

Panel of National Experts Review Maryland Transport Protocols

On November 27-28, a Panel of National Experts met in Baltimore to review and make recommendations regarding Maryland's emergency medical protocols and practices that are used to identify, treat, and transport victims of serious injury in Maryland. The Panel, which was comprised of experts in emergency medicine, trauma, EMS, field triage, and use of medevac services, heard various presentations from MIEMSS staff, as well as comments from participants in the statewide EMS system and the general public.

At the conclusion of the meeting, the Panel announced their findings and several recommendations which will be incorporated into a final written report that will be issued in early January. Among the findings and recommendations announced were the following:

- Maryland is a long-standing model EMS and trauma system that integrates all components.
- Maryland trauma outcomes are at or exceed national norms.
- Field trauma triage protocols are consistent with national guidelines.
- Helicopter over-triage appears to exceed other areas of the country.
- MSP Aviation has a good safety record.
- The role of the SYSCOM communications center is unique and a national model and should be strengthened.
- Helicopter EMS is an essential component of an EMS and trauma system that can contribute to improved outcomes.



The Panel of National Experts listen to testimony about Maryland's EMS system.

- MSP Aviation should change licensing to come under Part 135 of the FAA regulations.
- MSP Aviation should become CAMTS-accredited.
- Maryland should continue helicopter utilization review.
- Maryland may need fewer helicopters which will require an in-depth multidisciplinary analysis, and use of helicopters in certain other medical conditions should be considered.

A final written report will be delivered in January 2009. The final Panel recommendations will assist the State EMS Board in identifying any changes that need to be made to EMS protocols or procedures

The members of the Expert Panel were:

- Robert C. MacKersie, MD - Chairperson, Professor of Surgery in Residence and Director of Trauma

Services, San Francisco General Hospital, San Francisco, CA.

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MIEMSS Impaired Drivers Awareness Campaign Featured Prior to Ravens vs. Steelers Football Game

On Sunday, December 14, prior to the Ravens vs. Steelers game, MIEMSS, the Maryland Department of Transportation, and the Maryland State Police, joined together during the tailgating festivities to raise awareness about the many dangers and consequences of impaired driving. Alcohol-related crashes,

injuries, and fatalities continue to be a serious problem in Maryland. Last year there were more than 5,000 injuries in Maryland as the result of impaired driving crashes. And these crashes led to 41 percent of the deaths on Maryland roads. Fans willing to act responsibly were given the opportunity to create a video com-

mmercial explaining why they were choosing to become a designated driver or to use alternate transportation after driving. The commercials have been posted for web broadcasting on the web site:

www.stopdrunkdriving.net.

During the holiday season and always, the main message is that if you are going to be having a good time and drinking, be sure to designate a driver, use public transportation, or call a taxi cab.



MIEMSS staff shoot a public service announcement "starring" Ravens fans.



Panel of National Experts Review Maryland Transport Protocols

(Continued from page 1)

- John A. Morris, MD - Professor Surgery, Director, Division of Trauma & Surgical Critical Care, Director, Trauma, Burn & LifeFlight Patient Care Center, Vanderbilt University Medical Center, Nashville, TN.
- Ellen MacKenzie, PhD - Professor and Chair, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health - Baltimore, MD.
- Tom Judge, CCT-P - Executive Director, LifeFlight of Maine, Bangor, ME; Past- President, Association of Air Medical Services and volunteer paramedic.
- Stephen H. Thomas, MD, MPH - Associate Professor of Surgery, Harvard Medical School, Department of Emergency Medicine, Massachusetts General Hospital, Associate Medical Director, Boston MedFlight Boston, MA.
- Bryan Bledsoe, DO - Clinical Professor of Emergency Medicine, University of Nevada School of Medicine and University Medical Center, Las Vegas NV.
- William R. Metcalf - Chief, North County Fire Protection District, Fallbrook, CA.

ENA Honors Two Maryland Nurses

Two members of Maryland's EMS community, Mary Alice Vanhoy, RN, MSN, CEN, NREMT-P and Linda Arapian, RN, MSN, CEN, EMT-B received national awards on September 25 from the Emergency Nurses Association (ENA) at their national conference in Minneapolis.

Ms. Vanhoy was honored with the ENA Nursing Professionalism Award and Ms. Arapian was recognized with the Nursing Education Award.

Ms. Vanhoy, an emergency nurse for more than 25 years, is also EMS Chief of the United Communities Volunteer Fire Dept. in Stevensville. She works fulltime as an EMS Nurse Coordinator for Shore Health Systems in Easton and as the EMS Program Coordinator at Chesapeake Community College. In these roles, she provides the key liaison between hospital providers and the students and prehospital providers in four suburban and rural counties. She is also the quality improvement coordinator for those counties.

Ms. Vanhoy currently represents emergency nurses on the Maryland EMS Board, after serving on the Statewide EMS Advisory Council (SEMSAC) for the past six years. She is also the current president of the Maryland chapter of the ENA.

Reaching out to the Eastern Shore community, she has developed programs for latch-key children, bike and ATV safety, hunting safety, stroke prevention and management, and disaster preparedness. In addition, she has served as the clinical expert



Linda Arapian and Mary Alice Vanhoy at the presentation of the ENA national awards.

on disaster management at Shore Health Systems in Easton. She is also involved in other activities too numerous to include in this article.

With over 37 years in nursing (most of which were spent at Children's National Medical Center), Ms. Arapian has dedicated her professional life to promoting quality patient care in an emergency setting. She currently works fulltime as an EMS Nurse Clinician in the Montgomery County Division of Fire & Rescue Services, a position focused on pediatric patients but covering emergency patients of all ages.

As an educator, she has spent much of her professional career

developing various programs for emergency nursing and EMS with a primary focus in pediatrics. Examples of such programs include ALTE (Apparent Life-Threatening Events) and ATV injuries. These programs were developed for nursing and EMS with presentations at the local, regional, and national levels.

Ms. Arapian has not limited her work to Maryland. She has worked closely with the Delaware EMSC Program and the Delaware ENA Chapter and has worked on an interdisciplinary team to take pediatric education to England and Sweden. Again, the above accomplishments are only an abbreviated summary.

Honoring Maryland Victims of Impaired Driving

Editor's Note: "Maryland Remembers" is an initiative of the Maryland State Highway Administration's Highway Safety Office and Maryland's Impaired Driving Coalition that is supported by MIEMSS and other members of the public safety community.

December 10 marked the fifth annual pilgrimage to Annapolis to remember those killed in impaired-driving crashes. Family members of victims joined Governor Martin O'Malley, state leaders, and safety advocates to refocus efforts against drunk driving. Declaring December "Maryland Remembers" Month, Governor O'Malley encouraged Marylanders to remember the victims and the fact that December is one of the most deadly times of the year for alcohol-impaired driving.

"There is perhaps no greater human tragedy than that of a pre-

ventable death, to lose a life we could have saved," said Governor O'Malley. "During this holiday season, we urge every citizen of Maryland to honor those victims who've lost their lives and those survivors whose lives are forever changed by impaired driving. If you choose to drink, don't drive. If others do, stop them."

The event began with a procession of family members, who presented photographs of their loved ones, followed by remarks from crash survivor and safety advocate Donna Hathaway Beck. Ms. Beck shared her encounter with a drunk driver on her way to her mother's funeral in 1983. The Maryland resident, who was pregnant at the time, narrowly escaped death in the crash and, after extensive medical treatment, was able to give birth to a healthy young girl. Her daughter, now

Police Officer Ashleigh Beck, also has been the victim of a crash that involved a drunk driver. Together, the mother-daughter team has worked to reduce impaired driving crashes as part of outreach efforts with Mothers Against Drunk Driving (MADD).

With more than 2,000 Marylanders killed by impaired drivers in the last 10 years and 179 in 2007 alone, the O'Malley-Brown Administration continues its efforts to eradicate impaired driving through education and enforcement. In 2007, law enforcement performed nearly 25,000 Driving Under the Influence arrests, averaging 68 arrests per day, and education efforts resulted in removing nearly 3,800 impaired drivers from Maryland's roadways, by providing cab rides through the "Topsy Taxi" and "SoberRide" programs. In 2008, the State also ramped up education efforts, by getting 300 new partners in the State's Strategic Highway Safety Plan and by airing 9,000 public service announcements in this region through the Checkpoint Strikeforce campaign.

Current efforts include deploying Maryland's law enforcement officers in full force throughout the holiday season to identify and arrest impaired drivers. In preparation for the upcoming legislative session, Governor O'Malley also noted that he is now reviewing the recommendations of the legislatively mandated "Task Force to Combat Driving Under the Influence of Drugs and Alcohol." MIEMSS Executive Director Robert R. Bass, MD and Jim Brown (as alternate) represent MIEMSS on this Task Force, which has been meeting for the last 18 months. The Task Force has made several legislative recommendations including: tightening legislation to discourage and punish underage drinking, increasing the penalties for impaired driving, and strengthening "repeat offender" laws.



Beverly Dearing-Stuck speaks about her father-in-law who was killed by a drunk driver. In the background are Secretary John Porcari (Maryland Dept. of Transportation), Governor Martin O'Malley, Mrs. Donna Hathaway Beck (MADD victim advocate and survivor of an impaired driving crash), and Chief Bernadette DiPino (President of the Maryland Chiefs of Police Association).



MARYLAND'S STARS OF LIFE AWARDS

Each year the Maryland Institute for Emergency Medical Services Systems celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. We use the term "Stars of Life" because it combines our symbol, the Star of Life, with our shared vision, "the elimination of preventable death and disability from injury or sudden illness." This year we are again opening the award nomination process to everyone who receives the *Maryland EMS News*. Awardees will be selected by a statewide committee of career, volunteer, and commercial EMS providers. For further information, call 410-706-3994.

The categories of Maryland Star of Life, Maryland EMS Citizen, EMS Provider of the Year, and EMD Provider of the Year relate to specific incidents occurring from January 1, 2008 through December 31, 2008. Multiple awards may be presented.

MARYLAND STAR OF LIFE AWARD

This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue by EMS personnel.

MARYLAND EMS CITIZEN AWARD

This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

EMS PROVIDER OF THE YEAR

For a provider who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance; public or EMS education; prevention; delivery of EMS services; new technology).

EMD PROVIDER OF THE YEAR

This award is given for extraordinary efforts in assisting the public in this vital portion of the Chain of Survival.

OUTSTANDING EMS PROGRAM

For a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

LEON W. HAYES AWARD FOR EXCELLENCE IN EMS

This award is given to an individual who demonstrates through his/her professional and personal life, dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system in education and in prevention.

MARYLAND EMS-GERIATRIC (EMS-G) AWARD

This award is given for an individual or program that has demonstrated ongoing dedication and commitment to improving the EMS care of the elderly in Maryland.

MARYLAND'S STARS OF LIFE AWARDS — 2009 NOMINATION FORM

Individual(s)/Organization(s) Nominated: _____

If there is more than one nominee, please duplicate this form or use a separate sheet for the other names and addresses and attach it to this form.

*** Address:** _____
(P.O. Box or Street)

(City) (State) (Zip)

***Telephone Nos.** (H) _____ (W) _____ (cell) _____

Nominee's Level of Certification or Licensure (if applicable) _____

Professional Affiliation _____ **Telephone No.** _____

Award Category (Please select only one category on this sheet):

- | | |
|--|---|
| <input type="checkbox"/> Maryland Star of Life Award | <input type="checkbox"/> Outstanding EMS Program |
| <input type="checkbox"/> Maryland EMS Citizen Award | <input type="checkbox"/> Leon W. Hayes Award
for Excellence in EMS |
| <input type="checkbox"/> EMS Provider of the Year | <input type="checkbox"/> Maryland EMS-G Award |
| <input type="checkbox"/> EMD Provider of the Year | |

This individual/group/program/facility is being nominated for outstanding recognition because:

Please attach additional documentation such as newspaper articles, video footage, and letters of commendation.

Name of person submitting this nomination:

(Print or Type)

(Signature)

(Address)

Email Address _____

*** Telephone Nos.** _____ (H) _____ (W) _____ (Cell)

FAX Nos. _____ (H) _____ (W)

* Must be completed!!

NOMINATIONS MUST BE RECEIVED AT MIEMSS BY March 30, 2009.
Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536
or FAX to: Jim Brown, 410-706-3485.



The Right Care When It Counts

Maryland EMSC 2009 Program



The Maryland EMS for Children program is In Search Of children and youth in Maryland who have demonstrated one of the 10 Steps to Take in an Emergency or one of the 10 Ways to be Better Prepared for an Emergency. Actions taking place January 1, 2008 through December 31, 2008 are eligible for nomination. We will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week 2009.

Ten ways to be better prepared if your child has an Emergency:

1. Check if 9-1-1 is the right number to call
2. Keep a well-stocked First Aid Kit on hand
3. Make a list of Emergency Phone Numbers
4. Teach your children whom to call and what to say
5. Make sure your house number is visible from the street
6. Keep a clear and up-to-date record of immunizations
7. Write down medical conditions, medications, and dosages
8. Make a list of allergies and reactions
9. If you have health insurance, check your emergency coverage
10. Take first aid classes

Ten steps to take in an Emergency:

1. Call 9-1-1 immediately
2. Call Poison Control immediately
3. If you think your child has been seriously injured, do not move your child
4. Know how to treat your child in case of a burn
5. Be prepared if your child has a seizure
6. Know what to do if your child is bleeding
7. Know how to help a child with a broken bone
8. Do not administer the Heimlich maneuver or CPR unless you are trained
9. Have your emergency plan on hand
10. Make it easy for emergency personnel to find you

Last Date for Submission: March 30, 2009

Send to MIEMSS MEDIA Office

FAX: 410-706-3485



The Right Care When It Counts Maryland EMSC 2009 Program



Contact information for the person submitting this recommendation:

Name: _____ Affiliation: _____

Best Phone Number(s) to reach you: _____

Address: _____

Email: _____ Fax: _____

Child or youth who acted so that others would receive "The Right Care When It Counts":

Child/ Youth's Name: _____ Age: _____ Gender: _____

Parent's Name: _____

Parent's Name: _____

Address: _____

Phone(s): (H) _____ (W) _____ (cell) _____

Email: _____

Alternative contact person: _____

Best method to reach this person: _____

Primary language spoken at home: _____

Description of event/ incident and the action taken (please include any printed materials about the event):

Last Date for Submission: March 30, 2009
Send to MIEMSS MEDIA Office
FAX: 410-706-3485



Miltenberger Emergency Services Seminar

March 13 & 14, 2009

Rocky Gap Lodge & Golf Resort in Flintstone, MD

Presented by

The Maryland Institute for Emergency Medical Services Systems, the Maryland Fire and Rescue Institute, the Western Maryland Training Foundation, Garrett College, and Allegany College of Maryland

In 2009, the **Miltenberger Emergency Services Seminar** continues its growth and its principle of excellent educational opportunities in a relaxed enjoyable atmosphere. The Miltenberger Emergency Services Seminar is designed to meet the continuing education needs of Western Maryland's prehospital BLS and ALS providers. The large diversity of tracks offered at this year's seminar includes EMS, Nursing, Fire, Special Operations, and Dispatch. A strong inter-working relationship among public safety and health care providers is the key to the successful outcome of any incident.



This year Chief C. B. "Buzz" Melton will be coming to us from Wyoming, Illinois. Chief Melton retired from the Baltimore City Fire Department in 1995, following 23 years of service. Chief Melton is both a chemist and a biologist, holding Bachelor of Science and Master of Science degrees from Johns Hopkins University in Baltimore. He is a private consultant from Illinois who specializes in crisis

management and emergency response for governmental and private entities. He will be presenting four very informative, arousing, and fun-filled workshops during this year's seminar.

There will be only one general session during the 2009 seminar, with the featured speaker being Carol Moore, MS, RNC, from Peninsula Regional Medical Center in Salisbury, Maryland. Ms. Moore has held a variety of healthcare positions during her nursing career, with the last several years being spent working to share her message about the importance of laughter and good health to as many people as she can get to listen. Her motto is "live well with laughter." Emergency services personnel need to take care of themselves and oftentimes the best medicine is humor.

This year the seminar will feature daylong pre-seminar workshops on Friday, Friday evening classes, and the all-day seminar on Saturday.

In 2008, over 300 participated in the Seminar, and latecomers were turned away. We encourage you to register early so as to ensure yourself a place in this exceptional program.

Registration Information

Pre-registration is **required** and must be received in the MIEMSS Region I Office by February 27, 2009. Only those who register for Saturday's program by February 20 will receive a free T-shirt. Quantities are limited, so please register early. Registration confirmation letters will be sent out by regular mail. If the confirmation letter has not been received by March 9, 2009, it is the responsibility of the attendee to verify that his/her registration

has been received. Late registration will be accepted on a space-available basis.

Cancellations

Cancellation notices submitted in writing to Region I and postmarked no later than March 5, 2009 will be eligible for a full refund. Refunds will be made only if requested in writing. If a registrant is unable to attend, another person may be substituted, on the condition that a letter from the original registrant or sponsoring agency authorizing the substitution accompanies the new registration. No refunds will be issued for cancellations postmarked after March 5, 2009.

Fees

The daylong workshops on Friday will be \$60. The Friday evening programs will be \$25. There is a \$60 registration fee for the Saturday seminar and it covers all activities, including continental breakfast, breaks, luncheon, and printed materials. Payment may be made in the form of checks; there is a \$30 fee for all returned checks. We can invoice Maryland government, EMS agencies, and Maryland hospitals directly for the program. We cannot invoice Federal agencies or out-of-state agencies or organizations. Payment information must accompany registration. This affordable registration fee is possible due to the generous support of the Western Maryland Health System, MIEMSS, the Maryland Emergency Number Systems Board, Garrett Memorial Hospital, Emergency Medical Services for Children, MFRI, and the R Adams Cowley Shock Trauma Center.

Continuing Education Credits

All workshops and lectures are approved for continuing education credits by MIEMSS. West Virginia and Pennsylvania continuing education credits are also available for the seminar.

Nursing Contact Hours

The Maryland Community College Association for Continuing Education and Training is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Saturday seminar provides 6.75 contact hours. To receive nursing contact hours, participants are required to attend the entire session and complete and submit the course evaluation.

Schedule Changes and Right to Cancel

Every effort has been made to ensure accurate information in this brochure. However, occasionally, due to unforeseen circumstances, it becomes necessary to make 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.*

Hotel Accommodations

A limited number of rooms have been reserved at Rocky Gap Lodge at special discounted rates for Miltenberger Emergency Services Seminar participants. These special prices can be guaranteed until Thursday, February 12, 2009. After this date, the availability of discounted rooms cannot be guaranteed. **To obtain these discounted rates, please identify yourself as a participant of the Miltenberger Seminar.** All rates are per day and subject to state and county tax. The rate for single occupancy with a two-night minimum stay is \$95 per night. The rate for single occupancy with no minimum stay is \$105 per night. Please reserve your room early by calling Rocky Gap Lodge directly at **301-784-8400 or toll free 800-724-0828.**



Directions

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.

Special Accommodations

If you require special accommodations, please provide information about your requirements when you register. We have made every effort to make healthy food choices. If you require a special menu or have specific nutritional needs, please let us know.

Additional Information

You may wish to bring a sweater for your own comfort. For additional information, please contact the MIEMSS Region I Office at 301-895-5934/301-746-8636.

Special Friday Evening Activity

A Dance & Social Event will be hosted by the Maryland Flight Paramedics Association on Friday evening from 9 p.m. to 12 a.m. Live music will be provided by the “Chinese Bandits,” a local pop group that plays music from the 80’s, 90’s, and today. All conference participants are invited to attend and may bring a guest. Cash refreshments will be available. Although admission is free, donations will be accepted with the proceeds being utilized to set up an EMS educational scholarship in the name of First Sergeant Tobin T. Triebel. Tobin was a flight paramedic and educator for the Maryland State Police Aviation Command who was killed in a pedestrian accident while vacationing in North Carolina on November 7, 2008. Tobin was an integral part of the Miltenberger Seminar in years past, and he loved teaching and working with the EMS providers in Western Maryland. Please come out and enjoy this event, even if you are not attending one of the workshops on Friday...it is sure to be a part of the conference you will not want to miss.



Miltenberger Pre-Conference Programs

MARCH 13, 2009 FRIDAY DAY; 8 a.m. – 4 p.m.

Don't Be So Afraid of Being Wrong That You No Longer Dare to Be Right!

Speaker: Chief C. B. Melton, MS, Emergency Management Consultant, Stark County Board, District 1, Wyoming, IL; Retired Battalion Chief, Baltimore City Fire Dept.

Indecision has become a tremendous challenge to effective Public Safety Operations around the world. We have become so risk-averse, so obsessed with avoiding error or being second-guessed, that we no longer even dare to be right. Incident Command or Management strategies that try to gain absolute certainty as a basis for decisions and actions, maintain positive control of events at all times, or dictate events to fit their plans, deny the very nature of Emergency Response. We must be prepared to cope – *even better, to thrive* – in an environment of chaos, uncertainty, and constant change. The sole justification for Public Safety Officers is to secure or protect public safety, even at significant risk, when preventive, self-rescue or other means alone cannot. The concept for succeeding under these conditions is an Emergency Response doctrine based on rapid, flexible, and opportunistic evolutions. This full-day workshop will show you how to implement these time-tested rapid, flexible, and opportunistic strategies to achieve the most effective results in protecting public safety, protecting responder safety, and in protecting the environment and property ... in that order. Learn how All-Risk RPO – Relational Planning and Operations – science-based risk assessment, and making decisions within the *Window of Opportunity* will serve you, your organization, and your community. (7 Hrs BLS: L, ALS: 2)

MARCH 13, 2009 FRIDAY DAY; 8 a.m. – 5 p.m.

Incident Dispatcher Team (IDT) Training: The Ultimate in Standardized Response Training!

Speaker: Public Safety Training Consultant

IDT training allows for innovative and productive use of your dispatchers. It will enhance their daily dispatching skills through understanding of equipment and fire characteristics. It will also prepare your dispatchers to deploy a communications command post or assist at the fire scene. IDT is a new and proven concept of bringing dispatchers to the Command Post. This class is designed to train agency management and dispatch staff to develop and deploy a rapid-deployment local Incident Dispatcher Team into the field to support local or regional emergencies. Taken in conjunction with an Incident Command (ICS) 200, 300, or 400 class, this all-day seminar will qualify the student to participate as an Incident Dispatcher in the field. This class is intended as a train-the-trainer class. This class will benefit ALL dispatchers. By understanding the IDT system and the information provided, it will prepare them to better handle a variety of fire situations and equipment deployments. Whether your goal is a deployable team of dispatchers or a better-educated dispatcher, this class will raise their level of knowledge and professionalism.

(8 Hrs BLS: L, ALS: 2)

MARCH 13, 2009 FRIDAY NIGHT; 6:30 – 9:30 p.m.

Basic and Advanced Airway Management – and Beyond: Managing the Difficult Airway

Speakers: Sgt. H.B. Martz, Sgt. Paul Schneiderhan, Sgt. Kevin Straight, and TFC Jimmie Meurrens from the Maryland State Police Aviation Command. During this session the providers will review the various airway adjuncts and critical decision making of airway management and have the opportunity to apply their knowledge of airway management in unique situations. BLS and ALS providers will work together during the stations as they would in real situations. **Each class will be limited to 24 providers, so please register early.**

(3 Hrs BLS: M, ALS: A)

Go Team and the Timing of Treatment in Musculoskeletal Injuries

Speaker: Andrew N. Pollak, MD, Chief of Orthopaedic Traumatology/Associate Director of Trauma, R Adams Cowley Shock Trauma Center; Medical Director, Baltimore County Fire Department

The **Shock Trauma Go Team** is a rapid response unit of physicians and nurse anesthetists who respond to the scene to assist with situations of prolonged entrapment. Indications for requesting the team include expected entrapment time in excess of one hour with an unstable or potentially unstable patient, and mass casualty incidents where field triage or treatment expertise is sought. The team is trained in field operations, including scene safety, incident management, and vehicle extrication. Members bring anesthetic medications, colloid solutions including blood, and advanced airway management capabilities to the scene. They also carry surgical instruments necessary to perform cricothyrotomy, limb amputation, and other surgical procedures on the scene for those rare instances where such intervention is necessary. The team coordinates with the Maryland State Police Aviation Division for transport to scenes outside the immediate Baltimore metropolitan region. Requests for the Shock Trauma Go Team should be made through SYSCOM/EMRC by the incident commander or his designee.

Timing of Treatment in Musculoskeletal Injuries:

Surgical treatment for musculoskeletal injuries may occasionally be relatively urgent but should rarely be performed prior to adequate resuscitation and physiologic stabilization of the patient. Open fractures have frequently been cited as an example of a musculoskeletal injury requiring emergency operative intervention. Despite the mandate from the American College of Surgeons Committee on Trauma, scientifically valid studies demonstrating an advantage to emergent (within 6 hours of injury) versus urgent (within 24 hours) debridement of open fractures are lacking. Similarly, early stabilization of long bone fractures, particularly femoral shaft fractures in multiply injured patients has been advocated. Evidence suggests, however, that early definitive treatment of these injuries may have detrimental pulmonary consequences in certain patients. Damage control or use of temporizing external fixation may be valuable in these situations to decrease the surgical risk of definitive treatment while mitigating the risk of ongoing injury associated with failure to provide adequate limb stabilization. Exsanguinating hemorrhage from pelvic ring injuries, compartment syndrome, and dysvascular limbs remain indications for urgent treatment.

(3 Hrs BLS: T, ALS: B)

Myth, Fantasy, Fact, and WMD-HazMat

Speaker: Chief C. B. Melton, MS, Emergency Management Consultant, Stark County Board, District 1, Wyoming, IL; Retired Battalion Chief, Baltimore City Fire Dept.

The most diligent planning efforts and funding are wasted and will lead to operational failures if the presumptions of threat and risk lack a relevant perspective. Use common sense to protect public safety, protect the environment, and protect your budget. Learn to separate credible threats from incredible imaginations, ranging from the improbable spread of pneumonic plague in TOPOFF II to the myth about chemical companies being significant targets of terror ... and let's break some eggs (... and take home some money too!!!) along the way.

(3 Hrs BLS: L, ALS: 2)

SATURDAY MORNING, MARCH 14, 2009 – EMS AND NURSING TRACKS

7 a.m. **Registration**

8 a.m. **Welcome and Opening**

A 8:30 a.m. to 11:15 a.m. **Basic and Advanced Airway Management – and Beyond: Managing the Difficult Airway**
Speakers: Sgt. H.B. Martz, Sgt. Paul Schneiderhan, Sgt. Kevin Straight, and TFC Jimmie Meurrens, Maryland State Police Aviation Command. During this session the providers will review the various airway adjuncts and critical decision-making of airway management and have the opportunity to apply their knowledge of airway management in unique situations. BLS and ALS providers will work together during the stations as they would in real situations. This class will be limited to 24 providers. **Register early!** (3 Hrs BLS: M, ALS: A) **NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE MORNING!**

B 8:30 a.m. to 11:15 a.m. **Pediatric Hands-On Airway Workshop**
Faculty will be from the Hopkins Outreach for Pediatric Education program. This extended session is designed for BLS & ALS providers to gain both skills and knowledge in specific techniques for managing the airways of infants and children. There will be an opportunity to work with a variety of pediatric manikins while performing specific techniques needed to secure an airway and establish effective ventilation for medical and trauma patients. This class will be limited to 24 providers. **Register early!** (3 Hrs BLS: M, ALS: A) **NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE MORNING!**

	EMS/NURSING	EMS	EMS/NURSING	NURSING
8:30 a.m.	<p>C Should This Patient Go By Ground Or Air? - <i>Speaker: Lieutenant Walter Kerr, Maryland State Police Aviation Command, Flight Operations Commander.</i> This lecture will provide Emergency Services personnel with an overview of the Maryland State Police public-safety medevac program. Participants will learn about the critical thinking process needed to make appropriate decisions on flying or driving patients to trauma centers. Patient assessment and packaging for air transport, Landing Zone preparations, and safety considerations around the helicopter will also be discussed. (1 Hr BLS: T, ALS: B)</p>	<p>D Hypothermia Patient - <i>Speaker: Laura Stokes, Anne Arundel Fire Department.</i> Hypothermic patients are some of the most challenging medical cases we encounter. Subtle cardiac and neurologic changes in hypothermic patients have the potential for devastating long-term outcomes. Using a systems-based approach, we will explore Hypothermia, as well as a brief review of the studies involving induced therapeutic hypothermia. (1 Hr BLS: T, ALS: B)</p>	<p>E Prehospital Care of ST Elevation Myocardial Infarction - <i>Speaker: Robert R. Bass, MD, FACEP, Executive Director, MIEMSS.</i> Dr. Bass will review optimal treatment for patients with ST Segment Elevation MI (STEMI) and the role that EMS in collaboration with hospitals can play in improving outcomes. (1 Hr BLS: M, ALS: A)</p>	<p>F Hot, Hot, Hot – Assessing Pediatric Fever - <i>Speaker: Jessica Strohm Farber, MSN, RN, CCRN, from Children’s National Medical Center.</i> Fever in a child can be distressing, not only to parents but also to EMS and emergency department providers. This presentation will discuss the parameters of normal vs. elevated temperature as well as address the possible causes, signs and symptoms, treatments / interventions, and “red flags” when taking care of a child with a fever. (1 Hr BLS: M, ALS: B)</p>
9:45 a.m.	Break and Vendor Display			
10:00 a.m.	<p>J Burns - <i>Speaker: Carrie Cox, RN, MSN, Johns Hopkins Burn Center, Johns Hopkins Bayview Medical Center.</i> In this session the student will learn how to: evaluate patients with serious burn injuries; identify and establish treatment priorities; manage a patient’s airway and initiate fluid resuscitation; and determine which patients should be transferred to a Burn Center. (1 Hr BLS: T, ALS: B)</p>	<p>K Basic Self Defense; Self Defense Awareness - <i>Speaker: Trooper 1st Class John Sagal, Maryland State Police, Criminal Investigator, C3I Criminal Investigations and Owner of Western Maryland Hapkido Academy.</i> Back by popular demand - this workshop focuses on personal safety when dealing with persons suspected of being under the influence of known and unknown substances. Techniques for handling possible attacks and how to use the attacker’s momentum and force against him/her will be discussed and demonstrated. Simple restraint techniques that can be used until arrival of police personnel will also be demonstrated. Class participation will be encouraged. Limited number of seats, register early. (1 Hr BLS: L, ALS: 2)</p>	<p>L Trauma Case Review - <i>Speaker: Chuck Barrick, RN, Western Maryland Health System.</i> This review will chronicle the events of a young woman’s ordeal through the Maryland Trauma System. Specific emphasis will be made on EMS response, exsanguinations protocols, operative management, and the patient’s response to rehab. (1 Hr BLS: T, ALS: B)</p>	<p>M Managing Poisonings and Overdoses in the Emergency Department - <i>Speaker: Lisa Booze, PharmD, CSPI, Clinical Coordinator, Maryland Poison Center, Baltimore, MD.</i> Nurses, especially those who work in emergency departments, often come in contact with patients who have been acutely poisoned or who have taken overdoses. Decisions must be made about basic emergency care and diagnostic tests, as well as specific treatments including decontamination and antidotes. This session will review the fundamental principles in evaluating and treating poisonings and overdoses. (1 Hr BLS: M, ALS: A)</p>
11:30 a.m.	Lunch, Visit with Vendors			
12:45 p.m.	General Session			
	<p>Caring for the Caregiver - <i>Speaker: Carol Moore, MS, RNC, Peninsula Regional Medical Center, Salisbury, MD.</i> This presentation will take a look at the healthcare issues specific to the role of the “care giver.” Stress-reducing strategies will be discussed with an emphasis on laughter and gaining a healthy perspective on life. Be ready to participate, laugh, and enjoy! (1 Hr BLS: L, ALS: 2)</p>			

SATURDAY AFTERNOON, MARCH 14, 2009 – EMS AND NURSING TRACKS

<p>Q 2:00 p.m. to 4:45 p.m. Basic and Advanced Airway Management – and Beyond: Managing the Difficult Airway <i>Speakers: Sgt. H.B. Martz, Sgt. Paul Schneiderhan, Sgt. Kevin Straight, and TFC Jimmie Meurrens, Maryland State Police Aviation Command.</i> During this session the providers will review the various airway adjuncts and critical decision-making of airway management and have the opportunity to apply their knowledge of airway management in unique situations. BLS and ALS providers will work together during the stations as they would in real situations. This class will be limited to 24 providers. Register early! (3 Hrs BLS: M, ALS: A) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>
<p>R 2:00 p.m. to 4:45 p.m. Pediatric Hands-On Airway Workshop <i>Faculty will be from the Hopkins Outreach for Pediatric Education program.</i> This extended session is designed for BLS & ALS providers to gain both skills and knowledge in specific techniques for managing the airways of infants and children. There will be an opportunity to work with a variety of pediatric manikins while performing specific techniques needed to secure an airway and establish effective ventilation for medical and trauma patients. This class will be limited to 24 providers. Register early! (3 Hrs BLS: M, ALS: A) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>
<p>S 2:00 p.m. to 4:45 p.m. Hands-On Large Vehicle Rescue This presentation, conducted by MFRI instructors, will involve classroom instruction and show-and-tell using rescue equipment and a large commercial vehicle for demonstration. Techniques will be presented on dealing with rescue from large vehicles that any company could be involved in at any time. <u>Students should have appropriate gear (helmet, eye protection, gloves, appropriate foot protection).</u> (3 Hrs BLS: L, ALS: 2) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>

	EMS/NURSING	EMS	EMS/NURSING	NURSING
2:00 p.m.	<p>T Gangs: Response and Identification - <i>Speaker: Sergeant David Biser, Criminal Investigator, Cumberland City Police Department.</i> Every county in Maryland has experienced a growth in gang presence in the past several years and Allegany County is no exception. Sgt. Biser, assigned as the gang investigator for the Cumberland City Police Department, has been investigating gang crimes for the past five years. His presentation provides a detailed history of the gangs in Allegany County, as well as ways of identifying possible gang members and their associates. Information on how to address the gang problem and provide assistance to the police in dealing with gang crimes will also be presented. (1 Hr BLS: L, ALS: 2)</p>	<p>U Pediatric Assessment and Communication - Techniques for Success - <i>Speaker: Cyndy Wright-Johnson, MSN, EMSC Director at MIEMSS.</i> Children do amazing things and get into many environments. EMS calls involving children are often stressful for the child, the provider, and the family. Early recognition and rapid assessment are key to good outcomes. Knowledge of anatomical & physiologic differences at each age will be presented, along with tips for communicating with children and families. (1 Hr BLS: M, ALS: B)</p>	<p>V Management of Traumatic Brain Injury - <i>Speaker: Carla A. Aresco, CRNP, Neurotrauma Nurse Practitioner, R Adams Cowley Shock Trauma Center.</i> This lecture provides an overview of traumatic brain injury. Anatomy and physiology, statistics, and pathophysiology are addressed, as well as assessment and treatment in regard to prehospital and hospital providers. (1 Hr BLS: T, ALS: B)</p>	<p>W Living Legacy Foundation - <i>Speaker: Debbi McRann, RN, BSN, CPTC, In-House Coordinator, The Johns Hopkins Hospital, The Living Legacy Foundation.</i> The presentation will focus on identifying the potential organ donor, the referral process, maintaining the option of organ donation, family communication, the approach process, challenges in brain death declaration, transitioning from patient care to donor care, collaboration with the OPO, and medical examiner/autopsy considerations. A review of the process will be followed by a case study involving a trauma patient. (1 Hr BLS: L, ALS: 2)</p>
3:15 p.m.	Break and Vendor Display			
3:30 p.m.	<p>AA What You Should Know About Drug Addiction, the Drug Climate, and Managing Drug-Related Incidents - <i>Speaker: Captain James R. Pyles, Commander Western Troop, Maryland State Police.</i> Since the use of illegal drugs in our society has become extensive, healthcare professions will at some point deal with an incident that in some way is related to drug use. This presentation will outline drug trends and the drug climate and assist you with managing a drug-related incident. (1 Hr BLS: L, ALS: 2)</p>	<p>BB EMS Jeopardy - <i>Speaker: Bill Seifarth, MS, NREMT-P, MIEMSS.</i> Test your knowledge of Maryland's medical protocols in a lighthearted competition for prestige and prizes. Special emphasis will be placed on the signs, symptoms, and treatment of a medical patient during this simulation of America's favorite game show. (1 Hr BLS: M, ALS: B)</p>	<p>CC "SURVIVAL – Diverse Patient Presentations" - <i>Speaker: Richard Alcorta, MD, FACEP, State EMS Medical Director.</i> Which Team will be voted off the Island? Attendees will participate in the identification of: critical signs and symptoms, disease process, patient management, and complications of care. Multiple diverse cases will be presented which will stimulate involvement and learning. Dr. Alcorta is a dynamic speaker who will challenge each participant; so come prepared to use your powers of observation and analysis skills. (1 Hr BLS: M, ALS: A)</p>	<p>DD Responding to the Victim of Sexual Assault - <i>Speaker: John "Jack" G. Zealand, PhD.</i> Sexual assault is a traumatic experience for the victim. The interaction between first responders and the victim is a crucial step in the healing process. A negative first experience with health care providers can cause the patient to feel victimized a second time. The purpose of this lecture is to help the provider understand the trauma experienced by sexual assault victims, and how to respond in a supportive manner. (1 Hr BLS: L, ALS: 2)</p>

SATURDAY MORNING, MARCH 14, 2009 – FIRE AND DISPATCH TRACKS

- 7 a.m. **Registration**
 8 a.m. **Welcome and Opening**

A 8:30 a.m. to 11:15 a.m. **Basic and Advanced Airway Management – and Beyond Managing the Difficult Airway**
Speakers: Sgt. H.B. Martz, Sgt. Paul Schneiderhan, Sgt. Kevin Straight, and TFC Jimmie Meurrens, Maryland State Police Aviation Command. During this session the providers will review the various airway adjuncts and critical decision-making of airway management and have the opportunity to apply their knowledge of airway management in unique situations. BLS and ALS providers will work together during the stations as they would in real situations. This class will be limited to 24 providers. **Register early!** (3 Hrs BLS: M, ALS: A) **NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE MORNING!**

B 8:30 a.m. to 11:15 a.m. **Pediatric Hands-On Airway Workshop**
Faculty will be from the Hopkins Outreach for Pediatric Education program. This extended session is designed for BLS & ALS providers to gain both skills and knowledge in specific techniques for managing the airways of infants and children. There will be an opportunity to work with a variety of pediatric manikins while performing specific techniques needed to secure an airway and establish effective ventilation for medical and trauma patients. This class will be limited to 24 providers. **Register early!** (3 Hrs BLS: M, ALS: A) **NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE MORNING!**

	FIRE	SPECIAL OPS	DISPATCH
8:30 a.m.	<p>G Fire Department Safety Leadership – Lead, Follow or Get Off the Engine! - <i>Speaker: Jack Sullivan, CSP, CFPS, Loss Control Innovations.</i> In this day and age, there is no such thing as a “routine call.” Automatic alarms, an odor of smoke or gas in a building, and car fires are examples of incidents that sometimes get filed in our mind under the routine category. Sometimes the confidence of officers can breed complacency. In order to advance the goal of reducing firefighter deaths and injuries, we need to clearly outline what safety leadership means and how company officers set the tone for the rest of the department. This class will address how those in positions of authority really can make a difference in the organization culture, operations, and crew safety performance every day. (1 Hr BLS: L, ALS: 2)</p>	<p>H NIMS + ICS = PBA (Will PBA be Performance By Achievement or Paralysis By Analysis???) - <i>Speaker: Chief C. B. Melton, MS, Emergency Management Consultant, Stark County Board, District 1, Wyoming, IL; Retired Battalion Chief, Baltimore City Fire Dept.</i> The National Incident Management System has adopted the Fire Service’s Incident Command System as an integral part of implementing Homeland Security Presidential Directive 5 (February 28, 2003). Will the inclusion of ICS enhance NIMS and produce Performance By Achievement, or will the inclusion of ICS, as practiced today, produce Paralysis By Analysis??? Has ICS become the primary operational objective instead of the means to effectively achieve mission-specific operational objectives???. The mission, in case you missed it, is <i>Public Safety First!!!</i> (1 Hr BLS: L, ALS: 2)</p>	<p>I Handling Poisoning and Overdose Calls - <i>Speaker: Lisa Booze, PharmD, CSPI, Clinical Coordinator, Maryland Poison Center, Baltimore, MD.</i> More than 2.4 million poisonings and overdoses are reported to poison centers in the United States each year. This session will review the most common substances involved, the questions to ask, and the instructions to give for poisoning and overdose patients transported to hospitals via calls to 9-1-1. The role of the poison center as a resource will also be discussed. (1 Hr BLS: M, ALS: A)</p>
9:45 a.m. Break and Vendor Display			
10:00 a.m.	<p>N So You Want to be a Firefighter? Act Like One! - <i>Speaker: Matthew Tobia, Battalion Chief, Public Information Officer, Anne Arundel County Fire Department.</i> "Men and women all across this Country want to call themselves firefighters and yet they act in ways that are disrespectful to the memory of those who have made the ultimate sacrifice. This unapologetic program takes a hard look at how we kill ourselves and how to stop destroying the lives of those who are most important to us ... our own families." Leave your pagers and cell phones at the door. (1 Hr BLS: L, ALS: 2)</p>	<p>O Stop Unsafe Acts Using an Incident Safety Officer - <i>Speaker: Joe Kroboth III, CFPS, Maryland Fire & Rescue Institute.</i> The most effective way to reduce firefighter injuries and fatalities and emergency incidents is to appoint and empower a competent incident safety officer. This session will focus on recognition of unsafe practices and the empowerment of personnel to stop unsafe acts on the fireground. (1 Hr BLS: L, ALS: 2)</p>	<p>P 9-1-1, Customer Service with a Smile - <i>Speaker: Tammy Price, Baltimore County 9-1-1 Center.</i> This customer service program will explain the importance of customer service, positive interaction with the caller, the customer service attitude, and tips on developing rapport and problem- solving. (1 Hr BLS: L, ALS: 2).</p>
11:30 a.m. Lunch, Visit with Vendors			
General Session			
12:45 p.m.	<p>Caring for the Caregiver - <i>Speaker: Carol Moore, MS, RNC, Peninsula Regional Medical Center, Salisbury, MD.</i> This presentation will take a look at the healthcare issues specific to the role of the “care giver.” Stress-reducing strategies will be discussed with an emphasis on laughter and gaining a healthy perspective on life. Be ready to participate, laugh, and enjoy! (1 Hr BLS: L, ALS: 2)</p>		

SATURDAY AFTERNOON, MARCH 14, 2009 – FIRE AND DISPATCH TRACKS

<p>Q 2:00 p.m. to 4:45 p.m. Basic and Advanced Airway Management – and Beyond Managing the Difficult Airway <i>Speakers: Sgt. H.B. Martz, Sgt. Paul Schneiderhan, Sgt. Kevin Straight, and TFC Jimmie Meurrens, Maryland State Police Aviation Command.</i> During this session the providers will review the various airway adjuncts and critical decision-making of airway management and have the opportunity to apply their knowledge of airway management in unique situations. BLS and ALS providers will work together during the stations as they would in real situations. This class will be limited to 24 providers. Register early! (3 Hrs BLS: M, ALS: A) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>
<p>R 2:00 p.m. to 4:45 p.m. Pediatric Hands-On Airway Workshop <i>Faculty will be from the Hopkins Outreach for Pediatric Education program.</i> This extended session is designed for BLS & ALS providers to gain both skills and knowledge in specific techniques for managing the airways of infants and children. There will be an opportunity to work with a variety of pediatric manikins while performing specific techniques needed to secure an airway and establish effective ventilation for medical and trauma patients. This class will be limited to 24 providers. Register early! (3 Hrs BLS: M, ALS: A) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>
<p>S 2:00 p.m. to 4:45 p.m. Hands-On Large Vehicle Rescue This presentation, conducted by MFRI instructors, will involve classroom instruction and show-and-tell using rescue equipment and a large commercial vehicle for demonstration. Techniques will be presented on dealing with rescue from large vehicles that any company could be involved in at any time. <u>Students should have appropriate gear (helmet, eye protection, gloves, appropriate foot protection).</u> (3 Hrs BLS: L, ALS: 2) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>

	FIRE	SPECIAL OPS	DISPATCH
2:00 p.m.	<p>X “Solving Emergency Service Challenges Through the Eyes of Time” - <i>Speakers: W. Faron Taylor and Edward J. Kaplan, Founding Partners, The Leadership Institute at Gettysburg.</i> The crisis known as the Civil War is replete with examples of spectacular leadership success, as well as utter failure, that to this day shape the “American Experience.” Through a case study of several 19th century battlefield vignettes, emergency care managers <u>and</u> responders will understand essential “strategies” and “tactics” necessary to accomplish successful outcomes in our rapidly changing 21st century environment. (1 Hr BLS: L, ALS: 2)</p>	<p>Y Is It Homeland Security or Saturday Night Live? - <i>Speaker: Chief C. B. Melton, MS, Emergency Management Consultant, Stark County Board, District 1, Wyoming, IL; Retired Battalion Chief, Baltimore City Fire Dept.</i> “Breaking News!!! Homeland Security raises the Threat Condition from Yellow to Orange. Citizens are urged to increase their level of vigilance from ‘very, Very vigilant’ to ‘very, Very, VERY vigilant.’ Unnamed sources in Washington report that the Threat Condition may soon be raised to Red, which would move the country from being ‘very, Very, VERY vigilant’ to ‘Super Double Secret Vigilance.’” Use common sense to protect public safety, the environment, and your budget. Learn to separate credible threats from incredible imaginations, ranging from the improbable spread of pneumonic plague in TOPOFF II to the myth about chemical companies being significant targets of terror ... and let’s break some eggs (... and take home some money too!!!) along the way. (1 Hr BLS: L, ALS: 2)</p>	<p>Z Crisis Communications - <i>Speaker: Public Safety Training Consultant.</i> As emergency communicators, we are vital caregivers in the public safety circle. In most parts of the nation, callers often dial 9-1-1 for help. Are we prepared for the challenge? What do we need to say to suicidal callers or depressed subjects? What do you need to know about Suicide-by-COP precipitators? How do we prepare the first responders with a picture of what they are responding to? How do we transition between being caregivers, information gatherers, and tactical response dispatchers in suicidal caller events? What are the tools we need to cope with the emotional side of suicidal situations? Our PSTC Crisis Communications Tool Box will make you a more effective call taker and dispatcher. It will also increase responder safety and improve the chances of a successful outcome of the situation. (3 Hrs BLS: L, ALS: 2) NOTE - IF YOU CHOOSE THIS WORKSHOP, DO NOT CHOOSE ANYTHING ELSE FOR THE AFTERNOON!</p>
3:15 p.m.	Break and Vendor Display		
3:30 p.m.	<p>EE NFPA 1901: 2009 Edition - <i>Speaker: Jay Grimes, Rodney Guessford (Singer Associates).</i> 2009 NFPA Standard 1901 requires a Vehicle Data Recorder (VDR). The NFPA Standard dealing with motorized apparatus will be discussed. A new category titled <i>Vehicle Data Recorder</i> has been created in the standard. This and other additions/changes will be discussed. (1 Hr BLS: L, ALS: 2)</p>	<p>FF Rapid Intervention Teams Equals Everyone Comes Out! - <i>Speaker: Joe Kroboth III, CFPS, Maryland Fire & Rescue Institute.</i> Fire Departments should utilize a Rapid Intervention Team at all structure fires with good reason. More firefighters die in residential occupancies than in any other type of structure fire, and residential buildings are typically the most common type of occupancy that firefighters encounter. This session will provide an overview of rapid intervention teams, their function, needed resources, and best management practices for use on the fireground. (1 Hr BLS: L, ALS: 2)</p>	2:00 p.m Workshop Continues

MILTENBERGER EMERGENCY SERVICES SEMINAR - REGISTRATION FORM

(Please duplicate form and use for additional registrants)

LAST NAME: _____ FIRST NAME: _____ MI: _____

DATE OF BIRTH: _____ PROVIDER ID: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY OF RESIDENCE: _____ EMAIL ADDRESS: _____

PHONE #: _____ OTHER PHONE #: _____

PRIMARY AFFILIATION: _____

CERTIFICATION/ LICENSURE (Circle all that apply) FF FR EMT-B CRT-I EMT-P EMD LPN RN NP PA MD

SIGNATURE: _____ DATE: _____

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

PRE-CONFERENCE WORKSHOPS

FRIDAY- DAYLONG CLASSES

_____ Don't Be So Afraid of Being Wrong That You No Longer Dare to Be Right (\$60)

_____ Incident Dispatcher Team (IDT) Training (\$60)

FRIDAY EVENING

_____ Basic and Advanced Airway Management – and Beyond: Managing the Difficult Airway (\$25)

_____ Go Team (\$25)

_____ Myth, Fantasy, Fact, and WMD-HazMat (\$25)

_____ SATURDAY – SEMINAR (\$60) *Please circle your choices*

Morning: A B C D E F G H I J K

L M N O P

Afternoon: Q R S T U V W X Y Z AA

BB CC DD EE FF

If Workshop "A or B" is selected, please do not select another morning workshop.

If Workshop "Q, R, S, or Z" is selected, please do not select another afternoon workshop.

PLEASE INDICATE IF YOU NEED A CERTIFICATE OF ATTENDANCE YES NO

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

PLEASE INDICATE IF YOU REQUIRE A VEGETARIAN MEAL YES NO

PRE-REGISTRATION IS REQUIRED AND MUST BE RECEIVED IN THE MIEMSS REGION I OFFICE BY FEBRUARY 27, 2009

ALL THOSE WHO REGISTER FOR SATURDAY'S PROGRAM BY FEBRUARY 20 WILL RECEIVE A FREE T-SHIRT.

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ACEP Report Card for Maryland on Emergency Medicine

Editor's Note: The following grades for Maryland are from the American College of Emergency Physician's "National Report Card on the State of Emergency Medicine," a comprehensive analysis of the support that states provide for emergency patients. The new Report Card contains more than twice the measures of ACEP's first Report Card in 2006, as well as a new category for disaster preparedness, which makes it more comprehensive, although not directly comparable to the previous Report Card.

Maryland's Report Card from ACEP

Category	Rank in U.S.	Grade
Overall	4	B-
Quality/Patient Safety Environment	2	A
Medical Liability Environment	39	D-
Public Health/Injury Prevention	11	B
Access to Emergency Care	25	C-
Disaster Preparedness	2	A

Maryland's high scores of "A" in Quality & Patient Safety and Disaster Preparedness offset a "D-" in Medical Liability Environment to rank it 4th in the nation with an overall grade of "B-" in a Report Card released December 9 by the American College of Emergency Physicians (ACEP).

Maryland's poor "D-" grade in the category of **Medical Liability Environment** is largely due to the state's failure to enact meaningful and effective liability reforms. The state does not provide additional liability protection for federally mandated emergency care, does not require expert witnesses to be of the same specialty as the defendant or to be licensed to practice medicine in the state. Maryland's average malpractice award payment is \$319,977 (nearly \$35,000 more than the national average). The state also has a high average medical liability premium for specialists of \$100,625 compared to \$65,489 nationally.

Immediate Past-President of the Maryland Chapter of ACEP Jon Mark Hirshon, MD, MPH, FACEP noted how this affects emergency patients. In a letter to the "Capital Gazette" he said: "Fear of being sued keeps specialists from taking call in the emergency department. If you have a head injury, life-saving care may be delayed by minutes or even hours

while the hospital searches for a neurosurgeon willing to treat you. This can lead to permanent injury or even death. We need to urge our policy-makers to enact meaningful tort reform and turn that D- into an A."

According to Joe Twanmoh, MD, current vice-president of the Maryland Chapter of ACEP, "Maryland needs major medical liability reforms. We must insist on lower medical liability caps for non-economic damages and liability protection for those who provide emergency care. This is the surest path to attracting and retaining physicians in our state, especially specialists who take call in the emergency department."

In the category of **Access to Emergency Care**, Maryland received a grade of "C-" and was ranked 25th in the nation due to its relatively low number of emergency departments (8.4 per 1 million people), its low number of staffed inpatient beds (273.6 vs. a national average of 358.3), and its high daily hospital occupancy rate (75.1 per 100 staffed beds). Emergency physicians report problems finding specialists to provide on-call services for emergency patients, despite the state's relatively high number of practicing neurosurgeons, plastic surgeons, and ear, nose and throat specialists. This is

likely the result of a punitive Medical Liability Environment noted above.

"The state must work with the health care community to increase the number and availability of staffed inpatient beds and consider additional steps to recruit and retain on-call specialists and emergency physicians," said Dr. Twanmoh.

Maryland received an impressive grade of "A" and the second-best ranking nationally in the category of Quality & Patient Safety Environment. This grade is the direct result of the many reporting requirements and systems that Maryland has put in place. Maryland has a uniform system for providing pre-arrival instructions and requires hospital reporting on adverse events and hospital-based infections. Additionally, the state ranks third for the high percentage of hospitals that use electronic medical records (81.3 percent). There is a statewide trauma registry, funding is available for quality improvements within the EMS system, and there is a funded state EMS medical director position.

Maryland's second "A" and 2nd place ranking came in the category of **Disaster Preparedness**. The state has made a great effort to incorporate disaster planning and policies that would aid the state in the event of a natural or man-made disaster. Components include an all-hazards medical response that is shared with all EMS and essential hospital personnel, a written plan for special needs patients and those requiring dialysis, and coordination with local emergency management agencies to provide security in the event of a disaster. Maryland also has a real-time

(Continued on page 19)

Free CPR Training for Somerset County Employees



CPR training photos are from the Somerset County Volunteer Fire Chief's Association CPR Training Center, Princess Anne, Maryland. The Somerset County Commissioners authorized a countywide free CPR class for all county employees. To date, 150 employees have been trained. The training center has been operational since April 2007 due to the efforts of Christopher Parks (Somerset County Department of Emergency Services 9-1-1 Public Education Coordinator/AHA Resuscitation Education Coordinator), with the help of Terry Satchell and Barb Billconish from Dorchester General Hospital.

In the photo at the top, Dan Powell, Somerset County Administrator, and Christopher Parks, Somerset County Resuscitation Education Coordinator, show how to do a proper head-tilt chin-lift while giving breaths. In the photo at the bottom, Gene Adkins, Somerset County Finance Director, and Dan Powell, Somerset County Administrator, learn CPR.

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SYMPOSIUM



May 14 thru 17, 2009

Maryland Emergency
Medical Services
Symposium

(Pre-conference workshops will be held May 14 & 15, 2009)

ACEP Report Card for Maryland on Emergency Medicine

(Continued from page 17)

notification system in place to notify health care providers of an event, as well as statewide “just-in-time” training systems.

The nation’s failure to support emergency patients resulted in a “C-” for the country overall. Massachusetts earned the highest overall grade of a “B” and Arkansas ranked last (51st) in the nation with a “D-.” The national grade was calculated using the same methodology used for the overall state grades and is a weighted average of the nation’s category grades.

The five Report Card categories (and weightings) are: Access to Emergency Care (30 percent), Quality and Patient Safety Environment (20 percent), Medical Liability Environment (20 percent), Public Health and Injury Prevention (15 percent), and Disaster Preparedness (15 percent).

The *National Report Card on the State of Emergency Medicine* was made possible, in part, by funding from the Emergency Medicine Foundation, which gratefully acknowledges the support of The WellPoint Foundation and the Robert Wood Johnson Foundation.

The Maryland Chapter of ACEP is a state chapter of the American College of Emergency Physicians, a national medical specialty society representing emergency medicine with more than 27,000 members.

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Contact Region I Office at 301-895-5934.

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EMS Today: The JEMS Conference & Exposition

Baltimore, MD

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May 16-17, 2009

Pre-conferences: May 14-15, 2009

Maryland Statewide EMS Conference 2009

Annapolis Sheraton Hotel

Annapolis, MD

Contact Region V Office at 1-887-498-5551.

MIEMSS, Maryland EMS News

653 W. Pratt St., Baltimore, MD 21201-1536



Governor Martin O'Malley

Lt. Governor Anthony Brown

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Maryland Institute for Emergency Medical Services Systems

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