

## Tips for Reducing Risk of Deadly CO Poisoning During Winter Season

*Fuel-burning appliances put families at risk when used improperly*

With cold temperatures bearing down on the mid-Atlantic comes a great risk for those using fuel-burning appliances to either stay warm or produce electrical power: carbon monoxide (CO) poisoning. **All fuel-burning appliances are potential CO sources.** There are things you can do, however, to reduce the risk of exposure to lethal CO gas and keep your family safe and warm throughout the cold season. Read on for information and tips for reducing your risk to dangerous, and often deadly, CO poisoning.

### What is carbon monoxide?

Carbon Monoxide (CO) is a colorless, odorless, tasteless gas that is generated by burning fuel such as gas, oil, kerosene, wood, or charcoal. It is important to know that **you cannot see, smell, or taste CO gas.** Appliances that burn fuel generally do not pose a high risk *if they are maintained and are used properly.*

High levels of carbon monoxide affect the body by replacing oxygen carried by cells in your blood and blocking oxygen from getting to your body. This can occur very quickly, which is why even a few minutes can make the difference in saving your life and the lives of your family members if you are poisoned by CO gas.



### Who is at risk for CO poisoning?

Everyone can be at risk for CO poisoning, including animals. Individuals who are especially susceptible to the effects of CO poisoning are pregnant women and their unborn babies, infants, elderly individuals, those with anemia, and those with cardiac or respiratory disease.

### How can I help prevent CO poisoning?

#### *In my home:*

There are many potential sources of CO within each home including furnaces, cooking ranges, portable heaters, and generators. Heating indoors can be a problem in the colder months, especially if the power fails or the home lacks central heating. **No one should ever use fuel-burning appliances such as grills or ovens, to heat indoors.** These devices can cause a buildup of CO gas even if you open the windows in the space or burn fuels in your fireplace. Unvented gas or kerosene space heaters should not be used in rooms where people are sleeping. A sleeping individual may never even know that CO fumes are being emitted, and may succumb to poisoning without ever waking up.

One of the leading causes of fatal CO poisoning in the home is the misuse of portable generators. A 2009 report drafted by Division of Hazard Analysis of the US Consumer Product Safety Commission ([www.cpsc.gov](http://www.cpsc.gov)) revealed some useful statistics about CO deaths in the last ten years. Almost half of fatalities in the United States caused by CO from generators have occurred in the cold season (November through February), and a large proportion of these deaths occurred in homes where the generator was operated in the living area, garage, or basement. Even those that

attempted to ventilate the area in which the generator was operated accounted for 30% of all deaths from generator use inside the home. Fatalities due to CO poisoning from generators also occur at a disproportionately higher rate in rural and isolated areas.

Never run a generator indoors, including your garage, basement, shed, or crawlspace. In an enclosed space, generators can produce lethal levels of CO in a very short period of time, even if using fans or opening windows and doors for ventilation. Even after the generator has been turned off, high levels of CO can linger for hours. Keep your portable generator outdoors and far away from doors and windows leading into the home. Follow the manufacturer's instructions for the safest operation of the generator.

Portable generators are not the only source of CO; it can be generated by any number of household appliances. Be sure that all your gas or oil burning appliances, including gas ovens and stoves, fireplaces and chimneys, gas water heaters, gas dryers, wood stoves, and gas or kerosene burning space heaters are:

- checked annually by a trained appliance technician at the beginning of the season when they will be most in use;
- well-maintained according to the manufacturer's recommendations;
- vented to the outside of the structure in which they are installed.

Even gas-powered tools can generate CO when they are in use. You should never run gas-powered devices, including mowers, chainsaws, or leaf/snow blowers, in an enclosed space even if you are just repairing or testing the device. A small amount of CO in a small space is still dangerous and can be fatal.

*Continued on page 2*

# Tips for Reducing Risk of Deadly CO Poisoning During Winter Season

*Fuel-burning appliances put families at risk when used improperly*

*Continued from page 1*

## **In my car:**

Never idle your car in a garage—even if the garage door is open. Even with some ventilation, CO gas can build up quickly and seep into your home. Have your vehicle's exhaust system checked every year as part of your regular maintenance. A small leak in the exhaust system can cause a buildup of CO gas in your car.



## **Can't I just use a CO detector?**

Carbon monoxide detectors are a **MUST** for every home, but they are not a replacement for properly using and maintaining your appliances. The CO detectors that you choose should be certified by the Underwriters Laboratories (look for the UL symbol on the packaging and the detector) and be placed strategically throughout your home. Each month, you should check that the detector is properly working and has working batteries. You should not use a detector that relies solely on the electrical power supplied to your house—if the power goes out, then your detector will not work properly. Change the batteries in your CO detectors when you change the batteries in your smoke alarms—when you change your clocks each spring and fall.

A CO detector should be placed in the hallway outside of the bedrooms in each sleeping area of the house and at least 10 feet from any fuel burning source. If your CO alarm does go off, don't take any chances. Immediately move outdoors, especially if you or anyone in your family is experiencing the symptoms described below.

According to Maryland State law (Md. Code Ann., Pub. Safety § 12-1101 to 1106),

most residential dwellings built after January 1, 2008, that use fossil fuels are required to have hardwired CO detectors installed near each sleeping area. Make it a point to know the location of the CO detectors in your home.

## **What are the symptoms of CO poisoning?**

Symptoms of CO poisoning can include headache, nausea, confusion, fatigue, shortness of breath, dizziness, and fainting. These symptoms can mimic those of other illnesses, especially flu and other viral illnesses. Seek medical attention immediately if you are experiencing these or similar symptoms. It is important to know and recognize the early warning symptoms that can lead to a dangerous or fatal buildup of CO.

## **What do I do if I suspect CO poisoning?**

Do NOT ignore the symptoms of suspected CO poisoning. If you think you may be experiencing CO poisoning, you and your family must leave the house, shed, garage, or other location and move to an outside

area with fresh air immediately. Pets are also susceptible to CO poisoning and should be removed from the home or enclosed space. After you have moved outside, call 9-1-1 to report the incident. CO can build up rapidly and be fatal within minutes, so it is important to get outside prior to calling for help.

## **For more information on CO and preventing CO poisoning, visit these sites:**

[www.cdc.gov/co/](http://www.cdc.gov/co/)  
[www.cpsc.gov/info/co/index.html](http://www.cpsc.gov/info/co/index.html)  
[www.epa.gov/iaq/co.html](http://www.epa.gov/iaq/co.html)

For more information on responding to emergency calls with known and unknown (unconscious patients) CO exposure and the treatment priorities, visit the MIEMSS Online Training Center ([www.emsonlinetraining.org](http://www.emsonlinetraining.org)). Lectures on this subject by Dennis Woods MS, NREMT-P, and Karen O'Connell MD, FAAP, can be accessed by clicking on *Carbon Monoxide Hazards and Response*.

## Winter Driving Tips for Firefighters and EMS Providers

Although this January so far has proven to feel somewhat spring-like, the ice and snow are coming. We encourage every Provider to drive safely, both on- and off-duty. Author Robert Raheb's 2011 article, *Winter Driving Tips for Firefighters and Paramedics/EMTs*, is still a great resource for learning how to take the appropriate precautions, maintain your vehicles, and adapt to changeable conditions. For the full resource, visit <http://www.fireengineering.com/articles/2011/12/winter-driving-tips.html>.



*Winter driving can be treacherous. Be sure that, as a Provider, you are well prepared for a variety of conditions.*

# How Western Maryland Survived Hurricane Sandy

*Editor's note: Three months after the event that brought Western Maryland to a standstill, MIEMSS' Region I Administrator Dwayne Kitis shared his memories and his appreciation for all the assistance received by the region. He can be reached at [dkitis@miemss.org](mailto:dkitis@miemss.org).*

Six days before one of the worst weather events ever to strike Garrett County, Maryland, a contingent of State, county, and local professionals were listening to a weather update from the National Weather Service in Pittsburgh for the Garrett County winter season. After this briefing, the presenter remarked, "The weather model for a proposed storm for next week is today predicting 50 inches of snow for Garrett County." Everyone in the room looked at each other. He then said that the previous day's model only indicated three inches for the same period. "You can expect anywhere from 3-50 inches of snow," he said, with a snicker. Little did any of us in that room know the prediction was right—and it was much closer to the higher end. It was late October 2012, and Hurricane Sandy was about to strike.

Garrett County residents are accustomed to snow and wintery conditions. They are used to labor-intensive snow shoveling and removal. The occasional power outage that comes with the wind is nothing new either. The residents of Garrett County tend to have an underlying self-sufficiency, an outlook that allows the residents to keep going when times are rough and avoid asking for assistance.

They are, however, not used to the trashing of the entire county power grid, heavy property damage, and inability to travel on the rural roadways due to three feet of heavy, wet snow and 60 mph winds. Immediately after Sandy hit the county, 80-90% of county residents lost power. The Garrett County power grid infrastructure was damaged beyond belief. About 90% of county and local roads were impassable due to trees, power lines, and stranded vehicles, making it near impossible for the determined plow trucks to make any progress. Heavy snow and high winds felled large trees, escalating property damage as numerous homes, structures, and vehicles were crushed.

Garrett County desperately needed assistance; this event was nothing like they had ever seen. Yet, once assistance was requested, the response of neighboring areas, the Maryland State government, and other friends was staggering. Garrett County opened a full Emergency Operations Center (EOC), which has rarely happened, prompting a far-reaching request for help. The call went out for resources, and they showed up in *force*. Power trucks

lined up as far as the eye could see; rows of public safety vehicles and contingents of snow removal tools arrived. They all came.

Assistance came from as far away as Kansas, Alaska, and Florida. People with much needed skills, such as linemen, supervisors, truck drivers, law enforcement, incident management, communications, public support, human resources, EMS, search and rescue (SAR), debris removal, tree removal, all came to Garrett County to help. Governor Martin O'Malley paid a visit to the storm-damaged county. So many individuals responded to the call for help that there were no hotel rooms to be had. And we as a county were grateful.

Garrett County mitigated the devastation with its newfound resources and personnel. With a functioning EOC in place, action plans were developed and implemented. Systems were developed to ensure the citizens had what they needed for prolonged power outages. Proper personnel were strategically deployed to assist vulnerable residents. Area agencies assisted responders with food, shelter, and other comforts during their prolonged stay in the county. Roads were cleared with the help of strategic planning and strike teams comprised of plow trucks, SAR, tree removal, and EMS. Power company crews replaced approximately 300 broken poles, and what seemed like miles of electrical wire, all while trudging through three feet of snow. In some of the most austere conditions, the workers on the ground continued their efforts for hours and days on end. Most of the immediate work was completed

in four days, which allowed most citizens the ability to finally leave their homes. Power outages continued into a second week for some residents, but without the assistance that came, it would have taken so much longer.

Garrett County does not ask for help often; but when they do, they are in desperate need. Most comforting about this ordeal is that the residents of Garrett County now know that when help is needed, it is only a call away.



*Wintery conditions made for slow and careful driving through Garrett County after the Hurricane. Courtesy of Providers from Harford County, MD.*



*An ambulance makes its way down a snow-covered street in Garrett County following Hurricane Sandy. The region received three feet of snow in a short period, paralyzing the region. Courtesy of Providers from Harford County, MD.*

# Maryland Orders for Life Sustaining Treatment (MOLST)

Effective January 1, 2013, the Maryland Orders for Life Sustaining Treatment (MOLST) form replaced the EMS/DNR form. Prior EMS/DNR forms are still valid and will be honored by emergency medical services (EMS) providers. The MOLST form can be downloaded by clicking this link: <http://bit.ly/Maryland-MOLST-form>.

MOLST is a portable and enduring medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments. The medical orders are based on a patient's wishes about medical treatments.

The MOLST form:

- Consolidates important information into orders that are valid across the continuum of care
- Standardizes definitions
- Reminds patients and providers of available treatment options
- Increases the likelihood that a patient's wishes regarding life-sustaining treatments are honored throughout the health care system

## Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

**B-2012-589 (EMT-B)** – December 18, 2012. For receiving probation before judgment for driving under the influence of alcohol: probation for one year with random drug and alcohol testing at Provider's expense.

**B-2012-593 (EMT-B)** (By Disposition Agreement) – December 11, 2012. For providing prehospital care serendipitously at an accident scene while under the influence of alcohol: probation for one year with random alcohol testing at Provider's expense, obtaining support services through the Critical Incident Stress Management program within 60 days, and successfully completing a self-paced educational program addressing scene safety.

**B-2012-587 (EMT-B Applicant)** – November 26, 2012. For pleading guilty to attempting to drive or driving under the influence, disorderly conduct, and being found guilty of CDS possession (marijuana), guilty of 2nd degree assault, and guilty of possession of trout over the creel limit: application denied.

**B-2012-588 (EMT-P)** – November 26, 2012. For receiving probation before judgment for driving a vehicle while under the influence: one year's probation with random drug and alcohol testing at Provider's expense.

**B-2012-563 (EMT-B)** – October 10, 2012. For conviction for 2nd degree assault: EMT-B certification revoked.

**B-2012-581 (EMT-B)** – August 21, 2012. For being found guilty of driving while intoxicated: one year's probation with random drug and alcohol testing at Provider's expense.

**B-2012-578 (EMT-P)** – August 21, 2012. For receiving probation after conviction for 2nd degree assault, reckless endangerment, and malicious destruction of property: probation concurrent with court ordered probation.

**B-2012-573 (EMT-B Applicant)** – August 21, 2012. For receiving probation before judgment for driving while under the influence of alcohol per se: certification process allowed to proceed, and, if certified, probation for three years with random drug and alcohol testing at Applicant's expense.

**B-2012-572 (EMT-B)** – August 21, 2012. For receiving probation before judgment for driving while under the influence and pleading guilty to driving while impaired by alcohol per se: probation for one year with random drug and alcohol testing at Applicant's expense.

The order form may be signed by a doctor or nurse practitioner. Every time a form is completed, a copy must be given to the patient or authorized decision maker within 48 hours, or sooner if the patient is discharged or transferred. The MOLST form is valid across the continuum of care, and is to be honored by physicians, nurses and other health care providers, as well as EMS providers.

In the absence of a valid MOLST form or EMS/DNR Order, patients calling for ambulance service who are unable to communicate their health care wishes will receive restorative interventions under the statewide *Maryland Medical Protocols for EMS Providers*.

Patients may obtain metal EMS/DNR bracelets or necklaces by contacting Medic-Alert directly at (800) 432-5378. Plastic bracelets to hold the order insert from the form may be ordered through MIEMSS by calling (410) 706-4367. Patients and caregivers without access to the internet may order forms through MIEMSS by calling (410) 706-4367.

For further information regarding MOLST forms, visit <http://marylandmolst.org/index.html>. Questions about MOLST can be directly emailed to [maryland.molst@maryland.gov](mailto:maryland.molst@maryland.gov).

## 2013 Maryland Stars of Life and Right Care When it Counts Award nominations now being sought!

If you know of a Maryland citizen, Provider, or team of Providers that did an extraordinary thing or went the extra mile, nominate him or her for a Maryland Stars of Life Award. Children and youth 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* are eligible for a Right Care When it Counts award. Nominations are only accepted for events that took place January 1, 2012, through December 31, 2012. Nomination forms are included in the back of this newsletter. Deadline for nominations is April 1, 2013. Please email any questions directly to [awards@miemss.org](mailto:awards@miemss.org).

## Purple Friday



MIEMSS staff celebrated "Purple Friday" on January 11, 2013, in honor of the Baltimore Ravens' playoff game against the Denver Broncos. Go Ravens!  
Photo by Amber Hawthorne.

# 2013 EMS Education Symposium “Supporting Student Success” Held this Month in College Park

In a continued effort to improve EMS education for Maryland providers, MIEMSS' Office of Licensure and Certification hosted its annual EMS Education Symposium, a daylong PDI and informational conference, on January 3, 2013, at the Maryland Fire and Rescue Institute (MFRI) Headquarters in College Park. This year's symposium featured updates from many of Licensure and Certification's key staff as well special guest speakers Christine Haber, MPH, NREMT-P, from the Prince George's County Fire/EMS Department, and Kenneth L. Threet, a renowned state training coordinator from the Montana Board of Medical Examiners.

As in years past, this conference is intended to reach out to instructors and training coordinators across the state, bring them up to date with any changes in the licensure and certification process, and provide them with a learning opportunity which will further expands their capabilities in the classroom. Additionally, the symposium gives the Licensure and Certification staff a chance to hear directly from the instructors what it is that they need from MIEMSS to be successful.

The day began with a State of the State in EMS Education presentation by Dr. Robert A. Bass, Executive Director of MIEMSS, followed by eight individual seminars. In Dr. Bass's "State of the State" address, the instructors were given a preview to the coming changes to the *Maryland Medical Protocols for EMS Providers*, effective July 1, 2013. Kenneth L. Threet, the keynote speaker, addressed the issue of inter-rater reliability and shared his experiences in Montana in developing practical scenarios which were both objective in evaluation and legally defensible. Other important topics discussed during the symposium included Christine Haber's "Making the Grade in the Classroom" which provided strategies to increase classroom success for instructors who can embrace being both effective and efficient. The final speaker of the day was Rae Oliveira, Director of MIEMSS' Office of Licensure and Certification, whose "Practical Evaluation" presentation discussed the evolution of practical testing, practical evaluators, and the coming of a paperless practical to the licensing process.

According to Pete Fiackos, the EMS Education Manager in the Office of Licensure and Certification, "This symposium is always



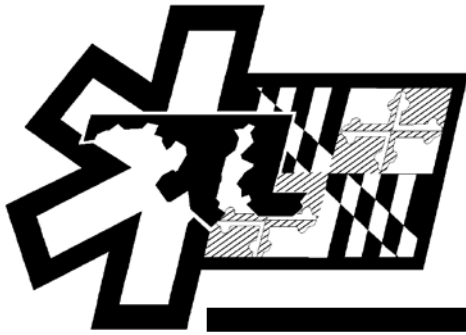
*Dr. Bass, along with staff from MIEMSS' Office of Licensure and Certification, present plaques of appreciation to two of the presenters, Kenneth L. Threet, Montana Board of Medical Examiners, and Christine Haber, MPH, NREMT-P, from the Prince George's County Fire/EMS Department.*



*Dr. Robert R. Bass MD, Executive Director of MIEMSS, updates the group with his State of the State in EMS Education presentation.*

a great way to start the new year. This gathering gives us the opportunity to share ideas, network, and improve our teaching skills in a format that is geared towards teaching EMS students and guiding them towards success." Approximately 80 participants attended the conference this year.

Planning for the 2014 EMS Education Symposium has already begun. The next annual education symposium will be held on Thursday, January 9, 2014—save the date!



# MARYLAND'S STARS OF LIFE AWARDS

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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, 2012, through December 31, 2012. 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-CHILDREN (EMS-C) AWARD**

This award is given for an adult or program that has demonstrated ongoing dedication and commitment to improving the care for children and for promoting Family Centered Care in a Maryland EMS program or hospital.

## **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 — 2013 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):**

Maryland Star of Life Award

Outstanding EMS Program

Maryland EMS Citizen Award

Leon W. Hayes Award for Excellence in EMS

EMS Provider of the Year

Maryland EMS-C Award

EMD Provider of the Year

Maryland EMS-G Award

**\*\*\* PLEASE NOTE:** *If there is more than one nominee associated with the same incident or activity, please DO NOT duplicate this form but rather list names, affiliation and contact information on a separate sheet of paper and attach to this form.*

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

If applicable, please submit additional documentation such as newspaper articles, video footage, audio recordings, 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 April 1st, 2013.**

**Mail form to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536**

**OR FAX form to: Jim Brown, 410-706-3485.**

Please submit questions regarding the nomination process to [awards@miemss.org](mailto:awards@miemss.org)



# The Right Care When It Counts Maryland EMSC 2013 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, 2012, through December 31, 2012, 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 2013.

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

**NOMINATIONS MUST BE RECEIVED AT MIEMSS BY April 1st, 2013.**

Mail form to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

OR FAX form to: Jim Brown, 410-706-3485.

Please submit questions regarding the nomination process to [awards@miemss.org](mailto:awards@miemss.org)





# The Right Care When It Counts Maryland EMSC 2013 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 indicate if you have spoken with the family about this nomination
- PLEASE include any printed materials about this nomination and if the child/youth has been recognized locally

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Mail form to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

OR FAX form to: Jim Brown, 410-706-3485.

Please submit questions regarding the nomination process to [awards@miemss.org](mailto:awards@miemss.org)

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



**Governor Martin O'Malley**  
**Lt. Governor Anthony Brown**

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