

Maryland EMS News

For All Emergency Medical Clinicians

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February 2020

Stakeholders Gather to Chart Future Course for Maryland EMS Plan



▲ *Dr. Ted Delbridge, MIEMSS Executive Director; Barry Contee, Career EMS Division Chief, Calvert County Department of Public Safety; Pat Gainer, Deputy Director, MIEMSS; Alan Butsch, Assistant Chief, Montgomery County Fire and Rescue Services; Rick Koch, Captain, Ocean City Fire Department; Robbie Blackiston, Chair, MSFA Executive Committee; Kathleen Harne, Captain, EMS Education, Frederick Division of Fire and Rescue Services; and Elizabeth Wooster, Trauma Program Manager, UPMC Western Maryland.*

More than 200 EMS clinicians and other stakeholders from across the state gathered on December 18, 2019, in Annapolis, Maryland, for Vision 2030, a daylong conference inviting input for the next update of the Maryland EMS Plan, due out later this year.

“It’s very exciting for me to see so many people who have a genuine interest in the Emergency Medical Services System of Maryland take time out of their day to come to this working meeting,” said Dr. Ted Delbridge, MIEMSS Executive Director, during his welcoming remarks. He stressed that the conference would be an active, rather than passive, experience for attendees, who received copies of the draft Plan in advance of the conference.

“The idea of this is to get you to talk back, and to incorporate your thoughts into what the plan is for Maryland’s EMS System moving forward,” added Delbridge.

State EMS Board Chair Clay B. Stamp expressed his solidarity with all those in attendance. “Anytime you get 300 people in a room that are passionate about a single subject and have bought-in to the level we’ve bought-in, only good can come out of today,” he said.

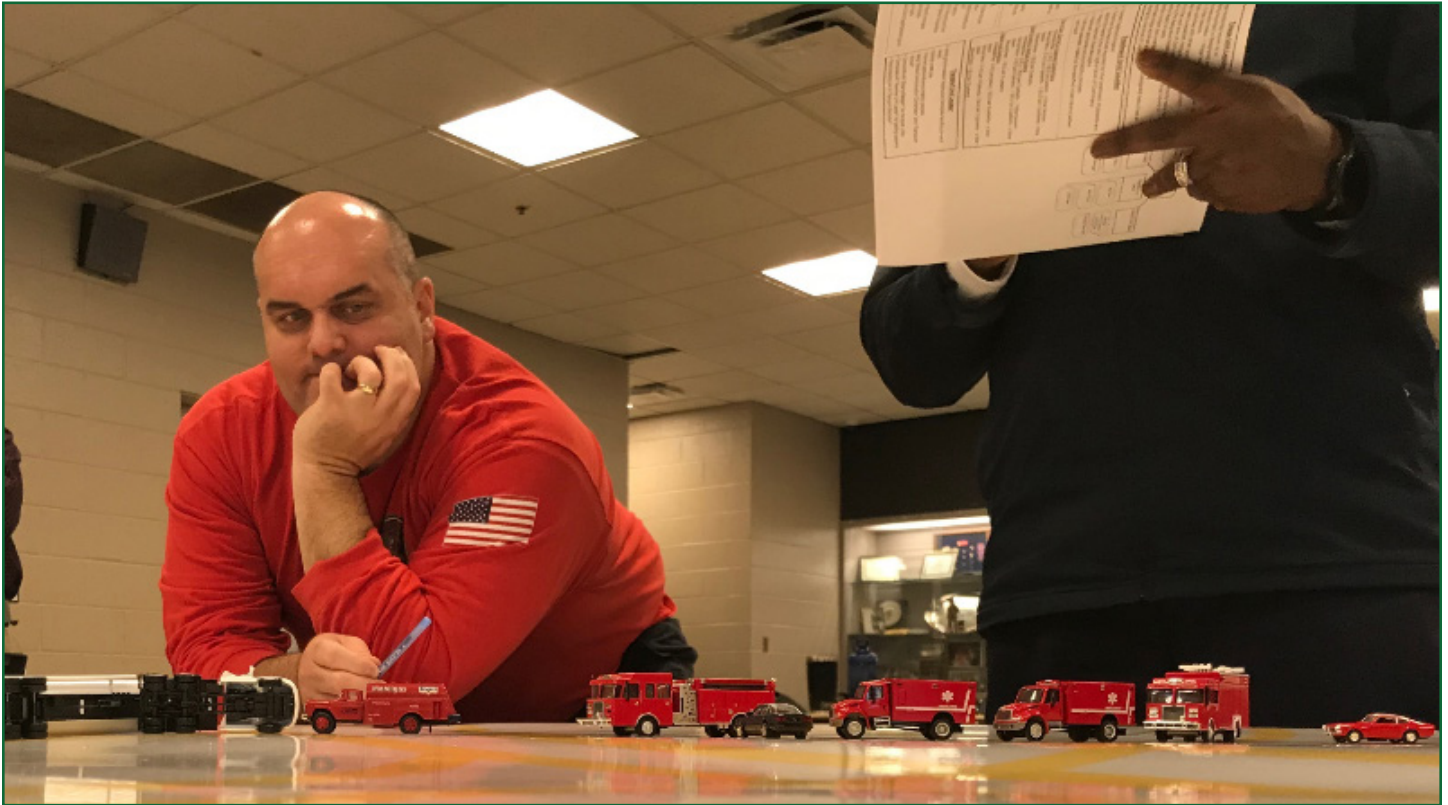
In gathering attendees from each of Maryland’s five EMS Regions under one roof, for this purpose, the event was the first of its kind for Maryland EMS. Morning breakout sessions included topics that includ-

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MDERS Builds EMS Supervisor Skills with Tabletop in a Box Training



▲ Captain Ben Kaufman, Montgomery County Fire Rescue Service, calculates the required EMS resources for assignment, part of the Tabletop in a Box tool set.

Program uses simulation and repetition to help Supervisors develop a virtual action plan

The Maryland-National Capital Region Emergency Response System (MDERS), working with the Prince George's County Fire/EMS Department (PGFD) and Montgomery County Fire and Rescue Service (MCFRS), delivered six Tabletop in a Box training sessions for the Emergency Medical Services Supervisors. This regional training was in response to a joint request from both departments. The goal was to assess the EMS supervisor's ability to use the incident command system and develop a virtual action plan through simulation and repetition. All the sessions were delivered in February and March 2019.

MDERS staff worked with subject matter experts from both fire departments to develop a series of tabletop drills focused on the EMS Supervisor and Manager. Incidents

were identified from the most common type of events that occur in both counties. These included a single-family house fire, a motor vehicle collision, and a garden apartment fire. The exercises grew in complexity to include mass casualty incidents and an active violence incident.

All the scenarios contain multiple patients which require the coordination of fire and EMS resources. A total of four incident types were created, each one more complex than the previous.

Each scenario was designed using a crawl, walk, run approach to introduce the players to this type of exercise. This progressive method allows the participants to get familiar with the sequence and build confidence in a no-fault learning environment. All materials for the exercises were based on real addresses, maps, vehicles, and tactical worksheets that are used by the departments. Incidents were designed to replicate an

2020 Mission: Lifeline® EMS Recognition

The Mission: Lifeline® team at the American Heart Association is excited to continue recognizing EMS agencies for applying the most up-to-date evidence-based treatment guidelines to improve care and outcomes in the communities served. 2020 Mission: Lifeline® EMS Recognition application submission for recognition analysis is now open through Monday, March 2, 2020, at 11:59 p.m. Central. Applications may be submitted online at <https://www.heart.org/en/professional/quality-improvement/mission-lifeline/mission-lifeline-ems-recognition>. For more information, email missionlifeline@heart.org.

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◆ ◆ ◆ Novel Coronavirus (2019-nCoV) Pneumonia ◆ ◆ ◆

An outbreak of pneumonia associated with a novel coronavirus in Wuhan City, China was reported on December 31, 2019. The situation is dynamic but since then, there have been over 20,000 confirmed infections in China, with cases reported in other countries including the United States. Most patients with this illness have been reported to have fever, cough, and difficulty breathing. There is no vaccine or specific treatment for this infection.

Based on recommendations from the CDC and Maryland Department of Health, we recommend the following:

1. Ask patients with fever or respiratory symptoms about travel to mainland China within the past 14 days.
2. Identify patients under investigation (PUIs) using either of the following criteria:
 - a. Fever and symptoms of lower respiratory illness (cough, shortness of breath) and history of travel to China within the last 14 days, **OR**
 - b. Fever or symptoms of lower respiratory illness (cough, shortness of breath) and close contact with an ill laboratory-confirmed 2019-nCoV patient within the last 14 days

Importantly, the screening criteria for this novel coronavirus may change with time. Please use the MIEMSS Infection Control page: <http://www.miemss.org/home/infectious-diseases> for the most up-to-date information.



CARES Corner

In order for the out-of-hospital cardiac arrest patient care reports (PCRs) to be posted to CARES, the PCRs for patients that were declared at the scene WITH interventions or the PCRs for patients that were transported to the hospital must have all relevant data elements completed. **Please also make note of the following:**

1. If a 9-1-1 responder provided compressions and/or defibrillation OR a bystander used an AED to defibrillate a patient in cardiac arrest, "Was Resuscitation Attempted by 9-1-1 Responder (or AED Shock Given Prior to EMS Arrival)" must equal "Yes".
2. All response dates/times must be entered, including "Back in Service Date/Time".
3. "Location Type" must be completed.
4. If the patient had an AED applied prior to EMS arrival, "Who First Applied AED" cannot equal "Responding EMS Personnel".
5. If the patient is transported (including response disposition of "Dead at Scene, WITH Interventions (Transport)"), ALL destination information must be completed.



2020 Educational Programs SAVE THE DATES

March 13-14, 2020

Miltenberger Emergency Services Seminar
Rocky Gap, Flintstone, Md.

March 21, 2020

Public Educator Life Safety Seminar
MFRI, College Park, Md.

April 22-26, 2020

EMS Care 2020
Clarion Resort Fontainebleu Hotel, Ocean City, Md.

September 29, 2020

Mid-Atlantic Life Safety Conference
Johns Hopkins Applied Physics Lab, Laurel, Md.



Upcoming Pediatric Education Opportunities

• **March 12-14, 2020**

Miltenberger EMS & Trauma Conference 2020
Thursday and Friday, March 12-13: EMSC Preconference Offering: CPEN Review Course

• Location: Rocky Gap Conference Center, Allegany County, Md.

Register through the Miltenberger Trauma & EMS Conference (coming soon)

For more information, email pepp@miemss.org



Q. How may I access a copy of my EMS card?

A. EMS clinicians have the ability to view and print a license/certification by completing the following steps:

- Go to www.miemss.org (or just click the Provider Login button on the MIEMSS homepage) and log in to your provider account.
- Select Applications, and then click on Continue.
- Select the document you wish to view or print by clicking on View PDF.

Cobb Island VFD/EMS Nominates Past Deputy EMS Chief for Burke Memorial Award



▲ From left: Dr. Luis Pinet Peralta, Region V Administrator; Joellen Lawman, Past Deputy EMS Chief, Cobb Island Volunteer Fire Department and EMS; Charles County Association of Emergency Medical Services (CCAEMS) Chaplain and Burke Award Committee Member Bobby Simpson; Lisa Yates, CCAEMS President; Robin Windsor, CCAEMS Secretary; and Charles County Volunteer EMS Chief and Burke Award Committee Chair Andrew Spalding. [Photo: Chrissy King]

The Cobb Island Volunteer Fire Department (VFD) and Emergency Medical Services (EMS) honored Past Deputy EMS Chief Joellen Lawman with the 2019 Dr. Henry Burke Memorial Award during the Joint Charles County Fire and EMS Association 2020 Installation of Offices Banquet in January 2020. The Award, named for Charles County's first Medical Director, Dr. Henry Burke, is presented to someone who has demonstrated leadership and dedicated service, not only to his or her own company, but to the Association and greater community as well.

Prior to joining the Cobb Island VFD and EMS in 2003, Lawman spent over 50 years as a very active member in the Cobb Island Volunteer Fire and EMS Department Auxiliary, of which she still serves as a member. After obtaining her Maryland EMT certification in 2004, Lawman rose through the various ranks of EMS Officers, including the top rank of Deputy EMS Chief, and continues to serve as one of the Department's top EMS/EMT clinicians.

Lawman received a Life Saving Award from the Southern Maryland Volunteer Fire-

men's Association for her actions during a call on August 10, 2016. Lawman, along with a new EMT, responded to a call for chest pains. Upon their arrival, the patient went into cardiac arrest. With swift thinking, Lawman took over patient care and directed the new EMT in administering effective CPR and the use of an AED in order to save the patient's life. The Cobb Island VFD/EMS has also twice recognized Lawman with its top EMS Award, EMS Provider of the Year, in 2014 and in 2019, for her selfless devotion and outstanding leadership.

Lawman continues to serve as the Department's QA/QI officer, representing the Department at Charles County QA/QI meetings. She has also served as a delegate for the Charles County Association of EMS and for the Charles County AEMS Executive Committee, as well as the Charles County EMS Association for several years.

She continues to serve as the departments QA/QI officer where she represents the department at the county QA/QI meetings. She has also served as a delegate for the Charles County Association of EMS and for the

NOTICE: Hospital Name Changes

Effective January 1, 2020, **Bon Secours Hospital** in Baltimore has been renamed *Grace Medical Center*, becoming the newest member of LifeBridge Health.

Effective February 1, 2020, **Western Maryland Regional Medical Center**, now a subsidiary of University of Pittsburgh Medical Center (UPMC), has been renamed *UPMC Western Maryland*.

(Continued on page 11)

New Programs Help Charles Co. Emergency Services Dept. Improve Out-of-Hospital Cardiac Arrest Survival

Charles County first in nation to pilot and adopt resuscitation quality improvement programs to advance prehospital response to cardiac arrest

According to the American Heart Association, more than 350,000 out-of-hospital cardiac arrests occur in the United States annually. Out-of-hospital cardiac arrest is a time-critical, life-threatening condition that requires peak performance from EMS professionals and victims receiving the highest quality CPR possible. The Charles County Department of Emergency Services is taking a significant step to improve outcomes by the implementation of two resuscitation quality improvement programs that prepare public safety personnel and 9-1-1 specialists in providing high-quality CPR when responding to cardiac arrest events.

Charles County has adopted Resuscitation Quality Improvement® Telecommunicator (RQI-T) and RQI® EMS, two blended learning programs co-developed by the American Heart Association, Laerdal Medical, and the Resuscitation Academy Foundation and delivered by RQI Partners. RQI-T provides continuous, simulation-based mastery learning and practice to 9-1-1 specialists for delivery of high-quality telephone CPR to bystanders. RQI EMS promotes mastery of high-quality CPR through short, frequent skills sessions for EMS clinicians. Charles County has enrolled 25 9-1-1 specialists and 120 EMS clinicians in the respective programs.

Charles County's Department of Emergency Services is the first in the United States to pilot and adopt both RQI-T and RQI EMS. "Charles County is committed to increasing cardiac arrest survival and continuously works to identify viable solutions that will improve outcomes," said Kevin Seaman, M.D., Charles County Medical Director. "RQI-T and RQI EMS are innovative programs that are changing the landscape of CPR readiness and equipping our teams with the skills, knowledge, and competence to perform high-quality CPR on every cardiac arrest victim, every time. This was an easy decision to shift from traditional two-year compliance to quarterly CPR competence verification."

"Our involvement in RQI-T and RQI EMS pilot testing offered insight into the benefits the programs provide to our staff and



the community at-large," said Tony Rose, Chief of Charles County 9-1-1 and Communications. "Charles County 9-1-1 specialists and EMS clinicians must have confidence and competence to perform or provide high-quality CPR instruction when responding to a cardiac arrest call, and these programs give them both. We look forward to sharing our experience and results with other agencies

across the state to help transform how we train and prepare for cardiac arrest events."

Without CPR from a bystander, a cardiac arrest victim has about a 10-minute life expectancy. Research shows that continuous resuscitation training for telecommunicators can lead to a significant increase in out-of-hospital cardiac arrest survival rates and is essential to performing high-quality telephone CPR. RQI-T is delivered through "low-dose, high-frequency" telephone CPR simulation sessions, in 45 minutes every 90 days. It is designed to improve telecommunicators' ability to rapidly identify a cardiac arrest. Additionally, the program helps reduce the time of CPR initiation from minutes to seconds when bystanders receive assistance and instruction from telecommunicators.

RQI EMS follows the same "low-dose, high-frequency" model where Charles County's EMTs, paramedics, and firefighters engage in quarterly CPR eLearning modules and skills sessions to verify competence in high-quality CPR.

RQI-T and RQI EMS also capture real-time feedback and analytics, providing individuals and administrators with details on where to improve life-saving medical dispatch and/or CPR performance.

**MARYLAND
EMS
Care**

~ State EMS Conference ~

APRIL 22-26, 2020

Clarion Fontainebleu Hotel - Oceanfront, 10100 Coastal Highway, Ocean City, MD

The Maryland Emergency Medical Services (EMS) Statewide Continuing Education Conference - EMS Care 2020 - will be held April 22-26, 2020, at the Clarion Resort Fontainebleau Hotel and Conference Center in Ocean City, MD. Pre-conference programs will run Wednesday, April 22, through Friday, April 24, 2020. The full main conference will be April 25 and 26. Educational programs for emergency services personnel will be conducted to keep skills and knowledge current on the latest procedures in caring for patients. Look for registration and program coming soon! Please go to the Maryland EMS Care Facebook page and MIEMSS website for updates! The conference is presented by the Maryland EMS Regional EMS Advisory Councils and MIEMSS.

Maryland EMS Plan Summit

(Continued from page 1)

ed EMS Clinicians; Medical Direction; Public Access; Communications; Public Education & Prevention; System Finance; Information Systems; and Education & Training. Afternoon topics included Clinical Care; Systems of Care; Integration of Health Services; Legislation & Regulation; Resource Management; Research; Evaluation; Preparedness and Response to Extraordinary Events; as well as Education & Training.

Last updated in 2014, the Maryland EMS Plan serves as a road map, of sorts, outlining the vision, mission, goals, and objectives of the Maryland EMS System, which has grown into something of which Stamp is “proud.”

“But we know that we can’t rest on our laurels,” he acknowledged. “We’ve got a great story, and I think today is an opportunity for us ... to chart the course for the next 10 years, and you all are going to be part of that.”



It’s very exciting for me to see so many people who have a genuine interest in the Emergency Medical Services System of Maryland take time out of their day to come to this working meeting.

DR. TED DELBRIDGE
MIEMSS Executive Director

Last updated in 2014, the Maryland EMS Plan serves as a road map, of sorts, outlining the vision, mission, goals, and objectives of the Maryland EMS System.

Elizabeth Wooster, Trauma Coordinator at UPMC Western Maryland and a member of the EMS Plan Steering Committee, attributed the event’s success to the many voices it drew. “The attendees liked being able to provide their input regarding the Plan – things they liked, disliked, additions, subtractions,” she said. “A workable EMS Plan for our State is

the result of this day, and the beautiful thing is, our Maryland citizens made it happen.”

Mary Alice Vanhoy, Nurse Manager and EMS Liaison at UM Shore Emergency Center at Queenstown and EMS Board Member, concurred. “We can accomplish so much when we work together to provide quality patient care.”



WATCH: View video highlights from the Maryland EMS Plan Summit on MIEMSS’ YouTube channel by scanning the QR code below with your smartphone or tablet:



Anytime you get 300 people in a room that are passionate about a single subject, and have bought in to the level we’ve bought-in...only good can come out of today.

CLAY B. STAMP
Chair, Maryland State EMS Board

For more information on the Maryland EMS Plan, please visit www.MIEMSS.org.

Child Safety Around Gas Fireplaces



Three children under age 6 go to the ER every day for burns related to fireplaces, including gas fireplaces.



3rd degree burns are serious and can happen in less than 1 second from contact with the glass on the front of a gas fireplace.

500°F

glass on a gas fireplace



400°F

hair iron



350°F

baking cake



212°F

boiling water



Young children can be unsteady as they learn to walk, often using surfaces within their reach to pull themselves up.

Little ones have slower reflexes and may not be able to move their hands away quickly when they touch something hot.



Young kids have thinner skin on their palms than adults, which can lead to more serious burn injuries.



Tips for Parents and Caregivers

Watch children around fireplaces. When a gas fireplace is turned on, the glass is extremely hot and can take more than an hour to cool down after it is turned off. Keep children away from the fireplace to prevent burns from the hot glass.



Think about places outside of your home with fireplaces. When traveling to other homes, restaurants, hotels or resorts, there may not be a safety screen or safety gate installed. Keep children away from the fireplace and teach them not to touch the glass.

Make sure your gas fireplace has a safety screen or safety gate. These barriers help keep children away from the hot glass on fireplaces. If you need a safety screen, contact the fireplace retailer or manufacturer for the best option for your home.

Keep fireplace remote controls out of children's reach and sight. Make sure children also stay away from on and off switches for gas fireplaces.

If there is an emergency, call the doctor or 9-1-1 immediately. Physicians can give you information on how to treat a burn correctly.

**SAFE
KIDS**
WORLDWIDE.

La seguridad de los niños cerca de las chimeneas de gas



Cada día hay tres niños menores de 6 años que acuden a urgencias por quemaduras relacionadas con chimeneas, incluidas las chimeneas de gas.



Las quemaduras de tercer grado son graves y pueden ocurrir en menos de 1 segundo por contacto con el cristal frontal de las chimeneas de gas.

500°F

cristal en una chimenea de gas



400°F

plancha de pelo



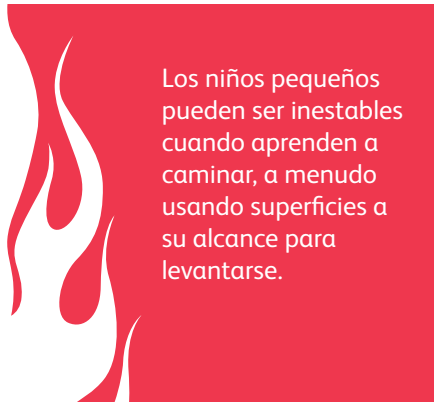
350°F

pastel en el horno

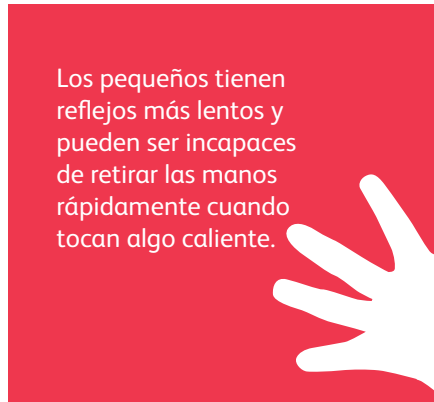


212°F

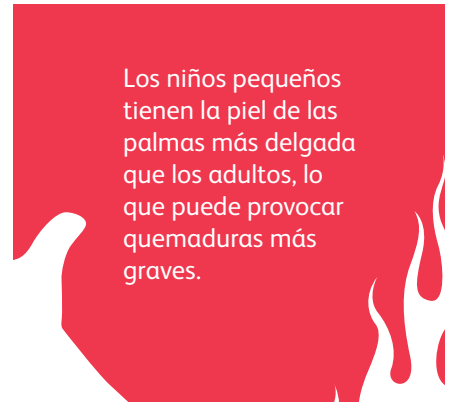
agua hirviendo



Los niños pequeños pueden ser inestables cuando aprenden a caminar, a menudo usando superficies a su alcance para levantarse.



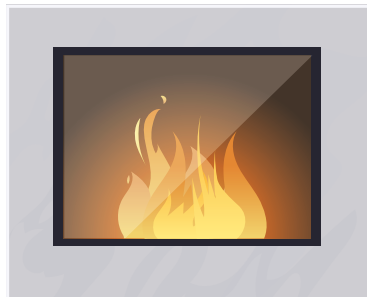
Los pequeños tienen reflejos más lentos y pueden ser incapaces de retirar las manos rápidamente cuando tocan algo caliente.



Los niños pequeños tienen la piel de las palmas más delgada que los adultos, lo que puede provocar quemaduras más graves.

Consejos para padres y cuidadores

Vigile a los niños cerca de las chimeneas. Cuando se enciende una chimenea de gas, el cristal está extremadamente caliente y puede tardar más de una hora en enfriarse después del apagado. Mantenga a los niños lejos de la chimenea para evitar quemaduras por el cristal caliente.



Piensa en lugares fuera de su casa con chimeneas. Cuando visita otras casas, restaurantes, hoteles o resorts, es posible que no haya instalada una barrera o puerta protectora. Mantenga a los niños alejados de la chimenea y enséñales a no tocar el cristal.

Asegúrese de que su chimenea de gas tenga una barrera o puerta protectora. Estas barreras ayudan a mantener a los niños alejados del cristal caliente de las chimeneas. Si necesita una barrera protectora, comuníquese con el distribuidor o fabricante de chimeneas para obtener la mejor opción para su hogar.

Mantenga los mandos a distancia de las chimeneas fuera del alcance y de la vista de los niños. Asegúrese de que los niños también se mantengan alejados de los interruptores de encendido y apagado de las chimeneas de gas.

Si hay una emergencia, llame al médico o al 9-1-1 de inmediato. Los médicos pueden informarle sobre la mejor manera de tratar las quemaduras.

**SAFE
KIDS
WORLDWIDE.**

Annual Maryland Comprehensive Stroke Conference



The annual Maryland Comprehensive Stroke Conference was held on November 1, 2019, at Martin's West in Baltimore. The Conference drew more than 500 attendees, who included registered nurses, physicians, educators and education specialists, occupational and physical therapists, social workers, radiology technologists, patient care technicians, and project and patient care coordinators, as well as stroke coordinators. Featured topics included:

- Imaging Approaches for Mechanical Thrombectomy;
- Stroke and Smoking;
- Bouncing Back-Stroke Recovery;
- Sleep Apnea as Stroke Risk Factor in Minorities;
- 3D Correlative Vascular Stroke Anatomy;
- Stroke and Sexual Dysfunction; and
- Updates on Cardioembolic Strokes - Embolic Sources of Undetermined Stroke

Sinai Hospital received the Golden Brain Award for the fastest door to needle alteplase administration, with a time of 28.5 minutes.



▲ The Stroke Conference Planning Committee is pictured (from left) Seemant Chaturvedi, MD; Anna Aycock; Brenda Johnson; Karen Yarbrough; Linda Toral; Adrian Goldzmidt, MD; and Chad Schrier. Committee members not pictured are Krista Johnson and Erin Lawrence.



▲ The Golden Brain Award was presented to Sinai Hospital for the fastest door to needle alteplase administration with a time of 28.5 minutes. Pictured are Anna Aycock; Karen Yarbrough; Linda Toral; Sue Pugh; Adrian Goldzmidt, MD; and Chadresh Shelat, MD.



EACH YEAR, MIEMSS honors men and women across Maryland who have notably contributed to the EMS system. The Stars of Life Awards recognize various categories, from heroic rescues to EMS Program of the Year. Also, through the Right Care When It Counts Awards, the Maryland EMS for Children program honors exemplary children and youth who have demonstrated what steps should be taken during an emergency, or ways to be better prepared for emergencies. The nominations process for these awards is now open. Actions taking place between January 1, 2019, and December 31, 2019, are eligible for nomination. Visit <http://www.miemss.org/home/ems-providers#star> to submit your nominations, or contact (410) 706-3994 or awards@miemss.org for further information.

New Online Resource on Occupant Protection

“Janet Bahouth’s presentation was one of the best I think I have ever watched. It really explained the ‘why’.”

This comment came from a Base Station Coordinator who listened to the September 9 live broadcast called “Understanding the WHY of Seatbelts and Child Restraints.” In it, Dr. Bahouth contrasted actual crashes and injury outcomes for seat belted versus non-belted occupants, and spoke of her work with educating communities.

If you missed that webinar, you can now view it online at www.miemss.org/home/emsc/training. If you are a Child Passenger Safety Technician, you can get one CEU towards your recertification for

listening and answering the 10 question quiz with 80% correct.

Two other webinars listed on this webpage also are eligible for one CEU credit from Safe Kids World Wide; other webinars listed there are great resources for learning about safe travel, covering topics such as special needs children; wheelchair transport; rear-facing car seats in rear-end crashes; ambulance transport of children, and traveling safer by air/train/taxis. Also, EMS clinicians can obtain continuing education for listening to this webinar.

If you have any questions, please contact MIEMSS’ CPS & OP Healthcare Project at cps@miemss.org or 410-706-8647.



DID YOU KNOW? | Fireplace Quick Facts

February is National Burn Awareness month, and this year’s theme from the American Burn Association (ABA) is on preventing contact burns. Safe Kids Maryland is participating with Safe Kids Worldwide to launch a new campaign to increase awareness of the dangers associated with gas fireplaces. A few fireplace quick facts:

- If a child touches the glass on a gas fireplace, in 1 second they can get a third-degree burn!
- Glass on a gas fireplace average 500 degrees Fahrenheit – twice that of boiling water or a cooking stove glass window!
- The glass on a gas fireplace takes over 45 minutes to cool down AFTER it is shut off.

Take Action to prevent burns around fireplaces using the acronym GLASS:

- G – Place a **Gate** or screen around the fireplace door to create a barrier
- L – **Look** where children are playing and moving if the fireplace is in use
- A – Be **Aware** of how quickly the glass doors heat up, in only 6 minutes the glass will be over 400 degrees
- S – **Switches** to turn fireplaces on / off should be out of the children’s reach
- S – **Shut off** the fireplace and continue to protect children for over 45 minutes, the glass is still hot and may cause a burn

For more information, see infographics on pages 7-8 of this issue of *Maryland EMS News*, or visit https://www.safekids.org/safetytips/field_risks/burns-and-scalds, <http://ameriburn.org/prevention/burn-awareness-week/>, and search the hashtag #fireplacesafety.

MDERS Provides Tabletop in a Box Training to Build EMS Supervisor Skills

(Continued from page 2)

incident occurring on the Montgomery and Prince George's County line, requiring multiple departments to work together. A mutual aid incident provided realistic play for the participants from both counties.

MDERS staff scripted each scenario to include a time sequence for the events, a set of activities from each unit crew, and expected actions from the EMS Supervisor. A checklist of tasks and activities accompanied the event. This provided the leader with an easy way to check progress and provide feedback. Both departments participated in two exercises a week, totaling six exercises. Exercises were held at alternating locations.

Feedback from the exercises was very positive, prompting leaders to request a second round of development and delivery planned for the fall and winter. MDERS will continue to build and support the program, facilitating optimal command and control of a variety of incidents, especially those requiring a complex medical response by multiple departments.

If you have any questions, please contact Planning & Organization Program Manager Michael McAdams at Michael.mcadams@maryland.gov.

Lawman

(Continued from page 4)

Charles County AEMS Executive Committee, as well as the Charles County EMS Association for several years. Deputy EMS Chief Joellen Lawman displays the truest form of a devoted volunteer, serving her Department and community with the utmost dignity and respect, and stands as an example for all.



▲ Supervisors from the Prince George's County Fire/EMS Department work the incident with Tabletop in a Box tools.



▲ Members of the Prince George's Fire/EMS Department and the Montgomery County Fire Rescue Service participate in Emergency Medical Supervisor Tabletop in a Box training.

Former Region I Advisory Council and SEMSAC Member Passes Away

Kenneth May, a lifelong leader in the volunteer emergency services who served as the president of the LaVale Volunteer Rescue Squad for nearly 40 years, recently passed away at the age of 91. May joined LaVale Rescue in 1978. He was the first of three generations of his family to serve with the LaVale Rescue Squad. He was a member of the LaVale Volunteer Fire Department before he began volunteering at the rescue squad. He was also instrumental in bringing the 9-1-1 system to Allegany County. Mr. May served on the Region I (Allegany and Garrett Counties) EMS Advisory Council beginning in the late 1970s. “Mr. May was an icon for Emergency Medical Services (EMS) in Western Maryland,” said Dwayne Kitis, MIEMSS Region I & II Administrator. “Ken played a large role in Allegany County EMS and the LaVale Rescue Squad for decades.” In 2016, May became the third person to be inducted in the MIEMSS Region I Hall of Fame. Mr. May served in various aspects of EMS at the state level, serving as the MIEMSS Region I representative to the Statewide EMS Advisory Council for many years. “Mr. May’s commitment and dedication to improving the EMS system for the people Maryland created a true legacy, and continues to make lasting impacts on countless lives,” said Dr. Ted Delbridge, Executive Director of MIEMSS.



Photo: Shane Riggs / Allegany Magazine

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Governor Larry Hogan
Lt. Governor Boyd Rutherford

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