THE EMS NEWSLETTER

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MARYLAND'S EMS COMMUNICATIONS SYSTEM

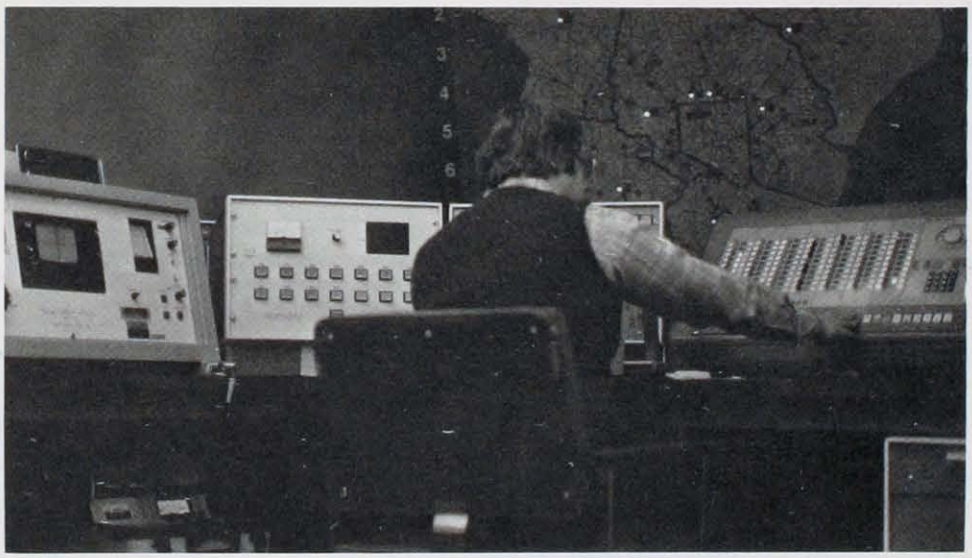
On September 8, 1975, the Maryland Department of General Services, acting on behalf of the Division of Emergency Medical Services (DEMS), awarded a contract to the Mobile Radio Division of the General Electric Company to provide and install the Maryland Emergency Medical Services Communication System (EMSCS). The contract award represents a major step toward the completion of a total statewide EMSCS, which was directed by the Governor by Executive Order in February, 1973.

The Maryland EMSCS will neither duplicate nor replace the system presently being utilized by most Maryland ambulances for vehicle dispatch, i.e. communication between the driver and the central alarm. Rather, the EMSCS will be a communication system to enable the transfer of medical information regarding a patient, his condition, his treatment and his disposition, between the ambulance crew and competent medical authority at a hospital or specialty referral center. The new communication system will also enable an ambulance crew anywhere in the State to secure consultation from any of Maryland's specialty referral centers, it will provide for the rapid request and coordination of Maryland State Police Medevac helicopter missions; and it will enable an ambulance anywhere in the State (even on a long-distance transport away from its usual base of operation) to obtain assistance regardless of its location.

The City of Baltimore and the five surrounding counties of Anne Arundel, Baltimore, Carroll, Harford and Howard, which compose Maryland's Emergency Medical Services Region III, are nearing completion of their portion of the Maryland EMSCS, having received 1.25 million dollars through a federal grant in 1973. Emergency Medical Service Development, Incorporated (a non-profit corporation) was formed for the purpose of designing and constructing the Region III system. In July, 1975, the system was transferred to the State and it is now operated by the DEMS.

The recently awarded contract with the General Electric Company will provide for the construction of the EMSCS in the remaining 18 counties of Maryland. The State's consultant engineers, Spectra Associates, Incorporated, completed the design of the EMSCS last spring, and proposals were solicited from communication equipment manufacturers, leading to the selection of General Electric.

(Continued on page 3)



"Emergency Medical Resource Center (EMRC), Region III's communications center, a part of Maryland's EMS Communications System."

EMERGENCY MEDICAL SERVICES
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIONAL UPDATE

The five Regional EMS Councils have been working with DEMS to implement the State's 1203-1204 grant award from HEW. The grant was partially based on regional EMS needs as determined by the Councils. The Councils have developed management plans to implement the grant. Some highlights of the regional activities are:

Region I - Appalachia: - The Council has developed a standardized ambulance run sheet for the Region which has been coordinated with the DEMS. A pilot project has been initiated to cross reference police accident reports and ambulance run sheets.

The Council was successful in a grant application to the Appalachian Regional Commission (ARC) for $59,982 which will fund three D.O.T. approved ambulances and four Hurst power tools. Ambulances will be located in Cumberland, Frostburg and in Southern Garrett County. In Frostburg and Cumberland, plans for new ambulance companies are being developed. In Frostburg, a new company will be replacing the emergency services which have been provided by two funeral homes for the past fifty years. This new company has been organized in cooperation with the existing funeral home providers. In Cumberland, joint agreements are still being worked out. The Council is now coordinating with DEMS to insure EMT-A training for these new units.

Dave Ramsey, Region I Coordinator, has assisted the local Civil Defense Director in preparing and submitting an application for the development of a remote control base station which serves as part of the central alarm system within the Region. Presently, Allegany County has a central dispatching service operated by Civil Defense which serves as a framework for a central alarm.

Garrett County Civil Defense has received a grant through the Civil Defense program for the purchase of a central alarm to be located in Oakland. Bid specifications for the console are being developed.

The Cardiac Rescue Technician program within the Region began in September under the sponsorship of the Western Maryland Heart Association, through a $92,835 ARC grant. From this grant $27,835 will be directed towards training and administration and $65,000 will be directed toward the purchase of telemetry equipment.

Region II - Mid-Maryland: - The Council has evaluated all requests for D.O.T. Highway Safety Fund assistance from units in the Region and has prioritized these requests. With assistance from the DEMS, the Council is also working with ambulance attendants and the local hospital to establish a Cardiac Rescue Technician program for Frederick County. A central alarm was recently established in Washington County.

The Council has developed a standardized ambulance run sheet which has been submitted to the DEMS for review. The Council has also recently completed the first draft of an EMS regional brochure, which is being distributed at local public activities.

Finally the Council has been successful in receiving an ARC grant of $27,103 for rescue equipment for two units within the Region.

Region III - Baltimore Metropolitan: - On July 1, all employees of Emergency Medical Services Development, Incorporated (EMSDI) became employees of the Division of Emergency Medical Services. At the same time the State, through DEMS, assumed responsibility for the communications contract awarded EMSDI by HEW.

The Council has evaluated all D.O.T. Highway Safety projects applications in its Region and has prioritized these applications in line with regional objectives.

Using Region III's 1204 funds, the DEMS is processing a $30,000 contract with the Regional Planning Council (RPC) for the pre-implementation phase of 9-1-1 in Metropolitan Baltimore.

Cardiac telemetry activities began in August for 28 ambulances strategically located throughout the Region. Plans for expansion will include up to 50 vehicles by July, 1976. CRT training continues to progress with 200 certified, with plans to train an additional 100 to 150 by July, 1976.

Region IV - Eastern Shore: - The Council has recently reviewed and established priorities for D.O.T. Highway Safety projects within the Region. The Council has also established contact with the Tidewater EMS Region in Virginia and is working to establish mutual support agreements. Under direction of the DEMS, the Council is establishing a Cardiac Rescue Technician program in Salisbury. Plans call for CRT training to begin in January.

Region V - Metropolitan Washington: - A five-county Maryland EMS Council is being established The communications study for the District of Columbia and northern Virginia has been completed and the Council is moving for the adoption of the proposed system by all jurisdictions in the area. Coordination with these non-Maryland areas will insure minimum interference between jurisdictions and will provide a regional communication capability. The Maryland members of the Council are currently evaluating D.O.T. Highway Safety project requests in the five Maryland counties to establish priorities.

Progress has also been made within this period in establishing Southern Maryland EMS Committees for the counties of St. Mary's, Calvert and Charles. Each county has selected a working committee to select representatives for the new Maryland Region V Council.

(Communication System continued)

The EMSCS is based upon a cellular concept within each county. A specially designed communication console located in each central alarm will enable the county dispatcher to place any ambulance in his operating area in direct radio communication with any hospital in his county. Use of the central alarm in this coordinating manner will enable the State ambulances and hospitals to obtain maximum utilization of the limited number of radio channels allowed by the Federal Communications Commission for EMS.

Ambulances in the System will be equipped with a special mobile radio that can automatically repeat communications from a nearby portable radio through the county radio base station to the hospital and vice versa. Each ambulance will be equipped with a small portable radio enabling communication from patient-side to the hospital even when the patient is inside a large building. The radio portion of the system will operate throughout the State on the Ultra High Frequency (UHF) band and has the capability of transmitting medical data telemetry (e.g. electrocardiograms), as well as voice. Additions to the system which are required to utilize the telemetry capability include the equipment on an ambulance to read the electrocardiogram and equipment in the hospital to receive the input data. As personnel within a county become trained and facilities become organized to utilize telemetry units, this additional equipment may be added to the system.

To facilitate statewide coordination when required, and to enable an ambulance or a hospital anywhere in the State to make optimum use of Maryland State Police helicopters and specialty referral centers, each county radio system will be tied together through a statewide network of dedicated telephone lines. These lines, including one from the Region III Emergency Medical Resources Center located at Sinai Hospital which coordinates medical communications throughout the Baltimore Region, will terminate in the System Communication Center (SYSCOM) located at the Maryland Institute for Emergency Medicine. The telephone lines have the capability of being patched into the county radio system at each central alarm; thus these lines will enable an ambulance or a hospital anywhere in the State to immediately request aid from any component of the State's EMS specialty referral system when required. This statewide dedicated telephone network has been given the name "EMSTEL".

Each vital communication link in the EMSCS is provided with a back-up in the event of failure. In each county, the dedicated telephone lines connecting the radio base station, central alarm and hospitals have radio back-up links if one or more of the telephone lines becomes non-functional. The public telephone system provides a back-up for EMSTEL. Through the use of a toll-free number, 800-492-0610, a physician, a nurse or ambulance attendant can use any public telephone in the State to call SYSCOM.

Funding of the EMSCS comes from several sources. Federal grants have provided support for most of the Region III communications construction, while State funding covers the cost of its operation and maintenance. The General Electric contract in the other 18 counties is funded almost entirely with State funds; the amount presently committed is sufficient to construct and install all of the fixed equipment and to equip approximately 150 of the 250 ambulances within the 18 counties. DEMS hopes to obtain the funds necessary to equip the remaining 100 ambulances through second-year funding of the federal EMS grant recently awarded to the State. In addition, the Appalachia Regional Commission is supporting a major portion of the construction of the System in the three western-most Maryland counties that are a part of the Appalachia Region.

INTERSTATE CONSORTIUM ACTIVE

Representatives from the states of Maryland, Pennsylvania, and West Virginia participate in an Interstate Emergency Medical Services Consortium to coordinate tri-state planning and development of emergency medical services. Members of the Consortium are appointed by the Governors of the three states which includes representatives of State Health Departments, Regional EMS Councils, Health Planning Agencies and members at large, who will attempt to address the problems of EMS delivery in an interstate area. The Consortium is partially funded by the Appalachian Regional Commission.

One recently completed project of the Consortium establishes the reciprocity of EMT certification between the three states. Other projects of the Consortium include an interstate reimbursement for hospital related services.

The Interstate Consortium is sharing offices with the Maryland Region I EMS Council in Grantsville. *Inquiries should be directed to:*

The Interstate Emergency
Medical Services Consortium
P. O. Box 34
Grantsville, Maryland 21536

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NEWS ITEMS

D.O.T. FUNDING GRANTS AVAILABLE

DEMS has been assigned primary responsibility to insure that the prompt application of definitive medical care is available to critically-ill and injured patients within the State. DEMS is meeting this objective by assisting in the procurement and upgrading of emergency care vehicles and equipment in order to reduce response time and improve the prompt application of emergency medical care to the injured at the scene of an accident.

During fiscal year 1975, twenty-nine such project grants for the improvement of emergency medical care were approved within the State of Maryland. These project grants, funded by the Maryland Department of Transportation's Highway Safety program, are available on a local 50-50 match basis.

If your ambulance company is interested in applying for Highway Safety Project matching funds, please contact your Regional EMS Coordinator for further information.

DEMS TO HOLD INTERNATIONAL BICENTENNIAL SYMPOSIUM

As part of the Nation's Bicentennial observance, the State's Division of Emergency Medical Services will serve as the local host of the first International Emergency Medical Services/Trauma Symposium in Baltimore, Maryland, May 10-12, 1976. The Symposium will be co-sponsored by the Division of Emergency Medical Services of the U. S. Department of Health, Education and Welfare; American Trauma Society; Maryland Institute for Emergency Medicine, University of Maryland; NATO Committee on the Challenges of Modern Society; and DEMS.

The general session will be devoted to the scientific aspects and special techniques in the management and care of the trauma patient. The presentation will include improved care at the scene, during transport, admission to the appropriate medical center and definitive medical, nursing and rehabilitative care. The clinical presentations will also include in-depth discussions on patients with multiple trauma injuries. Specialty Care facilities will be highlighted at the Symposium, and tours of the Centers will be scheduled. Workshop sessions are tentatively scheduled to be conducted on rescue, communications, transportation, airport disaster, public education and program planning and operation.

Scientific and EMS project exhibits representing the fifty states will be displayed.

The program is intended for all persons with a concerned interest in emergency medical services. For further information, contact the Division of Emergency Medical Services at 528-7800.

DEMS REGIONAL MEETING

A joint meeting of the Mid-Atlantic Emergency Medical Services Council and the EMS Grantees from HEW's six state Region III was hosted by Maryland's Division of Emergency Medical Services aboard the Maryland Lady and at the Tidewater Inn, Easton, October 9 and 10.

Meeting for the third time in formal session, the Mid-Atlantic EMS Council adopted by-laws, agreeing that each state would have one vote and no more than three appointed members. Task forces were established to deal with the following topics: Reciprocity of EMT Certification, Interstate Disaster Triage Tag System, Hospital Categorization, EMS Communication System, and Legislation. Officers elected were: R Adams Cowley, M.D. (Maryland), Chairman; Frederick Dewberry (Maryland), First Vice Chairman; and Charles Nabb (Delaware), Second Vice Chairman.

David Boyd, M.D., Administrator, H.E.W., presided at the HEW Grantees meeting, informally presenting some of the problems and challenges facing the EMS program nationally.

Dr. Cowley presided at the joint evening session, which featured Lillian Clark, DEMS Director of Education and George Simons, M.D., Chairman of the Appalachia Interstate EMS Consortium.

The closing session of the meeting featured brief reports by representatives of the HEW grant areas, which highlighted the EMS activities and problems in the six state region, which includes Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia.

EMERGENCY PSYCHIATRIC CARE WORKSHOP HELD

The Emergency Medical Technician-Ambulance Instructors' Association of Maryland sponsored a two-day Emergency Psychiatric Care Workshop October 17-19 at Camp Brisson. Twenty people, most of them EMT-A instructors, participated in the special workshop designed to provide the participants with a broader working knowledge of the procedures and techniques employed in the care of emotionally-ill persons.

The key speaker of the weekend was Dr. H.L.P. Resnik, Clinical Professor of Psychiatry at the George Washington University School of Medicine, who offered the group some insights into crisis intervention, as it relates to emergency medical care.

Marge Epperson, Director of Family Services, MIEM, helped the participants to visualize an individual emergency with its far-reaching effects on the lives of the injured patient's family members.

Ann Schlipp, Nurse Clinician, MIEM, helped the participants to perceive crises through the eyes of children, and Sandy Hathaway, Director of the Primary Alcoholism Treatment Program, Baltimore, spoke on the abuse of drugs and alcohol from the standpoint of the

attitudes and feelings of both abusers and crisis workers.

Dr. Nathan Schnaper, Psychiatric consultant to MIEM, concluded the seminar with a presentation of "Death and Dying", in which he described the multiple states of dying an individual experiences prior to his death.

DEMS MEDIA MATERIAL AVAILABLE

The DEMS Office of Education and Information, currently developing a media library, has purchased and/or produced the following educational training aids which are available for use by emergency health care personnel.

For further information concerning the films and slide-tape programs listed here and the policies and procedures for borrowing these programs, call Phil Koerin, Audio Visual Technician, DEMS, 528-7800 between 8:30 and 4:30, Monday thru Friday.

CAUSE THE EFFECT/AFFECT THE CAUSE, *30 minutes, color film.*

The main thrust of this film is to produce active discussion of the reactions of the emergency department staff to an alcohol troubled patient and motivate the involvement of all who view the film. It also has built-in pauses which allow time for in-class discussion. Recommended use: ambulance attendant training, nursing training and physician training.

CHARLE'S DAY, *11 minutes, color film.*

This film explains how pure oxygen can be a hazard, and a serious one, when handled without care in hospitals and elsewhere. The film is comic in nature and shows how Charlie, a hospital orderly, creates havoc by just moving an oxygen cylinder from a store room to a bedside. Recommended use: nurse training, ambulance attendant training and general hospital staff training.

CHANGES, *30 minutes, color film.*

This film deals with the psycho-social adjustment to, and rehabilitative aspects of, spinal cord injury. Filmed at Craig Rehabilitation Center in Denver, Colorado, "Changes" emphasizes the re-entry of an individual into society. The film is a recommended adjunct in the education of physicians, nurses, and allied health personnel who deal with spinal cord injury patients.

COLLISION RESCUE, *25 minutes, color film.*

This film covers the different types of auto extrication equipment and their usage. The film stresses the need for proper training and total patient care in crash rescue techniques. Recommended use: ambulance attendant training, nursing training, in-service training, as well as community relations and public information.

CRY FOR HELP, *15 minute, color film.*

The film is a dramatic enactment of a drowning incident and illustrates the need for a first rate emergency medical system to protect members of every community. It shows how skilled specialists in emergency techniques are vital in preventing unnecessary loss of life. The film is complemented by a booklet, which may be used as a study guide or action plan. Recommended use: public information and community relations.

EMS REGION III, *10 minute, color slide and cassette tape presentation.*

This program explains what EMS Region III (Baltimore City and five surrounding counties) is and the section of the State which it serves. It explains the communications system in Region III, how it works in general, and how it works in serving the injured or ill patient. Also explained in this program is the Region's ambulance attendant training and the CRT training programs. Recommended use: public information and community relations.

EXTRICATION RESCUE, *32 minute, color film.*

This film deals with the following situation: an isolated country intersection with one car on its side and on fire; the occupants trapped, but conscious. The other car still upright, but all doors jammed and the three victims all unconscious, one on the rear floor. The film shows proper procedure for extrication of victims trapped in vehicles and also proper use and procedure of extrication equipment. Recommended use: ambulance attendant classes and community relations.

HOW TO SAVE A CHOKING VICTIM: THE HEIMLICH MANEUVER, *11 min., color film.*

This film identifies three symptoms indicative of a person choking to death. It also demonstrates the four-step method for saving lives developed by Dr. Heimlich. Recommended use: ambulance attendant training, industrial medical training, CPR training, public information and community relations.

IN TIME TO LIVE, *18 minute, color film.*

This film on basic cardiac life support was produced with the technical assistance of Dr. Costas T. Lambrew, Chairman of the CPR Emergency Cardiac Care Committee of the American Heart Association, New York State Affilliate, and Dr. Arnold D. Laden of AHA's ECG Committee. A large portion of the film deals with witnessed cardiac arrest. Recommended use: supplement to ambulance attendant training, civic groups, CPR training, and may be used as a motivational film for the general public, illustrating that anyone can learn basic CPR techniques.

TREATMENT OF ACUTE DRUG OVERDOSE, *30 minute, color film.*

In this film, Dr. George R. Gay of the Haight-Ashbury Free Medical Clinic in San Francisco, discusses the techniques of treating acute heroin and barbiturate overdose, barbiturate withdrawal and crisis induced by amphetamines and LSD. Recommended use: ambulance attendant training, nurse training, physician training and CRT training.

MINUTES TO LIVE, *9 min., color film.*

This film describes the Maryland Institute for Emergency Medicine, the nucleus of the statewide EMS system, and one of 6 in existence in the State. This film gives a detailed description of what happens to a patient from the time he is picked-up by a Maryland State Police helicopter until the time he is taken off the critical list from the 12 bed unit on the 4th floor at MIEM. Recommended use: ambulance attendant training, nursing workshops, public information and community relations.

THE FIRST AID QUIZ: TREATING AN INJURY, *20 minute, color film.*

Every year in the United States, 21 million people are injured in the home. Treating an injury may not seem as heroic as saving a life, but knowing how to prevent further harm to the victim is vital. This film covers techniques for treating the victims of burns, choking, poisoning, heat exhaustion and heat stroke using a situational analysis and self-quiz technique. The film is hosted by Kevin Tighe, co-star of television's "Emergency".

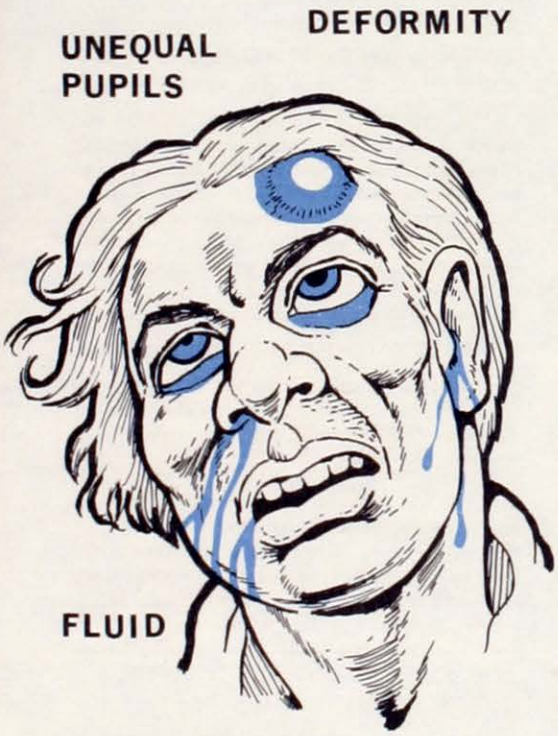
TRAUMA: THE PLAGUE OF OUR TIMES, *10 min., color slide/cassette tape.*

This presentation was produced by the Division of Emergency Medical Services for the American Trauma Society. This slide/tape show explains some of the main causes of trauma in the United States. It also provides suggestions as to what each citizen can do to reduce the tragic toll of trauma. Recommended use: community relations and public information.

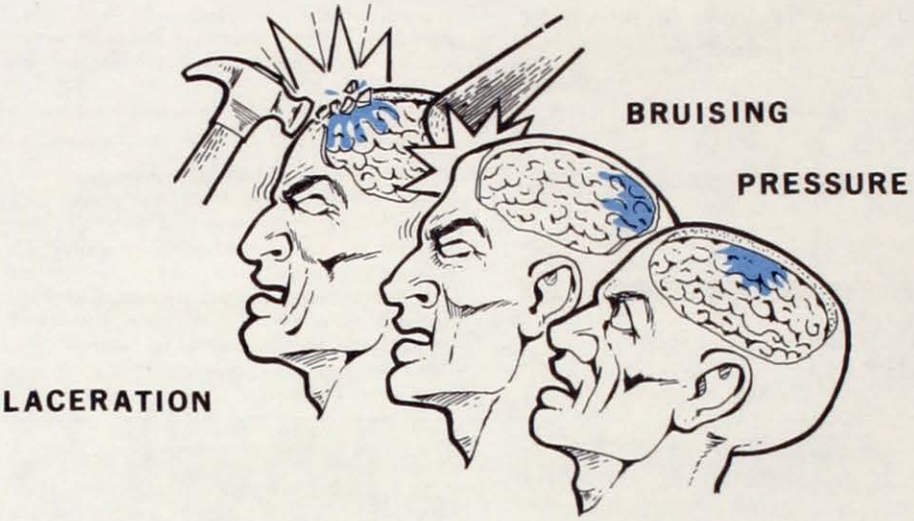
RESCUE!

A driver traveling in an automobile at 55 miles an hour, crashes into a telephone pole forcing his head to impact with the car's windsheild in 6/10 of a second, a child falls from a tree to the ground, an elderly man trips down a flight of stairs — the mechanics of the injury (circumstances of events surrounding an injury) are present for a possible head injury.

If an accident is sufficient enough to cause a skull injury, the brain may also have suffered injury. Some signs to look for in a suspected head injury are:



- Deformity of the skull should be considered the result of a fracture.
- Blood or a clear, water-like fluid in the ears and nose could be a sign of a skull fracture.
- Discoloration of the soft tissues under the eyes may be present.
- Unequal pupils are an important sign of brain damage.



The three major types of brain injuries are:

- "Bruising," occurs when a blunt object forcibly strikes the skull, causing swelling and pressure on the brain, disrupting normal brain functions resulting in loss of consciousness.
- "Pressure to the brain," is caused when a blood vessel ruptures from either a traumatic injury or a stroke disrupting the normal brain function.
- "Lacerations and bleeding" results when force is sufficient to fracture the skull and press the fragments into the brain tissue.

After evaluating a patient for head injuries the following steps should be taken to save a person suffering from head injuries:

- Maintain an open airway.
- Check for and stabilize associated neck injuries.
- If skull fracture is suspected, do not insert objects to obstruct the flow of clear fluid.
- Cover open wounds, but use little pressure.
- Do not remove impaled objects.
- Transport the patient without delay, but very carefully to minimize movement and bumping the head.
- Administer 100% oxygen during transportation.

Upon arriving at the scene of an accident the following factors should be considered in evaluating brain injuries:

- "State of Consciousness." If the patient was unconscious immediately after the accident, but has since regained consciousness, he has probably suffered only a brain concussion. Further damage to the brain is indicated if the patient has only gradually lost consciousness, or if he regained and then lost consciousness again. A blood clot may be causing pressure on the brain.
- "Awareness of surroundings." Pressure on certain brain centers as a result of injury may have interrupted their functions, causing disorientation, amnesia, etc.
- "Constriction of pupils." Normally the pupils of the eyes are equal in size, and they constrict when exposed to light. Unequal size or failure to react to light indicates that the brain is not functioning properly. If one pupil remains large when exposed to light while the other pupil constricts, damage to one side of the brain is indicated. Observe motor function for any abnormal movements or weakness.
- "Neck injury." A patient who has a head injury must always be suspected of having a neck injury as well. If the patient is unconscious, he should be treated as if he actually has a broken neck.

PROFILE: DAVE RAMSEY

Dave Ramsey, Region I (Appalachia) Coordinator for Garrett and Allegany Counties, feels at home in the mountains of this rural area and appreciates their uniqueness. A native of Beaver Falls, Pennsylvania, Dave has lived in Western Maryland for the past six years.

After graduation from Maryville College in Eastern Tennessee with a B.A. in Economics and Business Administration, Dave joined the United States Peace Corps. For over two years, he worked as a Cooperative Extention Agent for the Bolivan Association of Credit Unions. There, he helped the villagers establish a Public Service Cooperative and re-establish a Savings and Loan Credit Union. Dave also assisted the village in which he lived in community development projects, including the organization of a water and electric system for the town.

Upon returning to the United States, Dave settled in Garrett County with his wife and two daughters, where he worked for the local Community Action Project. While Director of Community Organization, Dave worked with a variety of programs. One outstanding project was the formation of a rural senior citizen bus system for Western Maryland in cooperation with the State Department of Transportation. Another program which Dave was instrumental in initiating was a Day Care Center and Sheltered Workshop for Handicapped Adults in Garrett County.

In recent years, Dave became interested in the emergency care training course and became a certified EMT. As a volunteer EMT, Dave felt "his actions were more immediately visible" to each person he was able to help.

One of the more recent projects the EMS Region I Council and Dave are working together to accomplish is the "First Responders" Program. This pilot project is being organized in Region I due to the Region's unique topography, location of rescue squads, and distance between ambulance companies. The program's goal is to reduce the response time from the initial call for help and the responder's time of arrival. The program requires the cooperation and retraining of police, both state troopers and county police, and the retraining of inactive EMT's. This project also requires working with the Region I EMS Council's Educational Committee in developing resource materials for this unique course.

Dave feels the EMS Regional Council was quick to tackle tough issues in order to develop recommendations for the Region's part of the State EMS plan. The Council has also recently been awarded funding grants to purchase additional needed ambulance and emergency medical supplies which include Hurst power tools to aid rescue squads in auto extrication. New rescue squads have also been formed in Cumberland and Frostburg.

Dave sums up his view of working with Emergency Medical Services in this way, "It is exciting for me to help implement the EMS program within a Region and the State where these services are so vitally needed".

COORDINATOR'S DIRECTORY

These resource people are located throughout the State to respond to the needs of emergency medical personnel, citizens and various community groups in their regions. The regional coordinators can be reached as follows:

Region I - Appalachia Region (Allegany and Garrett Counties)

David Ramsey - EMS Office, P. O. Box 34, Grantsville, Maryland 21536, 895-5934.

Region II - Mid-Maryland (Frederick and Washington Counties)

Michael S. Smith - 1610 Oak Hill Avenue, Room 134, Hagerstown, Maryland 21740, 791-2366.

Region III - Metropolitan Baltimore (Baltimore City and Baltimore, Anne Arundel, Harford, Howard and Carroll Counties)

George Pellitier, Jr. - Equitable Trust Building - Suite LL-7, 401 Washington Avenue, Towson, Maryland 21204, 828-5300.

Region IV - Eastern Shore (Cecil, Kent, Queen Annes, Caroline, Talbot, Dorchester, Somerset, Wicomico and Worcester Counties)

Marcus Bramble - P. O. Box 536, 12 N. Washington St., Easton, Maryland 21601, 822-1799.

Region V. - Metropolitan Washington (Montgomery, Prince Georges, Charles, Calvert and St. Mary's Counties)

Jeff Mitchell - 5408 Silver Hill Road, Suitland, Maryland 20028, 735-5580.

FIRST ORGAN DONOR GIVES TO EYE BANK

About 3:00 p.m. on June 28, a young man from Beltsville, holder of a Maryland driver's license with the notation "Organ Donor" was critically injured in a car accident in Washington, D.C.

Barely alive, the crash victim, Charles R. Thornton, 24, was rushed to George Washington University Medical Center where he died an hour later. Minutes later, after the police showed emergency room surgeons Thornton's driver's license, surgeons removed his eyes and made them available to the Lions Eye Bank of Washington.

Charles Thornton became the first organ donor under a 1974 law that permits motorists to indicate on their driver's license that they wish to donate "any needed organs or parts" of their bodies for medical use after they die. The words "Organ Donor" are then entered by the Motor Vehicle Administration's computer on the front of the license, directly above the signature. Specific organs may not be designated on the license, nor may specific persons or organizations be designated as recipients.

As of November, 1975, over 48,000 Maryland motorists had requested that the words "Organ Donor" be entered on their driver's license.

CALENDAR

STATE

Feb. 20 & 21	Emergency Medical Services Data System: Ambulance Runsheet Workshop. Adult Education Center, University of Maryland, College Park, MD. Contact: Paul V. Dorrett, Director of Program Evaluation, DEMS, (301) 528-7800.
Feb. 28	Priorities in Initial Management of Trauma Victims. Baltimore Hilton Inn, Reisterstown Road/Baltimore Beltway at Exit 20, Pikesville, MD. Contact: Mitchell Perlin, Conference Coordinator, Program of Continuing Education, University of Maryland, 29 South Greene Street, Baltimore, Maryland, (301) 528-7346.

NATIONAL

Jan. 22-24	Management Of The Acutely Injured Patient - A Symposium On Trauma Babcock Auditorium, Bowman Gray School of Medicine, Winston-Salem, N.C. Sponsors: American College of Surgeons Committee on Trauma, Bowman Gray School of Medicine. Fee: $135. Residents - $35. Contact: ACS Trauma Division, 55 East Erie Street, Chicago, Ill. 60611.
Feb. 2-4	National Symposium on Rural/Wilderness Emergency Medical Services. Regency Inn, Denver, Col. Sponsor: U.S. Department of Health, Education and Welfare, Division of Emergency Medical Services. Contact: Mr. Douglas H. McAllister, Division of Emergency Medical Services, 6525 Belcrest Road, Suite 320, Hyattsville, Md. 20782. Tel. (301) 436-6284.
Feb. 12-14	Washington ACEP, Scientific Session. Seattle, Wash. Open to physicians, nurses, paramedic personnel. Sponsor: Washington Chapters of ACEP/EDNA. Fee: estimated cost of $60. Contact: M. Scott Linscott, M.D., 1118 9th Avenue, Seattle, Wash. 98101. Telephone: (206) 624-1144, ext. 245.
Feb. 13-14	Emergency Medicine Today Conference. Birmingham Hyatt House, Birmingham, Ala.; Sponsored by the Alabama Chapter of the American College of Emergency Physicians; Contact: Registrar, Emergency Medicine Today, 310 Woodward Building, Birmingham, Ala. 35203. Tel. (205) 252-9182.
Feb. 23-26	Emergency Medicine Course - 1976. Towsley Center, The University of Michigan Medical Center, Ann Arbor, Mich. Sponsor: The University of Michigan Department of Postgraduate Medicine and Health Professions Education. Contact: The University of Michigan Medical Center, Department of Postgraduate Medicine and Health Professions Education, The Towsley Center for Continuing Medical Education, Ann Arbor, Mich. 48104.
March 1-4	1976 ACEP Symposium. El Conquistador Hotel, San Juan, Puerto Rico. Sponsor: The American College of Emergency Physicians. Fee: $110/members; $135/non-members. Contact: George Podgorny, M.D., Program Chairman, American College of Emergency Physicians, 241 E. Saginaw Street, East Lansing, Mich. 48823. Telephone: (517) 332-6544.

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