

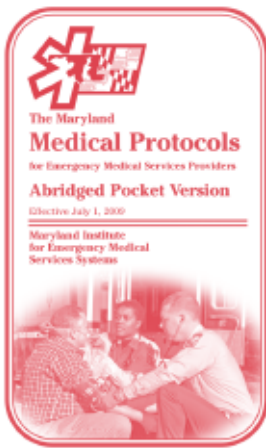
Maryland EMS News

For All Emergency Medical Care Providers

Vol. 35, No. 5

February 2009

2009 Edition of EMS Protocols



The 2009 edition of the *Maryland Medical Protocols for EMS Providers*, effective July 1, 2009, contains many revisions, as well as new protocols that have direct impact on all levels of EMS providers. Below is a sampling of protocols that have either been added or have undergone major revisions. For the complete list, see the more detailed Protocol Update Summary spreadsheet that lists each individual protocol revision by page and line

numbers and protocol title. This Update Summary will be available in PDF format on the MIEMSS web page www.MIEMSS.org.

Sampling of New or Revised Medical Protocols for EMS Providers for 2009

- New “Nausea and Vomiting” Protocol.
- New medication “Ondansetron (Zofran).”
- Replacement of diazepam with new medication “midazolam” for all indications except nerve agent/organophosphate exposure, where either medication may be of benefit (diazepam is part of the CHEM PAC inventory).
- The purchase of a circular magnet for use in the event of the failure of an Implantable Cardioverter Defibrillator (ICD).
- General Patient Care (GPC) “Transition of Patient Care ALS to BLS” section contains new text.
- GPC modification of “priority definitions”:
 - o Priority 1 - Critically ill or injured person requiring immediate attention; unstable patients with (deleted potentially) life-threatening injury or illness.
 - o Priority 2 - Less serious condition yet potentially life-threatening [added] injury or illness, requiring emergency medical attention but not immediately endangering the patient's life.
- Removal of endotracheal medication administration only for adults.

- Allowing “Nurse Practitioners” to sign for EMS/DNR forms and providing verbal EMS/DNR orders if on scene.
- New site (proximal humerus) for mechanical IO insertion can be used when other sites not available.
- CPAP is no longer an Optional Supplemental Protocol. CPAP, now a Standing Order for ALS providers, was moved to the Procedure Section.

Sampling of New or Revised Optional Supplemental Protocols

- Protocol for impedance threshold device (prevents air from entering the chest during chest recoil: doubling blood flow back to the heart during CPR) was added.

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Availability of 2009 Maryland Medical Protocols for EMS Providers

Will be able to be downloaded from the MIEMSS website at www.miemss.org:

- 2009 replacement pages (containing any revisions, additions and/or deletions) to be inserted into the binder of the complete *Maryland Medical Protocols for EMS Providers*.
- The most current, complete *Maryland Medical Protocols for EMS Providers* can be downloaded from the MIEMSS website and placed in a binder.

Will be distributed free by MIEMSS to every EMS provider:

- 2009 *Abridged Pocket Protocols* that have the core protocol changes for quick reference and review.

It is the responsibility of each EMS provider to ensure that he/she is familiar with all the revisions, additions, and deletions contained in the 2009 *Maryland Medical Protocols for EMS Providers*. Prior to July 1, 2009, all EMS providers (BLS and ALS) must complete a protocol rollout session that will cover the new material. Further information on the rollout will be available in March.

Rear-Facing Car Seats: What's the Big Deal?

Across the state of Maryland, a small but passionate group of people known as CPSTs (Child Passenger Safety Technicians) work to educate parents and guardians about how to properly restrain children in car seats and booster seats. The goal is to ensure that children are riding in motor vehicles in as safe a manner as possible. CPSTs see EMS providers as the perfect partners in delivering this important message to families. EMS providers interact with parents every day and, therefore, have an opportunity to share this information that can help keep children safe and save lives.

Speaking of car seat safety . . . safer than children in forward-facing car seats? Did you know that children should not automatically be switched from rear-facing to forward-facing as soon as they turn one year old? If you have children or know friends who have young children,

2009 Edition of EMS Protocols

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- Laryngeal Tube Airway Device (King LTS-D™) was added as an adjunct or alternative to Combitube or EASY tube).
- Certified First Responders are now allowed to administer MARK I Kits as "buddy aid."

New Pilot Protocol

- Protocol for Using the Pelvic Stabilization Binder Device for Suspected Pelvic Fractured

If you have any questions regarding the additions or revisions contained in the update, please contact State EMS Medical Director Richard Alcorta, MD, at 410-706-0880.

then continue reading this article to learn why rear-facing is best.

When educating parents on the topic of car seat safety, one of the most important messages to convey is that rear-facing is safest. Infants start out in rear-facing car seats but, unfortunately, many parents are too eager to turn their children forward-facing. In the past, parents were taught that children could be turned forward-facing once they reached one year of age. This thinking is a way of the past and has been changed by research that shows that rear-facing is safer than forward-facing for children well beyond one year of age.

In fact, the American Academy of Pediatrics (AAP) recommends that infants should ride rear-facing to the maximum weight or height of the rear-facing convertible (or toddler) seat because it provides the best protection. Rear-facing provides better protection than forward-facing because infants and young children have weak neck and shoulder muscles and soft, immature bones. Car seats, especially in the rear-facing position, safeguard these fragile parts and provide maximum protection during a collision. When positioned rear-facing, the back of the car seat absorbs much of the energy of the crash, cradling the child's head and neck. This helps prevent brain and spinal cord injuries. Most convertible car seat manufacturers recognize the value of rear-facing, so car



Rear-facing convertible car seat: allow toddlers to rear face up to 35 pounds (weight limits differ by brand).

seats are continually being modified to allow children to rear-face as long as possible. Convertible car seats, depending on the brand, allow for children to sit rear-facing until they weigh 30 pounds or more. For the very best protection, children should ride rear-facing until they are at least 18-24 months old.

If EMS providers partner with CPSTs and injury prevention advocates to spread this important message about rear-facing, the result could be amazing – fewer children with brain and spinal cord injuries as a result of motor vehicle collisions. This is a result that we should all be working to achieve!

To help spread the message about rear-facing, the Child Passenger Safety & Occupant Protection (CPS 7 OP) Healthcare Project at MIEMSS is hosting a free conference call on Tuesday, February 24, from noon to 12:30. A local CPS expert will be discussing the evidence for rear-facing and how best to share the message with parents.

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35 SYSCOM, MSP Staff Now Aviation Communications Specialists

Three Certified Flight Communicator (CFC) training classes recently were held for Maryland State Police (MSP) Aviation Command (AC) personnel and MIEMSS Communication Operators. As of January 30, 2009, SYSCOM is 100% staffed by Aviation Communications Specialists. A total of 35 MIEMSS and MSP personnel now hold CFC credentials.

The Certified Flight Communicator course provided by the National Association of Air Medical Communications Specialists (NAACS) is recognized by the Federal Aviation Administration (FAA) as the standard for communications specialists operating in helicopter EMS operations. The training and certification of the MIEMSS communications operators and MSP duty officers is the first step in the process to qualify SYSCOM as a Helicopter EMS Operational Control Center under MSP's proposal to the FAA.

Rear-Facing Car Seats: What's the Big Deal?



Rear-facing infant seat: for newborns and young babies (weight limits, from 22-30 pounds, differ by brand).

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Slides and audio from the presentation will be posted on the project website:

<http://www.miemss.org/EMSCwww/CPSHome.htm>.

Also, keep an eye out for the CPS & OP interactive display at the upcoming Miltenberger conference on Saturday, March 14, 2009. We will be handing out lots of free, up-to-date child passenger safety and occupant protection resources!

- ◆ Pamela Homiak, RN, BSN, MPH, CPS-T
CPS & OP Healthcare Project Coordinator
Email: phomiak@miemss.org

Course topics included resource management, FAA regulations, aviation weather, navigation, public relations, stress management, safety, and post-incident response. Instructors included Lt. Walter Kerr, Quality Assurance Officer, MSP AC; CP Mike Gartland, Chief Pilot, MSP AC; 1st Sgt. Pat King, Support Operations, MSP AC; TFC Eric Smothers, CISM Coordinator, MSP AC; Doug Crum, Aviation Communications Specialist, MIEMSS; and Jamie Eberly, Communications supervisor, PHI Aeromedical, INOVA-Fairfax Hospital, VA.

This training will allow aviation communications specialists in SYSCOM to make full use of new technology flight-tracking and weather observation tools currently in operation. With a primary focus on safety and effective public safety mission management, this training specifically supports the main responsibility of SYSCOM in providing medevac response to the citizens of Maryland.

Promote Poison Prevention Week

National Poison Prevention Week (March 15-21) is fast approaching! The Maryland Poison Center encourages health care providers, educators, and other community organizers to take part in activities to promote poison prevention during that week. For more information on National Poison Prevention Week, including ideas for activities to promote poison prevention awareness to your patients, clients, students, and community, go to <http://www.mdpoison.com/publications/pdf/Nat%20Poison%20Prevention%20Week%202009%20info.pdf>.

To order materials, go to www.mdpoison.com and click on "Online Store." Call Angel Bivens at 410-563-5583 for more information.

A Proud Partner in Your Community: EMS Week 2009 Is May 17-23

National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." This information can be used throughout the year for public education and safety programs. For additional information, contact emsweek@acep.org.

Call for Award Nominations

Just a reminder! Don't miss the deadline for nominations for the Maryland Stars of Life Awards and the Right Care When It Counts Awards! All nominations must be received at MIEMSS by March 30, 2009. See the MIEMSS website www.miemss.org (click on Maryland EMS under What's New) for nomination guidelines and forms.

**MARYLAND
EMERGENCY MEDICAL SERVICES
SYMPOSIUM 2009**

“Excellence in EMS”



*May 14-17, 2009
Annapolis, MD*

Annapolis Sheraton Hotel

Presented By:
Maryland's Regional EMS Advisory Councils,
The Maryland Institute for Emergency Medical Services Systems
With the support of
The Emergency Education Councils of Region III and Region V

Maryland EMS Symposium 2009

“Excellence in EMS”

May 14-17

At the Annapolis Sheraton Hotel

The Program

The first EMS Symposium developed by a statewide planning committee representing EMS partners from across Maryland offers cutting-edge presentations for prehospital EMS providers, nurses, fire/rescue personnel, and emergency medical dispatchers. National speakers, hot topics, and an enticing setting make this a “must do” event. A wide variety of pre-symposium topics offers a persuasive reason for expanding your stay in our beautiful state capital. Special Events will include a Preakness Celebration and an EMS Week Kick-Off featuring the Maryland Star of Life Awards and the Right Care When It Counts Awards for Children.

Continuing Education

All workshops are approved by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) for continuing education for ALS and BLS providers. EMT-Bs can fulfill all of the 12 hours of didactic (4 Medical, 4 Trauma, and 4 Local) training required for recertification. A 12-hour skills class is also available during the pre-symposium activities. Symposium 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.

As an exciting new addition, the Maryland EMS Symposium 2009 will also offer **NURSING CEUs for workshops in the “Advanced Practice” track. Nursing CEUs are provided by Franklin Square Hospital Center and co-provided by MIEMSS. Franklin Square Hospital is an approved provider of continuing nursing education by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The Hotel

The Maryland Emergency Medical Services Symposium 2009 will be held at the beautiful Annapolis Sheraton Hotel located at 173 Jennifer Road, Annapolis, Maryland 21401. Room rates for the Symposium are at the following discounted rates: Single/Double \$123/night; Triple \$143/night; and Quad \$163/night. To receive this rate, you must make your reservations **NO LATER than Monday, April 13, 2009**. After this date, the room rates will return to the prevailing rate. *Please note that the Symposium occurs during a very busy week in Annapolis, so it is suggested that you confirm hotel reservations as soon as possible.* The block of rooms for Symposium participants will fill up quickly. For more information or to make your reservations, call 1-888-627- 8980 or visit the Annapolis Sheraton website: www.sheraton.com/annapolis

Stay for the Fun!

The Symposium is located within easy reach of some of the greatest attractions that Annapolis, Maryland offers. The US Naval Academy, the Maryland State Capitol, and the historic waterfront district are just a few miles away and can be easily accessed by the hotel's free shuttle service. The hotel is within easy walking or driving distance of the Westfield Mall, Festival Plaza, and the Annapolis Harbour Center, as well as several of the area's finest golf courses. And don't forget the great food experiences available at some of the area's finest restaurants, such as the Sheraton's Annapolis Bar and Grill, the Chart House, Carrol's Creek Waterfront, the Cheesecake Factory, and the Melting Pot.

Fees and Expenses

Registration fees will be \$160 for the Saturday and Sunday sessions or \$90 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 breakfast and lunch on Sunday, as well as snacks on both days. Those registering for the two-day symposium in groups of five or more will receive a discount of \$10 per attendee (see registration form for details). Pre-symposium workshops are offered for an additional fee as indicated on the attached registration brochure.

Registration

Registration is limited and on a first-come, first-served basis. Attendees whose registrations are postmarked by April 10, 2009 will receive a **free** conference tee shirt. All registrations received by May 4, 2009 will receive written confirmation letters. Confirmations for those received after May 4th may not be available prior to the Symposium. Upon receipt of your confirmation, please review all workshop selections carefully. Any requests for changes to your schedule must be received prior to May 8, 2009, and should be emailed to MD_EMS_Symposium@miemss.org. Requests for refunds must be submitted in writing prior to May 8th. All cancellations are subject to a \$25 processing fee. Returned checks are also subject to a \$25 processing fee.

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

Directions

A map and written driving directions will be mailed with your registration confirmation.

For More Information

Contact the MIEMSS Region III Office at 410-706-3996, or visit the Emergency Education Councils' web sites at: www.eecreg3.org or www.eecreg5.org.

Pre-Symposium Activities

Thursday and Friday, May 14 and 15, 2009

EMT-Basic 12-Hour Skills Refresher (Thursday, 6 -10 PM; Friday, 8 AM-5 PM)

This course is a required part of recertification for all EMT-Bs. By coupling this course with careful selection of symposium breakout sessions, EMT-Bs can meet all requirements necessary for recertification. This class will be offered at an off-site location. Enrollment is limited to 25 registrants. {12 hrs Cat S}

Thursday, May 14, 2009

Communications with Special Populations (9 AM-5 PM)

Communication can be difficult for anyone in an emergency situation, but what if your patient already has communications challenges? This workshop will cover three groups of individuals with communications differences: the deaf community, those dealing with autism, and the sensory changes that come with aging. Brenda Kelly-Frey, Director of the Telecommunications Access of Maryland, Maryland Department of Information Technology, will talk about deaf culture and provide valuable tools to help you help people who are deaf or have hearing loss. She will also focus on the use of Maryland Relay during her morning presentation. LTC Scott Campbell will begin the afternoon with a focus on patients with Autism Spectrum Disorder, providing valuable tips on safely interacting with autistic patients. Finally, Leona Rowe, NREMT-P, from MIEMSS, will help students, through a series of practical exercises, to experience and understand the sensory changes that aging brings. {7 hrs Cat 2/L}

Look Out Behind You! (8:30 AM-5:30 PM)

You have heard of "Roadway Incident Safety for Emergency Responders." Now "Look Out Behind You," an 8-hour lecture and hands-on training workshop, provides an overview of the safety hazards often found at roadway incidents, as well as "best practices" designed to help save lives and prevent injuries to emergency response personnel. This program is designed for safety and training officers, chief and line officers, and EMS providers. Attendees will receive training materials that they can later modify and customize to fit their department, geographic area, roadways, and resources. It is the goal of the program that attendees will instruct personnel in the best practices. The program aims to create awareness of the risks facing personnel operating at crash scenes or fires near roads and highways and of the need to develop training and safe operating procedures. Although beneficial, previous attendance at a Roadway Incident Safety class is not a requirement to attend this class. Jack Sullivan, CSP, CSPS is the director of training for the Emergency Responder Safety Institute. He retired from active firefighting as a lieutenant and safety officer with Lionville (PA) Fire-Rescue. He has more than 30 years experience with the fire service in three different fire departments and is nationally recognized for his work on roadway incident safety for emergency responders. **Enrollment is limited to 40 registrants. This workshop will be repeated on Friday, May 15.** {8 hrs Cat 2/L}

Quality Improvement Continuing Education Workshop (9 AM-5 PM)

Part 1: Quality Improvement Lessons Learned Across the State: Experienced Quality Assurance Officers from career, volunteer, and commercial services will share their successes and failures in this networking session. Highlights will include an overview of the Region IV preceptor QI project, the utilization of existing data to improve your system, and other lessons learned.

Part 2: So Your Providers Would Benefit from Remediation and/or Mentoring? Explore the best ways to provide the assistance your personnel need to help them develop professionally. Michael Cooney, Clinical Coordinator of Emergency Health Services at the University of Maryland Baltimore County, will conduct this valuable workshop. {7 hrs Cat 2/L}

Friday, May 15, 2009

Look Out Behind You! (8:30 AM-5:30 PM)

Repeat of Thursday's Course. See description above. **Enrollment is limited to 40 registrants.** {8 hrs Cat 2/L}

Emergency Medical Dispatcher Continuing Education (9 AM-5 PM)

Join Kevin Willet, of Public Safety Training Consultants, for a fun and informative day of news and views that every emergency telecommunications staff member can use. Get a fresh look at everything from attitude and performance to protocol compliance. Known for his humor and passion for the 9-1-1 profession, Kevin will use lessons learned from the best and the worst in emergency medical dispatching. Quality improvement and customer interactions will be discussed, along with new tools on calming hysterical callers. Can we "be nice," save lives, and still be professional and efficient? Kevin will show us how to make it all happen! {7 hrs Cat 2/L}

Building a High Reliability Organization: A Leadership Workshop for EMS and Quality Assurance Officers (9 AM-5 PM)

During hard economic times, as we struggle to do more with less, it is critical that we develop an effective organization to fulfill our critical missions. Back by popular demand, Paul LeSage, Assistant Chief of Tualatin Valley Fire and Rescue in Oregon, will address the high reliability organization. He will focus on the role of the "just culture," critical decision-making, and team communication using scenarios and examples from the fire/rescue services. This course is a must for EMS and Fire Officers, Quality Assurance Officers, and others interested in change. {7 hrs Cat 2/L}

EMSC Pediatric Vascular Access Workshop (9 AM-5 PM)

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. 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. {7 hrs total; 3.5 hrs Cat A/M and 3.5 hrs Cat B/T}

Program Descriptions

Saturday, May 16, 2009

8:00 AM-9:30 AM

Opening Ceremonies and Keynote Address

Trauma Triage and Medevac

Transport: Critical Decisions in the Field

MIEMSS Executive Director Robert R. Bass, MD, FACEP will discuss both the science behind the Trauma Decision Tree and its practical field application. He will also discuss how field providers can use this tool to make sure all patients who need a trauma center are taken to one by the most appropriate means of transport, air or land.

{1.5 hr B/T}

10:00 AM-11:30 AM Breakout 1:

(1A) Kids and Falls: The Long and Short of It

The number one reason for injury transport in children is falls. Some are reported to be from great heights and others from a couch or bed. Which ones are severe? Which ones are unintentional? Which ones are suspicious? Through cases and multi-center reports, Dr. Allen Walker, of MIEMSS and Johns Hopkins, will teach you how to triage and treat children who "fall down." {1.5 hrs B/T}

(1B) Unrecognized Cardiac Emergencies in Children

Pediatric cardiac emergencies present a unique challenge to EMS and ED providers because many of the patients are so young that they cannot describe their symptoms. Chest pain, hypoxia, and cyanosis mean different things in the very young. A Pediatric Cardiology team will present both simple and complex cases, with keys to early identification of pediatric cardiac emergencies. This workshop is in response to your request for "beyond PEPP and PALS." {1.5 hrs A/M}

(1C) Crisis in the Field: Assessing and Managing Behavioral Emergencies

These calls can be frightening and dangerous. Professor Dwight Polk, of the Emergency Health Services Program at University of Maryland Baltimore County and co-author of *Prehospital Behavioral Emergencies and Crisis Response*, will share his expertise on this challenging topic. {1.5 hrs B/M}

(1D) Rescues in Raging Rapids

Lt. Michael Berna, from the Baltimore County Fire Department Special Operations Division, will assess the roles of both BLS and ALS personnel when interacting with a technical rescue/swift water team. Emphasis will be placed on understanding swift water/flood emergencies with a focus on responder safety. In addition, the pathophysiology of drowning and immersion hypothermia will be explored, as well as managing the rehabilitation of swift water responders. Lt. Berna will be joined by Battalion Chief Jim Resnick, who will share his experiences as Incident Commander at this year's dramatic rescue on River Road in Montgomery County. {1.5 hrs 2/L}

(1E) Critical Incident Stress and the Emergency Services Provider

Some stress keeps emergency medical dispatchers and other EMS providers alert and ready to go, but excessive stress can compromise health and performance. This presentation will focus on how to identify signs and symptoms of critical incident stress and methods of stress management for emergency providers. Jeffrey Mitchell, PhD, co-founder of the International Critical Incident Stress Foundation and co-author of *Prehospital Behavioral Emergencies and Crisis Response*, will present this topic. {1.5 hrs B/M}

12:45 PM-2:15 PM Breakout 2:

(2A) The Deadly Combo: CO and Children

House fires are one of the leading causes of childhood death and injury. Despite a decade of prevention efforts, carbon monoxide poisoning is often the cause of death. Dr. Karen O'Connell, Region V Pediatric Medical Director, and Major Dennis Woods, Prince George's Fire and EMS, will teach you how to recognize carbon monoxide exposure in children before it is too late. The latest technology and laboratory findings will be discussed, along with rapid treatment and transport protocols. {1.5 hrs B/T}

(2B) The Iceman Cometh: Hypothermia and Cardiac Arrest

Ice-cold IV fluids and ice packs for the cardiac arrest victim with a ROSC (a pulse)? New trends in post-resuscitation

care show that induced hypothermia leads to better outcomes in neurological status. Mary Alice Vanhoy, RN, MSN, NREMT-P is an educator from Shore Health System and United Communities VFD. Michael Millin, MD, MPH, FACEP is Medical Director at the Baltimore/Washington International Airport Fire and Rescue Department. He also serves as an Assistant Medical Director for MIEMSS Region III. {1.5 hrs A/M}

(2C) Managing the Bariatric Patient

Tim Perkins will present on various aspects affecting bariatric patients such as anatomical and physiological anomalies, as well as injuries and illnesses common to bariatric patients. He will also discuss many of the "new" types of surgical and medical interventions for the morbidly obese and how EMS providers may effectively treat these patients. Tim Perkins, EMS Systems Planner for the Virginia Office of EMS in Richmond, has been involved in EMS for 19 years. Tim is a graduate of the Emergency Health Services Department at the University of Maryland Baltimore County. He has worked in several different EMS systems in the eastern United States. {1.5 hrs B/M}

(2D) Incident Management Team: How May We Help You?

Since 9/11/01, millions of federal dollars have been provided to our regions to enhance our medical emergency preparedness. In addition, the National Incident Management System (NIMS) has mandated both training and response capability. The regional approach to incident management through the Incident Management Team (IMT) is a proven concept that has worked to manage incidents ranging from LODD funerals to inauguration events to the polar bear plunge! Deputy Chief John Scholz, Chief of Operations, Anne Arundel County Fire Department, serves as the team leader for the 50+ member Baltimore Regional Incident Management Team (BRIMT) (a FEMA Type III recognized team). He will explain the team concept and deployment, including what the team can provide to your major incident, as well as how it focuses on your success in managing a local incident. {1.5 hrs 2/L}

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(2E) Training Films and Other Firehouse Lessons

Would you like to be able to gain Continuing Education Credits for your in-station EMS drills? Do you need some guidance in developing EMS drills for your members or employees? Would you like exposure to educational resources for use in EMS company drills? If the answer to any of these questions is yes, then this presentation is for you. Peter Fiackos, EMS Education Manager at MIEMSS, will teach what the requirements are for

your company drill to gain approval for continuing education hours. By introducing easily accessible resources, such as the new "Lower Extremities Resource for EMS Providers," Pete will lead students through the steps of planning, teaching, and then obtaining continuing education hours for the class. This workshop is perfect for experienced providers, training officers, and instructors. Each student will leave with an approved lesson plan to teach or use as a template to develop additional approved company drills. {1.5 hrs 2/L}

2:30PM - 4:00 PM General Session:

Pain: The Invisible Emergency

Ed Racht, MD will focus on the facts and fiction about managing pain in the out of hospital setting. Dr. Racht is a nationally recognized EMS speaker who is the Vice President of Medical Affairs and Chief Medical Officer at Piedmont Newnan Hospital in Georgia. Prior to that, he served as Medical Director of the Austin/Travis County Texas Emergency Medical Services System. {1.5 hrs B/M}

8:00 AM-9:00 AM Breakout 3:

(3A) Seize Midazolam!

Determining the neurological status of a child is often difficult, and seizures occur for different reasons at different ages. The Johns Hopkins Pediatric Neurology team will discuss the causes, symptoms, and field treatment for seizures in infants, children, and youth. Remember that on July 1, 2009, the Maryland EMS protocol for seizures requires a change in medications. {1 hr A/M}

(3B) Trauma Care in Iraq

As the military's experience has grown over the last six years, so has the care being provided by emergency physicians and surgeons. Trauma care begins at the "point of injury" and is continued until arrival at a facility with surgical capabilities. Current doctrine advocates for rapid transport, early resuscitation, operative management, and transport to higher level of care. This discussion will provide a general overview of the current trends in trauma care provided during Operation Iraqi Freedom and highlight some cases seen by an emergency physician during a recent deployment. Ricky Kue, MD, MPH, an emergency physician at the Johns Hopkins Hospital in Baltimore, began his career in EMS in Maryland as an EMT. He achieved CRT and paramedic licensures, and is currently the Medical Director for Hopkins Lifeline. {1 hr B/T}

(3C) Diabetes in the 21st Century: Keeping Up with the High-Tech Diabetic

Deputy Chief Chuck Barton, NREMT-P, of the Ocean City Fire Department, Career Division, will bring you up-to-date on the latest equipment that diabetics

use to monitor and control their health. Chief Barton brings his expertise both as an EMS instructor and as the parent of a diabetic to this lively and informative session. {1 hr B/M}

(3D) MAYDAY: Firefighter Down

In May 2008, fire and rescue personnel from Loudoun County responded to a structure fire in Leesburg, Virginia. During the course of the incident, seven responders were injured. Of those injured, four firefighters received significant burn injuries, two firefighters sustained orthopedic injuries, and one EMS provider was treated for minor respiratory distress. Given the severity of the injuries and magnitude of the event, an independent Investigative Team was assembled to review the incident. The results of that review have important implications for everyone in the fire/rescue service. Using a lessons-learned approach, Acting Chief Ritchie Bowers, of the Montgomery County Department of Fire/Rescue Services who was the team leader during the review of the May 2008 incident, and Battalion Chief Jennie Collins, of the Prince William County Department of Fire/Rescue Services, will discuss what went right and what did not. {1 hr 2/L}

(3E) 9-1-1 Fun (2 hrs)

The training involved in working at a 9-1-1 Center can be lengthy, sometimes tedious, and frequently overwhelming. To give students a rest from the repetitive practice often involved in memorization, we have developed games that not only test their knowledge of terminology, event types, abbreviations, interstates, etc., but are actually fun and build camaraderie between students. Carol A. Redding, of the Baltimore County 9-1-1 Center, is trained as a fire dispatcher

and 9-1-1 call taker. She has served for 23 years and managed the Training Academy for 5 years. Samantha Flater has been at the Carroll County 9-1-1 Center for 12 years, serving as a trainer and QA officer for the last three. {2 hrs 2/L}

9:15 AM - 10:15 AM Breakout 4:

(4A) Stepwise Approach to Oxygen Therapy for Kids

Oxygen is a medication, sometimes administered alone and sometimes in combination with other medications. Low flow, high flow, nebulized, intubated – challenging cases will be presented and techniques demonstrated by Liz Berg, PICU Transport Coordinator at the Johns Hopkins Children's Center. {1 hr B/M}

(4B) Not from the Heart: Non-Cardiac Chest Pain

Rapid, efficient, and effective care for victims of heart disease is one of the primary goals of Advanced Life Support. But there are other important and dangerous causes of chest pain that are not from the heart. This discussion reviews those causes and outlines the differences between those presentations (signs and symptoms) and the presentation of patients with acute coronary syndromes. Dave Denekas, MD, FACEP is the Medical Director of Calvert EMS and Past Director of the Emergency Department at Calvert Hospital. {1 hr B/M}

(4C) Wilderness Medicine: Packing for the Unexpected

This workshop will focus on essential survival strategies for those providing care and rescues in remote settings.

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Enjoy an interactive discussion with props, etc., on topics such as emergency shelters, starting a fire, water, and signaling techniques. In addition to being an active member of the Wilderness Medical Society, Dr. Vincent Cantone is an avid hunter, fisherman, and outdoorsman. He is the Medical Director for Washington County and Pediatric Medical Director for MIEMSS Region II. {1 hr B/T}

(4D) Mass Evacuation: Are You Prepared?

Given our aging population and the emergence of assisted living facilities, nursing homes, and large senior living communities, what issues do we face in dealing with the evacuation of large populations? What is the role of EMS vs. other assisting agencies? Does this aging population have social/welfare needs? Lt. Mark Demski, NREMT-P, of the Baltimore County Office of Emergency Management and Homeland Security, will provide insight into these issues through a "case study/lessons learned" approach relevant to several major incidents that have occurred. {1 hr 2/L}

10:30 AM - 11:30 AM Breakout 5:

(5A) Don't Call Me Honey! Communicating with Elderly Patients

Most EMT and Paramedic programs spend significantly more time discussing pediatrics than geriatrics, even though the percentage of the US population over the age of 65 is rapidly increasing. Advancements in medicine and pharmaceuticals have pushed the average life expectancy to almost 80. An overview of specific "pearls and pitfalls" in assessing and treating geriatric patients will be covered, including important physical, social, and cognitive facets that every EMS provider should be familiar with. Common assistive living equipment utilized in home care will be reviewed, as well as relevant topics such as the in's (and out's) of hospice, the uniqueness of geriatric trauma, recognizing elder abuse, and being sensitive to end-of-life concerns. This presentation will touch on a wide variety of medical care issues specific to the geriatric population and will hopefully instill a new respectful perspective on the challenges facing these patients. Raphael M. Barishansky is currently the Program Chief for Public Health Emergency Preparedness for the Prince George's County (MD) Department of Health. {1 hr B/M}

(5B) Intubation vs. Non-Invasive Positive Pressure Ventilation

Intubation has been described as the "gold standard" in airway and ventilation management. Although no one disputes the utility of endotracheal intubation in airway protection, some patients may benefit from the positive pressure ventilation strategy that intubation provides without the risks of the procedure itself. Ricky Kue, MD, MPH, an emergency physician at the Johns Hopkins Hospital in Baltimore who began his career in EMS in Maryland as an EMT, and later obtained licensures as a CRT and paramedic, will review the physiology of ventilation and discuss the merits (and problems) with non-invasive positive pressure ventilation (NIPPV) in the out-of-hospital setting. Current technologies will also be reviewed, as well as common pitfalls in initiating NIPPV. With the recent MIEMSS protocol updates that require NIPPV capabilities by all EMT-P services, this lecture will convince you why non-invasive may be the way to go. {1 hr B/M}

(5C) Baby on Board

Transporting pregnant women is a stressful situation. What happens when the mother is considered "high-risk?" How is this defined and what concerns should you have when evaluating such a patient? This lecture will provide a review of high-risk obstetrics for the EMS provider and include topics such as pre-eclampsia, eclampsia, the HELLP syndrome, placental abruption, and placenta previa. Emphasis will be on the assessment, treatment, and documentation of the high-risk transport. Cathleen Witt Vandenbraak, RN, is a Critical Transport Nurse at the Johns Hopkins Hospital. Previously she has worked as an emergency department nurse, surgical nurse, and flight nurse. She began her career as a paramedic. {1 hr B/M}

(5D) When 2-5 Million People Are Expected: Inaugural Planning

Battalion Chief Henry Lyles, DC Fire/EMS Department, will discuss the nuts and bolts of planning for Emergency Services with an alphabet soup of participating agencies. {1 hr 2/L}

(5E) Emergency Medical Jeopardy

This "Game Show" will feature teams of emergency medical dispatchers, as well as BLS and ALS providers. These teams will have to work together (as in the real world) to solve problems, score

points and, hopefully, earn "Big Prizes." {1 hr 2/L}

12:45 PM - 1:45 PM Breakout 6:

(6A) Pediatric Medical Cases: The "Once in a Career Call"

Returning at your Request! Children do amazing things and get into many environments. Pediatric experts will present unusual pediatric emergencies through case studies. Early recognition and rapid assessment, along with appropriate triage and transport, will be included. {1 hr B/M}

(6B) Maybe It's All in Your Head!

EMS providers and emergency department physicians often miss subtle head injuries. Those patients may develop pain or changes in cognition, motor skills, or affect. Jerry Fleishman, MD, L.Ac, Chief of Neurology and Director of Clinical Neuro-physiology at Franklin Square Hospital Center, will discuss how those patients present at the neurologist's office and how your field report might assist in an earlier diagnosis. {1 hr B/T}

(6C) Pelvic Trauma: Holding It All Together

Clifford H. Turen, MD, of the R Adams Cowley Shock Trauma Center, will discuss the new pelvic trauma binder approved for field use in the July 1, 2009 Maryland Protocols. {1 hr B/T}

(6D) Just Add Water

Whether in water bordering the thousands of miles of Maryland's shoreline or in a "riptide" current "down the ocean," Maryland's EMS responders may become involved in a rescue incident on tidal waters. The ocean, the bay, the rivers, and even our lakes present unique concerns for responders regarding access and packaging and recovery. Lt. Eric Peterson, NREMT-P, of the Ocean City Fire Department, will provide some insight into the role of the EMS responder. {1 hr 2/L}

(6E) It's All in the Cards! (2 hrs)

Roger Stone, MD, MS, Operational and EMD Medical Director for multiple Maryland jurisdictions, and Lt. Cary Beall, QA Officer for the Montgomery County Fire/Rescue Communications Center, will explain EMD decisions to EMS providers while updating EMDs on the challenges of the five most challenging EMD cards. {2 hrs 2/L}

(Continued on Page 10)

1:45 PM - 2:45 PM Breakout 7:

(7A) Too Young to Die, Too Old to Rock and Roll

Better health care, healthier lifestyles, and the graying of the baby boomers all contribute to our aging population. By 2030, over 60 million people will fit that category. Steve Johnson, MD, Director of Critical Care Medicine at the University of Maryland Medical System, will discuss assessment and care of geriatric trauma patients. {1 hr B/T}

(7B) First Responders and the Outcomes of Interpersonal Violence Injury: Could Less Be More?

There has been a trend toward increasing interpersonal violence over the past several years and not surprisingly, outcomes are affected by this activity. In addition to primary violence prevention measures, is there a role for reexamining prehospital protocols governing the management of these patients? Insight into this interesting topic will be presented by David T. Efron, MD, FACS, FCCM, the Chief of the Adult Trauma Service, Johns Hopkins University Hospital. {1 hr B/T}

(7C) What's Happening Now: New Drugs on the Street

The drug scene is constantly changing. Users and dealers are always searching for easily accessible and sometimes

legal ways to get high. This session will review new and emerging drugs of abuse, including plants, synthetic and "designer drugs," and old drugs being used in new ways. The toxic effects seen with their use and treatment strategies for those effects will be discussed. This workshop is presented by Lisa Booze, PharmD, CSPI, the clinical coordinator at the Maryland Poison Center at the University of Maryland School of Pharmacy. She is a clinical pharmacist and a certified Specialist in Poison Information. {1 hr B/M}

(7D) Current Vehicle Design and Extrication

New vehicles are safer for occupants but present challenges to those responding to a crash. Lt. Sam Pearce, of the Baltimore County Fire Department and an extrication equipment expert, will discuss these challenges. {1 hr 2/L}

3:00 PM-4:00 PM General Session:

Leadership in a Time of Change

Raphael M. Barishansky is currently the Program Chief for Public Health Emergency Preparedness for the Prince George's County (MD) Department of Health. Mr. Barishansky has written and lectured extensively on various facets of EMS, including leadership profiles, administrative/management strategies,

and clinical aspects. His articles have been featured in *EMS Magazine*, the *Journal of Emergency Medical Services (JEMS)*, the *EMS Insider*, and *EMS Manager and Supervisor*, as well as other publications. He is a regularly featured speaker at various regional, state, and national EMS conferences. {1 hr 2/L}

4:00 PM

EMS Week Kick-Off and Presentation of the Maryland Star of Life Awards and the Right Care When It Counts Awards for Children

Each year during EMS Week, MIEMSS presents Maryland Star of Life Awards honoring EMS personnel, citizens, and EMS programs statewide. In addition, MIEMSS recognizes children and teens from each of the five Maryland EMS Regions who assisted in providing a life-saving service to someone, thereby ensuring that people had received the "right care when it counts." Please join us as we close the 2009 Maryland EMS Symposium and "kick off" EMS Week in Maryland by honoring this year's award recipients.

**MARYLAND
EMERGENCY MEDICAL SERVICES
SYMPOSIUM 2009**

"Excellence in EMS"



Saturday, May 16, 2009

7:00 AM	Registration				
8:00 - 8:30 AM	Opening Ceremonies				
8:30 - 9:30 AM	Trauma Triage and Medevac Transport: Critical Decisions in the Field - Robert R. Bass, MD, FACEP {B/T}				
9:30 - 10:00 AM	Vendor Break				
Time	A Generations	B Advanced Practice	C Street Medicine	D Special Operations	E Outside the Box
10:00 - 11:30 AM (1.5 hrs) {Breakout #1}	Kids and Falls: The Long and Short of It {B/T}	Unrecognized Cardiac Emergencies in Children {A/M}	Managing Behavioral Emergencies in the Field {B/M}	Rescues in Raging Rapids {2/L}	Critical Incident Stress and the Emergency Services Provider {B/M}
11:45 AM - 12:45 PM	Lunch				
12:45 - 2:15 PM (1.5 hrs) {Breakout #2}	The Deadly Combo: CO and Children {B/T}	The Iceman Cometh: Hypothermia and Cardiac Arrest {A/M}	Managing the Bariatric Patient {B/M}	Incident Management Team: How May We Help You? {2/L}	Training Films and Other Firehouse Lessons {2/L}
2:30 - 4:00 PM (1.5 hrs)	General Session: Pain: The Invisible Emergency - Ed Racht, MD {B/M}				
4:00 - 7:00 PM	Preakness Celebration in Admiral's Ballroom Vendor Area				

Sunday, May 17, 2009

Time	A Generations	B Advanced Practice	C Street Medicine	D Special Operations	E Outside the Box
8:00 - 9:00 AM (1 hr) {Breakout #3}	Seizing Midazolam {A/M}	Trauma Care in Iraq {B/T}	Keeping Up with the High-Tech Diabetic {B/M}	MAYDAY: Firefighter Down {2/L}	9-1-1 Fun {2/L}
9:15 - 10:15 AM (1 hr) {Breakout #4}	Stepwise Approach to Oxygen Therapy for Kids {B/M}	Not From the Heart: Non- Cardiac Chest Pain {B/M}	Wilderness Medicine: Packing for the Unexpected {B/T}	Mass Evacuation: Are You Prepared? {2/L}	
10:30 - 11:30 AM (1 hr) {Breakout #5}	Don't Call Me Honey! Communicating with Elderly Patients {B/M}	Intubation vs. Non-Invasive Positive Pressure Ventilation {B/M}	Baby on Board {B/M}	When 2-5 Million People are Expected: Inaugural Planning {2/L}	Emergency Medical Jeopardy {2/L}
11:45 AM - 12:45 PM	Lunch				
12:45 - 1:45 PM (1 hr) {Breakout #6}	Pediatric Medical Cases: The "Once in a Career" Calls {B/M}	Maybe It's All in Your Head {B/T}	Pelvic Trauma: Holding It All Together {B/T}	Just Add Water {2/L}	It's All in the Cards: The Top 5 Most Challenging EMD Cards {2/L}
1:45 - 2:45 PM (1 hr) {Breakout #7}	Too Young to Die, Too Old to Rock and Roll {B/T}	First Responders and the Outcomes of Interpersonal Violence Injury {B/T}	What's Happening Now: New Drugs on the Street {B/M}	Current Vehicle Design and Extrication {2/L}	
3:00 - 4:00 PM (1 hr)	General Session: Leadership in a Time of Change - Ray Barishansky {2/L}				

Continuing Education Credits - All categories are noted in the brackets {} ALS is first, then BLS. CRT-Is and NREMT-Ps are required to complete continuing education in specific topics. We suggest you review the Re-registration guidelines in the National Registry registration brochures for Intermediate '99 and Paramedic on their web site at www.nremt.org

Maryland EMS Symposium 2009 Registration Form - Count Me In!!!



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):

FR EMT-B CRT-(I) EMT-P EMD RN Other

Please select the programs that you plan to attend:

Pre-Symposium Workshops:

- _____ EMT-B Skills (\$35)
- _____ QA Officer Update (\$75)
- _____ Comm. with Special Populations (\$75)
- _____ Look Out Behind You (Thursday) (\$75)
- _____ Look Out Behind You (Friday) (\$75)
- _____ EMD Cont. Ed. (\$75)
- _____ Building High Reliability Orgs (\$100)
- _____ Peds Vascular Access Workshop (\$75)

BREAKOUT SESSIONS: (Please circle)

Saturday, May 16, 2009:

Breakout 1: A B C D E

Breakout 2: A B C D E

Sunday, May 17, 2009:

Breakout 3: A B C D E

Breakout 4: A B C D

Breakout 5: A B C D E

Breakout 6: A B C D E

Breakout 7: A B C D

REGISTRATION FEES:

Two-Day (Sat/Sun) (\$160): _____

One-Day (\$90): _____
(Sat. ____ Sun. ____)

Symposium T-Shirt (\$15): _____
(Free for 2-Day Registrations
Postmarked On or Before April 10th.) {Size: _____}

Group Discount:
Groups of 5 or more 2-day registrations will
receive a discount of \$10 per attendee. \$(-)_____

Pre-Symposium Fees: _____

TOTAL DUE: _____

Make checks payable to:

Emergency Education Council of Region III
Send checks: MIEMSS Region III; 653 West Pratt
Street; Baltimore, Maryland 21201 or fax credit card
registrations to 410-706-8530.

Pay by Credit Card!

VISA: _____ Master Card: _____ Discover: _____
Card #: _____
Expiration Date: _____
Street # _____ Zip code _____
(Billing Address Needed for credit card auth.)
Signature: _____

PLEASE NOTE!!

- Submit one registration form for each attendee.
- Groups applying for discounts must submit all registration forms together.
- No refunds will be granted unless a written cancellation is received prior to May 8, 2009. All cancellations are subject to a \$25 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 May 8, 2009, at 410-706-3996.

EMS Continuing Education Programs

March 14, 2009

Pre-conferences March 12 - 13, 2009

Miltenberger Emergency Services Seminar 2009

Rocky Gap, MD

Contact: Region I Office at
301-895-5934.

March 15-21, 2009

National Poison Prevention Week

Contact: Angel Bivens at the Maryland Poison Center,
410-563-5583

March 24-28, 2009

EMS Today:

The JEMS Conference & Exposition

Baltimore, MD

Information: www.EMSTodayConference.com

April 2, 2009

Trauma Care: Multiple Aspects

Sponsored by Hagerstown Community College
& Washington County Hospital

Merle S. Elliott Continuing Education & Conference Center
Hagerstown Community College

11400 Robinwood Drive

Hagerstown, MD

Contact: 301-790-2800, ext. 236

April 30, 2009

Trauma Care 2009

Sponsored by the Maryland Committee on Trauma
Baltimore Hilton Hotel

Contact: cleidy@umm.edu or call 410-328-3662

May 16-17, 2009

Pre-symposium activities: May 14-15, 2009

Maryland EMS Symposium 2009

Annapolis Sheraton Hotel

Annapolis, MD

Contact: Region III Office at 410-706-3996

May 17-23, 2009

Maryland EMS Week

Theme: A Proud Partner in Your Community

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



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Lt. Governor Anthony Brown
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www.miemss.org

Chairman, EMS Board: Donald L. DeVries, Jr., Esq.

Executive Director, MIEMSS: Robert R. Bass, MD

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