Maryland
EMS News
For All Emergency Medical Care Providers
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Guidance for EMS Systems Regarding Management of Patients with H1N1 Flu

MIEMSS has been working with the Centers for Disease Control and Prevention (CDC) to develop Swine-Origin Influenza A (H1N1) guidance specific for EMS and 9-1-1 Public Safety Answering Points (PSAPs). This will supersede any previous guidance posted and can be viewed by clicking on the link at the MIEMSS website (see page 10) or at the CDC website http://www.cdc.gov/swineflu/guidance_ems.htm.

This information was last updated April 29, 9:15 PM ET and may be modified or additional procedures may be recommended by the Centers for Disease Control and Prevention (CDC) as new information becomes available.

Below are some recommendations from the document "Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine Origin Influenza A (H1N1) Infections."

INFECTIOUS PERIOD: Persons with "H1N1 influenza A" infection should be considered potentially infectious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods.

PERSONAL PROTECTIVE EQUIPMENT

- When treating a patient with a suspected case of swine-origin influenza, the following PPE should be worn: Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
- When treating a patient that is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:

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MIEMSS Executive Director Dr. Robert R. Bass (extreme left) with other state and local health officials at the April 29 news conference of Gov. Martin O'Malley. Gov. O'Malley spoke about the first probable cases of the H1N1 virus in Maryland.

From the Office of the Governor

- On May 1, Governor Martin O'Malley announced the opening of the Swine Flu Operation Center at the Department of Health & Mental Hygiene (DHMH). The DHMH Office of Preparedness and Response has begun monitoring and assisting health care partners across Maryland to prepare and respond should the swine flu present a health emergency for state residents.
- The Governor also announced that 1-877-MDFLU4U (633-5848) has been activated as a statewide toll free information line to answer questions residents may have about the swine flu outbreak. The service

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2009 Maryland Medical Protocols for EMS Providers

The 2009 edition of the Pocket Protocols is available, as well as the educational resources for the implementation of the "Maryland Medical Protocols for EMS Providers (Effective July 1, 2009)."

Distribution of Pocket Protocols

MIEMSS is providing one copy of the pocket protocols to all EMT-Bs, CRT-Is, and EMT-Ps currently certified or licensed in the State. It is no longer providing protocol inserts for existing providers, nor is it providing the "full" protocol document to education programs. The full version of the protocols can be viewed and downloaded from the MIEMSS website (www.miemss.org), under "Documents; Maryland Medical Protocols for EMS Providers (Effective July 1, 2009)."

EMS providers are to obtain a copy of the pocket protocols from their PRIMARY (INITIAL) affiliation only. There is to be only ONE copy of the pocket protocols per provider in the State.

Required Education on the Pocket Protocols

There are two versions of the update entitled "Meet the Protocols," one for BLS providers and one for ALS providers. The BLS video is approximately 27 minutes and the ALS video (including BLS content) is about 1 hour and 10 minutes. All providers are REQUIRED to view the applicable video either through a jurisdictionally sponsored viewing of the Update CD or individually through the MIEMSS website. MIEMSS has both the BLS and the ALS updates available for providers online. If providers opt to view the update videos online, they MUST provide their MIEMSS provider IDs and watch the ENTIRE applicable segment (BLS/ALS) in order to receive proper credit.

"Meet the Protocols" host Paramedic Firefighter Joe Cvach (center) with (left) Dr. Eric Nager (Region III Medical Director) and (right) Dr. Richard Alcorta (State EMS Medical Director). Drs. Nager and Alcorta respond to questions and comments of Paramedic Firefighter Cvach in the EMS training course produced by MIEMSS.

Tracking of Protocol Update Completion

Providers who complete the online version of updates will have the completion of the protocol update (27 minute BLS or 70 minute ALS) listed on their continuing education records. Providers who complete the BLS or ALS update through facilitated discussions in their jurisdiction must have the documentation of completion submitted either by a Con Ed card (red dot cards) or electronically in a MIEMSS accepted format. Please contact the Office of Licensure and Certification (800-762-7157) for questions, including those regarding con ed submission.

Learning Management System and Instructors' Corner

The Office of Licensure and Certification has successfully implemented an instructors' corner where BLS, ALS, EMD, and EMSC instructors can share educational resources, including presentations, outlines, and other materials, with other instructors statewide.

In addition, MIEMSS is implementing a learning management system (LMS) where protocol updates, continuing education, and other EMS educational content can be viewed by EMS providers throughout Maryland. The LMS uses Articulate.com software and allows for the asynchronous viewing of courses with a high degree of authenticity. The 2009 protocol updates, one for BLS providers and another separate presentation for ALS providers, are currently available through the LMS on the MIEMSS website (www.miemss.org). In addition, the 12-lead educational program for ALS providers will soon be available on the MIEMSS website.

Measles Cases & Exposures in Maryland

Since mid-April, the state health departments of Maryland and Virginia and the District of Columbia Department of Health have been investigating several cases of measles identified in the National Capitol Region, with evidence of local transmission. For this reason, health care providers should increase their index of suspicion for measles in clinically compatible cases.

Measles is a highly infectious viral disease typically characterized by cough, runny nose, conjunctivitis, and maculopapular rash.

Transmission is primarily person to person via respiratory droplets; however, airborne transmission via aerosolized droplets has occurred within shared air space for up to two hours after an infectious person with measles has occupied the space. Persons with measles are contagious from four days prior to rash onset to four days after rash onset.

In patients with a febrile rash which you suspect is measles, we recommend the following:

- Immediately place mask on patient; wear personal protective equipment during contact with the patient (i.e. gloves and mask) if you cannot mask the patient.
- Notify the receiving hospital, so that the masked patient may be directed immediately to an exam room under negative pressure.
- Dilute the air in the ambulance by opening as many windows as possible.
- Only permit first responders with immunity to measles to attend to the patient.
- Use infection control protocols when cleaning the ambulance or any vehicle the patient may have been transported in.

Health care workers can be presumed to be immune to measles if they have documentation of two doses of measles vaccine, laboratory evidence of immunity to measles, or documentation of physician-diagnosed measles. Susceptible personnel who have been exposed to measles should be relieved from patient contact and excluded from the facility from the 5th to the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure. This highlights the importance of knowing the immune status of Emergency Medical Services providers for measles, even in advance of a possible exposure.

If you have any questions, please contact your local health department; the Epidemiology and Disease Control Program of the Maryland Department of Health and Mental Hygiene at 410-767-6700; or MIEMSS at 410-706-0880. For more information on measles visit the EDCP website at www.edcp.org .

Set-Up Instructions for Viewing MIEMSS Online Educational Programs

Recently we discovered a system flaw within our current LMS system provider that may drop a provider's course completion record when multiple providers use the same computer (for example, in a fire station or multiple providers in the same home). We are temporarily asking users to delete the internet "Cookies" from their browser BOTH BEFORE AND AFTER viewing any of our online educational programs; this will ensure that they get credit for completing their instruction. (Unfortunately, the long-term solution that will eliminate the step of deleting cookies before and after viewing an online program will not be in place until after July 1, 2009; providers will be made aware when the final solution is in place.)

To assist EMS providers, we have placed specific interactive content in the Online Learning Center at the MIEMSS website that will lead them through the process of deleting the internet cookies. They will find instructions both to determine the internet browser on their computer and also to delete cookies from any of the following browsers:

- Microsoft Internet Explorer 7
- Microsoft Internet Explorer 6
- Mozilla Firefox
- Macintosh Safari
- Google Chrome

"The Deleting Internet Cookies Guidebook" can also be downloaded as a PDF file and printed.

If you have any questions, please contact Pete Fiackos, NREMT-P, EMS Education Manager at 800-762-7157 or 410-706-3666 or email pfiackos@miemss.org.

Final Report of Expert Panel Sent to EMS Board

The State Emergency Medical Services (EMS) Board that is charged with overseeing Maryland's emergency medical services system has received the final report of the panel of National Experts that met in November to review and make recommendations regarding the emergency medical protocols for the use of medevac transport of trauma patients from the scene of an incident. The Panel, which was comprised of experts in emergency medicine, trauma, EMS, field triage, and use of medevac services, spent the last several months developing the full report. The final report, ***Expert Panel Review of Helicopter Utilization and Protocols in Maryland,*** was released February 24.

The findings and recommendations for Helicopter Emergency Medical Services (HEMS) contained in the final report are essentially identical to the preliminary findings and recommendations released in December. These include:

- Maryland is a long-standing model EMS and trauma system that integrates all components.
- Survival outcomes for trauma patients in Maryland suggest that the trauma system performance meets and likely exceeds the national average.
- Field trauma triage protocols are consistent with national guidelines.
- Helicopter over-triage appears to exceed other areas of the country.
- MSP Aviation has been recognized nationally and internationally and should continue its leadership role in the provision of HEMS in Maryland
- The role of the centralized MIEMSS SYSTEM COMMUNICATIONS (SYSCOM) center is unique and a national model and should be strengthened.
- Helicopter EMS is an essential component of an EMS and trauma system that can contribute to improved outcomes.
- MSP Aviation should change licensing to come under Part 135 of the FAA regulations.
- MSP Aviation should become CAMTS accredited.
- Maryland should continue helicopter utilization review.
- Maryland may need fewer helicopters which will require an in-depth multidisciplinary analysis; and use of helicopters in certain other medical conditions should be considered.

Governor Martin O'Malley thanked the panel of national experts for their time and diligent work in compiling this detailed review of Maryland's medevac services. "This panel of highly knowledgeable and experienced individuals has provided a broad perspective and input in their review of our Maryland's helicopter use and protocols," he said. "The insight from this group will help us continue the life-saving mission of the Maryland emergency medical services (EMS) and trauma system and to do it as safely, efficiently, and effectively as possible."

Donald L. DeVries, Jr., Esq., Chairperson of the Maryland EMS Board said, "Maryland's EMS and trauma system has been cited as a 'model' for the entire country, and the findings of this panel will help ensure that our system continues to provide the highest quality patient care available."

The members of the Expert Panel were:

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

Copies of the report are available from the MIEMSS website www.miemss.org under What's New: Maryland EMS.

OC Group Forms CAER

Members of the ocean City (OC) Beach Patrol, Police Department, Fire Department, and Emergency Services have partnered to form the OC Christian Association of Emergency Responders (CAER). One of the first projects the group hopes to get under way before the start of the summer is an inter-agency prayer list for employees and volunteers from these agencies and their families. Each agency has a representative who will gather requests and forward them to another member who will put the lists together for distribution. CAER invites all types of requests, from those who are recovering from medical conditions to those who wish to celebrate weddings and births with prayers of thanksgiving. They also wish to keep employees and family members who are serving in the armed forces in their prayers.

Another project the group hopes to complete before the start of the summer season is to gather welcome letters from local churches and bind them in a small booklet for distribution among the hundreds of seasonal employees hired by OC agencies. These letters will include worship times, church locations, other services offered by the churches and a contact number for clergy of each denomination in case a visiting summer employee needs to contact a clergy member from his/her own denomination.

A long-term goal is to have each member agency host a "Parents' Night Out" event. Parents from member agencies will be able to drop off their children at a central location where the host agency will provide fun activities for them while their parents get a few hours to go out to dinner or to take in a movie.

Disciplinary Actions

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

B-2008-393 (CRT)—December 9, 2008. For entering an Alford plea to second degree assault, probation through April 2010, 100 hours of community service, and a reprimand.

B-2008-392 (EMT-B)—December 22, 2008. For conviction for second degree assault, probation through June 25, 2009.

B-2008-389 (EMT-P)—December 22, 2008. For testing positive for marijuana, probation until December 9, 2011, random drug testing, and required to successfully complete a rehabilitation program.

B-2008-355 (EMT-B)—December 22, 2008. For testing positive for cocaine, revocation.

B-2008-391 (Applicant)—December 22, 2008. For pleading guilty to prescription forgery, denial.

B-2008-394 (EMT-B) (by Disposition Agreement)—February 10, 2009. For pleading guilty to driving under the influence, being ordered to abstain from alcohol while on probation, and thereafter appearing in photographs suggesting alcohol use, probation until July 1, 2010, required to submit documentation of successful completion of alcohol rehabilitation program, required to submit documentation of compliance with court ordered probation, required to submit to random alcohol and drug testing, and required to comply with court ordered probation.

Welch Allyn External Defibrillators Recalled

Welch Allyn has announced a voluntary worldwide recall of 14,054 AED 10 and MRL JumpStart automatic external defibrillators manufactured between October 3, 2002 and January 25, 2007.

According to their news release, “there is a remote chance that these devices may experience low energy shock, unexpected device shutdown, and/or susceptibility to electromagnetic noise interference. If such issues arise, it may prevent defibrillation of a patient in cardiac arrest and could lead to death. There have been 20 reported instances of low energy shock, 8 of electromagnetic noise interference, and 11 of unexpected device shutdown.

The news release continues that “because the chance of malfunction is remote, customers should keep AED 10 or MRL JumpStart units in use until they receive replacements. If a unit gives a low energy shock warning during use, consumers should keep using the device in accordance with its voice prompts and directions for use. A low energy shock may still be clinically effective, and a full energy shock can follow a low energy shock.”

Recall notification was sent to U.S. and Canada customers on February 25, 2009. Owners of these devices should contact the Welch Allyn AED 10 Recall Center at 1-888-345-5356 between 8 AM and 5 PM EST. Customers may visit http://www.welchallyn.com/AED10Recall for more information or to learn if their unit is subject to this recall (serial numbers of affected units are available on the website). According to the news release, “shipment authorization, pre-paid UPS shipment labels, packing instructions and packaging supplies will be provided free of charge to facilitate device return.”

Primary Stroke Centers

MIEMSS continues to work closely with system stakeholders to improve acute stroke care in Maryland. Prehospital protocols and designated Primary Stroke Centers play pivotal roles in a statewide acute stroke system of care. The number of designated Primary Stroke Centers statewide remains at 31.

A public awareness education campaign complements this process. MIEMSS has collaborated with the American Stroke Association and the Office of Chronic Disease Prevention of the Maryland Department of Health & Mental Hygiene in a multimedia education campaign. Posters emphasize that "Time Lost Is Brain Lost. Stroke Is a Medical Emergency. Call 911." They are posted on mass transit buses and trains in the Greater Baltimore area. A Public Service Announcement (PSA) citing the signs and symptoms of stroke and a similar call for urgent action is scheduled to run on Comcast cable. This campaign is the first in a multi-year plan that will grow in its coverage of the state. The campaign is timed to coincide with May's National Stroke Month activities.

Connie Spates Scholarship to Benefit Students in FSU's Nursing Program

The late Constance Spates, who died in 2007, was, according to those who knew her, a nurse who went beyond the traditional limits for her profession, a mentor to young nurses, an advocate for regional health care, and a truly caring individual. To continue to support the concerns she fought for, her children and their spouses have pledged more than $80,000 to establish the first scholarship to benefit students in Frostburg State University's new RN to BSN (Bachelor of Science in Nursing) program.

Ms. Spates is particularly well known to many EMS prehospital and hospital providers for her work at Memorial Hospital (now part of Western Maryland Health System). She and the late Fred Miltenberger, MD worked together to establish the Region I trauma center at Memorial Hospital.

The recipient of the Constance Spates Scholarship must be a registered nurse who lives or works in Allegany or Garrett County or contiguous counties in Pennsylvania or West Virginia. An essay addressing the applicant's financial situation, professional goals and objectives, and why he/she is choosing a career in nursing is also required.

For more information about the Connie Spates Scholarship or the RN to BSN program, contact Susan Coyle at 301-687-4791.

CDP Offers WMD Training

The Center for Domestic Preparedness (CDP) features a three-day EMS course that addresses the effects of chemical and biological agents, including radiation and explosives injuries.

The EMS course on weapons of mass destruction (WMD) is part of a CDP training program that prepares the response community for accidental or manmade emergency events. Responders who participate in the EMS training gain an increased awareness regarding a variety of hazardous and dangerous situations. One of the goals is to teach medical response personnel to approach a disaster scene with an index of suspicion and identify other potential hazards to prevent them and other responders from becoming victims.

Most CDP courses last three days and, on occasion, a fourth day is added to an EMS course that includes training at the Chemical, Ordnance, Biological and Radiological Training Facility (COBRATF), the nation's only toxic chemical training facility for emergency responders. Students have an opportunity to reinforce the EMS course triage and decontamination procedures while in a genuine toxic nerve agent environment.

The Center for Domestic Preparedness is located in Anniston, Alabama, and offers 39 courses designed for all emergency response disciplines. CDP training for state, local, and tribal responders is fully funded by the Federal Emergency Management Agency (FEMA), a component of the U.S. Department of Homeland Security. Round-trip air and ground transportation, lodging, and meals are provided at no cost to responders or their agency or jurisdiction.

To learn more about WMD courses, see the website for the Center for Domestic Preparedness at http://cdp.dhs.gov or call 866-213-9553. Information on the registration process is available at the CDP website.

Weapons of Mass Destruction (WMD) EMS training at the Center for Domestic Preparedness (CDP). (Photo supplied by the Public Affairs Office, CDP)

New Methodology to Treat External Bleeding

The National Registry testing standard for the control of external bleeding changed, as of January 1, 2009. All National Registry exams now use the new standard. In keeping with this new standard, Maryland EMT-B testing will test the new treatment standard effective July 1, 2009.

The change in standard eliminates the treatment steps of elevation and pressure points. The appropriate and acceptable treatment for external bleeding is now direct pressure and, if bleeding is not controlled, moving directly to the application of a tourniquet.

Although many providers have been previously taught that the tourniquet should be wide and flat, the new standard does not require the use of a specific or special type of tourniquet. Any medically accepted tourniquet technique is appropriate.

Providers should still write "TK and the time" on their patient's forehead, as they were taught in their initial EMT-B Training.

Providers should be reassured that using a tourniquet will not cause a patient to ultimately lose his/her limb. Tourniquets are routinely used on extremities during surgical procedures without loss of limb. The application of the tourniquet is not an automatic loss of the affected limb.

Dr. Bass Receives Distinguished Service Award from UNC School of Medicine

The University of North Carolina at Chapel Hill School of Medicine recently presented MIEMSS Executive Director Robert R. Bass, MD, FACEP with a Distinguished Service Award.

The award honors alumni and friends whose distinguished careers and unselfish contributions to society have added luster and prestige to the University and its School of Medicine. A committee appointed by the dean of the School selects the recipients from nominations solicited from the medical school faculty and members of the Medical Alumni Association.

The news release from the University of North Carolina (UNC) described Dr. Bass as "a pioneer in the development and maturation of the nation's emergency medical services. Since 1994, he has served as executive director of the Maryland Institute for Emergency Medical Services Systems, which is widely regarded as one of the best EMS systems in the world.

"Bass was born in Charleston, SC, and received his medical degree with honors from UNC in 1975. Bass has held leadership positions in hospital emergency departments and EMS systems in South Carolina, Virginia, the District of Columbia, and Texas. Bass serves on a number of committees of the National Highway Traffic Safety Administration. A founding member of the National Association of EMS Physicians, Bass is the only person to have served as president of both that organization and the National Association of State EMS Directors.

"Drew Dawson, director of research and program development in the Office of Emergency Medical Services of the National Highway Traffic Safety Administration, describes Bass as 'one of the most well-respected and visionary government and medical EMS leaders in the United States. EMS leaders throughout the world frequently solicit his advice on a wide range of issues. They know the advice will be grounded by his clinical experience, based on the best information available, thoughtfully considered, and carefully articulated.'"

During the presentation ceremony, Hussain I. Saba, MD, PhD, Eve G. Spratt, MD, and William Beverly Tucker, MD also received Distinguished Service Awards, while Robert E. Gwyther, MD, MBA received a Distinguished Faculty Award.

Dwayne Kitis Named MIEMSS Region I Administrator

Dr. Robert Bass, Executive Director of MIEMSS, is pleased to announce that Dwayne Kitis, BS, EMT-B, has been appointed as the MIEMSS Region I Administrator for Allegany and Garrett counties, effective April 7.

In his new position, Mr. Kitis, a resident of Frostburg who grew up in Finzel, will provide a liaison between the MIEMSS Central Office in Baltimore and the local EMS agencies in Allegany and Garrett counties, working closely with local government personnel, training centers, ambulance/fire/rescue services providers, law enforcement agencies, and hospitals. He will be involved in such issues as prehospital provider training, distribution of grant funds to local EMS programs, quality improvement processes, emergency response exercises, and mutual aid activities. Mr. Kitis will also provide support in the area of planning, coordination, and response for health and medical preparedness for catastrophic events. In addition, he will ensure that there are adequate resources and basic training programs available for local EMS providers.

"Dwayne's many years of EMS experience in the field in Garrett and Allegany counties combined with his managerial expertise create a good fit for this position," said Dr. Bass.

Mr. Kitis has been active in EMS since 1995, first with the Eastern Garrett Volunteer Fire/Rescue Department where he still volunteers and later with the Frostburg Area Ambulance Services where he worked for 10 years. He is also employed part-time by the Allegany Ambulance Service in Frostburg, a commercial service where he started in 1997. He has held numerous elected and appointed positions with the volunteer EMS services.

In addition to his EMS expertise, Mr. Kitis has more than 10 years of managerial experience at his previous position at North Branch Correctional Institute in Cresaptown. His responsibilities as a housing lieutenant included being an assistant emergency plans coordinator and tactical medical team coordinator.

Mr. Kitis is married and has a 6-year-old son.

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o Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.

o Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.

• Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

PATIENT ASSESSMENT

• If there HAS NOT been swine-origin influenza reported in the geographic area (http://www.cdc.gov/swineflu/), EMS providers should assess all patients as follows:

1. EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).

o If no acute febrile respiratory illness, proceed with normal EMS care.

o If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.

• If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.

• If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

• If the CDC confirmed swine-origin influenza in the geographic area (http://www.cdc.gov/swineflu/)

1. Address scene safety:

o If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.

o If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).

o If no symptoms of acute febrile respiratory illness, provide routine EMS care.

o If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

CLEANING EMS TRANSPORT VEHICLE AFTER TRANSPORTING A SUSPECTED OR CONFIRMED SWINE-ORIGIN INFLUENZA PATIENT

• Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.

• After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

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From the Office of the Governor

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will operate between the hours of 9 AM until 9 PM, Monday – Friday, and 9 AM - 6 PM on Saturday and Sunday. In addition, DHMH will accept swine flu questions by email at swineflu@dhmh.state.md.us. Additional information remains available on the Internet at www.maryland.gov.

• As of May 1, 2009, officials from DHMH have identified a total of eight probable cases of swine flu in Maryland. (Six of the eight cases had been identified at an April 29 press conference held by Governor O'Malley.) They are from Anne Arundel County (three), Baltimore County (four), and Montgomery County (one.). The definition of a "probable" swine flu case is an individual with flu-like symptoms who has a recent history of travel to an area affected by swine flu or contact with another. The samples had been tested by the State Public Health Laboratories at DHMH and identified as influenza but required further testing for confirmation by the CDC. All patients are recovering from their illness and none have been hospitalized.

National EMS Memorial Service

Ninety individuals from 26 states, including six from Maryland, will be honored at the 2009 National EMS Memorial Service on Saturday, at 6 PM on May 23 in Roanoke, Virginia.

Since 1992, the National EMS Memorial Service has been honoring America's EMS providers who have given their lives in the line of duty. The 90 individuals being honored this year join 423 others previously honored by the National EMS Memorial Service.

Each year, at a service held in Roanoke, members of the honoree's families are presented with a medallion, symbolizing eternal memory; a U.S. Flag which has flown over the Nation's Capital, symbolizing service to the country; and a White Rose, symbolizing their undying love.

The 2009 National EMS Memorial Service will be conducted at the First Baptist Church of Roanoke, Roanoke, Virginia.

In addition to the presentations made during the Service, each honoree's name is engraved on a bronze oak leaf which is added to the "Tree of Life," the National EMS Memorial.

Additional information on the National EMS Memorial Service is available from its web site at http://nemsms.org

Marylanders to Be Honored at 2009 National EMS Memorial Service

Connie C. Bornman, 57, of Middle River Volunteer Ambulance and Rescue Company, Middle River, MD, who died in the line of duty of a duty related cardiac event on May 17, 2004.

Stephen H. Bunker, 59, of Maryland State Police, Baltimore, MD, who died in the line of duty of injuries sustained in a medevac helicopter crash on September 28, 2008.

Mickey Charles Lippy, 34, of Maryland State Police, Baltimore, MD, who died in the line of duty of injuries sustained in a medevac helicopter crash on September 28, 2008.

Tonya Michelle Mallard, 39, of Waldorf Volunteer Fire Dept., Waldorf, MD, who died in the line of duty of injuries sustained in a medevac helicopter crash on September 28, 2008.

Brian Neville, 32, of Baltimore County Fire Department, Towson, MD, who died in the line of duty of an on-duty cardiac event on October 16, 2008.

Jeanette Roseberry, 27, of Mid Maryland Transports, Hagerstown, MD, who died in the line of duty of injuries sustained in a motor vehicle collision on October 24, 2004.

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EMS TRANSFER OF PATIENT CARE TO A HEALTHCARE FACILITY

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.

Find the Latest Facts on Swine Origin H1N1 Influenza A Virus

On April 30, MIEMSS launched a specific page on its website with EMS links to H1N1 information.

Go to the MIEMSS home page at www.miemss.org and click on the following banner that appears at the top of the page:

2009 H1N1 Flu Information for EMS Personnel

This takes you to a page of useful links regarding Swine-Origin Influenza A (H1N1) Infection.

EMS Continuing Education Programs

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
or see www.miemss.org
(Click on Maryland EMS News under What's New.)

May 17, 2009, 4 PM
Stars of Life and Right Care When It Counts Award Ceremony
Annapolis Sheraton Hotel
Annapolis, MD
Contact: Jim Brown at 410-706-3994

May 17-23, 2009
Maryland EMS Week
Theme: A Proud Partner in Your Community

May 30, 2009
EMS Emergency Management of Stroke
Peninsula Regional Medical Center in Salisbury
Layfield Tower, Hallowell Conference Center
Contact: Doug Walters (410-543-7088) or
Douglas.Walters@peninsula.org

June 13-19, 2009
Maryland State Firemen's Convention
Ocean City, MD
Information: www.msfa.org

October 7-10, 2009
National ENA Annual Conference
Baltimore Convention Center
Information: www.ena.org

October 14-17, 2009
Safe Kids Worldwide Conference
Baltimore, MD
Information: www.safekids.org

October 16-18, 2009
Pyramid EMS Conference
Solomon's Island
Information: MIEMSS Region V Office 301-474-1485

MIEMSS, *Maryland EMS News*
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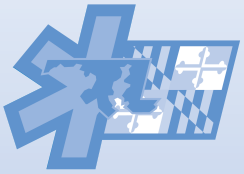

Governor Martin O'Malley
Lt. Governor Anthony Brown
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