Maryland
E·M·S
NEWSLETTER

Vol. 19, No. 4 | For All Emergency Medical Care Providers | February 1993

There Are Two Shock Trauma Centers

Sitting on the Governor's Commission on EMS has been an enlightening experience. I think I know how the Maryland EMS system works–and I do–but what I didn't realize was how many presumably informed people do not. Had the EMS Commission been established to educate, the confusion among individuals and special interest groups could be corrected, anxieties laid to rest, and then we could move on with doing what's in the best interest of the patient. But the Governor's EMS Commission was not established to educate. It was established to review problems in the system and make recommendations to the Governor for legislative changes, if necessary. The individuals appearing before the Commission and the special interest programs they represent made broad recommendations and, in some cases, suggested radical change, and most did so based on fundamental misunderstandings and misperceptions of what Maryland EMS is all about.

Nowhere was the confusion as great as with the Shock Trauma Center, its relationship to MIEMSS, the relationships between MIEMSS and the University of Maryland Medical System (UMMS). The problem is clearly one of perspective. **Consider that there are two Shock Trauma Centers.** The first is what you see. In 1984, the University of Maryland Hospital was "privatized" and made into a non-profit corporation. At that time, the Shock Trauma Center was made part of this private corporation. Back in 1984 the R Adams Cowley Shock Trauma Center as we know it was still on the drawing board. This facility, which opened in 1989, is a wonderful, new, highly sophisticated hospital, unique in the United States, yet still a part of UMMS. Its operations, fiscal accountability, special and ancillary services, and other administrative aspects are reported through the UMMS CEO to the Board of Directors of the private corporation. This is true today and has been true of Shock Trauma for the past nine years. While this may not have been Dr. Cowley's preference, it resulted in greater fiscal accountability and operational efficiencies. This then is the Shock Trauma Center that lies within the four walls of the R Adams Cowley building.

Yet, all of us know that there is another Shock Trauma Center. While it resides within these same walls, it represents for the citizens of Maryland a statewide resource for the highest level of care for our ill and injured patients. It is skilled trauma surgeons available around the clock with full teams backing them up. It is a multidisciplinary critical care service that can provide state-of-the-art care for virtually any problem that comes along. It is a group of incredibly dedicated nurses who have seen it all and know exactly what's going to happen next. It is support services personnel who respond beyond the call of duty because duty calls every hour of every day. Although all of these individuals may work within the four walls, this is the Shock Trauma Center that is MIEMSS, a statewide resource that is available for patients near and far, black and white, whether thrown from a roof or thrown from a car. This is the Shock Trauma Center that was built with $45 million of public funds. This is the Shock Trauma Center that must be accountable to you–the citizens of Maryland.

The original draft legislation coming from the EMS Commission reconfirms Shock Trauma's accountability to the private corporation but, by taking it out of the Maryland Institute for Emergency Medical Services Systems (MIEMSS), eliminates its accountability to the citizens of Maryland. Can the Shock Trauma Center be part of UMMS and also be part of MIEMSS? Can the Shock Trauma Center be answerable to the UMMS Board and accountable to the citizens of Maryland at the same time? Well it has been for almost 9 years.

This is Dr. Cowley's legacy – a unique system of emergency care linking prehospital with hospital, EMT with MD, and ensuring that the right patient gets to the right hospital at the right time. There is nothing wrong with the system that a rapid infusion of new leadership and ideas can't cure – and they are already at work.

◆ *Kimball I. Maull, MD*
Director, MIEMSS

EMS Care '93

Schedule & Registration Forms Inside

(See pages 3-6)

Training Prehospital Providers in ETI

Maryland CRTs are now permitted to perform endotracheal intubation after they successfully complete the endotracheal intubation (ETI) training module recently approved by the Board of Physician Quality Assurance. Although it is undisputed that ETI is better than the esophageal obturator airway (EOA) in controlling the airway, several questions have been raised: Are we moving too quickly? Have we lowered our standards to the point where patients will suffer? Can we effectively train all 1400 Maryland CRTs to intubate? Do all these people really need to be able to intubate? Can we effectively teach providers the skill using only manikins?

These were also some of the questions that were carefully considered by many groups prior to supporting the implementation of ETI. After reviewing literature documenting experience with the EOA, the Regional Medical Directors, the Board of Physician Quality Assurance, MIEMSS Director Kimball Maull, MD, and Acting State EMS Director Richard Alcorta, MD all agreed that, in light of the information presented, the EOA was far too dangerous to allow its continued use. In fact, when asked, a group of emergency physicians all reported seeing at least one and sometimes several cases of an EOA incorrectly placed in the trachea—at times with fatal consequences.

Once it was decided that the EOA should be eliminated, EMS system managers, instructors, and EMS officers were consulted to determine how we could systematically move toward enhanced airway management and ensure that adequate airway control was available to all patients who require it. The Airway Adjuncts Enhancement Workshop program for EMT-As was developed to improve basic airway management skills, with adjuncts other than EOA.

After much consideration it was decided that the ET tube would be the only advanced airway skill available to Maryland pehospital EMS providers. This decision meant that, to ensure optimal advanced airway management for all citizens of Maryland, every CRT must be able to perform ETI. (In many parts of Maryland, the CRT is the most advanced level of prehospital care provider.)

However, some questioned whether it was possible to effectively train each of the 1400 CRTs in Maryland. Many instructors felt that the ETI training requirements at that time—that is, the successful intubation of one cadaver and five live or recently deceased patients—would inhibit training this large number of CRTs. Clinical sites willing to support such a program are limited. Requiring 1400 CRTs to complete the ETI program would be impossible due to limited resources. Many instructors also felt that requiring one cadaver and five live/recently deceased intubations was over-kill. After discussion with the Regional Medical Directors and the Board of Physician Quality Assurance, the EMS instructors decided that requiring only two intubations (as noted in the new, current program) would be more than adequate.

Instructor Mark Demski, EMT-P and Capt. Bruce Conrad, CRT (both from Baltimore County Fire Department) demonstrate ETI training on the interactive Actronics manikin.

During the discussions, some instructors suggested that the Maryland ETI program use only manikins for training. Since many were concerned that such a program would not adequately prepare providers, more research was required.

Three published studies were presented in which a manikin-only model was compared to manikin and cadaver and/or live intubation models. In a prospective study conducted in Los Angeles County, 39 EMT-Paramedics received training only on a manikin; training included a didactic session and five manikin practice sessions (20 minutes each) over a 5-week period (1). In the control group, 21 EMT-Paramedics received didactic, manikin, and cadaver training. The manikin-only training group had an 82% mean individual and an overall 86% success rate in the field setting as compared to the control group (manikin plus cadaver), which had an 83% mean individual and 85% overall success rate. The authors concluded that "paramedics trained in endotracheal intubation using a systematic manikin-only teaching program can attain acceptable individual success rates in the actual field setting."

A second prospective study conducted in New York compared three groups: 9 EMT-Paramedic students trained with manikins only, 7 EMT-Paramedics trained with a manikin/animal model, and 10 trained with a manikin/cadaver model (2). The students were then observed in the operating room. Statistical tests indicated no significant difference in the success rates for the three groups. The authors concluded: "This study does not support an objective, adjunctive role for either animal or cadaveric training sessions early in the skill development required for successful endotracheal intubation in the field." Many of the providers in the manikin/cadaver group, however, commented on their evaluations that they felt more confident intubating during the study because of the similarity of the anatomy of the cadavers to live patients.

The third prospective study

(Continued on page 8)

April 23-25, 1993

at the Greenbelt Marriott Hotel in Greenbelt, Maryland

Sponsored by

Maryland Institute for Emergency Medical Services Systems and the Region V EMS Advisory Council

Hosted by

Prince George's County Fire Department

The Program

EMS Care '93, Maryland's tenth annual statewide EMS Conference, will mark the 20th anniversary of the Governor's proclamation establishing the state EMS system. As we celebrate these milestones, we are also renewing our commitment to a leadership role for Maryland's outstanding EMS system. The EMS Care program for 1993 represents an agenda for the decade that will bring us into the 21st century. The Airway Adjuncts Enhancement Module will be offered to all EMTs attending EMS Care. The Emergency Medical Services for Children offerings available throughout the weekend also reflect our orientation toward the future. A wide range of other topics, including financial planning for EMS, the Americans with Disabilities Act, Street Smart, as well as the latest developments in prehospital care for many medical and trauma emergencies, will help each of us prepare for the next century. A new and welcome addition to the EMS Care weekend is the Critical Incident Stress Debriefing Team's spring educational program. Additionally, on Friday, the Maryland Chapter of the American College of Emergency Physicians will sponsor an EMT Instructor workshop on the new Airway Adjuncts Enhancement Module.

Continuing Education Credits

Twelve hours of continuing education are available for the Saturday/Sunday programs. EMTs who plan to earn all of their continuing education credits at EMS Care must choose workshops that add up to at least 4 hours of medical (M), four hours of trauma (T), and 4 hours of local option (including M or T). Each EMT who has not yet completed the Airway Adjuncts Enhancement Module should do so at EMS Care. This module will fulfill the medical requirements for recertification. ALS credits (categories A, B, and 2) are also available. Categories are designated for each course.

Seven CE hours will be given for Emergency Medical Services for Children: Emergency Nursing Assessment and Care, which is offered as a part of the MIEMSS Nursing and Specialty Care Program of the Maryland Institute for Emergency Medical Services Systems. That program is accredited as a provider of continuing education in nursing by the American Nurses' Credentialing Center Commission on Accreditation.

Hotel Accommodations

A special conference rate of $72 per night plus 15% tax, single or double occupancy, has been arranged with the hotel. Send your registration directly to the hotel to ensure your reservation. These rates are guaranteed only if your reservation is received by April 15th, 1993. Tax-exempt organizations must pay by check (imprinted with the organization's name) accompanied by documentation of tax-exempt status.

Social Events

Friday evening hospitality will be courtesy of Bladensburg Volunteer Fire Department and Landover Hills Volunteer Fire Department. On Saturday night, an informal Southern Maryland dinner featuring crab cakes and stuffed ham will be available for $25 a ticket. Dinner will be followed by the EMS Care dance, open to all conference participants and their guests.

Networking/Information Sharing

During refreshment breaks and Saturday evening's dinner and dance, there will be many opportunities to share ideas, catch up with old friends, and have fun. Vendors will be available on Saturday to show off their latest wares.

Directions

From the Capital Beltway (I-495) take Exit 23 to Kenilworth Avenue. Follow through one light. Take the next left on Ivy Lane. The Marriott is the second building on the left.

Registration Information

Pre-registration is required. We will accept registrations received in the Region V office by April 15th, 1993, if space is available. Confirmations will be sent. No walk-in registrations will be accepted. Refunds, excluding a $20 processing fee, will be provided for cancellations received in writing prior to April 8th, 1993. We can invoice companies and government agencies directly. Contact the Registrar for details.

Fees

A $90 fee covers all conference activities on Saturday and Sunday, continental breakfast both days, lunch on Saturday, and brunch on Sunday. A limited number of tickets to the Southern Maryland Dinner on Saturday evening are available for $25 each. The cost of Friday's program is $35, except as noted, and includes luncheon and breaks.

Early Registration Bonus

A limited-edition EMS Care '93 mug will be provided for those attending the conference (Saturday/Sunday) whose registrations are postmarked prior to March 26th, 1993. EMS Care T-shirts for adults and children will be available at a cost of $7.

Sponsors

We have been able to keep the costs of EMS Care '93 well below comparable programs because of the outstanding support of the hospitals, trauma centers, and physicians across the region and the state. The physicians of the Shock Trauma Center provided generous support to underwrite the cost of the printing and notebooks. Regional hospitals have sponsored conference workshops and social activities.

Additional Information

For additional information, contact Registrar Angie Glidden or Program Coordinator Richard Meighen at the Region V Office, 5111 Berwyn Road, College Park, MD 20740 or call 301-474-1485.

Friday, April 23, 1993 Pre-Conference Programs

7:30-8:30 am
Registration and Continental Breakfast

8:30 am - 5:00 pm
Workshops and Meetings
Note that both half- and whole-day programs include luncheon at 12:30 pm.

A. Maryland State Critical Incident Stress Debriefing Team's Annual Educational Program
Open to current members and approved candidates only. 6 hr: ALS/2; BLS/Local Option

B. Street Smart
EMS personnel are coping with a dramatic escalation of violence in the field. This full-day workshop is designed to increase the awareness level of each person attending. Safety considerations and practical applications will be stressed. 6 hr: ALS/2; BLS/Local Option

C. Emergency Medical Services for Children: Prehospital Assessment and Care
This day-long workshop focuses on critical illnesses and injuries in the pediatric population. The program will include management of emergencies frequently seen in the prehospital setting. This workshop will include an overview of the Maryland EMS for Children initiative. ALS/3 hr-A and 3 hr-B; BLS/3 hr-M and 3 hr-T

D. Emergency Medical Services for Children: Emergency Nursing Assessment and Care
This day-long workshop focuses on critical illnesses and injuries in the pediatric population. The program will include management of emergencies frequently seen in the emergency department. The workshop will include an overview of the Maryland EMS for Children initiative.

E. Airway Adjuncts Enhancement Module Instructor Workshop
This day-long workshop preparing EMT-A Instructors to teach the new Airway Module is free to Maryland EMT-A Instructors. Others will be admitted with the permission of MIEMSS. Sponsored by the Maryland Chapter of the American College of Emergency Physicians.

8:30 - 12:30 pm

F. New Information in Auto Extrication
Information will be provided for the rescuer on how to handle special problems associated with extrication of victims from new vehicles such as minivans and from tractor-trailer trucks. Working around air bags will also be discussed. 3 hr: ALS/2; BLS/Local Option

G. Current Issues in Emergency Medical Services: I. Budgeting and Resource Allocation for EMS Providers
The resources available to emergency medical services managers are shrinking while budgetary demands continue to increase. Career and volunteer services are both feeling the pinch as state and local funds are cut. Prudent financial planning, better resource allocation, and sophisticated grantsmanship are strategies for survival that will be covered in this timely workshop. Local option credit (3 hours) will be available for EMTs and CRTs, but the National Registry does not grant EMT-P credit for management courses.

12:30 - 1:30 pm Lunch

1:30 - 5:30 pm

H. New Information in Auto Extrication
Repeat of Workshop F

I. Current Issues in Emergency Medical Services: II. The Americans with Disabilities Act and Its Implications for EMS Providers
The ADA is profoundly changing the environment in which all of us live and work. What are its implications for the role and responsibilities of the EMS provider? How will it affect recruitment of volunteers and the hiring of career personnel? How will it affect the kind of patients we encounter? These and many other questions will be covered by a panel of experts. This workshop is strongly recommended for the career and volunteer manager. 3 hr:ALS/2; BLS/Local Option

Saturday, April 24, 1993

7:00 - 8:00 am
Registration
Continental Breakfast (Courtesy of Suburban Hospital Emergency Department and Trauma Center)
Vendors' displays open.

8:00 - 9:00 am
Opening Ceremonies & Current Issues
Maryland EMS: An Agenda for the 21st Century
Richard Alcorta, MD, FACEP
Acting State EMS Director

9:00 - 9:15 am - Break

9:15 - 10:15 am
Airway Adjuncts Enhancement Workshop Lecture (recommended for all Basic Life Support Providers)
The three-hour skills portion of the new airway program will be repeated four times during EMS Care. Each EMT who has not completed this module is strongly encouraged to do so. The airway lecture and skills workshop will complete the medical requirement for recertification. 1 hr: BLS/M
Advanced Airway Management Lecture for Cardiac Rescue Technicians and Emergency Medical Technician – Paramedics
1 hr: ALS/A

10:15 - 10:30 am - Break

10:30 - 12:00 pm Workshops

J. Geriatric Trauma
The older generation in America is healthier and more active than in past decades. Because of this we are seeing an increasing number of older trauma patients. Are these patients being assessed and triaged properly? 1.5 hr: ALS/B; BLS/T

K. PGHC Trauma Case Reviews
Principles of trauma assessment will be reviewed and case studies from the trauma center at Prince George's Hospital Center will be discussed. 1.5 hr: ALS/B; BLS/T

L. Stress Management
Job stress is part of emergency work. Strategies for protecting yourself will be discussed. 1.5 hr: ALS/2; BLS/Local Option

M. Developing Community CPR Training
Citizens' CPR training is the crucial first link in the chain of survival for heart attack victims. This workshop is designed to help you implement mass training programs in your community with limited resources. 1.5 hr: ALS/2; BLS/Local Option

N. Early Recognition of Heart Attack
This workshop will review the signs and symptoms associated with different types of chest pain and discuss why early recognition is critical to patient outcome. The BLS provider's role in the chain of survival will be emphasized. 1.5 hr: ALS/A; BLS/M

O. Hand Trauma
Summer brings increases in hand injuries. The latest treatment protocols and packaging of severed extremities will be discussed. 1.5 hr: ALS/B; BLS/T

10:30 - 12:00 pm

1. Airway Adjuncts Enhancement Workshop – Skills
This three-hour skills session will cover airway management for EMTs. It will run from 10:30 to 12:00 and 1:45 to 3:15 pm. It will be repeated at 3:45 to 6:45 pm and twice on Sunday. 3 hr: BLS/M

12:30 - 1:30 pm Lunch
MIEMSS Director/MIEMSS Direction – A Conflict of Interest or an Interesting Direction?
Kimball I. Maull, MD, FACS
Director, MIEMSS

1:45 - 3:15 pm Workshops

P. Chest Trauma
Trauma to the chest area can injure any one or several organs within the chest cavity. You must keep priorities in mind as you evaluate the chest since several of the injuries require "load and go" treatment. This workshop will cover the pathophysiology and treatment of injuries to the chest. 1.5 hr: ALS/B; BLS/T

Q. Trauma Assessment
It is heartbreaking to see a life lost, especially if it happens because treatment is

Saturday, April 24, 1993 (continued)

instituted too little and too late. Every action in the field must have a lifesaving purpose because you are trading minutes of the "golden hour" for every action done before transport. This workshop will stress correct patient assessment and evaluation. 1.5 hr: ALS/B; BLS/T

R. Pediatric Medical Emergencies
Emergencies involving children are the most frightening we encounter. Coping with medical emergencies among our smallest patients will be covered. 1.5 hr: ALS/A; BLS/M

S. Kids and Mr. Yuk
Poisonings in young children are emergencies that occur too often. A poison specialist will discuss prehospital care. 1.5 hr: ALS/A; BLS/M

T. Prehospital Management of Burn Patients
Burn injury is a multisystem trauma. Successful prehospital management requires accurate evaluation of the burn depth, extent of burn, and identification of related and nonrelated injuries and illness. 1.5 hr: ALS/B; BLS/T

U. Helicopter Use and Patient Management: How to Save Precious Time
This workshop, presented by flight paramedics, will include information on the appropriate utilization of the Medevac helicopter. 1.5 hr: ALS/2; BLS/Local Option

1:45 - 3:15 pm

1. Airway Adjuncts Enhancement Workshop–Skills (continued)
3 hr: BLS/M

3:15 - 3:45 pm Break

3:45 - 5:15 Workshops

V. Chest Trauma
Repeat of Workshop P

W. Trauma Assessment
Repeat of Workshop Q

X. Pediatric Medical Emergencies
Repeat of Workshop R

Y. Kids and Mr. Yuk
Repeat of Workshop S

Z. Prehospital Management of Burn Patients
Repeat of Workshop T

AA. Helicopter Use and Patient Management: How to Save Precious Time
Repeat of Workshop U

2. Airway Adjuncts Enhancement Workshop – Skills
This workshop lasts until approximately 6:45 pm. 3 hr: BLS/M

Sunday, April 25, 1993

8:00 am
Continental Breakfast (Courtesy of Prince George's Hospital Center/Dimensions Healthcare Corporation)

8:30 - 10:00 am Workshops

BB. Pediatric Trauma
The special needs of the injured child will be the focus of this workshop. Effective assessment and resuscitation will be described. 1.5 hr: ALS/B; BLS/T

CC. Medical Preparation of the Patient Requiring Helicopter Transport
This workshop will cover the treatment needed for the patient before the helicopter arrives. The do's and don'ts of preparing the patient for the Medevac helicopter will also be discussed. 1.5 hr: ALS/B; BLS/T

DD. Abdominal Trauma
Abdominal trauma can be difficult to evaluate. This workshop will review the anatomy of the abdomen along with the assessment and treatment given to patients with abdominal trauma. 1.5 hr: ALS/B; BLS/T

EE. Kinetics of Trauma
What happens when the patient hits the windshield or the steering wheel, is thrown from the vehicle, is involved in an explosion, has a penetrating wound? These incidents and more will be discussed in terms of what to look for and how to assess the level of trauma. 1.5 hr: ALS/B; BLS/T

FF. Patients with Altered Mental Status
The patient with altered mental status can be especially difficult to handle. This session will look at the causes and treatment of altered mental status. 1.5 hr: ALS/A; BLS/M

GG. EKG Interpretation
The pathophysiology and rapid identification of acute myocardial infarction will be reviewed. EKG changes, with examples for evaluation, will be discussed. (This workshop is offered only once.) 1.5 hr: ALS/A; BLS/M

8:30 - 12:00

3. Airway Adjuncts Enhancement Workshop–Skills
3 hr: BLS/M

10:30 - 12:00 pm Workshops

HH. Head Injuries in Children
Dealing with pediatric trauma is always uneasy for the field provider, but a potential head injury makes the situation even worse. This workshop will discuss the assessment and treatment of children with head injury. 1.5 hr: ALS/B; BLS/T

II. Street Drugs
The prevalence of drug use is having profound effects on EMS care delivery. Common street drugs and how they affect EMS care will be discussed. 1.5 hr: ALS/A; BLS/M

JJ. I've Fallen and I Can't Get Up: EMS and the Elderly Patient
Information will be shared on the needs of geriatric patients and how prehospital providers can best meet them. 1.5 hr: ALS/A; BLS/M

KK. EMS and the Law
An attorney who is also a Cardiac Rescue Technician will address the many legal issues facing EMS today. His discussion will focus on Maryland law and include such topics as the liability potential of EMS providers, Good Samaritan immunity, emergency vehicle operation, establishing and terminating the patient-provider relationship, patient care, and documentation. Ways to avoid the aggravation, embarrassment, and perhaps financial devastation resulting from a lawsuit will be suggested. 1.5 hr: ALS/2; BLS/Local Option

LL. Back Injuries
Lifting injuries continue to be the most common cause of EMT injury. A training program in proper lifting techniques can reverse this trend dramatically. This workshop will focus on correct body mechanics and appropriate exercises and will suggest patient-handling techniques. 1.5 hr: ALS/2; BLS/Local Option

MM. OSHA Infection Control and You
A review of OSHA regulations and their implications for providing EMS service. (This workshop is offered only once.) 1.5 hr: ALS/2; BLS/Local Option

12:30 - 1:30 pm Brunch

1:30 - 3:00 pm Workshops

NN. Pediatric Trauma
Repeat of Workshop BB

OO. Medical Preparation of the Patient Requiring Helicopter Transport
Repeat of Workshop CC

PP. Abdominal Trauma
Repeat of Workshop DD

QQ. Kinetics of Trauma
Repeat of Workshop EE

RR. Patients with Altered Mental Status
Repeat of Workshop FF

SS. Triage
The Maryland Triage Tag System will be covered along with a review of the Simple Triage and Rapid Treatment (S.T.A.R.T.) program. (This workshop is offered only once.) 1.5 hr: ALS/2; BLS/Local Option

1:30 - 4:45 pm

4. Airway Adjuncts Enhancement Workshop – Skills
3 hr: BLS/M

3:00 - 3:15 pm Break

3:15 - 4:45 pm Workshops

TT. Head Injuries in Children
Repeat of Workshop HH

UU. Street Drugs
Repeat of Workshop II

VV. I've Fallen and I Can't Get Up: EMS and the Elderly Patient
Repeat of Workshop JJ

WW. EMS and the Law
Repeat of Workshop KK

XX. Back Injuries
Repeat of Workshop LL

YY. Innovations in EMS Education
You will be shown new and creative ways of presenting educational material for the prehospital care provider. (This workshop is offered only once.) 1.5 hr: ALS/2; BLS/Local Option

EMS Care '93 Registration Form

NAME _____

ADDRESS _____ ZIP _____

AFFILIATION _____ COUNTY _____ SSN _____

DAY PHONE _____ HOME PHONE _____

CERTIFICATION (circle one) EMT-A CRT EMT-P RN EMT Instructor CISD Other _____

Please circle the programs that you wish to attend:

Friday

8:30	A	B	C	D	E	F	G	
1:30	H	I						

Saturday

10:30	J	K	L	M	N	O	1 Airway WKSP
1:45	P	Q	R	S	T	U	
3:45	V	W	X	Y	Z	AA	2 Airway WKSP

Sunday

8:30	BB	CC	DD	EE	FF	GG	3 Airway WKSP
10:30	HH	II	JJ	KK	LL	MM	
1:30	NN	OO	PP	QQ	RR	SS	4 Airway WKSP
3:15	TT	UU	VV	WW	XX	YY	

Payment

Friday: (Pre-Conference Program): $35 _____

Except: CISD Program $10 _____

Nurses Workshop $50 _____

Instructor Workshop Free _____

Saturday and Sunday: $90, includes continental breakfasts each day; lunch, reception, and dance; Sunday brunch. If you are allergic to any foods or have special medical needs, please list them. $90 _____

Saturday Dinner: $25 per person $25 _____

Total Enclosed: _____

Registrations will be accepted on a space-available basis until April 15, 1993. All registrations must be in the Region V office by April 15, 1993. No walk-in registrations will be accepted. Written confirmation will be sent. Make checks payable to EMS Care and send to MIEMSS, Region V Office, 5111 Berwyn Road, College Park, MD 20740

HOTEL REGISTRATION FORM

Please mail this form and payment directly to the hotel, not to MIEMSS.

Greenbelt Marriott
6400 Ivy Lane
Greenbelt, Maryland 20770
(301) 441-3700

The dates for the function are listed below. Any variation is subject to availability. Reservations must be received by the cut-off date of April 5, 1993, to guarantee the rate of $72 for single or double occupancy. Please note that a 15% tax will be added. Reservations may be made by phone or mail.

In making your reservation we request that you either:

1. Enclose a check or money order covering the first night's stay OR
2. Send us the entire number of your credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANKAMERICARD, MASTERCARD, or CARTE BLANCHE. Don't forget the expiration date and your signature.

The Greenbelt Marriott regrets that it cannot hold your reservation after 6:00 pm on the day of arrival without one of the above. Deposits will be refunded only if cancellation notification is given up to 24 hours prior to arrival. Please ask for your cancellation number.

RESERVATIONS REQUESTED AFTER THE CUT-OFF DATE ARE SUBJECT TO AVAILABILITY. ROOMS MAY STILL BE AVAILABLE AFTER THE CUT-OFF DATE, BUT NOT NECESSARILY AT THE ABOVE RATE.

Name of Group: EMS CARE '93 Date of Function: April 23-25, 1993

Name (Print) _____ Phone # : _____

Address _____

City _____ State _____ Zip _____

Arrival on _____ Depart on _____

Please reserve _____ # of Rooms for _____ People

Name(s) of person(s) sharing accommodations _____

Credit Card # _____ Expiration Date _____

Signature _____

I authorize the Greenbelt Marriott Hotel to charge my account for one night's deposit and all applicable taxes. Check-out time is 12:00 pm. Rooms may not be available for check-in until after 4:00 pm.

Commercial Ambulance Licensing Program

As a result of regulations that took effect October 12, 1992, commercial ambulance services must now be licensed by MIEMSS in order to operate in Maryland. Legislation passed in 1990 gave the Director of MIEMSS the authority and responsibility for developing these regulations. The enabling legislation also mandated that the licensing program will be financially self-supporting through the collection of licensing fees from commercial ambulance services. MIEMSS staff members, in consultation with representatives of the commercial ambulance industry and other interested parties, have been at work since 1990 to draft the recently enacted regulations, which specify the vehicle, personnel, equipment, and operational requirements that commercial services must meet. The new regulations *do not* apply to wheelchair van services, which are regulated by the Public Service Commission, nor to volunteer or government ambulance services.

Each commercial ambulance must be mechanically inspected annually by an authorized Maryland automotive inspection station and must have its inventory, oxygen, and suction equipment checked, at least annually, by a MIEMSS inspector. ALS services must also have their med radios and ALS equipment inspected. The regulations specify the crew configuration and level of certification required for BLS and ALS commercial ambulances. Commercial ambulance personnel must adhere to the same medical protocols as all other Maryland EMS providers.

All BLS commercial ambulances must be staffed by an individual, other than the driver, who is Maryland certified at the EMT-A level or higher. The driver must have a valid driver's license appropriate for the class of vehicle being operated. Drivers must also have completed at least an American Red Cross Advanced First Aid course and have a current CPR card or be certified as a Maryland First Responder. The health care certification requirement for commercial ambulance drivers will change on July 1, 1994: after that date, drivers must be certified at a minimum as a Maryland First Responder (with oxygen module). For commercial ambulance services licensed to provide advanced life support (ALS), the attendant must have a valid Maryland CRT or EMT-P certification and the driver must be Maryland certified at the level of EMT-A or higher.

George Smith, Director of the Office of Commercial Ambulance Licensing & Regulation, affixes a BLS licensing decal to a May ambulance. Observing are (l-r) Larry May, president of May Ambulance Service and current president of the Professional Ambulance Association of Maryland, and Brad May, operations manager of May Ambulance Service.

The regulations require commercial ambulance services to maintain certain records and to submit periodic reports to MIEMSS. Commercial ALS services are required to use the MAIS runsheets now, and commercial BLS services will be required to use them starting July 1, 1993. The regulations also outline procedures for commercial ambulances to follow should the need arise to interface with jurisdictional EMS units.

Finally, the regulations include a section dealing with complaints and enforcement. MIEMSS inspectors may conduct spot inspections of commercial ambulance vehicles to ensure continued compliance with the regulations after the initial licensing inspection. A vehicle or service license may be denied, suspended, or revoked if, after due process, a service is found to have violated the regulations. In addition to these civil remedies, a person who violates the regulations may be prosecuted criminally for commission of a misdemeanor and, if found guilty, may be subject to a fine not exceeding $1,000 per violation.

Ambulances that pass the required inspections and are licensed will be issued licensing decals, which will be displayed on the back of the vehicle. The decals will indicate the type of license (BLS or ALS) and the expiration date. A paper license, which serves as proof of licensure, will also be issued to each licensed commercial ambulance service and each licensed commercial ambulance vehicle. These licenses must be displayed in the patient compartment of each licensed ambulance.

For more information about the licensing program, contact the State Office of Commercial Ambulance Licensing & Regulation at 410-706-8511.

◆ *George Smith*
Director, State Office of Commercial Ambulance Licensing & Regulation

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Six Issues Published Annually

**Maryland Institute
for
Emergency Medical Services Systems**

**University of Maryland at Baltimore
22 S. Greene St., Baltimore, MD 21201-1595**

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Acting State EMS Director: Richard L. Alcorta, MD
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Address Correction Requested
MIEMSS, *Maryland EMS Newsletter,*
22 S. Greene St., Baltimore, MD 21201-1595

DATED MATERIAL

Training Prehospital Providers in ETI

(Continued from page 2)

conducted in Pittsburgh involved 122 paramedics split into four groups (3). Group 1 was trained as preceptors in a manikin/animal/cadaver program; Group 2 received the same training as Group 1 but were not preceptors; Group 3 received manikin/animal training; and Group 4 received manikin-only training. Evaluations of the four groups were determined from the results of 790 field intubations performed under the supervision of an individual from Group 1. Success rates were: Group l—92.7%, Group 2—87.6%, Group 3—83.3%, and Group 4–76.9%. Excluding Group l, who acted as preceptors, no significant difference in success rates was found. Hence, the authors concluded that "well motivated and carefully monitored personnel can safely achieve success rates acceptable to most clinicians with only didactic/ classroom and manikin experience."

Although these investigations appear to show that manikin-only training models are adequate, there is a psychological benefit associated with the use of cadavers used in training programs since students reported feeling more confident after practicing on cadavers. However, there is another option available to increase the student's experience and confidence in performing endotracheal intubation—the Actronics, Inc. CPR/ACLS Learning System. This is an interactive video/computer program that combines the use of computer, sensorized manikin, and video display to closely simulate ETI (4). The sensors placed on the teeth, chest wall, cricoid cartilage, neck, and in the lungs monitor all phases of the actual procedure. Any incorrect movements are sensed by the computer. General anesthesiologists and emergency physicians have had a chance to practice on the Actronics system and report that ETI on the system is more difficult than on an actual patient. They believe it is more than adequate to test and certify the performance of students.

The Actronics system will be presented to the Regional Medical Directors for approval as another possible means to certify personnel in ETI in areas where cadavers, live anesthetized patients, or recently deceased patients are unavailable. Supervision of an individual's first few intubations is desirable regardless of the method of instruction.

Endotracheal intubation is a simple skill that can be used by all ALS personnel who have received proper training. ETI is superior to the EOA. But with the changes in the ETI program, are we lowering our standards to the point of risking patient safety? The three studies previously quoted show that practice on cadavers or live patients may not be required; however, because confidence levels increase in a manikin-plus-cadaver program, this program is strongly preferred. A computer-assisted, manikin-only model may also be approved soon; if a jurisdiction requires a computer-assisted, manikin-only model, the specifics of the program will be reviewed and approved by the State EMS Director and success rates of students in the program will be closely monitored.

With the new training requirements for endotracheal intubation, we believe we can safely reach our goal of eliminating the EOA and have all our personnel trained in endotracheal intubation by July 1995.

◆ *Richard L. Alcorta, MD*
Acting State EMS Director

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