

# Maryland EMS News

For All Emergency Medical Care Providers

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Aug./Sept. 2003

## EMS Week Activities Around the State

On May 22, MIEMSS presented its annual Stars of Life Awards to honor EMS personnel, citizens, and EMS programs. Thirty individuals and organizations were honored at the event in Baltimore. (See the June 2003 issue of this newsletter for articles and photos of those honored.)

EMS professionals participating in the National EMS Memorial Bike Ride arrived in Baltimore during the afternoon of May 20 and left Baltimore the next morning on their way to Roanoke, Virginia. There were approximately 100 riders starting from Boston, Massachusetts who were joined by others as they progressed on their trip southward. The National EMS Memorial Service has, since 1992, been honoring EMS providers who have given their lives in the line of duty. Seventeen individuals were recognized in 2003; a total of 252 were honored by the National Memorial Service in previous years.

Information on the following local events was either submitted to the newsletter or gathered from newspaper articles throughout the state. EMS Chief Loren Anderson of Community Fire Company of Rising Sun provided photos of their EMS Day, and Prince George's Hospital Center sent photos of continuing education events for prehospital providers.

❖ At their second annual EMS Day, the volunteers at the Community Fire Company of Rising Sun tried to show the public everything that is available to victims with life-threatening injuries in Rising Sun. According to EMS Chief Loren Anderson, "we try to show how we go from point A to point B." Among

the displays were the Maryland State Police (MSP) seat belt enforcer, a MSP med-evac helicopter, the Chesapeake search dogs, the Cecil County HazMat bus, Cecil County paramedics, burn safety, the Blood Bank of Delaware/Eastern Shore, Union Hospital and Upper Chesapeake Health System, child safety seat inspections with the state police and Cecil County Sheriff's Office, child fingerprinting with the Rising Sun Police, and a visit by the Maryland Trauma Society's "Trauma-roo."

- ❖ Second District Volunteer Fire Dept. & Rescue Squad (Valley Lee, MD) held an Open House on May 18.
- ❖ Princess Anne Volunteer Fire Company: Open House on May 21. Activities for children included ambulance tours, fire engine rides, talking to firemen and wearing fire-fighting equipment. The Somerset County Department of Emergency Services employees taught children how and when to dial 9-1-1

and provided tips on how to make a home more accessible to emergency crews.

- ❖ On May 21, proclaimed EMS for Children Day, Anne Harris and Michael Bramble of Cambridge EMS discussed summer safety at six elementary schools.
- ❖ On May 24, Neck District Station 31 held an open house and conducted blood pressure screenings. Hurlock Station 6 also conducted blood pressure screenings.
- ❖ Ambulance companies granted media interviews about their responsibilities, training, and activities. Many highlighted the need for

*(Continued on page 2)*



*Some of the more than 100 EMS professionals who participated in the National EMS Memorial Bike Ride after they arrived in Baltimore in the rain.*



*One of many displays at the Community Fire Company of Rising Sun.*

## EMS Week Activities (con't.)

(Continued from page 1)

- volunteers and the important role that volunteer prehospital providers play in the community.
- ❖ On May 24, the Dorchester Emergency Operations Center announced 60 seconds of radio silence to pay tribute to all EMS providers who have lost their lives in the line of duty.
- ❖ On May 24, the Leonardtown Volunteer Rescue Squad celebrated EMS Day at the Leonardtown shopping center. They offered free blood screenings, CPR, demonstrations, auto extrications performed by the Leonardtown Volunteer Fire Department, and fingerprint identification kits for children. The Maryland State Trooper helicopter and St. Mary's County Advanced Life Support Unit were also on display.
- ❖ The Prince Frederick Rescue Squad held an open house on May 18. Ambulances, fire engines, rescue

boat, and other rescue equipment were on display. The idea of volunteerism was highlighted.

- ❖ St. Leonard Volunteer Fire & Rescue Co. 7 held an EMS Open House on May 24, featuring fire, rescue, and police displays and demonstrations and a child safety seat check.
- ❖ Bel Air Volunteer Fire Company held an EMS Education and Assistance Day at Harford Mall. EMS providers were available to talk about bike safety, pool safety, childproofing a house, developing an emergency medical checklist, when and how to properly call 9-1-1, issues affecting senior citizens, and recruitment for new members. The Bel Air Volunteer Fire Company also held an EMS Week Open House. EMS units were on display; staff were on hand to take vital signs and answer questions; and some EMS personnel participated in scenarios to show the public what they can do during an emergency and the part that EMS plays in rescue, assessment, treatment, and transport of patients.
- ❖ The Hollywood Volunteer Rescue Squad held an open house during EMS Week.



Demonstrating rescue skills at the Community Fire Company of Rising Sun.



Blood pressure screening (Community Fire Company of Rising Sun).



A search dog demonstration at the Community Fire Company of Rising Sun.

- ❖ Hospitals recognized the work and contributions of prehospital care providers in various ways.

The Prince George's Hospital Center scheduled various activities during EMS Week. On May 19 and May 24, Med-Evac operations were discussed with prehospital providers and hospital staff by personnel from Maryland State Police Trooper 2 and U.S. Park Police Eagle 1 after they transported two trauma patients. On May 20, 21, and 22, continuing education topics were presented each morning and evening: "Cardiac Emergencies" by Dr. Ray Lucas; "Management of Abdominal Trauma" by Dr. Nathaniel McQuay; "Management of the Burn Patient" by Katie Hallowed, RN, of the Washington Hospital Center Burn Unit; "Heat Emergencies and Drownings," by Dr. Ray Lucas (morn-

(Continued on page 3)



EMS providers take a break during an "Abdominal Trauma" lecture offered by Prince George's Hospital Center.

## EMS Week Activities (con't.)

(Continued from page 2)  
ing presentation) and Dr. Gary Little  
(evening presentation).

The Shore Health System  
(Memorial Hospital at Easton and  
Dorchester General Hospital in  
Cambridge) saluted the "commitment  
and heart of the medical professionals,  
rescue personnel, and volunteers who  
serve our community every second of  
every day" in a full-page newspaper ad.

Washington County Hospital in  
Hagerstown celebrated EMS person-  
nel—volunteer and career—and dis-  
patchers in a letter-to-the-editor.

Peninsula Regional Medical  
Center in Salisbury acknowledged all  
EMS personnel from a three-county  
area and gave them special tokens of  
gratitude.

- ❖ During EMS Week, the Garrett  
County fire and rescue services  
underwent a voluntary ambulance  
and BLS first response vehicle  
inspection. All of the first-line  
Garrett County ambulances under-  
went inspection and four of the fire  
services' first response units were  
inspected. Garrett County is one of  
the first counties in Maryland to  
have 100% of its first-line ambu-  
lances undergo and pass inspection.
- ❖ During EMS Week, Tri-Towns EMS  
took two ambulances and their special  
response unit to area schools.  
Volunteer ambulance crew members  
explained and demonstrated what  
EMS is about to approximately 760  
students and 50 parents.



"Trauma-roo" at the Community Fire Company  
of Rising Sun.

## Honored at MSFA Convention

Two major awards went to Jackie  
Carey, president of the Ocean Pines  
Volunteer Fire Department and a part-  
time paramedic with its EMS division,  
at the Maryland State Firemen's  
Association (MSFA) convention in  
Ocean City in June. She received the  
Josiah Hunt EMS Person of the Year  
Award and the Francis L. Brannigan  
Instructor of the Year Award. No one  
ever received both awards in the same  
year.

The Hunt award, considered to  
be the highest recognition given to an  
individual within the Maryland EMS  
community, was established in 1991  
by the Delta-Cardiff Volunteer Fire  
Company of Harford County to honor  
Dr. Josiah Hunt, the first recipient.  
The Brannigan award originated in  
1977 to honor Professor Brannigan  
with the Montgomery (Md.) College



(L-r) Charles W. Wills (Chairman of the MSFA  
EMS Committee), Jackie Carey (with her EMS  
Person of the Year trophy), and Dr. Robert R.  
Bass (MIEMSS Executive Director).

Fire Science Program and a member of  
the Society of Fire Protection  
Engineers.



(L-r) William E. Barnard (Maryland State Fire Marshal), Maj. Donald G. Lewis (Commander,  
Aviation Division, Maryland State Police), and Dr. Robert R. Bass (Executive Director, MIEMSS)  
received a special induction into the Maryland State Firemen's Association Hall of Fame at this  
year's convention. These gentlemen were recognized for their distinguished service and working  
relationship with the Fire, Rescue and EMS companies of the MSFA.

## MedSTAR Helicopter Service Marks 20th Anniversary

On July 2, 2003, Washington  
Hospital Center's MedSTAR Medical  
Emergency and Trauma Helicopter  
Service marked its 20th anniversary of  
service. The first MedSTAR flight left  
the Washington Hospital Center on  
July 3, 1983 to pick up a patient from  
Prince William County, Virginia who  
had suffered a spinal cord injury. Since

that day, nearly 40,000 patients have  
been safely transported by the  
MedSTAR fleet. The fleet includes  
three helicopters based in Maryland to  
improve their response to remote loca-  
tions. The MedSTAR program is an  
important component of the Maryland  
statewide EMS System.

# New Legislation Protects Prehospital Providers

Legislation sponsored by Del. Dan Morhaim (11th District) will add a greater level of protection for health care workers and first responders who are exposed to blood borne pathogens. House Bill 343 allows for testing of patients for HIV after an exposure occurs, according to Centers for Disease Control (CDC) guidelines. Confidentiality is maintained, and care is under the supervision of hospital infectious disease experts. The bill passed the legislature, and Gov. Robert L. Ehrlich, Jr. has signed it.

"The bill strikes a balance between the rights of patients and protecting the providers who take care of them," said Del. Morhaim, who is also an emergency physician.

Because starting anti-retroviral medication is time related (it is best started within two hours of an exposure, and the medication is then continued for a month), it is very useful for the hospital infectious disease (ID) officer to be able to advise a health care worker whether to start medication or not. The "downside" of the anti-retroviral medications is that they are toxic (with a 75% rate of side effects, especially hepatic), and they are expensive (costing over \$3000 for a course of therapy). In addition, providers who are pregnant or have other medical conditions are put at greater risk from taking these medications.

Under HB 343, an EMS care provider who suspects an exposure must notify the jurisdiction's designated ID officer (usually available 24 hours/day to manage various infectious disease problems) as soon as possible. The ID officer, in cooperation with the jurisdictional medical director (JMD), will determine if an exposure has occurred as

defined by CDC guidelines. If so, then knowing the patient's HIV status can help the ID officer direct care for the provider. If the JMD has determined that there is a risk of HIV exposure, he/she will contact the receiving hospital and have the emergency department (ED) physician or ID officer request patient testing. There are three circumstances possible.

First, the patient is competent and can agree to the test or can refuse (in which case no further testing can be done). HB 343 requires the Department of Health and Mental Hygiene to study the refusal scenario, with a report due to the legislature by next session. In some states, testing can be done without patient consent; however, fortunately most patients consent to testing.

Second, the patient may be unable to consent (for example, he/she is in the critical care unit or intubated). In this case, the ID officer can order the test to be done.

Third, the patient may be unavailable when the exposure occurred (for example, the exposure was the result of an accident in the lab after the patient left the hospital). In this case also, the ID officer can order the test to be done.

In all cases, the ID officer must keep test results confidential.

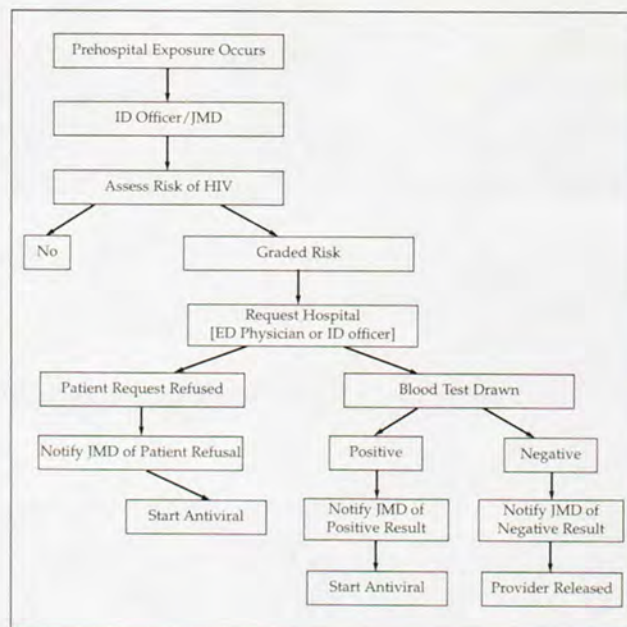
Lee Sachs, past president of the Pikesville Volunteer Fire Department and 2nd vice president of the Maryland State Firemen's Association, said: "I commend Del. Morhaim and his colleagues for having accomplished this very important safety protection for prehospital providers, nurses, doctors, and others."

More information about HB 343 can be found at the Maryland General Assembly website <http://mlis.state.md.us> or by calling your legislator at 410-841-3000.

## Wireless Enhanced 9-1-1

Marylanders are closer to a wireless enhanced 9-1-1 system thanks to HB 780. It requires the Emergency Number Systems Board, with input from local jurisdictions, to establish guidelines and a plan to implement wireless enhanced 9-1-1 service by July 1, 2004. It also provides for funding by increasing the state accessible service subscriber fee from 10 cents per month to 25 cents per month and increases the maximum additional monthly charge that may be assessed by a county from 50 cents to 75 cents.

An enhanced 9-1-1 system provides automatic number and automatic street address location identification. However, it does not work with wireless phones—hence, the need for a separate wireless enhanced 9-1-1 system. For example, someone calling 9-1-1 on a cellular phone from a highway with no visible identifiers may not be able to give the 9-1-1 dispatcher his/her exact location. Unfortunately, the 9-1-1 cellular phone call can go to any of several towers within a certain range, and the 9-1-1 dispatcher can only surmise the emergency incident is somewhere within that range. However, with a wireless enhanced 9-1-1 system, dispatchers can "identify" a caller's location by using global positioning satellites. The caller's location could be identified within a few meters.



# 14th Annual Trauma Conference

presented by

Peninsula Regional Medical Center and its Division of Trauma

at the

Carousel Resort Hotel, Ocean City, Maryland

Friday, September 19, 2003

7:15 AM	Registration/Visit Exhibits Continental Breakfast	12:15 PM	Lunch
7:45 AM	Welcome/Opening Remarks	1:30 PM	Break-Out Sessions
8:00 AM	<b>Any Given Injury, Journey Back to Life after Catastrophic Injury</b> <i>Dan L. Miears</i>		<b>A. Beating the "Golden Hour" When Confronted with Multiple Trauma Patients</b> <i>Francis Pagurek, LPN, MICP, A.A.S.</i>
9:00 AM	Break/Visit Exhibits		<b>B. Complex Orthopedic Injuries in the Multiply Injured Patient</b> <i>Robert A. Hymes, MD</i>
9:15 AM	<b>Small Town Tragedy: A Case Review Dealing with Disaster</b> Moderator: <i>Richard L. Alcorta, MD</i>	2:30 PM	Break/Visit Exhibits
10:45 AM	Break/Visit Exhibits	2:45 PM	<b>Complex Thoracic Trauma: A Cased Based Study</b> <i>James V. O'Connor, MD, FACS, FACC, FCCP</i>
11:15 AM	Break-Out Sessions	3:45 PM	Wrap-Up/Distribution of Certificates
	<b>A. Our Aging Society</b> <i>Nancy M. Raniszewski, AS, NREMT-P</i>		
	<b>B. Pulmonary Complications of Trauma</b> <i>Joanne Phillips, RN, MSN, CCRN</i>		

For more information, call Lisa Hohl, Peninsula Regional Medical Center, 410-543-7328.

Continuing education credits will be awarded.

**Hotel Accommodations:** Rooms have been reserved at a special rate until August 29. Refer to Peninsula Regional Trauma Conference when making reservations at the Carousel Resort Hotel, 11700 Coastal Highway (1-800-641-0011). Make reservations early. September is the beginning of Ocean City's second season and September 18-21 is Sunfest Weekend. Special rates are reserved for Thursday, Friday, and Saturday nights to enjoy the festivities while attending the conference.

## Conference Registration Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Affiliation/Institution \_\_\_\_\_  
Position/Title or Specialty \_\_\_\_\_  
Email \_\_\_\_\_

Conference Registration Fees\* (Registration received after September 6, add \$25.)

Nurses/Prehospital Providers \$75

Students \$30

Please return completed form, along with payment by September 6, 2003 to:

Trauma Department, Peninsula Regional Medical Center  
100 East Carroll Street, Salisbury, MD 21801  
ATTN: Lisa Hohl, Trauma Coordinator

Make check payable to: **Peninsula Regional Medical Center**

For disability accommodations, please contact the trauma office at 410-543-7328. For more information, go to the website [www.Peninsula.org](http://www.Peninsula.org).

Please check the breakout session you want to attend (A: EMS Track B: Nursing Track)

11:15  A  B

1:30  A  B

# REFLEX Helps Evaluate Regional, Statewide Disaster Policies, Procedures

REFLEX, the first region-wide disaster exercise for Region III, kicked off with a "bang" on June 28, in the Edgewood area of Harford County. Volunteers from more than 10 fire and EMS companies, the Harford County Hazmat Team, Hart to Heart Ambulance Service, the Harford County Emergency Operations Center,

as well as officers from the Harford County Sheriff's Office and the Maryland State Police (MSP) participated as responders to the mock incident. After the initial dispatch for a report of an unknown medical emergency, responders were soon informed that there were also reports of a possible explosion heard in the area.



*Responding to a gas pipeline explosion during an exercise in Western Howard County, emergency workers will find more than 80 moulaged patients who need to be assessed, triaged, treated, and transported.*



*Emergency responders help an apartment resident who was overcome by toxic gas during a drill in Harford County.*

Emergency workers soon found themselves faced with two apartment buildings in which occupants had been exposed to an unknown toxic gas and were experiencing symptoms such as respiratory distress, minor trauma, and psychological reactions that are common during large-scale incidents. Responders worked together to rapidly secure the scene, access and triage patients, and transport moulaged patients to five different hospitals in the Baltimore metropolitan area. Once there, these patients were active participants in the testing of hospital operations and incident command systems. The incident was quickly determined to be a crime scene, and command was successfully transferred to law enforcement officials.

## Goals of REFLEX

The REFLEX Planning committee, consisting of members from local hospitals, fire, EMS, and law enforcement agencies, MIEMSS, the Maryland Department of Health and Mental Hygiene (DHMH), the Maryland Emergency Management Agency (MEMA), and the Maryland Hospital Association (MHA) identified four primary objectives for the exercise:

- Practice inter-jurisdictional command for the centralized routing of ambulances to hospitals and health care facilities that are most available and to return transport units in service in the most expedient fashion.
- Evaluate the ability of the Maryland Triage System, to include "Simple Triage and Rapid Transport" (START), in effectively and efficiently classifying the severity of patients.
- Determine the effectiveness of the Facility Resource Emergency Database (FRED) in communicating vital information about stresses to the emergency response system.
- Demonstrate the ability to activate EMRC and test their statewide communication abilities.

In addition, more specific objectives were submitted by each participating agency; most of these centered around the evaluation of current Incident Command System (ICS) and mutual aid plans.

Less than 24 hours later, as part of REFLEX, a similar incident occurred at a gas pipeline facility in Western Howard County. Here, a terrorist-initiated pipeline explosion resulted in injuries to numerous patients, many severely wounded. These patients were assessed, triaged, and treated at the scene by responders from the Howard County Department of Fire and Rescue Services. Over 80 moulaged patients were taken to several area hospitals during this particular incident, which like the day before, forced hospital officials and emergency department staff to initiate their

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disaster and incident command procedures.

The weekend activities came to a close on Sunday afternoon (June 29) at an abandoned farm in the Pleasant Valley area of Carroll County. Law enforcement intelligence led to the discovery of a supposed "hide-out" of the terrorist group responsible for the weekend's previous two incidents. The group's efforts to rapidly evacuate the scene resulted in the exchange of gunfire and the detonation of explosive materials that were being stored in outbuildings on the property. Officials from the Carroll County Sheriff's Office, the MSP, Carroll County Volunteer Fire Fighters and EMS crews, and Carroll County Hazardous Materials crews all responded to the scene where they were faced with more explosions, billowing smoke, and severely wounded patients.

Throughout the weekend, hospital, prehospital, and Emergency Operations Center (EOC) participants benefited from the activation of the Facility Resource Emergency Database (FRED). FRED is an internet based application designed as a resource for rapid incident notification and for determining bed and equipment availability from hospitals statewide. Although FRED is still in its infancy, users are beginning to recognize its value as a communication tool during mass casualty and disaster incidents.

Although a brief "hot wash" was

conducted immediately after each of the three incidents, additional post-exercise activities are still taking place in an effort to clearly identify areas of needed improvement. Early assessments indicate the need for:

- More prompt notification to hospitals via EMRC;
- In-depth training to familiarize all emergency responders with triage tags, the START triage system, and patient tracking procedures; and
- A region-wide standardization of Incident Command Procedures, to include pre-programmed actions immediately upon recognition of a mass casualty incident.

While each jurisdiction will be conducting in-house critiques, input has also been requested from all participants, planners, evaluators, controllers, and victims in planning for a one-day REFLEX conference to be held October 4, 2003. All participants, as well as any interested emergency services personnel, will be invited to attend. Further information regarding this conference will be available from the MIEMSS Region III Office (410-706-3996).

◆ Lisa Cheroon  
Assistant Administrator  
MEMSS Region III Office



Mobile command center set up during Harford County's exercise.



Protective gear is worn by emergency responders following gunfire and explosions during a drill in Carroll County.

## Environmental Health Issues for Emergency Care Providers

The early days of fall bring the potential for increased outdoor physical activities for emergency care providers. Problems that can affect EMS providers include heat-related incidents, insect bites, and other sun-related concerns.

Providers are more susceptible to prolonged exposure to heat when temperatures are over 90 degrees with high humidity. Losing body fluid through perspiration exacerbates conditions that can lead to dehydration.

When emergency care providers use protective turnout gear and jump suits, the heat becomes an even bigger factor. It is important to drink plenty of water—at least eight glasses a day—even if you are not feeling thirsty.

Insect bites from fleas, ticks, and mosquitoes are common in the early days of fall when prehospital providers are responding to emergencies. Be sure to wear long pants and long-sleeve shirts whenever possible,

especially when a prolonged rescue or search is occurring. Use a good insect repellent on exposed areas of skin during responses. An awareness of insect bite related illnesses is important. Ticks carry Lyme disease, and mosquitoes can transmit the West Nile virus.

Always use a good sunscreen when going outdoors during the summer. Ideally sunscreens should be used year-round. Look for products that have a sun protection factor (SPF) of at least 15. The use of sunglasses will help with vision and protect your eyes.

MIEMSS, *Maryland EMS News*  
653 W. Pratt St., Baltimore, MD 21201-1536  
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Governor Robert L. Ehrlich, Jr.

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**Emergency Medical Services Systems**  
653 W. Pratt St., Baltimore, MD 21201-1536  
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*Chairman, EMS Board:* Donald L. DeVries, Jr., Esq.  
*Executive Director, MIEMSS:* Robert R. Bass, MD  
*Managing Editor:* Beverly Sopp (410-706-3248)

## DATED MATERIAL



## Flights for Life

June 28, 2003 was a day of celebration for the Maryland State Police Aviation Division--celebrating the transport of the 100,000th patient, celebrating 33 years, and celebrating 70,000 flight hours of accident-free operations. It was also a day of reunion of hundreds of patients who had been transported by MSP Med-Evac helicopter over the past three decades. Festivities took place at the Navy-Marine Corps Memorial Stadium in Annapolis.



(L-r) Former Gov. Marvyn Mandel, Gov. Robert L. Ehrlich, Jr., Madison Seymour and her mother Melissa. Madison, who lives in Rising Sun, was the 100,000th patient transported by MSP Med-Evac Trooper 1 on April 2, 2003.



(L-r) Dr. Robert R. Bass (Executive Director, MIEMSS), Lt. Governor Michael S. Steele, Maj. Donald G. Lewis (Commander, Aviation Division, MSP), and Donald DeVries, Jr. (Chairperson, Maryland EMS Board).

### Airway Conference

The Maryland Association of Nurse Anesthetists (MANA), in conjunction with the Airway Education & Research Foundation, is sponsoring "Emergency Airway Workshop," on October 4, at the Clarion Fontainebleau Hotel in Ocean City.

The one-day workshop is open to physicians, nurses, EMTs, physician assistants, nurse practitioners, and respiratory therapists. The afternoon session includes airway teaching stations with personal hands-on experience with multiple airway tools. For a schedule, listing of topics, and registration information, visit the MANA website at [www.cmasofmd.org](http://www.cmasofmd.org). The conference registration deadline is September 14. For further information, please email Carol Davis, CRNS, MSNA, Program Co-Chair at [gasgal@comcast.net](mailto:gasgal@comcast.net).