Maryland EMS News

For All Emergency Medical Care Providers

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Holiday Safety Report from EMS for Children

Batteries and Ingestion: A Deadly Combination for Infants and Children

With the increasing number of electronic tools and toys—and the decreasing size of batteries needed to operate these devices—infants and children are at risk for ingesting batteries as they play and explore. Each year in the United States, more than 2,800 kids are treated in emergency rooms after swallowing button (small-sized) batteries. *That is one child every three hours*. Button batteries pose a serious hazard to children.

When a child swallows a button battery, their saliva triggers an electrical current. This causes a chemical reaction that can severely burn the esophagus in as little as two hours. Button battery ingestion can cause severe, often irreparable damage to a child. It may not be obvious at first that there is something wrong, since kids can still breathe and act normally after ingesting a battery, although it may seem like the child has a cold or flu. Repairing the damage from battery ingestion is painful and often involves multiple surgeries. Even after a battery is removed, kids can

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Selecting Toys that are Age Appropriate Recommendations (using "Age Grading")	
Infants	Toys: bright colors; toys and washable books with pictures of faces; toys that can be shaken, held, and sucked on; stacking toys; stuffed animals with embroidered faces Books: vinyl and board books that include sounds and rhythms
Toddlers	Toys: those that can be carried, pulled, pushed, and dropped; toys that can be stacked and knocked over; toys that involve transportation and kitchen themes; puppets (with sewn faces, not buttons); toys that can be played with inside and outside Books: picture books with facts and fiction
Pre-K through K	Toys: those that promote pretending (costumes, stages, hats); toys that involve throwing and catching, bouncing and running; toys that promote safe discovery, crafts, and art Books: picture books with more advanced language and interactive questions and a chair that is size appropriate for independent reading
School-Age	Toys: those that encourage self-expression (crafts, drawing, writing); board games with teams and a variety of skill levels Books : topics that interest the individual child; ones that they will reread; bed or chair side lighting independent of overhead lights
Tweens and Teens	Toys: Board games with advanced strategy and challenges; music games that interact with electronics yet require group participation; models and craft kits Books: current trends and classics; print and electronic versions
Sporting Equipment	Outdoor games, balls, and sports will encourage exercise; age appropriate recommendations must be followed. Equally important are correctly sized helmets and protection gear specific to the sport

(Sources: American Academy of Pediatrics, National Association for the Care of Young Children; Safe Kids USA, Toy Industry Association)

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Maryland Lower Eastern Shore 2013 Regional Tabletop Exercise

The Maryland Lower Eastern Shore 2013 Regional Tabletop Exercise, sponsored by the Maryland Emergency Management Agency, was held on November 20, at the Salisbury Civic Center. Participants discussed and evaluated response and recovery planning activities that could result from widespread power outages during extreme high temperatures (specifically impacting the Lower Eastern Shore region of Maryland including Dorchester, Somerset, Wicomico, and Worcester Counties, and the Town of Ocean City). The Tabletop Exercise took place over a half-day and focused on the evacuation of Atlantic General Hospital following a simulated generator failure during an extensive heat wave. This exercise tested local, regional, and State entities' expertise in EMS, medical incident management, public information, and knowledge of state and local resources, policies, and procedures. Challenges, issues, areas for improvement, and decisions were tracked during the exercise and followed by a "hot wash" discussion, which allowed the participants to make observations about the process. All issues discussed during this exercise will be categorized and ranked and included in an After Action Report, which will be used as a reference for continued improvement of response plans and program attributes for coordinated response capabilities.

MIEMSS Region IV Administrator John Barto (third from left) and Associate Administrator Anna Sierra (standing) discuss events surrounding the evacuation of Atlantic General Hospital with Emergency Support Function – 8 (ESF-8) members during a breakout session at the Lower Eastern Shore Tabletop exercise. ESF-8 is the Public Health and Medical Services component of the structure for coordinating Federal interagency support for a Federal response to an incident. ESF-8 is comprised of representatives from public health, medical (including EMS and hospitals), and mental health services.

MIEMSS Receives Award

Several members of MIEMSS staff were on hand at the National Symposium on Superstorm Sandy (November 12 and 13, 2013) to accept an award presented to the State of Maryland for its response to New Jersey after the storm. The award, along with a challenge coin, was presented by the New Jersey Department of Health Office of Emergency Medical Services and The International Association of Emergency Managers. Pictured are, left to right, Region III Administrator Lisa Chervon, State Office of Commercial Ambulance Licensing and Regulation Director Bill Adams, Chief of Field Operations John Donohue, Director of Emergency Operations Randy Linthicum, and Region III Associate Administrator Jeff Huggins.

Important Information on CRT-I/99 Certification for Maryland Providers

If you are a Maryland provider who has applied with the National Registry of Emergency Medical Technicians (NREMT) for Intermediate/99 certification, you may have received a letter from the Registry about changes in national certification levels. Effective December 31, 2013, the NREMT will no longer offer National EMS Certification at the Intermediate/99 provider level. All testing for the NREMT-I/99 must be completed by that date.

What does this mean for Maryland providers who wish to become CRT-I/99 certified? There are three important things to note:

- Candidates that test after the date are eligible for state certification/licensure only
- CRT courses in Maryland will continue indefinitely
- NREMT has agreed to continue to provide the examination process for states offering an I/99 (CRT) level licensure

While this level of certification will no longer be recognized at the national level, Maryland will continue to test and recognize CRT-I/99s at the state level. Please feel free to contact MIEMSS at 1-800-762-7157 if you have any questions about this process.

Hurricane Sandy in Maryland: One Year Later

One year after Hurricane Sandy, which first reached Maryland on October 29, 2012, hard-hit regions of our state have demonstrated remarkable progress in recovery and planning for future possible incidents.

Garrett County

Garrett County in Western Maryland experienced some of the worst damage seen in the State from this "superstorm." The residents of this region lost power or had intermittent service for days on end, struggled to stay warm, and coped with impassable streets and few transportation options. Garrett County declared a State of Emergency on October 30, 2012.

In response, an Emergency Operations Center (EOC) was activated and staged in the Garrett County Office Building in Oakland, Maryland. A rotating team of 27 people staffed the center, including the Kansas City Incident Management Team, who responded to assist through a mutual aid/Emergency Management Assistance Compact (EMAC) agreement. The EOC staff held twice-daily logistical briefings and media updates that included safety tips, hotline/helpline contact information, and emergency shelter locations for the public. Because of heavy demand for and use of power generators during the outages, EOC staff focused many of its safety tips on the proper use of generators so as to prevent injuries and illness. Many of the emergency response personnel were housed at Garrett College where food and other supplies were made available for them.

The health and well-being of Garrett County residents was the number one priority for Emergency Management personnel during the storm. At one point, three emergency shelters were put into operation; one shelter housed 119 vulnerable adults who had been evacuated from a nursing home experiencing generator failure. Wellness checks were conducted throughout the storm by the Sheriff's Office, Community Action, and the County Health Department. Other resources for residents impacted by the storm included a "Question and Answer" section on the Garrett County website for disaster victims with name and contact information for reporting damage.

During the course of the storm and its aftermath, Over 30,000 reports of lost power were submitted to the region's provider, Potomac Edison. When it was possible to begin recovery operations, over 1,600 workers were deployed to restore power to the devastated region, and Maryland crews were grateful for the support of teams from Florida, Georgia, Alabama, Illinois, and Indiana. Together, these teams replaced 250 power poles, 160 transformers, and 23 miles of wire in Garrett County alone. To put a perspective on the extensive recovery effort required, only 90 poles throughout all of Western Maryland were replaced by Potomac Edison following the June 2012 *derecho* storm.

Following this unprecedented experience, Garrett County Emergency Management has implemented some major changes in emergency preparedness designed to maximize resources and ensure the safety of its nearly 30,000 citizens. A new, larger space for the EOC has been designated at the Garrett County Airport, complete with updated equipment and technology (e.g., copiers, plotter, VOIP phones, a Smartboard, and large-format monitors). New generators and mobile messaging signs are being procured through grant funding. The Garrett County Emergency Operations Plan has been updated and mandatory staff training in emergency management will take place at least twice a year. In fact, two exercises—a table-top exercise in Garrett County and EOC training sponsored by the Maryland Emergency Management Agency (MEMA)—have already taken place and two more events are scheduled for late 2013 and early 2014. Garrett, Allegany, and Washington Counties are all committed to forming a Regional Incident Management Team.

According to John Frank, Director of Emergency Management for Garrett County, mutual aid resources were much appreciated and worked exceptionally well together helping this region endure and recover.

Somerset County

Somerset County—and the town of Crisfield in particular—continue to recover from Sandy's devastating effects. Limited emergency services water rescue resources made the evacuation of hundreds of people a significant challenge. The Somerset County Department of Emergency Services, in cooperation with individual fire and EMS companies in the county, have expanded swift water rescue equipment as well as trained personnel. In fact, all fire departments in Somerset County now have at least one boat capable of water rescue or evacuation.

The Department of Emergency Services also recently invested in a Mass Casualty Response Unit with the assistance of MIEMSS and Maryland Department of Health and Mental Hygiene Hospital Preparedness Program funds. The unit can be used for response to a mass casualty event or support for a shelter. The Department continues to revise plans and policies with regards to mitigation, response, and recovery from hurricanes and other hazards. Meanwhile, the Department of Health and Mental Hygiene and local health departments have taken up a number of improvement initiatives, generated from Sandy "lessons learned." One such initiative recently allowed local health departments to access the rolls of Maryland Responds, the statewide volunteer corps, allowing local public health emergency planners better access to community health and medical volunteer resources and the ability to include those individuals in key trainings for a more connected and resilient system.

Eleven Marylanders tragically lost their lives as a result of the superstorm. One year later, we take this time to remember those lost, but also reflect on the strength of Marylanders and especially our EMS providers and emergency management personnel who keep us safe.

Many thanks to John Frank, Director of Emergency Management for Garrett County, and Anna Sierra, Associate Administrator for MIEMSS Region IV for providing information for this article.

Holiday Safety Report from EMS for Children

Batteries and Ingestion: A Deadly Combination for Infants and Children

(Continued from page 1)

experience terrible side effects to their vocal chords and windpipe.

Preventing battery ingestion involves a home inspection and securing batteries, just like other poisons. Here are some tips for keeping your child safe from batteries:

- Search your home, and any place your child goes, for gadgets that may contain button batteries.
- Keep button battery-controlled devices out of sight and reach of children. These include remote controls, singing greeting cards, digital scales, watches, hearing aids, thermometers, certain children's toys, calculators, key fobs, flameless or tea light candles, flashing holiday jewelry, and certain decorations.
- Keep loose batteries locked away, or place a piece of duct tape over the controller to secure the battery compartment.

Because button battery ingestion remains on the rise, **a national hotline number (202-625-3333)** has been established for parents and guardians. If there is any suspicion that a child has ingested a battery, take him or her to the Emergency Department immediately.

More information on battery poisoning is available at the Maryland Poison Center, the National Capital Poison Center, and Centers for Disease Control and Prevention websites.

There are many other websites that feature toy safety information; listed below are some that have national recognition:

www.aap.org

www.healthychildren.org

www.cpsc.gov

www.safekids.org

www.toyinfo.org

www.thebatterycontrolled.com

Television Tip-Overs: A Preventable Tragedy

Televisions are often purchased as holiday gifts, but they may add dangers to the home that are not always obvious. In 2012 Safe Kids Worldwide released a report on the Dangers of TV-Tip Overs with facts that everyone should know:

- Every 45 minutes a child is injured from a TV tip-over.
- Every 3 weeks, a child dies from a TV tipping over on top of them.
- Only 1 in 4 adults who buy a TV take an action to secure it.
- 7 out of 10 children injured by TV tip-overs are under 5 and are usually boys.
- There has been a 31% increase in injuries over the past ten year from TV tip-overs.
- A 36-inch cathode ray tube (CRT) television falling 3 feet creates the same momentum as a 1-year-old child falling 10 stories.
- Flat screen TVs can topple over and injure children just as easily as CRTs.

Prevention is easy and much less expensive than the cost of the TV or a trip to the emergency room. Here are some tips for keeping your child safe from heavy furniture and television tip-overs:

- Mount flat-screen TVs to the wall according to the manufacturer's guide to prevent them from toppling off stands.
- If you have a large CRT TV, place it on a low, stable piece of furniture.
- Use brackets, braces, or wall straps to secure unstable or top-heavy furniture to the wall.
- Install stops on dresser drawers to prevent them from being pulled all the way out.
- Keep heavier items on lower shelves or in lower drawers.
- Avoid placing remote controls, food, toys or other items in places where babies might be tempted to climb up or reach for them.

To read the full report on the dangers of television tip-overs, go to www.safekids.org and search "TV Tip Overs."

Licensure and Certification TIDBIT

Q. What does it mean to affiliate and why do I need to have one on file with MIEMSS?

A. As an EMS provider in Maryland, you are permitted to practice because you are working off the license of a Medical Director who represents an EMS Operational Program (EMSOP) (jurisdiction/county or volunteer company) or commercial service (private ambulance company). In order to be "covered" by this medical license, you must be affiliated with an agency represented by a Medical Director. Therefore, MIEMSS requires an affiliation, at the appropriate skill level (EMR, EMT, CRT or Paramedic), on file for the agencies with whom you ride. You are required by law to notify MIEMSS of any affiliation changes within 30 days.

Winterfest EMS 2014

January 23 – 26, 2014

Harrison's Chesapeake House - Tilghman Island, Maryland

Join Us for a Fun and Relaxing Weekend of Quality Education

Preconference

EMT 12-Hour Skills Refresher

Date: January 23 at 5:00 pm & January 24 at 8:00 am

Location: Tilghman Island Volunteer Fire Dept. ***Fee:*** $60 (Registration is required.)

For EMTs; complete all your recertification needs with us at WINTERFEST EMS 2014. A 12-hour skills class is available as a pre-session followed by 12 hours of continuing education, which, with careful choosing, can meet the 12-hour requirement. ***Space is limited. Register early!***

Pediatric Vascular Access Workshop

Date: January 24 at 8:00 am

Location: Tilghman Island Volunteer Fire Dept. ***Fee:*** $30 (Registration is required.)

This workshop is designed to provide technical updates on vascular access in children for ALS providers. Through didactic sessions, video demonstration, and hands-on practice, participants will gain experience with IV, IO, and implanted vascular access. The when to, how to, and most importantly, why to start medication and fluid administration for children in emergent situations will be discussed in both case examples and simulation. This workshop is being sponsored by the EMSC Partnership for Children Grant with support from the pediatric specialty centers in Maryland. (3.5 M/3.5T). The course is also approved for 6.75 hours by ENA.

Winterfest EMS 2014

Saturday – January 25, 2014

0730–0800 **Registration**

0800–0815 **Welcome**

0815–0930 **Informing the Family Following TOR—EMS Death Notification (1.5 M/B)**
Kevin Seaman, MD, FACEP
Medical Director, Howard County Dept. of Fire and Rescue Services
This session will provide an introduction to Family Support at the scene after the Termination of Resuscitation (TOR).

0930–1000 **BREAK**

1000–1130 **World War C (PR)—Snatching Life from the Jaws of Death (1.5 M/B)**
Kevin Seaman, MD, FACEP
Medical Director, Howard County Dept. of Fire and Rescue Services
Captain Dale Becker, Howard County Dept. of Fire and Rescue Services
An update on High Performance CPR (HP CPR) will be given, including the evidence that HP CPR really works and can make a difference in your patient's outcome! This will also include information on how to bring about a Culture of Change to Implement Code Resource Management (CRM)/HP CPR.

1130–1245 **LUNCH WITH VENDORS**

SATURDAY: BREAKOUT SESSIONS
1300 – 1430 repeat 1500 – 1630

A. B is for Boom: Primer on Blast Injuries (1.5 T/B)
Tom Chiccone, MD
Unique features of blast injuries resulting in specific patterns of injury. An understanding of the mechanism of a blast will aid in the appropriate triage and treatment.

B. From Burnout to Balance, Managing EMS Stress. (1.5 M/B)
Mike Campbell, Licensed Acupuncturist, NREMT-P
Talbot County EMS
EMS is a rewarding career, but the stress can sometimes take away from those rewards. Learning what long term stress does to your body and mind is critical. This lecture will explore the signs and symptoms of long and short term stress and effective ways of managing it.

C. From Spice To Bath Salts: Synthetic Drugs Of Abuse (1.5 M/A)
Lisa Booze, PharmD, CSPI
Clinical Coordinator
Maryland Poison Center University of Maryland
School of Pharmacy
Synthetic drugs are designed to circumvent existing laws while mimicking illicit drugs such as cocaine, ecstasy, and marijuana. Reports of severe intoxication, dangerous health effects, and deaths associated with use of these drugs have made them a serious and growing public health and safety issue. This presentation will review the toxic effects of synthetic drugs such as "spice," "bath salts," "smiles," and more.

(Continued on next page)

Saturday – January 25, 2014

(Continued from previous page)

D. Managing Pediatric Falls (1.5 T/B)
Sally Wilson, RN
Education, Injury and Outreach Coordinator
Children's National Medical Center
An injury from a fall is the number one reason for EMS transports and ED presentations in the pediatric population. Knowing which ones are severe vs. minor are critical to the outcome of the patient. In this session, you will learn how to assess, treat, and make appropriate transport decisions for those children who "fall down."

E. Social Media: Friend or Foe (1.5 L/2)
Gary Hicks, MSN, RN
Director of Education
Upper Chesapeake Medical Center
Discuss the legal implications of inappropriate use of social media, the benefits of social media and the risk, of losing licenses/certifications due to inappropriate utilization of social media. The presentation will also talk about ways to protect yourself from civil law suits as it relates to social media.

F. Guns, Knives, and Projectiles – Oh My!!! (1.5 T/A)
Dr. Marcie Feinman, Assistant in Surgery,
Trauma, Surgical Critical Care, and Emergency Surgery
The Johns Hopkins University School of Medicine
Cases reviews of penetrating trauma with a focus on EMS interventions for these types of injuries from trauma.

G. Hands on Practice with High Performance CPR (1.5 M/B)
Kevin Seaman, MD, FACEP, Medical Director,
Howard County Dept. of Fire and Rescue Services
Captain Dale Becker, Howard County Dept. of
Fire and Rescue Services
During this session, you will be able to see how the implementation of HP CPR really works through hands-on scenarios.

H. So Many Patients! Where Do I START? (1.5 T/B)
Matt Watkins, NREMT-P
Talbot County EMS
Mary Alice Vanhoy, RN, CEN, CPEN, NREMT-P
UM Shore Emergency Center–Queenstown
Number of patients beyond your resources! Who are you going to call and where are you going to START? Review of MCI triage and management.

1430-1500 BREAK WITH VENDORS

1300-1630 DOUBLE BREAKOUT – DOES NOT REPEAT

I. Emergency Responder Rehabilitation (3 L/2)
Brian Bennett, Ph.D., CSP
EHS Excellence Consulting; Chief, Iselin NJ FD
This session will cover the safety and health needs of emergency response team members operating at hazardous materials, firefighting, rescue, or emergency medical operations. Topics covered include: what is rehab and why is it necessary; how to properly set up a rehab area; pre- and post-incident medical monitoring; recognition and treatment of heat and cold related illnesses; fluid replacement and nutrition; and other issues to ensure that emergency responders are able to continue functioning at an emergency incident.

1630 CONFERENCE ENDS FOR THE DAY

Join Us Back at Harrison's for Dinner Services Starting at 1800

Sunday – January 26, 2014

0830–0845 Sign In

0845–0900 Opening

0900–1015 Pediatric Seizures (1.5 M/B)
Liz Quaal Hines, MD
The Johns Hopkins Children's Center
Determining the neurological status of a child is often difficult. Seizures occur for different reasons at different ages. The discussion will include the causes, symptoms and field treatment for treatment of seizures in infants, children, and youth.

1015–1030 BREAK

1030–1145 1 Patient, 7 Lives, Infinite Possibilities (1.5 M/B)
Ciara Gee, BS, NRP, CPTC
Organ Recovery Coordinator
The Living Legacy Foundation of Maryland
The generosity of one family had a dramatic life-altering effect on seven patients, their families and the community. See how one life and one decision can make a difference.

1145–1245 LUNCH

1300–1415 Beyond the Story: "I have fallen but I got up" (1.5 T/B)
Benjamin J. Lawner, DO, EMT-P, FACEP
Assistant Professor, Department of Emergency Medicine
University of Maryland School of Medicine
Deputy EMS Medical Director, Baltimore City Fire Dept.
Medical Director, Critical Care Transport Course, UMBC
Medical Director, Community College of Baltimore County EMT Program
They told you one story but the outcome was different. Did you touch the patient or think about the mechanism? Case studies in falls and the hidden injuries.

1415–1430 BREAK

1430–1545 Boston Bombing (1.5 T/A)
Melissa Kohn, MD
Department of Emergency Medicine
Einstein Medical Center, Philadelphia
The disaster can happen at any time but exercising and preplanning can optimize the response and patient outcome. Explore the Boston Marathon bombing from the street side.

1545 Program Evaluation

DRIVE CAREFULLY – THANKS FOR COMING – SEE YOU NEXT YEAR

Winterfest EMS 2014

Location:

Winterfest EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House.

Payment and Cancellation Policy:

Pre-registration is required. Payment of all fees must be included with pre-registration. There is a $25 fee for bad checks. We will be accepting registration until January 10, 2014, or until the conference is filled—whichever comes first. There will be a late registration fee of $25 added to all registrations that are received after January 10, including call-ins. Walk-in registrations will not be allowed. All students must be paid in full prior to Winterfest. All credit card transactions and company billings must be approved by the Winterfest staff prior to January 10, 2014. Any student with an outstanding balance from any previous Winterfest will not be allowed to participate until his or her account is paid in full. All requests for cancellations must be made in writing to:

Winterfest EMS
c/o Talbot Co. EMS
29041 Corkran Rd.
Easton, MD 21601

Refunds, excluding a $10 processing fee, will be mailed for cancellations received before January 10, 2014. Cancellation after January 10, 2014, will result in forfeiture of your entire registration fee. Speakers and topics are subject to change.

Accommodations:

WINTERFEST EMS WILL NOT BE TAKING ANY RESERVATIONS.

All reservations must be made by the student. Please contact any hotel directly to reserve and pay for your room. You must request the **Winterfest** rate as noted below. Suggested local lodging is as follows:

Harrison's Chesapeake House, (410) 886-2121, $85 per night double occupancy, $95 per night single occupancy

Tilghman Island Inn, (410) 886-2141, $125 per night

Lowe's Wharf, (410) 745-6684, $79 Thursday night, $99 Friday night, $99 Saturday night

Breakfast at Harrison's is included for those who are staying at the above listed hotels

Breakfast will be served starting at 6:30 Saturday and 7:00 Sunday; gratuity is not included.

Weather Cancellation:

The Conference Planning Committee will make a decision about cancellation of Winterfest EMS due to severe weather by noon on January 23. Call Talbot County EMS at (410) 820-8311 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information:

For additional information or registration confirmations, call the TCEMS at (410) 820-8311, or email us at winterfest.ems@hotmail.com or contact us through Facebook. The Winterfest EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please call the Winterfest EMS Committee.

Directions:

Traveling from the Bay Bridge and points West:

Take Route 50 East to Easton. Turn right onto the Easton Bypass (Route 322). Turn right at the 4th light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive, just past the school.

Traveling from Ocean City and points East:

Take Route 50 West to Easton. Turn left onto the Easton Bypass (Route 322). Turn left at the 3rd light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive, just past the school.

Winterfest EMS 2014

Winterfest EMS 2014 Registration

Name: _____ Nickname:_____

Street Address: _____

City: _____ State: _____ Zip:_____

Phone: _____ Other Phone: _____

Provider #: _____ Email:_____

Primary Affiliation: _____

Certification/Licensure (Circle): FR EMD EMT CRT Paramedic LPN RN NP PA MD

PRECONFERENCES

(*Select Only One*):

_____ EMT Skills Refresher, $60

_____ Pediatric Vascular Access Workshop, $30

CONFERENCE FEES:

_____ Saturday, $85.00 (*choose breakout(s) below*)

_____ Sunday, $85.00 (*general session only*)

_____ Both Days, $150.00 (*choose breakout(s) below*)

SATURDAY BREAKOUT SESSIONS *(choose one for each session OR double breakout)*

First Session – A B C D E F G H

Second Session – A B C D E F G H

Double Breakout – I

Dinner at Harrison's Chesapeake House, Tilghman Island, MD

Rates are per person and DO NOT include gratuity.

___ *Friday Night Dinner Only, $35*

___ *Saturday Night Dinner Only, $35*

___ *Friday and Saturday, $65 (rate only available for 2-night package)*

Total Amount Due $_____ = Preconference Fees + Conference Fees + Meal Cost (as applicable)

Make checks payable to **Winterfest EMS**. Reservations are due by **January 10, 2014**. Meal fees must be included with registration. Send check, along with this form, to Winterfest EMS, c/o Talbot Co. EMS, 29041 Corkran Rd, Easton, MD 21601. Call or email us with any questions or confirmation requests (410) 820-8311 or winterfest.ems@hotmail.com.

****Provider Number is Required to Receive Continuing Education Credits****

Dr. Robert T. Adkins

MIEMSS Mourns the Passing of Region IV Medical Director Robert T. Adkins, MD

It is with great sadness that we wish to inform the EMS community of the passing of longtime Region IV Medical Director Robert T. Adkins, MD on October 16, 2013. In addition to his medical career, both in private practice and at Peninsula Regional Medical Center (PRMC), he was very active in the development of the local emergency medical services system for Maryland's Eastern Shore and instrumental in education and training of medical personnel "in the field." Dr. Adkins served as medical director of MIEMSS Region IV for many years and was awarded "EMS Physician of the year" in 1995. He was a very active member of the Ocean City Paramedic Foundation, acting not only as liaison between the foundation and Ocean City Paramedics, but also provided guidance to the fiscal operation of the foundation. He served as the president of the foundation in 2000–2001 and had only retired from the foundation this past September.

In 1968 he joined the "accident ward" (later to be called the emergency room) at what was then known as Peninsula General Hospital. In December 1994, after having helped guide the growth and decision-making for emergency medical services in Region IV and PRMC, he retired from medical practice. In honor of his years of service to the community and distinguished career, the Peninsula Regional Medical Center named their emergency room facility "The Robert T. Adkins, M.D. Emergency/Trauma Center."

"Dr. Adkins was a thoughtful, caring emergency physician who worked tirelessly to improve all aspects of emergency medical and trauma care," said Chuck Barton, Deputy Fire Chief, Ocean City Fire Department–Career Division. "As an EMS Medical Director, Dr. Adkins was an EMS pioneer who accepted nothing but excellence in emergency medical care."

"With the unexpected death of Dr. Robert Adkins, we have lost a great man who was the absolute foundation in the development of our EMS community," says Dr. William Todd, Jurisdictional EMS Medical Director for Worchester, Wicomico, and Somerset Counties. "He represented to all of us on the Eastern Shore the same commitment and leadership that Dr. R Adams Cowley did for the State."

Dr. Robert T. Adkins helped to form the structure and advancement of Maryland EMS that we know today. He never deviated from his efforts to assure the best training, qualified providers, and patient care possible for all of the citizens of Maryland.

Somerset County Commissioners Unveil New Mass Casualty Response Unit

On Tuesday, November 12, 2013, the Somerset County Commissioners held a news conference in Princess Anne to introduce the new Mass Casualty Response Unit (MCRU). The Mass Casualty Response Unit contains supplies capable of supplementing local EMS companies and the Department of Health and Mental Hygiene (DHMH) during a large scale mass casualty event. A committee comprised of representatives from all of the fire and EMS departments in the county, as well as emergency management staff, assisted in the design of the unit and determined what equipment should be purchased.

This project was a joint venture of the Somerset County Department of Emergency Services, MIEMSS, and the DHMH. Funding from the Maryland Bioterrorism Hospital Preparedness Program/Emergency Medical Services Grant Program was allocated by DHMH/MIEMSS and provided for the MCRU supplies. The Somerset County Department of Emergency Services provided the trailer.

The MCRU carries emergency equipment including generators, trauma supplies, IV supplies, an oxygen manifold capable of sustaining eight patients at a time, weather related rehabilitation items such as misting fans, shelter tents, and water rescue supplies. It also carries a rapid response Mass Casualty Incident (MCI) kit which includes appropriate, pre-labeled Incident Command System vests, Triage tarps, and Maryland Triage flags.

The Somerset County EMS Advisory Council has agreed on a draft MCRU Standard Operating Procedure.

Somerset County Commissioners introduced the new Mass Casualty Response Unit, capable of handling multiple patients, this past November. Photo courtesy of John Barto.

Maryland Service Mission Operation of New AW-139 Helicopter on Eastern Shore

On Tuesday, November 19, 2013, Maryland State Police (MSP) Superintendent Colonel Marcus L. Brown, Major Frank Lioi of the Aviation Command, Executive Director Robert Bass, MD of MIEMSS, and other state and local officials held a media event at the Aviation Command's Easton Section to officially mark the operation of the AgustaWestland 139 helicopter, which is deployed on the Eastern Shore. The pilots and flight paramedics who staff Trooper 6, located at the Easton Airport, have now been fully trained on the new aircraft and have begun flying the new helicopter around the clock on all Aviation Command missions.

Pictured left to right, MSFA First Vice President David Keller, III, Betty Shaw, Liz Marks, Delegate James Malone, Maryland State Police Superintendent Colonel Marcus L. Brown, Major Frank Lioi, and MIEMSS Executive Director Dr. Robert Bass officially cut the ribbon marking the operation of the new AgustaWestland 139 helicopter at the Aviation Command's Easton Section.

Long-Serving Provider Robert A. Petrash Honored at Pyramid 2013

During the recent Pyramid 2013 continuing education conference, held in MIEMSS' Region V, Robert A. Petrash was recognized for his dedicated service to Charles County and the State of Maryland's EMS System. Mr. Petrash is a World War II veteran who first began his lifesaving community service as a member of the Cobb Island Volunteer Fire Department when he was in his 50s. He received his EMT-A in 1989 and was subsequently accepted by the Charles County Mobile Intensive Care Unit (CCMICU).

Although Mr. Petrash did not begin his EMS service until into his 60s, he continued to pursue his education and receive a CRT certification in 1992. Since then, he has remained an asset to the Southern Maryland EMS community. Mr. Petrash was recently awarded the CCMICU Lifetime Achievement Award and is continuously recognized as someone who has accomplished so much as a volunteer after being so successful in his previous career.

At Pyramid 2013, Robert Petrash was awarded a certificate of recognition for his many years of service to the citizens of Charles County and the State of Maryland. Pictured are Mrs. Naomi Petrash, Mr. Petrash, and State EMS Medical Director Dr. Richard Alcorta.

eMEDS® Launch in Charles County

On December 1, 2013, Charles County implemented the electronic Maryland EMS Data System, eMEDS®. Region II Administrator Dave Stamey (pictured second from left) and Region V Administrator Jonathan Bratt (not pictured) spent the day in the field with Charles County Department of Emergency Services and volunteers making sure the transition went well. The transition was flawless and Charles County EMS is now enjoying an improved system with better capabilities for records and statistics management. Pictured here, Dave Stamey instructs new users on how to use eMEDS®. Photo courtesy of Jonathan Bratt.

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Governor Martin O'Malley
Lt. Governor Anthony Brown

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