



Maryland EMS News

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PG Develops School Bus Evacuation Plan For Kids With Special Needs

Prince George's County now has a county-wide plan to identify and evacuate children with special health care needs from school buses at a crash scene.

Through the initiative of several Forestville Volunteer Fire Department volunteers who work for the Prince George's County school bus transportation division, Maryland officials began to address the need for and content of a plan for a special segment of the pediatric population routinely transported on Maryland highways. The plan was a joint project of Prince George's County EMS, the

Prince George's County school transportation division, and the Prince George's County Public Health Department.

As a result, PG county transportation instructor trainers developed a training program for the EMS providers in PG County, Maryland State Police (MSP) paramedics, U.S. Park Police paramedics, and PG County law enforcement CRASH investigators. Included in the instruction was information on the types of disabilities that the children who are transported may have, the three types of buses used for children transported,

the types of seats and child restraint devices on the buses, electric and manual operation of school bus exits, extrication equipment available, and the evacuation procedures to be used. In addition, EMS and fire personnel developed a training program for school transportation and special education personnel on the types of equipment used during a vehicle extrication.

Medical information forms for children with special health needs were developed and, after being piloted, will be placed on school buses of the children. Each form includes a photo of the child (essential if the child is non-verbal or loses consciousness during a crash), emergency med-

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Incident Commander Chief Bill Huttenlock (Forestville Volunteer Fire Department) checks on new triage procedures as EMT-B Kelly Peters and U.S. Park Police Craig Davis, NREMT, evaluate a patient for priority transport.



Sue Hartke, NREMT, and EMS Officer Barry Contee, NREMT, confer about patient priority. The newly developed school IDs for children with special health needs and Virginia's triage tags were used and evaluated during the disaster drill.

Evacuation Plan for Kids With Special Needs

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ical information, and equipment used by the child. These forms will be kept in a red, flame-retardant package in the same location on every

school bus, and transported with the child to the hospital in the event of a crash.

Model logs were also developed for the school bus drivers to fill out



A Prince George's County volunteer EMT checks on patients during the disaster drill.

daily to provide an accurate census of who is on the bus in case of a crash.

Special decals on school buses indicate that they carry medically fragile or oxygen-dependent students.

Last summer two disaster drills in Prince George's County tested the county's plan to identify and evacuate children with special health care needs from school buses in the event of a disaster.



MSP Flight Paramedic TFC John Proper and an EMT from Prince George's County Volunteer Fire Department transport two priority 1 special needs patients.

Recertification Updates

The goal of the MIEMSS Office of Education and Certification is to be able to deliver a recertification card to each EMS provider before his/her current certification expires. We do not want any provider's certification to be interrupted.

Unfortunately, there has been an increase in the number of providers who have not met their recertification requirements on time. This results in delays and can cause operational problems for the providers and their companies.

As an EMS provider in Maryland, you are responsible to meet the continuing education requirements of your certification. The dates printed on your card reflect the actual period during which

you are certified to function as an EMS provider in Maryland. You must complete your recertification requirements before the expiration date on your card so that you may continue to provide service.

In addition, it is the responsibility of every instructor, academy, and training agency to process class records, skill sheets, and scantron cards expeditiously. Note that the student, as well as the instructor, must sign the scantron card. Delays in processing class materials can also delay the recertification process.

Everyone cooperating will enable the MIEMSS Office of Education and Certification to provide recertification cards to each provider before his/her certification expires.

◆ **Andy Trohanis**
Director, Office of Education & Certification

National Poison Prevention Week

March 15-21, 1998

Every year, more than 2 million people are poisoned, and most are small children. Poisoning is the fifth leading cause of accidental death in children under the age of six. These poisonings can be prevented!

National Poison Prevention Week (March 15-21, 1998) is designated to raise awareness in communities about the prevention of and dangers of accidental poisonings. This year's national theme is "Children Act Fast... So Do Poisons!"

You can prevent poisonings in your community by participating in activities such as distributing brochures and Mr. Yuk stickers, setting up displays, and providing information to local media.

For more information on obtaining materials and other activities, contact Lisa Booze, Clinical Coordinator of the Maryland Poison Center at 410-706-7604 or by Email (lbooze@mpc.ab.umd.edu). Visit the Maryland Poison Center's homepage at www.pharmacy.ab.umd.edu/~mpc.



CONFERENCE AND EXPOSITION
Baltimore, Maryland • March 11-14, 1998

SPECIAL OFFER

Maryland Emergency Service Providers

Receive a special \$15 discount off the
3-day passport registration fee!

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to attend EMS Today, featuring:*

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- 147,000 square feet of exhibits
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- Hour for hour CEU credit offered - 221 hours of CE credit hours to choose from



*Baltimore, Maryland
March 11-14, 1998*

\$15 DISCOUNT

ALL Emergency Service Providers from Maryland are entitled to this discount! Tell a fellow provider!

To receive the discount, simply deduct \$15 from your registration fee total when you fill out your EMS Today registration form. It's that easy!

If you have any questions or need a brochure, please call (800) 266-5367.

(One Maryland EMS Provider discount per registrant. Discount good on 3-day passports only. Does not apply to preconference workshops.)

Minimizing On-Scene Time for Backboarded Med-Evac Patients

Short of a handful of critical interventions (securing an airway, decompressing a tension pneumothorax, or stopping uncontrolled bleeding), the single most important thing you can do for a seriously injured trauma patient at an incident scene is to transport immediately to a trauma center. You have to effectively immobilize most trauma patients on a long backboard, however, before you can move them anywhere. Always remember that your reason for securing the patient to a longboard is not just to prevent him/her from falling off but also to prevent shifting positions when the board is moved. There must be no sliding of the patient, even if the board is tipped all the way up on its side in order to help maintain the airway of someone who is vomiting.

In some areas of Maryland, there recently has been a trend to use tape or cravats to secure patients to long backboards because of some difficulties in getting straps returned. **THE USE OF TAPE IN PLACE OF STRAPS IS TO BE ACTIVELY DISCOURAGED.** Tape is generally considered to be medically unacceptable because of its tendency to shear

when stressed at a 90-degree angle and because of its tendency to pull free from the edges of the backboard.

Cravats, if properly placed, are capable of providing effective immobilization to a long backboard. As with straps, however, this may often require padding the voids between the patient and the edge of the board so that no lateral movement occurs when the board is tipped.

To minimize on-scene time for backboarded Med-Evac patients:

- Request the helicopter early.
- As in routine transports, address any critical interventions (secure airway, decompress tension pneumothorax, stop uncontrolled bleeding), in accordance with your level of certification.
- Locate your straps and apply them before the helicopter arrives.
 - Leave the patient's arms outside the straps unless he/she is combative.
 - Leave any blankets outside the straps.
- Immobilize the patient with the goal of preventing sliding on the board.
- Do not strap across the patient's chest so tightly that breathing is compromised.

- Do not immobilize the patient's head with tape or straps directly on the chin (this leads to airway compromise). (Tape instead should go across the rigid cervical collar.)
- Keep the patient inside the ambulance at the landing site so that the flight paramedic can hear your turnover report and can listen to breath sounds if necessary.
- Expect the flight paramedic to perform a 60-90 second BTLs primary survey and address any remaining critical interventions (secure airway, decompress tension pneumothorax, stop uncontrolled bleeding), as you give your turnover report.

We all recognize that the purpose for requesting air transport is to get the patient to a trauma center quickly. The flight paramedics share the desire to minimize the amount of time that the helicopter spends on the scene. Having the patient effectively immobilized and anticipating what the flight paramedic needs to do prior to loading the patient will help us all to achieve our mutual goal of getting the patient to definitive care in the shortest time possible.

♦ *Douglas J. Floccare, MD, MPH, FACEP*
State Aeromedical Director



A properly immobilized patient is loaded onto an MSP helicopter for transport.

Update: Poisoning Emergencies

More than 37,000 poisonings occur in Maryland each year. Are you prepared to treat these patients? Come to "Update: Poisoning Emergencies," a seminar sponsored by the Maryland Poison Center on Tuesday, March 24, 1998, at the University of Maryland School of Pharmacy in Baltimore. This one-day seminar will present the latest advances in the diagnosis and treatment of poisoning emergencies. Topics that will be addressed include anticonvulsants, antidepressants, herbal medicines, bites and stings, over-the-counter drugs, and drugs of abuse. Continuing education units will be provided to prehospital providers, nurses, and pharmacists. For more information and a brochure, call 410-706-7604.

1998 SEMSAC Members

The Statewide Emergency Medical Services Advisory Council (SEMSAC) was established in 1993 when the General Assembly enacted House Bill 1222. SEMSAC, which now numbers 29 members, advises and assists the

EMS Board in carrying out its responsibilities. SEMSAC members are listed below, including those most recently appointed.

SEMSAC routinely meets the first Thursday of every month. Meetings are open to any interested person. Please

call prior to the meeting to verify meeting time, date, and location.

The MIEMSS staff liaison to SEMSAC is James Brown, 410-706-3994.

Representative	Organization Represented
Roger Simonds, Chairman, SEMSAC Retired Deputy Chief, EMS & Special Operations, Anne Arundel County Fire Department	Region III EMS Advisory Council
Bernard Koman, Vice-Chairman, SEMSAC Chairman of Board, Rural/Metro Mid-Atlantic	Maryland Commercial Ambulance Services
John Ashworth III Senior Vice President of Strategic Planning, Program Development, and Communications and Director of R Adams Cowley Shock Trauma Center, University of Maryland Medical System <i>ExOfficio</i>	R Adams Cowley Shock Trauma Center
Wendell Baxter, Jr. <i>Appointed by EMS Board, pending Governor's approval.</i>	Volunteer Field Providers
Victoria Coombs, RN	American Association of Critical Care Nurses
Phillip Cooper, Jr. Deputy Director, St. Mary's County Emergency Management Agency <i>Appointed by EMS Board, pending Governor's approval.</i>	Region V EMS Advisory Council
George Delaplaine, Jr. Publisher/Editor, <i>Frederick News-Post</i> Newspaper	Region II EMS Advisory Council
Dorothy Dyott, RN Nurse Manager, Emergency Services, Express Care, Digestive Health Center at Memorial	Region IV EMS Advisory Council
Steven Edwards Director, Maryland Fire & Rescue Institute	Maryland Fire & Rescue Institute
Richard Franklin, MD, FACS	American College of Surgeons, Maryland Chapter
Kathleen Grote Firefighter, EMT-P, Anne Arundel County Fire Department <i>Appointed by EMS Board, pending Governor's approval.</i>	MD/DC International Association of Firefighters
Capt. Milton Harrod Prince George's County Fire Department, Bureau of EMS	Maryland Metropolitan Fire Chiefs

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SEMSAC Members (cont.)

Representative	Organization Represented
Murray A. Kalish, MD Attending Anesthesiologist, R Adams Cowley Shock Trauma Center <i>Appointed by EMS Board, pending Governor's approval.</i>	Maryland–District of Columbia Society of Anesthesiologists
Steven Kesner Executive Director, Housing Authority of Allegany County <i>Appointed by EMS Board, pending Governor's approval.</i>	County Population of Less Than 175,000
Anne Kuzas, RN Trauma Nurse Coordinator, Suburban Hospital	Maryland Trauma Network
Major Donald Lewis Commander, Aviation Division, Maryland State Police	Maryland State Police, Aviation Division
Ronald Lipps Assistant to the Director, Traffic and Safety Division, Maryland Department of Transportation	Maryland Department of Transportation, Traffic and Safety Division
Stuart McNicol <i>Appointed by EMS Board, pending Governor's approval.</i>	State Emergency Numbers Board
Colin Mackenzie, MD Chief, Division of Trauma Anesthesiology, R Adams Cowley Shock Trauma Center; Interim Director, National Study Center for Trauma and EMS <i>ExOfficio</i>	National Study Center for Trauma and EMS
Paul Matera, MD Vice-Chairman, Emergency Medicine, Providence Hospital, DC	American College of Emergency Physicians
David Meyers, MD Chief, Emergency Medicine, Sinai Hospital of Baltimore <i>Appointed by EMS Board, pending Governor's approval.</i>	Maryland Hospital Association
Frederick Miltenberger, MD Region I EMS Medical Director	Region I EMS Advisory Council
Ethel Murray Former Member of Maryland General Assembly (1983-1995)	General Public
J. Andrew Sumner, MD Chairman, Department of Emergency Medicine, Good Samaritan Hospital	State Board of Physician Quality Assurance
Mary Alice Vanhoy, RN EMS Nurse Coordinator, Shore Health System, Easton <i>Appointed by EMS Board, pending Governor's approval.</i>	Maryland Emergency Nurses Association
Allen Walker, MD Director, Pediatric Emergency, Johns Hopkins Hospital	American Academy of Pediatrics, Maryland Chapter
Charles Wills	Maryland State Firemen's Association
Position Vacant	EMS Regional Medical Directors
Position Vacant	Medical & Chirurgical Faculty of Maryland



EMS SEMINAR '98 OCEAN CITY, MARYLAND

Conference Lectures: March 21-22, 1998

Time: Saturday (9AM-5PM), March 21 and Sunday (9AM-5PM), March 22

Location: Princess Royale, 91st Street

Key Note Speaker: James O. Page, Publisher of JEMS Magazine

Continuing Education Credits:

12 Hours (for EMT-A's, EMT-B's, CRT's, and EMT-P's)

Fee: \$55 (Covers all lectures, continental breakfasts, and lunches)

24-Hour EMT Bridge Session: March 19-22, 1998

The EMT-Bridge session provides all 24 hours of training required to become a Maryland EMT-Basic.

Time: Thursday (6-10 PM), March 19; Friday (6-10 PM), March 20;

Saturday (9 AM-5 PM), March 21; and Sunday (9 AM-5 PM), March 22.

Location: Princess Royale, 91st Street

Fee: \$125 (Covers 24-hour session, including continental breakfasts and lunches on March 21 and 22 and books)

Note: Anyone attending the EMT Bridge Session must have current EMT-A Certification and a current health care provider CPR card. *Heartsaver cards are not acceptable.*

12-Hour EMT-B Recertification Skill Session: March 19-21, 1998

This will fulfill the 12-hour skill portion of the EMT-B recertification requirements. We will also offer the CPR and AED recertifications.

Time: Skill Portion—Thursday (6-10 PM), March 19; Friday (6-10 PM), March 20; and Saturday (6-10 PM), March 21.

CPR and AED Recertifications: Friday (8 AM-5 PM), March 20.

Fee: \$50 (Covers EMT-B recertification skill session, CPR and AED recertifications, and books)

Hotel Accommodations: Princess Royale

Address: 91st Street, Ocean City, Maryland 21842

Phone: 410-524-7777

Rates: Suites, \$76/night plus tax, for single or double occupancy. Children under 12 years of age stay free in room with parents. More than two adults in a room: \$15 per extra person per night.

Deadline: Reservations must be made no later than February 20, 1998, to receive the seminar rate. To ensure that you get the seminar rate, mention that you are attending "EMS Seminar '98."



REGISTRATION FORM

Deadline: February 24, 1998 (Registration is limited)

NAME: _____

ADDRESS: _____

PHONE: _____ SS#: _____

AFFILIATION: _____

CERTIFICATION: EMT-A EMT-B CRT EMT-P

I will be attending:

Conference Lectures (March 21-22)

EMT Bridge Session (March 19-22)

A copy of your Maryland EMT-A card and CPR card must accompany your registration form.

EMT-B Recertification Skill Session, CPR, and AED (March 19-21)

I am enclosing:

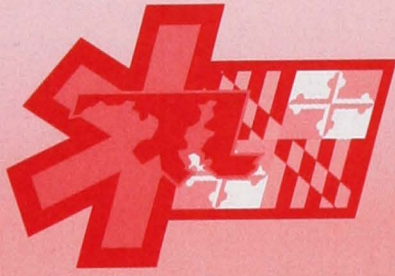
\$55 (Conference Lectures) \$125 (EMT Bridge Session) \$50 (EMT-B Recertification Skill Session, CPR, and AED)

MAIL REGISTRATION TO:

Ocean City Paramedics, P.O. Box 1228, Ocean City, MD 21842

Attention: Debbie Patterson. For more information, call 410-723-6616.

Cancellations received after February 24 will result in forfeiture of your entire registration fee.



Governor Parris N. Glendening

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Mark Your Calendars!

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Tilghman Island, MD
INFO: Mark Cummings, 410-820-8311; Terry Satchell, 410-822-4848; Mary Alice Vanhoy, 410-822-1000, x5554
- ➔ **March 11-14**
JEMS EMS Today Conference
Baltimore, MD
INFO: 800-266-5367
- ➔ **March 15-21**
Poison Prevention Week
INFO: Lisa Booze, 410-706-7604
- ➔ **March 21-22**
Spring '98 EMS Seminar
Ocean City, MD
INFO: Debbie Patterson, 410-723-6616
- ➔ **May 17-23**
EMS Week
INFO: MIEMSS Regional Administrators

- ➔ **May 29-31**
EMS Care '98
Sheraton Baltimore North
INFO: John Donohue, 410-706-3996

Proposed EMS Legislation

The EMS Board has submitted EMS-related legislation to the General Assembly for consideration for 1998. The legislation "Emergency Medical Services Providers" makes changes that are necessary as a result of legislation relative to EMS providers that was passed last legislative session.

For example, last legislative session, a law was enacted to transfer authority related to EMS providers from the State Board of Physician Quality Assurance (housed under the Health Occupations Article) to the EMS Board (housed under the Education Article). Thus, when the law becomes effective December 31, 1998, EMS providers will be regulated under the Education Article. A problem arises, however, because certain

Maryland statutes presently refer to health care providers or practitioners or health practitioners but define them as those who are regulated under the Health Occupations Article. Unless several current statutes are amended (as proposed in the new legislation), they would not apply to EMS providers after December 31, 1998 since EMS providers would then be regulated under the Education Article.

In most cases, the new certification categories of EMT-B and emergency medical dispatcher (EMD) would also be added under the definition of health provider.

The addition of the term "licensed" to several statutes will reflect changes to the law passed last year that certain EMS providers (CRTs and EMT-Ps) will now be "licensed" rather than "certified."

The proposed legislation would also apply penalties to people who misrepresent themselves as authorized EMS providers and would prohibit individuals from providing emergency medical services in Maryland unless licensed or certified by the EMS Board.