



Maryland
**EMS
NEWS**

Vol. 13 No. 4 OCTOBER 1986

The floor of the gymnasium was covered with hundreds of burned and bleeding people. Minutes before, the energetic sounds and rhythm of the rock concert that they had come to enjoy were abruptly silenced when a fire started on stage. The fire grew, and yellow-brown smoke filled the huge room, beginning the panic of escape. As frightened people pushed toward the exits, an explosion from stores of pyrotechnics, which would have been special effects during the concert, flung burning fragments into the crowd, causing additional injuries. Secondary fires were fed by the many decorations hung for the concert, which resulted in entire bleacher sections being engulfed by flames. Because of the structural damage, a portion of the field house roof collapsed onto the people who had not yet escaped. Natural gas lines were disrupted by the fire, causing intermittent explosions that resulted in a chlorine gas leak.

This simulated disaster occurred on July 26 in Novak Field House on the campus of Prince Georges Community College in Largo, Maryland. The scenario began a drill (NDMS '86) of emergency response systems in the local jurisdictions and at the federal level. The exercise was conducted through the cooperation of various agencies, including MIEMSS, United States military branches, the US Public Health Service, and the Prince Georges County Fire Department.

These groups had participated in another massive drill of EMS preparedness in 1985 (see *Maryland EMS News*, October 1985). In that exercise, (Continued on page 2)

NDMS Exercise '86



Fire suppression teams arrive first at the disaster scene, following the simulated explosion in the gym.



Patients are triaged in the smoke-filled gym.



Fire suppression teams respond.



Initial triage begins on injured victims.



Loading patients into the ambulances.

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the arrival of victims of an earthquake in Missouri was simulated at BWI Airport and Andrews Air Force Base. Those patients had been triaged and stabilized and were received in waves throughout the morning. In the 1986 drill, fire and rescue personnel were confronted with more than 500 victims at the disaster site, who had to be triaged, moved from the field house, reassessed and stabilized, and then transported to treatment facilities. The completion of fire suppression, rescue operations, and additional care and transport procedures on almost twice as many victims than at either of the two sites in the 1985 drill in less time is a major achievement of the 1986 exercise.

The magnitude of such a disaster is assessed initially by local responding units (in this drill, the Prince Georges County Fire Department). When local and state officials determine that the number of casualties of an incident is so high that transportation systems and treatment facilities in the immediate area would be overwhelmed, they can request that the National Disaster Medical System (NDMS) be activated.

NDMS, established in 1981, assists state and local governments in providing emergency response to disasters. It coordinates the evacuation of patients to other parts of the country if regional hospitals are filled and alerts the network of hospitals that have joined NDMS that bed space is needed.

In a real incident involving the number of victims in this drill, adequate resources would have been available through local and state government response plans. Assistance from NDMS would be requested in disasters involving more patients (10,000 to 100,000). To test the system and demonstrate its capabilities, NDMS was exercised in the simulated incident at Prince Georges Community College.

Initial Triage and Treatment

The fire suppression crews that responded to the scene were followed by emergency medical personnel who quickly moved among the patients who were too seriously injured to leave the field house. These two-person triage and treatment teams assessed the injuries and attached triage tags to the victims.

Litter bearers then carried the nonambulatory victims to the secondary triage and treatment areas (tents that had been erected in the adjoining yard). Patients who could walk were organized and moved to a separate area on the opposite side of the field house, where they were triaged and treated by a disaster medical assistance team (DMAT) from NDMS. They were transported from the scene by bus to regional hospitals.

The initial hospital response team, consisting of a trauma physician and two trauma nurses from Prince Georges General Hospital and a physician from the Montgomery County system, reported to the site, as might happen in an actual emergency of this magnitude. This group as well as DMATs from the MIEMSS Shock Trauma Center and the US Public Health Service further triaged and managed the priority 1 patients (those with life-threatening injuries) and priority 2 patients (those needing hospital care but less urgently than priority 1 patients) and monitored the priority 3 patients before transport.

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Litter-bearers transport patients.



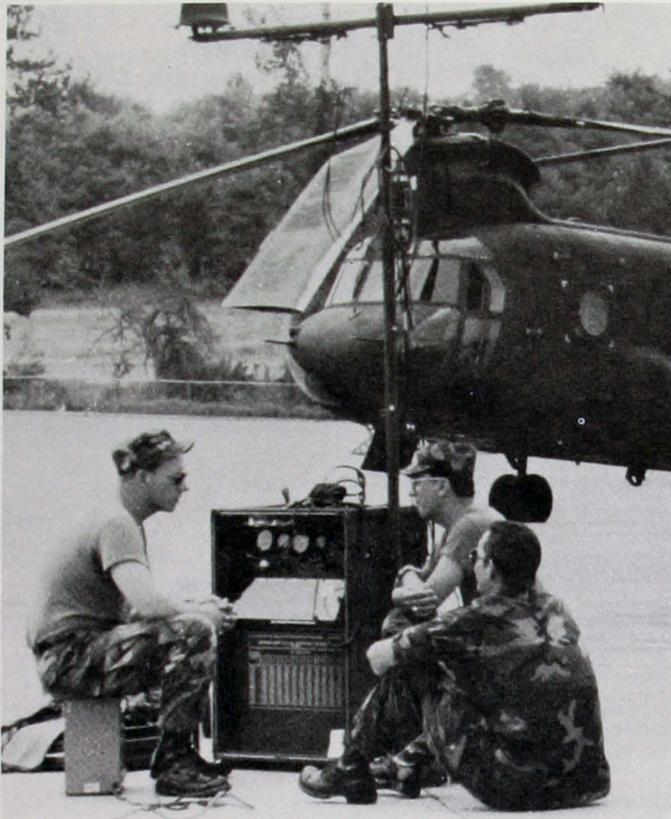
People responding minutes after the mock explosion.



A MIEMSS DMAT team reassesses a patient.



A US Public Health Service DMAT manages a patient.



Part of the communications operations in front of a Chinook helicopter at the Capital Center in PG County.



A US Public Health Service NDMS team receives a briefing prior to the exercise.



A patient is taken from an ambulance to a waiting helicopter.

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Ameen Ramzy, MD, medical commander for the drill, commented that "it was a successful exercise because of what it accomplished in terms of rapid evacuation, because there were no genuine (real life) serious emergencies, and because areas of potential improvements were identified."

Crisis Intervention Preparedness Teams

To care for the emotional needs of the victims, mental health care professionals trained in the management of critical incident stress came to the disaster site to offer counseling and crisis intervention. Elaine Runion, a member of the crisis intervention preparedness team, described the team's work as they moved through the treatment areas to assess the mental status of the victims and rescue personnel in this scenario. They offered counseling to people who were having emotional reactions to witnessing the disaster inside the field house, to victims who were concerned about the extent of their injuries, and to emergency medical personnel who were experiencing emotional reactions to the devastation with which they were confronted. When the team members encountered people who would benefit

from conversations with members of the clergy, they called upon the chaplains from the Prince Georges County Fire Department, other local fire departments, and the University of Maryland Medical System, who were at the site. Marge Epperson-SeBour, director of psychosocial services at the MIEMSS Shock Trauma Center and coordinator of the crisis intervention preparedness team and the critical incident stress debriefings, explained that MIEMSS is formalizing the structure of a crisis intervention team in Maryland. It is planned that these mental health professionals will be dispatched to the scene of an emergency as needed to provide immediate counseling services to victims and rescue workers and will continue to conduct critical incident debriefings for EMS personnel after an incident, when called upon to do so.

Rescue Dogs/ Extrication Team

As the treatment and transport of hundreds of injured people continued on the grounds surrounding the field house, a search of the rubble from the partial building collapse was conducted in the gymnasium. Two dog and handler teams from Dogs-EAST, Maryland's aircenting search dog unit, were on the

scene to assist in locating victims. Air-scenting dogs are trained to detect human scent and to signal to their handlers when that scent is found. When the dogs climbed the rubble in the scenario, they did find a scent and communicated to their handlers that people were trapped below.

The extrication unit of the Prince Georges Fire Department was called in to complete the rescue. They used timber and special air bags to create an access route to the victims. Three "survivors" were found and, after stabilization and treatment, were transported from the scene.

Hazardous Materials Unit

A simulated chlorine leak caused by the explosions was controlled by the Hazardous Materials Unit of the Prince Georges County Fire Department. The members of this unit work in teams to "suit up," enter the hazardous area, and go through a decontamination process when their work is finished. Three zones are established in a hazardous materials incident: the "cold" zone is beyond the limit affected by the leak and is where the unit members have their vital signs recorded and where they put on their protective gear; the "warm" zone is near the

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dangerous area and is where the back-up team stands and the decontamination equipment is located; and the "hot" zone is the site of the leak or spill. Two unit members in total containment suits, using positive-pressure breathing devices, entered the hot zone to make the necessary repairs to control the leak. The back-up team members in the warm zone carefully monitored their work, watching for signs of effects of the hazardous materials and timing the length of stay of the personnel in the hot zone. (The maximum time allowed in the hazardous area is 15 to 20 minutes). The teams communicate with hand signals and two-way radios because of the limitations imposed by their protective clothing.

When the team left the hot zone, they came to the decontamination area, where they were sprayed with a portable shower to remove debris and to clean the outside of the suits. They moved to tubs of water and detergent, where the back-up team scrubbed the suits with brushes and helped remove the suits. The \$2500 suits were placed in barrels for subsequent decontamination. The back-up team also went through the decontamination process. The team members sat quietly for a few minutes, and their vital signs were monitored and compared with the values recorded earlier to ensure that they had not been affected by the hazardous materials.

Transportation

Following the triage and treatment processes, the victims were moved to holding areas to await transport. Within 6½ hours, more than 500 patients had been moved from the scene to participating hospitals in Maryland, the District of Columbia, and northern Virginia.

Patients were transported from Prince Georges Community College by ambulances, buses, and helicopters. Many civilian ambulances from participating fire departments and rescue squads and army ambulances were involved in the drill. Buses were provided by the Prince Georges Department of Aging (11), the US Army (7), Washington Metro (3), the US Air Force (3), and the US Navy (2). Patients were taken to various sites by 16 helicopters: the US Marine Helicopter Unit in Willow Grove, PA, provided 1 CH-53 and the US Army supplied 2 CH-47s (Chinooks), 1 UH-60 (Black Hawk), and 12 UH-1s (Hueys).
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Army ambulances line up during the exercise.



Buses ready to transport patients.



Ambulances from volunteer and paid companies line up in readiness.



Chinook helicopters wait to transport patients.



Loading patients onto a Huey helicopter.



Patients are off-loaded from a Sikorsky helicopter at Swann Park.



Rescue dogs search for victims.

At the Swann Park Site

Quiet little Swann Park, tucked away in the industrial area between South Baltimore and Cherry Hill, usually sees nothing more exciting than baseball or football league games. The seven row houses on the street leading to the park, in the shadow of elevated Route I-95, look out on the Middle Branch, factories, and trucks. But on NDMS day the neighbors turned out to see the action.

According to the NDMS scenario, there was a fire and explosion during a rock concert at Prince Georges Community College in Largo, approximately 40 miles away.

After being triaged, the most seriously injured patients were transported to Swann Park by five helicopters, including the large Army CH-53 (known as the "Sea Stallion"). Priority 3 patients, with less serious injuries, were taken from Largo to the New Carrollton Amtrak station and then by specially configured train to the BWI Amtrak station. After being transported by army buses to a site at BWI Airport 3 minutes away, they were triaged by a DMAT team and then taken to Swann Park. From there they were transported to local hospitals. Sgt. Major James M. Parker, Jr., from Walter Reed Army Medical Center, said that "80 percent of all army vehicles have seats that convert to accommodate the transport of wounded."

The command tent at Swann Park stretched across the street at the park

entrance. Deployed around the field were fire suppression and medical units from Baltimore City, Baltimore County, Anne Arundel County, and Howard County; Baltimore City Police tactical squads; a crash truck from the Air National Guard; and a holding tent with crisis intervention personnel. Box 414 Association and the American Red Cross were there to provide disaster services. A contingent of military from Walter Reed Army Medical Center provided tents, personnel, and buses; coordinated helicopters; and tracked the patients who had been previously triaged. At the far end of the field, alongside the river, was the helicopter landing area. Baltimore City Police guided the helicopters in, ensuring their safety and maintaining a safe flow of traffic.

According to John Donohue, Region III administrator, 139 patients were triaged to hospitals in the Baltimore area from the Swann Park site.

Lt. Henry C. Burris of the Baltimore City Fire Department, who was incident commander, said, "There were very few problems, due to the cooperation from the adjoining jurisdictions. They were a tremendous help with both manpower and apparatus. My triage officers, transport, and communications did the job. That's what makes it work. Each person participated as if it were his own jurisdiction. That's what it's all about."

—Erna Segal

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Communications

The movement of patients through the July 26 NDMS exercise was monitored by a new computer system, DISTRINET (Disaster Triage Network), that is the product of two years of design through the National Study Center for Trauma and Emergency Medical Systems. Jay Guenon, who is a computer consultant to the National Study Center and the acting director of the MIEMSS Computer Center, commented that "the system performed beyond our expectations."

Ambulances transporting patients from the disaster site stopped at a checkpoint to deliver cards on which the names and social security numbers of the patients in that ambulance had been noted. To each card was attached a portion of the patient's triage tag that indicated an identification number and the priority of injury. These cards were delivered to ham radio operators and then to a tent where six computer operators entered the information into DISTRINET. The operators worked in teams, which aided in verification of data entry and enabled one operator to continue to type while the other could be a "runner" to gather information if the cards were incomplete. In addition to the patient data, the type of transport vehicle (ambulance, bus, helicopter, or train) and vehicle identification number were entered as well as the name of the receiving hospital or "downstream" transportation site. (Continued on page 6)

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The operating system for the on-site portion of the network was a MicroVAX II computer in a mobile unit. The electricity for the computer came totally from a generator in the van. Steve Merson, program manager at the National Study Center, described the capabilities of DISTRINET for observers during the exercise. In a full DISTRINET, operators at downstream sites (hospitals) could record the numbers of patients received and their types of injuries. These connections allowed computer personnel at the disaster site to have continuous updates on the availability of beds in the hospitals in the system. DISTRINET can be expanded to include all hospitals in a state or other geographic region and to display information such as the availability of specialty treatment centers (e.g., burn units) and of blood supplies and other medical resources. By matching patient needs and hospital resources, the system will be able to make proposals to the transportation officer regarding disposition of patients.

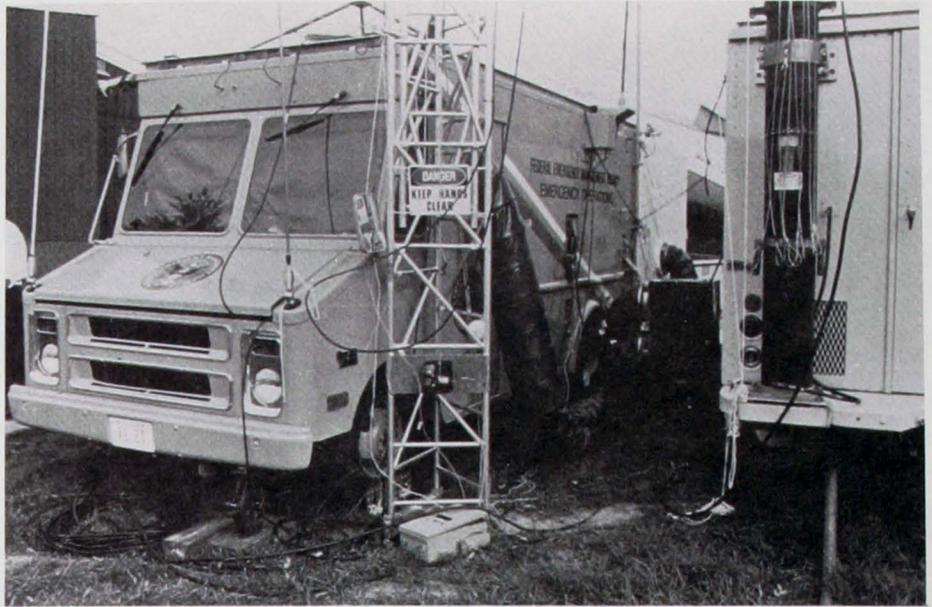
Data were communicated in DISTRINET on July 26 through land lines (at the disaster site), by cellular phones (between the site and Swann Park), and by satellite (between the site and the MIEMSS computer).

Satellite equipment used during the NDMS drill was provided by COMSAT General. Data transmission capabilities were demonstrated by intercepting information being transmitted through DISTRINET from various sites. In the fully configured DISTRINET system, a satellite would facilitate long-distance communication between disaster sites and system nodes. Two recent disaster experiences highlighted the importance of satellite connections for data transfer and communication with a disaster site: the Mexico City earthquake, which destroyed traditional communication mechanisms, and the Beirut bombing, in which receiving sites for casualties were long distances from the scene.

Because patient information was entered at various points in the transportation process, the system "knew" the location of patients throughout the drill. For example, if a person on the scene at Prince Georges Community College wanted to know the location of specific "victims" after leaving Prince Georges County, that information could be obtained from a terminal at the college.

Mr. Guenon predicted that a mobile unit housing a "ruggedized" MicroVAX and portable terminals could be on the

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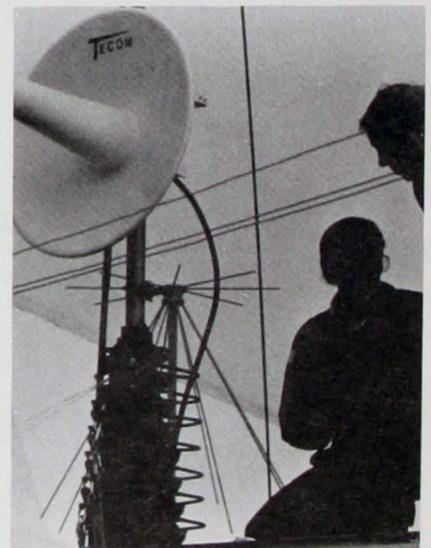
FEMA was part of the complicated communications network.



Ham radio operators assist at Johns Hopkins Hospital.



Patient information is entered into DISTRINET.



Part of the communications operations.



A patient is assessed in the admitting area at Johns Hopkins Hospital.

Hospitals Respond

More than 50 hospitals in Maryland, the District of Columbia, and northern Virginia received patients from the simulated fire and explosion at Prince Georges Community College on July 26. The following article describes how one medical facility—Johns Hopkins Hospital—responded to the influx of trauma victims.

The 50 “patients” taken to the Johns Hopkins Hospital areawide trauma center during the NDMS drill were met by groups seen at no other participating medical facility—20 moulaged children, hysterical “families,” and aggressive members of the media. These groups were drawn from staff members and their families, who participated to add a touch of realism to the stress encountered in handling such a disaster.

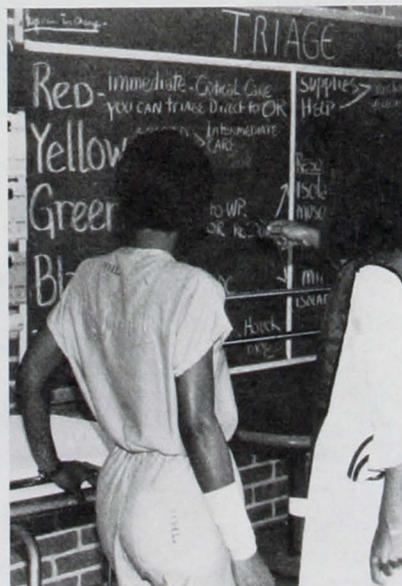
Most of the patients arrived by bus; a few “critically injured” were brought by ambulance. The hospital was prepared for larger numbers of patients, and hopes that in the future it will receive simultaneous helicopter and land triage of patients to further test its capabilities.

“It was a valuable experience,” says Keith Sivertson, MD, director of the department of emergency medicine. “We learned what a valuable role ham operators could play, and it gave us the opportunity to refine the inner workings of the department based on our experience.”

—Erna Segal



A patient is taken from a helicopter to Greater Laurel Beltsville Hospital.



Johns Hopkins Hospital personnel review the triage process.

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scene of an actual emergency in a matter of hours. The terminals could be moved out of the van and would transmit data via radio.

DISTRINET can also be employed in smaller incidents by placing terminals in ambulances. The operator on the scene could determine the availability of hospital resources within a specified radius from the incident and plan patient transport accordingly.

Approximately 150 radio amateurs (ham radio operators) participated in the July 26 NDMS exercise. Hams were stationed at the disaster site, at Swann Park, and at or near each of the hospitals involved in the drill. As each ambulance left the site, it stopped at a checkpoint, where members of the Prince Georges County Fire Department collected cards that listed patient information. These cards were taken to hams operating in a nearby van, who then contacted other operators at or near the receiving hospitals through a packet radio system to notify them of the number of patients being transported and their estimated time of arrival.

Hams accompanied patients who were transported from the college in military and civilian buses. They maintained contact with radio operators at the site to provide updates on patient location. Near the end of the drill, hams coordinated the movement of buses that were picking up patients at various hospitals and returning them to Prince Georges County.

Al Taylor, who is a member of the Amateur Radio Emergency Service NDMS committee and who was involved with the planning for the July 26 exercise and the ham radio operation during the drill, described ham radio operators' involvement in the drill as an opportunity to demonstrate their capabilities and to learn about other components of NDMS. In a real disaster, it is very likely that normal communications channels, such as telephone circuits, would be overloaded. The ham radio network becomes invaluable in those situations to provide communications between a disaster site, staging areas, and outside assisting agencies.

The ham packet radio system, which allows computers to communicate by radio, was demonstrated in this drill. The operation of this new technology is similar to that of modems used to send data over phone lines. Using packet radio, many computers can share the same radio frequency and exchange information.

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tion at very high speed. The system can be operated from batteries or a small generator, which is an important factor in real emergencies, when commercial power sources may be disrupted. In the continuing development of NDMS, participating hospitals will be equipped with packet radios to enhance the preparedness of emergency rooms to receive patients from an actual incident.

Live video coverage of the drill was provided by a ham television crew. Video camera operators inside and outside the field house sent coverage to monitors in the VIP suite (in a building near the field house) via ham frequencies. This footage was recorded and later edited to create a tape of the incident and the response to it. This technology also demonstrates the important role of ham operators in real disasters: video signals could be relayed from a site to outside assisting agencies when normal systems are disrupted.

Ham radio operators are organized in national and local networks that provide the structure for their efficient and reliable communications capabilities.

Region II Responds To NDMS Needs

During the NDMS drill, Washington County Hospital, Region II's areawide trauma center, received two helicopter loads of moulaged and triaged patients on its helipad. A larger Chinook helicopter landed at the alternate landing site at the National Guard Armory. Patients were transported from the armory to the hospital by the Community Rescue Service, Hagerstown; Boonesboro Ambulance Company; and the Williamsport Ambulance Service. The Hagerstown Fire Department secured the landing sites. In all, 33 patients and one physician-observer were brought to the hospital. Company 28, Washington County Civil Defense, participated at the disaster site.

Several good things were accomplished as a result of the drill, according to Jonathan Newman, Region II ALS program coordinator. The hospital disaster plan was tested and found to be successful; recommendations were received from the army regarding improving the alternate landing site; and a new antenna is being planned for improved communication to the hospital. It was agreed that the various agencies involved coordinated well.

—Erna Segal

Those networks provide a pool of expertise and operational training that enables hams to make their vital contributions in times of public need.

Incident Commander Jim Estep, Fire Chief of the Prince Georges County Fire Department, stated that "the 1986 exercise was greatly expanded over the 1985 drill. With the unique aspect of the simulated fire and explosion, we presented a more realistic, full-scale scenario and demonstrated our capability to handle it. We have learned that the NDMS is a real system, not just a paper system, and that the systematic concept works.

"It is good for state and local EMS units to know that federal assistance such as through NDMS is available when local resources are overwhelmed in large emergencies. National entities such as the military, the US Public Health Service, and the Federal Emergency Management Agency see that Maryland is in the forefront of EMS and DMAT preparedness, and that is good for the entire state."

—Linda Kesselring



Transportation officer's command post at PGCC.



Reviewing last-minute details before the simulated explosion triggering the NDMS exercise.



The walking wounded board a specially configured Amtrak train.



(L-R) Lt. Col. Steve Edwards, Incident Commander Jim Estep, William E. Clark, and Ameen Ramzy, MD, explain the disaster during a press briefing.



Field Notes

By William E. Clark,
State EMS Director

Cooperating, networking, planning, and testing—that's the name of the game. Each of our organizations represents a piece of the medical resources and assets available within our region. What the National Disaster Medical System (NDMS) is doing around the nation is to bring these emergency medical system elements together in an organized way so that massive numbers of casualties—maybe up to 100,000—can receive rapid and efficient medical response and treatment.

People in emergency services know that failing to plan is really an act of planning to fail. By accepting the reality that a catastrophic medical emergency really could happen in the United States and by pulling together to support and implement the NDMS, we all are better preparing ourselves to respond in an effective and organized way to save lives at a time when our nation's health-care system would be potentially stressed to its limits.

Catastrophic medical disaster is something with which we in the United States have little experience. But with today's technologies and Mother Nature's unpredictability, the possible scenarios are absolutely frightening. It is my firm belief that the NDMS concept offers the citizens of our country the best hope of survival during such times. This is why the work being done here and in 72 other areas of the country is so crucial for medical readiness. Together we can make NDMS a reality.

Planning NDMS Exercise

The National Disaster Medical System (NDMS) is being implemented nationwide to provide a network of hospital and medical response capability to care for victims of any incident that exceeds the medical care capability of the affected state, regional, or federal medical care system.

Under the leadership of the US Department of Health and Human Services and with the full support and cooperation of the Department of Defense (DoD), Veterans Administration, and the Federal Emergency Management Agency, NDMS is being implemented in 73 areas throughout the nation.

Each of these areas has a federally designated coordinating center to develop and coordinate NDMS plans and activities. In November 1985, the DoD Tri-Service Medical Region 9, Metro-Washington sub-region designated MIEMSS to act as a NDMS Coordinating Center. In this role, MIEMSS agreed to solicit hospital participation and DMAT teams, coordinate the continuing medical education program, assist the Tri-Service Committee in the planning and coordination of annual exercises and activation of NDMS in the sub-region, and establish with the Tri-Service Committee a sub-region operations plan for NDMS with units of the federal, state, and local governments and with the civilian sector.

Preparations for this year's exercise, NDMS '86, involved continuous coordination with approximately 70 principal representatives of various public and private sector organizations for almost six months to develop and integrate planning efforts. The National Naval Medical Command and MIEMSS were

the two organizations responsible for planning and coordinating the exercise and the Prince Georges County Fire Department acted as the host jurisdiction for this extraordinary mock disaster.

According to R Adams Cowley, MD, director of MIEMSS, "The cooperation of a variety of agencies, as demonstrated in this drill, is essential to the delivery of timely and efficient care and transportation to the victims of a disaster. The experience gained in events such as NDMS '86 improves the emergency preparedness of the EMS community. Through our systems approach to EMS, we are able to meet the needs of the public in times of crisis."

—William E. Clark

Amtrak Train Used

Amtrak participated in the NDMS drill this year for the second time to explore the role of railroads as an alternative means of transport during an emergency with large numbers of casualties.

In response to Amtrak's plan to convert passenger cars to ambulance cars, the federal prison system devised one set of stanchion prototypes. By removing four seats, the stanchions can be installed and litters attached.

The specially equipped Amfleet car was put into action at the Amtrak station at New Carrollton, where it picked up approximately 100 "patients" and delivered them to the Amtrak station at BWI Airport. Fred Weiderhold, director of government communication for Amtrak, says that the stanchions worked well, but this experience indicates that there should be one slight adjustment made.

Amtrak hopes that NDMS or another government agency will recognize the value of these ambulance cars and seek funding to manufacture more stanchions. They would have to be stored in an easily accessible location, possibly near the population centers where most of the 500 Amfleet trains operate: the East Coast, Chicago, and Los Angeles. The stanchion-held litters require mechanical expertise to assemble, and cannot be installed en route. It would take approximately 48 hours to convert all the Amfleet trains if the stanchions were available.

—Erna Segal

Region I Participates in NDMS Exercise

Ambulances were alerted to come to the Cumberland Memorial Hospital, Region I's areawide trauma center, by the Civil Defense Communications Center, which monitored the NDMS drill. The Mountain Amateur Radio Club began communications at the hospital by noon.

Medical units involved in the drill were the City of Cumberland Fire Department; McDonald Ambulance Service of Cumberland; La Vale Rescue Squad; Cresaptown Volunteer Fire Depart-

ment; and the Ridgely Volunteer Fire Department of Ridgely, West Virginia.

At 8:30 am, "victims" from National Guard Company B were flown aboard a C-130 plane to Andrews Air Force Base where they were moulaged, triaged, and cycled through the drill. They were returned to Cumberland by the C-130 plane at 5:20 pm.

Dave Ramsey, Region I administrator, says that the drill worked well, with "good cooperation between the different agencies involved." —Erna Segal



Patients are loaded onto ambulances at Swann Park.



State EMS Director William E. Clark, Assistant Secretary of Defense (Health Affairs) William Mayer, MD, and Incident Commander Jim Estep (Fire Chief of PGFD).



A US Marine Sikorsky helicopter lands at Swann Park.



A triaged victim awaits transport.



A helicopter pilot participating in the exercise.

Thousands Participate— Many Thanks to All!

Many thanks to the thousands of individuals and hundreds of hospitals, military organizations, service and government agencies, and fire, ambulance, and rescue companies that helped to make NDMS '86 a success. Although the names of all the participants are too numerous to print in this newsletter, a complete list of participating organizations can be obtained by writing to William E. Clark, State EMS Director, MIEMSS, 22 S. Greene St., Baltimore, MD 21201, or calling 301/528-7800.



Moulaging patients prior to the exercise.



Lt. Col. Steve Edwards discusses the NDMS exercise with Admiral R.G. Shaffer (Commander, Naval Medical Command, National Capital Region).



Off-loading patients from a Sikorsky helicopter.



Moulaging burn patients.



Ameen Ramzy, MD, command physician.



Loading patients at PGCC for transport to hospitals.

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Address Correction Requested

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

University of Maryland at Baltimore
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Workshops Approved For EMT/CRT Credits

Many workshops sponsored by MIEMSS Field Nursing are approved for EMT and CRT credits. The workshops are offered at a reasonable cost at various locations in Maryland. To obtain a monthly calendar of the workshops, including those approved for EMT and CRT credits, or to obtain further information, call your regional administrator or the field nursing office (301/528-3930).

The following workshops offered in November by MEIMSS Field Nursing are approved for EMT and CRT credits: Diabetes and Pregnancy, November 6, Shady Grove Adventist Hospital, Rockville; Triage and Assessment of Behavioral Emergencies, November 12, Talbot County Health Department, Cambridge; Winter Emergencies, November 18, Dorchester General Hospital, Cambridge.

Position Available

**Pediatric Trauma Nurse Specialist
Johns Hopkins Hospital
and the Maryland EMS System**

Masters degree and two years experience in pediatric trauma patient care preferred. Contact: Jane Sanchez, 955-6541.

Region III

Communications

Recently we sent a letter to every company in the region requesting comments on the existing EMS communications system (EMSCS). The deadline for these remarks was October 20; however, if you still have comments and have not completed a survey form, please call the Region III office.

Training Level and EMRC

Because of some confusion regarding protocols, it is imperative that each unit specify their training level when obtaining a consultation through EMRC. The Region III EMS Advisory Council has decided upon official designations for identifying which protocol procedures a unit is capable of performing. These designations are:

Ambulance—EMT/A
Ambulance IVT—EMT/IVT
Medic—CRT
Paramedic—EMT/P

Please be sure to use these titles when you are consulting through EMRC. For example, "Johns Hopkins, this is Harford County Medic 591..." This will promote a more efficient consult, since the consulting physicians can then refer to the specific protocol for your level when they are advising you.

EMS Week

EMS was featured in a three-part series presented by Christopher Gaul in "For Your Health" (WBAL, Channel 11) on September 16-18. On September 20, our annual EMS Day took place near the Annapolis City Dock and was hosted by Anne Arundel County. "Week Night Alive" (PBS) featured EMS on September 22 and on September 24, 16 people in Region III received awards at the annual awards luncheon. We would like to convey a "Job Well Done" to all who received awards and a heart-felt thank-you to all who assisted in these activities. (Additional information on our EMS Week activities will appear in the November issue of this newsletter.)

—John Donohue, Jerry Gavin
301/528-3996

Region II

Region II's new administrator, Richard A. Mittetal, is a former Navy man. Until recently, he was the department head and supervisor of the medical dispensary at the US Naval support Facility (Camp David), and was active in direct patient care, medical administration, and personnel management. Dick has been certified as a Maryland EMT since 1974, and was a CRT until 1984.