Frederick County's Medic 1, a four-wheel drive Suburban, is used to transport CRTs and ALS equipment to the scene of medical emergencies. (Photo by C. Kurt Holter, courtesy of the ***Frederick News Post.)***

ALS Program Underway in Frederick County

Since last May, Frederick county has had a two-tiered advanced life support (ALS) network. The initial call is to the local basic life support (BLS) ambulance, staffed with EMTs. The ALS team of CRTs may be dispatched simultaneously with the BLS; may be called later, if the EMTs see a need; or may be called if the ED physician so requests based on information relayed by the EMTs at the scene. In this way, since they are not responding to all emergency medical calls, a small number of CRTs can serve a relatively large geographical area with assurance that a CRT will be available to fill ALS needs; in addition, since the CRTs are responding only to ALS calls in an expanded zone of response, they can be assured of maintaining their CRT skills.

ALS in Frederick county makes a difference in patient care, emphasized Harold Jenkins, MD, medical director of the program. Before last year, for example, the ambulance attendants could only tell the ED staff that they were bringing in a patient with chest pains and specific vital signs. "Now, it's almost like being in a hospital ED once the CRTs arrive on the scene, with rapid administration of medication under strict order of the physician often making the difference between life and death," Dr. Jenkins said. According to statistics, a heart attack victim has a 15 – 30 percent better chance of recovery if he/she receives ALS care.

The Frederick county ALS was developed by the Region II Council, who recognized the need for such a program several years ago. "We felt the time was right last year," Region II Coordinator Mike Smith explained, "since funds were available through the EMS Act." Half of the system's $40,000 start-up budget comes from a federal grant, the rest from matching funds from the county commissioners.

The ALS vehicles, currently a four-wheel drive Suburban and a second-hand sheriff's car, carry the CRTs, drugs, and sophisticated equipment to the emergency scene. The vehicles are used only for transporting equipment and technicians, not patients. (The BLS unit responding to the call transports the patient.) The unit is dispatched from its central location to the scene, where the ambulance crew has been preparing the patient for transport. Vehicles are supervised on a day-to-day basis by ALS Coordinator Bob Brashears.

"Generally two CRTs and a driver (either another CRT or an EMT) man the ALS vehicle," Mr. Brashears explained. "Once at the scene, one CRT takes charge of the patient, works to stabilize him, and then rides along to the hospital. As soon as the CRT assumes charge of the patient the ALS unit is available for more calls." Most calls are for chest pain, but the unit may also be called for respiratory problems, substance abuse, diabetes, or personal injury.

Although Mr. Smith said he would like to see one more unit to help cover the county from a second location, he does not believe that additional units would be necessary. "We have closely studied the situation here and around the country, and we believe that two units would be optimum at this time. More than that would create too few calls for the CRTs to maintain their skills, since skill deterioration occurs when too many CRTs exist for too few emergencies. We want to provide

(Continued on page 7)

Regional EMS Advisory Council Minutes

The EMT-A practical exam, block grant funding, ambulance runsheets, and EMS legislation were among the topics discussed at the January 27 meeting of the Regional Emergency Medical Services Advisory Council (REMSAC).

EMT Practical Skills Exam

A motion was passed to maintain the present standardized EMT-A practical exam until the REMSAC Training and Education Committee has reviewed the pilot practicals. This action was taken after the committee's chairperson, Mary Beachley, RN, read a letter that her committee composed in response to the proposal to alter the practical exam. She said her committee wants R Adams Cowley, MD, director of MIEMSS, to delay any decisions regarding the EMT-A practical exam until July 1983. REMSAC chairperson, Capt. Mary Beth Michos, RN, said she would send copies of the committee's letter, with a cover letter on behalf of REMSAC, to Dr. Cowley and the members of the Ad Hoc Committee on Training/Testing/Certification.

Block Grants

The council also established a committee to determine statewide priorities for block grant funding. The Grant Review Committee, as it has been named, will consist of one representative from each of the five regional EMS advisory councils. The committee was to have met at the end of March to prioritize the block grant proposals that were submitted to MIEMSS on March 14.

Ambulance Runsheet Committee

Copies of the revised ambulance report form, designed by REMSAC's Runsheet Committee, were distributed to REMSAC members for their review. The committee's chairperson, Mark Moody, PhD, said the revised form differs from the previously used form in that it has places to record the skills the EMS provider performed during transport, additional information needed, exceptional calls, and a narrative that can be read by an optical scanner. Chairperson Michos told REMSAC members to send any comments or recommendations regarding the revised report form to the Runsheet Committee before it met to finalize the format of the form.

Legislative Issues

A bill that would allow EMT-paramedics to practice in Maryland was given to Senator Rosalie Abrams to introduce in the Maryland General Assembly this year, according to Edgar Crist, co-chairperson of REMSAC's EMT-P Legislation Subcommittee. He also said his committee sent letters to persons interested in this issue. Chairperson Michos said that REMSAC should begin to solicit letters of support for this legislation.

Car seat legislation was discussed by Susan Frye, of the Shady Grove Adventist Hospital in Rockville and a member of the Montgomery County KISS program. She gave REMSAC members copies of House Bill 5, which requires children up to five years of age to be strapped into some type of car safety device. The council approved a motion to support the concept of this legislation and to draft a letter to the Maryland legislature's Judiciary Committee before the date of the hearing on House Bill 5.

Other current EMS legislation was discussed by Dennis Evans, an associate administrator of MIEMSS. The status of this legislation is summarized in the Legislative Update on page 6.

Hospice Protocol

In other matters, the first draft of the proposed hospice protocol was distributed to REMSAC members for their review. The protocol requires each hospice to have its own medical director and one or more physicians with the goal of providing appropriate care. Chairperson Michos recommended that the regional EMS advisory councils circulate the protocol to their local prehospital providers, medical personnel, and EMS organizations to get their feedback and to report any questions, concerns, and recommendations to REMSAC.

Intubation

Alasdair Conn, MD, program director of MIEMSS field operations, said he had met with the Board of Medical Examiners of Maryland concerning the status report of the Montgomery County pilot intubation program. He also said that Peter Chodoff, MD, chief of critical care/anesthesiology at MIEMSS and a member of the Executive Committee of the Society of Anesthesiology of Maryland and the District of Columbia, will be looking into an endotracheal intubation program for prehospital providers in Maryland.

Region I

The Region I coordinator reported that Sacred Heart Hospital is introducing a crisis intervention service for EMTs and CRTs. The service will be available on both an emergency and a scheduled basis. In addition, the Region I EMS Advisory Council has elected new officers. They are Gina Glick, MD, chairperson; Steven Hamilton, vice-chairperson; and Roxy Schulten, secretary/treasurer. He also said meetings are being held concerning Med-Evac service in Region I.

Region II

The representative for Region II said Washington County Hospital is scheduled to open its new emergency department, trauma admitting area, and intensive care unit in February. He also said that an advanced cardiac life support coordinator will be hired by Washington County.

Region III

The Region III coordinator announced that a special meeting had been held to discuss drug protocols and that another special meeting would be held in February concerning legislative matters.

Region IV

The Region IV coordinator reported that a CRT course had been started with 15 students and that a CRT instructor candidate would monitor the course.

Region V

The Region V coordinator said that the Region's EMS Advisory Council had endorsed the "Kids in Safety Seats" concept, but was opposed to the proposal to change the EMT-A practical exam. She also announced the names of the council's new officers: Leon Hayes, chairperson; Gary Langston, MD, vice-chairperson; and Scott Whitney, secretary.

Huge Savings Offered On Ambo Equipment

MIEMSS Region I Office recently learned of a program which could save nonprofit ambulance and fire companies up to 50 percent of the purchase of operational supplies and equipment. Through the Maryland Department of General Services Administration (Provisions Subdivision), eligible ambulance and fire companies may purchase specified items at the state bid price. To learn more about this service, contact James Mann, GSA, at (301) 383-3573.

Ad Hoc Committee: Feb. Meeting

The EMT-A practical skills evaluation proposal was the main topic of discussion at the meeting of the Ad Hoc Committee on Training/Testing/Certification, held February 3.

John Fuston, of the Maryland Council of Fire and Rescue Training Academies, told the committee that his council would accept the decision of the Ad Hoc Committee regarding EMT-A practical skills testing.

Smith Stathem, Jr., of the Maryland State Firemen's Association, said the association's Executive Committee has endorsed the original proposal. He said the Executive Committee would also have to endorse any revisions that are made to that proposal.

He and Chief Paul Reincke, of the Metropolitan Fire Chiefs of Maryland, agreed that training guidelines for EMT-As should be standard statewide. Chief Reincke added that each county, once the EMT-A had been certified, would be permitted to train above that standard. He also maintained that the practical skills evaluation should be conducted at the end of the EMT-A course.

Charles Riley concurred. Head of the Maryland Fire Rescue Education and Training Commission (MFRETC), Mr. Riley also said decisions must be made about the number of stations in the practical evaluation and the method of retraining EMT-A candidates who do not pass the practical. He announced that the final proposal would be presented to MFRETC for its endorsement at its next meeting.

John Hoglund and Jesse Jackson, both of the Maryland Fire and Rescue Institute (MFRI), presented an amended proposal, stating that retraining for EMT-As who do not pass the practical should not take place at the examination site. Instead, they propose that special remedial training methods should be instituted. Their proposal also states that liability for the actions of EMT-As in the field should extend to the instructor.

In explaining MFRI's position, Mr. Hoglund said MFRI would conduct courses that it funded and would accept authority for a practical skills exam given at the end of the EMT-A course, but not for final certification of EMT-As.

Alasdair Conn, MD, program director of MIEMSS field operations, also presented a modified proposal, stating that reciprocity must be maintained.

The question of reciprocity was addressed by Chief M. H. Estepp, of the Metropolitan Fire Chiefs of Maryland. He read from a letter he wrote to R Adams Cowley, director of MIEMSS, that voiced the minority position of Prince Georges County. Chief Estepp said he supports the concept of intrastate and regional reciprocity of certification, but added, ". . . we have operated for years, both in the county and through mutual aid pacts with other jurisdictions, without reciprocity of certification; and have not suffered."

Objecting to the suggestion that the proposal for changing the EMT-A certification process would result in a loss both of standardization, and of objectivity by EMT instructors, Chief Estepp said, "The EMT-A program presently has a standard course outline and content; uses a standardized textbook; is employing a standardized methods manual (the 'Maryland Way'); and will continue to have a standardized, statewide, written test. To suggest the loss of objectivity is to demean the values and integrity of the fine cadre of EMT instructors in the state who are certified by the Maryland Instructor Certification and Review Board. Further, to suggest that they would be subject to peer pressure to pass substandard students is also to question their integrity. From our viewpoint, since we stand to assume the liability for the actions of our personnel, we would be foolish to increase our vulnerability in this area by pushing personnel into positions of responsibility before we thought they were ready."

Dr. Cowley appointed Ted Porter, of the State Board of Higher Education, and Alexander Gretes, associate director of MIEMSS, to form a subcommittee to address the guidelines and implementation of the EMT-A practical skills exam.

The number of stations that the practical exam should have was not completely resolved, but the committee decided to take a poll of its members on that issue at a future meeting.

However, the committee did pass a motion, stating that CPR training should be given during the EMT-A course and that the CPR qualifying exam should be given prior to the final examination. In addition, the committee decided to implement the modifications in EMT-A practical skills testing at the beginning of the school year.

The Ad Hoc Committee on EMT Training/Testing/Certification was formed in 1978 to identify, address, and resolve EMT-A problems. The following agencies are represented on the committee:

- Maryland Council of Fire and Rescue Training Academies
- Maryland Fire and Rescue Institute
- Maryland Fire Rescue Education and Training Commission
- Maryland State Ambulance and Rescue Association
- Maryland State Firemen's Association
- MIEMSS
- Regional EMS Advisory Committee (REMSAC)

STC Drunk Driving Stats High

"We are starting to notice a favorable downward trend in alcohol involvement in our traffic victims," said William E. Clark, director of administration for MIEMSS, at a recent hearing on alcohol legislation held by the House Judiciary Committee of the Maryland General Assembly.

However, the problem "remains unacceptably high," he added, and lends support for the need for stiffer laws aimed at identifying and removing intoxicated drivers from highways.

"Of those victims tested at the Shock Trauma Center [827 traffic accident victims in 1982 and 686 victims in 1981], we recorded a reduction from 48.3 percent with a positive BAC (blood alcohol concentration) in 1981 to 40.5 percent with a positive BAC in 1982," said Mr. Clark.

"Our studies also indicate a slight reduction in the levels of intoxication," he added. He pointed out that of those traffic victims with a positive BAC, 86.1 percent were at or above the legal limit for operating a motor vehicle in Maryland in 1981 as compared with 82.1 percent in 1982.

Although these data are encouraging, the problem is far from solved, said Mr. Clark. "Therefore, we continue to strongly support legislative and other initiatives that will make our highways safer. We are simply getting too much business attributable to alcohol abuse."

Focusing on Field Operations

After much discussion, representatives at the February meeting of the Ad Hoc Committee on Training/Testing/Certification reached the consensus that all EMTs would be tested in CPR and would also have to pass two additional practical stations, each testing more than one skill. For example, one station would have a scenario in which the EMT candidate had to do an assessment, measure the vital signs, discover the injuries, and then begin to treat the injuries. In this way, the practical skills exam would mirror more closely what the EMT would encounter on the street. The second skills station would focus on medical emergencies. The skills to be tested at both stations would be chosen randomly from the list of skills in the EMT course. MFRI is looking at this proposal and will be fine-tuning and pilot-testing it within the next few months. We hope that a new practical can be started by the beginning of the next school year and alleviate many of the problems that previously plagued the EMT practicals.

Paramedic Legislation

It appears that the paramedic legislation will receive a favorable report (see legislative update on page 6). We hope that DOT paramedics will be recognized within the state before the end of this year.

Hospice Program

Many prehospital providers have asked what they should do if they are transferring terminally ill patients from the house to either a hospice program or a hospital. A terminally ill patient may not wish to have full life support measures instituted if, for example, he/she would sustain a cardiac arrest. MIEMSS is working with the hospitals actively involved in the hospice program to develop a way to identify these patients and treatment guidelines. We will keep you informed of our progress.

Evaluation of Areawide Trauma Centers

In Maryland, there are nine designated hospitals for receiving multiple-system adult trauma care. These are: Cumberland Memorial Hospital, Region I; Washington County Hospital, Region II; Peninsula General Hospital, Region IV; Suburban Hospital and Prince Georges County Hospital, Region V; within Baltimore, the MIEMSS Adult Trauma Center, Sinai Hospital, Baltimore City Hospitals, Johns Hopkins Hospital, and the University Hospital, Region III. Last year MIEMSS initiated an on-site evaluation of these centers. We agreed that the evaluation team leader should not be employed by MIEMSS, and Dr. Frank Ehrlich was chosen from St. Agnes Hospital. Doctor Ehrlich is not only fully trained and certified in emergency medicine but he is also a board-certified surgeon. The first year of evaluations was not only to see how the trauma centers were complying with the 1979 echelons of care document (which dictates what facilities have to be immediately available for the injured patient) but also to begin an update of this document.

All evaluations were completed by fall 1982 and the trauma centers notified regarding their reports. Last December, changes to the echelons of care document were discussed and an updated document developed. The trauma centers meet quarterly and hopefully these guidelines will be adopted at the next meeting scheduled for late March. In addition, it is hoped that the hospitals will agree to unannounced visits by the evaluation team, should the need arise.

Aviation Trauma Technicians

As a result of Senate Bill 397, passed by the legislature last year, the certification for the aviation trauma technicians (ATTs) is now being placed under the State Board of Medical Examiners. The protocols are in final draft form ready for submission to the State Board. It is anticipated that the helicopters will be equipped with several medications that the ATT will be able to give the multiply traumatized patient. It must be stressed that the orientation of the trauma technician program is to the multiply injured patient rather than to the cardiac patient. The protocols will be different than those of the CRT program and, of course, will require approval by the State Board of Medical Examiners prior to implementation.

— Alasdair Conn, MD
Program Director of Field Operations

Region 1

The Region I EMS Advisory Council has initiated two new projects. The first is an evaluation of the medical command procedures used in Allegany and Garrett counties. Outside evaluations will be used to determine how well the protocols further the purpose of medical command. F. W. Miltenberger, MD, Region I medical director, stated: "Medical command is a vital part of advanced life support. We want to make sure that our approach is ensuring accountability as well as meeting the needs of the providers."

Another program undertaken by the council is EMT recruitment. Gina Glick, MD, council chairperson, has asked Roxy Schulten and William Metcalf to develop a proposal on ways the council can assist ambulance services in encouraging individuals to take EMT training. This action is in response to the increasing problems of volunteer ambulance services in attracting new EMTs. Region I would like to hear from other areas of the state that have successfully solved this problem.

— Dave Ramsey

Region 2

The Region II Council is preparing for the second annual Trauma Days conference, scheduled for Friday and Saturday, May 13 and 14, at the new Ramada Convention Center in Hagerstown. Preregistration is required, and the cost will be $15 for one day, $20 for both days.

Friday will focus on trauma – from communications and handling the patient in the field, to the nurse's role and the total care of the trauma patient. The clinical track will consider such subjects as "Blood Gases and Adult Respiratory Distress Syndrome," "Shock and Disseminated Intravascular Coagulation," "A-Lines," and "Psychosocial Aspects of Trauma." During the field tracks, there will be discussion of "MAST and Cardiac Cases," "IV and Airway Management," and "Skeletal Stabilization."

The Saturday tracks will center on hazardous materials and disaster operations — the identification and handling of incidents both in the field and in the hospital as well as discussions on the "go-team" concept of operations. A stress/crisis intervention session is also being programmed.

Contact the Region II Office for more information and for flyers, including preregistration forms. *— Mike Smith*

Region 3

Recently Alasdair Conn, MD, program director of MIEMSS field operations, said he felt uncomfortable representing both Region III and MIEMSS at the regional medical directors meetings. Dr. Conn said that, since he is the medical director for the state as well as Region III, he could not voice the concerns of our region adequately. On February 24, the medical directors from six jurisdictions met to discuss this and other problems. We are happy to announce that, at this meeting, Dan Morhaim, MD, was appointed physician medical coordinator for Region III. Dr. Morhaim, director of emergency services at Franklin Square Hospital, is a fire surgeon for the Baltimore County Fire Department and serves on its Board of Directors. In addition, he is chairman of public relations for the American College of Emergency Physicians and represents that organization on the Region III EMS Advisory Council.

The jurisdictional medical directors will be meeting quarterly to discuss mutual issues and concerns. Dr. Morhaim will chair this group and act as the voice for Region III on the state level. We are excited about getting the medical directors together and we hope they will be able to address issues that involve Region III.

— Kerry Smith and John Donohue

Region 5

The Region V EMS Advisory Council strongly supports the need for child restraints in automobiles. The council also recognizes the need to make such seats available to all parents at a moderate cost. The Montgomery County Kids in Safety Seats (KISS) program is an outstanding example of how this need can be met through the combined efforts of several interested groups and may be of interest to other areas wishing to start programs.

Montgomery County KISS is a countywide coalition of four organizations whose physical base is Shady Grove Adventist Hospital in Rockville. In addition to the hospital, the participants include the Montgomery County Health Department and the Junior Suburban Woman's Club and Woman's Club of Rockville (both part of the General Federation of Women's Clubs).

The uniqueness of Montgomery County KISS is not only the hospital base and involvement, but also the way in which all four voluntary and professional organizations have joined hands to create a large and comprehensive loaner program.

Statistics

Montgomery County KISS began operating April 1, 1982, and has 439 infant seats. Each seat is rented for $13 (no deposit and no refund) for as long as a child needs it. Every two seats rented generate funds for the purchase of an additional seat. Through this mechanism, Montgomery County KISS has become the largest loaner program in the state. Medicaid recipients can obtain a seat for a $5 refundable deposit only.

History

The program's success resulted from the strength of the combined efforts of the four groups, each with its own deep-felt needs regarding child safety. Prior to the groups' "coalition," the two women's clubs had already raised money to apply toward car seat safety, but did not have experience in program management. The Montgomery County Health Department had both the desire for a countywide program and 40 seats designated specifically for low-income families, but was still looking for a program site. Shady Grove Adventist Hospital had a commitment to develop such a program, vast experience in program organization and management, and a 40-hour-a-week

(Continued on page 6)

Regional Coordinators

Region I – Appalachia
David Ramsey
(301) 895-5934
Region II – Mid-Maryland
Michael Smith
(301) 791-2366
Region III – Metropolitan Baltimore
Kerry Smith
John Donohue (associate coordinator)
(301) 528-3996
Region IV – Eastern Shore
Marcus Bramble
John Barto (associate coordinator)
(301) 822-1799
Region V – Metropolitan Washington
Marie Warner
Ed Lucey (associate coordinator)
(301) 773-7970

Region 4

During the past several years, MIEMSS and Tidewater Emergency Medical Services (TEMS) have worked together to establish an EMS communications link between the Eastern Shore of Maryland and the Eastern Shore of Virginia. On June 16, 1981, the first direct EMS radio communication from a Virginia ambulance to Peninsula General Hospital Medical Center occurred. This system also allows Virginia ambulances to request Maryland Med-Evac helicopter service by contacting the Wicomico County Central Alarm directly, and permits Tidewater hospitals to communicate directly with Peninsula General Hospital Medical Center.

The Tidewater prehospital systems recently complimented the effectiveness of this "interstate" communications link by agreeing to use the Maryland EMS communications protocols when establishing communications with Maryland EMS centers. On March 4, 1983, five representatives from the two EMS regions met to discuss the medical and transport protocols for referring patients from Virginia to Peninsula General Hospital Medical Center. In part, the impetus for this meeting was the Shock Trauma Technician Program that was implemented recently on the Eastern Shore of Virginia. This course is designed to meet the needs of communities that are unable to purchase the highly expensive equipment required for the cardiac and paramedic programs. The course was developed using modules I, II, III, V, VII, VIII, and IX of the National Department of Transportation's Paramedic Training Programs. The Eastern Shore of Virginia expects that its first Shock Trauma Technician program to be completed in May 1983, will require revisions of existing transport and medical protocols for the Eastern Shore of Virginia.

Robert Adkins, MD, medical director for the Maryland EMS Region IV; Geoffrey Gubb, MD, medical director of TEMS, Eastern Shore of Virginia; Scott Chandler, regional EMS coordinator of TEMS; Colleen Getzey, RN, EMS coordinator at Peninsula General Hospital Medical Center; and Marc Bramble, Maryland EMS Region IV coordinator, will be reviewing and coordinating the development of future EMS systems and programs that are compatible with both Virginia's and Maryland's local EMS program.

— Marc Bramble

Region 5 cont.

(Continued from page 5)

office whose sole purpose was to provide health programs for the community. However, the hospital had no money to contribute toward the purchase of car seats. No one had space. With the contribution of storage space from the county's liquor control warehouse, the project was born.

Logistical Management

The hospital's community health department handles all finances, orders, seat inventory, storage and stocking of seats, and scheduling of persons to pick up the seats; occasionally, it also rents out seats to those persons unable to come to the hospital during the designated rental hours.

The department also provides a 40-hour-a-week call-in clearinghouse. The service answers questions on the availability and cost of toddler seats, where to obtain belt clips, anchor plates, and replacement parts, and most frequently, how to determine if the seat already owned by a family meets current federal standards.

Application to Other Communities

Montgomery County KISS started with 40 seats — the same number of seats available to any community in the state through the State Health Department. The program has received no bequests, no grants, and has not been the project of a major fund-raising. Yet in less than a year, it has rented out over 400 seats, and by the end of 1983 will have served over 1000 families in its local community.

Shady Grove Adventist Hospital would like to offer its experience and problem-solving to any other community in the state wanting to develop a comprehensive loaner program. For further information contact: Sue Frye, Director of Community Health, Shady Grove Adventist Hospital, Rockville, MD 20850, (phone: 301-279-6165); or Lorraine Bernstein-Cohen, Maryland KISS, Maryland Department of Health and Mental Hygiene, Baltimore, MD 21201, (phone: 301-383-7290).

As a final note on safety seats, we've learned that a number of obstetricians and nurse midwives in Region V insist that infant safety seats be provided before they release their patients from the hospital.

— Marie Warner

Nursing Watch

Welcome to the first of our monthly columns of tidbits (and big bits) from the MIEMSS Field Nursing Program. To improve information flow from us to you in a timely fashion (as suggested by Lorna Christian, trauma nurse coordinator, Washington County Hospital), we'll be using this column to let you know what's happening or about to happen that may be of interest to nurses.

A new program, Advanced Trauma Life Support for Nurses, has been developed, piloted, and submitted for credits; watch the mail for upcoming spring dates.

The Maryland Department of Health and Mental Hygiene has funded a statewide network for behavioral emergencies. Long overdue, this portion of the EMS system is being addressed by Paul McClelland, MD, and the field nursing program is working with him.

We'd like to begin regional trauma case reviews at trauma centers that do not utilize this form of quality control and continuing education and network with those that do so the entire system can benefit — especially the patients. Let Carole Katsaros, our trauma nurse coordinator, know if you are doing or plan to do case reviews.

If you haven't heard about the newest facet of EMS, the High Risk Obstetrical Program, Trish Payne, the nurse coordinator responsible for much of it, would be delighted to meet with your staff. The Neonatal Transport Program became part of the MIEMSS field program last November but will become a permanent part of MIEMSS July 1, 1983 when it graduates from grant funding to state funding. Nine transport nurses, Mary Moholic (the neonatal nurse coordinator), and Cheryl Bowen (the program director) work very closely with neonatologists at designated centers for management of this system which began in 1972. Watch for the brochure on the Perinatal Nursing Symposium, May 2–6, at the Baltimore Hilton.

Did you know the last of our federal funding for the workshop program ended November 1982? Most of the dollars dried up long before that, but a few salaries were supported until then. In our final grant report, a few facts emerged that might interest you . . .more than 20,000 nurses attended 667 workshops in the five years of funding. The original seven programs have evolved into more than 60! We believe this program to be the only statewide EMS-focused nursing continuing education program in the country. Thanks for your support!

Our mailing list needs updating in Region I. If you know of anyone who is not on the mailing list but would like information on workshops, tell him/her to call Dave Ramsey's Office (301-895-5934).

Our annual nursing workshop planning session is April 21 and 22. If you have requests or suggestions for programs, please let us know as soon as possible (301-528-3930).

— MIEMSS Field Nursing Program

Legislative News

The following bills affecting MIEMSS are presently active in the 1983 legislative session:

1. The legislative proposal to create the EMT paramedic (SB 403, HB 920) has been heard in the committees of the Senate and House. The legislation specifies that participation in the program shall be totally voluntary; that the core curriculum shall be a minimum of 300 hours above the EMT-A level; and that the certification for graduates will be passage of the national registry exam. The legislation also extends reciprocity to neighboring states that have recognized the EMT-paramedic. If the bill passes the General Assembly and is signed by the Governor, it will take effect on July 1, 1983.

2. As part of Governor Hughes' administration package, 911 legislation has been introduced in both the House and Senate and hearings have been held. The legislation would continue the 10 cent surcharge past the June 30, 1983 cut-off date.

3. The Hughes administration is also sponsoring child safety seat legislation, requiring any person transporting a child under the age of three, to secure the child in a safety seat. Children between the ages of 3 and 5 must be in a child safety seat or be properly fastened by a seat belt or combination seat belt/shoulder harness. There is a $25 fine for violation of this law which may be waived by the judge if proof is provided that a safety seat has been purchased.

Feel free to contact me (301-528-7800) if you have any questions about these or other legislative matters.

— Dennis Evans

Water Safety Saturday

The Red Cross offers water safety instruction at many community pools throughout the state. (Photo courtesy of American Red Cross.)

MIEMSS, in conjunction with WMAR-TV (Channel 2), the American Red Cross, B104 FM Radio, and the Maryland Division of the American Trauma Society, is sponsoring a Water Safety Saturday on May 14. This program will include both pool and classroom sessions with demonstrations and practice in non-swimming assists, use of personal flotation devices, family water safety tips, and boating and diving safety. There will be two sessions offered on Saturday — 9 am to 1 pm and 2 pm to 5 pm — at 10 Baltimore city and county pools. For information and registration, call (301) 366-7663.

Charles Co. Offers EMT-P Modules

This month Charles County Community College began offering the emergency medical technician paramedic modules as part of its continuing education programs. Funded by a Department of Transportation Highway Safety grant, the first module was "Prehospital Care of Neurological Trauma," a two-part program offered on April 9 and 16. Other modules planned for this spring and summer include "Pediatric Trauma," "Musculo-Skeletal Injuries," and "Medical Emergencies."

The availability of these modules will greatly expand the continuing education offerings available to volunteer CRTs in Southern Maryland; moreover it will allow those CRTs interested in becoming paramedics to work toward EMT-P certification.

Charles County has a model ALS program which utilizes a single nontransport medic unit staffed by volunteers to provide ALS services countywide. St. Mary's County is also developing a similar ALS program which should begin service within a year.

For further information, call (301) 934-2251, x329. — *Marie Warner*

Frederick County Adds Advanced Life Support

(Continued from page 1)

a good solid system guaranteeing the best emergency service possible."

Currently, at least two CRTs work each six-hour shift, and receive an average of four to six calls during that time. Two sets of equipment are also available in case they are needed.

"The CRTs must give enormous amounts of time and energy to these volunteer positions," Mr. Smith commented, "even paying for their own uniforms." They work at least 12 hours each week for the ALS system, and must continue to volunteer mandatory minimum hours each week to their local ambulance company.

Despite the grueling schedules, Frederick county's volunteers have made some notable achievements. "Initially," Mr. Smith said, "hospital personnel were skeptical of our system at best, but less than a year later, they credit us with saving lives, and even bringing back some of those most certainly lost without it."

— *Rochelle Cohen*

Calendar

DATE	EVENT	PLACE	CONTACT
Apr. 30 – May 1	Trauma and Disaster Course	Holiday Inn Grantsville, MD	Dave Ramsey (301) 895-5934
May 1	Dedication, Washington County Hospital's New Facility	Hagerstown, MD	Jane DiGirolamo (301) 824-8663
May 2 – 6	Perinatal Nursing Symposium	Baltimore Hilton	(301) 528-3931
May 6 – 12	Maryland Nurses Week		
May 7, 7 PM	Water Safety — Emergency Techniques and Common Sense	Tele-test Shown on WMAR-TV (Channel 2)	
May 12 – 13	ATLS Provider Course	MIEMSS	(301) 528-2919
May 13 – 14	Trauma Days Conference (Region II)	Ramada Convention Center, Hagerstown	(301) 791-2366
May 13 – 15	Hazardous Materials Seminar	Fire/Rescue Services Training Academy Rockville, MD	Capt. Mary Beth Michos, RN (301) 251-2114
May 14	Water Safety Saturday	Baltimore City and County Pools	(301) 366-7663
June 9 – 10	ATLS Provider Course	MIEMSS	(301) 528-2919
July 14 – 15	ATLS Provider Course	MIEMSS	(301) 528-2919

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EMT Survey

The following survey is part of a study for the REMSAC Training and Education Committee. Please complete as directed and return to:

Region V EMS
Landover Mall
West Office Building, Suite #202
Landover, MD 20785

Name: (Optional) _____

CHECK BLOCKS THAT APPLY (additional comments may be made on another sheet).

Affiliation	**Years of Service**	**Years as EMT-A**
☐ Career	_____ EMS	☐ 1 – 3 years
☐ Volunteer	_____ Fire	☐ 3 – 6 years
		☐ 6+ years

Other certifications
☐ EOA/MAST
☐ IV Technician (local)
☐ CRT

1. Did you have first-aid training before enrolling in the EMT-A program?
☐ Yes ☐ No

2. Did you have enough time to learn the practical skills required in the EMT-A course?
☐ Yes ☐ No

3. Do you feel that the 84-hour course is long enough to cover the required material?
☐ Yes ☐ No

4. In your opinion, should the EOA/MAST module be included as part of the EMT-A course?
☐ Yes ☐ No

5. In your opinion, do the EMT-A course objectives meet the training needs of the EMT-A in the field?
☐ Yes ☐ No

6. Do you feel that the quizzes, mid-term, and final written exam were an appropriate measurement of what you learned?
☐ Yes ☐ No

7. Do you feel that the practical exam tested skills that you use in the field?
☐ Yes ☐ No

8. Would you attend continuing education if offered?
☐ Yes ☐ No

9. Do you think that the EMT recertification course provides enough retraining and meets the needs of the field providers?
☐ Yes ☐ No

10. Do you feel that the practical examination was fair?
☐ Yes ☐ No

If no, please explain.

Survey results will be published in a future issue of this newsletter.