Maryland
EMS News
For All Emergency Medical Care Providers
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Tributes to Transport Crew in MSP Trooper 2 Crash

On September 28, Trooper 2 of the Maryland State Police Aviation Command fleet crashed in a wooded area within the Walker Mill Regional Park in Forestville, MD. Helicopter Pilot / Retired Corporal Stephen H. Bunker and Trooper First Class / Flight Paramedic Mickey C. Lippy were on a life-saving mission transporting two injured young women from a crash scene in Waldorf, Charles County, Maryland, to Prince George's Trauma Center. EMT-B Tonya Mallard, from the Waldorf Volunteer Fire Department, was on-board assisting with the medical treatment. All three providers died in the crash, along with Ashley Younger, one of the patients being transported. The second patient on the helicopter, Jordan Wells, survived the crash and continues to be treated at the R Adams Cowley Shock Trauma Center. Our heartfelt condolences go out to the families, friends, and loved ones of the providers and patient who were killed in the crash.

The information below is taken from the Obituaries published on the websites of the Maryland State Police and Waldorf Volunteer Fire Department.

Helicopter Pilot/Retired Corporal Stephen H. Bunker

Steve's love of public service led him to a career with the Maryland State Police, first as a Trooper in 1972 and later as a Pilot in 1984. He obtained advanced aviation certifications allowing him to become a certified flight instructor and a certified instrument pilot. Steve received numerous commendations and letters of appreciation during his service, including the Hero Award from the R Adams Cowley Shock Trauma Center.

Steve retired from the Maryland State Police Aviation Command in 1998 as a Corporal, but remained with the Aviation Command as a civilian until his death at age 59. He was married and had three children, who remember him as “a hero that risked his life to save others.”

Trooper First Class/Flight Paramedic Mickey C. Lippy

Lippy was a four-year veteran of the Maryland State Police and was a Flight Paramedic assigned to the Aviation Command, based at Andrews Air Force Base. Prior to that, he as assigned to the Glen Burnie and Westminster Barracks.

Lippy was employed as a part-time Engineer/ Paramedic with the Gamber & Community Fire Company since 2004. He was an active member with the Owings Mills Volunteer Fire Company since 1994 and previously held the positions of Fire & EMS Lieutenant. Prior to becoming a Maryland State Trooper, he was a Firefighter/Paramedic with the Anne Arundel County Fire Department for four years and was assigned to the Marley Station.

He received the Maryland State Police Life-Saving Award in September 2008 for his quick recognition and treatment of a life-threatening injury that ultimately saved the life of a patient.

Lippy, 34 at the time of his death, was married and had a 4-month-old daughter.

EMT-B Tonya Mallard, Waldorf Volunteer Fire Department

At the funeral of EMT-B Sergeant Tonya Mallard more than 700 people packed North Point High School in Waldorf, including the Honorable Governor Martin O'Malley, Congressman Steny Hoyer, numerous members of the Maryland State Senate and House, the Charles County Commissioners, Colonel Terrence Sheridan, Superintendent of the Maryland State Police, and Charles County Sheriff Rex Coffey. Hundreds of firefighters, emergency medical services personnel and police from virtually every part of Maryland and Virginia paid their last respects to their sister EMT, along with numerous family and friends.

“Tonya's smile was like a beacon to all of us” stated Chief Daniel Stevens of the Waldorf Volunteer Fire Department. “She was a ray of sunshine, a beacon to others. Her attitude, enthusiasm, and energy were endless.”

EMT-B Mallard, 38 years old, was married and had two sons.

Medevac Requests for Category “C” and “D” Trauma Patients

In the aftermath of the crash of Trooper 2, the Maryland Medical Protocols for EMS Providers were modified to require that prior to helicopter dispatch, field providers consult with personnel at the receiving trauma center for Category “C” and “D” patients. This change was made to give EMS providers working under difficult field conditions the opportunity to review with medical personnel the patient's condition and to discuss the most appropriate transport mode and destination, given the patient's condition. The letter printed below was sent to all Maryland EMS Providers, EMS Operational Programs, Emergency Departments, Trauma Centers, Public Service Access Points / Dispatch Centers, and is also available on MIEMSS' website at www.miemss.org.

To: All EMS Providers and EMS Operational Programs
All Emergency Departments and Trauma Centers
All Public Service Access Points/ Dispatch Centers

Please be advised that as of 8:00 AM, Thursday, October 9, 2008, all scene medevac requests for trauma patients that have only Category "C" or Category "D" trauma triage indicators will require medical consultation with the receiving trauma center for helicopter dispatch. This requirement will remain in effect until further notice. MIEMSS has recently completed a video training module on the protocol update. It soon will be available for viewing by clicking on a link on the MIEMSS web site at http://www.miemss.org.

Please be assured that the requirement for medical consultation is not intended to imply or indicate concerns or criticisms of the treatment or triage practices by field providers. Instead, the requirement for medical consultation prior to helicopter dispatch for Category “C” and Category “D” patients is being implemented to provide an additional resource to EMS personnel responding to an incident. The medical consultation will allow EMS providers / first responders to review the indications for and potential benefits of helicopter transport with personnel at the receiving trauma center prior to dispatch of a helicopter to the scene.

There has been a great deal of media coverage these past weeks related to the Maryland Medical Protocols for EMS Providers and the Trauma Decision Tree. Contrary to some of the media coverage, the Trauma Decision Tree does not require EMS providers to transport patients by air – rather, it states that transport by helicopter should be considered when it is quicker and is of clinical benefit. Patients with mechanisms only and who are within a 30-minute drive time of the trauma center shall go by ground unless there are extenuating circumstances.

I would ask you to please review the Trauma Decision Tree on page 132 of the Maryland Medical Protocols for EMS Providers. If you don't have access to a copy, you can view them at http://www.miemss.org/ , click on EMS Provider Protocols, and then select the 2008 protocols.

I want to thank all of our career and volunteer EMS providers for their ongoing service and selfless dedication to our state. Maryland's emergency medical services and trauma system has been called a “model” for the entire country, and together, we will continue to ensure that our system provides the highest quality care available.

Robert R. Bass, MD, FACEP
Executive Director, MIEMSS

From Dr. Scalea . . .

On October 10, 2008, Dr. Thomas Scalea, Physician-in-Chief at the R Adams Cowley Shock Trauma Center, sent the following letter to the Maryland EMS Community. It is reprinted here in its entirety.

To My EMS Friends and Family:

The recent crash of a Maryland State Police Medevac helicopter reminds us of the constant risk faced by everyone who serves in the emergency medical response system. We mourn the loss of colleagues who devoted and ultimately sacrificed their lives for others. We also mourn a young accident victim whose life was cut tragically short, even as we work to speed the recovery of the second victim who survived the doomed flight.

In the aftermath of this, much has been said about Maryland's medical emergency response system. Some critics have called into question the use - or overuse, as they suggest - of helicopter transports to trauma centers. Regrettably, what has been missing from this public dialogue is an informed and balanced medical perspective on appropriate triage and Medevac utilization. I am writing to you to express my steadfast resolve to sustain the exceptional quality of Maryland's prehospital trauma system, and to thank you for the contributions you make to the system's success. It is no exaggeration to say Maryland is a model for the nation and the world. Is our system perfect? No. Can our system be improved? Yes. Are all of us who work in trauma care committed to making it even better? Absolutely. In the wake of this tragedy, I fear that some will seek to weaken our system, forgetting that the genius of Maryland's trauma response system is its singular focus on doing what is best for the patient, not what is best for Shock Trauma, or Johns Hopkins, or the Medevac fleet.

Much has been made of the protocols that you and your colleagues use to make life-critical decisions about how best to respond to an injured patient's condition. As you are well aware, the most current protocols were implemented in just the past year. As much as all of us would like certainty in every decision we make in life, you know first-hand that triage at a crash site cannot be perfect. While our shared goal is to send the right patient to the right place within the right amount of time, you must make quick decisions in the field, often under difficult conditions, and without the added benefit of sophisticated diagnostic technology. When you call me on the radio to give your report, you are there with the patient; I am not. I must trust in your training and your judgment, and I do. To critics of our system, I ask: What if the injured patient was your child or your loved one? Which risk would you rather we take: send too many to the trauma center within the recommended time limit, or send too few? Send too many, and we risk being accused of wasteful spending. Send too few, and we risk patients dying who would otherwise be saved.

Critics note that nearly half of the patients sent to Maryland trauma centers by helicopter are discharged within 24 hours. That makes a great sound-bite, but like many sound-bites, it masks the truth. Trauma centers are designed to quickly and accurately determine which patients have sustained serious injury, and then utilize the needed resources to save lives. Typical Emergency Departments (EDs) are not equipped to do the same. National trauma standards suggest that over-triage is not only to be expected, it is absolutely necessary to avoid needless loss of life. The American College of Surgeons' recommended rate of over-triage is up to 50%, a range consistent with our experience in Maryland. In making triage decisions, we must err on the side of the patient.

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What then about the protocol known as “mechanism only,” which involves triaging patients to trauma centers based only on the circumstance of the crash. You know as well as I the possibility of unseen internal injuries. On countless occasions, I have treated trauma victims whose outward appearance and alertness belied the severity of their injuries. I have seen patients who gave every appearance of being “okay” suddenly deteriorate – a situation only a trauma center is prepared to treat. Some suggest that these suspected cases should be sent first to the nearest ED, where their injuries, or lack thereof, can be documented. Time, however, is the enemy of trauma care. The time it would take to make a definitive trauma diagnosis in a typical ED setting, and then arrange for transport by helicopter or ambulance, is time the patient often cannot afford.

Those of us who work in trauma care must be determined that this recent tragedy will have some positive outcome. We will embrace whatever lessons we can learn. We welcome an objective review of how our system in Maryland applies national standards of field triage and medevac utilization. We have a responsibility to assure the public that our policies and protocols are grounded in good science and good medicine. Nonetheless, I reject the notion that it is acceptable to let people die to save money. The public needs to know that the system is working, that it is safe, and that it remains the best in the nation.

In defending the quality of our system against those who would seek to diminish it, I know I speak for all trauma physicians in Maryland. I have received many emails and calls from EMS providers throughout the state who share this same concern. Most important, I know I speak for the tens of thousands of patients, and their families, whose lives have been shattered by injury, and whose recovery would not have been possible without Maryland's vaunted trauma response system.

God bless you for the work you do everyday. Please join me in keeping this issue at the forefront when it is debated and decisions are made.

Thomas M. Scalea, MD, FACS
Physician-in-Chief
R Adams Cowley Shock Trauma Center

Changes to DNR Form

MIEMSS, in conjunction with the Board of Physicians, has modified the Emergency Medical Services (EMS)/ Do Not Resuscitate (DNR) form to reflect changes to the law which direct other health care providers to follow EMS/DNR orders and authorize licensed Nurse Practitioners to sign EMS/DNR orders and issue oral EMS/DNR orders. Additionally, the requirement that the physician or nurse initial the appropriate box has been changed to allow the box to be marked in any other legible fashion. To view the new form, go to: http://www.miemss.org/home/LinkClick.aspx?fileticket=cM9cQXoAFk0%3d&tabid=68&mid=454

Impaired Drivers Awareness Campaign Continues

MIEMSS is kicking off the second year of funding from the Maryland Highway Safety Office with the Impaired Drivers Awareness Campaign. Last year's theme is continuing for this campaign: *"Drunk Driving - It's Been Done to Death."*

The first event was held on Saturday, August 23, 2008 at Camden Yards during the Yankees vs. Orioles game. Orioles fans were able to simulate alcohol impairment while wearing special "fatal vision goggles," and learn about new statewide initiatives to target impaired drivers before they change someone else's life forever.

Any fan willing to become a designated driver had an opportunity to create a television commercial explaining why he/she chose to become a designated driver. The commercial will be used for web broadcasting.

While raising awareness about the many dangers and consequences of impaired driving is important, the critical message also is (1) the high financial consequences when caught and (2) offenders will be caught at one of the increasing numbers of checkpoints that Maryland is instituting statewide.

Educational materials were provided to help fans better understand that drunk drivers do not discriminate. They kill and injure children, the elderly, friends, and neighbors. Additional parts of the campaign will be rolled out in the next few months, including an educational booth at an upcoming Ravens game.

The Oriole Bird is filmed displaying the message: "Driving drunk isn't worth it. Don't take a chance; take a cab or cover all the bases and designate a driver."

An Oriole fan participates in a PSA message taped by MIEMSS.

Oriole fans simulate alcohol impairment while wearing "fatal vision goggles."

Ambulance Strike Teams Travel to Louisiana, Assist With Hurricane Gustav Efforts

Two Maryland Ambulance Strike Teams with emergency responders from several Maryland jurisdictions traveled to Louisiana to assist in the emergency response to Hurricane Gustav and its aftereffects. The Maryland response included five advanced life support ambulances and six support vehicles staffed by 25 individuals. Louisiana issued a request for strike teams through the Emergency Management Assistance Compact, a process that allows state-to-state mutual aid in times of disasters. Several other states also have offered assistance to Gulf States.

Units and personnel from Baltimore City and Charles, Howard, and Harford counties were joined by colleagues from LifeStar Response, a private ambulance service, as well as Barry Contee with the first group and Rick Meighen with the second group, both of whom are staff members from MIEMSS. The first group of providers returned on September 10, and left their emergency response vehicles in Louisiana for use by a second 19-member Ambulance Strike Team that departed that day to assist in the continuing recovery response to Gustav as well as the potential impact of Hurricane Ike. The four Harford County members of the original team drove back with equipment and arrived in Maryland on September 11, 2008. The response was coordinated jointly by MEMA and MIEMSS in coordination with other state and local agencies.

Reminder: Get Flu Shots

MIEMSS reminds members of the emergency services community that it is time to get their annual influenza vaccination. Each year the flu strain changes. Flu vaccines protect against 3 types of influenza, two of influenza A and one influenza B. Typical flu symptoms include fever, dry cough, sore throat, runny or stuffy nose, headache, muscle aches, and extreme fatigue.

Ways to decrease the chances of getting the flu include:

- Avoid prolonged contact with individuals showing possible symptoms of the flu.
- Maintain a healthy lifestyle to build your immune system.
- Eat balanced meals, including plenty of fresh fruits and vegetables, and drink lots of water.
- Get plenty of rest.
- Wash hands frequently.
- Get vaccinated for the flu (flu vaccines are 70% to 90% effective among healthy adults).

Distribution Plan for EMS Provider Protocols

In an effort to increase ease of access and decrease costs associated with protocols, MIEMSS is in the process of transitioning to giving individual prehospital providers only free Pocket Protocols. The planned transitioning will occur as follows:

Pre-July 2009

Prehospital Providers & Students

- Paper, printed comprehensive protocols to all NEW EMT-B students
- Since they should already have them, no paper, comprehensive protocols to
  - o EMT-Bs in refresher or skills courses
  - o ALS students

Base Stations, Hospitals, Individual Ambulance Vehicles

Each receives one paper, printed comprehensive protocol manual or specific replacement pages annually (or less frequently if protocols do not change).

Available to Everyone

Electronic version of comprehensive protocols on MIEMSS website at www.miemss.org

Post-July 2009

Prehospital Providers & Students

- FREE Pocket Protocols (condensed version of comprehensive protocols) distributed annually (or less frequently if protocols do not change).
- NO paper, comprehensive protocols distributed.

Base Stations, Hospitals, Individual Ambulance Vehicles

Each receives one paper, printed comprehensive protocol manual or specific replacement pages annually (or less frequently if protocols do not change).

Available to Everyone

Electronic version of comprehensive protocols on MIEMSS website at www.miemss.org. Easy viewing and search features will be available to increase ease of referencing any specific protocol.

Panel of National Experts to Convene

A panel of national experts will convene to review and make recommendations regarding the emergency medical protocols for the use of medevac transport of trauma patients from the scene of an incident. Robert R. Bass, MD, MIEMSS Executive Director, explained that the panel of national experts is a component of the response by the agency to the recent crash of a Maryland State Police helicopter which occurred during the transport of patients from an automobile crash. He said the panel will be comprised of individuals who are highly knowledgeable and experienced in trauma, emergency medicine, public health, EMS, and use of medevac services. EMS Board Chairman Donald L. DeVries, Jr., Esq., said: "Maryland's emergency medical services (EMS) and trauma system has been called a 'model' for the entire country, and the panel of national experts will help ensure that our EMS and trauma system continues to provide the highest quality care available." The formation of the panel of national experts was approved by the EMS Board on October 14, 2008.

Governor Martin O'Malley lauded the formation of the panel of national experts. "Maryland's EMS system is comprised of EMS providers, physicians, nurses, hospitals, and state, local, county governments all striving for a single goal–to save the life of the critically injured patient," he said. "These dedicated providers will welcome the broad perspective and knowledgeable input that the panel of national experts will provide."

The members of the panel of national experts are:

- Robert C. MacKersie, MD–Professor of Surgery in Residence and Director of Trauma Services, San Francisco General Hospital, San Francisco, CA.
- John A. Morris, MD–Professor Surgery, Director, Division of Trauma & Surgical Critical Care, Director, Trauma, Burn & LifeFlight Patient Care Center, Vanderbilt University Medical Center, Nashville, TN.
- Ellen Mackenzie, PhD–Professor and Chair, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.
- Tom Judge, CCT-P–Executive Director, LifeFlight of Maine, Bangor, ME; Past-President, Association of Air Medical Services; and volunteer paramedic.
- Stephen H. Thomas, MD, MPH–Associate Professor of Surgery, Harvard Medical School, Department of Emergency Medicine, Massachusetts General Hospital, Associate Medical Director, Boston MedFlight Boston, MA.
- Bryan Bledsoe, DO–Clinical Professor of Emergency Medicine, University of Nevada School of Medicine and University Medical Center, Las Vegas, NV.
- William R. Metcalf–Chief, North County Fire Protection District, Fallbrook, CA.

The panel of national experts is scheduled to meet on November 24 at a location near Baltimore.

Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated.

B-2007-359 (EMT-B)-March 6, 2008. For conspiring to steal a stethoscope, certification suspended for 6 months, reprimand, and probation through 2010.

B-2007-358 (EMT-B)-March 6, 2008. For conspiring to steal a stethoscope, certification revoked.

B-2007-356 (Applicant)-March 6, 2008. For pleading guilty to child abuse, being placed on supervised probation for 3 years, and being ordered to continue to receive treatment and therapy, application denied.

B-2007-351 (CRT)-April 8, 2008. For being verbally abusive to a female patient and pedestrian, and harassing a pedestrian with ambulance lights and siren, reprimand, probation for 1 year, and required to complete an anger management course approved by the EMS Board.

B-2006-317 (EMT-P)-May 12, 2008. For saving blood products and human tissue from patients for personal use in the scent training of a human remains detection dog, license revoked.

B-2008-370 (EMT-B) (by Disposition Agreement)-July 8, 2008. For prior criminal conviction for possession of a handgun and carrying a baton weapon while on duty as an EMS provider, probation for 6 months.

B-2008-368 (EMT-B) (by Disposition Agreement)-July 8, 2008. For providing a false driving record in connection with emergency medical services duties, probation for 1 year.

B-2007-373 (Applicant)-July 16, 2008. For functioning as an EMT-P on an expired license, reprimand.

B-2008-364 (EMT-B)-July 16, 2008. For presenting as an EMT-B refresher course Instructor less than 4 hours of instruction and less than 10 hours of total contact hours, then submitting false documents indicating that 24 hours of refresher training and demonstration of skills had been provided, suspension of license for 30 days, probation until December 31, 2010, and required to write scholarly paper of 1000 words discussing ethics and the submission of false documents.

Operation Purple Haze

On August 2, M&T Bank Stadium, the home of the Baltimore Ravens, was the scene of "Operation Purple Haze," a mass casualty exercise involving several hundred emergency responders and approximately 500 "victims." A mock "dirty bomb" device was detonated, dispersing the radiological agent Celsium 137. Some of the capabilities being measured included:

- Ability to evacuate and maintain accountability of stadium guests according to the Stadium Emergency Management Plan
- Communications
- WMD/HazMat response and decontamination
- Onsite scene management
- Prehospital triage and treatment
- Emergency public information and warning
- Responder safety and health

Organizations that participated in "Operation Purple Haze" included Baltimore City, state, and federal agencies, as well as private sector businesses such as Medstar/Lifestar Response.

Statewide Communications Interoperability Plan

Governor Martin O'Malley recently announced the details of a statewide communications interoperability plan that will enable emergency responders, public safety officials, and law enforcement agencies in Maryland to communicate rapidly. The new 700MHz communications system will provide communications for state agencies and local jurisdictions. Construction will take place in phases over the next five to eight years. This process includes the construction of 12 towers, two fiber optic connectivity projects, five regional interoperability projects, as well as connectivity to all jurisdictional 9-1-1 Centers and hospitals.

Governor O'Malley announces the communications interoperability plan at a press conference.

Red Flag Rules to Take Effect

Ambulance services that bill should be aware of the Red Flag Rules which will take effect May 1, 2009. The rules are regulations issued by the Federal Trade Commission (FTC) to reduce identity theft. The rules were scheduled to take effect November 1, 2008, but on October 22, 2008 the FTC announced it would postpone the effective date to May 1, 2009 because a number of entities were not aware of the rules or that they would be subject to them.

The Red Flag Rules require covered entities to develop reasonable policies and procedures designed to reduce or eliminate identity theft. The policy should identify relevant "red flags" (activities that may signal possible identity theft); respond to these red flags; and ensure that the identity theft program is updated periodically as risks change.

Hospitals and other health care providers that defer payment for services–that is, if they do not require full payment up front–are likely impacted. Even if these entities accept insurance–if the patent is ultimately responsible for any fees–then that will be considered an extension of credit covered by the Red Flag Rules.

Ambulance services should probably assess whether they have "covered accounts." This initial risk assessment allows the service to identify accounts that the policy/program should address and any potential risks the service faces. The FTC does not envision that this requires a detailed or necessarily complex policy, but it should be written, approved, and implemented.

Examples of Red Flags include:

- personal information inconsistent with information already on file
- address discrepancy
- suspicious documents presented to the entity
- suspicious activity related to a covered account
- notice from law enforcement or others of unusual activity related to that covered account

The FTC has also required that staff covered by the Red Flags Rules be trained to implement the identity theft program effectively. The FTC may impose penalties (up to $2,500 per violation).

For questions about compliance with the Rules, contact RedFlags@ftc.gov.

ATV Safety Task Force

Legislation passed in 2008 and signed by the Governor created an All-Terrain Vehicle (ATV) Safety Task Force. The ATV Safety Task Force is to identify and study major issues related to ATV safety and to make findings and recommendations regarding:

- accurate methods of tracking ATV ownership in the State
- appropriate safety equipment
- effective methods of educating consumers
- appropriate locations for ATV use
- training for ATV owners
- public awareness of ATV safety-related topics
- any other topic related to ATV safety that is deemed appropriate by the Task Force

The Task Force is to report its findings to the Governor and the General Assembly in an interim report on or before December 15, 2008, and in a final report on or before May 31, 2009. MIEMSS staff will provide support to the ATV Safety Task Force.

AED Facility Program Changes

On October 1, 2008 several changes to the Maryland Facility AED Program went into effect, including removal of the requirement for a sponsoring physician, removal of the requirement for a $25 application fee, and removal of the requirement for physician and dentist offices to register in the Maryland AED Program. Please go to the MIEMSS web page for a complete update to the AED Program packet and supporting materials.

Reunion of 2 Patients and Emergency Responders

On September 16, a special reunion took place at the main station of Aberdeen Fire Department in downtown Aberdeen. Two of the young girls who were injured in a school bus crash on July 5, 2006 on Interstate 95 had a chance to meet the emergency responders involved in their rescue. One of the two girls was among the most critically injured patients; she suffered a traumatic amputation to one of her hands. The July 5 crash was a mass casualty incident that required the response of several different emergency agencies within Harford County. This reunion not only gave the young girls a chance to thank those involved in their rescue but also gave emergency responders a chance to see the outcome of their extraordinary life-saving efforts.

EMS Continuing Education Programs

November 1 - 2, 2008
Special Topics in Trauma Care
Sponsored by the R Adams Cowley Shock Trauma Center
Location: Marriott Hotel, Baltimore Inner Harbor at Camden Yards
For brochure, contact Dora Russell, 410-328-4889

November 5, 2008
12:30 PM - 3 PM
2nd Annual Injury Prevention Forum
Teen Driving & Program Evaluation
Sponsored by Maryland EMSC & Partnership for a Safer Maryland
Location: MIEMSS, Room 212
For information, contact EMSC Office at 410-706-1758

November 15, 2008
8 AM to Noon
Critical Issues in Trauma
Suburban Hospital
Bethesda, MD
To register, call 301-896-3939

November 15, 2008
Maryland Stroke Alliance Annual Meeting & CME Program
Turf Valley Resort
For on-line registration, go to
www.marylandstrokealliance.org

January 31 - February 1, 2009
Pre-conferences January 29 - 30, 2009
Winterfest 2009
Tilghman Island, MD
For brochure, go to www.talbotcountymd.gov or email at Winterfest.ems@hotmail.com

March 14, 2009
Pre-conferences March 12 - 13, 2009
Miltenberger Emergency Services Seminar 2009
Rocky Gap, MD
Contact Region I Office at 301-895-5934.

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Chairman, EMS Board: Donald L. DeVries, Jr., Esq.
Executive Director, MIEMSS: Robert R. Bass, MD
Managing Editor: Beverly Sopp (410-706-3248)
Design & Layout: Gail Kostas
Photography: Jim Brown, Dick Regester, Brian Slack, Fernando Tosti (*unless noted otherwise for specific photos*)