



Maryland EMS News

Vol. 21, No. 4 For All Emergency Medical Care Providers January 1995

New Dauphins Dedicated



During the recent holidays, both Southern Maryland and the Lower Eastern Shore were covered by their own Maryland State Police (MSP) Dauphin helicopters. The new Dauphins fly faster than the Bell Jet Ranger helicopters that they replaced and can accommodate two patients. The number of hours that Med-Evac coverage is

available for the Southern Maryland and Lower Eastern Shore areas doubled from 10 to 20 hours.

Trooper 6 (top, left) and the Centreville hangar that was enlarged and renovated to accommodate it, were dedicated December 1 by Gov. William Donald Schaefer in a ceremony attended by many state and local



dignitaries. Trooper 6 covers Queen Anne's, Kent, Talbot, Caroline, and Cecil counties. (Top, right) MIEMSS Executive Director Dr. Robert Bass talks to MSP Pilot Craig Thompson.

On September 30, Trooper 7 (below) was dedicated at St. Mary's Airport; it has been covering St. Mary's, Calvert, and Charles counties.

The two new helicopters were approved for purchase by the Maryland Board of Public Works during the last legislative session. The delivery of the new Dauphins marks the completion of the phase-out of the MSP Bell Jet Rangers throughout the state.



**EMS
Care '95**
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MIEMSS Organization Update

As part of the evolutionary process that Maryland EMS is undergoing, Robert R. Bass, MD, Executive Director of MIEMSS, announced the realignment of some departments at MIEMSS effective January 3, 1995. (See box for specifics.)

In this past year, legislative changes have affected EMS governance and mandated that the new EMS Board develop and adopt an EMS Plan to ensure effective coordination and evaluation of EMS services in Maryland. The Statewide EMS Advisory Council's Planning Committee is on schedule according to the projected timetable for writing the EMS Plan; to date, a draft of the plan has been presented to the EMS Board.

MIEMSS is now gearing up for the refinement and implementation of the EMS Plan. Realignment of certain MIEMSS departments will enable them to perform additional tasks as defined in the new plan without reducing any of the services currently offered. The goal was to streamline operations and to maximize the use of the talents of MIEMSS personnel.

The focus of the mission of MIEMSS, as the state lead agency, is "to enhance and continuously improve the efficient and effective provision of EMS services throughout the state of Maryland." MIEMSS is committed to quality and to responsiveness to its constituents. During 1995, each department will be defining its functions in

terms of the mission of MIEMSS and describing how it will fulfill specific relevant objectives in the EMS Plan. Further information will be presented in future issues of the newsletter.

Public Hearings for Draft EMS Plan

A draft of the EMS Plan has been presented to the EMS Board for their review and consideration. Over the next few months, MIEMSS will be conducting formal open public hearings in each EMS region to ensure that all EMS providers and citizens of Maryland continue to have the opportunity to participate in a plan developed by statewide consensus. The dates of these open hearings will be published in the "Maryland Register," local newspapers, and formal notices to EMS providers throughout the state. For information, call Ronald Kropp, 410-706-3993.

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Michos Heads Fire Dept. in Virginia

Mary Beth Michos, former assistant chief and 21-year member of the Montgomery County Fire Department, has moved to Prince William County in Virginia to head its fire department.

Chief Michos is one of a small number of women nationwide to run a fire service of significant size.

In Montgomery County, she helped to develop its paramedic program and has a national reputation as an EMS specialist. In Prince William County, two of the most pressing problems that she will address are staffing and paramedic shortages.

February Case Review

A MIEMSS Prehospital Case Review Program will be held Wednesday, February 22, from 7 to 9 pm, at Suburban Hospital in Bethesda. Case reviews on patients with adult trauma and eye injuries will be conducted.

Two hours of B credits for ALS providers and two hours of T credits for BLS providers will be offered.

To register, call the MIEMSS Production Services Office at 410-706-3994.

Treating the Sexual Assault Victim

How would you feel if, suddenly, and without warning, you lost all control of the circumstances of your life? And how would you react to such an emotionally wrenching turn of events—with shock, despair, or rage?

It would be a scary feeling, indeed, regardless of what your personal reaction might be. But if you would only vaguely imagine what that would be like, even for a moment, you might begin to understand the emotional turmoil that every rape victim feels.

And because many such victims feel guilty that they could have prevented what happened to them, the best way of consoling them is to say, "Being raped was not your fault," according to Cheryl Banks, a community educator at the Sexual Assault Center at the Prince George's Hospital Center.

"You would be amazed at how helpful that little piece of information can be for someone. Just to hear somebody else say that," said Ms. Banks, speaking on sexual assault at "Emergency Care in an Increasingly Violent Society," a conference held in October. It relieves the intense psychological stress that rape victims feel in the aftermath of the assault, she added.

Rape victims react to this psychological stress in many different ways, said Ms. Banks. But the collective term for these widely divergent reactions is the rape trauma syndrome—a particular kind of post-traumatic stress syndrome.

For example, many rape victims slip into a deep sadness, punctuated by crying, while others may respond as though nothing has happened to them. Some victims sleep excessively to escape the severe depression they feel; others find it impossible to sleep restfully, disturbed by nightmares of their horrid experience. While many

victims decide to give up on living, believing that their lives are over, others try to revamp their entire lives, including changing their life's goals, employment, and residences.

Since rape victims feel they have no control over their lives, the best therapeutic techniques to use on them are those aimed at allowing them to regain that control, said Ms. Banks.

For example, she suggested encouraging victims to make their own decisions about what to do, such as whether to report the incident to the police or to press charges against the perpetrator.

Another effective technique mentioned by Ms. Banks is to show rape victims the courtesy of asking their permission to take whatever course of action you are contemplating. This should be done repeatedly to make sure that it is all right with them for you to proceed with what you need to do.

When entering the examination room where the patient is waiting to be treated, she suggested using gestures that demonstrate respect for the patient, such as knocking on the door before entering and asking permission to sit down or to touch the patient.

For the same reason, she recommended taking the time to explain the reason for asking the questions that you are posing. Doing so will lower the likelihood of fueling the patient's anxiety or anger by misunderstanding the need for obtaining the requested information.

Talking to the patient slowly and in a soothing tone and saying things to constantly reassure her will help her relax and open up, Ms. Banks continued. Conversely, expressing judgmental comments, as you might to your own family member, is the worst thing you could do for the

patient, she said.

All rape victims should undergo a medical examination for a number of reasons, said Ms. Banks. First, the patient may be physically injured and not be aware of that fact due to the emotional stress she is experiencing.

Second, if the patient plans to report the incident to the police and to press charges, or decides later to do so, medical evidence of the incident needs to be collected before it is lost.



In the case of the vaginal assault, for example, it is important to collect samples of pubic hair and semen before allowing the patient to urinate. If the patient cannot wait to use the bathroom before being examined, she should be advised not to wipe herself.

In the case of an oral assault, the patient's mouth should be swabbed before allowing her to eat, drink, smoke, or take any oral medications.

Although some rape victims may be lucky enough to have escaped serious physical injury, no patient gets away without experiencing severe emotional and psychological trauma. And some patients may become pregnant or contract a sexually transmitted disease as a result.

So, of course, all patients need counseling—some of them for months and years to come. But the first counseling session should be part of the initial medical exam. And the results of that exam will point to the kinds of counseling a patient will need and the length of time she is likely to need them.

◆ Dick Grauel



April 21-23, 1995

at the Greenbelt Marriott Hotel in Greenbelt, Maryland

Sponsored by

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

Hosted by

Prince George's County Fire Department

The Program

EMS Care '95 offers a wide variety of topics. In exploring such subjects as the biomechanics of automotive injuries and the resuscitation of lightning victims, we will apply the latest research in trauma to caring for patients. We will explode some dangerous myths as we look at cardiac emergencies in women. We will look at protecting children by preventing child abuse and promoting proper car seat usage. In response to your request for more hands-on workshops, Pediatric Trauma Megacodes will provide for audience participation in actual scenarios requiring BLS and ALS responses. As a group, we will also hear about the latest developments in emergency medical dispatch and communications from experts in the field. Our own understanding of the future of emergency medical services in Maryland and in the nation will be challenged by a panel of experts.

Our format has also changed. Based upon suggestions of past attendees, we are providing more large group sessions and more hands-on workshops. We are repeating most programs and offering one-day registrations. We also hope that those who are participating in CPR Across Maryland on April 22 will be able to join us on Sunday at EMS Care. The program committee has attempted to design a program for all seasons, a program for all reasons. We do hope to see you there.

Continuing Education Credits

Credits for Friday programs are specified below each program.

Seven hours of continuing education credits are available on Saturday and six on Sunday. For EMTs planning to complete all 12 hours of continuing education at EMS Care that are needed for recertification, please note that 4 hours of local option credit and 1.5 hours of trauma credit are granted for the general sessions so that 2 trauma workshops (3.0 hours credit) and 3 medical workshops (4.5 hours credit) should be selected.

Hotel Accommodations

A special conference rate of \$72 per night plus 11.5% tax, single or double occupancy, has been arranged with the hotel. Send your registration directly to the hotel to ensure your reservation. These rates are guaranteed only if your reservation is received by April 5, 1995. Tax exempt organizations must pay by check (imprinted with the organization's name) accompanied by documentation of tax exempt status.

CPR Across Maryland

This day-long citizen training event began in Prince George's County and expanded statewide in 1994. For further information please contact Steve Ager at the Prince George's County Fire Department, 301-772-9076.

Social Events

On Friday night the hotel plans specials in the lounge, including reduced rates on Mocktails for designated drivers. On Saturday night a reception and an informal dinner will be available. Dinner will be followed by a dance open to all EMS Care participants and their guests.

Directions

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

Special Accommodations

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

We have made every effort to choose healthy food for our meals--no nuts or MSG, relatively low fat and low salt. For the optional dinner on Saturday night, meat, fish, and vegetarian entrees are available. If you require a special menu, please let us know in advance.

Fees

The registration fee covers all conference activities, including continental breakfast, lunch, and afternoon breaks. The registration fee for one day is \$50; for two days, \$90; and for three days, \$130. A limited number of tickets to the Saturday dinner are available at \$25 per person.

Registration Information

Pre-registration is required. We will accept registrations received in the Region V Office by April 15 or until the conference is filled--whichever comes first. Confirmations will be sent. No walk-in registrations will be accepted. Refunds, excluding a \$20 processing fee, will be provided for cancellations received in writing prior to April 15. There will be a \$25 fee for bad checks. We can invoice Maryland governmental and EMS agencies and Maryland hospitals directly. Please contact Registrar Angie Glidden for details.

Sponsors

We have been able to keep the costs of EMS Care '95 well below comparable programs because of the outstanding support of the hospitals, trauma centers, and physicians in Region V and the state. The physicians of the R Adams Cowley Shock Trauma Center provided generous support to underwrite printing costs and notebooks. Regional hospitals have sponsored conference workshops and social activities.

Additional Information

For additional information, please contact Registrar Angie Glidden or Program Coordinator Marie Warner-Crosson at the Region V Office, 5111 Berwyn Road, College Park, MD 20740 or call 301-474-1485.

Pre-Conference Workshops

Nursing Track

I. Managing Violent Patients, 8:30 am-5:00 pm, Friday, April 21

Educators from Springfield State Hospital will provide practical skills for managing physically violent patients. Registration is limited to emergency department nurses. Casual clothing - slacks or sweats - is recommended. Register early; space is limited. CEU hours: 7

II. What Nurses Always Wanted to Know About Patient Transports, 8:30 am-5:00 pm, Friday, April 21

Nurses are frequently involved with patient referrals and arranging transport to specialty referral centers. This program will review the resources available within the Maryland EMS System. Topics will include review of statewide referral and transport services, the impact of COBRA regulations and related legal issues, and the specialty care facilities and resources available for specific populations. Participants will have an opportunity for hands-on packaging of critically ill and injured patients for transport. CEU hours: 7

EMS Provider Track

III. Principles of Wilderness Emergency Medicine, 8:30 am-5:00 pm, Friday, April 21

Keith Conover, MD, and Jack T. Grandey, NREMT-P, from the Wilderness EMS Institute, will provide training in environmental hazards; assessment of the wilderness/backcountry scene; patient packaging; EMS care modification for the wilderness/backcountry; and wilderness/backcountry EMS legal principles. BLS: 3 T, 3 M; ALS: 6 B.

IV. EMT Skills Refresher, 6:00 pm-10:00 pm, Thursday, April 20 and 8:30 am-5:00 pm, Friday, April 21

Full 12-hour MFRI-approved skills program. You must attend both sessions. Open to EMTs only. BLS: 12 hrs, skills credit

EMS Instructor Track

V. Pediatric Trauma Megacode Instructor Course, 8:30 am-5:00 pm, Friday, April 21

This course will prepare EMT and ALS instructors to conduct Pediatric Megacode Stations. Practical and didactic sessions included. Please indicate your instructor level and certification on application. Enrollment limited. BLS: 6 T; ALS: 6 B

EMS Managers Track

VI. The Information Age, Noon to 5:00 pm, Friday, April 21

How we communicate does make a difference. As volunteer or career EMS managers and providers, we need to let the public know what we do and how to access us; deal with media representatives; and effectively communicate our prevention messages. This program will help you develop expertise in communications. BLS: 6 Local option; ALS: 6 hours cat. 2. Sponsored by Suburban Hospital.

Saturday, April 22, 1995

7:30 - 8:00 am

Registration & Continental Breakfast

8:30 - 10:00 am

Select one workshop below. Each is worth 1.5 CEUs.

A. Prehospital Potpourri

Region III Medical Director, Dr. Julie Casani will review a wide variety of cases from prehospital and emergency department settings. Fast paced and informative. BLS: T; ALS: B

B. Child Abuse

A representative from the National Center for Missing and Exploited Children will provide an overview of the problem and what EMS providers can do to help. BLS: T; ALS: B

C. Assessing Acute Abdominal Pain: Asking the Right Questions

BLS: M; ALS: A

D. Infection Control Update

Lt. Ken Pardoe, of the Anne Arundel County Fire Department, will discuss current guidelines and regulations.

BLS: M; ALS: A

E. Automobile Safety for Children

Just having a child in a safety seat may not be enough. Many modern cars require special equipment or modifications to make them safe. Region V Medical Director, Dr. Joseph Colella will discuss how we as parents can protect our children and how we as EMS providers can help our neighbors. BLS: Local option; ALS: Cat. 2

MEGA Pediatric Trauma Megacodes

ALS and BLS providers will have the opportunity to work through actual scenarios involving pediatric trauma. These hands-on skills stations are possible because of

support provided by the Maryland Department of Transportation Highway Safety Grant. Very limited registration in each session. BLS: T; ALS: B

10:15 - 11:45 am

Workshops A-E will be repeated.

F. Do Not Resuscitate

How does the new protocol work? What are your responsibilities as an EMS provider? Assistant Attorney General Sarah Sette will discuss this important new program. BLS: Local option; ALS: Cat. 2

12:15 - 2:00 pm

Luncheon and Welcome

The Honorable Wayne Curry
Prince George's County Executive
Chief Lemuel Roberts
Prince George's County Fire Department
(Continued on next page)

Saturday, April 22, 1995 (continued)

State of the State in Emergency Medical Services

Robert R. Bass, MD
Executive Director, MIEMSS
BLS: 1 Local option; ALS: 1 Cat. 2

2:00-3:30 pm

The Future of Prehospital Emergency Services

Will health care reform, the expansion of managed care, new technologies, shrinking revenues, and the drive to

privatize affect the future of EMS into the 21st century? A panel of experts from across the nation will debate this timely topic. BLS: 1.5 Local option; ALS: 1.5 Cat. 2
Sponsored by Physicians Memorial Hospital, La Plata, MD

R Adams Shock Trauma Center
BLS: 1.5 T; ALS: 1.5 B

7:00 pm Reception

8:00 pm Dinner

9:00 pm EMS Dance

3:45-5:15 pm

Biomechanics of Injury: Latest Findings From a Long-Term Crash Study

Andy Burgess, MD, Orthopedic Surgeon,

Sunday, April 23, 1995

8:30-10:00 am

Emergency Medical Dispatch: The Time Has Come

While several programs have attracted attention nationally, an organized approach to standardizing training and operations has been missing in the area of medical dispatch. This long neglected gateway to EMS care will be the focus of our panel discussion. Priority dispatch, pre-arrival instructions, the new DOT EMD curriculum, and EMD certification will be among the topics discussed by an expert panel. BLS: 1.5 Local option; ALS: 1.5
Sponsored by the Maryland Chapter, American College of Emergency Physicians

10:30-noon

Please note the workshops below are offered only once with the exception of Pediatric Megacodes. Each workshop is worth 1.5 CEUs.

G. Women and Heart Attacks

Dr. Elizabeth Ross, cardiologist, dispels some myths that prevent women from getting appropriate care in a timely fashion. BLS: M; ALS: A

H. Hypothermia in the Elderly

MIEMSS Emergency Nurse Coordinator Pat Epifanio will discuss the reasons for increased risk of hypothermia in the elderly and signs and symptoms to alert the provider. BLS: M; ALS: B

I. Smoke Inhalation

Dr. Roy Myers, Department of Hyperbaric Medicine at the R Adams Cowley Shock Trauma Center, will present an overview of the smoke inhalation protocol and a discussion of hyperbaric treatment for this killer. BLS: T; ALS: B

J. Trauma Lecture

Dr. Aurelio Rodriguez, a senior attending surgeon at the R Adams Cowley Shock Trauma Center, will discuss trauma care. BLS: T; ALS: B

K. Pediatric Respiratory Emergencies

A young child having trouble breathing can be one of the most frightening emergencies we encounter. A pediatrician will discuss assessment and prehospital care. BLS: M; ALS: B

L. Home Health Care Equipment: How to Cope

With more patients being cared for at home, the provider often encounters a bewildering array of equipment. An equipment representative will demystify some of this equipment. BLS: Local option; ALS: Cat. 2

MEGA Pediatric Trauma Megacodes

Hands-on skills stations for EMTs, CRTs, and Paramedics. Very limited registration in each session. BLS: T; ALS: B

12:15-1:15 pm

Lunch

1:30-3:00 pm

Workshops and Lectures

Please note these workshops will be repeated at 3:15.

M. The Return of the Roadside Detective

Dr. Rick Alcorta leads another workshop on scene assessment. BLS: T; ALS: B

N. When Lightning Strikes

Dr. Andrew Sumner, an emergency physician who serves on the Statewide EMS Advisory Council (SEMSAC) and the State Board of

Physician Quality Assurance will discuss resuscitation and treatment of victims struck by lightning. BLS: T; ALS: B

O. Asthma

Because an ambulance usually is not called until all else fails to give relief, we are seeing sicker and sicker asthma patients. The Maryland State Aero-medical Director, Dr. Douglas Floccare, tells us what we can do to help. BLS: M; ALS: B

P. Street Drugs

The problem of drug abuse in our society is at epidemic levels. How do we deal with this in the prehospital setting? Dr. Terry Jodrie, an ED physician at Prince George's Hospital Center, will discuss this timely topic. BLS: M; ALS: B

Q. Conflict Resolution

As emergency care providers, we frequently encounter people in crisis. How do we reduce the potential for violence in these situations? Lt. William Hogewood, Commander of the Prince George's County Police Department Conflict Resolution Team, will give practical pointers on this important skill. BLS: Local option; ALS: Cat. 2

MEGA Pediatric Trauma Megacodes

Hands-on skills stations for EMTs, CRTs, and Paramedics. Very limited registration in each session. BLS: T; ALS: B

3:15- 4:45 pm

Repeat of workshops M-Q and Megacodes

EMS Care '95 Registration Form

NAME _____

ADDRESS _____ ST. _____ ZIP _____

AFFILIATION _____ COUNTY _____ SSN _____

DAY PHONE _____ HOME PHONE _____

CERTIFICATION (circle one) EMT-A CRT EMT-P RN EMT Instructor CISM Other _____

Please circle the programs that you wish to attend:

Friday 8:30 I II III IV V Noon VI
5:00 5:00

Saturday 8:30 A B C D E MEGA
10:15 A B C D E F MEGA

Sunday 10:30 G H I J K L MEGA
1:30 M N O P Q MEGA
3:15 M N O P Q MEGA

Payment

I will attend _____ Fri. _____ Sat. _____ Sun. _____ \$50 (1 day)
 _____ \$90 (2 days)
Saturday Dinner: \$25 per person. I request _____ # of tickets. _____ \$130 (3 days)
 _____ Sat. Dinner tickets

Saturday and Sunday: \$90, includes continental breakfasts and lunch each day and the Saturday reception and dance. If you are allergic to any foods or have special medical needs, please list them.

_____ **Total Enclosed**

Registrations will be accepted until April 15, 1995 if space is available. All registrations must be in the Region V Office by April 15, 1995. No walk-in registrations will be accepted. Written confirmation will be sent. Make checks payable to EMS Care and send to MIEMSS, Region V Office, 5111 Berwyn Road, College Park, MD 20740

HOTEL REGISTRATION FORM

Please mail this form and payment directly to the hotel, not to MIEMSS.

**Greenbelt Marriott
6400 Ivy Lane
Greenbelt, Maryland 20770
(301) 441-3700**

The dates for the function are listed below. Any variation is subject to availability. Reservations must be received by the cut-off date of April 5, 1995, to guarantee the rate of \$72 for single or double occupancy. Please note that a 11.5% tax will be added. Reservations may be made by phone or mail.

In making your reservation we request that you either:

1. Enclose a check or money order covering the first night's stay OR
2. Send us the entire number of your credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANKAMERICARD, MASTERCARD, or CARTE BLANCHE.

Don't forget the expiration date and your signature.

The Greenbelt Marriott regrets that it cannot hold your reservation after 6:00 pm on the day of arrival without one of the above. Deposits will be refunded only if cancellation notification is given up to 24 hours prior to arrival. Please ask for your cancellation number.

RESERVATIONS REQUESTED AFTER THE CUT-OFF DATE ARE SUBJECT TO AVAILABILITY. ROOMS MAY STILL BE AVAILABLE AFTER THE CUT-OFF DATE, BUT NOT NECESSARILY AT THE ABOVE RATE.

Name of Group: EMS CARE '95 Date of Function: April 21-23, 1995

Name (Print) _____ Phone #: _____

Address _____

City _____ State _____ Zip _____

Arrival on _____ Date: _____ Time: _____ Depart on _____

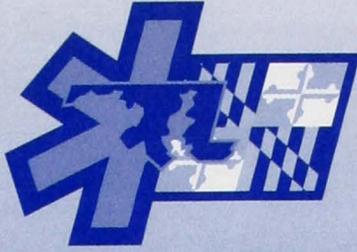
Please reserve _____ # of Rooms for _____ People _____

Name(s) of person(s) sharing accommodations _____

Credit Card # _____ Expiration Date _____

Signature _____

I authorize the Greenbelt Marriott Hotel to charge my account for one night's deposit and all applicable taxes. Check-out time is 12:00 pm. Rooms may not be available for check-in until after 4:00 pm.



Governor William Donald Schaefer

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**Maryland Institute
for**

Emergency Medical Services Systems

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Address Correction Requested

MIEMSS, Maryland EMS News

636 W. Lombard St., Baltimore, MD 21201-1528

DATED MATERIAL

EMS Seminar '95

March 25 & 26

**Princess Royale Hotel, 91st Street
Ocean City, Maryland**

**A CONTINUING EDUCATION SEMINAR FOR
PREHOSPITAL PROVIDERS**

Preconference Seminar

EMT Skills (12 Hours)

(For dates, call 410-723-6616 or 6617)

Conference Topics

EMS in Maryland: Where Are We Heading? *Robert R. Bass, MD*

IV Therapy in Trauma Patients, *Paul Pepe, MD*

Management of Overdose, *Dan Carlin, MD*

Diving Emergencies & Barotrauma, *Roger Simonds, NREMT-P*

Update on Infectious Diseases, *Katherine West, RN*
and Much More!!!!

Cost

\$40 per Person (Includes Continental Breakfast,
Coffee Breaks, and Lunch for Both Days)

The preconference seminar on EMT Skills is \$25 extra.
Reduced Hotel Rates Available for Accommodations.

Further Information

Ocean City Emergency Medical Services

Post Office Box 1228

Ocean City, Maryland 21842

410-723-6616 or 410-723-6617

Voluntary Ambulance Inspection Program Updated

Through cooperative action between MIEMSS and the Maryland State Firemen's Association's EMS Committee, the Voluntary Ambulance Inspection Program has been updated. The two organizations met several times to work on revising the standards; they were then voted on and passed at the June 1994 Maryland State Firemen's Convention in Ocean City.

Changes to the inspection guideline criteria include refinements to the airway management equipment (per the American Heart Association guidelines); increased personal protection against infectious diseases (per OSHA); the deletion of the requirement for the EOA, venturi mask, and disposable sheets.

To obtain a copy of the revised Voluntary Ambulance Inspection Program guidelines and/or to schedule an inspection, contact your MIEMSS Regional Office.