

Maryland EMS News

For All Emergency Medical Care Providers

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EMS and the Elderly

Training in Geriatrics for EMS

The population of the United States, including Maryland, is aging rapidly. In 1999, Maryland's EMS System transported approximately 35,000 patients between the ages of 81 and 90. The Maryland Ambulance Information System data show a significant trend of increasing geriatric patient transports over the last several years and, in accordance with the U.S. Census Bureau projections, the increasing trend of elderly EMS patients is expected to continue.

Research studies have shown areas for improvement in caring for elderly patients in the prehospital setting, particularly in the triaging of patients. At this time, national continuing education efforts are underway to publish a new national education curriculum to help prehospital providers better assess and manage ill, injured, or disabled geriatric patients. A continuing education course known as Geriatric Education for Emergency Medical Services (GEMS) is currently under development and nearing completion by a collaborative GEMS Steering Committee under the American Geriatric Society.

At the state and local levels, MIEMSS recognizes that assessing and treating geriatric patients often require specialized knowledge and skills that may not currently be part of EMS education in Maryland. As part of an ongoing effort to maintain high quality emergency medical care, MIEMSS has created a Geriatric Emergency Medical Advisory Committee (GEMSAC). GEMSAC is comprised of EMS

providers, physicians, nurses, and state office of aging personnel with specialized knowledge, expertise, and interest in the geriatric patient population.

According to its mission statement, GEMSAC will "provide Maryland's Emergency Medical Services System advice and guidance in order to meet the specialized health care

needs of elderly patients. Specific guidance will be provided with respect to training and continuing education requirements for EMS and health care providers, the Maryland Medical Protocols for EMS providers, and quality improvement initiatives."

New geriatric EMS education and training initiatives will appear in future newsletters. The first of these articles—trauma in the elderly—appears in this issue.

◆ Lisa Myers

Director, Program Development, MIEMSS

Trauma in the Elderly

As the baby-boomer generation ages, a significant increase is being projected in the next 50 years for the elderly population in the U.S. There are currently about 35 million elderly adults over the age of 65 in the U.S.; this number is projected to more than double in the first half of this century, to 82 million, by the year 2050.

While trauma is generally considered a disease of the young (it is the number one cause of death of persons less than age 40), trauma is, nevertheless, a serious health problem in the elderly. Trauma is the eighth cause of death in the elderly. They tend to suffer from blunt injuries, with falls and motor vehicle crashes being the two most common causes of injury. Motor vehicle injuries tend to be more severe and more likely to be fatal, at least for those under age 80. In the category of adults 80 years or older, falls becomes the most common cause of fatal injury, which probably reflects changes in the activity level of this age group.

(Continued on page 2)



Trauma and the Elderly

(Continued from page 1)

Penetrating trauma, while rare, does make up between 5 and 10 percent of trauma in the elderly.

Overall, elderly trauma patients do worse after their injury than younger patients. The mortality rate from trauma in the elderly has been reported to be almost 3 times as high as all age groups combined, and they also have higher complication rates in the hospital, especially with cardiovascular complications.

However, good outcomes are possible for elderly trauma patients. For example, for the subset of elderly trauma patients with penetrating injuries, those who survived and were transported to the hospital have been reported to have similar mortality and complication rates as younger patients. Recent studies have also found that elderly trauma patients, in fact, have good long-term outcomes after they leave the hospitals. It has been noted that age does not seem to impact long-term survival rates of these trauma patients after hospital discharges; in fact, as much as 83 percent of elderly patients have been found to be living in independent settings on follow-up more than 4 years after their injury. Thus it appears that factors other than age—rather than age by itself—are responsible for the outcomes of elderly trauma patients,

such as pre-existing conditions, functional status, and hospital complications.

And so it is now believed that age alone cannot explain the higher mortality and morbidity rates of elderly trauma patients. For this reason, professional associations have recommended that elderly trauma patients should be treated aggressively. For example, the Eastern Association for the Surgery of Trauma (EAST) has stated that, "all other factors being equal, advanced patient age, in and of itself, is not predictive of poor outcomes following trauma, and therefore should not be used as the sole criterion for denying or limiting care in this patient population." This evidence-based practice guideline, among others, can be viewed right on the Internet, at www.east.org.

Unfortunately, there have been many reports that suggest that elderly trauma patients may be treated less aggressively than younger patients; for example, several studies have noted that elderly patients underutilize designated trauma centers. It is possible that this underutilization is the result of technical failures of our triage criteria to identify major trauma in elderly patients; this was suggested by an analysis of trauma registry and hospital records in Florida that found that only 29 percent of elderly patients

could have been identified by the triage criteria, as compared to 64 percent of younger patients. Nevertheless, a recent study in Maryland has found that even when the patients can be identified as meeting the criteria for major trauma, elderly patients are still less likely than younger patients

to be sent to trauma centers, raising the concerns that there may be an age bias in our trauma care system.

This pattern of differential treatments has also been reported for elderly trauma patients once they got to the hospitals. For example, several studies have noted that elderly patients are less likely to be admitted to an intensive care unit, to be transferred to neurosurgical care, and to be managed in the resuscitation room. This pattern has also been reported for non-trauma emergency types of patients as well. For example, it has been noted that older acute myocardial infarction patients are more likely to experience delays in receiving thrombolytic therapy in the hospitals, and less likely to receive invasive angiography treatments and aggressive follow-up care.

These reported differences in the managements of elderly trauma patients raise the concern that their higher mortality and morbidity rates may be at least partly due to how we treat them. A national study is currently underway in several states to look at the effectiveness of the trauma system care in this country, and this issue of age bias and its impact on outcome is one of the many questions that is being examined. The Geriatric EMS Committee has been formed in MIEMSS to address this issue in Maryland.

It is predicted that by the year 2050, 39 percent of all trauma patients will be elderly. Thus, trauma is not only an important issue for those who are interested in health care services for the elderly, but also an important issue for anyone who is interested in the functioning of trauma care systems.

◆ David C. Chang
Johns Hopkins University
Member, MIEMSS Geriatric
EMS Committee



EMS

April 25-27, 2003



Care

2003

At the **Greenbelt Marriott Hotel**
in Greenbelt, Maryland

Sponsored By

The Maryland Institute for Emergency Medical Services Systems
And the Emergency Education Council of Region V, Inc.

Hosted By

The Prince George's County Fire Department

Generous Support From:

Shock Trauma Associates, PA; the R Adams Cowley Shock Trauma Center; Maryland Emergency Medical Services for Children; Children's National Medical Center; the Johns Hopkins Children's Center; and the Geriatric Emergency Medical Services Council

The Program

EMS Care 2003 is the 20th annual EMS Conference in Maryland. This year our theme is EMS for Every Season of Life. Many of our topics will address differential care for patients at different ends of the age continuum. We have learned that children are not just small adults. Now we are beginning to realize that elder adults, as well, need special consideration in assessment and treatment.

Registration Information

Preregistration is required. We will accept registrations received in the Region V Office until April 21, 2003, if space is available. Confirmation letters will be sent. No walk-in registrations will be accepted.

Refunds, excluding a \$25 processing fee, will be provided for cancellations received *in writing* by April 21. There will be a \$25 fee for bad checks. Credit cards are accepted. Fax registration (301-513-5941) is available for those using a credit card.

Fees

The registration fee for the Saturday/Sunday conference covers all activities, including continental breakfast, breaks, luncheon, and printed materials. The registration fee for this program is \$140. Friday's preconference fees include continental breakfast, breaks, luncheon, and printed materials.

Continuing Education Credits

Prehospital continuing education credits for Maryland are indicated after each session.

Hotel Accommodations

A special conference rate of \$99 a night, single or double occupancy (plus 10% tax), has been arranged with the hotel. These rates are guaranteed only if your reservations are received by April 4, 2003. Tax-exempt organizations must pay by check imprinted with the organization's name and accompanied by documentation of tax-exempt status. Reservations may be made by calling 301-441-3700 or 1-800-228-9290. Please indicate you are attending EMS CARE 2003 in order to receive the correct rate.

Directions

From the Capital Beltway (I-495), take Exit 23 to Kenilworth Avenue. Follow through one light. Take the next left on Ivy Lane. The Marriott is the second building on the left.

Special Accommodations

If you require special accommodations to attend our workshops, please provide information about your requirements when you register.

We have made every effort to choose healthy food for our meals. If you require a special menu or have specific nutritional needs, please let us know.

Additional Information

For additional information, please contact the Region V Office of MIEMSS at 301-474-1485.

Preconference Offerings

FRIDAY, April 25, 2003, 8:00 AM-6:00 PM

Friday 8:00 AM - 6:00 PM

BLS PEPP - Pediatric Education for Prehospital Providers

The 8-hour Pediatric Education for Prehospital Professionals (PEPP) BLS Course is designed by the American Academy of Pediatrics specifically for EMS providers. The program will include lectures, hands-on skill stations, and pediatric case studies. BLS providers and instructors are invited to register. Participants will qualify to receive a PEPP course completion card by participating in the entire PEPP course and successfully completing a multiple-choice test at the end of the course. This workshop is sponsored by the Maryland EMS for Children Partnership Grant. *Credits: 8 hrs. BLS-M, ALS-B*

BLS GEMS (Geriatric Education for Emergency Medical Services)

The 8-hour Geriatric Education for Emergency Medical Services (GEMS) BLS Course is designed by the American Geriatrics Society and the National Council of State Emergency Medical Services Training Coordinators. The program consists of case-based lectures, live action video demonstrating hands-on skills covered in the course, hands-on skill stations, and small group scenarios to help students apply information from the course. The program is open to BLS providers and instructors. *Credits: 8 hrs. BLS-M, ALS-B*

EMS Care 2003 Conference Schedule

Saturday, April 26, 2003

- 7:15 AM** Registration, Vendor Exhibits, Continental Breakfast
- 8:15 AM** **Opening Ceremonies**
Robert R. Bass, MD
Executive Director
MIEMSS
- 8:45 AM** **Geriatric Trauma**
Better health care, healthier lifestyles, and the graying of the baby boomers all contribute to our aging population. By 2030, over 60 million people will fit that category. Dr. Thomas M. Scalea, Physician-in-Chief at the R Adams Cowley Shock Trauma Center, is recognized as one of the nation's leading experts on geriatric trauma. Dr. Scalea is also the Director of the Program in Trauma and Professor of Trauma Surgery for the University of Maryland School of Medicine.
Credits: 2 hrs. BLS-M, ALS-B
- 10:00 AM** **Break (Visit Vendor Exhibits)**

Session 1 – 10:30 AM - Noon (Select one.)

- A. Understanding Aging**
We could tell you about the changes in sensory and physical capabilities that frequently occur with advancing age and how they impact our ability to provide optimum care—or we could help you experience these changes. This 1½-hour workshop will give you realistic experience of the special needs of elderly patients. *Leona Rowe, EMT-P, EMS Training Officer, MIEMSS*
Credits: 1.5 hrs. BLS-M, ALS-B
- B. Bioterrorism vs Nature's Revenge**
Outbreaks of contagious disease are as old as time. How do we contain epidemics? How do we determine if the disease outbreak is naturally occurring or the result of a terrorist act? *Richard Alcorta, MD, State EMS Medical Director, MIEMSS*
Credits: 1.5 hrs. BLS-L, ALS-2
- C. Legal Issues Forum**
An up-to-date overview of legal issues affecting EMS. There will be time for questions. *Assistant Attorney General, Sarah Sette, MIEMSS*
Credits: 1.5 hrs. BLS-L, ALS-2
- D. Interactive Workshop**
Brush-up on seldom used skills, and learn new ones. This hands-on workshop will give you the opportunity to rotate through a variety of stations designed to improve prehospital care. Emphasis will be on pediatric and geriatric care. Work stations will include those for BLS only, ALS only, and general interest topics. This workshop will be repeated at every session.
Credits: 1.5 hrs. BLS-M, ALS-B

12:15 PM Lunch

Session 2 – 1:30 PM - 3:00 PM (Select one.)

- E. Altered Mental Status in Older Patients**
How many times do we see older patients who are disoriented, confused, or irrational, and assume it is Alzheimer's Disease or some form of senile dementia? Too often. Drug overdoses and medication interactions, sensory problems, dehydration, or depression can cause the same symptoms. *Colleen Christmas, MD, Assistant Professor & Geriatric Consultant, Johns Hopkins Bayview Medical Center*
Credits: 1.5 hrs. BLS-M, ALS-B
- F. Crime Scene Investigations: Practical Points for Preserving Evidence**
EMS and ED staff frequently care for patients who have been injured from accidental or inflicted trauma. Practical information on what evidence is and how to protect it will be presented, with several illustrations of how emergency care providers can avoid compromising a police investigation. *Speaker to be announced.*
Credits: 1.5 hrs. BLS-L, ALS-2
- G. EMS Quality Improvement—National, State, and Local Indicators**
This program reviews how various EMS systems have defined and measured "quality." Current efforts at the national, Maryland State, and local levels will be used to demonstrate quality improvement goals, objectives, and indicators.
John New, Director of Quality Management, MIEMSS
Credits: 1.5 hrs. BLS-L, ALS-2
- H. Interactive Skills Workshop**
(See Session 1, Workshop D.)
Credits: 1.5 hrs. BLS-M, ALS-B

3:00 PM Break (Visit Vendor Exhibits)

Session 3 – 3:30 PM - 5:00 PM (Select one.)

- I. Domestic Violence**
The prevalence and severity of domestic violence, both nationally and in the State of Maryland, will be discussed. Research on domestic violence, as well as case presentations from Shock Trauma and other institutions, will be used to increase understanding of the problem. Community resources available for both prevention and intervention will be reviewed. *Amy Sisley, MD, Assistant Professor of Surgery, R Adams Cowley Shock Trauma Center*
Credits: 1.5 hrs. BLS-T, ALS-B
- J. Challenging Pediatric Cases**
This presentation will focus on the importance of early recognition and rapid assessment in the prehospital environment. Pediatric Education for Prehospital Professionals (PEPP) curriculum and case presentations will focus on medical triage and the importance of transporting children appropriately. *Linda Arapian, RN, Transport Coordinator, Children's National Medical Center (CNMC), Mary Ellen Wilson, BSN, RN, Johns Hopkins Children's Center, and Michael Holder, MD, Attending ED Physician, CNMC.*
Credits: 1.5 hrs. BLS-M, ALS-B
- K. An Injury Prevention Program for Senior Citizens in Your Community**
Help aging residents of your community stay healthy and independent. *Jocelyn Farrar, RN, MS, Trauma Nurse Coordinator at Sinai Hospital,* will introduce you to an American Trauma Society Program that you can bring to your community.
Credits: 1.5 hrs. BLS-T, ALS-B
- L. Interactive Skills Workshop**
(See Session 1, Workshop D.)
Credits: 1.5 hrs. BLS-M, ALS-B

EMS Care 2003 Conference Schedule

Sunday, April 27, 2003

7:30 AM

Continental Breakfast

8:30 AM

Child Victimization: The Hidden and the Obvious

The statistics do not lie—children are victims of abuse and neglect. The skills of a keen observer and compassionate provider are essential for rapid assessment, appropriate medical treatment, and non-biased communication with the family. Allen Walker, MD, Director of the Pediatric Emergency Department at the Johns Hopkins Children's Center, will highlight the key components of the prehospital report and factual documentation, along with techniques for communicating with families and advocating for children. *Credits: 1.5 hours BLS-T, ALS-B*

10:00 AM

Break (Visit Vendor Exhibits)

Session 4 – 10:30 AM - Noon (Select one.)

M. Burns in Children: Changes for the New Decade

New prevention strategies and new clinical care procedures have drastically changed the lives of children. This workshop will provide the latest in burn assessment tools, stabilization algorithms, and clinical care. The most recent treatment that has shortened hospital stays, decreased medication needs, and made children and health-care providers smile in amazement will be shared through the experience of children from Maryland. *Speaker to be announced.*

Credits: 1.5 hrs. BLS-M, ALS-B

N. Help! I Can't Breathe

Is it asthma, congestive heart failure, allergic reaction, or what? Explore clues to understanding your patient, including medications, signs, and symptoms. *Terry Jodrie, MD, Region V Medical Director, and EMT-B Instructor Jay Smith*

Credits: 1.5 hrs. BLS-M, ALS-A

O. Lessons Learned Implementing Quality Assurance Plans at the Jurisdictional Level

One of the State's Quality Improvement Team Leaders will give practical advice on implementing a quality improvement program in EMS. *Speaker to be announced.*

Credits: 1.5 hrs. BLS-L, ALS-2

P. Interactive Skills Workshop

(See Session 1, Workshop D.)

Credits: 1.5 hrs. BLS-M, ALS-B

12:15 PM Lunch

Session 5 – 1:30 PM - 3:00 PM (Select one.)

Q. JUMP START: A Tool for Pediatric Multi-Casualty Field Triage

"JUMP START" is a pediatric triage tool developed to assist providers in triaging children by objective criteria rather than emotional ones. The Maryland Pediatric Emergency Medical Advisory Group (PEMAG) has reviewed the tool and incorporated JUMP START into pediatric disaster drills as a practical assessment tool that complements START. *Mary Alice Vanhoy, RN, BSN, CEN, NREMT-P, Shore Health System*

Credits: 1.5 hrs. BLS-T, ALS-B

R. Capnography for the Non-Intubated Patient

Capnography recently became the standard of care for verifying endotracheal tube placement and monitoring. This workshop will discuss capnography in intubated patients (cardiac arrest, head trauma), in non-intubated patients, in the management of bronchospastic disease and hypoventilation, and in the future for managing chest pain and diabetic patients and patients with shock states. *Baruch Krauss, MD, EdM, FAAP, Emergency Physician at Children's Hospital-Boston, Assistant Professor of Pediatrics Harvard Medical School*

Credits: 1.5 hrs. ALS-A only

S. Preparing for Disasters: Inside NOAA for EMS, Fire, and Rescue

This presentation will focus on preparing for natural disasters and predicting the resources needed to respond. Participants will hear Barbara Watson, Warning Coordination Meteorologist from NOAA, explain details about improvements in predicting various types of storms that occur throughout the year and the necessity of preplanning for natural disasters.

Credits: 1.5 hrs. BLS-L, ALS-2

T. Interactive Skills Workshop

(See Session 1, Workshop D.)

Credits: 1.5 hrs. BLS-M, ALS-B

3:00 PM Break

Session 6 – 3:30 PM - 5:00 PM (Select one.)

U. CRASHES – Pediatric Cases

Motor vehicles crashes are the leading cause of injury and hospitalization in children. Child passenger safety efforts have decreased the number of lives lost, but injuries still occur.

Researchers at Children's Hospital will present cases from Maryland that highlight injury patterns seen in children. *Speaker to be announced.*

Credits: 1.5 hrs. BLS-T, ALS-B

V. Understanding Aging

(See Session 1, Workshop A.)

Credits: 1.5 hrs. BLS-M, ALS-B

W. Risk Watch

The EMS for Children Program has been awarded a NFPA State Champion RISK WATCH grant in partnership with public safety, education, and prevention advocates across Maryland. RISK WATCH is a resource for life-safety education targeting Pre-K through Grade 8. Come meet the RISK WATCH leadership team members and learn from the counties that are already using this program how to make a difference in the daily lives of children and their families.

Credits: 1.5 hrs. BLS-L, ALS-2

X. Interactive Skills Workshop

(See Session 1, Workshop D.)

Credits: 1.5 hrs. BLS-M, ALS-B

5:00 PM - Conference Ends



EMS Care 2003 Registration

LAST NAME _____ FIRST NAME _____ INITIAL _____ SSN _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE Day _____ Evening _____ Pager _____ Facsimile _____

E-MAIL ADDRESS _____

PRIMARY AFFILIATION _____

CERTIFICATION/LICENSURE (CIRCLE) FR EMT-B CRT EMT-P LPN RN NP PA MD

FEES:		Conference Workshops				
Preconference Workshops (Check one only)		(Circle one per session)				
GEMS (\$65)	_____	Session 1	A	B	C	D
PEPP (\$65)	_____	Session 2	E	F	G	H
EMS Care Conference		Session 3	I	J	K	L
Saturday/Sunday Conference (\$140)	_____	Session 4	M	N	O	P
		Session 5	Q	R	S	T
Total Due:	_____	Session 6	U	V	W	X

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Signature _____

Registrations will be accepted until April 21, 2003 if space is available.

If you need special accommodations, please provide information regarding specific requirements below.

GREENBELT MARRIOTT HOTEL

HOTEL RESERVATIONS

1-800-228-9290

CALL THE TOLL-FREE NUMBER AND IDENTIFY YOURSELF AS ATTENDING EMS CARE .
Reservations must be guaranteed with a credit card.

Rate is \$99 per night plus taxes (currently 10%).

Indicate if you wish a king or 2 double beds, smoking or non-smoking room.

Reservations must be made by April 4, 2003.



Poison Prevention



Is it that time of the year already? Although preventing unintentional poisonings should be a year-round activity, March 16–23, 2003 has been designated Poison Prevention Week to draw attention to the fact that many childhood poisonings can be prevented. And now reaching the poison center is even easier with the use of the nationwide phone number—1-800-222-1222! All callers using this number will reach the local poison center assigned to their calling area.

In 2002, the Maryland Poison Center answered approximately 35,000 human exposure calls, 75 percent of which were handled at home. Over 19,000 exposures involved children under the age of 6 years, while 5,000 exposures were reported in children age 6–19 years. The Maryland Poison Center provides telephone consultation for the public as well as for health care professionals 24/7. They can help with unintentional and intentional drug ingestions. Other calls handled by the Maryland Poison Center involve exposures to household chemicals, cleaning products and personal care products, drug information and identification, ingestion of foreign bodies (toys, plants, silica gel), exposures to insecticides and pesticides, and consultation on matters of chemical- and bio-terrorism. Exposures can be

dermal, ocular, or by ingestion, inhalation, and/or injection.

One of the main goals of the Maryland Poison Center is to reduce unnecessary emergency room visits and the associated costs. Through the services of the Maryland Poison Center, \$15–30 million in health care costs are saved each year. In addition, valuable time and resources of EMS and hospital providers can be focused on patients who truly need their expertise.

MIEMSS has produced a poison prevention poster (in English and Spanish) and a public service announcement (PSA) through a partnership with the Maryland Poison Center. The Maryland Poison Center also has materials, stickers, and magnets available to help make everyone aware that help with unintentional and intentional exposures is just a telephone call away.

Please contact the MIEMSS EMS for Children Office (410-706-1758) for copies of posters or PSAs on poison prevention. They are available through a federal EMS for Children's Partnership Grant and produced by the MIEMSS Educational Support Services staff. Requests for Maryland Poison Center materials can be made by calling 410-706-2151.

◆ *Angel Bivens, Maryland Poison Center*

Internet Resources on Poison Prevention and Home Safety

<http://www.pharmacy.umaryland.edu/~mpc/>
Maryland Poison Control Center

<http://www.poison.org/>
National Capital Poison Center

http://www.nfpa.org/riskwatch/parent_poison.html
NFPA Risk Watch Website

<http://www.ipl.org/div/kidspage/poisonsafe/>
Poison Prevention Website of the University of Michigan

<http://www.aapcc.org/>
American Association of Poison Control Centers

<http://www.poisonprevention.org/>
National Poison Prevention Week Council

<http://www.aap.org/family/poisonwk.htm>
American Academy of Pediatrics TIPP® sheet, "Protect your Child...Prevent Poisoning."

<http://www.cdc.gov/ncipc/factsheets/poisoning.htm>
Centers for Disease Control & Prevention

POISONS ACT FAST... SO DO CHILDREN!

Prevention is your best protection!

Maryland Poison Center

Available 24
hours a day!



1-800-222-1222



The Poison Prevention Poster shown above is also available in Spanish.



Governor Robert L. Ehrlich, Jr.

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DATED MATERIAL

PAD Program in Cambridge, MD

"Head Start," the Public Access Defibrillation (PAD) Program of the Cambridge Emergency Medical Services, is up and running. The goal is to have at least 20 automated external defibrillators (AEDs) throughout the city of Cambridge in public buildings, community centers, large businesses, and police cars.

The purpose of the program is to provide community access defibrillation to increase survival rates of sudden cardiac arrest victims. The aver-

age survival rate of witnessed sudden cardiac arrest victims in the U.S. is 5 percent. But communities that have PAD programs have achieved rates averaging 20 percent and as high as 74 percent. For every minute that defibrillation is delayed following sudden cardiac arrest, the chances of successful resuscitation decreases 10 percent. The average response time for EMS arrival is 8-12 minutes.

Organizations interested in the "Head Start" PAD program must commit to joining Cambridge EMS in their effort to increase survival rates of sudden cardiac arrest victims. Through Cambridge EMS, they can purchase an AED at their contract rate of \$1,695 and must provide a place for it to be installed and maintained. A group of the organization's members/employees will receive four hours of training by Cambridge EMS at no cost to the organization once a year.

To date, companies/organizations participating in "Head Start" include Hi-Tech Plastics, Inc., the Hyatt Regency Resort, Cambridge Police Department, and Pleasant Day Adult Medical Day Care. For further information, contact Ryan Killough at 410-221-1872.

New Faces at MIEMSS

Recently hired employees at MIEMSS include the following:

Tobias Joy, NREMT-P, Advanced Life Support Program, Education, Licensure, & Certification Office, 410-706-3666 or 1-800-762-7157.



David Lebowitz, NREMT-P, First Responder & Emergency Medical Dispatch Programs, Education, Licensure, & Certification Office, 410-706-3666 or 1-800-762-7157.



John Popella, Director of Data Management, 410-706-7800.



New MIEMSS Web & E-Mail Addresses

MIEMSS has a new web address: www.miemss.org.

To send an e-mail to someone at MIEMSS, use the initial of the person's first name and the first seven letters of his/her last name followed by: @miemss.org.



EMS Care 2003

See Pages 3-6
for Schedule and
Registration Information