Maryland
E·M·S
NEWSLETTER

Vol. 16, No. 4 | For All Emergency Medical Care Providers | Nov. 1989

Celebrating EMS Week Throughout Maryland

Frederick Memorial Hospital saluted EMS providers by sponsoring a picnic.

The MIEMSS Region II exhibit was only one of many displays used to inform the public about fire, rescue, EMS, and law enforcement agencies during the 3-day Emmitsburg/Thurmont Community Show.

Various mutual aid companies assisted in triaging patients during the school bus/car accident drill held in Walkersville.

While Marie Newman (citizen services specialist) and Lt. Col. John Proels, both with the Prince Georges County Fire Dept., assist, children fish for safety and EMS prizes during Prince Georges County's EMS Day.

Two young girls talk with Pluggy, the robotic fire plug, at the Emmittsburg/ Thurmont Community Show.

Washington County Hospital sponsored a picnic to show appreciation to EMS providers.

Memorial Hospital at Easton paid tribute to EMS providers.

27 Honored at EMS Awards Banquet

During EMS Week, MIEMSS honored individuals or groups both within and outside of the EMS community, who had this year made outstanding contributions to the well-being of others. The awards were given at a banquet at the Engineering Center in Baltimore on September 21. Thirteen Distinguished Service Awards and 14 Certificates of Honor were presented by State EMS Director Ameen I. Ramzy, MD.

Certificates of Honor

Certificates of Honor are awarded to both civilians and EMS/public safety personnel who save or attempt to save seriously injured persons at the risk of injury to themselves. The following people received this award:

• *Wayne Bittinger,* Washington County: For heroic actions, despite his injuries, in pulling an unconscious man from a car moments before it exploded.

• *Monyette D. Chase (CRT)* and *Marjorie Petty (CRT),* Baltimore City Fire Department: For extraordinary efforts in rescuing a 78-year-old man from a burning building.

• *Gregory D. Evans (EMT-A)* and *Michael W. Herz (EMT-A),* Anne Arundel County Fire Department: For quickly responding to a fire in a hospital and removing patients to safety.

• *Carlos Force (CRT),* Prince Georges County Fire Department: For extraordinary life-saving efforts in carrying a patient to safety when a fire broke out in a hospital.

• *Cliff Gautereaux,* Montgomery County: For heroic actions in saving the life of a 7-year-old child who was pinned under the wheel of an automobile.

• *Trooper Bart Gottschall (pilot),* and *Trooper Steven Proctor (paramedic),* Maryland State Police Aviation Division, Frederick Section: For extraordinary life-saving efforts in rescuing 12 victims from the swift currents of the Potomac River near Harpers Ferry.

• *Master Firefighter Theron W. Held, Master Firefighter Tireray Staton,* and *Master Firefighter Thomas Williams,* Montgomery County Department of Fire & Rescue; *Private Chris Niblack* and *Private Clark Oliver,*

(L-r) Dr. James P.G. Flynn, acting director, MIEMSS; Ronald M. Kropp, MIEMSS Director of Planning, Development, and Management Analysis; Dr. Ameen I. Ramzy, State EMS Director.

(L-r) Peter K. Loewenheim, Washington Co. Communications; Dr. Randy S. Ellis (Washington Co. Hospital), Medical Director, Washington Co. ALS; Dick Metettal, Region II Administrator. Missing from the photo is Wayne Bittinger, Washington County.

(L-r) John Barto, Region IV Ass't. Administrator; Dr. Charles Schoenfeld, Memorial Hospital at Easton; Marcus Bramble, Region IV Administrator.

Bethesda-Chevy Chase Rescue Squad: For extreme bravery in rescuing a severely injured worker atop an ice-covered, 180-foot construction crane.

Distinguished Service Awards

Distinguished Service Awards are presented to members of the EMS community for outstanding leadership in problem-solving or in initiating injury or illness prevention measures. The following were presented with this award:

• *Educational Support Division,* Bureau of Advanced Emergency Medical Services, Prince Georges County Fire Department: For contributions to the EMS system by establishing and presenting instructional programs in many facets of EMS to citizens, providers, and instructors.

• *Randy S. Ellis, MD,* Medical Director, Washington County ALS program: For enthusiastic leadership in Maryland's EMS system, especially in the emergency care training of Washington County prehospital care providers.

• *Balmes "Barney" Hidalgo,* Rockville Volunteer Fire Department: For 20 years of outstanding service as an EMT instructor, EMT practical evaluator, and instructor preceptor.

(Continued on page 3)

(L-r) Connie Spates, RN, Cumberland Memorial Hospital, Vice-President Region I EMS Advisory Council; Elizabeth J. May, RN, EMT-A, LaVale Volunteer Rescue Squad; her husband, Ken May, EMT-A, LaVale Volunteer Rescue Squad; David Ramsey, Region I Administrator.

(L-r) Dr. Julie Casani (Francis Scott Key Medical Center), Chairman, Region III EMS Advisory Council; Laura E. Kelly, RN, CEN, EMT-P, Harford Co. Communications; Dr. Dan Morhaim (Franklin Square Hospital), former Region III Medical Director; EMS Chief Thomas G. Schaech, EMT-P, Harford Co. Communications; Dotty Arnold, accepting for Dr. P. Gregory Rausch, Medical Director, Frederick Co. Hospice Program; Richard Koons, CRT, Westminster Volunteer Fire Department; Monyette D. Chase, CRT, and Marjorie Petty, CRT, Baltimore City Fire Department; Gregory E. Evans, EMT-A, and Michael W. Herz, EMT-A, Anne Arundel Co. Fire Department; John Donohue, Region III Administrator; Beth Nachbar, Region III Ass't. Administrator.

(Continued from page 2)

• *Laura E. Kelly, RN, CEN, EMT-P,* Harford County Emergency Communications; *EMS Chief Thomas G. Schaech,* Harford County Department of Emergency Operations: For their years of dedicated service and untiring efforts to advance EMS in Harford County, especially for their work in implementing the paramedic program in Harford County.

• *Richard Koons (CRT),* Westminster Volunteer Fire Department: For developing and implementing training programs for continuing education and recertification of prehospital care providers in Carroll County.

• *Ronald M. Kropp (MIEMSS):* For his technical expertise and assistance in teaching field providers and managers the methodology of applying for EMS grants.

• *Peter L. Loewenheim,* Washington County Communications: For untiring efforts and technical expertise in improving the EMS communications system, particularly in Washington County.

• *Elizabeth J. May, RN, EMT-A,* LaVale Volunteer Rescue Squad: For 15 years of volunteer service, enthusiastic leadership, and giving unselfishly of her time to EMS.

• *Capt. Forrest E. Meeks, then Acting Commander,* Maryland State Police Aviation Division: For years of dedicated service in flying life-saving and med-evac missions and for upgrading medical- and flight-training levels of Aviation Division personnel.

• *Dan K. Morhaim, MD:* For his service as Region III Medical Director

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(L-r) Maj. Wm. E. Barnard (Prince Georges Co. Fire Department), chairman, REMSAC; Capt. Ronald Maxemchuck, Firefighter Steve Ager, and Sgt. Jim Miller, Educational Support Division, Bureau of Advanced EMS, Prince Georges County Fire Department; Carlos Force, CRT, Prince Georges County Fire Department.

(L-r) Lt. Col. James E. Harvey, Chief, Special Operations Bureau, Maryland State Police (MSP); 2/Lt. R.J. McGainey, Ass't. Operations/Medical , MSP Aviation Division; 1/Sgt. P.C. Crutchley, Commander, Frederick Section MSP Aviation Division, accepting for Trooper Bart Gottschall; Caroline Meeks, accepting for her husband, Capt. Forrest E. Meeks, then acting Commander, MSP Aviation Division; Trooper Steven Proctor, Frederick Section, MSP Aviation Division.

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from 1983 to 1989.

• *P. Gregory Rausch, MD, Medical Director,* Frederick County Hospice Program: For his many years of leadership in hospice care, which led to the development of the Maryland Hospice/EMS Palliative Care protocol, the first of its kind in the nation.

• *Charles Schoenfeld, MD,* Memorial Hospital at Easton: For outstanding leadership in establishing ALS support programs in Talbot, Caroline, and Queen Anne's counties.

James P.J. Flynn, MD, acting director of MIEMSS, praised the individuals receiving awards, citing their heroism and unselfish giving of time and noted that their work "means a better and safer environment and a better life for all of us."

(L-r) Master Firefighter Thomas Williams, Montgomery Co. Department of Fire/Rescue Services; Ass't. Chief Mary Beth Michos, Montgomery Co. Department of Fire/Rescue Services, accepting for Balmes "Barney" Hidalgo, Rockville Volunteer Fire Department; Pvt. Chris Niblack, Bethesda-Chevy Chase Rescue Squad; Ramon F. Granados, Director, Montgomery Co. Department of Fire/Rescue Services; Master Firefighter Tireray Staton, Montgomery Co. Department of Fire/Rescue Services; Cliff Gautereaux, Rockville; Capt. C. Edward Bickham, Montgomery Co. Department of Fire/Rescue Services, accepting for Pvt. Clark Oliver, Bethesda-Chevy Chase Rescue Squad. Missing from the photo is Master Firefighter Theron W. Held, Montgomery Co. Department of Fire/Rescue Services.

MIEMSS to Develop Expert System for Navy

Picture a ship or submarine at sea for a prolonged period of time under orders to maintain strict radio silence. Suddenly a sailor is badly injured in an accident. The only medical corpsman on board, the pharmacist's mate, has never treated anything so serious; ordinarily he would consult with a medical facility on shore and have the sailor transported for further treatment if necessary. But he cannot do that without breaking radio silence.

The vessel's captain needs to know whether to consider endangering his mission and/or the lives of his other crew members to help the injured sailor. The pharmacist's mate must help him decide whether the injury is life-threatening and whether such risks are appropriate.

The US Navy has given MIEMSS a subcontract over a 3-year-period to devise an expert system to determine the probability that an injured person, if he is not taken away from the isolated environment of a ship or submarine and transferred to a higher-level medical facility, will face the possibility of permanent disability or death. It is not the purpose of the system to tell the ship's captain what decision to make; it is to provide the information needed to make an informed decision possible. The subcontract is part of an award to Northwest Research Association, Inc., of Bellevue, Washington, which coordinates the development of the expert system with MIEMSS, the artificial intelligence program at Stanford University, and Harborview Hospital in Seattle, Washington.

Principal Investigator for the MIEMSS subcontract is Stephen Z. Turney, MD, MIEMSS chief of thoracic surgery; co-investigators are Ameen I. Ramzy, MD, attending traumatologist and state EMS director; C. Michael Dunham, MD, attending traumatologist; Brad Cushing, MD, attending traumatologist; Roy A.M. Myers, MD, attending traumatologist and director of hyperbaric medicine; Aizik L. Wolf, MD, attending neurosurgeon; and James N. Eastham, Jr., ScD, chairman of the Emergency Health Department at UMBC. Their clinical expertise is in the field of trauma; other experts will be originating similar programs for such subjects as chest pain, abdominal pain, and medical problems including headaches, etc. The first year of the MIEMSS investigation will deal with gathering an extensive database concerning MIEMSS Shock Trauma Center patients with head, neck, and spine injuries; the second year, injuries to the chest and abdomen; and the third year, injuries to the extremities and pelvis.

MIEMSS trauma experts will develop a computer program for Navy corpsmen to help guide them in initial treatment of the patient on board the ship and to give an estimate of the severity of the patient's injury, based on the corpsman's description as he interacts with the computer program. The corpsman will gather information about the mechanism of injury, the severity of the forces involved, and his physical assessment of the patient. He will then consult the computer program, which will be kept as clear and straightforward as possible, not demanding computer expertise of its user. The computer program will compare the sailor's injuries as described by the corpsman with similar injuries caused by similar mechanisms/forces that have happened to Shock Trauma Center patients. It will recommend IV fluids, oxygen, and other such early interventions as appropriate. Observations of the patient over a period of time and further information about his condition will update the program's assessments.

To collect the data necessary for this program at MIEMSS, one of the most important sources of information will be ambulance runsheets. Another form of data-gathering will be interviews by Mahnaz Namini, CRT, to supplement the runsheet data. Additional information will come from admitting area forms and from SYSCOM information.

"The Navy sought this contract because we see more serious trauma here at MIEMSS than anywhere else," says Dr. Turney. "It is a unique opportunity made available by their recognition of our unique EMS system."

◆ *Erna Segal*

Surgical Skills Laboratory

One of the learning opportunities open to surgical residents and fellows in the MIEMSS Shock Trauma Center is participation in a skills laboratory in which cadavers are used. "It is one step closer to dealing with a live patient, but without the pressure. Some of the physicians know what should be done, but this is the first time they have had the opportunity to practice these procedures," says David R. Gens, MD, general surgeon/attending traumatologist, one of the two teachers of the lab. Dr. Gens teaches residents and Dr. Gens and Aurelio Rodriguez, MD, thoracic surgeon and attending traumatologist, teach fellows. (Trauma fellows have already completed their surgical training and 5 years of residency, and are having either 1 or 2 years of senior fellowship experience in trauma.)

Every 2 months a small group of new residents spends 3-4 hours on Tuesday afternoon perfecting their surgical techniques. "Time is spent in the chest and in the abdomen doing tricky procedures not done every day. But if you are faced with one of these procedures at 3 o'clock in the morning, it's helpful to have done it before," Dr. Gens says. There are 10 procedures done in the abdomen in an ascending order of complexity.

Other more common emergency procedures are also practiced, such as "cut-downs" (accessing a vein for a line for resuscitation via an incision); intubation; cricothyroidotomy (a surgical procedure to put a tube into the airway); peritoneal lavage (a procedure that puts a catheter into the abdomen to look for red or white blood cells); chest tubes (to decompress the chest that has air or blood in it); opening a chest in the emergency department; suturing the heart; and controlling the descending thoracic aorta (the large blood vessel leaving the heart).

Thoracic aorta repair is taught to the trauma fellows by Dr. Rodriguez. "Thoracic injuries in trauma patients are serious situations in which the outcome depends on the condition of the patient and the skill of the surgeons. The fellows have the dexterity, but need to know exactly how to proceed. They do a much better job after their lab experience; it leads to a higher survival rate," Dr. Rodriguez says. Anatomic resections of the lung and esophagus are also taught to the fellows by Dr. Rodriguez.

About 30 labs are given each year. In FY 1988, 8 MIEMSS trauma fellows and 93 residents from 24 medical institutions took the labs. Emergency department physicians in residency and surgeons in private practice sometimes take the labs to practice these highly specialized techniques.

Both Drs. Gens and Rodriguez enjoy teaching the cadaver labs and point out that the more one learns, the more there is to know. Constantly doing the procedures keeps one's skills sharp.

◆ *Erna Segal*

EMS Care '90

Mark your calendars for April 27-29, 1990 for EMS Care '90, to be held at the Marriott Hotel at BWI Airport in Anne Arundel County. Program and registration information will appear in the December/January issue of this newsletter.

ALS Protocol Manual

The manual of the revised Maryland Medical Protocols for Cardiac Rescue Technicians and Emergency Medical Technician-Paramedics is currently being distributed. The revised protocols are effective January 1, 1990. For further information, call the MIEMSS Office of Prehospital Training and Certification, 301-328-3666.

Where do the cadavers used by Shock Trauma Center surgical residents and fellows come from? In most states each medical school must run its own program; in Maryland there is a statewide program run by the State Anatomy Board, which administers the use of bodies for the advancement of medical study. "We try to create the greatest impact for the betterment of advanced study through medical education and research," says Ronald S. Wade, director of the board.

The State Anatomy Board was established in 1949 under the Maryland Department of Health and Mental Hygiene to administer the disposition of bodies that were not claimed within a specified time period so they could be used for the advancement of medical science. In addition, over the years there have been several legislative acts regarding the donation of bodies to science. These are now the two principal functions of the board, to administer the donor program and to control the disposition of unclaimed bodies.

Many bodies are donated prior to, as well as after, death. Maryland is a small state, but there are now approximately 70,000 donors on file who haven't died yet; 700-750 bodies are received each year, about 600 donated and 150 unclaimed. These are used for advanced training in the whole gamut of surgical services, for research, and for the eye, skin, and tissue banks. One unique aspect of the Maryland program is that any physician, nurse, paramedic, or other health-care practitioner may request services from the board, including the use of laboratories and bodies. Most practitioners in other states do not have these services available and must use animal labs for training.

"We have a very good relationship with MIEMSS," Mr. Wade says. "When we explain to a donor's family that a lot of reconstructive work is done on patients in the Shock Trauma Center and that surgeons might be learning something they will be using on a patient soon, it is gratifying to the family. They perceive that the donation has an intimate, prompt impact on someone's health and well-being."

Bodies are cremated after their contribution to scientific knowledge. The ashes are returned to the family for burial, or, if they prefer, the board will inter them in a state gravesite.

NHTSA Funds Study for Safer Cars

The National Highway Traffic Safety Administration (NHTSA) has awarded MIEMSS the first year of a 3-year research contract that may eventually lead to the manufacture of safer cars. The study will give a three-dimensional view of the effect of impact forces delivered in car crashes in relation to the types of injuries they create. It will also explain the dissipation of that force into soft tissue and bone structures and the effects of the resultant injuries on subsequent death, disability, and rehabilitation needs.

The ultimate goal of the study is to provide medical data that NHTSA needs in setting standards for car manufacturers, so the design of cars can be modified to reduce accident-induced forces to levels that will not be as harmful to automobile occupants.

Participants in the NHTSA study include MIEMSS departments of surgery, orthopedics, neurosurgery, psychosocial services, and statewide EMS field programs (including the operations research and systems analysis program); the Dynamic Science, Inc., crash reconstruction team; the GESAC, Inc., crash simulation team; and the STATCOM, Inc., biodynamic data comparison staff. John H. Siegel, MD, professor of surgery at MIEMSS, is principal investigator of the study; Belavadi S. Shankar, ScD, and Brad Cushing, MD, are co-principal investigators, assisted by Patricia Dischinger, PhD.

MIEMSS is identifying patients whose injuries and type of crash are appropriate to the criteria of the study and will provide follow-up data for up to 2 years post-injury. The crash reconstruction team and the crash simulation staff determine what went on at the scene of the crash through careful measurements. A computer-based formula will be established, using velocity-versus-force information, clinical data, and on-site data, to compare the force of impact with the patient's injuries at each location in the vehicle.

Dr. Siegel explains, "Impact forces can be translated into the specific organ injuries, the physiologic abnormalities, and the disabilities that we see later. We know something about how to quantify the shock process, but through this study we may be able to predict clinical outcomes and therapeutic needs during the course of recovery. For example, If we know that a patient's chest was impacted by the steering wheel in a crash at 50 miles an hour, we can estimate the amount of force impacted on the chest from the degree of deformity of the wheel because we know its structure. We can then take into consideration the specific types of chest injuries, the number of rib fractures, the localization of bruises in the chest wall, and the x-ray pictures of the patient's lung contusion, as well as the exact volume and time course of the lung insufficiency syndrome.

"With these data we may be able to correlate force impact to injury severity and to its late complications, such as adult respiratory distress syndrome (ARDS), the potential to develop sepsis, or in the case of head injury, to neurologic injury and cognitive problems measured by the Glasgow Coma Scale score. We might also better understand the relationship to late problems, such as disability and the need for physical and brain injury rehabilitation."

Research done at MIEMSS shows that a disproportionate number of deaths from head injury occur in patients who also have pelvic fractures resulting from crashes to the side of the car. The crash impact delivered from the side that causes the lateral compression of the pelvis also puts the brain at great risk, particularly because the head is so close to the roof support and the window frame on the side of the car. Side impact crashes have not been as well studied as head-on crashes, Dr. Siegel says. In addition, NHTSA data from instrumented dummies are from crashes at less than 30 miles per hour; however, half of the deaths in real automobile crashes occur at greater than 50 miles per hour.

Cars have padded dashboards and visors and compressible steering wheels, but have little protection on the sides. If it can be proven that certain impact forces reproducibly cause certain magnitudes of injury in man, design standards can be designated to shield the body in all but the most extreme circumstances.

Car manufacturers redesign cars periodically; they can design safe vehicles as well as unsafe ones without significant effects on car costs, Dr. Siegel asserts. They could move the A-column (between the windshield and the side) farther away from the head; put high-impact, force-dissipating padding in areas close to the head and vital organs; strengthen the sides of the car to prevent intrusion; and locate passenger airbags in critical places to protect the brain. These types of safety engineering measures will prevent many deaths and forestall a lot of pain, suffering, and costly disability. "Given a good design engineer, it should be possible to make such a car aesthetically pleasing," Dr. Siegel says, "but even if it were not so pleasing, people might be willing to buy a car that would cut their risk of injury by 50 percent."

◆ *Erna Segal*

Behavioral Emergencies

"Responding to Behavioral Emergencies: A Guide for Emergency Medical Personnel," will be presented by Richard Hann (Maryland Behavioral Emergencies Project) in the auditorium of Prince Georges Hospital Center on December 2, from 9 am to 1 pm. The program is free and has been approved for four hours of continuing education credits under the category "Local Option" for prehospital care providers. For information, call Joan Perrault, RN, MPH, at 301-828-3047.

Corrections

In the July 1989 issue of this newsletter, the Maryland Fire & Rescue Institute (MFRI) was inadvertently omitted in the list of participants for the maritime disaster drill held on April 28.

In the August 1989 issue, MFRI, Anne Arundel Community College, and MIEMSS should have been listed as cosponsors, along with the Anne Arundel County Fire Department, for the conference entitled "Survival in EMS in the 90s."

Grants Provide Funding for EMS Projects

Funding for many of MIEMSS public education, provider training, and trauma research projects is obtained from grants and contracts. The following grants from the Maryland Department of Transportation (MDOT) and the Department of Health and Human Services (DHHS) are specifically targeted toward field programs.

EMS Equipment (MDOT): To purchase extrication equipment, including cutting tools, generators, airbags, etc., and MAST garments to be distributed to EMS field providers throughout the state based on a 1987 needs assessment. The object of the distribution is to have the equipment available at any point in the state within a 20-minute response time. There will be requests for additional equipment in 1990.

Characteristics of Alcohol Use in Relation to Motor Vehicle Accidents (MDOT): To collect data from ambulance runsheets, police reports, and medical examiner's records to determine whether alcohol was involved in the accident, to what degree, what time of the day it was, etc. This is a 2-1/2-year project.

Evaluating Alcohol Resource Centers (MDOT): To evaluate how effective alcohol resource centers are in disseminating information about alcohol and drug abuse and their relation to accidents. This 2-year project is supposed to see what the resource centers have accomplished and make recommendations to help them or to be used in setting up other resource centers in colleges or communities using these guidelines.

Provider Training in Prehospital Care for Pediatric Patients (MDOT): To train BLS and ALS providers in southern Maryland about the special needs of children with emergency medical and traumatic conditions, the Region V EMS Advisory Council is coordinating courses to be given by the Children's Hospital National Medical Center.

Volunteer Recruitment (MDOT): To develop recruitment materials for volunteer fire departments, ambulance companies, rescue companies, etc., including informative handouts, posters, brochures, and public service announcements (PSAs), to be distributed statewide to encourage volunteerism in EMS. This project included workshops featuring experts from in and out of the state to speak on recruiting, managing, and retaining volunteers. PSAs with an 800 phone number are being aired to coincide with training sessions. Evaluation of the project will monitor increased applications in EMT courses, changing trends in EMT recertification, and initiation of local recruitment. Rural areas are being particularly emphasized.

Computerized Dispatcher Training Program (MDOT): To teach 911 dispatchers by means of a computerized program that gives scenarios, multiple choice questions, and feedback on their answers. This program, sponsored by the National Highway Traffic Safety Administration (NHTSA), can be taken — or retaken — at the pace most comfortable to the prospective dispatcher.

Training CRTs to Become EMT-Ps (MDOT): To enhance ALS in the Eastern Shore area, the Ocean City Paramedic Association is offering advanced training for CRTs.

Dispatcher Training Program (MDOT): To teach dispatchers, the Cambridge Police Department is offering training classes using the NHTSA program to personnel in southern Maryland and the Eastern Shore counties.

Auto Extrication Training (MDOT): To train providers in auto extrication, the Maryland Fire and Rescue Institute expects about 1800 EMTs to see the training tapes in one year.

Maryland EMS for Children Project (DHHS): Now in its second year, this grant to MIEMSS has a subcontract to the Children's Center of the Johns Hopkins Medical Institutions. Among the accomplishments to date are the following: A pediatric modification of the Microstat trauma database was developed and is ready for pilot testing. An extensive analysis of serious pediatric trauma was conducted and a similar analysis of pediatric non-trauma emergencies is planned for next year. A draft of a pediatric illness/injury assessment tool was developed. Three training videotapes for pediatric emergencies were developed and will be ready for distribution this year. Following a systems evaluation and input from EMS providers, plans are being made for implementing the results of the project into Maryland's EMS system.

Hutchins Heads MSP Aviation

Maj. Charles R. Hutchins assumed command of the Maryland State Police (MSP) Aviation Division on October 4. Prior to his promotion and assignment to this position, he held positions as the Baltimore Metropolitan Troop Commander and the Assistant Commander of the Planning and Research Division.

"My job is to make sure that we make maximum use of the resources available, addressing Med-Evac, search and rescue, and law enforcement needs," says Maj. Hutchins. "With the acquisition of the new helicopter fleet, my primary goal is to see that we have a well managed operation and continue our cooperative working relationship with MIEMSS in order to provide the best possible service."

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DATED MATERIAL

(Far right) Gov. William Donald Schaefer presents the proclamation designating September 17-23 as Emergency Medical Services Week to Dr. James P.G. Flynn (Acting Director of MIEMSS). Representing the Maryland EMS team are (l-r) Beth Hooks (president, Metropolitan Baltimore Chapter, Emergency Nurses Association); Maj. William Barnard (chairman, REMSAC); Dr. Randy Ellis (representing the American College of Emergency Physicians); Joe Robison (president, Maryland State Firemen's Association); Dr. Ameen I. Ramzy (Deputy Director of MIEMSS & State EMS Director); Chief Paul Reincke (representing the metro fire chiefs); Dr. Philip Militello (Deputy Director of MIEMSS and Clinical Director, Shock Trauma Center); Dr. Flynn; and Gov. Schaefer.

See pages 1-4 for other EMS Week photos.