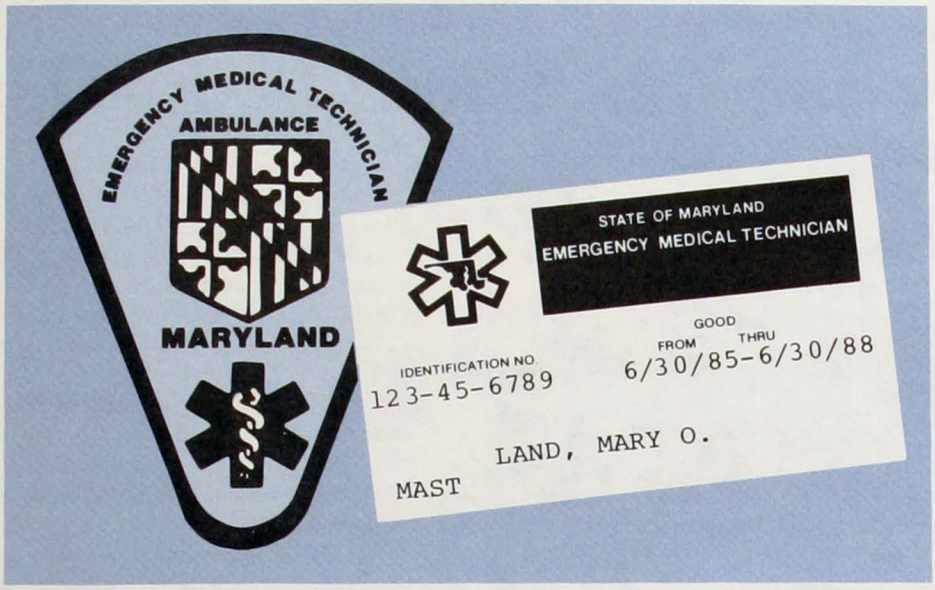


Maryland EMS NEWS
Vol. 14, No. 11 MAY 1988

Questions on EMT Recertification?

"While cleaning out my wallet, I looked at my EMT card and realized that it runs out in June '88!..."

How do I renew my certification?... How do I get information on where continuing education classes are conducted?... How can I obtain a copy of my continuing education credits?... What should I do?...

These are a few examples of the numerous questions that many prehospital care providers ask throughout the year. If you find yourself in a situation like this, or if you have questions regarding continuing education certification, recertification, or the reentry program — read on and don't panic. There is still sufficient time for you to take advantage of the numerous continuing education courses that are available throughout the state.

Since it would not be practical to discuss every potential training and certification situation that may arise, this article is devoted to answering the most commonly asked questions.

Q. What are the *"new"* EMT-A recertification requirements and how many classes do I have to attend?

A. In order to recertify, an EMT-A must successfully complete a 24-hour continuing education program within three years of his/her most recent certification. This continuing education program must include 12 hours of skills development and 12 hours of knowledge development.

The 12-hour component of skills development is sponsored by the Maryland Fire and Rescue Institute (MFRI) and other training agencies throughout the state and includes skills training in CPR, airway management, oxygen administration; trauma management, immobilization; medical emergencies, patient assessment; and situational reviews. Demonstration of skills proficiency is required and verified by instructor sign-off.

The 12-hour component of knowledge development is co-sponsored by MIEMSS (8 hours) and the local jurisdiction (4 hours) and must include continuing education courses in the following areas: medical emergencies (4 hours), trauma emergencies (4 hours), continuing education designed to meet local training needs (4 hours), and review quizzes (for medical and trauma emergencies only).

Q. Isn't my ambulance company training officer responsible for notifying me when I have to recertify?

A. NO. The responsibility for locating, enrolling in and successfully completing the appropriate and required continuing education lies with the individual EMT-A, not with fire, ambulance, or rescue companies; employers; MIEMSS; or MFRI.

Q. Who is responsible for establishing local EMT-A continuing education programs?

A. In order for MIEMSS to fully understand the intended direction of each jurisdiction and training agency in their continuing education program, and in order to provide any needed support to that program, it is necessary for each jurisdiction and training agency to provide a continuing education plan to MIEMSS by June 1 for the next fiscal year. This plan should identify the training coordinator(s) and include a goal statement that identifies the local training needs. If requested, MIEMSS Prehospital Training and Certification will continue to assist local jurisdictions with the development and implementation of continuing education programs.

Q. Who is qualified to teach EMT-A continuing education?

A. Depending on the program and subject matter, instructors for EMT-A continuing education may include:

Level II Maryland Instructor Certification Review Board (MICRB) certified EMT-A instructors
Maryland-certified CRT instructors
Maryland-certified ATT instructors
Maryland-certified EMT-P instructors
Physicians
Physician assistants
Registered nurses (RNs)
Respiratory therapists
MIEMSS-approved instructors from other health care fields or fire/rescue professionals

NOTE: *Non-level II MICRB-certified EMT-A instructors must be approved by MIEMSS prior to conducting BLS continuing education programs. In addition, a Level II MICRB-certified EMT-A instructor must be identified as the* ***Instructor of Record.***

Q. What is a local continuing education option?

A. Each of the 23 counties and Baltimore City can develop 4 hours of continuing education to meet the specific needs

(Continued on page 2)

Questions Frequently Asked by EMTs

EMT-As must be recertified every three years after completing a continuing education program.

(Continued from page 1)

of their local program. These local programs may include topics such as water rescue, auto extrication, dispatch and communications, industrial accidents, hazardous materials, crisis intervention, special rescue, and medicolegal aspects. Formal evaluations of individual performance (quizzes) are not required for these 4 hours of continuing education.

Q. How do local programs apply for MIEMSS-approved continuing education?

A. All requests for EMT-A continuing education (knowledge development) must be submitted to MIEMSS Prehospital Training and Certification for approval, and all requests must be received 14 days prior to the scheduled date(s). A standardized application form has been designed to ensure that all requests are submitted uniformly and that all materials required to evaluate the program from an education standpoint have been provided.

The continuing education application identifies the local jurisdiction requesting approval, the program title, the sponsoring agency, a contact person, the date(s) and time(s) of the program, location, the number of seats available, the responsible instructor(s), and the contact hours.

Upon review of the course outline, program objectives, handout materials, and evaluation mechanism(s), MIEMSS will assign a continuing education course number and award a specific number of credit hours for each category of instruction. The total number of hours approved for each category is coded into the course number.

Q. Whom should I call to inquire about my continuing education records?

A. Inquiries regarding your continuing education records should be directed to your MIEMSS regional EMS office. Although the Office of Prehospital Training and Certification collects and stores all information relevant to individual attendance in approved continuing education programs, each regional administrator maintains files of the continuing education records for his/her respective EMS region.

For your convenience, an updated list of MIEMSS' phone numbers is provided at the end of this article.

Q. How do I receive credit for attending an approved continuing education program?

A. To receive credit for attending an approved continuing education program, you must complete the MIEMSS attendance card. This card is then sent to the Office of Prehospital Training and Certification, where we optically scan the card and, with the aid of a computer, record and store all pertinent information.

This information is filed under each individual's Social Security number and displayed according to category (medical, trauma, or local option) of continuing education.

Q. Must I attend a "straight-through" 24-hour continuing education program every 3 years in order to recertify as an EMT-A?

A. NO. Although many individuals are accustomed to this form of continuous "refresher" training, several different forms of continuing education are available.

To satisfy your EMT-A recertification requirements, you must successfully complete the required number of credit hours in each category (4 hours medical, 4 hours trauma, 4 hours local option, and 12 hours of skills). This can be accomplished by

1. Enrolling in approved continuing education courses, which are offered throughout the year in several different locations (for example, MIEMSS Regional workshops, EMS Care)
2. Enrolling in approved continuing education courses, which are sponsored by local jurisdictions throughout the year
3. Utilizing video tapes and workbooks (along with instructor guidance) that have been approved for continuing education

The continuing education program was designed to meet the needs of thousands of volunteer and career providers. With minimal planning, you should be able to participate in a very rewarding continuing education program that is flexible enough to fit into your demanding schedule.

Q. How do I find out if the continuing education classes I've taken have been approved by MIEMSS?

A. It is always a good idea to find out about the continuing education course before you enroll. This can be accomplished by contacting the course instructor or your MIEMSS regional administrator (see phone numbers at the conclusion of this article). However, if you have already completed this training and if you did not fill out a MIEMSS attendance card (scantron form) during the course, it may be too late. On the other hand, if you filled out the MIEMSS attendance card during your class, then your course has a MIEMSS approval number and you will be awarded the credits that were approved for that continuing education program.

When in doubt, contact your MIEMSS regional administrator for assistance.

Q. How can I find out where and when continuing education classes are being conducted?

A. Contact your local jurisdiction or your MIEMSS regional office. Each of the MIEMSS regional offices and many of the local jurisdictions maintain a list of the

(Continued on page 3)

. . . About Continuing Ed., Recertification

(Continued from page 2)
continuing education courses for their EMS region.

If you have access to a modem-equipped computer, you can call the MIEMSS Bulletin Board (301-328-3842) and access the Calendar of Events. This file contains a listing of approved continuing education courses throughout the state.

Q. Are the MFRI skills classes recorded on my MIEMSS computer transcript?

A. If you have attended 12 hours of skills development since July 1987, your computer transcript will reflect this skill training.

If your skills development training was completed before July 1987, your computer transcript will not reflect this training. Records of skills training prior to July 1987 are referenced by the class roster, which is verified by the course instructor and forwarded to MIEMSS.

Q. What should I do if I am unable to complete the continuing education requirements before my EMT-A card expires?

A. Individuals who are not able to complete their continuing education requirements must request an extension of their individual certification prior to their expiration date. This request must be in writing, and it should explain why you are requesting an extension. Letters of this nature should be addressed directly to MIEMSS Prehospital Training and Certification Office.

Q. I have completed all my continuing education requirements. When will I receive my new card?

A. MIEMSS will issue new EMT-A cards during the last year of an individual's certification period. Therefore, if you complete all of your continuing education requirements (12 hours of skills plus 12 hours of knowledge [4 medical, 4 trauma, 4 local]) within the first or second year of your certification, you will not be issued a new card until the third year.

Q. What happens if I miss a lesson in the EMT-A skills continuing education course that is sponsored by MFRI?

A. Your attendance is required at each session. If you are not able to attend each of the skills training sessions, you should contact the instructor for that skills course and ask if "make-up" sessions are available. If none are available, it remains your responsibility to locate a skills training program to make up the required skills training that you missed.

It is important to remember that each individual must demonstrate certain skills proficiencies to the course instructor: missing a class could result in failure to successfully complete this required skills training.

Q. How long is the Basic EMT-A Training Program?

A. The EMT-A course is the 110-hour U.S. Department of Transportation/National Highway Traffic Safety Administration's National Curriculum. This course consists of 95 hours of classroom training, 10 hours of "local company level" internship, and 5 hours of testing.

Classroom training is based on the knowledge and skills objectives outlined by the National Standard Curriculum for EMT-A and referenced to the Maryland EMT-A Skills Manual.

Q. How do I register for an EMT-A course?

A. Individuals interested in becoming certified as Maryland EMT-As who are affiliated with a volunteer or career fire/rescue or EMS service in Maryland should contact their local jurisdiction to find out where and when courses are being offered. MFRI sponsors the majority of EMT-A courses and works with the 23 counties and Baltimore City to ensure that sufficient training opportunities are available statewide for your convenience.

If you are interested in pursuing other forms of training, you will find that many of the universities, 4-year colleges, and community colleges around the state offer EMS training (EMT-A, CRT, EMT-Paramedic, and other levels).

In closing, it remains important that we not lose sight of the enormous training efforts required to ensure the continuation of 15 years of providing the best possible care to the citizens of Maryland. From July 1986 through June 1987, 13,246 students put in 513,822 hours of EMS training as part of their certification process. Putting it another way, the "average" student spends 38.8 hours a year in EMS training to keep Maryland tops in the delivery of prehospital emergency care. Although these statistics do not reflect the blood, sweat, and tears of the dedicated prehospital care providers, they show the magnitude of commitment.

We welcome your questions and comments and remain eager to assist you in your training endeavors.

— Ronald B. Schaefer
Director
Prehospital Training and Certification

Where Should I Turn?

Director, Prehospital Training and Certification
Ronald B. Schaefer
MIEMSS
22 S. Greene Street
Baltimore, MD 21201
328-3666

Region I Administrator (Western Maryland)
Dave Ramsey
P.O. Box 34
Grantsville, MD 21536
895-5934

Region II Administrator (Mid-Maryland)
Richard Mettetal
201 S. Cleveland Avenue
Hagerstown, MD 21740
791-2366

Region III Administrator (Baltimore-Metropolitan)
John Donohue
(Gerry Gavin, assistant administrator)
22 S. Greene Street
Baltimore, MD 21201
328-3997

Region IV Administrator (Eastern Shore)
Mark Bramble
(John Barto, assistant administrator)
331 N. Aurora Street
P.O. Box 536
Easton, MD 21601
822-1799

Region V Administrator (Washington Metropolitan/Southern Maryland)
Marie Warner- Crosson
5111 Berwyn Road
College Park, MD 20740
474-1485

Traumatic Brain Injury Symposium

More than 525 professionals attended the 4th National Traumatic Brain Injury Symposium.

You saved my life . . . What now?

For survivors of trauma, one of America's most tragic medical problems, this is a pressing question. Over 525 professionals from over 40 states and 3 foreign countries participated in the 4th National Traumatic Brain Injury Symposium: The Neglected Disease, March 23-25.

Representatives from speech-language pathology, physical and occupational therapy, psychology, surgery, nursing, education, traumatology, and other related disciplines attended the three-day conference. This annual event was sponsored by the Speech-Communication Disorders Program of the MIEMSS Shock Trauma Center and Montebello Rehabilitation Hospital. According to the program's founder and director, Roberta Schwartz, MEd, CCC-SLP, the symposium provides innovative, state-of-the-art research and clinical information concerning the interdisciplinary approach to assessment and treatment of brain injury victims.

Traumatic brain injury has been termed the "silent epidemic" by the National Head Injury Foundation. Several thousand people — most of them are young, active, and healthy — receive head injuries each year. Many suffer long-standing deficits with resulting difficulties in communicating, understanding speech, short-term memory, reasoning, judgment, and insight. According to Ms. Schwartz, who has developed a specialized rehabilitation program for these victims, "Trauma and brain injury do not discriminate among people. In the past year, the Speech-Communication Disorders Program has worked with housewives, laborers, honors students, prominent lawyers and doctors, and successful businessmen who were at the wrong place at the wrong time."

Nationally acclaimed researchers and clinicians who presented at the symposium brought new hope to victims of brain trauma. New theories with relevant applications to clinical practice were presented from more than 20 states. More than 140 presenters representing speech-language pathology, physical and occupational therapies, psychology, social services, nursing, surgery, traumatology, and other related disciplines spent the three days reviewing research findings, clinical protocols, and case studies. Principal faculty included such rehabilitation experts as Ronald Ruff, PhD (University of California-San Diego), Audrey Holland, PhD (University of Pittsburgh), Roberta Chapey, PhD (Brooklyn College), Pamela Dougherty, OTR (Sister Kenny Institute in Minneapolis), Barbara Sonies, PhD (National Institutes of Health), and Catherine Keating, PhD (Providence College and Spaulding Rehabilitation Hospital in Boston). The 1988 Shock Trauma Speech-Communication Disorders Research Award was presented to Dr. Holland for her significant contributions to the on-going research and clinical emphasis in management of traumatic brain injuries.

A comprehensive pre-symposium workshop on swallowing disorders in head-injury patients attracted 272 participants. Noted professionals from around the country, including Dr. David Buchholz from the Johns Hopkins Swallowing Center and Dr. Barbara Sonies from the National Institutes of Health, joined with Brad Swanson and Bill Roth from the Shock Trauma Center and other prominent speakers and clinicians to share

(Continued on page 5)

(L-R) MIEMSS Deputy Director and State EMS Director Ameen I. Ramzy, MD, Audrey Holland, PhD, and Director of MIEMSS Speech-Communication Disorders Program Roberta Schwartz, MEd, CCC-SLP. Dr. Ramzy presented the 1988 Shock Trauma Speech-Communication Disorders Research Award to Dr. Holland during the symposium luncheon.

. . . Focuses on Research, Treatment

(Continued from page 4)

their newest updates in the comprehensive management of swallowing disorders resulting from head trauma. Ms. Schwartz commented on the prevalence of swallowing disorders associated with trauma. "What most people don't realize is that a large number of brain-injured patients cannot swallow safely or efficiently. Some are even on ventilators or respirators, which precludes the normal feeding process." The Speech-Communication Disorders Program at the Shock Trauma Center is one of only a few progressive programs that comprehensively evaluate and treat head-injured patients through bedside and radiographic studies of swallowing.

Special attention was also focused on the pediatric and adolescent trauma rehabilitation track, which made the audience realize that "big" problems do come in "small" packages. Other tracks included "Rethinking Vocational Rehabilitation and Community Re-Entry: National Perspectives," "Contributions to the Rehabilitation of the Brain-Injured Survivor: Occupational and Speech-Language Pathology Perspectives" and "Psychosocial Sequelae and Clinical Programming."

Twenty-seven exhibitors from around the country displayed products and services at the traumatic brain injury symposium.

Plans are underway for the 5th National Traumatic Brain Injury Symposium, to be held March 15-17, 1989. The Speech-Communication Disorders Program is expecting more than 200 presenters at next year's symposium. Several abstracts have already been submitted to the symposium review committee. For more information concerning the 5th National Traumatic Brain Injury Symposium or the Speech-Communication Disorders Program, please call 301-328-6101 (Shock Trauma) or 301-554-5391 (Montebello Rehabilitation Hospital).

EMT-Ps in Region II to Be Certified

Region II's first paramedic program will be certifying nine EMT-Ps in June. Representing a cross-section of Washington County, this first group of CRTs was carefully screened prior to acceptance in the paramedic program through a 150-question test, interviews, and evaluation of continuing education courses and CRT experience.

Jonathan Newman, ALS coordinator for Region II, explains that the program began with a $2,500 grant from Washington County and the cooperation of John R. Marsh, MD, Region II's medical director; the MIEMSS Region II Office; Washington County Hospital, the area-wide trauma center for Region II; and Hagerstown Junior College. Randy S. Ellis, MD, medical director of the emergency department at Washington County Hospital, has been fully involved in the course from the beginning.

The paramedic course consists of 300 hours of study: 150 classroom and 150 clinical. Endotracheal intubation was taught at Cumberland Memorial Hospital; all other clinical experience was at Washington County Hospital. After completing the course, which combines BLS and ALS, students earned 14 credits toward an AA degree from Hagerstown Junior College at no cost. "This is actually an educational program to attract promising people to EMS," says Mr. Newman. "With 10 credits for the CRT course given by MIEMSS or Hagerstown Junior College added to the 14 credits for the EMT-P course, only 3 hours remain to be taken at the student's expense to obtain a one-year certificate."

Classroom work has been scheduled on Monday and Wednesday evenings from 6:30 to 10:30; clinical experience is arranged at the convenience of the student and the volunteer medical staff. Clinical experience can be scheduled 24-hours-a-day and includes the emergency department, labor/delivery rooms, patient assessment, and patient care. Students are taught by nurse or physician preceptors.

After their EMT-P certification, the paramedics will take their National Registry and Maryland protocol exams and will need to take 100 credits of continuing education every 2 years to retain their certification.

For further information about the Region II EMT-P course, contact Jonathan Newman at 301-790-8265.

Lifepak-5 Defibrillator Safety Warning Given

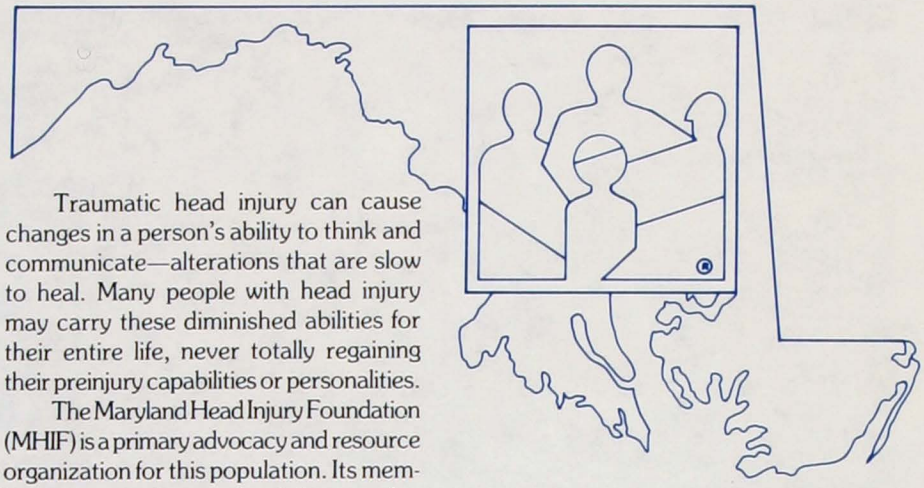
Some Lifepak 5 defibrillators may discharge late while in the synchronized mode. This may occur under the following circumstances:

- The Lifepak 5 defibrillator must be in the "sync" mode.
- The systole volume control must be adjusted to maximum volume.
- Discharge buttons must be depressed exactly on the R-wave.

This exact set of circumstances is not likely to happen. However, to avoid such a possibility, Lifepak 5 defibrillator/monitor operators should set the systole volume control to "minimum" before they perform synchronized cardioversion.

Physio-Control, manufacturer of the Lifepak units, offers warning labels to be attached to the units. Labels can be obtained by calling 1-800-331-1086. If there are any questions about the units, operators may call 1-800-426-8047.

MHIF Assists Victims of Head Injury



Traumatic head injury can cause changes in a person's ability to think and communicate—alterations that are slow to heal. Many people with head injury may carry these diminished abilities for their entire life, never totally regaining their preinjury capabilities or personalities.

The Maryland Head Injury Foundation (MHIF) is a primary advocacy and resource organization for this population. Its members are very close to the daily struggles in the lives of head-injured people. They are the parents of head-injured children and teenagers; friends of the victims; social workers, nurses, therapists, and physicians who see head-injured people somewhere along the long road to recovery; and the head injured themselves.

Many aspects of a person's life are affected by head injury, and these changes require more than a single approach to treatment. With the advent of sophisticated trauma systems, patients who would have died from massive injury not so long ago are now living and need vast rehabilitative resources.

The impairments often caused by head injuries can be described in two broad categories: cognitive and emotional. Cognitive problems include memory loss; impairment in the use of language; and the inability to anticipate the consequences of one's actions, to plan ahead, and to organize activities. These factors combine to significantly change a head-injured person's personality and cause problems in interpersonal behavior. Emotional problems manifest as lack of self-control and thus cause the recoveree to act impulsively, immaturely, and impatiently. Alterations in sexual behavior—accentuation or loss of libido or loss of the awareness of socially acceptable behavior—are particularly troubling to some families. Physical changes that affect mobility, balance, and coordination may also occur.

It is difficult to determine the number of head-injured people in Maryland, because, until recently, there was no statewide mandatory reporting mechanism. The MHIF's best estimate is that 7000 Marylanders sustain head injury each year. Nationally, 140,000 people die each year as a result of head injury, and 50,000 to 70,000 survive their injuries but are left with cognitive and perceptual impairment severe enough to preclude their return to a normal life. Most people who sustain head injuries are younger than 30.

Carole Robel, the first executive director of the MHIF, calls this a "population time bomb." "Because most head-injured people are between the ages of 18 and 34 and are living with aging parents, we are seeing only the beginning of a very large problem. When these parents die, their head-injured children (who have become adults) will be in desperate need of special living arrangements, supervision, and services. We must plan for their future needs now."

The MHIF maintains an office in Catonsville, where head-injured people and their families can call for information and referral services. A library of written and audiovisual resources is housed there; these materials are appropriate for specific audiences (for example, patients, families, health care providers, and public officials). Ms. Robel receives about 10 calls each day (the number is increasing) from people who need specific help in dealing with the aftermath of head injury and from others who "just need to talk." Families most commonly ask about gaining access to appropriate educational services for their injured family member.

A primary goal of the MHIF is to increase the number of support groups around the state. At least eight groups are currently meeting (call the MHIF for referral). The MHIF is working with local health care professionals, particularly in rural areas, to expand that number. Group formats vary: some provide emotional and social support for recoverees and others provide an understanding, comfortable atmosphere for family members to discuss their daily experience in caring for a person with a head injury.

The MHIF was organized in January 1983 as a chapter of the National Head Injury Foundation and immediately became involved in the state legislative process. Through political action, the organization was seeking improvements in the state's provision and funding of services for the head injured. Representatives of the group presented testimony on issues related to the medical treatment of the head injured and informed state legislators of the existence and goals of the MHIF. In the fall of that year, a hearing was held by the House Environmental Matters Committee, in which MHIF members participated. Representatives of state agencies were also called to the hearing to describe their resources for head-injured people. According to the MHIF's report in its monthly newsletter, "little was known about what to do with head-injured people once their lives had been so heroically saved." No statistics were being kept on the incidence of head injury or the destination of injured people after they left a hospital. Many were being referred out of state for rehabilitative services, and when they returned home, there were few, if any, services in the community to assist them in their continued recovery.

During the 1984 legislative session, the Disabled Individuals Reporting System was created. It mandated the institution of a trauma registry to enable the state to begin to count the number of head injuries occurring each year. The procedure was "phased in" over several years; in 1987, it became statewide, encompassing all hospitals in Maryland. Head-injured persons were also included in a bill that addressed respite care funded through the state's Non-Retarded Developmental Disabilities Office.

The MHIF continues to be very active in seeking legislative remedies and support. Of primary concern are gaps in health insurance policies. Most cover only acute care; inpatient and outpatient rehabilitative services are often excluded. Many contracts exclude long-term rehabilitative needs such as physical, occupational, and speech therapy. Nursing home resources for head-injured people are meager in Maryland; according to representatives of the MHIF, this limited availability is directly related to the lack of insur-

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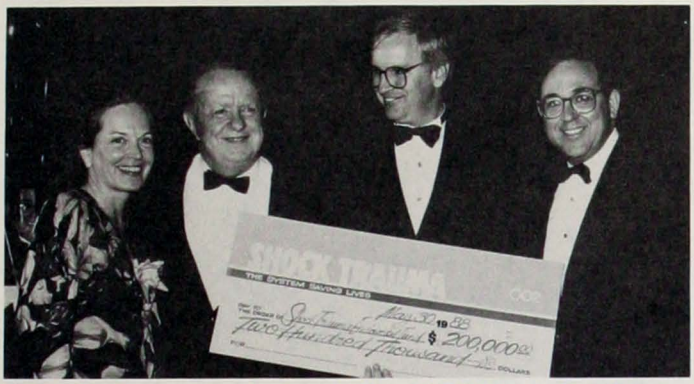
Shock Trauma Gala

Approximately 1,000 people attended the Shock Trauma Gala, a dinner-dance held April 30 at the Towson Center which was transformed into a "Carnivale." Great Occasions catered the black-tie event, which featured the music of Gene Donati and his orchestra and a live auction.

Master of Ceremonies Bishop Robinson (Secretary of the Maryland Department of Public Safety and Correctional Services) and Honorary Chairman Governor William Donald Schaefer both commented that the gala celebrated the fifteenth anniversary of the Maryland EMS System and the more than 25 years of the Shock Trauma Center, which the Governor termed "a jewel in Maryland's crown. No where in the world will you find better care." Both praised the thousands of paid and volunteer professionals who work in all phases of the Maryland EMS System. The Governor also noted that he had proclaimed April 30 as Shock Trauma Day; more than 20 counties and cities also issued Shock Trauma Day proclamations.



Phyllis Friedman (gala chairman), Donald DeVries (gala solicitation chairman), and Leonard Mazur (gala outreach chairman) present a "check" for $200,000 to MIEMSS Director Dr. R Adams Cowley. Special thanks were given to the corporate underwriter of the gala, the Whiting-Turner Contracting Company and its CEO Willard Hackerman.

Del. Martha Klima (Balto Co.), MIEMSS Director of Speech-Communications Disorders Roberta Schwartz-Cowley, MIEMSS Director Dr. R. Adams Cowley, Hilda Mae Snoops, Governor William Donald Schaefer, and MIEMSS Director of Nursing Elizabeth Scanlan.

Region I: Mr. & Mrs. Bishop Robinson, Dr. Frederick Miltenberger, MIEMSS Director Dr. R Adams Cowley, Mary Miltenberger, Sarah Ramsey, and MIEMSS Region I Administrator Dave Ramsey.

Region IV: Mr. & Mrs. Bishop Robinson, MIEMSS Director Dr. R Adams Cowley, MIEMSS Region IV Assistant Administrator John Barto, Dr. Robert Adkins, Nancy Adkins, MIEMSS Region IV Administrator Marc Bramble, Debbie Bradley, and Alan Bradley (Director, Caroline County ALS).

MSP Helicopter Pilot Jim Dinger, MIEMSS Director Dr. R Adams Cowley, Governor William Donald Schaefer, and MSP Medic Kevin Utz. For his support of the Maryland EMS System in its "Golden Hour" of need, the Governor received the Golden Hour Award.

Region III: MIEMSS Region III Administrator John Donohue, Jeff Alexander (President, Carroll County Volunteer Ambulance Assoc.), Dep. Chief Tom Mack (Baltimore County Fire Dept.), MIEMSS Director Dr. R Adams Cowley, Dr. Frank Barranco, Jim Lyons (Harford County Fire & Ambulance Assoc.), and Chief Michael Jachelski (Baltimore City Fire Dept.).

Region II: Mr. & Mrs. Bishop Robinson, Dr. David Frazier, Nancy Frazier, Adelbert Seelye, Donna Seelye, MIEMSS Director Dr. R Adams Cowley, Dan Divito, Dr. Randy Sue Ellis, MIEMSS Region II Administrator Dick Mettetal, Sandy Mettetal, Bettie Delaplaine, and George Delaplaine, Jr.

Region V: Mr. & Mrs. Bishop Robinson, Maj. John Proels (Prince Georges County Fire Dept.), MIEMSS Region V Administrator Marie Warner-Crosson, Jim Crosson, Louise Lee, MIEMSS Director Dr. R Adams Cowley, Lt. Willa Little (Montgomery Co. Fire Dept.), and David Gratz.

DATED MATERIAL

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Emergency Medical Services Systems
for
Maryland Institute

Published Monthly

Resource Network for Head Injured

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ance coverage for this medical care. Bernice Wolfson, a social worker in the Psychosocial Services Department at MIEMSS and a board member of the MHIF, views the problem this way: "The farther out on the continuum of care the patient falls, the fewer services and dollars are available. It's a matter of where the person is abandoned by the system. Families express their dilemma that, although the emergency health system and society are committed to saving lives, patients are abandoned in the long run. Funds for an integrated and accessible continuum of care are needed to serve this population."

The need for a coordinating council of state agencies has been advocated by the MHIF for several years. Sue Lowe, immediate past president of the MHIF, stated that "agencies such as the state health department, the office of vocational rehabilitation, and the department of education have different areas of expertise and viewpoints of head injury and therefore categorize head injury differently. There is a need for consistency in services so that head-injured people and their families can have access to the full range of resources now available in the state." Recent progress has been made in the legislature toward the creation of such a body—the Comprehensive Rehabilitation Services Coordinating Council. The MHIF credits the leadership of Del. Lawrence LaMotte (Baltimore and Carroll counties) and Sen. Catherine Riley (Harford County) for this achievement. The council will develop a comprehensive rehabilitative services program for individuals who have experienced traumatic injuries. MHIF is a council member.

The MHIF is also seeking improved auto insurance coverage in Maryland to help defray the costs associated with the short- and long-term treatment of head injury. The group supports expansion of the state's seat-belt law and reinstitution of the motorcycle helmet law to help decrease the incidence of head injury resulting from vehicular incidents.

A cooperative agreement has been signed by the MHIF and the Department of Education through the Department of Special Education. The two groups have pledged to coordinate efforts in bringing the special education needs of head-injured children to educators' attention.

A publication entitled *Guidebook on Head Injury* has recently been produced by members of the MHIF. This 60-page booklet, intended for distribution to family members and friends of head-injured patients, contains information about the physiology of head injury, realistic expectations during the patient's hospital course, and descriptions of supportive community resources that can be of help after the patient has been discharged.

Ms. Lowe pointed out that the activists in the MHIF have the common bond of knowing the tremendous needs of head-injured people and their families. "Many of us have personal experiences with head injury, and we participate in this organizational work to improve things for other families who will be in the same situation. We all have a tremendous motivation to help others."

The new president of the MHIF, Phebe Whitehead, notes that the organization would like to expand its array of services to head-injured people in Maryland. "Our activities are limited only by the number of people who offer their time and expertise. With more volunteers, we can increase our support services from the state office, enhance our fund-raising activities, and achieve even greater success in our legislative work. We always welcome new members."

The MHIF can be contacted at 916 South Rolling Road, Catonsville, MD 21228. Head-injured people and their families in the Baltimore metropolitan area can call the office 747-7758. The MHIF toll-free hotline is 800-221-6443.

—Linda Kesselring

Ashworth to Represent AHA on Commission

John W. Ashworth III, MIEMSS director of development and special projects, has been named as the principal representative of the American Hospital Association to the Commission on Emergency Medical Services of the American Medical Association. His one-year appointment to the commission was made by the hospital association board of trustees and runs through calendar year 1988.