Forest Hill, Harford Co, Feb 20-24  
 Clarksville, Feb 28-29; March 4-5 & 9  
 LaPlata, May 7-11  
 Cumberland, June 4-5, 11-12  
 Sykesville, Sept 3, 5, 10, 13  
 Glen Arm, Balt Co., Oct 21-22, 24-25, 27  
 Salisbury, Nov 4, 6-9

For details and registration, go to [cert.safekids.org](http://cert.safekids.org), click on "Become a Tech," and search on State: "MD." A limited number of **free registrations** are available for qualifying Maryland healthcare/EMS personnel; contact [cps@miemss.org](mailto:cps@miemss.org).



**CPS for Children**

Maryland Child Passenger Safety Hospital Project

## PROTOCOLS...

(Continued from page 1)

■ **Mobile Integrated Health Collection of Laboratory Specimens and 12-Lead Acquisition (OSP):** This addition allows an MIH paramedic to collect samples including blood draws, fecal, or urinary samples, and oral or nasal swabs as well as obtain 12-lead ECGs as a part of a scheduled MIH visit. A Maryland-licensed practitioner (MD, DO, NP, or PA) must order the lab tests and ECG and agree to review the results with the patient.

■ **Needle Decompression Thoracostomy:** This modification of the NDT procedure specifies smaller catheter sizes for pediatric patients, including the use of a standard-length 16 gauge IV catheter for patients less than 4 years of age. A 3.25-inch, 14 gauge catheter continues to be recommended for patients greater than 4-years-old.

■ **Norepinephrine for Treatment of Hypotension/Shock (OSP):** This new OSP allows for the use of norepinephrine for treatment of patients 18 years and older with sustained hypotension despite maximum fluid boluses as described in the shock protocol. Use of a norepinephrine infusion would apply to treatment of cardiogenic, hypovolemic, septic, and neurogenic shock. Epinephrine remains the first-line vasopressor for treatment of anaphylactic shock.

■ **Overdose/Poisoning:** This addition to the Clinical Pearls encourages clinicians to refer patients who are refusing transport after an overdose to available recovery resources.

■ **Rocuronium for RSI and Ventilatory Difficulty Secondary to Bucking or Combativeness (OSP):** This revision adds rocuronium as an alternative to vecuronium for use in both RSI and treatment of ventilatory

difficulty secondary to bucking or combativeness.

■ **SCT/RN Changes for Interfacility Transports:** These revisions incorporate a regulatory change allowing an SCT paramedic to transport patients who are receiving a single critical care (SCT) intervention. Patients receiving more than one SCT intervention will still require an RN/team transport.

■ **Stroke:** This modification eliminates the recommendation to administer oxygen to all pediatric patients with stroke symptoms.

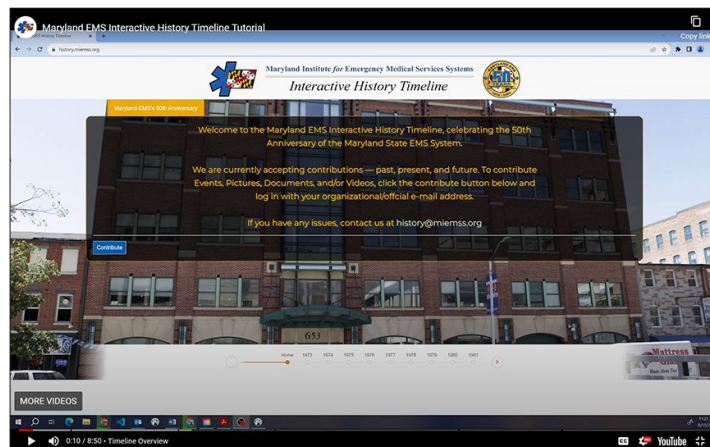
■ **TXA:** This change expands the use of TXA to include treatment of pediatric patients with suspected hemorrhagic shock due to trauma or postpartum hemorrhage.

■ **Ventricular Assist Device (VAD) Protocol:** This revision expands the application of the protocol to include pediatric patients.

■ **Ventricular Fibrillation and Pulseless Ventricular Tachycardia Algorithm:** Extensive modifications of the adult algorithm include the incorporation of vector change and dual sequential defibrillation for persistent VF/VT. Additional changes include limitation of epinephrine to one dose which should be given following the initial dose of amiodarone and the addition of esmolol for persistent VF/VT. Considerations for transport to an ECMO-capable destination are also included.

All proposed changes to the Maryland EMS protocols are subject to approval by the State EMS Board. The 2024 *Maryland Medical Protocols for Emergency Medical Services* will take effect July 1, 2024. For more information, visit <https://miemss.org/home/forms>. ■

## Maryland EMS Interactive History Timeline



Scan the QR code at left or go to [history.miemss.org](https://history.miemss.org) to learn how you can be a part of Maryland EMS history!



## Enhancing Preparedness Through Innovative Training

~ Montgomery County Police Department Supervisor's In-Service Tabletop Series ~

**IN A PROACTIVE APPROACH** to bolster the preparedness capabilities of the Montgomery County Police Department (MCPD), the Maryland-National Capital Region Emergency Response System (MDERS) collaborated with MCPD representatives to develop and conduct a series of eight Incident Command System (ICS) refresher training sessions and tabletop exercises (TTXs) from July to October 2023. These sessions, an integral component of the Supervisor's Annual In-Service training, aimed to evaluate and enhance the ability of MCPD supervisors to employ ICS principles during the first 30 minutes of a critical incident.

The success of these training sessions was rooted in meticulous planning by a collaborative team consisting of MDERS and MCPD personnel. To ensure the authenticity and effectiveness of these exercises, MCPD representatives selected as subject matter experts (SMEs) participated in the planning and facilitation process. MDERS leveraged the knowledge and experience of MCPD representatives to develop two active assailant scenarios, intentionally designed to escalate in complexity. The development of the master scenario events list (MSEL) drew upon MCPD's directives, policies, and procedures, including the Active Assailant Emergency Response Protocol, ensuring alignment with real-world scenarios.

The planning team, meeting consistently throughout the spring and summer of 2023, crafted a comprehensive program that included a thirty-minute ICS refresher training followed by a two-and-a-half-hour ta-



Photo: MDERS.

bletop exercise. Prior to the first delivery, the planning team, accompanied by additional MDERS and MCPD Training Academy staff, conducted a thorough dry run of the TTX scenarios. This allowed for the identification of any pitfalls in the scenarios or inject delivery, ensuring a seamless and realistic experience for participants.

All eight training sessions took place at the Montgomery County Public Safety Training Academy (PSTA) in Gaithersburg, MD. The training series was scheduled to accommodate the shift-work schedules of the 149 participants. MCPD and MDERS intentionally created an open, low stress, no fault environment to encourage meaningful discussions among facilitators and players. Participants were

equipped with situation manual (Sit-Man) slick sheets, props, aerial maps, floorplans, easels, markers, notepads, and writing utensils, which helped foster a comprehensive and immersive learning experience.

The collaborative efforts between MDERS and MCPD in executing these TTXs exemplify a commitment to enhancing the capabilities of law enforcement supervisors, at the sergeant level, in managing incidents effectively. The comprehensive planning, incorporation of subject matter experts, and emphasis on realistic scenarios contribute to a successful training initiative that ensures the preparedness of MCPD supervisors in the face of critical incidents within Montgomery County. ■

**Visit MIEMSS online at [www.miemss.org](http://www.miemss.org)**



## MSPAC...

*(Continued from page 3)*

ground units were unable to reach. At 0123 hours, Trooper 2 was dispatched and, using an Air-Lift Rescue Vest (ARV), safely hoisted the victim aboard the aircraft before transferring them to the medic unit for evaluation.

### ■ Trooper 3 – Frederick.

On July 13, Trooper 3 was dispatched to Clear Spring, in Washington County, for a reported 2-year-old pool drown-

ing. The patient's father quickly removed the child from the pool and initiated CPR. When ground EMS arrived on scene several minutes into the call and the decision was made to transport the patient by ground to Meritus Medical Center (Priority 1 cardiac arrest), Trooper 3 was canceled. However, Meritus, an adult trauma center, rarely encounters high-acuity pediatric patients. Rather than cancel the medevac transport, an off-duty MSP First Sergeant who had been monitoring the call directed SYSCOM to divert Trooper 3 to Meritus, where the crew reported to the ED with their equipment. After securing a breathing tube and stabilizing the patient, Trooper 3 transported the child to Children's National Hospital in Washington, DC, for continuation of care. The patient survived, and has since made a full recovery.

■ **Trooper 3 – Frederick.** On December 16, Trooper 3 was called to assist Washington County fire personnel with the extraction of a hiker



*Photo: MSPAC*

who had fallen approximately 50 feet off of a cliff. Once on scene, Trooper 3 located the victim and fire personnel at the base of the cliff and decided to perform an aerial rescue of the victim. The pilots maneuvered the aircraft into a 110-foot hover above the scene while an MSP Trooper/Flight Paramedic was lowered below. The Trooper/Paramedic obtained the report from fire/EMS personnel then assessed the patient and addressed their injuries. Once

the patient and medic were hoisted safely aboard the aircraft, Trooper 3 transported the patient to RACSTC for treatment of their injuries.

■ **Trooper 4 – Salisbury.** The Town of Ocean City, Maryland, requested to establish a Helicopter Instrument Approach Procedure (IAP) and Departure (DP) for the location of Northside Park, West Lagoon Field. With the assistance of MSPAC, a contract has been signed for HICKOK

& Associates to create the IAP to Northside Park and perform the IAP certification, and annual maintenance procedures according to FAA rules and regulations. The IAP/DP is the first in the state of Maryland not di-

rectly to/from an airport or hospital.

■ **Trooper 5 – Cumberland.** On November 24, Trooper 5 was called to assist Allegany County Fire personnel in locating a vehicle rollover reported by OnStar. Trooper 5 located a sport-style UTV lying on its side at the bottom of a 200-foot embankment on a remote trail off of Brant Road in Cresaptown, Maryland. Utilizing the Wescam and Trakka, Trooper 5 identified one patient standing outside of the vehicle and directed Fire and EMS personnel to the accident scene for a patient assessment. Once on scene, the initial first responders located two patients. Based on patient condition, terrain, and the extended extrication time, Trooper 5 was requested to perform an aerial rescue of the more seriously injured patient. Upon safely extricating the patient from the scene to the aircraft, Trooper 5 transported the patient to a trauma center.

■ **Trooper 6 – Easton.** Queen Anne's County Commissioners recognized Queen Anne's County Parks and Recreation staff as well as Trooper 6 and other members of the public safety community for heroism demonstrated on March 15. When a fellow co-worker experienced a medical emergency on that date, the Department of



*Photo: MSPAC*

Parks and Recreation staff swiftly initiated a life-saving response by promptly contacting emergency services and administering CPR to the

*See MSPAC page 17*



## MSPAC...

*(Continued from page 16)*

patient. Their response during a critical emergency played a pivotal role in saving a life.

■ **Trooper 7 – Southern Maryland.** When an individual could not ambulate due to injuries sustained in a fall aboard the Carnival Legend Cruise Ship, Trooper 7 was called to the ship's location in the Chesapeake Bay, near Point Lookout. After safely hoisting the patient aboard the aircraft, Trooper 7 transported them to the University of Maryland Capital Region Medical Center in Largo, Maryland, for treatment.

■ **Trooper 7 – Southern Maryland.** IFR conditions had grounded both Trooper 2 and Trooper 7 on December 10 when a serious motor vehicle collision in St. Mary's County left multiple patients injured. As a result, responding State Trooper/Flight Paramedics from both sections arrived on scene in patrol vehicles to assist with patient



*Photo: MSPAC*

care. Upon arrival, Trooper 7 personnel triaged the victims, directed care and destination decisions, and joined a ground crew of ALS clinicians in transporting the patient to the University of Maryland Capital Region Med-

ical Center. Meanwhile, the crew of Trooper 2 rendezvoused with a second ground ambulance crew also en route to Capital Region Medical Center and joined ground crew for the remainder of the transport. ■

## Prevention

**THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)** has prepared materials for use by law enforcement and public safety personnel for the following upcoming public safety and prevention campaigns:

■ **Winter Driving Tips.** When winter sets in, will your vehicle be ready for the cold? Are you prepared to drive in inclement weather such as heavy rain, snow, and ice? Download materials here: <https://www.trafficsafetymarketing.gov/get-materials/vehicle-safety/winter-driving-tips>

■ **Super Bowl Sunday Impaired Driving Prevention Campaign** (Feb-

ruary 11, 2024). Each year, millions of Super Bowl viewers take the opportunity to cheer on their favorite team with a night out. If you plan to drink alcohol, plan for a sober ride home. If you're hosting a party, take care of your guests: Download materials here: <https://www.trafficsafetymarketing.gov/get-materials/drunken-driving/buzzed-driving-drunken-driving/super-bowl>

■ **Vehicle Safety Recalls Week** (March 4-10, 2024). If your car has a recall, get it fixed – it could save a life. Also, check your car for recalls at least twice a year and sign up to receive alerts about new recalls. Down-

load materials here: <https://www.trafficsafetymarketing.gov/get-materials/vehicle-safety/recalls-safety-campaign>

■ **Saint Patrick's Day Impaired Driving Prevention Campaign** (March 17, 2024). This day of celebration is one of the biggest drinking occasions of the year and, unfortunately, means more drunk drivers on the roads. If you plan to drink, make sure you refrain from driving and make a plan to get home safely. Download materials here: <https://www.trafficsafetymarketing.gov/safety-topics/drunken-driving/buzzed-driving-drunken-driving/saint-patricks-day>. ■

Maryland Department of Transportation Motor Vehicle Administration's (MDOT MVA)

## Maryland Highway Safety Office

*The MDOT MVA Highway Safety Office (MHSO) is dedicated to saving lives and working with many partners across the State to reduce the number of crashes each year. In addition, the MHSO looks for ways to reduce crash severity and ways to treat crash victims easier and faster.*

***Maryland aims to reduce the number of crashes, and the resulting deaths and injuries, to zero by 2030.***

### Driving Safely When Black Ice is Present

Sustained cold temperatures and precipitation can lead to the development of a dangerous road hazard: black ice — so-called because it blends in with the surface of the road and is nearly impossible to see. The danger of black ice is that you often don't know it's there until your car begins to slide. If you do find yourself in a situation with black ice, remain calm and follow these tips:

- **Remove your foot from the accelerator.**
- **Do not hit the brakes.** It will likely cause you to skid.
- **Keep the steering wheel as straight as possible.** If you feel the back end of your car sliding, turn gently in the *same* direction.

If you do skid or lose traction, remain calm. Black ice is generally patchy, and your tires will soon regain traction. Brake as little as possible, but if you need to use the brake, consider the following:

- If you have an anti-lock braking system (ABS), apply steady pressure and the car will pump the brakes for you as you skid.
- If you don't have ABS, pump the brakes gently.
- Always steer in the direction you want the car to go.

It may be wise to wait until conditions improve to drive. If you aren't close to home, stop to wait at a store, rest area or parking lot.



### Keep Kids Riding Safely in Cold Weather

Keeping children safe in the car is a struggle familiar to all caregivers. Car seats and child passenger safety laws can be confusing, especially as children grow and their needs change.

Transporting children in the car becomes an even greater challenge during winter months when balancing safety competes with keeping your child warm while traveling. Thick coats can interfere with the function of a car seat, regardless of what stage the child is in. Bulky materials prevent the harness from being tightened effectively. Those same bulky coats can compress in a crash, potentially putting the child at risk in a collision.



Thankfully, you can easily keep them safe AND warm in the car. It is best to dress children in thin, warm layers before securing them in their car seats. A coat or blanket can then be tucked around them, over the harness, for additional warmth. The same tips apply to older children and adults using seat belts as well. Make sure that your bulky coat or winter clothing is not putting you at risk in a crash.

For additional car seat safety information, visit <https://zerodeathsmd.gov/carseat>

## EMS Compliance Update

**THE STATE 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 from October to December, 2023, as a result of prohibited conduct. For more information contact Lisa Chervon, Chief of the MIEMSS Office of Integrity at Email: [lchervon@miemss.org](mailto:lchervon@miemss.org) or Phone: (410) 706-2339. Additionally, MIEMSS maintains a searchable database of all EMS Board decisions at: <https://www.miemss.org/home/public> which can be found under Public Orders Report in the left hand column.

■ **IRC22-031 (PARAMEDIC)** October 14, 2023. Disposition Agreement: The Paramedic and the EMS Board entered into a previous disposition agreement on December 16, 2022, as a resolution to disciplinary case number IRC 22-031, which resulted from a positive breathalyzer alcohol. In the December 16, 2022 Disposition Agreement, the Paramedic agreed to, among other things, be placed on probation and abstain from all alcohol and intoxicating substances. The Paramedic was found to have engaged in prohibited conduct under COMAR 30.02.04.01F and Y based upon the Paramedic having a positive breathalyzer alcohol test ordered on May 4, 2023, and failing to provide appropriate documentation to MIEMSS of consistent alcohol treatment as required by the December 16, 2022 Disposition Agreement. The EMS Board issued a noncompliance notice in this matter on August 21, 2023, proposing that the Paramedic's license be REVOKED; the Paramedic requested a hearing and the EMS Board delegated

the hearing to the Office of Administrative Hearings. As a result of the Prehearing, all parties agreed to the following: The Paramedic agrees to SURRENDER her paramedic license and all EMS credentials to the EMS Board. The EMS Board accepted the surrender of the Paramedic's license, on the conditions described in the Agreement. The Paramedic will not be permitted to apply for licensure or certification as an EMS clinician for a period of one year from the date that her surrender is formally accepted by the EMS Board. As a condition of the Paramedic's re-application for licensure at any time, the Paramedic must demonstrate that she has successfully completed one year of consistent treatment for alcoholism.

■ **IRC23-028 (PARAMEDIC)** November 28, 2023. On May 26, 2023, the Paramedic was sentenced to five (5) years in jail, with all but four (4) days suspended, and eighteen (18) months of unsupervised probation for the crime of reckless endangerment. Additionally, the Paramedic has failed to meet the terms of the Final Decision issued by the Maryland EMS Board on March 16, 2023 for case #IRC22-045. As a result, the Paramedic's license is reprimanded. The deadline for completion of remediation required by the Final Decision in IRC22-045 is extended to December 31, 2023. The Paramedic's license shall continue to be on probation through April 30, 2025, as specified in Final Decision issued in IRC22-045.

■ **IRC23-026 (EMT)** November 27, 2023. On March 14, 2023, the EMT was issued probation before judgement for a supervised period of one (1) year, for the crimes of Driving a Vehicle While Impaired by Alcohol. As a result, the EMT's certification

is placed on probation for one (1) year from the date of the Final Decision.

■ **IRC23-019 (EMT)** November 27, 2023. On April 27, 2022, the EMT was issued probation before judgement for a supervised period of one (1) year, for the crime of Assault – Second Degree. As a result, the EMT's certification is hereby placed on probation through the end of his certification cycle, with the condition that he pursue counseling through his employer's EAP, if available, and if not available, that he complete an anger management class approved by MIEMSS.

■ **IRC23-014 (PARAMEDIC)** November 27, 2023. In May 2015, the Paramedic's Pennsylvania Paramedic license was revoked by the State of Pennsylvania for fraudulently and deceptively obtaining the license using an alias. The Paramedic failed to disclose this action upon application for BLS Reciprocity or upon application for Initial Paramedic Licensure. The Paramedic's NREMT certification as a paramedic has been suspended. As a result, the Paramedic's license is REVOKED in the state of Maryland.

■ **IRC23-042 (EMT APPLICANT)** November 27, 2023. On December 7, 2018, the Applicant EMT entered an Alford Plea to the crime of Theft Scheme \$10,000 to < \$100,000, related to incidents that occurred between July 5, 2007 and May 23, 2014. The Applicant was sentenced to 10 years in jail with all but 90 days suspended, and to probation before judgement for a period of five (5) years. The Applicant was also ordered to pay restitution in the amount of \$67,624.89. Additionally the EMT failed to disclose this disposition upon submitting an Application for Renewal of Extended



## CALENDAR

### FEBRUARY 2024

- **2-4:** *Winterfest EMS*. Easton, MD.

### MARCH 2024

- **7-9:** *Miltenberger Emergency Services Seminar*. Rocky Gap.
- **29:** *Deadline for Maryland Stars of Life and Right Care When It Counts Awards nominations*.

### MAY 2024

- **13:** *Maryland Highway Safety Summit*.
- **19-25:** *National EMS Week*.

### JUNE 2024

- **2:** *Maryland Fire-Rescue Services Annual Memorial Service*. Annapolis, MD.
- **15-20:** *132<sup>nd</sup> Maryland State Firemen's Association Annual Convention & Conference*. Ocean City, MD.

Maryland EMS News

MIEMSS

653 W. Pratt St.

Baltimore, MD 21201-1536



Governor Wes Moore

Lt. Governor Aruna Miller

Copyright © 2024 by the Maryland  
Institute for Emergency Medical  
Services Systems  
653 W. Pratt St.  
Baltimore, MD 21201-1536  
[www.miemss.org](http://www.miemss.org)

Chairman, EMS Board:

Clay B. Stamp, NRP

Executive Director, MIEMSS:

Theodore R. Delbridge, MD, MPH

Managing Editor:

Patrick Tandy ([ptandy@miemss.org](mailto:ptandy@miemss.org))

Design & Layout:

Patrick Tandy

Photography:

MIEMSS Media Services  
(unless noted otherwise)

## COMPLIANCE...

(Continued from page 19)

EMT on December 5, 2019. As a result, the EMT's certification is placed on probation for the entire first certification cycle upon reinstatement.

■ **IRC23-031 (PARAMEDIC)** November 27, 2023. On June 20, 2023, the Paramedic pled not guilty with agreed statement of facts to the crime of driving a vehicle while impaired by alcohol. The Paramedic was subsequently sentenced to supervised probation before judgement for a period of one (1) year. As a result, the Paramedic's license is placed on probation for one (1) year from the date of the Final Decision.

■ **IRC23-036 (CRT)** December 13, 2023. On May 22, 2023, during an EMS response, the CRT failed to provide the appropriate standard of care to a medical patient. As a result, the CRT's EMS credentials are suspended for 30 days, followed by a period of probation until April 30, 2025.

■ **IRC23-038 (CRT)** December 13, 2023. Disposition Agreement: The CRT was found to have engaged in prohibited conduct under COMAR 30.02.04.01M by failing to provide the appropriate standard of care to a medical patient. The EMS Board issued a Noncompliance Notice proposing to suspend the CRT's EMS credentials for 30 days, after which, the CRT's license would be placed on probation until April 30, 2025. The CRT requested a hearing. By way of a Dispo-

sition Agreement, the parties agreed to the following: The CRT's license be suspended for seven (7) days from the date of the Agreement; followed by probation of the CRT's license until April 30, 2026. The CRT will be subject to 100% QA/QI review during the probationary period.

■ **IRC22-056 (PARAMEDIC)** December 21, 2023. The Paramedic's current license expired on April 30, 2023, and was suspended, pursuant to a summary suspension order that was issued by the EMS Board on November 21, 2022. MIEMSS has received information indicating that the Paramedic has demonstrated unprofessional conduct on multiple occasions when on duty at their current affiliation, as well as where the Paramedic was previously affiliated, by engaging in a pattern of sexual harassment and misconduct. The EMS Board proposed a sanction of revoking the Paramedic's license. The Paramedic timely requested an evidentiary hearing. On November 7, 2023, the ALJ issued a Proposed Decision in which he concluded that the Paramedic engaged in unprofessional or immoral conduct in violation of COMAR 30.02.04.01C, and proposed that the EMS Board's sanction of revocation be upheld. It is, by an affirmative vote of the majority of the EMS Board, hereby: ORDERED that the license of the Paramedic to practice in the State of Maryland is REVOKED. ■

Don't miss the March issue of  
*Maryland EMS News* for complete  
coverage of Winterfest EMS 2024!