EMS System: 15th Anniversary

This year—and in this issue of the *Maryland EMS News*—we celebrate the 15th anniversary of the establishment of our statewide EMS system. On February 26, 1973, then Governor Marvin Mandel signed the Executive Order which created the Division of Emergency Medical Services, responsible for developing and implementing a statewide EMS system, and which also established the Maryland Institute for Emergency Medicine (Shock Trauma Center) as the clinical hub of the EMS system.

Believing that every citizen was entitled to the best medical care possible, then Governor Mandel had formally approved and the legislature had supported a plan that we had been working on since the late 1960s—a plan that envisioned prehospital care providers bringing sophisticated medical treatment to the patient at the accident scene, rapid helicopter evacuation when needed, an echelons of care system that would use emergency hospitals more effectively, and a communications network that would link all the components of the EMS system. The plan was thought to be radical by many people in the early 1970s.

Despite some opposition, the EMS system not only developed but flourished and evolved over the past decade, adjusting to changing needs and technologies. To ensure that advances in clinical medicine would be translated into improvement in prehospital care techniques, the Shock Trauma Center merged with the Maryland EMS system in 1977 to form the present-day MIEMSS (Senate Bill 852).

Evidence of this and further progress is seen in the many milestones catalogued in this newsletter. But behind the milestones and what cannot be seen in the text of this newsletter is the cooperation and hard work of the thousands of people who make this EMS system a success—the fire, rescue, and ambulance companies throughout Maryland; more than 20,000 volunteer and career prehospital BLS and ALS providers; communication dispatchers; law enforcement agencies; regional EMS councils and other advisory groups; the regional medical directors; the staffs of the hospitals, areawide trauma centers, and specialty referral centers in the state; legislators; and former patients and their families and friends. These groups and many other dedicated individuals have worked to make our EMS system what it is.

As our concepts of EMS have evolved over the past decade, so have people's expectations about the role of prehospital and hospital emergency medical providers. They expect quality medical care that will not only save the lives of those who are critically injured or ill but will also enable them to resume productive lives. To meet these expectations, we are looking beyond our original visions in the 70s. We have further developed a rehabilitation program at the Montebello Rehabilitation Hospital which is clinically affiliated with the Shock Trauma Center. We have also focused our efforts on prevention as a key to reducing the death and disability statistics; our efforts range from actively supporting and testifying for seatbelt, motorcycle helmet, and stiffer drinking-and-driving laws to implementing adolescent trauma prevention programs. A statewide trauma registry and a statewide ambulance runsheet provide data for evaluation and improvements in our EMS system.

We have been fortunate that our legislature has continued to recognize the need for EMS resources. An eighth helicopter section has been approved for Region V, and this fall we will begin to see the first of the twin-engine Med-Evac helicopters; eventually the entire fleet in each of the eight Med-Evac sections will consist of twin-engine helicopters. A new building for the Shock Trauma Center is scheduled to be ready for occupancy this January. Funding has also been approved for prehospital training and communications improvements.

I encourage you to read with pride about the milestones of the EMS system that you have helped to create over the past 15 years. Our EMS system has become something we can't live without. And your dedicated work is something that our EMS system can't live without.

—R Adams Cowley, MD
MIEMSS Director

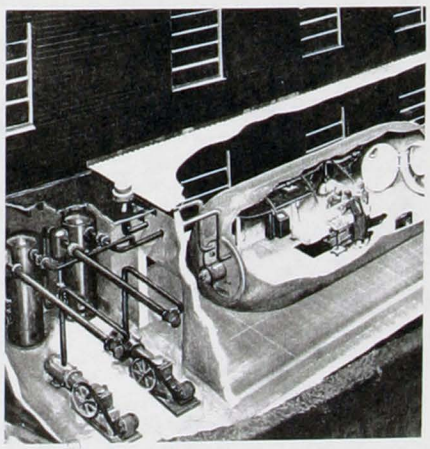
Maryland EMS NEWS

Vol. 14, No. 12 JUNE 1988

1969

The Center for the Study of Trauma (now the Shock Trauma Center) was completed and officially opened.

U.S. Department of Transportation funding was obtained for the first civilian air Med-Evac program in the U.S.



The Hyperbaric Medicine Center was designated a specialty referral center.

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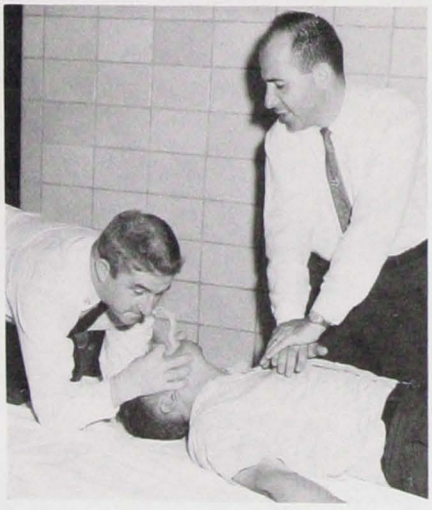
An immediate autopsy program (for patients who die at the Shock Trauma Center) was developed in conjunction with the Board of Medical Examiners of Maryland. This program—the only one of its kind in the country—allows researchers to study the effects of shock at the cellular and subcellular levels before necrosis and other postmortem changes can blur any correlation between the observed changes and the clinical data.

1970

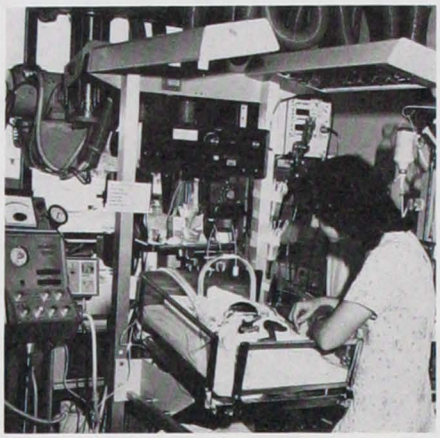
The roof of the garage adjacent to the Center for the Study of Trauma was made into a heliport to provide a place for Maryland State Police Med-Evac helicopters to land. In March, the first Med-Evac helicopter transfer was made to the Center.



Efforts were begun to educate ambulance personnel, establish standards of emergency care, and develop transportation and communications systems. These activities were essential to the implementation of the present statewide EMS system, which is now recognized as a national model.

The burn center at Francis Scott Key Medical Center (then Baltimore City Hospitals) was designated a specialty referral center.

1971



The neonatal intensive care units at Francis Scott Key Medical Center (then Baltimore City Hospitals), Johns Hopkins Hospital, and the University of Maryland Hospital were designated specialty referral centers.

The nation's first Tri-State EMS Council, involving Maryland, Pennsylvania, and West Virginia, was established. The council was funded by the Appalachian Regional Commission.

The American Trauma Society was founded to reduce death and disability from trauma by improving emergency care in every community. Maryland was one of the first nine states to be chartered by the National Office.

The Johns Hopkins Pediatric Trauma Center was designated a specialty referral center.

A formal plan to coordinate emergency medical resources throughout Maryland was submitted to the governor of Maryland.

1972

To provide standardized prehospital care training to ambulance crews, an 84-hour Emergency Medical Technician-ambulance (EMT-A) program in basic life support and a 140-hour Cardiac Rescue Technician (CRT) program in advanced life support were developed and implemented.

The first 911 communications center in the state opened in Charles County.

The poison control centers at the University of Maryland Hospital and Francis Scott Key Medical Center (then Baltimore City Hospitals) joined to form the Maryland Poison Information Center (now the Maryland Poison Center) located at the University of Maryland School of Pharmacy.

1973

The governor of Maryland issued an executive order, mandating the first statewide EMS system in the country. The order called for the establishment of the Maryland Institute for Emergency Medicine (MIEM) and a division of emergency medical services (DEMS) within the Maryland Department of Health and Mental Hygiene. It also gave MIEM (formerly the Center for the Study of Trauma) autonomy within the University of Maryland.

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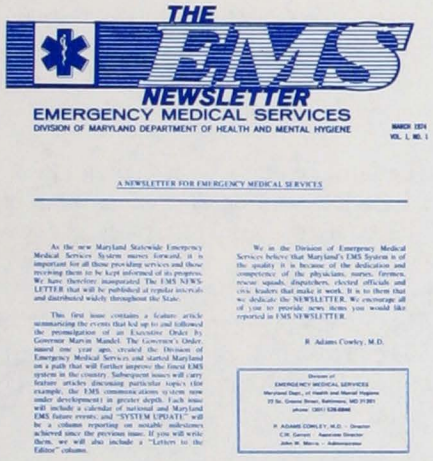
The Mid-Atlantic EMS Council, consisting of state EMS directors, was established to resolve common problems and develop a compatible six-state EMS system.

Regional advisory councils, composed of local providers, nonprovider consumers, and local government officials, were organized in each of the five EMS regions to plan regional system improvements, coordinate regional operations, and conduct public educational programs.

1974

REMSAC (Regional EMS Advisory Council), composed of representatives of each of Maryland's five regional councils, was organized.



THE EMS NEWSLETTER
EMERGENCY MEDICAL SERVICES
DIVISION OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARCH 1974
VOL. 1, NO. 1

A NEWSLETTER FOR EMERGENCY MEDICAL SERVICES

As the new Maryland Statewide Emergency Medical Services System moves forward, it is important for all those providing services and those receiving them to be kept informed of its progress. We have therefore inaugurated The EMS NEWSLETTER that will be published at regular intervals and distributed widely throughout the State.

This first issue contains a feature article summarizing the events that led up to and followed the promulgation of an Executive Order by Governor Marvin Mandel. The Governor's Order, issued one year ago, created the Division of Emergency Medical Services and started Maryland on a path that will further improve the finest EMS system in the country. Subsequent issues will carry feature articles discussing particular topics (for example, the EMS communications system now under development) in greater depth. Each issue will include a calendar of national and Maryland EMS future events; and "SYSTEM UPDATE" will be a column reporting on notable milestones achieved since the previous issue. If you will write them, we will also include a "Letters to the Editor" column.

We in the Division of Emergency Medical Services believe that Maryland's EMS System is of the quality it is because of the dedication and competence of the physicians, nurses, firemen, rescue squads, dispatchers, elected officials and civic leaders that make it work. It is to them that we dedicate the NEWSLETTER. We encourage all of you to provide news items you would like reported in EMS NEWSLETTER.

R. Adams Cowley, M.D.

Division of
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R. ADAMS COWLEY, M.D., Director
C.W. Garvey, Associate Director
John W. Morris, Administrator

The first issue of the Maryland EMS newsletter was published.

1975

The existing specialty referral centers in Baltimore City became a part of the Maryland EMS system. The ***present-day*** specialty referral centers include:

- MIEMSS Shock Trauma Center for adult trauma victims
- MIEMSS Hyperbaric Medicine Center
- Burn Trauma Program with burn centers at Francis Scott Key Medical Center (formerly Baltimore City Hospitals) and the Washington Hospital Center
- The Johns Hopkins Pediatric Trauma Center and the Children's Hospital National Medical Center Pediatric Trauma Center
- Maryland Regional Neonatal Program with neonatal intensive care units at Francis Scott Key Medical Center (formerly Baltimore City Hospitals); Johns Hopkins, University of Maryland, Sinai, Saint Agnes, and Mercy hospitals; Greater Baltimore Medical Center; and Children's Hospital National Medical Center
- Raymond M. Curtis Hand Center at the Union Memorial Hospital
- Maryland Eye Trauma Program with eye trauma centers at Georgetown University and Johns Hopkins Wilmer Eye Institute
- MIEMSS Neurotrauma Center
- Perinatal Program officially designated with perinatal centers at the University of Maryland and the Johns Hopkins hospitals

MIEM received U.S. Department of Health, Education, and Welfare (now Department of Health and Human Services) grants for all five Maryland EMS Regions (planning money for Regions I, II, IV, and V and advanced-life-support funding for Region III).

The first statewide EMS continuing education program for nurses was established.

The Union Memorial Hospital Raymond M. Curtis Hand Center was established and designated a specialty referral center.

The Maryland Fire and Rescue Institute (MFRI) began to assume the responsibility of training EMT-A instructors and offering the majority of instructional programs for EMT-As.

Region III's (Baltimore) Emergency Medical Communication System was the first total system to be implemented in the state. The system was funded as a demonstration project by the U.S. Department of Health, Education, and Welfare (now Department of Health and Human Services). The Emergency Medical Resources Center (EMRC), based at Sinai Hospital in Baltimore City, was officially opened in May.

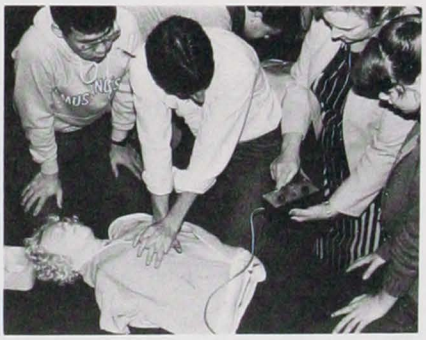
The Systems Communication Center (SYSCOM), a state-operated facility at MIEMSS, was opened in March. SYSCOM coordinates all med-evac transports by the Maryland Sate Police, U.S. Park Police, U.S. Army, and U.S. Coast Guard.

1976

MIEM sponsored the "First International EMS/Traumatology Symposium," which was attended by 3,000 people. In conjunction with this symposium, the first harbor disaster exercise in the country was conducted.

A Beltsville man became the first organ donor under a 1974 law that permitted people to indicate "organ donor" on a driver's license.

The Good Samaritan Law was signed.



In cooperation with the Maryland affiliate of the American Heart Association, work was begun to initiate a CPR program in the secondary schools.

1977

The passage of Senate Bill 852 by the Maryland General Assembly amalgamated DEMS and MIEM into the Maryland Institute for Emergency Medical Services (MIEMS).

The 40-hour first-responder course (formerly the crash injury management for law enforcement officers course)

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became part of the MIEMS training program for prehospital care providers.

1978

MIEMSS conducted an airport disaster exercise at the Baltimore-Washington International Airport. As part of that exercise, the Maryland Center for Public Broadcasting and the Goddard Space Flight Center in Greenbelt tested the EMS capabilities of a new briefcase satellite transceiver. Airports in Illinois and Massachusetts and the Brooke Army Medical Center in California participated in the test.

Areawide trauma centers were established at Suburban Hospital in Montgomery County and Prince George's (County) General Hospital and Medical Center (both in Region V), and at Peninsula General Hospital Medical Center in Wicomico County (Region IV).

In March, the first statewide EMS telecommunications system in the country was completed. This system features electrocardiogram telemetry and now links together 20 specialty referral centers, 51 hospital emergency departments, a fleet of Maryland State Police (MSP) Med-Evac helicopters, and more than 315 ambulance companies.

The MSP helicopter service was expanded to include a landing base in Wicomico County and eight additional Huey helicopters as backup aircraft.

Medical control groups were established in each of the five Maryland EMS regions.

The Adolescent Trauma Prevention Program was developed by Shock Trauma Center nurses concerned over the number of teenage admissions involving life-threatening injuries.

1979

MIEMSS was instrumental in the passage of legislation to establish a 911 emergency telephone system in Baltimore City and in each of Maryland's 23 counties.

MIEMSS developed the "Emergency Medical Guide" for the Baltimore Metropolitan Yellow Pages in cooperation with Congresswoman Barbara Mikulski and the C&P Telephone Company. The guide (which has since been periodically updated) still appears in all Maryland telephone directories.

MIEMSS initiated a voluntary "Certificate of Excellence" ambulance inspection program in Maryland.

A hyperbaric oxygen therapy program for smoke inhalation was initiated.

Four hospitals—University of Maryland, Johns Hopkins, Sinai, and Francis Scott Key Medical Center (formerly Baltimore City Hospitals)—were designated as areawide trauma centers.

The neonatal intensive care units at Sinai and St. Agnes hospitals were designated as part of the Maryland Regional Neonatal Program.

The Maryland Eye Trauma Program was initiated with eye trauma centers at Georgetown University and Johns Hopkins Wilmer Eye Institute.

MIEMSS began a four-hour training program for prehospital care providers in the use of and application of the esophageal obturator airway and MAST garments.

1980

The first Maryland "EMS Week," which

has become an annual event, was proclaimed by the governor to recognize the state's EMS providers.

A neonatal transport service was introduced. Specially trained nurses provide medical consultation and care for infants needing transport to a neonatal intensive care unit.

Washington County Hospital in Hagerstown was designated as the areawide trauma center for Region II (Washington and Frederick counties).

The burn center at Washington Hospital Center was designated as part of Maryland's specialty referral center system.

The neonatal intensive care unit at Mercy Hospital was designated as part of the Maryland Regional Neonatal Program.

MIEMSS Neurotrauma Center was designated as a specialty referral center.

The first course in the emergency health services program was offered by MIEMSS in collaboration with the University of Maryland Baltimore County. This program was initiated to meet the growing need for EMS professionals.

1981

The Maryland State Police Med-Evac observers completed advanced training in trauma management to become the first aviation trauma technicians.

The Memorial Hospital in Cumberland was designated as the areawide trauma center for Region I (Allegany and Garrett counties).

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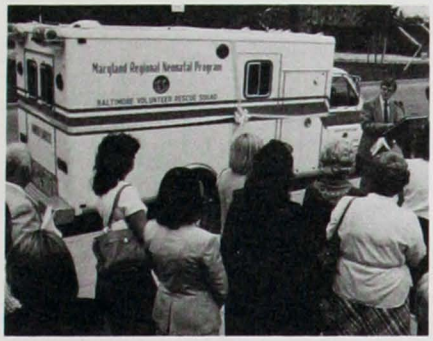

An ambulance, devoted exclusively to the transport of infants at risk, was acquired for the Maryland Regional Neonatal Program.

To expedite the proper placement of patients with psychiatric emergencies, MIEMSS began maintaining a psychiatric bed registry—the first in the nation.

The Maryland Comprehensive Trauma Registry was established. Maryland is the first state in the nation to have a computerized registry of all serious trauma.

The Center for Living, a community-based program for trauma patients during the post-rehabilitation phase of recovery, opened as a cooperative venture between MIEMSS and the central Maryland chapter of the Easter Seals Society. This nonmedical, comprehensive facility helps trauma recoverees and their families readjust to daily life.

1982

A comprehensive rehabilitation program was started. MIEMSS began operating a rehabilitation unit at the Montebello Center in Baltimore City, where patients needing extended rehabilitation are treated after they are discharged from the MIEMSS Shock Trauma Center. In addition, major steps were taken to upgrade the rehabilitation services provided at the Shock Trauma Center so the rehabilitation process could begin as early as possible during recovery.

The Mid-Atlantic EMS Council, which was initiated and actively supported by MIEMSS, became the Atlantic EMS Council to reflect the fact that the membership was expanded beyond the Mid-Atlantic states.

The Maryland General Assembly approved giving MIEMSS $475,000 to develop architectural plans for a new eight-story building with a 138-bed capacity to house the Shock Trauma Center and the Institute's various administrative and clinical support services. The funding was acquired as a result of developing an extensive certificate-of-need application.

Machine-read ambulance runsheets were first used in Maryland.

MIEMSS assumed an active role in developing a civilian/military contingency hospital system in Baltimore. This system was initiated by the U.S. Department of Defense to assess the personnel and physical capabilities of local hospitals in the event of an overseas conflict involving the United States.

The Perinatal Program was officially designated with perinatal centers at the University of Maryland and the Johns Hopkins hospitals.

1983

The National Study Center for Trauma and Emergency Medical Systems was established by MIEMSS.

The U.S. Department of Transportation training program for EMT-paramedics was recognized by the Maryland General Assembly.

The Shock Trauma Center's hyperbaric medicine unit was named one of seven regional centers in the national Diving Accident Network.

An agreement was signed by Maryland, Pennsylvania, Virginia, West Virginia, Delaware, New Jersey, and the District of Columbia to allow EMTs and CRTs to cross state lines to render care on an emergency, mutual aid basis.

The MIEMSS Shock Trauma Center registry, a comprehensive database of clinical information about thousands of trauma patients, became operational.

1984

A 12-bed head injury unit, the first in Maryland devoted exclusively to the rehabilitation of head-injured patients, was opened at the MIEMSS/Montebello Rehabilitation Center.

The Coast Guard Station at Curtis Bay and the Kimbrough Army Hospital at Fort Meade became part of the Region III EMS system.

The statewide EMS Disaster Planning Committee was organized.

The Maryland Trauma Center Network was formally established.

Traffic Accidents and Trauma—a trauma prevention program for adolescents, was developed by MIEMSS Field Operations and the National Public Services Research Institute.

Friends of Shock Trauma, a consumer advisory group, was established. These former Shock Trauma Center patients and their families serve as advocates of MIEMSS in the community, assisting in development and public relations efforts.

A Board of Visitors, consisting of volunteer representatives of the corporate community, was recruited to serve as advocates of MIEMSS and assist in the identification and solicitation of major donors.

A computer-based Maryland Prehospi-

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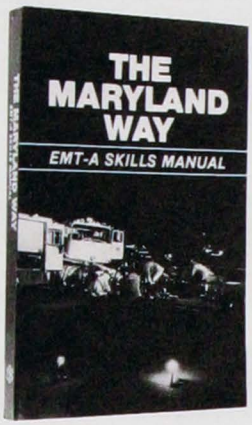
tal Provider Registry was implemented.

The Maryland Ambulance Information System runsheet was revised, and an audiovisual training package and an instruction booklet were developed.



The Maryland Way: EMT-A Skills Manual was first published.

Senate Bill 488 established the University of Maryland Medical System (UMMS) Corporation. The clinical portion of MIEMSS—the adult Shock Trauma Center—became part of UMMS, while the field operations program continues to function as part of the state system, based at the University of Maryland at Baltimore.

1985

A plan to replace and upgrade the Maryland emergency medical services communications system was approved and funded by the State of Maryland. EMRC and SYSCOM will merge; more base stations will be added; and new equipment is planned for prehospital care providers.

A task force appointed by Dr. R Adams Cowley, MIEMSS director, made recommendations to enhance Maryland's 84-hour EMT-A program to the national 110-hour program.

Children's Hospital National Medical Center in Washington, DC, was designated as a Maryland pediatric trauma center in Region V.

The Spinal Cord Injury (SCI) Hotline with 24-hour coverage was established to help SCI patients and their families learn what programs and facilities are available locally and nationwide.

An Eye Trauma Registry was established, connecting 16 centers throughout the nation through a computer bank at MIEMSS. It provides optimum clinical management of severely injured eyes and gathers data to help understand the epidemiology and natural history of eye injuries.

The Blue Alert policy, which overrides hospital red or yellow alerts during temporary, extraordinary situations such as heavy snow, icy roads, or high demands for ambulances, was initiated by Region III. It enables ambulances to transport patients to the closest appropriate hospital regardless of the patient's priority, when necessary for the safety of all on board.

The Maryland General Assembly approved funds to build a new seven-story, state-of-the-art MIEMSS Shock Trauma Center. A $21 million state grant was received in 1985 to begin construction. Ground-breaking ceremonies were held in December. Legislative leaders and Governor Harry Hughes also pledged their support to appropriate $10 million in 1986.

Two additional levels of advanced life support, aviation trauma technician (ATT) and emergency medical technician-paramedic (EMT-P), were recognized by the Board of Medical Examiners of Maryland.

Paramedic examinations for national certification were held in January. There were 124 nationally registered EMT-Ps in Maryland by the end of FY 1985.

The neonatal intensive care units at the Greater Baltimore Medical Center and Children's Hospital National Medical Center were designated as part of the Maryland Regional Neonatal Program.

The **statewide** 911 emergency system of communication was implemented beginning July 1.

Senate Bill 508 provided direct state assistance to local jurisdictions for the first time.

The Maryland State Police dedicated the sixth Med-Evac helicopter section in Centreville. The new helicopter serves Cecil, Kent, Queen Anne's, Talbot, and Caroline counties on the upper Eastern Shore in Region IV.

New medical protocols for Maryland CRTs and EMT-Ps were implemented.

1986

A comparison of the figures for injury deaths occurring before patients arrived at a medical facility (DOA) shows that accident victims have a better chance of survival in Maryland than in the United States as a whole. A study by MIEMSS operations research and systems analysis department shows that the national rate of DOAs was 2.5 times that of Maryland's rate.

Patient number 20,000 was admitted to the Shock Trauma Center in December.

MIEMSS staff actively supported the successful legislation for a mandatory seat-belt law.

Southern Maryland Hospital Center in Clinton (Prince Georges County) was designated as a provisional areawide trauma center.

A new 110-hour Maryland EMT-A training and certification program was approved for statewide implementation beginning July 1. The enhanced program integrates first-responder training with EMT-A training; the first 40 hours of the EMT course satisfy the first-responder requirements. This enables the first responder to proceed to a higher level of training without the need for repetitive training. In effect, this modularizes BLS training in the same manner in which ALS training has been modularized.

Maryland, Washington, DC, and Virginia emergency services responded to a mock earthquake in Missouri as part of a drill by the National Disaster Medical System (NDMS). Six-hundred "victims" were flown to Baltimore-

(Continued on page 7)

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Washington International Airport and Andrews Air Force Base to receive care. The NDMS drill was coordinated by MIEMSS and involved field providers, hospital personnel, and personnel from the military, federal agencies, and support organizations.

MIEMSS received a grant from the Maryland Department of Health and Mental Hygiene to develop a comprehensive state plan for injury prevention. A statewide advisory committee was formed chaired by MIEMSS Director Dr. R Adams Cowley with vice-chairperson Professor Susan P. Baker, of the Johns Hopkins School of Hygiene and Public Health.

Pilot EMT-defibrillation programs were started in Calvert and Prince Georges counties.

Statewide helicopter regulations went into effect in Maryland for the first time to enhance helicopter safety and to improve communication between helicopters and hospitals.

A Special Report on the Organization, Management and Structure of the Maryland Emergency Medical Services System was published.

1987

A memorandom of understanding was signed between Maryland and the District of Columbia regarding prehospital care and the delivery of trauma patients. The memorandum provides guidelines for questions arising when emergencies occur close to the jurisdictional boundaries.

The NDMS (National Disaster Medical System) Exercise revolved around a simulated fire and explosion "occuring" in the field house of Prince Georges Community College. Fire and rescue personnel were confronted with more than 500 "victims" who had to be triaged, moved from the field house, reassessed, stabilized, and transported to treatment facilities. The exercise was conducted through the cooperation of various agencies, including MIEMSS, U.S. military branches, the U.S. Public Health Service, and the Prince Georges County Fire Department.

The U.S. Congress officially designated the National Study Center (NSC) as the Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems. The mission of the NSC is to establish a base of knowledge from which studies on regional and national trauma systems can be disseminated through established networks.

A consultant study authorized by the Joint Legislative Committee on the Med-Evac Program "recognized the uniqueness and exceptional quality of Maryland's public use, statewide, emergency trauma-care system." It recommended enhancements, including replacement of the existing fleet of Bell Jet Rangers with larger, twin-engine helicopters and suggested a requirement regarding specific flight hours for current and new pilots, incentive pay for flight crews, and a number of communication, training, and procedural enhancements.

An Amtrak train carrying more than 600 persons crashed into the rear of three connected Conrail freight locomotives in Chase, Maryland. Wreckage was strewn for over half a mile. There were 15 fatalities on the scene, and one person later died of injuries at the Shock Trauma Center. More than 400 people were evaluated and processed through the secondary triage and treatment center at the scene, and more than 175 people were transported to hospitals. The Baltimore County Fire Department was in charge of the incident, which included local fire suppression, rescue, and police units, MIEMSS, and mutual-aid fire, rescue, and law enforcement personnel from other jurisdictions and from nearby states. The state EMS system effectively handled the mass casualty.

The Baltimore-Washington International (BWI) Airport held a disaster drill to test the coordination between the command structures of BWI, MIEMSS, and Anne Arundel County. A communication drill was performed as part of the National Disaster Medical System.

MIEMSS established an EMS Critical Incident Stress Debriefing (CISD) Program to assist Maryland EMS personnel, firefighters, police officers, and others who work under conditions of extreme stress.

The seventh helicopter was added to the Maryland State Police Med-Evac fleet. Helicopter 7 is based at the Patuxent River Naval Station in Lexington Park and serves the area of Calvert, Charles, and St. Marys counties.

(Continued on page 8)

DATED MATERIAL

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(Continued from page 7)

MIEMSS participated in the drill of the Baltimore City Hazardous Materials Action Plan and conducted the medical response.

The legislature voted to establish a $31 million fund to replace the Maryland State Police air med-evac fleet with new twin-engine aircraft.

"AIDS: A Guide for EMS" was compiled by the MIEMSS Task Force on AIDS and distributed to ambulance companies and fire departments in Maryland.

As proposed by MIEMSS and mandated by the Joint Legislative Committee on the Med-Evac Program, Maryland's aviation trauma technicians (ATTs) are increasing their training to become emergency medical technician-paramedics (EMT-Ps).

New ALS protocols went into effect.

The Shock Trauma Silver Anniversary Gala, celebrating 25 years of the Center, raised $108,000 for the Shock Trauma Foundation.

1988

Governor William Donald Schaefer approved funding for equipping the new R Adams Cowley Shock Trauma Center; for replacing and upgrading the statewide EMS communications system; and for enhancing training for pre-hospital care providers, particularly in self-study materials.

The Shock Trauma Gala, celebrating the 15th anniversary of the Maryland EMS System, raised $200,000 for the Shock Trauma Foundation.

A new communications system using a frequency of 44.74 MHz establishes direct contact from SYSCOM to every Maryland State Police Med-Evac helicopter around the state.

Legislation was passed requiring that police, firefighters, EMTs, or rescue workers be notified if they have transported or treated someone with AIDS.