Maryland EMS News

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Governor Schaefer Names Dr. Robert Bass MIEMSS Executive Director

Governor William Donald Schaefer appointed Robert Redwood Bass, MD, FACEP as the executive director of MIEMSS, effective September 1. Dr. Bass was chosen following a unanimous vote of the 11-member Emergency Medical Services (EMS) Board and the approval of Governor Schaefer.

"When I met Dr. Bass, he impressed me with his sense of dedication and commitment in providing the best in emergency medical care," said Governor Schaefer. "With his leadership of MIEMSS, I think Marylanders can be assured Dr. Bass will maintain our state's reputation of having the best emergency medical system in the world."

Prior to coming to MIEMSS, Dr. Bass was the Director of Emergency Medical Services for the Government of the District of Columbia. He has served in that position since January 1992. While there he doubled the number of paramedic units and increased the training of EMS providers. In addition, Dr. Bass is an Associate Professor of Emergency Medicine at George Washington and Georgetown universities.

Dr. Robert Redwood Bass and Governor William Donald Schaefer answer questions during the Governor's news conference announcing Dr. Bass's appointment as MIEMSS Executive Director.

"Maryland has long been recognized as a pioneer in the development of emergency medical services," said Dr. Bass. "I am very honored to be given the opportunity to follow in this proud tradition and build upon it.

"Though we may wear our laurels, we cannot afford to rest on them," he said. "There is much work to be done not only in maintaining, but in improving the level of excellence Marylanders expect from their emergency medical system. I am looking forward to the challenge."

As outlined in legislation passed during the 1993 General Assembly session, the Executive Director is responsible for:

- Coordination of emergency medical services among the state's five regions;
- Planning and operation of emergency medical services;
- Coordination of training;
- Coordination of research and educational programs;
- Development of centers for treating emergency injuries and illnesses;
- Development of specialty referral centers;
- Ensuring the continued improvement of transportation for emergency, critically ill, and injured patients.

Dr. Bass received his undergraduate degree in 1972 from the University of North Carolina at Chapel Hill. He went on to receive a Doctor of Medicine with Honors from the university in 1975. Dr. Bass began his emergency medical services career by serving as a member of the South Orange Rescue Squad in

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Governor Schaefer Names Dr. Bass MIEMSS Executive Director

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Chapel Hill from 1970 to 1974. He brings more than 18 years of experience as an emergency physician and an EMS Medical Director.

The MIEMSS Executive Director, in concert with the EMS Board, administers the state's Emergency Medical Services System. This board was established through legislation passed during the 1993 General Assembly session. The EMS Board is the first of its kind in the nation to answer directly to a governor.

"I am looking forward to working closely with Dr. Bass to fulfill the governor's goal of advancing the EMS system to best serve all ill and injured patients," said Donald L. DeVries, Jr., Esq., Chairman of the EMS Board. "I want to ensure that Maryland's EMS system remains the best in the country."

According to Mr. DeVries, "the executive director of MIEMSS is a critically important position for EMS in Maryland, and I am convinced that after an extensive 7-month national search we have found the best person in the country for the job."

Dr. Robert Bass (MIEMSS Executive Director) and Capt. Milton Harrad (PG County Fire Dept., EMS Division).

Charles Riley (Maryland State Firemen's Association), Donald L. DeVries, Jr., Esq. (Chairman, EMS Board), and Dr. Robert Bass (MIEMSS Executive Director).

Shown at the Governor's news conference on August 9 to announce the appointment of Dr. Robert Redwood Bass as MIEMSS Executive Director are (l-r) Dr. James D'Orta (Chairman, Governor's EMS Commission); Donald L. DeVries, Jr., Esq. (Chairman, EMS Board); Governor William Donald Schaefer; Dr. Bass and his family–wife Chris, daughter Sarah, daughter Lee, mother Sophia, and father Adm. Tom Bass; and Nelson Sabatini (Secretary of Maryland Department of Health & Mental Hygiene).

Injury Prevention

Have a Safe Halloween

This month's injury prevention information is targeted for adults and children as we begin to plan for Halloween parties and trick-or-treating. Both as members of families and as EMS professionals, we focus on the prevention of injuries before they happen. Halloween can be enjoyed by everyone if a few minutes of preparation are devoted to SAFETY.

Pedestrian safety education begins with good role modeling by adults on a daily basis, 12 months a year. The use of pedestrian walkways and sidewalks, as well as paying attention to and obeying crosswalk lights, is learned by repetition. Young children must be supervised every minute that they are within sight of any street. A child's priority is not safety but a favorite toy, a friend, or a bright and fascinating object that may be across the driveway, residential street, or major intersection. Children are magical thinkers and believe that if they see the car, the car sees them and will magically stop-- instantly. Preschoolers believe the driver has the same vantage point that they do and so will stop or avoid them. Preschool and early primary age children are unable to judge the speed of an oncoming car or bicycle; have inaccurate depth perception; and think they are safe if they are in the crosswalk or have a green light.

Although school age children have been taught the safety rules for walking, Halloween presents some unique environmental and social situations. The dusk and darkness of the evening hours, the number of children on the sidewalks and roads, and the variety of costumes and masks place children at a higher risk to become victims of pedestrian-motor vehicle crashes. Too frequently adults assume young children know and practice the safety rules. But even older children who normally practice safety rules can get caught up in the excitement of trick-or-treating and dart in front of traffic.

Most Halloween injuries involve environmental hazards, such as uneven pavements, high steps, or unseen obstacles. The risk for falls while walking and climbing stairs is increased due to the combination of costumes, the dusk, excitement, and sometimes fallen and wet leaves on the ground. Motorists and children are both at particular risk for crashes due to the difficulty of seeing young children and anyone in dark costumes.

Many parents are concerned about the contents of the treats that children bring home and about strangers in the neighborhood. Some communities and neighborhoods have organized Halloween parties to provide families with an alternative to walking door to door. Also available are coupons, trading cards, and age appropriate toys for children instead of candy.

Children and adults alike can have a fun and safe Halloween if common sense and injury prevention become a part of their holiday plans. Each year regardless of season or holiday, one in four children will be seriously injured enough to require medical attention. It is estimated that 90% of these injuries are preventable. Let's start the autumn of 1994 by placing injury prevention for all ages as our top priority.

◆ *Cynthia J. Wright-Johnson, MSN*
Pediatric Nurse Coordinator

General Safety Tips

- Trick-or-treat before dark and carry a flashlight for dusk.
- Trick-or-treat on streets you know and plan your route in advance.
- Trick-or-treat with an adult.
- Trick-or-treat in groups.
- Avoid homes that are dark.
- Do not go into homes of strangers to get treats.
- Have change for phone calls in case you need help.
- Do not eat any treats until an adult has checked them.
- Cross only at the corners and watch out behind parked cars.
- Look both ways, twice, when crossing streets.
- Clear sidewalks, stairs, and curb sides of leaves and obstacles.

Costume Safety Tips

- Choose costumes that:
  --Are short enough so the child will not trip
  --Have bright colors or reflective tape
  --Are made from flame retardant fabrics
  --Have correctly fitting shoes
  --Have hats, wigs, or scarfs that do not hinder the child's vision
- Consider face makeup instead of a mask so the child's sight is not obstructed.
- Carry only flexible props (swords, magic wands, archery bows).
- Decorate bags and sacks with reflective tape or pictures.

Tips for Motorists

- Slow down in residential neighborhoods.
- Obey all traffic signs and signals.
- Watch for children on median strips or curbs.
- Enter and exit driveways and alleys carefully.
- Use headlights early in the evening (be sure that both work).
- Have children enter and exit the car on the curb side.

Burn Prevention Tips

- Use and purchase only costumes with "flame resistant" fabric labels.
- Use fire resistant material for all homemade costumes and props.
- Avoid costumes with flimsy material and billowing sleeves, pants, or skirts.
- Carry only flashlights, never candles.
- Consider using flashlights inside pumpkins rather than candles.
- Keep all candles above ground level and out of the reach of young children.

EMS on Smith Island

Last May, Ewell Volunteer Fire Department was designated an advanced life support (ALS) company and it began ALS coverage on June 1 with one paramedic and eight EMT-As. Ewell is one of three villages that comprise Smith Island--an island where there are no doctors, nurses, or medical facility and where there is no ready means of transportation to and from the mainland.

Before last June, the only ALS care available to Smith Island residents was that provided by Trooper 4, one of the Med-Evac helicopters owned and operated by the Maryland State Police. The availability of that service, of course, assumes the weather happens to be cooperating at the time. Often, the highly changeable weather conditions on the bay make access by helicopter impossible.

EMS providers on Smith Island, located in the Chesapeake Bay 13 miles offshore from Crisfield on Maryland's Eastern Shore, encounter some of the problems faced by those in other rural areas of Maryland; however, some problems they face are unique because of their aquatic isolation from the rest of the state.

Basic life support care is provided to the 500 or so residents of Smith Island under conditions that are never ideal, according to Mark Allston, the EMT-P responsible for bringing ALS to the island.

"Never ideal," although an absolute, is still an understatement. A call for emergency care comes into either of Smith Island's two fire departments--Ewell Volunteer Fire Department (with 1 EMT-P, 10 EMT-As, and 12 First Responders) serving Ewell and Rhodes Point (two villages connected by a bridge) or Tylerton Volunteer Fire Department (with 2 EMT-As and 4 First Responders) serving Tylerton, which is separated by water from the other two villages. Any EMS provider who is available will respond to the scene.

If the EMT decides that the patient needs hospitalization but Med-Evac transport is not available or not warranted by the patient's condition, boat transportation has to be arranged. The only regular means of water transportation to and from the mainland are two small mail boats, as well as two charter boats that bring tourists to the island. If one of them happens to be in dock at the time of the incident, it may be used to transport the patient to Crisfield on the mainland, some 13 miles away.

If one of these boats is not available, a local work boat or pleasure vessel may be enlisted for the trip across Tangier Sound, as long as the sound is not unnavigable due to fog or rough waters or it's not the dead of winter, when the boats still in the water may become ice bound.

It usually takes about a half hour for EMTs to reach the scene, assess the patient, and prepare him/her for transport to a waiting boat. At the dock, the EMTs have to load not only the patient, but also any necessary medical equipment, onto the unsteady boat, holding IV's and other apparatus connected to the patient in the air as they board.

Boat rides, as anyone knows who has ever taken one, are usually bumpy and noisy. In choppy waters, as is often the case around Smith Island, a boat trip can be downright uncomfortable and nauseating. These conditions can make it impossible to take vital signs reliably.

The boat trip across the sound takes about 45 minutes. Once docked at Crisfield, the patient is transferred again to a waiting ambulance. From there, the patient might be taken to McCready Hospital right in Crisfield. However, if the patient requires the level of care that's available at the areawide trauma center at Peninsula Regional Medical Center in Salisbury, add another 45 minutes to the journey. In all, it can take up to two hours for someone on Smith Island to reach a source of definitive emergency medical care.

This time lag presents a problem in rendering effective medical care (for example, a heart attack) or trauma care when minutes count. And that's the very reason that Smith Island could no longer afford to go without reliable ALS support. Having ALS providers in the field buys patients survival time when the trek

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Mark Allston, EMT-P, is the only ALS provider on Smith Island.

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to a hospital or trauma center is drawn out. In addition, because of its isolation, medical care by a physician or hospital does not exist on Smith Island.

Furthermore, Mr. Allston, the only ALS provider on Smith Island, is a volunteer and available to the Smith Island community 4 days a week (during that time he is usually on call 24 hours a day). Although he and his family now live on Smith Island, Mr. Allston continues to spend half of his time at the fire station in New Castle County in Delaware, where he is a paid EMT-P.

One of the innovations in prehospital care that Mr. Allston has pushed for is allowing the EMTs on Smith Island to receive training in the use of an automatic external defibrillator (AED). EMTs normally are not certified to defibrillate patients; however, last year the AED was approved as a statewide option for EMT-As and First Responders. (The AED interprets what needs to be done--for example, telling the prehospital care provider when to charge, when to stand clear, and when to shock).

However, at Mr. Allston's urging, Dr. Robert Adkins, the EMS medical director of Peninsula Regional Medical Center and the MIEMSS

Region IV Medical Director, supports the idea of AED. This will enable the Smith Island EMTs to save lives that might otherwise be lost if defibrillation were not started soon enough.

Fortunately, few trauma cases occur on the island. When they do, weather permitting, Trooper 4 is always used to transport the victims either to Peninsula's trauma center or to the R Adams Cowley Shock Trauma Center in Baltimore, usually within an hour from the time the call for help is received.

Patients are sometimes transported by boat from Smith Island to the mainland.

However, the potential need for trauma care is always present on Smith Island, notes Mr. Allston. For example, the local watermen use heavy machinery in their work, and accidents are always a potential with the busy water traffic created by both the seafood industry and pleasure boating.

In addition, the local EMS system could not respond adequately to a multicasualty incident, he says. (The potential for a multicasualty incident is heightened when sightseers flock to the island by boat, raising the daytime population as high as 2,000.) Luckily, Smith Island has been spared severe weather conditions in the past, but that is no guarantee that a hurricane or some other natural calamity will not occur in the future, he adds.

To be prepared for such events, should they ever occur, the Smith Island EMTs need ALS training, especially in handling major trauma cases, says Mr. Allston.

The logistics of EMS training--whether an initial training course or recertification program--present special problems to those on Smith Island. Because training is given on the mainland and the last boat departs the Island at 4 pm and doesn't return until noon of the next day, the Smith Island provider must stay overnight, losing work time and bearing an extra financial expense. He/she also faces the problem of maintaining special skills, such as trauma, in an isolated setting where there may be few trauma patients. Because of these logistics, MIEMSS and the Maryland Fire and Rescue Institute have tried to cooperate with Smith Island's EMS providers by taking BLS training to them.

However, the EMS care rendered by Smith Island EMTs may have one advantage over that provided in the metropolitan areas of Maryland. And that is the humaneness with which the care is delivered. It's an element of the care that, perhaps, could only exist in a tight-knit community like the one on Smith Island where everybody knows everybody and where one of the biggest public education problems faced by Mr. Allston has been to get people to call 9-1-1 in an emergency instead of a specific EMT they know. According to Mr. Allston, as an EMT, "you really feel as if you make a difference. The effects of what you do are so tangible."

◆ *Dick Grauel and Beverly Sopp*

2 Honored for Cecil County EMT-P Program

Two key personnel in Cecil County's EMT-P program, Michael Browne (left) and Frank W. Muller (right) were honored by Wayne L. Tomes, Sr. (center), EMS Chief of the Water Witch Fire Company Inc. of Port Deposit, Maryland. Four of the 17 students certified as EMT-Ps after completing the course were from Water Witch Fire Company.

The Cecil County Paramedic Foundation, the Cecil County EMS Program, and local volunteer fire companies funded the first EMT-P course in Cecil County. All didactic portions were held in Cecil County but some clinical practice sessions were held in the Baltimore metro area.

Currently Mr. Muller and Cecil Community College are trying to create a degree program for paramedics at the college.

LN to EMT-P Program

The Maryland Board of Nursing, the State Board of Physician Quality Assurance (BPQA), and MIEMSS announced the development of the Licensed Nurse to EMT-Paramedic program. This program was developed in response to: (1) requests from Maryland nurses who wish to challenge certain knowledge and skills required for EMT-Paramedic certification in the prehospital setting and (2) needs of ambulance companies that were anxious to increase their available pool of certified paramedical providers.

Licensed Nurse to EMT-Paramedic program guidelines were developed by the BPQA, MIEMSS, and the Licensed Nurse to EMT-Paramedic Committee. The guidelines outline: minimum qualifications; curriculum and skills competency requirements; program policies; and recommended training time lines. The minimum qualifications and program material are designed to ensure that applicants acquire adequate training to comply with the standards of the National Highway Traffic Safety Administration, Department of Transportation National Standard EMT-Paramedic Curriculum.

To enter the Licensed Nurse to EMT-Paramedic program leading to the National Registry EMT-Paramedic, an individual must hold: (1) an active nursing license in the State of Maryland, as defined by the Maryland Nurse Practice Act; (2) current CPR validation; (3) current ACLS validation; (4) current certification as a Maryland EMT-A; and (5) a membership in an ambulance company approved by the BPQA to provide advanced life support in Maryland.

The Licensed Nurse to EMT-Paramedic program has been designed so that local programs can integrate these students into their ongoing training programs. Prior to certification by the BPQA, the EMT-P applicant must have satisfied all National Registry EMT-P requirements for registration and passed the BPQA's EMT-P protocol exam administered by MIEMSS.

Applications for the Licensed Nurse to EMT-Paramedic program are available from the MIEMSS Regional and EMS Nursing and Specialty Care offices.

EMS Care 95

Mark your calendars!

EMS Care 95 will be held April 21-23, 1995 at the Greenbelt Marriott Hotel.

Education Opportunities

Prehospital Case Reviews

MIEMSS is cosponsoring Prehospital Case Reviews in conjunction with hospitals and local jurisdictions throughout the state. These two-hour programs offer two hours of B credits for ALS providers and two hours of T credits for BLS providers. The focus is on current interesting or unusual cases.

The September program was held at the Cumberland Memorial Hospital. The October Case Review will be held in the Avery Hall Education Center Auditorium at the Peninsula Regional Medical Center in Salisbury, on October 26, from 7 to 9 pm. To register or for more information, call the MIEMSS Educational Support Services at 410-706-3994 or the Region IV Office at 410-822-1799.

Street Survival Workshop

"MEDIC," a one-day workshop on law enforcement style street survival tactics modified for fire/rescue personnel responding to or at the scene of an incident, will be offered November 13, from 9 am to 5 pm, by the Clear Spring Volunteer Fire Company.

The workshop will be given by Maryland State Police Sgt. Mark Gabriele and Baltimore County Fire Dept. Capt. Dennis Krebs at the Training and Special Events Building located on Clear Spring's carnival grounds off Big Springs Road. The workshop is recognized for six continuing education credits by both MIEMSS and the National Registry for EMTs.

Topics will include awareness; approaching a motor vehicle; approaching residences and buildings; cover and concealment; weapons; clandestine drug labs; and the use of force in self-defense.

"MEDIC" is open to all fire and EMS personnel in the state without charge. However, registration is limited to 200. A refundable $2 registration fee is required but will be refunded the day of the workshop.

For registration forms, call Tom Altman (301-842-3600, ext. 6000) or Skip Menzies (301-842-3600, ext. 6400).

Mock Trial Workshop

A workshop featuring a mock trial is scheduled November 12 at Charles County Community College. The program, sponsored by the MIEMSS Nursing and Specialty Care Department, has been approved for continuing education credits for both prehospital care providers and nurses.

Through a mock-trial format, participants will view the unfolding of a court case from subpoena, discovery, examination and cross-examination by plaintiff and defense lawyers through the verdict. Special attention will be given to the importance of documentation. Experts in medical risk management and legal defense will participate in the discussion.

For information, call MIEMSS at 410-706-3930.

Nursing Career Ladders

Since 1986 Maryland has had a statewide nursing education articulation model. This model, the first of its kind in the nation, allows registered nurses who have completed an associate degree or diploma nursing program to obtain a baccalaureate degree in nursing without repeating any nursing courses or taking any challenge exams. Students graduating from Maryland nursing programs after 1979 are only required to complete 64 additional credits for their BSN degrees.

Another statewide model allows licensed practical nurses to obtain advanced standing in associate-degree registered nursing programs. Some community colleges also grant unlicensed persons credit for their previous education or experience as a health care worker.

These models were designed to assist the individual in obtaining credit for previous learning and to enhance education mobility. If you are interested in obtaining more information about these programs, please call the Maryland Board of Nursing at 410-764-5124 and request a free copy of "Guide to Nursing Education in Maryland."

Western Maryland Trauma Seminar

The Western Maryland Trauma Seminar will be held October 22-23 at Garrett Community College in McHenry. The course is cosponsored by the Maryland Fire and Rescue Institute, Garrett Community College, and the MIEMSS Region I Office.

The trauma seminar, which has been approved for 12 hours of continuing education, will focus on gaining access to the patient; patient packing in rough terrain; infection protection; EMS operations at the crime scene; and supplemental restraint systems.

For additional information, contact Garrett Community College at 301-387-3069.

CEUs for FETN

The MIEMSS Department of Training and Certification is now giving continuing education credits for the Fire and Emergency Television Network (FETN) satellite education programs. These EMS-related programs offer up-to-date information. For more information, call Craig Coleman at 410-706-3666.

Governor William Donald Schaefer

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DATED MATERIAL

State Police Add New Dauphin Helicopters

Two new Maryland State Police (MSP) helicopters--for Southern Maryland and the Eastern Shore--were approved for purchase by the Maryland Board of Public Works this past spring. The first of the two Dauphin helicopters was delivered to the MSP Aviation Division base at St. Mary's County Airport on September 23 and dedicated September 30. The second Dauphin is scheduled to be delivered to Centreville on November 4.

The twin-engine Dauphins replace the Bell Jet Ranger helicopters that were flown only during daylight hours. The Dauphins are also larger and faster. When the Dauphin is in place at Centreville, all eight MSP aviation bases will be equipped with Dauphins, and the phase-out of the Bell Jet Rangers for med-evac purposes will have been completed.

According to Maj. Johnny Hughes, commander of the MSP aviation division, the purchase of the two new helicopters necessitated the hiring and training of six additional pilots and the transfer of five paramedics to the Aviation Division to handle the increased number of operating hours.

Attention, EMS Field Providers

For several years, the National Study Center for Trauma/EMS has been conducting studies on the injury patterns of victims involved in car crashes. EMS field providers have always played an important role in this research, and with a new study beginning, your help is needed more than ever.

To properly enroll patients into our new study, we need to know about certain crash circumstances. We are particularly interested in finding out, for admissions to the R Adams Cowley Shock Trauma Center, whether or not the patient was a front seat occupant in a late-model (1988 or later) vehicle and was either belted or had an air bag. It would help us greatly if this information were documented on the run-sheets and even called in or brought in with the patient. We need to get this information as soon as possible so that we can begin the patient enrollment process. Understanding the patterns of injury related to seat-belts/air bags will not only help us in our work, but it may also aid EMS providers in triage decisions.

If you would like to report such a case or would like further information about these studies, please call Tim O'Quinn (410-328-8978) at the National Study Center.