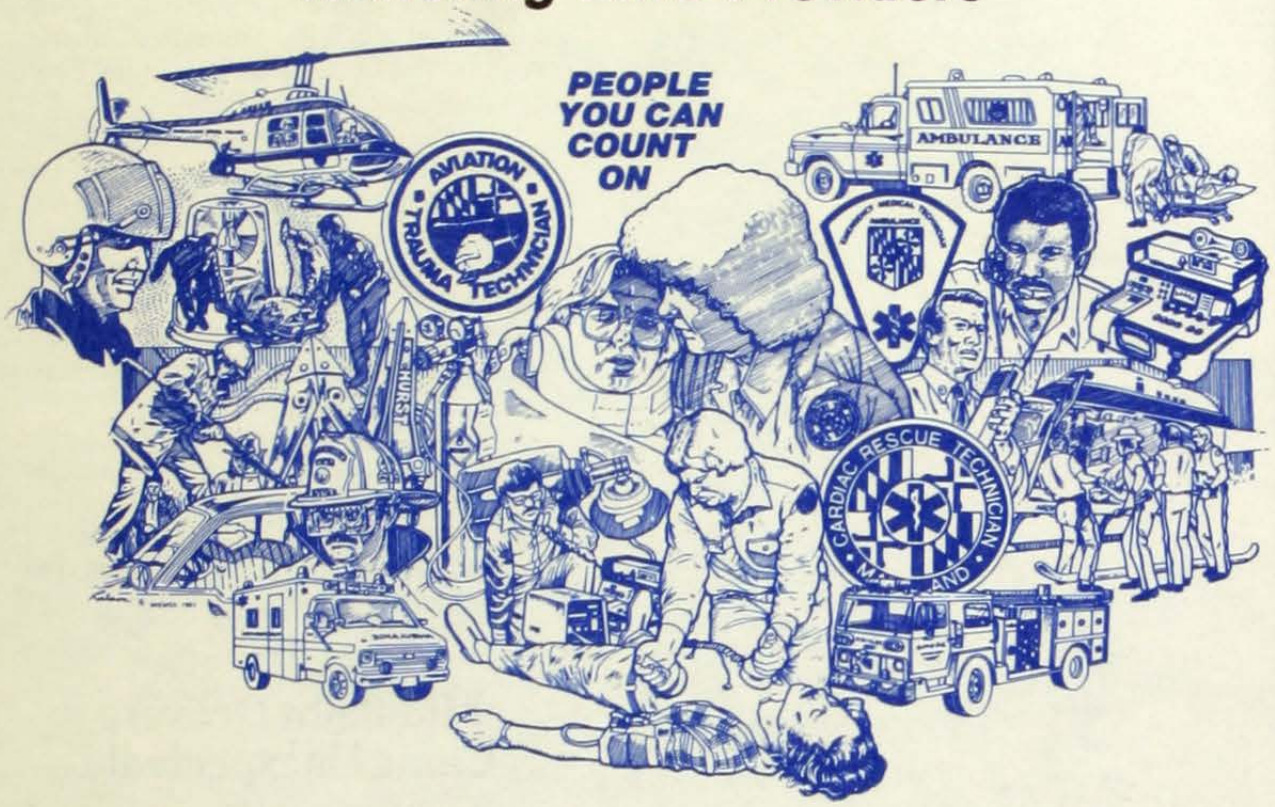
EMS WEEK & OLYMPICS

Honoring EMS Providers



Maryland EMS NEWS

Vol. 10 No. 1 AUGUST 1983

During EMS Week, September 18–24, Marylanders will honor the more than 50,000 emergency medical care providers in the state. Activities for the week are being planned by each region (for information, contact your regional administrator). The statewide "kick-off" will be the third annual EMS Olympics to be held from noon to 5 pm on September 18 at University of Maryland Baltimore County (UMBC), with free parking and admission. Activities for the entire family are on the agenda, including helicopter rescues, high-rise fire rescue demonstrations, auto extrications, demonstrations of life-saving techniques, and exhibits.

The highlight of the Olympics is the Skills Competition, which has been expanded this year to an ALS contest and a BLS contest. Winners in each category will receive $1000 (first prize), $750 (second prize), and $500 (third prize), as well as group and individual plaques. For information on the Skills Competition, call Lou Jordan (301) 528-2366.

Plan to spend the day at the Olympics. The event is sponsored by MIEMSS and the Emergency Health Services Program at UMBC, with the cooperation of many EMS-related organizations. For information, call your regional administrator.

ATT Delivers Preemie While Airborne

First Sgt. Louis W. Saffran, an aviation trauma technician, thought he'd seen just about everything come through his State Police Med-Evac helicopter during the past 11 years, but several months ago a routine perinatal call in the middle of the night changed that.

When Sgt. Saffran and his pilot, Cpl. Paul E. Jones, landed at St. Mary's Hospital in the early hours of March 21, hospital personnel assured them that their prospective obstetrics patient was resting comfortably and could make the trip with no problems. Nature, however, had a slightly different idea. Almost as soon as they were airborne, Shelby Albertsen, the patient, began having labor pains. When the pains became stronger, the crew was at the point of no return, 15 minutes back to the county hospital, or 15 minutes to their original destination — the perinatal center at Johns Hopkins Hospital. When the crew contacted SYSCOM (the Systems Communications Center) about the impending delivery, SYSCOM quickly diverted the flight to University of Maryland Hospital — but not in time.

"Mrs. Albertsen was screaming some, and it was precarious and cramped in the helicopter," Sgt. Saffran said. "The interior of the helicopter is like a broom closet with about one square foot for the medic to sit.

"To allay her fears, I tried to assure her that everything was fine and we would make it to the hospital. While monitoring her progress from behind her head, I leaned over and saw a head and then an arm and wound up delivering the little baby while practically standing on my head."

Cpl. Jones, who had delivered three babies as a deputy sheriff and first-aidman, said he knew exactly what was going to happen. Although he could see much more clearly from his pilot's seat, there wasn't much he could do while at the controls.

"I kept calling over the intercom to comfort the mother and medic saying, 'don't worry, it'll all be over soon and everything will be fine.'

"I kept looking over my shoulder to see what was happening, and at one point I could see the head, shoulders, and an arm were out and it was a clean birth, but after a point I couldn't even look because I had to land," he added.

When they did land on University of Maryland Hospital's heli-pad, hospital personnel had not yet arrived, and Cpl. Jones had to leave the helicopter to give Sgt. Saffran room to move around the front and deliver the baby. "I could see that the head and shoulders were out and

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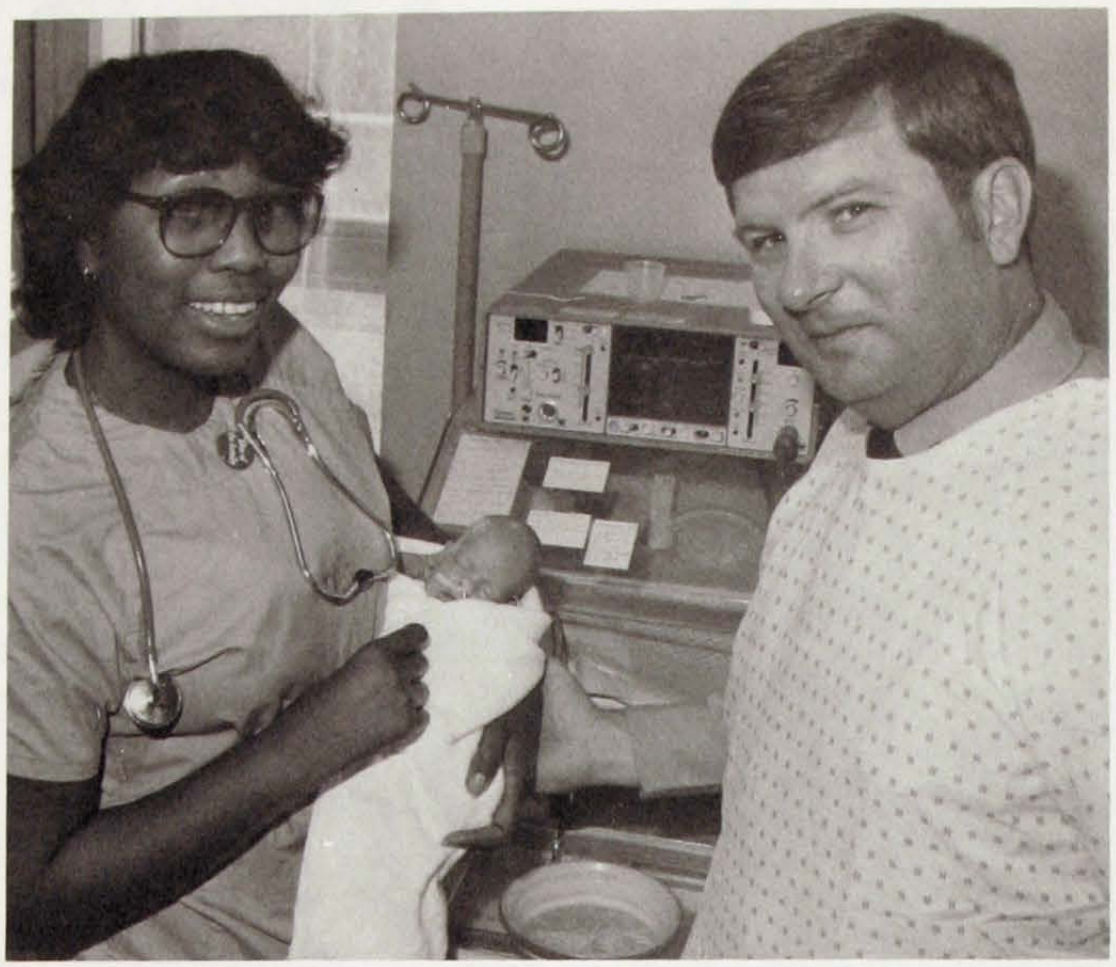

Sgt. Louis Saffran visits with a sleepy Robert Albertsen, while Robert's nurse, Bertha Boyd, LPN, looks on.

Mother Commends Aviation Techs

For Shelby Albertsen, the morning of March 21 could have been a nightmare. Instead, she credits State Police 1st Sgt. Louis W. Saffran and Cpl. Paul E. Jones with saving her baby's life, and making her childbirth experience as positive and comfortable as possible.

"On Thursday, March 17, I began having some ominous pains," said Mrs. Albertsen of St. Mary's county, "and I was really depressed and afraid because the baby wasn't due for two months." (She felt especially fearful because she had lost another baby in a miscarriage last year.)

By Saturday afternoon she was admitted to St. Mary's Hospital, and was told she would have to remain in bed until the baby came. On Sunday, however, Mrs. Albertsen's membranes ruptured, and the birth of her child seemed imminent. Doctors called SYSCOM, and a helicopter was dispatched from Andrews Air Force Base.

"The policeman [Sgt. Saffran] was really nice to me," Mrs. Albertsen remembered. "He kidded that the helicopter was built for speed, not comfort, so that we would be at Johns Hopkins in a hurry, but it might not be a great flight."

"When the pains began to increase in severity, Sgt. Saffran helped me keep up with my breathing. I know I screamed once or twice, but he kept me calm, and the whole time, I never really felt scared. Mostly I was worried about the baby being okay since he was so early, but the policeman was in such control that I never realized he hadn't done this before. He was so polite and calm and kept repeating 'come on, keep up with your breathing.' I understood that it was a real emergency and I had to do it," she said.

"I pushed and then pushed again and I was aware that the baby was partly born, and it went very well. The greatest thrill and relief was when I could hear the baby cry above the noise of the helicopter."

Ironically, Mrs. Albertsen's husband made the three-hour trip from St. Mary's county in his car, arriving at Johns Hopkins Hospital to find his wife never arrived. Finally, someone in the pediatric emergency area was able to tell him she had been diverted, and offered directions.

Mrs. Albertsen praised the pilot and medic lavishly for their care and concern during the flight. "I never got to meet the pilot," she said, "but he was so encouraging through the whole ordeal."

Baby Albertsen is progressing well now and recently went home, but not before he had a special visit by someone who had been very concerned about him (see photo).

— Rochelle Cohen

'83 Paramedic of the Year

A member of the Baltimore City Fire Department who risked his life under gunfire to save a security guard has been selected as the 1983 Paramedic of the Year by the Ladies Auxiliary of the Box 414 Association.

Honored for the rescue, which took place at Maryland General Hospital on July 1, 1982, was paramedic Donald King of Baltimore City Medic Unit 16. The official Fire Department citation stated that Mr. King had disregarded his own life to effect the rescue. Previously Mr. King had received the Fire Department's Meritorious Conduct Award.

Presenting the award, Gertrude Kaminski, president of the Auxiliary, said that in honoring Mr. King, the Auxiliary was also honoring all who serve as paramedics and who do so much to save lives and to lessen human suffering.

Mid-flight Delivery Came Unexpectedly

(Continued from page 1)

that the air passage was clear before I delivered the rest of the baby. He was very small [two pounds], and was shivering some when the ambulance crew came and took Mrs. Albertsen and Baby Robert Peter into the warm hospital," Sgt. Saffran said.

"I tend to remain calm in crisis situations until everything is over," Sgt. Saffran added, "and this time, after the ambulance drove away I could feel myself getting weak knees and joints, and really beginning to choke up.

"I guess you have to just take charge at the time and suffer for it later," he said. "Somehow the information from the obstetrical training classes clicked right back in and I was able to recall just what to do."

Sgt. Saffran said he credits Mrs. Albertsen with being an ideal patient, remaining calm and never losing control. After her delivery, she praised the crew for their outstanding care in successfully delivering her first child.

Patricia Payne, high-risk maternity coordinator at MIEMSS, said she was delighted at how well the delivery went, but stressed that airborne births are extremely rare. "We can generally tell when a woman is about to deliver, and delay the flight until the baby is born and a high-risk neonatal unit deemed necessary," she said. "In this case, the docters were somewhat fooled by the patient's condition, and she was fortunate enough to be living in Maryland, where we have such an outstanding emergency medical system."

— Rochelle Cohen

Focusing on Field Operations

During the past months, prehospital providers have indicated that they are confused about some areas of the field programs. I will try to clarify those areas in this column and explain any changes.

EMT-A Program

Most EMS providers are aware that MIEMSS has been looking critically at the existing EMT-A practical exam. In January, we intended to run several experimental pilot exams to help us develop a new practical exam that would be (1) more meaningful to EMTs insofar as the scenarios would be more realistic in terms of what they would encounter on the street; (2) easier to administer; and (3) continue to be an objective evaluation of the skills required of EMTs.

Although we have tried many practicals, unfortunately no pilot is acceptable at this time ad we are still in the developmental stage of a new practical exam. Therefore, from fall 1983 until mid-1984, prospective EMTs will continue to have the five-station practical (testing five skills) and any student failing one or two skills will be permitted one retraining session and one retest at the test site that same day/night.

REMSAC (Regional EMS Advisory Council) and the Ad Hoc Committee on Training/Testing/Certification (whose name has been changed to the Director's EMS Prehospital Advisory Group) felt that although the attempt to modify the practical was praiseworthy, there were many other considerations in the EMT-A program to be addressed: course content; equipment utilized during the course; the qualifications and effectiveness of the instructors and evaluators of the practical test.

Dr. Cowley, the director of MIEMSS, received the recommendation that a new major study of the entire Maryland EMT-A program be made and completed by March 1, 1984. Hopefully the recommendations made by this study group could be incorporated into the revised testing and certification procedures by fall 1984.

CRT Program

I would like to describe the circumstances under which the CRT functions, and hopefully reduce the confusion that has surfaced during the last few weeks regarding the CRT program standards.

CRTs function under state law. This *enabling* legislation acknowledges the CRT as a separate class of prehospital provider and allows the CRT to operate in Maryland under a set of regulations specifying such things as how the CRT obtains training and who writes the CRT certifying exam. In addressing some of these issues — for example, the training course — the regulations refer to another document, the program standards. These program standards describe the CRT course in detail, including the exact knowledge base needed by a CRT and the papers and documents required for CRT recertification.

The processes for changing CRT regulations and program standards are different. To change "regulation," one must go through a formal hearing process with announcements in the Maryland Register followed by a public hearing. Comments are allowed not only from the public hearing but from written documentation. Regulations cannot be changed for at least 45 days following the public hearing.

In contrast, program standards can be changed more quickly and easily. For example, if it is decided to introduce a new medication or the treatment of a new cardiac arrhythmia into the CRT course, one does not have to go through the public hearing process.

Recently concerns were voiced by field providers regarding what should be in program standards and what should be in regulations. When MIEMSS heard about these concerns, we approached the legal counsel to the Maryland Board of Medical Examiners who agreed that the existing program standards and regulations should be reexamined. The counsel stated that many things currently in program standards should, in fact, go through regulation — in particular, the recertification process. Both the legal counsel and MIEMSS then asked the Board to place the CRT program standards passed by the Board on April 22, 1983 on hold pending review. For this coming year (the rest of 1983 and the first half of 1984), CRTs will be operating under the existing (prior to April 22) program standards.

Hopefully, this review will clarify many of the issues. We will use this newsletter to notify field providers of any public hearings regarding CRT regulations.

DOT Paramedic Program

To date, enabling legislation for the EMT-P program has been passed, and draft copies of the program standards have been drawn up. Once consensus from the field providers is achieved on these program standards, the standards will be sent to the Maryland Board of Medical Examiners for review. The Board will also set regulations concerning the EMT-P.

Many questions are coming in from the field regarding what expert skills the EMT-P will be able to perform. The Board of Medical Examiners is already considering endotracheal intubation; other skills such as cricothyroidotomy and chest decompression are being reviewed through literature searches. It will probably be several months before the complete paramedic program is operational.

Ad Hoc Committee Meeting (July 7, 1983)

The Ad Hoc Committee meeting of July 7 was chaired by Charles Riley (Maryland State Fireman's Association) since Dr. Cowley was unable to attend.

The major item on the agenda was the function of the Ad Hoc Committee and whether it should change its name. Those present unanimously agreed that the Ad Hoc Committee should continue and that it should change its name to the Director's EMS Prehospital Advisory Group (DEMSPAG). The Group adopted the following mission statement: To provide an advisory forum of representative field providers, trainers, and certification agencies in order to provide guidance in prehospital EMS matters to the Maryland State Director of Emergency Medical Services.

It was agreed that the DEMSPAG meetings should be a forum for Dr. Cowley to obtain advice concerning the implementation of policies. The regional councils and REMSAC will continue to serve an important function of identifying and solving problems within the regions and also identifying areas where policy needs to be changed. However, because the changing of policies may have profound impact on many other agencies in the state, it was felt that this Director's EMS Prehospital Advisory Group could provide valuable input at an early stage of discussion.

—Alasdair Conn, MD
Program Director of Field Operations

Nat'l Trauma Meeting

The 6th Annual National Trauma Symposium for physicians, nurses, administrators, and psychosocial workers will be held Nov. 17–19, at the Hyatt Regency Baltimore. The Symposium will review major issues in state-of-the-art trauma care and the management of trauma centers. Emphasis will be placed on specific problems commonly encountered by trauma center personnel. Complete programs will be available in August. For information, contact Patricia McAllister, MIEMSS, (301) 528-2399.

Region I

Region I includes Garrett and Allegany counties.

EMT Recruitment

The Region I EMT Recruitment Committee has held several meetings with the ambulance squads to develop a strategy for improved EMT coverage on ambulance calls. While studying the problem the committee learned that in addition to a high burnout rate of EMTs (those not recertifying), many individuals who enroll in an EMT class never complete it. On the average, 30 percent of the EMT candidates in Region I drop out before course completion. The committee plans on surveying these individuals with the hope of discerning what changes might be needed in the program. Other regions or areas interested in participating in the study should contact the Region I Office.

Ambulance Inspection

In recent months ambulance services in Region I have been actively involved with the Maryland Voluntary Ambulance Inspection Program. Seventy percent of the ambulance companies in Allegany County have received certificate of excellence awards. These companies include: LaVale Rescue Squad, Mt. Savage VFD, City of Cumberland Fire Department, Frostburg Area Ambulance Service, Cresaptown VFD, Corriganville VFD, and Ellerslie Ambulance Service. In Garrett County, Northern Garrett County Rescue Squad has made a request to participate and will be inspected during the summer.

—Dave Ramsey
(301) 895-5934

Region II

Region II includes Frederick and Washington counties.

The Region II Office is scheduling inspections for the Maryland Voluntary Ambulance Inspection Program. If your company is interested in participating, contact the Region II Office for more information.

In Frederick, Junior Fire Company, Middletown Volunteer Fire Company, Myersville Volunteer Fire Company, Thurmont Community Ambulance, Walkersville Community Ambulance, Libertytown Volunteer Fire Company, and Graceham Volunteer Fire Company have been certified. The companies being reinspected for new equipment are Thurmont and Graceham, and inspections are being scheduled for Woodsboro, Jefferson, and Carroll Manor. In Washington County, Community Rescue Service's ambulances have been inspected and certified. An inspection is being scheduled for Smithsburg.

—Mike Smith
(301) 791-2366

Region III

Region III includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties.

New ALS Marine Unit

Last May, the Baltimore County Fire Department put in service a boat that is stationed in the Strawberry Point area. This marine unit is a joint effort between the Baltimore County Police and the Baltimore County Fire Department, and is staffed by two police officers and two career Baltimore County paramedics. This new unit, which will be in service around the clock during all weekends, has the capability of providing advanced life support, law enforcement, and fire-fighting services. It will greatly expand emergency services in the Middle River area.

Voluntary Ambulance Inspection Program

On June 3, the Ellicott City Volunteer Fire Department had its two ambulances, Medic 65 and Ambulance 85, reinspected. This Howard County company is the first in Maryland to have an ambulance reinspected under the voluntary ambulance inspection program.

The New Windsor Volunteer Fire Company in Carroll County has recently begun a new ambulance service for its district. Placed in service as a basic life support unit, it was inspected under the voluntary ambulance inspection program on June 21. We congratulate both companies on successful inspections.

If your ambulance company wishes to have its ambulance inspected or reinspected, feel free to contact the Region III Office for details.

Regional Seminars

The Region III Office is investigating the feasibility of presenting periodic seminars to address issues at the EMT-A level. Please let us know if you would be interested in attending such seminars. We would also like to hear which topics you would be interested in having presented. We hope to begin these seminars by late summer or early fall.

Physician Identification over EMRC Radio

Recently, we have had a problem with identification of the physicians who perform consults for the field units. EMRC was able to monitor all cardiac consultations; however, due to the volume of calls, they have become too overtaxed to accomplish this task. Should you require the name of the physician with whom you consulted, please recontact EMRC once you reach the hospital or your station, and EMRC will contact the consultation center to secure the name of the consulting physician for you. **Please remember that like any other medical record, this is confidential information and should not be distributed to unauthorized persons.**

—Kerry Smith and John Donohue
(301) 528-3996

Falls from Windows Increasing in Number

The Region V EMS Advisory Council has noted with alarm the growing number of serious and often fatal injuries occurring when children fall from windows. The increase in these falls seems to be due to window screens which "pop" out when a child leans against them. Two such accidents have occurred in St. Charles in the last month. According to Leon Hayes, chairman of the Region V EMS Advisory Council and a volunteer paramedic in Charles County, "these tragic accidents are on the increase and we are frightened to think of what the death toll will be before winter brings cold weather and closed windows."

The Council recommends that people check their windows for this potentially lethal hazard, particularly if there are young children or pets in the home. While screens are designed to keep bugs out, not children in, these "pop out" type screens found in many new town houses and single family homes are particularly dangerous. If you think that your windows present this hazard we suggest that you keep all windows which children have access to closed or blocked with a firmly anchored "baby gate" until corrective action can be taken. Some manufacturers have made replacement safety screens available at a nominal cost (for information, contact your builder or window screen manufacturer).

The Council also urges that if you discover such screens in your house, notify your neighbors or neighborhood association so that all families are aware of this hazard. In Howard County, following the deaths of two children, neighborhood action on this safety issue led to county legislation requiring safety screens.

Audits are currently being conducted to determine the extent of this problem. In the meantime the Region V Council urges you to take preventive action.

—Marie Warner

Region IV

Region IV includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties.

Three seamen were taken to Peninsula General Hospital Medical Center in Salisbury for treatment after the ship they were on capsized 30 miles off the Chincoteague coast before dawn on February 12, 1983. They were the only survivors of the 36-member crew.

By the time they arrived at the hospital, the accident had aroused international attention. The barrage of media attention paid to the three survivors caused problems for these patients and for the hospital. However, the hospital's community relations department effectively dealt with those problems.

During the first day, inquiries about the marine disaster flooded the hospital. Calls were received from ABC News in New York, CBS News in Washington, the Associated Press in Boston, and United Press International in Baltimore. In addition to these and several hundred other media inquiries, calls came from the families and friends of the ship's crew, who wanted to find out the conditions of the survivors or to get confirmation of the crew members who had died.

The calls continued the following day, especially from the families of missing crew members because the Coast Guard had not yet released the names of the deceased. Reporters and cameramen invaded the hospital in hopes of interviewing the survivors. One of the reporters, representing a Boston televison station, followed the wife of one of the survivors to Peninsula General from her home in Scituate, MA. The survivors were the focus of the news media's attention because they were the only eye-witnesses of the disaster.

Plans were intitated to hold a news conference to give the reporters present an opportunity to question the survivors. However, none of the survivors wanted to grant interviews. One of the survivors said that he knew the time would come when he had to face the news media, but while hospitalized, he wanted to relax, recover, and adjust to the after-effects of the disaster.

This situation placed conflicting responsibilities on the community relations department: to cooperate with the news media in providing the information they wanted, and to safeguard the privacy of the patients and their families. In the eyes of the media, these responsibilities are mutually exclusive.

The survivors cooperated with Coast Guard investigators to determine what caused the 600-foot ship to capsize, but marine safety specialists, attorneys, and union officials waited in the lobby with the news reporters. Pressure from the media heightened as the hours wore on. Attorneys continued to gather and telegrams arrived, but the community relations department met each new situation as a challenge.

— Marc Bramble and John Barto
(301) 822-1799

Region V

Region V includes Calvert, Charles, Montgomery, Prince Georges, and St. Marys counties.

EMS WEEK 1983

An EMS Speakers Bureau will be the main regionwide activity in Region V. Civic and community organizations, senior citizen groups, and schools are currently being notified of the availability of speakers on a variety of EMS topics during the week of September 18–24. Many topics based on the EMS Week theme "People You Can Count On" will be offered. The main topics include:

The Emergency Department Team: This includes how the emergency department operates, how to utilize its services, how you can assist with your medical care.

The Emergency Ambulance Service: Includes how the ambulance service in your community operates, training programs, dispatch, etc.

The Trauma Team: How highly specialized teams save the lives of critically injured patients who have minutes to live.

Your Friends, Neighbors, Family, and Yourself: How citizen training and education can save lives. How to provide adequate information to help others help you. Includes need for "permission to treat" forms for minor children, medic alert, vial of life, CPR, first-aid training, accessing the EMS system through 911, etc.

These topics may be adapted to the specific group (for example, elementary school students) and additional EMS topics may be requested.

A Speakers Bureau was offered as part of EMS Week in 1981 and is back by popular demand. The Speakers Bureau not only serves to acquaint the community with the EMS system and how it operates, it also educates community members on the best way to utilize these services and provides information on this vital service to potential volunteers.

For further information, please contact the Region V EMS Office.

ALS in St. Marys County

Congratulations to St. Marys new advanced life support unit, Medic 10. (See article on page 8.) The initiation of ALS in St. Marys County has long been a goal of both the county and regional councils. Four of Region V's five counties now provide ALS with only Calvert County still at the basic life support level.

— Marie Warner and Ed Lucey
(301) 773-7970

'Transition Shock' Scheduled for Nurses

Transition Shock: Implications for Nurses, a workshop sponsored by MIEMSS and Howard Community College, will be held September 23, from 8:30 am to 4:30 pm at Howard Community College (Nursing Building, Room N220).

The workshop addresses the personal issues (such as new expectations, conflict resolution, etc.) that a nurse faces when changing roles (for example, new grad to employee, staff nurse to primary nurse, care-giver to administrator).

For registration, call Peg Mohler at HCC, (301) 992-4823.

Winter Emergencies

The MIEMSS Field Nursing Program will offer a workshop on winter emergencies on October 18 at the Carroll County Health Department Auditorium from 8:30 am to 3 pm. The workshop will also be given on October 28 at the Educational Center Auditorium at Peninsula General Hospital from 8:30 am to 3 pm.

This one-day seminar will include immediate and follow-up interventions for carbon monoxide poisoning, hypothermia, frostbite, and winter sports injuries. All interested prehospital personnel and nurses are invited to attend. The registration fee is $20. Nurses will be granted 0.4 CEUs. CEUs for prehospital providers have been applied for. Preregistration is required — call the MIEMSS Field Nursing Office (301) 528-3930, or your regional administrator.

'Star of Life VI': Water Rescue on the Way

Although Friday the 13th is generally considered unlucky, speedboater Tom Baker now thinks differently. While he was testing his Grand Prix racer, Orange Crush, at speeds in excess of 130 miles per hour on the Wye River, a potentially serious accident occurred. Luckily, this Friday, May 13, was the very day that the new MIEMSS/American Power Boat Association (APBA) rescue boat became operational.

Within seconds, the rescue boat was on the accident scene, and crew members lifted Baker with a specially designed hoist from the water in a stokes basket. Fortunately, injuries were relatively minor, and Baker was released from the hospital within several days.

"Star of Life VI," the MIEMSS/APBA rescue boat, recently became operational.

The rescue boat, registered as the Star of Life VI in the Star of Life Flotilla, was designed to provide immediate emergency care to victims of the ever-increasing numbers of accidents at high speed boating events. The craft is specially equipped for such accidents, and is staffed with fully trained volunteers, who can handle the difficulties associated with high speed boating accidents.

After identifying the increasing need for a water rescue boat, doctors at the MIEMSS Shock Trauma Center donated the first several hundred dollars to spark an interest in the project, and boat-racing drivers and fans accepted the challenge, donating enough money to pay for the craft. Many individuals supported the project with time and money. Racers Jim Browning and Earl Hall of Virginia built the Star of Life VI paying excruciating attention to detail and taking a personal interest in the project, as both had been victims of boating accidents in the past.

Equipped to respond quickly, the 16-foot Star of Life VI has a 50-horsepower engine. An aluminum boom helps to float the driver into the stokes basket, and allows for hoisting the victim into the boat for further evaluation and on-site stabilization prior to transport to land. The boat's crew of three then works with local ambulance companies who continue to provide emergency care and transport to the appropriate facility. The MIEMSS/APBA boat is also equipped with a marine radio that adds medical control and support from MIEMSS personnel through SYSCOM.

The rescue boat is on location at scheduled regattas and other events, and is avilable to MIEMSS for water emergencies at other times. The specially trained crew supplements existing EMS providers, and adds a new dimension to the coverage of water-related incidents. Underwater operations are conducted by local EMS water rescue providers in each area, as are most instances of land transport.

Lou Jordan stressed that the MIEMSS/APBA rescue boat is designed to be on location at regattas for the APBA. The goal of this project is to effectively standardize care and operations at regattas, and to provide medical assistance in this potentially dangerous sport.

— Rochelle Cohen

EHS Program News

Deadline for EHS Majors

The Emergency Health Services (EHS) Program at the University of Maryland Baltimore County has set September 15 as the final date for receipt of applications for its next class of majors.

EHS Graduate Program Progress

The EHS program will offer its first graduate-level course "Proseminar in Emergency Health Services" this fall. The three-credit evening course will examine the interrelationships of the constituencies of a total emergency health system. Aspects of epidemiology of emergency care incidents will be included, as well as political, social, and economic issues relating to prehospital care. Both degree and non-degree (advanced special students) may enroll in this course which is scheduled for 7–9:40 pm on Tuesdays.

This seminar-type course is the first in the EHS sequence leading to a Master of Science degree that is being developed. To date, the EHS graduate program has been approved by all UMBC on-campus policy-making bodies and has been forwarded to the University Regents; the State Board for Higher Education must also give its approval. The program will be available to baccalaureate degree holders and will offer the student three basic options: (1) administration, planning, and policy; (2) preventive medicine and epidemiology; and (3) education.

Option 2 is a collaborative effort with departments on the UMAB campus. Courses within all three options are currently being offered as inclusions within numerous other degree programs on the UMBC campus.

PhD Degree Awarded

Jeff Mitchell completed his doctoral degree on May 20. His dissertation was entitled "The Effects of Stress Management Training on Paramedic Coping Styles and Perceived Stress Levels." Congratulations, Dr. Mitchell!

Paramedic Track

The EHS Program will begin a track leading to eligibility for national registry certification as an EMT-P beginning in the fall of 1983. This track is similar to the present program in that students must first complete two years of prerequisites and then apply to the EHS Program. In addition to preparation for paramedic certification, students who complete the four-year program will receive a BS degree.

The EHS paramedic track consists of two years of study. The first year (student's junior year) is devoted primarily to the EHS core subjects such as the planning and administration of emergency medical systems. The second year (senior year) is devoted entirely to the didactic and clinical preparation necessary for paramedic certification. The clinical training will start in fall 1984.

It is anticipated that 10 students who have completed all EHS program prerequisites and core requirements will be selected to form the first paramedic class.

No paramedic transfer credit will be allowed until after the first class completes the program.

— EHS Staff
(301) 455-3223

Nursing Watch

For those who couldn't attend our workshops on summer emergencies, below are some highlights for managing some less than common but increasingly seen summer emergencies.

Rabies

In 1982 there were 150 cases of rabies exposure reported to the Maryland State Health Department. In 1983 there have been 498 cases of rabies in animals found in Maryland to date. Of 500 individuals treated, 60 were confirmed to have been exposed to rabies. Rabies is 100 percent preventable, provided treatment immediately follows exposure.

The best way to prevent human rabies is through vaccination of dogs and cats and avoidance of wild animals exhibiting suspicious behavior. If someone is bitten by an animal, the Maryland Health Department recommends the following.

By law all animal bites must be reported to the local police department and to the local county health department. The wound itself should be cleansed promptly and thoroughly with soap and running water to reduce the chance of rabies transmission and secondary infection. Tetanus prophylaxis is recommended. All bites require medical attention.

If someone is bitten by a dog or cat that has been vaccinated, the animal can be quarantined, usually at home, for a period of 10 days. If the dog or cat is free of symptoms at the end of this time, no rabies prophylaxis is necessary. In the case of an unvaccinated dog or cat that has been exposed to a known case of rabies, the Health Department will require euthanasia of the animal or a quarantine of six months, with vaccination at the end of the fifth month. Rabies prophylactic treatment usually is required if a wild animal cannot be tested for rabies within five days following exposure.

When exposure occurs, active immunity of the exposed person will be obtained through administration of Human Diploid Cell vaccine. A total of five doses of 1 ml each is given intramuscularly. The first dose should be given as soon as possible after exposure; the remaining doses are given on days 3, 7, 14, and 28. Human Rabies Immune Globulin (20 I.U./kg.) is also given once at the beginning of treatment. One-half the dose is infiltrated into the wound and the remaining half administered intramuscularly.

Additional information on rabies prevention can be obtained from the Division of Veterinary Medicine, Maryland State Health Department, 301 Preston Street, Baltimore. In case of emergency, when local health department officials cannot be reached, call (301) 243-8700.

Anaphylaxis

When anaphylaxis or allergic reactions do not respond to the usual therapy, look for a history of beta-blocking drugs. Beta-blockers, such as propranolol, are used to treat a number of diverse problems, including hypertension, cardiac arrhythmias, myocardial infarction, and migraine. Since they antagonize the actions of sympathetic stimulants, drugs of the epinephrine family may not provide effective bronchodilation in cases of anaphylaxis. Under these circumstances the physician may consider increasing the dose of epinephrine in an attempt to override the beta-blockers.

Rocky Mountain Spotted Fever

Children in the southeastern states are most likely to develop Rocky Mountain spotted fever. Usually transmited by the dog tick in this area, infection is caused by several hours of tick attachment.

After an incubation period of 3–10 days, fever, chills, and a maculopapular rash develop. The rash usually begins on the extremities, spreading to the palms and soles, then to the entire body. Anorexia and restlessness are common.

Fever is moderate to high and may be associated with febrile convulsions. Weight loss, dehydration, headaches, and splenomegaly may occur. Complications include coagulopathy, thrombocytopenia, myocarditis, renal impairment, and CNS involvement.

Treatment with antibiotics is indicated. Supportive therapy is directed toward maintaining hydration and monitoring temperature. Recovery in uncomplicated cases usually occurs within three weeks.

— MIEMSS Field Nursing Staff

BP Screening Protocol

The American Heart Association, MD Affiliate has developed "Protocol for Establishing and Maintaining a Permanent Blood Pressure Screening and Monitoring Site," which presents guidelines for establishing a high blood pressure control program. For more information, contact Ann E. Smith, MD Affiliate Office, (301) 685-7074, or your local chapter of the A.H.A.

Focus on Disaster Medicine

The Third World Congress on Emergency and Disaster Medicine was held May 24–27, in Rome, Italy. The Congress, presented by the Club of Mainz Association for Emergency and Disaster Medicine Worldwide and the Institute of Anesthesia and Reanimation of the Catholic University in Rome, was attended by 700 participants from 44 countries.

The purpose of the meeting was to foster basic research in emergency and disaster medicine; apply the methods of resuscitation and life support to everyday emergencies and mass casualty situations; and promote international cooperation. The program emphasized earthquakes, as well as nuclear, chemical, and environmental disasters.

In conjunction with the Congress, a disaster exercise involving land, sea, and air rescue was staged by the Italian army, navy, and air force. The scenario for the disaster was an earthquake/seaquake volcanic eruption in a coastal region of the Italian peninsula, resulting in complete urban destruction along with fires and mass casualties. In the scenario, all roads and rail links become impassable; many survivors escaped by sea, necessitating sea rescue. Agencies called to assist included the Italian armed forces, the Italian Red Cross Volunteer Nurses, and the Italian Civil Defense Organization.

During the Congress, the Club of Mainz held its executive committee and general assembly meetings. Peter Safar, MD, director of the Resuscitation Research Center at the University of Pittsburgh, was elected president for a two-year term. Peter Baskett, MD, of Bristol, England, will continue as secretary-treasurer, and R Adams Cowley, MD, MIEMSS director, was elected to the Club's executive committee.

The Club of Mainz is an independent organization of physician and nonphysician leaders and providers, who wish to improve worldwide everyday EMS operations and their effectiveness in disasters. The Club's activities include research, recommendations, planning, and relief actions for disasters, ranging from multicasualty incidents to epidemics, earthquakes, and wars. Membership in the Club of Mainz is now open to all individuals interested in emergency and disaster medicine. The membership fee is $50 a year, which includes a subscription to *Disaster Medicine*, the Club's official journal. Applications for membership can be obtained by contacting Patricia McAllister, MIEMSS, (301) 528-2399.

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Aviation Trauma Tech Program to Be Restructured

The Maryland State Police Department's Aviation Trauma Technician (ATT) program will be restructured to include some of the objectives of the U.S. Department of Transportation's (DOT) paramedic course, according to Anne Smith, the ATT coordinator for MIEMSS.

The revamped program will exclude the parts of the DOT course that pertain to the treatment of cardiac patients because, in Maryland, CRTs normally take care of such patients. The restructuring would make ATT training for neonates, burns, and soft tissue injuries almost equivalent to the training provided in the DOT paramedic course, says Ms. Smith.

The ATT program also underwent an overhaul a couple of years ago in response to advances in emergency medical services that occurred in Maryland during the late 1970s. These advances created the need to elevate the level of training received by flight personnel to a level above that of EMT-A.

First, the implementation of advanced life support care in many parts of the state meant that flight personnel had to become capable of continuing, during transport to the hospital, the high level of care started by CRTs at the scene.

Second, the expansion of the Maryland State Police Med-Evac helicopter service to parts of the state in which advanced life support was not available meant that flight personnel had to become capable of performing some of the skills that CRTs usually perform, such as starting IV solutions.

Presently, ATTs specialize in managing critically injured patients, whereas CRTs specialize in treating patients with cardiac and other serious medical problems. The role of the ATT is to understand trends in the life-threatening conditions of critically injured and ill patients and to provide continuity of care from the scene to the hospital.

— Dick Grauel

St. Marys County Gets ALS Coverage

Medic 10, based in Leonardtown, became operational July 15 at 5 pm, marking the beginning of countywide advanced life support coverage for St. Marys according to Gary Gardner, president of St. Marys ALS unit.

During their first weekend in operation, there were six ALS runs including one "save" (a cardiac arrest victim who was converted to a life-sustaining rhythm through early ALS intervention).

Similar to Charles County's ALS system, a specially equipped ALS non-transport vehicle is dispatched in St. Marys County along with an ambulance on calls specifically requiring advanced life support. A volunteer CRT responds to the scene in a temporary vehicle from home or work during the day, and from a central location in the evening. EMT or deputy sheriff drivers respond along with the CRTs during evening shifts. The county plans to have a CRT and driver on-call on 24-hour-a-day basis within the next month.

Fifteen CRTs comprise the St. Marys County ALS unit, and there is a drive to recruit new members. The unit was dubbed Medic 10 in honor of the 10 remaining members of the county's first CRT class.

For further information on the unit, or about joining Medic 10, call Gary Gardner at (301) 870-2601, x 8516.