Dr. R Adams Cowley presents Randolph P. Mains with the MBB Golden Hour Award. Mr. Mains, chief pilot for the University of California's San Diego Medical Center, was the first to receive the award.

The MBB Golden Hour Award will be presented each year to an EMS helicopter personnel for distinguished performance in the field.

'Golden Hour' Award Presented

Randolph P. Mains, chief pilot for the University of California's San Diego Medical Center (UCSDMC), received the first MBB Golden Hour Award. The presentation was made by R Adams Cowley, MD, director of MIEMSS, and Wes Moore, president of the MBB Helicopter Corporation, at the National Med-Evac Helicopter Conference at the Crystal City Hyatt on April 19. (An article on this conference will appear in a later issue.)

The Helicopter Association International — which cosponsored the conference with MIEMSS — will give the MBB Golden Hour Award each year to an EMS helicopter personnel who has most distinguished himself by exceptional performance.

Dr. Cowley was chosen to present the award by the Helicopter Association International because he pioneered the concept of the "golden hour" — the first hour following injury. (His medical research showed that critically injured patients who were stabilized within 60 minutes after injury had significantly increased chances of survival.)

The territory covered by Mr. Mains and other UCSDMC pilots — which includes 8000 square miles of mountains, deserts, and uninhabited terrain — presents a constant challenge. For example, after receiving a call to transport a cardiac arrest patient, Mr. Mains landed the Bell 222 on a 5000-foot mountain on a moonless night, navigating his chopper to the glow of a flashlight. On another night mission, he navigated to the glow of a cigarette lighter on sand dunes to transport a woman who had rolled a three-wheel motorcycle and broken her neck. He also helped to locate a marine helicopter which had lost an engine and was in slow descent; this occurred in weather conditions marginal for flying.

In accepting the award, Mr. Mains said that he felt extremely lucky in being chosen to receive the award, for although he was chosen for his achievements, there were many others who had also excelled in achieving high EMS standards in difficult situations.

— *Beverly Sopp*

STC Building Planned for 1987

With the completion of the new MIEMSS Shock Trauma Center building in about four years, the number of patients that can be treated will almost double and the amount of space available to MIEMSS to house those patients will increase from the current 90,380 square feet to about 200,000 square feet.

These are the bottom-line facts detailed in a certificate of need for the proposed new building, issued recently to MIEMSS by the Maryland Health Resources Planning Commission.

The new Shock Trauma Center will have 138 patient beds, 65 more than the number of licensed beds in the existing center. These beds will be divided between three 12-bed critical care recovery units, three 12-bed intensive care units, and two 33-bed intermediate care units, one of which will include a 9-bed transitional rehabilitation unit. The patient areas will be located on the third through the seventh floors.

The basement and first and second floors will accommodate outpatient clinics, administrative offices, and the building's mechanical and electrical facilities. A heliport and the communications center will occupy the eighth level.

In addition to the main building, MIEMSS will retain the use of the building that the Shock Trauma Center presently occupies and will acquire the use of Dunning Hall, the building that previously housed the University of Maryland School of Pharmacy.

The second through the fourth floors of the old Shock Trauma building will be converted into research laboratories, while the ground and first floors will be used by

(Continued on page 4)

Regional EMS Advisory Council Minutes

The following was abstracted from the minutes of the March 31, 1983 meeting of the Regional Emergency Medical Services Advisory Council (REMSAC).

Hospice Protocol

In old business, chairperson Capt. Mary Beth Michos, RN, asked for reports on the protocol of the hospice program. Kay Edwards, representing Region III, asked that acceptance of the hospice protocol be delayed because the Region III Advisory Council is not finished discussing the matter. It was also reported that the Region V Advisory Council has not yet obtained local feedback on the protocol. Chairperson Michos urged the regional representatives to finish collecting input on the protocol as soon as possible. She then called for subcommittee reports.

Revised Ambulance Runsheets

Mark Moody, PhD, chairperson of the Runsheet Committee, said the final version of the revised Maryland ambulance runsheet would be completed by mid-April. A trial field test of the revised runsheet was begun several weeks ago.

Planning Committee

The chairperson of the Planning Committee, Kay Edwards, passed out a document in which the transactions of the committee's last three meetings were compiled and asked the council members to review the document and suggest appropriate changes. She said her committee will review any suggestions that are made, revise the document as necessary, and mail copies of the new draft before the next REMSAC meeting.

Pilot EMT Practical Exam

Ron Schaefer, associate director of prehospital education and training for MIEMSS and a member of REMSAC's Training and Education Committee, discussed the preliminary evaluation of the pilot EMT practical exams, the majority of which have two or three stations. He said the initial pass rate decreased on the two- and three-station practicals, in which EMTs are tested on randomly selected skills. However, the pass rate increased on the five-station practical, in which EMTs are given no opportunity to retrain and retest. Mr. Schaefer explained these results by saying that EMTs try harder on the five-station practical because they know they are going to get only one shot at passing it. The data that have been collected so far have been compiled in a report, copies of which have been sent to all the regional coordinators for review. When the pilot practicals have been completed, sometime in May, a report on the findings will be distributed to REMSAC members and other interested persons.

EMT-I Training

Mr. Schaefer also discussed next year's goals for the MIEMSS Office of prehospital education and training. One of the goals is to implement a statewide intravenous administration training program that would be equivalent to modules I, II, and III of the U.S. Department of Transportation's (DOT) paramedic training program. This extra training will be compatible with the National Registry certification classification — EMT-Intermediate (EMT-I).

Grants

George Atkinson, of the Grant Review Subcommittee, reported that 31 block grant requests have been received and that the subcommittee has established priorities for these requests. The council approved a motion to submit the block grant requests, as prioritized by the subcommittee, to R A. Cowley, MD, director of MIEMSS, for approval before they go to the Maryland Department of Health and Mental Hygiene.

Mr. Atkinson also discussed DOT grant forms, which he said should be completed by April 22, when the subcommittee was to have met to set priorities on those grant requests. An expression of interest will be submitted to the Maryland DOT in May.

Dennis Evans, associate administrator for MIEMSS, updated the council on legislative matters. His remarks are summarized in a separate article on page 7.

Upgrading Communications System

The first item of new business was funding to upgrade the EMS communications system in Maryland. Alasdair Conn, MD, program director of MIEMSS field operations, said the total cost of replacing outdated equipment would be about $6.9 million. The council agreed to start making plans to obtain the necessary funding.

Medical Directors' Responsibilities

One of the administrative goals of the field programs this year is to clarify the authority and responsibilities of county medical directors, said Dr. Conn. A job description will be written for the position of county medical director to differentiate the authority and responsibilities of that position from those of regional medical directors.

Trauma Center Evaluations

Dr. Conn also reported on the first quarterly meeting of representatives of the areawide trauma centers in Maryland. Possible revisions in the "echelons of care" document were discussed. Independent evaluation teams will inspect all nine of the state's areawide trauma centers. This inspection process will be expanded to include specialty referral centers.

EMS Olympics

Mr. Evans said the 1983 EMS Olympics will be held in September or October this year. A joint task force between MIEMSS and the University of Maryland Baltimore County has been formed to plan and coordinate this year's event. The feasibility of having regional EMS skills competitions has been discussed.

Region I

David Ramsey, the Region I coordinator, said that current projects in his region include a concerted effort to recruit EMTs for volunteer units and an evaluation of the region's medical command. In addition, a short course on trauma and disasters was scheduled for the end of April. Mr. Ramsey reported on a meeting of the rescue squads in Region I and the contiguous parts of Pennsylvania and West Virginia to review the use of Med-Evac helicopter service and of the areawide trauma centers in the tri-state area. He said he is in the process of visiting some of the hospitals in West Virginia and Pennsylvania to discuss interhospital transfers.

Region II

It was reported that the tenth anniversary of the designation of Region II, the first EMS region in Maryland to be recognized, will be on September 9, 1983.

Region III

In Region III, Baltimore County has completed a priority dispatch program for 911 operators, which will be put into effect on May 31, 1983, said regional coordinator, Kerry Smith. Mr. Smith also announced that Franklin Square Hospital has been designated as a base station in

(Continued on page 4)

Focusing on Field Operations

CRT Continuing Education

In the March newsletter, I explained that CRT recertification is an individual's responsibility. There is a close analogy between recertification of a CRT and of a physician. Every two years, as a physician licensed in Maryland, I have to submit a signed form to the State Board stating that I have attended educational classes approved for CME credits.

A similar requirement faces the CRT. However, many of the recertification forms submitted by CRTs present a problem to our staff. Frequently the forms lack sufficient skill sign-off and/or signature of the CRT. There is often no documentation on the record that the CRT has obtained the necessary didactic instruction. Unfortunately, because of this problem, we have had to delay many recertifications which otherwise should have been processed fairly smoothly. If you do not have the recertification pink sheet, please call the Prehospital Education and Training Office (301) 528-3666.

I am sure that many of the jurisdictions act as coordinators for this process. Before your pink form goes to the county to be forwarded to MIEMSS, please ensure that it has your correct address, CRT number, and your signature.

EMT-A Program

Pilot testing of several types of practicals is continuing. I am fairly sure, however, that the practical exam next year will be as previously described in this column — a three-station practical conducted by the sponsoring agency to guidelines established by MIEMSS. One of these stations will be CPR and may be conducted during the didactic portion of the EMT-A course. The other two stations will be conducted at the end of the course. Pilot programs — on which we hope to base the model practical — are being conducted in Baltimore and Prince Georges counties. When these pilot practicals are reevaluated, we hopefully will have a practical that is both more realistic and easier to administer, and that still tests the skills essential to the normal functions of an EMT.

Paramedic Legislation

The paramedic bill has now passed and will be signed by the Governor at the end of this legislative session. As soon as it is signed, the State Board of Medical Examiners then will be able to review the protocols that will be performed by the DOT-paramedics in this state.

— Alasdair Conn, MD
Program Director of Field Operations

Two Seniors Receive EHS Service Awards

Two seniors in the emergency health services (EHS) program at the University of Maryland Baltimore County (UMBC) received the EHS Special Services Award.

Michael D. Curtis and Paul J. Rolandelli were presented this special award during UMBC's "Student Recognition Day" ceremony on May 1. They were selected by the EHS faculty because of their academic achievement and outstanding services to the community, UMBC, and EHS.

Mr. Curtis and Mr. Rolandelli each received a certificate of achievement and a $50 cash award. Their names were also placed on the EHS award plaque that is prominently displayed in the EHS offices.

— Larry Schneider

Region 2

Many thanks to those who have been so patient in waiting for the revised ambulance runsheets. The latest revision should be available for use sometime during late summer. Data collection is increasingly important in these times of financial restraints, so please fill out your runsheets as completely as possible. Everyone can benefit from your notes on patients' injuries and how you treated them.

If your ambulance company is having a problem regarding supplies, repairs, or even the cleaning of equipment, have you checked with your local hospital? They may be able to help you. For example, at Washington County Hospital a new department — Clinical Engineering — has been established. Department head, James Everhart might be able to help you repair such equipment as a monitor defibrillator at a much lower cost than a maintenance contract with an out-of-state corporation.

Don't forget Trauma Days on May 13 and 14, at the Ramada Inn Convention Center in Hagerstown, MD.

— Mike Smith

Region 3

Chlorine Leak

On the morning of May 7, a train stopped on Route 32 on the Chessie System rail line. It was a normal stop along the track that straddles the border between Howard and Anne Arundel counties, until a routine check of the cargo revealed a large cloud around one of the three chlorine cars headed for a nearby water treatment plant. The conductor immediately notified the Jessup train yard of the impending disaster. Howard County Civil Defense was notified immediately and the Savage Fire Company was alerted along with mutual aid companies in Anne Arundel County. Citizens were evacuated from the area to disaster relief centers at schools in the surrounding areas.

Yes, it all happened, but it was only a drill. Disaster drills require a large amount of planning and work but they are needed to test the readiness of any emergency response system. The Air Florida disaster in Washington, DC exposed major problems in mutual aid responses to disasters. A multi-jurisdictional drill like the one described above is an excellent method to develop response plans for such an incident.

A similar exercise is planned for late June between Harford and Cecil counties. The annual drill, nicknamed PEACHBOX 83, will involve an incident at the Peach Bottom Atomic Power Station on the Susquehanna River. This series of drills, headed by the Maryland Emergency Management and Civil Defense Agency, involves 30 agencies, two counties, and two EMS regions, as well as area hospitals. It may include an evacuation of surrounding citizens, and an alert of both counties' fire and rescue companies. It may not be as dramatic as the train disaster in Howard and Anne Arundel counties, but it will test the cooperation of all agencies that would need to be involved.

Lost Equipment

The "Equipment Procedures" seem to have alleviated a lot of problems with lost equipment. However, there have been some isolated incidents of unrecovered equipment. We were unable to recover some items because they were not properly marked. Before any equipment is used by your personnel, please be sure it is marked with your unit number, company, and jurisdiction. The articles lost did not have the jurisdiction identified.

— Kerry Smith and John Donohue

Region 5

On January 13, 1982, an Air Florida jet liner struck a commuter-laden bridge and then plunged into the Potomac River after taking off from National Airport in Washington, DC. The rescue operation was hampered by the weather. The accident occurred during one of the worst blizzards in the District's history. Further complicating the rescue effort were the massive traffic jams created by workers who had left their jobs early that day, and the derailment of a metro train minutes after the plane crash. In addition, the response to the disaster was complex because the metropolitan Washington, DC area encompasses parts of 3 states, including 16 local governments, and contains numerous federal enclaves.

Enough has been written on what went right and what went wrong on that January afternoon. It is now time to discuss the planning efforts that have resulted from the incident. Immediately after the crash, the metropolitan Washington Council of Governments (COG), a coordinating agency for the metropolitan Washington, DC area, initiated a task force to study regional response to disasters. This task force, comprised of fire, police, and EMS representatives throughout the metropolitan DC area, made recommendations for strengthening the area's emergency response capabilities to COG in June 1982. The report stated: "Germane to successful planning for disaster response is a recognition that the response must be an actual outgrowth of everyday operations and must allow for a modulated and specific deployment of resources to identify the needs of the circumstances." In addition, it is necessary to standardize local disaster plans in terms of definition of needs, communications, and the use of regional resources, and to maintain flexibility in both planning and response. The report contains recommendations pertaining to standards for mobilization of response, prehospital EMS response, incident commands and control, communications, and regional hospital response. Coupled with these performance standards are recommendations regarding regional planning and coordination, as well as fiscal responsibility for such planning. These recommendations were then developed into an action plan, delineating task responsibilities and completion dates for the tasks, to prevent the report from being filed away until the next disaster.

Of particular interest to EMS personnel is the work of the Emergency Medical Rescue Services Officers Subcommittee of COG's Fire Chiefs Technical Committee. Its efforts have included the development of regional EMS procedures for disaster response, regional triage procedures and standing orders for disaster operations, and physician response in disaster operations. In addition, COG's Medical Services Policy Advisory Council (formerly the EMS Policy Committee) will play an active role in disaster planning by working with such groups as the Emergency Medical Rescue Services Officers Subcommittee, the American College of Emergency Physicians, and local EMS medical directors on various issues, including physician response in a disaster situation, intrahospital communication, standardized protocols, and medical control.

These planning efforts, which are nearing completion, will ensure that, if a regional disaster overwhelms the resources of the local authority, the neighboring jurisdictions that give assistance will be speaking the same language.

— Marie Warner

New Building for STC

(Continued from page 1)

the Department of Hyperbaric Medicine. Dunning Hall will house several MIEMSS departments until the new Shock Trauma Center building is completed; but ultimately the building will be turned over to the MIEMSS field programs and special support services.

Dunning Hall and the old Shock Trauma Center building will provide MIEMSS with 59,770 gross square feet of additional space.

The new Shock Trauma Center building will cost $44.6 million to build. It will be located on the University of Maryland at Baltimore campus, adjacent to the existing Institute of Psychiatry and Human Behavior.

— Dick Grauel

CPR Update

According to the American Heart Association, for one-person CPR in progress, 2 ventilations and 15 compressions should follow the pulse check. The correct sequence is:

15 compressions, 2 ventilations
5-second pulse check
2 ventilations, 15 compressions
2 ventilations, 15 compressions

REMSAC Cont.

(Continued from page 2)

the Maryland EMS communications system, and a base station course for the hospital's physicians has been completed. Daniel Morhaim, MD, has been appointed as the Region III medical director.

Region IV

Advanced life support is the current focus of concern in Region IV, said the region's coordinator, Marc Bramble. About 27 CRT candidates were to have taken their final exams in April. Meetings are being held with the EMS medical directors from Maryland's Eastern Shore, Virginia, and the southern counties of Delaware to discuss advanced cardiac life support.

Colleen Getezy, CRT nurse coordinator at Peninsula General Hospital Medical Center, has been named the EMS nurse liaison. Mr. Bramble said he is working closely with Region III representatives to develop a new CRT training program for his region.

In addition, Mr. Bramble said that 40 basic life support and advanced life support companies in Region IV are testing the new ambulance runsheets. A pilot program in EOA/MAST has been started on the lower Eastern Shore, involving 60 EMTs.

Region V

The Region V coordinator, Marie Warner, told the council that Charles County has developed a drunk driving program for its public schools. A presentation on this program will be given at the White House in the near future. In addition, she said Charles County is offering the U.S. DOT paramedic training program through its community college. Four of the five advanced life support counties in Region V are involved in DOT paramedic programs.

Ms. Warner reported that efforts to recruit EMS personnel are being aimed at nontraditional groups, such as housewives, young mothers, and senior citizens. She also said that the new ambulance runsheets are being field tested in her region.

ATT Program

Finally, it was reported that a new runsheet for aviation trauma technicians (ATTs) will be completed in July. The EMS medical directors met recently to discuss the standards of the ATT program. The academic year for the ATT program will run from October to May.

We Want Your Comments...

Please tell us what you think of the new monthly *Maryland EMS News*. Since February, we have changed our format and our focus. Your comments will help us take positive steps toward improving our publication for you. Results of the survey will be published in a future issue.

Directions:

Please answer the following questions. (You don't have to sign your name.) Then remove this page and fold the form into thirds. Staple or attach a piece of tape. Please mail us the form by *June 30* (no stamp is needed).

1. I work as a:

☐ **EMT** ☐ **Nurse** ☐ **Administrator**
☐ **CRT** ☐ **Physician** ☐ **Other (specify)**

_____

2. I live in EMS:

☐ **Region I** ☐ **Region IV** _____ **County**
☐ **Region II** ☐ **Region V**
☐ **Region III** ☐ **Out-Of-State**

3. The overall appearance and format of the newsletter is:

☐ **Effective** ☐ **Somewhat Effective** ☐ **Ineffective**

It could be improved by: _____

_____

4. The newsletter is informative and useful

☐ **Frequently** ☐ **Sometimes** ☐ **Infrequently**

5. The writing style is

☐ **Easy to Read** ☐ **Difficult to Read**

6. Articles are generally

☐ **Right Length** ☐ **Too Long** ☐ **Too Short**

7. Each issue I usually read the following number of articles:

☐ **All** ☐ **Most** ☐ **Some** ☐ **None**

8. I would like to continue seeing the following types of articles:

☐ Columns by Regional Coordinators
☐ Column by Dr. Alasdair Conn on Field Operations
☐ Regional EMS Advisory Council Minutes
☐ Ad Hoc Committee on Testing/Certification/Training Minutes
☐ Calendar
☐ Specialty Referral Center Features
☐ New Equipment
☐ Treatment Techniques
☐ MIEMSS Programs – e.g., Montebello Rehab Program, Center for Living, Trauma Recovery, EHS
☐ Human Interest Features on EMS Providers

9. I would also like to see articles on:

10. Additional comments:

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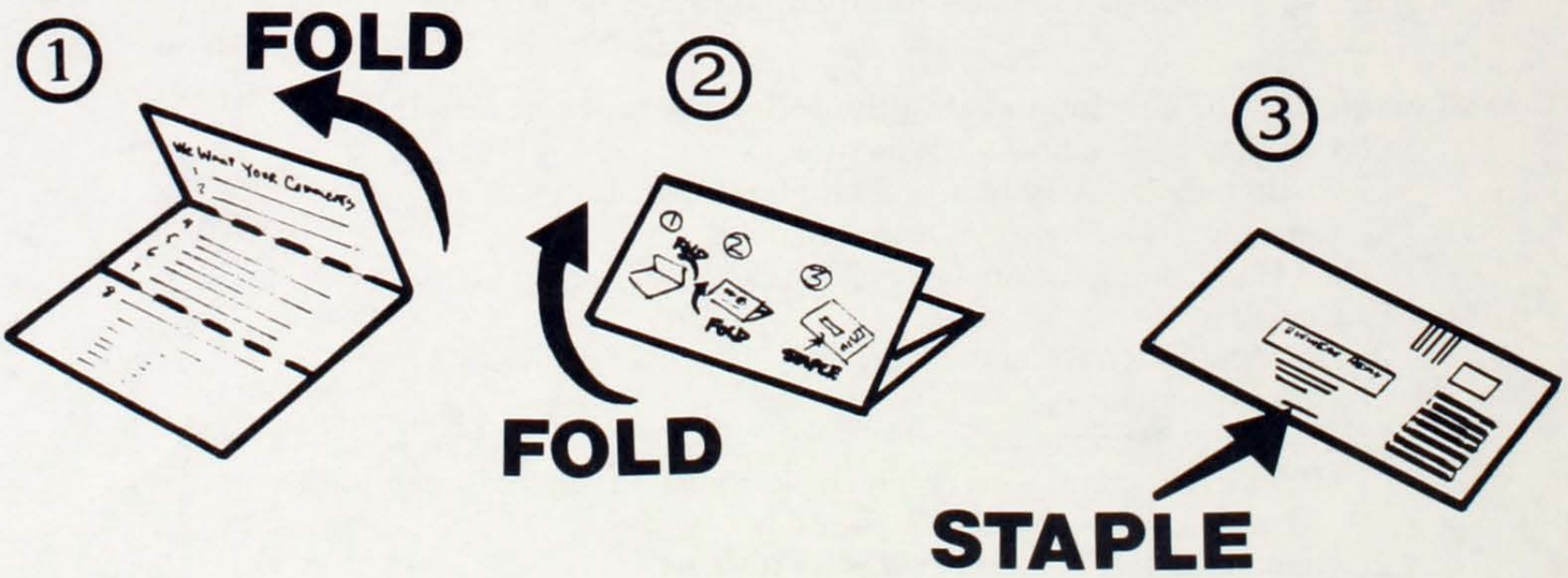

Legislative Update

Legislation affecting EMS in Maryland fared well during the recently completed 1983 legislative session. In a session marked by severe budget cuts, the MIEMSS field operations budget was not cut; money in the capital budget for the renovation of Dunning Hall and for architectural fees for the new MIEMSS Shock Trauma Center facility also remains intact.

With the strong support of the entire EMS community throughout the state — both organizations and individuals — Maryland will have an established and recognized EMT-Paramedic program. The core curriculum will be a minimum of 300 hours above the EMT-A level, and participation in the program will be voluntary. Testing will be done by the National Registry. Passage of this legislation was a team effort, involving the regional councils, regional trauma centers, REMSAC, Maryland State Firemen's Association, Metropolitan Fire Chiefs Association, the Maryland Fire Rescue Education and Training Commission, and many other groups. A bill was also passed to give Good Samaritan coverage to the new EMT-Paramedics.

Continued funding for the 911 program through the 10-cent surcharge mechanism was also passed during this session. This will assure that Maryland will have the 911 system available in all counties throughout the state.

The 1983 General Assembly also enacted legislation to require restraint of children while riding in vehicles.

— Dennis Evans

ACLS Programs

The University of Maryland Baltimore County will conduct the American Heart Association advanced cardiac life support (ACLS) providers course on June 3, 4, and 5. This course is designed for individuals who routinely deliver advanced life support care.

For information, contact the Office of Special Sessions at UMBC, (301) 455-2335.

Rehab Expansion Planned for July 1

Approval has been received to expand the MIEMSS trauma rehab program at the Montebello Center from 25 to 50 beds effective July 1. Additional staff, equipment, and space have been provided to accommodate the expansion to 20 spinal cord, 12 closed head injury, and 18 multiple trauma beds.

Additional physicians, nurses, psychologists, social workers, physical therapists, occupational therapists, speech pathologists, and activity therapists have been allocated to the program, increasing the number of MIEMSS/Montebello medical personnel from the current 62.5 to 106.75. Approximately 25 of the additional positions are RNs. Recruitment activities are underway to fill all vacant positions as soon as possible.

The allocation of $50,000 for sophisticated rehabilitation and support equipment for patients requiring physical

(Continued on page 8)

Nursing Watch

Although grant funding of the MIEMSS Field Nursing Programs terminated last November, the final grant report was submitted in February. We thought it would be interesting to share some of the information from the report with those who have participated in our programs.

The continuing education program began offering workshops in the fall of 1975. Using federal EMS legislation as a guide, four nurse coordinators developed the original programs, which dealt with trauma, crisis intervention, burns, pediatrics, cardiac and respiratory problems, and diabetic emergencies. The programs were held in various parts of the state to maximize their accessibility. During the first year, 46 workshops were attended by 1,500 participants.

From our point of view, that first year was marked by interesting experiences, to say the least. We learned to be flexible concerning learning environments, having to teach in college or hospital classrooms, the Elks clubs, firehouses, grade schools, converted patient rooms, and local churches (from the pulpit, no less). We learned to get around on the highways and byways of Maryland, to run movie projectors, to change bulbs in slide projectors, to revise expectations and objectives, to write with a quarter-inch of chalk, to evacuate during fire drills, and to roll with the punches. In addition to your interests and needs, we learned your names and faces (mostly faces).

Your interest and enthusiasm helped the program grow. During 1976, 1,790 persons attended 59 programs. Application for, and funding of, the grant helped us expand our offerings in response to your suggestions. By 1977, nearly 2000 persons attended 68 programs.

In 1978, 3,422 participants attended 106 workshops. As EMS expanded, the workshop program branched out. We designed programs on emergency care for community health and industrial nurses. We increased the availability of programs in neonatology and pediatrics.

Our maximum effort was achieved in 1979 and 1980 with 119 programs, attended by 4,457 participants. This period marked the beginning of a transition phase. Some of the original programs had outlived their usefulness and we all began feeling the economic pinch. We experienced staff and responsibility changes. As grant funding came to a close, we were forced to charge for the programs, but kept the fee as low as possible.

In each of the past two years, attendance has averaged 3,000 at 100 programs. We have managed to maintain our staff and still keep costs to participants low. Your continued support tells us we have achieved one of our goals — quality programs on current topics. Based on projections, we anticipate maintaining an annual average attendance of 3,000.

What does the future hold? With your help, we can continue to present the latest advances and attract the best speakers to our programs. Presently under development is a program of self-paced learning modules on trauma. After they are tested, the modules may become available to supplement the workshops. Communications technology will help us expand into video conferences. Look for more nursing research as we improve our skills. This year, you will find a new data collection system that uses computer-read forms.

In summary, the years since 1975 have been characterized by growth in size and competence. More than 20,000 participants have attended 667 programs. We believe that our continuing education program has developed into the largest and most effective one of its kind in the country. Help us meet your continuing needs in the coming years.

— MIEMSS Field Nursing Staff

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National Registry Slates June Exam

EMTs interested in National Registry certification at the EMT-A level should note:

- A written exam will be held June 2, at 8:30 am at the Anne Arundel Community College, Humanities Building, 101 College Parkway, Arnold, MD 21012.

- If you have successfully completed a 5-station practical exam within the past 12 months, you will **not** be required to take a practical exam. (Recertification evaluation will **not** fulfill this requirement.)

- If you have not successfully completed a 5-station practical exam within the past 12 months, contact LeRoy Spurrier (MIEMSS) at (301) 528-3666 to be scheduled to take the practical exam with an EMT class and thereby fulfill the National Registry requirement.

- After successful completion of the 5-station practical, you would be eligible for the written exam, which consists of 150 questions. The passing grade is a minimum score of 70 percent.

- A $15 (nonrefundable) fee is due at the time of testing. Money orders or certified checks made payable to the National Registry are accepted. Do not pay by cash.

- National Registry certification is valid for a two-year period, and recertification classes must be scheduled prior to the EMT's certificate expiration.

- Once certified as an NREMT-A, you are responsible for maintaining your own records and meeting recertification requirements.

If you are interested in obtaining National Registry certification, and you meet the above requirements, contact Lou Jordan, (301) 528-2366 for scheduling of the written exam.

— Lou Jordan

CRT Continuing Education

"Summer Emergencies," to be held June 24 at the Fire Department Headquarters in Ocean City, MD has been approved by MIEMSS for CRT continuing education credits. Please check with your local CRT program coordinator that the workshop can count toward CRT recertification in your area. After completing a continuing education form, mail it to Bill Neal, Prehospital Education and Training Office, MIEMSS, 22 S. Greene Street, Baltimore, MD 21201.

Trauma Rehab Program

(Continued from page 7)

therapy, occupational therapy, and speech pathology programs has been approved. Equipment delivery is expected before July 1.

All MIEMSS patient care, physical therapy, occupational therapy, speech pathology, and administrative areas currently located on Montebello's third floor recently relocated to the first floor. In addition to other benefits, the first-floor space will allow for the expansion to 50 beds and provide space more appropriate for the delivery of physical and occupational therapy.

Persons interested in joining the MIEMSS trauma rehab team may call Anthony Zipp, director of administration, MIEMSS Trauma Rehabilitation at (301) 889-3080.

— Anthony Zipp