



Maryland EMS News

Vol. 23, No. 3 For All Emergency Medical Care Providers February/March 1997



Enhanced Training, Certification for Emergency Medical Dispatchers

Editor's Note: The acronym EMD stands for both emergency medical dispatcher and emergency medical dispatcher.

Maryland now has 38 state-certified emergency medical dispatchers (EMDs). Under a jurisdictional medical director, they perform medical interrogation based on standardized key questions, medically prioritize calls for assistance, dispatch the appropriate emergency medical units based on medical needs identified, and provide the earliest possible emergency medical intervention by giving the 9-1-1 caller standardized, medically approved, pre-arrival and post-dispatch instructions.

Program standards for EMD were approved January 14, 1997 by the State EMS Board and the State EMS Advisory Council (SEMSAC). The program standards do not require jurisdictions to adopt EMD training programs and certification; however, all Maryland jurisdictions are planning to do so. In fact, by the end of fiscal year (FY) 1998, it is projected that Maryland will have 646 state-certified EMDs.

The EMD certification process was put into operation by MIEMSS on February 1, 1997. Any EMD who has successfully completed an EMD training program and has passed the test of a proprietary vendor whose program has been approved by MIEMSS is now eligible to be certified as an EMD in Maryland.

Courses

To meet the demand, 11 EMD courses and 3 EMD manager courses have been scheduled throughout Maryland during the next few

months. The EMD course is 24 hours; the EMD manager course is 8 hours. Updates of EMD training opportunities are mailed periodically to EMS groups. The Basic Telecommunicator course, offered by the Emergency Number Systems Board, is a prerequisite for the EMD course. For additional information, contact your communications center director.

Funding

Funding for EMD training and training materials is available to

Maryland jurisdictions. MIEMSS has allotted \$100,000 for EMD in its FY 1997 budget, and is hoping to have an equal amount available for FY 1998. In addition, some funds for EMD are available from the Department of Transportation (DOT) and the Emergency Number Systems Board. The MIEMSS funding formula for a jurisdiction is based on a fixed sum (\$2,000) plus a percentage amount based on population. (This follows the same funding formula

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The Role of EMDs

When someone calls 9-1-1, a "basic dispatcher telecommunicator" usually takes the call and dispatches prehospital care personnel. Because the severity of the emergency is not known, a fire engine, BLS ambulance, and ALS ambulance may arrive within minutes of one another. However, an "emergency medical dispatcher" (EMD) has received enhanced emergency medical training. If a state-certified EMD answers a 9-1-1 call, he or she actually is the first "first responder" in the chain of survival and actively and rapidly provides medical intervention in the following way. After answering the 9-1-1 call, the EMD asks the caller a brief series of standardized, medically approved and tested key questions to determine the victim's medical needs and severity of illness or injury. From this information, the EMD can determine the appropriate response to meet the patient's needs (for example, BLS, ALS, fire, police, special

services such as haz mat, etc.) and the mode of response (for example, lights and sirens vs. non-emergency). If the initial information reveals a life-threatening emergency, units are dispatched without delay while the caller is asked to stay on the line. If necessary, the EMD can provide life-saving, pre-arrival/post-dispatch instructions to the caller until the 9-1-1 help arrives at the scene; these instructions are standardized and have been medically pre-approved. These pre-arrival instructions have been proven to save lives in other states and are especially important in rural areas with longer response times. They also help to calm the caller and bystanders at the emergency scene so they can better help the patient. In addition, the EMD can provide better service to prehospital providers by helping them to be better informed and prepared when they arrive and by relaying updated information to medical personnel en route to the scene.

AIR BAG SAFETY: BUCKLE EVERYONE! CHILDREN IN BACK!

The focus of National Child Passenger Safety Awareness Week for February 1997 was the correct positioning of children in passenger vehicles. With the increased number of passenger vehicles that have passenger side air bags and the national recognition that air bags were designed for the "average adult male" body type, children are at risk in the front seat of vehicles. With this in mind, the phrase "Remember the ABCs" has been redefined to help one recall:

AIR BAG SAFETY:
BUCKLE EVERYONE!
CHILDREN IN BACK!

Air bags have prevented serious injuries and deaths in many crashes involving adults. Unfortunately the power of the air bag when it opens has caused serious injuries and deaths in children across the country. In most of the cases of childhood injury or death, the child was either inappropriately restrained in the wrong type of child restraint or not restrained at all.

Recommendations

Special precautions must be taken when driving children in any car; but when there is a passenger side air bag, the risks increase. Children risk injury if they are unbelted, improperly belted, or too close to the dashboard. The current recommendations include:

1. Whenever possible, place all children in the backseat IF the backseat is compatible with the child restraint device.
2. Always read both the child restraint device owner's manual and the car owner's manual to be sure that the seating position is compatible with a child restraint device.
3. NEVER place a rear facing infant safety seat in the front seat of any vehicle with a front passenger side air bag. Some new vehicles will

have a key to turn off the passenger side air bag when a child restraint is used, as with pickup trucks.

4. Passengers in the front seat should be at least 100 pounds, 5 feet tall, and more than 12 years old.

5. If a child must be placed in the passenger seat, then the seat should be put in the farthest back position possible and the child should not lean toward the dash for any reason.

6. Follow the weight and height recommendations to be sure that the child is in the correct size child restraint device and that device is positioned correctly.

Training Materials

This spring and summer, many organizations will be conducting educational programs for children and parents on the safest way to transport children. The National Highway Traffic Safety Administration (NHTSA) is leading the information campaign with many corporate sponsors to get out the message to Always Buckle Children in the Backseat. One example that will be coming to all elementary schools across the country is the campaign "The BACK Is Where It's AT!" funded by the Chrysler Corporation and endorsed by many professional organizations.

NHTSA also has training videos and information packets available for public safety programs that can be ordered. The EMSC Program office at MIEMSS has a sample of these videos and a listing of the materials. NHTSA also has a web page that provides information about their programs and fact sheets that can be downloaded for public education. For NHTSA, the web address is: www.nhtsa.dot.gov. The mailing address is: NHTSA, 400 7th Street SW, NTS-13, Washington, DC 20590.

SAFE KIDS Week, EMSC Week, Buckle Up America Week, and EMS Week are approaching. As we prepare for them, remember that children learn to buckle up correctly by watching adults buckle up. Also remember that this is an evolving body of knowledge and work closely with your local highway safety and public health providers to keep our children and families safe.

◆ Cynthia Wright-Johnson, MSN, RNC
EMSC-Children's Program
Administrator, MIEMSS

MIEMSS Participates In 3D Campaign



Dr. Robert Bass, Executive Director of MIEMSS, accepts an Appreciation Award on behalf of MIEMSS from Dr. Ricardo Martinez, Administrator at the National Highway Traffic Safety Administration (NHTSA). The plaque was presented to MIEMSS in recognition of its participation in the December 1996 National Drunk and Drugged Driving Awareness Month press conference.

R Adams Cowley Shock Trauma Center Gala

Saturday, May 10, 1997

McDonogh School
in Baltimore County

For information, call the Shock
Trauma Office of Program
Development and Public Affairs,
410-328-8778.

Courses for Medical Support to Tactical Law Enforcement Teams

A Counter Narcotics Tactical Operations Medical Support (CONTOMS) Commanders course will be offered Thursday, May 22 at the Baltimore Marriott Inner Harbor Hotel. An eight-hour program, it is designed for command-level law enforcement personnel who manage those assigned to a tactical team. The program focuses on the medical information necessary for good decision-making in the tactical environment. Emphasis is on the benefits of integrating medical support into the planning

and execution phases and on those things the commander can reasonably expect from the tactical medic.

A Medical Directors Course will be offered Friday, May 23 at the Baltimore Marriott Inner Harbor Hotel. An eight-hour course, it is designed for physicians, nurses, and emergency medical technicians who provide medical support to personnel operating with tactical law enforcement teams. This course details the rationale and scientific basis for modified standards and scope of practice in

the tactical environment.

Both of the courses will be sponsored by the Department of Military and Emergency Medicine of the Uniformed Services University, the U.S. Park Police, the Henry M. Jackson Foundation for the Advancement of Military Medicine, and the R Adams Cowley Shock Trauma Center of the University of Maryland Medical Center.

For further information on the CONTOMS or the Medical Directors courses, contact the Office of Program Development, R Adams Cowley Shock Trauma Center, Room TIR 43, UMMC, 22 S. Greene St., Baltimore, MD 21201. Phone: 410-328-2399; FAX: 410-328-0501.

Preparing for Wilderness Rescues

Snow on Saturday, January 25 in Garrett County in EMS Region I may not have been a welcome sight to all residents. But to the small group of EMTs participating in part 2 of the Wilderness EMT course it added a realistic touch to the mock search and rescue scenarios.

The Wilderness EMT course is a 5-day program to prepare EMTs to identify and treat wilderness-specific problems and to manage patients effectively during extended evacuations. EMTs may be faced with someone who has fallen and lies injured on a rocky ledge or in a snowy ravine. Another day they may have to treat a hiker seriously injured deep in the woods, miles from the road, or a person with hypothermia who is trapped in a cave. The environment adds a special challenge.

Over a two-day span, part 1 of the Wilderness EMT course deals with the management of external bleeding, assessment of unstable orthostatic vital signs, dehydration, clearing the cervical spine, and trauma. Part 2, a three-day program, includes the treatment of heat and cold emergencies, removal of impaled objects, irrigation of open wounds, the replacement of an avulsed tooth, and a field test in mock search and rescue scenarios. A basic wilderness class covering survival skills,

search and rescue, patient packaging, and evacuation techniques is a prerequisite to the Wilderness EMT course. After completing both parts of the Wilderness EMT course, students are also required to successfully complete hospital clinical training.

The Wilderness EMT course incorporated and gave students a chance to pilot test the recently developed Maryland wilderness EMT protocols. These protocols are based on

those developed by the Wilderness Emergency Medical Institute and used by the American Society for Testing and Materials (ASTM). They were reworked to comply with Maryland prehospital protocols by Jeff Davis, MD (Sacred Heart Hospital Emergency Department), Steve Myer (Western Maryland Grotto), Dave Ramsey (MIEMSS), Ron Schaefer (MIEMSS), and Angie Bennett Davis and Zac Regeal (MIEMSS student interns from the Emergency Health Services Program at the University of Maryland at Baltimore County). The Maryland

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During a mock rescue at the Wilderness EMT course, a participant radios to medical command the condition of a patient who had fallen off a hilly ledge while hiking. The patient (only his boots are visible) is covered with a blanket to prevent hypothermia and strapped to logs to keep him from sliding down the snowy hill. Next the patient will be slid onto a backboard, put on a stretcher, and carried up the hill.

Laurel EMTs: World Champions

Two teams from Laurel Volunteer Rescue Squad won first and second places in the 49th Annual International Competition held by the International Rescue and Emergency Care Association in August 1996 in Las Vegas.

Adam Globerman and Debbie Fiedler led Laurel to take top prize and be named the 1996 World Champion EMT Team. Michael Carlson and Eric Globerman, also with Laurel Volunteer Rescue Squad, placed second in the same contest.

Each team took a written exam and demonstrated treatment skills by responding to three realistic scenarios. These scenarios included (1) a mass

casualty incident at a rock concert where a bomb was found under a victim; (2) the crash of a fire truck with two trapped crew members, both of whom had amputated hands; and (3) a helicopter crash, involving the deaths of the pilot and patient and critical injury to one paramedic. After putting in hundreds of extra training hours, Laurel Volunteer Rescue Squad was well prepared to tackle these scenarios.

Congratulations to the team members and to the entire rescue squad! This is the sixth time that members of the Laurel Volunteer Rescue Squad have won first place in the international competition.

Previously, they took first place in 1965, 1966, 1968, 1971, and 1993. Adam Globerman, a member of the current world champion EMT team, was also on the winning 1993 team. This was the first competition for current second-place winners Eric Globerman and Michael Carlson.

MDOT Grant Applications

The Maryland Department of Transportation Highway Safety Grant Program application cycle has started for FY 1998. The Highway Safety Grant Program considers applications that identify a highway traffic safety problem and propose ways to address the problem.

Organizations and individuals interested in developing an application can contact their MIEMSS Regional Office to obtain the "Expression of Interest" application form. To be considered for funding, completed applications must be submitted to the Regional Councils for prioritization; the Regional Councils will then forward applications to the MIEMSS Office of Planning by April 30, 1997.

Priorities assigned by the Regional Councils will be submitted to the SEMSAC Regional Affairs Committee. Questions or requests for assistance can be directed to the MIEMSS Planning Office at 410-706-3993.



Winning teams from Laurel Volunteer Rescue Squad are (l-r): Eric Globerman and Mike Carlson who placed second and Debbie Fiedler and Adam Globerman who took first place. Eric and Adam Globerman are cousins.

Mark Your Calendars!

Aspiring to Greater Heights

The conference Aspiring to Greater Heights will be held March 8-9 at Hood College in Frederick. For more information and registration forms, contact the Frederick County Fire & Rescue Services at 301-696-2907 or the MIEMSS Region II Office at 301-791-2366.

Ocean City Seminar

EMS Seminar '97 will be offered in Ocean City, Maryland, March 15-16. Twelve hours of continuing education credits will be available to EMT-As,

EMT-Bs, CRTs, and EMT-Ps. The cost for the two-day conference is \$55. For information, call Debbie Patterson at 410-723-6616. A 24-hour EMT Bridge Session will be held March 13-16, in conjunction with EMS Seminar '97. The cost is \$125. Contact Debbie Patterson (410-723-6616) for further information.

Emergency Care of Adolescents

"Effective Communication & Cultural Competence in Emergency Care of the Adolescent: A Training for Emergency Medical Services Providers"

will be held March 20 and April 17 at the University of Maryland at Baltimore (UMAB). The workshop, sponsored by the Adolescent Emergency Services Project of Children's National Medical Center in Washington, DC, and the Center for Minority Research at UMAB, costs \$25. Continuing education units are available for physicians, nurses, prehospital providers, and social workers. For registration and additional information, call Donna Richmond, project coordinator, at 301-650-8059.



FACT SHEET

Emergency Medical Services Week in Maryland

May 18 - 24, 1997

EMS: Making A Difference For Life

This national theme for EMS Week 1997 emphasizes the difference that EMS providers make in our communities and the countless ways that they ensure our health, protection, and physical well-being. EMS providers are available 24 hours a day, 7 days a week, 52 weeks a year.

EMS Week Goals and Activities

The goals of EMS Week include:

- Educate the public about the EMS System and when it should be used.
- Stress the importance of the role that members of the public play in recognizing and responding to medical emergencies.
- Offer information about CPR and basic first aid.

- Encourage the prevention of illness and injury.
- Show appreciation for the contribution of every member of the EMS team in Maryland.

Throughout the State, EMS providers are planning local activities incorporating many of the goals above.

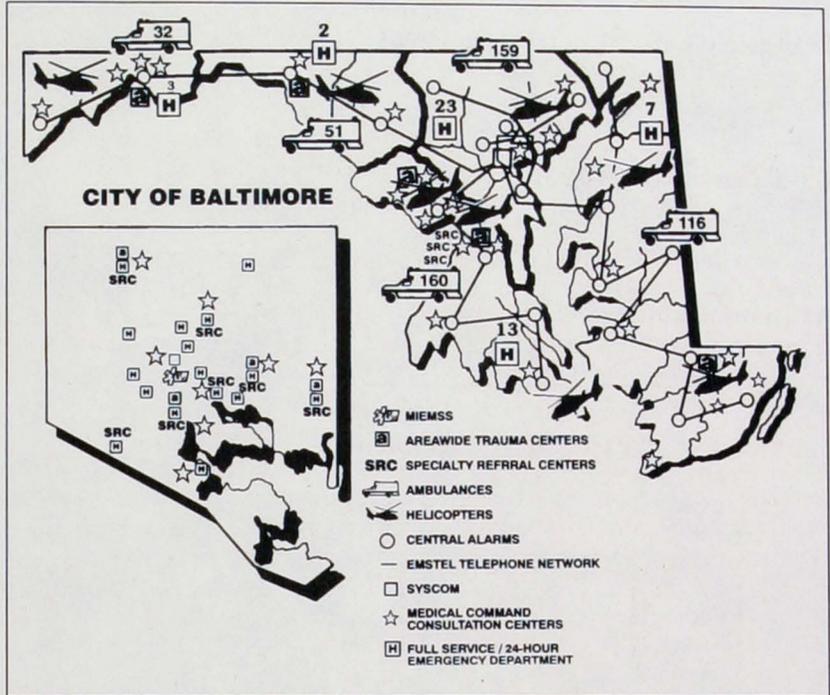
For information about EMS activities in your area, contact your regional administrator.

In previous years, EMS Week activities have ranged from open houses, equipment displays, automobile extrications, and skills demonstrations to blood

pressure screenings, bike rodeos, CPR classes, and poster, essay, and coloring contests. In addition, many hospitals held appreciation dinners or picnics to honor prehospital providers in their areas.

During EMS Week, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the state's coordinating agency for Maryland's EMS System,

will honor EMS personnel for outstanding performance in delivering prehospital emergency care. Non-EMS individuals will also be recognized for their roles in providing life-saving care. In addition, special awards will be given to the EMS Provider of the Year; the outstanding EMS program; and an individual with lifetime service in EMS.



EMS Regional Offices in Maryland

REGION I

- Allegany and Garrett counties
- Region I Office in Grantsville, 301-895-5934

REGION II

- Frederick and Washington counties
- Region II Office in Hagerstown, 301-791-2366 or 416-7249

REGION III

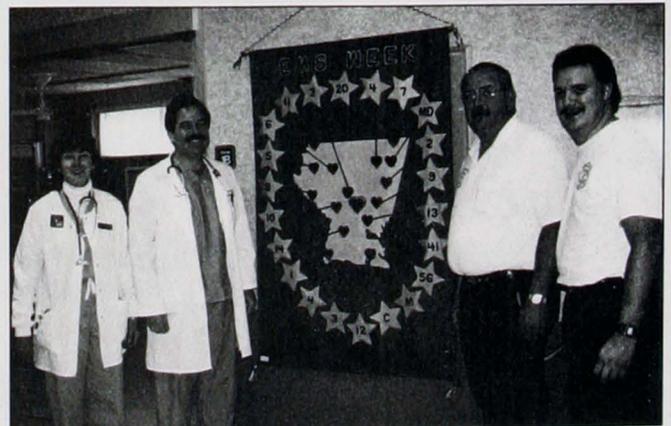
- Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties
- Region III Office at MIEMSS in Baltimore, 410-706-3996

REGION IV

- Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties
- Region IV Office in Easton 410-822-1799

REGION V

- Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties
- Region V Office in College Park, 301-474-1485



During EMS Week 1996, Carroll County General Hospital Emergency Department (ED) invited top EMS responders to a dinner and lecture and displayed a banner (shown in photo) where the stars represent the companies that bring patients to the ED and the hearts represent the locations of the county's 14 fire companies.

Maryland EMS Statistics

Maryland-Certified Prehospital EMS Providers (FY 1996)

• First Responders	14,700
• EMT-As	15,738
• CRTs	1,010
• EMT-Ps	1,337
TOTAL	32,785

Emergency Care Hospitals (FY 1996)

- 48 Emergency Departments
- 9 Trauma Centers
- 20 Specialty Referral Centers

9-1-1 Centers (FY 1996)

- In Baltimore City and each of Maryland's 23 counties
- More than 600,000 EMS calls in FY 1996

Transports in Maryland*

• Injuries	93,702
• Medical Emergencies	223,367
TOTAL	317,069

Top 10 Injuries in Patients Transported*

• Motor Vehicle Crashes	34,388	(36.7%)
• Falls	25,500	(27.2%)
• Beatings	7,125	(7.6%)
• Sports/Rec.	4,315	(4.6%)
• Pedestrian	3,068	(3.3%)
• Industrial	2,163	(2.3%)
• Gunshot Wounds	2,105	(2.2%)
• Stab Wounds	1,587	(1.7%)
• Burns	1,261	(1.3%)
• Bikes	1,131	(1.2%)

Top 12 Medical Emergency Patient Transports*

• Myocardial Infarction	24,481	(10.9%)
• Diabetes	12,966	(5.8%)
• Seizure	12,408	(5.6%)
• Asthma	10,748	(4.8%)
• Congestive Heart Failure	8,909	(4.0%)
• Cerebral Vascular Accident	8,283	(3.7%)
• Chronic Obstructive Pulmonary Disease	7,181	(3.2%)
• GI	6,121	(2.7%)
• Overdose	5,879	(2.6%)
• OB/GYN	5,853	(2.6%)
• Behavioral	4,811	(2.1%)
• Cardiac Arrest	3,683	(1.6%)

Neonatal Transports (FY 1996)

• Neonatal ambulance	315
• Helicopter	131
• Helicopter/ambulance	10
TOTAL	456

Med-Evac Helicopter Program (FY 1996)

- 11 helicopters
- 8 bases
- 44 flight paramedics
- 56 pilots
- 3,462 transports (85%) from scene of injury
- 605 interhospital transports (15%)

Commercial Ambulances (June 1996)

- 44 Licensed Services
- 110 Licensed ALS Ambulances
- 249 Licensed BLS Ambulances

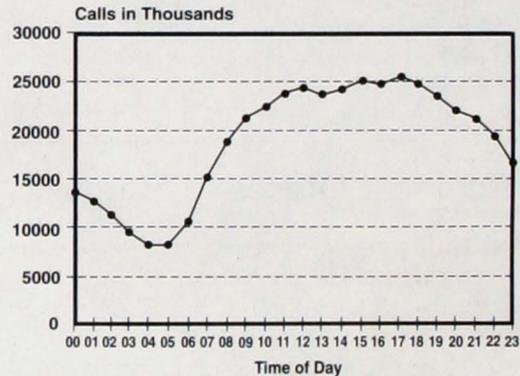
Maryland Poison Center Calls (Calendar Year 1995)

- 54,144 total calls
 - 18,134 requests for information
 - 35,842 calls regarding human exposure to poison
- Sources of Human Exposure Calls*
- From general public 80.5%
 - From physicians 15.4%
 - From prehospital providers, pharmacists 4.1%
- Age of Patients Exposed to Poison*
- Younger than 6 yrs. 51.9%
 - 6-12 yrs. 6.2%
 - 13-19 yrs. 7.8%
 - 20-69 yrs. 29.1%
 - 70 yrs. and older 2.0%

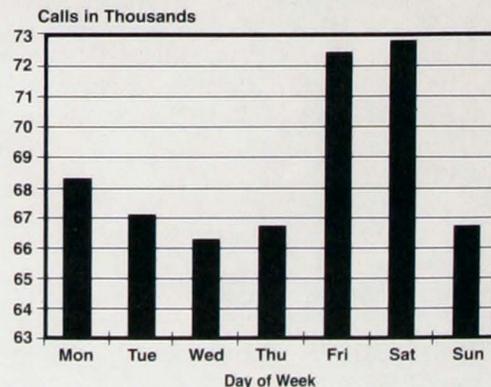
Transports in Maryland by Age and Type of Emergency*

Age	Injury	Medical
1-30 days	83 (0.1%)	569 (0.3%)
30 days-5 yrs.	3,349 (3.6%)	6,234 (2.8%)
6-15 yrs.	8,763 (9.4%)	7,549 (3.4%)
16-60 yrs.	59,438 (63.4%)	103,743 (46.4%)
60+ yrs.	16,339 (17.4%)	82,816 (37.1%)

EMS Demand in Maryland by Time of Day*



EMS Demand in Maryland by Day of Week*



Note: Fiscal Year (FY) 1996 extends from July 1, 1995 to June 30, 1996.

* Based on MAIS FY 1996 data that do not include Montgomery and Howard counties for January to June 1996.

Enhanced Training, Certification For EMDs

(Continued from page 1)
established by the SEMSAC's Regional Affairs Council for ALS funding.) The funding formula also adjusts some jurisdictional allocations to reflect monies already received from other sources such as the Emergency Number Systems Board and DOT grants. Where practical, jurisdictions may pool their resources to offer joint classes or to take advantage of volume purchasing.

The funding provided by MIEMSS may be used for the following in the order of priority listed: EMD training, EMD instructor training, or EMD supervisor training; EMD cards sets; EMD priority reference software; EMD quality assurance software; EMD stress management training; EMD continuing education; EMD software upgrades; or other EMD-related expenditures approved in advance and in writing by the Executive Director of MIEMSS.

(Funding will be approved for basic program needs before enhancement needs; for example, EMD quality assurance software funding would not be approved if EMD training was not previously or concurrently acquired.)

All EMD training or EMD materials to be acquired with the MIEMSS funding must meet the guidelines of the National Highway Traffic Safety Administration National Standard EMD Curriculum as determined by MIEMSS. Further information about the EMD program can be obtained from George Smith, MIEMSS Program Development Director, 410-706-4367.

◆ Beverly Sopp

3 MSP Aviation Staff Honored

Maryland State Police (MSP) Cpl. Daniel D. Cornwell, Sgt. (Ret.) Carl Marshall, and Kevin Cleland were recently honored by the Maryland Chapter of the National Flight Paramedics Association (NFPA). Cpl. Cornwell was named Maryland Flight Paramedic of the Year; Sgt. (Ret.) Marshall was selected as Pilot of the Year; and Cleland was recognized as Aviation Maintenance Technician of the Year.

A paramedic since 1985, Cpl. Cornwell has been an MSP

trooper/flight paramedic since 1988. He was president of the Maryland Chapter of the NFPA and helped establish the first air medical Critical Incident Stress Management team in the nation.

With the MSP for the past 30 years, Sgt. (Ret.) Marshall transferred to the Aviation Division in 1972. He retired in 1991 but returned to the Aviation Division as a civilian pilot. He has developed the Jet Ranger aerial rescue program, pitch hitter program, medic to pilot training program, and the new air crew wilderness survival program.

Kevin Cleland has been with the Aviation Division for the past nine

years. He is often called to work in the middle of the night to ensure that the State's helicopter fleet is readily available.

Wilderness Rescues

(Continued from page 3)

EMS wilderness protocols still need to be approved. A special Maryland state certification for those skilled in wilderness EMS is also being developed.

The Wilderness EMT course was sponsored by Western Maryland Grotto, MIEMSS, Garrett Community College, and Cumberland Memorial Hospital and Medical Center. Instructors included Keith Conover, MD, project coordinator of the Wilderness EMS Institute, and Paramedic Donald A. Scelza, lead instructor for the Wilderness EMS Institute. Instructors also participate from the Center for Emergency Medicine, Appalachian Search & Rescue Conference, Eastern Region of National Cave Rescue Commission, Western Maryland Grotto, and the Maryland Department of Natural Resources.

◆ Beverly Sopp



(L-r) MSP Maj. (Ret.) Johnny L. Hughes, Col. David B. Mitchell (Superintendent, MSP), Sgt. (Ret.) Carl Marshall (Maryland Pilot of the Year), Cpl. Daniel D. Cornwell (Maryland Flight Paramedic of the Year), Lt. Col. Larry Harmel (Deputy Superintendent, MSP), and Maj. Donald Lewis (Commander, Aviation Division, MSP).



Governor Parris N. Glendening

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Emergency Medical Services Systems

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Address Correction Requested

MIEMSS, Maryland EMS News

636 W. Lombard St., Baltimore, MD 21201-1528

DATED MATERIAL

'800' Line for MIEMSS

To request information from the MIEMSS Education and Certification Office, call 1-800-762-7157. The "800" number makes it easier for the EMS community to access education and certification information and to provide immediate or next working day response. The line is staffed from 8 a.m. to 5 p.m., Monday through Friday; voice mail provides coverage during the other hours.

Tax Benefits for Volunteers

MIEMSS wants to remind qualifying volunteer fire, rescue, and EMS personnel that Senate Bill 144, enacted by the 1995 General Assembly, goes into effect with the filing of your tax return for 1996.

If you qualify, you are entitled to a subtraction of \$3,000 from your gross state income. For most people, this will result in income tax savings of over \$200 (or \$400 if husband and wife both qualify).

To receive this benefit, you must file State income tax form 502. You may file this form even if you do not itemize deductions. You may need to call the State Income Tax Office or see a qualified tax preparer for assistance.

For additional information, see your company LOSAP chairman.

Paramedics Wanted For Research Study

We are seeking healthy, non-smoking paramedics (NREMT-P) in Maryland who respond to emergency incidents to participate in our study. If you want to help further scientific research on the physiological responses of paramedics to the recall of EMS incidents, please call Tracy at 410-442-8798. The Department of Health Education's Psychophysiology Laboratory at the University of Maryland, College Park, is sponsoring the study.

Bike Helmet Reminder

With spring and EMS Week approaching, many EMS providers will be participating in health fairs and injury prevention activities. We remind you to make sure that any illustrations or photos of children or adults wearing bike helmets show the helmets correctly sized and correctly worn (see drawing below).



"EMS Care '97: A Bridge to Emergency Medical Care in the 21st Century" will take place April 25-27 at the Greenbelt Marriott Hotel in Greenbelt, Maryland. The conference is sponsored by MIEMSS and the Emergency Education Council of Region V, Inc.; it is hosted by the Prince George's County Fire Department. A 24-hour EMT Bridge Course will also be offered April 25-27, in conjunction with the conference. Continuing education credits are approved for all prehospital providers and for nurses. For additional information, contact the Region V Office of MIEMSS at 301-474-1485.