Jeffrey Silverman and Lyndy Caplan are volunteers who assist callers on the Spinal Cord Injury Hotline.

Maryland
EMS
NEWS
Vol. 11 No. 6 DECEMBER 1984

Richard Sher, of WJZ-TV, interviews Karen Colvin, who proposed the Spinal Cord Injury Hotline.

Nat'l Spinal Cord Injury Hotline Begun

"When I was injured 22 months ago, I had nowhere to turn. I needed to learn about the most appropriate rehabilitative procedure for me; what results I was going to have; my concerns as a wife and mother; and the multiplicity of questions that are asked by someone who has had a drastic change of life style."

To help others faced with spinal cord injury (SCI), Karen Colvin, RN, quadriplegic due to an automobile accident, and her husband John, proposed the establishment of a National Spinal Cord Injury Hotline (NSCIH). R Adams Cowley, director of MIEMSS and of the National Study Center for Trauma and Emergency Medical Systems (an affiliate of MIEMSS), greeted the idea with enthusiasm.

After only nine months of hard work by the Colvins and the dedicated professionals who helped them, the hotline became a reality.

Through the hotline, SCI patients and families will learn what programs and facilities are available to them nationally and in their own communities. The hotline has toll-free lines active 24 hours a day to offer information, referral, peer support, and hope for those who have SCI-related problems.

The numbers are:
Nationally 1-800-526-3456
in Maryland 1-800-638-1733

Each year approximately 15,000–20,000 individuals across the country will suffer from SCI. It is primarily a young person's injury: the majority will be between 15 and 30, and about 70–80 percent will be male.

With improved technology, the survival rate for SCI is high. Statistics indicate that properly managed SCI patients can approach normal life expectancy, and lead productive lives.

When a diagnosis of SCI is made, the patient and family experience a sense of helplessness. They are often unaware of existing services, and that can reduce a patient's ability to function effectively.

Callers to the hotline can receive assistance with acute care, rehabilitation, and activities of daily living. Local contacts are being set up in every state; they will give information about spinal cord injury organizations in their region.

"There's a secondary factor," Mrs. Colvin said. "Everyone who has a physical challenge or change in his life style just needs to talk to somebody. We've developed a network of volunteers who can call back that person in Wyoming or Montana and say, 'Hey, I've been there, I know what you're feeling,' and be a peer counselor, a support source. We're matching them up either by their origin of injury, kind of injury, or level of injury. It will be possible to speak to a spouse, parent, or child of an SCI patient."

Mrs. Colvin organized and trained National Study Center staff and a volunteer network of SCI persons who will respond to callers. She and her husband traveled throughout the country explaining the hotline and enlisting volunteers in the network. "Many are in wheelchairs, and can answer local questions," Mrs. Colvin said.

Seed money was furnished by grants from IBM and Gorn Management Company. Mrs. Colvin declared, "The in-kind contributions from Shock Trauma and the National Study Center far supersede the initial money contributions from the corporations."

— Erna Segal

Dr. Adkins Looks at ALS in Region IV

What matters most to Robert T. Adkins, MD, as medical director for Maryland EMS Region IV, is that field personnel be able to provide patient care with the utmost skill and confidence.

This is accomplished not only by providing the best possible training for prehospital care providers, but also by being highly selective in deciding who should receive the training, says Dr. Adkins, who is also director of the areawide trauma center at Peninsula General Hospital Medical Center in Salisbury.

"We must strive to provide the highest quality, most intensive training possible, so prehospital care providers will feel that it was worth giving up some of their free time and that they have accomplished something significant," says Dr. Adkins.

However, he maintains that, while the training should be worthy of the student, the student also should be worthy of the training.

"Some people want to do things for which they have no capability. The desire to become an EMT or CRT, alone, is not enough to qualify a person for taking the required training," says Dr. Adkins.

For that reason, when the first EOA/MAST (esophageal obturator airway/medical antishock trousers) training program was implemented in Region IV early this year, the screening of EMTs wanting to enroll in the program also was initiated. The screening tool is a pretest on the EMT's knowledge of basic life support (BLS).

"BLS knowledge is prerequisite to learning anything else in prehospital care. If you don't do that right, you're not going to do anything else in prehospital care right. If you don't know how to manage a patient with a minimum of equipment, all the gadgets in the world are not going to help you," Dr. Adkins adds.

Dr. Adkins says he originally opposed letting EMTs take EOA/MAST training, preferring instead to reserve such training for CRTs. Part of the reason, he says, is that he is against complicating the classification of prehospital care providers. But mostly, he says he is concerned about the effect the change would have on the quality of prehospital patient care.

"EOA and MAST are effective tools, but also very dangerous tools if not used properly. I'd rather do nothing than do something wrong [to the patient]," says Dr. Adkins, alluding to one of the physician's basic responsibilities: to do no harm.

Dr. Adkins (photo courtesy of PGH Medical Center)

So Dr. Adkins stipulated that he would agree to provide EOA/MAST training to EMTs only if some method of screening the applicants was instituted. The result was the BLS pretest.

A screening procedure for EMTs wanting to take CRT training has existed for some time in Region IV. It consists of a personal interview as well as a pretest. Of course, applicants must also meet the state's field experience requirements for becoming CRTs.

The biggest need in emergency medical services in Region IV is advanced life support (ALS), says Dr. Adkins. Presently, only four of the nine counties on the Eastern Shore have ALS programs. They are Cecil County at the northern extremity of the region and the three southernmost counties: Wicomico, Worcester, and Somerset.

However, an ALS program will be set up soon in Talbot County, which is situated in the center of the region. Memorial Hospital at Easton will serve as the base of operations for the program. The first ALS course to be offered at the hospital is scheduled to begin this fall.

"It is hoped that the Easton class will have a ripple effect," says Dr. Adkins. Once an ALS company has been established in Easton, he says the next step will be to make the company's services available to a larger area through the formation of mutual aid agreements with nearby BLS companies.

This approach to providing ALS coverage certainly is not ideal, especially in a rural area, where travel times can be lengthy, Dr. Adkins admits. But he says this kind of arrangement is better than having no ALS coverage at all.

The two main deterrents to implementing full ALS coverage in Region IV are finding enough volunteers with the time and ambition to take the required training, and getting the county governments to provide the large sums of money needed to start ALS programs, notes Dr. Adkins.

However, he said he hopes the mutual aid agreements will prompt the partner BLS companies to want to provide their own ALS coverage. If such a chain reaction occurs, he says, "Eventually, we will reach our goal of setting up an ALS program in every hospital in the region."

— Dick Grauel

Cowley Picks Board

R Adams Cowley, MD, director of MIEMSS, has announced appointments to the Institute's newly formed board of visitors. The board members will act as advocates for the MIEMSS program in addition to giving assistance with marketing, fund raising, and public relations. The board's president is Roger Lipitz, principal in Meridian Health Care.

Other members are: Pearl Cole Brackett, director of the Federal Reserve Board; Karen Colvin, chairperson for Friends of Shock Trauma Advisory Board; Charles M. Cauley, executive vice president and chief operating officer of Maryland Bank, NA; Nathan A. Chapman, Jr., investment broker at Alex Brown and Sons; Mark K. Joseph, partner, Gallegher, Evelius and Jones; Charles Peace III, retired banker, Maryland National Bank; Charles A. Ruppersberger III, partner, Ruppersberger, Winter, Clark, and Mister; C. J. Sears, president, Royal Oil Corporation; Bishop L. Robinson, commissioner, Baltimore City Police Department; Howard Scaggs, chairman of the board, American National Building and Loan Association; Richard Sher, of WJZ-TV; Harry Teter, partner, Dillon and Teter, Washington, DC. Additional board members are still being recruited.

High-School Students' First-Responder Course

Editor's Note: The following article is reprinted with permission from the ***Hagerstown Daily Mail.***

Students at Smithsburg High School will soon have the opportunity to stand up and be counted during an emergency.

A first-responder course — the first in any Washington County school — has recently been funded through a $1,100 grant from the Maryland Department of Health and Mental Hygiene.

"What we want is a pool of kids who will be capable and confident in case of an emergency at the school," SHS vice-principal John Ingersoll said.

Approval of the fund came just a few weeks before the observance of Maryland Emergency Medical Services Week, September 16–22, when the accomplishments of field medical services in the area were recognized.

Lt. Mac Hutto of the Smithsburg Emergency Medical Services squad said the program has a two-pronged purpose. "We asked for the grant so we could pay for the training for these students. Not only will they then be able to respond to emergency situations at the school, but they'll also be good candidates to recruit for the squad," he said.

First-responder programs fall between the requirements for American Red Cross First Aid and those for emergency medical technicians, Hutto said.

"Once a student has completed the 42-hour first-responder course, he will be halfway to his EMT certification, which involves 82 hours of instruction and training," Hutto said.

A trained instructor will teach the students 11 basic first-aid principles, in addition to cardiopulmonary resuscitation, bandaging, splinting, and other emergency skills, Smithsburg Capt. Joe Ralls said.

The need for such a program was no more apparent than last year at Smithsburg High School, when a student was accidentally struck in the head with a golf club, Ingersoll said.

"The girl was bleeding profusely and most of the students backed away because they did not know what to do," Ingersoll said. "We were thankful that it only took about two minutes for the ambulance personnel to get here."

Ingersoll wants to see a situation where the trained first-responder students would be only seconds away in such an emergency.

Another added benefit of the program would be for students who have any plans to pursue a medical career in the future. "It would be a terrific start for those students," Ingersoll said.

The success of the first-responder course at Smithsburg will have a lot to do with plans to offer the program at all high schools, EMS regional director Michael Smith said. Smith said the regional council, which includes Washington and Frederick counties, will seek approval from both boards of education throughout the high schools in the near future.

— Marlo Barnhart

(L-r) Smithsburg Capt. Joe Ralls, Lt. Mac Hutto, and students Mike Ridenour and Wesley Redman, who sparked interest in the first-responder course last year at Smithsburg High School. (Photo by Marlo Barnhart. Courtesy of "Hagerstown Daily Mail.")

National Eye System

This is an unanswerable question: Given 100 cases of eye trauma, what would be the most common mechanism of injury? That and other questions about severe eye injury might be answered after December 1, 1984, when the Eye Trauma Registry will connect 15 regional centers throughout the nation through a computer bank at MIEMSS.

There are 2 million eye injuries each year, of which 200,000 are penetrating eye injuries. No two are exactly alike, and it will take data compiled from all the regions to determine the overall picture.

Maryland is a leader in establishing a regional eye trauma system, with the Center for Sight at Georgetown University in Washington, DC, serving Regions I, II, and V; and the Wilmer Eye Institute at Johns Hopkins Hospital serving Regions III and IV.

According to Leonard M. Parver, MD, director of the Maryland Eye Trauma System, the mission of the regional centers is "to provide optimum clinical management of severely injured eyes, and to gather data to help understand the epidemiology and natural history of eye injuries."

— Erna Segal

Floods Ravage PA; Allegany Co. Aids Rescue

On August 13 of this year, the Maryland-Pennsylvania state line (or the Mason-Dixon line as it is historically known), disappeared. Rules of state and community boundaries were forgotten for days, and even for weeks, as neighbors reached out to help one another.

Flooding that would eventually result in five deaths and an estimated $10 million in property loss, raged along Wills Creek, in Bedford and Somerset counties, PA, lying directly north of Region I's Allegany County.

"The cooperative effort was beautiful," said Mayor Tom Cunningham of Hyndman, PA, of the help his area received from trained personnel in Allegany County.

Mayor Cunningham said it was the volunteer help of squads, ambulances, and firemen in Region I, the quick response of the Maryland State Police Med-Evac helicopter assigned to the region, and the continued support of the Red Cross and National Guard unit that allowed residents of the flood-torn areas to move toward recovery.

Maryland's EMS network was involved from the onset of the flooding. Just a few days prior to the flooding to the north, the areas of Ellerslie and Bowman's Addition, which lie within Allegany County, were subjected to flooding. A flash flood warning had been issued at that time and volunteer firemen, many of them trained as EMTs and CRTs, responded from Bowman's Addition, Ellerslie, Bedford Road, and Orleans.

Two days later, flooding for several hours that was to gain national attention brought the area to its knees, triggering a federal disaster designation by President Ronald Reagan.

The communities of Hyndman in Bedford County and Glencoe in Somerset County were hardest hit. Wills Creek meanders south into Allegany County, and flooding and damage were reported by the communities of Ellerslie and Corriganville, and businesses lying along Route 36. In Cumberland, residents were protected from the rising waters by the flood control system surrounding Wills Creek.

As the flood waters climbed the afternoon of August 13, Allegany County Civil Defense dispatchers communicated with ambulances and fire departments, sending them where they were needed. Many squads and firemen evacuated residents whose homes or businesses were in danger.

Helicopters, including those belonging to the Maryland State Police, the Pennsylvania State Police (shown here), and the Mattingly Construction Company, flew countless life-saving missions.

An 80-year-old couple rode out the storm when the force of the water carried their trailer away. After being rescued from the wreckage, they were treated at a local hospital.

The raging waters of Wills Creek, described as "a wall of water," tore many homes and trailers from their foundations, moving them hundreds of yards downstream. Motor vehicles, campers, telephone poles, power lines, and railroad tracks were dislodged from their original resting spots. The worst devastation to ever hit the communities of Hyndman and Glencoe occurred in one hour's time.

But during that time, the nearby communities witnessed emergency response at its best. The initial calls to Allegany County Civil Defense and the emergency dispatching units at Bedford and Somerset brought helicopters, ambulances, and fire equipment of every type, as well as the boats and life-saving equipment of the Department of Natural Resources Police.

Helicopters, including the Maryland State Police Med-Evac helicopter stationed at the Cumberland Airport, a Pennsylvania State Police helicopter, and a privately owned helicopter of Mattingly Construction Company, Cumberland, flew countless life-saving missions.

Cpl. Brian Brinsfield and Tfc. Greg May, respectively the pilot and aviation trauma technician at that time with the local Med-Evac, were honored for their efforts by a resolution of the Maryland State Senate.

Cpl. Brinsfield and Tfc. May, in addition to pilot Tom Goetchius of Mattingly Construction and Steve Leydig of SPC Trucking Company, Corriganville, were honored by the Allegany County Chapter of the American Red Cross for the steps they took to ensure more residents did not lose their lives to the flood waters.

The helicopters rescued residents, many of them elderly, clinging to telephone poles, roofs, and trees. Some

Flood waters covered many roads in Hyndman, PA, including the main road in the downtown area (above). (Flood photos by Calvin Wilt, Tom Paxton, and Steve Stouffer. Courtesy of "Cumberland News.")

were in immediate need of medical attention and were flown to local hospitals. The helicopters flew until dark, completing rescue missions of those who were stranded, delivering supplies, and proving the value of a helicopter in a flood/rescue situation.

Fire companies and rescue squads responded to the flood-torn area from three states. Using the rescue and medical skills they learned from MIEMSS and MFRI classes, members did what they could to meet both the immediate and long-term needs of the residents. Local ham radio operators stepped in with additional communications, and fire companies and squads lent equipment to companies that lost pieces to the flooding.

EMS personnel played an enormous part in the after-flood operations as well. Many took time from their regular jobs to lend the residents a helping hand to return their businesses and homes to normalcy. Donning boots and coats, they helped remove silt and debris from basements, driveways, and first floors of properties.

After the flooding it was estimated that in two hours the flood washed away or damaged 240 of Hyndman's 400 homes, and destroyed 150 vehicles. In Glencoe, all but a half dozen of the community's homes were destroyed or severely damaged by the flood waters of Wills Creek. Many believe that, had the flooding occurred at night rather than at 2 pm as it did, many more than five lives would have been lost.

On August 13, 1984, EMS and fire personnel proved their skills extended beyond the fire or accident scene, and that people are more important than borders.

— Roxy Schulten
Reporter for the ***Cumberland News*** *and Member of*
Region I EMS Advisory Council

Organ Transplants More Successful

The survival rate at one year for heart transplant patients is 80 percent now, in sharp contrast with the 20 percent survival rate in 1968 when such transplants began.

William A. Baumgartner, MD, director of the Heart/Lung Transplant Program at the Johns Hopkins Hospital, attributed that increase to improved techniques, experience, and the use of the immunosuppressant drug, Cyclosporine. There were 172 heart transplants nationwide in 1983; four were in Baltimore.

Speaking at the Seventh National Trauma Symposium sponsored by MIEMSS and the National Study Center for Trauma and Emergency Medical Systems, Dr. Baumgartner said: "It should not be considered a failure when a patient dies, because organs become available for transplantation. One donor can provide organs for five or six recipients, because surgeons are now transplanting the heart, lungs, kidneys, liver, and pancreas." Both kidney and liver transplants have a 75–80 percent survival rate at one year. Heart-lung (combined) transplants are more technical, and there are fewer centers doing them.

Organs available for donation are registered at computerized coordinating centers that contact hospitals awaiting specific organs. Almost simultaneously, the donor organs are harvested and the recipients begin preparation for receiving the organs.

Transportation of the organs requires expeditious, coordinated efforts to adequately preserve them for transplant. For example, when a heart is to be transplanted at Hopkins, it is removed at the donor hospital following cold perfusion, wrapped in two plastic bags with saline interfaces, and placed in a sterile container. The container is then placed into a cooler to maintain the temperature (2–4°C). The organ procurement team is transported from distant points by a corporate jet; Maryland State Police transport the team from the airport to Johns Hopkins Hospital, where a second transplant team stands by.

Preservation time varies for each organ: heart—five hours or less; kidneys—24 hours; liver—12 hours; and lungs—less than one hour. Present laboratory work is underway to develop methods to improve the preservation time of the lung.

(Continued on page 7)

Full Honors Given to Fallen Firefighters

The camaraderie and solidarity among the fire, EMS, and police personnel could not have been more evident at the funeral of three firefighters who were killed recently when the roof of Shiller's Furniture and Appliances in Dundalk collapsed while they were trying to put out a five-alarm fire.

Battalion Chief Frank Wilson of the Baltimore County Fire Department said that there were no words to describe the funeral, which was attended by more than 4,000 people — all paying respect to the dead firefighters, 32-year-old Henry Rayner, Jr., 38-year-old Walter Bawroski, Sr., and 25-year-old James Kimbel, paid career members of Dundalk Engine Company 6.

An eight-mile funeral procession, composed of 525 vehicles, was a visible tribute to the dead firefighters; it included fire department surgeons from Brazil, firefighters from all parts of Maryland and such distant cities as Buffalo, Pittsburgh, Houston, and Cleveland, EMS officials and providers, dignitaries from Congress, state, and county governments, four Catholic bishops, and scores of people from the communities. Many wore strips of black over their badges and epaulets. Battalion Chief Wilson talked of the emotion that could be felt in the crowd and of seeing a 6- or 7-year-old boy whom he felt sure was praying kneel on the curb as Engine 6 passed the Wise Avenue fire house.

The three firefighters were buried from the same church and in neighboring cemetery plots in a special section designated for police and firefighters. This was according to the wishes of the families and, as Battalion Chief Wilson pointed out, it was especially fitting that the three men who worked together at the same engine company, lived in the same neighborhood, did many things together in their leisure time, attended Catholic church, and died together should be buried together.

James A. Kimbel

Walter J. Bawroski, Sr.

Henry W. Rayner, Jr.

(Photos courtesy of the Baltimore County Fire Department.)

Each of the three firefighters had been honored many times by his community for rescue work and in the case of Firefighter Bawroski, a former paramedic, for medical help he had provided. Each also received a Purple Heart and a Medal of Honor, the fire department's highest award. Mr. Kimbel was also posthumously awarded a special citation for a rescue last May.

The deaths of the three firefighters raised to 30, the number of firefighters (both volunteer and career) who have been killed in the line of duty in Baltimore County. It was the first time a firefighter had died in a fire since 1955.

The Dundalk community where the firefighters lived has sponsored several fund raisers, including a dinner-dance to benefit the "Firemen's Fund." A candlelight service was also attended by 300 people. The firefighters' deaths were deeply felt by the community, and as one person said, when the people of Dundalk hear sirens now, they always sound a little louder.

These three firefighters paid the supreme sacrifice in the performance of their profession to protect lives and property. Let us always remember their deeds and courage and pray that God will honor them with the ultimate reward.

— William E. Clark

Region III New Ambos

Three new advanced life support ambulances have been approved for operations within the region by the regional council. They include Kimbrough Army Hospital, Kirk U.S. Army Health Clinic, and the Coast Guard station at Curtis Bay.

REMSAC Elects Officers

New officers were elected recently for REMSAC (Regional EMS Advisory Council). They include Kathleen Edwards, RN, PhD (chairperson); Kenneth May (vice-chairperson); Stan Finch (secretary).

Allografts for Trauma Wounds

Human skin allografts, which are grafts from a different individual of the same species, have been used routinely to seal burn wounds during healing. They are now being used to cover massive traumatic non-burn wounds as well.

Speaking at the Seventh National Trauma Symposium sponsored by MIEMSS and the National Study Center for Trauma and Emergency Medical Systems, Robert J. Spence, MD, assistant professor of surgery at the University of Maryland School of Medicine and director of the Maryland Skin Bank, said: "Human skin allograft is the closest to ideal dressing a traumatic wound can have."

"The key concept in using allograft skin," said Dr. Spence, "is the body doesn't act as though it's not its own tissue for 14–21 days. During that time, allograft is as good as a skin graft."

When a wound is covered by allograft skin, the skin resists infection; holds in water, electrolytes, and protein; decreases energy requirements because there is no evaporation of water through the wound; and ensures that the wound is virtually pain-free.

Covering the wound with allograft can be done immediately, if the skin is banked. The allograft can be left on the wound four or five days, and can be lifted to inspect the condition of the wound. It can stay on until arrangements have been made for permanent graft, using skin from the patient's own body (autograft).

Dr. Spence referred to the Maryland Tissue Bank and Laboratory as "the completion of the most efficient and organized of the state organ procurement systems."

— Erna Segal

Blunt & Penetrating Injuries

Penetrating injuries may be easier to diagnose than blunt injuries, but rapid transportation to a nearby hospital may be the key to saving these patients' lives, according to Alasdair Conn, MD, deputy clinical director and medical director of field operations at MIEMSS, who was one of the speakers at the recent EMS Care '84 Conference.

Citing R. Fischer and A. Gervin's article entitled "The Importance of Prompt Transportation in Penetrating Wounds" (*J Trauma* 22(6):443-448, 1982), Dr. Conn says that a single puncture wound to the right or left ventricle, for example, needs to be treated in a hospital emergency department within 10 minutes for the patient to survive. Supporting this premise was data showing a survival rate of 83 percent for those with penetrating injuries involving the ventricles, transported to the hospital within nine minutes. Patients whose transport was delayed for stabilization and extensive work in the field had a 0 percent survival rate.

"This seems to support Cowley's [Dr. R Adams] theory of the 'Golden Hour,'" Dr. Conn notes, "We need to do our work quickly and efficiently and get the patient to the hospital."

Blunt injuries, Dr. Conn believes, are more difficult to diagnose in the field, since they are less visually obvious than penetrating ones and it is difficult to perform a good physical examination in the field; they can include nonapparent serious injury to the abdomen and chest.

Determining Severity of Injury

There are several indications for a trauma center referral that are based on mechanisms of injury including blunt and penetrating trauma. These include steering wheel crush; falls greater than 15 feet; gunshot or other penetrating wound along the mid-clavicular lines; and any prolonged extrication.

The trend has been toward triage scores that measure circulation, respiration, and motor abilities and convert them to a score to determine whether the patient is a candidate for the trauma center, according to Dr. Conn. "But the answer is not in the scores, at least not yet, and I don't think we should utilize them until all the results are in," he says.

Dr. Conn also cited a personal study he is conducting to determine the causes of death from trauma. Of the autopsy reports, 82 percent of trauma patients who died, died in trauma centers, and of those who died in the field, only two were related to mismanagement in the field.

"And that," Dr. Conn notes, "is a credit to our system."

— Rochelle Cohen

Region IV EMS Providers Attend Programs

Trauma Day Symposium

The Peninsula General Hospital Medical Center, in cooperation with the Region IV office, completed its annual Trauma Day Symposium on September 15, kicking off Region IV EMS Week activities. The symposium dealt with a wide range of topics, including management of the trauma patient, burns, and medical-legal questions for prehospital care providers. This symposium was well attended by Region IV EMTs, CRTs, nurses, and physicians.

Dispatcher Training Course

The Region IV Office recently hosted its first dispatcher's training course, which was attended by 25 supervisors and dispatchers from Cecil County to Tidewater Virginia EMS. Program instructors Mary Beth Michos and Richard Long did an outstanding job, and we hope that several of our central alarms in Region IV will go with not only a priority dispatch system, but the initiation of some form of prearrival instructions. The Region IV office would like to congratulate all those who successfully completed and attended this program.

CRT Training Program

Plans are underway for CRT training programs to begin in Elkton in conjunction with Union Hospital of Cecil County and the Peninsula General Hospital Medical Center in Salisbury for early 1985.

Marking Equipment

We wish to remind all companies to please mark all equipment so that, if patients and equipment are med-evaced within the system, the equipment can be more readily identified and returned to the ambulance companies. Equipment must be clearly marked with the ambulance company name and, if possible, Region IV. We feel that this will help reduce equipment lost within the EMS system. Your cooperation in this matter will be deeply appreciated.

— Marc Bramble, John Barto
(301) 822-1799

Eye Trauma Care

At the recent EMS Care '84 Symposium, Andrew Schachat, MD, told prehospital care personnel that successful treatment of eye injuries depends primarily on recognizing the type and extent of injury involved.

Unfortunately, he said, such a complete examination is not possible at the scene; it must wait for the ophthalmic specialist at the receiving facility. Eye injuries must also wait for identification and treatment if life-threatening injuries are involved.

But EMTs can do several things to lessen the possibility of additional damage and to improve the patient's chance of successful recovery.

First, the EMT can determine whether or not a chemical agent caused the injury. If a chemical is involved, immediate eye irrigation is the key — preferably with a normal saline solution rather than water, both for the patient's comfort and to prevent possible additional contamination. Dr. Schachat noted that acid "burns" were more easily and successfully treated than those caused by base chemicals because the latter rapidly destroy eye tissue.

Second, the eye should be protected by a shield from further possible damage during resuscitative and transportation procedures. If a standard shield is inadequate (as when a foreign object protrudes from the eye), the EMT can use available sterile supplies to construct a device that secures the object in place and protects the eye.

Third, the EMT should obtain as much information as possible about both the incident (date, time, location, events surrounding the accident, and whether or not it was intentional or self-inflicted) and the patient (past medical history, previous eye injury/surgery, present medications). If possible, the EMT should bring the object that caused the injury to the receiving facility.

These details will be invaluable to the ophthalmic specialist in identifying and treating the injury.

— Elaine Rice

Organ Transplants

(Continued from page 5)

According to Dr. Baumgartner, the benefits of transplant surgery are immense: 90 percent of the patients are rehabilitated, and are back at school or work.

— Erna Segal

Maryland EMS NEWS

Published monthly by the
Maryland Institute for Emergency Medical Services Systems
University of Maryland at Baltimore
22 S. Greene St., Baltimore, MD 21201 – 1595

Director: R Adams Cowley, MD
Editor: William E. Clark,
(301) 528-7800
Managing Editor: Beverly Sopp,
(301) 528-3248

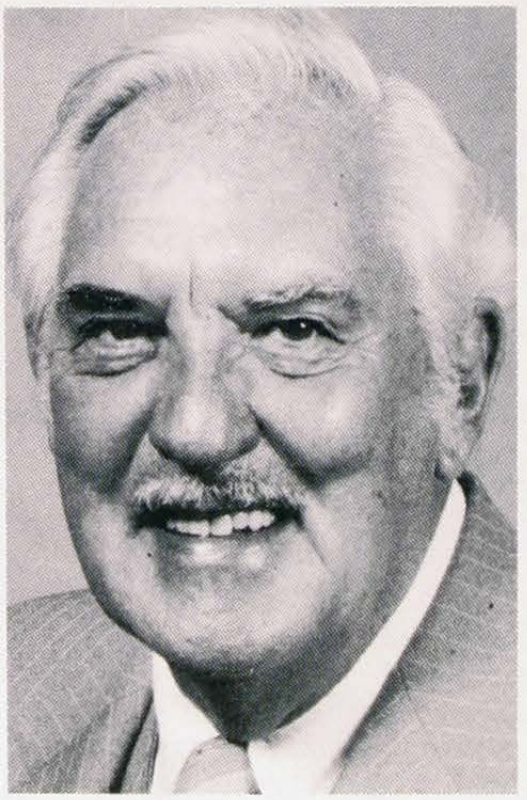
Address Correction Requested
7215 Rolling Mill Rd., Baltimore, MD 21224

In Memoriam: Region I's Charlie Smith

On October 20, the people in Region I EMS lost a friend, a supporter, and a builder of their EMS system, Charles Gordon Smith ("Charlie to all of those who knew him"). The Allegany County civil defense director died while visiting his daughter in Florida.

Charlie was a "can do" person who pioneered the Central Dispatching Center in Allegany County — a center which in 10 years grew to one which dispatches 40 fire departments, 8 ambulance services, and numerous other agencies in a three-state region.

In addition to serving as civil defense director since his retirement from Kelly-Smithfield Tire Company, Charlie was a founding member of the Region I EMS Advisory Council in 1973. He remained an active member of the council and was closely involved with its communication committee over the years. Among his accomplishments involving EMS were: participating in the establishment of the Central Dispatching Center as part of the county's emergency operating center, being a prime mover in instituting the 911 telephone system, serving as communication committee chairman on the EMS council, and being a founding member of the Allegany County Fire Rescue Board.



Charlie Smith

Over the years Charlie received many awards from national, state, and local organizations. Just a few of these awards include: in 1975 being recognized by the Allegany County Volunteer Fire Fighters; in 1980 receiving the federal emergency manager award; and in 1981 receiving the Region I EMS award for outstanding contributions.

But the firemen and ambulance people who knew Charlie will not remember him for the awards hanging on the office wall. Rather, Charlie will be remembered for the times he was called (as I often did) and asked "Charlie can you help us with . . . ." The answer was invariably "sure, I think we can handle that."

For his willingness, his cooperation, and his professionalism, Charlie will be missed.

— Dave Ramsey
Region I Administrator

Regional Staff Changes

Recent personnel changes in the regional EMS offices include:

Mike Smith (former Region II administrator) — testing and certification (301-528-3666) and communications offices (301-528-3668), MIEMSS, Baltimore.

George Smith (former Region III assistant administrator) — Region II administrator (301-791-2366).

John Donohue — Region III assistant administrator (301-528-3997).