

# Congress Designates NSC

In the designation of the Study Center for Trauma and Emergency Medical Systems at MIEMSS as the "Charles McC. Mathias, Jr., National Study Center (NSC) for Trauma and Emergency Medical Systems," the ninety-ninth Congress was really recognizing the accomplishments of two men. The first man, Charles McC. Mathias, Jr., is the respected senior senator from Maryland who is retiring this year. The second man is R Adams Cowley, MD, director of MIEMSS, who conceived the idea of NSC, which is an affiliate of MIEMSS, as a base of knowledge from which studies on regional and national trauma systems can be disseminated through established networks.

The NSC has unique roots. It was developed by Dr. Cowley and other trauma physicians through funds from the Shock Trauma Attending Physicians Association (STAPA). These doctors, probably more than anyone else, recognize the need to compile and analyze trauma data and make it available to those involved in EMS care. The trauma physicians were willing to contribute their money as well as their clinical expertise to make it happen and donated more than one-half million dollars as the initial support for the center.

Congressional designation raises the NSC's national profile to make it a focal point for interested parties nationally, not just in Maryland. It is a goal of the NSC to stimulate a coalition between EMS and trauma systems to make them cohesive rather than competitive. The NSC clearinghouse, which was founded four years ago, collects and disseminates trauma and EMS information and charges only handling costs. It is hoped that NSC

will be active in demonstration projects and analytic studies that make the public more aware of trauma as one of the country's major "killer diseases."

A board of advisors from around the country is organized to provide direction to the NSC. More than eight states are represented on the board. The issues to be addressed will be chosen by the board of advisors and what Lloyd Abbott, NCS's executive director, and Jill Porter, NSC's legislative director, refer to as "effectors," such as the American College of Emergency Physicians, the American College of Surgeons, the American Trauma Society, EMS directors, and paramedic and nursing organizations. Any group involved in EMS will be welcome to voice an opinion.

Some of the projects in which the NSC is involved include the Trauma Information and Education System (TIES), a bibliographic and textbook database that could be useful for future legislation or research; the Trauma Nurse Network; the Trauma Center Registry; and Airborne 911 and Offshore 911, which are being designed to offer consultation and training for crews of aircraft and ships with injured or ill passengers or crew.

Long-term goals for the NSC include gaining national recognition as an objective resource center for information and data and providing technical assistance and analysis concerning EMS systems. Dr. Cowley says: "It is hoped that some day there will be a National Institute of Trauma to join other National Institutes of Health for major diseases. NSC would like to play a role in its establishment."

—Erna Segal



(L-r) R Adams Cowley, MD, Senator-elect Barbara Mikulski, Congresswoman Marjorie Holt, and State Senator Francis X. Kelly at the NSC reception.



## Maryland EMS NEWS

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### Reception Celebrates NSC Designation

A reception celebrating the designation of the Charles McC. Mathias, Jr., National Study Center (NSC) for Trauma and Emergency Medical Systems was held on December 4, 1986 at Davidge Hall on the University of Maryland at Baltimore campus. The enthusiastic crowd included US congressmen, state senators, MIEMSS staff, and others interested in EMS systems.

Trail Mathias accepted the honor on behalf of his brother, who could not attend due to a scheduling conflict. Mr. Mathias expressed appreciation for the excellence of the Maryland EMS system and the Shock Trauma Center. He also mentioned that Senator Mathias's son, Rob, is involved in EMS in Vermont and is presently helping to set up an EMS system in Saudi Arabia.

State Senator Francis X. Kelly, who MIEMSS Director R Adams Cowley, MD, says "started the movement for national designation of the NSC," noted that when an EMS system was proposed to the legislature of a nearby state it was voted down because people were worrying about their individual "turf." Senator Kelly said: "When I look around this state and see hospitals cooperating, volunteer and career prehospital care providers working together, state police working with local police, and senators, congressmen, governors, doctors, nurses, and private citizens all working together, it makes me reflect on the word 'unselfishness.' A delicate balance is needed to keep all of that together, because if one component of the system tries to outdo (Continued on page 2)

## NSC Reception

(Continued from page 1)

another, the whole system could fall apart. We have something here that no one else has, and it's great to be even a small part of it." One of the goals of the NSC is to make EMS systems cohesive rather than competitive.

Senator-elect Barbara Mikulski reflected that we can be proud that the NSC bears the name of the dean of the Maryland delegation, Senator Mathias. She said, "He represents the best of politics in Maryland, with decency and character." She emphasized that passing this legislation was a bipartisan effort, and credited Congresswoman Marjorie Holt for her unstinting efforts in carrying a major part of this legislative responsibility. Ms. Mikulski said, "We really worked for the good of our state and the good of our communities on a nonpartisan basis, and we will continue to do so."

## Region III

### Olympics

EMS Care '87 is fast approaching. This year it will be held from April 24 to 26 at the Hilton in Greenbelt. The Olympics will be held prior to EMS Care '87, but the awards will be presented at the seminar. In preparation for the statewide EMS Olympics, Region III will be holding a practice session on Saturday, February 14, 1987. Gather your teams and give the names to the Region III Office as soon as possible. All teams who are interested may compete in the statewide Olympics. Further details will be forthcoming.

### Communications Improvements

Thanks to all who have sent their comments on the form distributed in October. Some improvements are currently underway. Twenty-nine PX 300 medical radios have been distributed. These radios are a stop-gap measure to hold us over until the hand-held repeater portables are distributed. These new radios will be tested as prototypes in the near future. Six Data Scopes monitors and defibrillators were recently put into service and Survival Technology and Liteguard 9 units were tested as possible alternatives to the MD-3A unit.

### Hampstead Tragedy

Early in the morning of November 4, the members of the Hampstead Volunteer Fire Department responded to answer an alarm and found a fire at their

## Child Calls 911 to Save Dad

*One advantage to the 911 emergency dispatch system is its simplicity — even a child can call. And children have called. This story came to our attention, and it highlights how well the system works.*

Twenty-five feet up in the willow tree the man stabilized himself as he trimmed branches with a cross-cut saw. One more branch and he would be finished. But this time the saw snagged on the branch, the branch slammed against his left chest, and he began falling out of the tree. With presence of mind he forced himself to land on his feet and fall over to the side. He was a physician, so he knew he had broken his back.

Michael E. Reichel, MD, a pediatrician with CareFirst, an HMO in Luther-ville, had more than one problem. His

wife, Roni, who is an RN, had just left the house with their four-year-old daughter, Tova, to run some errands. The only people within reach of his voice were his two-year-old son Aaron, who was asleep, and his six-year-old son William (Will), both in the house.

Dr. Reichel called Will to come out on the back deck of the house where he could talk to him. When he told Will to call 911, the child's immediate reaction was to say, "Dad, I want to come to you." But a short explanation made it clear to Will that he should call for help first. The sensitive little boy stayed calm, called 911, waited for the rescue squad, and directed the medics to his father, who was lying on the ground in the back yard entangled in a piece of the tree.

The two-man ambulance crew from the Reisterstown Volunteer Fire Department perceived that they would need more help to move the patient. CRT Harry Cohen says, "We had to be extremely careful; the patient did not need any jolting or jarring in his condition." Once in the ambulance, Dr. Reichel was taken three blocks away to the fire department's picnic grounds, which served as a perfect landing area for the Maryland State Police Med-Evac helicopter that took him to the Shock Trauma Center.

Dr. Reichel has flown in helicopters before, while transporting sick babies. "It feels completely different when you are strapped to a backboard," he says. "But the system worked superbly, from 911, to SYSCOM, to admitting, to surgery, and to treatment at the Shock Trauma Center."

Mrs. Reichel said that they were impressed with the care at the Shock Trauma Center, "not only technically, because we expected that. But what we did not expect was the human concern shown by the staff. They could have made assumptions about our knowledge, but they didn't, and they explained everything very clearly. They even allowed me to call the operating room to get a report. It meant so much to us."

"There is no question that Will's prompt call for help enhanced Dr. Reichel's chances for recovery," says CRT Cohen.

—Erna Segal

own station. The fire destroyed a good part of the second floor. We send condolences to that company and wish them good luck in the renovation of their station.

### Inspections

Congratulations to Lake Shore Volunteer Fire Company in Anne Arundel County for having its ambulance #20 certified under the Certificate-of-Excellence Program. If your company is interested in having an ambulance inspected for certification, please contact the Region III Office for details. We would like to remind those companies that have been inspected in the past that it is recommended that they be reinspected every two years to be sure that their equipment is working properly. Contact this office for further information.

### Alert Policies

We are aware that recently there have been several problems with the red and yellow alerts used by hospitals. Higher frequency of usage seems to be occurring from low staffing levels and inadequate knowledge of the policies. This situation is quite complicated as it involves several agencies and facilities. We ask that you please bear with us and the hospitals while we look into the matter.

—John Donohue, Gerald Gavin  
301/328-3996

# Dangerous Situations in Residences

*"Dangerous Situations in Residences" is Part 2 of a 5-part series of articles on a course in EMS survival for prehospital care providers that was developed and is taught by TFC Mark Gabriele and Dennis R. Krebs.*

## Region I

Tri-Towns Ambulance and Rescue Service is in dire need of replacing two of its vehicles due to deterioration. Rather than asking for donations for the \$105,550 needed, the company has chosen an unusual fundraising method.

Calendars with serial numbers that may be picked to win from \$50 to \$300 daily are being sold for \$25. It is estimated that calendar owners have a one-in-six chance of winning, far better odds than school and club raffles or the Maryland State Lottery offer. Even if the calendar does not have one of the winning numbers, every calendar contains coupons for goods and services worth at least \$25 from local businesses in the tri-city area.

The first drawing for the cash awards will be held on February 1, 1987. Calendars may be ordered by calling the Tri-Towns Ambulance and Rescue Service at 301/359-3067.

—Dave Ramsey, 301/895-5934

"In the past, the usual way to answer a call to a residence was to pull up in front of the house with lights flashing and siren blaring. But the world is changing; we now approach more cautiously. Shut down the lights and siren a block or two before reaching the scene. Stay out of frontal view of the house, stopping either 100 feet prior to or past the house, far enough away to see three exposures: the near side, front side, and far side. Put on the emergency flashers. In rural areas pull off to the side of the house or stay down the driveway. Do this for virtually every call," say TFC Mark Gabriele of the Maryland State Police, who is also a firefighter/CRT with the Rosedale Volun-

teer Fire Company, and Dennis R. Krebs, a Lt/CRT with the Baltimore County Fire Department. Gabriele and Krebs teach a course in EMS survival to prehospital providers, based on a course in street survival that is taught to the State Police.

Affluent sections of town can be deceiving, they say. There can be shootings in these sections, too, often related to substance abuse. Do not assume that the situation is safe because you are in a "good" part of town. "It is not the purpose of this course to make you afraid to walk through any door," they say. "It is to help you reach a middle ground where (Continued on page 4)

## Region V

The Prince Georges County Fire Department placed a new paramedic unit in service on October 27 at the Silesia Fire Station. This unit will serve the residents of the Indian Head Highway corridor and the Ft. Washington, Oxon Hill, and Accokeek areas. These areas currently receive limited paramedic service from the units in the Clinton and Silver Hill fire stations. Medic Unit #9 will serve more than 101,000 county residents while answering over 2,400 calls.

The expansion of paramedic services continues to be a major priority of County Executive Parris Glendening's administration. Since he took office, paramedic services have doubled.

County paramedic units are currently located in Brentwood, Silver Hill, Laurel, Bowie, Clinton, Landover Hills, Largo, and College Park. The expansion of paramedic units throughout the county is designed to operate in tandem with an ambitious program of CPR training for county residents. County Executive Glendening said, "These two programs, operating hand-in-hand, will greatly improve the chances of survival in medical emergencies."

Ideally, the victim of cardiac arrest will have a "citizen bystander" initiate CPR within four minutes of cessation of heart activity, and paramedics will be at the victim's side within eight minutes. The survival rate under these conditions is nearly 50 percent.

An ALS radio provided by MIEMSS and placed in the ALS unit will enable the field paramedic to be in direct contact with the emergency department. This radio also will provide the capability of sending EKG telemetry, enabling the physician to make a more informed decision on treatment orders.

The Prince Georges County Fire Department has embarked on a program to reach and instruct 350,000 county residents in CPR. This program should save an additional 200 lives each year. CPR training can be arranged by calling the CPR Hotline at 864-LIVE.

—Marie Warner, 301/773-7970

## Using MIEMSS Computer Bulletin Board

The MIEMSS EMS Field Operations computer bulletin board has been enlarged with information, computer programs, and communications of interest to EMS field providers.

The Quiz of the Month, for both basic and advanced life support providers, enables the user to polish his/her skills by taking the quizzes that were introduced at the Maryland State Firemens Association Convention and EMS Care '86. Some of the quizzes enable the user to read a case history, decide how to treat the patient, and receive feedback from the computer every step of the way.

It is also possible to leave messages on the computer for anyone in the field operations program. The messages will be monitored daily, and a copy will be printed and sent to the person for whom it was intended. A reply can be left, if indicated. The computer is already being used to transmit internal MIEMSS documents.

Another function is a listing of all EMT-A basic and continuing education courses, CRT basic and continuing education courses, and EMT-P information.

Frank Altobelli, EMS field operations data processing supervisor, and Ken Young, director of prehospital care, who are monitoring the computer bulletin board, anticipate many other areas of use such as EMS protocol updates and a calendar of events; the purpose is to make it easier for EMS providers to communicate with each other. Suggestions are welcome — just call them in to the computer bulletin board.

MIEMSS computer staff will help users access the system. Any ASC II transfer can be handled; this makes it accessible from any computer with a modem. The only requirement for using the system is that the user must be a current Maryland EMS provider. To access the MIEMSS computer bulletin board, call 301/328-3842.

# Dangerous Situations in Residences

(Continued from page 3)  
you can function effectively and safely.”

Unlike the strategy used when approaching a motor vehicle (see Part 1 in the August issue of this newsletter), in a call to a residence both members of the ambulance crew must go up to the house because of the amount of equipment necessary. Maintain the element of surprise as long as possible. Close the ambulance doors quietly. Approach the house at an angle, not up the front walk. This is the information-gathering phase of the approach. Listen to what is happening inside the house. You might hear a shotgun being chambered, or a husband threatening to “cut” his wife. Keep out of sight, but glance in the window if you can. Carry your portable radio set on the dispatch channel with the volume low. Listen before you knock on the door.

“Suppose you hear arguing inside. Or you are expecting to help someone and the man answering the door says belligerently, ‘What are you doing here?’ Do you have to go in? No. Use your observations to help you decide whether you want to go in. Do not persist in getting in when you are met with hostility,” the instructors say.

All kinds of things can come through front doors; do not stand in front of one. Stand off to one side and make the occupants look around the door to find you. If you are called to an apartment house, do not ring the bell of the apartment to which you have been called. Buzz someone else. Say, “Fire Department (or Rescue Squad) — I have to get in!”

If you pull up to the house and find the front door open, don’t just walk in. That would be trespassing, and someone

might pull a gun on you. Knock, and wait to be admitted. Let the occupant lead the way through the house; he will also serve as a shield against aggressive action.

Scan the room for weapons — not just guns and knives, but lamps, ashtrays, knitting needles, scissors, pokers. Take them out of reach and put them under the couch, if possible, not in the drug box. Move the person away from a possible weapon using the excuse that the light is not good enough in that location. The most dangerous room in the house is the kitchen, with knives, frying pans, and other potential weapons.

Try to get into the house, find the injured party (if there is one), and remove him from the situation. Suicide attempts can turn into homicides. Domestic arguments may calm down upon your arrival, but build up again while you are there. Separate the people. Don’t stand between them. If you and your partner each talk to one of the people, you can manipulate them to turn away from each other to different parts of the room. Never let someone stand between you and the primary escape route, and don’t back yourself into a corner.

Be aware of your vocabulary; don’t antagonize people. Aggressive posture like standing with your hands on your hips can bring on problems. Treat people with respect; don’t belittle them.

If tensions build, you can cause a distraction by pretending your pen ran dry and asking for another pen. Asking unnecessary questions will also keep them occupied. If the situation deteriorates, leave. Get into the ambulance, back up to the nearest intersection, and request police assistance. When the officer comes, explain the situation. Do not let him go into a dangerous situation without previous warning.

Some rescue companies use a tiered system of approach. The first group approaches the house, knocks, and prepares the people in the house that another group will follow. *The second group should also knock on the door.* When it is time to leave the house, all members of the crew should leave together.

“If there has been violence in the house, police should enter first and medics come in when it is deemed safe,” Gabriele and Krebs emphasize. “Shootings and stabbings are police matters.”

—Erna Segal

## Laurel Rescue Squad in IRECA Contest

The Laurel Volunteer Rescue Squad Team of Lorraine Lawson and Deborah Fiedler were the 1st runner-up winners in the International Rescue & Emergency Care Association (IRECA) competition in Minneapolis, Minnesota, last summer.

Ms. Lawson and Ms. Fiedler have been teammates at the state and international levels for four years. Along with alternate Leona Rowe, they were the 1985 Maryland EMS Olympics champions and 1985 IRECA 2nd runners-up.

Ms. Fiedler is a CRT with Prince

Georges County Fire Department, assigned to the Brentwood Fire Department’s mobile intensive care unit, and Ms. Lawson is employed with Doctors On Call Service, a paramedical firm in Silver Spring.

Laurel Rescue Squad’s team missed the world championship title by five points, losing to Exxon Baton Rouge, a team of volunteers who work at the refinery in the Louisiana town. The winning score was 1735 points, with Laurel Rescue Squad’s score totaling 1730.



(L-r) Leona Rowe, Debbie Fiedler, Dani Duniho (mayor of Laurel), and Lorraine Lawson at the IRECA competition.

# THE GREENBELT HILTON AND TOWERS RESERVATION REQUEST

Name (please print) \_\_\_\_\_  
Firm/Group \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Arrival date \_\_\_\_\_ Time \_\_\_\_\_  
Departure date \_\_\_\_\_  
Credit Card \_\_\_\_\_ Expires \_\_\_\_\_

## MARYLAND EMS CARE '87

Conference rates are in effect April 23 - 26, 1987.

Single: \$55.00       Double: \$55.00      CUT-OFF: April 4, 1987

**Cut-Off Date:** After April 4, 1987, reservations will be made on room and availability basis only. **Rates:** If the rate requested is not available, the next available rate will be confirmed. The top rate is in the Towers section. **Arrival Time:** Rooms will be held until 6 pm on date of arrival. **Check-in:** To expedite your check-in and guarantee your reservation, a valid American Express, Carte Blanche, or Diners Club card number is required with expiration date. You may also guarantee your reservation by forwarding a one night deposit. **Taxes:** All rates are subject to applicable taxes.

## EMS CARE '87 REGISTRATION FORM

NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AFFILIATION: \_\_\_\_\_  
CIRCLE ONE: EMT-A CRT EMT-P OTHER CERTIFICATION NUMBER: \_\_\_\_\_  
COUNTY: \_\_\_\_\_

### Friday Program 1:00 to 5:00 (Check one optional program)

\_\_\_\_\_ Poisoning Emergencies      \_\_\_\_\_ EOA/MAST Class

### Saturday Program (Circle one from each time slot)

10:30 - 12:00	A	B	C	D	E
1:30 - 3:00	F	G	H	I	J
3:30 - 5:00	K	L	M	N	O

### Sunday Program 1:30 to 5:30 (Check one optional program)

\_\_\_\_\_ Seasonal Emergencies      \_\_\_\_\_ EOA/MAST Class

*Fee for EMS CARE '87 program — \$50.00 • Make checks payable to EMS CARE '87.*



## PRECONFERENCE OPTIONS FRIDAY, APRIL 24, 1987 1:00 - 5:00 PM

**Poisoning Emergencies** Household and environmental hazards, as well as drug overdoses and drug interactions, will be covered. (4 hours medical CEUs)

**EOA/MAST Class** A class leading to Maryland certification in EOA/MAST. (2 hours medical CEUs, 2 hours trauma CEUs)

## SATURDAY, APRIL 25, 1987

**7:30 Registration**  
**Coffee/Continental Breakfast**  
**Vendor Displays**

**8:30 Opening Ceremonies**  
M. H. "Jim" Estep  
*Fire Chief, Prince Georges County Fire Department*

Parris Glendenning  
*County Executive Prince Georges County*

William E. Clark  
*State Director, EMS Field Operations Program*

R Adams Cowley, MD  
*Director, MIEMSS*

**9:00 Critical Incident Stress Debriefing**  
(1 Hour CEU Local Option)  
Jeffrey Mitchell, PhD  
*Assistant Professor, UMBC*

**10:00 Coffee**

**10:30 Workshops and Lectures**  
A. Chest Trauma (trauma CEUs)

**10:30 B. Immobilization of Pediatric Trauma Patients**  
(trauma CEUs)

C. Update: New CPR Standards  
(medical CEUs)

D. Emergency Childbirth  
(medical CEUs)

E. Eye Trauma (trauma CEUs)

**12:00 Lunch**  
"U.S. Response to Medical Disaster around the World"  
Edward J. Koenigsberg, MD  
*Agency for International Development Office of U.S. Foreign Disaster Assistance U.S. Department of State*

**1:30 Workshops and Lectures**  
F. Pediatric Trauma Case Reviews (trauma CEUs)

G. Immobilization of Pediatric Trauma Patients  
(trauma CEUs)

**1:30 H. Pregnant Trauma Patients**  
(trauma CEUs)

I. Hand Trauma (trauma CEUs)

J. Special Needs of Elderly Patients (medical CEUs)

**3:00 Coffee**

**3:30 Workshops and Lectures**  
K. Abdominal Trauma  
(trauma CEUs)

L. Special Needs of Elderly Patients (medical CEUs)

M. Pediatric Medical Emergencies  
(medical CEUs)

N. Neurotrauma: Field Assessment and Treatment  
(trauma CEUs)

O. New ACLS Standards  
(medical CEUs)

**6:00 Vendor and Hospital Exhibits Reception**

▷ **Social Activities to be Announced!**

## SUNDAY, APRIL 26, 1987

**8:30 Continental Breakfast**

**9:00 Trauma Case Reviews**  
(trauma CEUs)

**10:30 Coffee**

**11:00 Cardiac Emergencies**  
(medical CEUs)

**12:30 Lunch**  
(on your own)

## AFTERNOON OPTIONS 1:30 - 5:30 PM

**Seasonal Emergencies** Focuses on medical emergencies and traumatic injuries expected in the summer months. (2 hours medical CEUs, 2 hours trauma CEUs)

**EOA/MAST Class** A class leading to Maryland certification in EOA/MAST. (2 hours medical CEUs, 2 hours trauma CEUs)



## The Program

The fourth annual EMS Care program promises to be bigger and better than ever. Sponsored by the Maryland Institute for Emergency Medical Services Systems and the Region V EMS Advisory Council and hosted by the Prince Georges County Fire Department, this year's program is designed to meet the continuing education needs of all levels of EMS providers in Maryland. The depth and range of this back-to-basics program will provide an outstanding educational opportunity for all participants.

## Continuing Education Credits

This year's EMS Care program has been designed to provide 12 hours of continuing education units (CEUs) for EMT-As as well as CRTs and EMT-Ps, subject to approval of their local jurisdictions. Workshops meet the behavioral objectives of the 15 modules of the EMT program and are categorized as medical or trauma so that EMT-As can make sure that they meet adequate numbers in each category. All programs may be approved for local option credits. Participants wishing to receive a full 12 hours of CEUs may attend one of the optional programs on Friday or Sunday afternoon at no additional charge; those not attending the optional program will receive 8 hours of continuing education units.

## Social Activities

During the ample time allotted for continental breakfasts and nutrition breaks on Saturday and Sunday, registrants will have a chance to tour helicopters and displays of the latest EMS equipment. Saturday's luncheon and evening reception will offer an opportunity to visit with new and old friends. Additional social activities are also being planned.

## Hotel Accommodations

The EMS CARE '87 host hotel is the Greenbelt Hilton and Towers. We have a very special rate of \$55 per night (single or double) but you must reserve a room by **April 4, 1987**. Call 301/441-3700 and be sure to mention that you are attending the Maryland EMS Care program; or send your completed hotel reservation form to Greenbelt Hilton and Towers, 6400 Ivy Lane, Greenbelt, MD 20770.

**DIRECTIONS:** FROM 95N — 95N-Exit 23 onto Kenilworth Avenue. Turn right at Kenilworth Avenue. Follow through one light. Take next left onto Ivy Lane. Second building on the left. FROM BALTIMORE — Baltimore-Washington Parkway (295S) to 95N. FROM WASHINGTON, DC — 1) Baltimore-Washington Parkway (295S) to 95N. 2) Connecticut Avenue to 495E to 95S-Exit 23 onto Kenilworth Avenue. Turn left onto Kenilworth Avenue. Follow through two lights. Take next left onto Ivy Lane. Second building on the left. FROM ANNAPOLIS — John Hanson Highway (Route 50W) to 95N. FROM VIRGINIA — 495N or 95N. FROM FREDERICK, GAITHERSBURG, GERMANTOWN — 270S to split in highway. Bear left onto 495E to 95S-Exit 23 onto Kenilworth Avenue. Turn left onto Kenilworth Avenue. Follow through two lights. Take next left onto Ivy Lane. Second building on the left.

## Fees

For \$50, registrants can attend the optional Friday afternoon and Sunday afternoon programs, as well as the all-day Saturday and Sunday morning sessions. The \$50 fee also includes two continental breakfasts, the Saturday luncheon, all nutrition breaks, the Saturday evening reception, and a binder with outlines for all workshops.

Early Bird Special: A free EMS Care '87 T-shirt will be reserved for those who register **prior to March 21, 1987**. Checks: All checks should be payable to EMS Care '87.

## Cancellation Policy

Refunds, excluding a \$10 nonrefundable processing fee, will be made for cancellations received in writing by April 15, 1987.

## Additional Information

For additional information concerning EMS CARE '87, please contact the Region V EMS Office at (301) 773-7970 or write P.O. Box 1658, Bowie, MD 20716.

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## Maryland Institute for Emergency Medical Services Systems and the Region V EMS Advisory Council

*Present*



Hosted by the Prince Georges County Fire Department  
at the Greenbelt Hilton and Towers

# APRIL 24 - 26, 1987

12 hours of continuing education credit for one low price — \$50.  
Free T-shirts for Early Bird Registrants.