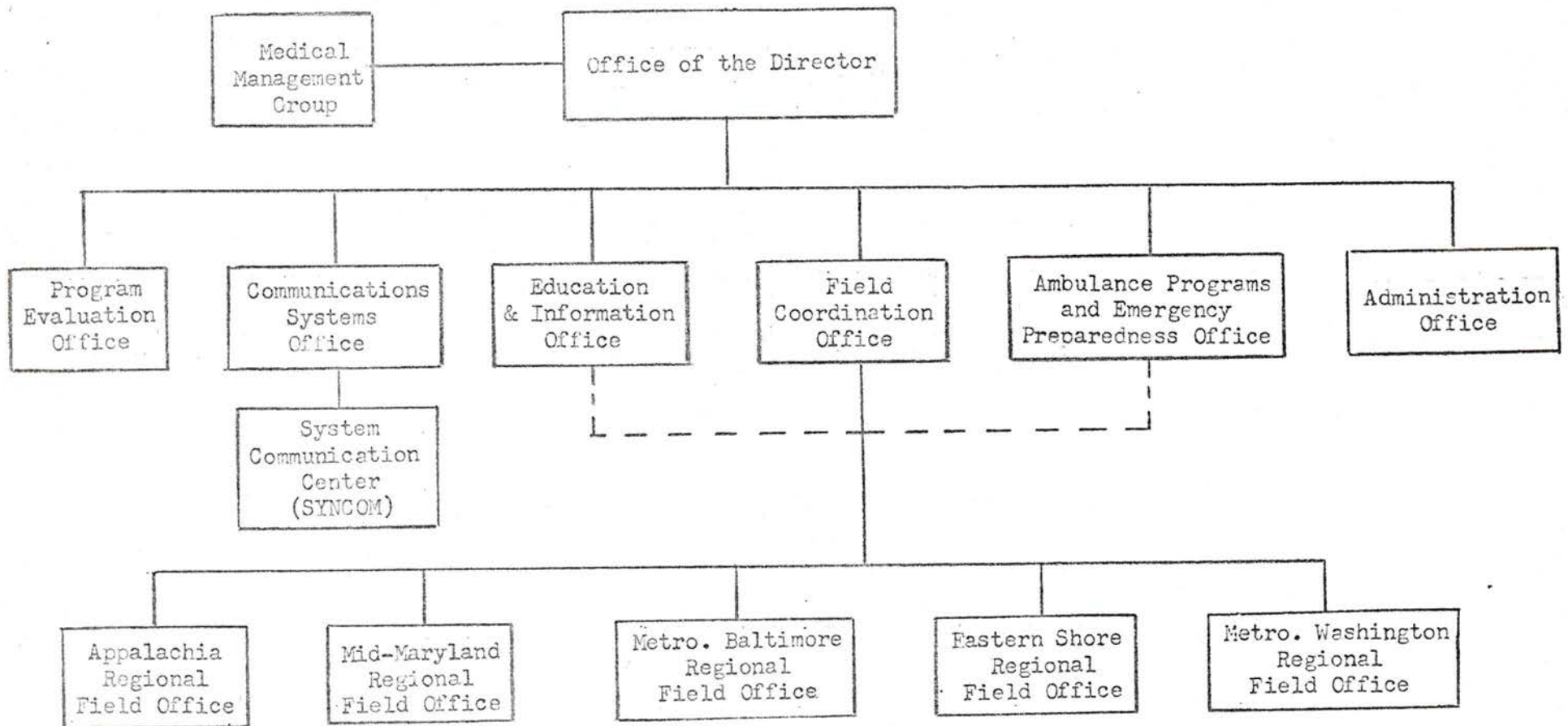


DIVISION OF EMERGENCY MEDICAL SERVICES





OFFICE OF THE SECRETARY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

301 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 383-3010

June 20, 1973

Neil Solomon, M.D., Ph.D., Secretary

Under the powers vested in me as Secretary of the Department of Health and Mental Hygiene by the Governor of the State of Maryland, there is hereby created the EMERGENCY MEDICAL SERVICES TECHNICAL ADVISORY COUNCIL, whose purpose is to advise the Department in developing and implementing the Highway Safety Program Standard for the improvement of Emergency Medical Services in the State of Maryland. This Council shall suggest the best means, in the collective judgment of its members, for the pursuance of effective administration of Emergency Medical Services in the State of Maryland. The Council may advise the Department in areas relating to ambulance regulations, legislation, training and certification of personnel, as well as related fields.

The Emergency Medical Services Technical Advisory Council shall be represented by members from the following organizations:

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND	Six (6) members
MARYLAND HOSPITAL ASSOCIATION	One (1) member
ANNE ARUNDEL COUNTY FIRE DEPARTMENT/AMBULANCE SERVICE.....	One (1) member
BALTIMORE CITY FIRE DEPARTMENT/AMBULANCE SERVICE	One (1) member
BALTIMORE COUNTY FIRE DEPARTMENT/AMBULANCE SERVICE.....	One (1) member
MARYLAND STATE AMBULANCE AND RESCUE ASSOCIATION	Five (5) members
MARYLAND STATE FIREMEN'S ASSOCIATION	Six (6) members
MARYLAND STATE POLICE	One (1) member
UNIVERSITY OF MARYLAND - FIRE SERVICE EXTENSION.....	One (1) member
MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Six (6) ex-officio non-voting members

Subsequent changes to the representation of the Council may be recommended by the membership listed above. Each member shall be selected by his parent organization, to serve at the pleasure of same, or until such position is terminated by the Secretary of Health and Mental Hygiene. The Chief of Emergency Health Services, Maryland State Department of Health and Mental Hygiene, shall act as Executive Secretary, ex-officio, non-voting member of the Council, and his staff will perform the operations arising in the course of the deliberations of the Council. The Council shall choose its own Chairman, and shall meet at the call of the Chairman or at the call of the Executive Secretary.

Neil Solomon, M.D., Ph.D.
Secretary of Health and Mental Hygiene

"The Survey Emergency Ambulance Service in Maryland"

- This Survey originally completed in 1971 contains 1970 information.
- At this moment, the Survey is being revised with 1973 information and upon completion will be forwarded as an ADDENDUM to Attachment 4.

EMERGENCY CARE ORGANIZATION SURVEY
(Form being used to collect 1973 data)

Interviewer _____

Date _____

1. County: _____
2. Name of Organization: _____
3. Actual Location: _____
4. Complete mailing address: _____
5. Line Officer contacted: _____
- Title: _____

6. Classification: (Check applicable item)

_____ Paid Fire Dept.

_____ Commercial Ambulance Firm

_____ Volunteer Fire Dept.

_____ Funeral Home

_____ Volunteer Rescue Assn.

_____ Other (describe) _____

7. First due area of coverage: (outline on map attached)

_____ Specified

_____ Not Specified

8. Are you available for Mutual Aid Support Coverage? _____

If so, describe any limitations which may affect your Mutual Aid Support Coverage, if any: _____

How are you notified to serve in the Mutual Aid Support Area? _____

9. To what medical facilities do you deliver emergency patients (list 5 most frequent used)

Name of Medical Facility	Last Two Record Years					
	No. Pts.	Hi-Way Crash	Other	No. Pts.	Hi-Way Crash	Other

NOTE TO INTERVIEWER: If you encounter reluctance to research records, ask the officer contacted to make an educated estimate of this data.

10. Communications:

From where are you dispatched? _____

If base not manned, is alarm tripped by central dispatch radio? If not, what alert system? _____

Where appropriate, is the hospital notified of your pending arrival? _____

If so, how? _____

11. Attach a sample copy of the individual run record, incident report, or call sheet.

12. What percentage of ambulance runs are manned by Maryland certified EMT-A's currently active in your company? _____

13. Complete an Emergency Care Vehicle Survey (Attachment A) for each vehicle in the unit.

14. Complete the Emergency Care Crewman Survey (Attachment B).

EMERGENCY CARE CREWMAN SURVEY

Name of Organization: _____

Location: _____

Classification: Attendant Driver Driver-Attendant Dispatcher
(numbers) _____ _____ _____

Indicate the Number of Persons Trained as Follows:

<u>Courses</u>	<u>Number Currently Certified:</u>	<u>Number To Be Trained:</u>
EMT-A Instructor		
EMT-A (Md. Certified)		
Advanced First Aid Instructor		
Advanced First Aid		
CPR Instructor		
Cardio-Pulmonary Resuscitation		
I.V. Certified		
Cardio-Rescue Technician		
Emergency Childbirth		
Basic Rescue		
Heavy Rescue		
Defensive Driving		
Other (specify)		

ORGANIZATION:

TELEPHONE NUMBERS

ADDRESS:

BUSINESS:

EMERGENCY:

SQUARE MILES	POPULATION		EST. RESPONSE TIME		FARTHEST POINT		SUPPORTING FACILITIES				
PERSONNEL AND TRAINING DATA	MANPOWER		#PER CREW	EMT-A INST.	EMT-A	ARC INST.	ARC ADV	CPR CERT	I.V. CERT	CRT TECH	NOT TRND
	PAID	VOL.									
VEHICLE DATA	EXISTS	PROPOSED	YEAR/MAKE	BODY/HEIGHT	RADIO	ESSENTIAL EQUIPMENT					
						AMER. COL. SURG.	MARYLAND				
AMBULANCE --											
.....											
RESCUE VEHICLE --							AUTO EXT. EQUIP PT. CAP				
COMMUNICATIONS DATA	EXISTS	PROPOSED	BASE	HOSPITAL		OPERATING FREQUENCY					
INTERSTATE ROUTE NOS. & MILES			PRIMARY ROUTE NOS. & MILES			SECONDARY ROUTE NOS. & MILES					
INCIDENT INFORMATION		HIGHWAY RELATED		OTHER EMERGENCY		NON-EMERGENCY		TOTAL			
	YEAR	#INCIDENTS	#PATIENTS	#INCIDENTS	#PATIENTS	#INCIDENTS	#PATIENTS	#INCD.	#PTS.		
	1970										
	1971										
	1972										

COMMENTS/EXPLANATIONS:

MARYLAND EMERGENCY CARE VEHICLE-EQUIPMENT SURVEY

Name of Firm, Organization, etc.

Category (Ambulance - Rescue)

Year & Chassis

Odometer Reading

Body

Color/Design

LIST OF EQUIPMENT: (circle applicable items)

1. Portable suction apparatus
2. Hand-operated bag mask ventilator
3. Oropharyngeal airways
4. Portable oxygen equipment
5. Mouth gags (ex. padded tongue blades)
6. Universal dressings (10" x 36")
7. 4 x 4 sterile gauze pads
8. Soft roller self adhering type bandages,
6" x 5 yds. (ex. Kling)
9. Roll of aluminum, 18" x 25 ft.
(Preferably sterilized and wrapped)
10. Plain adhesive tape, 3 inches wide
11. Two sterile burn sheets
12. Lower extremity splint:
Thomas Half Ring
Hare Traction Splint
13. Padded board splints:
Two - 4 1/2 ft. x 3 inches
Two - 3 ft. x 3 inches
Two - 15 inches x 3 inches
14. Air splints (arm and leg)
15. Short and long spine boards with ac-
cessories
16. Triangular bandages
17. Bandage shears
18. Sterile Obstetrical Kit
19. Poison Antidote Kit
20. Blood pressure manometer, cuff and
stethoscope

OTHER: (Please List)

VEHICLE FEATURES:

Number of patients vehicle is designed
to transport: _____

Height (floor to roof) patient area
_____ inches.

Driver's area: Seat belts: ☐ Yes ☐ No
Harness: ☐ Yes ☐ No

Patient safety: Restraining Straps
(attached to cot) ☐ Yes ☐ No

Fire extinguisher: No. _____
Type _____ Size _____

Are preventive maintenance records
available? ☐ Yes ☐ No

COMMUNICATION ITEMS CARRIED:

☐ Yes ☐ No Type: One-way
Two-way

ADDITIONAL COMMENTS/REMARKS:

(what do you plan to replace - when
and with what type?)

LICENSED GENERAL HOSPITALS

LOCATIONS	NUMBER OF HOSPITALS	NUMBER OF BEDS	NUMBER OF HOSPITALS WITH EMERGENCY ROOMS
Baltimore City	16	6,420	15
Allegany	3	598	3
Anne Arundel	2	352	2
Baltimore	4	1,259	4
Calvert	1	78	1
Caroline	-	-----	--
Carroll	1	120	1
Cecil	1	109	1
Charles	1	56	1
Dorchester	1	119	1
Frederick	1	201	1
Garrett	1	72	1
Harford	1	252	1
Howard	*(A new General Hospital is scheduled in 1973 at Columbia, Maryland)		
Kent	1	80	1
Montgomery	4	1,157	4
Prince George	3	603	3
Queen Anne's	-	-----	--
St. Mary's	1	75	1
Somerset	1	36	1
Talbot	1	196	1
Washington	1	368	1
Wicomico	1	315	1
Worcester	--	-----	--
TOTALS:	46	12,466	45

MILITARY HOSPITALS WITH EMERGENCY ROOMS

LOCATION - COUNTY	NUMBER OF HOSPITALS	NUMBER OF BEDS
Anne Arundel	2	225
Cecil	1	79
Harford	1	90
Montgomery	1	900
Prince George	1	350
St. Mary's	1	100
TOTALS:	7	1,744

TRAFFIC DEATHS IN MARYLAND

<u>Year</u>	<u>Traffic Deaths</u>	<u>Accum. Total</u>	<u>% of Change of Traffic Deaths from Previous Year</u>	<u>Traffic Deaths Death Rate per 100 MILLION Miles of Travel</u>	<u>Miles of Travel and % of Change From Previous Year</u>
1972	815	11759	+ 1%	3.4	23,627,000,000 +7%
1971	794	10943	+ 1%	3.6	22,067,000,000 +6%
1970	788	10149	- 1%	3.8	20,869,000,000 +6%
1969	799	9361	- 8%	4.1	19,649,000,000 +7%
1968	872	8562	+ 8%	4.8	18,291,000,000 +7%
1967	807	7690	+ 7%	4.7	17,055,000,000 +5%
1966	756	6883	+ 8%	4.6	16,258,000,000 +7%
1965	698	6127	+13%	4.6	15,172,000,000 +4%
1964	616	5429	+ 3%	4.2	14,523,000,000 +5%
1963	596	4813	+ 1%	4.3	13,844,000,000 +6%
1962	590	4217	+28%	4.5	13,032,000,000 +6%
1961	461	3627	-10%	3.7	12,338,000,000 +3%
1960	511	3166	- 2%	4.3	11,929,000,000 +3%
1959	524	2655	+ 3%	4.5	11,583,000,000 +5%
1958	508	2131	- 8%	4.6	11,075,000,000 +3%
1957	552	1623	+ .3%	5.1	10,799,000,000 +1%
1956	550	1071	+ 6%	5.2	10,662,000,000 +7%
1955	521		-.2%	5.2	10,004,000,000 +8%

Prepared by: Central Accident Records Division
Maryland State Police

ACCIDENT EXPERIENCE IN THE COUNTIES OF MARYLAND

Y E A R - 1 9 7 2

COUNTIES	TOTAL ACCIDENTS	FATAL ACCIDENTS	PERS. INJURY ACCIDENTS	PROP. DAMAGE ACCIDENTS	PERSONS KILLED	PERSONS INJURED
Allegany	1863	15	553	1295	17	828
Anne Arundel	9354	58	2948	6348	73	4765
Baltimore	20083	107	6232	13744	117	9977
Calvert	487	7	185	295	7	336
Caroline	380	6	123	251	6	190
Carroll	1337	11	483	843	11	824
Cecil	1707	28	591	1088	30	994
Charles	1623	30	614	979	37	1087
Dorchester	672	7	219	446	9	353
Frederick	2404	30	879	1495	38	1495
Garrett	565	14	206	345	17	363
Harford	3606	41	1182	2383	50	2091
Howard	2504	21	892	1591	25	1524
Kent	270	1	78	191	2	127
Montgomery	15386	51	4743	10592	54	6997
Prince George	21801	93	6443	15265	114	10355
Queen Anne	648	15	233	400	18	439
St. Mary's	1228	16	370	842	17	580
Somerset	391	5	148	238	5	248
Talbot	766	7	221	538	7	396
Washington	3241	30	955	2256	36	1506
Wicomico	1525	10	499	1016	11	835
Worcester	1212	9	338	865	9	535
County Totals	93053	612	29135	63306	710	46845
Balto. City Totals	37397	98	10601	26698	103	16776
STATE TOTALS:	130450	710	39736	90004	813	63621

MARYLAND TRAFFIC ACCIDENT FACTS

Y E A R -- 1 9 7 2

The State of Maryland experienced 130,450 traffic accidents during the year, and of these 710 were fatal, 39,736 non-fatal and 90,004 property damage.

During the year Maryland experienced 813 traffic deaths - this represents a 2% increase when compared with the figure for last year which was 795.

One (1) person was killed every 9 hours.

The counties with the highest number of traffic deaths were --

Baltimore	117
Prince George	114
Anne Arundel	73
Montgomery	54
Harford	50
Frederick	38
Charles	37
Washington	36
Cecil	30

Seven hundred ten (710) people died in the counties of Maryland and one hundred three (103) were killed in traffic accidents in Baltimore City.

These traffic tragedies aside from the human misery involved, represent an economic loss to the State of \$178,860,000.00.

A total of 63,621 persons were injured in traffic accidents in the State of Maryland during the year.

One (1) person was injured every 12 minutes.

Of the twenty three counties, the following had the highest traffic accident experience during the year: Prince George County 21,801; Montgomery County 15,386; Anne Arundel County 9,354; Harford County 3,606; Washington County 3,241; Howard County 2,504 and Frederick County 2,404.

The counties of Maryland experienced 93,053 traffic accidents during the year, of these 612 were fatal, 29,135 non-fatal and 63,306 resulted in property damage. Baltimore City experienced 37,397 traffic accidents, of these 98 were fatal, 10,601 non-fatal and 26,698 property damage.

Prepared by: CARD
Maryland State Police
March 16, 1973

SUPPLEMENT

ACCIDENT STATISTICS/AMBULANCE CONCENTRATION

(All figures shown are within State of Maryland)

A. Appalachia
(Garrett and Allegany Counties)

1. Total Number of Accidents (Maryland 1972)	=	2,428
a. Persons Killed	=	34
b. Persons Injured	=	1,191
2. Number of Ambulances	=	22

B. Mid-State
(Washington and Frederick Counties)

1. Total Number of Accidents (Maryland 1972)	=	5,645
a. Persons Killed	=	74
b. Persons Injured	=	3,001
2. Number of Ambulances	=	29

C. Metropolitan Baltimore
(Baltimore City, Baltimore County, Harford,
Carroll, Anne Arundel, Howard, Cecil and Kent)

1. Total Number of Accidents (Maryland 1972)	=	76,258
a. Persons Killed	=	411
b. Persons Injured	=	37,078
2. Number of Ambulances	=	116

SUPPLEMENT

D. Eastern Shore
(Talbot, Caroline, Dorchester, Wicomico,
Worcester, Somerset and Queen Anne's Counties)

1. Total Number of Accidents (Maryland 1972)	=	5,594
a. Persons Killed	=	65
b. Persons Injured	=	2,996
2. Number of Ambulances	=	50

E. Metropolitan Washington, D. C.
(Montgomery, Prince George's, Charles, Calvert
and St. Mary's Counties)

1. Total Number of Accidents (Maryland 1972)	=	40,525
a. Persons Killed	=	229
b. Persons Injured	=	19,355
2. Number of Ambulances	=	112

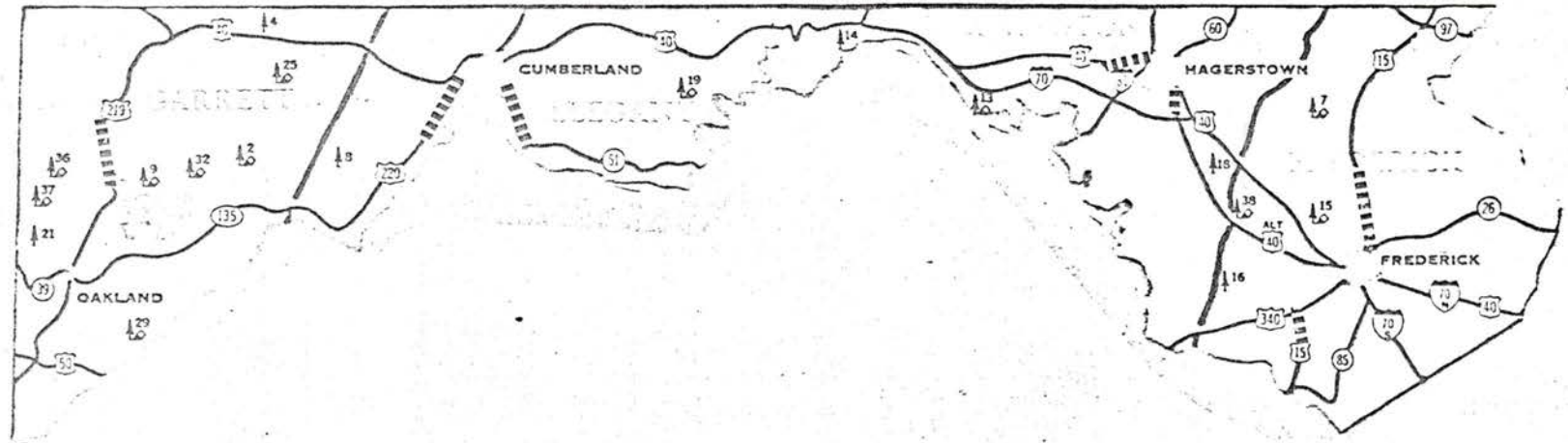
F. State of Maryland

1. Total Number of Accidents (1972)	=	130,450
a. Persons Killed	=	813
b. Persons Injured	=	63,621
2. Number of Ambulances	=	329

WESTERN MARYLAND

Region I and Region II

Mason and Dixon Line



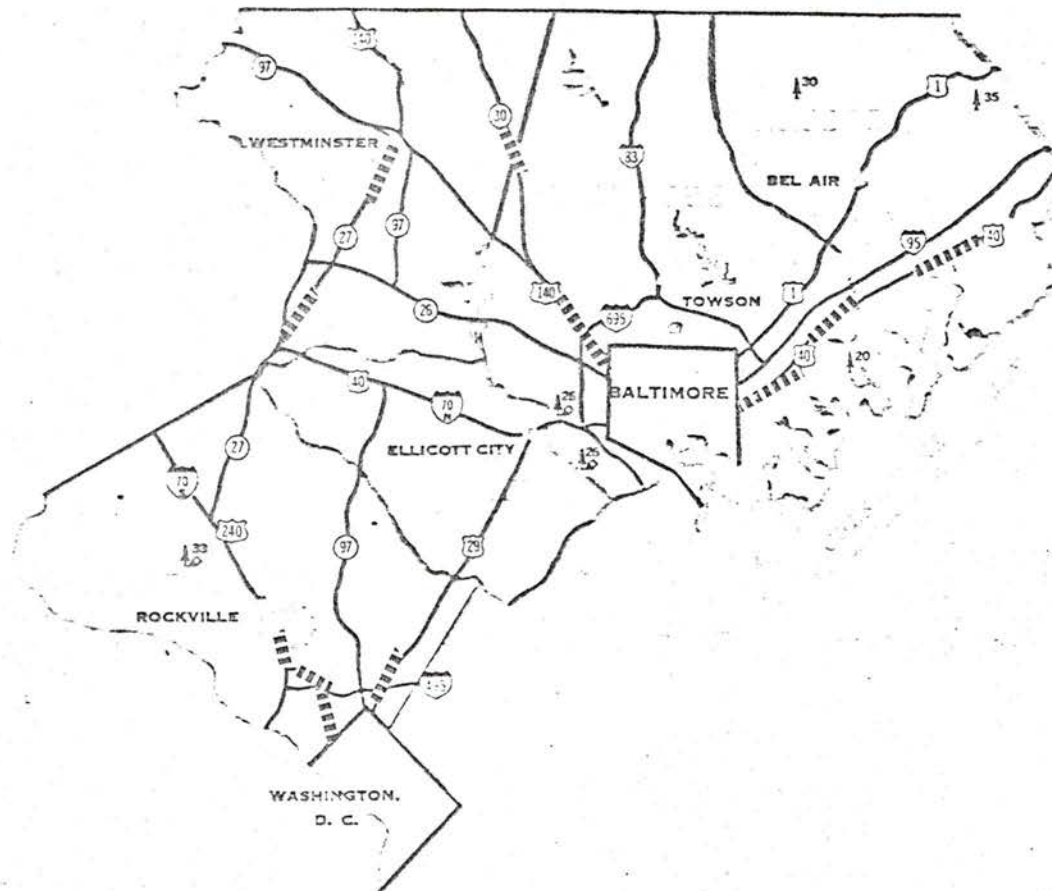
High Accident Locations (Non-intersection)

High Accident Locations (Non-intersection)

CENTRAL MARYLAND

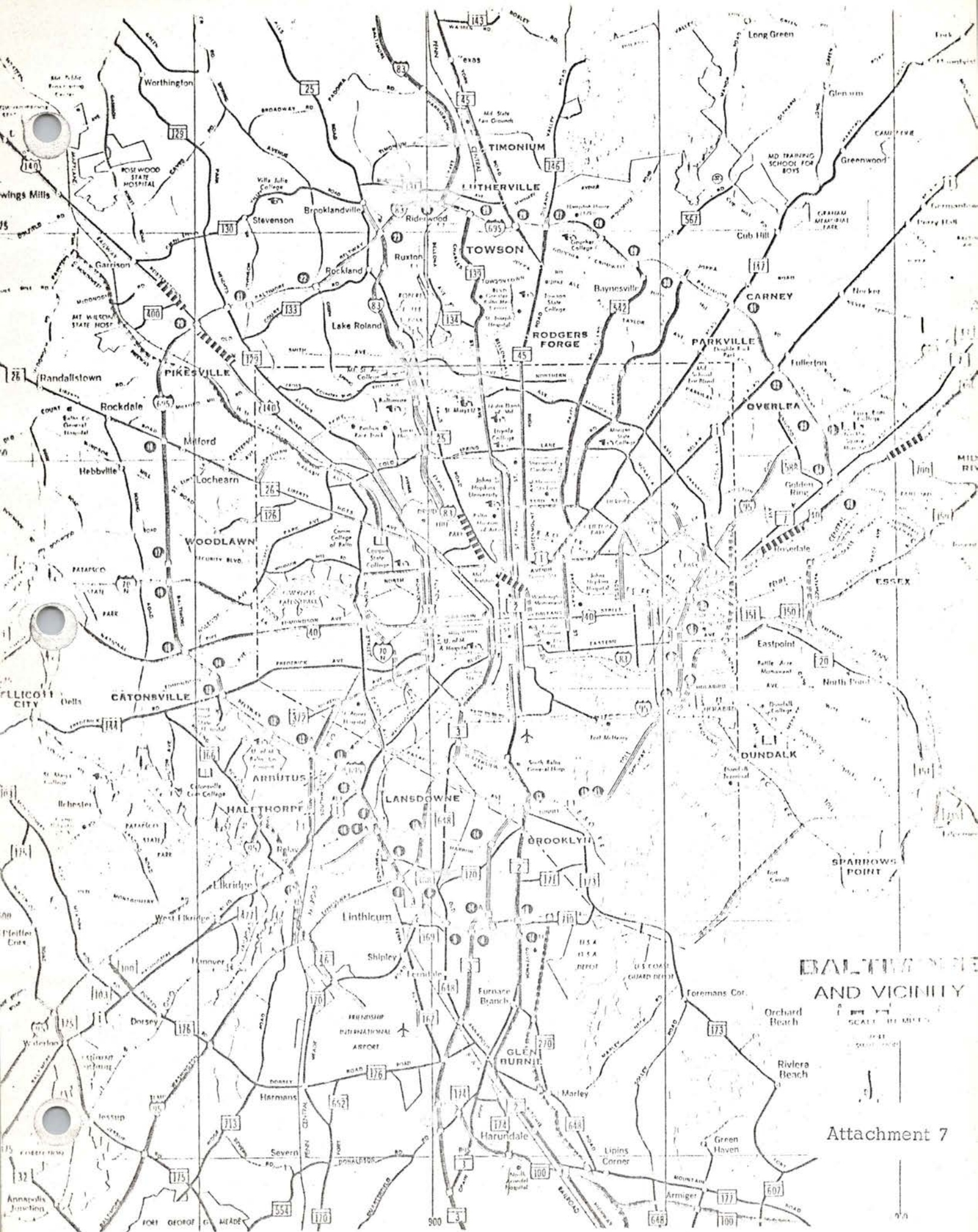
Region III - METROPOLITAN BALTIMORE

Mason and Dixon Line



Attachment 7

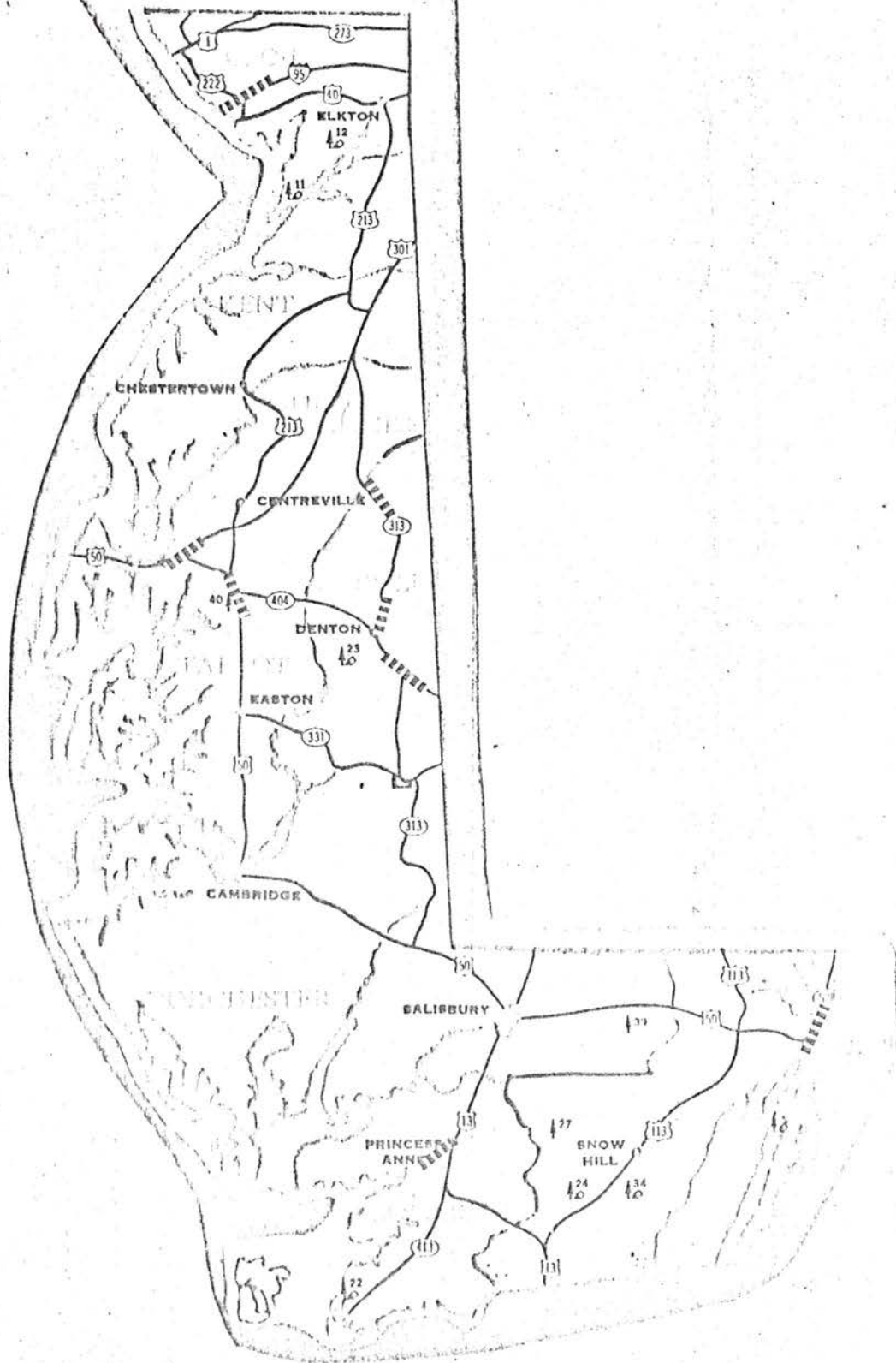
High Accident Locations (Non-intersection)



REGION III ~~ANNUAL~~ High Accident Locations (Non-intersection)

EASTERN SHORE

Region IV -- EASTERN SHORE

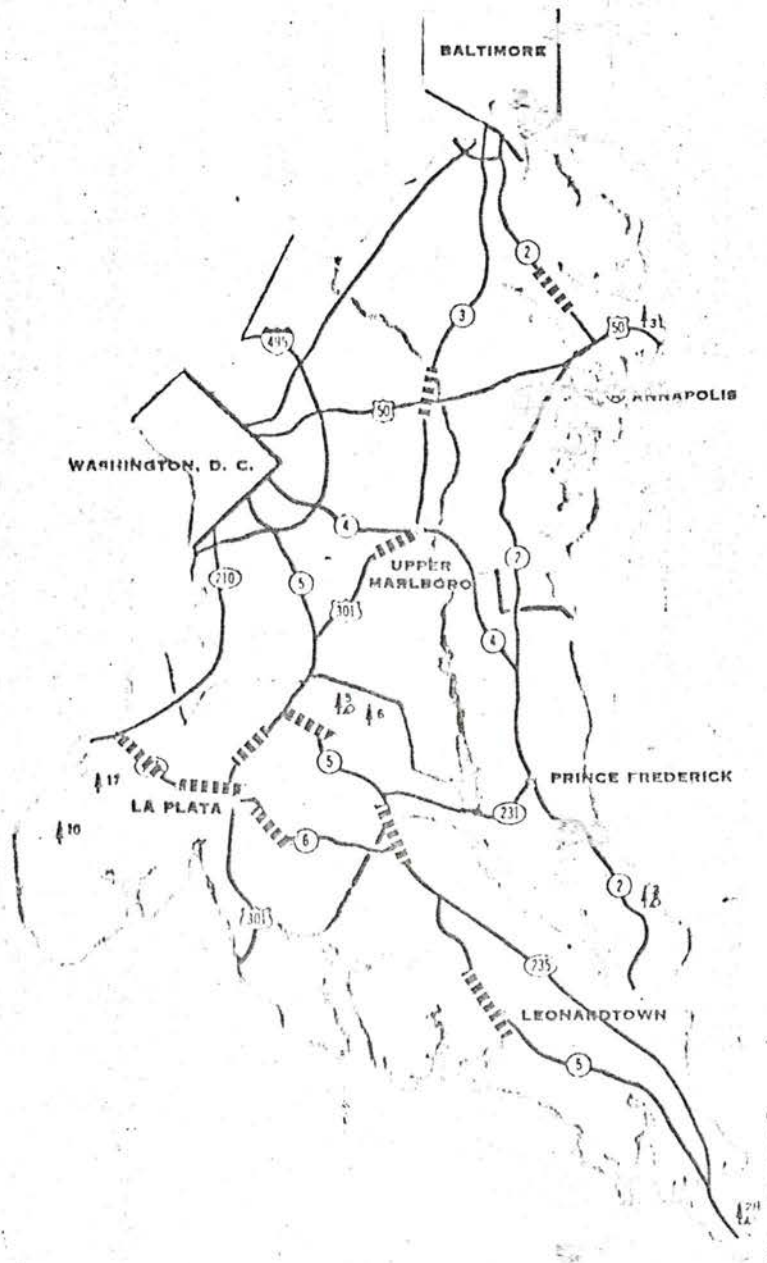


High Accident Locations (Non-intersection)

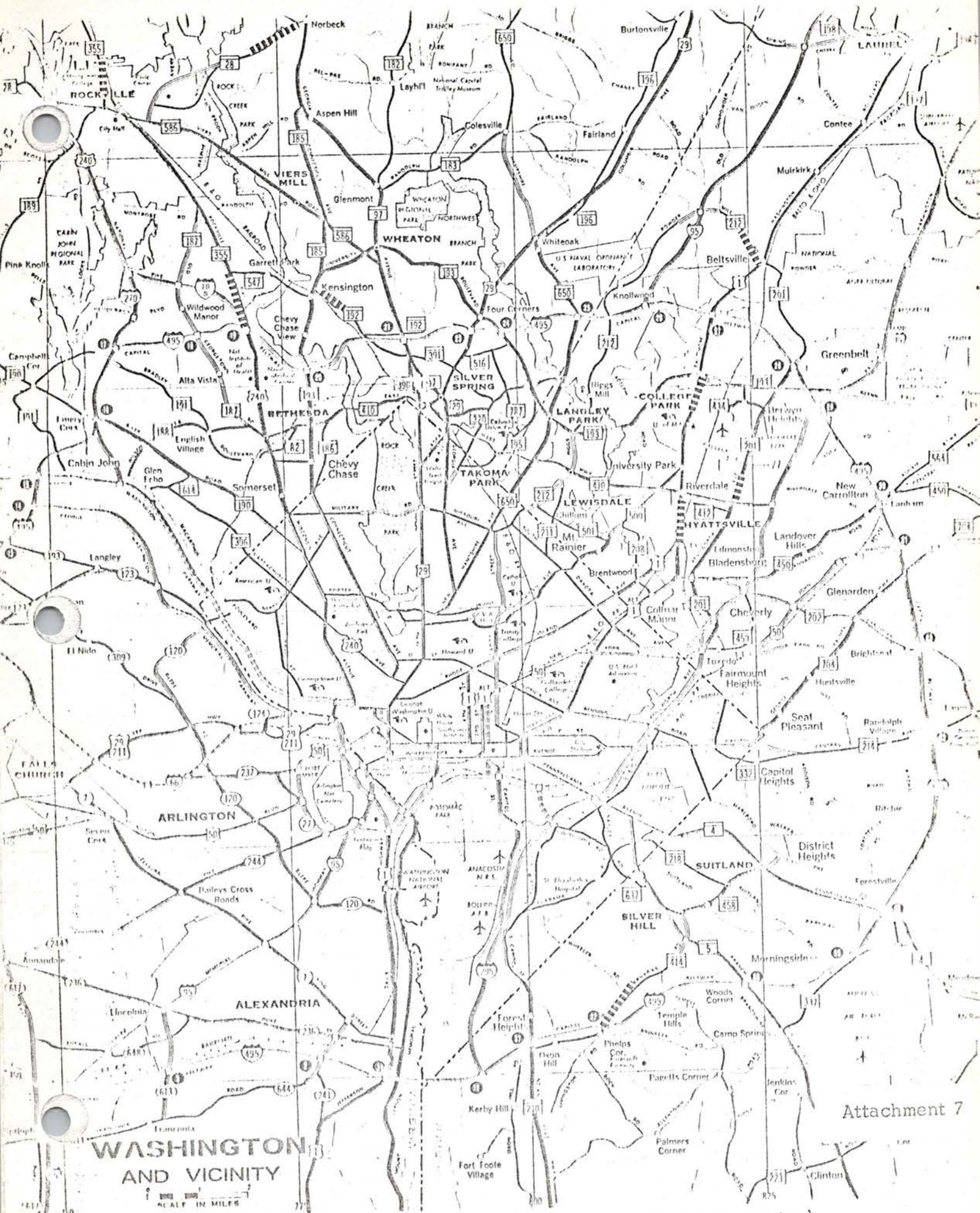
Attachment 7

SOUTHERN MARYLAND

Region V - METROPOLITAN
WASHINGTON, D. C.



High Accident Locations (Non-intersection)



Attachment 7

Region V

Source

High Accident Locations (Non-intersection)

DISTRIBUTION OF MEDICAL PERSONNEL

STATE OF MARYLAND

.....

COUNTY	PHYSICIANS	NURSES REGISTERED	EMT-A's
Baltimore City	1,745	2,444	163
Allegany	104	452	66
Anne Arundel	180	436	160
Baltimore	478	2,552	318
Calvert	10	27	2
Caroline	5	13	25
Carroll	60	129	51
Cecil	37	101	51
Charles	21	54	19
Dorchester	36	92	7
Frederick	69	230	72
Garrett	7	39	41
Harford	74	157	45
Howard	69	45	24
Kent	14	52	32
Montgomery	773	1,421	125
Prince George	318	754	177
Queen Anne	5	13	5
St. Mary's	19	55	25
Somerset	4	16	3
Talbot	53	115	2
Washington	113	389	100
Wicomico	94	290	40
Worcester	12	20	12
TOTALS:	4,300 (1)	9,896 (2)	1,565 (3)

(1) Medical & Chirurgical Faculty of Maryland, 1 June 1973

(2) Div. of Nursing, Md. State Dept. of Health & Mental Hygiene, 1 June 1973

(3) Div. of Emergency Health Services, Md. State Dept. of Hlth. & M.H., 1 June 1973



**DIVISION OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

22 S. GREENE STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 528-6846

Neil Solomon, M.D., Ph.D., Secretary

REVISED

A meeting of the Certification Committee of the Maryland Emergency Care Advisory Council was held July 6, 1971 at 25 South Calvert Street, Baltimore, Maryland. Members in attendance included Mr. Fred C. Drewery, Acting Chairman, Dr. Robert Wilder, Chief Martin McMahon, Chief Russell Palmer, Mr. T. N. Cunningham, and Mr. Robert Lynch. Mr. Drewery was elected permanent chairman.

The following qualifications for certification of Emergency Medical Technician Instructors and Emergency Medical Technicians were determined by the Committee.

Criteria for Emergency Medical Technician Instructor certification by the Maryland Emergency Care Advisory Council:

1. Be at least 21 years of age
2. Have a minimum of two years experience with a rescue squad, ambulance group, or fire department
3. Hold a current American Red Cross Instructor card or have held Instructor rating within past five years (or equivalent as determined by the Certification Committee of the Maryland Emergency Care Advisory Council)
4. Pass a written and practical test supervised by a member of the Certification Committee of the Maryland Emergency Care Advisory Council.

The above conditions for certification as an Emergency Medical Technician -- Instructor will be effective prior to July 1, 1972, on and after this date all potential Emergency Medical Technician Instructors must attend the University of Maryland course.

Criteria for Certification as an Emergency Medical Technician under the "Grandfather Clause"

1. Be at least 18 years of age
2. Have a minimum of two years experience with a rescue squad, ambulance group, or fire department
3. Must, at the time of examination, present a current, Advanced or Instructor Red Cross card. He must have received training in cardiopulmonary resuscitation, emergency childbirth, light rescue and auto extrication; ambulance equipment orientation to include oxygen, resuscitation and suction; and, satisfactorily be attending unit training programs conducted by the unit
4. Validity of training must be certified by the Unit Chief Officer
5. Pass a written and practical test supervised by a member of the Certification Committee of the Maryland Emergency Care Advisory Council or their authorized representative.

Personnel currently certified by the University of Maryland as Instructors or personnel passing the Instructor's certification as listed above, will be utilized in giving the examinations.

The above conditions for Emergency Medical Technician certification will be effective until July 1, 1973. On and after July 1, 1973, personnel coming into the emergency care system must complete either the course to be given by the University of Maryland at various locations throughout the State, or an equivalent course administered by one of the political subdivisions utilizing instructors certified as Emergency Medical Technician Instructors. These courses must be approved by the Certification Committee of the Maryland Emergency Care Advisory Council.

MARYLAND STATE DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
EMERGENCY HEALTH SERVICES

This certifies that

"SAMPLE" -- VOID

*has satisfactorily completed the EMERGENCY CARE I
course for Emergency Medical Technician-Ambulance for
coverage under Article 43, Paragraph 132, (Good Samaritan
Law) of the Annotated Code of Maryland.*

EXPIRES: _____

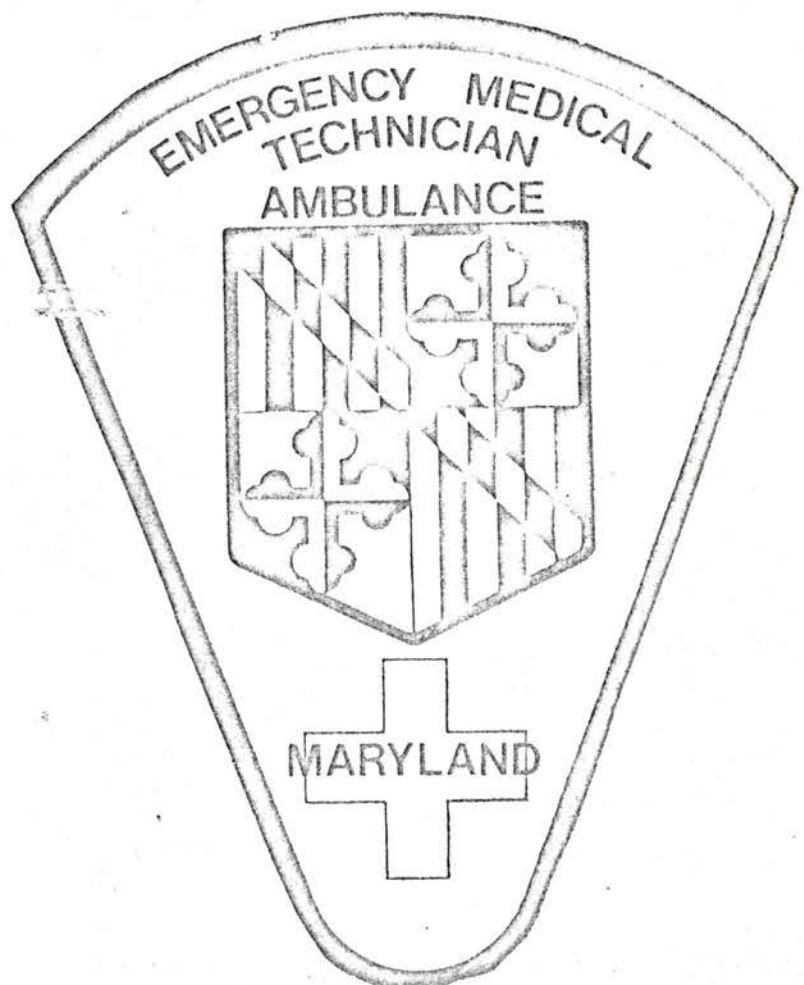
CHIEF, EMERGENCY HEALTH SERVICES

State of Maryland
EMERGENCY MEDICAL -
TECHNICIAN AMBULANCE

Identification No. From Good Thru

00000

JOHN DOE



Maryland State Department of Health & Mental Hygiene
E.M.T.-A. CERTIFICATE

This Is To Certify That

John Doe

Has Successfully Complied With The Standards Set Forth By

The Maryland State Department Of Health And Mental Hygiene

For A

MARYLAND EMERGENCY MEDICAL TECHNICIAN- AMBULANCE

As Evidenced By Proven Competence In Emergency Care Techniques

On This.....Day Of.....19.....

Neil Solomon

Secretary,
Maryland State Department of
Health and Mental Hygiene

sample



**DIVISION OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

22 S. GREENE STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 528-6846

Neil Solomon, M.D., Ph.D., Secretary

September 1973

TO: EMERGENCY MEDICAL TECHNICIAN-AMBULANCE
INSTRUCTORS, STATE OF MARYLAND

FROM: EMERGENCY MEDICAL SERVICES, MARYLAND STATE
DEPARTMENT OF HEALTH & MENTAL HYGIENE

SUBJECT: EMERGENCY MEDICAL TECHNICIAN-AMBULANCE
FINAL PRACTICAL EXAMINATION

Effective with the beginning of the Academic Year in September 1973, this new policy on the conduct of Practical Examinations will become effective:

1. All final Practical Examinations will be coordinated through Emergency Medical Services, Maryland State Department of Health & Mental Hygiene.
2. Only individuals who have successfully passed the Emergency Care I and Emergency Care II written examinations may take the Practical Examination.
3. All Practical Examinations must consist of four (4) problems as a minimum and five (5) at a maximum to include Fractures, Loads and Lifts, Airway Care and Bandaging.
4. As a matter of policy, whenever possible, outside Instructors will be brought in through the Division of Emergency Medical Services for the Practical Examination.

(continued)

SUBJECT: EMERGENCY MEDICAL TECHNICIAN-AMBULANCE
FINAL PRACTICAL EXAMINATION

5. All students must pass every Station of the Practical with a minimum score of three (3) at each Station. If a student receives a score of less than three (3) on just one Station, he or she may be retested in that area only. If he or she fails two (2) or more Stations, they must retake the entire Emergency Care II portion before they can be retested. Retests should also be coordinated through the Division of Emergency Medical Services.
6. A student must perform all tasks to the satisfaction of the Evaluator. Real or alleged physical limitations are not considered valid. If a physical limitation prevents a student from performing a particular task, he must perform the task after he has recovered from his ailment. After a successful performance, the student may pass the Practical Examination.
7. Practical Evaluation Sheets, with an explanation of the "1 to 5" grading system, are available from the Division of Emergency Medical Services. These forms, or an equivalent, should be used to grade students during the Practical evaluations.

COURSE OUTLINE

EMERGENCY MEDICAL TECHNICIAN - AMBULANCE

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Division of Emergency Health Services

LESSON - I Emergency Care Attendant--Role, Responsibilities and Equipment

Instructor _____

Date _____

LESSON - II Airway Obstruction and Pulmonary Arrest
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - III Cardiac Arrest
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - IV Mechanical Aids to Breathing and Pulmonary Resuscitation
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - V Written and Practical Test for Heart Association CPR Certification

Instructor _____

Date _____

LESSON - VI Bleeding and Shock
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - VII Wounds and Bandaging
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - VIII Injuries to the Chest, Abdomen, Pelvis and Genitalia
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - IX Injuries to Head, Face and Eye
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - X Injuries of the Neck and Spine
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XI Fractures of Upper Extremities
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XII Fractures of Lower Extremities
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XIII Lifting and Moving Patients

Instructor _____

Date _____

LESSON - XIV Environmental Emergencies
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XV Medical Emergencies I
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XVI Review Session
(Optional)

Instructor _____

Date _____

LESSON - XVII Written Final Exam for Emergency Care I

Instructor _____

Date _____

EMERGENCY CARE II

COURSE OUTLINE

EMERGENCY MEDICAL TECHNICIAN - AMBULANCE

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Division of Emergency Health Services

LESSON - XVIII Medical Emergencies II
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XIX Child Birth & Problems of Child Patients
(Physician)

Instructor _____

Date _____

Physician _____

LESSON - XX Responding to an Ambulance Call

Instructor _____

Date _____

LESSON - XXI Operations--Driving an Emergency Vehicle, Maintaining a Safe & Ready
Vehicle, Records & Reports, Communications

Instructor _____

Date _____

LESSON - XXII Emergency Room Procedures, Visit Emergency Room

Instructor _____

Date _____

LESSON - XXIII Ambulance Design--Use of Half & Full Back Board, Rope Sling

Instructor _____

Date _____

LESSON - XXIV Use of Forcible Entry Tools, Auto Extrication Drill

Instructor _____

Date _____

LESSON - XXV Review Session
(Optional)

Instructor _____

Date _____

LESSON - XXVI Written Final Exam, Emergency Care II

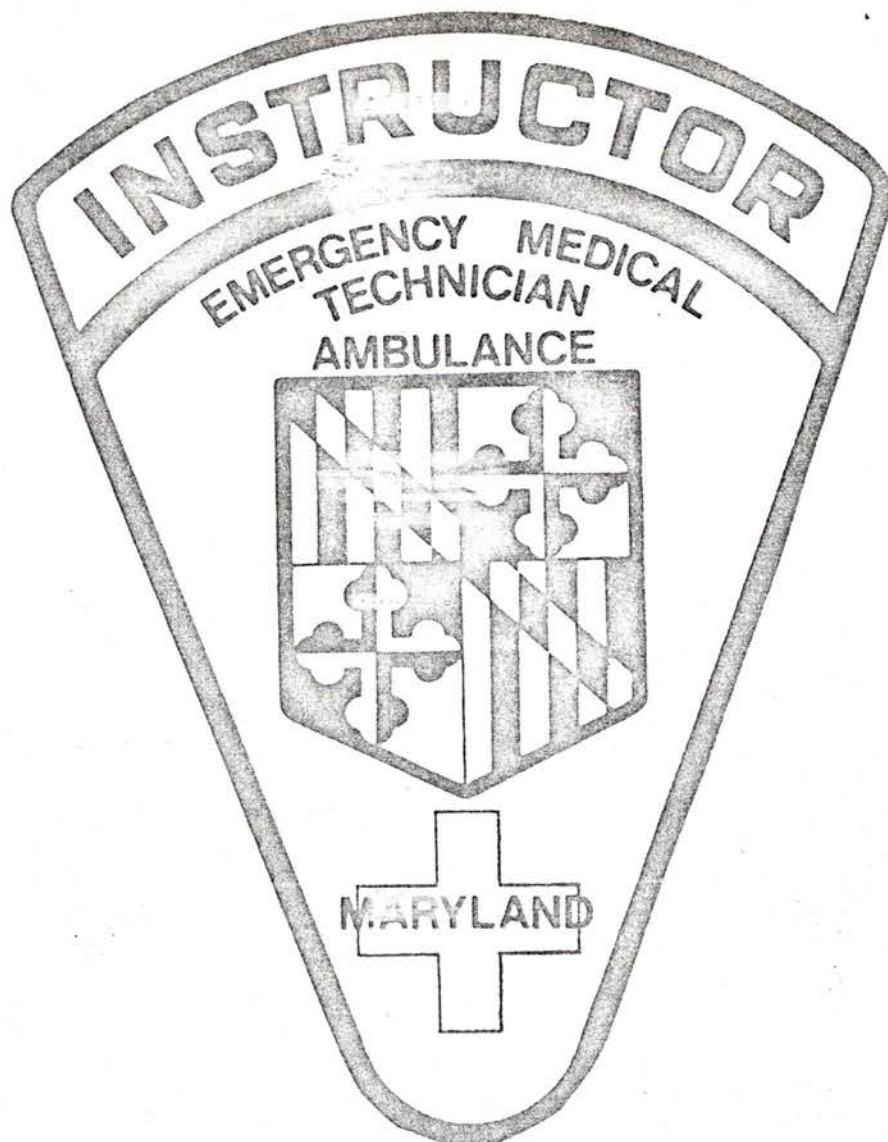
Instructor _____

Date _____

LESSON - XXVII Practical Final Exam, Emergency Care II

Instructor _____

Date _____



DIVISION OF EMERGENCY MEDICAL SERVICES

Maryland State Department of Health
and Mental Hygiene

22 South Greene Street

Baltimore, Maryland 21201

TRAINING PROGRAM EMT-A INSTRUCTOR

OVERVIEW:

The training of EMT-A Emergency Care Instructors is probably the major challenge facing the Emergency Care Program today and in the future. The need for a diversified and talented individual, who can communicate between the professional staff (physicians, nurses) and the EMT-A student, can never be over estimated.

In a final analysis, the EMT-A Instructor may be the key link in the Emergency Care Program. From previous training programs, we have noticed a tendency to emphasize Instructor Techniques and omit an intensive program to increase the Instructor candidate's personal knowledge about the subject he is instructing.

Certainly, Instructor Techniques or Methods should be covered in depth, but the assumption should never be made that the candidates know their material thoroughly or that the principles they will be teaching are consistent with the standards presently aimed for.

The program we are developing is assuming nothing. From our experience with the Instructors now available, we have discerned a pattern that generally differentiates between the average Instructor and the exceptionally talented Individual. Out of this pattern, the prerequisites for attendance were derived and are listed on Page 4.

Once a candidate has been selected, he or she is sent through approximately eight (8) days of training aimed at refining an already well trained person. The first four (4) days are concerned with Emergency Care Knowledge, covering the material that the Instructor will be required to teach. The rationale for this is that the Instructor should know much more about his subject matter than his students. In addition, the Emergency Care portion of the program insures that the same basic principles are understood and that the program will be consistent throughout the State.

The second portion of the Instructor Program will be four (4) days of Instructor Techniques. This program will cover the basics of any good "Techniques" Program (i.e., Psychology of Learning, Oral Communication, Speech Application, etc.). The main point here is that the "Techniques" follow the "Emergency Care" portion, thus allowing the students to have some practical application of the lessons they will have to prepare.

After a student has completed this basic training program, he or she will be required to assist a proficient and experienced Instructor with one entire course. This "internship" is designed to help the student develop confidence and to iron out the "bugs" or "kinks" that arise during any training program.

Satisfactory completion of all three phases will result in an individual being certified and registered as an EMT-A Instructor, State of Maryland.

An important aspect that the Physicians and Lay Instructors must be aware of is that they are dealing with qualified and professional students

during this program. The enthusiasm and preparation that they exhibit will determine the ultimate success of the Instructor Training Program. All Physicians and Lay Instructors should acquaint themselves with the prerequisites that all their students have met and gauge their lectures accordingly to an advanced level.

The program, as developed, is purposely versatile so that the required instruction can be presented in eight (8) consecutive days, four weekends, or any combination consistent with the overall program. The combination selected will be based first on the need for Instructors in a geographical area and secondly on the problems of attendance that occur with a volunteer system.

The total program consists of sixty-two (62) hours of classroom training and eighty-one (81) hours of internship. The first portion, "Emergency Care Techniques", consists of nineteen (19) hours of lecture and ten (10) hours of practical work for a total of twenty-nine (29) hours. The second portion, "Methods of Instruction", is composed of eleven (11) hours of lecture and twenty-two (22) hours of practical work, compiling thirty-three (33) hours. After successful completion of the first two portions, the Instructors will be assigned to assist in an EMT-A Course as an Intern. Hopefully, this internship will refine the Instructors' techniques and given them the confidence they will need in their own program.

INSTRUCTOR PREREQUISITES

.....

- Must have current EMT-A certification in the State of Maryland
- Must have been certified as a Heart Association Cardiopulmonary Resuscitation Instructor within the preceding two (2) years
- Must have two (2) years of teaching experience or current Instructor rating in a recognized organization equaling two (2) years
- Must have passed the basic "Emergency Care" Knowledge Test. (This test will be administered to qualified applicants prior to the start of the Instructor Program.)
- Must be willing to teach one (1) EMT-A Course in a two (2) year period in order to maintain certification

"DAY ONE"
RECOMMENDED SCHEDULE

.....

8:30 - 9:00	Registration and Opening Exercises
9:00 - 10:00	Human Anatomy (Lecture)
10:00 - 10:15	B R E A K
10:15 - 11:15	Human Anatomy (Lecture)
11:15 - 11:45	Film: "Injury Production and Prevention in the Crash"
11:45 - 12:45	L U N C H
1:00 - 5:00	Autopsy (Physician)
5:00 - 6:00	D I N N E R
6:00 - 7:00	Examination and Triage at the Scene of an Accident (Lecture, Physician)

"DAY TWO"
RECOMMENDED SCHEDULE

... ..

9:00 - 10:00	Circulatory and Respiratory System: (Lecture, Physician)
10:00 - 10:15	B R E A K
10:15 - 11:15	Mechanical Aids to Breathing and Re- suscitation (Lecture, Lay Instructor)
11:15 - 11:45	Film: "Pulse of Life"
11:45 - 12:45	L U N C H
12:45 - 1:45	Injuries to the Skeletal System (Lecture, Physician)
1:45 - 2:45	Applied Treatment of Fractures (Prac- tical Demonstration, Lay Instructor)
2:45 - 3:00	B R E A K
3:00 - 4:00	Traumatic Shock and Treatment After a Violent Injury (Lecture, Physician)
4:00 - 5:00	D I N N E R
5:00 - 6:00	Care of the Unconscious Patient in Tran- sit (Lecture, Physician)
6:00 - 7:00	Injuries to Chest and Abdomen (Lecture, Physician)

"DAY THREE"

RECOMMENDED SCHEDULE

.....

9:00 - 10:00

Soft Tissue Injuries (Lecture,
Physician)

10:00 - 10:15

B R E A K

10:15 - 11:15

Emergency Childbirth and Treatment of
Post Delivery Patients in Normal De-
liveries (Lecture, Physician)

11:15 - 12:15

Abnormal Childbirth - Complications
and Treatment (Lecture, Physician)

12:15 - 1:15

L U N C H

1:15 - 2:15

Medical Emergencies (Lecture, Physi-
cian)

2:15 - 3:15

Environmental Emergencies (Lecture,
Physician)

3:15 - 3:30

B R E A K

3:30 - 4:30

Principles of Loads, Lifts and Carries
(Lecture, Lay Instructor)

4:30 - 5:30

Practical Exercises in Loads, Lifts and
Carries

"DAY FOUR"
RECOMMENDED SCHEDULE

.....

8:30 - 12:30

Auto Extrication Techniques and Equipment (Lay Instructor)

12:30 - 1:30

L U N C H

1:30 - 2:30

Administrative and Support Material for
Emergency Care Courses (Lecture, Lay
Instructor)

2:30 - 4:30

Written Test on Emergency Care Knowledge

"DAY FIVE"
RECOMMENDED SCHEDULE

.....

8:30 - 9:00	Orientation to Instructor Training Course
9:00 - 10:00	Psychology of Learning
10:00 - 10:15	B R E A K
10:15 - 11:15	Oral Communication
11:15 - 12:15	Voice Development
12:15 - 1:15	L U N C H
1:15 - 2:15	Effective Listening
2:15 - 3:15	Introduction to Speech Application
3:15 - 3:30	B R E A K
3:30 - 4:30	Supervised Preparation of Lessons

"DAY SIX"
RECOMMENDED SCHEDULE

... ..

8:00 - 12:00 Application of First Lesson

12:00 - 1:00 L U N C H

1:00 - 3:00 Lesson Planning

3:00 - 3:15 B R E A K

3:15 - 5:15 Audio Visual Aids

5:15 - 6:15 Workshop in Graphic Arts

"DAY SEVEN"
RECOMMENDED SCHEDULE

.....

8:00 - 12:00

Application of Second Lesson

12:00 - 1:00

L U N C H

1:00 - 2:00

Application of Second Lesson-
Continued

2:00 - 3:00

Methods of Evaluation

3:00 - 3:15

B R E A K

3:15 - 5:15

Training Conference Method

"DAY EIGHT"
RECOMMENDED SCHEDULE

.....

8:00 - 12:00

Application of the Third Lesson

12:00 - 1:00

L U N C H

1:00 - 3:00

Application of the Third Lesson-
Continued

3:00 - 3:15

B R E A K

3:15 - 3:45

Demonstration Method

3:45 - 4:15

Practical Exercise Method

4:15 - 5:15

Program Development

5:15 - 5:45

Closing Exercises

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #1

.....

SUBJECT: Human Anatomy

LECTURE TIME: Two (2) Hours

LECTURER: (Physician)

OBJECTIVE: To provide students with a scope of body organs, systems and their inter-relationships. These lectures are preparatory for the autopsy and thus should be presented in the normal sequence that is followed in an autopsy.

PRESENTATION:

- Chest Cavity
- Abdomen
- Neck and Spinal Cord
- Skull

MATERIALS AND
HANDOUTS: "The Wonderful Human Machine" by American Medical Association

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #2

.....

SUBJECT: Autopsy

PRACTICAL TIME: Four (4) Hours

LECTURER: (Physician)

OBJECTIVE: To enable students to visibly see and work with the organ systems they will be instructing on.

PRESENTATION: Students should be allowed to assist the Physician, handle the vital organs and tissues. Also, students will use basic dissection equipment to examine the organs and tissues.

MATERIALS: Simple and compound microscopes
Scaples
Dissection needles
Slides

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #3

... ..

SUBJECT: Examination and Triage at the Scene of an Accident

LECTURE TIME: One (1) Hour

OBJECTIVE: To enable the students to perform basic diagnosis relating to trauma.

PRESENTATION: Signs and symptoms relating to an acute abdomen, pulse, variation, shock. Students should be instructed as to which condition should receive priority treatment and transportation.

HIGH PRIORITY

- Airway and breathing difficulties
- Cardiac arrest
- Uncontrolled bleeding
- Severe head injuries
- Open chest or abdominal wounds
- Severe medical problems (poisoning)
- Severe shock

SECOND PRIORITY INJURIES

- Burns
- Major multiple fractures
- Back injuries with or without spinal cord damage

LOWEST PRIORITY INJURIES

- Minor fractures
- Other minor fractures
- Obviously mortal wounds in which death appears reasonably certain
- Obviously dead patients

MATERIALS AND
HANDOUTS:

Optional

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #4

.....

SUBJECT: Circulatory and Respiratory System: Cardiac
and/or Pulmonary Arrest

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To refine and update the students knowledge of
cardiac and pulmonary arrest.

PRESENTATION: Since all the students are EMT-A's and C.P.R.
Instructors, this session should take on the
format of a discussion on problems and advice
between the Physician and students.

MATERIALS: Resusci-Anne
Heart model
"The Wonderful Human Machine"

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #5

.....

SUBJECT: Mechanical Aids to Breathing

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: To make students aware of the different types and the limitation of the ventilators used on an ambulance.

PRESENTATION: Instructor should point out the key characteristics of the "Bag Mask, Demand Valve, Positive Pressure Resuscitator" and various suction devices and their limitations.

MATERIALS:

- Bag Mask
- Robert Shaw Demand Valve
- Airway adjuncts
- Suction equipment
- Oxygen equipment

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #6

... ..

SUBJECT: Injuries to the Skeletal System

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To develop an advanced understanding of bone composition, the musculo-skeletal system, types of joints, anatomy of fractures and secondary complications in each major area of the body.

PRESENTATION: The Physician should give a basic review of bone composition and the musculo-skeletal system. The major emphasis should be placed upon secondary complications of spinal and long bone fractures. The possible steps that an EMT-A can take in controlling the injury site.

MATERIALS: Optional

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #7

... ..

SUBJECT: Applied Treatment of Fractures of the Extremities to include the Neck

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: To demonstrate various splinting devices and indications for use and non-use of the various splints.

PRESENTATION: Instructor should cover the use of pneumatic splints, traction splints, wooden splints.

MATERIALS:

- Pneumatic splints
- Traction splints
- Thomas Half-Ring
- Rigid splints
- Gauze and padding
- Pillow
- Blanket
- Triangular bandages
- Cervical collars

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #8

.....

SUBJECT: Traumatic Shock and Treatment After a Violent Injury

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To increase the students' knowledge of shock resulting from trauma. This area is aimed primarily as an informational session to facilitate the Instructor candidates' ability to teach this subject to his prospective students.

PRESENTATION: Special information should be presented relating to trauma at different locations in the body and possible complications arising as related to shock.

MATERIALS: Left to the discretion of the Instructor.

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #9

.....

SUBJECT: Care of the Unconscious Patient in Transit

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To appraise the students of the special problems arising with unconscious victims of a sudden onset.

PRESENTATION: Physician should give professional advice regarding the positioning, airway care and vital signs that an EMT-A Instructor should know and transmit to his students.

MATERIALS: Optional

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #10

.....

SUBJECT: Injuries to Chest and Abdomen

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To enable students to distinguish and treat the various injuries involving the chest and abdomen.

PRESENTATION: Sucking chest wound with and without rib fractures
Flail chest
Internal hemorrhage
Protruding objects

MATERIALS: Kling dressings
Sand bags
Aluminum foil
Bandages

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #11

.....

SUBJECT: Soft Tissue Injuries: Wounds and Bandaging
to include injuries to the Head, Face and
Eyes

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To instruct students in the fine points required
to teach bandaging skills to their students.

PRESENTATION: Instructor should explain proper bandaging funda-
mentals with variations for effective teaching to
students.

MATERIALS:

- Kling dressings
- Cervical collar
- Cups (paper)
- Bandages
- 4 x 4 dressings

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #12

.....

SUBJECT: Emergency Childbirth and Treatment of Post
Delivery Patients in Normal Deliveries

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To instruct students in female anatomy relating
to normal delivery and the normal sequence.

PRESENTATION: Should cover obstetrical terms
Equipment and supplies
Emergency Care procedures
Delivery and care of baby during delivery
Clamping and cutting umbilical cord
Resuscitation of infant

MATERIALS: O. B. Manikin
O. B. charts and teaching aids
O. B. Kit
Aspirator

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #13

... ..

SUBJECT: Abnormal Childbirth - Complications and Treatment

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To help students understand the problems of abnormal delivery and recommended techniques of assistance.

PRESENTATION: Physician should cover various types of abnormal deliveries and emergency procedures. Care of mother and infant; premature babies and transportation.

MATERIALS: O. B. Manikin
Premature infant carrier
O. B. Kit
Aspirator

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #14

.....

SUBJECT: Medical Emergencies

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To enable students to differentiate between and treat poison victims, bites and sting symptoms, stroke, dyspnea, diabetics, epileptics.

PROCEDURE: Physician should cover definite care for the common emergencies and role of the EMT-A in these particular situations.

MATERIALS:

- Mouth gags
- Oxygen equipment
- Elder valves
- Airways

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #15

... ..

SUBJECT: Environmental Emergencies

LECTURE TIME: One (1) Hour

LECTURER: (Physician)

OBJECTIVE: To enable students to handle burn victims, heat cramps and exhaustion, frostbite, drowning, explosions.

PROCEDURE: Physician should cover the recommended procedures for an EMT-A while transporting patients suffering from environmental accidents.

MATERIALS: Oxygen equipment
Elder valves
Airways

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #16

.....

SUBJECT: Loads, Lifts and Carries

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: To insure that all the students know and understand the basic principles of moving and transporting injured patients.

PRESENTATION: To cover the transportation of patients with injuries of the cervical, thoracic, lumbar and pelvic regions to include affected extremities.

MATERIALS:

- Short spine board
- Long spine board
- Orthopaedic stretcher
- Traction splints (Hare)
- Thomas Leg Splint
- Ambulance
- Stair chair
- Blankets
- Cervical collars

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #17

... ..

SUBJECT: Practical Exercises in Loads, Lifts and Carries

PRACTICAL TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: To have students master the skills of proper movement with injured patients.

PRESENTATION: Students working in teams of three, should be presented with problems covering involved situations.

MATERIALS:

- Short spine board
- Long spine board
- Orthopaedic stretcher
- Traction splints (Hare)
- Thomas Leg Splint
- Ambulance
- Stair chair
- Blankets
- Cervical collars

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #18

.....

SUBJECT: Auto Extrication

PRACTICAL TIME: Four (4) Hours

LECTURER: (Lay Instructor)

OBJECTIVE: To acquaint students with various extrication equipment.

PRESENTATION: To cover the pro's and con's of using various equipment on a damaged vehicle.

MATERIALS:

- Two wrecked vehicles
- Hurst Tool
- Ten-Ton Porta Power
- K - Bar - T Set
- Short spine board
- Orthopaedic stretcher
- Cervical collars

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #19

.....

SUBJECT: Administrative and Support Material for
Emergency Care Courses

LECTURE TIME: One (1) Hour

LECTURER: (Representative of Emergency Health Services)

OBJECTIVE: To advise students of regulations and materials
available for Training Programs.

PRESENTATION: To cover payroll papers, contacts for starting
a Course, training aids and foot lockers.

EMERGENCY CARE
INSTRUCTOR LESSON PLAN #20

.....

SUBJECT: Written Test on Emergency Care Knowledge

TEST TIME: Two (2) Hours

LECTURER: (Administrator from Emergency Health Services)

PRESENTATION: A comprehensive two hundred (200) question test
on Emergency Care (written).

MATERIALS: Test pamphlets
Pencils

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #1

.....

SUBJECT: Psychology of Learning

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: To cover the nature of teaching and learning;
definition and types of learning, principles
of learning, limiting factors; role of the
Instructor; use of motivation.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #2

.....

SUBJECT: Oral Communication

LECTURE TIME: One (1) hour

LECTURER: (Lay Instructor)

OBJECTIVE: To cover effective speaking techniques; relationships between the speaker and the listener; analysis of the mechanics of speech for clarity.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #3

.....

SUBJECT: Voice Development

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Demonstration and explanation of oral reading as a remedial method of eliminating voice deficiencies; developing an effective oral delivery. Stress is on proper breathing, pacing, emphasizing variety, enunciation, followed by a student practical exercise.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #4

.....

SUBJECT: Effective Listening

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Identification and explanation of the ten most common listening deficiencies; ingredients of concentration. Discussion and explanation of methods and techniques that eliminate this barrier to learning.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #5

.....

SUBJECT: Introduction to Speech Application

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Procedures and guidance in selecting and limiting a subject; planning a series of lessons; writing performance objectives; organizing subject in outline format; establishing time material relationships; selecting methods.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #6

.....

SUBJECT: Supervised Lesson Preparation

PRACTICAL TIME: Two (2) Hours

LECTURER: (Lay Instructor)

OBJECTIVE: Participants plan each Lesson they will teach in the Course; monitors analyze Lessons for objectives, teaching points, logical sequence, time material relationships. Participants rehearse for fluency, positiveness and enthusiasm.

MATERIALS: Forms for Lesson Plans

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #7

.....

SUBJECT: Application of First Lesson

PRACTICAL TIME: Four (4) Hours

LECTURER: (Lay Instructor)

OBJECTIVE: Participants present a five (5) minute Lesson. Each Lesson is recorded for playback and is critiqued by group and monitor. Stress is on appearance, self-confidence, enthusiasm, audience contact, voice. Monitor will demonstrate how to correct deficiencies.

MATERIALS: Tape recorder

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #8

.....

SUBJECT: Lesson Planning

PRACTICAL TIME: Two (2) Hours

LECTURER: (Lay Instructor)

OBJECTIVE: Preparation of a Lesson Plan; parts to include introduction, development and summary. Emphasis is on unity, coherence and clarity. To serve as an introduction to the second application phase with a discussion of the advantages and disadvantages of a lecture and how to overcome the disadvantages. Participants write their Lesson Plans during the second hour.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #9

... ..

SUBJECT: Audio-Visual Aids

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Demonstration of a variety of aids; definition, functions and characteristics of an effective aid; factors to consider in the selection and evaluation of a good aid.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #10

.....

SUBJECT: Workshop in Graphic Aids

PRACTICAL TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Fabrication of expedient aids related to the
ten minute lecture with questions. Monitor
evaluates aids; emphasis is on clarification
of ideas through visual aids.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #11

... ..

SUBJECT: Application
PRACTICAL TIME: Five (5) Hours
LECTURER: (Lay Instructors)

OBJECTIVE: Participants present a ten minute lecture with questions. Presentations are recorded for playback; oral and written critiques. Stress introduction, logical sequence, explanations, selection and use of aids, checking understanding, class management and summary. Personal qualities are reviewed for effectiveness.

MATERIALS: Tape recorder

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #12

.....

SUBJECT: Methods of Evaluation

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Identification and explanation of methods of evaluation; reasons for testing; categories and types of tests used in a Training Program; characteristics of an effective test; student survey systems.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #13

... ..

SUBJECT: Training Conference Method

LECTURE TIME: One (1) Hour

PRACTICAL TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Demonstration and clarification of the training conference method; its place in the instructional program; procedures in preparing and conducting a training conference. Emphasis is on clear cut objectives, selection of predetermined headings, thought provoking questions, questioning technique, students participation. Participants will prepare a conference lesson plan during the second hour. Monitors analyze Lesson Plans and materials.

MATERIALS: Note Pads

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #14

.....

SUBJECT: Application

PRACTICAL TIME: Six (6) Hours

LECTURER: (Participants)

OBJECTIVE: Participants conduct a fifteen minute training conference on Emergency Care. Lessons are critiqued by group and Monitor. Emphasis is on control of discussion through proper build up, clear questions, questioning technique, follow up questions and periodic summaries. Monitors demonstrate how to force and control class participation.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #15

.....

SUBJECT: Demonstration Method

LECTURE TIME: Thirty (30) Minutes

LECTURER: (Lay Instructor)

OBJECTIVE: Explanation of the "Demonstration" method; functions, parts and uses of the demonstration method. Discussion of the steps in preparing and conducting a demonstration.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #16

.....

SUBJECT: Practical Exercise Method

LECTURE TIME: Thirty (30) Minutes

LECTURER: (Lay Instructor)

OBJECTIVE: Identification of training levels; requirements for skill development; description and use of practical exercise method; steps in preparing and conducting a practical exercise.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #17

... ..

SUBJECT: Program Development

LECTURE TIME: One (1) Hour

LECTURER: (Lay Instructor)

OBJECTIVE: Identification of the steps in developing a course of instruction; selection of tasks for training; review of performance objectives; explanation of a program of instruction; training schedules; lesson plans and use of reference materials.

MATERIALS: Optional

METHODS OF INSTRUCTION
INSTRUCTOR LESSON PLAN #18

.....

SUBJECT: Closing Exercises

LECTURE TIME: Thirty (30) Minutes

LECTURER: (Lay Instructor)

OBJECTIVE: Review of course and information regarding
teaching assignments, certification.

MATERIALS: Optional

The following is the text of the voluntary ambulance standard adopted by the Maryland State Fireman's Association at their annual convention, June 1973, Ocean City, Maryland.

* * * *

"Each ambulance, at all times when in use as such, shall conform with these Rules and Regulations provided by the Maryland State Firemans Association from the standpoint of health, training, sanitation, and equipment.

"Each ambulance shall contain equipment conforming with the Rules, Regulations provided ~~for~~ herein. Said equipment shall be in good condition. The equipment on each ambulance and all records relating to its maintenance and operation as such, shall be open for inspection at any reasonable time to a duly authorized representative of the Maryland State Firemans Association.

"On and after January 1, 1975, every ambulance belonging to a member Company of the Maryland State Firemans Association, when operated on a mission in the State of Maryland, shall be occupied by at least one (1) Attendant, 18 years of age or older, and one (1) Attendant-driver. All attendants must possess a valid Emergency Medical Technician-Ambulance certificate issued by the Department of Health

and Mental Hygiene or an Advanced First Aid certificate issued by the American Red Cross. The Attendant must ride in the patient compartment during any transport.

"The Ambulance Committee of the Maryland State Firemans Association shall inspect the medical equipment and supplies required of ambulances when it deems such inspection is necessary, at least once yearly, and shall have maintained a record thereof. Upon determination by the Ambulance Committee of the Maryland State Firemans Association based upon an inspection, that the required medical supplies or equipment fail to meet the requirements of these By-Laws, the member company shall be notified and after thirty (30) days, if the ambulance does not meet the Standards, the membership of the company concerned shall be suspended.

"It shall be the duty of the registered member company of the vehicle concerned that the provisions of this Article and all regulations adopted under the authority of this Article shall be complied with. The Maryland State Firemans Association shall have the power to suspend, upon written notice, by Registered Mail, delivered to the member company, the membership of that member company.

"The Maryland State Firemans Association or its delegated representative is authorized to suspend a company's membership so issued at any time it determines that the member company is proven to be in violation or no longer meets the qualifications as prescribed under this Article.

"Any company whose membership has been suspended by the Maryland State Firemans Association may appeal in writing within fifteen (15) days to the President of the Maryland State Firemans Association for a hearing. Said hearing is to be held by the Executive Committee of the Maryland State Firemans Association within fifteen (15) days of receipt of notification. The member company will be notified by Registered Mail as to the date, place and time of said hearing.

"Every ambulance shall be equipped with the medical supplies and equipment specified as to the following:

AMBULANCE EQUIPMENT

1. A half-ring lower extremity splint with webbing ankle hitch.
2. Two or more padded board splints, 48 inches by 3 inches and two (2) or more similar splints 36 inches by 3 inches or a material comparable to four-ply wood for coaptation splinting of fracture of the leg or thigh, or pneumatic splints.
3. Two (2) or more padded 15-inch by 3-inch wood splints or pneumatic splints for fracture of the forearm.
4. Back boards, or equivalent.
5. Two oxygen supplies; one portable, one fixed with all

oxygen delivery equipment fitted for medical oxygen equipment only.

- a. Portable Unit. Not less than 300-liter capacity located near a door for ready use outside shall be equipped with a yoke, pressure gauge, flowmeter (not gravity dependent), delivery tube, and oxygen masks. The unit should be capable of delivering an oxygen flow of at least 10 liters/min. Two (2) extra size "D" cylinders of equivalent shall be available.
- b. Installed Unit. An oxygen supply of at least 3,000 liters must be provided and be accessible for replacement, preferably from outside the patient compartment working space, weight 127.5 lbs., length 48 inches. At least one O₂ wall outlet shall be provided with a plug-in flowmeter, humidifier, and delivery tube. At the cylinder, there should be a reducing valve (from 2,000 lbs. per sq. inch cylinder pressure to 50 lbs. per sq. inch line pressure) with pressure gauge.

- c. Oxygen masks (with or without bags) should be semi-open, valveless, transparent, disposable (or easy to clean and decontaminate) and in sizes for adults, children and infants.

6. Two suction means should be available:

- a. Piped Suction. Installed suction should be powerful enough to provide an air flow of over 30 liters per minute at the end of the delivery tube and a vacuum of over 300 mm Hg to be reached within 4 seconds when the tube is clamped. The suction force should be controllable for use on children and intubated patients. The suction source must be reliable from the engine manifold, with a vacuum reservoir chamber in the line between vacuum source and wall outlet. A wall outlet shall be provided.

- b. Portable Suction.

7. A hand operated bag-mask resuscitation unit which can be attached to an oxygen supply with adult, child and infant size masks.

8. Mouth-to-mouth, two-way resuscitation airways for adult and children.

9. Oropharyngeal airways (infant, child and adult sizes).
10. Mouth gags made of three tongue blades taped together.
11. Universal dressing (larger than 4-inch by 4-inch).
12. Sterile gauze pads (24 assorted).
13. Roll, 1 each, 2- and 3-inch adhesive tape on cylinders.
14. Three-inch by 5 yard soft roller-type bandages (4).
15. Triangular bandages (24 each).
16. Shears for bandages.
17. Pillows (2 each).
18. Two sandbags about 3 inches in width, 3 inches in thickness, and 12 inches in length.
19. Cot, with mattress and four (4) wheels and adjustable head position plus one folding stretcher.
20. Three or more blankets constructed of cotton or other non-conductive material.
21. "NO SMOKING" sign posted in patient compartment of the vehicle.
22. Roll of aluminum foil, 18 inches by 25 feet, sterilized and wrapped.
23. Two sterile burn sheets.
24. Poison kit, Universal antidote.

25. Six (6) thirty-minute road flares.
26. Two (2) 6-volt hand lights.
27. One (1) CO₂ fire extinguisher, 5 lbs., or dry chemical,
5 lbs.
28. Dual I.V. holder.
29. Emesis basin.
30. Toilet or facial tissue.
31. Sterile OB kit consisting of:
 - 1 - large towel or receiving blanket
 - 1 - pair sterile disposable rubber gloves
 - 6 - sterile gauze pads (min. 3 x 3)
 - 2 - Kelly clamps or sterile ties
 - 6 - sanitary napkins
 - 1 - bulb syringe
 - 1 - pair scissors, bandage or surgical, blunt.
32. Portable First Aid Kit consisting of the following:
 - 24 - sterile gauze pads (min. 3 x 3)
 - 1 - 2" adhesive tape (min. 5 yds.)
 - 1 - bite stick
 - 12 - cravats (triangular bandages)
 - 1 - resusitube (child size)

1 - ring cutter

1 - scissors

2 - tourniquets

4 - roller gauze bandages (1" minimum 5 yds.)

4 - roller gauze bandages (2" minimum 5 yds.)

4 - roller gauze bandages (3" minimum 5 yds.)

SANITATION STANDARDS

1. The interior of the ambulance and the equipment within the ambulance shall be sanitary and maintained in good working order at all times.
2. Equipment shall be of smooth and easily cleanable construction.
3. Freshly laundered linen or disposable sheets and pillow cases or their equivalent will be used in transporting patients and changed after each use. At least one (1) complete change will be carried on the ambulance at all times.
4. Adequate and clean storage for linen, disposable sheets, pillow cases or their equivalent shall be provided on each ambulance.
5. First aid supplies will be stored in a clean container, free from dust, insects and rodents.

6. Pillows and mattresses shall be kept clean and in good repair. Moisture-proof protective covers shall be provided.
7. Suitable containers shall be provided for soiled supplies.
8. Ambulance interior shall be cleaned after each use.
9. Exterior surfaces of the ambulance shall be kept clean.
10. Blankets used in any ambulance shall be cleaned at reasonable intervals.
11. Implements inserted in a patient's nose or mouth shall be single-service wrapped, and properly stored and handled. When multiple-use items are used, sanitizing of such articles must be taken.
12. All storage spaces used for storage of linen, disposable sheets, pillow cases, or their equivalent, also equipment, first aid supplies and other supplies, at base stations or in ambulances shall be kept clean and free from unnecessary articles. At base stations contents shall be at least 12 inches above the floor or otherwise arranged so as to permit thorough cleaning. This also prevents possible contamination when floors are being cleaned."

THE HEALTH LAWS OF MARYLAND

1970 Cumulative Supplement

Art. 43, § 132.

Liability for civil damages of physicians, nurses and members of fire departments or ambulance and rescue squads.

(a) A physician who renders medical aid, care, or assistance not in a hospital, under emergency conditions at or near the scene of an accident or other occurrence for which he charges no fee or compensation, shall not be liable for any civil damages as the result of any professional act or omission by him not amounting to gross negligence.

(b) The member of any fire department or volunteer ambulance and rescue squads shall not be liable for damages as provided in subsection (a) hereof, if the members completed an advanced Red Cross or equivalent course in first aid approved by the Secretary of Health and Mental Hygiene and are members of any fire department or a volunteer ambulance and rescue squad which (1) is a bona fide and permanent organization and (2) is operated as a nonprofit group.

(c) Registered nurses and licensed practical nurses shall have the same immunity from civil damages as are provided in subsection (a) hereof. (1963, ch. 65; 1964, ch. 48; 1965, ch. 475; 1967, ch. 749; 1969, ch. 616; 1970, ch. 736.)

Editor's note. -- Chapter 729, Acts 1970, effective July 1, 1970, amended subsection (b) of former § 149A, containing provisions similar to those of present § 132.

CHAPTER.....

A BILL ENTITLED

AN ACT to add new Section 122 (b) (5) to Article 43 of the Annotated Code of Maryland (1971 Replacement Volume), title "Health," subtitle "Practitioners of Medicine," to follow immediately after Section 122 (b) (4) thereof, allowing certain paramedics in ~~Montgomery and Prince George's Counties~~, ENGAGED IN CARDIAC RESCUE PROGRAMS, upon meeting certain standards set by the Board of Medical Examiners, to practice medicine without a license; providing for the expiration of this Act on June 30, 1975; and generally relating thereto.

1 SECTION 1. *Be it enacted by the General Assembly of Maryland,*
2 *That new Section 122 (b) (5) be and it is hereby added to Article*
3 *43 of the Annotated Code of Maryland (1971 Replacement Volume),*
4 *title "Health," subtitle "Practitioners of Medicine," to follow im-*
5 *mediately after Section 122 (b) (4) thereof, and to read as follows:*

1 122.

2 *(b) (5) In ~~Montgomery and Prince George's Counties~~, cardiac*
2a *CARDIAC rescue technicians defined as paramedics WHILE DE-*
3 *LIVERING EMERGENCY HEALTH CARE SERVICES UNDER*
4 *A CARDIAC RESCUE TECHNICIAN PROGRAM AND who:*

5 *(i) have successfully completed an advanced cardiac rescue tech-*
6 *nician course, the standards of which are set by the Board and*
7 *Commission;*

8 *(ii) are trained by licensed physicians and a registered nurse to*
9 *carry out all phases of cardio-pulmonary resuscitation, to admin-*
10 *ister drugs via radio, telemetry, written, or oral authorization of*
11 *licensed physicians, and to administer intravenous solutions under*
12 *written or oral authorization of licensed physicians; and*

13 *(iii) have been examined and certified as Cardiac Rescue*
14 *Technicians by ~~licensed physicians of the Montgomery County Medi-~~*
15 *cal Society or the Prince George's County Medical Society THE*
16 *BOARD and will be recertified annually by same.*

EXPLANATION: *Italics indicate new matter added to existing law.*

[Brackets] indicate matter stricken from existing law.

CAPITALS indicate amendments to bill.

Strike out indicates matter stricken out of bill.

SENATE BILL NO. 899

1 SEC. 2. *And be it further enacted, That the provisions of para-*
2 ~~graph (5)~~ THIS ACT shall not extend or apply after June 30, 1975.

1 SEC. 3. *And be it further enacted, That this Act shall take effect*
2 July 1, 1972.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.

JOINT RESOLUTION

WHEREAS, to improve the quality and capability of providing quality emergency medical services (EMS) throughout the State of Maryland, the Maryland Division of Emergency Medical Services, Department of Health and Mental Hygiene, is establishing five EMS regions within the State; and

WHEREAS, one such region is necessary for the Mid-Maryland area including Frederick and Washington Counties; and

WHEREAS, there are mutual benefits that can be gained by Frederick and Washington Counties from agreed-upon coordination of emergency medical services within the region; and

WHEREAS, there are funds available from private foundations, the State of Maryland, and the Federal Government to help develop regional EMS communications facilities and services, and applications for such funds must be made on a regional basis by a regional applicant agency; and

WHEREAS, in recognition of these facts, the Boards of County Commissioners of Frederick County and of Washington County, Maryland desire to establish a coordinated emergency medical service within the two counties;

NOW, THEREFORE BE IT RESOLVED, that the Boards of County Commissioners of Frederick County and of Washington County, Maryland, do hereby establish the "Mid-Maryland Emergency Medical Services

Region" to be composed of Washington and Frederick Counties, said region being established solely and expressly for the purpose of providing coordinated emergency medical services of a high quality for all citizens of the two counties; and

BE IT FURTHER RESOLVED, that the Mid-Maryland Emergency Medical Services Region shall be governed by an "Administrative Board" composed of a majority of each of the Boards of County Commissioners of Washington County and Frederick County or their

designated alternates, each Board of County Commissioners selecting its own members to serve on the Administrative Board; and

BE IT FURTHER RESOLVED, that the Administrative Board

shall appoint a "Mid-Maryland Emergency Medical Services Regional Advisory Council" composed of equal representation from Washington and Frederick Counties in conformance with the guidelines developed by the Maryland State Department of Health and Mental Hygiene, said Advisory Council to recommend to the Administrative Board the monies required, policies, guidelines, rules, regulations, and procedures necessary for the efficient and effective operation of the regional emergency medical services; and

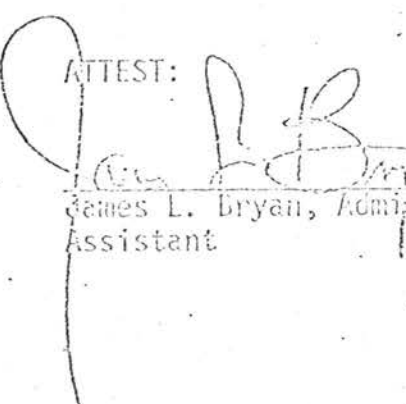
BE IT FURTHER RESOLVED, that in recognition of the need to provide on-going financial support above and beyond that furnished by other sources, local funds needed for the operation of the Mid-Maryland Emergency Medical Services Region shall be borne equally

by Washington and Frederick Counties, and shall be included in an annual Budget prepared by the Administrative Board and submitted to the Boards of County Commissioners of Frederick and Washington Counties for approval; and

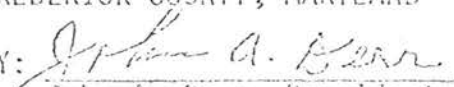
BE IT FINALLY RESOLVED, that the Boards of County Commissioners of Washington County and of Frederick County do hereby recognize the formation of, and express their appreciation to, the Mid-Maryland Emergency Medical Services Coordinating Committee, said Committee having diligently prepared a proposal to the Robert Wood Johnson Foundation on behalf of the Mid-Maryland EMS Region for funds to improve the region's EMS communications system, and the two Boards of County Commissioners do hereby delegate to that Coordinating Committee the task of seeking qualified nominees from each County to be appointed by the Administrative Board to serve on the EMS Regional Advisory Council.

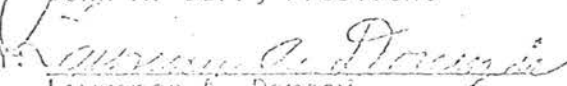
APPROVED AND PASSED THIS 13th day of August, 1973.

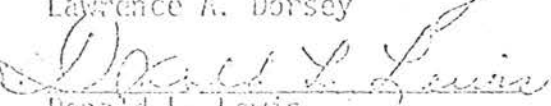
ATTEST:


James L. Bryan, Administrative Assistant

BOARD OF COUNTY COMMISSIONERS OF
FREDERICK COUNTY, MARYLAND

BY: 
John A. Berr, President

BY: 
Lawrence A. Dorsey

BY: 
Donald L. Lewis

APPROVED AND PASSED this day of August, 1973.

ATTEST:


James L. Bryan, Administrative Assistant

BOARD OF COUNTY COMMISSIONERS OF
WASHINGTON COUNTY, MARYLAND

BY: 

BY:

Harold L. Boyer

BY:

John Easterday

BY:

Rome F. Schwagerl

BY:

Calvin H. Schenk

THE REGIONAL EMERGENCY MEDICAL SERVICES (EMS) COUNCIL

PURPOSE:

The purpose of the Regional EMS Council will be to act as a self-contained group of responsible individuals who can spearhead the organization, operation, and management of a quality emergency health care delivery program in their community. Serving as advisors to all providers of emergency care, the Council will utilize and further develop all community resources to provide any individual the very best of care within the "state of the art" regardless of where the injury or illness occurred. Rehabilitation will be an important facet of EMS care to return the citizen to active life. This can be done by providing continuity of emergency health care delivery from the origin of the problem using the latest techniques in communication and transportation to an appropriate facility capable of providing the care needed.

Each Regional EMS Council will assist the State Director of Emergency Medical Services in further developing, supporting, and coordinating his region with the other regional systems. As part of the statewide EMS system the region can call on any other part of the EMS system for support in times of disaster or further evacuation of a patient to Specialty Referral Centers.

In addition to being a key element in implementing the State EMS Plan, the Regional EMS Council will perform total hospital EMS evaluation and will provide detailed patient flow and transfer patterns for coronary care, trauma, poisonings, pediatric crisis, burns, psychiatric problems, and acute illness. The Council will be approved by the Division of Emergency Medical Services.

RESPONSIBILITIES:

The Regional EMS Council will develop the necessary subcommittees to deal with hospital evaluation and categorization of hospitals in their region as the Regional EMS Center, Areawide EMS Centers, and Local EMS Centers. In addition, the Regional Council will assist in developing laws necessary to carry out the plan by also selecting subcommittees in communication, transportation, training and professional education, evaluation and program monitoring and public education.

MEMBERSHIP:

The Council will consist of representatives from (1) the provider, (2) the consumer, (3) the local government, and (4) EMS coordinators.

Provider:

A. Membership - one representative from each of the following:

- | | |
|---------------------------|---------------------------|
| 1. Physician | 6. Police |
| 2. Nurse | 7. Ambulance/Rescue |
| 3. Hospital Administrator | EMT representative |
| 4. Fire Department | 8. Coroner |
| 5. Civil Defense | 9. County Medical Society |

B. Function

1. Implement and further develop the state EMS plan according to regional needs
2. Provide suggestions and feedback to the EMS Director
3. Develop support at community level

Consumer:

A. Membership - one representative from:

1. News Media
2. Business (banker, industrialist, etc.)
3. Legal (attorney, judge, etc.)
4. Organizations (labor, farm bureaus, service clubs, PTA)
5. School Board (for program development at elementary and secondary school levels; for example, CPR in addition to first-aid)

B. Function - provide support and evaluation at the community level and above all, become a participant at all levels.

Community Government:

A. Membership

1. Local, county, state and federal (for example, county commissioners - one representative from each county involved in the region)
2. Areawide health planning agency (one representative from each CHP agency involved in the region)

B. Function

1. Legislation
2. Budget

3. Public Education
4. Arbitration (political & jurisdictional)

EMS Coordinators:

A. Membership

1. EMS Nurse
2. EMS EMT
3. Office - Secretary and Clerks

B. Function

1. Perform the administrative details as developed by the EMS Council
2. Liaison between region and chief coordinator
3. Assist in developing, coordination, and training EMT's, nurses, and physicians in the region
4. Act as liaison agent between hospitals, emergency room physicians, fire departments, ambulances, rescue squads, and community
5. Act as expert practitioner in EMS and assist in the organization and implementation of the system
6. Coordinate the EMS registry

NOMINATIONS AND DURATION OF APPOINTMENTS:

The local areawide health planning agency of the Comprehensive Health Planning Agency will have the authority to make the initial nominations for the Regional EMS Council. One elected member will be appointed Chairman and will be a physician.

The duration of appointments for the first Council will be for one, two, or three years. As each subsequent appointment is made after the initial election the appointments will be made for three years each to give continuity to the Council. No member may serve more than two terms.

BYLAWS:

The bylaws will be the same as those used by the Comprehensive Health Planning Agency for the first meeting. Hence, the Regional EMS Council may amend, develop new, or use the same CHP bylaws as they see fit.

LOCAL EMS COUNCILS:

Experience now indicates that there is a need in some regions because of population density, interstate problems, and geographic distances for smaller EMS councils to insure local representation. The Local EMS Councils will be established and organized in the same manner and have the same requirements as the Regional EMS Council. The Local EMS Council will report as a unit to the Regional EMS Council.

M.A.A.R.S.
CONCEPTUAL DESIGN

SYSTEM OVERVIEW

The Maryland Automated Accident Reporting System (MAARS) as initially conceived is for the development of an accident reporting system for total state application. Within this initial concept was the desire to automate a paper highway inventory maintained by the State Roads Commission for the purpose of generating a more accurate accident location identification procedure. The highway inventory once automated, will provide the necessary data for deriving a unique code for each intersection, bridge, or railroad crossing on a given highway. In a like manner, by determining the mileage and direction of travel from the scene of an accident to any intersection on that highway, a location code can be generated for the identification of the accident scene. There is the capability in this coding structure to identify the accident scene to within 1/100th of a mile.

With the completion of the highway inventory automation for the pilot area, a computer output microfilm (COM) technique was used to structure a microfilm file for high speed access of the location data. The application concept is to locate a microfilm viewer with each police radio dispatcher in the pilot area. In this manner an investigating officer, during the pilot, can radio the names of the intersecting roads at the reference intersection when leaving the scene of an accident and the dispatcher will then return the location code for this intersection. The officer will record this data on the accident report along with the mileage reading (distance) from the scene to this intersection and the direction of travel.

[Another aspect involved in the test relates to the capture of the accident data using voice recorders. The initial concept called for the use of portable recording devices, however, preliminary research indicated that central voice recording facilities should be tested in parallel with the portable. Therefore, the central facility is composed of two recording units hooked in series with a rotor and tied into a telephone line number. The officer investigating an accident will use a structured outline sheet (Pilot Accident Report Form) for capturing the required data. As soon as the total range of information is collected (the form is complete), the officer may stop at any telephone and dial the recording system number. As soon as a recorder is seized he then dictates the data from the structured outline in sequence. The recorded data will then be transcribed using an optical character recognition (OCR) font typewriter and special report forms. At specific periods the typed forms will be scanned on an OCR reader in order to generate the computer data file. After the reports are scanned they would be sent to Central Accident Records Division for final filing.]

[For the portable recorders, the structured outline (pilot form) will also be used. (This will be necessary because many courts require the officer's original notes be used in testimony as opposed to a typed copy.) When the required information on the outline is complete, the officer will record the data on the portable. Before going off duty that shift, the recorded media will be sent to the transcribing facility. Once received at the OCR typing center, it will be transcribed and handled in the same manner as outlined above.]

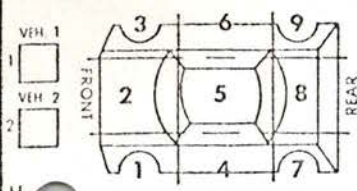
The techniques and procedures stated above, along with other updates to

the existing accident reporting system, are being implemented in Anne Arundel County for the purpose of a total system test. This pilot test is necessary for determining feasibility of the aforementioned innovations, as well as for shaking down a final approach to be taken for a statewide implementation. The duration of the pilot is scheduled for six months. During this period any necessary modifications to the implemented procedures and hardware will be made in an effort to arrive at an effective and efficient accident reporting system. There are several goals to be achieved by the system, however, many of these procedures are geared toward eliminating the currently essential clerical functions of the officer thus providing him more time for patrol of the highway.

In Summary, the scope of the project includes, 1) the analysis and documentation of the existing system, 2) the identification, evaluation, and incorporation of accident data user needs, 3) the development of a new reporting form for statewide use that will satisfy user requirements and comply with the National Highway Safety Bureau Standard 310 (Traffic Records), as well as, 4) the innovative feasibility research and application in the location system, voice recording, and OCR computer input.

A. 001776	MOTOR VEHICLE ACCIDENT REPORT										2		
LOCAL AREA CASE NO.		DATE MO. DAY YR.		TIME (MILITARY)		DAY OF WEEK		REPORT TYPE		1. Traffic Accident 2. Parking Lot 3. Private Property 4. Other Non-Traffic		COUNTY CODE	
3		4		5		6		7		8		9	
TIME NOTIFIED (MILITARY)		ACCIDENT SEVERITY		ACCIDENT TYPE		SUBSEQUENT EVENTS		ACCIDENT HAPPENED					
10		11		12		13		14		15		16	
17		18		19		20		21		22		23	
24		25		26		27		28		29		30	
31		32		33		34		35		36		37	
38		39		40		41		42		43		44	
45		46		47		48		49		50		51	
52		53		54		55		56		57		58	
59		60		61		62		63		64		65	
66		67		68		69		70		71		72	
73		74		75		76		77		78		79	
80		81		82		83		84		85		86	
87		88		89		90		91		92		93	
94		95		96		97		98		99		100	

Attachment 15b.

POINT OF IMPACT		AREAS DAMAGED		VEHICLE CONDITION		DRIVER ACTION	
		VEHICLE ONE 3 ☐ ☐ ☐ VEHICLE TWO 4 ☐ ☐ ☐		VEHICLE ONE 5 ☐ ☐ VEHICLE TWO 6 ☐ ☐		VEH 1 7 ☐ VEH 2 8 ☐	
10 Undercarriage Damage 11 Overturned 12 Totaled 13 None or Unkn. 14 Other		ILLUMINATION 1 ☐ 1. Daylight 2 ☐ 2. Dawn 3 ☐ 3. Dusk 4 ☐ 4. Darkness (St. lights on) 5 ☐ 5. Darkness (St. lights off) 6 ☐ 6. Darkness (No lights) 7 ☐ 7. Unknown		WEATHER 1 ☐ 1. Clear 2 ☐ 2. Cloudy 3 ☐ 3. Foggy 4 ☐ 4. Raining 5 ☐ 5. Snowing 6 ☐ 6. Severe Wind 7 ☐ 7. Other 8 ☐ 8. Unknown		SURFACE TYPE 3 ☐ 1. Concrete 2 ☐ 2. Macadam 3 ☐ 3. Asphalt 4 ☐ 4. Gravel 5 ☐ 5. Brick 6 ☐ 6. Dirt 7 ☐ 7. Other	
CONDITION VEHICLE ONE 9 ☐ ☐ ☐ VEHICLE TWO 10 ☐ ☐ ☐		ROADWAY SURFACE 4 ☐ 1. Wet 2 ☐ 2. Dry 3 ☐ 3. Snowy 4 ☐ 4. Icy 5 ☐ 5. Muddy 6 ☐ 6. Other 7 ☐ 7. Unknown		ROAD CONDITION 5 ☐ 1. No Defects 2 ☐ 2. Defective Shoulder 3 ☐ 3. Holes, Ruts, etc. 4 ☐ 4. Foreign Material 5 ☐ 5. Loose Surface Material 6 ☐ 6. Obstruction not lighted 7 ☐ 7. Obstruction not signaled 8 ☐ 8. Flood, Landslide, etc. 9 ☐ 9. Road Under Construction			
PED. NO. 1 J1		PEDESTRIAN NAME (FIRST, MIDDLE, LAST) 2		DATE OF BIRTH MO. 3 DAY 4 YR. 5		SOCIAL SECURITY NO. 6	
ADDRESS (NUMBER & STREET) 7		CITY 8		STATE 9		ZIP CODE 10	
PEDESTRIAN MANEUVER 12 ☐ 01. Crossing or Entering Roadway at Intersection 02. Crossing or Entering Roadway Not at Intersection 03. Walking on Road With Traffic 04. Walking on Road Against Traffic 05. Plying		06. Standing 07. Cutting On or Off Vehicle 08. Pushing or Working On Vehicle 09. Other Working 10. Hitch Hiking 11. Approaching or Leaving School Bus Zone 12. Unknown 13. Other		PEDESTRIAN CONDITION 13 ☐ 1. Apparently Normal 2 ☐ 2. Had Been Drinking 3 ☐ 3. Physical Defects 4 ☐ 4. Other Handicaps 5 ☐ 5. Condition Unknown 6 ☐ 6. Ill 7 ☐ 7. Fatigued 8 ☐ 8. Apparently Asleep 9 ☐ 9. Using Drugs		COLOR OF PED'S. CLOTHING 14 ☐ 1. Light 2 ☐ 2. Dark 3 ☐ 3. Mixed 4 ☐ 4. Retro Reflective 5 ☐ 5. Unknown	
PEDESTRIAN TRAFFIC CONTROLS PRESENT 1. Walk/Don't walk electric 2. Pushbutton Pedestrian Control 3. Crosswalk 4. Uniform crossing guard 5. Student crossing guard 6. No control present		FUNCTIONING NOT FUNCTIONING 15 ☐ 16 ☐		PEDESTRIAN LOCATION AT TIME OF ACCIDENT 17 ☐ 1. Shoulder 2 ☐ 2. Curb 3 ☐ 3. Sidewalk 4 ☐ 4. Outside of Right-of-Way 5 ☐ 5. On Roadway In Crosswalk 6 ☐ 6. On Roadway Not in Crosswalk 7 ☐ 7. In School Bus Zone 8 ☐ 8. Unknown		PEDESTRIAN POST-CRASH LOCATION 18 IS _____ FEET FROM THE POINT OF IMPACT. 19 ☐ 1. North 2 ☐ 2. South 3 ☐ 3. East 4 ☐ 4. West 5 ☐ 5. N.A. 6 ☐ 6. Unknown	
FIRST AID ADMINISTERED BY 1 ☐ 1. Police 2 ☐ 2. Fireman 3 ☐ 3. Ambulance Personnel 4 ☐ 4. Refused 5 ☐ 5. Other 6 ☐ 6. Unknown 7 ☐ 7. None Administered		TIME 'EMS' REQUESTED (MILITARY) 2		TIME 'EMS' ARRIVED (MILITARY) 3		INJURED TAKEN TO BY 4	
Traffic Unit 1		SUMMONS NO. 2		CHARGES (SECTION) 3		Traffic Unit 1	
SUMMONS NO. 2		CHARGES (SECTION) 3		Traffic Unit 1		SUMMONS NO. 2	
CHARGES (SECTION) 3		Traffic Unit 1		SUMMONS NO. 2		CHARGES (SECTION) 3	
PHOTOS TAKEN? 1 ☐ 1. Yes 2 ☐ 2. No		INVESTIGATED AT SCENE? 2 ☐ 1. Yes 3 ☐ 2. No		INVESTIGATION COMPLETE? 3 ☐ 1. Yes 4 ☐ 2. No		ALCOHOL TEST GIVEN? 1. Yes 2. No 3. Refused	
WITNESS NAME 1 Q1		ADDRESS 2		PHONE 3		WITNESS NAME 2 Q1	
ADDRESS 4		PHONE 5		PRIMARY CAUSE (USE CODE) S1		SECONDARY CAUSE (USE CODE) 2	
INVESTIGATING OFFICER T1		ID NUMBER 2		REPORTING AGENCY 3		INSTALLATION 4	
DATE DAY 5		YR. 6		SPECIAL STUDY AREA			
DIAGRAM 