



Maryland EMS News

Vol. 25, No. 4 For All Emergency Medical Care Providers April/May 1999

New Triage Tags Ready for Distribution

This summer 50,000 new triage tags will be distributed throughout Maryland, along with a less expensive version of the tags for drill purposes and a new Triage Tag Training Program. The Maryland Department of Transportation State Highway Administration is funding the purchase of the tags.

The new triage tag is very similar to the one used by Virginia and by the jurisdictions associated with the Washington, D.C. Council of Governments (COG). This similarity will, of course, facilitate the triage process in a multi-casualty disaster when mutual aid responses are needed. (To learn why a new triage tag was needed and how this one was selected, see "In Search of a Better Tag" on page 2.)

The Triage Tag Training Program is short and concise and focuses specifically on the use of the tag. Other related topics, such as incident command and rapid patient assessment, are not part of the basic training program. Information on resources for instruction in these related topics, such as the Incident Management System for EMS (IMS for EMS) program from the National Fire Academy, and the Simple Triage and Rapid Treatment (START) program from the Newport Beach (California) Fire and Marine Department, will be distributed with the basic Triage Tag Training Program.

A simple system for triaging and tracking all the patients through a multi-casualty incident is implemented

with the use of the new triage tags. This system is initiated when the first unit arrives. This unit is responsible for sizing up the situation, calling for additional resources, and requesting that the area hospitals be notified with an approximate count of the injured. They must then begin to establish areas of operation and direct incoming units to those areas. The areas of operation are the following: the actual incident site; one "Exit Point" where the Treatment Officer is located; as many as four treatment areas (one for each priority of patient); a Transportation Area, where the Transport Officer, the Disposition Officer, and the Medical Communication Officer are located; and a Staging Area.

At the Incident Site, the Triage Officer will direct crews to complete a rapid assessment and categorize each patient into one of four categories. After the walking wounded have been removed and directed to the exit point, the assessment of the non-ambulatory victims should take no more than 30-60 seconds per patient. The START method of triage from Newport Beach uses a quick assessment of respiration, perfusion, and mental status (RPMs) to hasten the decision. Once the patient is assigned a priority, colored surveyor's tape is tied to the patient's arms or legs. Litter bearers are then directed to remove the highest priority of patient first.

At the "Exit Point," the Treatment Officer or designee will then attach a triage tag, circle the appropriate priority, remove a peel-off label, and place it on his/her log, noting the priority and time. He/she will then direct the patient to the appropriate treatment area. In each of the treatment areas, someone will use another label to log the patient in

(Continued on page 3)



Drills, such as this one involving a hazardous materials incident, test local resources and give EMS providers a chance to practice using triage tags.

In Search of a Better Tag

MIEMSS first started looking for the "perfect triage tag" in 1987. It was on the afternoon of January 4, 1987, that the Amtrak Colonial, travelling at 120 mph, collided with a Conrail freight train in Chase, Maryland. R Adams Cowley, MD, the first director of MIEMSS, commented that on that day the Maryland EMS System led by the Baltimore County Fire Department, was "put to its most demanding test since it was created." Thirty-two hours after the incident, nearly 400 passengers were assessed at the scene, 177 transported to area hospitals, and 16 were dead.

4-Part Triage Tags

In the "after action" report published by the National Study Center for Trauma and Emergency Medical Systems, it was noted that the current triage system should be revised. Maryland had been using a four-color, four-part form. Each color/section was to be used on a patient corresponding to the patient's priority. The remaining three sections were to be saved to account for the number of patients triaged. The tags were to be attached to the patient at the incident site.

That chilly afternoon of the Amtrak-Conrail train collision, the tags were placed on each patient according to the patient's priority, but because the prehospital providers had little real practice in using the tags, they applied the remaining three sections to different patients. This not only subverted the accountability system, but also caused as many as four patients to be identified by the same unique number printed on the tag. There was no training program associated with the tags, except for the pamphlet packed with them. (Who has time to read that when you have eight or nine Amtrak cars piled on one another?)

The Study Center's report further recommended that EMS providers should simply identify the priority of the patient in the incident site with a colored flag or surveyor's tape, and apply the actual triage tag to the patients in the treatment areas

after they were removed from the hazardous environment.

Two-Part Carbonless Form

Since then, Maryland EMS moved to the use of the colored surveyor's tape and now uses a two-part carbonless form on which the Maryland Ambulance Information System (MAIS) runsheet number is written. When instituted, these were to be used on every patient in every incident, so providers were familiar with their use. They were designed to mirror a "cheat sheet" used by many in their initial assessment of patients. A training package, including how to decide upon a priority and concepts of incident command, was distributed with the tags. A computer program was also written to allow the tracking of patients as they left the scene en route to the hospital.

The colored tape has worked incredibly well in the many drills since then. Patient's priorities are identified and, except for some extended treatments, most patients are removed from the hazardous environments quickly.

The tag and the computer program have not fared so well. The tag was never adopted as a "cheat sheet" and quickly became difficult to find even during ambulance inspections. Until recently, laptops were never readily available. When they were available during drills, data entry quickly became backed up, thereby defeating the purpose of tracking patients. Despite the faults of the system, no one suggested any better options. But some companies did purchase other commercially available tags.

Looking for a Waterproof Tag

Not until two years ago, during an Emergency Plan Exercise (EPLEX) at BWI Airport, did we have any major motivation to look at our system of triage. During that dreary day, we found that carbonless paper curled and shriveled when it got damp and became almost impossible to write on with a pen. New people working the computer made data entry even slower. Because of the length of the train-

ing program, few people had taken it and thus were not familiar with the triage tag.

It seemed like it took forever to move the patients off the plane, and through the system. How could a piece of paper cause so much havoc? That is the question the Region III EMS Advisory Council, Transportation Committee asked at their next meeting. It was then that they resolved to solve the problem.

Steve Stone, a MIEMSS intern from the Emergency Health Services Program at the University of Maryland Baltimore County (UMBC), was assigned to find out what other EMS systems across the nation were using. There had to be something better. He searched through catalog after catalog and found only a handful of products. None of these met the criteria stated by the Council—that is, waterproof, durable, with an associated system of tracking that was easy to use. It wasn't until he contacted the surrounding states, most of which were still using the old four-part form, that he discovered the new tag in Virginia.

The Virginia tag is one part, made of a material that is waterproof and can be written on with almost anything. Not only did it have a preprinted unique number on each tag, but there was also a barcode with that number and six peel-and-stick labels with the same number and barcode. No more trying to write unsuccessfully on shriveled up forms! No more guessing at someone's handwriting to get the MAIS number! No more typing data into the computer!

Although somewhat encouraged by the discovery, the Transportation Committee was still skeptical. They wanted to test the triage tag thoroughly before suggesting that Maryland adopt it. Hospital personnel also wanted to try using it. They hosted a drill at Fort Meade in July 1997. Both hospital and prehospital personnel overwhelmingly favored adopting the tags. They suggested a few modifications to the tag, the tracking system, and the training program.

Those changes were planned, and Region III approached the Regional and Jurisdictional Affairs

(Continued on page 3)

New Triage Tags Ready

(Continued from page 1)

and assign crews to stabilize the patient for transport.

In the meantime, the Transport Officer will prepare to load patients, decide upon a hospital destination, and notify the hospital of inbound patients. This has always been the most confusing process of these operations. To keep it more organized, one person, the Medical Communication Officer, should contact the hospitals to provide updated information on the incident and ascertain their capacity to receive patients. That capacity should be relayed to another person, the Disposition Officer, who will track the available capacity of each hospital and where the patients are sent.

Once patients are prepared for transport, the Transport Officer or designee should contact the Staging Area for transport units and load patients according to priority. Priority 3 patients may be able to be included with Priority 1 or 2 patients in the cab of the ambulance. Utility units or buses may also be used to transport patients. The units will then be directed to the Disposition Officer who will decide on the most appropriate destination, take the transportation record ticket from the triage tags, and send the units on the way. The Medical Communication Officer will communicate the unit number, the number of patients, and their priorities to the receiving hospitals. The stickers from the transportation record tickets will

then be placed on the Disposition Officer's hospital log sheets.

If followed, this system actually works! It can be expanded or collapsed, based upon the size of the incident, simply by combining duties of the various officers. After a patient flows through the process at the scene, there should be adequate peel-off labels to place on the Maryland Ambulance Information System (MAIS) runsheet, hospital records, and packages of the patients' belongings, thereby linking all the components of the EMS system.

The training program explains, in detail, the tag and tracking system. The training program is in a PowerPoint and slide format and is simple enough for presentation at company level drills. We hope to have it on the MIEMSS web site to increase its availability.

Please check with your company EMS Training officer for more details on their training plans. Also check with your EMS officers to learn when you should use the tag. MIEMSS hopes that all jurisdictions will make arrangements to use these tags regularly so everyone is familiar with them when they are needed. The new triage tags are more expensive than our previous tags, so we do not expect that they will be used on every patient.

MIEMSS is also beginning to develop computer programs to incorporate the use of the barcodes. We hope to develop a wireless wide area network that can provide the Incident

Commander real time information on the flow of patients.

For more information on the new triage tags or to make suggestions regarding the training program, contact John Donohue at the MIEMSS Region III Office 410-706-3996.

◆ John Donohue

In Search of a Better Tag

(Continued from page 2)

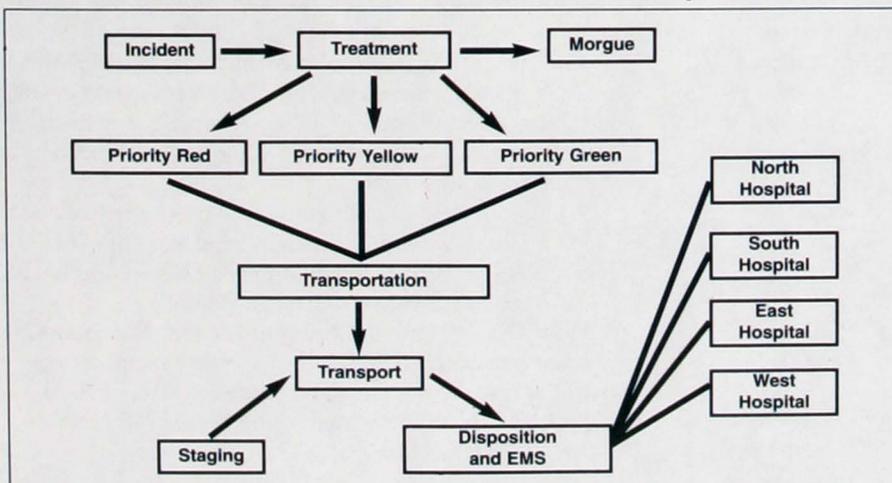
Committees of the Statewide Emergency Medical Services Advisory Council (SEMSAC) to encourage the use of the new tag statewide. They were pleasantly surprised to learn that the jurisdictions associated with the Washington, D.C. Council of Governments (COG) were simultaneously implementing a tag similar to the Virginia one. A statewide workgroup in MIEMSS was then established to coordinate the project. After more than a year of testing the tag, making improvements, and developing a training program, MIEMSS is now pleased to announce that the new triage tag is being printed and will be distributed this summer.

◆ John Donohue

In Memoriam

Leon Hayes, a former member of the Statewide Emergency Medical Services Advisory Council (SEMSAC), died February 1. Mr. Hayes was well known throughout Charles County and the state for his dedication and support of EMS. He had served on numerous regional and state EMS committees, either as chairman, member, or consultant.

Mr. Hayes was a life member of the Waldorf Volunteer Fire Department's EMS, past deputy chief and charter member of the Charles County Mobile Intensive Care Unit (Medic 1), and past president of the Charles County Association of EMS. He was instrumental in bringing ALS to Charles County in August 1978. Medic 1 became a model for rural EMS systems and is the first known all-volunteer system using a chase vehicle concept in the United States.



The New Maryland Medical Protocols for EMS

Protocols for both Maryland advanced life support (ALS) providers and basic life support (BLS) providers have been updated and combined in one document, the *Maryland Medical Protocols for Emergency Medical Services Providers*. Below are some questions and answers regarding the implementation of these protocols.

What Are the Maryland Medical Protocols for EMS Providers?

The *Maryland Medical Protocols for Emergency Medical Services Providers* were developed to standardize the emergency patient care that Maryland advanced life support (ALS) and basic life support (BLS) personnel provide at the scene or during transport of an ill or injured patient. The protocols are a form of "standing orders" and define the scope of practice of prehospital EMS personnel. The protocols also indicate when on-line medical consultation is needed.

Who Is Affected by the New Medical Protocols?

It is important to note that these new protocols will impact **all** levels of EMS providers—not just EMT-As, EMT-Bs, CRTs, and EMT-Ps. For example, the EMS Dispatcher will be impacted by the EMS/DNR protocol and others such as the one pertaining to hazardous materials. The First Responder is allowed to follow these protocols, including the one for the automated external defibrillator (AED), but may not use the medications and other procedures designated for more advanced providers. Emergency department physicians and staff who provide medical consultation to prehospital EMS providers also need to know the new protocols. In addition, the Medical Protocols apply to 9-1-1 and commercial EMS providers, career and volunteer services.

When Do the Protocols Become Effective?

The protocols become effective July 1, 1999, and must be implemented in all Maryland jurisdictions by October 1, 1999. **All** EMS providers must be trained in the new protocols. The medical director for each jurisdiction will determine when the EMS providers in the jurisdiction have completed the training and when the protocols will be implemented in that jurisdiction. The protocols must be implemented for the entire jurisdiction for all levels of care; they cannot be implemented in a piecemeal fashion within the jurisdiction. But for the period between July 1 and October 1, 1999, it is important to realize that individual jurisdictions will be implementing the protocols on different dates, which could mean that one jurisdiction has implemented the new protocols and an adjoining jurisdiction has not.

Who Needs Training in the New Protocols?

- All ALS providers and, for the first time, all BLS providers will be required to attend a MIEMSS/MFRI approved protocol update course.
- Hospital emergency departments must update their staff. Anyone who provides on-line medical direction or has direct contact with EMS providers delivering patients to the hospital should be updated prior to the beginning implementation date of July 1, 1999. All EMS base station hospitals are required to update their staff. Non-base station hospitals

are strongly encouraged to update their staff. To facilitate this training, a hospital implementation program has been developed and distributed to both the physician and nursing directors of the emergency departments. The physician director of each emergency department must submit a letter to the MIEMSS State EMS Medical Director confirming the completion of the protocol update for his/her staff.

Where Do I Get Training in the New Protocols?

MIEMSS provided initial training to EMS instructors who have been designated by their jurisdictional medical directors as "team leaders." It is the responsibility of the team leaders to conduct "train the trainer" sessions. These new trainers will then be responsible for training the EMS personnel in their jurisdictions. To facilitate this, MIEMSS provided each team leader with an educational package that included a videotape, protocol implementation guide, disks containing a PowerPoint presentation, a set of master slides, a student objective list, and an instructor slide hand-out reference for notes. The protocol implementation program is recognized for 3 hours of local option continuing medical education by MIEMSS.

For individual courses or training in the new protocols, contact your EMS service.

Will I Be Tested on the New Protocols?

No state test is required, but a jurisdictional test may be required.

Who Developed the New Protocols?

In February 1998, MIEMSS charged a task force with reformatting the existing Maryland Medical Protocols into a more user-friendly document. The task force consisted of basic and advanced life support providers, educators, administrators from municipal, volunteer, and commercial systems, physicians, and representatives from numerous state agencies and associations from all parts of Maryland.

The format of the new protocols is completely different from the former version. In addition, there are many updates and some new protocols.

Where Do I Get Copies of the New Protocols?

- Copies of the *Maryland Medical Protocols for Emergency Medical Services Providers* will be distributed to individual prehospital EMS providers through the jurisdictions.
- Copies of the protocol manual and a protocol implementation guide for physicians and nurses are being distributed through the MIEMSS regional offices. A copy of the protocols should be kept near the emergency department radio console at all times.
- Questions regarding the distribution of manuals or implementation guides may be directed to the MIEMSS regional offices or Eric Chaney in the MIEMSS State EMS Medical Director's Office at 410-706-0880.

How Do I Suggest Changes for the Protocols?

Recommendations for additions, deletions, or exceptions should be reviewed with your jurisdictional medical director before being submitted to the State EMS Medical Director's Office at MIEMSS.



FACT SHEET

Emergency Medical Services Week in Maryland

May 16 - 22, 1999

Silver Anniversary of EMS Week

Twenty-five years ago President Gerald Ford signed the first National Emergency Medical Services Week proclamation, recognizing the accomplishments of the many men and women who dedicate themselves to saving the lives of others and to educating the public about how and when to use EMS services.

This year, EMS week will be celebrated May 16-22, nationally and statewide. The national theme "EMS: Meeting the Challenge" offers Maryland EMS providers a focus—showing the challenges that EMS providers face in saving lives, educating the public about injury prevention and health safety, and in gaining public support for the many volunteer EMS services in Maryland.

EMS Week Activities

At the statewide level, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the state's coordinating agency for Maryland's EMS System, will honor EMS personnel for outstanding performance in delivering prehospital emergency care. Non-EMS individuals will also be recognized for their roles in providing life-saving care. In addition, special awards will be given in such categories as EMS provider of the year; the outstanding EMS program; and individuals with outstanding service in EMS.

At the local level, EMS providers are planning their own events. In the past, EMS Week events have been varied. Examples from previous years included:

Shopping Mall Displays. EMS providers answer questions; hand out printed materials or inexpensive give-



EMS Regional Offices in Maryland

REGION I

- Allegany and Garrett counties
- Region I Office in Grantsville, 301-895-5934

REGION II

- Frederick and Washington counties
- Region II Office in Hagerstown, 301-791-2366 or 416-7249

REGION III

- Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties
- Region III Office at MIEMSS in Baltimore, 410-706-3996

REGION IV

- Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties
- Region IV Office in Easton 410-822-1799

REGION V

- Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties
- Region V Office in College Park, 301-474-1485

aways; display ambulances, helicopters, rescue equipment; do free blood pressure or other health/safety checks.

Mock Medical Emergency. EMS providers stage a mock emergency such as an auto or motorcycle crash and show how the EMS System responds. Auto extrication and EMS equipment are demonstrated.

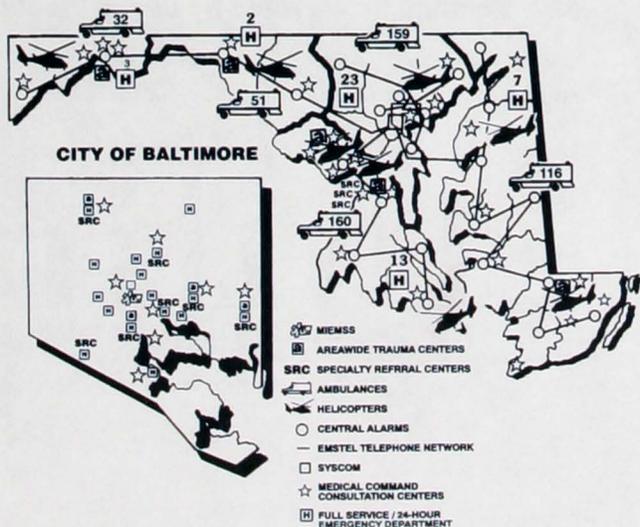
Adult Lectures & Classroom Talks. Home safety, medical tips, emergency care, CPR, choking, and injury prevention—are only a few sample topics that EMS providers often discuss.

Open Houses. In addition to showing off EMS ambulances and rescue units, many EMS providers also conduct free blood pressure screenings, hearing tests, safety checks for bikes or child safety seats, or teddy bear clinics.

EMS Provider Recognition Ceremonies. Local EMS "heroes" are often honored at award ceremonies or lunches and dinners.

EMS Poster Competitions for Children in Elementary & Middle School. Prizes are often awarded to winners in each age category.

Media Outreach. Local ambulance companies often invite reporters from print or electronic media to do "ride-alongs" or highlight various rescues or EMS providers.



Maryland EMS Statistics

Maryland-Certified Prehospital EMS Providers (FY 1998)

• First Responders	14,223
• EMT-As	5,153
• EMT-Bs	10,440
• CRTs	835
• EMT-Ps	1,710
• EMDs	403
TOTAL	32,764

Emergency Care Hospitals (FY 1998)

- 48 Emergency Departments
- 9 Trauma Centers
- 20 Specialty Referral Centers

9-1-1 Centers (FY 1998)

- In Baltimore City and each of Maryland's 23 counties
- More than 600,000 EMS calls in FY 1998

Transports in Maryland*

- Injuries 31%
- Medical Emergencies 69%

Top 10 Injuries in Patients Transported*

- Motor Vehicle Crashes 36.7%
- Falls 27.2%
- Beatings 7.6%
- Sports/Rec. 4.6%
- Pedestrian 3.3%
- Industrial 2.3%
- Gunshot Wounds 2.2%
- Stab Wounds 1.7%
- Burns 1.3%
- Bikes 1.2%

Top 12 Medical Emergency Patient Transports*

- Myocardial Infarction 12.6%
- Diabetes 6.3%
- Seizure 5.2%
- Asthma 4.7%
- Congestive Heart Failure 4.6%
- Cerebral Vascular Accident 4.0%
- Chronic Obstructive Pulmonary Disease 3.9%
- GI 3.0%
- Overdose 2.3%
- Behavioral 2.1%
- OB/GYN 2.1%
- Cardiac Arrest 1.7%

Med-Evac Helicopter Program (FY 1998)

- 11 helicopters (12th helicopter to arrive 5/99)
- 8 bases
- 44 flight paramedics
- 56 pilots
- 3,719 transports (85%) from scene of injury
- 620 interhospital transports (15%)

Commercial Ambulances (FY 1998)

- 33 Licensed Services
- 122 Licensed ALS Ambulances
- 228 Licensed BLS Ambulances
- 6 Licensed Neonatal Ambulances

Maryland Poison Center Calls (Calendar Year 1997)

- 57,189 total calls
- 18,072 requests for information
- 39,065 calls regarding human exposure to poison

Age of Patients Exposed to Poison

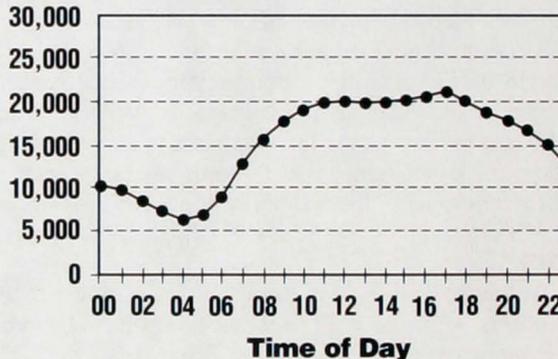
- Younger than 6 yrs.	54.3%
- 6-12 yrs.	7.5%
- 13-19 yrs.	8.1%
- 20-69 yrs.	27.3%
- 70 yrs. and older	2.2%
- Unknown	0.6%

Transports in Maryland by Age and Type of Emergency*

Age	Injury	Medical
1-30 days	55 (0.1%)	252 (0.1%)
30 days-5 yrs.	2,102 (3.1%)	4,112 (2.2%)
6-15 yrs.	6,382 (9.6%)	5,758 (3.1%)
16-60 yrs.	40,416 (60.5%)	78,789 (42.8%)
60+ yrs.	13,855 (20.7%)	77,249 (42.0%)

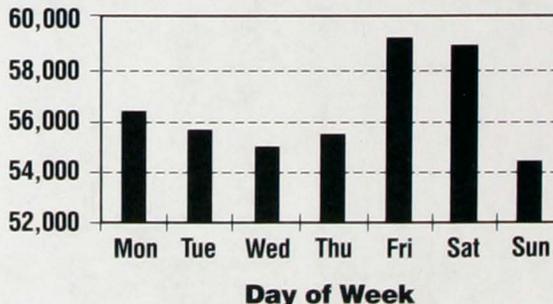
EMS Demand in Maryland by Time of Day*

Number of Calls



EMS Demand in Maryland by Day of Week*

Number of Calls



Note: Fiscal Year (FY) 1998 extends from July 1, 1997 to June 30, 1998.

* FY 98 data for Montgomery County, Howard County, and Maryland State Police Med-Evac transports are not available. FY 98 data for Baltimore City are incomplete. Records with Injury/Medical Emergency Cause "Other" were excluded from Top 10 Injuries and Top 12 Medical Emergency Transports.

EMS Board Now Responsible for ALS

Under legislation effective January 1, 1999, responsibility for Advanced Life Support (ALS) EMS providers shifted from the Board of Physician Quality Assurance (BPQA) to the EMS Board. The EMS Board continues oversight of Basic Life Support (BLS) EMS providers.

As part of the process of assuming responsibility for ALS, regulations providing for the licensing, certification, and supervision of the EMS providers by the EMS Board and MIEMSS became effective January 1, 1999.

The purpose of the regulations is to make clear the rights and responsibilities of EMS providers, the EMS Board, and MIEMSS. The regulations cover the new responsibilities of the EMS Board and MIEMSS for ALS providers as well as the continued responsibilities of the EMS Board and MIEMSS for BLS providers and emergency medical dispatchers (EMDs).

The regulations resulted from the combined efforts of volunteer and career field providers as well as MIEMSS. Draft regulations were circulated to the EMS Board and the Statewide EMS Advisory Council (SEMSAC), and an open meeting was held to review comments and suggestions from individuals and organizations affected by the regulations.

Next the draft regulations were published in the *Maryland Register*

in October for further comment. As a last step the EMS Board adopted the regulations in final form in December. A final notice was published in the *Maryland Register* in December, and the regulations became effective January 1, 1999.

These "EMS provider regulations" are now collected in a single document formally known as Subtitle 02 to Title 30 of the Code of Maryland Regulations or "COMAR 30.02." They will eventually be published as part of the entire COMAR, and may currently be found in issue 21, volume 25, of the *Maryland Register* (Friday, October 9, 1998) at pages 1610 through 1628.

The EMS provider regulations cover EMT-Ps, CRTs, EMT-Bs, EMT-As, First Responders, and EMDs. The regulations detail the licensing and certification requirements for EMS providers by the EMS Board and MIEMSS. They contain the scope of practice for the various EMS providers and describe the types of conduct which are prohibited.

The procedures for hearings are listed, and special procedures, including procedures for prompt appeals, are provided in cases when immediate action is warranted.

The regulations also describe how MIEMSS reviews and acts on complaints about provider care and

when and how decisions are made regarding further action, such as investigation or referral to the new peer provider review panel.

The provider review panel has 11 members and is to be made up of all levels of EMS providers from career and volunteer services. It will also contain physicians representing the BPQA, the Medical and Chirurgical Faculty of the State of Maryland, and a medical director with emergency medical services experience. Complaints involving EMS providers will be reviewed by the provider review panel before any final action is taken by the EMS Board.

A request was made to the EMS and medical community for provider review panel candidates, and numerous recommendations and resumes have been received. The EMS Board is expected to appoint the members of the provider review panel shortly.

Currently, regulations are being prepared to address support and oversight aspects of the EMS system including approval of jurisdictional EMS operational programs, proper medical direction, developing quality assurance plans, and requirements for base stations.

After those regulations are in place, the EMS Board and MIEMSS will work on regulations concerning the requirements for educational programs and courses that teach knowledge and skills needed for EMS licensure and certification in Maryland.

Neurotrauma Seminar in Region II

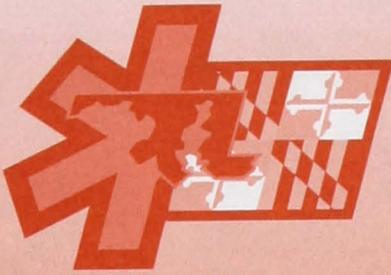
Dr. Andrew Pollak (left) gives pointers on treating an athlete with mock injuries.



How to care for injured athletes, especially those with head and spinal cord injuries, was the focus of a one-day neurotrauma seminar recently sponsored by the University of Maryland Shock Trauma Center at the Volunteer Fire Company of Halfway in Hagerstown. The seminar was open to all EMS providers in Washington County.

Speakers included Marc Kross, MD, Trauma Director of Washington County Hospital; Andrew Pollak, MD, Shock Trauma orthopedic surgeon and a Raven's team physician; and Arniel Bethel, MD, Shock Trauma neurosurgeon.

Following the sessions, the Washington County Junior League and Williamsport High School football teams learned how to safely remove helmets from injured athletes in a hands-on helmet removal demonstration.



Governor Parris N. Glendening

Copyright © 1999 by the
Maryland Institute
for

Emergency Medical Services Systems
653 W. Pratt St., Baltimore, MD 21201-1536

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
653 W. Pratt St., Baltimore, MD 21201-1536

DATED MATERIAL

EMS Update '99

The Fire-Rescue Academy and the EMS Division of the Baltimore County Fire Department will present EMS Update '99 on May 15 and 16, at the Crawford Conference Center at Franklin Square Hospital Center. The conference is being presented in cooperation with the Baltimore County Professional Fire Fighters Association, the Baltimore County Chief Officers Association, and the Baltimore County Volunteer Fireman's Association.

On May 15, general sessions include "25 Years of Baltimore County ALS & a Look Back at 1998"; "Emergencies in Space," including an interactive satellite link with a NASA flight surgeon; and "The Sudden Death of a Child—How Do We Manage the Survivors." On May 16, the keynote session is the "Future of EMS in Baltimore County: Meeting the Challenges of the 21st Century," by Dr. Ameen Ramzy, BCFD chief fire surgeon, John F. O'Neill, chief of the BCFD, and David J. Murphy, battalion chief of EMS at the BCFD.

Breakout sessions include: A Look at the Essex Bombing; Advanced Practical Skills Lab;

Challenges in Changing Public Opinion of Stroke Management; Pediatric Skills; Extremity Trauma; EMD; ACLS—Evolving Prehospital Care; Understanding Ourselves Better; Left Ventricular Assist Device; Aeromedical Utilization; Technical and Tactical EMS; Improving Your Day to Day Communications; and a Panel Discussion and Wrap-Up.

For registration or other information, contact Mark Demski at 410-887-4890.

PRMC Trauma Conference

The 10th Annual Peninsula Regional Medical Center Trauma Conference will be held September 30 and October 1, at the Roland E. Powell Convention Center, Ocean City, Maryland.

For information or a brochure, please contact Program Coordinator Chastity Landing or Trauma Coordinator Lori Short at 410-543-7328.

Bridging the Gap

The Region II EMS Conference, "Bridging the Gap," will be held August 14-15 at the U.S. Fire Administration/National Fire

Academy in Emmitsburg, Maryland. The conference is sponsored by the EMS committees of Washington County Volunteer Fire & Rescue Association and the Frederick County Volunteer Fire & Rescue Association.

Topics planned include: weapons of mass destruction, EMS Protocol update, 12 hours of EMT-B skills recertification, EMS legal issues, critical incident stress management, and the Shock Trauma Go-Team.

For information and registration, call the MIEMSS Region II Office at 301-416-7249 or 301-791-2366.

EMT-A Reminder

EMT-A certification will not be valid after December 31, 1999. To practice as emergency medical technicians in Maryland, all EMT-As are required to bridge to EMT-B before December 31. For information about EMT-B Bridge course availability, call your local EMS teaching agency, MIEMSS or MFRI regional offices, or the MIEMSS Office of Education and Certification at 1-800-762-7157.