

Maryland

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NEWSLETTER

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For All Emergency Medical Care Providers

September 1990

Evaluating Maryland's Safety Belt Use Law

In October 1989, Maryland was among the states with the highest use of safety belts since the passage of its law. Since New York enacted the first safety belt law in 1985, 35 states and the District of Columbia have enacted laws pertaining to safety restraints. Three states, Nebraska, Oregon, and Massachusetts, rescinded their laws. Unfortunately, passing a law does not guarantee citizen compliance.

Maryland law stipulates that the driver of a Class A or a Class M vehicle, and the vehicle's outboard (adjacent to the door) front seat passenger, must be restrained by a safety belt or a child safety seat unless it is medically certified that a restraint cannot be worn. In this state a police officer may issue a citation only as a secondary violation, when the driver is being detained for a suspected violation of another provision of vehicle law. The law also provides for prevention and public education programs and for periodic evaluation of the state's highway safety plan.

An evaluation of Maryland's mandatory safety belt use law, the third of 3 parts, was submitted to the Maryland legislature recently. The study was prepared for the Secretary of the Maryland Department of Transportation and the Insurance Commissioner of the Department of



Making a case for automobile safety restraints...

Licensing and Regulation by the Transportation Studies Center at the University of Maryland College of Engineering. Everett C. Carter, BSCE, ME, PhD, director of the center, was principal investigator. Objectives of the study were to identify the factors that correlate with safety belt use; identify changes, such as the fatality rates, injury rates, and injury severity; assess the effectiveness of enforcement strategies in achieving compliance; and assess the effectiveness of promotional and public relations efforts.

Many organizations, including law enforcement agencies, the medical community, insurance and other industries, and schools, cooperate to

maximize compliance with and effectiveness of the law. Some of the most active groups are the Insurance Institute for Highway Safety, Johns Hopkins University Injury Prevention Center, Maryland Association of Women Highway Safety Leaders, Maryland Committee for Safety Belt Use, Maryland Department of Transportation, Maryland State Police, MIEMSS, and the University of Maryland. Data indicate the following:

- Only about one-third of vehicular crash patients taken to Maryland's 11 trauma centers were wearing safety belts.

- Mortality rates for unbelted

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See page 3 for Emergency Rescue Guidelines for Air Bag-Equipped Cars.

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patients were 2.5 times more than for belted patients. Severity of injury and length of stay were also greater for unbelted patients.

- If all presently unbelted drivers in the United States were to use lap/shoulder belts but not otherwise change their behavior, fatalities in this group could be reduced by about 40 percent. This could mean a potential national economic benefit of more than \$30 billion.

- Safety belt effectiveness in reducing fatalities is greater for single car crashes (60 percent) than two-car crashes (30 percent).

- Effectiveness is greater for frontal collisions than for side impacts.

- Lap/shoulder belts provide superior crash protection to lap belts alone and present less risk of induced injury for the center passengers as well as outboard passengers.

- The reduction of fatalities and economic costs as a result of seat belt use is only about half of the predicted amount. It is believed that this is because the drivers most at risk—those seen violating traffic lights, tailgating, or driving after drinking—are least likely to comply with safety belt laws.

- Rural use of safety belts is less than urban use, partly because there is less traffic on the roads and people have the illusion of being safer.

- Drivers in peak periods of traffic perceive more potential for accidents and are more likely to buckle up. Shoppers or drivers at other times of the day who make many stops are less likely to comply with the law.

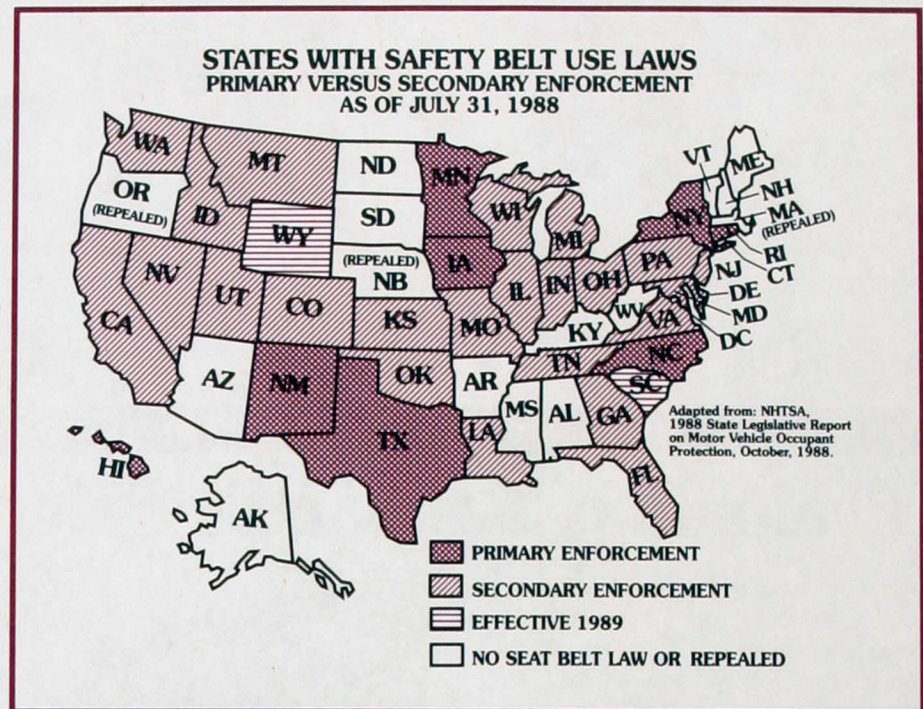
- Safety belts are more likely to be used on interstate highways and major roads because of the greater perceived danger. People tend to buckle up for long trips at higher speeds.

- Safety belt use tends to decrease as car size increases. This may reflect the perception of being safer in larger cars, or may be due to socio-economic factors such as age, gender, or income. There is low compliance among those in trucks.

- Marital status is not a significant factor in compliance.

- More females (72 percent) than males (55 percent) comply.

- In evaluating public educational efforts, it was found that public service announcements, high-school incentive programs, short-term economic incentives, brochures, etc., lead to



improvements for a short period of time, seldom for more than a few months. This emphasizes that such campaigns should be continuous or repeated periodically to be effective.

When the public perceives enforcement of the law, compliance is significantly greater. Training and educating officers is a most effective tool. There are no numerical data available on local police enforcement, but officers at all levels are encouraged to take an active role. The Maryland State Police, strong supporters of the safety belt law, had issued more than 110,000 citations and 20,000 warnings for noncompliance as of September 30, 1989.

It is interesting to note that the safety belt law, even though it is not obeyed by many of the citizens of the state, is a popular law. Surveys determined that even those who did not buckle up realized that the law was meant for their protection and it was not resented. It is hoped that someday even the noncompliers will be persuaded to use their safety belts consistently.

"The results are encouraging," Dr. Carter says. "There has been a substantial increase in safety belt use since the law was passed, which suggests that further increases are achievable."

◆ Erna Segal

Rescue '90 Internat'l

Rescue '90 International, a 4-day seminar in urban rescue and structural collapse, will be held October 4-7 in Montgomery County. The seminar's central theme is team-building, emphasizing safety, the use of the incident command system, and scene assessment. Practical information will be provided on search, communications, rigging/rope, hand tools, victim handling, collapse stabilization, dogs and devices, hazardous environments, site management, logistics, safety systems, and heavy support equipment. Attendees will take either active or non-active roles in "The Big One," an urban rescue exercise.

Participation is limited; first priority will go to early registrants. The seminar is sponsored by the Montgomery County Department of Fire and Rescue Services Collapse Rescue Team, in cooperation with the Virginia Beach Fire Department; Baltimore County Fire Department; Urban Rescue and Structural Collapse Committee of the International Association of Fire Chiefs; US Disaster Team, Canine Search and Rescue Unit; and Federal Emergency Management Agency (FEMA).

For further information, write RESCUE '90, P.O. Box 1818, Rockville, MD 20849-1818, or call 301-424-8451.

EMERGENCY RESCUE GUIDELINES FOR AIR BAG-EQUIPPED CARS*

Editor's Note: "Emergency Rescue Guidelines for Air Bag-Equipped Cars" is reprinted in its entirety with permission from the National Highway Traffic Safety Administration, US Department of Transportation, July 1990.

Incident with a Fire

First use normal fire extinguishing procedures, then follow the rescue guidelines below.

Incident with a Deployed Air Bag

Use normal rescue procedures and equipment. Do not delay medical attention. **DEPLOYED AIR BAGS ARE NOT DANGEROUS.**

However, they do produce a dust that may cause minor skin or eye irritation which can be prevented by:

- Wearing gloves and eye protection
- Keeping the dust away from the patient's eyes and wounds
- Removing gloves and washing hands after exposure to the dust

Incident with an Undeployed Air Bag

An undeployed air bag is unlikely to deploy after a crash. Most incidents will not require rescuers to work in what would be the deployment path of the air bag; therefore, rescue operations can begin without delay.

IN THOSE RARE INSTANCES WHEN SOMEONE IS PINNED DIRECTLY BEHIND AN UNDEPLOYED AIR BAG, SPECIAL PROCEDURES SHOULD BE FOLLOWED:

- Disconnect or cut both battery cables safely
- Avoid placing your body or objects against the air bag module, or in what would be the deployment path of the air bag
- Do not mechanically displace or cut through the steering column, until after the system has been fully deactivated
- Do not cut or drill into the air bag module
- Do not apply heat in the area of the steering wheel hub

*Based on information provided to the National Highway Traffic Safety Administration (NHTSA) by the automobile and air bag manufacturers, and coordinated with the U.S. Fire Administration (USFA).

AIR BAG-EQUIPPED CAR EMERGENCY RESCUE QUESTIONS AND ANSWERS

If your questions are not answered below, please contact the NHTSA Office of Occupant Protection, NTS-13, Washington, DC, 20590, or the USFA Office of Firefighter Health and Safety, NETC, Emmitsburg, MD 21727.

Q1 How does an air bag work?
Most air bag-equipped cars on the road today have a driver-side air bag. A few makes, Lincoln, Mercedes, and Porsche, have both driver- and passenger-side air bags as standard or optional equipment. The air bag is designed to supplement the protection offered by safety belts. In a frontal impact of sufficient severity (comparable to a collision into a solid wall at 10-14 mph or above), sensors in the vehicle detect the sudden deceleration and trigger the inflator module. This causes the solid chemical propellant sealed inside the inflator, principally sodium azide, to undergo a rapid chemical reaction. This reaction produces primarily nitrogen gas, the same gas that makes up 80 percent of the air we breathe. The gas inflates a woven nylon bag packed inside the steering wheel hub or the instrument panel for the front seat passenger. The bag inflates in less than one-twentieth of a second, splitting open its protective cover, and inflating in front of the occupant. As the occupant contacts the bag, the nitrogen gas is vented through openings in the back of the bag, which helps to cushion forward movement.

Because air bags are designed to deploy only in frontal or near-frontal crashes—not in side, rear, or rollover crashes—it is possible that you will be involved in rescuing someone from a car with an air bag that did not deploy.

Q2 How do I identify a car equipped with an air bag?

If the bag has deployed, you will be able to see it drooping from the steering wheel hub or the instrument panel on the passenger side.

If the bag did not deploy, several methods can be used. The steering wheel hub is large and rectangular, (about 6" x 9"). The large hub usually will be covered with a scored, soft plastic material. The words, "Supplemental Inflatable Restraint," "Air

Bag," or initials such as "S.I.R.," or "SRS," may be embossed somewhere on the surface. In most cases, the Vehicle Identification Number (VIN) can be used to determine the presence of an air bag. Exhibit 1 shows the codes used by the auto manufacturers. Some manufacturers indicate the presence of an air bag system by placing placards under the hood and on the driver side windshield pillar.

If you cannot determine whether the car is equipped with an air bag, you should assume that it has one, particularly if it's a late model car, and follow the rescue guidelines for air bag cars.

Q3 Is smoke produced during deployment?

There are three kinds of "smoke." First, many people mistake the corn starch or talcum powder used to lubricate the bag as smoke. These substances should not be a problem for rescue workers or accident victims. Second, a sealant which is used to prolong the life of the air bag system can smoke when the air bag is deployed. This smoke dissipates rapidly and should not be a cause for concern. Lastly, during deployment, small particles from inside some bag systems are vented into the passenger compartment. These airborne particles look like smoke, and some are deposited as a powdery residue on and around the bag.

Q4 Is the air bag hot?

The bag itself will not be hot. Some components within the air bag module will be hot for a short time, but they are relatively inaccessible and should pose no threat to rescue personnel or crash victims. However, personal contact with the steering wheel hub should be avoided for at least 15 minutes after deployment.

Q5 What about the powdery residue on and around the air bag?

The residue is primarily corn starch or talcum powder, which is used to lubricate the bag as it deploys, and by-products of the chemical reaction that produces the nitrogen gas to inflate the air bag.

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This residue may contain a small amount of a potential skin irritant, sodium hydroxide.

The same gloves and eye protection that rescuers would normally wear to protect themselves (from sharp metal edges, glass, or from bodily fluids) also will prevent any irritation to the skin or eyes resulting from the residue released during deployment. Thus, the potential for this type of exposure is not severe enough to warrant delaying rescue operations. Hands should be washed with mild soap and water after handling a deployed bag. Also, avoid rubbing your eyes, eating, or smoking after handling the bag until you have removed the gloves and washed your hands. Rescuers also should take care to avoid introducing the residue into the eyes or any wounds of the patient. If the residue gets into the eyes, they should be flushed with water.

Q6 Is there any sodium azide in the residue? Is it harmful?

There is no detectable amount of sodium azide residue present in the passenger compartment after an air bag deployment. Sodium azide, a component of the air bag inflator propellant, converts to the nitrogen gas used to inflate the air bag. Sodium azide in its solid state is toxic. But since it is hermetically sealed in a very strong metal container, which itself is located inside a protective housing within the steering hub, it is unlikely that rescue workers will be exposed.

Q7 If an undeployed air bag module is somehow ruptured, what precautions should be taken?

In the unlikely event that the canister containing the sodium azide-based propellant is ruptured, an unburned propellant will be found in a variety of pressed tablet forms. Do not touch or ingest any exposed propellant or expose it to an ignition source. As in all other rescue operations, rescuers should wear gloves and eye protection.

Q8 Is the sodium azide canister likely to explode during a car fire?

No. The air bag is designed to inflate normally in the event that a vehicle fire causes the canister to be heated above 300°F. Consequently, it is possible that the air bag will deploy in a car fire, but there should be no fragmentation of the inflator.

Q9 If there is a fire in an air bag car, can water be used to extinguish it?

Yes. Any effective fire-fighting medium, including water, may be used to extinguish a fire in an air bag-equipped car.

Q10 Is it all right to breathe the passenger compartment air after an air bag has deployed?

Chemical analyses of deployment by-products show no reason for concern. Also, tests have been conducted with volunteers, chronic asthmatics known to be highly susceptible to airborne particles. These tests showed that the atmosphere produced by an air bag inflation posed no respiratory system hazard to the asthmatics studied.

Q11 What has been the experience of crash test personnel in dealing with air bag-equipped cars?

NHTSA has crash tested more than 70 cars with air bags. The test engineers and technicians who regularly deployed air bags and test dummies have reported no ill effects from their repeated exposure to the products of air bag deployments.

Q12 If the air bag did not deploy in the crash, is it likely to deploy after the crash?

No. The sensor devices used to activate the system are designed to respond only to the type of violent forces present during a crash. It is unlikely that the same type of forces will be created during rescue operations.

In most cases, rescue operations can proceed normally and without delay. In the unlikely event that a driver or passenger is pinned behind an undeployed air bag, it will be necessary to take special precautions (see Q15).

Q13 If the air bag(s) did not deploy in the crash, can the system be deactivated?

The electrically activated systems used on most air bag-equipped cars can be deactivated. First, disconnect or cut both battery cables. This will begin the deactivation period for the backup power system that is part of most electrically activated systems. For some vehicle makes, deactivation will occur in a matter of seconds; others take a few minutes (see Exhibit 2). Mechanically activated systems, used only on 1990 Jaguar coupes and convertibles, cannot be deactivated in the field.

Q14 Should rescuers wait for the system to be fully deactivated before proceeding with rescue operations?

Except for the special case of someone being pinned behind an undeployed air bag, rescue operations can and should begin immediately. Rescue workers should not place themselves or any objects on the air bag module (the face of the steering wheel hub), or in what would be the deployment path of the air bag.

Q15 What if someone is pinned behind a steering wheel or instrument panel with an undeployed air bag?

In the unlikely event that a driver or front seat passenger is pinned behind an undeployed air bag, special procedures should be followed.

If circumstances permit, wait for the system to be fully deactivated before attempting to remove the victim (see Q13 for deactivation procedures).

You need not wait to provide medical attention, so long as you do not place your body or any objects on the air bag module, or in what would be the deployment path of the air bag.

If the patient must be removed at once, extrication efforts should be performed from the side of the entrapped victim, and away from the potential deployment path of the air bag. Do not place your body or objects against the air bag module. Do not mechanically displace or cut through the steering column unless the air bag system has already been fully deactivated. At no time, should anyone drill into the air bag module, or apply heat (above 300°F) in the area of the steering wheel hub.

In the case of the mechanically activated system currently found only on 1990 Jaguar coupes and convertibles, extreme care should be taken to avoid sharp, jolting impacts to the steering column, particularly in a forward or rearward direction. Cutting of the steering wheel rim or the column is permissible, if the previously mentioned type of impacts can be avoided.

NOTE: Crashes that result in victims being pinned behind an undeployed air bag will be rare. NHTSA has not heard of such a case among the thousands of crashes documented to date. An unusual combination of circumstances, for example, a direct side impact which buckled the floor upward beneath the victim, would have to be present to trap someone without deploying the air bag.

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Q16 Occasionally we use damaged cars for rescue training purposes. The cars are scrapped after we finish the training. Should we take any precautions to prevent an unwanted deployment during training?

Before using an air bag-equipped car for training purposes, deploy the air bag. A procedure for deploying the air bag can be found in the service manual provided by each manufacturer to its dealers. Contact the car dealer for assistance.

EXHIBIT 2 DEACTIVATION TIMES FOR AIR BAG BACKUP POWER SUPPLY

Vehicle Make	Time
Acura	15 seconds
Bentley	30 minutes
BMW	20 minutes
Chrysler	2 minutes
Ford	*
GM	10 minutes
Isuzu	10 minutes
Lexus	20 seconds
Mazda	10 minutes
Mercedes	1 second
Mitsubishi	30 seconds
Nissan	10 minutes
Porsche	10 minutes
Rolls Royce	30 minutes
Saab	20 minutes
Toyota	20 seconds
Volvo	10 seconds
VW (Audi)	10 seconds
VW (Cabriolet)	10 minutes

*MY 1985-89 = 0; MY 1990 = 15 minutes;
MY 1991 = 1 minute if positive battery
cable is shorted to ground, 15 minutes
if not shorted out

EXHIBIT 1 VEHICLE IDENTIFICATION NUMBER (VIN) CODES FOR DRIVER- AND PASSENGER-SIDE AIR BAGS

Make	Series	Model Years	VIN Position	VIN Value	Type
Acura	Legend	1989-90	4-5	KA	D
Audi		1989-90	6	5	D
Bentley		1990	8	D or O	D
BMW		1986-90	8	1	D
Buick		1990	7	3	D
Cadillac		1989-90	7	3	D
Chevrolet		1990	7	3	D
Chrysler		1988-90	4	X or Y	D
	TC Maserati	1990	7	2	D
Dodge		1988-90	4	X or Y	D
Ford		1985-90	4	C	D
Infiniti		1990	8	C	D
Isuzu		1988	4	C	D
		1990	7	3	D
Jaguar	Palette Collect;	1990	5	W	D
	XJ6 Sovereign;				
	VDP; XJS				
	XJ6 Sovereign;	1990	5	X	D/P
	VDP; XJS				
Lexus		1990	8	E or T	D
Lincoln		1985-90	4	C	D
		1989-90	4	L	D/P
Mazda	MX-5	1990	4-8	NA351	D
	RX-7/ Convertible	1990	4-8	FC352	D
Mercedes Benz		1985-90	8	B or D	D
		1989-90	8	E	D/P
Mercury		1985-90	4	C	D
		1990	4	L	D/P
Merkur		1986-89	4	C	D
Mitsubishi		1990	4	X	D
Nissan		1987-88	8	B	D
		1989-90	8	C	D
Oldsmobile		1988-90	7	3	D
Plymouth		1988-90	4	X or Y	D
Pontiac		1989-90	7	3	D
Porsche		1987-90	6	2	D/P
Rolls Royce		1990	8	D or O	D
Saab	9000S	1988-89	4-8	CS55D	D
				CS58D	
Toyota	Supra	1990	4-8	MA70M	D
				MA70N	
				MA71M	
				MA71N	
	Celica	1990	4-8	ST88P	D
				ST87F	
				ST87N	
				ST85N	
				AT86F	
	MR2	1991	4-8	SW21M	D
				SW21N	
				SW22M	
				SW22N	
Volkswagen		1989	6	9	D
		1990	6	5	D
Volvo		1989-90	5	A	D

*D = Driver-Side Air Bag
D/P = Driver-Side Air Bag and Passenger-Side Air Bag

Child Passenger Safety

The mission of Project KISS (Kids in Safety Seats) is to provide current information about child passenger safety as a public health issue, make child safety seats available, and train parents and health professionals about their proper use for maximum protection.

In the 7 years that Maryland has had a child passenger protection law, usage has risen considerably, to over 80 percent. However, national figures in 1988 showed that although 83.5 percent of children were restrained, only an estimated 66.8 percent of safety restraints were used correctly. This means that only 55.8 percent of children were fully protected. Improving the correct use rate is the main focus of Project KISS now.

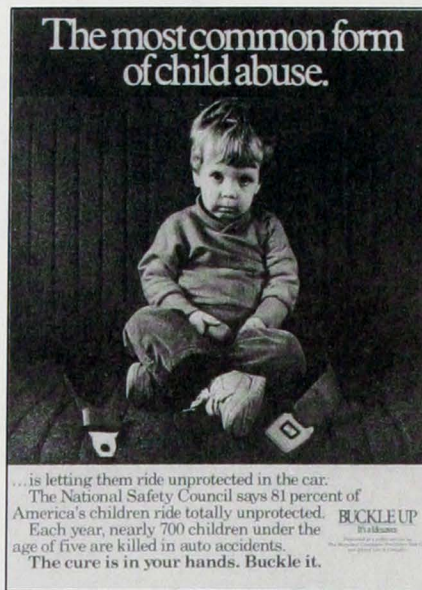
Because of the expense of safety seats, Project KISS has a loaner program and makes a particular effort to target low

Injury Prevention Conference

The first statewide injury prevention conference in Maryland will take place October 23-24 in Baltimore. Highway safety will be the topic on the first day; preventing violence through community mobilization and empowerment will be on the second day. Among the subjects will be various aspects of highway safety, alcohol and drug abuse prevention, law enforcement, media, injury epidemiology, violence/suicide prevention, homicide, handguns, family violence, child abuse, church/community programs, fire prevention, childhood injury prevention, cost of injury, community organizing, prehospital care, education, nursing, and social work.

Special speakers include Susan P. Baker, MPH, co-director, Injury Prevention Research Center at the Johns Hopkins University School of Hygiene and Public Health; Beverly Coleman-Miller, MD, special assistant for medical affairs, U.S. Department of Health and Human Services; Gen. Jerry R. Curry, administrator, National Highway Traffic Safety Administration; and Mark Rosenberg, MD, MPP, director, Division of Injury Control, Centers for Disease Control.

The \$40 conference fee includes course materials, lunches for both days, refreshment breaks, and an evening reception; one day's fee is \$20. For further information, contact Judith Lavelle, 301-225-5780.



"Buckle up. It's a Lifesaver," presented as a public service by the Maryland Committee for Safety Belt Use and Aetna Life & Casualty, focuses on child passenger safety.

income families. Other activities include training health professionals, educators, and law-enforcement personnel on the correct use of child safety seats, developing a library of audiovisual and print materials for health

Maryland's child passenger protection law protects children from birth through their fourth year. The law specifies that all children from birth to 3 years of age must be restrained in a federally approved safety seat. Children from 3 through 4 years of age must be in an approved safety seat or a safety belt. However, safety experts recommend that children be kept in a safety seat until they weigh approximately 40 pounds or are 4 years old.

professionals, and disseminating information about safety restraints for special-needs children.

Staff work closely with the Maryland Child Passenger Safety Association regarding legislation, outreach, and building a grass-roots, volunteer base. Project KISS is sponsored by the Department of Health and Mental Hygiene with funds from the Maryland Department of Transportation. For further information, contact Director Nancy Carrey-Beaver or Coordinator Margaret Chester at 301-225-1376.

Reminder: MCISD Members

The Maryland CISD annual educational and training session will be held September 17 and 18, at Shoney's Inn, I-95 and Caton Avenue in Baltimore. The session is limited to peer support persons. For information, call Craig Coleman at MIEMSS, 301-328-3666.

'Buckle Up' Award

A firefighter/CRT from the City of Cumberland Fire Department was one of 10 recipients in the category of organizations, groups, and individuals, to receive recognition from the 1990 Buckle Up America Awards Program. The program is sponsored by the Maryland Committee for Safety Belt Use.

Allan Ward developed his program, which he targeted toward high school students, in cooperation with the MIEMSS Region I office. Mr. Ward volunteered his time to visit high schools throughout the region during EMS Week last year to demonstrate the Seat Belt Convincer and to share his insights about the importance of seat belts learned from experience in responding to car wrecks. He also demonstrated the Convincer on EMS Day at the Country Club Mall.

According to the Region I EMS Advisory Council, which nominated Mr. Ward, this project would have been impossible without his dedication, time, and expertise.

In Memoriam

Full fire department honors were given on July 19 at the funeral of 1st Lt. Daniel J. Raskin, an 11-year volunteer at the Chestnut Ridge Volunteer Fire Department in Baltimore County. Lt. Raskin was fatally injured while fighting a fire.

Lt. Raskin, who had a master's degree in industrial psychology, worked for the National Transportation Safety Board. He was an investigator on a team that flies throughout the country to determine the causes of airline, train, and bus accidents. Among other disasters, he helped investigate the Amtrak train crash in Maryland and the Exxon Valdez oil spill in Alaska. Lt. Raskin was the son of Dr. and Mrs. Howard Raskin. Dr. Raskin is the head of the Gastrointestinal Division of Maryland General Hospital and Associate Professor of Medicine at the University of Maryland School of Medicine.

EMS Week Celebration: September 16-22

Maryland's EMS system and other EMS systems throughout the nation will celebrate EMS Week September 16-22. This nationally designated week is an opportunity to increase public awareness of EMS, disseminate information about preventing injuries, and give recognition to the professionals who treat medical emergencies.

The statewide theme for Maryland's EMS Week is "Maryland EMS—A System Saving Lives by Design." It will focus on the team that makes the system work, from dispatchers, to career and volunteer prehospital care providers, and emergency department physicians, nurses, and staff.

EMS Week proclamations are being issued by Governor William Donald Schaefer and by county executives. An EMS Awards Banquet, honoring prehospital care providers statewide, will be held on September 19.

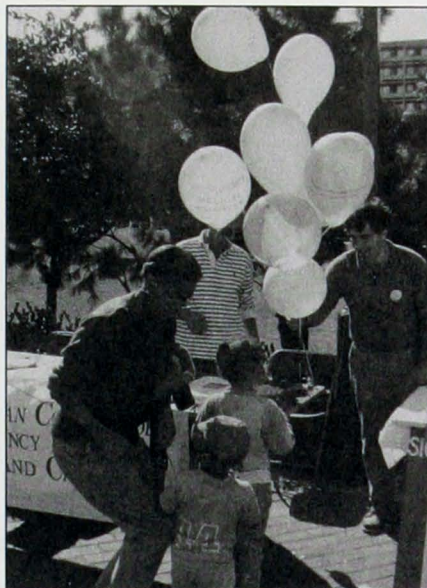
Some activities planned for EMS Week in Maryland's five EMS regions include the following:

Region I

EMS Day will be held at the Country Club Mall on September 8 (it is hoped that crash dummies Vince and Larry will be present). On September 20, Sacred Heart Hospital in Cumberland will sponsor a dinner to honor EMTs. The Seat Belt Convincer will be demonstrated at schools throughout Region I. Articles on the appropriate use of the 911 system and a full-page photo collage will be placed in newspapers. Hospitals will hold picnics honoring providers.

Region II

EMS Week activities planned for Washington County include placement of a full-page ad saluting EMS personnel in the *Herald Mail*, sponsored by Washington County Hospital (WCH), the region's areawide trauma center; a picnic sponsored by WCH to be held on September 16 at the Williamsport American Legion; and arranging media coverage about the 911 system. Frederick Memorial Hospital plans to sponsor a picnic for EMS volunteers. During the week-long Frederick County Fair, which will run concurrently with EMS Week, physicians and nurses from Frederick Memorial Hospital, together with prehospital care providers, will provide EMS coverage to fairgoers.



Children collect EMS balloons and coloring books during EMS Week activities.

Region III

An EMS Awareness Day will be held at Sandy Point State Park on September 15 (rain date is September 16). The day's activities will include demonstrations of emergency care and rescue operations and the Seat Belt Convincer. According to Kevin Scruggs, MD, of Franklin Square Hospital, chairman of the Public Relations Committee of the Region III EMS Advisory Council, there will also be a variety of displays from such organizations as the Department of Natural Resources, fire departments, the Coast Guard, the Emergency Nurses Association, and the American College of Emergency Physicians. It is hoped that free admission to Sandy Point State Park can be arranged for EMS providers.

Region IV

The 2nd Annual Trauma Symposium, sponsored by the departments of surgery and trauma of the Peninsula General Hospital and Medical Center, will be held at the Carousel Hotel and Resort in Ocean City, September 20-21. The 3rd Annual Promoting Excellence in EMS conference will be held at Easton Memorial Hospital, September 21-23. A campaign for volunteer recruitment and retention will be held in Queen Anne's County; in addition, publicity will be given to ambulance companies meeting the standards of the Maryland

Voluntary Ambulance Inspection Program. The Hurlock Volunteer Fire Department will make a presentation to schools in Dorchester County. Dorchester General Hospital will sponsor Trauma Day educational programs on September 18 and 20. Open houses and public awareness campaigns will take place at Peninsula General Hospital & Medical Center, Easton Memorial Hospital, and Dorchester General Hospital. EMS displays and public education activities are being planned by the Cecil County EMS system.

Region V

The tri-county area Pyramid '90 Conference will take place September 8-9 at the Holiday Inn in Solomons. The conference is presented by MIEMSS and the Region V EMS Advisory Council and sponsored by Calvert County EMS, the Charles County Association of EMS, and St. Marys County Rescue Squad Association. It will be hosted by Calvert County EMS. An awards ceremony and banquet will be held on Saturday evening. All registrations must be made before September 4; no walk-in registrations will be accepted. An EMS Issues Conference will also be held on September 20 as part of regional EMS Week activities, while each county plans local events in rescue squads and at the county fairs.



Governor William Donald Schaefer signed a proclamation for EMS Week 1990.



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DATED MATERIAL

'Hospital Challenge' Focuses on Safety Restraints

MIEMSS is participating in an educational competition, "The 1990 Hospital Challenge," to increase awareness of the importance of seat belts, child safety restraints, and airbags. "Join the team and buckle up for life," said former Orioles superstar Brooks Robinson when he introduced the challenge, which is running from May 21 to September 30.

As part of the challenge, 29 Maryland hospitals are competing to educate staff, patients, visitors, and communities about the life-saving, injury-reducing benefits of using safety restraints. This is the first time that Maryland hospitals have conducted simultaneous public education campaigns with the same focus.

The coalition of organizations issuing the challenge includes the Maryland Association of Women Highway Safety Leaders, Maryland Chiefs of Police Association, Maryland Child Passenger Safety Association, Maryland Committee on Safety Belt Use, Inc., Maryland Department of Health and Mental Hygiene Project KISS (Kids in Safety Seats), Maryland Department of Transportation, Maryland Hospital Association, Maryland State Police, and the National Highway Traffic Safety Administration.

Hospitals will be evaluated on creativity, commitment, patient population, and the resources available to



Crash dummies Vince (Jim Brown, MIEMSS) and Larry (Brian Slack, MIEMSS) pose with a new friend after stressing seat belt safety as part of MIEMSS' "Challenge" activities.

them. Criteria will include hospital policy; training; participation in the "Saved by the Belt" program, which identifies individuals who were saved or whose injuries were reduced by safety belts; public information efforts; program evaluation; and community outreach.

All participating hospitals will receive certificates; special awards will be given for outstanding, innovative, and highly effective programs.

MIEMSS' response began when Director James P.G. Flynn, MD, issued a

driving safety policy for employees. Dr. Flynn stated that they must serve as models for the citizens of Maryland by reducing the risk of traumatic injuries. He urged MIEMSS employees to make sure that they—and their families—are buckled up, drive safely, and obey traffic laws.

Plans for MIEMSS' response to the challenge include displays in the Shock Trauma Center and around the state; public service announcements on radio and TV; informative videotapes to be shown to patients and families; inservices for nurses; and statewide participation in EMS Week. For further information about MIEMSS challenge activities, call Margaret Widner-Kolberg, RN, pediatric nurse coordinator for EMS Nursing and Specialty Care at 301-328-3930, or Rochelle Cohen, acting director of public affairs at 301-328-3697.

An alternative type of ankle hitch is being explored for use with the Hare traction splint so that the Hare would not extend more than a few inches below the bottom of the foot. This would make loading and unloading in tight spaces, such as helicopters, a much simpler process. Further information will be available in the October Maryland EMS Newsletter.

◆ Douglas Floccare, MD
State Aeromedical Director