Law Signed for ATTs, EMT-Ps

The cochairpersons of the AELR Committee, Delegate John S. Arnick (District 7, Baltimore County) and Senator Catherine I. Riley (District 34, Harford County), sign into law the emergency regulations for the ATT and EMT-P programs. Witnessing the historic signing are (L-R) Maj. Gary E. Moore, Commander of the Maryland State Police Aviation Division; William E. Clark, State Director of Maryland EMS Field Operations; Frederick R. Seibel III, Chairman of the Maryland State Firemen's Association Legislative Committee; and Sgt. William S. Bernard, representing the Maryland Troopers Association.

Maryland
EMS
NEWS

Vol. 11 No. 10 APRIL 1985

With a stroke of a pen, the Joint Committee on Administrative, Executive, and Legislative Review signed into law the aviation trauma technician and paramedic programs. The emergency regulations, which became effective on March 18, were approved previously by the Board of Medical Examiners of Maryland.

The Maryland Medical Practice Act sets the requirements for certain certified individuals to practice medicine without a license subject to the rules, regulations, and orders of the Board of Medical Discipline. Previously, only cardiac rescue technicians (CRTs) were allowed to provide emergency prehospital advanced life support (ALS) in Maryland. Now Maryland-certified aviation trauma technicians (ATTs) and emergency medical technician-paramedics (EMT-Ps) will be able to provide additional ALS life-saving skills.

These emergency regulations will be in effect through July 16, 1985. During this emergency period, the Department of Health and Mental Hygiene will pursue the permanent adoption of these regulations through the Division of State Documents. This permanent process includes publication in the Maryland Register and other requirements as set forth in the Code of Maryland Regulations promulgation manual.

The emergency regulations establish a uniform mechanism that will enable ATTs and EMT-Ps to provide prehospital emergency ALS to the consumers of emergency medical services in Maryland.

Beginning in 1981, several metropolitan EMS jurisdictions, including Anne Arundel, Charles, Frederick, Harford, Montgomery, and Prince Georges counties and the Maryland State Police Aviation Division, have trained over 150 prehospital emergency care providers in accordance with the National Department of Transportation's trauma technician and EMT-P guidelines.

Although more than 100 of these individuals have been tested and registered with the National Registry of Emergency Medical Technicians as paramedics, and the majority of the State Police Aviation Division medics have successfully completed the ATT training program, all these individuals must be tested and certified by the Board of Medical Examiners of Maryland before they are permitted to provide these advanced levels of care within approved ALS programs in Maryland.

The procedures for testing and certification of the ATTs and EMT-Ps will be coordinated by the MIEMSS Office of Training and Certification under the direction of the Board of Medical Examiners of Maryland. All exams will be conducted in accordance with established guidelines, and future scheduling of examinations will be coordinated with each of the approved ALS program medical directors.

—William E. Clark
State Director, EMS Field Operations

EMS Field Operations Medical Program

Rapid access to emergency health care has been a basic tenet of the Maryland system since it was established by Dr. Cowley. Attaining and maintaining that standard on a statewide basis require the resources and commitment of countless individuals.

It may be worthwhile while we consider this standard, to look at some specific goals. To begin, I would like to offer a few of my goals as Medical Director for Field Operations, which I hope you will consider and accept as *our* goals.

These goals can be grouped into the following four areas: prevention, clinical, education, and evaluation.

While there is a role for preventive health measures in numerous fields of medicine, nowhere is the need for prevention more obvious than in the field of trauma. We should continue and enhance our efforts in trauma prevention. It would be far wiser for us to put our resources into treating non-preventable or unavoidable injuries than to continue to put enormous societal resources into the treatment of injuries that could have been avoided or lessened. Trauma prevention should include educating the public regarding the use of safety belts, the use of motorcycle helmets, and the dangers of drinking and driving.

We all know that safety belts work, but we must work to dispel some of the myths that minimize their widespread use. These myths are numerous, including the belief that one might be "trapped" by a seat belt, that it's not necessary to use a seat belt except during a long highway trip, or that seat belts are uncomfortable and restricting. The prehospital providers know the facts—that safety belts prevent ejection from a vehicle (which is associated with a 25 times greater risk of death), that crashes frequently occur close to home and not just on long trips, and that properly worn safety belts are not only protective for the occupants but also help the driver retain more control of the vehicle in a crash.

While efforts toward mandatory seat belt laws continue, it is quite likely that the example provided by prehospital care providers could do a great deal in terms of public education. If the public saw that every individual in the front of an ambulance were wearing a safety belt, that would serve as a strong example. When the public sees that those individuals who deal with trauma on a daily basis believe strongly enough in safety belts to use them, the lesson learned from that could save many lives.

The arguments against mandatory seat belt laws as well as mandatory helmet laws are numerous but some seem to center around arguments based on individual freedom. It is indeed unfortunate that the issue of individual rights is brought into this discussion. In my opinion, mandatory use of safety belts and motorcycle helmets is not an infringement of personal liberty but rather an opportunity to enhance survival from motor vehicle accidents. Freedom implies responsibility. We all have a responsibility to try to prevent needless injury and to preserve health care resources.

In terms of clinical goals, as the functioning of aviation trauma technicians and emergency medical technician-paramedics becomes established, we need to recognize that there will be a continuing need for all levels of care including EMT-A and CRT. We are all part of a team with a single ultimate goal. Rather than judge one another on the basis of how many and what kind of tubes we are authorized to place, we must respect one another for our special skills, training, and expertise. An additional clinical goal this year will be to evaluate the role of consultation in the prehospital phase of care.

Education and training have been a mainstay of the Maryland system. Prehospital care providers, both volunteer and career, have dedicated considerable amounts of time to achieve and maintain their skills. In addition to this education, we will need to focus on two other areas. The public needs to be better educated as to what EMS is and what EMS isn't and what constitutes appropriate use of emergency medical services. In addition, health care providers in fields other than emergency medical services need to be informed as to the roles and goals of emergency medical services. EMS is a relatively young field within the history of medicine. A better understanding of why efforts are made to stabilize the rhythm of a cardiac patient in the field, and why rapid assessment, packaging, and transport of a trauma victim are stressed, to name just two examples, could serve to minimize confusion and conflict at the scene of an incident. In addition, both the lay public and health professionals need to better understand claims that are made regarding emergency health care.

In many parts of the country, there is a trend toward dispatching helicopters with physicians and nurses on board. This is often touted as a way of providing more health care earlier. However, there is not good scientific evidence to show that having a physician at the scene of an accident routinely improves patient management or outcome. As a physician and surgeon, I can say that there are exceedingly rare occasions in which my skills have anything more to offer at the scene than those of a trained prehospital provider.

Finally, our fourth goal should be that of genuine evaluation. We know that emergency care makes a difference. Now we need to closely scrutinize the components of that care to determine which components make the most difference, so that we can concentrate our resources in those areas. Evaluations of systems of care must be well planned, thorough, and detailed. Opinions and impressions may make interesting discussions, but health care planning must be based on solid facts and rigorous analysis. With health and lives at stake, we can do no less.

—Ameen I. Ramzy
Medical Director for Field Operations

'Call for Abstracts': 8th Trauma Symposium

"Making a Difference," the 8th national trauma symposium, sponsored by MIEMSS, will be held November 20–22 at the Sheraton Inner Harbor.

Clinicians involved in all aspects of trauma/critical care are invited to submit abstracts. The submission deadline is May 15. Of particular interest are topics that address whether trauma centers/systems "make a difference." Oral and poster presentations are also welcome.

The symposium will focus on the impact of trauma systems on patient survival, compliance, and acuity. It will explore future trends and development of trauma care. An ATLS provider course will be offered November 18–19 to interested symposium participants.

Symposium brochures will be mailed in August. For information or abstract submission forms, contact Patricia McAllister at MIEMSS, 301/528-3299.

Dr. Marsh: Region II Medical Director

EMS development in Region II has been a grass-roots effort from the very beginning, says John Marsh, MD, medical director of the region and chairman of Washington County Hospital's trauma committee.

Back when the statewide EMS system was getting started, R Adams Cowley, MD, director of MIEMSS, called Dr. Marsh, who was then chief of surgery at Washington County Hospital, to ask for his assistance in improving EMS services in western Maryland.

Since that time, Region II, through Dr. Marsh, has been supportive of the statewide EMS system. But the spark for the progress that has been made in Region II's EMS system came from within the region, says Dr. Marsh.

Region II was the first region in the state to have an EMS advisory council. The local organizational work required to create such a council was completed in preparation for applying for a grant from the Robert Wood Johnson Foundation. When the grant was denied, the commissioners of Washington and Frederick counties issued an order in September 1973 to create the council.

As a result of local interest in EMT training, classes were started in Region II in 1972. Since no EMT instructors were available to Region II at that time, local physicians, including Dr. Marsh, taught the classes "by the seat of their pants." Before 1972, the only training that ambulance personnel received was provided by the American Red Cross.

The first CRT classes offered in western Maryland were held in Cumberland (Region I). The earliest trainees from Region II were dedicated enough to make the 150- to 200-mile round trip to Cumberland to attend classes.

However, again through local efforts, Region II started its own CRT program with a grant obtained from the western Maryland chapter of the American Heart Association.

Today, there are about 800 EMTs and some 102 CRTs in Region II. And by July 1985, Frederick County's first EMT-paramedic (EMT-P) candidates should be finished their training and ready to take the national registry examination, says Dr. Marsh.

The EMT-P course is yet another example of the grass-roots effort to improve EMS in Region II, says Dr. Marsh. CRTs in Frederick obtained three modules of the U.S. Department of Transportation's EMT-P course and asked

local physicians to teach the modules.

The ALS program coordinator for Region II helped them make arrangements to take the whole course, says Dr. Marsh. If successful, he says an EMT-P course will be started in Washington County within two years.

Hearses and Cadillac ambulances, which had no room for emergency medical equipment, were the only types of transport vehicles used in the region until 1974, when the United Fire Company in Frederick bought the region's first basic life support (BLS) ambulance with a Maryland Department of Transportation grant. That started a flurry of BLS unit purchases by the fire and rescue companies in Region II in the late 1970s and, today, every company in the region has at least one BLS unit.

Under the same grant that was used to start CRT courses, four fire and rescue companies in Region II acquired ALS ambulances in 1978. It also paid for the cardiac monitor/defibrillators that went on those ambulances. There are now seven ALS units in the region.

When it came time to designate an areawide trauma center in Region II, there was no question in anyone's mind that Washington County Hospital was the best choice in terms of surgical capability and geographical location, says Dr. Marsh.

But after the designation was received, construction was started on a $29 million addition to the hospital to house a new emergency department, complete with a rooftop helipad. The hospital's administration felt this new facility was needed to fulfill its new role as the areawide trauma center for the region. In May 1983, the new building was opened.

"We've made tremendous strides in EMS care in the last seven or eight years," says Dr. Marsh. "What sets this region apart in terms of emergency care is the high level of sophistication we have achieved in prehospital treatment, especially in rural areas," he says.

But with that unparalleled progress has come a proportionate increase in the responsibilities of the regional medical directors, Dr. Marsh says. "This may lead to a new definition of the role of regional medical director." *— Dick Grauel*

Teamwork: Key to River Rescue

A dramatic nighttime rescue on February 25 by a Maryland State Police Med-Evac helicopter saved the lives of two men whose canoes had been overturned by the swift currents of the Shenandoah River, and of two firefighters who were stranded in the icy rapids while trying to save them.

After being thrown from their canoes, the two men, holding on to each other, floated down to a cluster of large rocks, where they stayed for about an hour until the rescue boat approached them. When the rescuers reached them, they decided that the water was too rough to try to make it back to shore. They were grateful for the solidity of the rock under them. They called for help on walkie-talkies, and volunteers turned searchlights on the scene from the bridge spanning the river.

Despite the difficulty of hovering over rapidly moving water and keeping depth perception, State Police Helicopter 5, out of Cumberland, with pilot Cpl-T Ed Hanna and aviation trauma technician TFC Christine Mazaika aboard, hoisted the men one by one with a long rope and harness, and carried them to the rescue team waiting on shore. The rowboat changed its position each time a person was lifted; as the last person left, the boat slid off the rock.

The assisting rescue teams involved in the cooperative action were Brunswick Volunteer Ambulance Inc., Frederick County, MD; Friendship Volunteer Fire Department, Harpers Ferry, WV; Neersville Volunteer Fire and Rescue Company, Loudoun County, VA; and Hamilton Volunteer Rescue Squad, Loudoun, VA. *—Erna Segal*

It's More Than a Statistic . . .

Prehospital providers are critical to the delivery of emergency medical services. These men and women, both volunteer and career, are all true professionals. This is due to their dedication and skill and to the fact that Maryland has a standardized system of training that leads to recognized levels of accomplishment through a certification process.

Many times we lose sight of the enormous training efforts required to ensure that we can continue a decade of progress in providing the best care anywhere to the citizens of Maryland.

These statistics do not reflect the blood, sweat, and tears of our dedicated prehospital professionals, but they do show the magnitude of commitment. During Fiscal Year 1984, 8,000 students put in 273,000 hours of EMS training as part of their certification process. Putting it another way, the "average" student spends 33.9 hours a year in EMS training to keep Maryland tops in the delivery of prehospital emergency care.

—William E. Clark
State Director, EMS Field Operations

Certification Statistics for FY 1984

Program	Course		Students			Providers	
	Number	Length (Hours)	Number Trained	Number Tested	Total Training Time (Hours)	Number Certified (Includes Reciprocity Granted)	Length of Certification (Years)
EMT-A (initial certification)	121	84	1,892	1,673	158,928	1,680	3
EMT-A (recertification)	135	21	2,160	2,160	45,360	2,020	3
EOA/MAST (initial certification & recertification)	150	4	2,562	2,448	10,248	1,870	3
CRT (initial certification)	12	160	213	213	34,080	175	1
CRT (recertification)	20	20	1,217	1,021	24,340	1,021	1
TOTALS	438	289	8,044	7,515	272,956	6,766	

Region II

Reminders!

Some of you are still not aware that the Region II office relocated last October. The new address is Suite 211, 201 S. Cleveland Avenue, Hagerstown, MD 21740. In addition to the main Hagerstown number, 791-2366, we have a Myersville number 293-1749 for your convenience.

It has been several months since I have been on board in Region II, and I have had the opportunity to meet many of you. There are still some ambulance companies that I need to visit before summer. If you have a specific event you would like me to attend or help you with, I would be happy to accept your invitation as my schedule permits.

In the meantime, please call me if you have any problems with runsheet usage or supplies, equipment retrieval, or testing and certification. In addition to my other duties, I am in the region to act as a resource to you.

EMT, EOA/MAST Needs

It is time for Region II to finalize EMT refresher and EOA/MAST course needs for next year. Please make your company's projected needs known to the regional office so that I can direct you to the appropriate scheduling agency.

Ambo Inspections

I will be doing ambulance inspections in Region II starting in June for those companies that request them. Testing of your oxygen and suction equipment will be included in the inspections. Problems in these areas, such as incorrect flow rates and insufficient vacuum pressure, have frequently been identified, allowing the ambulance companies to make corrections and possibly avert serious results.

Orientation Sessions

The required orientation sessions for the updated CRT/EMT-P protocols due to go into effect statewide on July 1, 1985, are continuing. All CRTs or EMT-Ps who are primarily affiliated with ALS companies in Region II must complete this process in order to maintain certification after July. If you have not yet been scheduled for these sessions, please contact the Region II office immediately.

—George Smith, 301/791-2366, 293-1749

Block Grants for Training, Preventing DWI

Block grants totaling $221,840 have been awarded to MIEMSS Field Operations in FY85 by the Department of Health and Mental Hygiene. A grant went to a Howard County program, "Preventing Traffic Accidents and Trauma" (TAT), designed to reduce youthful speeding, reduce drinking and driving, and increase safety belt use. This program, by the National Public Service Research Institute, will develop resources to be used statewide. Another project by the same agency will increase parent awareness of drinking practices of teenagers, and encourage parental responsibility to reduce youthful drinking and driving.

More than $75,000 of the grant money has been designated directly to various training programs. In one statewide program, complaint-takers and fire/police dispatchers will be trained for the 911 system. They will receive special EMT training so they can advise callers as to what aid victims can be given while awaiting the arrival of rescue personnel.

EMS Care '85 will be a 2½ day, statewide symposium to provide continuing education to EMT-As and other EMS providers through workshops, lectures, and tours. Region I will be conducting a two-day trauma/disaster seminar to introduce EMT/CRT personnel in Western Maryland to new care procedures and help maintain existing skills.

Standardized modules of training that can be used in EMT-A, CRT, and EMT-P basic and recertification programs will be developed by the Baltimore City Fire Department, using the videotape format. Videotape will also be used for EMS, rescue, and water rescue training by the Middle River Volunteer Ambulance Rescue Company, to ensure that training for each shift is at the same level.

Region II received a grant to train a number of Smithsburg High School students as first responders, to provide immediate emergency medical protection to the student body and staff and to encourage future volunteers for the local ambulance company. It is hoped that the Board of Education will continue it as a county program. Region II also received money to educate health providers in trauma assessment and stabilization, and to educate the public to prevent trauma through the use of seat belts, car seats, and the avoidance of mixing drugs or alcohol with driving. This educational message will be conveyed through radio and television. The position of ALS Coordinator will be established in Region II, to provide educational programs and skills workshops.

Region III (Harford County) will provide classes for continuing education and recertification for EMT-Ps, to meet the standards set by the state and National Registry requirements.

In Region IV, there will be a 1½ day workshop/seminar to focus on prehospital and emergency department care, particularly regarding trauma, agricultural accidents, and acute illness in rural areas. Because there is a shortage of courses available for ACLS in the Upper Eastern Shore area, there will be at least two ACLS provider courses given for personnel from Union Hospital, Kent and Queen Anne's Hospital, and Perry Point VA Medical Center. Potential instructors will be identified and qualified to assist in future courses. For those who have completed their ACLS provider training and show instructor potential, there will be two instructor courses.

Courses at the ALS, EMT, and CRT levels will be available in the tri-county area of Region V (Charles, St. Marys, and Calvert), using the satellite campuses of Charles County Community College. ACLS courses for emergency department staff in this region will be given at Shady Grove Hospital and the Southern Maryland Hospital Center. There are also plans to raise approximately 15 CRTs to EMT-P level, and prepare them to take the National Registry examinations.

Publications of two different kinds have also been funded. The Region I newsletter will be upgraded as a link between field providers, hospital personnel, EMS administrators, and communications centers, and Region V will design and implement an emergency medical services brochure to be used for patient education. It will be available for hospitals and local rescue squads.

Since the repeal of the mandatory safety helmet law in 1979, there has been a two- to threefold increase in the frequency and severity of accidents and deaths due to head injury for persons who did not wear helmets. A grant has been awarded to audit seasonal trends of motorcycle accidents attributable to the use/non-use of protective helmets, and to estimate the cost of rehabilitation for those injured in motorcycle accidents. This study will document the increase of death and injury, serve as the basis for revised legislation, and increase public awareness in an effort to prevent future injuries.

A public information and education project will be designed to raise the level of public awareness both in gaining access to the EMS system and in trauma prevention. The project will focus on the use of motor vehicle occupant protective restraints and combating drunk driving through the use of radio and TV public service announcements, the establishment of an EMS radio network, and newspaper ads.

All the block grants call for implementation and completion by June 30, 1985.

—Erna Segal

Region IV

ENA Program

The Eastern Shore Chapter of the Emergency Nurse's Association presented an educational program on March 13, on the challenges confronting the future of emergency nursing. The objective of the program was to inform nurses of the changes occurring in the emergency health care environment and of the importance of joining together to project a strong, unified voice.

The principal speakers were Colleen Waring, RN, BSN, clinical manager of the emergency department at Peninsula General Hospital Medical Center, Salisbury, who discussed "A New Image in a Competitive Environment," and Nicholas N. Borodulia, MD, who spoke on "Trends in Emergency Medicine." Dr. Borodulia, board certified in family medicine and a fellow of the Academy of Family Physicians, is an emergency department physician at the medical center of Delaware, and Peninsula General Hospital Medical Center, Salisbury.

Open House Slated

The Queen Annes County Emergency Operations Center will hold an open house on April 20, from 1:00–4:00 pm, observing 20 years of service to the citizens of Queen Annes County. Local fire and ambulance companies and several other agencies, including the Region IV Office, are expected to participate in programs and demonstrations. The Region IV office wishes to extend thanks and congratulations to the Queen Annes County Emergency Operations Center.

—Marc Bramble and John Barto
301/822-1799

Active EMT Family Works in Region I

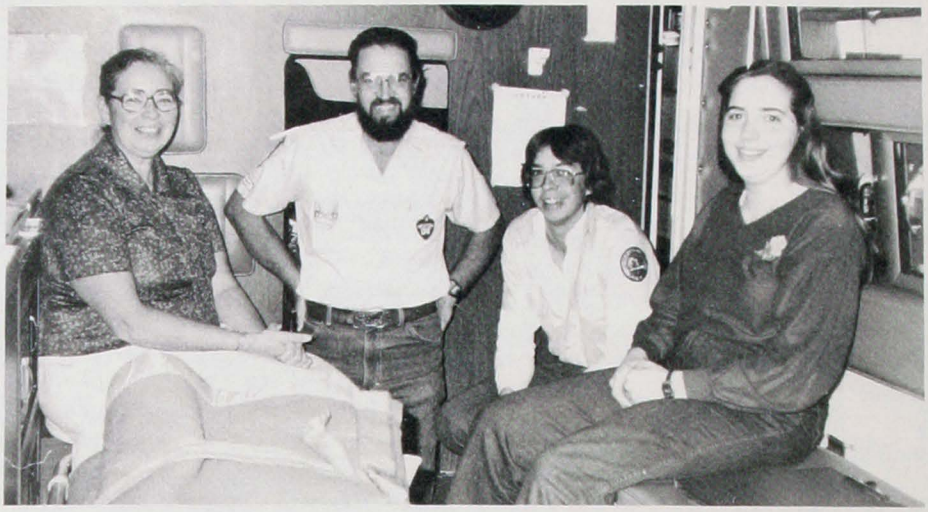
Some people seem to have 36-hour days, in contrast to the mere 24 hours the rest of us are given; how else could they possibly accomplish as much as they do! In one such family, living almost as far west as you can go in the state of Maryland, all the members of the family are EMTs in Region I, are active in church youth groups, and run a dairy farm. The parents pilot private planes, and serve people living in abject poverty in remote regions of the Caribbean.

Ralph Lichty, a dairy farmer, and his wife Mary Ellen, an RN, were charter members of the Southern Rescue Squad in Oakland 12 years ago, and have remained active. They brought their children along to the rescue squad office, and the excitement rubbed off; their children participate too. Steve, 23, also a dairy farmer, has been active since he was 16 years old; daughter Rhonda, 21, was active until she went away to Eastern Mennonite College in Harrisonburg, Virginia to study nursing; and daughter Danelda is taking EMT training and working part time as a nurse's aide in Garrett Memorial Hospital.

Ralph was enthusiastic about the EMS system from the beginning, but Mary Ellen wasn't sure it would be interesting to her; after all, she was already a nurse. They joined at the same time, however, and she thought enough of the program to take both EMT and CRT training. She feels they supplemented her nursing education, and proved to be useful to her as an emergency room nurse. She helped equip the ambulances, and served as a CRT for five years. The Lichtys generally work on different crews, so they can keep up with their farm obligations.

Originally "a Hoosier" from Goshen, Indiana, Mary Ellen works full time for Herbert Leighton, MD, a family practitioner in Oakland, and does home nursing among her Amish neighbors. She studied nursing in Denver and Pueblo, Colorado, and worked in the rural areas as a public health nurse for migrant workers and a teacher of LPNs (licensed practical nurses). Ralph, who was brought up in the same house in which the family now lives, sought the adventure of seeing the rest of the country, and was working as an orderly in a hospital in La Junta, Colorado when they met. They brought that spirit of adventure home with them to Maryland.

Their 116-acre farm with 40 dairy cows is located in Gortner, between Oakland and Redhouse, 15 miles south of Deep Creek Lake. It has an airstrip that is home base for 15 airplanes, three ultralites, and a helicopter. Mary Ellen just earned her pilot's license; Ralph has soloed, and is working toward his license.



Mary Ellen and Ralph Lichty with son Steve and daughter Danelda. Each of them, along with daughter Rhonda who is missing from the photo, is an EMT.

For two weeks a year, Ralph and Mary Ellen donate their services to work with a medical/dental/surgical team, under the auspices of the Christian Medical Society. (Their team provides equipment, drugs, and supplies.) On three occasions they worked in Haiti, holding clinics in rural and mountain communities. The population there speaks the Haitian Creole language, so they worked through interpreters. This year, due to political upheaval, the Haitian government did not allow the team to return, so they were in Honduras instead.

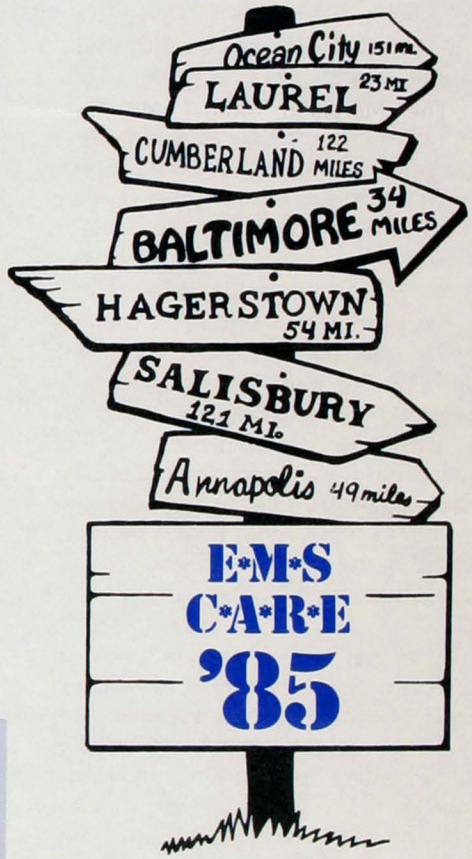
As usual, as a precaution, the Lichtys had typhoid and malaria shots before they left, and worm medicine before they returned home. Their children take responsibility for the farm during their absence.

Most EMTs can be described as having determination, courage, and a desire to serve; in Region I, they have a whole family that fits the description.

— Erna Segal

EHS Degree Programs

The Emergency Health Services Department at UMBC is now accepting applications for fall 1985. The program offers a choice of EMS management and/or paramedic tracks at the baccalaureate degree level. A Master of Science degree is also available. For further information, write to: EHS Department, UMBC, 5401 Wilkens Avenue, Catonsville, MD 21228, or call 301/455-3223.



June 21–23, 1985
Bethesda Marriott
For additional information, call 301/773-7970.

Region V

Maryland Mutual Aid Response Plan

On Friday, June 21, MIEMSS Region V, the host of EMS Care '85, will offer a day-long pre-symposium workshop on the training of personnel for and direct implementation of the Maryland Mutual Aid Response Plan. The plan will be demonstrated on the Montgomery County Disaster Simulator. The workshop is targeted toward EMS managers, company-level training officers, and others involved in planning and managing the prehospital phase of mass casualty incidents. Specific guidelines and materials will be available to assist in company-level training in the disaster plan. For further information about the workshop, contact the Region V EMS Office at 301/773-7970.

The Maryland Mutual Aid Response Plan was developed as a result of an analysis of the emergency system response to the Air Florida crash and Metro derailment incidents in January 1982. This plan is patterned after the Greater Metropolitan Washington Area Police and Fire/Rescue Mutual Aid Operational Plan, which was developed by the Metropolitan Washington Council of Governments.

The Maryland Mutual Aid Response Plan, serving as a model for interjurisdictional plans, is intended to ensure full cooperation between EMS, rescue, fire, and police agencies during an emergency situation that exhausts the resources of the public safety agencies within a single jurisdiction. The contents of this plan include establishing criteria and procedures for requesting assistance, use and development of personnel, command and control, communications, and identification of functional areas and personnel. In addition, procedures that establish operations at the scene are addressed along with general regional procedures. These will ensure maintenance of integrated command, which is essential for timely and effective mitigation of the life-threatening situations associated with disaster.

On October 17, 1984, Prince Georges Doctors Hospital hosted a disaster exercise that utilized this statewide EMS (prehospital) disaster plan. Prince Georges County Fire Department, in cooperation with four local hospitals (Prince Georges Doctors, Prince Georges General, Leland, and Greater-Laurel Beltsville hospitals) conducted a disaster exercise at Eleanor Roosevelt Senior High School in Greenbelt, Maryland. Fire and rescue units from Greenbelt, Berwyn Heights, Branchville, West Lanham Hills, Cottage City, Hyattsville Volunteer Fire, and Laurel Rescue Squad also participated in this exercise.

The purpose of the exercise was to utilize the Mutual Aid Response Plan for the first time under "controlled" conditions. Training sessions were presented first to senior officers of companies involved, who in turn held training sessions for individual members.

Although a few minor problems were noted during the exercise (for example, several mistagged patients and transport delays), the performance of the participants was exemplary. From an operational standpoint, this exercise was a success!

MASH Bash at EMS Care '85

The highlight of the social events at EMS Care '85 will be the MASH Bash on Saturday night, June 22. A cocktail hour (cash bar) will be followed by a sumptuous buffet served mess-tent style (Hawkeye and BJ never ate so well). Don't be surprised if a guest from the 4077 shows up to share in the repast—no K rations here!

Be sure to pack your army fatigues, scrubs, or Carmen Miranda outfits for the MASH Bash dancing. Look-alike contests (to find doubles for Hawkeye, BJ, Hot Lips, Klinger, Radar, Colonel Potter, and Major Winchester) will be featured. Will Frank Burns show up?

If you haven't already signed up for the MASH Bash, you can do so on your EMS Care '85 registration form or by writing to the Region V EMS Office (Landover Mall, West Office Building, Suite #202, Landover, Maryland 20785). The cost is $25 per person.

—Marie Warner, Ed Lucey, and Robin Eppard (administrative intern)
301/773-7970

ENA Plans Conference

The Baltimore-Metropolitan Chapter of the Emergency Nurses Association will hold its 11th annual conference on Tuesday, April 23, from 8:00 am to 4:30 pm at the Timonium Holiday Inn. The topic will be sexually transmitted diseases (STD) and will include the identification of symptoms and treatment of STD, including AIDS and psychosocial intervention.

The registration fee for paramedics is $20 (includes lunch). For registration, call JoAnne Price at 301/679-0249 or Kathy O'Neill at 301/557-9487. The registration deadline is April 12.

Region I

Congratulations to EMTs

More than 80 EMTs with five or ten years service were recently honored at the annual Region I EMS banquet.

The following persons were recognized for ten years of active service: William Bittinger, Donald Bland, George Brady, Margie Broadwater, Juanita Browning, Thomas Browning, David Clark, Carolyn Deniker, Roy Deniker, Edward Douglas, Frank Eberly, Gene Fike, Sherry Fike, Randall Golden, Michael Gring, Donna Hampe, Paul Harman, Mary Kiddy, James Kirk, Henry Knieriem, Walter May, Lana McCrobie, Francis Mowbray, Wayne Mowbray, Wolverton Murphy, Kenneth Reiber, Ian Reikie, Marilyn Rounds, Patricia Schramm, Donald Sincell, William Smith, Hazel Stewart, Naomi Swartzentruber, Marlene Taliaferro, Delores Thomas, Timothy Thomas, Shelby Walls, Paul Wilson, Clarence Winebrenner, Chester Yoder, and Linda Zlomek.

In addition, Charles Wood, senior MFRI instructor and captain of LaVale Rescue Squad, was recognized for his 15 years as an active EMT.

Congratulations to all these individuals. It is through efforts like theirs that Maryland has built its system.

Pre-Arrival Instruction Program

On February 16 and 17, Region I sponsored a pre-arrival instruction program for EMS dispatchers. The course was taught by Capt. Mary Beth Michos and Sgt. Rick Long from Montgomery County and gave an overview of pre-arrival instruction dispatching procedures used by over 400 jurisdictions in the country. Personnel from Washington, Allegany, and Garrett dispatch centers participated, as well as personnel from West Virginia and Pennsylvania.

—Dave Ramsey, 301/895-5934

Trauma Nursing Track

Applications for the fall 1985 specialty track in trauma/critical care nursing are currently being accepted by the University of Maryland School of Nursing. This three-semester master's program incorporates theoretical classroom study and clinical practice. The MIEMSS Shock Trauma Center and the designated regional trauma centers in Maryland serve as the clinical practice sites. For information, contact Patti Hurn, RN, MS, CCRN, Trauma/Critical Care Faculty, 655 West Lombard St., Baltimore, MD 21201, 301/528-3890.

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Region III

Blue Alert

Region III announced the initiation of a Blue Alert policy to allow an override of red or yellow alerts during temporary, extraordinary situations, such as heavy snow, icy road conditions, flooding, or a high demand for ambulance services. The policy went into effect on December 1, 1984.

The Blue Alert system was developed by the Fire Chiefs Council and enables an ambulance to transport all patients to the closest appropriate hospital regardless of the patient's priority, when necessary for the safety of all on board.

The decision to initiate Blue Alert status must be made by the senior EMS officer or designee. The jurisdiction's Central Alarm will contact the Emergency Medical Resource Center (EMRC), which will notify the hospitals in the area involved. Blue Alert status will continue until the jurisdiction contacts the EMRC to cancel it. EMRC will notify the hospitals of its cancellation.

It is expected that Blue Alerts will be short term, sectional, or regional, and may affect only a few hospitals at a time. It is the only alert put into action by field providers, rather than hospitals.

Hospitals call a Red Alert when all inpatient cardiac beds are filled. They must be prepared to render emergency cardiac care until the patient is stabilized and can be transported without deficit to the nearest hospital not on Red Alert. A medic unit with a stable cardiac patient, if confronted with several hospitals in the area on Red Alert, bypasses no more than one hospital. If the two closest hospitals are on Red Alert, the patient must be delivered to the emergency room of the nearest hospital on an alternating basis.

A Yellow Alert is called when the emergency room is taxed to the limit, and will not accept routine patients. Less critical patients, for whom a slight delay in treatment would not be life-threatening, bypass no more than one hospital. If the two closest hospitals are on Yellow Alert, the patient is taken to the emergency room of the closest hospital on an alternating basis. The EMRC operator coordinates the transport. Hospitals on Yellow Alert may still receive critically ill or injured patients needing immediate attention, for whom a delay in treatment may threaten life.

A hospital may also call a Mini-Disaster Alert for in-house problems such as water-main breaks, power outages, or bomb scares. In this case, the hospital will not receive any patients—routine, stable, or unstable. The emergency room is "wiped off the map" until the problem is solved.

— Erna Segal

Behavioral Emergencies Legalities Discussed

Emergency response personnel are sometimes confronted with situations involving individuals who may harm themselves or others. Prompt, humane, and legal methods of controlling such individuals will be discussed during "Legal Aspects of Behavioral Emergencies," sponsored by MIEMSS and the Mental Hygiene Administration of the Department of Health and Mental Hygiene. The program will be held Wednesday, May 22, at Zamoiski Auditorium, Sinai Hospital, from 8:30 am to 4 pm.

The following legal aspects of responding to behavioral emergencies will be addressed in this seminar: the emergency petition procedure and time frame for implementation; the liabilities and responsibilities of the practitioner; the criteria necessitating hospitalization of the patient with an alteration in mood, thought, or behavior; and the role and needs of the hearing officer in the commitment process.

Continuing education credits for physicians, nurses, and CRTs have been applied for.

The registration fee is $5. To request a registration form or more information, contact the MIEMSS Field Nursing Office at 301/528-3930 or your regional administrator.

—Linda Kesselring