For All Emergency Medical Care Providers

# Does the AED Make a Difference in Maryland?

Vol. 24, No. 3

The automated external defibrillator (AED) is already a "household word" among most BLS and ALS providers in Maryland. Advanced technology has improved the accuracy of the AED and simplified its actual operation through voice or "read-out" instructional prompts. Now, due to TV shows such as "Rescue 911" and "ER," public awareness has been heightened that a new, easy-to-use, life-saving defibrillating device exists.

Nationally many agencies and organizations have urged that the AED be available to all emergency medical providers and to first-responders such as police and fire personnel. In addition, many support extending training and use of the AED to non-emergency personnel. This would mean making the AED available-like the fire extinguisher—in public places where large crowds gather and in large buildings. The logic is that increasing the deployment of and accessibility to the AED will ensure that a patient in cardiac arrest will be defibrillated quickly, thereby increasing the chances of the patient's survival and decreasing neurologic deficits. However, there are no large studies documenting the effectiveness of the AED when used by non-EMS caregivers.

Before considering expansion of AED use, the Statewide EMS Advisory Council (SEMSAC) has requested that MIEMSS do a Maryland EMS System AED evaluation. The evaluation would indicate the medical effectiveness and the cost effectiveness of the AED in the controlled environment of a statewide EMS system that inte-

grates BLS with AED response and rapid ALS intervention.

Because the current Maryland Ambulance Information System (MAIS) database is inadequate to answer many of the questions that local jurisdictional and state managers, officers, and providers have about AED use and patient outcome, a new data collection form had to be developed. To do this and to further develop the scope of the evaluation, SEMSAC appointed an AED subcommittee. This subcommittee is composed of representatives from the Maryland State Firemen's Association, municipal paid EMS/fire services, the National Study Center for Trauma & EMS, private industries, safety officers, the American Heart Association, cardiologists, and commercial ambulance services.

The AED data collection document developed by the committee was originally four pages, extremely comprehensive but burdensome. After the committee's refinements, the final one-page EMS AED Data Collection Form has 27 data points. It is divided into two sections: the upper half of the form has field management/interventions and demographic data, and the lower half has hospital information. Both sections should be completed by the EMS provider or AED coordinator or his/her designee. Both components are critical and essential for the justification of Maryland's AED investment and the continuation of funding for AEDs across Maryland. The hospital data should be given to the EMS provider, AED coordinator, or nurse liaison by the receiving hospital.

MIEMSS is requesting EMS providers to complete an AED Data Collection Form whenever they use the AED. These forms are available from the volunteer and municipal AED coordinators. Without accurate and complete information from this form, use of the AED throughout the state cannot be evaluated objectively. This form, in combination with MAIS and internal AED data, provides a comprehensive database.

February 1998

Please remember that the AED is just one link of the chain of survival and by itself will not guarantee a 100% survival rate from sudden cardiac death. The "complete" chain of survival must be available: early access, early CPR, early defibrillation, early advanced life support, and definitive care. If any of these links is missing, the patient's chances for survival are seriously compromised.

To date, there have been small evaluative studies on the AED, but not a statewide research project. This is an opportunity for Maryland to once again set an EMS standard—collecting statewide data can show that the AED is a wise investment for EMS providers and clearly makes a significant difference in patient outcome. Maryland was the scene of the first hospital defibrillation and first successful field defibrillation. With your cooperation and participation, Maryland can also be the first to evaluate the effectiveness of the AED on a statewide basis.

If you have questions about the EMS AED Data Collection Form, please contact Richard L. Alcorta, MD, FACEP, State EMS Medical Director, at 410-706-0880; FAX: 410-706-0853.

See Page 4 for EMS Care '98

Each year the Maryland Institute for Emergency Medical Services Systems celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. As we continue with that tradition in 1998, we are using a term to describe all of our honorees, "Stars of Life." We feel this title is appropriate for these outstanding men and women because it combines our symbol, the Star of Life, with our shared vision, "the elimination of preventable death and disability from injury or sudden illness." This year we are again opening the award nomination process to everyone who receives the *Maryland EMS News*. Awardees will be selected by the Regional Affairs Committee of SEMSAC. For further information, call 410-706-3994.

The categories of Maryland Star of Life, Maryland EMS Citizen, and EMS Provider of the Year relate to specific incidents occurring from March 1, 1997 to February 28, 1998. Multiple awards may be presented.

#### MARYLAND STAR OF LIFE AWARD

This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue by EMS personnel.

#### MARYLAND EMS CITIZEN AWARD

This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

#### **EMS PROVIDER OF THE YEAR**

For a provider who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance; public or EMS education; prevention; delivery of EMS services; new technology).

One award for each of the two categories below will be selected by the Regional Affairs Committee of SEMSAC. Nominees not selected will be sent to the Regional Councils for possible recognition at that level.

#### **OUTSTANDING EMS PROGRAM**

For a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

#### **OUTSTANDING SERVICE AWARD**

For an individual who has dedicated his/her professional life to the prevention of death and disability through outstanding contributions to the development and continuous improvement of the EMS System.



## MARYLAND'S STARS OF LIFE AWARDS — 1998 NOMINATION FORM

If there is more than one nominee, please dupl attach it to this form.  * Address:		set for the other flame	es and addresses and	
Audress.	( P.O. Box or Street )			
(City)		(State)	(Zip)	
<sup>k</sup> Telephone Nos. ————	(H)			_ (W)
Nominee's Level of Certification	or Licensure (if applicab	le)		
Professional Affiliation		Telephone No	)	
Award Category:  [ ] Maryland Star of Life Awar [ ] Maryland EMS Citizen Awa			Outstanding S Award	ervic
This individual/group/program/fac	cility is being nominated fo	or outstanding re	ecognition beca	ause:
Please attach additional documentation such as	newspaper articles, video footage,	and letters of commer	ndation.	
Name of person submitting th				
	(Print or Type)			
	(Signature)			
	(Address)			
<sup>k</sup> Telephone Nos				(W)
FAX Nos.  * Must be completed!!	(H)			(W)





## May 30 & 31, 1998

At the Sheraton Baltimore North Hotel

Hosted By

Baltimore County Fire Department

Sponsored By

Maryland Institute for Emergency Medical Services Systems and the

**Emergency Education Council of Region III, Inc.** 

#### **The Program**

Oklahoma City, the Olympics in Atlanta, bombings in abortion clinics, Twin Towers in New York, . . . Is Maryland EMS ready? Are you ready? The planners of EMS Care '98 hope to help answer those questions by presenting "Preparing for the Worst - Hoping for the Best." Our legislators in Washington, D.C. are responding to the recent rise in domestic terrorism by providing funding for planning and training. EMS Care '98 will focus on these issues while also presenting topics relevant to everyday operations and patient care.

#### **Continuing Education**

If you are an EMT-B, it appears that EMS Care '98 will be of great value toward your next recertification. We will be returning to the old method of recertification, which requires 12 hours of didactic material (4 Medical, 4 Trauma, and 4 Local Program) and a 12-hour skills class. If you do not have plans to accomplish these requirements in a complete refresher program, you can acquire all 12 hours of the didactic training from EMS Care '98. (Be careful to select the correct number of credits from each category.) EMT-As can still gain an incredible amount of information, even though you will still be required to complete an EMT-B Bridge Program. ALS providers can also use this material toward their recertification requirements.

#### The Hotel

The Sheraton Baltimore North is a wonderful facility! Just off the Baltimore Beltway in Towson, it has access to numerous leisure activities for the evenings. And for shoppers, there is a footbridge that connects to some of the best shops in Baltimore at Towsontowne Center. The Sheraton has saved us a group of rooms for the weekend. They are \$96 per night (plus 13% room and sales tax) for up to 4 people! In Baltimore, that's cheap! Please use the attached form to make your reservations with the hotel. Hurry! The rates are available only until April 29, 1998.

#### For Fun!

Don't want to shop? No worries! There is a high-energy nightclub right in the hotel and plenty of other activities not far away. We are working on several social activities and will distribute more information as it becomes available. Gather at the Vendor Reception on Saturday night and we will help you find what's hopping.

#### **Fees and Expenses**

The two-day conference will cost you \$120. This includes all expenses for workshops, lectures, AV material, and printing costs. Also included are continental breakfasts, lunches, and snacks Saturday and Sunday, and the reception on Saturday.

Preconference workshops are priced as listed below.

IMS for EMS	\$50
Technical Rescue	75
Instructor Gadget	30
Field Coach/Preceptor	30

Registration for the conference and each workshop is on a first-come first-serve basis. NO CHANGES TO YOUR SCHEDULE WILL BE CONSIDERED AFTER MAY 8, 1998. Any cancellations received in writing before May 8 are subject to a \$20 processing fee. Returned checks are subject to a \$25 processing fee.

Register before May 1 and Get a Free Tee Shirt!

#### **Directions**

From Baltimore Beltway (I-695), exit on Dulaney Valley Road (Exit 27) south. The entrance to the hotel complex will be on your left, just prior to the first traffic light. (Free parking is available in the hotel garage).

#### For More Information

Contact MIEMSS, Region III, 653 W. Pratt Street, Baltimore, MD 21201, 410-706-3996, Fax 410-706-8530.

## **Preconference Activities**

#### Thursday and Friday, May 28 & 29

Incident Management System for EMS - This is the two-day course developed by the National Fire Academy and presented by Battalion Chief Harold Cohen, MS, EMT-P. {L, 2, SECT II}

#### Friday, May 29

EMS and Technical Rescue - Baltimore County Advanced Tactical Rescue Team will show how EMS providers should operate during cave-in, trench, aerial, swift water, etc., rescues. This is a hands-on class and will require your own personal protective equipment. {T, 1B, III-3}

Instructor Gadget - Jim Brown and Cyndy Wright of MIEMSS have gathered many of the new gadgets available for instructors. Come learn how they work and try them out. {L, 2, SECT II}

EMT-B Field Training Coach - This is the Baltimore County class aimed at providing direction in precepting EMT-B students. This is approved for Baltimore County Field Coaches based on the Region III guidelines. Check with your local EMS authority; they will probably accept it in your area. {M, 1A, IV-1}

		EMS Car	e '98 Col	nference Surday	Schedule		
8:00-8:15		Color Guard/Ple	edge				
8:15-8:30		Welcome Dutch Ruppersb Chief John F. O Ameen Ramzy,	Neill				
8:30-9:15		State of the Stat Robert Bass, Mi					
9:15-9:45			Vendor I	Reception			
9:45-10:45	Session 1	A. Medical Case Review	B. Blast Injuries	C. Child Abuse	D. Medicine Afloat	E. Terrorism in the US	
11:00-12:00	Session 2	A. Biological Agents	B. Orthopedic Trauma	C. Transporting Children	D. The Right Stuff	E. Bomb Squad Support	
12:00-1:15			Lu	inch			
1:15-2:15	Session 3	A. Hemophilia	B. Trauma Case Review	C. Newborn Resuscitation	D. Care, Comfort & Cure	E. Chemical Agents	
2:15-2:45			Vendo	r Break			
2:45-3:45	Session 4	A. Brain Attack	B. The New GO Team	C. Peds Trauma Case	D. EMD Cont. Ed.	E. Primary Angioplasty	
4:00-5:00	Session 5	A. Heart Attack Care	B. Burn Care	C. High-Tech Kids	D. Hyperbaric Medicine	E. Post-Run Documentation	
5:00 - 6:30			Vendor	Reception			

Sunday						
8:00-9:00	Session 6	A. Critical Complaints	B. Collapse Rescue	E. PIER		
9:15-10:30			Keynote Speak	ker - Tom Clancy		
10:30-11:00 Vendor Break						
11:00-12:00	Session 7	A. BLS Med Consults	B. Peds Medical Case	C. Little People	D. EMD Cont. Ed.	E. Foreign Cultures
12:00-1:00 Lunch						
1:00-2:30	Session 8	A. Death of an Infant	B. Sports Injuries	C. Easton Bus Crash	D. Street Docs	E. High-Tech EMS
2:30-3:00 Vendor Break						
3:00-4:00	Session 9	A. Medical Case	B. Geriatric Trauma	C. Pediatric Poisoning	D. MSP Operations	E. Mass Gatherings

## **Conference Workshops**

#### Saturday

- 1-A Medical Case Review-Roger Stone, MD, selected one of his more interesting cases that is sure to keep your attention. {M, 1A, IV-1}
- 1-B Blast Injuries—Al Romanosky, MD, will tell what to expect after the explosion and how to care for the victims. {T, 1B, III-1}
- 1-C Child Abuse: The Hidden and the Obvious—Allen Walker, MD, of Johns Hopkins, will highlight the key components of the prehospital documentation, along with techniques for communicating with families and advocating for children. {T, 1B, III-1}
- 1-D Medicine Afloat —The Whitbred will have just left town.
  Find out from the team doctor for the "Chessie" crew how
  he prepared them to care for themselves during their trek
  around the world. (L. 2, Section II)
- 1-E Terrorism in the US-Thom (Doug) Barton helped the public safety agencies in Atlanta prepare for the Olympics. Find out what he learned from terrorist attacks around the US. {L, 2, Sect II}
- 2-A Biological Agents-Roger McIntosh, MD, of the Public Health Service, explains how to care for victims of these sickening agents. {M, 1A, IV-7}
- 2-B Orthopedic Trauma If It's Broke, Fix It! Andrew Pollack, MD, of the R Adams Cowley Trauma Center, shows how he has fixed some of the worst injuries and how you can make his job easier. {T, 1B, III-1}
- 2-C Transporting Children in EMS Vehicles—Safe transport of children who are ill or injured presents a challenge. The current recommendations from the NHTSA on Child Passenger Safety and crash studies in EMS vehicles will be presented. {L, 2, IV-9}
- 2-D The Right Stuff: Critically Evaluating EMS Equipment Mike Smith, MICP, of *JEMS*, makes every provider an informed consumer regarding the equipment of our profession. {L, 2, Sect II}
- 2-E Bomb Incidents "Respond to Assist the Bomb Squad"

  Now what do you do? Hear from the bomb technicians how
  to fit in with their operations without a bang! {M, 1A, IV-1}
- **3-A**Hemophilia—ALS providers may now provide the clotting factors to these patients in crisis. Learn more about the disease process and its treatment. {M, 1A, IV-3}
- 3-B Trauma Case Review—The one and only Aurelio Rodriguez, MD, presents his case. {T, 1B, III-1}
- **3-C** ABC of Newborn Resuscitation—Scott Hamilton, MD, from the Johns Hopkins Hospital, emphasizes priorities in the treatment of the newborn Airway, Airway, Airway, Breathing, Circulation, and warmth. {M, 1A, V-3}
- **3-D** To Care, to Comfort, to Cure–Mike Smith, MICP, of JEMS, gears this toward the people side of EMS, looking at a number of the more controversial and overlooked issues. {L, 2, VI-4}
- **3-E** Chemical Agents-Fred Sidel, MD, is THE expert in caring for victims of chemical weapons! He will share his secrets with us! {M, 1A, IV-5}
- 4-A Brain Attack!—Wade Gaasch, MD, will discuss the latest prehospital involvement in new treatment modalities for stroke. {M, 1A, IV-4}
- 4-B The New GO Team—Dr. Kevin Gerold shows us how the Trauma Center has enhanced their GO Team and how we can use them. {L, 2, Sect II}
- 4-C Pediatric Trauma Case Reviews—Rapid assessment and appropriate triage can reduce mortality. The staff of the

- Pediatric Trauma Center at the Johns Hopkins and prehospital providers present care of children with multisystem injuries. {T, 1B, III-1}
- 4-D Emergency Medical Dispatcher –There's a new certification in town. You talk to them all the time. Now it's time to welcome them to Maryland EMS. Region III EMD Managers Group chooses topics geared toward updating their dispatchers. {L, 2, Sect II}
- **4-E** Primary Angioplasty–Eric Toner, MD, of St. Joseph Medical Center, continues the care of our chest pain patients. {M, 1A, IV-3}
- 5-A EMS Emergency Heart Attack Care (EHAC)—Steve Steiner, EMT-P, and Gregg MacDonald, EMT-P, explain the newest concepts in the Chain of Survival. {M, 1A, IV-3}
- 5-B Burn Care—Lana Parsons, ANP-C, of the Baltimore Regional Burn Center updates us on the latest in burn care. {T, 1B, III-4}
- 5-C High-Tech Kids: Children with Special Health Care Needs—Children are going home from the hospital, with many different types of medical technology. EMS providers need to know the types of chronic illnesses and the technology to provide care. {M, 1A, IV-9}
- 5-D Hyperbaric Medicine—We haven't talked about it much lately, but they're still diving. Roy Myers, MD, explains how the high pressure O<sub>2</sub> therapy clears the air (and blood). {M. 1A, IV-2}
- **5-E**Post-Run Documentation—Ameen Ramzy, MD, and Bill Ullrich, EMT-P, show us that it's not just the MAIS sheet any more. {L, 2, Sect II}

#### Sunday

- **6-A** Critical Complaints—Back by popular demand, Paul Matera, MD, reveals why your patient may be worse than you think. {M, 1A, IV-1}
- 6-B Collapse Rescue—Bill Fabbri, MD, is on the Urban SAR team and was in Oklahoma. Listen and learn. {T, 1B, III-3}
- 6-C Pediatric Latex Allergies: Equipment Exchange—When the medic alert tag says Latex Allergies, gloves, equipment and the linens must all be exchanged. Families may have an emergency kit at home and in the car. {M,1A, IV-5}
- **6-D** MSP Operations—Join personnel from Maryland State Police Aviation in this all-new dynamic session on MED-EVAC, featuring tips on how ground and flight medics can work together for the best possible patient care. {L,2, SECT II}
- **6-E** Public Information, Education, and Relations—Need to know more? Your community does! Jim Brown and Chauncey Bowers show you how to tell them. {L, 2, SECT II}
- **7-A BLS Medical Consults**—Julie Casani, MD, tells you how to tell her and the other docs on the radio what you are really seeing on the street. {M, 1A, IV-1}
- 7-B Pediatric Medical Case Reviews—Medical emergencies in children account for 2/3 of the pediatric transports in children under the age of 15 years. Rich Lichenstein, MD, Director of the Pediatric ED at the University of Maryland, will present case studies. {M, 1A, IV-9}
- 7-C Little People—These folks may be small but by no means are they kids. Some little people come to share disorders affecting them and their special needs. {M, 1A, II-1}
- **7-D** Emergency Medical Dispatcher—Here is a different session for the dispatchers from Region III EMD Managers Group. {L, 2, SECT II}

## **EMS Care '98 Registration**

LAST NAME STREET TELEPHONE Day E-MAIL ADDRESS	FIRST NAME CITY Evening			Pager			INITIAL STATE Facsimile			SSNZIP CODE		
PRIMARY AFFILIATION					_							
CERTIFICATION/LICENSURE (CIRC PRECONFERENCE WORKSHOP		R	EMT-A	EMT					RN	NP	PA	MD
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Incident Management System for Technical Rescue	EIVIS		SATUR	DAV								tact*
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Instructor Gadget							me/Stat			_		1.5
EMT-B Field Coach/Preceptor			Session		A		В	С	D	E		1
			Session		A		В	С	D	E		1
FEES			Session		Α		В	C	D	E		1
IMS for EMS (\$50)			Session	4	Α		В	C	D	E		1
Technical Rescue (\$75)			Session	5	Α		В	C	D	E		1
Instructor Gadget (\$30)			SUNDA	Y								
Field Coach (\$30)			Session	6	A		В	C	D	E		1
Conference -			Keynote	Addre	ess							1
Saturday & Sunday(\$120)			Session		A		В	C	D	E		1
			Session	8	A		В	C	D	E		1.5
TOTAL DUE			Session	9	A		В	С	D	E		1
Make checks payable to: Emergency Education Mail to MIEMSS Region III; 653 West Pratt Stre * Contact Hours are provided to assist in the call	et; Baltir	more,	Maryland :		credi	ts.						

**Hotel Registration Form** 

Anyone requiring special accommodations or having special dietary requirements should contact the Region III Office of MIEMSS by May 7, 1998.

Mail to the Sheraton Baltimore North, 903 Dulaney Valley Rd., Towson, MD 21204.

DO NOT MAIL TO MIEMSS. (800) 433-7619 (410) 321-7400

To ensure proper room registration for your stay, please complete this reservation request and return prior to APRIL 29, 1998. Requests received after this date will be accepted on space and rate availability. All reservation requests must be accompanied with a one night room tariff plus tax by check or credit card guarantee. Requests without a one night deposit will not be honored. We look forward to seeing you.

PLEASE PRINT	Circle Occupancy - If not available, alternate will be assigned
Name	Single \$96 Double \$96 Triple \$96 Quad \$96
Organization/CompanyAddress	A limited number of rollaway cots are available for \$12/night - limit 1 per room
City StateZip Telephone	Room types are not guaranteedSmokingNon-SmokingKing BedDouble/Double
Arrival Date # Nights	Name(s) of additional person(s) sharing room or suite
Amount of Deposit Enclosed	
AMEX, VISA, Master Card, Carte Blanche, Diner'	s # Exp Date Home Telephone

- All hotel accounts are payable at departure, subject to prior credit arrangements at time of registration.
- Room registration will be after 3 p.m. on date of arrival.
- Check-out time is 12 noon.
- For reservations not claimed on date of arrival, hotel will retain first night deposit and tax.
- To cancel a reservation, call the hotel prior to 4 p.m. on day of arrival. Retain cancellation num-

- ber until you receive a refund of your deposit.
- No charge for children under 16 years of age when sharing room with parent.
- I desire room equipped for handicapped person.
- Check for first night deposit and tax enclosed.
  - OR -

Charge my credit card for first night deposit and tax. I understand that I am liable for one night room tariff and tax which will be covered by my deposit or billed through my credit card, in the event that I do not arrive or cancel on the arrival date indicated.

Signature

EMERGENCY EDUCATION COUNCIL OF REGION III MAY 29-31, 1998



Governor Parris N. Glendening

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Emergency Medical Services Systems 636 W. Lombard St., Baltimore, MD 21201-1528

Chairman, EMS Board: Donald L. DeVries, Jr., Esq. Executive Director, MIEMSS: Robert R. Bass, MD Managing Editor: Beverly Sopp (410-706-3248)

Address Correction Requested
MIEMSS, Maryland EMS News
636 W. Lombard St., Baltimore, MD 21201-1528

## **DATED MATERIAL**

## **EMS Care** (Continued)

**7-E**Foreign Cultures—Sandra

Bullock, MD, shows how the differences in cultures may confuse and make your patient apprehensive. Learn to communicate with your patients and calm their fears. {L, 2, VI-1}

8-A Death of an Infant: Treating the Whole Family—Peter Fiackos, NREMT-P, will discuss the physical aspects of infant death, the different causes, and the "normal" response of both the family and the providers. From personal experience as a father and as a provider, Peter describes how to treat the parents. {L, 2, VI-1}

Sports Injuries & Helmet
Removal—Skip DiPaula, EMT-P,
ATC, & Athletic Trainers give
hands-on experience in dealing
with athletic injuries and protective equipment. {T, 1B, III-2}

8-C Easton Bus Crash—Early morning fog is blamed, but EMS shined that morning. Find out how Talbot County got the first patient into the hospital in less than 18 minutes after the 911 call from this horrible bus accident. {T, 1B, III-1}

8-D Street Docs—Three new medical directors have made it their business to be on the street with us. Hear about their experiences and

discuss their role. {L, 2, SECT II}

8-E High-Tech EMS—There are new toys on the market every day.

Come look at a few, and learn how to evaluate their usefulness.

{L, 2, SECT II}

9-A Medical Case Review—Ameen
Ramzy, MD, presents a case of
an ill patient from his view as the
Medical Director for Baltimore
County Fire Department.
{M, 1B, IV-1}

9-B Geriatric Trauma—You've been taught that the very old and the very young have more difficulty dealing with trauma. Thomas M. Scalea, MD, shows us why by focusing on his experience with the old at the R Adams Cowley Trauma Center. {T, 1B, III-3}

9-C Children Act Fast ... So Do
Poisons—Poisoning is the fifth
leading cause of injury death in
children under the age of six.
Wendy Klein-Schwartz, PharmD,
of the Maryland Poison Center,
provides information on how to
manage poisonings and
describes prevention programs
kids like. {M, 1A, IV-7}

9-D MSP Operations—Repeat of Session 6-D. {L, 2, SECT II}

9-E Mass Gatherings—Nearly 1 million "Promise Keepers" gathered at the Mall in Washington, D.C. Geoff Seidel, RN, shares how he

ensured they were healthy and prepared for terrorists' threats. {L, 2, SECT II}

#### **Continuing Education Credits**

Make sure you pick the sessions based upon the categories of credit you need for recertification. All categories are noted in the brackets. BLS is first, then CRT, then the division and section of the National Registry requirements. For NREMT-Ps, the divisions and sections are from Section 1A of the NREMT requirements unless they are noted as from Section II. NREMT-Ps may be able to use the sessions for more than 1 division/section.

## **EMS Billing Seminar**

MIEMSS is hosting a panel discussion and open forum on billing for volunteer and public ambulance services. The seminar is scheduled for March 26, 9 am-noon, at MIEMSS, 653 W. Pratt Street. Free parking will be available.

Representatives from health maintenance organizations, Medicare, a professional billing company, the Internal Revenue Service, the Maryland State Firemen's Association (attorney), and a jurisdiction now billing for ambulance service will participate in the seminar.

Preregistration is required. Call 410-706-0470 for information or to register.