

New Laws Take Effect

No Handheld Cell Phones While Driving

On October 1, 2010, a Maryland law took effect that prohibits drivers in Maryland from using hand-held cell phones while operating a motor vehicle on a street or highway. Drivers in Maryland may use hands-free devices to access wireless telephone service.

Editor's Note: The following article is informal legal information and not the official opinion of the Maryland Attorney General.



Are there exceptions to the above law?

According to Section 21-1124.2 of the Transportation Article of the Maryland Code, a driver may use a hand-held phone to:

- Make phone calls to 9-1-1 (public safety communications system), a hospital, an ambulance service, fire department, law enforcement agency, or first-aid squad

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New “Move Over” Law Takes Effect

Maryland motorists need to be aware of a new traffic law that took effect October 1, 2010 requiring drivers to “move over,” if possible. The intent of the “move over” law is to provide an extra barrier of safety for police officers, firefighters, and emergency rescue personnel working along Maryland roads. It is hoped drivers will become more aware of police and emergency workers stopped along the road and move away from them or slow down as they pass by the traffic stop or incident scene.

The new law requires drivers approaching from the rear an emergency vehicle using visual signals while stopped on a highway to, if possible, “make a lane change into an available lane not immediately adjacent to the emergency vehicle.” This movement should be done only if another lane in the same direction is available and the move can be made safely and without impeding other traffic. If moving to another lane away from the stopped emergency vehicle is not possible, the law requires drivers to “slow to a reasonable and prudent speed that is safe for existing weather, road, and vehicular or pedestrian traffic conditions.”

Under Maryland Vehicle Law, emergency vehicles are defined as:

- Vehicles of federal, state, or local law enforcement agencies;
- Vehicles of volunteer fire companies, rescue squads, fire departments, the Maryland Institute for Emergency Medical Services Systems, and the Maryland Fire and Rescue Institute;
- State vehicles used in response to oil or hazardous materials spills;
- State vehicles designated for emergency use by the Commissioner of Correction;
- Ambulances; and
- Special vehicles funded or provided by federal, state, or local government and used for emergency or rescue purposes in Maryland.

Violation of the “move over” law is a primary offense with a fine of \$110 and one point. If the violation contributes to a traffic crash, the fine is \$150 and three points. If the violation contributes to a traffic crash resulting in death or serious injury, the fine is \$750 and three points.

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No Handheld Cell Phones While Driving

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- Turn a hand-held phone on or off and to initiate or terminate a call
- Conduct official business if he/she is emergency or law enforcement personnel

What does compliance mean for EMS personnel?

Section 21-1124.2 allows “emergency personnel” to use a handheld device “when acting within the scope of official duty.” This statute has been in effect only a few weeks and will need judicial interpretation in some areas.

The plain meaning of the statute suggests that “emergency personnel,” who are not defined, probably include:

- A career firefighter of a county or municipal corporation;
- An emergency medical services provider of a county or municipal corporation [as defined in § 13-516 of the Education Article] and probably a commercial services provider;
- A rescue squad employee of a county or municipal corporation; and
- A volunteer firefighter, rescue squad member, or advanced life support unit member of a county or municipal corporation.

[Note: This is the definition of “Emergency Services Personnel” in Courts and Judicial Proceedings, Section 2-608, Maryland Code.]

- Emergency personnel probably should also include hazmat personnel in the course of responding to and working at a hazardous materials spill.

“When acting within the scope of official duty” (which is also not defined) probably means when acting within the scope of emergency services employment.

So if your phone call is part of your EMS duties, use of a handheld cell phone should be allowed. If it is a personal call while on duty it may not be allowed. If you are off duty, it is safe to assume it will not be allowed.

Why is this law important?

You should be aware that the use of hands-free devices as well as handheld devices impairs driver reaction time and leads to increased motor vehicle crashes. Both should be used judiciously, if at all. (See “Reducing Distracted Driving: Regulation and Education to Avert Traffic Injuries and Fatalities,” by Peter Jacobson, JD and Lawrence Gostin, JD, in *JAMA*, April 14, 2010 [Vol. 303, No. 14]: 1419-1420.)

What is the bottom line for EMS providers regarding the cell phone law?

Remember that it is important for prehospital EMS providers to set an example for the public in matters of safety. They may be exempt but, like everyone else, they need to be careful and only use handheld devices when absolutely necessary in the course of their duties—and even then, with a great deal of caution and as a last resort (for example, let someone else handle the communications rather than the driver).

Learning Management System & Instructors’ Corner

The Office of Licensure and Certification has successfully implemented an Instructors’ Corner where BLS, ALS, EMD, and EMSC instructors can share educational resources, including presentations, outlines, and other materials with other instructors statewide. The Maryland State Police (MSP) Aviation Command’s *MSP Landing Zone Safety Program* has been added. In addition, through a cooperative effort between the R Adams Cowley Shock Trauma Center and MIEMSS, MIEMSS is now offering access to the Shock Trauma Lecture Series directly through the Online Training Center. Providers can watch the lectures from their computer, and upon completion, take a short learning assessment tool (quiz). When they score 80 percent on the quiz, they will then receive continuing education credit from MIEMSS within 10-14 days.

Currently, there are two different Shock Trauma Lectures on the system for continuing education credit: (1) Traumatic Brain Injury and (2) the 60 Second Radio Report.



Reminder: Get Flu Shot

Maryland is moving into flu season, but unlike last year, when the H1N1 flu pandemic triggered a scramble for vaccine, public health officials say there is plenty to go around. The U.S. Centers for Disease Control and Prevention for the first time has recommended that everyone 6 months and older get a flu vaccination. The 2010-2011 flu vaccine will protect against three flu viruses, including the H1N1 virus.

The H1N1 flu killed about 12,000 Americans and sickened millions last season. Maryland reported 45 lab-confirmed deaths, including five children. The pandemic was officially declared over in August after a nationwide vaccination campaign. The seasonal flu kills an estimated 36,000 people nationally and up to 1,000 in Maryland. For hundreds of thousands more, it causes high fever, a cough, aches, and exhaustion for days.

The Department of Health and Mental Hygiene reported its first lab-confirmed flu case of this season on October 13, 2010. The best way to protect everyone is for everyone to get a flu shot. MIEMSS recommends that all emergency services providers get a flu shot. The vaccine is widely available at doctors’ offices, retail outlets, and public clinics.

Maryland's New ePCR System

In June, MIEMSS secured the services of ImageTrend, Inc. to provide the new electronic Patient Care Reporting (ePCR) system. The ePCR Project Team has been working diligently on the reporting requirements and will be initiating a pilot of the ePCR system in three jurisdictions starting in November 2010. The ePCR will include the National EMS Information System (NEMSIS) data requirements and the additional Maryland data required by MIEMSS.

In September the ePCR Project Team made presentations to internal and external EMS stakeholders. These presentations included an overview of the application's capabilities, a review of the data elements to be collected, the user interface and workflow, a review of the changes to the data reporting requirements in COMAR, a discussion of computer-aided dispatch (CAD) to ePCR connectivity and the patient billing interface, and a general question and answer session. Attendees have been provided access to the ePCR demo site so they may work with the application and were provided an email address for any questions, suggestions, or comments they would like to make. The comment period ends on October 18, 2010.

The ePCR has been given a Maryland specific name. It will be known the **electronic Maryland EMS Data System (eMEDS)**. The eMEDS implementation is moving along as planned, and support from the EMS community continues to play an important part of the implementation effort.

Prehospital Provider ID Cards

Beginning November 5, 2010, Maryland prehospital EMS providers will be receiving their provider identification licensure/certification cards in a new format. Each card will be part of a letter that is mailed to the prehospital provider and can be peeled off the letter and carried by the provider.

Mark Your Calendars!

The 2011 Statewide EMS Education Conference

will be held at the BEACH
in
Ocean City!

Clarion Resort
Fontainebleau Hotel

March 31 - April 1, 2011
Preconference & EMT-B Skills

April 2-3, 2011
Full Conference

Details on an exciting program
coming soon!

Dangers of Laser Pointers Aimed at Aircraft

On September 8, 2010, the Maryland State Police Aviation Command (MSPAC) held a joint news conference with the Baltimore City Police Department, the Baltimore County Police Department, and several commercial med-evac companies at the Baltimore hangar at Martin State Airport to discuss the increasing dangers caused by laser pointers being aimed at aircraft. This has been especially hazardous for law enforcement aircraft on low-altitude missions and for med-evac flights as they are approaching landing zones. Over the summer, laser pointers being aimed at aircraft was an issue for the MSPAC in the Ocean City area, where thousands of laser pointers were sold this year. Laser incidents are now occurring more often in the Baltimore metropolitan area.

The purpose of the September 8th news conference was to convey concern about the dangers that aiming laser pointers at aircraft present to flight crews and to make it clear that the Maryland State Police will do everything possible to identify and prosecute those responsible. Flight crew members from each agency were present to stress the importance of this issue.

At a minimum, the lasering of aircraft can distract a flight crew. But it can also cause a dazzle effect on the wind screen and temporarily blind the flight crew. In extreme cases, under high power or prolonged contact, it can cause after-image or permanent damage to the vision of the flight crew.



Lt. Walter Kerr (MSP), supported by representatives of the Baltimore City Police Department, the Baltimore County Police Department, and several commercial med-evac companies, addresses the media on the dangers of laser pointers aimed at aircraft.

Prefilled Syringe Shortage/ Best Practices

Editor's Note: Earlier this year, the nation experienced a scarcity of prefilled emergency syringes caused mainly by an inability of the manufacturers to keep pace with demand. While this scarcity is being abated and manufacturers expect to match demand with many medications soon, you may find that some of the medications in your formulary are still unavailable in the prefilled emergency syringe device. The following information originally was sent as a memo from the State EMS Medical Director Richard L. Alcorta, MD, FACEP, to prehospital providers. The information will help guide you in the "best practices" of administering these medications until they become available in their more familiar form.

(1) Most critical is the shortage in epinephrine 1:10,000 (0.1 mg/ml). Epinephrine 1:1000 (1 mg/ml) can be used to prepare epinephrine 1:10,000 (0.1 mg/ml) but must **NEVER BE ADMINISTERED IV UNDILUTED.**

Supplies needed: epinephrine 1:1000, 1 ml syringe, 10 ml syringe, three-way stopcock

- (a) Attach stopcock to 10 ml syringe and IV line
- (b) Draw up 1 ml epinephrine 1:1000 in 1 ml syringe
- (c) Attach 1 ml syringe to stopcock and draw into 10 ml syringe
- (d) Occlude line between patient and stopcock

- (e) Draw up 9 ml Lactated Ringer's Solution into 10 ml syringe
 - (f) Invert 10 ml syringe to mix
 - (g) Occlude line between stopcock and fluid bag
 - (h) Administer 1 mg epinephrine 1:10,000 IVP
- (2) Prefilled syringes of dextrose 50% are also scarce
- (a) For formulations available in a vial, draw up 25 ml with available syringes and administer as you would normally
 - (b) For formulations of dextrose 10% in a fluid bag, administer 250 ml (100 mg/ml*250 ml=25 g) to patients 2 years of age or greater and 5 ml/kg up to 250 ml for patients under 2 years of age
- (3) Naloxone is available in vials and prefilled syringes
- (a) For formulations available in a vial, draw the appropriate dosage into a syringe and administer per protocol
 - (b) Currently, 2 ml prefilled syringes of 1 mg/ml are available

Please contact the Office of the Medical Director at 410-706-0880 with any comments, questions, or suggestions.

Glucometry for BLS Providers

Editor's Note: There have been cases of confusion regarding the use of glucometers by BLS providers. The following information, which was sent as a memo from the State EMS Medical Director Richard L. Alcorta, MD, FACEP, will clarify this optional supplemental program available to operational programs.

The glucometer protocol on pages 192-193 of the Maryland Medical Protocols lists the purpose, indications, and treatments available for hypo- and hyperglycemic patients. The treatments listed are for ALS providers, but blood glucose monitoring is still available to BLS providers. Page 144 registers the glucometer as an optional supplemental program for EMT-Bs. To participate in this option, an operational program must submit an application to and be approved by the Office of the Medical Director. This includes a quality management plan which contains a plan for CLIA compliance for device testing and calibration based on manufacturer's recommendations.

Please contact the Office of the Medical Director at 410-706-0880 with any comments or questions or to obtain an application.

EMS Calendar

October 27, 2010

5th Annual Eastern Shore Emergency & Critical Care Symposium
Sponsored by University of Maryland Express Care

Memorial Hospital
Easton, MD

Information: See brochure in this newsletter or contact Lisa Borkoski, EMT-P, CCEMTP at 410-763-7671 or 1-302-245-7767 (cell); lborkoski@shorehealth.org

November 6, 2010

York County EMSA Conference
Sponsored by EMS Association of York County

Holiday Inn Conference Center
York, PA

Information: See brochure in this newsletter or email klindner@grantleyfire.com or opsmanager@grantleyfire.com

November 6, 2010

Critical Issues in Trauma

8 AM–Noon; free
Suburban Hospital Auditorium
Bethesda, MD

Information: Call 301-896-3939 or contact Melissa Meyers, RN, at 301-896-3051

November 15-16, 2010

QA/QI Officer Course

9 AM–5 PM; free
MIEMSS, Room 212
653 West Pratt Street
Baltimore, MD

Information: Call MIEMSS Region V Office at 301-474-1485 or 1-877-498-5551 or email Leesa Radja at lradja@miemss.org

DETAILS

Date - 10/27/2010

Time - 0800 - 1600 hours

Location -

Memorial Hospital, Easton
219 S. Washington St.
Easton, MD. 21601

Room - Health Ed Center, 1st Floor

Meals - Continental breakfast, hot lunch, snacks, and beverages will be included in cost of registration.

Audience - This educational offering will cover a variety of acute care medical topics and should appeal especially to nurses, paramedics, and other healthcare professionals. Prerequisite knowledge is not required for attendance.

Continuing Education - This program is being submitted to MIEMSS for CME credits which are accepted by most nursing and EMS organizations toward recertification.

CONTACT

Lisa Borkoski, EMT-P, CCEMT-P
Tel: 410-763-7671
Cell: 302-245-7767
lborkoski@shorehealth.org

UNIVERSITY OF MARYLAND EXPRESS CARE

5TH ANNUAL

EASTERN SHORE EMERGENCY & CRITICAL CARE SYMPOSIUM

Wednesday
October 27th, 2010



SPEAKERS

Scott Friedman, MD - Medical Director, Cardiology Services, Shore Health System. **Topic: STEMI Emergency Care.**

Jay Menaker, MD - Trauma Attending, R Adams Cowley Shock Trauma Center. Asst. Professor, Univ. of MD School of Medicine. **Topic: Traumatic Emergencies.**

Nan Garber, MD - PICU Attending, University of Maryland Medical Center. Pediatric Medical Director - Univ. of MD ExpressCare. **Topic: Peds Respiratory Emergencies.**

Jen Fahey, CNM, MSN, MPH - Assistant Professor, Perinatal Outreach Coordinator, University of Maryland Medical Center. **Topic: High Risk OB.**

Mike Joyce, MD - Medical Director, Emergency Department, Dorchester General Hospital. Medical Director, Maryland ExpressCare - Eastern Shore **Topic: Toxicological Emergencies.**

Thomas Chiccone, MD - Medical Director, Talbot County EMS. Regional Medical Director, MIEMSS Region IV. ED Attending, Memorial Hospital Easton. **Topic - Neurological Emergencies.**

REGISTRATION

Please Return The Completed Form
Below With Payment By:

Friday, October 8th

Name _____

Address _____

Organization _____

Provider Level (MEMESS provider # if applicable)

Phone _____

Email _____

Admission Fee (Check One)

- \$35 Regular
- \$15 Employee Affiliate (MEC/BCA/TC)
- \$15 FT Student

Please make checks payable to:

University of Maryland ExpressCare

Send to: 219 S. Washington St

Easton, MD 21601

What is

Maryland ExpressCare?

Maryland ExpressCare's Vision Statement

Maryland ExpressCare aspires to be the premier regional communication and transport program providing safe, quality, comprehensive, timely and compassionate care for patients requiring services provided by the University of Maryland Medical Center.

Maryland ExpressCare's Components:

Communication Center - 24/7 access to UMMC for expert consultation or transfer.

Pediatric Specialty Care Transportation - The first pediatric transport team in Maryland.

Adult Specialty Care Transportation - Fast, expert inter-facility adult teams located at UMMC with two satellite locations:

- Eastern Shore Satellite - Easton, MD
- Upper Chesapeake Satellite - Bel Air, MD

Air Transportation - Rotor - wing transport team capable of transporting complex patients extended distances. Committed to safety, service, and customer satisfaction.

DIRECTIONS

Memorial Hospital, Easton
219 S. Washington St.
Easton, MD 21601

- **From Baltimore, Washington, Annapolis:**

Follow Rt. 50 to Easton. Go past the first traffic light at Airport Road. Just before the second traffic light, bear right onto Route 322, Easton Bypass. Proceed 3.3 miles on Route 322 and turn left at the sixth traffic light, Route 333, Peachblossom Road. Proceed to the next traffic light at Washington Street and turn left. Proceed 3/10 mile. The Memorial Hospital is on the left.

- **From the South:**

Follow Rt. 50 to Easton. Exit Route 50 to the left at the Route 322/Easton Bypass traffic light. Proceed 1.6 miles on Route 322 and turn right at the first traffic light, Route 333, Peachblossom Road. Proceed to the next traffic light at Washington Street and turn left. Proceed 3/10 mile. The Memorial Hospital is on the left.

PARKING

From Washington St...

- Turn on Biery Street (N. Side of Hospital)
- Right on West Street (first right)
- Left on Vine Street (immediate left)
- Parking Lot on Right

Signs will be posted to symposium entrance

York County EMSA Conference

This One-Day education program is designed for EMS providers at all levels: First Responders, EMT-B, EMT-P, PHRN

Keynote Speaker: Dwight Polk

Dwight is the Paramedic Program Director at the University of Maryland Baltimore County (UMBC) in Baltimore MD. In addition to being a fulltime educator, he is a volunteer paramedic and co-author of Jones & Bartlett's "Prehospital Behavioral Emergencies and Crisis Response" and "Law Enforcement Emergency Responder". Dwight has a Master's Degree in Occupational Social Work and is a Crisis Counselor for the Grassroots Crisis Center and two Critical Incident Stress Management (CISM) teams in the Baltimore region.

Special Guest

Senator Mike Waugh

28th District, York County

For detailed course descriptions go to:

www.whitecaprescue.com

EMS Awards will be presented during the lunch period

After the opening address, the participants will have the opportunity to choose from several breakout sessions to customize their learning experience. The afternoon session will provide another choice of educational sessions. The day will end with a closing session from Dwight Polk. Lunch and breaks are provided as part of the registration fee.

The committee reserves the right to substitute for and speaker listed. No refunds will be given for "no shows"

York County EMSA Conference



Saturday, November 6, 2010
7:30 am to 4:30pm

At

Holiday Inn Conference Center
2000 Loucks Road
York, PA 17404

Presented by:
**EMS Association of York
County**

Sponsored by:
York County EMSA
York, PA

Cost: \$45.00
DOH Continuing Education Credits Pending

York County EMSA Conference 2010

C/O Grantley Fire Company
918 Virginia Avenue
York, Pa 17403

Conference Faculty:

Dwight Polk, MSW, NREMT-P
Paramedic Program Director, UMBC
Kay Ella Bleecher, MSN, CRNP, CEN
Lead Nurse Practitioner, Wellspan Health System
Dr. R. Daniel Bledsoe, MD, HP, FACEP
Wellspan, York Hospital EMS Associate Medical Director, Medical
97

Jim Green, DC, CCEMT-P, NREMT-P
York Hospital ALS Coordinator
David Nitsch, BS, NREMT-P
Education Coordinator for Special Programs at the Albert Einstein
Medical Center

Thomas Alsted, NREMT-P
Team Leader- Tactical Response Unit
Heather Peterson, BACB
Volunteer Coordinator, Autism York
Gregg MacDonald, MS, RN, PHRN, NREMT-P
White Rose Ambulance

Shannon Kearns, BS
Health Educator, Penn State Hershey Medical Center

Special Guest

Michael Waugh
York County 28th District
Steve Lyle

Executive Director, EHSF

Conference Committee:

Joe Myers

Chairman

Committee: Don Deardorff, Shannon Fouts, Daniel Bledsoe, Kim Lindner, Doug Dzubinski, Kay Bleecher, Matt Warner, Todd Stahl, Jeanette Smith, Denny Reigart

Conference Schedule

0700 Registration
0730 Introductions & Refreshments- Steve Lyle
0745 **The Unspoken: Child Abuse and Neglect- Dwight Polk**
0915 Break
0930-1030 Breakout Session 1 (Choose 1)
Session 1A Sixty Minutes, Twelve Medications
Dr. R. Daniel Bledsoe
Session 1B Child Abuse Documentation
Kay Bleecher
Session 1C PCI/STEMI Pt. & the EMS Provider
York Hospital Heart Center
Session 1D Autism Awareness
Heather Peterson
Session 1E EMS Fun House- Wellspan EMS Acad.
1035-1135 Breakout Session 2 (Choose 1)
Session 2A Nationwide Cooperation in STEMI Care
Dr. R. Daniel Bledsoe
Session 2B Looking for Lions & Finding Zebras
Kay Bleecher
Session 2C EMS in Iraq
Dave Nitsch
Session 2D Tactical Medicine
Thomas Alsted
Session 2E EMS Fun House- Wellspan EMS Acad.
1140-1240 Lunch (included in fee)
Awards Acknowledged
1245-1400 **"I Believe... Lessons I've Learned in 30 Years of EMS" - Dwight Polk**
1405-1505 Breakout Session 3 (Choose 1)
Session 3A Shift or be Shifted
Gregg MacDonald
Session 3B More Medications, O, my!
Kay Bleecher
Session 3C More than a Job
Jim Green
Session 3D Pediatric Trauma Injury Prevention
Shannon Kearns
Session 3E EMS Fun House- Wellspan EMS Acad.
1510-1640 Crisis in the Field: Managing Behavioral Emergencies- Dwight Polk

A Sessions- ALS
Sessions 1E, 2E, 3E- EMS Fun House limited to 15 students per session. (Only 1 session per student)

Registration Form

Name: _____

Circle One: EMT-P EMT-B PHRN FR

Certification #: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: h: _____ w: _____

E-Mail: _____

Mark X for Session: Note EMS Fun House is limited to 15 per session.

Session 1A ___ 1B ___ 1C ___ 1E ___ FH ___

Session 2A ___ 2B ___ 2C ___ 2E ___ FH ___

Session 3A ___ 3B ___ 3C ___ 3E ___ FH ___

Checks may be made payable to:

EMSA of York County

Please mail completed Registration form and payment to:

Kim Lindner

Grantley Fire Company

918 Virginia Avenue

York, PA 17403

Registration due by October 28, 2010

No Credit Cards accepted.

Additional information can be obtained by contacting

klindner@grantleyfire.com or

opsmanager@grantleyfire.com

U.S. Air Force Deputy Surgeon General Tours Shock Trauma & MIEMSS

Brigadier General Dr. Byron C. Hepburn, the Deputy Surgeon General, Office of the Surgeon General, Headquarters U.S. Air Force, came to tour the R Adams Cowley Shock Trauma Center and MIEMSS. In his role as the Deputy Surgeon General, Dr. Hepburn is responsible for clinical quality management, strategic planning, readiness planning, and operations, as well as the medical doctrine and training for the Air Force. Dr. Richard L. Alcorta, State EMS Medical Director, provided an overview of the Maryland EMS System and a tour of SYSCOM/EMRC. Members of the C-STARS (Center for the Sustainment of Trauma and Readiness Skills) assisted with the tour. C-STARS is a program that rotates active-duty Air Force healthcare providers through the R Adams Cowley Shock Trauma Center.



Brigadier General Dr. Byron C. Hepburn, Deputy General, U.S. Air Force, along with members of the R Adams Cowley Shock Trauma Center's C-STARS team, receive an overview of Maryland's Statewide EMS Communications System from State EMS Medical Director Dr. Richard L. Alcorta.



MIEMSS, Maryland EMS News
653 W. Pratt St., Baltimore, MD 21201-1536

Governor Martin O'Malley
Lt. Governor Anthony Brown

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www.miemss.org

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