



MINUTES OF REGULAR MEETING
MARYLAND FIRE-RESCUE EDUCATION TRAINING COMMISSION
Wednesday, February 15, 2017

Holy Cross Hospital
1500 Forest Glen Rd.
Silver Spring, MD 20910

Commissioner Clemens called the meeting to order at 10:12 am.

Vice Chairman Gilroy led the Commission in an invocation. He noted that the Commission's thoughts are with the family of Commissioner Black as their son continues to recover from illness.

Commissioners Present:

R. Michael Clemens
Lynn D. Gilroy
Barbara A. Knippenburg
Robert P. Cumberland
Bradley Scott Graham
Kiona L. Black
Daniel J. Stevens
John E. Dulina

Commissioners not Present:

Reinhold C. Strobel
John Jerome
Geoffrey L. Donahue
Jennifer L. Aubert-Utz
John W. Kisser

Approval of minutes and agenda:

Commissioner Cumberland made a motion for approval of the minutes and agenda. This was seconded by Commissioner Knippenburg and approved unanimously.

Introduction of Guests:

Rae Oliveiera, MIEMSS

Larry Preston, MFRI

Commissioner Graham welcomed the Commission to the hospital campus and discussed the mission of the hospital. The Hospital has undergone substantial renovations recently, and may be made available to host training and education activities.

Chairman's Report:

Chair Clemens thanked MHEC for their assistance. He also discussed the attendance requirements and reminded all Commissioners that they are by statute required to attend 50% of meeting. All attendees – including both Commissioners and guests – will be expected to sign in at all meetings. He will be making credentials for all Commissioners and shirts for all new Commissioners.

The Commission will be looking into the use of social media, particularly regarding the Riley scholarship, training, and education. All of the departments should continue publicity for the program. Charles County has a program for tuition reimbursement that is being utilized more frequently than the Riley program. There are also a number of other resources for funding such as VA.

There was interest in funding being extended to other programs such as emergency management. Commissioner Gilroy reminded the Commission that when the scholarship program was developed there was concern about adequacy of funding for fire and rescue squad members, in part because of some departments utilizing a substantial amount of resources for medical training, including EMT and paramedic. There are two community colleges that currently offer emergency management programs. Commissioner Black stated that the diversification of the fire service is increasingly focused on emergency management. Mr. Preston suggested that the Commission further investigate what the ramifications would be of trying to extend eligibility for the scholarship to emergency management. Chair Clemens noted that there is not currently a legislative contact as there was when the program was initially developed. Commissioner Graham reminded the Commission that the fire caucus continues to meet every week and that MFRETC might make contact and attend those meetings. Commissioner Graham also suggested that the Commission should continue outreach with high school cadet programs as well. However, there has been a decline in the presence of cadet programs, partially due to the decline of the quality of students they were attracting.

As times change it may be time to reexamine eligibility as the fire service develops different needs. There is interest in a further needs analysis among both fire and

emergency student to investigate to what degree students might utilize the program if it were opened to a larger pool of students. Commissioner Black noted that the Frederick County program was funded solely through fundraising and served a large number of students that remained in the county. Commissioner Cumberland noted that there are also other scholarship programs available through Cumberland Valley and that Carroll County is currently developing a scholarship program in honor of Robert W. Fogle, who was killed in the line of duty in 2014. The Commission reviewed the development of the scholarship guidelines. Commissioner Clemens also reminded the Commission of eligibility for the Conroy program, which provides funding for any dependents of LODD. There is also interest in putting together a further Commission workgroup to look into legislative changes.

Vice Chairman's Report:

No additional report.

Committee Reports:

Minimum Standards:

Chair Clemens asked whether there were any additional issues requiring changes in standards. MIEMSS, MEMA, and MFRI already provide reports. This may be a committee that might be able to be discontinued; the committee structure will be revisited in June. The 1091 Committee will be meeting to discuss any necessary changes.

Higher Education:

No report.

Special Projects:

Prince George's County is currently developing an enhanced driver training facility. The Commission still would like to see 4 facilities available throughout the state as this is still one of the biggest concerns regarding insurance, liability, etc.

Maryland Instructor Certification Review Board (MICRB):

MICRB met January 17. Currently there are 770 instructors, 24 instructor trainers, 268 evaluators

Next meeting will be April 26 at College Park

Maryland Fire Service Personnel Qualifications Board (MFSPQB):

Mr. Preston noted that in addition to the annual meeting in Ocean City, the Pro Board accreditation will be taking place this summer. They will visit at least 4 of the ATRAs to look at testing.

Reports from state organizations:

Maryland Fire-Rescue Institute (MFRI):

Report attached.

New LMS has been procured, and MFRI hopes to have fully functional by end of June. Emphasis will be on everything student-centered. Online registration is currently running across the state and has been an overwhelming success. Latest EMT stats: MFRI pass rate 80%, national average 73% on first attempt. By third attempt, 86% Maryland, national 80%.

There have been concerns regarding return of textbooks. MFRI will be working with MSFA to look at changes that can be made to ensure returns. Chief officer seminar and national fire service staff and command courses are upcoming.

Commissioner Black thanked MFRI for their utilization of MyBrady lab and noted how helpful it has been for not only students, but also for instructor trainers.

Maryland Institute for Emergency Medical Service Systems (MIEMSS):

Report attached.

EMS updates are currently underway. These used to be referred to as protocol updates but also incorporate other changes. This year, however, the updates are largely protocol.

MIEMSS is working on EMR/EMT bridge course. Very few students have made transition in past several years so developing a standard course is challenging.

MIEMSS has completed BLS renewal process. There have been 1,609 EMT cards issued and 170 EMRs.

MIEMSS continues to reach out to SIPs and has issued several extensions to allow students additional time to test. Currently there are 326 SIPs.

Commissioner Clemens inquired about the heroin epidemic. The governor has established a multi-agency task force looking into combating the wider scale opiate epidemic.

Maryland State Fireman's Association (MSFA):

No representative present.

Executive committee meets February 25th and 26th in Frederick.

Maryland Emergency Management Agency (MEMA):

MEMA is largely involved with the opiate issue. A number of staff members are involved with the governor's task force, working with all of the other agencies. Commissioner Clemens noted that he is on the regional IMT that is involved with the opiate epidemic. MEMA Director Strickland is also working to develop a statewide IMT similar to a number of other states, as a number of Maryland regions currently have in place.

MEMA is also working on updating resource management, and surveying fire and rescue departments.

Office of the State Fire Marshal (OSFM):

No representative present.

Legislation has been introduced to change the term of the Fire Marshal to four years.

University of Maryland University College (UMUC):

No representative present.

Mr. Preston stated that MFRI has been working with UMUC, and investigating articulation agreement. There is a new accreditation program similar to ACE, which MFRI may be able to adopt for UMUC.

Old Business:

None.

New Business:

None.

Next meeting:

April 12, 10 am at Montgomery County Public Safety Training Center. Mr. Preston also offered to house at MFRI if the Montgomery County facility is not available.

Motion to adjourn made by Commissioner Gilroy at 12:02. Motion seconded by Commissioner Clemens and passed unanimously.

MIEMSS Report February, 2017

Maryland EMS Providers and Jurisdictional Programs

EMS Update 2017 including the 2017 Maryland Medical Protocols. The printed versions of the 2017 Maryland Medical Protocols for EMS Providers will be available to providers in early spring. This year, a set of replacement pages, the smaller spiral-bound full protocols, and the pocket protocols will be printed. One pocket protocol will be distributed free of charge to each Maryland provider. The full binder-sized protocol, set of replacement pages, and spiral version, as well as additional pocket protocols, will be available for purchase from the Office of Licensure and Certification.

The EMS Update 2017, including the new revisions for the 2017 Maryland Medical Protocols for EMS Providers, is in production and will be available through the Online Training Center. Once the training is online, DVD versions may be requested through the MIEMSS Regional Offices for use at company-level drills. Remember, all Maryland EMS providers must complete the EMS Update 2017 before July 1, 2017.

The EMS Update 2017 for Hospital Base Stations, that include the new revisions for the 2017 Maryland Medical Protocols for EMS Providers, is also in production and will be available in the near future.

SEMSAC BLS Committee. The BLS Committee continues to monitor the changes made with the implementation of the EMS Agenda for the Future: National EMS Education Standards. The committee worked on the development of materials to be used by both instructors and current providers for the BLS recertification cycle. The committee is also working on ways to improve the transition from EMR - Emergency Medical Responder (formerly known as FR-First Responder) to EMT- Emergency Medical Technician certification. Another initiative recently started by the committee is a Best Practices subcommittee to address the move to NREMT Cognitive testing. The Best Practices subcommittee has members representing each of the main EMS BLS Education Programs: MFRI, Academy-based, and College-based.

Emergency Medical Dispatchers (EMD) Committee. The EMD Committee is working with the Cardiac Arrest Steering Committee to produce a “High Performance CPR for Call-Takers” program to be posted on the MIEMSS Online Training System. The program will encourage EMDs to quickly assess if patients are indeed in cardiac arrest and be assertive in directing the callers to begin CPR prior to the arrival of first responders and EMS. All filming for the program is complete and final production on the program will commence after the EMS Update 2017 educational program is complete.

Active Assailant Work Group. This interdisciplinary work group continues efforts to work with local governments to prepare local responders to respond to these types of incidents. The group visited the ballistic protection equipment (BPE) testing facilities at Aberdeen Proving Grounds (APG) to investigate the level of BPE appropriate for responders. The Equipment Subcommittee will be convening to continue working with APG personnel to complete scenario-based evaluation of BPE for each discipline and possibly to produce a training program. The group is now considering a forum for all Active Assailant planners from local programs to collaborate on their planning

Infection Control Program. Utilizing Ebola funding from DHMH, MIEMSS is updating the Infectious Disease programs. We are very close to hiring an Infectious Disease Program Coordinator shortly then establishing an Infectious Disease Advisory Panel to include EMS providers and Infection Control experts. This funding will also assist in establishing High Consequence Infectious Disease (HCID) transport teams for on scene response and interhospital transfers. We have four applications for HCID transport team funding.

CARES Implementation in Maryland. All public safety EMS operational programs are exporting records to CARES (Cardiac Arrest Registry to Enhance Survival) as of December 1, 2016. All Maryland acute call hospitals and free-standing emergency medical facilities are participating in CARES data submission. Therefore, for Calendar Year 2017, all out-of-hospital medical cardiac arrest records will be exported to the CARES registry for Maryland. MIEMSS will also have a CARES Coordinator Forum for both the hospital and EMS CARES coordinators on a regular basis. The meetings will provide education, data exchange and reports and allow for discussion of the challenges and successes when working with the CARES database. The first meeting will occur in early spring of this year.

Statewide EMS Communication System Upgrade. MIEMSS Communications Engineering and Administrative staff have assembled and released an RFP to upgrade the MIEMSS EMS radio communications systems and capabilities to meet current and future needs. Particular attention is being given to identifying single points of failure and eliminating these vulnerabilities. It is MIEMSS' goal is to have a highly reliable, next generation communications system which is built on a uniform platform, is IP-based, utilizes proven and scalable technology, and integrates with the State's Public Safety Answering Points (PSAPs).

Upgrade improvements will:

- Allow for geo-diverse operations
- Have performance meeting or exceeding current capabilities
- Retain current analog subscriber and base station infrastructure
- Incorporate wired and wireless video technologies
- Integrate with the State's planned 700 MHz communications system

Vendor proposals were received in January. The proposals will now undergo technical and financial reviews. The projected contract award date is April 2017.

electronic Maryland EMS Data System (eMEDs®). eMEDS® implementations has been completed statewide for all public safety and most commercial services. The eMEDS® program is successfully meeting all of its primary goals, which are:

- (1) to improve data collection and reporting on prehospital medical care provided by EMS personnel;
- (2) to become compliant with reporting to the National EMS Information System (NEMSIS);
- (3) to support research and improvements to medical care by analysis of better data and
- (4) to support quality improvement of emergency medical care by EMSOPs by allowing medical directors and local leadership to analyze EMS response data.

All Maryland hospitals are using the eMEDS® Hospital Dashboard or Hospital Hub to access the prehospital patient care reports. Transition to the newer Hospital Hub has begun which will allow more control and features while still maintaining the original dashboard features. MIEMSS has developed integrations with the Maryland Trauma Registry, to bring prehospital data into trauma records. MIEMSS has implemented the CARES program state-wide, which integrates prehospital eMEDS® data with the CARES database for analysis and improvement of Cardiac care. MIEMSS will transition eMEDS® to a new version of software, the Elite Platform, later this year which will further improve performance for data collection, reporting and analysis and maintain compliance with data standards from NEMSIS, COMPASS, and CARES. MIEMSS is pursuing additional initiatives that will facilitate hospital outcome information coming back to EMS Operational programs through eMEDS®.

HC Standard. HC Standard 3 is currently in operation throughout Maryland. Version 3.8 of the application continues to host the County Hospital Alert Tracking System (CHATS) with alert definitions displayed for the public, and includes the Facility Resource Emergency Database (FRED), County Hospital Request System (CHRS), and Electronic Patient Tracking System (EPTS). The CHRS application continues to be used by hospitals, EMS Operations Programs and EMRC to electronically request diversion status changes. The EPTS provides near-real time situational updates as patients are scanned, triaged, and transported from one site to another. The application shows patient transport destinations, transport units, interventions that were performed, and demographic information. MIEMSS continues to provide support and assistance to facilities using the HC Standard Suite. A system upgrade to HC 4 is anticipated which will offer a browser agnostic platform that is no longer dependent upon Microsoft Silverlight, and will offer a re-designed hospital user interface for HC FRED data entry.

2017-2018 Charles W. Riley Firefighter and Ambulance and Rescue Squad Member Scholarship Program. The Charles W. Riley Firefighter and Ambulance and Rescue Squad Member Scholarship Program encourages active members of the fire-fighting, ambulance, and rescue organizations serving Maryland communities to pursue credited courses that lead to a degree in fire service technology, emergency medical technology, fire service management, or public safety administration with a minor or concentration in fire service technology or fire service management.

To apply, you will need to create an account within the Maryland College Aid Processing System (MDCAPS). To create or log into your existing MDCAPS account (if applicable), please visit <https://mdcaps.mhec.state.md.us/MDCAPS/login.aspx>. Upon opening the account, click on the "Apply" link to submit your application and view any additional documentation required for consideration of the scholarship.

Please note that for consideration of this scholarship, the 2017-2018 Free Application for Federal Student Aid (FAFSA) must be completed by the state deadline of **March 1, 2017**. The Charles W. Riley Firefighter and Ambulance and Rescue Squad Member application and all additional documents required must be submitted to the Office of Student Financial Assistance at the Maryland Higher Education Commission no later than **April 14, 2017**.

For more information on this scholarship program or any other scholarships and grants offered through the state of Maryland, please visit www.mhec.maryland.gov.

Hospital Programs

Freestanding Medical Facilities. During the 2016 Session, Maryland enacted legislation to establish a process for acute care general hospitals seeking to convert to a freestanding medical facility. As part of this process, the law includes requirements for acute care general hospitals seeking a conversion without obtaining a Certificate of Need from the Maryland Health Care Commission (MHCC). These requirements include that the conversion “will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services Board.” The EMS Board promulgated draft regulations regarding this determination, including the factors the EMS Board shall consider in making such a determination, as well as a timeline for the process. MIEMSS met with members of the EMS community and other stakeholders to develop draft regulations and asked for informal comments on the draft regulations from the public or other interested parties. The draft regulations were then published in the Maryland Register for 30 days for formal public comment during which time additional comments were accepted. Comments received will be presented to the EMS Board for consideration and if substantive changes are made, the regulations will be republished for additional comment.

Perinatal Referral Centers. The Level III Perinatal re-designation process is completed for CY 2016. Six Level III Perinatal Centers were re-designated. In CY 2017, eight Level III Perinatal Centers will be due for re-designation. All neonatal and maternal data has been entered into the MIEMSS Perinatal database. The maternal workgroup is reconvening to review the data and propose to the Perinatal Advisory Committee (PAC) the list of indicators for the group to focus on for improvement.

Hospital Base Station Survey and Re-designations. The base station program has been transitioned over to the Regional Administrators effective January 1, 2017. In CY 2017, eleven base stations are due for re-designation. Notification of the re-designation has been sent to the Hospital CEOs as well as the Base Station Medical Directors and Base Station Coordinators. All re-designation applications must be uploaded to the MIEMSS Designated Hospital Application Center (MDHAC) by 3:00 pm on March 16 2017. Site surveys will take place between April and October 2017. MIEMSS has received notification from two hospitals not currently designated as a base station that they wish to begin the process of obtaining designation as a base station.

Primary Stroke Centers (PSCs). In CY 2017, twenty-five PSC will be due for re-designation. All re-designation applications have been received and the site surveys will take place throughout CY 2017. Maryland continues to perform above the national average in the Get With the Guidelines®-Stroke core metrics. Maryland's Mean Door to t-PA time for CY 2015 was 55.1 minutes and the national average was 60.6 minutes.

Trauma Centers. The Adult Trauma Standards workgroup has reconvened to finalize the updates on the Trauma Standards. The Maryland Burn Center Collaborative which began in 2015 is ongoing. Members are from the Maryland Adult and Pediatric Burn Centers and meet quarterly. The Collaborative has updated the Burn Data Dictionary and is reviewing the Burn Center COMAR with the American College of Surgeons 2014 update.

Cardiac Interventional Centers (CICs). Because many sudden cardiac arrest patients require intervention in the cardiac catheterization lab, EMS protocols direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a CIC if possible. All 23 CICs have reported the ability to provide therapeutic hypothermia.

MIEMSS and the Maryland Health Care Commission (MHCC) obtain data from the Cardiac Interventional Centers. The upload of all required data occurs quarterly and is then analyzed for completeness. Re-verification of the 23 Maryland CIC designations was completed in 2014. MIEMSS Hospital Programs staff also conducted site visits at the four out of state CICs with which MIEMSS has MOUs (Christiana, Bayhealth-Kent General, Nanticoke Memorial, and MedStar Washington Hospital Center). A list of the CICs as well as all trauma and specialty centers is available on the MIEMSS webpage under the Hospitals tab.

As MIEMSS continues to work with stakeholders on the STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the MHCC. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. The Cardiac Data Coordinators meet quarterly with MIEMSS and MHCC. The CICs identified a challenge in obtaining EMS data from eMEDS® for patients that are transported by EMS to a non-CIC and then transferred to a CIC. This information is required to be submitted in to the Cardiac Data Registry by the CICs. MIEMSS has determined a way to address that issue so that CICs are now able to obtain the eMEDS® record for transferred patients.

Maryland is registered with the American Heart Association Mission Lifeline as a statewide STEMI system of care which includes access to quarterly reports that compare Maryland's STEMI performance to national data. MIEMSS has obtained direct access to the reports from the National Cardiovascular Data Registry. The reports are confidential and are for use only within the confines of the STEMI Medical Review Committees.

Emergency Operations

Maryland Critical Incident Stress Management. The Maryland Critical Incident Stress Management (MCISM) program offers education, defusings, and debriefings conducted by a statewide team of trained volunteers. The team consists of volunteer psychosocial clinicians and emergency services personnel and fire/rescue/law enforcement peer-support individuals trained in stress management. Volunteer regional coordinators are responsible for specific geographic areas of the state and serve as points of contact, through local 9-1-1 centers and EMRC/SYSCOM, for critical incident stress management. The team covers the areas of the state that do not have local teams. In recent years MIEMSS has focused on promoting and enhancing CISM capabilities through increased collaboration between state and local CISM teams, and by sponsoring CISM courses. A three day Individual and Group CISM training is planned for the Lower Eastern Shore Team March 17-19 in Ocean City. A CISM related pre-conference course will be offered at the annual EMS Care Conference on April 27 and 28, and a CISM Team Coordinators Symposium will be held during the main conference on April 29.

Ambulance Strike Teams. The Maryland Ambulance Strike Team System Manual, which was developed with the assistance of a multi-agency, multi-jurisdiction Ambulance Strike Team Committee, is available. The manual covers ambulance strike team configurations, minimum training and equipment standards, and operational procedures for teams when deployed.

MIEMSS has developed and offered both Ambulance Strike Team Leader and Provider level courses. Additional training will be offered in the coming year. MIEMSS currently has three agencies that have completed the MOU process to become part of a pre-designated ambulance strike team. Several other agencies are currently working on this process. The goal is to develop a cadre of pre-designated teams that meet all the system requirements. One team will be on call each month and first up for deployment.

In preparation for the recent Presidential Inauguration, the District of Columbia requested that surrounding states make ambulance strike teams available as part of their contingency plans. Maryland was able to line up five full strike teams which were available that day. The following jurisdictions/companies participated in these teams – Anne Arundel County Fire Department, Baltimore City Fire Department, Baltimore County Fire Department, Howard County Department of Fire and Rescue Services, Calvert County, St. Mary's County, Washington County, and LifeStar Response.

Regional Programs

Regional Healthcare Coalitions.

- The Region I and II Healthcare Coalition recently approved projects for this budget period, including a Mobile Ambulance Bus Conversion housed and staffed by Washington County to service Maryland's four Western most jurisdictions.
- Delmarva Regional Healthcare Mutual Aid Group (DRHMAG) has started scheduling the Emergency Nursing Pediatric Courses as part of the grant funding. DRHMAG continues to meet on a regular basis and interface with Regional stakeholders.
- Region III Healthcare Coalition is offering a moulage course to better enhance regional training.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

Region I

- The Region I Office is conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis in support of individual EMS and Fire/Rescue organizations.
- The 15th Annual Miltenberger Emergency Services Seminar will be held with preconferences on March 10 and the full conference on March 11, 2017.

Region II

- The Region II Office successfully completed VAIP inspections for Frederick County.
- The Region II Office assisted Frederick County DFRS with their Ebola drill. The drill was held in partnership with Frederick Hospital and Fort Detrick, and was a success.
- Region II Office is assisting Washington County with developing a year-round ALS continuing education program.
- The SWOT analysis for Washington County is completed and we are finalizing the report that will be presented to the County Commissioners.
- Region II jurisdictions are actively working in developing a mobile integrated health program utilizing the approved protocol.

Region III

- Region III EMSAC is working to form a Region III Ambulance Strike Team
- Voluntary Ambulance inspections are completed for Howard County.
- The planning for EMS Care 2017 is underway.

Region IV

- Peninsula Regional Medical Center, Wicomico County Health Department, and the Salisbury VFD are moving forward with plans for a Mobile Integrated Health program following the Pilot Program. Planning is progressing nicely with the stakeholders regarding this project. More to follow regarding this program as it develops.
- Region IV continues engagement in Queen Anne’s County Mobile Integrated Healthcare Pilot program. The program has met or exceeded expectations and continues to expand through the efforts of all the stakeholders. Queen Anne County Health Department and EMS are the lead on this pilot program. It is anticipated that the program will continue to expand. They have been asked to present the program at numerous meetings throughout the State and are most willing to share their experiences. The number of individuals continues to increase with the cooperation of referrals from UMMS Shore Regional Medical System, Anne Arundel Medical Center, and EMS providers who provide a large number of referrals. This program is seeing significant reduction of 9-1-1 calls and positive impact on the citizens served. Efforts are beginning to start to better quantify cost savings to the program partners and EMS.
- Region IV continues to support the Statewide Mobile Integrated Health project with Phase 2 and are looking forward to new initiatives and challenges from this group. It is important that the group also continues to look at alternate care destinations and facilities. This may be particularly applicable to Worcester and Caroline Counties.
- The Region IV Council will be addressing concerns and need for revision and education on our Alert Policy. Education is being planned at this time along with updating and revising the policy.
- MIEMSS continues to move forward to fill the vacancy regarding the Region IV Associate Administrator position.
- The 20th Annual Winterfest Conference was held January 26 through January 30, 2017. The Conference included a 12 hour skills class, presentations by EMSC, and the two day Conference on Saturday and Sunday for Fire and EMS providers. Over 200 students attended the training classes. The educational content and skills class enable providers to obtain valuable continuing education. One of the many highlights of the conference was a panel discussion which included the Lt. Governor Boyd K. Rutherford, Region IV Medical Director Dr. Thomas Chiccone and Talbot County Sheriff Joe Gamble on “Opioids: Local, State, and National Emergency”. Many Local and State elected officials were also in attendance.

Region V

- The Maryland-National Capital Region Emergency Response System (MDERS) is currently overseeing \$1.9 million dollars in FY2015 Urban Areas Security Initiative (UASI) funds to support Prince George's and Montgomery Counties with eleven interdisciplinary, inter-jurisdictional projects involving Fire, Rescue, EMS, Law Enforcement, Emergency Management, Public Health, and hospitals.
- The Region V Staff is supporting the MD ERS with planning for their 2017 ERS Symposium, by serving as a member of their training committee. The Region V staff worked closely to prepare for the 2017 Presidential Inauguration with regional partners including the District of Columbia, the Department of Health and Human Services, the

United States Secret Service, Montgomery County Fire Rescue Services, and the Prince George's County Fire and EMS Department. This preparation included providing subject matter expertise for the Maryland Emergency Management Agency, and drafting a health and medical concept of operations to provide a framework for medical operations during the inauguration in Maryland.

- The Region V staff continues to support the Region V EMS Advisory Council. This support has included drafting a new charter and bylaws, and supporting the election of new officers.
- In St. Mary's County, the Region V staff supported a major active shooter exercise, both by assisting in the planning phase of the exercise, but also by serving as evaluators on the day of the exercise, and delivering a major after-action report which included recommended best practices and areas for improvement. The Region V staff has been and will continue to assist St. Mary's in implementing the recommendations from that after-action report, including a series of regular exercises.
- Working off of a series of workgroup meetings and workshops, the Region V Staff developed a Mass Casualty Incident Concept of Operations document for Southern Maryland. When implemented, the concept of operations will provide a framework for southern Maryland jurisdictions to use in responding to major incidents that require assets and units from all three counties. Included in the concept of operations is a schedule for a multi-year exercise schedule that the Region V staff will implement in CY2017.
- Working off of a series of meetings and recommendations from after-action reports, the Region V staff developed a Crew Chief Policy for St. Mary's County Rescue Squad Association. The Crew Chief Policy has been accepted with minor edits by the association and is currently in the process of implementation. The Region V staff assisted Charles County with development of their MIH program. Charles County submitted an application that has been approved by the Office of the Medical Director. The Region V Staff will continue to assist Charles County as their program is rolled out in full.
- The Region V staff has taken the lead role, working with the Department of Homeland Security, to develop a HSIN share point site to allow for collaboration across pre-hospital and hospital stakeholders in the region. The project is in its final stages and implementation is expected in early 2017.

Emergency Medical Services for Children Department (EMS for Children). The state Pediatric Emergency Medical Advisory Committee (PEMAC) continues work on federal EMSC performance measures, plan for protocol rollout education in 2017, and is working on new and revised protocols for 2018 to include high performance CPR for Pediatrics. At the January PEMAC meeting the committee focused on the new federal EMSC performance measures for 2018-2023. PEMAC members shared information on educational conferences as the local and national level. The March PEMAC meeting will include an afternoon forum on Injury Prevention with Safe Kids Maryland. The Family Advisory Network project to create an orientation for families to be "Emergency Ready" has been piloted and an train the trainer version is in development. The May PEMAC meeting will include the rollout of this program. PEMAC 2017 meetings dates are posted on the MIEMSS website both on the events calendar and EMS for Children. The PEMAC Website (located on www.miemss.org under EMS for Children Department) contains meeting documents and EMS for Children reference materials. Pediatric QIC and DART committee are working on quality improvement projects.

EMS for Children continues to offer the Advance Pediatric Life Support (APLS) physician courses with the 2017 schedule to be posted by March. Pediatric Education for Prehospital Professionals (PEPP) hybrid course will be held in St. Mary's County in February 2017 with three additional courses to be held this year. Conferences for 2017 are scheduled - topic suggestions for fall and 2018 are welcome. Please email PEPP@miemss.org.

The EMS for Children Partnership Grant continues to focus on the ten Federal EMSC Performance Measures. Detailed information is available on the MIEMSS EMSC PEMAC website listed above. This grant was renewed for the 2013-2018 federal grant cycle. NEW & Current projects include:

- Safe Transport of Children in Ambulances reference cards on best practices to restrain children on stretchers have been distributed through Jurisdictional/ Company leadership and reminders of this resource provided at both MIEMSS JAC and CASAC meetings. The Learning Management education program is available on the MIEMSS LMS website and has continuing education hours approved.
- Pediatric Base Station course dates for 2017 will expand to four courses and include updates on new protocols for EMS.
- 100% of hospitals in Maryland participated in the 2016 National Pediatric Readiness Project
- EMS for Children Grant educational outreach in 2017 will continue to include PEPP hybrid course, Pediatric Vascular Access workshop, Children with Special Health Care Needs workshop and When the Stork Dials 9-1-1 workshop.
- Pediatric Reference Cards and Posters have been distributed to all jurisdictions with additional copies available upon requests. They can be viewed on the EMSC website - www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx <<mailto:pepp@miemss.org>>

Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:

- MIEMSS CPS & OP project (19th year of funding DOT/NHTSA) continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project is implementing a new program for the BeTWEEN age group of passengers on safe occupant behaviors and collaborate with local Safe Kids chapters and coalitions and KISS program at DHMH.
- The project continues to support the CPS Board in promoting best practices for CPS through the Quality Assurance Technician program and ongoing continuing education for CPS Technicians across Maryland. We are working with Maryland Kids in Safety Seats (KISS) program to expand the instructor pool for course on Safe Transport for Children with Special Needs. This course focuses on passenger vehicles with a small segment on school buses and another on public safety vehicles.
- The FFY 2017 grant will continue to provide scholarships for EMS and Hospital providers to take the standardized CPS Course.
- A new project of this grant will be to develop a "Rapid Response CPS Education Kit" to be shared with EMS agencies when a child fatality occurs related to car seat misuse or hyperthermia.
- CPS posters are available upon request and can be viewed on the website - <http://www.miemss.org/home/emsc/cps> including a new poster on Teens in Cars as well as Rear facing longer & Booster Seats.

- SECURE Ambulance Safety & BUCKLE UP - Every Ride Every Time posters are available from the EMSC & SOCALR offices.

Cardiac

Public Access AED Program. MIEMSS has contracted with Atrus Inc., to establish a web-based registration process that will provide automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The program would also allow for the connection to an application called “AED link” that for a fee, would allow interested EMSOPS to see all the PAD locations within their jurisdiction without having to manually enter the AED addresses into the CAD. The new Registry link is online on the MIEMSS webpage. MIEMSS accepts only electronic AED application submissions to the Maryland AED Registry and no longer accepts paper applications.

AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.” Facilities whose certificates have expired are not in compliance with Maryland’s AED law. AEDs should be placed in locations where they are clearly visible to anyone who is willing to use the AED, regardless of whether the individual has received training or not, recognizing trained individuals may not always be available to respond before EMS arrives. Labels or signage on AEDs that read “For use by trained personnel only” must be removed.

Several Counties have passed ordinances requiring all pools except those at private residences to have an AED. MIEMSS is aware of the following counties passing a requirement for AEDs: Anne Arundel; Baltimore County; Harford County; Montgomery County; and Queen Anne’s County. The county pools are regulated and inspected for compliance by the local health departments. Additionally, a state law was passed that requires any county or municipally owned or operated pools within Maryland to have an AED. All of these pools with AEDs must also meet the requirements for public access AEDs in COMAR 30.06.

Out-of-Hospital Sudden Cardiac Arrest Steering Committee. In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non-health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. Subcommittees have been created to focus on the EMD, EMS, and Public (Layperson) components. Individuals interested in participating on a committee should contact Lisa Myers at MIEMSS.

One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in the Spring and a one day Summit each year in the Fall. The Summits are attended by EMS providers and EMS leadership to learn about improving optimal response and treatment to sudden cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. Information about the Maryland Resuscitation Academy and registration can be found at <http://ramaryland.org/>.

The Public Subcommittee continues to work to educate laypersons on recognizing sudden cardiac arrest and learning Hands-Only CPR. The Public Subcommittee is working with MIEMSS on the production of a short CPR training video to be used for public education. In recognition of national Sudden Cardiac Arrest Awareness month in October 2016, MIEMSS again launched a Hands Only CPR advertising campaign to be implemented during various months throughout the remainder of fiscal year 2017 that includes 30-second radio clips, MTA bus advertisements, and digital advertising.

Heart Rescue Project. Maryland has recently been invited to participate in phase two of the Heart Rescue US collaborative. Launched in the United States in 2011, Medtronic Philanthropy's HeartRescue Project began as multi-state collaborative program to measure and improve sudden cardiac arrest (SCA) survival rates. Today, with impressive results in more than six states, the effort is now expanding in the U.S. Medtronic Philanthropy – in conjunction with the current HeartRescue partners - is moving forward with a Phase 2 of the HeartRescue Project. The Phase 2 mantra is to “measure, improve, and expand” with the explicit goal to leverage HeartRescue experience and collective wisdom to work with other interested states to build or enhance statewide efforts to comprehensively measure out-of- hospital resuscitation and ultimately improve outcomes. The ultimate goal is to achieve a representative national registry that will elevate care and outcomes for cardiac arrest.

Prevention

Driving in Winter Conditions. Drive slowly. It’s harder to control or stop your vehicle on a slick or snow-covered surface. On the road, increase your following distance enough so that you’ll have plenty of time to stop for vehicles ahead of you. When navigating around snow plows, don’t crowd a snow plow or travel beside it. Snow plows travel slowly, make wide turns, stop often, overlap lanes, and exit the road frequently. The road behind an active snow plow is safer to drive on. If you find yourself behind a snow plow, stay behind it or use caution when passing. If you are stopped or stalled in wintry weather, follow these safety rules. Stay with your car and don’t overexert yourself. To avoid asphyxiation from carbon monoxide poisoning, don’t run your car for long periods of time with the windows up or in an enclosed space. If you must run your vehicle, clear the exhaust pipe of any snow and run it only sporadically — just long enough to stay warm.

Maryland RISK WATCH Champion Team. Training DVDs are available through the EMS for Children office: “What to Expect When You Dial 9-1-1” featuring Cecil County PSAP and “Right Care When It Counts” featuring children and youth teaching families to be prepared. Led by the EMS for Children Department in partnership with Safe Kids Maryland Interactive Prevention Education Displays for the 2017 MSFA Convention are in the planning stage. Both Risk Watch/ Safe Kids Maryland have again requested the accessible location on the second floor of the convention center in Room 213. For more information please email: riskwatch@msfa.org .

SAVE THE DATE – March 25, 2017 for the annual Public Educator Life Safety Seminar at MFRI in College Park

Safe Kids Maryland Coalition. The Safe Kids Maryland Coalition continues to support local coalitions and local community partners in their identified injury risk areas. To join the email notifications, please contact the Maryland Safe Kids Coalition through the EMSC Office 410-706-1758 for more information. Safe Kids Buckle Up FY 2017 grants continue in the seven local Safe Kids Coalitions (Baltimore City, Carroll County, Frederick County, Howard County, Montgomery County, Prince George's County, Washington County) and with the support of the Safe Kids community partners in Anne Arundel, Cecil, Garrett, Queen Anne's and Saint Mary's counties and partnerships with Maryland Kids in Safety Seat program. For more information or to receive poster for your local community – please email: safekidsmd@miemss.org .

SAVE THE DATES

Educational Programs for 2017

ENPC REVISED Emergency Nursing Pediatric Course 4th Edition
- March 7 - 8, 2017 - SPONSORED BY: Delmarva Regional Healthcare Mutual Aid Group (DRHMAG), Maryland State ENA Shore Regional Health/ Peninsula Regional Medical Center - UMMS Shore Medical Center – Easton, Md.

Miltenberger Emergency Services Seminar – Pre conference - March 10, 2017 - Conference –March 11, 2017 – Rocky Gap Conference Center

Public Fire and Life Safety Educator Seminar – March 25, 2017 – MFRI Headquarters, College Park, Md.

Statewide Volunteer Recruitment Day Open House 2017– April 23, 2017

EMS Care 2017- April 26 – 30, 2017 – Ocean City, Md.

Point/Counterpoint 2017 – May 11-12, 2017 – Baltimore, Md. Please go to: www.mdcot.org

Basic Disaster Life Support™ (BDLS) Course - May 17, 2017 - Maryland Fire and Rescue Institute, College Park, Md. - Visit www.MFRI.org to register.

34th Annual Wilmer Nursing Conference – May 19, 2017 – Johns Hopkins University School of Nursing, Baltimore, Md.

ENPC REVISED Emergency Nursing Pediatric Course 4th Edition

– June 5-6, 2017 - SPONSORED BY:

Delmarva Regional Healthcare Mutual Aid Group (DRHMAG)

Maryland State ENA Shore Regional Health/ Peninsula Regional Medical Center - Peninsula Regional Medical Center, Salisbury, Md.

MSFA Annual Conference and Convention – June 17 – 23, 2017 – Ocean City, MD

2017 Mid-Atlantic Life Safety Conference – September 26, 2017 - The Johns Hopkins University Applied Physics Laboratory, 11100 Johns Hopkins Rd, Laurel, MD

University of Maryland

Maryland Fire and Rescue Institute

Report to the

Maryland Fire – Rescue Education and Training Commission

The following report is a synopsis of significant events that have occurred within the Maryland Fire and Rescue Institute since our last meeting.

❖ New MFRI Learning Management System

For several years MFRI has been using the UMCP Learning Management System (LMS), which is Canvas by Instructure. This is primarily an academic learning management system, and serves mainly as an online space for university faculty to post documents and share static information with students. One of the goals within the MFRI 2025 Strategic Plan is to improve the interactivity of the learning experience for students. Therefore, we have invested considerable time and resources in to selecting a new LMS which fully meets the needs of MFRI students and instructors.

In September 2016, MFRI purchased a new Learning Management System. The AbsorbLMS will not only be a place for students to take online and blended learning classes, but will also help MFRI manage the administration, delivery, tracking and reporting of instructor-led classes and e-learning programs. This comprehensive LMS will allow us to create an efficient, unified and automated workflow. This will include student-centered tasks such as registering students, assigning them to classes, supporting them with good communication, tracking their progress, providing them with course completion materials and certification and managing future recertification. It will also include administrative functions such as course scheduling, instructor management, budgeting, payroll and reporting.

After a time period for the training of administrators and instructors, we look forward to the gradual transition of our e-learning activities to the AbsorbLMS beginning in January 2017, with the full transition complete by the end of June 2017. When completed this will be a substantial organizational improvement in how MFRI does business and management of our student population.

❖ MFRI Online Registration for Students

MFRI has worked over the last year to develop an online registration system to replace the existing paper-based system that has been in use for many years. At this time the new online registration system has been implemented in the Upper Eastern Shore and Western Maryland Regions. It has been very successful and very well received by both students and department training officers. By the end of October, the new system will be implemented in the Lower Eastern Shore and North Central regions. Southern Maryland is planned to be rolled out in November with the North East Region being implemented in December. Advanced Life Support classes will also be included in the online registration system by the end of 2016.

For students wishing to register for a class from a region that is using online registration, they will click "Register" from the online course schedule. The student will then be taken to a page to enter his/her registration information. At this time, he/she will also complete the information release and acknowledgment of conditions of enrollment currently completed during the class start. Once completed, the application will be forwarded to the designated department training officer, who will verify the student's membership in the department and approve or deny the student's registration for the class. If the applicant is under 18 years of age, the system will provide a link for the student to print the Parental Permission to Enroll form which must be signed and provided at the first class session. If the class requires Medical Clearance, the student will be provided with the requirements and the needed forms to complete the medical clearance process before the first class session.

❖ MFRI Course Revision Status Report

The MFRI Institute Development Section continues to update and improve MFRI programs and curriculum. Below is a listing of the projects that are currently being developed by IDS personnel as well as subject matter experts selected from MFRI instructors and various jurisdictions.

EMS 305: Advanced Life Support NCCP Refresher Course – IN DEVELOPMENT
This program is scheduled for release as a PILOT on 01 JUN 17.

FIRE 099: Personal Protective Equipment and SCBA (8 Hours) - PILOT
This new program replaces FIRE 102 Protective Envelope and Foam. It is scheduled to be released as a PILOT on 01 MAR 17.

FIRE 111: Public Fire and Life Safety Educator – IN DEVELOPMENT

This course is currently in development and is scheduled to be released as a PILOT no later than 01 JUN 17.

FIRE 134: Fire Investigator – PILOT

This program is scheduled to come out of pilot on 01 MAR 17.

FIRE 230: Aircraft Rescue Firefighter – PILOT

This program is being beta tested at this time and will be released as a PILOT on 01 APR 17 following the mandatory train-the-trainer for instructors which will be held in late March 2017.

FIRE 232: Aircraft Rescue Driver/Operator – IN DEVELOPMENT

Development on this project is scheduled to begin 01 MAR 17 with an anticipated pilot release 01 JUL 17.

MGMT 203: Emergency Medical Services Officer I – IN DEVELOPMENT

This program is in development and will be released as a PILOT on 01 MAY 17. This will be the first in a three-part EMS Officer series.

MGMT 206: Fire Department Equal Opportunity Officer I – PILOT

This program was released as a PILOT on 01 FEB 17.

MGMT 216: Fire Department Health and Safety Officer – PILOT

This program is scheduled for release in its final version on 01 MAR 17.

MGMT 217: Fire Department Incident Safety Officer – PILOT

This program is scheduled for release in its final version on 01 MAR 17.

MGMT 266: Plans Examiner I/II – IN DEVELOPMENT

This program is scheduled for release as a PILOT on 01 JUL 17.

❖ **EMT Course Improvements**

Our goal has been to ensure that MFRI continues to see marked improvement in the pass rate on the National Registry examination for MFRI students. I have previously reported to you the modifications and improvements we have made to the MFRI EMT Course. All of these modifications are designed to maximize instructional time, increase the validity of the test instruments and ultimately better prepare students for success not just on the certification examinations, but also in practice.

Our basic premise is to do “more teaching and less testing.” We have begun five EMT pilot classes using the newly developed syllabus that we think will enhance the learning environment and better prepare the student’s for the National Registry examination as well as field practice. Based on the results of these courses we implemented the new EMT program for the fall 2016 semester. I feel that the above noted changes are educationally sound and will all ultimately help improve student success.

The results speak for themselves:

Listed below are the MFRI student National Registry test results for the period of July 1, 2016 through January 13, 2017.

	# Attempted	Pass 1st Att.	%	Pass 3rd Att.	%
MFRI Totals	253	204	80%	217	86%
National	33,663	24,565	73%	26,947	80%

❖ MFRI Student Un-Returned Textbooks

MFRI has a longstanding policy whereby students are issued a textbook for any course that they take to be used during that course. At the completion of the course the student is to return the textbook or they may purchase the textbook at a 25% discount from the list price. We have experienced many issues relating to the return of the textbooks at the conclusion of the course. In addition, there is a process which the University of Maryland uses to eventually collect these fees involving at some point sending it to a collection agency and eventually to state government.

Each fiscal year MFRI expends \$400,000 to \$500,000 on the purchase of textbooks. As of February 2017 there is a balance of outstanding textbook invoices of \$23,590, and a total of outstanding student collections of \$25,227, for a total of \$48,818 that is owed to MFRI.

MFRI is forming a committee to develop an improved method of ensuring that we are not losing funding due to un-returned textbooks. They will work closely with the MSFA training committee in developing recommendations to address this issue. The initial thought is that the student will not receive a grade for the class until the textbook is returned, which the same policy that the University of Maryland uses to address these types of student issues.

❖ Maryland Weekend at NFA

2017 Maryland Weekend at the National Fire Academy

Save the Date

Dates: February 11 and 12, 2017

Courses:

W0376 - Incident Command System and Resource Management for the Fire Service

W0379 - Initial Fire Investigation for First Responders

W0457 - Decision Making for Initial Company Operations

W0635 - Best Practices in Community Risk Reduction

W0636 - Building Organizational Support for Community Risk Reduction

W0761 - New Fire Chief 2: Administrative Issues

❖ 2017 Maryland Chief Officers Seminar

The Maryland Chief Officers Seminar will be conducted this year at the University System of Maryland Conference Center in Rockville, on March 4 and 5th. The focus of the seminar this year is "Protecting Our Own...Your Members Lives Matter."

Some of the Seminar topics include:

- "Taking Action Against Cancer in the Fire Service," DFC Bryan Frieders of Pasadena (CA) Fire Department
- "Exercising Leadership in Firefighter Health and Safety," Chief Adam Thiel, Fire Commissioner, Philadelphia Fire Department
- "Cultivating Motivation in Leadership," Fire Chief Matt Love, Ft. Meyers Beach Fire Control District

This seminar is supported and sponsored by the following organizations:

- Maryland Fire and Rescue Institute
- Maryland Fire Chief's Association
- Montgomery County Fire & Rescue Services
- Maryland Fire Service Personnel Qualifications Board
- Maryland Council of Fire and Rescue Academies

Please register by February 24, 2017

❖ National Fire Service Staff and Command Course

The MFRI National Fire Service Staff and Command Course will be conducted in Baltimore this year from March 12 to March 17, 2017. Featuring nationally renowned fire service speakers, this intense, five-day program provides in-depth analyses of current and evolving issues in emergency services management. Participants will have the opportunity to discuss and debate major issues facing fire/EMS departments while learning from experts in the field.

For more information visit www.mfri.org or call 301-226-9962.