



Maryland
EMS
NEWS

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EMS Week

"You Can Trust Your Grandma with Southern Garrett County Rescue Squad." So went the slogan on the poster of Autumn Mellott, a fifth-grader at Loch Lynn School in Region I who won a special award in the school's EMS Week poster contest.

EMS Week 1985 — September 29 through October 5 — was a time for honoring not only Southern Garrett County Rescue Squad but all the other fire/ambulance/rescue units in Maryland with whom we daily entrust the lives of our loved ones and ourselves. Statewide there were activities to remind the public of what EMS providers do and what the public can do in cases of medical emergencies (see pages 2-3).

And from each of the five regions there were those who received special recognition at an awards luncheon sponsored by MIEMSS (see pages 4-6). Hearing their stories reminds us that EMS *does* make a difference.

(Top-bottom) Second-grader Wayne Tichinel won first place with his poster on EMS Week, while fifth-grader Autumn Mellott received a special award. Crowds gather to look at some ambulances and a MSP Med-Evac helicopter during Region III's EMS Awareness Day. Computer-assisted CPR training attracted spectators at the EMS exhibit at Frederick Towne Mall.

EMS Week Around the State

Region I

Emergency Medical Services Week in Region I offered numerous activities to educate the public about emergency care available in Allegany and Garrett counties. Fifteen agencies participated at the Country Club Mall on September 14, providing demonstrations and exhibits on EMS. Exhibits ranged from the Maryland State Police Med-Evac helicopter to computer programs on wellness. In addition to local providers, the Maryland Department of Transportation also participated by exhibiting its Safety Van.

The seat belt "convincer" was demonstrated at Northern Garrett County High School, Frostburg State College, and Beall High School. For younger students, Southern Garrett County Rescue Squad sponsored a poster contest in all the elementary schools in the county (see page 1 where some of the prize-winning posters are reproduced).

Many rescue squads conducted open houses. The *Cumberland Times* devoted full-page coverage to EMS week.

—Dave Ramsey

Region III

Medical evacuation by air, land, or sea — those strolling by Baltimore's Science Center at the Inner Harbor had a chance to see a wide variety of types of rescue vehicles and equipment demonstrated by Region III EMS providers during the EMS Awareness Day on October 5.

Passers-by also had a chance to see exhibits by Mothers Against Drunk Drivers, Students Against Driving Drunk, MIEMSS Field Nursing, American Trauma Society, American Red Cross, Emergency Health Service Association, Emergency Nurses Association, American College of Emergency Physicians, EMT-P programs at local colleges, Baltimore Regional Burn Center, and Maryland Poison Center; ambulances from Darlington Volunteer Fire Company, the Maryland Regional Neonatal Program, Medic 5 from Baltimore City, and Paramedic 7 from Baltimore County; and rescue boats of the Maryland Natural Resources Police, the Riviera Beach Volunteer Fire Company, the Coast Guard, and Deale Volunteer Fire Company.

Region II

On September 28, an interagency EMS exhibit was at the Frederick Towne Mall. Two shifts of Maryland State Police troopers staffed the static Med-Evac helicopter display in the parking lot of the mall. The Junior Fire Company's ambulance was on display in the mall, and crew members demonstrated EMS equipment and explained the differences between the various levels of care. Personnel from the Frederick County ALS unit explained the chase car concept of ALS care in Frederick County and staffed an audiovisual display.

Emergency Nurses Association members from Frederick Memorial Hospital represented the in-hospital phase of the EMS chain. The first-responder link in the EMS chain was represented by the Frederick City Police Department. A computer-aided CPR training program was also demonstrated at the mall.

Frederick Community College, which supports advanced modular EMS training within the county, represented yet another facet of the cooperation necessary to effect a successful EMS program in a rural community. MFRI

and MIEMSS also had displays.

On October 5, EMS Week in Region II moved to Valley Mall in Hagerstown. Again the Maryland State Police Med-Evac helicopter was on display, along with ambulances from the Washington County Civil Defense Rescue Company and the Williamsport Ambulance Service.

The film "Life or Death" was shown continuously in a small theater set-up. Computer-aided CPR training, as well as the Department of Transportation's seat belt "convincer," drew the attention of onlookers. The areawide trauma center at Washington County Hospital and the Emergency Nurses Association had extensive displays of the hospital phase of EMS.

In addition to the Region II audiovisual program, MIEMSS had computer interactive EMS software on display which many EMS providers used to test their EMS knowledge.

The finale of EMS Week was an open house at the areawide trauma center at Washington County Hospital on October 6. Tours of the emergency department, trauma rooms, and helicopter pad were conducted.

—George Smith

Other participants included the Baltimore County Fire Department, Anne Arundel County scuba team, EMRC, and SYSCOM.

Members of local ambulance companies participated in mock cardiac emergencies that started with a staged heart attack and a bystander calling 911 and ended with the successful defibrillation of the patient after physician consultation.



Treating a mock cardiac emergency during Region III's EMS Awareness Day.

A Maryland State Police Med-Evac helicopter was also on display, but how it got to its final exhibit site was a bit unusual. The helicopter had to land at a site several blocks away. Wheels were then attached to its skids and it was rolled manually across the promenade with a city police escort. Fortunately, that's not what happens during emergencies!

—George Pelletier, John Donohue



ENA conducted blood pressure screenings during Region III's EMS Day.

EMS Week Around the State

Region IV

EMS Week activities were bigger and better than ever this year. Congratulations go out to all the ambulance companies, fire departments, central alarms, and regional hospitals that sponsored EMS Week events. Plans for Emergency Services Weekend '85 in Ocean City to kick off EMS Week in Region IV were unfortunately cancelled due to Hurricane Gloria. Hopefully an EMS Weekend in Ocean City will be put on the calendar next year.

Heavy farm and construction equipment often cause accidents involving injury and amputation. Hands-on experience in dismantling such equipment for the extrication of accident victims was offered countywide to Region IV's Talbot County fire/rescue and ambulance personnel as the first part of their observances for EMS week. The demonstrations were held on Septem-

ber 29 at the new firehouse in Cordova, on Route 309 in Talbot County. Mechanics from several equipment companies were on hand to show how to take the equipment apart, and all members of the seven companies present were expected to participate. The demonstration was coordinated by firefighters/EMTs Jackie Chaires and Mike Young.

The second part of the program took place at Memorial Hospital (Easton) on October 2. Dawn Shoenfeld, RN, formerly on the staff of the Raymond M. Curtis Hand Center at the Union Memorial Hospital in Baltimore, presented a mini-seminar, a film, and a lecture; the evening was coordinated by Margaret Callahan, RN, EMS nurse coordinator of the emergency department. The EMS week activities were sponsored by the Talbot County Ambulance Committee.

— Marc Bramble, John Barto

Region V

During EMS Week, the regional hospitals and county rescue squads offered a variety of lectures on topics such as wellness, prevention, and the Traffic Accidents and Trauma Program.

In Montgomery County, each day focused on a specific area of safety or health maintenance. Monday was "Vial of Life" Day. Kits containing a vial, medical forms, and identification stickers were distributed by EMS providers. The "Vial of Life" program is being conducted in coordination with Giant Discount Drugs. Tuesday promoted citizen CPR training and access to the EMS system. On Wednesday the prevention of burns and poisonings was highlighted. Blood pressure screenings were available on Thursday at the fire departments and rescue squads, community hospitals, and county office buildings in Rockville. Montgomery County Executive Charles Gilchrist granted county employees administrative leave to participate in the CPR training and blood pressure screenings. On Friday, there was a safety theme, with emphasis on seat belt use and drunk driving prevention.

At Physicians Memorial Hospital in Leland, a "Teddy Bear Clinic" was held to familiarize preschoolers with the emergency department. Physicians really stitched torn stuffed animals and dolls, and also applied splints, gauze, and a myriad of band-aids.

—Marie Warner, Ed Lucey



Governor Harry Hughes signs the proclamation announcing September 29–October 5 as EMS Week in Maryland. (L-r) Brigid Krizek (chairperson of Region V EMS Advisory Council and president of the Maryland chapter of the Emergency Nurses Association), Andy Sumner (American College of Emergency Physicians), Governor Harry Hughes, William E. Clark (State EMS Director), Lt. Leonard Clark (EMS officer at Annapolis City Fire Department), and Chief Michael Jachelski (Baltimore City Fire Department).

8th National Trauma Symposium

After more than 10 years, have you wondered whether trauma centers and system development have made a difference? Are you faced with the need to justify continued development? The 8th National Trauma Symposium, sponsored by MIEMSS on November 20–22 at the Sheraton Inner Harbor in Baltimore, will answer these questions.

The symposium will examine the impact of trauma systems on patient survival, compliance, and acuity. It will explore the future trends and develop-

ment of trauma care and system development.

The symposium is open to surgeons and anesthesiologists; emergency, critical care, and rehabilitation physicians and nurses; operating room nurses; psychosocial clinicians; respiratory, physical, and speech therapists; health care administrators; and others involved in emergency medical care.

For application forms and information, contact Patricia McAllister, 301/528-2399.



EMT Marty Stinnet lets 3-year-old Lea Carrico listen to her Cabbage Patch doll's "heart" during the "Teddy Bear Clinic" at Physicians Memorial Hospital. (Photo courtesy of "Maryland Independent.")

28 Honored at EMS Awards Banquet

Having been missing for about 30 minutes, Samuel Teitt (then 15 months old) was found floating face down in a small fish pond. When Michael had slept beyond his normal naptime, Mrs. Dyer went to wake her infant son and found him not breathing, his lips already blue. Both youngsters are alive, active, and completely normal today—two among many people who are saved each year through the efforts of EMS providers.

Twenty-eight of those providers were recognized for their contributions to EMS at the MIEMSS awards luncheon during EMS Week. Their photos appear on this page and pages 5 and 6. R. A. Cowley, MD, director of MIEMSS, presented them plaques.



(L-r) Mr. and Mrs. Dyer with their son Michael and dispatcher Pete Piringer. When Mrs. Dyer dialed 911, Mr. Piringer was able to calm her and explain how to open Michael's airway. He knew Mrs. Dyer had been successful when he heard Michael cry over the phone. (Michael had a cold and had been sleeping; when his mother tried to wake him she found him not breathing.) Mr. Piringer works for Prince Georges County Fire Communications.



Dispatcher Joseph Skinner, Jr., of the Montgomery County Department of Fire/Rescue Services, explained how to clear an airway to a mother whose infant was choking. The child was alert by the time the ambulance arrived.



(L-r) James Siemen, Dianne Hirsh, Normandy Milton, Mr. and Mrs. Teitt, and 2-year-old Samuel Teitt. Mrs. Hirsh and Mrs. Milton (friends of Mrs. Teitt) and Mr. Siemen (a volunteer rescue worker who was passing by) were honored for their efforts in trying to resuscitate Samuel who was found face down in a fish pond. Samuel was transferred from Kent/Queen Anne's Hospital to Johns Hopkins Pediatric Trauma Center. Although doctors estimated that he was submerged for 15 minutes, miraculously there was no brain damage.



From Prince Georges Fire Department, Firefighter/CRT Andrew Bluestein and Firefighter/CRT Lavern Roach, who was unable to attend the awards banquet, were cited for their rescue of two people trapped in a burning apartment.



Chief Jim Estep, of the Prince Georges County Fire Department, was incident commander at Andrews Air Force Base during the exercise of the National Disaster Medical System on September 14, 1985. Unable to attend the awards banquet, Chief Rudy Sagan, of the Baltimore-Washington International Fire/Rescue Service, was incident commander at Baltimore-Washington International Airport. Both were recognized for their leadership in planning and conducting the exercise, held simultaneously at both airfields. Six hundred simulated disaster victims were appropriately triaged and transported to 40 hospitals in Maryland, northern Virginia, and DC.



(L-r) Lyle Smith, John Greene, and William Hagedorn (deputy fire administrator accepting an award for William Cooper who could not attend the awards banquet). All were cited for their heroic actions in saving victims of a tractor trailer accident on the Severn River bridge. Not knowing the contents of the tractor trailer and with disregard for their own safety, Firefighters Greene and Cooper, from the Anne Arundel Fire Department, passed burning debris and fuel to reach the victims. Mr. Smith, after seeing the accident and before rescue help arrived, spontaneously picked up a carpet from his vehicle and ran past the fire on the bridge to a man whose clothing was on fire. He wrapped the carpet around the man and effectively smothered the fire.



(L-r) Chief Peter O'Connor, Deputy Chief Henry Fowlkes, and Chief Michael Jachelski accept the award for Baltimore City Fire Department's Medic 7. Medic 7 had the busiest advanced life support ambulance in the United States (6,876 runs in 1984). Crew members of Medic 7 include CRTs David Coogan, Keith Davis, Edward Shreve, Arthur Ruskey, Clarence Nalley, and Gabriel Scruggs.



Henrietta Hale, RN, played a leading role in the development of Calvert County's EMS system, especially in developing the IV technician and EMT-A case review programs.



(L-r) John Droneburg III and Mark Fisher, Jr. were both cited for their quick actions and sound judgment in rescuing the victims of a bus accident over the Monacacy River in Frederick County. Mr. Fisher was incident commander and Mr. Droneburg was triage officer. All 17 victims were transported to hospitals within 34 minutes.



Michael Elmore was cited for demonstrating the highest standards of patient care, compassion, leadership, and administrative skills in an unprecedented third term as captain of the Charles County Mobile Intensive Care Program.



Austin Pirrone, an ALS provider in Montgomery County, was recognized for his involvement in community activities, including the Boy Scouts, Students Against Driving Drunk, Alateen, first-aid courses, and the blood pressure screening program in Montgomery County.



William Crawford, a CRT with the Community Volunteer Fire Department and Ambulance Service, was recognized for his public education efforts (including ambulance demonstrations in the elementary schools) and his development of a blood pressure screening program in Allegany County.



Firefighter George Eber (shown here) and Capt. James Koch and Firefighter Anthony Redoff (who were unable to attend the awards banquet) were honored for their knowledge and skill in opening and maintaining the airway of a victim with a gunshot wound to the face until ALS personnel arrived at the scene. All are members of E-23 of the Anne Arundel County Fire Department.



Capt. Reggie Shephard, from the EMS Division of the Baltimore County Fire Department, was honored for his leadership in developing and implementing the multi-tiered ALS system in Baltimore County and his willingness to participate on statewide committees that enhance the delivery of emergency medical care.



Mike Olds was honored for his leadership in coordinating the EMT-P and CRT programs in Harford County, as well as his long-standing membership in the Joppa-Magnolia Volunteer Fire Company.



Maj. Gary Moore, of the Maryland State Police, was recognized for his leadership in developing Maryland's Air Med-Evac program, which, during the past 15 years, has become the largest public service Med-Evac program in the United States.

Unable to attend the awards banquet and thus missing from the photos are John Erly and Donald Howell. Mr. Erly was recognized for his 36 years of EMS service. He was the founder of the first rescue squad in Ridge, St. Marys County and three times chairman of the St. Marys County EMS Association. He was instrumental in developing St. Marys County's ALS program.

Mr. Howell was cited for his coordination and teaching of the Carroll County CRT program, which led to that county's ALS program.

Others honored who were not able to attend the awards banquet are noted in the photo captions.



Lt. Kenneth Young, from the Medical Bureau of the Baltimore City Fire Department, was honored for his work as a Red Cross volunteer instructor, EMT instructor, EMT evaluator, and CRT instructor responsible for continuing education and recertification for CRTs in Baltimore City and Harford County.

Region IV

Maryland Voluntary Ambulance Certification was issued for the first time to the Rock Hall Volunteer Fire Department in Kent County, the Willards Volunteer Fire Department in Wicomico County, and the units of the Ocean City Volunteer Fire Department in Worcester County. Congratulations to these squads on behalf of the Region IV Office for this fine achievement.

—Marc Bramble, John Barto
301/822-1799

Region I

New Communication Console

On October 1, the Office for Garrett County Emergency Management began using a new communication console. Built by Motorola, the Centracom Series II console will handle communications for nine separate agencies, including dispatching of ambulance services, the Maryland State Police, and the Department of Forestry and Parks. Brad Frantz, who is in charge of the center, points out that the console is computer-programmed to improve dispatching capabilities for all agencies on the board. The new center also features an improved call directory for all emergency numbers in 911 that are answered by the center.

Two New Ambulances

In the past month, the ambulance inventory for Region I has been improved with the purchase of two new vehicles. Cumberland Fire Department accepted receipt of a new Type III Wheel-Coach ambulance. The new vehicle has cabinets specially designed by the fire department and it will be a real asset for Cumberland. Northern Garrett County Rescue Squad received a Type II ambulance in September.

Hospital Consultation Agreements

Region I recently instituted special hospital consultation agreements with the four hospitals in Allegany and Garrett counties. The agreements will spell out the responsibilities of hospitals that provide consultation to the ambulance services.

—Dave Ramsey
301/895-5934

CRT Recertification at Highest Level

During its September meeting, the Maryland Board of Medical Examiners approved MIEMSS recommendation for recertification of CRTs at the highest level—that is, CRTs who maintain their annual recertifications as CRTs will automatically be recertified as EMTs without taking EMT recertification courses or the EMT recertification exam.

However, because the process of CRT recertification at the highest level is still being finalized, CRTs whose EMT certifications expire in December and who currently are enrolled in EMT recertification courses should complete their training programs and recertify.

The recommendation for recertification of CRTs at the highest level is the result of many meetings during the past year by MIEMSS and the ALS Committee (consisting of a representative from

each Maryland county and Baltimore City), who have been revising CRT standards and combining CRT, ATT, and EMT-P standards and regulations into one document.

MIEMSS and the ALS Committee have worked out an effective way to include EMT training in the existing continuing education requirements that CRTs must meet annually for recertification. This has also been approved by the Board of Medical Examiners.

The EMT recertification policy also will be revised to reflect the granting of EMT certification to individuals who maintain their CRT recertifications.

Information regarding the CRT program changes will be sent to all CRTs, CRT instructors, and CRT program directors.

—Beverly Sopp

SPEECH-COMMUNICATION DISORDERS PROGRAM

Maryland Institute for Emergency Medical
Services Systems

University of Maryland at Baltimore

Announces

The 2nd National Traumatic Brain Injury Symposium

CALL FOR PAPERS

Baltimore, Maryland

April 17 - 18, 1986

Clinicians involved in all aspects of traumatic brain injury are invited to submit abstracts for presentation at The 2nd National Traumatic Brain Injury Symposium. Research related to scientific affairs, clinical issues, or unique problems associated with head injured individuals are welcome. Abstracts, not exceeding 200 words, should be submitted immediately to insure proper review for acceptance. Independent free standing poster sessions, fifteen (15) minute platform sessions, and 30 - 45 minute special mini-seminars are encouraged.

Conference speakers include Martha Taylor Sarno, Ph.D., David Yoder, Ph.D., Danese Malkmus, M.A., Fred Geisler, Ph.D., M.D., James Bosma, M.D., Caroline McCagg, M.D., and R Adams Cowley, M.D.

For more information, please contact Program Chairman Roberta Schwartz, M.Ed., Director, Speech-Communication Disorders Program, Maryland Institute for Emergency Medical Services Systems, University of Maryland at Baltimore, 22 South Greene Street, Baltimore, Maryland 21201 (301) 528-6101.

EMS & AIDS: An Initial Look

AIDS is no laughing matter. Neither is it a cause for panic. "AIDS jokes" seem inappropriate for a disease with a high mortality, while the term "epidemic" may seem a bit strong for a disease that currently affects 13,000 out of a total of 224 million Americans. (Strictly speaking, an epidemic refers to a disease that occurs with greater than normal expectancy.)

Because the topic of AIDS is gaining increased attention in the media, we feel it is important to provide prehospital care providers in Maryland with solid information as to what is known at this time. For the past several months, we have been following the research and collecting information to provide you with up-to-date information based on medical research, not on rumors. Our goal is to provide you with current information with which to make recommendations.

Considerable resources, both nationally and internationally, are being committed to understand this disease better and to develop ways of managing it, in terms of both prevention and treatment. The best that can be hoped is that research efforts will be successful and that despite some panic, encouraging treatment results will be developed. This might compare with the polio epidemic of the early 1950s which did cause some panic, but was eventually controlled

with the development of widespread vaccination. In the near future, the number of cases of AIDS will likely continue to increase. However, something even worse could happen if appropriate emergency intervention were denied or withheld from a patient because of the health care provider's fear of AIDS. Indeed, uninformed emergency health care providers might withhold potentially life-saving intervention from patients who might otherwise survive. It is hoped this would not happen if emergency personnel educate themselves appropriately and act accordingly.

AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus that attacks a special group of cells in the body that are important for the body's natural immune or defense system. The technical name for this virus is HTLV-III, or "human T-cell lymphotropic virus." The destruction of this special group of defense cells makes the AIDS patient more susceptible to diseases caused by certain types of infections and certain tumors.

The first cases of AIDS were reported in 1981. Since that time, more than 13,000 cases have been reported. Of these, 80 percent have been reported from six metropolitan areas in the United States. Although earlier reports centered on homosexuals and Haitians, it is now apparent that AIDS is not

limited to these particular groups.

The AIDS virus spreads by two primary mechanisms. The first mode of transmission is through sexual contact; the second mode is through blood, such as by shared needles among IV drug abusers with AIDS. A third, and far less common mechanism of spread, is from a mother with AIDS to the fetus in utero. "AIDS appears to be transmitted by intimate sexual contact or by percutaneous inoculation of blood or blood products" (*MMWR*, Centers for Disease Control, 32:450, September 2, 1983).

It is equally important to know how AIDS is *not* thought to spread. AIDS does not spread by simply being near or touching an infected patient. Again, to quote the Centers for Disease Control, "There has been no evidence of transmission by casual contact or airborne spread." The CDC also indicated that family members (without risk factors) of AIDS patients have not developed the disease.

Having briefly described AIDS and the mechanisms of spread, let us next turn to the risks to health care workers. This question continues to be evaluated, but the studies to date suggest that the risk is low. One of the ways in which health care workers contract diseases is by accidental needle-sticks to themselves, after needles are used to draw

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EMS & AIDS: An Initial Look

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blood or administer medication directly to a patient. Although accidental needle-sticks unfortunately occur rather frequently in hospitals, only one case has been reported in the United States in which AIDS in a health care worker was thought to be due to accidental puncture from a needle used with an AIDS patient.

Now let's focus on the risk to emergency health care workers, specifically prehospital care providers. Let's put the odds into perspective. What are the chances of a prehospital care provider managing a patient with known AIDS? As there are 13,000 reported cases of AIDS with a 50 percent mortality, one can infer there are presently approximately 7,500 patients with AIDS out of a population of 240,000,000 Americans. This means 0.003125 percent of the population has AIDS and there is thus a very small chance of encountering a patient with the disease. In certain urban areas with higher numbers of AIDS patients, the likelihood of managing these patients is greater. There are also more individuals who have evidence of exposure to the virus, but who do not have the disease. The risk of acquiring the virus from these patients is not yet well understood, but is presumably even less than the risk of contact with known AIDS victims.

What precautions should be taken when managing known AIDS patients?

These precautions have been described in several articles and include good common sense, such as avoiding accidental puncture wounds with contaminated needles (*Annals of Emergency Medicine* 14:85, March 1985; *MMWR* 32:450, September 2, 1983). Prehospital care providers often express concern about working with cuts and scratches from routine field work, and about the risk from direct mouth-to-mouth resuscitation. Regarding open wounds and AIDS, the data suggest that direct inoculation is necessary for transmission of the virus, and even then the risk is low. However, as a general principle, any health care worker should protect an open wound for both his sake and his patient's. Regarding mouth-to-mouth resuscitation, we have found no reported cases of AIDS transmitted in this way. However, there are obviously no guarantees. Common sense would suggest using ventilatory-assist devices when managing known AIDS patients.

The information presented in this article is based upon a review of more than 15 medical research articles, as well as discussions with the Centers for Disease Control and the National Institutes of Health. Much of these data were collected by Dr. Elizabeth Allen, a fellow in traumatology at the MIEMSS Shock Trauma Center. The Chief of Infectious Diseases at MIEMSS contributed his expertise in this field. The efforts of both of these individuals are appreciated.

To summarize, AIDS is a relatively new disease which is caused by a virus particle. Exposure to the virus may result in the disease AIDS, or a milder form of the disease termed AIDS-related complex, or no disease at all. Spread of the disease is by intimate contact, such as sex, or by the blood-borne route, such as needles. Knowledge of the disease and mechanisms of its spread should assist with developing ways of preventing spread of the disease in the general population and minimizing the risk to health care workers. Knowledge should also overcome irrational fear. There is no rational basis for refusing to care for an AIDS patient. Although theoretically any human being could have AIDS, delaying or denying therapy because of our fears as health care providers is irrational and unethical. Both the EMT Oath and the Physician's Hippocratic Oath are aimed at bringing out the best in us.

The intention of this discussion is to present timely information on a topic of concern to prehospital care providers. If further information on this or other topics of interest or concern to prehospital care providers is desired, we are available to critically review the information and disseminate it to EMS providers in Maryland.

—Ameen Ramzy, MD
State Medical Director for
Field Operations