



Maryland EMS News

Vol. 26, No. 1 For All Emergency Medical Care Providers December 1999

From MIEMSS Executive Director, Dr. Robert Bass . . .

This is the time of each year when we look both back and forward. That this year marks the end of a decade, a century, and a millennium deepens our reflections. I am proud to have become part of perhaps the finest emergency medical services system in America. I am humbled to have earned a role in the often-chronicled history of Maryland EMS. I am honored to serve alongside of so many dedicated individuals.

The last decades have seen significant change. Our society has changed; our world has changed. Much, but not all of that change has been good. While we may look back nostalgically at what has been, we can't afford not to move ahead.

I am pleased with the important changes that have taken place in EMS in Maryland in the last decade. Through the dedicated funding for EMS, the passage of the EMS Law and the resultant alteration in the organization and administration of EMS in Maryland, we have faced the challenges of the past 10 years and are prepared to reckon head-on with the future. Never before has the partnership of MIEMSS and the EMS community been closer. Through the EMS Board, its Advisory Council, the Regional Councils, and the pyramid of subcommittees created that support these groups, the EMS community is fully vested in what we do and how we do it.

On behalf of the EMS Board and the MIEMSS staff, we thank you for providing virtually every service within our system. A safe and joyous holiday season to all of you, and in case you're wondering what the Board, Advisory Council and MIEMSS have been up to lately, here are some of the projects that we worked on during the past year.

Protocol Change Re AEDs

On November 9, 1999, the EMS Board approved a protocol change that would allow an automated external defibrillator (AED) to be **used on a child 8 years of age or greater with no weight requirement.** This change is effective immediately with jurisdictional implementation by July 1, 2000. The previous

AED protocol allowed the device to be used on a child 12 years of age or greater who weighed at least 90 pounds.

The change in standards has evolved as the result of new American Heart Association (AHA) guidelines. The AHA has established the age of eight as the minimum age for AED use. To maintain consistency throughout the EMS system and the

chain of survival, the EMS criteria has been changed to reflect the same standard.

The Maryland Medical Protocols for EMS providers will be revised and updated in the July 2000 edition.

If you have any questions regarding the AED protocol change, please contact the Office of the State EMS Medical Director at 410-706-0880.

Head statewide effort to update EMS Plan
ALS and BLS protocols
Providers bridging successfully to EMT-B
Peer review panel and SB 764 implementation
Y2K readiness

New Seal of Excellence Program
Engine upgrades for Med-Evac helicopters
Weapons of mass destruction planning

Yellow alert status
EMS operations fund enhancement
Annual operating budget increase to \$10 million per year
Regulations to implement AED legislation

Latex Allergy Alert for Health Care Providers

Recent reports indicate that latex allergy has reached epidemic proportions among health care workers. Latex allergy develops from repeated exposure to latex, which contains a large number of various proteins that may cause allergic reactions in some individuals. Some studies have concluded that the powder in the glove acts as a carrier of the protein to the skin.

Two primary methods of exposure are skin contact and inhalation. Powder in the gloves touches the skin and particles become airborne when the gloves are removed. Health care workers have an increased risk of latex allergy from frequent use of latex gloves and other supplies. It is estimated that 8-12% of regularly exposed health care workers are sensitized to latex. Initially symptoms may not accompany sensitization to latex, but may develop with increasing severity from continued exposure.

Patients most at risk are those with repeated exposure to latex—for example, individuals having numerous surgical procedures. It is important that EMS providers routinely question patients about possible latex allergies and check to see if patients are wearing latex allergy alert identification bracelets. The purchase of latex allergy identification bracelets has increased from 20 in 1985, to

Products Possibly Containing Latex

Latex can be found in many products, including the following:

- Gloves
- Blood pressure cuffs
- Oral and nasal airways
- Endotracheal tubes
- Intravenous tubing
- Syringes
- Oxygen tubing and masks
- Electrodes
- Tourniquets

Many of the supplies listed above are also available in latex-free forms.

10,000 as of March 8, 1999. If a patient is wearing a latex allergy alert identification bracelet or informs the EMS provider about a latex allergy, latex-free supplies should be used.

Signs and symptoms of latex allergy are usually mild, but in rare cases, can be severe or life threatening. Individuals may not know they are allergic to latex. It is important for health care providers to be able to recognize the early symptoms of this increasing illness and know how to provide rapid treatment.

The most common reaction to latex is irritant contact dermatitis, characterized by scaling, drying, and cracking skin that has been in contact with latex, powder, or other irritants. Although not considered an allergic reaction, the impaired skin integrity associated with irritant contact dermatitis can provide a route for latex to enter the system and develop into a severe allergy. The potential contact of body fluids through breaks in the skin is also a serious concern. If symptoms of irritant contact dermatitis occur, obtain medical diagnosis and avoid the irritant by using glove liners or powder-free gloves.

Allergic contact dermatitis is the second kind of reaction to latex. It may also be caused from certain chemicals that penetrate gloves. Symptoms include blistering, itching, and crusting, similar to poison ivy. Treatment is the same as treatment for irritant contact dermatitis.

Natural rubber latex (NRL) allergy (Type I immediate hypersensitivity) is the most serious. The initial symptom is hives in the area of contact with the latex, which can accompany or progress to a generalized reaction with symptoms of wheezing, swelling of the mouth, shortness of breath, and anaphylactic shock. This requires immediate treatment. Individuals who are diagnosed with NRL allergy should never use latex products, should avoid glove powder, and

should consider a NRL safe environment.

Because latex allergy is most often caused from repeated latex exposure, the best method of prevention is avoiding contact with latex when possible. This may be achieved by using powder-free and non-latex gloves, made with synthetic polymers. The Centers for Disease Control and the Federal Drug Administration have determined that these alternatives provide a sufficient barrier of protection from bloodborne pathogens. Many health care facilities are using powder-free gloves exclusively because of the rapid increase of latex allergy in health care workers. Other methods of prevention include:

- Using gloves with a lower protein content
- Handwashing immediately after wearing gloves to remove remaining powder on skin
- Avoiding contact of NRL gloves with eyes and face, and
- Using only latex-free gloves, if diagnosed with NRL allergy.

(Continued on page 3)

For Further Information

Contact the National Institute for Occupational Safety and Health (NIOSH) by calling 1-800-35-NIOSH (1-800-356-4674) or by visiting the NIOSH home page on the World Wide Web at <http://www.cdc.gov/niosh/homepage.html>.

References:

DHHS. June 1997. NIOSH Alert: Preventing Allergic Reactions to Natural Rubber Latex in the Workplace. Publication No. 97-135.

OSHA. April 12, 1999. Technical Information Bulletin: Potential for Allergy to Natural Rubber Latex and other Natural Rubber Products.

Wilburn S. Q. March 25, 1999. Testimony of American Nurses Association before the House Subcommittee on Oversight and Investigations Committee on Education and the Workforce.

Maryland Facility AED Program

As many EMS providers know, in 1999 a new law went into effect that permits a business, organization, association, etc. ("authorized facility"), that meets certain requirements, to set up a program whereby someone suffering a cardiac arrest on the authorized facility's premises, can receive AED treatment on-site by appropriately trained non-medical personnel, before the arrival of emergency medical services personnel. The law is intended to apply to a broad range of circumstances: an authorized facility may be a single organization located at one place or a business that operates at several locations (sites).

MIEMSS is the state agency that will implement the new law and authorize facilities meeting the necessary requirements to participate in the program. Because the AED is an advanced medical device that should be used only in an emergency by per-

sons who are trained to use the device, specific requirements have been developed for authorized facilities that wish to set up an AED program. One of the requirements pertaining to EMS is that authorized AED facilities must be registered with the closest jurisdictional operational program. Upon approval of participation in the Maryland Facility AED Program, MIEMSS will notify the appropriate jurisdictional operational program of the authorized AED facility. Additionally, facilities are encouraged by MIEMSS to contact the jurisdiction to establish an efficient working relationship with the jurisdiction. Jurisdictions are encouraged to contact authorized AED facilities within their area if no contact has been made by facilities within one month of notification by MIEMSS.

Other requirements necessary for participation in the Maryland Facility AED Program include training

of AED operators by an approved AED training program, oversight of the authorized facility AED program by a medical director, development of a comprehensive quality assurance monitoring system, and the ability to access 9-1-1 immediately. A certificate issued by MIEMSS to an authorized facility is effective for three years if the facility remains compliant with the program requirements. The target date for implementation of the Maryland Facility AED Program is January 2000.

Because EMS providers are educated and skilled in emergency health care delivery, a collaborative effort between authorized AED facilities and EMS is imperative for a safe and effective Maryland Facility AED Program. MIEMSS greatly appreciates EMS assistance and support with the Maryland Facility AED Program.

◆ Lisa Myers, RN, MS
Director of Program
Development, MIEMSS

MIEMSS is Y2K Ready

As a member of Governor Parris Glendening's Maryland Year 2000 Program, MIEMSS has been actively preparing for the Y2K conversion.

The statewide communications system has been tested with a com-

puter rollover, backup power generator, and the use of alternative communication links, including microwave and radio. MIEMSS has tested all software and hardware through its Information Technology Department,

which is responsible for statewide emergency medical data collection and databases of prehospital care providers.

Along with other state agencies, MIEMSS participated in a statewide Y2K demonstration project on July 22, 1999, held at SYSCOM/EMRC at MIEMSS. Gov. Glendening and key members of the Maryland Emergency Management Agency (MEMA) and Y2K representatives joined MIEMSS Executive

(Continued on page 8)



On July 22 at MIEMSS, the Governor's Chief of Staff Major F. Riddick, Jr. speaks about the Y2K issue in Maryland. He is surrounded by (l-r) Maryland State Police Superintendent Col. David B. Mitchell, Gov. Parris Glendening, State Chief Information Officer Allison Moore, Maryland National Guard Adjutant General Maj. James F. Fretterd, and Maryland Emergency Management Agency Director Dave McMillion.

Latex Allergy Alert

(Continued from page 2)

EMS providers' early recognition of latex allergy in patients and co-workers may be life-saving. Because victims with NRL allergy may deteriorate rapidly, early recognition and appropriate treatment are essential. EMS providers should be concerned for their own safety as well, and watch for the development of latex allergy signs and symptoms.

◆ Lisa Myers, RN, MS
Director of Program
Development, MIEMSS

The American Trauma Society, Maryland Division

The American Trauma Society (ATS) is a national volunteer organization, founded in 1968 to advance the knowledge of trauma—its causes, prevention, and the proper care of the injured. The ATS is dedicated to eliminating trauma as the leading cause of preventable death and disability. The ATS membership represents the spectrum of trauma care providers and the general public. There are state divisions in nearly half of the 50 states. Maryland had a division that was inactive for many years until its re-charter in September 1997.

The American Trauma Society, Maryland Division, has been revived by a steering committee consisting of the trauma coordinators from each of the nine Maryland trauma centers and MIEMSS staff. A Board of Directors and officers have been appointed to support and develop this organization. The Division held its first official board meeting on March 17, 1999, under the leadership and direction of the Division President, Robbi Hartsock.

All trauma centers in Maryland have been institutional members of the Maryland Division of ATS since its first Board meeting. The multi-disciplinary Maryland ATS Board consists of members from physician

groups, nurses, EMS, business, law enforcement, former patients, and the general public. The ATS Board members who are EMS providers from both career and volunteer units include: Jim Koon, Region I EMS; Suzie Nicol, Region II EMS; Joe Brown, Region III EMS; John Barto, Region IV EMS; Chauncey Bowers, Region V EMS; Keith McMinn, Maryland State Police Aviation Division flight paramedic; and Joan Cumberland, past President of the Ladies Auxiliary of the Maryland State Firemen's Association.

The Maryland Division has had a very productive first year. Steering committee members have attended many public education forums to provide injury prevention information. The Board approved the purchase of a display booth and Traumaroo suit, as well as coloring books to give to the hundreds of children who attend these programs. The display booth has been exhibited at numerous EMS education conferences throughout Maryland and several nursing education programs.

The Board of the ATS Maryland Division is interested in working with its EMS members in recognition of the important role that EMS providers have in injury prevention.

EMS providers may join ATS as individual members or through a squad membership which is a jurisdiction membership. Membership in ATS provides EMS providers with resource materials for injury prevention activities and preferential access to "Troo, the Traumaroo," as well as opportunities for highly visible media events such as "Stop Red Light Running" campaigns. EMS providers and the ATS share similar goals for prevention by advocating for a safer environment in which Marylanders live, work, and play, and by advocating for the continual improvement of trauma systems.

For more information about the Maryland Division of ATS, prevention materials, and membership, contact your regional representative listed above or call the ATS Division office at 410-328-3488.

◆ *Mary Beachley, RN, MS
Director of Hospital
Programs & State Trauma
Director, MIEMSS*

Toll-Free Number Re Meetings

A toll-free number 888-4-MIEMSS (888-464-3677) for people outside of MIEMSS has been established to provide information about MIEMSS meeting dates or cancellations. The recorded voice-mail message includes meeting notices for an entire month.

EMS Calendars Available

The R Adams Cowley Shock Trauma Center

Salutes the Men and Women of EMS with a Special EMS Collector's Millennium Calendar

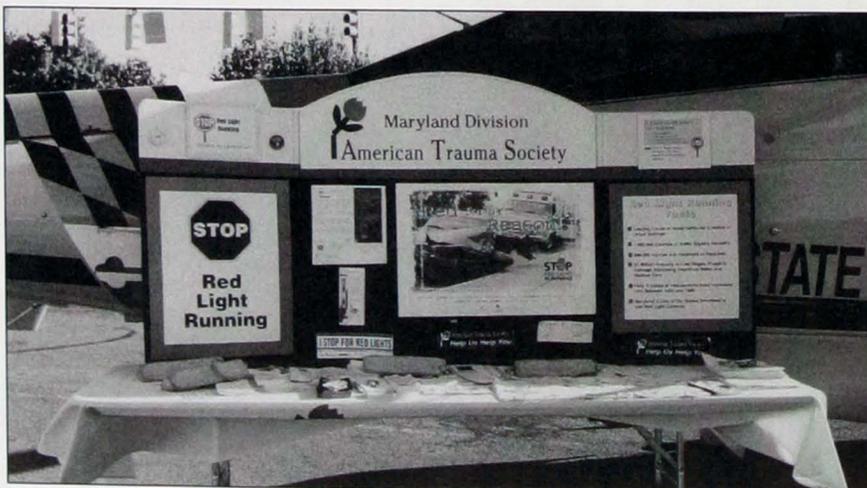
Supplies Limited

Cost: \$10

Contact: Cindy Rivers
Shock Trauma Administration
22 South Greene Street
Baltimore, MD 21201
410-328-8778

E-Mail:

CRIVERS@TRAUMA.UMMC.UMARYLAND.EDU



The display booth of the Maryland Division of the American Trauma Society is set up at one of the Stop Red Light Running events.



Help! The Baby Ate the Christmas Tree!

The holiday season means a wonderful world full of colorful sights and fascinating sounds, aromas, and tastes—especially for the little ones. It is also an extremely busy time for parents who, in the midst of all the frenzy, may not be aware that this is a prime time of year for childhood poisoning. We should be aware of poisoning emergencies throughout the year. However, we should also be mindful that even the safest home can become a dangerous place when all the cooking, celebrating, and decorating are underway. Decorative plants, tree decorations, and even some of the cooking supplies can be harmful to the children. So in this article, I'll attempt to heighten your awareness, and explain what actions to take if you walk in and find the little ones calmly inhaling the eggnog.

First, the good news. MOST commonly used holiday plants are unlikely to cause more than a minor bellyache. While it is true that pine, fir, and balsam contain toxic oils, ingestion seldom causes problems because the amount of toxin is very small. The same can be said for bayberries. Christmas cactus, Christmas orchid, and Christmas palms are non-toxic. And the poinsettia has been much maligned. Although the plant's sap is irritating to the skin and mucous membranes, a child could eat his way through a nursery with 5,000 plants and not suffer more than some sap burns and a tummyache.

This is not to say that all Christmas plants are harmless. "The Holly and the Ivy" may be a favorite old carol, but holly berries cause severe nausea, vomiting, and breathing difficulty—and the ingestion of 20 to 30 berries may be fatal to a child. And ivy, the American variety, causes stinging and swelling in the mouth and throat if ingested—not to mention kidney damage. Jerusalem cherry may cause stomach upset and stupor. All parts of azalea and rhododendrons are toxic. Eating the flowers or leaves will

cause slow heart rate, weakness, and low blood pressure.

Finally, of course, there is mistletoe. Although the leaves and stem are not a problem, the ingestion of even one or two berries can kill a child. Most mistletoe sold nowadays has fake berries, but some of the real stuff is still around. The kids eat the plastic ones anyway—but they too shall pass. A child who eats mistletoe berries will have nausea, vomiting, explosive diarrhea, and extremely high blood pressure, followed by unconsciousness and shock.

So what else can the little angels get into? Well, angel hair is spun glass—and causes injury to the stomach and intestines. There are also items like snow sprays, which contain hydrocarbons in their propellants, and the oils used in decorative lamps and some potpourris. Many people like to use color crystals in their fireplaces for a pretty effect. These color crystals contain metal salts such as copper, lead, and arsenic. On the tree, older and antique ornaments often contain lead paint. Bubble lights, which have made a comeback in recent years, may contain methylene chloride (which can cause slow heart rate, hallucinations, and seizures). Of course, don't forget the item most commonly "not included" with that Christmas toy—the battery. Alkaline batteries, if they leak in a child's digestive tract, cause burns, as well as liver and kidney problems.

And how about Grandma's kitchen? What place could be more tempting for the grandkids with all its wonderful smells? Well, don't forget that many flavorings are high in alcohol content. Many extracts, such as vanilla, almond, etc., are at least 35% alcohol. Chug-a-lugged by a two-year-old, they could cause serious respiratory depression.

By the way, alcohol poisoning should be given serious consideration when a child (or adult, for that matter) is found unconscious, or is acting inappropriately. Children may drink per-

fumes or after-shaves—which are 50 to 70% ethyl alcohol usually, but may be stronger. A dose of as little as 6 ml per kg body weight at these concentrations may be fatal. For a typical toddler who weighs in at 40 pounds, that means as little as 8 to 10 tablespoons or about half of a cup. In addition, children do get into the eggnog, the fruit-flavored cordials, and the Lady Godiva Chocolate Liqueur. Alcohol poisoning in children affects the central nervous system, causing decreasing level of consciousness, seizures, difficulty breathing, and coma.

So, if you find that little Algernon drank Mom's Chanel No. 5, or ate the batteries from his brother's new Gameboy, what's your plan of action?

First—is the child conscious? If not, begin basic life support. Make sure the medic unit is en route. Be sure to get as much information as you can about what was ingested, and gather any containers to take with you.

If the child is conscious, contact Medical Control. Be prepared to tell them what was taken, how much, how long ago, and the child's age and weight. Know the standard treatment and dosages according to Maryland protocol, and be prepared to follow instructions for the administration of activated charcoal or syrup of ipecac. Be sure to document the amount, time of administration, and results. And be prepared to protect the airway in case of vomiting—no matter what (if anything) you are instructed to administer. Syrup of ipecac is an emetic—it is supposed to make your patient upchuck. But rest assured, activated charcoal can also do the job very effectively. By the way, do not forget to save the vomitus and take it to the ER.

Luckily, in most cases, your little patient will end up OK, perhaps just a little sadder and wiser with the knowledge that a holly salad with a perfume chaser is not a recommended holiday dinner. Wishing you all a safe and happy holiday!

◆ *Leona Rowe, NREMT
MIEMSS Education and Certification
Reprinted from the "Laurel Rescue
Siren" (December 1999)*



Ultra-Violence—Lessons Learned from Columbine

On April 20, 1999, Capt. Jim Olsen, a paramedic with the Littleton Colorado Fire Department, played an important role in history. He was on duty when the tragic events occurred at the Columbine High School. Capt. Olsen was the first EMS responder to the scene.

Since that day, he has been traveling across the country, sharing the lessons that were learned from the incident. His first presentation in Maryland occurred on May 15, 1999 at the Baltimore County Fire Departments EMS Update Conference during EMS Week. Battalion Chief Dave Murphy contacted Capt. Olsen over the Internet. As they shared information, Chief Murphy knew that hearing Capt. Olsen speak at the ESM Update Conference would be of great benefit to other EMS personnel who might in the future have to deal with incidents similar to the violence at Columbine High School. Capt. Olsen has now been to Maryland three times to tell his story. From Baltimore County's EMS Update to Washington County's Patching the Gap Conference to Southern Maryland's Pyramid '99

Conference, he has explained what transpired on that day. His audiences have included EMS and fire personnel, law enforcement, hospital and local school personnel, and governmental officials.

At 11:21 AM on April 20, 1999, the Littleton Fire Department responded to the Columbine High School where an ultra-violent incident unfolded. (Ultra-violence is defined as the predetermined use of maximum violence in order to achieve one's single criminal goal that results in physical injury, psychological injury, or death to the victims. Events of this nature attempt to create maximum chaos and multiple casualties, as well as injury to the responders. Targets may include schools, malls, airports, and sporting arenas, all of which have a high volume and frequency of occupants.)

At Columbine High School, 25 students and teachers with shrapnel and gunshot wounds were treated. The emergency response included 166 fire and EMS personnel from 13 agencies, 48 EMS units, 10 fire apparatus, and 2 air ambulances, as well as more than 1,000 law enforce-

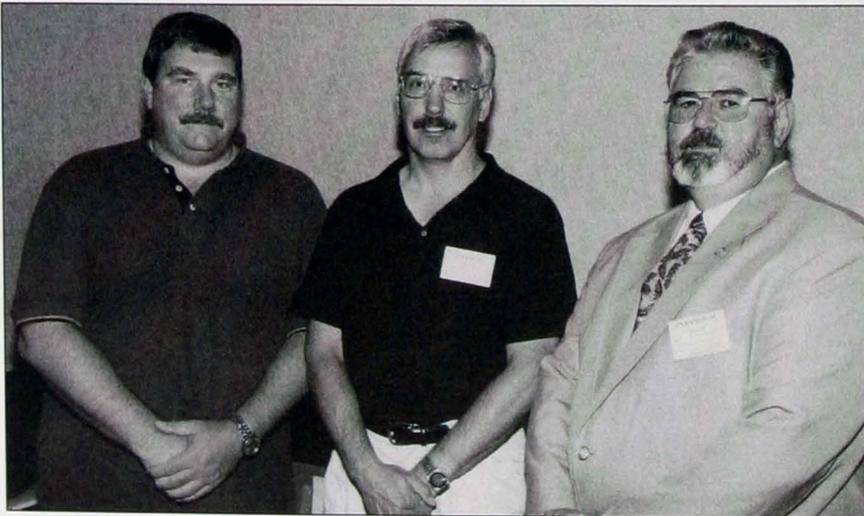
ment responders within the first 24 hours.

The main lessons learned fall into several areas. Capt. Olsen has identified coordination, organization, and communications as the most essential. Coordination between fire, EMS, hospitals, and law enforcement operations must be efficient. It is also critical to work with local schools in evacuation plans and area of refuge. School maps must be updated and precise. Organization stresses the need for a unified command structure, such as the Standardized Emergency Management System (SEMS) that Littleton is using. All staff must be identified with vests and ID cards, including dispatchers. Four points are especially important under communications: (1) all emergency responders must be able to talk to each other via radio; (2) channel assignments need to be made; and (3) remember that the battery life of portable radios is short when the radios are heavily used. An important fourth lesson to remember is that information coming from the scene will be unclear and conflicting. A central public information officer should funnel all information to the media in an effort to prevent misinformation or rumors.

It is important to plan for extended operations to include supplies, batteries, and specialized equipment. Training in tactical EMS is needed for these incidents. The final lesson is to care for your people. Have relief crews available and provide counseling (such as that through a Crisis Incident Stress Management Program) to responders, staff, dispatchers, and those who were off duty.

The Columbine High School tragedy affected all people from coast to coast. No matter how much you plan, prepare, and train for such events, ultra-violent incidents take their toll on everyone. Hopefully, we in Maryland will not have to deal with a terrifying situation.

◆ Jim Brown
Educational Support
Services Director, MIEMSS



(L→r) Capt. Bruce Conrad, Baltimore County Fire Dept., EMS Division; Capt. Jim Olsen, a paramedic with the Littleton Colorado Fire Dept.; and Phillip Cooper, Chairperson of the Region V EMS Advisory Council at the Pyramid '99 conference.



EMS SEMINAR 2000 OCEAN CITY, MARYLAND

Conference Lectures: April 1-2, 2000

Time: Saturday, April 1 (8am-5pm); and Sunday, April 2 (8am-4pm)
Location: Sheraton Fontainebleau Hotel, 10100 Coastal Highway, Ocean City, MD 21842
CE Credits: 12 Hours (BLS and ALS)
Fee: \$58 (Covers all lectures, continental breakfasts, and lunches)

12-Hour EMT-B Recertification Skills Session: March 30-April 1, 2000

Objective: Provides the 12-hour skills portion of the EMT-B recertification requirements.
Time: Thursday, March 30 (6-10pm); Friday, March 31 (6-10pm); Saturday, April 1 (6-10pm)
Fee: \$55 (Covers skills session only)

Hotel Accommodations: Sheraton Fontainebleau Hotel

Address: 10100 Coastal Highway, Ocean City, MD 21842
Phone: 1-800-638-2100 or 1-410-524-3535
Rates: Suites, \$89/night, plus tax, for single or double occupancy.
Deadline: Reservations must be made no later than March 1, 2000, to receive the seminar rate.
To ensure that you get the seminar rate, mention that you are attending "EMS Seminar 2000."



REGISTRATION FORM

Deadline: March 6, 2000
(Registration is limited)

NAME: _____

ADDRESS: _____

PHONE: _____ SS#: _____

AFFILIATION: _____

CERTIFICATION: EMT-B CRT EMT-P Other

I will be attending:

- Conference Lectures (April 1-2)
- EMT-B 12-Hour Recertification Skills Session (March 30-April 1)

I am enclosing:

- \$58 (Conference Lectures)
- \$55 (EMT-B Recertification Skills Session)

Make check payable to EMS Seminar.

MAIL REGISTRATION TO:

Ocean City Paramedics, P.O. Box 1228, Ocean City, MD 21843-1228
Attention: EMS Seminar. For more information, contact Chuck Barton or David Collins at 410-723-6616.

Cancellations received after March 6, 2000 will result in forfeiture of the entire registration fee.



Governor Parris N. Glendening

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for

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MIEMSS is Y2K Ready

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Director Robert Bass, MD, in SYSCOM/EMRC. There MIEMSS staff rolled the clocks forward to 11:45 PM on December 31, 1999, to check the communications system which provides centralized ambulance and hospital communication for Regions III and V and dispatch and radio medical communication for the Maryland State Police statewide Med-Evac helicopter program. All communications systems continued to operate smoothly without interruptions.

In addition to the rollover demonstration, MIEMSS officials demonstrated cutting off power to the communications center to test the auxiliary battery and back-up generators. At the end of the exercise, Dr.

Bass stated that "today's tests show that Maryland's Emergency Medical Services System is Y2K ready and that services will continue when the new millennium begins."

In addition to the rollover tests, representatives from every state agency and county, as well as the cities of Baltimore and Ocean City participated in exercises to test the ability of the state's emergency personnel to respond to potential Y2K related problems. Power failures, water disruptions, excessive celebra-

tion, and various other possible worst-case scenarios were tested.

Y2K problems relating to health-care issues have been addressed through a partnership of the Maryland Department of Health and Mental Hygiene, the Maryland Hospital Association, and MIEMSS. Forums entitled "Partners for the New Millennium" were held throughout the state to discuss issues related to medical equipment, communications, and data collection.

Toll-Free Number for Regions IV & V

MIEMSS Region IV and
Region V Offices have the
following toll-free numbers:

Region IV: 1-877-676-9617
Region V: 1-877-498-5551

IT'S TIME - THE WAIT IS OVER!

Headquarters at Harrison's Chesapeake House
Conference at the Tilghman Island Elementary School



WINTERFEST EMS 2000

January 22 & 23, 2000
Tilghman Island
Talbot County
Maryland

Call the WINTERFEST EMS 2000 hotline (410) 820-8311
for registration information.

Join us for the Y2K Walk/Run
Saturday, January 22.

Proceeds will support Hot Spots and the Youth of the Bay Hundred Area