

EMS Week around the State



Maryland EMS NEWS

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(Top left) Spectators at Region III's Harborplace watch as EMS providers work to extricate a moulaged car-crash "victim" from the "Seat Belt Persuader" during a demonstration of EMS skills in a car crash scenario. (Bottom left) Bedford Road Fire Co. displays equipment during Region I's celebration of EMS Week at Country Club Mall. (Bottom right) While MSP medic Kevin Grey and pilot Paul Jones watch, six-year-old Samantha Philyaw helps Martin Eichelberger, MD cut the ribbon during the dedication of the new helipad at Children's Hospital National Medical Center, which was recently designated as a Maryland pediatric trauma center. Dr. Eichelberger is director of trauma services at the new pediatric trauma center and Samantha, from St. Mary's County, was the first patient to land on the new helipad. More photos and an article on EMS Week appear on pages 2-5.



EMS Week

It was a week for “spit and polish” — bright chrome, gleaming glass, and polished steel; and it was a week for fancy dress — brown uniforms, blue uniforms, white shirts and blue shirts with badges, insignia and medals. For some, it was Sunday Best, and for heroine Michelle Russett, it was a hospital gown. It was Emergency Medical Services Week, when all the regions trotted out EMS equipment and themselves, to demonstrate to Marylanders the scope and importance of the remarkable EMS system that has become a national and international model for emergency care.

The annual event was proclaimed by Governor Harry Hughes, setting aside the week of September 16–22 to commend the efforts of over 25,000 volunteers and career EMS providers who regularly give of themselves to serve the emergency needs of their fellow citizens.

Regions I and V kicked off the week in advance, using shopping malls in Western Maryland and in Southern Maryland for a demonstration of emergency rescue skills. Crowds gathered at Country Club Mall in LaVale (Region I) to try out the “Seat Belt Persuader” — a device on loan from the Maryland Department of Transportation which simulated a crash impact of 7 miles per hour. EMS officials hoped that it was sufficiently convincing that no one left the mall without buckling up. The Persuader was on display at area schools throughout the following week.

In Region V, Calvert County EMS personnel used a plot in the Calvert Village Shopping Mall to simulate, for area shoppers, a two-vehicle car crash — complete with two wrecks on loan from a local car dealer, and four “victims,” who were extricated from the cars, assessed for their injuries by CRTs in radio contact with Calvert Memorial Hospital emergency physicians, and evacuated from the scene.

The same scenarios — the Seat Belt Persuader and the car crash simulation — were replayed at Harborplace in Baltimore the following Saturday, before thousands of visitors who had come to enjoy the breezy 80-degree weather and to learn more about EMS. The Region III Harborplace exposition, the largest of the state’s EMS displays, included members and equipment from the fire department or ambulance association of each county and Baltimore City. Also on display were specialized



Crowds watch a demonstration of the “Seat Belt Persuader” during the EMS Week celebration at Baltimore’s Harborplace.



The Prince Georges County Council, Chief M. H. (Jim) Estep, and County Executive Parris Glendening at the signing of the proclamation of EMS/CPR Awareness Week.



Baltimore County Fire Department’s display of EMS equipment at Harborplace in Region III.



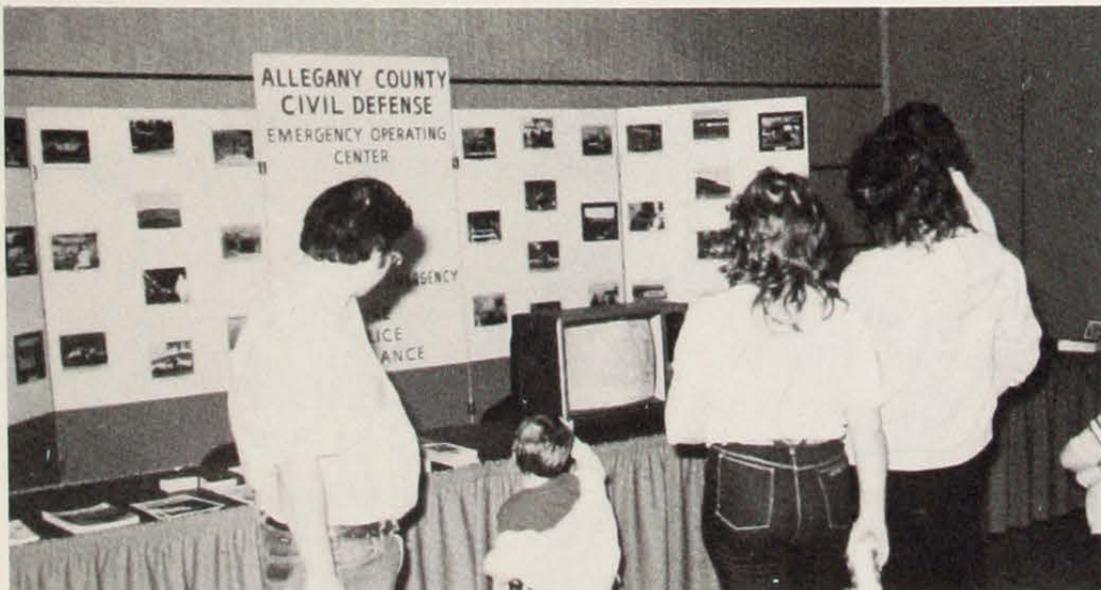
Helicopters and crews representing the Maryland State Police, U.S. Park Police, Fairfax County Police, and the U.S. Jet Corporation were at the dedication of the new helipad at the Children's Hospital National Medical Center, recently designated as a Maryland pediatric trauma center.



MSP Med-Evac pilot Paul Jones lets Samantha Philyaw (the first patient to land on the helipad at Children's Hospital) man the controls of his helicopter.



Sgt. James Miller of Prince Georges County Fire Department gives CPR instruction to County Executive Parris Glendening.



The Allegany County Civil Defense had one of many displays at the Country Club Mall in Region I during EMS Week.

EMS Week

vehicles for water rescue and for neonatal transfer and a Maryland State Police Med-Evac helicopter. Representatives from the specialty referral centers, Maryland Poison Center, the American College of Emergency Physicians, and special interest groups (including KISS [Kids in Safety Seats], MADD [Mothers against Drunk Driving], and SADD [Students against Drunk Driving]), were on-site. In addition, blood pressure screening and health advice were available to passersby.

In Region V, blood pressure screenings, CPR demonstrations, the announcement of the inception of the Prince Georges County Fire Department's ambitious Citizen CPR Training Program, and the dedication of the helipad and the pediatric trauma center at the Children's Hospital National Medical Center were highlights of the week's activities in the Washington, DC area. Prince Georges County Executive Parris Glendening proclaimed EMS-CPR Awareness Week and was among many who received CPR training from the Prince Georges County Fire Department. The goal of the Citizen CPR Training Program is to reduce mortality from heart attacks by training 50,000 Prince Georges county residents. (Those in Prince Georges County who want further information should call 864-LIVE.)

A trauma conference staged for 60 participants was the center-focus of EMS Week for Region IV. In Region II, there were health-related displays at the Frederick County Fair and Hagerstown Valley Mall, as well as the dedication of a new ambulance station and open house at the Boonsboro Volunteer Ambulance & Rescue Service.

All regions met in Baltimore on Wednesday, September 19 at the Engineering Society for a special occasion — an awards ceremony to cite the valor of heroes and the contributions of dedicated volunteer and career emergency medical providers. A total of 19 were slated for award citations. Missing was Michelle Russett, a five-year-old Takoma Park resident who received her citation a day early from Ameen Ramzy, MD (associate medical director for field operations and Shock Trauma Center team attending surgeon/traumatologist), at a bedside ceremony, dutifully recorded by television cameras in
(Continued on page 4)

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(Continued from page 3)

Children's Hospital National Medical Center, where she had been a patient since mid-August. Michelle attempted to stop a moving car, set in gear by her two-year-old cousin. Thanks to Michelle, the cousin escaped injury; Michelle had spent four weeks in traction as a result of her heroic attempt, and was expected to be discharged shortly after the ceremony.

The star of the Baltimore event was 3½-year-old Ronnie Zeman. On the morning of July 9, Ronnie sensed that his grandfather was seriously ill, and sought help. His uncle, who had never trained in CPR, administered aid until the ambulance arrived. Ronnie, his uncle Michael Mackessy, and CRTs Gabriel Scruggs and Clarence Mallery received certificates of outstanding contribution. Grandfather Mackessy, a retired Baltimore City policeman, now very much alive and well after his near-fatal heart attack, was on hand.

Others receiving awards included: Sgt. Carl Marshall of the Maryland State Police (Region I); Dr. Harold Jenkins, director of Frederick Memorial Hospital's department of emergency medicine (Region II); from Region III: Kenneth Brown, Howard County career firefighter and CRT instructor; John Trawinski, 11-year veteran of the Baltimore City Fire Department and paramedic who delivered breech-birth twins; and five persons who were instrumental in establishing Baltimore County's 911 tiered emergency response system — Kathy Dupre, Tim Kick, William Purcell, Clifford Ritterpusch, and Stephen Gisriel.

Cecil County's deputy sheriff and long-time emergency responder Frank Muller was an award recipient from Region IV, along with Sgt. Albert Fitzgerald and Capt. Steven McCarter, Maryland State Police helicopter medic and pilot, who successfully maintained patient care and vehicle control when a duck crashed into the windshield of their helicopter that was going 130 miles per hour. EMS volunteer Leon Hayes and Prince Georges County Fire Department Capt. Duncan Munro were the two award recipients from Region V.

The mass media were exceptionally cooperative in helping inform the public about EMS Week. Over 100 articles appeared in print around the state, including several one-page articles and

many editorials. TV coverage focused on various events, including the awards presentation. Radio stations also interviewed many EMS providers during EMS Week. — Louise White



EMS Awards

Many of the 19 Marylanders who received certificates of outstanding contribution from MIEMSS are pictured here and on page 5. R Adams Cowley, MD, director of MIEMSS, presented the awards. (This page, top) Michael Mackessy and his nephew Ronnie Zeman received certificates and a toy helicopter for helping to save Ronnie's grandfather (shown in photo) who suffered a heart attack. (Middle photo) Mrs. Russett holds the certificate given to her daughter Michelle who helped save her two-year-old cousin. (Bottom photo, l-r) Dr. Cowley honors Kathy Dupre, Tim Kick, Stephen Gisriel, William Purcell, and Cliff Ritterpusch for their work with Baltimore County's 911 tiered emergency response system while Chief Paul Reincke (second from right) looks on.





Prince Georges County Fire Department Capt. Duncan Munro receives an award while Maj. Jim Mundy looks on.



(L-r) Capt. Steven McCarter and Sgt. Albert Fitzgerald, with their commanding officer, Maj. Gary Moore.



Sgt. Carl Marshall and commanding officer, Maj. Gary Moore.



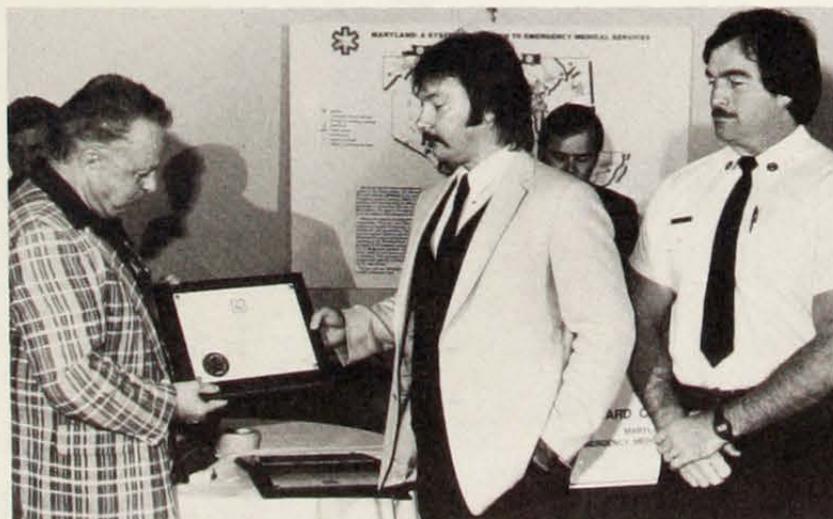
Baltimore City Paramedic John Trawinski receives an award.



(L-r) CRTs Clarence Mallery and Gabriel Scruggs.



EMS volunteer Leon Hayes receives an award.



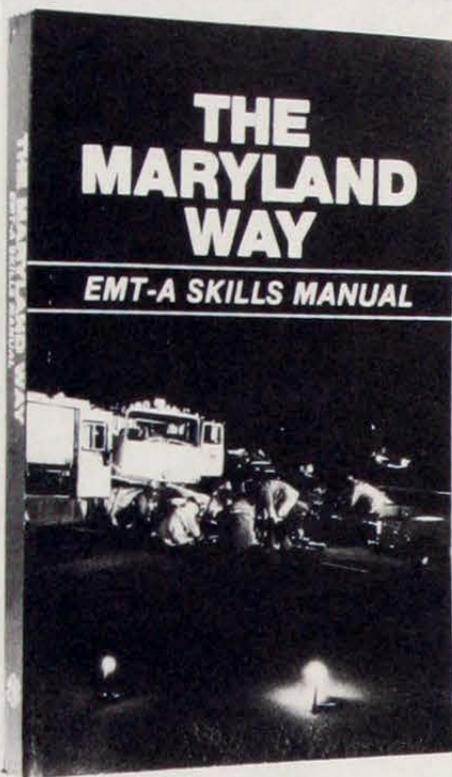
Howard County career firefighter and CRT instructor Kenneth Brown receives an award while Richard Freas looks on.



Harold Jenkins, MD, director of Frederick Memorial Hospital's department of emergency medicine, receives an award.

'Maryland Way' Book Published

MD Trauma Centers Meet, Form Network



Distribution of the *Maryland Way*, a skills manual developed by Maryland EMT-A instructors and published by MIEMSS, began last month with the beginning of the 1984 school year. Currently students enrolling in Basic EMT-A programs, as well as Module B and refresher programs, are being given the book free of charge.

The manual was developed to assist EMT-As in learning and maintaining

Brain Injury Symposium

A "Traumatic Brain Injury Symposium: From Trauma to Treatment" will be held November 3 at the Medical School Teaching Facility at the University of Maryland at Baltimore. The symposium is sponsored by the Speech-Communication Disorders Program of MIEMSS.

The symposium has been planned to offer rehabilitation professionals an overview of the sequelae of traumatic brain injury and to provide information on the expanding spectrum of speech-language pathology management of the head-injured patient from the acute phase through the rehabilitation process.

The program is approved for CEUs by the American Speech-Language-Hearing Association.

For further information, contact Roberta Schwartz, director of MIEMSS Speech-Communication Disorders Program, at (301) 528-2419.

some of the basic skills necessary to provide quality patient care. While there are many medically acceptable ways of performing specific skills, it was determined that for the purpose of continuity and standardization in training and evaluation, EMT-As should all have *one clearly defined*, basic method of treating specific injuries. After completing EMT-A training and evaluation, field providers might learn variations of the skills they were taught and other medically acceptable ways of treating injuries, depending upon particular circumstances and situations.

The *Maryland Way* is a skills manual focusing on how to perform specific tasks and should not be confused with a textbook that gives essential general knowledge to the EMT-A. Due to the numerous textbooks suggesting various ways of accomplishing specific tasks, it was necessary to clarify, for Maryland EMS field providers, the "Maryland Way" of applying specific skills, a standard by which they would be evaluated during the written and practical skills exams. —Lou Jordan

New Region IV CRTs

Congratulations to those who recently completed their CRT class at Union Hospital of Cecil County in Elkton. We're proud of their achievements on the State Board CRT examination. Congratulations also go out from the Region IV office, Dr. Robert Adkins (regional medical director), and Dr. John Bulkeley (council chairman) to Frank Muller, CRT instructor.

Public Hearing Slated

An additional public hearing on the EMT-A Task Force has been scheduled in Region III.

Tuesday, November 20, 7 pm

Baltimore County Fire Department Headquarters Auditorium
800 North York Road
Towson, MD

Trauma Center Auction

"Trauma Trivia" will be the theme of the third annual Shock Trauma Auction. The auction will be held November 29, from 7 pm until midnight at Overlea Caterers, 6809 Belair Road, in Baltimore. All proceeds will go to the Shock Trauma Center. For additional information, call Linda Audy at 528-2077.

Should trauma rehabilitation services be provided by the areawide trauma centers in each of Maryland's EMS regions? How will hospitals make up the difference if the 20-day Medicaid cap for trauma patients is eliminated? Should trauma patients in Maryland be transported by helicopter to hospitals in Washington, DC?

These are a few of the many issues that affect all of the designated trauma centers in Maryland. The top administrative and clinical staff persons from these centers have been meeting for several years to try to solve the problems they have in common.

In April, this group formalized itself by adopting bylaws. It now is known as the Maryland Trauma Center Network. The first chairperson of the group is Paul Quinn, associate administrator of Suburban Hospital in Bethesda. As chairperson, Mr. Quinn will preside over all the meetings of the Network, which will be held at least four times a year, and will supervise the group's affairs. He will serve a two-year term.

Each designated trauma center has one vote in matters of official business. The voting members are selected by the chief executive officers of the centers. Institutional representatives are the chief executive officers, trauma directors, and nursing trauma coordinators.

Affiliate members include the medical directors and administrators of each of the five EMS regions in Maryland, the chairperson of the Maryland Regional Emergency Medical Services Advisory Council, the director of MIEMSS, and the chief executive officer of each of the specialty referral centers in the state.

In the group's bylaws, the Maryland Trauma Center Network is described as "the principal deliberative body for issues affecting the designated trauma centers in Maryland." It will serve as a forum for the discussion of trends that affect those centers and as an advocacy group for the delivery of trauma care.

The Network plans to promote excellence in the development and management of trauma systems nationwide, assist MIEMSS in evaluating Maryland's trauma care delivery system, review and evaluate interhospital protocols and patient transfer policies, and address issues primarily related to the delivery of patient care in the clinical setting.

—Dick Grauel

EMS: Where Will It Be in 1990?

Editor's Note: The following is excerpted from a talk that Alasdair Conn, MD, recently presented at the Lifesavers III Conference in Orlando, FL. Dr. Conn is deputy clinical director of the MIEMSS Shock Trauma Center and medical director of field operations.

Allow me to close with a glimpse into the future. It is 1990. A man has just driven off the road and crashed into a tree. He is unconscious. A passer-by notices the accident and accesses the emergency medical system. The paramedics respond and extricate the patient from the wreckage and begin communications. They identify that this patient has an upper limb fracture and a lower limb fracture on the same side; he is in respiratory distress and has a low blood pressure.

The communication is crystal clear because it is being bounced off a geosynchronous satellite to a trauma center 60 miles away. The paramedics input the information and the vital signs, and a few seconds later receive the information that an upper limb and a lower limb fracture on the same side of the body with a low blood pressure are indicative of a 73 percent chance of a chest injury and a 67 percent chance of a major intra-abdominal injury.

This information is being processed by a review of the previous 25,000 patients nationwide. The computer then spits out that one needs to establish the airway on the patient, establish the oxygen, put on the military antishock trousers, check the peripheral pulses, and splint the limbs. It also indicates that this patient requires intravenous fluids and advises initial resuscitation with artificial blood.

Automatically, the nearest available trauma unit bed has been notified and is now continually monitoring the patient's vital signs and progress. The helicopter has been automatically dispatched and, at the moment, the paramedic is told it is 11 minutes away from the scene. The computer also has accessed another data base and informed the paramedic at the scene that the car is registered to a 55-year-old white male who is also a diabetic. It will automatically ask the paramedic to check the blood glucose at the scene. It will also inform the paramedic (since the car is a Camaro) that drivers of Camaros have a high incidence of subdural intracranial injuries.

All of this is possible. When I came here today, my seat reservation was made by a computer that is located in Chicago. We can generate this data base. We can put this technology to use for human good. We can ensure that the generation of Americans following us have the best chance of life that this society can provide. We can make EMS systems work given the resources; for I think that the personnel involved in EMS already have made that commitment.

Volunteers Needed For Neonatal Van

Due to the increasing number of interhospital transports utilizing the specially designed neonatal transport van, MIEMSS is asking for more volunteers to help drive this van and assist with these types of transports. Candidates should be Maryland-certified EMTs and at least 21 years old and should have a valid Maryland driver's license. During a 14-hour course scheduled for December 8 and 15, candidates will be taught how to care for premature babies and what points to look for during their assessment. Anyone interested in participating in such a program should contact Lucille Karr (301) 528-3930, for information and applications.

TECOM to Test Field Equipment

The Testing and Evaluation Committee (TECOM) will meet February 6 in Baltimore County to discuss the committee's structure and to identify companies that wish to evaluate EMS field care equipment at the BLS level. Companies interested in participating will be loaned new pieces of field care equipment to use in actual prehospital patient care activities. Evaluation forms on the performance of these devices will be returned to MIEMSS; these evaluations will then be compiled and distributed to participating companies. This information should be of great value to companies in determining what devices will best suit their needs and in purchasing the appropriate equipment.

TECOM will also consider group purchasing by field providers in Maryland. Many equipment suppliers offer a greatly reduced purchase price when larger orders are received. By recognizing the mutual needs of companies and formulating a group purchase agreement, EMS field providers could realize large monetary savings.

If your company wishes to participate in TECOM or if you wish additional information, please contact your MIEMSS regional administrator. It is anticipated that TECOM meetings will be held on a rotational basis throughout the EMS regions on a bimonthly basis.

— Lou Jordan

MIEMSS Speech-Communication Disorders



Dr. David Yoder, president of the American Speech-Language-Hearing Association and professor in the communication disorders program at the University of Wisconsin in Madison, recently visited the MIEMSS speech-com-

munication disorders program and toured the Shock Trauma Center. Dr. Yoder is pictured here with Roberta Schwartz, MEd, director of the speech-communication disorders program, and her staff.

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EMS Care '85

On June 22 and 23, MIEMSS and the Region V EMS Council will host EMS Care 85, at the Bethesda Marriott Hotel.

In response to the suggestions of those who attended EMS Care 84, next year's symposium will be extended to one-and-a-half days and will also feature presymposium, day-long workshops. Workshops and lectures, displays, scheduling, and parking are being planned with your preferences in mind. Please take a few minutes to fill out and mail the form below. Forms should be mailed to: **MIEMSS, Region V Office, Landover Mall, West Office Building, Suite #202, Landover, MD 20785**

EMS Care 84 participants suggested the following workshop topics for next spring's symposium: pediatric MAST; spinal immobilization (latest equipment and techniques); EMS equipment workshop; PR (getting your story to the public); terrorism; family violence; and signing (a crash course in communicating with the deaf).

I would also like workshops on:

EMS Care 84 participants suggested the following lecture topics for next spring's symposium: pediatric trauma; pediatric resuscitation; burn management; child abuse; disaster planning; hand trauma; emergency childbirth; hospice issues; head injury; chest trauma; and hazardous materials.

I would also like lectures on:

Suggested Speakers
