Maryland
E·M·S
NEWSLETTER

Vol. 16, No. 9 | For All Emergency Medical Care Providers | May 1990

Ocean City's population often swells to 300,000 during the summer. (Photo courtesy of Ocean City EMS)

EMS at a Summer Resort

Imagine trying to project EMS needs for a city whose population varies from 10,000 to 15,000 year-round to 300,000 during the summer. That's exactly what happens in Ocean City, Maryland, every year—and it probably is the same in many other resort areas. This article details how one resort deals with such fluctuations based on seasonal variations.

Ocean City EMS is a study in contrasts. October through March is the time for housekeeping, equipment maintenance, continuing education, and training. An average of about two EMS calls per day are answered. Then in March, beginning with early spring weekends, the influx of people starts. In 1989, the pattern of EMS calls looked like this:

January	100
March	112
May	261
June	583
July	644
August	506
September	297

Ocean City is a long, thin peninsula—actually a barrier island—protecting the mainland of Maryland's eastern shore from the Atlantic Ocean. The city has one main thoroughfare, Ocean Highway, crossed by streets numbered from 1 to 145 with named streets between. Before the State Highway Department put up a concrete median strip, there used to be severe traffic accidents and head-on collisions. Thanks to the divider, most auto crashes are minor, rear-end collisions or fender-benders. Alcohol is often a contributing factor in crashes.

Other frequent EMS calls include pedestrian accidents, chest pains, and

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beach calls. There are many neck and back injuries with suspected spine injury when there is rough surf. Surfers are separated from swimmers by having designated surfing areas, different each day, with lifeguards patrolling the area. In the event of an accident on the beach, lifeguards on every block have portable radios with which to call EMS directly; it is not necessary to call the 911 communication center.

EMS personnel have noticed what they call the "Ocean City Syndrome": People sit on the beach in the hot sun all day, have nothing to eat or drink, then go into an air-conditioned restaurant—and faint. Many times the people have revived in the few minutes it takes for EMS personnel to arrive and they refuse service. Medics suggest taking them to local medical services. If a person does not revive quickly and it is necessary to begin IVs, it is then necessary to transport to the nearest hospital, Peninsula General Hospital in Salisbury.

Personnel

Ocean City EMS personnel number 21 year-round (19 EMT-Ps and 2 CRTs) and are augmented by 12 extra people in the summer. During the off-season, only two out of four stations are open. All EMS personnel are career city employees. Service is given 24 hours a day.

EMS personnel function as firefighters as well. EMS personnel live in the Ocean City Volunteer Fire Department headquarters building, and they work closely with Fire Chief Roger Steger. Some of the volunteer firefighters are trained in EMS and can pitch in on medic units when needed.

EMS Director David Collins keeps the full complement of EMS personnel from Memorial Day through September, when the weather and the water are still warm. On October 1 the staff is cut back to off-season status. "We have an alerting system, pagers, call back for standby crews, and communication operators, so if all the regular crews are out we are never uncovered," Mr. Collins says. Ocean City EMS also has a Dive Team, trained for underwater search and recovery. They are used in the event of cars submerged under water, boat accidents, or drownings.

Transport

Ocean City has nine ambulances and keeps four to five staffed during the busy season. They can call back to mobilize additional units as needed. A unit is also kept at a fire station on the mainland to serve the population in that area in the event the bridge cannot be used. Peninsula General Hospital, which offers secondary and tertiary care, is located 30 miles away, a 30-or-less minute drive. It is considered to be a 2-hour turnaround time for the medic unit. This is only a problem when calls come in clusters. "If there are four calls a day that must go to Salisbury and they all happen at noontime, it makes life difficult," Mr. Collins says. "If they're spaced, there's no problem."

Ocean City EMS responds to a car crash. (Photo courtesy of Ocean City EMS)

Robert Adkins, MD, medical director for Region IV and the director of the emergency department at Peninsula General Hospital, says that "if you do the right thing at the scene promptly, transport is not a concern. It does not have the priority it would have if the personnel were not capable of giving high-quality care."

In the event of a trauma emergency that requires immediate transport, Ocean City EMS, as does the rest of Maryland, relies upon the Maryland State Police (MSP) Aviation Division med-evac helicopters. There is a MSP helicopter section in Salisbury.

Training

Ocean City has the only approved EMT-P training program in Region IV. Keith Downey, EMT-P coordinator, put together the paramedic program for the Lower Shore. Although it is set up particularly for Ocean City personnel, they cannot all be sent at one time; therefore, others outside the city are invited to take it. EMT-P courses follow the DOT guidelines for National Registry levels. Chuck Barton is the resident instructor for EMT-P, CRT, ACLS and CPR courses at Ocean City. Continuing education courses are held monthly throughout the slow seasons.

For the past two years, Ocean City has hosted the spring season programs of the "Promoting Excellence in EMS" conference. In 1989 the National Registry exam was conducted in the Ocean City area at the nearby Berlin Fire Department.

Dr. Adkins explains, "Ocean City EMS has done an excellent job. The City has been most supportive of their needs, and a local group—the Ocean City Paramedic Foundation—has been most vigorous in backing them in their educational endeavors. They are on the cutting edge of advancing themselves to the state of professionalism that is needed. We're very proud that Ocean City, the Paramedic Foundation, and Peninsula General Hospital got together for the training of CRTs and EMT-Ps. We serve as a training site and give case reviews."

Emergency Management

The Emergency Management System in Ocean City had its origin in the Civil Defense Office during World War II. Its director is appointed by the governor. Such offices differ from city to city, but here it is part of the EMS system. Its major function is to coordinate with all city departments. Once policies and procedures are established among the agencies, it doesn't require full-time attention; it is used only during large-scale disasters. Clay Stamp, Ocean City's director of emergency management, doubles as

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CDC Issues Guidelines for Use of AZT

Health care workers remain concerned about exposure to body fluids containing the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV). Safety guidelines, based on recommendations from the Centers for Disease Control (CDC), were published by MIEMSS in 1987 and updated in 1989. Those measures remain the primary means of preventing the spread of HIV and HBV to health care personnel during the performance of their duties.

Investigators at the CDC and elsewhere are studying the effects of zidovudine given to health care workers exposed to HIV-infected fluids. Zidovudine, also known as AZT and Retrovir, inhibits the replication of some retroviruses, including HIV. Current studies of zidovudine administration following occupational exposure to HIV are described in a recent issue of *Morbidity and Mortality Weekly Report*. This article is based on that document.

Support for this prophylactic treatment of certain occupational exposures is founded on zidovudine's antiviral effect in people with HIV infection, the apparent reversibility of acute toxicity following brief zidovudine use, and the suggestion from animal studies that the drug may modify the course of infection. Zidovudine is not a "cure"; it lessens the physical impact of HIV infection for a time and thereby improves the quality of life for those who are infected.

Many concerns about this treatment persist. Side effects in people with symptomatic and asymptomatic infections include granulocytopenia, anemia, headache, nausea, insomnia, myalgia, and anorexia. Forty-nine health care workers exposed to HIV on the job were given zidovudine for 6 weeks; the most frequent adverse effects were nausea and vomiting. The long-term toxicity, including teratogenic and carcinogenic effects, in healthy persons not infected with HIV is not known. In trials conducted with mice and rats receiving zidovudine, the development of tumors, including carcinomas, was observed; the plasma level of the drug was 10 times higher than the level achieved in humans taking dosages approved by the Federal Drug Administration.

When zidovudine use is considered after an occupational exposure to HIV, several factors should be evaluated. Assessment of the risk of infection should take into account the results of studies of exposed health care personnel: the risk of HIV transmission per percutaneous exposure to HIV-infected blood is 0.4%; the risk is even lower for mucous membrane or skin exposure. The transmission risk following exposure to body fluids other than blood is unknown.

Risk evaluation should also encompass factors that may increase or decrease the probability of transmission. Those variables include the likelihood that the fluid contained HIV, the concentration of HIV in the fluid, the route of exposure, and the volume of fluid involved. For example, a percutaneous exposure to HIV concentrations in a research laboratory probably brings higher risk of viral transmission than a similar exposure to HIV-infected blood in the clinical setting.

The time between exposure and initiation of zidovudine prophylaxis is also an important consideration. Treatment should be initiated promptly. Human lymphocytes may be infected within hours after HIV exposure, and acute retroviral illness may manifest as early as 2 weeks following transmission.

Physicians who are counseling HIV-exposed health care personnel in regard to zidovudine administration should provide information about risks of transmission, the limitations of current knowledge about the effectiveness and toxicity of zidovudine, and the need for postexposure follow-up, including HIV serologic testing. The Public Health Service/Centers for Disease Control also advise physicians to inform their patients considering zidovudine prophylaxis that diverse opinions exist about this treatment for occupational exposures and that the federal agencies have not made recommendations for or against zidovudine use in this situation because of the limitations of current knowledge.

The CDC is continuing its surveillance of occupational exposures to HIV. Health care workers who are exposed to HIV-infected fluids are encouraged to enroll, through their physicians, in these confidential studies. Further information is available in the "Public Health Service Statement on Management of Occupational Exposure to Human Immunodeficiency Virus, Including Considerations Regarding Zidovudine Postexposure Use" (*MMWR*, Vol. 39, No. RR-l, January 26, 1990).

◆ *Linda Kesselring*

EMS at Ocean City

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assistant director of emergency medical services. In return, David Collins doubles as assistant director of emergency management.

"We have an Emergency Operation Plan that deals with hurricanes, hazardous material incidents, and other disasters," Mr. Stamp says. "The agencies that cooperate in the plan are EMS, police, fire, public works, recreation and parks, and transportation." The plan outlines general responsibilities of each agency; it is up to each department to draw up specific details. They use a checklist for incidents, such as the availability of employees and equipment.

During hurricane season, Mr. Stamp keeps a watchful eye and increases readiness in proportion to the location of the storm. The last major disaster was Hurricane Gloria in 1985. There is no heavy industry in the city, so hazmat incidents are usually minor, but become a problem because of population density. "It might only be a 5-gallon bottle of chlorine that breaks, but if it breaks on the boardwalk in the middle of a crowd, there could be 60 people affected." There are massive amounts of chlorine stored by the Sanitary Commission, which may have leaks but are never out of control; and there are other sources of gasoline or propane.

Dr. Adkins says, "Over the years, Ocean City EMS has had to anticipate significant variations in numbers of population, and has done an excellent job. I've been very pleased with the level of care they have been able to render."

◆ *Erna Segal*

Maryland EMS Reference List

The following reference list is provided for information only. Please call your regional EMS administrator with any questions or for further information.

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

Director: James P.G. Flynn, MD
Deputy Directors: Philip Militello, MD
Ameen I. Ramzy, MD

Office of State EMS Director—301-328-7800

State EMS Director: Ameen I. Ramzy, MD
Aeromedical Director: Douglas Floccare, MD
Acting Deputy Director, Field Operations: Ronald B. Schaefer
Deputy Director, Administration: Robert Dubansky

Regional Programs

Director of Regional Programs: David Ramsey, 301-895-5934
Regional EMS Administrators:
Region I (Allegany and Garrett counties): David Ramsey; 301-895-5934
Region II (Washington and Frederick counties): Richard Mettetal; 301-791-2366 or 301-293-7249
Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties): John Donohue, Beth Nachbar (associate); 301-328-3997
Region IV (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties): Marc Bramble, John Barto (associate); 301-822-1799
Region V (Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties): Marie Warner-Crosson, Gerald G. Gavin (associate); 301-474-1485

Prehospital Training and Certification—301-328-3666

Director: Ronald B. Schaefer
- Training & Certification Operations: George Smith
- Training & Certification Administration: Edward J. Lucey
- Advanced Life Support (ALS) Programs: Dia Gainor
- Basic Life Support (BLS) Programs: Larry West
  —First Responder Program: Harry Wallett
  —EMT-A Reentry/Reciprocity: Pat Smith
- Continuing Education Program: Craig Coleman
- Quality Assurance Program: Kenneth L. Young
- Curriculum Development: Michael A. Olds

Communications—301-328-3668

Director: Gene Bidun
- Communications Engineering: Tom Miller
- Communications Maintenance: Ed Macon
- Communications Operations (EMRC/SYSCOM): Andy Pilarski (chief); Butch Jones (assistant chief)
- Equipment Trouble Reports—1-800-492-1185

Operations Research and Systems Analysis (ORSA)—301-328-7798

Director: Belavadi Shankar, ScD
—MAIS: Kathy Paez
—Trauma Registry: John New

Information and Media Services—301-328-3994

Director: Andy Trohanis
- *Maryland EMS Newsletter*: Beverly Sopp (Publications Office)—301-328-3248
- Audiovisual Library: James Brown (Media Resources)—301-328-3994

EMS Nursing and Specialty Care (Field Nursing)—301-328-3930

Director: Peggy Trimble
- Continuing education, consultation, and nursing liaison
- Specialties and staff contacts include:
  —Cheryl Bowen, high-risk neonatal program
  —Joan Perrault, behavioral emergencies
  —Mary Beachley, trauma
  —Margaret Widner-Kolberg, pediatrics
  —Cindy Raisor, patient transfer inservice liaison and nursing first responder
  —Pat Epifanio, emergency departments and specialty referral centers
  —Judy Bobb, critical care
  —Cathy Trainor, perinatal
  —Trudy Gatto, perinatal
  —Carla Bailey-Jones, perinatal

Planning, Development, and Management Analysis—301-328-3993

Director: Ronald Kropp
- EMS grants, contracts, and interagency agreements
- Liaison with Department of Transportation and Department of Health & Mental Hygiene

Critical Incident Stress Debriefing (CISD) Program

Program Director: Marge Epperson-SeBour
Contact Persons:
Region I: Lee Ross (301-729-8926, home; or 301-759-5995, page)
Regions II, III, IV, and V (Montgomery and Prince George's counties): Marge Epperson-SeBour and Craig Coleman (1-800-648-3001; or 301-328-6416)
Region V (Charles, Calvert, St. Mary's counties): Carolyn Graham (301-934-4012, home; or 301-932-6610, work)
Regional CISD Coordinators: Region I—Lee Ross; Region II—Mike Weller; Region III—Ogden Rogers (Baltimore City) and Jim Clements (counties); Region IV—Chuck Hughes; Region V—Carolyn Hughes (Tri-Counties) and Ed Bickham (Montgomery and Prince George's counties)

Crisis Intervention Preparedness (CIP) Team

- Specially trained six-member team that responds to state disaster situations to provide on-site psychological support to disaster workers and victims

Contact Persons: Marge Epperson-SeBour and Craig Coleman (1-800-648-3001)

High-Risk Adolescent Trauma Prevention Program—301-328-2035

Director: Beverly Dearing
- Teaches adolescents the relationship between alcohol and/or drugs and traffic accidents

REGIONAL EMS

Each jurisdiction in each region has a 911 center.

Region I (Allegany and Garrett counties)

MIEMSS Regional Administrator: David Ramsey, Casselman Ventures Building, Route 40, P.O. Box 34, Grantsville, MD 21536 (301-895-5934)

Regional Medical Director: Frederick W. Miltenberger, MD

Regional EMS Advisory Council: Frances Pope, president

Regional ALS Coordinator: William Hardy

Highest EMS Jurisdictional Officials: Garrett County—William Durst and Rayma Weeks; Allegany County—Robert Shimer

Region II (Washington and Frederick counties)

MIEMSS Regional Administrator: Richard Mettetal, 201 S. Cleveland Avenue, Suite 211, Hagerstown, MD 21740 (301-791-2366 or 301-293-7249)

Regional Medical Director: John Marsh, MD

Regional EMS Advisory Council: Terry Shook, president

ALS Program Medical Directors: Frederick County—Jeffrey Fillmore, MD; Washington County—John Marsh, MD

Regional ALS Program Coordinator: Patricia Hicks

ALS Program Coordinators: Frederick County—Richard Himes; Washington County—Patricia Hicks

Highest EMS Jurisdictional Officials: Frederick County—Andrew Marsh; Washington County—H. Wayne Williams

Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties)

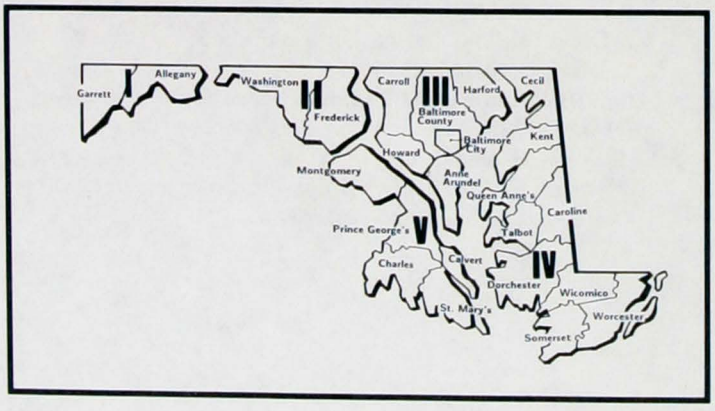
MIEMSS Regional Administrators: John Donohue, Beth Nachbar (associate), 22 S. Greene Street, Baltimore, MD 21201 (301-328-3997)

Regional Medical Directors: Alex Cadoux, MD; Michael Stang, MD (assistant)

Regional EMS Advisory Council: Julie Casani, MD, president

Jurisdictional Medical Directors: Annapolis—Yves Piquion, MD; Anne Arundel County—Roy Myers, MD; Baltimore County and City—Frank Barranco, MD; BWI Fire & Rescue Service—Ameen Ramzy, MD; Carroll County—Robert Gossweiler, MD; Harford County—Rajagopala R. Tripuraneni, MD; Howard County—David Paul, MD; Maryland Natural Resources Police—Peter Oroszlan, MD, MPH

EMS Officers: Annapolis—Lt. David Colburn; Anne Arundel County—Chief Roger Simonds; Baltimore City—Chief Michael Jachelski; Baltimore County—Chief Joseph Sonntag; BWI Fire-Rescue Service—Andres Ben; Carroll County—Charles Barnhart; Harford County—Tom Schaech; Howard County—Chief Donald Howell; Maryland Natural Resources Police—Sgt. John Gilmer



EMS Training Coordinators: Annapolis—Lt. David Colburn (ALS); Anne Arundel Community College—Valerie Simonds (BLS & ALS); Anne Arundel County—Capt. Steve Frye (BLS & ALS); Baltimore City—Lt. Robert Wheeler (BLS) and Capt. John Johnson (ALS); Baltimore County—Lt. Harold Cohen (BLS & ALS); Carroll County—Charles Barnhart (BLS & ALS); Community College of Baltimore—Richard Brooks (BLS & ALS); Essex Community College—Clifford Ritterpusch (BLS); William Neal (ALS); Harford County—Tom Schaech (BLS & ALS); Howard County—Chief James Heller; Maryland Natural Resources Police—Sgt. John Gilmer; UMBC, Emergency Health Services Program—Dennis Jones

Highest EMS Jurisdictional Officials: Annapolis—Chief Edward Sherlock; Anne Arundel County—Fire Administrator Joseph Connell; Baltimore City—Chief Peter J. O'Connor; Baltimore County—Chief Paul Reincke; BWI Fire-Rescue Service—Chief Jack Beall; Carroll County—Scott Clendaniel; Harford County—Ben Kurtz; Howard County—Fire Administrator Richard Shaw; Maryland Natural Resources Police—Sgt. John Gilmer

Metropolitan Fire Chiefs: Chief Peter J. O'Connor, chairman

Baltimore Regional Council of Governments—Fire Chiefs' Council for Areawide Comprehensive Fire Protection Planning: Joseph M. Connell, chairman

Region IV (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties)

MIEMSS Regional Administrators: Marc Bramble, John Barto (associate), P.O. Box 536, Easton, MD 21601 (301-822-1799)

Regional Medical Director: Robert Adkins, MD

Regional EMS Advisory Council: Clay Stamp, president

EMS Medical Directors: Cecil County—Henry Farkas, MD; Dorchester County—Michael Joyce, MD; Kent County—J. Dennis McGettigan, MD; Somerset County—Gregory Belloso, MD; Talbot County—Richard Marasa, MD; Wicomico County—Robert Adkins, MD

Jurisdictional ALS Coordinators: Caroline County—Robert Schoonover; Cecil County—Frank Muller; Ocean City—David Collins; Queen Anne's County—Robert Simpson; Talbot County—Marc Stockley

EMS Nurse Liaisons: Dorchester General Hospital—Tracey Leeson; Memorial Hospital at Easton—Sonya Crawford; Peninsula General Hospital—Terri Nutter

Highest EMS Jurisdictional Officials: Caroline County—Robert Schoonover; Cecil County—Frank Muller; Dorchester County—John Hochheimer; Kent County—Robert Rust; Queen Anne's County—Phillip Hurlock; Somerset County—Robert D. Goldsborough; Talbot County—James Morris; Wicomico County—Jerry Bennett; Worcester County—Catherine Sard

Region V (Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties)

MIEMSS Regional Administrators: Marie Warner-Crosson, Gerald G. Gavin (associate), 5111 Berwyn Road, College Park, MD 20740 (301-474-1485)

Regional Medical Director: Joseph Colella, MD

Regional EMS Advisory Council: Capt. C. Edward Bickham, president

County Medical Directors: Calvert County—David W. Fricke,

MD; Charles County—Howard Haft, MD; Montgomery County—Ira N. Brecher, MD; Prince George's County—Joseph Colella, MD; St. Mary's County—J. Patrick Jarboe, MD

ALS Training Officers: Calvert, Charles, and St. Mary's Counties—Kay Desjardins; Montgomery County—Lt. Willa Little; Prince George's County—Capt. James Mould

EMS Coordinators: Calvert County—Thomas Wright; Charles County—Leon Hayes; Montgomery County—Capt. C. Edward Bickham; Prince George's County—Maj. Philip L. Ewell; St. Mary's County—Paul Wible

Highest EMS Jurisdictional Officers: Calvert County—Robert Short; Charles County—Leon Hayes; Montgomery County—Ramon F. Granados; Prince George's County—Chief Steven Edwards; St. Mary's County—Paul Wible

Regional Emergency Medical Services Advisory Council (REMSAC)

Chairman: Chief Michael Jachelski
Vice-Chairman: John Hochheimer
Secretary: Ken May

MARYLAND STATE POLICE AVIATION DIVISION

Aviation Division, Commander: Maj. Charles R. Hutchins
Flight Operations: Capt. Forrest E. Meeks
Safety Section: Lt. Robert E. Middleton
Helicopter Operations: Lt. William S. Bernard
Administration/Training (Medical Liaison Officer): 2/Lt. Robert J. McGainey
Fixed Wing/SYSCOM: F/S M. E. Shorey
Administration: F/S Robert B. Tanner
Maintenance Operations: Joseph Kuhn
Section Supervisors: Baltimore—F/S R. P. Creel; Washington—F/S J. F. Walker; Frederick—F/S P. C. Crutchley; Salisbury—F/S A. L. Fitzgerald; Cumberland—F/S J. M. Zeigler; Centreville—F/S G. L. Shields; Southern Maryland—Sgt. J. P. LeDonne

HOSPITAL CARE: DIRECTORS

Highest Echelon of Clinical Care

MIEMSS Shock Trauma Center: Philip Militello, MD (clinical director)

Areawide Trauma Centers

Francis Scott Key Medical Center: Timothy G. Buchman, MD, PhD
Johns Hopkins Hospital: Timothy G. Buchman, MD, PhD
Memorial Hospital of Cumberland: Richard Snider, MD
Peninsula General Hospital Medical Center: James Isaacs, MD
Prince George's Hospital Center: Vincent Casibang, MD
Sinai Hospital: Gerald Garguilo, MD
Southern Maryland Hospital Center: Gary Grover, MD
Suburban Hospital of Bethesda: Ernest D. Hanowell, MD
University of Maryland Medical System: Leon Sykes, MD
Washington County Hospital: John R. Marsh, MD (acting director)

Specialty Referral Centers

Baltimore Regional Burn Center: Andrew M. Munster, MD
Burn Center at Washington Hospital Center: Marion Jordan, MD
Raymond M. Curtis Hand Center at Union Memorial Hospital: E.F. Shaw Wilgis, MD
Wilmer Eye Institute: Morton F. Goldberg, MD
Georgetown University Eye Trauma Center: Leonard M. Parver, MD
Johns Hopkins Pediatric Trauma Center: J. Alex Haller, MD
Children's National Medical Center Pediatric Trauma Center: Martin R. Eichelberger, MD
MIEMSS Neurotrauma Center: Walker L. Robinson, MD
MIEMSS Hyperbaric Medicine: Roy A.M. Myers, MD
Johns Hopkins Perinatal Center: Nancy Callan, MD
University of Maryland Medical System Perinatal Center: Marcus Pupkin, MD
Francis Scott Key Medical Center NICU: Fabian Eyal, MD
Johns Hopkins Hospital NICU: Douglas Jones, MD
University of Maryland Medical System NICU: Ira Gewolb, MD
Mercy Hospital NICU: Ronald Gutberlet, MD
St. Agnes Hospital NICU: Howard Birenbaum, MD
Sinai Hospital NICU: Jacob Felix, MD
Greater Baltimore Medical Center NICU: Ambabas Pathak, MD
Children's National Medical Center NICU: Gordon B. Avery, MD
Morgantown Hospital NICU: Martha Mullett, MD

Maryland Hospitals Providing 24-Hour Emergency Department Care

Region I

Frostburg Community Hospital: Harjit Sidhu, MD
Garrett County Memorial Hospital: Gordon Earles, MD
Memorial Hospital & Medical Center of Cumberland, Inc.: Michael Beck, MD
Sacred Heart Hospital: Jeffrey Davis, MD

Region II

Frederick Memorial Hospital: Stephan C.B. Mann, MD
Washington County Hospital: Randy Sue Ellis, MD

Region III

Anne Arundel General Hospital: Kenneth Gummerson, MD
Baltimore County General: Susan Owens, MD
Bon Secours Hospital: William Law, MD
Carroll County General Hospital: Michael Stang, MD
Church Hospital: William Mysko, DO
Fallston General Hospital: Walter Zawislak, MD
Francis Scott Key Medical Center: Gustav Voigt, MD
Franklin Square Hospital: Daniel Morhaim, MD
Good Samaritan Hospital: David Strauss, MD
Greater Baltimore Medical Center: Claudius Klimpt, MD
Harbor Hospital Center: Larry Sherman, MD
Harford Memorial Hospital: Surendra Milak, MD
Homewood Hospital Center: Isadore Feldman, MD
Howard County General Hospital: David Paul, MD
Johns Hopkins Hospital: Keith Sivertson, MD
Liberty Medical Center: Reid Winston, MD, PhD
Maryland General Hospital: Robert Roby, MD
Mercy Hospital: Larry Fitzpatrick, MD
North Arundel Hospital: Walter Scheetz, MD
St. Agnes Hospital: Anne Salmon-Barone, MD
St. Joseph's Hospital: Timothy Bessent, MD
Sinai Hospital: Harold Sussman, MD
Union Memorial Hospital: Alex Cadoux, MD
University of Maryland Medical Center: Robert Barish, MD

Region IV

Dorchester General Hospital: Michael Joyce, MD
Edward W. McCready Memorial Hospital: Gregorio Belloso, MD
Kent/Queen Anne's Hospital: Dennis McGettigan, MD
Memorial Hospital at Easton: Richard Marasa, MD
Peninsula General Hospital: Robert Adkins, MD
Union Hospital of Cecil County: Henry Farkas, MD

Region V

AMI Doctor's Hospital of Prince George's County: Steven Remsen, MD
Calvert Memorial Hospital: David Denekas, MD
Fort Washington Hospital: Kenneth Larsen, MD
Greater Laurel Beltsville Hospital: Reynaldo Rodriguez, MD
Holy Cross Hospital: Lawrence Oufiero, MD
Leland Memorial Hospital: Edward Wilson, MD
Montgomery General Hospital: George Schweitzer, MD
Physician's Memorial Hospital: Barbara Bach, MD
Prince George's Hospital Center: Lawrence Blob, MD
St. Mary's Hospital: Michael Szkotnicki, MD
Shady Grove Adventist Hospital: Gary Langston, MD
Southern Maryland Hospital Center: William Joseph, MD
Suburban Hospital Association: Robert Rothstein, MD
Washington Adventist: Leslie Hardware, MD

Cardiac Consultation Centers

Francis Scott Key Medical Center (Baltimore City): Gustav Voigt, MD
Johns Hopkins Hospital (Baltimore City): Keith Sivertson, MD
University of Maryland Medical Center (Baltimore City): Robert Barish, MD

Poison Consultation Center

Maryland Poison Center/University of Maryland (Baltimore City): Gary Oderda, Pharm.D.

EMS RELATED

Maryland Fire & Rescue Institute
John W. Hoglund, director; F. Patrick Marlatt, assistant director, program support & special programs; Russell J. Strickland, assistant director, field programs division

Maryland State Firemen's Association: Joseph Robison, president; Thomas Mattingly, 1st vice-president; Bernard Smith, 2nd vice-president

Maryland State Ambulance & Rescue Association: Robert F. Killen, president

Maryland Fire-Rescue Education & Training Commission: Charles W. Riley, chairman

Maryland Emergency Management Agency: Dave McMillion, director

Maryland National Guard: Maj. Gen. James F. Fretterd, adjutant general

Federal Emergency Management Agency, EMS Division: Laura Buchbender, superintendent

National Highway Traffic Safety Administration: Frank D. Altobelli, regional administrator

American College of Emergency Physicians, Maryland Chapter: Ted Harrison, MD, president

Emergency Nurses Association, Maryland State Council: Carole Mays, president

EMS Committee, Medical and Chirurgical Faculty of Maryland: Peter M. Fahrney, MD, chairman

Maryland Board of Physician Quality Assurance: Israel H. Weiner, MD, chairman; J. Andrew Sumner, MD, chairman, EMS Committee

Editor's Note: EMS is a dynamic and rapidly changing field. Every effort was made to ensure that the above list is accurate and complete; any omissions are unintentional. However, if you have any corrections or additions, please send them to your regional EMS administrator so that they can be included in the next update of the Maryland EMS Reference List.

Published Monthly

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DATED MATERIAL

PG County Promotes Citizen CPR Training

This year it is estimated by the American Heart Association that 1.5 million people will suffer heart attacks and nearly 650,000 will die; 350,000 will die before ever reaching a hospital. Because CPR started within the first 4 minutes after cardiac arrest greatly increases the chance of survival, Prince Georges (PG) County actively promotes CPR training for all county employees and the public.

CPR training is part of the county's new employee orientation program and is required for all employees. All students who are enrolled in the county school system and graduate after 1992 will be required to take a mandatory health issues course, which includes CPR training. Since the inception of the PG County public education program in 1984, as directed by County Executive Parris Glendening, more than 135,000 citizens have been trained in CPR. The PG Fire Department assists with the coordination and instructor training for this program.

In PG County, CPR Awareness Day is an annual event, in which citizens take a 3-hour CPR course based on guidelines of the American Heart Association.This year Mr. Glendening and PG County Fire Chief Steven T. Edwards designated CPR Awareness Day on April 21. In this year's program, which took place at Eleanor Roosevelt High School in Greenbelt, 792 persons received CPR training and were certified, an increase of 60 percent over last year. This year's activities were a public service of the PG County Fire Department, AMI Doctor's Hospital, various area businesses and organizations, and the PG County public schools. Ninety-five percent of the funding was through contributions.

CPR instruction is also offered by the county throughout the year. Individuals or groups desiring this training can make arrangements by calling the PG Fire Department CPR Hotline at 864-LIVE.

BWI Gets EMSTEL

An EMSTEL (EMS Telephone) line has been installed by MIEMSS Communications Department between the EMRC/SYSCOM Communications Center at UMAB and the Fire/Rescue Services Facility on the runway at BWI Airport.

The EMSTEL line allows EMS and fire personnel at the airport to be in direct contact with EMRC/SYSCOM operators if a medical emergency would occur at the airport. EMS services and assistance can be quickly requested, resulting in an enhanced ability to receive speedy emergency assistance.

EMSTEL lines are presently provided in virtually every central alarm in Maryland. In addition, trauma and medical consulting centers are also being provided with EMSTEL. This system, comprising microwave and telephone lines, allows central alarms and hospitals the ability to reliably contact each other during periods of emergencies. This communications capability is particularly important when emergency needs exceed local EMS response capabilities.

CTCSS in Region III

The MIEMSS Communications Department has been converting Region III EMS radios and towers to the Continuous Tone-Coded Squelch System (CTCSS); the conversion should be completed by the end of May.

Region III ambulances with new radios have a switch enabling reception of the tone code; older radios are being modified. When the Region III conversion is completed, CTCSS will be in effect throughout the state.