Maryland
EMS
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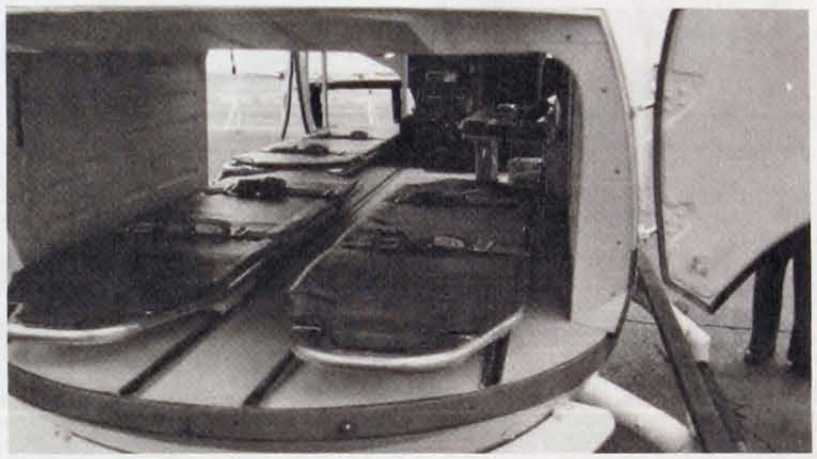

Medical Use of Helicopters Weighed

The National Med-Evac Helicopter Conference was held April 18 – 20 at the Hyatt Regency in Crystal City, Virginia. The conference was cosponsored by MIEMSS and the Helicopter Association International (the professional association of helicopter operators, manufacturers, and suppliers, dedicated to the advancement of the helicopter as a safe, effective mode of transport).

Hospital heliports in the United States now number more than 900 compared to 699 in 1977, and 34 in 1964. At least 26 states have active helicopter ambulance services. Recognizing that the hospital heliport is the fastest growing segment of helicopter operations, as well as one of the most successful, MIEMSS and the Helicopter Association International joined together to present this conference. Its purpose was to establish a national forum at which the benefits of the use of helicopters in med-evac operations could be discussed. Cooperating organizations for the conference included the U.S. Department of Transportation, American Hospital Association, American Society for Hospital Based Emergency Air Medical Services, National Flight Nurse Association, and the American Trauma Society.

More than 250 physicians, nurses, flight personnel, hospital administrators, helicopter operators, manufacturers, and suppliers attended. Participants came from the United States, as well as Norway, Canada, and Saudi Arabia. The two-and-a-half day conference explored such topics as med-evac operations, including hospital-based helicopter services vs. shared resources (the government-funded non-hospital-based helicopter); protocols for helicopter response; rotorcraft technology and operations, including heliport design, vehicular configuration, safety, and FAA regulations; the roles and responsibilities of medical flight personnel; and the financial perspective of helicopter operations, including heliport construction, cost and operational utility, and third-party reimbursement for services.

The program also included a med-evac helicopter demonstration by the Maryland State Police Aviation Division and the Arlington County Fire Department. Exhibits representing helicopter operators, manufacturers, equipment suppliers, and medical suppliers related to helicopter medical transport were available during the conference along with a static display of various EMS-configured helicopters.

A highlight of the conference was the presentation of the MBB Golden Hour Award by MIEMSS director R Adams Cowley, MD, to Randolph P. Mains, chief pilot for the University of California, San Diego Medical Center. Mr. Mains was chosen as the recipient of the award because he had distinguished himself "by performing above the already high EMS standards." (See May issue of ***Maryland EMS News***.)

Conference Proceedings will be published by the U.S. Department of Transportation and will be distributed to all conference registrants. Additional copies of the Conference Proceedings will be available for purchase through the U.S. Government Printing Office.

— *Patricia McAllister*

Med-Evac Agreement Signed

Maryland State Police Superintendent W. T. Travers, Jr. (right) and MIEMSS Director Dr. R Adams Cowley (left) are shown recently signing a memorandum of understanding between MIEMSS and the State Police. Watching the signing are (from left to right) Major Gary Moore, commander of the State Police Aviation Division, and Mrs. Sheila Tolliver, executive assistant to the governor for education. The memorandum of understanding recognizes the State Police Aviation Division's superior resources for the transportation of critically ill and injured victims and MIEMSS' authority as the legislative agency for EMS within Maryland. The memorandum covers areas of mutual interest between the two agencies to ensure that the available resources are utilized to their maximum benefit.

Monitoring Equipment Funded by Business

Partial development and installation of a new generation of the respiratory monitoring system currently used at MIEMSS Shock Trauma Center has been funded by contributions totaling more than $90,000 from Black and Decker Manufacturing Company, Westinghouse Electric Corporation, Baltimore Gas and Electric Company, and McCormick Company. The system being developed by Drs. Stephen Turney, Steven Linberg, and Everard Cox, of MIEMSS, will utilize the latest technology in microelectronics and gas analysis, and is expected to cost a total of $250,000 over the next three years.

A respiratory monitoring system developed by Dr. Turney has been utilized at the Shock Trauma Center for the past 11 years in the critical care recovery unit. The new system will be used in the six-bed admitting area and the three operating rooms during the critical resuscitation period. It will provide continuous computer-derived information concerning the patient's oxygen consumption and other vital respiratory and metabolic data via a video-display terminal.

Since oxygen consumption and related information are thought to be critical determinants in establishing extent and depth of shock and trauma, the new monitoring system should further more precise diagnosis and therapy.

— Judy Krouse

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Focusing On Field Operations

CRT Continuing Education

The State Board of Medical Examiners recently approved the proposal long advocated by MIEMSS that CRTs should be recertified every two years instead of annually. Beginning July 1983, CRTs will have to take 20 hours of continuing medical credits per year and be recertified every two years. During the first year of the two-year period, they must take four hours of continuing education based upon the needs of their local ALS program, eight hours covering basic EMT skills and didactic material, and four hours of didactic material from the CRT course. The requirements will be the same for the second year with the additional requirement of eight hours continuing medical credits for symposiums and workshops accredited by MIEMSS. To meet this need, MIEMSS will be conducting seminars and symposiums statewide and also giving credits for some programs already instituted throughout the state.

In addition to the change in continuing education requirements, reentry qualifications have changed, and entry requirements for CRTs from other states have been revised.

Ron Schaefer and Bill Neal will be meeting with all the ALS program coordinators in the next few weeks. If you have any further questions, please contact either MIEMSS Central Office or your ALS program director.

DOT-P

MIEMSS is working both in-house and with the regional medical directors in developing medical protocols for the EMT-Paramedics following passage of SB 403 earlier this year. Governor Hughes is expected to sign this bill into law soon, so we hope to have the medical protocols for the paramedic program on-line later this year. MIEMSS is aiming to have one statewide program with no regional variations, and is proposing that paramedics carry all the medications available in ALS units throughout the state. However, this is still under consideration by the medical directors and needs the approval of the State Board of Medical Examiners. The State Board is considering what levels (if any) of prehospital providers should be taught the technique of endotracheal intubation. It is uncertain at this time whether paramedics will be permitted to perform this procedure.

— Alasdair Conn, MD
Program Director of Field Operations

Region 1

Since November 1982, Region I has been publishing a local newsletter for EMS providers to keep them informed of regional news, especially changes in the EMS system. Jean Smith of Lavale volunteers as the newsletter editor.

Articles are solicited from area ambulance services, EMT instructors, hospitals, etc. Regular features in the newsletter include "Spotlight" – noting an organization or individuals making outstanding contributions to EMS; "Congratulations . . ." – recognizing individuals achieving certification through the various EMS training programs; "Update" – identifying new or little known services in the region; and "Training Calendar." In its six issues, the newsletter has also included articles on the EMS Olympics, questions and answers on emergency care, the Wisp Ski Patrol, and aviation trauma technicians.

Ms. Smith, an EMT from Lavale Rescue Squad and also a dispatcher for the Allegany Civil Defense, is pleased with the response to the publication. She notes that the newsletter was officially named "Mountain Medic," following a contest to obtain a name. Sgt. Carl Marshall, of the Maryland State Police Aviation Division, submitted the winning entry.

Production of the newsletter is a joint venture of the Region I office and the hospitals in Cumberland which do the printing. Individuals interested in receiving the Region I newsletter should send $2 for a one-year subscription to: Region I EMS Advisory Council, P.O. Box 34, Grantsville, MD 21536.

— *Dave Ramsey*

Region 3

Medical Directors Meet

In the April issue of this newsletter, it was mentioned that the Region III jurisdictional medical directors would be meeting to discuss mutual issues and concerns. A few of the items the directors have elected to review are: regionalization of the CRT and intravenous programs, the aviation trauma technician program, interhospital transfer of patients, and medical control as it applies to the interstate pact regarding continuation of care across state lines.

Ambulance Runsheets

The OP-SCAN runsheets have been used for more than a year. The following are examples of how the information from the runsheets has been used.

The Baltimore City Fire Department obtained an accurate account of the type and quantity of drugs, intravenous solutions, and expendable items used during the year. This information was most helpful in projecting the department's budget for next year. Many local companies and jurisdictions used the runsheet data to justify their block grant requests and Department of Transportation expressions of interest. The Liberty Road Volunteer Fire Company in Baltimore County used the information in a fund-raising drive to show the need for a second ambulance.

Region III Audiovisual Show

The slide/tape presentation on emergency medical services in Region III, which was made in 1976, is being updated. The help of EMS providers is needed in this effort. Please send any recent slides of Region III EMS providers in action to the Region III office. The slides will be duplicated and returned in approximately three weeks. Once the show has been updated, it will be available through the Region III office. The presentation will serve the purposes of public awareness, recruitment, and education of new personnel. Any help will be appreciated.

— *Kerry Smith and John Donohue*

Region 2

The Region II Medical Advisory Committee met recently. After reviewing several incident reports from the county CRT programs, the committee made several policies that should be passed on to the CRTs in Frederick and Washington counties. Most important is the requirement that an advanced life support unit must have a copy of the ALS protocol on board for CRTs to refer to before it can function.

The committee wishes to remind CRTs: ALWAYS repeat back drug orders over the radio for confirmation. Any time something occurs that is outside of protocol, or that needs to be investigated or documented, an incident report should be filled out and turned in.

The Region II office is working on a new slide tape presentation on Region II. If you have 35mm slides of local ambulances, hospitals, accident scenes, or interesting scenes of Frederick or Washington counties, please contact the regional office.

— *Mike Smith*

Region 5

Just a reminder to those of you who haven't returned your EMT-A surveys – please send them as soon as possible! You can obtain copies of the survey by calling the Region V EMS Office (301) 773-7970. To date, most responses have been from EMTs certified more than three years, and with volunteer affiliations.

— *Marie Warner*

Region 4

The Region IV Office of MIEMSS wishes to congratulate the persons who were licensed recently as CRTs by the Maryland Board of Medical Examiners. In particular, we would like to thank Colleen Getzey, RN; Preston (Billy) Bounds, representing the Peninsula General Hospital Medical Center's program; and Frank Muller, of the Cecil County program, for their contributions and accomplishments.

Congratulations to the Easton Volunteer Fire Department on its 175th Anniversary, which occured recently. MIEMSS would like to thank you for the many dedicated hours you have contributed to the EMS program.

EMS Region IV would like to welcome the Neck District Volunteer Fire Company of Dorchester County to the EMS ranks, bringing the total number of ambulance companies in Region IV to 52. In addition, we wish to compliment the department of emergency medical services at Dorchester General Hospital and the participating ambulance companies for their efforts to organize a county ambulance organization.

The Sharptown Fire Department, Inc., recently purchased, and has placed in service, a 1982 advanced life support (ALS) unit. The unit was manufactured by the Wheeled Coach Corporation, and meets the Department of Transportation's KKK standards. The ladies auxiliary of the fire department paid for all of the equipment in the new unit, including a LifePak 5 heart monitor and a state-approved EMS radio. The total cost of the new unit stands at $75,000.

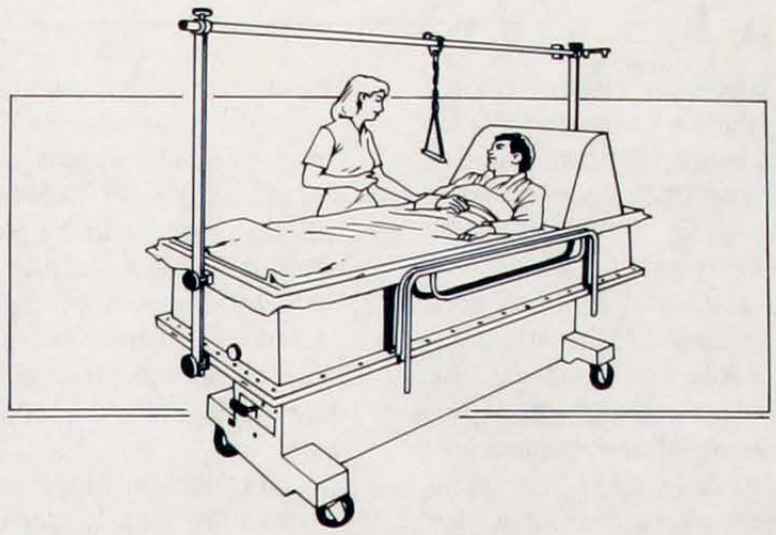
Both the 1982 ALS unit and the 1975 ALS unit have received the Seal of Excellence Award from the State of Maryland, and have passed voluntary ambulance inspections, conducted by MIEMSS.

— *Marc Bramble*

Thumper on Med-Evac

EMS field personnel should note:

- The Thumper must be mounted on the right side of the patient to facilitate loading the patient on the helicopter.
- When the Thumper is used, only one patient can be transported in a Maryland State Police Bell Jet Ranger.
- If you have questions regarding (1) air flight time restrictions, due to limited oxygen supply or (2) equipment retrieval from the receiving specialty care facility, contact Anne Smith, RN, MIEMSS coordinator/liaison for the MSP Aviation Program, at (301) 528-2366.



The Clinitron Bed contains 1650 pounds of perfectly spherical glass beads or microspheres, each surrounded by a coating of bound silicone.

Clinitron Bed Provides Comfort, Prevents Bedsores

A new type of bed in use at MIEMSS Shock Trauma Center and the Baltimore Regional Burn Center at City Hospitals can make life more comfortable for some patients while aiding in their healing and reducing their risk of bedsores by 99 percent.

Commercially termed Clinitron Therapy, the bed is shaped like a trough and contains 1650 pounds of perfectly spherical glass beads or microspheres, each surrounded by a coating of bound silicone. When a switch is activated, the beads become as light as baby powder, while air blows them around inside the mattress. The pressure of the mattress against the patient is so minimal, actually below that of capillary pressure, that patients can lie on it without skin irritation, eliminating the need for dressings or constant turning. Even burn victims with fresh skin grafts can lie on this mattress since the pressure is so low.

According to Beth Helvig, RN, MS, nurse coordinator at MIEMSS, the Clinitron has the unique advantage of being light enough (when turned on and soft) to engulf a patient's body, allowing easy positioning during a procedure. The bed can then be turned off and molded like sand around the patient to keep him firmly in position.

At the Burn Center, the bed is considered a lifesaving device, since patients treated with the Clinitron for burns and smoke inhalation have been found to survive in greater numbers with the bed than without it. "We have even seen some decrease in the general mortality rate through its usage," said Jim Scheulen, BRBC burn coordinator.

Mr. Scheulen noted, however, that the bed is used only for certain problems such as back burns and large burns resulting from smoke inhalation, and not for all patients. The unit owns two beds and rents the rest as necessary at a nominal daily fee, which is then charged to the patient. The coordinator estimated that 60 to 80 patients each year are treated on the bed. BRBC has been using the bed for about three years.

"The nurses love the Clinitron, primarily because it aids in the patient's recovery, but also because it's much simpler to prepare dressings, when necessary, and to move and turn the patient," he added.

At MIEMSS Shock Trauma Center, mostly long-term, immobilized patients, or those with turning restrictions are treated on the Clinitron. According to Clinical Specialist Ginny Cardona, RN, MS, CCRN, the bed prevents friction and pressure on bony prominences which prevents skin breakdown. The Clinitron has a waterbed effect which helps in healing road burns and avulsion wounds, commonly seen in trauma victims.

"The nurses here love it because it not only facilitates turning the patients, but also has a soothing effect, which decreases the need for large amounts of sedatives," she said.

The drawbacks are that its height and design make it difficult to move patients in and out of bed, and there is no way to elevate the head or foot of the bed. "However," she added, "special foam-wedge pillows are available for better positioning."

Since Clinitron's glass beads become feather-light when activated, it is necessary to cover the bed with a sturdy, nonporous undersheet, bolted tightly down on the bed. If the sheet is punctured, the beads can "blow like a geyser," according to Ms. Helvig. "Even tiny holes allow the beads to permeate, and require repair with a special patch kit, before too many escape."

Despite the sturdy sheets, the Clinitron is doubly permeable, with air blowing up through the mattress while excessive drainage can drip down into the bed, keeping the skin dry and free of harmful bacteria. The glass beads form clumps around the exudate, isolating it within the clump and releasing sodium ions which causes its pH to become extremely alkaline, and bacteriostatic, killing the most harmful germs. Any remaining bacteria fall to the bottom of the bed with the clump, where hot, dry air deprives it of its cultural medium, thus maintaining a bacteriologically clean environment. Every two weeks the filter sheet is changed and the tank sieved to remove all clumps from the environment. Between patients, the beds are kept running for a 24-hour period, allowing the air to circulate freely, to decontaminate the bed in preparation for the next patient.

The constant flow of warm air through the Clinitron helps to increase evaporative water losses from the skin and respiratory tract, preventing maceration. When necessary, the patient is carefully monitored for fluid loss, and the room properly humidified.

The elimination of dressings, fleece pads, additional linens, and other supplies in addition to returning long-term bedsore patients to extended care facilities in 33–50 percent less time, have represented a real cost savings to the hospitals using Clinitron.

— Rochelle Cohen

Priority Dispatch System Devised

Baltimore County 911, a centralized communications center that handles police, fire, and EMS calls, has helped thousands of citizens since it began in January 1980. Approximately 100 calls each day are requests for emergency medical assistance. The Baltimore County Fire Department and EMS Division react to these calls with varied levels of medical response – first responder, EMT-A, IV technician, CRT, Field Coordinator, etc. To provide citizens with the most appropriate level of medical response by both field and communications personnel, the Communications Center and the EMS Division have combined efforts to adapt a form of Medical Priority Dispatch. As this newsletter went to press, Medical Priority Dispatch was scheduled to go on-line as of June 1.

The medical priority dispatch program has three purposes: (1) By documenting key questions to be asked based on the patient's chief medical complaint, the system ensures consistent questioning by communications personnel. (2) Based on the caller's response to the key questions, the operator can determine the proper level of medical response and thus best utilize the varied levels of medical expertise available. (3) After this information is passed on to the dispatch area, the operator can provide basic pre-arrival instructions that can help the caller stabilize the victims or even save lives in the critical time period prior to the arrival of EMS personnel.

Using the Salt Lake City Priority Dispatch Program as a guideline, Baltimore County communications and EMS personnel began many months of research and development of a program tailored to meet Baltimore County and state EMS protocols.

Their initial concern was legal liability, an increasing issue in the EMS field today. Their research staff sought several legal opinions regarding the liability of administering pre-arrival instructions over the phone. The opinions indicated that the "practice of medicine" over the phone would not be advisable. The research staff then presented the program to the State Board of Medical Examiners, who determined that pre-arrival instructions involved first-aid instructions only and did not constitute the practice of medicine. In their opinion, there would be no legal liability.

Having overcome the legal issues involved, the staff concentrated on detailed program development. The utilization of both communications and EMS personnel ensured the development of a program that would meet the needs of both agencies. Response recommendations were approved through the EMS Division under the direction of the Baltimore County Fire Department's Chief Fire Surgeon, Frank Barranco, MD.

Marc Williams is one of many emergency communications technicians in Baltimore County trained in the use of medical priority dispatch.

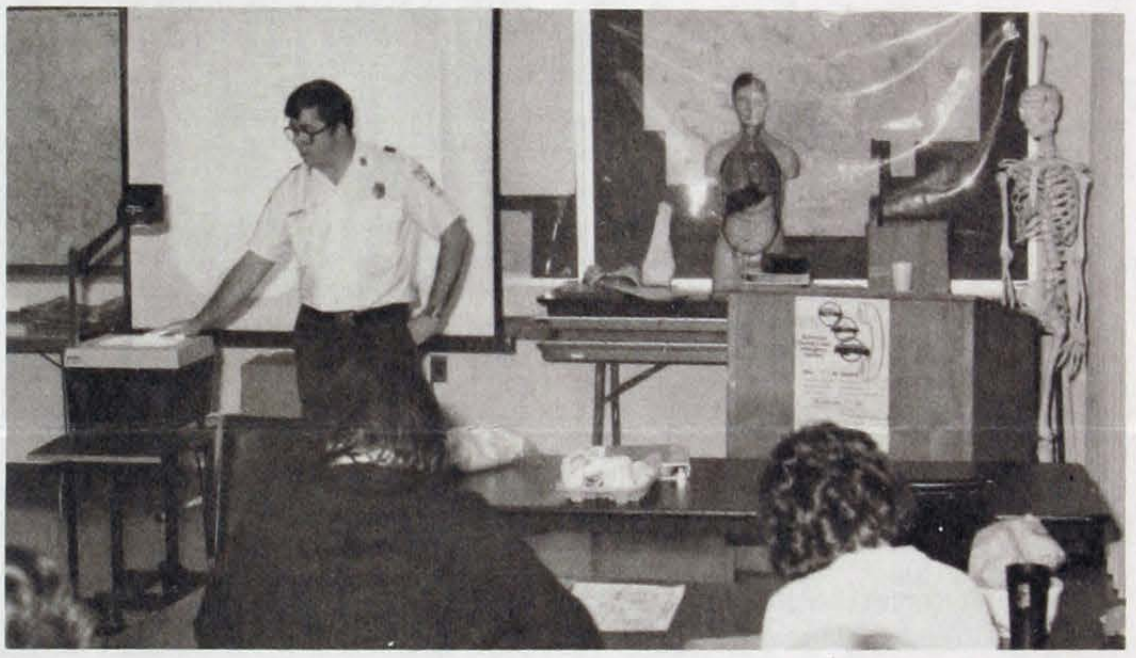
Training for the program involved two phases: CPR training for all communications personnel, followed by an intensive in-service training program in the use of the priority dispatch system. The in-service program also incorporated portions of the first-responder course to supply needed medical background to communications personnel.

Feedback from in-service training classes has been instrumental in streamlining the priority dispatch program to best fit the needs of the agencies involved.

Efforts are also underway to inform the citizens of Baltimore County of the availability of this program. By offering a well-planned program, and soliciting the cooperation of the citizens affected, Baltimore County hopes to provide the most complete emergency medical services available.

For further information regarding Medical Priority Dispatch, call (301) 494-3257.

— *Kathleen Dupre, Timothy Kick*
Baltimore County
Communications Center



Steve Gisriel, field coordinator of Baltimore County EMS, instructs a medical priority dispatch class. (Photos courtesy of the Baltimore County Fire Department Audio-visual Department.)

EHS Seminar Offered For Graduate Credits

Proseminar in Emergency Health Services (EHS602), a three-credit graduate course for personal growth or eventual degree credit, will be offered by the Emergency Health Services Program at the University of Maryland Baltimore County during the fall semester.

The course examines the complex nature of emergency health care delivery, offers an in-depth analysis of the interrelationships of constituencies that comprise the total emergency health system, and looks at the political, social, and economic issues relating to prehospital care.

For information on the course which will be held on Tuesdays from 7 – 9:30 pm, call (301) 455-3223.

Rescue Workers Learn to Manage Stress

Frustration and anger distressed the rescue workers who tried to help the survivors of the Air Florida 90 when it crashed into the Potomac River about a year ago.

The rescuers admitted that they felt confused and overwhelmed by the incident and that they had trouble solving problems, making decisions, and setting priorities. Some of them found it difficult to remember where they placed tools at the scene of the accident.

Many of them reported having physical symptoms, such as muscle tremors, gastrointestinal cramps, headaches, and muffled hearing. When their rescue proved overwhelmingly difficult, the frustration and anger turned into feelings of hopelessness and dejection.

Strong feelings of depression, loss, grief, and guilt were still common among the rescuers when they talked to Jeff Mitchell eight weeks after the incident.

An instructor in the emergency health services program at the University of Maryland Baltimore County (UMBC) and a consultant psychologist for MIEMSS, Mr. Mitchell said that these and many other feelings and physical symptoms are perfectly normal, although distressing, reactions to excessive stress.

Mr. Mitchell was invited by the Federal Aviation Administration to give a stress management workshop for some of the emergency personnel who had been involved in the rescue attempt.

In the weeks following the accident, rescue workers tended to withdraw from social contact, including with co-workers, in response to the stress created by public criticism of how the rescue effort was handled.

A mass casualty accident, such as the bus crash above, often precipitates the symptoms of stress in EMTs involved in the rescue of victims.

Many of the rescuers demonstrated cognitive dysfunction, such as mildly confused thinking, inattention to detail, and difficulty in concentrating and remembering. A majority of the rescuers experienced flashbacks of distressing moments during the rescue effort, which left them feeling uneasy.

The physical symptoms also continued. Some of the rescuers reported feeling fatigued constantly because of sleep disturbances and nightmares. Other common problems were mild nausea, especially in the rescuers who had flashbacks, and decreased appetites and interest in sex. Headaches were less of a problem than would be expected.

"Most of the EMS personnel I talked to expressed concern over one or more of their co-workers, on whom the incident had a profound negative effect. They wanted to know how job-related stress could be reduced to minimize the adverse physical and psychological effects that they had experienced," Mr. Mitchell asserted.

"Immediate, on-the-scene, psychological consultations or critical incident stress debriefings can substantially reduce or eliminate long-term psychological and physical symptoms," Mr. Mitchell asserted.

In addition, he said that "intense physical activity within 24 hours of a critical accident effectively reduces the buildup of energy and the potentially harmful chemicals that are released into the bloodstream during periods of stress."

Developing an interest outside of work also greatly helps to cope with strain. A more formal alternative is to attend training programs in stress reduction and crisis intervention, which offer instruction in relaxation techniques, time management, diet, and developing self-esteem.

Mr. Mitchell conducts two different workshops for EMTs, paramedics, and fire and police personnel on request. One of the workshops deals with crisis intervention; the other, with stress management.

The crisis intervention workshop, which provides 16 or 21 hours of training depending on the needs of the participants, emphasizes the management of crises in the field. The workshop covers such topics as communication skills, interviewing techniques, crisis theory, family crisis, child abuse, alcohol abuse, drug abuse, violence, suicide, sexual assault, multicasualty crises, and stress. Role playing is used to teach the crisis techniques.

The 16-hour stress management workshop provides detailed information on the causes and effects of stress. The topics covered in this workshop include acute stress, chronic stress and burnout, and the management of stress through social and environmental restructuring, relaxation techniques, meditation, physical activity, and changing one's mind set. Group interaction processes and individual practice sessions are two of the instructional activities used in the workshop.

EMTs can earn continuing education credit from the National Registry of Emergency Medical Technicians for attending either of these workshops. They can be scheduled by calling Mr. Mitchell at (301) 455-3223, or by writing to him at UMBC, 5401 Wilkens Avenue, Catonsville, MD 21228.

— Dick Grauel

LEEP Now Accredited

The Center for Living's Life Enrichment and Education Program (LEEP) has recently been accredited by the Maryland State Department of Education's Division of Vocational Rehabilitation (DVR). This ensures DVR reimbursement for those clients participating in the 11-week, social reintegration program for recovering trauma patients. DVR already provides full payment for psychosocial evaluations and neuro-psychological testing.

Currently the Center for Living – a cooperative undertaking of MIEMSS and the Easter Seals of Central Maryland – has 199 clients actively engaged in one or more of the Center's programs: individual counseling; family/marital counseling; family group therapy; LEEP; neuro-psychological testing; and speech and language remediation.

The Social Activities Center offers a variety of board games, pool, and ping-pong; a lending library; use of computers; and a Saturday swim program.

For more information, contact Marge Epperson-SeBour, (301) 528-6416, or Elaine Rifkin at (301) 355-0100.

Nursing Watch

ATLS for Nurses

Currently, Advanced Trauma Life Support (ATLS) training for nurses is offered in conjunction with the training program for physicians. Consequently, no more than 10 nurses can participate in the program each time it is held. In response to the widespread interest in the program, we are developing a format just for nurses. It is hoped this format will be available on a regional basis in 1984 or 1985. In the meantime, we are trying to get the enrollment limit for nurses increased so that more of the nurses who have expressed an interest in the program may attend. Future program dates will be sent to each hospital. For further information, please call Carole Katsaros, trauma nurse coordinator, at (301) 528-3930.

National Trauma Symposium

The "Seventh Annual National Trauma Symposium," scheduled for November 17 – 19, 1983, will feature a special nursing track for the first time. Clinical topics will focus on the current management of neurologic and orthopedic injuries. Also, look for "Trauma in the Elderly," "Sexuality Issues in the Trauma Patient," "Trauma in Pregnancy," "Use of Computers in Nursing," and "Dealing with the Media." Diane Adler, past president of the American Association of Critical Care Nurses, will speak on collaborative practice.

Collaborative Practice

A collaborative management model is being developed jointly by the American Association of Critical Care Nurses (AACN) and the Society for Critical Care Medicine. As outlined in the February 1983 issue of *Focus on Critical Care,* this joint statement advocates collaboration between the medical and nursing staffs "on an equal footing" in critical care units. This philosophy endorses organizational restructuring to provide some degree of autonomous nursing authority and responsibility, as well as shared authority and responsibility with medicine. Medical and nursing co-directors would be accountable for the quality and efficiency of care, as well as for personnel and fiscal management.

Speaking of collaboration, the field nursing division of MIEMSS has a long history of collaboration with the health care agencies and community colleges throughout Maryland. We are interested in maintaining these relationships and are looking forward to expanding our scope in the future. For example, we will cosponsor an AACN certification review course with Allegany Community College in Cumberland this fall. The goal is to provide a review of the core curriculum and to obtain on-site examination for the participants. For further information, call Judy Bobb, critical care nurse coordinator, at (301) 528-3930, or Donna Walbert at (301) 724-7700.

Patient Classification

MIEMSS is developing a patient classification tool that will help us determine the nursing care needs, and degree of acuity, of trauma patients. If you have developed such a tool and you believe it will work in trauma settings, or if you know of someone who has developed one, please call Peggy Trimble Bullock at (301) 528-3930.

— *MIEMSS Field Nursing Staff*

Safety Award Given

(Photo by Sgt. Tom Moore, courtesy of the Md. State Police.)

Joseph M. DelBalzo (right), director Eastern Region of the Federal Aviation Administration, offers congratulations as he presents a national award for "excellence in safety" to Major Gary Moore (left), commander of the State Police Aviation Division. Major Moore accepted the award on behalf of the men and women of the Aviation Division who were cited for a decade of safety with over 40,000 accident-free flight hours. This was the first time in FAA history that such a safety award has been given to the aviation unit of a state or local police force.

Last year the Aviation Division flew nearly 10,000 missions which included over 2,500 med-evacs. Since the beginning of the State Police Aviation Division in March 1970, over 17,400 critically injured persons have been flown to trauma centers across the state.

Calendar

DATE	EVENT	PLACE	CONTACT
July 14 – 15	ATLS Provider Course	MIEMSS	(301) 528-2919
Aug. 19 – 21	Para Scope	Marriott Hotel Bethesda, MD	Capt. Mary Beth Michos, RN (301) 251-2114
Sept. 15 – 17	ATLS Instructor Course	MIEMSS	(301) 528-2919
Sept. 18	EMS Olympics	UMBC	Regional Coordinators
Sept. 18 – 24	Maryland EMS Week	Statewide	Regional Coordinators
Oct. 13 – 14	ATLS Provider Course	MIEMSS	(301) 528-2919
Nov. 10 – 11	ATLS Provider Course	MIEMSS	(301) 528-2919
Nov. 17 – 19	6th Annual National Trauma Symposium	Hyatt on the Inner Harbor	Patricia McAllister (301) 528-2399

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New Nursing Master's Scheduled

A Master of Science program in Trauma/Critical Care Nursing is now offered through the University of Maryland School of Nursing. The 42-credit graduate program utilizes the MIEMSS Shock Trauma Center as its primary clinical site.

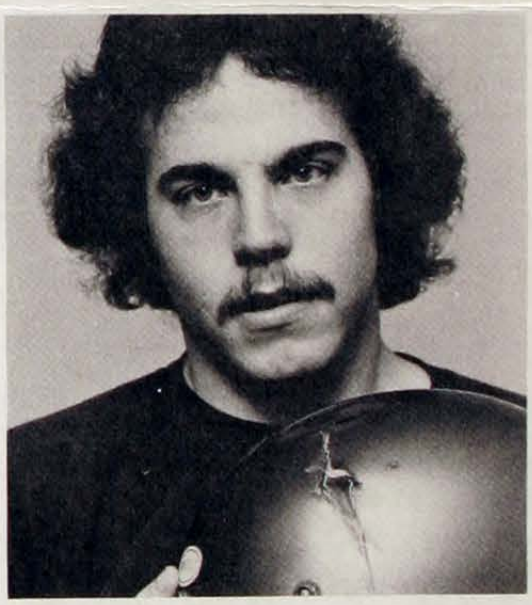
MIEMSS Director of Education Dorothy L. Gordon, DNSc, and Professor Betty L. Shubkagel, PhD, chairperson of the Department of Medical and Surgical Nursing, University of Maryland School of Nursing, direct the new program, which is being funded through a grant from the US Department of Health and Human Services.

"The curriculum is designed to prepare nurses for leadership roles in trauma/critical care administration, education, or clinical specialization," Dr. Gordon explained. Several core and research courses are taken by all graduate nursing students at the University of Maryland. The new track also features two clinical courses that focus on patient assessment and nursing strategies for the trauma/critically ill patient; three support courses designed to integrate theory with practice in terms of physiology and patho-physiology as well as the family unit; two electives through which the student gains practical experience in administration, education, or clinical specialization; and the choice of a research-oriented thesis or additional electives.

The degree requirements can be completed in three semesters plus a minimester of full-time study; part-time students have five years to complete the program. All students take a written comprehensive exam.

Applicants must be registered nurses who have been graduated from a National League of Nursing – accredited undergraduate nursing school with a 3.0 grade point average. Other prerequisites include one year of related nursing experience, Graduate Record Examination and Miller Analogies Test scores that indicate aptitude for graduate work, an elementary statistics course, skill in physical assessment, and professional references.

Prospective applicants should contact the Department of Medical and Surgical Nursing, University of Maryland School of Nursing, at (301) 528-3890 for additional information.



Helmet Saves Cyclist

Peter Elsbach, 23, holds the helmet that he credits with saving his life when he lost control of his motorcycle and crashed last January. The helmet is pierced through to the white foamed plastic lining.

Mr. Elsbach, who had a concussion, a partially dislocated ankle, a crushed vertebra, and facial injuries, spent two weeks at Washington County Hospital, the areawide trauma center for Region II. (Photo by Sam Yu, courtesy of the ***Frederick News Post****.)*