

Maryland

EMS

NEWSLETTER

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For All Emergency Medical Care Providers

August 1989

EMS Coverage at Whitewater Championships



The 1989 World's Whitewater Championships on the Savage River in Western Maryland drew hundreds of athletes from more than 30 countries and tens of thousands of spectators.

When the "world" came to Western Maryland recently, EMS was ready.

The 1989 World's Whitewater Championships were held from June 12-25 on a river that lives up to its name — the Savage River. Tucked away in the mountains separating Allegany and Garrett counties near Westernport, 25 miles from Cumberland, the tiny community of Bloomington hosted hundreds of athletes representing over 30 countries (including the Soviet

Union), support personnel, tens of thousands of spectators, and print and broadcast media from around the world (including ESPN, NBC, and Maryland Public Television). The two-week-long event, held in the Savage River State Forest, was the culmination of five years of planning, and its success provided a fitting tribute to the dedicated volunteers who worked so tirelessly to make it a world-class event.

Under the leadership of State Senator John N. Bambacus (R-

Allegany, Garrett), president of Whitewater Championships, Inc., and Executive Director Don Stork of Garrett Community College, eight committees were charged with planning and directing the activities. The Special Services Committee was responsible for coordinating all emergency services, including police, fire, and EMS. Co-chaired by Steve Hamilton, administrative assistant of the state forest for the Maryland Forest, Park & Wildlife Service, and Maryland State Police (MSP) Sgt. H.W. Graham, the committee was composed of representatives from virtually every segment of emergency services in the two counties.

Through the MIEMSS Region I office in Grantsville, Dave Ramsey, regional administrator, helped coordinate the staffing and supply requirement for the races. Four rescue squads cooperated to supply at least one ambulance and ALS crew for each of the 16 days, and two units were in service for each race day, as well as for the popular time trials which preceded the weekend races. Southern Garrett County Rescue Squad of Oakland, Northern Garrett County Rescue Squad of Grantsville, and Georges Creek Rescue Squad of Lonaconing provided on-site coverage, along with Tri-Towns Rescue Squad of Westernport, which additionally supplied a line officer each day to fill the role of EMS supervisor. Francis Mowbray and Tim Dayton, chief and deputy chief, respectively, of Tri-Towns Rescue, also worked to ensure that the race site was never without EMS

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coverage, which, in some cases, meant dispatching an additional unit from their station to meet the race-site ambulance to relay a patient to the hospital.

Emergency communications were provided by Garrett County's emergency management agency. Brad Frantz, director, and Phil Rook, assistant director, established a command post at the site and provided dispatchers around the clock.

MIEMSS communications technicians Phil Lazereth and Rich Berg, under the direction of Tom Miller, provided a base station at the command post and erected a temporary repeater high atop the mountain overlooking the state forest. The repeater provides a link to the Allegany County Communications Center for access to the EMS system. They also supplied portable radios for the crews, which enabled them to move among the thousands of spectators packed along the narrow river banks, thus forming a quick response team. The crews were also provided with backpacks by the Whitewater committee and were stocked with first-aid supplies donated by Tri-Towns Rescue.

The committee was well prepared for the types of calls they received, but also had contingency plans for such disasters as hazmat incidents and radioactive contamination. In cooperation with the FBI, plans were made to deal with terrorist activities, mass casualties, and emergency evacuations from the state park.

Although only six transports were made during the two week period, many spectators were treated for minor conditions at the scene. A physician was on hand each day to provide medical supervision, along with the local chapter of the American Red Cross. Composed of several EMTs and CRTs from area squads, the Red Cross staff was credited with recognizing a potentially lethal emergency when they referred a "nausea" patient for transport to an area hospital for treatment of a previously undetected cardiac condition.

The normally tranquil Savage River is controlled by a dam, which also marked the beginning of the race course. The usual flow of the river is about 75-100 cubic feet of water per second, so the Savage is known more for its serenity and plentiful fishing than for being one of the toughest

whitewater courses in the world. But when the more than 1,000 cubic feet per second of mountain water is unleashed at the spillway, the transformation from babbling brook to raging monster is breathtaking.

The local MSP Med-Evac helicopter was also on alert for the entire two-week period, under the direction of Cpl. Ed Hanna. The helicopter was called twice for transports from the race site, the most serious being a 36-year-old woman who sustained a trauma injury while watching the kayak races on the last Saturday of the championships. Perched on the railing of a boardwalk near the finish line, the woman was knocked to the rocky river bank by a falling tree, apparently broken by the weight of some overanxious race fans. The first response came from the Forest, Park & Wildlife personnel, all of whom are trained as either first responders or EMTs and who were patrolling the entire length of the 1/2 mile course. After the situation was assessed, the command post was notified, and two units from opposite ends of the course were dispatched. Foot patrols were contacted and, within two minutes, Maryland EMS personnel were treating the patient, who had a head injury, back pain, and a possible fracture of the humerus, along with several cuts and abrasions. After stabilizing her and inserting an IV, the crew immobilized her on a full board, then carried her back along 75 yards of



sloping river banks, wading through many of the 5,000 spectators to reach the awaiting unit. She was then transported by ambulance to the Med-Evac landing site in Bloomington and flown to Memorial Hospital in Cumberland, Region I's areawide trauma center, some 30 land-miles away. Total time for the incident, from dispatch to hospital, was 56 minutes.

Even though the American team has dominated the canoe and kayak arenas in recent years, this is the first time that an event of such grand scale has been held in the U.S. However, plans are already underway to host other national and international events during the next several years, possibly including the 1992 Olympic trials, which speaks well of the reception to this year's events. And one thing is certain — if the world ever turns its eyes to Western Maryland again, EMS will be there, proudly delivering the best care anywhere.

◆ Bill Crawford, CRT
Intern, Region I Office



Tri-Towns Rescue worked to ensure that the race site was never without EMS coverage. (Front row) Eric Derham, Schelotta Miller, Tammy Taylor, Kay Mellon, Pam Francis, Carolyn Campbell, and Marc Karalewitz. (Back row) Francis Mowbray, Terry Timbrook, Jeff McGoye, Louie Shopper, Jr., Bill Smith IV, and Tom Kelley.

Helping Hand Trauma Patients Reenter the Job Market



Denise R. Gates, a former carpenter whose arm was crushed on the job, had taken a drafting course before her injury so she could learn how to read blueprints. She is now developing her drafting skills to make that her primary job. (Photo courtesy of Union Memorial Hospital)

During its 14 years as a specialty referral center in the Maryland EMS system, the Hand Center at Union Memorial Hospital has changed its focus to fit the needs of its patients.

The nucleus of the center is state-of-the-art surgery and microsurgery, which continually evolve and improve as new technology develops. The biggest change in hand surgery today is free tissue transfer, the facile shifting of tissue from one part of the body to another for reconstruction of the traumatized patient. Free tissue

transfer includes shifting skin and bone, or skin, tendons, and muscle away from their original blood supply and hooking them up to a different blood supply elsewhere in the body.

Reattachment of amputated parts, which used to cause some apprehension and create a bit of a flurry, is now done almost routinely.

These modern surgical "miracles" are followed at the Hand Center by physical and occupational therapy, rehabilitation and a work-hardening program in the light and heavy workshops, and other services needed to help the patient reach his/her ultimate development. But when the patient reaches that point, how does he/she realistically get back into an unfriendly job market? The Hand Center bridges that gap through its vocational analysis center.

E.F. Shaw Wilgis, MD, director of the Hand Center, explains, "We're closing the circle for the trauma victim to get him back into the social and occupational environment. It has nothing to do with sewing fingers back on, but it is very necessary for the patient. Real advances are being made in this area now."

The vocational evaluation center, or the "game room," as it is affectionately called, has equipment designed to test the injured worker for eye-hand coordination, dexterity, motor skills, color discrimination, etc., through skill stations ranging from simple

assembly to use of tools, electrical circuits, and computer games. A vocational evaluator, in collaboration with a vocational counselor (usually assigned by the worker's insurance company), looks at the worker's intellectual and physical skills, as well as interests and vocational temperament, to find a prospective job that will be a good "fit."

The degrees of skills needed for different jobs are defined by the Dictionary of Occupational Titles, a US Department of Labor publication. Most work stations are "normed"; that is, standards can be compared with those of individuals who would compete for similar jobs in the open job market. The object is to see that the worker attains substantial, gainful employment with a salary relatively close to what was earned before the injury.

Analysis is rarely begun less than 6-months post-injury and may take several months to complete. Results of the completed analysis are fed into a computer that matches skills with jobs; it may come up with as many as 40 job possibilities. At that point, a meeting is held between the vocational counselor, the vocational evaluator, and the worker to determine a future course of action. If the worker's skills cannot be brought up to the required level for his previous job, he is trained for another job based on his skills and interests.

"We do not leave recovering patients to their own devices," Dr. Wilgis says. "Through various levels of rehabilitation and training we try to give them a boost up for when they must face the open job market."

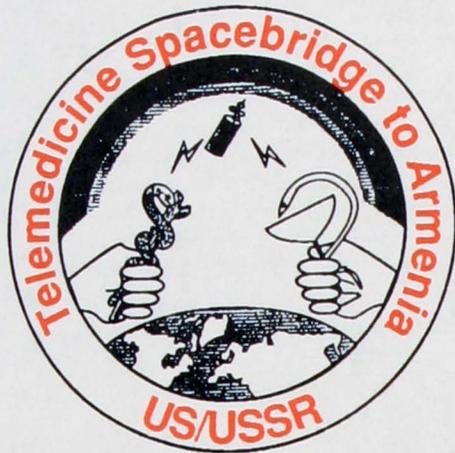
◆ Erna Segal



Lynn R. Dowd, MA, CVA, vocational evaluator, instructs Dr. Wilgis in a skill test that will gauge a worker's visual comparisons, ability to follow different steps, perform inspection tasks, and make fine measurements using a micrometer and a caliper. (Photo courtesy of Union Memorial Hospital)

Nursing Workshop Begin

Nursing workshops sponsored by the EMS Nursing and Specialty Care Department of MIEMSS will begin in September. Many new topics have been added to the schedule this year. Monthly calendars noting the workshops, dates, locations, costs, and CEUs (for nurses and, where applicable, for EMTs/CRTs) are available by calling 301-328-3930.



A new program has linked MIEMSS and three other American university medical centers (Uniformed Services University of the Health Sciences, LDS Hospital in Utah, and the University of Texas Medical School at Houston) with medical personnel in the Soviet Union to establish a "Spacebridge" telecommunication system for medical consultation. The program was a humanitarian effort to assist the delivery of state-of-the-art medical expertise to the survivors of the Soviet Armenian earthquake in December. Spacebridge has also been used to help victims of a more recent disaster at Ufa, a city in the eastern Ural Mountains in the USSR, where two trains passed through an area of a natural gas leak and exploded. Hundreds of people were killed and more than 140 persons, including many children, were severely injured and burned.

The idea of satellite medical consultation was offered to the Soviet Union by the National Aeronautic and Space Administration (NASA) in the aftermath of the Armenian earthquake disaster response. When the earthquake emergency was brought under control, the Ministry of Public Health of the USSR invited the NASA group and consultants from the NASA Aeromedical Advisory Committee to Russia to discuss medical consultation collaboration to help victims of this disaster. Several outside consultants, including John H. Siegel, MD, professor of surgery from MIEMSS, and NASA personnel, were members of an 11-person delegation that traveled to Moscow in March. On March 9, the US/USSR Joint Working Group on Space Biology and Medicine, pursuant to the official offer made by NASA on

MIEMSS Joins Soviet Union in 'Spacebridge'

behalf of the US government, concluded an agreement with the Institute of Biomedical Problems and the SOYEZMEDINFORM. Dr. Siegel played a significant role in the activities leading to the international agreement due to his previous contributions to the definition and design of the medical care facility aboard the proposed US Space Station.

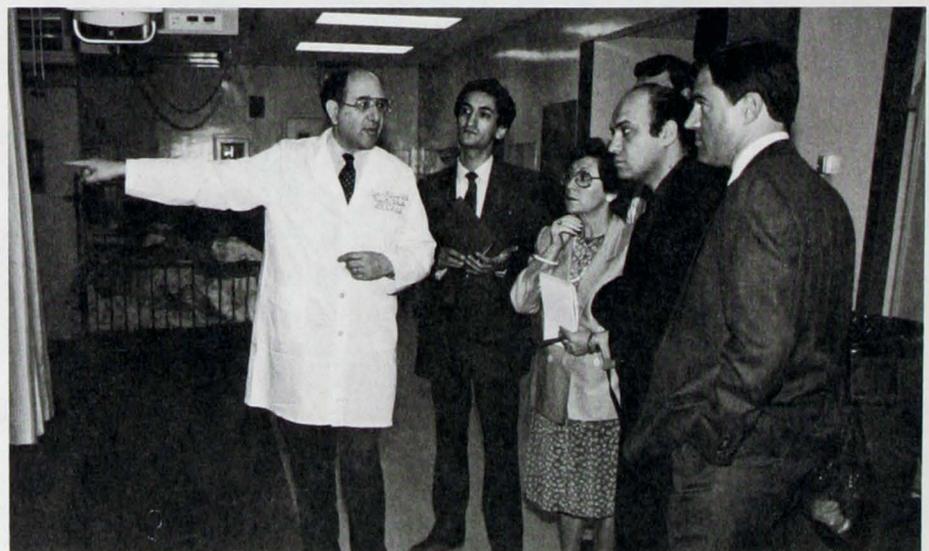
On April 19, two Soviet physicians returned the visit. Drs. Gyat Nikogsyian and Ashot Sarkisyon visited the R Adams Cowley, MD, Shock Trauma Center accompanied by Natalie Karakulko, of the Lockheed Life Sciences (NASA) contract; Dale Anders, MD, of Lockheed; and James S. Logan, MD, NASA manager of aerospace medicine. They toured the new center with Dr. Siegel and learned about Maryland's statewide EMS system.

Under the Spacebridge program, for a period of about 3 months Armenian physicians presented patients' medical problems using closed-circuit TV by satellite. The Shock Trauma physicians giving consultation helped to interpret the severity of the injury and to recommend appropriate treatment in a 2-way phone conversation. Dr. Siegel explained, "Here at the Shock Trauma Center we have expertise in acute and reconstructive problems related to injuries, critical care, and severe

infections. We have a full-time permanent staff in general, thoracic, orthopedic, plastic, and reconstructive surgery; diagnostic methodologies specifically related to trauma, including CAT scans, angiography, ultrasound, and general radiology; anesthesiology; and rehabilitation, including speech-communication therapy for brain-injured patients, physical therapy for physically injured patients, and psychosocial services for patients and their families. Our main expertise as consultants lies in the large number of patient problems we have solved previously and that we work together every day and are accustomed to thinking of multisystem coordinated problems."

Shock Trauma Center physicians primarily involved in the project included Dr. Siegel; Robert J. Brumback, MD; Charles E. Wiles III, MD; Brad M. Cushing, MD; H. Neal Reynolds, MD; Howard Belzberg, MD; Ellis S. Caplan, MD; Andrew R. Burgess, MD; and Stuart E. Mirvis, MD. However, all of the MIEMSS Shock Trauma Center specialists contributed time to this project. In addition, the Baltimore Regional Burn Center at Francis Scott Key Medical Center, one of the specialty referral centers of the MIEMSS statewide EMS system, provided its expertise at the time of the Ufa disaster. Drs. Andrew

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"Telemicine Spacebridge" program visitors learn about the Shock Trauma Center. (L-r): Dr. John H. Siegel, Dr. Ashot Sarkisyon, Natalie Karakulko, Dr. Gyat Nikogsyian, and Dr. James S. Logan.

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M. Munster and Robert J. Spence, codirectors of the Burn Center, consulted on burn reconstruction problems for the burned adults and children.

To carry on the Telemedicine Spacebridge mission, NASA established a one-way telemedical communications link and a 2-way phone and FAX link from MIEMSS to the Armenian Medical Diagnostic Center of the Armenian Republic Hospital in Yerevan, Armenia, using a communications network established and maintained by NASA Goddard Spaceflight Center. For the consultation to Ufa, an intra-Soviet link was made to Yerevan for transmission to the US medical centers. All costs of communication between the Soviet Union and MIEMSS were covered by NASA.

In a letter to R Adams Cowley, MD, former director of MIEMSS, Dr. Logan said that this important humanitarian enterprise is supported at the highest levels of the United States government as a vehicle for enhancing peaceful US-Soviet cooperation. "The ongoing contributions of your institution to space medicine and the application of space technology to terrestrial health care are genuinely appreciated."

Spacebridge did its job and is now closed down; it was designed to support disaster response. On September 8-11, a delegation of physicians from the Soviet Union who participated in the Spacebridge program will meet with NASA, MIEMSS, and the other participating medical centers, to discuss the successes and failures of the program and to explore whether it can be set up on a permanent basis. Dr. Siegel explains, "It took time to negotiate the agreement. In the event of disasters in the future, this medical consultation capability should be in place before the fact. It might be continued under the aegis of an organization such as the United Nations or the World Health Organization if funding sources are identified. This system is a model for communication, applicable in this country or anyplace else in the world, for major disaster consultation."

The advantage of having such a system on a permanent basis is that it establishes a network of major hospitals willing to provide expert consultation at any hour of the day in a wide range of areas related to disaster — not just

trauma, but others, such as epidemiology. During the Armenian earthquake consultations, the destruction of community life created many psychological problems. The Uniformed Services University of the Health Sciences was able to provide the necessary help through its wide experience with combat psychiatry. This university also provided help with combating major biological epidemics.

MIEMSS and the University of Texas provided trauma consultations; the LDS Hospital in Utah consulted in critical care. And, as an indication of the many benefits of medical consultation, there were even occasional questions about other medical problems, such as malignancies.

◆ Erna Segal

Celebrating EMS Week in Maryland

Maryland's EMS regions are making plans for EMS Week observances September 17-23. EMS Week proclamations will be issued by counties around the state. A summary of the tentative plans follows:

Region I: EMS exhibits will be shown at the Country Club Mall; programs and presentations will be given in the schools by local rescue squads; media coverage will include newspaper articles and TV public service announcements on EMS, as well as advertising on electronic bulletin boards, such as in banks. During half-time at football games, announcements will be made mentioning EMS Week and the rescue squad providing coverage for the crowd at the game.

Region II: Sunday, September 17 has been declared Emergency Services Sunday in Washington County and the City of Hagerstown, by order of the county commissioners and the mayor of Hagerstown. A special church service recognizing and honoring emergency service (medical, fire, and police) providers will be held at Calvary Grace Brethren Church on West Franklin Street and Bryan Place at 10:30 am. All EMS providers are invited to attend. Washington County will probably again hold a picnic for EMS providers, sponsored by Washington County Hospital, the region's areawide trauma center, at the American Legion Picnic Grounds in Williamsport. In addition, Walkersville Volunteer Rescue Company is planning a mass casualty training drill to kick-off EMS Week observances. Plans are not yet announced for other Frederick County

activities due to a conflict in dates with the county fair.

Region III: A disaster drill at BWI Airport is planned during EMS Week and there will be displays at various malls throughout the region. A fire expo highlighting EMS will be held in Harford County on September 23 and in Annapolis on September 24. Carroll County will host a dinner for prehospital care providers.

Region IV: A series of open houses will be held at fire departments and celebrations will be held at hospitals. EMS Week will finish with the "Promoting Excellence in EMS" Conference on September 23-24 at Memorial Hospital in Easton; prehospital care providers who participate can earn 12 hours of continuing education credits. Preregistration is required.

Region V: A full day of family-oriented activities is scheduled at Suitland Senior High School, emphasizing public education and public awareness of EMS. The primary Region V activity will be the "EMS Issues" Conference, which will be held at the Colony South Hotel in Clinton. The conference, which includes emergency department, hospital, and prehospital personnel, will seek creative ways of dealing with intrasystem problems. The Southern Maryland counties are planning activities in conjunction with their respective county fairs, which will also be held in September. Montgomery County will be offering pediatric CPR classes for the public and is tentatively planning to offer SAFE KIDS programs in area elementary schools.

AAAM Seeks Answers to Traffic Injury Problems

Editor's Note: The 33rd Annual Conference of the Association for the Advancement of Automotive Medicine will be held in Baltimore, October 1-4, at the Medical School Teaching Facility of the University of Maryland at Baltimore. MIEMSS is the host and cosponsor. For information, call Terry Young at 328-2399.

One way to get to the top of the list is to have your name start with three As. Another way is to distinguish yourself in your field. The Association for the Advancement of Automotive Medicine has managed to do both. It is unique as the only professional multidisciplinary organization dedicated entirely to crash injury control.

The AAAM was founded in 1957 by the Medical Advisory Committee to the Sports Car Club of America, six practicing physicians whose avocation was motor racing. These physicians had the vision to recognize the need for clinicians to be directly involved in public policies and programs of injury control for the general motoring public. In 1964, the bylaws were rewritten to give full and equal membership status to professionals other than physicians, thereby embracing the philosophy that understanding injury and how to prevent it requires a broadbased approach.

Recognizing its growing international potential (about one-fifth of its 600 members are from outside the USA), the membership voted to change the Association's name in 1987 to the current one. (Some may know the AAAM as the American Association for Automotive Medicine.) But the goal remains the same — to establish the global recognition of traffic injury control through education, research, and public policy.

The AAAM's annual scientific conference has the reputation for being the most authoritative forum on current knowledge in traffic injury control. Refereed papers routinely deal with injury studies, the role of alcohol in crashes and its potentiating effect on trauma, injury severity scoring, injury mechanisms and the biomechanics of impact, the effects of seat-belt and motorcycle use laws on incidence, severity, and patterns of injury, and the relationship of injury and vehicle design. *Accident Analysis and Prevention* is the AAAM's official journal.

Biannual courses on the biomechanics of impact conducted by the AAAM provide an educational opportunity to bridge the medical-engineering gap in understanding human tolerances and injury mechanisms. A specialized course on the uses and techniques of injury scaling is also offered for hospital medical and records personnel who are responsible for injury data collection and AIS-ISS coding.

The AAAM is the parent organization of the Abbreviated Injury Scale (AIS) on which the Injury Severity Score (ISS) is based. Originally developed in the late 1960s by a joint committee of the AAAM, the American Medical Association, and the Society of Automotive Engineers, the AIS has become the universal standard of choice for severity assessment of injury, both blunt and penetrating. The AIS is also used for hospital quality assurance programs, societal cost studies, and numerous research studies. The AIS is one of the most frequently cited references in the medical and technical literature and has been translated into four languages.

In 1982, the AAAM with the Medical Society of the State of New York established the New York Coalition for Safety Belt Use which paved the way for the first seat-belt use law in the USA. Dozens of state coalitions followed the New York model. Thirty-three laws now exist. According to a number of studies, belt use is routine for at least 50 percent of motor vehicle occupants, and the gratifying results are being seen in injury reductions.

Despite all the attention to drinking and driving, this problem persists as one of the most resistant "nuts to crack." The AAAM recently adopted the position that a BAC (blood alcohol content) of 0.05 g/dl should be considered as presumptive evidence of impairment, and 0.08 g/dl as illegal per se to operate a motor vehicle. Both empirical and experimental data support the fact that all drivers are impaired at 0.08. Bills have been introduced in at least 10 state legislatures reducing the BAC limit from 0.10 to 0.08.

In an effort to improve the epidemiological data base, the AAAM supports mandatory BAC testing of all

drivers involved in fatal and serious injury-producing crashes as a necessary step to allow better tracking of alcohol involvement in crashes and to facilitate detection of alcohol-impaired surviving drivers who otherwise may go undetected.

The AAAM says that a national institute on trauma research should be established with funding commensurate with the problem and that regional systems of trauma care should be developed and implemented nationwide.

The AAAM's strength lies in its multidisciplinary membership representing medicine, biomechanics, engineering, epidemiology, statistics, education, law, and public policy. It combines clinical, research, academic, and administrative backgrounds to form an unusual blend of movers and shakers in traffic injury control. The Association is in the most exciting years of its growth. Trauma has finally gained public and legislative notice as the major health problem it is. The AAAM is in a pivotal position to wield its scientific credibility to finding solutions to the traffic injury portion which is about one-half of the trauma problem.

Interested in becoming part of the powerful network? For more information, write AAAM, 2350 E. Devon Ave., Suite 205, Des Plaines, IL 60018.

◆ Elaine Petrucelli
Executive Director
AAAM

Mark Your Calendar

Trauma Symposium Slated for March '90

The time of the National Trauma Symposium has been changed from the fall to the spring. The 12th National Trauma Symposium will take place in Baltimore at the Baltimore Convention Center, March 18-20, 1990. For information, including submission of abstracts for presentation, contact Terry Young at 301-328-2399.

AA Co. Fire Department Sponsors EMS Conference

"Survival in EMS in the 90s" is the theme for the 3rd Annual EMS Symposium sponsored by the Anne Arundel County Fire Department in October 1989. The 2½-day program will begin on Friday evening October 20 and continue through Sunday, October 22. A reception will be held on Saturday.

Topics for the symposium include the terrorist threat; self-defense for EMS providers; the haz-mat patient; medical-legal considerations; the injured provider; EMS — the spouse's view; med-evac helicopter operations; AIDS/infectious disease update; the impaired provider; humor for the health of it; and current issues in EMS.

Continuing education credits are available. The symposium will be held at Anne Arundel Community College in Arnold, MD; checks for the \$10 registration fee should be made out to the college. For additional information, contact the Anne Arundel County Fire Department EMS Training office at 301-987-4010, ext. 360.



Instructor of the Year . . .



At the Maryland State Firemen's Association Convention in June in Ocean City, Marge Epperson-SeBour, director of MIEMSS psychosocial services department, was named the Francis L. Brannigan Instructor of the Year for her efforts in developing stress management education and critical incident stress debriefing training for first responders throughout the state. The award was presented by the Chesapeake Society of Fire/Rescue Instructors. More than 800 EMS and fire personnel attended the Ocean City convention.

Coming in the Next Issue . . .

An assessment of where we are in Maryland EMS will be offered by Dr. Ameen Ramzy, state EMS director.

Search Committee For MIEMSS Director

The recently formed Search Committee for the Director of MIEMSS held its first meeting August 10.

William J. Kinnard, Jr., PhD, acting president of the University of Maryland at Baltimore, is chairperson of the search committee. Other members include Maj. William E. Barnard (chairman of REMSAC); Mordecai P. Blaustein, MD (professor and chairman, department of physiology, University of Maryland School of Medicine); Andrew R. Burgess, MD (director of orthopaedic traumatology, MIEMSS); Anthony L. Imbembo, MD (professor and chairman, department of surgery, UMMS); Ameen I. Ramzy, MD (deputy director of MIEMSS and state EMS director); Stephen C. Schimpff, MD (executive vice president, UMMS); and Connie A. Walleck, RN, MS (associate director of nursing, MIEMSS).



CISD Training Session

A critical incident stress debriefing (CISD) 2-day training session will be held September 21 and 22 at the Student Union Building Facility on the University of Maryland at Baltimore campus. All CISD members and potential team members are invited to attend. For more information, call Marge Epperson-SeBour at 301-328-6416.



Tri-County Conference

Pyramid '89, a Region V tri-county conference, will be held on September 9-10 in Solomons primarily for BLS and ALS providers in Calvert, Charles, and St. Marys counties; providers from other counties are also invited to attend. Providers can earn 12 EMT continuing education credits; ALS credits are also available. Part of the conference will be held in the Calvert Marine Museum. Approximately 150 people are expected to participate. Preregistration is required; for further information contact the Region V Office at 301-474-1485.



Dr. Stafford Named DHMH Dep. Sec.

John D. Stafford, MD, MPH, former MIEMSS aeromedical director of the state Med-Evac helicopter fleet operated by the Maryland State Police, recently was named Deputy Secretary for Public Health in the Maryland Department of Health and Mental Hygiene. The appointment was effective June 23.

Dr. Stafford is now responsible for the overall administration of all areas of public health, including AIDS, family health, addiction services, chronic disease protection, developmental disabilities, chronic and rehabilitation facilities, child health services, mental health, and other public health areas. He also represents DHMH on the Board of Physician Quality Assurance.

Ameen Ramzy, MD, state EMS director, is assuming the responsibilities of the aeromedical director until he selects a new aeromedical director.





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DATED MATERIAL

MIEMSS Region IV Conference Slated

"Promoting Excellence in EMS," a 2-day continuing education conference for Region IV EMTs and CRTs, will be held on Saturday and Sunday, September 23 and 24. The conference is sponsored by the Memorial Hospital at Easton, the Caroline County Advanced Life Support Services, and the MIEMSS Region IV office. Participants who attend both days of classes will earn 12 hours of continuing education credits toward their recertification requirements.

Registration will begin on Saturday from 7:30 to 8:30 am at Memorial Hospital at Easton (Education Wing), 219 S. Washington Street. The registration fee (\$15.00) includes coffee and danish Saturday and Sunday mornings; lunch on Saturday and Sunday at Memorial Hospital; and soft drinks in the afternoon.

Sunday's program will convene at 9:00 am and conclude at 4:30 pm. Registration for Sunday's program will be from 8:30 to 9:00 am.

Registration must be received by September 15. (No walk-in registration will be accepted.) For additional information, call the Region IV office at 301-822-1799.

Speakers and topics at the conference will include:

- **TRAUMA PATIENT CARE and TRAUMA CASE REVIEWS**
Ameen I. Ramzy, MD
MIEMSS Deputy Director and State EMS Director
- **WHEN SHOULD BLS CALL FOR ALS**
Robert Adkins, MD
Chief of Emergency Services, Peninsula General Hospital Medical Center and Region IV Medical Director
- **FORENSIC MEDICINE AND EMS**
John Smialek, MD
State of Maryland, Chief Medical Examiner
- **HAZARDOUS MATERIALS AND EMS**
Capt. Gary Warren
Baltimore County Fire Department
- **DIABETIC EMERGENCIES**
Robert J. Melfi, MD
- **PEDIATRIC EMERGENCIES**
- **NEUROTRAUMA**

MIEMSS Region IV Conference • Registration Form • September 23 and 24, 1989

Name _____ EMS Affiliation _____

Address _____ Phone (Work) _____

_____ Phone (Home) _____

EMT-A CRT Social Security Number _____

- Registration must be received by September 15, 1989.
- Registration fee of \$15 is required in advance. No reduction in fee for partial attendance. Make check payable to Sonya Crawford, RN. Please put your name and social security number on your check.
- No walk-in registration will be accepted. Space is limited and will be allotted on a first-come, first serve basis.
- Conference schedule will be forwarded upon receipt of registration.
- Mail forms and checks to Sonya Crawford, RN, c/o Emergency Department, Memorial Hospital of Easton, Inc., 219 S. Washington Street, Easton, MD 21601.