Maryland
EMS
NEWS

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS VOL. 9 NO.2 FEBRUARY 1983

Focusing On Field Operations

Text Books for EMT Course

To allay concerns regarding the reference books for EMT testing, I would like to stress that if you know the third edition of *Emergency Care* published by Brady, you can easily pass the written exam. If you know the *Maryland Way* (published by MIEMSS and available to students in late summer), you will have no trouble with the practical skills exam. EMT candidates starting class next fall will need both reference books.

EMTs who did not use the Brady text (for example, EMTs who do not train in Maryland but who apply for Maryland certification) will find that answers to questions on the written exam will also be found in other EMT standard texts, such as the American Association of Orthopedic Surgeons.

Although the written EMT certification exam will be administered by MIEMSS, the course instructor or sponsoring agency may conduct written quizzes.

EMT Practical Skills Exam

Dr. Cowley, the director of MIEMSS, has proposed a new concept for EMT testing and certification. As proposed, MIEMSS would transfer the authority for administering the practical skills exam to the EMT training agencies of Maryland; in the past 10 years, these agencies have gained both experience and knowledge in basic life support instruction. MIEMSS would maintain setting and monitoring the standards of both the written and practical exams but would administer only the written exam. A passing grade on both the written and practical exams would be required for EMT certification. MIEMSS has elicited and received many comments from the field about this proposal. When this newsletter went to press, the mechanism for administering the EMT practical skills exam was being worked on, with the goal of presenting an implementation plan to the Ad Hoc Committee on Training/Testing/Certification for its approval on February 2. A detailed announcement of any changes will be sent to you as soon as they are approved by the Ad Hoc Committee.

Paramedic Legislation

This year legislation for recognizing Department of Transportation paramedic standards is being reevaluated in Maryland.

Levels of Prehospital Care

At the September meeting of the National Association of State EMS Directors in St. Louis, more than 30 states were represented. A survey showed there are 38 different ALS standards nationwide. Considering this poll, the association passed a resolution to standardize the levels of ALS nationally. Four levels of prehospital providers would be recognized within the next three years: the basic EMT – A level; the EMT – I (intermediate) level (this corresponds to the IV/EOA/MAST EMT in the State of Maryland); the CRT level (this would become a national level and the name would probably be the EMT Critical Care or the EMT – CC); and the EMT – P. The EMT – CC level is recognition that the Maryland CRTs are able to deal with more than cardiac cases and have a definite role to play in other medical emergencies. The fourth level — the Department of Transportation paramedic level — would correspond with the course objectives as set by the federal agency.

CRT Continuing Education

The requirements for continuing education for the CRT are a major concern at this time. The CRT has had to juggle with two recertification processes. In-house we are working out a mechanism by which the CRT would be able to maintain both certifications in one process, so that if he went through the continuing education for a CRT he would automatically maintain EMT status.

Maryland EMS News

The *Maryland EMS News* will be published monthly, beginning with this issue. It is hoped that this newsletter will be more timely and better inform people of changes that are occurring within EMS at the state level.

If you have any concerns or feel that there are areas in which MIEMSS could assist the prehospital provisional medical care, please contact your regional coordinators who will contact the central office.

Thank you.

—Alasdair Conn, MD
Program Director of Field Operations

Para Scope '83 Conference Slated For August 19 – 21

All aspects of disaster management — from preparation to evaluation — will be covered in Para Scope '83, a three-day seminar to be held by the Montgomery County Department of Fire/Rescue Services at the Marriott Hotel in Bethesda, August 19 – 21.

Directed at paramedics and paramedic instructors, the seminar will include lectures and workshops on disaster operations, planning, evaluation, responsibilities, accountability, training, intervention, on-the-scene command, needs assessment, and safety.

To obtain more information, or to register for the seminar, call Capt. Mary Beth Michos at 251-2114, or write to her at the Montgomery County Department of Fire/Rescue Services, 101 Monroe Street, Rockville, MD 20850.

Region 1

The Region I EMS Advisory Council has been notified that the Department of Transportation (DOT) has awarded a grant for three ambulance services in the region. The grant is unique in that it is the first time independent ambulance services have joined together to obtain assistance through DOT for purchasing needed equipment.

The purpose of the grant will be to ensure that Northern Garrett County Rescue Squad, Ellerslie Ambulance Association, and LaVale Volunteer Rescue Squad are equipped to meet the specifications of the Maryland Volunteer Ambulance Inspection Program.

The total grant package is for $10,900 and will be used to purchase medical and extrication equipment.

Administration of the grant will be by the MIEMSS Region I office with the grantee being the Allegany County Commissioners.

— Dave Ramsey

Region 2

The Region II Office has received approval for a three-year Highway Safety grant to continue the EMT case review program. This program was started with Highway Safety money in 1979 and has proved highly successful in maintaining communication between EMTs in the field and hospital emergency department physicians and nurses. As many as 40 EMTs have attended a single session.

The EMT case review program was initiated not only to upgrade skills but to commend people for their appropriate actions and correct improper actions. The hospitals were originally hard pressed to provide physician and nurse services for this education program. The Highway Safety grant made money available to pay for staff time outside of the normal hospital staff hours.

When federal money ran out in 1982, the Frederick County Ambulance and Rescue Association used training money to keep the EMT case review program going. The Region II EMS Council found this project so worthwhile that they initiated an Expression of Interest to secure more Highway Safety funds until the two hospitals in Hagerstown and Frederick could pick up the program. It is expected that within the next three years both hospitals will be able to provide this program on a continuing basis through the local outreach programs.

— Mike Smith

Region 3

New ALS Companies

The Region III EMS Emergency Medical Services Advisory Council is a group of persons involved in EMS in the Baltimore Metropolitan Region. Membership includes representation from: transportation services in the six jurisdictions, general hospital services, local governments, professional agencies such as the Emergency Department Nurses Association and the American College of Emergency Physicians, health and planning agencies, MIEMSS, EMS consumers, and others. One of their many responsibilities is the designation of advanced life support (ALS) companies. Recently, the Council awarded Cockeysville Volunteers in Baltimore County full designation as an ALS company, and Fawn Grove Volunteers in Harford County probationary designation as an ALS company. (The probationary designation provides for ALS affiliation so that members may participate in CRT classes.)

CRT Protocols

The Region III Council also answered the Board of Medical Examiners' request for a decision in regards to which drugs would be carried on ALS units in Region III. These drugs are:

2 IV Solutions
5% Dextrose in Water
Ringers Lactate
Atropine
Epinephrine (1:1000 and 1:10,000)
Sodium Bicarbonate
Narcan
Calcium Chloride
Morphine Sulphate

(Local jurisdictions should be encouraged to carry morphine on units, but need to delineate a mechanism by which morphine is made available when it is not carried on all ALS units.)

50% Dextrose
Lidocaine (2% Bolus)
Oxygen
Nitroglycerine

Lidocaine drips and two intravenous solutions have been eliminated from Region III protocols. Alasdair Conn, MD, program director of MIEMSS field operations, has written an addendum to the CRT Protocols to amend the lidocaine regimen as follows:

Section 3, Footnote 1, Add:

In regions that do not institute the xylocaine drip regimen, the following regimen may be utilized instead: *CRTs must have a paper tracing of the arrhythmia* before the regimen is instituted without medical control.

Lidocaine Regimen

1 mg per kilogram of patient weight bolus IV push followed by ½ mg/kg bolus IV push 10 minutes after first dosage. *This may be repeated once as above prior to medical direction.* Dosage in the first hour should not exceed 350 milligrams.

To clarify this, if you have a paper tracing of the dysrhythmia and are unable to contact Medical Control, you may administer an initial dose of 1 mg/kg and follow with 2 maintenance doses of ½ mg/kg 10 minutes apart.

IV solutions have been replaced in your protocols as follows:

5% Dextrose in 0.45 normal saline

- Head Injury — Replace with Ringers Lactate.
- Smoke Inhalation — Replace with 5% Dextrose in water.

Normal Saline Solution

- Diabetic Patient — Replace with 5% Dextrose in water.

Drugs that have been eliminated but you still have in stock, may be used until the existing stock is depleted.

The Board of Medical Examiners has also eliminated the carotid sinus massage from the CRT skills.

Ambulance Certification

The Region III coordinators, in cooperation with paramedic training officer Bill Neal, have certified six ambulances in accordance with the Voluntary Ambulance Inspection Program since the last newsletter. Annapolis City Fire Department had three ambulances certified, Arundel Volunteer Fire Department had one certified, and Taneytown Volunteer Fire Department had two certified. If your company is interested in having your ambulance(s) inspected, please contact John Donohue at the Region III office.

Lost Equipment

We have had a problem with lost equipment in the past, but there may be a light at the end of the tunnel. John Donohue, the new associate Region III coordinator, has been working hard to develop procedures to prevent equip-

(Continued on page 3)

(Continued from page 2)
ment from being lost and to help recover lost equipment. At the time of this writing, they are near completion and you may already have a copy. John is looking forward to working with everyone to solve this problem.

Traumaline

Traumaline is up and running. Ameen Ramzy, MD, MIEMSS traumatologist, has asked for comments about its operation from key persons in each jurisdiction. If you have any additional comments on the trauma consult system, call the Region III office and pass them on. We do have a request from some of the doctors at the Shock Trauma Center: If an ALS unit has a patient with trauma and cardiac complications, the Traumaline doctors would like the field unit to have EMRC put the Traumaline and a cardiac consultation center on the line at the same time. This way, both physicians can confer on the best way for the CRT to treat the patient.

— Kerry Smith

Region 4

Leasing equipment has developed into a growing trend the past several years. Many companies have found that leasing equipment for day-to-day operations is more cost effective than purchasing and maintaining privately owned equipment. For many companies, this concept also applies to the leasing of vehicles.

With the costs of operating and maintaining health care services — including the costs of emergency medical services — rising, a new trend is starting to develop in EMS Region IV that could impact on the operating budgets of EMS providers — "Rent-an-Ambulance."

The Ocean City Volunteer Fire Department is engaged in contractual services with a large Maryland firm to lease ambulances during the next four years. This arrangement allows Ocean City to upgrade its municipal emergency vehicles every two years. Maintaining a total inventory of eight ambulances, the Ocean City Fire Department is leasing two new ambulances each year. That is, the first year, two ambulances are leased; the second year, four ambulances; the third year, six ambulances; and the fourth year, the entire inventory of eight ambulances. After using a leased vehicle for four years, Ocean City has the option of buying the leased vehicle.

This type of leasing arrangement will facilitate standardization of vehicles within the company. An attempt will be made to lease a standard uniform chassis of the same make with minor variations in models. In addition, efforts will be made to standardize the location of patient care equipment within the ambulance.

Ocean City could become the role model for local jurisdictions who are presently experiencing shrinking operating budgets during this time of financial uncertainty. During this last calendar year, the Ocean City Volunteer Fire Department recorded 109,464 miles traveled by their ambulances with 2,511 transports to the regional trauma center at Salisbury and areawide medical facilities.

Additional information can be obtained by contacting Kover Ellingsworth of the Ocean City Volunteer Fire Department at 289-4346.

— Marc Bramble

Region 5

Montgomery County's Hazardous Incidence Response Team (HIRT) got a real workout on December 16 when 2000 gallons of gasoline were accidentally dumped into the Takoma Park sewers. Fires and explosions forced the evacuation of over 500 households. The HIRT team spent over 12 hours checking houses and sewers for the gasoline vapors that blanketed the area. A search for the source of the gasoline as well as use of smoke ejectors to clear the air kept personnel busy.

While an EMS officer is a regular part of the HIRT team, no "medical" emergencies required those special skills, according to Lt. Charles E. (Ed) Birkham who served as EMS officer during the incident. EMS officer activities may include emergency medical care, decontamination, and monitoring exposure levels of team members and other rescue personnel.

For those interested in learning more about hazardous materials rescue operations, MIEMSS Region V and the Montgomery County Department of Fire/Rescue Services will sponsor a three-day workshop, May 13-15, at the Fire/Rescue Training Academy in Rockville. Use of the tactical simulator will allow for the re-creation of a variety of haz mats accidents in a realistic learning environment.

In other news around the region, a case review was held on January 20, at Prince Georges General Hospital to critique a 21-victim bus accident on the Charles/Prince Georges County line. This program allowed personnel from fire and rescue companies in both counties and the Maryland state police to share information with one another as well as with physicians and nurses from the three hospitals which received patients.

Finally, 16 new CRTs entered the Region's ALS programs after passing the December Board Examination. They are as follows: Fred Ellinger, David Le Jeune, Pat Rimi, Donna Rogers, Mark Shadle, and Ruth Wisnewski (Charles County); Tim Augustine, John Bibb, Duncan Munro, Laverne Roach, and Mike Wright (Prince Georges County); Janet Cook, Kim Davidson, Douglas Gisriel, Ellen Hewitt, and Sallie J. Springer (St. Marys County).

Welcome to new Region V staff: Ann Parker, secretary, and Richelle Kennedy, emergency health services intern from UMBC.

— Marie Warner

Trauma Physicians Form Group in MD

The Maryland Trauma Physicians Group held its first meeting February 23.

According to MIEMSS traumatologist, Carl Soderstrom, MD, the meetings will help attending physicians, chief residents, and fellows at Maryland trauma centers and specialty referral centers to get to know one another on a personal basis.

Speakers at the February meeting were Thomas Ducker, MD (professor and head of the division of neurosurgery, University of MD, and director of MIEMSS Neutrotrauma Center) and Juan Juanteguy, MD (head of the division of thoracic and cardiovascular surgery, Sinai Hospital).

For more information about the physician group, call Dr. Soderstrom at 528-3044.

In Sympathy

MIEMSS extends its sympathy to Region IV Associate Coordinator John Barto on the death of his father.

Handling Hazardous Materials Emergencies

Hazardous materials emergencies are a significant problem for the fire, rescue, and emergency medical services. To deal with this escalating problem, many fire and rescue services have developed specialized teams of trained personnel to respond to and manage hazardous materials incidents.

Montgomery County has a history of experiencing hazardous materials incidents and because of its location, major highways, and business community, there is the potential for the occurrence of additional significant incidents.

In 1981, a Hazardous Incident Response Team (HIRT) was developed to provide support services to the 18 fire departments and rescue squads in the county in the handling of hazardous materials incidents. Career and volunteer personnel from these 18 fire departments and rescue squads serve on the team in a volunteer capacity.

The team is divided into four shifts, each consisting of six members. The shifts are "on call" for two-week periods, with two shifts being "on call" simultaneously – one as primary response, the other as secondary. The team's personnel have been equipped with tone-activated pagers and, with the exception of the assigned HIRT vehicle operator, respond directly to the scene of an incident from their homes, places of business, or fire/rescue stations under their own means of transportation.

Each HIRT shift has a designated shift commander, relief commander, and EMS specialist. The EMS specialist's position is unique to the Montgomery County HIRT. In addition to meeting the minimum personnel requirements (see box below), individuals designated as EMS specialists must be Maryland-certified CRTs or CRT instructors.

HIRT Minimum Requirements

Firefighter Position

1. 18 years of age
2. 3 years of fire service experience
3. Certified Firefighter III
4. Completion of Fire Academy's hazardous materials course

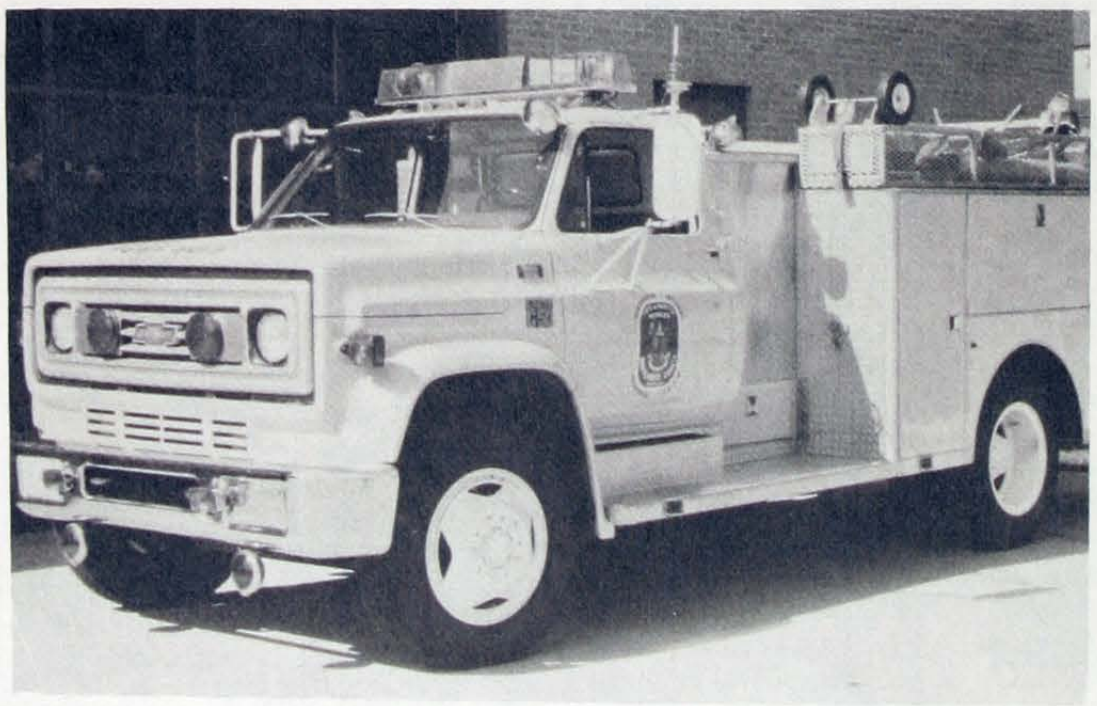
Officer Position

Same as for firefighter, plus:

1. 3 years experience as an officer
2. College or equivalent courses in fundamentals of fire suppression and suppression systems

An emergency department physician with special interest in hazardous materials and occupational health was assigned as medical director of the HIRT. His assignment was approved by the EMS Committee of the Montgomery County Medical Society which provides medical direction to the prehospital advanced life support program in the county.

The EMS specialist performs functions for the HIRT such as:



Montgomery County Hazardous Incidence Response Team's vehicle

Preincident Responsibilities

- Development of safety operational procedures
- Development of basic and advanced life support protocols specifically for hazardous materials incidents
- Development and maintenance of a resource list for medical consultation
- Development and maintenance of first-aid and medic kits for the HIRT
- Identification of possible hazardous materials incidents with the potential for major medical problems
- Development and maintenance of a health record system for HIRT members
- Training of HIRT and other fire-rescue personnel in safety procedures, protective gear, decontamination, health hazards, and EMS matters related to hazardous materials incidents

Incident Responsibilities

- Serve as health and safety officer for team members
- Serve as advisor on emergency medical matters to HIRT commander and to incident commander
- Maintain exposure records
- Provide initial emergency care for HIRT members
- Assist field EMS personnel with providing care for specific health problems

Postincident Responsibilities

- Coordinate decontamination activities
- Assist with conducting critique of incident
- Coordinate follow-up care of personnel exposed to hazardous materials.

In addition to their specialized functions, the EMS specialists participate as full team members attending all hazardous materials training sessions, assisting with maintenance of the HIRT vehicle and other team activities.

The EMS specialists of the Montgomery County HIRT would like to exchange information on their activities with other EMS personnel involved in the management of hazardous materials incidents. For further information regarding the Montgomery County Program, contact Capt. Mary Beth Michos, RN, HIRT EMS Specialist Coordinator, 10025 Darnestown Road, Rockville, MD 20850.

— Capt. Mary Beth Michos

Regional EMS Advisory Council

The following matters were discussed at the November 17 meeting of the Regional EMS Advisory Council (REMSAC).

The chairperson of REMSAC, Mary Beth Michos, will send a letter to the chairperson of the Ad Hoc Committee on Training/Testing/Certification, John Hoglund, proposing that the two groups work jointly in examining the modular approach to EMT training to avoid duplication of effort. The chairperson of REMSAC's Training and Education Committee, Mary Beachley, will serve as REMSAC's liaison to the Ad Hoc Committee.

The new ambulance runsheets that can be read by a computer scanner are being used in the jurisdictions that are systems oriented, according to the chairperson of REMSAC's Ambulance Runsheet Committee, Leon Hayes. Mr. Hayes, who is coordinating the effort to redesign the computer runsheets, said that Mark Moody, PhD, director of the MIEMSS evaluation and analysis office, would like to retain the following items from the present runsheet: county, unit, incident number, vital signs, nature of the complaint, treatment, response time, and referral center. Mr. Hayes is waiting for input from the regional councils before composing a new ambulance runsheet, which will then be submitted to the MIEMSS evaluation and analysis office for approval.

The procedures for retrieving equipment were discussed by John Donohue, associate coordinator for Region III. Ambulance companies in Region III can either pick up their own equipment from hospitals, or request the Region III office to retrieve it for them (especially from hospitals in Carroll and Harford counties). For companies outside of Region III, equipment will be picked up from hospitals once or twice a month and sent to the regional coordinators, who will return it to the appropriate companies. Equipment that is not returned within seven days should be documented by filling out an equipment tracer form and sending it to Mr. Donohue. Suggestions for combating the lost equipment problem should also be directed to Mr. Donohue.

Alasdair Conn, MD, program director of MIEMSS field operations, told the council that it should begin to express its EMS needs to MIEMSS so that the Maryland Department of Health and Mental Hygiene can be approached for block grant funding. These block grants, which replace the 1202, 1204, and 1205 grants, can be used only for new and innovative programs. Dennis Evans, associate director of MIEMSS field programs, advised the council to use the same approach in applying for block grants as it did in obtaining Department of Transportation funds — that is, use the same type of prioritization, with each region discussing its own priorities.

The assistant director for fiscal management at MIEMSS, George Atkinson, announced that Department of Transportation grants have been awarded to MIEMSS and will be implemented by early 1983. Expressions of interest for next year should be brought up soon at the council meetings. Mr. Atkinson said the Department of Transportation is interested primarily in funding training and public information projects, rather than equipment purchases.

One of the grants received from the Department of Transportation will be used to conduct pilot tests of a three-station practical exam for the EMT training program, reported Ron Schaefer, associate director of prehospital education for MIEMSS. He said that all the forms have been developed for the various practicals. Ms. Michos remarked that, in one of the EMT classes held in Montgomery County in which the *Maryland Way* was used, all of the students passed the examination and many of them made favorable comments regarding the new instruction.

The feasibility of repairing electrocardiogram monitors from ambulance companies outside of Region III was discussed by Richard Neat, director of communications for MIEMSS. Mr. Neat said the monitors had to be brought up to state specifications before his department could start servicing them. In a general discussion concerning the replacement of EMS radio equipment in the future, Mr. Neat noted that 22 radios have been replaced in the last four years.

Annie Smith, MIEMSS nurse coordinator/liaison for the Maryland State Police Aviation Program, commented that Med-Evac equipment is often dirty when it is returned from the various trauma referral centers in Maryland. She also said the Surgeon General, who visited Martins Airport recently, was impressed with the Maryland Med-Evac system.

Attendance at meetings of the Testing and Certification Committee (TECOM) has been decreasing, according to Lou Jordan, associate director of prehospital care for MIEMSS. He emphasized that at least one representative from each county is needed to continue the committee's work — to provide peer evaluation of EMS equipment, based on field testing.

Four EHS Seniors Receive Degrees

Four seniors at UMBC recently graduated as emergency health services majors.

Each completed a practical field experience last semester. Dana Jarvis developed a comprehensive plan for Region V, by involving Region V committee representatives and looking particularly at transportation, manpower, and training. Bernie Horak revised the EMS plan for Montgomery County, concentrating on transportation, communications, and data collection. Vanessa Morgan, who has a BS in nursing, used the concept of "quality circles" to initiate a systematic approach to problem-solving to enhance the morale of neonatal transport nurses in the intensive care nursery at University Hospital. Larry D'Elia worked as a clinical administrator "intern" at MIEMSS Shock Trauma Center.

— Beverly Sopp

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Looking at Autotransfusion

Statistics show that 75 percent of trauma patients who require 60 or more units of blood die.

Autotransfusion could reduce this mortality because reinfusing a patient's own blood prevents sensitivity reactions, decreases the infection rate, and prohibits disease transmission, according to Jerry Hauer, MHS, research associate in the Division of Cardiothoracic Surgery at Boston's Beth Israel Hospital.

Prehospital personnel can assist in the autotransfusion process, not by performing this invasive procedure in the field, but by understanding the techniques involved and, thereby, recognizing potential autotransfusion candidates. These would include victims with suspected hemothorax, suspected hypotension, or massive abdominal trauma with potential for surgical chest opening; and the moribund or arresting victim. When the prehospital personnel have identified a potential autotransfusion candidate, they can notify the receiving staff, enabling them to set up the necessary equipment in advance; this saves time as well as blood resources.

Mr. Hauer "ranks" the type of blood, or wound, for autotransfusion from most preferred to least desirable: closed chest wound; closed, nonperforating abdominal wound; open chest wound; perforating abdominal wound. The closed wounds would provide uncontaminated blood but, if a patient is exsanguinating, even contaminated blood can be used since "it is easier to treat sepsis than rigor mortis," says Mr. Hauer.

For these reasons, Mr. Hauer includes lectures on autotransfusion for his EMT and paramedic classes. He says: "Autotransfusion is a technique they like to know about; it's exciting and new to most of them, and they recognize it as a valuable tool. Paramedics need to be taught what it is all about, especially since most trauma centers around the country either are using autotransfusion now or are becoming interested in its use."

— Elaine Rice

Hyperbaric Center Part Of Diving Accident Network

The MIEMSS Hyperbaric Medicine Center, as one of the seven regional centers of the National Diving Accident Network (DAN), is responsible for coordinating the northeastern district from Virginia to Canada.

Funded by three federal regulatory agencies through the Undersea Medical Society with Duke University as the national coordinator, DAN provides a 24-hour-a-day service for answering questions relating to the nearest hyperbaric facility and for assisting in diagnosing and treating air embolism or decompression sickness from diving.

Decompression sickness, commonly known as the "bends," occurs during a scuba or deep sea dive when a diver ascends too quickly. The causes of air embolism, however, are not limited to diving accidents. They can occur when air gets into the bloodstream as a result of lung tissue damage sustained in a stab to the chest. Air embolisms can even occur in a hospital setting, in such cases as a patient undergoing open heart surgery, renal dialysis, posterior fossa craniotomies, or simple intravenous infusions.

At the MIEMSS Hyperbaric Center, treatment for decompression sickness and air embolism usually consists of a single "dive" in which oxygen is administered under high pressure but, if neurologic symptoms persist, a series of dives is initiated. The length and number of dives vary, depending on a patient's symptoms, length of time from the accident, and activity at the time of the accident. In most cases, the MIEMSS Center follows the U.S. Navy protocols for recompression treatments.

DAN has prepared brochures and posters defining the symptoms of air embolism and decompression sickness, which MIEMSS has distributed to sports and commercial diving businesses, hospital emergency rooms, and state EMS directors. For consultation on diagnosis and treatment or information on the nearest appropriate hyperbaric facility, call one of the following emergency numbers and ask for DAN: MIEMSS, 301-528-7814; Duke, 919-684-8111.

— Elaine Rice

Poison Center Plans Program

Have you read any warning labels lately? Probably so. In fact, if the Tylenol tamperings could be said to have any beneficial effect, the increased consumer awareness of product packaging and warning labels may be it. Hopefully this awareness will carry over as a deterrent to accidental poisonings.

At least, that's what the Maryland Poison Center (MPC), at the University of Maryland at Baltimore School of Pharmacy, is counting on as Maryland Poison Prevention Week '83 (March 20 – 26) preparations begin. This year's campaign will focus on reinforcing an awareness of product packaging and warning label information.

According to MPC Director, Dr. Gary Oderda, many consumers remain uneducated when it comes to warning labels. "Few consumers know that common household products marked 'DANGER' or 'POISON' are inherently more dangerous to use and to store than those marked 'WARNING' or 'CAUTION.' That's why we've decided to use this time when people seem more likely to examine the product packaging to encourage them to also read the warning label."

Maryland Poison Prevention Week '83 will commence with the program, "WARNING: This Program May Prevent an Accidental Poisoning," on Monday, March 21, at 10 a.m. in the new School of Pharmacy at 20 N. Pine Street in Baltimore. The featured speaker, Odonna Mathews, consumer advisor for Giant Food, will discuss Giant's new labeling program for nonprescription drugs. Other topics will include current labeling regulations and the MPC new regional education programs.

Also during March, representatives from the MPC will be participating in at least 10 health fairs throughout Maryland. The center will be distributing its new pamphlet on warning labels, entitled "The Road to Poison Prevention Is Fully Labeled."

For more information on how you can be involved in Maryland Poison Prevention Week or to register for the kick-off program, contact Jacquie Lucy at the Maryland Poison Center, (301) 528-7184.

— Jacquie Lucy

Conference on Stress Scheduled at UMBC

A three-day conference on stress factors in emergency medical services and critical care medicine will be held at the University of Maryland Baltimore County (UMBC), March 25 – 27. The conference will be cosponsored by the emergency health services program at UMBC, MIEMSS, and the JEMS Publishing Company.

The issues of stress and burnout will be discussed in relation to physicians, nurses, and EMS supervisors and administrators, as well as to paramedics and EMTs. The purpose of the conference is to provide participants with a working knowledge of the causes and effects of stress, and to show them how to reduce and control personal and organizational stress.

Further information and registration materials may be obtained by calling the emergency health services program office at UMBC at 455-3223.

National Meeting On Helicopters Slated for April

A national conference on the use of helicoptors in med-evac operations will be held April 18 – 20 at the Crystal City Hyatt Regency at Washington National Airport in Arlington, VA. The conference will be cosponsored by MIEMSS and the Helicopter Association International.

The format of the conference will encourage discussion between speakers and participants on such topics as governmental regulations pertaining to hospital heliports, the utility of various kinds of helicopter operations, medical flight personnel, the latest advances in rotocraft technology and equipment, and the cost of providing med-evac helicopter service. The presentations will be aimed at hospital administrators, EMS directors, trauma center personnel, emergency physicians and nurses, medical flight personnel, and helicopter operators, manufacturers, and equipment suppliers.

Persons interested in registering for the conference, or in obtaining more information, should call Patricia McAllister at 528-3160, or write to her at MIEMSS, 22 S. Greene Street, Baltimore, MD 21201.

MAST Use Clarified

Recent articles have questioned the use of MAST therapy on patients with suspected spinal injury to the lower half of the spine. Specifically, movement of the spine caused by inflation of the abdominal compartment that inflates in the rear was addressed. After review and consultation, MIEMSS offers the following:

If the patient needs MAST therapy, trousers should be utilized as per existing protocols. The potential of complicating a spinal injury as described in the articles is much less when compared to the potential of death due to shock. Therefore, *do not withhold MAST therapy in a patient meeting the standard criteria.*

Rescuers may consider placing a half-backboard head section (inverted) down into the trousers prior to inflation, providing additional support to the lower spine, if this action will not delay trouser application.

This clarification is to allay fears of EMS providers that the current garments in use are no longer acceptable in patients with spinal injury.

Newer trousers are specifically designed to minimize inflation in the lumbar area of the spine; however, this improvement does not indicate that current trousers in Maryland are substandard.

— Alasdair Conn, MD

Calendar

DATE	CONFERENCE	PLACE	CONTACT
March 7 – 9	Critical Care Medicine Consensus Program (No Charge)	National Institutes of Health Bethesda, MD	Joseph Parrillo, MD NIH, 496-9565
March 15	Nursing Diagnosis	Shady Grove Adventist Hospital Rockville, MD	528-3931
March 25	Hazardous Materials Nursing Workshop	Garrett County Community College	528-3931
March 25 – 27	Stress Factors in Emergency Medical Services and Critical Care Medicine	UMBC Catonsville, MD	Jeff Mitchell 455-3223
March 30, 31	Orthopedic Trauma Update	Peninsula General Hospital Salisbury, MD	528-3931
April 18 – 20	National Medevac Helicopter Conference	Crystal City Hyatt Regency Arlington, VA	Patricia McAllister 528-3160
April 27	Traige for Mass Casualty Situations	Medical School Teaching Facility University of MD at Baltimore	528-3931
May 13 – 15	Hazardous Materials Seminar	Fire/Rescue Services Training Academy Rockville, MD	Capt. Mary Beth Michos, RN 251-2114
August 19 – 21	Para Scope '83	Marriott Hotel Bethesda, MD	Capt. Mary Beth Michos, RN 251-2114

Regional Coordinators

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David Ramsey
895-5934
Region II — Mid-Maryland
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791-2366
Region III — Metropolitan Baltimore
Kerry Smith
John Donohue (associate coordinator)
528-3996
Region IV — Eastern Shore
Marcus Bramble
John Barto (associate coordinator)
822-1799
Region V – Metropolitan Washington
Marie Warner
Ed Lucey (associate coordinator)
773-7970

Physician Consultation

Prehospital personnel are reminded that when they request a physician consultation through EMRC, they should ask the name of the consulting physician *while they are talking to him/her.*

Military Take ATLS

Military medicine faces a dilemma: How are doctors, nurses, and physician assistants (PAs) trained in peacetime to handle the casualties that occur most frequently in wartime?

A partial solution to that dilemma lies in the advanced trauma life support (ATLS) course, designed by the American College of Surgeons and offered in Maryland through MIEMSS.

Among the participants at a recent ATLS course were 14 physicians and three PAs of the Maryland Army National Guard. The physicians' specialties included psychiatry, surgery, internal medicine, and orthopedics.

This was the first time any members of the National Guard had attended the course. During the two-day session, the students engaged in practical exercises involving animals and simulated victims. They also received instruction in resuscitation techniques, as well as in handling head, chest, and spinal trauma.

The most important concept presented during the course, however, was that triage is the key to emergency life-saving practices. The purpose of triage is to determine priorities before treating a mass of patients.

"It takes some doing to learn the emergency life-saving system. This course offers excellent exposure [to the National Guard doctors and PAs]. This is what they will get in warfare – blunt, crushlike injuries, multiple injuries. Many doctors are unprepared as to how to cope," said Roy Myers, MD, a staff surgeon at the MIEMSS Shock Trauma Center and program director of the ATLS course.

The state surgeon for the Maryland Army National Guard, Col. Frank T. Barranco, was particularly pleased with the course. He called it "the best training vehicle for medical officers" in Maryland.

— Capt. Howard S. Freedlander
Maryland National Guard

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