Maryland EMS News

For All Emergency Medical Care Providers

Vol. 40, No. 8 April 2014

April Is National Distracted Driving Awareness Month

A new traffic safety epidemic has emerged on America's roadways that demands immediate attention: distracted driving. In 2012, 3,328 people were killed in crashes involving a distracted driver. One of the most alarming and widespread forms of distracted driving is cell phone usage. According to a Carnegie Mellon study, driving while using a cell phone reduces the amount of brain activity associated with driving by 37%. A report from the National Safety Council found that people talking on cell phones or sending text messages cause more than one out of every four traffic crashes.

Text messaging is of heightened concern because it combines three types of distraction—visual, manual, and cognitive. Texting involves taking your eyes off the road, your hands off the wheel, and your mind off the task of driving.

The National Highway Traffic Safety Administration has a simple message—"One Text or Call Could Wreck it All." MIEMSS supports this message and encourages you to remember: A text or call is not worth your life, or anyone else's.

EMS Care 2014: Building Bridges Is Almost Here

Don't forget to register soon for this exciting annual conference! Remember, **all workshops** have been approved by MIEMSS for continuing education credit for ALS and BLS providers. Registration information and form are included in this newsletter or you can register online at http://bit.ly/1hkQ4pE.

Helicopter Protocols and AW-139 Information Updated

The medevac utilization protocol in *The Maryland Medical Protocols for EMS Providers* 2014 has been updated to accommodate the new AgustaWestland 139 (AW-139) helicopter deployed by the Maryland State Police Aviation Command. As a result, the AW-139 brochure published in the July 2013 edition of *Maryland EMS News* has also been revised and updated to reflect current landing zone procedures and protocols. This updated brochure is included here. Additional printed copies are available from MIEMSS Department of Educational Support Services by calling 410-706-3994.

Applications Accepted for Spring 2014 Resuscitation Academy

The Maryland Resuscitation Academy is accepting applications for the spring 2014 Academy, which will be held on May 29 and 30, 2014, at the Howard County Public Safety Training Center in Marriottsville, Maryland. Please go to www.ramaryland.org to place an application. **The deadline to apply is April 21, 2014.**

Topics covered will include factors that determine cardiac arrest survival, the science behind CPR and current resuscitation practices, best practices from various Maryland EMS agencies, and maintaining a cardiac arrest registry. Providing cardiac arrest QA and QI to EMS field providers and telephone-assisted Dispatch CPR will also be highlighted and high-performance CPR will be demonstrated live.

CONTENTS

Joseph L. Wright, MD, MPH Tackles New Challenge 2
Licensure and Certification Tidbit 2
Be-Tween Riding and Driving: Youth Occupant Safety Is Top Priority 2
Maryland Division of the American Trauma Society Presents Distinguished Service Award 3
Maryland State Police Arrest More than 100 Impaired Drivers during St. Patrick's Day Weekend 3
National Award Presented to Washington County Program 3
AgustaWestland 139 (AW-139) Helicopter 5
EMS Care 2014 Brochure & Registration Form 9

Associate Medical Director for Children Joseph L. Wright, MD, MPH Tackles New Challenge

Effective June 2014, Joseph L. Wright, MD, MPH, will be leaving MIEMSS to chair the Department of Pediatrics at Howard University. Dr. Wright has served as the Associate Medical Director for Children at MIEMSS since 1996. He has been a strong advocate for Maryland's children while here at MIEMSS. His interests include prehospital pediatrics, youth violence prevention, and the needs of underserved communities. During his time at MIEMSS, he also served as professor and vice chairman in the Department of Pediatrics at the George Washington University School of Medicine as well as a professor of emergency medicine and health policy. He was also senior vice president for community affairs and head of the Child Health Advocacy Institute within Children's National Health System. He is nationally renowned for his advocacy, public policy, and research endeavors as well as his commitment to outstanding patient care and service to the community.

Dr. Wright has been appointed to several Institute of Medicine study committees including the Future of Emergency Care, Youth Sports Concussions, and Pediatric End-of-Life Care. Dr. Wright also serves on national advisory bodies including the Department of Transportation's National EMS Advisory Council, the American Hospital Association's Maternal and Child Health Council, the March of Dimes' Public Policy Advisory Council, and recently as an Obama administration appointee to the Food and Drug Administration's Pediatric Advisory Committee.

MIEMSS thanks Dr. Wright for his many years of service here and wishes him the best in his new position.

Joseph L. Wright, MD, MPH.

Licensure and Certification TIDBIT

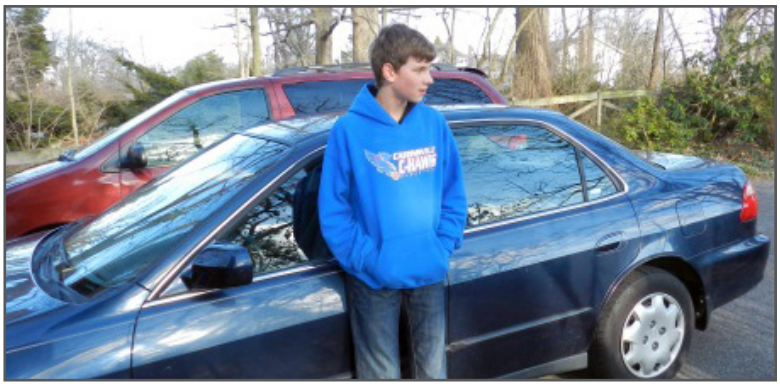
Q. I just received a renewal notice in the mail. What does this notice mean?

A. At least eight weeks prior to the expiration date of each license or certificate, MIEMSS is required to mail renewal notices to each EMS provider whose license or certificate is about to expire. This notice is meant to remind you that you must complete all renewal requirements prior to the expiration date on your provider ID card. If you feel you have already completed all requirements and/or your information on file at MIEMSS is incomplete or incorrect, please notify the Office of Licensure and Certification at 800-762-7157 or 410-706-3666 immediately. If you do not renew your certification/license, you cannot provide emergency medical care in the State of Maryland.

Be-Tween Riding and Driving: Youth Occupant Safety Is Top Priority

Did you know that pre-teens are less likely to be buckled up than younger children and adults? They also are likely to have other behaviors that increase their risk in cars such as distracting the driver, sitting in unsafe positions, and riding with unsafe drivers.

May is Youth Traffic Safety Month. Now is a good time to prepare to cover this topic in your department's May community outreach activities. MIEMSS' Child Passenger Safety and Occupant Protection for Healthcare Project can help. Curricula and other materials for safety advocates that address this problem are available from the agency free of charge. The *Be-Tween Riding & Driving: In-Car Safety for Youth Program* builds on youth's interest in becoming drivers in the future and uses a variety of hands-on activities to teach about buckling up, air bag safety, real risks on the road, and how to handle difficult in-car situations. The youth program is taught to small groups of 10–15 year olds in a two-hour class. It's perfect for summer camps, scouts, and after-school programs. If you would like to learn more, contact CPS@miemss.org or call 410-706-8647.



Those youth that are not quite driving but have been riding for a while are more likely to engage in risky behaviors. MIEMSS' Child Passenger Safety and Occupant Protection for Healthcare Project can help you address this age-group with the Be-Tween Riding & Driving: In-Car Safety for Youth Program. Photo courtesy of Susanne Ogaitis-Jones.

Maryland Division of the American Trauma Society Presents Distinguished Service Award

On Wednesday, March 19, 2014, the Maryland Division of the American Trauma Society (ATS) presented their Distinguished Service Award for 2013 in Annapolis. The award recognizes efforts of service to the community and support of trauma and injury prevention–related activities. This year's recipient is the *Stepping On Falls Prevention Program* of Maintaining Active Citizens (MAC), Inc. of Salisbury, Maryland.

The *Stepping On Falls Prevention Program* is being honored for its dedicated support and commitment to injury prevention for senior citizens. The award was received by Leigh Ann Eagle of the MAC, Inc. *Stepping On Falls Prevention* is a seven-week class incorporating behavior change theory, which, in research by Dr. Lindy Clemson of Australia, was demonstrated to be effective in reducing falls among older adults by about 30%.

MAC, Inc. is the designated area agency on aging for Dorchester, Somerset, Wicomico, and Worcester Counties. The agency is dedicated to the principle that older individuals are entitled to lives of dignity; security; physical, mental, and social well-being; and ability to fully participate in society. Located in Maryland's EMS Region IV, MAC, Inc. delivers prevention and wellness programs to the region. They are being recognized for actively pursuing injury prevention in the community. The organization is particularly committed to programs regarding the reduction of falls, fall-related complications, and deaths among Maryland's older adults by integrating community-based and medical prevention approaches. These efforts have led to the reduction of injuries in the area.

The American Trauma Society is a voluntary, non-profit organization dedicated to preventing traumatic injuries and reducing their consequences. The main missions of the ATS are to provide injury prevention information through public education and to serve as leaders in the development, advocacy, and maintenance of trauma systems. The Maryland Division of the ATS welcomes individual or departmental/squad members from the EMS community. Please go to: https://www.amtrauma.org/member-center/join.aspx for a membership application.

Maryland State Police Arrest More than 100 Impaired Drivers during St. Patrick's Day Weekend

Maryland State Police's efforts to having drunk driving patrols in every Maryland county during the St. Patrick's Day weekend led to the arrests of over 100 people who were suspected of driving under the influence.

From Friday, March 14 through Monday, March 17, Maryland state troopers arrested 120 drunk drivers during sobriety checkpoints, saturation patrols, and regular road patrols throughout the state. This was in direct response to the known increase in drinking and driving resulting from holiday celebrations.

Troopers at the Berlin Barrack in Worcester County led the 22 State Police barracks with 17 DUI arrests, followed by the Golden Ring Barrack in Baltimore County with 13 arrests. The JFK Highway Barrack, where troopers patrol I-95 north of Baltimore and the Rockville Barrack in Montgomery County totaled 11 arrests each. The full-time drunk driving enforcement team of troopers known as the State Police Impaired Driving Reduction Effort, or S.P.I.D.R.E., also made 11 DUI arrests during the period. The S.P.I.D.R.E. Team is funded by a grant from the Maryland Highway Safety Office.

National EMS Week 2014 is May 18–24

National Emergency Medical Services Week 2014 will be observed May 18–24, bringing together communities and medical personnel to publicize safety and honor those who provide the day-to-day lifesaving services of medicine's "front line." This year's theme is "EMS: Dedicated. For Life." Wednesday, May 21, is Emergency Medical Services for Children (EMSC) Day. Again this year, MIEMSS will honor our EMS Stars of Life and Right Care When It Counts awardees during EMS Week 2014.

EMS DEDICATED. FOR LIFE.

National Award Presented to Washington County Program

The National Volunteer Fire Council (NVFC) has named the recipients of the Junior Firefighter Program of the Year and Junior Firefighter of the Year awards. Outstanding junior firefighters and programs from across the country were nominated for this year's awards. The awards will be presented during a special banquet at the NVFC's spring meeting on May 2, 2014, in Alexandria, Virginia.

Award recipients receive a trip to Alexandria to attend the award ceremony, a personalized award, and complimentary one-year membership in the NVFC. The Junior Firefighter Program of the Year receives a $500 program grant and the Junior Firefighter of the Year receives a $500 training/education stipend.

The Washington County High School Fire and Rescue Academy in Maryland was awarded the 2014 Junior Firefighter Program of the Year Award. The Fire and Rescue Academy was established in 1999 as a recruitment tool for the county's volunteer fire companies. This innovative program enrolls high school juniors and seniors in a two-year cadet program. Upon completion, the cadets are eligible for up to 16 college credits, including certifications in Firefighter I & II, Maryland EMT, Rescue Tech, and others.

Cadets in the program are active in fire prevention outreach in local schools and promote fire safety throughout the community. They also participate in the National Fallen Firefighters Memorial Weekend held each October in Emmitsburg, Maryland. Cadets in the program are being trained to be future leaders in Washington County and beyond, and many graduates now serve as volunteer officers, career firefighters, EMTs, and Paramedics throughout the Mid-Atlantic.

The Junior Firefighter of the Year Award was awarded to Jennifer Schaefer, a junior firefighter with the Burlington, North Dakota, Rural Fire Department. She has been actively involved with the department's fire prevention program as well as helping to keep it always ready for the next call.

The 12th Annual Miltenberger Emergency Services Conference was held April 5 at Wisp Resort in McHenry, Md. Approximately 170 individuals attended the Saturday conference. The event was kicked off with the 2nd Annual Night for Stars Stellar Service Awards, which hosted about 200 guests, on Friday, April 4. From top left: Dr. Richard Alcorta, the State EMS Medical Director, delivered the State of the State address to conference attendees. Top right: One of the preconference offerings was When the Stork Dials 911 - Managing OB and Newborn Emergencies *presented by EMSC with faculty from UMMS and JHCC. Bottom left: Ms. Jean Tressler receives a lifetime achievement award, presented by Dr. William May, the Medical Director for Region I, for her many years of dedication to the Garrett College Emergency Services Training Center. Bottom right: Special guest Brian Boyle shared his story of coming back from a nearly fatal car crash to becoming an ironman triathlete.*

AgustaWestland 139 (AW-139) Helicopter

Introducing the AgustaWestland 139 Helicopter

The Maryland State Police (MSP) completed its first medevac transport on March 19, 1970, under the leadership of Dr. R Adams Cowley in partnership with the University of Maryland Medical System. Dr. Cowley's "Golden Hour" studies of shock indicated that if definitive care was administered to a patient within the first 60 minutes of a life-threatening injury or illness, the chances of survival dramatically increased.

After 43 years of continuous service to the citizens of Maryland, the MSP Aviation Command is about to embark upon its greatest era of change by expanding helicopter operation capabilities and enhancing safety criteria by transitioning from Eurocopter 365N Dauphin helicopters to AgustaWestland 139 (AW-139) helicopters.

The MSP Aviation Command is providing this information about the AW-139 to answer commonly asked questions pertaining to helicopter operations, helicopter capabilities, landing zones, and medical information.

This new fleet of ten (10) AW-139s provides the MSP Aviation Command with expanded capabilities to proactively meet the needs of MSP missions throughout the state. The AW-139 is a true state-of-the-art helicopter that successfully performs throughout the world, in places such as Ireland, Canada, Norway, Italy, Australia, the Middle East, and Asia, and is currently flying multi-mission sorties daily with the US Customs Border Patrol, the Los Angeles City Fire Department, and the New Jersey State Police. The AW-139 has established itself as the aircraft of choice among publicly funded programs. It meets all current National Transportation Safety Board and Federal Aviation Administration HEMS recommendations. The AW-139 is the fastest helicopter in its class. Its operational safety features, capabilities, and reliability surpass the current Eurocopter 365N Dauphin aircraft that has been utilized by MSP since 1989.

Maryland Governor Martin O'Malley introduces the AgustaWestland 139 at Maryland State Police headquarters at Martin State Airport in Baltimore.

Specific to the formal operational recommendations made by the Maryland House of Delegates EMS Workgroup in 2009, the AW-139 provides the platform for the following aviation safety initiatives:

1. Pursuit of FAA Part 135 Certification
2. Formal Flight Risk Evaluation and FAA AO21 compliant obstacle/terrain mapping
3. Achieving the standards of the Commission on Accreditation of Medical Transport Systems (CAMTS)
4. Two medical providers (Flight Paramedic/Crew Chief and Rescue Technician)
5. Two pilots (Pilot-in-Command and Second-in-Command)

The tactical flight station in the AW-139 provides a searchable database with the ability to identify any location or address and links to the Wescam MX-15i camera, TrakkaBeam 800A search light, and flight management system (autopilot) for aircraft navigation.

During the initial specifications development for the AW-139, MSP Aviation Command planners focused on meeting the current and future needs of Maryland

(*Continued on next page*)

(*Continued from previous page*)
"customers and consumers" of its multifaceted aviation services. The unique perspectives of patients, field providers, and incident commanders were all taken into account when the AW-139 was selected. It is the highest quality aircraft on the market bearing a utility configuration that provides mission-adaptable support to all MSP mission requests without compromising crew safety. To acknowledge the individuals and agencies that helped bring these new aircraft to Maryland, a "One Maryland" gold-lettered plaque adorns the cabin (see photo, right). A gold star embellishment on the tail honors those that have made the ultimate sacrifice in the service of public safety.

For additional copies of this article, please call the Maryland Institute for Emergency Medical Services Systems (MIEMSS) Educational Support Services (410-706-3994).

In the AW-139, all patient loading takes place from the RIGHT SIDE of the aircraft. The primary patient is loaded HEAD FIRST.

AW-139 Medical/EMS Operations

The AW-139 is a twin-engine, five-bladed helicopter capable of performing the multi-mission requirements of the State of Maryland: law enforcement, emergency medical services, search and rescue, homeland security, and damage assessment.

The maximum speed of the AW-139 is 170 mph (150 kts). Its maximum fuel capacity is 419.4 gallons with an average burn rate of 135 gallons per hour. The range of flight for the AW-139 is 250 miles. The operational launch time of the AW-139 is unchanged from the Eurocopter 365N Dauphin. Total prehospital response time can be greatly reduced if the request for medevac transport is made at the same time that prehospital assessment and/or treatment begins. The AW-139 represents a remarkable advance in modern technology and mission capabilities, focusing on improved patient care features, larger cabin, equipment storage, and enhanced operational safety.

The medical interior of the AW-139 was designed to the specific needs of the MSP Aviation Command and Maryland EMS. The aircraft has been designed to carry two patients in a side-by-side configuration. The patient litters can accommodate patients weighing up to 600 pounds per stretcher. The increased cabin space allows for full body access without restriction in flight. The additional passenger capacity and payload allows the AW-139 to rapidly transport medical teams as needed.

Patient loading in the AW-139 is significantly different from the Eurocopter 365N Dauphin in that all patients are loaded from the RIGHT SIDE of the aircraft in the AW-139. The primary patient is loaded HEAD FIRST into the aircraft. Combative or potentially combative patients can be transported in the AW-139, provided proper physical or chemical restraint occurs prior to transfer.

The AW-139 is equipped with medical equipment not previously carried on the Eurocopter 365N Dauphin, including:

1. LifeBlanket patient packaging system
2. Backpack kits
3. Folding backboard/extrication kit
4. Kendrick pole traction splint
5. SAM splints
6. LED LyfeTimer
7. King Vision video laryngoscope
8. Warmed IV fluids
9. New survival kit and life raft

AW-139 Search and Rescue Operations

The AW-139 provides significant enhancements for all search and rescue missions. A dynamic automated flight control system and a significant increase in available power ensure safer and more efficient flight while performing search or hoist operations. The autopilot has the capability to fly complete search patterns over water and in urban and remote environments. A flight crew member stationed at the dedicated tactical observation station operates the detailed moving map display, external thermal imagery/low light color video camera, and enhanced high output search light. All necessary mission equipment, including the rescue basket, is carried in the large cargo area and immediately accessible while in flight. During a hoist operation, wide cabin doors provide easy loading of a patient secured in a Stokes litter. When supporting response for large structural or woodland firefighting, the AW-139 provides an effective airborne command/control/communications platform for incident commanders on the ground. With on-board digital data recording and microwave video broadcast capabilities, live images can be fed directly to ground-based receivers allowing rapid decision making by incident commanders. The aircraft can easily transport a team of fully equipped firefighters for deployment into confined or panicle areas.

The cockpit configuration in the AW-139 supports two-pilot operation of the aircraft.

AW-139 Helicopters: Safety Guidelines for Emergency Medical Personnel

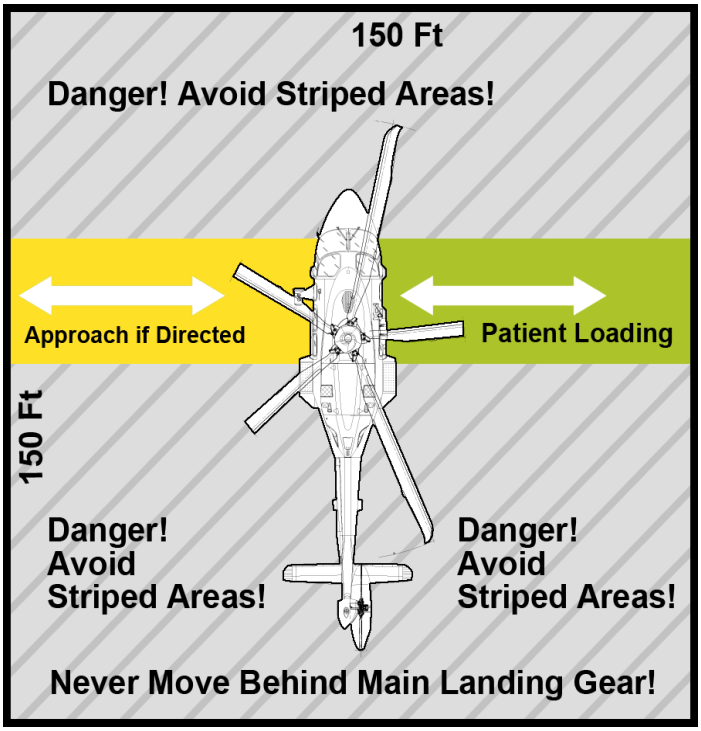
Landing Zones

There are a number of factors to consider when preparing a landing zone for the AW-139. Please read this section carefully and always ASK THE FLIGHT CREW if you have questions about the aircraft or its operations.

SIZE: The AW-139 requires a clear area of at least 150 feet by 150 feet to land, or larger when possible, along with a path clear of high obstructions, overhead power-lines, and vegetation for approaches and departures. This is variable and may change according to wind direction and speed, aircraft weight, temperature, humidity, etc. Therefore, the flight crew may elect to change the landing zone as necessary due to varying conditions.

SURFACE: The AW-139 requires a flat (no more than 5° slope), hard surface that is FREE OF ALL VEHICLE TRAFFIC for landing. Ideally, the helicopter should be able to land as close to the incident scene as possible. The main fuselage of the aircraft has a ground clearance of 1' 5"; please keep this in mind when preparing a landing zone.

ENVIRONMENT: The increased size and weight of the AW-139 PRODUCE GREATER DOWN WASH from the rotor system, which can result in more disruption to any loose surface material. Gravel, roadway debris, hats, and other solid objects can be thrown when the aircraft is near the ground. Dust, dirt, cut grass, and other debris can cause brown out conditions. Never use flares when the aircraft is approaching.



The Goodrich® Type 1 retractable hoist unit features 300 ft. of spin resistant cable, a 600 lb. lifting capacity, and operates at 250 ft. per minute.

Approaching the Helicopter

Providers should not approach the helicopter unless escorted by a member of the flight crew. When the aircraft is landing or departing, protect your eyes with safety goggles and/or by turning your head. After the aircraft has landed, the security and safety of the landing zone are the priorities. This may mean more than the mere presence of an emergency response vehicle. There should always be a guard standing approximately 50 feet behind the aircraft to keep people away from the tail area. Depending on the landing zone, personnel may be required to stand on either side of the aircraft to keep vehicles and spectators away. Spectators should remain at least 200 feet clear of the helicopter, and emergency vehicles should remain at least 200 feet away unless instructed otherwise by a member of the flight crew.

When initially approaching any running aircraft from outside the landing zone, you should approach from the front, either with a member of the flight crew, or after you have made eye-to-eye contact with the pilot and he or she has motioned for you to continue. Always walk, do not run. Please note, walking near the tail-rotor is always prohibited. Although the tail-rotor is elevated for safety, it is still dangerous. The rear of the aircraft should be avoided at all times.

Approach and depart the aircraft in a semi-crouched position until you are next to the helicopter; then you may stand upright. Do not raise anything above your head when in proximity to the aircraft. If for some reason, you become disabled, drop to one knee immediately, raise your arm, and wait for somebody to assist you.

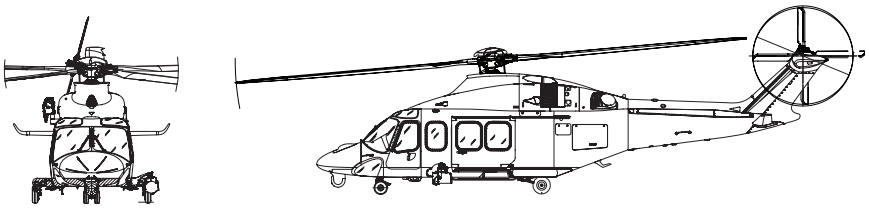
AT NO TIME should providers shine bright lights at the aircraft or stand in the landing zone attempting to guide the aircraft.

For Further Information

The information provided herein is intended as a reference for MSP helicopter operations. Visit the MSP website (www.mspaviation.org) or follow them on Facebook (www.facebook.com/mspaviation) for the latest information about the AW-139 and MSP operations.

For further information, or to arrange for a demonstration of the aircraft, please contact the MSP Aviation Command, Helicopter Operations at 410-238-5800.

Dimensions



Overall Length	54' 8"
Overall Height	16' 4"
Width	10'
Wheel Base	14' 3"
Rotor Diameter	45' 3"
Ground Clearance	**1' 5"**

Technical Data

Specifications	Eurocopter 365N Dauphin	AgustaWestland 139
Maximum overall length	44' 4"	54' 8"
Maximum gross weight	9038 lbs.	14991 lbs.
Power plants	(2) Arriel® 1C1 turbines 724 shp each	(2) Pratt & Whitney® PT6C-67C Turboshafts with FADEC 1,872 shp each
Maximum air speed	165 mph	170 mph
Fuel quantity	306 gallons	419.4 gallons, 135 gallons burned per hour
Rotor blades	4	5
Landing gear	Retractable tricycle	Retractable tricycle
Pilots (medevac configuration)	1	2
IFR certified	Yes	Yes
Patients (normal configuration)	2 Maximum patient weight: 500 lbs Access: full body	2 Maximum patient weight: 600 lbs Access: full body
Patient Loading	Left-side primary patient loading	Right-side ALL patient loading
Medical Staffing	1 or 2 (Flight Medics)	2 (Flight Paramedic/Crew Chief and Rescue Technician)
Aerial rescue	Goodrich® hoist, 295 ft. retractable steel cable; 600 lb. capability	Goodrich® Type 1 hoist, 295 ft. retractable steel cable; 600 lb. capability
Search light	Nightsun® (tail-mounted xenon beam)	TrakkaBeam® (left side–mounted xenon beam)
Imaging Device	Forward looking infra-red device (FLIR)	Wescam MX-15i Low-light Color Camera plus Infrared

AW-139 Configuration and Capabilities

Exterior

1. 2 Pratt & Whitney PT6C-67C Turboshafts with FADEC providing Category A engine performance
2. PT-6 engines with Donaldson air barrier filter systems
3. Nose-mounted Wescam MX-15i featuring low-light color video/camera with infrared; high capacity digital recording (up to 10 hours) and broadcast capabilities to ground receiving sites
4. TrakkaBeam 800A search light with white light; search light syncs to Wescam MX-15i
5. Goodrich hoist with 600 lb. capability; arm swings away from aircraft
6. Four-axis auto pilot with fully stabilized auto hover and built in search and rescue patterns; hoist drift can be controlled by hoist pendant
7. Rappelling and fast roping attachment bars on both sides of aircraft above cabin sliding doors
8. Wire strike protection
9. Engine fire suppression systems
10. High visibility paint on blades and rotor head beanie

Interior

1. Honeywell/GE advanced integrated avionics with flat panel glass cockpit instrumentation
2. Integrated health and usage monitoring system (HUMS) to assist with troubleshooting and maintenance tracking
3. “Black box” cockpit camera and voice recorder
4. Advanced flight crew seats providing fore/aft movement and full rotation allow systems operations and continual patient care during flight
5. Large cargo compartment accessible from both sides of aircraft and the main cabin, allowing access while in flight
6. Rescue basket accessible without having to land
7. Flight management system with advanced navigation and search management features (see Avionics)
8. Cockpit configured and certified for night vision devices by flight crew

Avionics

1. Fifth display (10" x 12") on the instrument panel featuring:
   - Imaging of both sides of the aircraft from forward facing tail camera
   - Honeywell Weather Radar Model 701, including wind shear modes and advanced hazard detection
   - Mapping system that integrates street-level mapping, helicopter-specific terrain awareness and warning system (HTAWS) with topographical depictions, and XM Weather
2. Automated satellite tracking and data communications systems
3. Tactical station in left front of cabin with camera and TrakkaBeam pendant controls, 17" display screen and keyboard that can operate street-level moving map system
4. Multiband communications systems including 700 and 800 MHz capabilities

EMS Care 2014

Building Bridges

April 30-May 4, 2014

Ocean City, MD

Presented By:
Maryland's Regional EMS Advisory Councils,
The Maryland Institute for Emergency Medical Services Systems

(Page intentionally left blank)

Maryland EMS Care 2014 ~ Building Bridges
April 30 – May 4, 2014
At the Clarion Resort Fontainebleau Hotel

The Program

This year's program brings some new and exciting nationally recognized speakers to town, as well as some of your favorite presenters from years past. There's something for everyone at this year's conference: prehospital EMS providers, nurses, and fire/rescue personnel. Three full days of pre-conference workshop offerings, hot speakers on hot topics, and an enticing resort setting make this an inviting conference for all emergency services providers. This year we're offering some spectacular pre-conference workshops, which will be available beginning Wednesday, April 30, 2014. And there's more great news: This year's scheduling has once again allowed us to have EMS Care on the same weekend as Ocean City's Springfest 2014!! So bring the entire family for a long weekend of fun and excitement in Ocean City, Maryland.

Continuing Education

All workshops have been approved by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) for continuing education for ALS and BLS providers. EMTs can fulfill the 12 hours of didactic (4 Medical, 4 Trauma, and 4 Local) training required for recertification throughout the weekend, and a 12-hour EMT skills class will be available as a pre-conference offering. Conference staff will be available on-site to assist attendees with their CEU requirements. For specific questions regarding continuing education requirements, please contact the MIEMSS Office of Licensure and Certification at 410-706-3666 or 800-762-7157.

The Hotel

EMS Care 2014 will be returning to the beautiful Clarion Resort Fontainebleau Hotel located at 10100 Coastal Highway, Ocean City, Maryland, 21842. The room rates for the Conference are as follows: Double/Double $120/night, Executive King $140/night, Studio King $150/night, Cabana $170/night. All rates are based on single or double occupancy; a $15/night charge will be applied for extra persons. Children under 18 stay free in their parent's room. To receive these rates, you must make your reservations NO LATER than March 30, 2014. After this date, the room rates will return to the prevailing rate. The block of rooms reserved for Conference participants will fill up quickly. For more information or to make your reservations, call 1-800-638-2100 and request the EMS Care group rate or visit the Clarion website: www.clarionoc.com.

Stay for the Fun!

The Conference is located in the heart of beautiful Ocean City, Maryland. The beachfront hotel is within easy walking distance to many local attractions and just a short drive from the boardwalk, outlet shopping, the all-new Casino at Ocean Downs, and an abundance of fabulous restaurants. If you prefer to stay in, the Clarion offers numerous amenities including an indoor swimming pool, a health spa, a children's playground on the beach, arcade games, Breaker's Pub, and their famous "All You Can Eat Prime Rib, Crab Legs, and Seafood Buffet" in the oceanfront Horizon's Restaurant.

Entertainment

Our Friday evening vendor reception will return this year and will take place on Friday, May 2, 2014, from 7 PM – 9 PM. This free reception with our vendors will be complemented by good food, a cash bar, door prizes, and, as always, outstanding fellowship!

On Saturday evening, we'll be returning to *Seacrets* for more festivities, including a friendly drop-in trivia competition. Bring your friends and family for just $5/person and join in the fun from 6:30 PM – 9 PM. So come on out, eat a little, drink a little, enjoy the rivalry, and laugh A LOT!

Fees and Expenses

Registration fees will be $180 for the Saturday and Sunday sessions or $100 for one day (either Saturday or Sunday). The fee includes all expenses for workshops, lectures, AV material, and printing costs. Also included are a continental breakfast and full lunch on Saturday, a full buffet breakfast and lunch on Sunday, as well as morning and afternoon snacks on both days. Pre-conference workshops are offered for an additional fee as indicated on the attached registration form. **The first 100 two-day full conference registrants will receive a complimentary EMS Care 4GB USB flash drive.**

Registration

Online registration for EMS Care is available at https://eecreg3.wufoo.com/forms/ems-care-2014-conference-registration/. Registration is limited and on a first-come, first-served basis. All mailed and/or faxed registrations received by April 18, 2014, will receive written confirmation letters. Confirmations for registrations received after April 18 may not be available prior to on-site conference check-in. Upon receipt of your confirmation, please review all workshop selections carefully. Any requests for changes to your schedule must be received prior to April 23, 2014, and should be emailed to EMSCare@miemss.org. Requests for refunds must be submitted in writing prior to April 18, 2014. All cancellations are subject to a 20% processing fee. Returned checks are also subject to a $25 processing fee.

Walk-in registrations will be accepted pending availability of space.

Directions

Driving directions to the Clarion Resort Fontainebleau Hotel are available on the hotel website at www.clarionoc.com.

For More Information

Contact your MIEMSS Regional Office, or visit the MIEMSS website at www.miemss.org, or follow us on Facebook at www.facebook.com/EMSCare2014!

Pre-Conference Activities

Wednesday, April 30 & Thursday, May 1, 2014

Building Skills for Crisis Intervention Teams (Weds. & Thurs., 8 AM – 5 PM)
This continuing education workshop will provide previously-trained providers an opportunity to refresh or enhance their skills through short lectures and direct application of CISM-related skills. Course Fee: $45 {16 hrs, Cat L/2}

Thursday & Friday, May 1 & 2, 2014

EMT 12-Hour Skills Refresher (Thurs., 6 – 10 PM; Fri., 8 AM – 5 PM)
This course is a required part of recertification for all EMTs. By coupling this course with careful selection of conference breakout sessions, EMTs can meet all requirements necessary for recertification. This class will be hosted by the Ocean City Fire Department at an off-site location. Enrollment is limited to 30 registrants. Course Fee: $25 {12 hrs, Cat S}

Tactical Combat Casualty Care Course (Thurs. & Fri., 8 AM – 5 PM)
This year we are VERY excited to once again offer this highly regarded two-day course as an EMS Care pre-conference offering. Sponsored by the Center for Sustainment of Trauma and Readiness Skills, The Maryland Committee on Trauma and the R Adams Cowley Shock Trauma Center, this course is intended for military personnel, tactical and covert operations specialists, law enforcement and public safety officials, first responders, emergency medical technicians, and medical and allied health professionals. This course will be conducted off-site, with a didactic portion on day one conducted at the Ocean City Fire Department Headquarters. Day two will involve practical evolutions, which will be conducted at a location to be determined. More information regarding course content can be found at http://www.mdcot.org/training/tccc/. {16 hrs, Cat L/2}

Online registration is not available for this workshop. Registration information is available by clicking the "Maryland EMS" link under the "What's New" section of the MIEMSS homepage at www.miemss.org.

Pediatric Education for Prehospital Providers (PEPP) (Thurs. & Fri., 8 AM – 5 PM)
This course from the American Academy of Pediatrics, for BLS and ALS prehospital professionals, is designed to teach prehospital professionals how to better assess and manage ill or injured children. PEPP features case-based lectures, live-action video, hands-on skills stations, and small group scenarios. We have waited three years for the 3rd edition; it has arrived and includes new lectures and a resuscitation skill station. Additional scenarios and special equipment have been added by PEMAC to correlate with the EMS Scope of Practice in Maryland. Participants will qualify to receive an AAP course completion card by participating in this 2-day course and successfully completing a written test.

Prerequisite: An online pretest must be completed prior to the course. Course textbook will be mailed with online access code upon receipt of payment.

Optional PALS Recertification: For those providers with a current PALS provider card, we will offer a PALS recertification with the successful completion of additional scenarios and a PALS written test. Everyone may participate in the update—only current PALS providers may renew their certification.
Course Fee: $90 {16 hrs, Cat M/A}

PEPP – 3rd Edition Course is sponsored by the Maryland EMS for Children State Partnership Grant & EMSC Program.

Thursday, May 1, 2014

eMEDS® Quality Assurance Tools Training (8:30 AM – 3:30 PM)

This workshop is for current eMEDS® users ONLY. This is an introductory course for service administrators and QA officers seeking to improve their use of the eMEDS® system tools for QA purposes. Attendees will learn how to configure and use several Reporting and QA tools to monitor, follow up on, and correct issues with eMEDS® reports.
Topics include:

- How to use pre-existing report in Report Writer
- How to build, schedule, and share reports in Report Writer
- How to use Analytics tabular and graphic reports in eMEDS®
- How to customize the Incident List for QA
- How to customize and use the QA Module in eMEDS®
- How to use the Dashboard and internal messaging in eMEDS® for QA work

Prerequisites: Attendees should have administrative access to their service (i.e., be able to see and use the *Setup* tab). This class is intended for administrators and QA officers who are familiar with the eMEDS® run form and/or Field Bridge and have administrative rights and responsibilities for their services.
Course Fee: $60 {6 hrs, Cat L/2}

Friday, May 2, 2014

Sponsored by our friends at Physio Control, we are pleased to announce that Tim Phalen will be returning to EMS Care 2014. Tim has been presenting 12-lead education to EMS audiences for over a decade. To date more than 25,000 EMS providers have attended one of his programs, which are known for the easy-to-understand manner in which information is presented. This year, EMS Care will be offering two half-day STEMI workshops. Take just one, or spend the day and enjoy both; it's your choice!

STEMI Essentials (8:00 AM - 12:00 PM)

What's the big deal about ST elevation? Tim will answer this and other relevant questions in demonstrating recognition of ST elevation and other ECG changes due to STEMI. He will also discuss lead "views," electrode placement, obtaining

a clear ECG, and eliminating the top STEMI impostors. Put it all together and walk away with a firm grasp on STEMI essentials. Course Fee: $30 {4 hrs, Cat M/A}

STEMI Beyond the Basics (1:00 PM - 5:00 PM)

This course is intended to take providers already familiar with the essentials of STEMI recognition to the next level. You will learn how to recognize evidence of new onset Left Bundle Branch Block (the other indication for immediate reperfusion). In addition, you will get more detail on how to utilize additional lead ECGs to not only better identify STEMI, but to also help tailor the management of STEMI complications such as hypotension, chest pain, and AV block. Also discussed are strategies to improve your identification of the top STEMI impostors AND know what ECG findings suggest STEMI even in the presence of a potential impostor. Included are extensive review and practice sessions to help you retain these concepts. Course Fee: $30 {4 hrs, Cat M/A}

Basic Disaster Life Support™ (BDLS®) (9 AM – 5 PM)

The Basic Disaster Life Support™ (BDLS®) course is a 7.5 hour competency-based, awareness-level course that introduces concepts and principles to prepare health professionals for the management of injuries and illnesses caused by disasters and public health emergencies. The primary focus of the BDLS® course is the incorporation of an “all-hazards” approach to mass casualty management and population-based care across a broad range of disasters. Measures to ensure and enhance health workforce readiness are emphasized throughout the course. This includes a consistent approach to workforce protection, casualty management, mass casualty triage, and fatality management.

The BDLS® course engages participants through interactive scenarios and group discussion. The BDLS® course is aimed at a broad range of audience categories that share a common likelihood of providing clinical care and assistance to casualties during a disaster or public health emergency, including health care, public health, and allied health professionals; emergency medical services personnel; and other medical first responders and receivers. Course Fee: $60 {7.5 hrs, Cat L/2}

All fees associated with this pre-conference offering are intended to cover conference resort fees, meals, and refreshments.

Techniques for Delivering Bad News for Crisis Response Personnel (8 AM – 5 PM)

This course will provide techniques to enable first responders and EMS/health care personnel to deliver bad news in an organized and effective manner that reduces the distress experienced by those receiving psychologically disturbing news. This workshop will be led by Dr. Jeffrey Mitchell and is intended for first responders, EMS/health care providers, and supervisors who may be required to deliver bad news to a patient’s family members. Course Fee: $25 {8 hrs, Cat L/2}

Mass Casualty/Mass Gathering Patient Tracking for the Electronic Age (9 AM – 5 PM)

Join staff from the MIEMSS Field Operations Support Team, as well as Global Emergency Resources (the maker of HC Standard/EPTS), in a workshop that covers how to effectively and efficiently track patients during a mass casualty or mass gathering incident. Topics will include when to deploy Electronic Patient Tracking (EPTS), how to position tracking units, and how to use the information gathered for planning and situational awareness. Case studies on the use of the system will be discussed including health care facility evacuations, large community events, and mass casualty incidents. This workshop will provide participants with hands-on practice with the EPTS, including new Android and iOS apps as well as the Windows 8.1 app. Participants will get to test drive a new incident commander module that will help managers of an incident quickly view data gathered within the system. Course Fee: $60 {8 hrs, Cat L/2}

2014 Prehospital EMS Provider Protocol Rollout (BLS and ALS) (6 PM – 7:30 PM)

Are you computer-phobic? Do you wish that you could do the yearly protocol update in a real classroom instead of a virtual one? Here's your chance! Join Pete Fiackos, MIEMSS EMS Education Manager, as he presents this year's protocol update in a classroom setting. In no time at all, you will have met your continuing education requirements for this year's update. No fuss, no muss... and best of all, no computer. {1.5 hrs, Cat L/2}

2014 EMS Care Vendor Reception (7 PM – 9 PM)

Stop by and mingle with our impressive cadre of vendors and “talk shop” with your peers. While you’re there, be sure and indulge in some tasty hors d'oeuvres, compliments of Motorola. A cash bar will also be available.

Program Descriptions:

Saturday, May 3, 2014

7:30 AM – 8:30 AM: Conference Registration and Continental Breakfast

8:30 AM – 8:45 AM: Opening Ceremonies

8:45 AM – 9:15 AM: EMS State of the State

The latest developments and trends in Maryland EMS will be highlighted by Maryland EMS Medical Director Dr. Richard Alcorta. {0.5 hrs, Cat M/A}

9:15 AM – 10:45 AM: Keynote Address

Response Considerations for IED and Mass Shooting Incidents

William Seifarth, MS, EMT-P – DHS Office of Health Affairs

Randy Stair, RN, BSN, NRP – U.S. Secret Service

Recent mass shooting and improvised explosive device (IED) incidents reveal that some traditional practices of first responders need to be realigned and enhanced to improve survivability of shooting victims and the safety of first responders caring for them. This presentation translates evidence-based response strategies from the U.S. military's vast experience in responding to and managing casualties from IEDs and/or mass shootings and its significant investment in combat casualty care research of the civilian first responder environment. Additionally, civilian best practices and lessons learned from similar incidents, both in the United States and abroad, are incorporated into this presentation with emphasis on hemorrhage control, Personal Protection and Equipment (PP&E), and interoperability and incident management. {1.5 hrs, Cat T/B}

11:15 AM – 12:15 PM: General Session

Lessons Learned from the Columbia Mall Shooting

Matthew Levy, DO, FACEP, NRP

Howard County Police Department

Howard County Department of Fire and Rescue Services

Dialogue and guidance from the federal level regarding response to active shooter events is changing rapidly. This presentation describes the relationship between the Howard County Police Department and the Howard County Department of Fire and Rescue Services in areas of shared responsibility, detailing efforts to provide medical support to tactical police teams. Better communications, resulting from close working relationships, allowed both agencies to plan for active shooter events, carry out drills, and stand-up a multi-agency group working together to come to consensus on a range of issues. These activities will be discussed and their impact on the response to the Columbia Mall shootings will be described. Don't make the mistake of saying, "That kind of thing happens someplace else." Learn strategies to adapt for your community that will result in a better-prepared state for your agencies to respond to a similar event. {1 hr, Cat L/2}

1:15 PM – 2:45 PM: Breakout #1

(1A) Pipe Dreams or Protocols?
Heidi Halterman, RN, EMT-P – R Adams Cowley Shock Trauma Center
Discuss emerging trends in EMS and trauma care delivery, including technological advances, care delivery models, and evolving medications. A dynamic dialogue will be encouraged among participants to evaluate the possibility of integrating such trends into the Maryland EMS model. {1.5 hrs, Cat T/A}

(1B) Who's Afraid of Radiation? – A Rational Approach to Radiological Medical Response Operations
Erik Glassman, MS, CCEMT-P, FP-C, EMT-T – Operations Planner/Paramedic, Oak Ridge Institute for Science & Education
Incidents involving potential exposure to radiation typically invoke greater fears among responders and the general public when compared to other hazardous materials releases. Over the years, a number of continually perpetuated myths and misconceptions dating back to the cold war have shaped our perceptions of the risks, potential injuries, and ability to successfully respond to and recover from this type of incident. During this presentation, Erik will provide a clinically relevant overview of important concepts in health physics and radiation protection, dispel a number of common myths in provider safety and patient management, discuss the needs of prehospital providers during radiological and nuclear scenarios of concern, and show how these needs apply to overall EMS system preparedness for other more frequently encountered disasters. {1.5 hrs, Cat M/B}

(1C) Transporting Children Safely in Ambulances – Tools, Techniques, and Training
Susanne Ogaitis-Jones, MSPH, CPST – EMSC Program at MIEMSS
NHTSA released a document in 2012 with specific guidelines on the five situations frequently faced by EMS providers when transporting infants, children, and youth. In the past two years, many new devices have been released—only some of which have been tested. This session will include a review of the principles, demonstration of the proper ways to secure devices to a stretcher, and the future testing needed for evidence-based practice. {1.5 hrs, Cat L/2}

(1D) Medical Emergency Case Reviews
Bill Howard, MD, FACS
Dr. Bill Howard returns to the conference circuit for a lively discussion of various medical emergency cases from the perspective of an ED physician. Come hear how these calls are best handled, and see why the call that you respond to may not always match the findings in the ED! {1.5 hrs, Cat M/A}

(1E) Crew Resource Management: It's Not Just a "Fire Thing!"
EMS Battalion Chief Alan Butsch – Montgomery County Fire/Rescue Service
Roger Stone, MD, MS, FACEP, FAAEM
The Fire Service emphasizes safety in most everything it teaches or practices. Many departments have created the "Safety Officer," for planning or daily operations, exclusively to focus on this important issue known to save firefighter

lives. Part of the education is in Crew Resource Management (CRM), which grew out of the aviation industry and encourages all personnel to speak-up for safety. In this session, Alan Butsch and Dr. Roger Stone, the EMS Battalion Chief and Medical Director of MCFRS, respectively, will lead a discussion of the applications of a culture of CRM to EMS, which could result in many patient lives saved when practiced, and lives lost if ignored. {1.5 hrs, Cat L/2}

(1F) Prehospital Management of the Suspected Overdose
Dr. Richard L. Alcorta, MD, FACEP – MIEMSS EMS Medical Director
Within the past six months, Maryland has been plagued with over 40 deaths related to fentanyl-laced heroin. The emergence of new and more potent drugs has presented a continual challenge for EMS in managing patient encounters of suspected overdose. This presentation will review some of the latest drug concoctions on the streets and detail the presentation and management of a suspected overdose patient. The administration of Narcan by the BLS provider will also be discussed. {1.5 hrs, Cat M/A}

3:00 PM – 4:30 PM: Breakout #2

(2A) Blades, Bullets, and Things That Make Holes: Managing Penetrating Trauma
Thomas Genuit, MD, MBA, FACS – Sinai Hospital of Baltimore
Delve into the ins and outs of penetrating trauma to the chest and abdomen, and examine the paths of destruction caused by various mechanisms of injury. Dr. Genuit will detail the management of patients presenting with these severe injuries in a case review format. {1.5 hrs, Cat T/A}

(2B) The Crashing Medical Patient – Practical Ways to Minimize Morbidity and Mortality
Erik Glassman, MS, CCEMT-P, FP-C, EMT-T – Operations Planner/Paramedic, Oak Ridge Institute for Science & Education
This presentation is designed to review the initial presentation and prehospital management of the crashing patient with one of several high-risk illnesses. By focusing on rapid recognition of critical illness and the provision of aggressive and appropriate care in the field, the prehospital provider will play a crucial role in minimizing morbidity and potential mortality in this patient population. During this presentation, Erik will review current trends in resuscitation of the septic, crashing asthmatic, and crashing anaphylactic patient and bridge the science to practical tips and tricks for use in the field. [Recommended for ALS Providers] {1.5 hrs, Cat M/A}

(2C) Family Presence: Incorporating into Practice
Karen O'Connell, MD, FAAP – Children's National Medical Center – EMTC
For many, the concept of family presence when working with an ill or injured child produces anxiety. For others, it is a necessary and critical component. Karen O'Connell, MD, from Children's National Medical Center, is the lead author on a study which evaluated family presence during trauma activations and medical resuscitations. Dr. O'Connell will present the clear findings of the study—parents

and professionals all agree: Incorporating family presence into daily practice is possible and practical in both the ambulance and the emergency department. {1.5 hrs, Cat L/2}

(2D) Fast and Furious: How to Tackle Tachyarrhythmias
David Vitberg, MD – Director of Critical Care Services, Greater Baltimore Medical Center
Tachycardia in any patient often signifies significant underlying problems. Rendering appropriate prehospital care for patients with tachycardia can be very difficult if the provider cannot accurately identify the specific rhythm. Now you can diagnosis any narrow or wide complex tachyarrhythmia in ten seconds with the simple approach that will be reviewed in this presentation. {1.5 hrs, Cat M/A}

(2E) Ocean City Beach Patrol Sand Collapse Rescue
Captain Butch Arbin, Ocean City Beach Patrol
Edward Kovacs, Ocean City Beach Patrol
Back by popular demand, the Ocean City Beach Patrol will be returning this year for another two-part presentation demonstrating the unique challenges of rescue operations on the beach. This year the Beach Patrol, along with their partners in public safety, will for the first time demonstrate a sand collapse rescue detailing their spinal injury management technique. {1.5 hrs, Cat T/B}

(2F) Blue Campaign: EMS Encounter with Human Trafficking
Ray Mollers, MSA – EMS Program Manager at DHS Office of Health Affairs
Human trafficking is a form of modern-day slavery and involves the use of force, fraud, or coercion to exploit human beings for some type of labor or commercial sex purpose. Every year, millions of men, women, and children worldwide—including in the United States—are victims of human trafficking. EMS providers are often the first to encounter victims of human trafficking and are instrumental in identifying the victims and acquiring resources and assistance for victims. Learn what resources are available and how EMS can make a difference. {1.5 hrs, Cat M/B}

Sunday, May 4, 2014

7:00 AM – 8:30 AM: Breakfast Buffet

8:30 AM – 10:00 AM: Superstorm Sandy: New Jersey's Largest 911 Call
Henry Cortacans, MAS, CEM, EMT-P – New Jersey EMS Task Force
Superstorm Sandy was New Jersey's largest, and the second most costly, disaster in U.S. history. This session details the EMS response to this catastrophe including the coordinated effort with other state and federal partners, which was instrumental to its overall response that undoubtedly saved lives. Presenters from the New Jersey EMS Taskforce will discuss hospital/nursing home evacuations, the Emergency Management Assistance Compact, multi-agency coordination, providing continuity of operations, development of regional EMS staging areas, mobile field hospital deployments, and the use of medical ambulances buses and interstate mutual aid. {1.5 hrs, Cat L/2}

10:15 AM – 11:45 AM: Breakout #3

(3A) Navigating Advanced Airways
David Stamey, EMT-P, CCEMT-P – MIEMSS Region II Administrator
This course is designed to enhance students' knowledge of current advanced airway practices and techniques. It will improve students' overall skill level and introduce each student to the latest airway equipment. Included will be a hands-on surgical airway lab where students will have the opportunity to practice a surgical airway. {1.5 hrs, Cat T/A} ****Limited to 18 registrants****

(3B) ET: Evolving Therapies – EMS Encounters of Another Kind
Matt Goldstein, PA, EMT-P – Good Samaritan Hospital
The patient care paradigm is shifting from hospital-based care to community-based care. This has led to the advent of multiple devices that have traditionally required inpatient management. Such devices include externally worn defibrillators (LifeVest®), implanted defibrillators (ICD), and ventricular assist devices. It is not uncommon for EMS providers to encounter these technologies, and it is important to understand their functionality and how these technologies affect assessment and care. This presentation will include an overview of common devices, their functionality, EMS considerations, and their impact on prehospital care. {1.5 hrs, Cat M/A}

(3C) Pediatric Seizures: Shake, Rattle, and Roll
Elizabeth Quaal Hines, MD – Johns Hopkins Children's Center
Determining the neurological status of a child is often difficult. Seizures occur for different reasons at different ages. This presentation will include the causes, symptoms, types, and field treatment of seizures in infants, children, and youth. Elizabeth Quaal Hines, MD from Johns Hopkins Children's Center will make seizures come to life. {1.5 hrs, Cat M/A}

(3D) Unusual Chemical Hazards for the EMS Professional
Richard Russotti, RN, EMT-P – University of Rochester, Strong Memorial Hospital
This presentation will provide an overview of chemical agents of multiple varieties using case studies to highlight the unusual use of chemicals for chemical-assisted suicide, consumer level hazardous materials events, homemade chemical bombs, and drug production. Details will be provided for specific chemicals as they relate to scene safety, provider safety, decontamination, triage, and transportation. Mass casualty decontamination will also be discussed, as well as decontamination practices for protecting responders and hospital emergency department personnel. {1.5 hrs, Cat T/A}

(3E) The Evolving Role of Emergency Services in Outbreak Response
Leonard H. Guercia, MA, EMT-P – Vice President: The Holdsworth Group
As the international health community keeps its eye on a novel avian influenza A (H7N9) virus that has emerged in China, critical lessons must be learned by the emergency services system before the next outbreak, including methods of protecting first responder and ED personnel during a pandemic. The emergency services, public health, and homeland security agencies are interdependent on

each other to protect the nation. The single biggest factor in the success of any operation is personnel. All of our response and prevention plans require people to perform their assigned roles. When a health emergency strikes, it often depletes the ranks of available personnel and weakens our response capacity. {1.5 hrs, Cat M/B}

(3F) MCI Management for the Field Level Provider
John Donohue, BS, EMT-P – MIEMSS Chief of Field Operations
This workshop will cover current and evolving technologies in mass casualty incident (MCI) management. Topics will include a review of START/JumpSTART triage, the Maryland Triage Tag, and the Electronic Patient Tracking System (EPTS). Incident command for mass casualty incidents will be covered with emphasis given to how a medical branch should be formed. {1.5 hrs, Cat T/B}

12:45 PM – 1:45 PM: Breakout #4

(4A) Lateral Impact MVC: Injury Patterns and Scene Safety
Paul Burke, PA, EMT-P – Meritus Medical Center
Paul Burke will present case reviews of high speed lateral impact MVCs, with a discussion of mechanism of injury as a predictor of injury patterns. Paul will also include valuable information on scene safety that no provider should be without. {1 hr, Cat T/B}

(4B) Management of the Agitated Patient
Tim Chizmar, MD, FACEP – Region III EMS Medical Director
EMS providers often encounter patients who may be agitated, confused, or combative because of a medical or psychiatric disease. These patients may pose a risk to themselves or health care personnel. This session will review a systematic approach to safe and effective treatment of agitated patients in the prehospital environment. Medical and psychiatric diseases that may cause the patient to become acutely agitated or confused will be reviewed, and pharmacologic and non-pharmacologic methods for treating the acutely agitated patient will be discussed. The Maryland refusal protocol as it relates to confused, agitated, or delirious patients will also be addressed. {1 hr, Cat M/A}

(4C) Bananas, Buttons, Batteries, and Booze: Things Children Swallow
Allen Walker, MD, MBA – EMSC Program at MIEMSS
Children put many things in their mouths as they gain the ability to grab and to crawl. Dog cookies are among the safest. Button batteries and toy magnets pose a real danger that often goes unrecognized. In this session, Dr. Allen Walker, Associate State EMS Medical Director for Pediatrics, will provide examples of potentially harmful ingestions from the “one killer pill” to toy parts that may pass easily and those that cause serious injuries. {1 hr, Cat M/A}

(4D) Controversies and Conundrums in Trauma Care
Benjamin Lawner, DO, EMT-P, MS, FAAEM – University of Maryland Medical System
Always a crowd pleaser, Dr. Ben Lawner will highlight some of the most controversial topics in trauma care today, including the ever-contentious spinal immobilization protocol. {1 hr, Cat T/B}

(4E) Introducing Maryland's New Provider Licensure System
Rae Oliveira, RN, EMT-P – Director, Licensure and Certification, MIEMSS
In this session, MIEMSS Licensure and Certification Director Rae Oliveira will cover setting up a profile, changing affiliations, registering for courses, and navigating the new provider licensure system. {1 hr, Cat L/2}

(4F) See Something, Say Something: Emergency Services Role in Homeland Security
David Lewis, Fire/EMS/EM Intelligence Analyst – Maryland Coordination and Analysis Center
Each day, fire and EMS responders serve their communities while performing the core functions of prevention, response, and investigation. In the course of these duties, personnel may observe activities that could serve as indicators of potential criminal or terrorist activity. The Maryland Coordination and Analysis Center (MCAC) is the state's fusion center for the collection, analysis, and dissemination of homeland security information. This presentation will provide an overview of the MCAC mission and discuss how emergency services providers can serve as an information source to aid the MCAC in meeting the state's homeland security mission. {1 hr, Cat L/2}

2:00 PM – 3:00 PM: Breakout #5

(5A) Geriatric Trauma
Kristen Ray RN, MSN – R Adams Cowley Shock Trauma Center
Geriatric patients present differently than younger patients due to factors such as co-morbidities, medication, and the physiological changes that naturally occur as we age. The program will also address challenges associated with immobilizing geriatric patients with a kyphotic spine. Kristen's points will be reinforced via case study. {1 hr, Cat T/B}

(5B) Don't Get "Sunk" With Syncope
Jeremy Mothershed, NREMT-P
In this session, attendees will explore the etiologies of this self-limiting loss of consciousness and understand why syncope can be an indicator of a more serious medical condition. Some of the many possible causes of syncope will be reviewed, detailing why BLS and ALS providers should take all cases of syncope seriously. {1 hr, Cat M/A}

(5C) Sticks and Stones and Broken Bones: Pediatric Injuries
Jen Guyther, MD – University of Maryland Medical Center
Children can and will do anything and go anywhere that looks FUN! Our first goal is to prevent injuries and our first duty is to do no harm. Jennifer Guyther, MD from the University of Maryland will present minor and major orthopedic injuries seen in children. This session will cover how to recognize, stabilize, and treat both upper and lower extremity injuries. Injury = Pain; pain assessment and management will be emphasized. {1 hr, Cat T/B}

(5D) Emergency Incident Rehabilitation
Richard Russotti, RN, EMT-P – University of Rochester, Strong Memorial Hospital
The biggest barrier to emergency incident rehabilitation (EIR) is overcoming complacency. This presentation will review the EIR process and the EMS role within that process. Key features necessary to make your next EIR functional will be highlighted including prehabilitation, pre-incident planning, incident action planning, and personnel accountability—all from a multidisciplinary (EMS/fire) perspective. Attendees will be invited to share operational successes and frustrations related to EIR. {1 hr, Cat M/B}

(5E) Ethics in EMS Care
Leonard H. Guercia, MA, EMT-P – Vice President: The Holdsworth Group
The provision of high quality, high performance emergency medical services is more than just getting personnel to a patient in a timely fashion. The EMS leader faces several challenges on a daily basis to keep the EMS system from slipping into failure. This presentation will outline all of these responsibilities that must be executed, while always being mindful of conducting oneself in a moral and ethical manner each day. {1 hr, Cat L/2}

(5F) Ambulance Strike Team Deployment and Operations
Randy Linthicum, MS, EMT-P – MIEMSS Director of Emergency Operations
In this session MIEMSS staff will present an overview of ambulance strike team (AST) requesting and deployment. Through a review of Maryland's past deployments, students will get a feel for what it's like to work as part of an AST. The session will also review how impacted counties and states request resources such as ASTs through the emergency management system. Also discussed will be current efforts led by MIEMSS and a multi-agency ambulance strike team committee to develop pre-designated ambulance strike teams to speed and improve the deployment to large events/disasters, both inside Maryland as well as to other states. {1 hr, Cat L/2}

3:15 PM – 4:15 PM: Closing Keynote
EMS Darwin Awards: Perfectly Good Calls Gone Bad
Benjamin Lawner, DO, EMT-P, MS, FAAEM – University of Maryland Medical System
Wrap up the weekend with a laugh or two as Dr. Lawner presents some seemingly simple cases that have gone terribly wrong. Sit back, relax, and learn how **not** to make next year's list of EMS Darwin Awards! {1 hr, Cat L/2}

(Page intentionally left blank)

Time	Saturday, May 3, 2014					
7:30-8:30a	Registration / Continental Breakfast					
8:30-8:45a	Opening Ceremonies					
8:45-9:15a	EMS State of the State – Dr. Richard Alcorta {M/A}					
9:15-10:45a	Response Considerations for IED and Mass Shooting Incidents {T/B}					
10:45-11:15a	Vendor Break					
11:15a-12:15p	Lessons Learned from Columbia Mall Shooting {L/2}					
12:15-1:15p	Lunch					
1:15-2:45p	Pipe Dreams or Protocols {T/A}	Who's Afraid of Radiation? {M/B}	Transporting Children Safely in Ambulances {L/2}	Medical Emergency Case Reviews – Dr. Bill Howard {M/A}	Crew Resource Management: It's Not Just a Fire Thing {L/2}	Prehospital Management of Suspected Overdose {M/A}
2:45-3:00p	Break					
3:00-4:30p	Blades, Bullets, and Things that Make Holes {T/A}	The Crashing Medical Patient - Practical Ways to Minimize Morbidity and Mortality {M/A}	Family Presence: Incorporating Into Practice {L/2}	Fast and Furious: How to Tackle Tachyarrhythmias {M/A}	Ocean City Beach Patrol Sand Collapse Rescue {T/B}	Blue Campaign: EMS Encounter with Human Trafficking {M/B}

	Sunday, May 4, 2014					
7:00-8:30a	Breakfast Buffet					
8:30-10:00a	Superstorm Sandy: New Jersey's Largest 911 Call {L/2}					
10:00-10:15a	Break					
10:15-11:45a	Navigating Advanced Airways {T/A}	ET: Evolving Therapies {M/A}	Pediatric Seizures: Shake, Rattle, and Roll {M/A}	Unusual Chemical Hazards for the EMS Professional {T/A}	The Evolving Role of Emergency Services in Outbreak Response {M/B}	MCI Management for the Field Level Provider {T/B}
11:45a-12:45p	Lunch					
12:45-1:45p	Lateral Impact MVCs {T/B}	Management of the Agitated Patient {M/A}	Bananas, Buttons, Batteries, and Booze: Things Children Swallow {M/A}	Controversies and Conundrums in Trauma Care {T/B}	MD's New Provider Licensure System {L/2}	See Something Say Something {L/2}
1:45-2:00p	Break					
2:00-3:00p	Geriatric Trauma {T/B}	Don't Get "Sunk" With Syncope {M/A}	Sticks and Stones and Broken Bones {T/B}	Emergency Incident Rehabilitation {M/B}	Ethics in EMS Care {L/2}	Ambulance Strike Team Deployment and Operations {L/2}
3:00-3:15p	Break					
3:15-4:15p	EMS Darwin Awards: Perfectly Good Calls Gone Bad {L/2}					

(Page intentionally left blank)

EMS Care 2014 ~ Building Bridges
Registration Form – Count Me In!!!

Online Registration available at https://eecreg3.wufoo.com/forms/ems-care-2014-conference-registration/

~ SUBMIT ONE REGISTRATION FORM FOR *EACH* ATTENDEE ~

Please print your name as you wish it to appear on your name badge:

First Name: _____ Last Name: _____

Prov. ID: _____ Primary Affiliation: _____

Address: _____ City: _____State: ____ Zip: _____

Phone: _____Fax: _____ Email Address: _____

Certification/Licensure (Circle One): EMR EMT CRT-I Paramedic EMD RN Student Other

Please select the programs that you plan to attend:

Pre-Conference Workshops:

Wednesday/Thursday, April 30 and May 1, 2014

_____ Building Skills for Crisis Intervention ($45)

Thursday/Friday, May 1 and 2, 2014

_____ EMT 12-Hour Skills Refresher ($25)
_____ Ped. Education for Prehospital Providers ($90)

Thursday, May 1, 2014

_____ eMEDS® Service Administrator Training ($60)

Friday, May 2, 2014

_____ BDLS® ($60)
_____ Techniques for Delivering Bad News ($25)
_____ Patient Tracking for the Electronic Age ($60)
_____ STEMI Essentials (8AM-12PM) ($30)
_____ STEMI Beyond the Basics (1PM-5PM) ($30)
_____ 2014 EMS Protocol Update (BLS & ALS) (FREE)

Will you be attending the FREE Vendor Reception Friday, May 2, from 7PM-9PM?

YES! ____ No _____

Breakout Sessions: (Please circle)

Saturday, May 3, 2014:
Breakout 1: A B C D E F
Breakout 2: A B C D E F

Sunday, May 4, 2014:
Breakout 3: A B C D E F
Breakout 4: A B C D E F
Breakout 5: A B C D E F

Please Note!!!

- No refunds will be granted unless a written cancellation is received prior to April 18, 2014. All cancellations are subject to a 20% processing fee.
- Returned checks are subject to a $25 processing fee.
- Anyone needing special accommodations or having special dietary requirements should contact the Region III Office of MIEMSS by April 7, 2014, at 410-706-3996 or EMSCare@miemss.org.
- Submission of this registration form constitutes agreement to the full terms and conditions of EMS Care 2014 as seen on page 2 of this form.

Registration Fees:

Pre-Conference(s) Sub-Total: _____
Full Conference (Sat/Sun) ($180): _____
Conference One-Day Pass ($100): _____
(Sat. ____ Sun. ____)
Total: _____

Early Registration:

- The first 100 to register for the full conference and pay in full will receive a FREE 4GB USB flash drive.

Payment:

____ **Pay by Check**
Payable to: Emergency Education Council of Region III
Mail To: MIEMSS Region III
653 West Pratt Street
Baltimore, Maryland 21201

____ **Pay by Purchase Order** (see mailing address above)

____ **Pay by Credit Card**

Fax credit card registrations to 410-706-8530

VISA: ___ Master Card: ___ AMEX: ___ Discover: ___
Card #: _____
Expiration Date: (MM/YY) _____
Security Code: _____

Billing Address:
❑ Check if same as mailing address

Street: _____

City: _____State: ____ Zip: _____
(Billing Address needed for credit card authorization)

Signature: _____

EMS Care 2014 ~ Building Bridges

Registration Form – Count Me In!!!

Online Registration available at https://eecreg3.wufoo.com/forms/ems-care-2014-conference-registration/

Maryland EMS Care Conference Attendee Terms and Conditions

REGISTRATION:
Registration for Maryland EMS Care Conference incurs an obligation on your part to complete the registration process including paying registration fees. Registrations may be paid immediately by credit card. Registrations submitted with payment by check require payment within ten (10) days of submission. Registrations submitted with payment by purchase order require payment within thirty (30) days of submission. An invoice will be sent to the registrant with a request for payment when fees are to be paid by company check or purchase order. All registrations must be paid in full upon commencement of conference proceedings. If you fail to cancel prior to the cancellation deadline, April 18, 2014, registration fees are not refundable. If you register for the Maryland EMS Care Conference, but do not attend and do not cancel prior to the cancellation deadline, you are still liable for the registration fees.

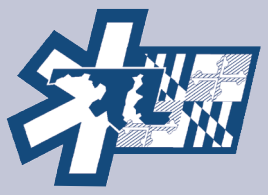
PRE-CONFERENCE OFFERINGS:
All pre-conference offerings are subject to cancellation due to low enrollment. In the event a course is cancelled, participants will be given a full refund of the course fees. The decision to cancel a pre-conference course will be made at the discretion of the EMS Care planning committee and will be made on April 12, 2014.

PAYMENT PROCESSING:
By submitting the conference registration form, you agree to the charges to the submitted credit card of registration fees for Maryland EMS Care Conference 2014. If registration is made by check or purchase order, you agree to be responsible for the charges whether you attend the conference or not. Returned checks are also subject to a $25 processing fee.

ATTENDEE REFUNDS:
No refunds will be given for cancellations made after April 18, 2014. Cancellations made before April 18, 2014, will be refunded less a 20% administrative fee. Refund requests must be made by email to EMSCare@miemss.org. You may transfer your registration to another person without penalty, provided you inform the Maryland EMS Care Conference by email.

By registering for EMS Care 2014, you agree to grant the Emergency Education Council of Region III and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) the right to distribute, transmit, publish, copy, or otherwise make use of, either in whole or in part, either digitally or in any other medium known or later discovered, the photographs taken during the conference. Attendees assume all risk incidental to participation in all activities, loss or damage to property, and release management, its employees, and agents against all claims.

MIEMSS, *Maryland EMS News*
653 W. Pratt St., Baltimore, MD 21201-1536



Governor Martin O'Malley
Lt. Governor Anthony Brown

Copyright© 2014 by the Maryland Institute for
Emergency Medical Services Systems
653 W. Pratt St., Baltimore, MD 21201-1536
www.miemss.org

Chairman, EMS Board: Donald L. DeVries, Jr., Esq.
Co-Executive Directors, MIEMSS:
Richard L. Alcorta, MD, FACEP & Patricia Gainer, JD, MPA

Managing Editor: Aleithea Warmack (410-706-3994)
Design & Layout: Gail Kostas
Photography: Jim Brown & Brian Slack
(*unless noted otherwise for specific photos*)