

## Maryland EMS NEWS

Vol. 10 No. 2 SEPTEMBER 1983

Secretary of Transportation Elizabeth Dole, Governor Harry R. Hughes, State Senator Francis X. Kelly, and MIEMSS Director R Adams Cowley, MD, watch EMS prehospital personnel care for the victim of a mock accident at Martin Airport.

# Secretary Dole Sees MD EMS as Model

by Blair Claflin

Baltimore Evening Sun, August 6, 1983

Reproduced with permission

Secretary of Transportation Elizabeth Dole had barely stepped out of her helicopter after landing when an ambulance and a fire truck raced by at Glenn L. Martin State Airport.

The two emergency vehicles pulled up to two cars located about 100 yards from where Dole was standing. Paramedics and firefighters armed with axes, saws, and stretchers raced to the two cars.

Dole, a member of President Reagan's Cabinet since February, was unruffled by all the sudden excitement. In fact, she had expected it.

Joined by Gov. Harry R. Hughes and Baltimore County Executive Donald P. Hutchinson, who had been waiting for the secretary, Dole calmly walked to the "accident" scene to get a closer look.

Dole had flown to Baltimore yesterday to observe "firsthand" Maryland's emergency medical network in action.

She was treated to a complete demonstration which started with the arrival of Baltimore County rescue crews and

a State Police helicopter at the mock accident scene and ended with an extensive tour of MIEMSS, known for its Shock Trauma Center, in Baltimore.

Rep. William Lehman, D-Fla., who is chairman of the House appropriations subcommittee on transportation, accompanied Dole.

"The Department of Transportation wants to work to prevent all accidents on our nation's highways," Dole said, explaining the reason for her trip.

"We want to get drunk drivers off the highway. We want people to use safety belts. So, coming here to see this operation, which happens at such a key hour, is natural."

After touring Shock Trauma, Dole said her department might promote Maryland's emergency medical system, one of the leading treatment systems in the country, as a model for other states. But she was quick to add that any final decision on such a program would be up to each individual state.

"I don't think we want to tell states how to spend their money," the secretary said. "They know their needs and how money can be best spent."

Dole's trip, which was interrupted by a quick helicopter flight back to Washington to meet with the president, also served as an opportunity for Maryland officials to

lobby for more federal funding for emergency medical services.

"The federal government put in a lot of the seed money for projects like this," said Dr. Alasdair Conn, director of field programs for MIEMSS, shortly before Dole arrived.

He said Shock Trauma programs can cut down on medical costs.

"If medics can tell at the scene that a patient has a head injury, then they can direct the patient to the nearest equipped emergency room," Conn told reporters before the tour. "Every hospital wouldn't have to have expensive equipment. Right now, we have hospitals within blocks of each other and they all have operating rooms."

Lehman's words, however, were far more encouraging to state officials.

The five-term congressman said the transportation budget has increased from about \$77 million last year to \$100 million this year and he expects a larger share of that money to be spent on emergency medical services.

However, he said, emergency medical service programs still may not receive what they deserve.

"We spend hundreds of millions on cancer and heart disease treatment and research and I believe this is as important as those are," Lehman said.



# Calif. Patient Attends LEEP Program

When he was little, Stephen used to sing "Hello, Dolly" whenever he greeted his grandmother of the same name. Brain injury quickly erased that memory and almost *all* memory in Stephen's life. But Stephen found help at Baltimore's Center for Living, a psychosocial reintegration center for trauma recoverees and their families that is a cooperative program offered by MIEMSS and the Easter Seals Society of Central Maryland. The Center's first out-of-state client, Stephen Stewart has been able to relearn much of what he had forgotten in terms of mental and social skills through the help of the 11-week Life Enhancement and Education Program (LEEP), one of the programs offered at the Center for Living.

Five months before Stephen attended the Center for Living it was questionable whether he would even live. . . .

On August 15, 1982 Stephen Stewart left a party while intoxicated and drove off on a Kawasaki 1000 motorcycle. Warnings from friends to put on his helmet had gone unheeded. Riding about 75 mph on a dirt hill in San Diego, he skidded. . . . Stephen remembers nothing about the crash. He was brought by Life-Flight helicopter to the Shock Trauma Unit at University of California, University Hospital in San Diego. A closed-head injury.

Stephen remained in a coma for 15 days of his month-stay at University. His brain swelled and the intracranial pressure (ICP) rose to 40 and remained there for 3 days. Doctors said the high pressure would either kill him or else cause severe brain damage that would be irreversible for a long period of time.

Stephen lived, but damage to his

brain had wiped out a tremendous amount of memory and logic. He was virtually an infant again. Stephen went to Sharp Rehabilitation Center in San Diego, where he stayed for three and a half months. Here he relearned step-by-step basic physical skills — how to walk, how to feed himself, how to go to the bathroom himself, how to speak clearly. His mother recalls how he learned to walk. At first, while he was in his wheelchair, he would moan when he wanted to move; then with the front of the wheelchair removed, he used the chair as a walker; then one day he just stood up. Once he learned to stand, he kept doing it, and within a week he was walking. Once he learned to walk he did not want to stop.

At Sharp, Stephen participated in many types of therapy — physical, psychiatric, speech, occupational, and recreational. After three and a half months he had made great progress but was not yet ready to live at home. He was still very angry and violent, always arguing and often punching himself or the walls. His mother, Nancy Stewart, described her fear and concern: "I knew there was no way I could care for him." And the only alternative suggested was a mental institution.

Like an estimated 50,000 – 90,000 other brain-injured patients, Stephen had a deceiving condition. Although he looked "normal" he was not able to function logically and had many intellectual and behavioral problems to work out.

That's when Nancy Stewart got on the telephone, looking for a cognitive rehab program for her son. She felt he could be helped but needed to find the right place. She spent days on the phone, checking out places in California, Texas,

New York, Pennsylvania. But some of these places wanted \$35,000 a year, or a commitment from Stephen to spend one to two years there; others had long waiting lists. Then a social worker at Sharp referred her to Paul McClelland, MD, director of consultation-liaison psychiatry at University of Maryland Hospital and director of psychiatric services at MIEMSS, who then informed her of the Center for Living.

In December 1982 Stephen came to the Center for an initial interview and diagnostic evaluation. He would be accepted into the 11-week LEEP program that ran January 17 – April 8. His mother admits that at first she thought "there's no way this small place is going to help him." But she quickly became very impressed "by the people and their caring." Further, she was told not to let the price be the deciding factor about not joining the program.

The Center charges \$110 a week for the 11-week LEEP program for trauma recoverees. In the past, clients paid on a sliding scale according to ability, with Easter Seals paying the difference. Now LEEP is accredited by the Division of Vocational Rehabilitation as a work adjustment/personal adjustment training program which pays the clients' costs. Located on 4th Street in Brooklyn, the Center is one of only 19 rehab programs for the brain-injured across the country, according to the National Head Injury Foundation, an advocacy group. It is unique in its outpatient, family-centered approach.

At first, Stephen admitted, he agreed to go to the Center only to please his mother. But soon he began going with the hope that the Center might help him to start remembering some of the things he had forgotten — people at high school, the music he used to play. Stephen participated in all facets of the LEEP program — cognitive retraining, speech therapy, dance and movement therapy, psychodrama, assertiveness training, counseling, alcoholism awareness.

Stephen has made remarkable gains in cognitive learning. Nancy Stewart, thrilled by his progress, says, "It's so exciting to see him relearning things and getting his memory back." She notes how Stephen may now ask her how to spell a certain word that a few months ago he did not even know. Or while doing his "homework" in the supermarket, he may make the connection "Kraft makes cheese" that only a few months ago had been forgotten. His mother helps try to fill in the gaps of his memory by recounting

(Continued on page 3)



*Stephen Stewart, who is beginning to regain his musical skills, practices while his mother Nancy offers encouragement.*



## Head Trauma Victim Recovers Remarkably

(Continued from page 2)

stories, people, events — even such things as nursery rhymes and fairy tales that he knew as a child.

What Stephen has found most helpful and beneficial about the program is the “homework” — reading, writing, math — particularly things like word association sheets that aid in developing recall.

For Nancy Stewart, “the biggest thing about the program is that there is someone there to help me. Friends, family, others often don’t know any more than I know, but here there is someone to lean on, so that you don’t feel totally alone with your problems.”

Further, she adds, “They are really committed people at the Center.” And the staff at Baltimore’s Shock Trauma Center “opened up their whole program to us, even though we didn’t go through their hospital and were from out-of-state.”

In fact, Nancy Stewart, who volunteered at the Center for a month while Stephen was attending, has been so impressed with it that on her return to San Diego, she was instrumental in starting a chapter of the National Head Injury Foundation in the hope of raising enough funds to start a cognitive center in the southern California area. In her search for a cognitive care center for Stephen, Mrs. Stewart had come to realize how few such centers there actually were, as well as the tremendous need for such places all over the world.

And what of Stephen’s future? Doctors are extremely optimistic and now expect almost complete recovery. Stephen is not self-sufficient yet; nor is he functioning completely as a normal 21-year-old. He does not think logically all the time and still has difficulty controlling his anger. But, as his mother says, “He has come so far.” Stephen now takes guitar lessons to re-learn the music he once played. Since completing the program at the Center he has returned to San Diego where he will be looking into vocational programs. He hopes to soon be able to work, possibly as a motorcycle mechanic.

Looking back at the first prognosis for Stephen after his accident, Mrs. Stewart is amazed at his progress: “I guess I didn’t really wonder about the wonder of it all before . . . it’s great to see his personality coming back.”

And now when Stephen calls his grandmother on the phone he greets her with the old familiar tune once again — “Hello, Dolly.”

— Denise Calabrese

## Harbor Divers’ Safety Protected



MIEMSS provided medical advice and control for divers building the new Ft. McHenry Tunnel.

For nearly two years, the Hyperbaric Medicine Center at MIEMSS has been providing training programs, consultations, and medical examinations for the construction firm of Kiewit, Raymond, and Tidewater (KRT) in building the new Ft. McHenry Tunnel. The \$426 million tunnel is the largest single project in the history of the Interstate Highway Program, and will complete the remaining link (spanning the Chesapeake Bay) in the Interstate 95 system.

Under the terms of the contract, MIEMSS provided initial physical examinations and follow-up on the 11 divers on the project, who are connecting the prefabricated tunnel sections and ensuring that all connecting seals are airtight. The medical examinations, including a mandatory annual physical, are provided to ensure that the divers remain fit for diving and are not adversely affected by the increased pressures under which they are working. The medical advice and control are provided by Roy Myers, MD, director of the Hyperbaric Medicine Center at MIEMSS and liaison for the project.

“We are looking for the problems specifically related to diving such as sinus, ear, bone, and joint complications consequent to nitrogen bubble and pressure

effects. These problems are overlooked when not specifically brought to us,” he said. “Luckily, in the nearly two years since we began working with the divers, only two minor injuries have been reported.”

Dr. Myers said he attributes the low incidence of injury or illness to the comprehensive training and strict adherence to safety regulations. “Through advice and instruction, KRT and their divers are well aware of the hazards of diving, and acquainted with safe practices as established by OSHA [Occupational Safety and Health Administration],” Dr. Myers said. “By adhering to OSHA protocols the chances of unexpected accidents and litigation are greatly reduced.”

MIEMSS is providing KRT with 24-hour on-call emergency service in the event of a diving accident at the site. The MIEMSS hyperbaric chamber is the only facility in the state available for civilian service on such a basis, and its location only minutes from the diving scene makes it an optimal facility. In addition, as part of the National Diving Accident Network (DAN), the facility is already available around the clock to assist with calls concerning diving accidents.

— Rochelle Cohen



# Focusing on Field Operations

## Definition of Death

Prehospital providers recently have indicated some confusion regarding the definition of death and to what extent they must apply life-saving measures in the field. The guidelines that MIEMSS issued several years ago were guidelines only and were produced to safeguard prehospital providers in Maryland. At that time, lawsuits had been initiated against prehospital providers in several states who had not instituted emergency care for patients who they considered dead but who on subsequent treatment in medical facilities were found to have potentially viable cardiac rhythms or were hypothermic. On the basis of these lawsuits, MIEMSS followed the direction of Jack Ayres, a Dallas attorney well-versed in prehospital medicine, and distributed the guidelines that you are aware of. However, since they are only guidelines, each case must be considered individually, with the prehospital provider initiating care in conjunction with the physician.

Many people wrongly assume that a victim can be declared dead only by a physician at the accident scene or that the victim must be taken to a hospital to be declared dead by a physician. To dispel this misconception, MIEMSS has written to all medical consultation facilities in Maryland asking them to inform physicians providing consultation by radio that they can, indeed, declare people dead at the scene; prehospital providers do not have to continue CPR for 20–30 minutes while transporting their patient to a hospital in order to have him declared dead by a physician.

It is the utmost goal of all prehospital providers to salvage life and limb where humanly possible. My personal viewpoint is that I would not like to see any prehospital provider submitted to litigation because of failure to recognize whether a victim was dead or potentially salvageable.

## Equipment in Prehospital Providers' Cars

There have been many questions about how much medical equipment can be carried by prehospital providers in their private cars. MIEMSS has taken the point of view that IV solutions and medications should be carried on ambulances and other authorized emergency vehicles rather than private cars because of the obvious need for a professional coordinator response. Other questions have now been raised — whether EOAs, MAST suits, and even Thumpers can be carried

in private cars. It is the feeling of MIEMSS that this should be strongly discouraged, because this emergency equipment should also be part of a coordinated emergency response. Further clarification will appear in a future issue.

—Alasdair Conn, MD

Program Director, Field Operations

## Region II

*Region II includes Frederick and Washington counties.*

### ALS Coordinator

The job description for an ALS coordinator for Region II has been approved, and Washington County Hospital is taking applications. This person will coordinate Region II's continuing education program for ALS personnel.

### National Registry

Currently certified EMTs interested in National Registry certification should contact the Region II Office. We will be scheduling a regional written exam in late fall. Please remember that if you have been certified as an EMT for more than one year you may have to take a practical exam.

### Replacement Radio Batteries

Region II Office has received a supply of replacement batteries for patient-side portable radios. If your company has not received a replacement yet, please contact the Region II Office.

### Communicating with Hospitals

Since both hospital emergency rooms in Region II are usually busy, it would be helpful if prehospital personnel would inform the hospitals by radio about the injuries of the patient they are transporting as soon as they have sufficient information. This is extremely important in trauma cases, since the type of hospital staff response will be based on this information. Equally as important as the type of injury is a description of the accident and the patient's vital signs. This information will ensure that every patient gets the best care in a timely fashion.

—Mike Smith  
(301) 791-2366

## Region I

*Region I includes Garrett and Allegany counties.*

### Ambulance Inspection

Since the beginning of the year, ambulance services in Allegany County have been actively involved in the Maryland Voluntary Ambulance Inspection Program. Over 60 percent of the county's ambulance companies have received certificates of excellence for their vehicles. The companies include: Mt. Savage VFD; City of Cumberland Fire Department; Frostburg Area Ambulance Service; Cresaptown VFD; Coriganville VFD; and Ellerslie VFD. Additional Region I companies requesting inspection include: Northern Garrett County Rescue Squad; George's Creek Ambulance Service; and Tri-Towns Ambulance and Rescue Service. Spearheading the voluntary ambulance inspection for Region I is Kenneth May, transportation committee chairman for the EMS Council.

### Helicopter 5 Adds Crew

On August 1, three new crew members were assigned to Helicopter 5: medics TFC Chris Mazaika and TFC Bob Farrell, and pilot Cpl. Ed Hanna. Helicopter 5 now has a total of three helicopter-instructor pilots and three certified aviation trauma technicians (two of the ATTs are also certified CRTs). Sgt. Carl Marshall, section commander, states: "I am certain with the additional crew we will increase our level of service in Western Maryland."

### EMS Week

Numerous activities have been planned in Region I for EMS Week. Local proclamations by the region's County Commissioners will begin the week and special radio programs and newspaper coverage will feature unique aspects of the EMS system. On September 17, a special demonstration will be held at the Country Club Mall emphasizing the team work of the field providers. A simulated automobile accident will be depicted with representatives of the prehospital EMS team demonstrating their role in auto extrication and life support.

Regional ambulance services are being encouraged to participate in the EMS Olympics. If there is a demand, a charter bus will transport individuals to the Baltimore event for a \$15 round trip fee. If you are interested, call the Region I Office.

—Dave Ramsey  
(301) 895-5934



## Region III

*Region III includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties.*

### Howard Co. Ambulances Reinspected

On August 15, at the Savage Volunteer Fire Department, the Region III Office and Communications Division of MIEMSS reinspected every Howard County ambulance. Beginning at 8 am, we inspected one unit an hour until 3 pm. Usually the inventory of supplies is checked and the oxygen and suction equipment tested. This time the Communications Division also analyzed the charging systems on all ambulances. They began with an under-the-hood inspection of the batteries and wiring, then tested the chargers for the radios and ECG monitors and performed frequency checks on the EMRC radios. Several small problems were discovered and, when corrected, will avoid more extensive repair. According to Capt. Donald Howell, "I'm glad we were

able to have such a detailed inspection of our units; now we know what to do to correct the problems." Chief Richard Shaw added, "If we make this an annual preventive maintenance event we could save the department a lot of money!" Three of the six ambulances passed the inspection and the other three are to be reinspected soon and are expected to pass. Congratulations to all Howard County companies on a job well done!

### Crisis and Stress Workshops

Jeffrey T. Mitchell, PhD, will be presenting several crisis intervention and stress management workshops in the next months. The crisis intervention workshops will assist you in dealing with mentally disturbed, intoxicated, and hysterical patients. The stress management workshops will help you in dealing with the pressures and stress of working in EMS. Preregistration is required and seating may be limited so call the Region III Office

as soon as possible if you are interested. All workshops run 8:30-4:30, and are scheduled as follows:

#### Crisis Intervention

Sept. 1 . . . Baltimore City Fire Academy  
Oct. 1 . . . . . Carroll County  
Oct. 15 . . . . . Level Vol. Fire Company  
(Harford County)  
Nov. 4 . . . . . Balto. County Fire Academy

#### Stress Management

Sept. 9 . . . Baltimore City Fire Academy  
Oct. 11 . . . Balto. County Fire Academy  
Dec. 3 . . . . . University of Maryland  
Baltimore County

### Equipment Marking

Recently there has been an increase in the loss of equipment because it is not marked. Please be sure all your equipment is marked with your company name, unit number, and jurisdiction.

— Kerry Smith, John Donohue  
(301) 528-3996

## Region V

*Region V includes Calvert, Charles, Montgomery, Prince Georges, and St. Marys counties.*

The number of serious automobile accidents involving teenagers has been of concern in Charles County and has led to the development of a grass-roots prevention program — "Arrive Alive." During the summer and fall of 1982, accidents in which teenagers were severely injured or killed were averaging one a week in Charles County. On EMS Day at last year's County Fair a vehicle carrying four teenagers crashed head-on into a tree at a high rate of speed. A 17-year-old girl was killed; two other critically injured teens

were flown to the STATT Unit at Prince George's General Hospital by Maryland State Police Med-Evac helicopter.

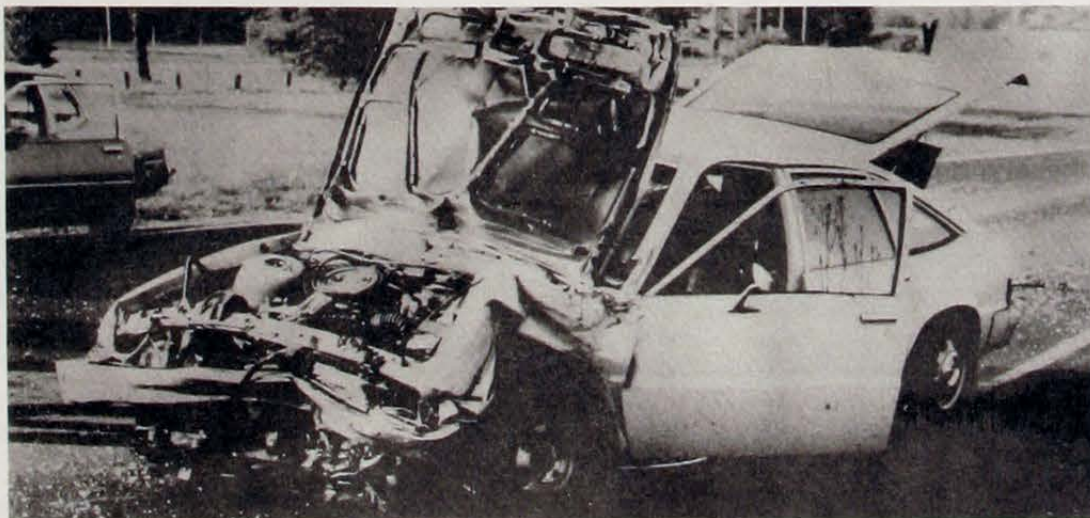
The horror of that accident and its impact on the community led to the development of "Arrive Alive," a public awareness program gaining national recognition. When Charles County volunteer CRT Leon Hayes (now chairman of the Region V EMS Advisory Council) returned from that accident, he was shaken and appalled and discussed his feelings and concerns with his daughter Sherry, who works in the Charles County school system. That night the concept of a local drunk driving prevention program for teenagers was born.

As the "Arrive Alive" program evolved in Charles County, a variety of groups lent their support. The Charles County EMS Advisory Council and EMS Association both sponsored the effort. The Maryland State Police, the Charles County Sheriffs Department, and the County Fire Board provided data, materials, and expertise.

The 45-minute program consists of a media presentation and a discussion. An actual recording of the radio communications during the fatal accident on County Fair Day is played while slides of the rescue operation are shown. In the second part of the program, that accident's outcome and statistics on teenage highway fatalities are presented followed by a discussion of the decisions teens can make to protect themselves and others.

The program has been offered by Ms. Hayes and Maryland State TFC Michael Musial as a supplement to driver education classes throughout Charles County. It was also offered as part of Bowie High School's Drinking, Drugs and Driving Awareness Week by Ms. Hayes and Lt. Norman Mowbray, also of the Waldorf barrack. To add to the program's effectiveness, a wrecked car from a fatal crash is parked on a flatbed truck in front of the school prior to the program. This tangible symbol of driving dangers seems to increase receptivity to the "Arrive Alive" message.

— Marie Warner  
(301) 773-7970



A wrecked car provides a tangible symbol of driving dangers to teenagers in the "Arrive Alive" program.



# Car Seat Legislation in MD Meets Important Need

*Editor's Note: On January 1, 1984, new legislation mandating car seats and seat belts for children will go into effect. Since emergency care providers are well respected in matters concerning accident safety and prevention, the Maryland EMS News will feature a series of articles on the new law and its effects beginning this month. You may wish to save these articles for reference or distribution in your community.*

*Contributors to this series have included Margaret Widner-Kolberg, MIEMSS pediatric nursing coordinator; Kenneth Roberts, MD, associate chief of pediatrics, Sinai Hospital, vice president for legislation of the Maryland Child Passenger Safety Association, and chairman of the Accident Prevention Committee, American Academy of Pediatrics, Maryland Chapter; and the staff of the Kids in Safety Seats (KISS) program.*

*The first thing to realize about the new car seat legislation is that although you may think it's a good idea, not everyone has seen the young victims of accidents that you have, nor have they suffered as the parents and families of these children have. There is a fairly large group of people who either don't want to be told to buckle their kids up, or who agree with the idea but won't take the time to do it.*

*This segment of our car series will deal with answers to questions about why legislation is necessary, and what the legislation says.*

## Why do we need a law?

Automobile accidents are the primary cause of death and injury in children. Properly used, car seats and seat belts could eliminate up to 90 percent of deaths and 80 percent of injuries from these accidents.

Also, the strength of a law and its affiliate penalties, coupled with public education have proven to be the only effective means of getting more parents to secure their children.

## Why can't we just let parents decide to protect their own children?

Forty states and the District of Columbia now have recognized that parents have failed to prevent the leading cause of crippling injury and death in children. Other major areas of a child's environment, like schooling, immunizations, and abuse are not left to the parents' discretion, but are also regulated by law. The purpose of the law is to exercise the child's right to safety, and obviously infants and young children cannot make this choice.

## Does the law work?

Yes. In just two years, the Tennessee law regarding child restraints helped reduce childhood deaths from accidents by 55 percent, and injuries by 30 percent.

## Do police support the legislation?

In Maryland the support has been resounding. Without the law, police are powerless even in flagrant situations — children hanging out of windows, standing in the back of trucks, etc.; with legislation and penalty, parents are far more accepting of the law.

## Terms of Law

Below is a synopsis of Maryland's child restraint law that becomes effective January 1, 1984.

### Who is protected under the law?

- Children under two years of age who must be secured in a federally approved seat.
- Children between three and four years of age who must be secured in a federally approved safety seat or properly used seat belt.

### Who is responsible for meeting the conditions of the law?

- Any person driving a Class A (passenger) car or Class M (multi-purpose) vehicle is responsible for properly securing the children riding with them.

### What is the definition of an approved safety seat?

- Seats manufactured after January 1, 1981 are approved. (The date is stamped on them.)
- Seats manufactured before 1981 may be approved. They should have the words "dynamically tested" or "crash tested" in the instructions. If there is any question, call the manufacturer.

### What is the penalty for non-compliance?

- There is a \$25 penalty for not obeying the law.
- A judge may drop the fine if the person charged proves a car seat has been obtained.

### What are the exceptions to the law?

- Children who cannot use a car safety seat because of medical problems (with a note from their doctor).
- Children who are riding in a car where there are more children than safety belts, providing all of the safety belts are used.

—Rochelle Cohen

## Why is this a public issue?

There are many reasons, but the most important are:

- Children are our most important public resource. The death or disability of a child is a loss of a public resource.
- Non-secured children clamoring around in a car cause many accidents, injuring not only themselves but others.
- Public funds support the expensive prehospital care, intensive in-hospital care, and rehabilitation services to the victims.
- The state has a responsibility for the protection of children.

## Has there been any real support for the law?

In three separate surveys, more than two-thirds of Marylanders have favored legislation. Testimony in favor of legislation has been presented in Annapolis by the Maryland State Police, the Motor Vehicle Administration, the State Department of Health and Mental Hygiene, the Medical and Chirurgical Faculty of Maryland, the Maryland Chapter of the American Academy of Pediatrics, the American Trauma Society, the Maryland Chapter of the American College of Emergency Physicians, MIEMSS, the Motor Vehicle Manufacturers Association, AAA of Maryland, the Maryland Committee for Children, Inc., and others. This year, a statewide Maryland Child Passenger Safety Association has been formed, and other professional and citizen groups have joined in support, including Mothers against Drunk Drivers (MADD), the Maryland Federation of Women's Clubs, and Maryland State Jaycee Women.

## How can people get a car safety seat?

Car safety seats can be rented or borrowed at low cost from loaner programs in many areas of Maryland. Car safety seats can be bought at department stores, toy stores, specialty stores for children, etc.

## How can I get more information?

For facts about the law, contact your local State Police Barracks, or the Maryland Department of Transportation, Public Affairs Division, P. O. Box 8755, BWI Airport, Baltimore, MD 21240, (301) 859-7302.

For facts about car seats, contact your local library, or Project KISS, Maryland Department of Health and Mental Hygiene, 300 W. Preston Street, Room 410, Baltimore, MD 21201, (301) 383-7290.

—Rochelle Cohen



# Nursing Resusci-Annies to Health



Linda and Bernie Zlomek treat a traumatized Resusci-Annie.

Heads, lungs, and torsos often clutter Linda and Bernie Zlomek's basement in Frostburg, but the neighbors aren't shocked; in fact, they often "get a kick" out of what they see.

Actually, for the past five years, the Zlomek's home has been a kind of shock trauma center for ailing Resusci-Annies, a place where they can get care for their abused and injured parts.

All Resusci-Annies admitted to the Zlomeks get a revitalizing sanitization — inside and out for \$2. Any work beyond that is based on necessary parts and labor. Generally, Mrs. Zlomek handles the sanitizing and basic repair work, while her husband does the more technical jobs,

## Emergency Psychiatry

The Practitioner's Guide to Emergency Psychiatry is scheduled for September 30 (8:30 am – 4:00 pm) in the CON/MET Room of the Crownsville Hospital Center.

The workshop is offered to law officers, all levels of ambulance personnel, emergency department personnel, and mental health care providers. The workshop is free, but registration is limited to 150 participants.

Sponsored by the Mental Hygiene Administration, Department of Health and Mental Hygiene, the Crownsville Hospital Center, and MIEMSS, the workshop will focus on a practical approach to managing patients with psychiatric emergencies, addressing the clinical, legal, and administrative issues.

For further information, contact MIEMSS Field Nursing Office, (301) 528-3931.

including drilling, welding, and electrical work.

"Most of our calls are for a thorough cleaning," Ms. Zlomek said, "but we see many of the mannequins with leaks in their inflatable bodies, which we fix with a special repair kit." More critically ailing dolls may have missing limbs, avulsed eyes, or shoulder section breaks.

Generally, the cost of fixing Annie is \$6–\$7, many times less than the fees charged by Annie's manufacturer for repair, and far less than the replacement cost of \$430 for Resusci-Annie and \$1,000 for Recorda-Annie.

Ora Mae Lewis, executive director of the Heart Association of Western Maryland, used to fix the broken Annies herself, but the additional work became too time-consuming. Ms. Zlomek heard of Ms. Lewis's need for this service through her husband, a CPR instructor-trainer, and felt the flexibility of the job was perfect for her as the mother of young children.

"Linda [Ms. Zlomek] does a beautiful job with the dolls," Ms. Lewis commented, "keeping them in perfect shape for such a nominal fee." Funds for the repairs were raised by a local sorority.

Like many businesses, the workload in CPR mannequin repair is often seasonal, with lots of work in January, just before new training classes begin, and again in April and May when classes end. Then, Ms. Zlomek might receive jobs from

various places offering programs, including ambulance services, fire companies, community colleges, and hospitals. She is the only person in Western Maryland providing this service, and works on approximately 100 Annies every year.

According to Dave Ramsey, Region I administrator, the Zlomeks have saved the county many thousands of dollars by replacing Annies. "We took one doll to Linda that was almost certainly a 'throw-away,'" Ramsey related, "but for \$15 she restored it to its original shape.

"These are really good people," he added, "and they have done a great service for our community."

—Rochelle Cohen

## Readers Take Note!

We are trying to purge our mailing list of duplications. You should receive our next issue by October 21. At that time, if you are still receiving more than one copy of the newsletter, please let us know. Or if you have been inadvertently "dropped" and do not receive the October issue, please inform us. Call (301) 528-3248 or write to the Editorial/Publications Office, MIEMSS, 22 S. Greene St., Baltimore, MD 21201.



## Trauma Symposium Set for Nov.

The Sixth Annual National Trauma Symposium to be held November 17–19, at the Hyatt Regency, Baltimore on the Inner Harbor, will be the national forum at which physicians, nurses, and administrators from across the nation discuss major issues in the state-of-the-art of trauma care. The faculty will consist of national experts on trauma and will provide first-hand experience in dealing with trauma and its related issues. The program will include such topics as forecasting fu-

ture demands for EMS and trauma; DRGs and trauma system development; reimbursement for trauma services; and ethics and the trauma setting. There will be two general plenary sessions covering topics of common interest as well as three concurrent specialty tracks for physicians, nurses, and administrators. The program is accredited by the AMA, ACEP, ANA, and ACHA. For further information, contact Patricia McAllister, MIEMSS, (301) 528-2399.

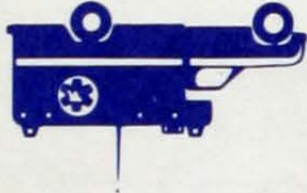


12 NOON - 5:00 P.M.

Baltimore County Campus  
of the University of Maryland (UMBC)

Sunday, September 18th

Join Us



# Emergency Medical Services Olympics

is the Third Annual

Highlighting EMS Week - Sept. 18-24

## Maryland EMS NEWS



Published monthly by the  
Maryland Institute  
for

Emergency Medical Services Systems

University of Maryland at Baltimore  
22 S. Greene St., Baltimore, MD 21201 - 1595

Director: R Adams Cowley, MD  
Editor: Alasdair Conn, MD,  
(301) 528-7800  
Managing Editor: Beverly Sopp,  
(301) 528-3248

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