

Maryland

# E·M·S

## NEWSLETTER

Vol. 16, No. 5

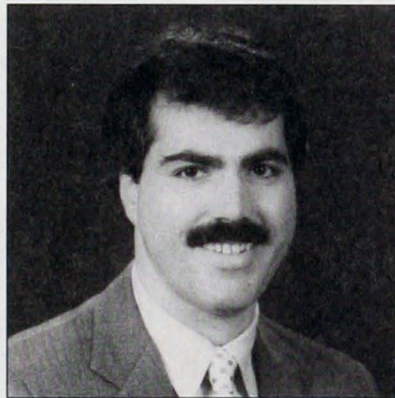
For All Emergency Medical Care Providers

Dec. '89/Jan. '90

### New Aeromedical Director Named

Douglas J. Floccare, MD, has been appointed as the aeromedical director of the state med-evac helicopter fleet operated by the Maryland State Police (MSP). State EMS Director Ameen I. Ramzy, MD, announced the appointment effective November 7, 1989.

Dr. Floccare joins MIEMSS from the Johns Hopkins Hospital, where he served as coordinator for prehospital care and as instructor in emergency medicine at the Johns Hopkins University School of Medicine. He earned his undergraduate and medical degrees from SUNY at Buffalo and a masters in public health from the Johns Hopkins University. In addition, he is board-certified in emergency medicine



Dr. Douglas Floccare

by the American Board of Emergency Medicine and is a member of the American College of Emergency Physicians.

Dr. Floccare currently serves as fire surgeon for the Baltimore County Fire Department's Division of Emergency Medical Services, as consultant fire surgeon for the Anne Arundel County Fire Department's EMS Division, and as co-medical director of the paramedic education program at University of Maryland at Baltimore County's Emergency Health Services Department.

As aeromedical director, Dr. Floccare is responsible for achieving and maintaining the highest standards of medical care and supervision during med-evac transports. He will supervise medical attendants to ensure that they are properly trained and educated and formulate plans, protocols, regulations, and standards throughout Maryland. Dr. Floccare will work with the MSP aviation division and the Maryland Executive Helicopter Advisory Committee to coordinate med-evac activities.

### Looking Toward 1990

The holidays of Hanukkah and Christmas mean many things to many people, but they share a special focus on the sanctity of life and the brotherhood of all human beings. This focus of caring for others is also a central theme of EMS, and the recent holidays should remind us that throughout the year we perform functions based on the values that are emphasized during religious holidays.

The end of a year also leads us to "take stock" of our professional as well as our personal lives and to look ahead to the new year. We truly live in a world community with information from the globe keeping us in touch with that community. The past year has seen remarkable events in many parts of the global community. The new year will bring with it the final decade of the twentieth century. No one can predict how the end of the decade and the end of the century will be. But it can be anticipated that technologic advances will continue to be rapid, while fundamental humane values will hopefully remain paramount.

We thank all who have supported emergency care in the Maryland EMS community and we offer best wishes for many rewarding opportunities during the new year.

◆ Ameen I. Ramzy, MD  
State EMS Director

### Shock Trauma Gala

This year's annual Shock Trauma Gala will be held May 12 from 7 pm to midnight at the Towson Center of Towson State University.

The proceeds from the gala will benefit the Shock Trauma system and the Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems. The primary goal is to raise funds to purchase a critical care land transport vehicle to be used statewide to carry critical care patients when helicopter transport is inappropriate. The vehicle will be cross-outfitted to provide care for neonatal, pediatric, and adult patients.

The gala's honorary chairman is Gov. William Donald Schaefer. Phyllis Livingston is gala director. Tickets for the black-tie event cost \$200 per person. For information, call the Gala Development Office at 301-328-8778.

## Treating Accidental Hypothermia

There are few absolutes in treating accidental hypothermia, according to Thomas R. Smith, MD, trauma surgeon and trauma fellow in EMS at MIEMSS. "On the one hand, medical science knows that controlled hypothermia can be protective; but on the other hand, severe accidental hypothermia can damage any organ. Given the controversy surrounding this subject, the best advice for the field provider is to seek on-line medical direction because each case may be different."

Accidental hypothermia manifests itself in many ways. At one extreme the patient may appear dead - feels very cold, does not move, has no detectable pulse or blood pressure, and may have fixed and dilated pupils. The patient may have blue-gray coloration and bluish lips because the body shuts down the blood vessels near the skin in an attempt to conserve the body's heat. But there is a caveat, Dr. Smith says - "Dead is cold, but cold does not mean dead." If the patient has severe hypothermia, although he/she might appear dead, he/she may be warmed up and survive.

The longer a person is exposed to the environment, particularly without adequate clothing, the more it is possible that hypothermia may occur. Infants and children are particularly vulnerable, because they have such a large body surface area in proportion to their weight. Some elderly people are also at risk because their metabolism may not regenerate the lost heat effectively.

Another typical patient population with accidental hypothermia includes the homeless, intoxicated, or drug abusers. They may spend an entire night sleeping on a park bench exposed to the environment. In Great Britain there is a problem with elderly people living in inadequately heated houses.

Certain injuries or diseases decrease the body's ability to generate heat. Paraplegics, quadriplegics, people with multiple sclerosis, and those who are traumatized and unconscious may lose some or all of their ability to shiver, which is one of the body's normal physiological responses to regenerating its lost heat. Their bodies are defenseless from the cold.

It is also possible to become hypothermic on a warm day. For example, an unconscious or immobilized trauma victim who is exposed long enough to the

environment of a 70-degree day will eventually approach the temperature of the environment - 70 degrees - and become hypothermic. "Field providers should be aware that a person could become hypothermic from causes that are not necessarily seasonal, such as being undressed or uncovered for a long period of time during prolonged extrication, assessment in the field, or in the emergency department. An ounce of prevention is worth a pound of cure; knowing that a patient could become hypothermic, prehospital and hospital providers should make an effort to lessen the loss of a patient's body heat," Dr. Smith says.

"There is not much that can be done in the field to warm the patient other than using lights and blankets; the primary goal of the field provider is to prevent further heat loss and to transport the patient to definitive medical care.

"When a patient has a temperature of 30 degrees centigrade, a heart rate of 20 beats per minute, and a blood pressure of 40, the temptation is to begin chest compression. But there is a risk with a patient who is severely hypothermic; the heart may fibrillate due to the jarring motion of the chest compressions. Fibrillation is much more deleterious for the patient than sinus bradycardia. Seek on-line medical direction. Some physicians believe that those are appropriate vital signs for a patient who is severely hypothermic; others feel that chest compressions are needed to get vital signs toward normal. I believe you should cover the patient and bring him to the hospital quickly to institute rewarming.

ALS providers will find that the hypothermic patient may have a

lengthened PR interval, QT interval, and widened QRS complex and may have sinus bradycardia or a junctional rhythm. The use of cardiac drugs, such as atropine or epinephrine, is advisable only with on-line medical direction.

Many modalities are available to rewarm the patient in the hospital, depending upon the severity of the condition. A patient with mild hypothermia will be awake, alert, oriented, and shivering. He/she should be covered with blankets and put under heating lamps. Active, external warming will help the patient to restore normal body temperature.

In moderate hypothermia, where the patient has low blood pressure, low pulse, and slow respirations, treatment will depend on the clinical situation, the physician in charge, and available equipment. Possible treatments include lavage of warm saline into the stomach; warming IV fluids and blood products; lavage of warm fluid into the pleural cavities; or peritoneal dialysis, hemodialysis, or colonic irrigations with warm saline.

In severe hypothermia, the ultimate measure would be to place the patient on partial or full cardiac bypass, which would allow control of cardiac output and gradual rewarming of the patient.

According to Dr. Smith, "the most important thing for the field provider to know is that severe hypothermia may make a person appear to be *in extremis* or dead. An all-out effort should be made to rapidly transport the patient for intensive care treatment at the nearest appropriate facility."

◆ Erna Segal



### Physicians Support Nursing Staff ...

The physicians from the Shock Trauma Center recently presented a check for \$100,000 to the nursing retention program.

# Haz Mat Disaster Drill Held in PG County

Heavy rain and driving winds added realism to a hazardous materials (hazmat) disaster drill held by the Prince Georges County (PGC) Fire Department on the grounds of the former Glenn Dale Hospital on October 18. The scenario of the drill, designed to evaluate how the county would react to such an emergency, involved a simulated accident at a chemical company and distribution facility during the off-loading of anhydrous ammonia. Because there were supposedly flammable liquids, flammable and nonflammable gases, oxidizers, organic peroxides, and corrosives on the premises, the PGC Fire Department was "notified" of the accident. The "release" of the anhydrous ammonia caused two spectacular explosions within the building (detonated under the auspices of the Bomb Squad).

This hazmat drill was planned by

the PGC Hazardous Materials Local Emergency Planning Committee (LEPC), under the direction of Fire Chief Jim Estep, to satisfy the requirements of the federal statute of the Superfund Amendments and Reauthorization Act (SARA, Title III). LEPC includes state and local officials; fire, police, civil defense, environmental, hospital, and public health professionals; and representatives from transportation, community groups, the media, and facilities subject to emergency planning requirements. The drill was coordinated by Greg Knoll, hazardous materials coordinator for the PGC Fire Department, who was assisted by Lt. John Fletcher.

Fire department recruits were moulaged to act as victims. PGC Fire Department units involved included the Level III Hazardous Materials Response Team, the Special Tactical Unit under

the direction of Maj. John P. Jarboe, the Bureau of Advanced EMS, and fire suppression units from various locations within the county, including Glenn Dale, Bowie, Landover Hills, and Laurel. Participation in the drill also included personnel from the offices of the sheriff, central services, public works, emergency preparedness, environmental resources, environmental health, and other public safety agencies. Maryland State Police Med-Evac helicopters could not participate due to the inclement weather; patients were "transported" by ground units.

◆ Erna Segal

## 'Spacebridge' Evaluated

A 4-day conference was held to evaluate the telemedicine "Spacebridge" communication system that linked four U.S. medical centers with medical personnel in the Soviet Union for medical consultation regarding disasters.

The U.S. medical centers—MIEMSS, Uniformed Services University of the Health Sciences, University of Texas Medical School in Houston, and LDS Hospital in Utah—gave consultation through closed circuit TV by satellite and a 2-way phone and FAX link established and maintained by the National Aeronautic and Space Administration (NASA) Goddard Space Center. All costs were covered by NASA.

Data indicate that consultation was given for 220 patients, survivors of the Soviet Armenian earthquake and a train crash disaster in the Ural Mountains. The course of treatment was changed for 20 percent of these patients based on the expertise shared by the American physicians. Information was shared on other phases of medicine as well. Other interesting findings were that the technology was well-suited to the task; the medical institutions had made a major contribution in the treatment of the survivors; and cross-language communication was not a problem across modern medical cultures.

It is hoped that funding will be made available to reestablish this humanitarian Spacebridge for future disasters.

## Recently at MIEMSS Shock Trauma Center



MIEMSS Acting Director Dr. James P.G. Flynn and Harold Hardinger (Admitting Area, Shock Trauma Center) with Del. Henry R. Hergenroeder, Jr. (Baltimore City), who recently visited the Shock Trauma Center.



MIEMSS Acting Director Dr. James P.G. Flynn with Del. Laurence A. LaMotte who recently toured the Shock Trauma Center.



In November a contingent from the U.S. Army Special Operations Command (USASOC) and the John F. Kennedy Special Warfare Center and School (JFK-SWCS) met with Dr. Flynn and MIEMSS representatives to discuss developments in the Special Forces trauma training programs. A certificate of appreciation was presented by Col. Allan Meyers, MD (USASOC command surgeon) to Dr. Flynn. Left to right: SFC. Jusilla, Maj. Robbins, Cpt. Grande, MSG. Dolasky, CW3 Wallace, Col. Meyers, Maj. Gleaton, Dr. Flynn, Dr. Militello, Dr. Bernhard, Dr. McAlary, Dr. Soderstrom, Lt. Col. McCall, and Pat Taub, CRNA.



**APRIL 27-29, 1990**

*at the Marriott Hotel at BWI Airport*

*Sponsored by*

**Maryland Institute for Emergency Medical Services Systems**

*Hosted by*

**Anne Arundel County Fire Department with additional support from the American College of Emergency Physicians**

## **The Program**

EMS Care '90, Maryland's seventh annual statewide conference for EMS providers, will focus on, but not be limited to, mass casualty incidents. Supervisors and providers from recent incidents will discuss their experiences. Many workshops include hands-on practice for participants.

## **Continuing Education Credits**

Maryland EMT-As will earn their required 12 hours of didactic continuing education credits on Saturday and Sunday. To ensure receiving proper credit, choose workshops that add up to 4 hours in each of the following categories: medical, trauma, and local (designated as M, T, and L in the program). ALS credits are also available. Categories are designated for each course.

## **Hotel Accommodations**

A special conference rate of \$65 per night, single or double occupancy, has been arranged with the hotel. Send the registration form directly to the hotel to ensure your reservation. These special rates are guaranteed only if your reservation is received by the hotel by April 7, 1990.

## **Social Events**

There will be numerous opportunities to share ideas and socialize during the weekend. They include breaks on Saturday and Sunday, lunch on Saturday, and brunch on Sunday. There will be a dinner and dance on Saturday evening for the nominal fee of \$15 per person.

## **Directions**

From the Baltimore-Washington Parkway (MD Route 295), exit at West Nursery Road; proceed 1.2 miles east to the Marriott on the left.

## **Cancellation Policy**

Refunds, with the exception of a \$15 processing fee, will be mailed for cancellations received in writing prior to April 11, 1990.

## **Fees**

- The \$75 registration fee includes:
- Workshops and lectures on Saturday and Sunday
  - Continental breakfast both days
  - Lunch on Saturday; brunch on Sunday
  - Refreshments during breaks
  - EMS Care '90 Workbook
  - Saturday evening reception with vendors

## **Early Registration Bonus**

A participant whose registration is postmarked prior to March 23, 1990, will receive a free EMS Care '90 tee shirt.

## **Additional Information**

For further information, contact the Region III Office, 22 S. Greene Street, Baltimore, MD 21201-1595; or call 301-328-3996.

## EMS CARE '90 Program Preconference Options Friday, April 27, 1990

8:00 Registration

9:00- **Basic Trauma Life Support**

5:00 This is the lecture portion of the American College of Emergency Physicians' curriculum. Arrangements will be made during the workshop for completion of the practical portion at a later date. Fee includes books and other course materials. Course Coordinator: Capt. Steve Frye, Anne Arundel County Fire Department (BLS, 4 hours category T; ALS, 4 hours category 1B). Fee \$65; lunch included.

9:00- **Disaster Incident Command**

5:00 A review of the principles of

command in a major medical incident. An incident simulator will give participants practical experience. Instructor: Capt. Gary Warren, EMS Operations, Baltimore County Fire Department (BLS, 4 hours category L; ALS, 4 hours category 2). Fee \$20; lunch included.

9:00- **Disaster Resources**

5:00 A gathering of specialty response teams will explain their capabilities and goals. Equipment and vehicles will be used to give participants practical experience in these specialty responses. (BLS, 4 hours category L; ALS, 4 hours category 2). Fee \$15; lunch included.

9:00- **Search and Rescue Dogs**

5:00 These canine teams have been used during many recent major disasters to help locate victims of the incidents. Their operation and

response capabilities will be explained. Dogs will be on-site so participants may gain experience in working with the teams. Instructor: Beth Barkley, dog handler for Dogs East and the dog handler/special events coordinator for the U.S. Disaster Response Team. (BLS, 4 hours category L; ALS, 4 hours category 2). Fee \$15; lunch included.

9:00- **Utilization of Critical Incident  
1:00 Stress Debriefing Teams**

An explanation of the purpose and response capabilities of the CISD Team during and following a disaster. Instructor: Marge Epperson-SeBour, director of psychosocial services, MIEMSS, and team coordinator for the Maryland CISD Team. (BLS, 4 hours category L; ALS, 4 hours category 2). Fee \$15; lunch included.

## Saturday, April 28, 1990

7:30- Registration/Continental

8:30 Breakfast  
Vendor Displays

8:30- **Opening Ceremonies**

9:00 Anne Arundel County Fire Department

9:00- **Opening Address**

9:30 Ameen I. Ramzy, MD  
State EMS Director

9:30- **Break**

9:45

9:45- **Workshops**

10:45 (Select one workshop. One hour credit in the category specified.)

**A. Geriatric Trauma**

Instructor: Jeff Anderson, MD, emergency department, North Arundel Hospital (BLS, credit T; ALS, credit 1B). (Repeated as Workshop F.)

**B. Pediatric Trauma**

Instructor: Linda Snouck-Hurgronje, RN, pediatric nurse coordinator, pediatric intensive care unit, Johns Hopkins Hospital (BLS, credit T; ALS, credit 1B). (Repeated as Workshop G.)

**C. High-Tech Pediatric Patients**

Instructor: Teri Peck Reid, RN, CPN, pulmonary clinic, Children's Hospital National Medical Center (BLS, credit M; ALS, credit 1A).

**D. Treatment of the Haz-Mat Exposed Patient**

Instructor: Battalion Chief Mary Beth Michos, Montgomery County Fire and Rescue Services (BLS, credit M; ALS, credit 1A). (Repeated as Workshop I.)

**E. Behavioral Emergencies**

Instructor: Richard Hann, psychological support services, Baltimore County Police Department (BLS, credit M; ALS, credit 1A). (Repeated as Workshop J.)

10:45- **Break**

11:00

11:00- **Workshops**

12:00 (Select one workshop. One hour credit in the category specified.)

**F. Repeat of Workshop A.**

**G. Repeat of Workshop B.**

**H. The Armenian Earthquake Experience**

Instructor: Eric Noji, MD, MPH, Johns Hopkins Medical Institutions (BLS, credit L; ALS, credit 2). (Repeated as Workshop N.)

**I. Repeat of Workshop D.**

**J. Repeat of Workshop E.**

12:00- **Lunch/Speaker**

1:30 Norman Dinerman, MD

1:45- **Workshops**

2:45 (Select one workshop. One hour credit in the category specified.)

**K. Trauma Case Review**

Instructor: Robert Brumback, MD, attending orthopedic traumatologist, MIEMSS (BLS, credit T; ALS, credit 1B).

**L. Medical Management of Children**

Instructor: Patricia Moloney-Harmon, RN, MS, CCRN, pediatric nurse specialist, EMS Care and Specialty Nursing, MIEMSS (BLS, credit M; ALS, credit 1A). (Repeated as Workshop Q.)

**M. Medical Case Review**

Instructor: Kevin Scruggs, MD, attending physician, Franklin Square Hospital. This is not related to workshops S and X (Case 2). (BLS, credit M; ALS, credit 1A). (Repeated as Workshop R.)

**N. Repeat of Workshop H.**

**O. Utilization of Search and Rescue Dogs**

Instructor: Beth Barkley, dog handler for Dogs East, and dog handler/special events coordinator for the U.S. Disaster Response Team (BLS, credit L; ALS, credit 2).

2:45- **Break**

3:15

## Saturday, April 28, 1990 continued

### 3:15- Workshops

4:15 (Select one workshop. One hour credit in the category specified.)

#### P. Trauma Case Review

Instructor: Roy A.M. Myers, MD, director, hyperbaric medicine, MIEMSS (BLS, credit T; ALS, credit 1A).

#### Q. Repeat of Workshop L.

#### R. Repeat of Workshop M.

#### S. Medical Case Review, Case 2

Instructor: Charles Schoenfeld, MD, attending physician, emergency department, Francis Scott Key Medical Center. This is not related to Workshops M and R. (BLS, credit M; ALS, credit 1A). (Repeated as Workshop X.)

#### T. The Layman's Perspective of EMS Providers

Instructor: Vickie Harris, LCSW,

MSW (BLS, credit L; ALS, credit 2). (Repeated as Workshop Y.)

#### 4:15- Break

4:30

#### 4:30- Workshops

5:30 (Select one workshop. One hour credit in the category specified.)

#### U. Trauma Case Review

Instructor: Aurelio Rodriguez, MD, attending traumatologist and thoracic surgeon, MIEMSS (BLS, credit T; ALS, credit 1B).

#### V. Pediatric Trauma Case Review

Instructor: Bonnie Beaver, MD, attending physician, pediatric intensive care unit, Johns Hopkins Hospital (BLS, credit T; ALS, credit 1B).

#### W. Current Topics in Infectious Diseases

Instructor: Gillian vanBlerk, MD, AIDS administrator, Maryland Department of Health and Mental Hygiene (BLS, credit M; ALS, credit 1A)

#### X. Repeat of Workshop S.

#### Y. Repeat of Workshop T.

#### 5:30- Reception

7:00 Vendors will be available for consultation.

#### 7:00- Dinner

8:30

#### 8:30- Dance

12:30

## Sunday, April 29, 1990

### 8:15- Continental Breakfast

9:00

### 9:00- Panel Discussion: Disaster

#### 11:00 Planning versus Reality

Moderator: Julie Casani, MD, attending physician, Francis Scott Key Medical Center; chairperson, Region III EMS Advisory Council  
**California Earthquake:** Eric Noji, MD, Johns Hopkins Medical Institutions

**Hurricane Hugo:** Ray Graham, MS, director, Charleston County EMS

**Sioux City Airport Disaster:** Rick Petersen, RN, CEN, supervisor, St. Luke's Regional Medical Center (BLS, 2 hours category L; ALS, 2 hours category 2)

### 11:00- Brunch

12:30

### 12:30- Workshops

2:30 (These topics are repeated in the later session. Choose a different workshop for each session.)

#### AA. Carbusters

Instructor: Steve Kidd, co-author of the book, **Carbusters** (BLS, 2 hours category L; ALS, 2 hours category 2). (Repeated as Workshop FF.)

#### BB. Med-Evac Operations

Instructors: Maryland State Police personnel. The Dauphin 2 helicopter will be on-site. (BLS, 2 hours category L; ALS, 2 hours category 2). (Repeated as Workshop GG.)

#### CC. Amtrak Passenger Train Rescue

Instructor: Bobby Brooks, Amtrak Safety Office. Participants will be transported to a distant railroad yard for practical experience. (BLS, 2 hours category L; ALS, 2 hours category 2). (Repeated as Workshop HH.)

#### DD. Medical Communications and Consultation

Instructor: Julie Casani, MD,

attending physician, Francis Scott Key Medical Center; chairperson, Region III EMS Advisory Council. Mock cases will be used for hands-on experience. (BLS, 2 hours category M; ALS, 2 hours category 1A). (Repeated as Workshop II.)

#### EE. BWI Airport: Aircraft Rescue

Instructor: Deputy Chief Dave Goodwin, BWI Fire and Rescue Services. (BLS, 2 hours category L; ALS, 2 hours category 2). (Repeated as Workshop JJ.)

### 2:30- Break

3:00

### 3:00- Workshops

5:00 (These topics are repeated from the previous session. Choose a different workshop for each session.)

#### FF. Repeat of Workshop AA.

(2 credits)

#### GG. Repeat of Workshop BB.

(2 credits)

#### HH. Repeat of Workshop CC.

(2 credits)

#### II. Repeat of Workshop DD.

(2 credits)

#### JJ. Repeat of Workshop EE.

(2 credits)





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## Pediatric ALS Course to Be Offered

With the exception of the first month of infancy, childhood is the healthiest period of life. Nevertheless, approximately 40,000 infants under one year of age and 16,000 children between the ages of 1 and 14 die annually in the United States. The American Heart Association and the American Academy of Pediatrics developed a pediatric advanced life support (PALS) course for personnel practicing in pediatric emergency areas, pediatric intensive care, adult

acute care areas that are responsible for children, and prehospital care.

This certification course provides lectures, skill stations, and interactive stations on subjects such as respiratory failure; shock; preventing cardiopulmonary arrest; newborn resuscitation; rhythm disturbances; basic life support and bag-valve mask ventilation; advanced airway management; vascular access; fluids; medications; and post-resuscitation stabilization and transport.

PALS programs are scheduled for January 30-31 in Baltimore; April 3-4 in Salisbury; and June 6-7 in Hagerstown; these are offered by the MIEMSS Department of EMS Nursing and Specialty Care. In addition to certification, continuing education credits are available. Preregistration and precourse preparation with the manual are mandatory. The manual will be sent upon receipt of registration. For further information, call 0301-328-3930.

### Funds for Volunteers

The Maryland Department of Transportation awarded a \$5000 grant to the Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems (NSC/EMS) to support nurses and other health care providers who volunteer to work on highway safety prevention activities related to decreasing alcohol/drug misuse. Funds will be used as reimbursement for such expenses as mileage that volunteers previously had to pay themselves. Anyone interested in this program can contact Tom Lake (NSC/EMS) at 301-328-5085.



Preparing a child for transport is taught during the PALS program.

See insert for EMS Care '90 program and registration.