Maryland
EMS News
For All Emergency Medical Care Providers
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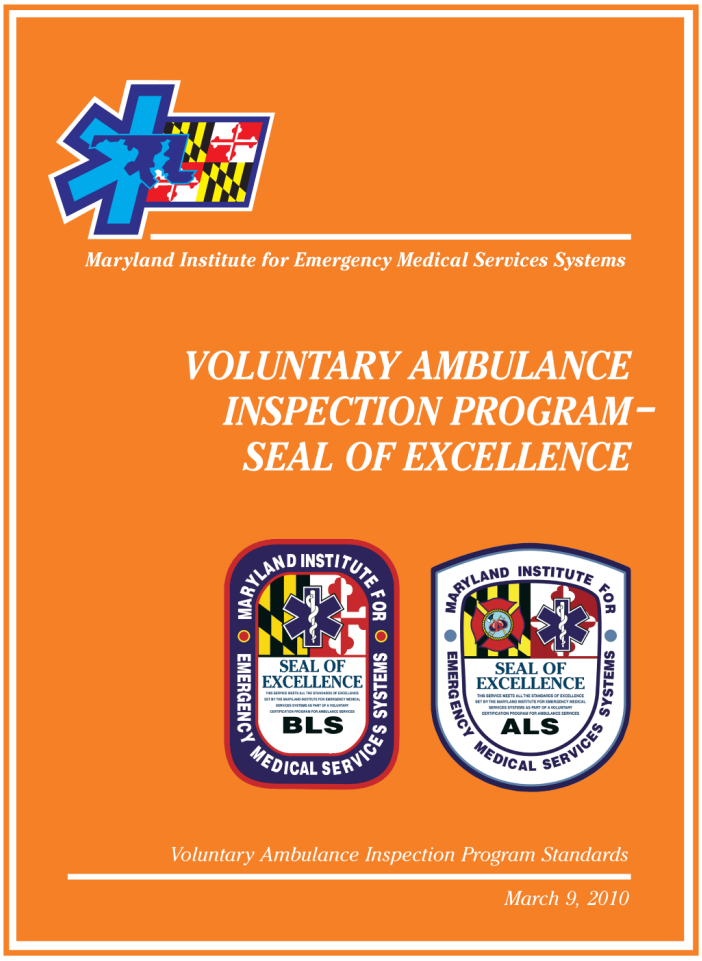
2010 VAIP Manual Available

The new 2010 Voluntary Ambulance Inspection Program (VAIP) Manual, which includes the new inspection guidelines for jurisdictional ambulances, was posted to the MIEMSS website (www.MIEMSS.org) on March 9, 2010.



The 2010 inspection guidelines, which are reviewed every two years, reflect the recommendations of the VAIP consensus workgroup, which met throughout 2009. Their goal is to ensure that appropriate levels of medications and patient care supplies are available on every BLS and ALS unit. Changes in the updated manual primarily involve changes to BLS and ALS supplies and equipment reflected in revisions to the Maryland Medical Protocols for EMS Providers.

An ambulance inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, are tested to ensure their proper and safe operation. In addition, the Maryland EMS communications equipment is tested for proper operation.

A company that passes ambulance inspection(s) receives a Certificate of Excellence to display in the station, and up to two Certificate of Excellence decals for display on each certified vehicle. The certificate period is two years.

Prior to requesting an ambulance inspection, please review the 2010 VAIP Manual. Your MIEMSS Regional Administrator can answer questions regarding the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your vehicles.

A request for an inspection must be submitted in writing along with a completed application, to your MIEMSS Regional Office. (A sample request letter has been provided on page 4 of the VAIP manual and may be copied onto your company letterhead.)

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40th Anniversary of MSP Medevac Flight

Forty years ago—on March 19, 1970—the Maryland State Police (MSP) was the first civilian agency to transport a critically injured trauma patient by helicopter. Previous helicopter transports of injured patients had been done, but by military helicopters, such as the Marine helicopter shown landing to bring a crash victim to the original Shock Trauma Center in Baltimore in the 1960s.

The driving force behind the use of helicopters for medical evacuation was Dr. R Adams Cowley, the founder of the R Adams Cowley Shock Trauma Center in Baltimore. His "Golden Hour" theory was based on the importance of speed as well as skill in operating procedures. As Dr. Cowley had explained in an interview: "There is a golden hour between life and death. If you are critically injured you have less than 60 minutes to survive. You might not die right then; it may be three days or two weeks later —but something has happened in your body that is irreparable." Helicopters would ensure that a patient would reach definitive care within the Golden Hour.

In the 1960s, military helicopters, such as this Marine helicopter, transported trauma patients to the Shock Trauma Center in Baltimore.

In a congratulatory letter to MSP Aviation Command personnel, Major A.J. McAndrew notes that since that first civilian flight 40 years ago, "we have transported over 130,000 patients and saved thousands upon thousands of lives. Take a few minutes today to reflect on all of the outstanding contributions that you have made to the Command during your tenure here and all of the contributions that our predecessors have made to advance the Command to where we are today. Let us also reflect on the selfless sacrifices that our Fallen Heroes have made while serving the citizens of Maryland."

In addition, he wrote: "I would like to personally thank all of you for your support of the Aviation Command, especially through the difficult times that we have shared in the recent past. I would also like to thank all of our Fire/Rescue/EMS partners; they are an intricate part of our success and their unwavering support in our darkest hours will never be forgotten."

In the 1970s and 1980s, the Maryland State Police transported medevac patients in Bell Jet Ranger helicopters, such as the one shown here.

MSP Dauphin helicopters currently transport patients to trauma and specialty referral centers.

Maryland ATS Gives Awards

The Maryland Division of the American Trauma Society (ATS) presented its 3rd annual Distinguished Achievement Awards on March 17, 2010 in Annapolis, Maryland. This year's prevention program winners were the High Risk Adolescent Program and the Violence Intervention Program, both part of the injury prevention programs at the R Adams Cowley Shock Trauma Center (STC) in Baltimore. Each prevention program received a plaque and $500 stipend. The ATS "unsung leader" award was presented to Delegate William A. Bronrott, who serves District 16, Montgomery County. The ATS presents the awards to recognize efforts that reduce the prevalence of traumatic injury, which is the leading cause of death of Americans ages one to 44.

High Risk Adolescent Program Coordinators Beverly Dearing-Stuck and Debbie Yohn receive a Maryland ATS Distinguished Achievement Award from Jan Withers, of Mothers Against Drunk Driving (MADD) and a Maryland ATS board member.

The Violence Intervention Program staff receives a Maryland ATS Distinguished Achievement Award from Jim Brown, Director of Educational Support Services at MIEMSS and a Maryland ATS board member.

The High-Risk Adolescent Program

The High Risk Adolescent Program, the first of its kind, is coordinated by Beverly Dearing-Stuck, RN, MS and Debbie Yohn, RN, who have provided their expertise to the program for more than 30 years. They start their weekly program by talking informally with the attendees (who are frequently mandated by the court to complete the STC program) about the risks of their behaviors, often related to drinking and driving. Program participants then view a video showing a teenager drinking alcohol who is killed during a drunk-driving motor vehicle crash. Participants later tour the trauma center, and often talk to a patient who was involved in an alcohol- or drug-related crash (many times a teenager). Following the tour and graphic descriptions of the consequences of admission to the trauma center, participants finish the session with a discussion regarding their impressions during their time at STC. According to Ms. Dearing-Stuck and Ms. Yohn, the High Risk Adolescent Program sessions produce lasting effects on the participants.

In addition, Ms. Dearing-Stuck and Ms. Yohn offer a court-mandated program for adults who come to the STC on the third Saturday of the month. The participants attend a 2-hour class about the consequences of drinking and drugged driving which features a recovered patient who shares his/her experience as a trauma patient. The participants pay a fee, which helps support the program.

Lastly, Ms. Dearing-Stuck and Ms. Yohn offer assemblies in schools across Maryland; they are especially in demand during prom season. Through all their activities, Ms. Dearing-Stuck and Ms. Yohn have touched thousands of teens and adults across Maryland.

For additional information about these prevention programs, please see Ms. Dearing-Stuck and Ms. Yohn's article "High-Risk Adolescent Injury Prevention: The First Program of Its Kind," in *The Journal of Trauma Nursing*, Vol. 16(4), October-December, 2009, pages 201-203.

(*Continued on page 4*)

Trauma Society Gives Awards

(*Continued from page 3*)

The Violence Intervention Program

Also winning a Distinguished Achievement Award was the Violence Intervention Program (VIP), led by Carnell Cooper, MD (a STC surgeon and an associate professor of surgery at the University of Maryland's School of Medicine who founded the VIP in 1998) and Dawn Eslinger, MS, project director. Also the first program of its kind, VIP surrounds its clients, who are repeat victims of violence, by a team of individuals who believe that the cycle of violence will be broken (or decreased) over time via the coordinated efforts of a hospital-based, cost-effective, community-driven intervention program. Since it began at STC, this model program has expanded to other hospitals.

There are several components of the VIP:

- *Violence Prevention Program*

Most participants are adult and youth victims of violence who were treated at the R Adams Cowley Shock Trauma Center in Baltimore. Services include: individual counseling, advocacy, job readiness, peer support groups, parenting support, referrals, GED assistance, work and volunteer opportunities for clients, and parole/probation services. A clothing/household supply closet is also available. "Spirit of the Season" activities include a holiday food and gift drive, as well as "adopt a family."

- *Promoting Healthy Alternatives for Teens (PHAT)*

This component operates as a single session designed to expose youth to positive and negative consequences associated with decision-making. Topics include relating to others, personal goal development, handling stressful situations, and support for a safe environment.

- *My Future—My Career (MF-MC)*

This is an after-school program designed with violence prevention initiatives and focusing on goals for the future, such as higher education and careers. Participants often observe professionals at work in various campus-based programs.

- *Violence Intervention Project—City Wide (VIP-CW)*

This program promotes partnerships with area hospitals throughout Baltimore City, with the intention of replicating the VIP program model.

Data from the VIP program indicate that it has drastically reduced violence perpetuated by and toward its participants.

For additional information, please see:

"Repeat Victims of Violence: Report of a Large Concurrent Case-Control Study," by C. Cooper, D. Eslinger, D. Nash et al., in *Archives of Surgery*, July 2000, Vol.135, pages 837-843.

"Hospital-Based Violence Intervention Programs Work," by C. Cooper, D. Eslinger, and P. Stolley, in *Journal of Trauma*, September 2006, Vol. 61, No. 3, pages 534-540.

The Honorable William A. Bronrott receives a Maryland ATS Distinguished Achievement Award from Robbi Hartsock, RN, MSN, PCNP, president of the Maryland Division of the American Trauma Society.

"Unsung Hero" Award

Delegate William A. Bronrott was honored for his long-term commitment to advancing Maryland's EMS and trauma systems and for supporting injury prevention legislation in Maryland. First elected to the Maryland General Assembly in 1998, he has served on many legislative committees that address drug/alcohol abuse and pedestrian safety. He helped launch the national Mothers Against Drunk Driving and the national campaign against drunk driving. He has been involved in Maryland legislation related to motorcycle helmets, pedestrian safety, the primary enforcement of seat belt laws, and the prevention of drinking and driving. He also played a central role in Maryland in helping obtain camera enforcement for red light running and for speeding.

Save the Date

American Heart Association
Learn and Live.

MISSION: Lifeline™

Mission: Lifeline - STEMI Systems of Care in Maryland

The American Heart Association , in partnership with the Maryland Chapter of American College of Cardiology and other key stakeholders, is hosting a conference to bring together representatives from across the state to work on strengthening Maryland STEMI Systems of Care and fostering collaboration statewide. As the State continues to work on the Cardiac Interventional Standards through MIEMSS and improving the data necessary to support quality improvement initiatives through the Maryland Health Care Commission, it will be important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations.

Mission Lifeline seeks to foster collaboration amongst stakeholders to develop local solutions that will drive quality and ultimately improve care for all patients suffering from heart disease. Focusing on improvements in "systems of care" will strengthen our ability to provide each patient a seamless transition from one stage of care to the next, with the highest quality at each step, including the ability to overcome boundaries that might interfere with care. The "system" should provide expertise and support that can be delivered throughout the community and promote coordination to overcome the challenges and gaps in knowledge, service and delivery. Join us as we work to coordinate the "system of care" for STEMI patients in Maryland. All Maryland Hospitals (both Primary PCI and non PCI) and EMS Regions are asked to send representatives!

There is no registration fee for this conference and a continental breakfast and lunch will be provided!

Target Audience: ED physicians, Cardiologists, Cath lab managers, EMS personnel and directors, Quality Improvement and cardiology administrators.

Join us to learn about STEMI efforts at the state level and
lend your expertise to help build strong statewide and regional integration.

Saturday, May 22, 2010

8:00 - 9:00 am-Registration/Continental Breakfast
9:00 am - 2:00pm-Meeting
Anne Arundel Medical Center, Health Sciences Pavilion, 2000 Medical Parkway, Annapolis, MD 21401

AGENDA (DRAFT)

8:00—9:00 am	Registration and Continental Breakfast
9:00—9:15 am	Welcome
9:15—10:00 am	STEMI in Maryland: MIEMSS/MHCC
10:00—10:30 am	Overview: American Heart Association Mission: Lifeline
10:30—11:30 am	Improving D2B Times in non PCI Centers
11:30—12:00 noon	Lunch
12:00—12:50 pm	Concurrent Breakouts
	A. Inter-hospital Transport Toolkit
	B. Challenges/Barriers to "Front Line Providers" - EMS, EMT's and Paramedics
	C. STEMI Coordinators– Demo/Action-GWTG and Networking
12:50—1:50 pm	Regional Team Meetings/Work Session

For more information contact Rhonda Chatmon at 703-248-1744, rhonda.chatmon@heart.org
or Faye Brooks at 410-637-4534, faye.brooks@heart.org

Intraosseous Access DVD Available

The Emergency Medical Services for Children Program at MIEMSS is pleased to announce a new emergency medical care educational resource entitled "Establishing Intraosseous Access." It was developed by a team of EMS providers and educators from across the State and hospital professionals from the Johns Hopkins Children's Center. The DVD covers both pediatrics and adults.

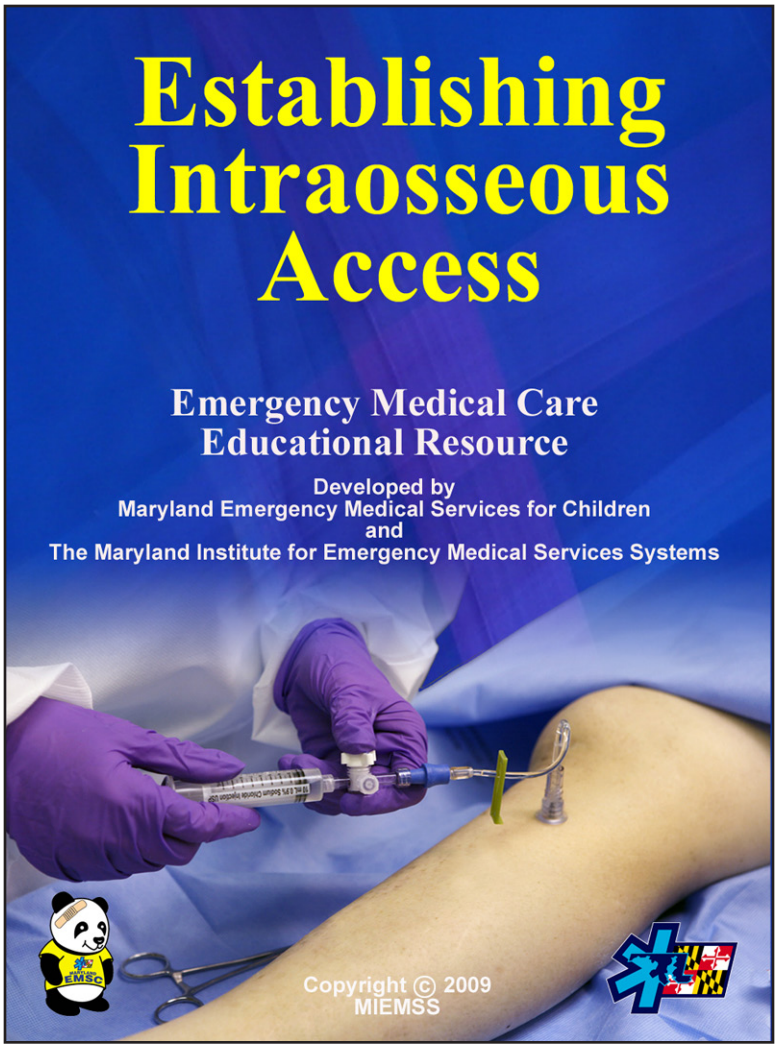
The DVD was developed to assist in the instruction of intraosseous access using both the manual and mechanical (EZ-IO) methods with an emphasis on current Maryland Medical Protocols. The DVD contains all of the information needed to teach the intraosseous access skill to ALS providers including:

- Indications
- Contraindications
- Site Locations
- Procedural Information
- Complications and Myths
- Troubleshooting and Removal Information

In addition, the DVD contains demonstrations for each approved intraosseous site for both the manual and mechanical devices.

Copies of this educational resource have been sent to ALS training programs throughout the State, and content will be available online in the MIEMSS Instructor's Corner later this spring.

For more information, please contact the EMSC Education Program at pepp@miemss.org.



EMD Online Stroke Course

MIEMSS is working closely with the Department of Health and Mental Hygiene (DHMH) in providing online stroke education for all Maryland emergency medical dispatchers. The goal is to increase recognition of stroke signs and symptoms and decrease stroke patient times between symptom onset and arrival at hospital. The online course is free and is specifically for EMD personnel. DHMH will send Priority Dispatch CEU CD's for Stroke Signs and Symptoms to interested EMD offices. This course is free and will grant one hour of continuing education credit when the course is successfully completed. The course generally requires one to two hours to complete.

For more information, contact Ann Walsh, MHS, CHES, Heart Disease & Stroke Prevention Manager, DHMH, 410-767-5283 or awalsh@dhmh.state,md.us.

Cardiac Science Recalls AEDs

Cardiac Science Corporation and FDA notified healthcare professionals and consumers of a recall because the automated external defibrillator (AED) may not be able to deliver therapy during a cardiac resuscitation attempt, which may lead to serious adverse events or death. These AEDs were manufactured in a way that makes them potentially susceptible to failure under certain conditions. Each of the approximately 12,200 devices affected in this recall can be confirmed at the Cardiac Science Web site, www.cardiacscience.com/AED195. The affected AEDs were manufactured or serviced between October 19, 2009 and January 15, 2010 and include the following models—Powerheart 9300A, 9300E, 9300P, 9390A, 9390E, CardioVive 92532 and CardioLife 9200G and 9231. Each affected AED should immediately be removed from service since it may not deliver the expected therapy.

Read the complete MedWatch 2010 Safety summary, including a link to the firm press release, at:

http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm200138.htm

Dr. Bass Addresses JEMS Conference Participants

MIEMSS Executive Director Robert R. Bass, MD, FACEP gives a welcoming address for the national conference "EMS Today: JEMS Conference & Exposition" held at the Convention Center in Baltimore, March 2-6, 2010.

New Staff

Jeffrey Kelly has joined MIEMSS part-time as the Protocol Administrator. He began working in the Office of the State EMS Medical Director Richard Alcorta, MD in February, where his duties include literature review, policy development, and protocol review. The most visible part of his position is working as a member of the team responsible for coordinating changes to the protocols and ensuring consistency throughout.

Jeff holds Bachelor and Master of Science degrees from the University of Maryland Baltimore County (UMBC) in Emergency Health Services. He works full-time as a paramedic/firefighter for the Queen Anne's County Department of Emergency Services.

To reach Jeff, email him at jkelly@miemss.org.

Rodney Hoban joined the MIEMSS Information Technology (IT) Office as computer network specialist in February.

Rodney came to MIEMSS with five years of high-level help-desk experience at T. Rowe Price. He received dual degrees in Information Systems and Mathematics from UMBC. He is currently enrolled in an Applied Information Technology Masters program at Towson University, and also teaches computer courses as an adjunct faculty member at the Community College of Baltimore County.

Contact Rodney by email at rhoban@miemss.org.

Jeff Kelly

Rodney Hoban

EMS Calendar

April 7, 2010
Trauma Care Conference
Hagerstown Community College
Information: Call 301-790-2800, ext. 236 or visit www.hagerstowncc.edu/coned/seminars

April 10, 2010
2010 Public Fire & Life Safety Educator Seminar
Maryland Fire & Rescue Institute
Contact MFRI at 1-800-ASK-MFRI or visit www.mfri.org

April 11, 2010
Frederick County EMS Seminar
Frederick Memorial Hospital
2nd Floor Meeting Rooms
8 AM—5 PM
Cost: $30

April 24-25, 2010
2010 Spring Quality Assurance Officer Training Course
Huntingtown VFD & RS
Registration: MIEMSS Region V Office, 301-474-1485 or 1-877-498-5551

May 16-22, 2010
National EMS Week
Theme: Anytime. Anywhere. We'll Be There.

May 19, 2010
National EMSC Day

June 12-18, 2010
Maryland State Firemen's Convention
Ocean City, MD
Education seminars will be held Sunday through Tuesday
Information: www.msfa.org

September 29, 2010
Mid-Atlantic Life Safety Conference
Johns Hopkins Applied Physics Lab
Laurel, MD

October 8-10, 2010
Pyramid EMS Conference 2010
Solomon's Island
Information: MIEMSS Region V Office
301-474-1485 or 1-877-498-5551

Safe Kids Maryland Joins National Health and Safety Partners To Eliminate 'Forgotten Child' Deaths

During the spring season with its warmer temperatures, Safe Kids Maryland is working to increase awareness and urge caregivers to never leave children alone in a vehicle. Unfortunately, though it is only March, the first heat stroke fatality has already occurred in 2010 in Florida. In June 2009, Maryland lost a child due to heat stroke. With the goal of having no more children die from heat stroke when they are "forgotten" in cars, safety experts and child advocates are reminding parents and caregivers to always check for sleeping children before leaving a vehicle.

Between 1998 and 2009, 445 children died from heat stroke because they were unattended in vehicles that became too hot for them to survive. "A child's body heats up 3 to 5 times faster than an adult's and unattended children have no way of protecting themselves in a hot vehicle," says Cynthia Wright Johnson, Safe Kids Maryland coordinator and Maryland EMS-C program director at MIEMSS. "The overall goal of the Safe Kids campaign is to make sure no more children will die in 2010 because they were unattended in a vehicle. We want parents and caregivers to take precautions so that this tragedy does not happen to them."

More than 50 percent of the children who died from heat stroke were forgotten by a caring adult who became distracted when leaving the vehicle. When left unattended by an adult, 30 percent of affected kids gained entry into an unlocked vehicle, became trapped, and were overcome by heat. It takes only minutes for a child to be at risk of death and serious, permanent injury in a hot car. Drivers must keep car doors locked and keys out of reach from young children. "Maryland's most vulnerable citizens deserve the best care," said Governor Martin O'Malley. "It is up to all Marylanders that transport children to take a role in protecting our children from being exposed to the dangers of heat stroke."

The MIEMSS Child Passenger & Occupant Protection project hosted an educational conference call on June 29, 2009 entitled "**Vehicular Hyperthermia in Children**." This conference call remains available online with the audio portion included with the slides at www.miemss.org/EMSCwww/CPSConference.html

For more information on preventing hyperthermia deaths, please call Safe Kids Maryland at 410-706-1758 or visit www.ggweather.com/heat and www.safekids.org/nlyca. Be sure to NEVER LEAVE YOUR CHILD ALONE in a car.

Safe Kids Maryland works to prevent unintentional childhood injury, the leading cause of death and disability to children ages 1 to 14. Its members include over 700 advocates in child health, child advocacy, and public safety. Safe Kids Maryland is a member of Safe Kids Worldwide, a global network of organizations dedicated to preventing unintentional injury. Safe Kids Maryland was founded in 1991 and is now led by MIEMSS.

Take These Steps to Prevent Vehicular Hyperthermia

Safe Kids Maryland urges all adults who transport children to take the following steps:

- Never leave children alone in a car—even for 1 minute.
- Set your cell phone or Blackberry reminder to be sure you drop your child off at daycare.
- Set your computer "Outlook" program to ask you, "Did you drop off at daycare today?"
- Place a cell phone, PDA, purse, briefcase, gym bag or whatever is to be carried from the car on the floor in front of the child in a back seat. This forces the adult to open the back door and observe the child.
- Have a plan with your child care provider to call if your child does not arrive when expected.
- Keep keys and remote entry key fobs out of children's reach.
- Lock all vehicles at all times.
- Check cars and trunks first if a child goes missing.
- Call 911 if you see a child unattended in a vehicle.

International Visitors at MIEMSS

EMS officials from Taiwan tour SYSCOM (the statewide communications system) at MIEMSS with State EMS Medical Director Richard Alcorta, MD.

International Visitors at MIEMSS

Korean physicians learn about SYSCOM (the statewide communications system) at MIEMSS from State EMS Medical Director Richard Alcorta, MD.

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Governor Martin O'Malley
Lt. Governor Anthony Brown

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