

Artist's conception of a space station. MIEMSS will be assisting in the development of a computerized, miniaturized health care station to be used in diagnosing and treating illness and injury at a space station site. (Photo courtesy of NASA)



NASA Contract Awarded to MIEMSS

The U.S. space station, scheduled to be operational by the early 1990s, poses many challenges for health care—challenges that MIEMSS will be helping to undertake. The National Aeronautics and Space Administration (NASA) recently awarded \$132,000 to MIEMSS (the first part of a two-year, \$274,000 contract) to assist in the development of a computerized, miniaturized health care station that will be used in health maintenance and in diagnosing and treating illness and severe injury of personnel on extended missions in space.

One of the most obvious problems facing NASA officials is the rescue of personnel who become sick or injured while constructing or manning the space station for three- to six-month periods. These personnel will include not only extensively screened and trained astronauts but scientists, technicians, observers, and military members. They will be working in such areas as construction, satellite servicing, processing materials, manufacturing alloys, and scientific research. Construction accidents, the bends, or toxic exposures are some of the likely problems that space station personnel may encounter.

If illness or injury at the space station occurs, NASA faces two main problems. Considering that it would take approximately 21 days to rescue someone from a space station at a cost ranging from \$100 million to \$500 million, when is an illness significant enough to warrant a rescue and on what basis is that

decision made? Second, one cannot expect the sick or injured crew member to wait 21 days for a rescue without any diagnosis or treatment. Good inflight diagnostic and treatment capabilities are a necessity. NASA must both prevent unnecessary rescues and make sure those undertaken are successful.

“An additional serious problem facing NASA is how to deal with the absence of gravity,” according to John Siegel, the project's principal investigator, who is deputy director of MIEMSS and director of MIEMSS clinical program. “Not only do we have an obligation to care for the sick or injured person while a space rescue is being attempted, but unless we make decisions on how to handle life-threatening situations at zero gravity prior to long-term missions, astronauts with serious illnesses or injuries will be triaged to die.”

To help solve these problems, Dr. Siegel and his researchers will be developing a computer-based physiologic evaluation system for health maintenance, disease diagnosis, and guidance of medical therapy for ill or injured space station personnel. Equipment in the computerized, miniaturized health care station will have to be low weight and low volume, and will monitor astronauts regularly to gain a medical profile at zero gravity. This profile will be used as a basis to diagnose an ill or injured astronaut. Treatment will be prescribed from the ground to another astronaut in the space station who has

EMT training. If an accident occurs that results in loss of ground contact, computers will be programmed to handle the most predictable health problems. According to Dr. Siegel, life support equipment such as respirators and diagnostic equipment must be adapted for use in the space station at zero gravity.

Prior to receiving the NASA contract, the MIEMSS research staff, under Dr. Siegel, was developing state-of-the-art computer-based physiologic signal-processing and assessment techniques to detect and quantify occult decompensatory trends in heart, lung, and body perfusion functions that were indicative of the onset of shock syndromes. Dr. Siegel notes that the goal is to delineate states of total body well-being, or lack of compensation. These patterns can then be used to guide and evaluate the effectiveness of interacting therapies used to correct body function.

Dr. Siegel looks toward applying space medicine research to trauma treatment on earth. For example, tests that use a noninvasive method will reduce greatly the chance for infection. Production of smaller, lightweight ventilators will result in more portable models that can be used for patients in remote areas who need life support systems. In addition, computer-based evaluations and diagnoses that are developed can be applied to severely injured patients in critical care units throughout the world.

—Beverly Sopp

State Coalition Supports Rehab Patients

The first year of operation of the Maryland Coalition for Rehabilitation, a volunteer organization of consumers, providers, and interested supporters of services to the handicapped, could be described in one word: linkages. It provided linkages between handicapped individuals, their families, and service organizations; between service organizations and state-sponsored programs; and between those groups and the state legislature.

Chairperson of the coalition, Margo Caulfield said, "People just aren't aware of the programs the state has to offer, such as transportation, homemaking services, and systems that pay for specialized equipment and barrier-free design." The goals of the coalition are to bring about a coordinated and comprehensive approach to rehabilitation; to recommend rehabilitation policies; and to educate the public and increase awareness of rehabilitation resources in Maryland. It serves as a forum for the

discussion of common issues and ways to solve problems.

The coalition recently took an active role in supporting the Disability Registry Bill, which was adopted by the Maryland General Assembly and put into effect last July. Introduced into the legislature by Delegate Lawrence A. LaMotte of the Fifth District, the bill requires certain health professionals and organizations to report to the Department of Health and Mental Hygiene the names of those individuals disabled by spinal cord injury, stroke, specified amputations, or head injury. This registry—all confidential information—will serve as a system by which the department can contact the disabled individual, parent, or guardian regarding services available from the state, and inform him of eligibility requirements. Upon request, the department will also refer the individual to appropriate public or private agencies that provide rehabilitative care. The registry will give a much needed, clear picture of the number of disabled persons

in need of these services.

Members of the coalition include consumers and providers; representatives of organizations serving those with spinal cord, head injury, visual, hearing, neurological, seizure, cardiac, or other disabilities; the major hospitals; and professional associations. Committees are working on long-range plans for legislation, reimbursement, education, and public relations. There is also strong interest in vocational rehabilitation. Ms. Caulfield explains, "Rehabilitation without vocational therapy is like being all dressed up with no place to go." General membership meetings are held bi-monthly, with an interpreter for the deaf, in a location accessible to the handicapped.

According to chairperson of education Karen Traut, clinical nurse specialist at MIEMSS, a free seminar will be held April 27 on the subject of coping with boredom. There will be a lecture giving an overview of services available for the use of personal time, entertainment, and self-growth, followed by a fair. The displays at the fair will offer opportunities for both the handicapped and referring professionals to get individualized information. Contact Cindy Serba at 301/528-3774 for further details.

For further information on the coalition, contact Margo Caulfield, UMMS, Room SIB01, 22 S. Greene St., Baltimore, MD 21201-1595, or call 301/528-2945. —Erna Segal

Region II

It's time for Trauma Days in Region II. "Trauma Care '85" will be held in Hagerstown on March 22-24.

The March 22 program will be devoted to a nursing track, but interested prehospital providers are welcome to attend. In the morning, Julie Mull Strange, RN, from the Shock Trauma Center admitting area, will speak on nursing assessment of orthopedic injuries, nursing management of a patient with a pelvic injury, and preventing orthopedic complications. In the afternoon, Tim Merriam, of Intermedics, will speak on AV sequential pacemakers. Kay Cresci, RN, MS, CCRN, a surgical nursing instructor at the Johns Hopkins Hospital, will close the day by speaking on cardiac emergencies and cardiac drug update.

For the prehospital track on March 23, Ameen Ramzy, MD, the newly appointed medical director of field operations at MIEMSS, will give the opening remarks and speak on trends in EMS. John R. Marsh, MD, Region II medical director, will discuss the role of the trauma center. A staff member from the hyperbaric medicine department will describe the hyperbaric chamber at the Shock Trauma Center and appropriate referrals to the facility. Katherine H. West, RN, BSN, infection control consultant, will present infection control for ambulances and EMS personnel.

On Saturday afternoon James Buck, MD, and Beth Wieczorek, RN, of the Johns Hopkins Hospital, will expand on the trauma portion of their childhood injury prevention program.

The prehospital track will continue March 24, beginning with "Initial Response to Hazmat for EMS Personnel," presented by Lt. Ed Bickham, CRT, EMS specialist with the Montgomery County Hazardous Incident Response Team. An extensive session on medical aspects of extrication will be given by Ronald D. Stewart, MD, who is the director of the Center of Emergency Medicine of Western Pennsylvania and medical director of Pittsburgh EMS.

In the afternoon, Richard Hann, director of pre-emergency department care of behavioral emergencies for the Mental Health Administration, will address "Medical, Legal, and Personal Safety Issues in Dealing with Behavioral Emergencies in the Field." This will be followed by a practical session on personal defense methods for EMS personnel, taught by FBI-trained self-defense instructors from the Hagerstown correctional facilities.

Registration deadline for Trauma Days is March 15. For further information or a registration brochure, contact the regional office. —George Smith
301/791-2366, 293-1749

Trauma Course Set

The Western Maryland Trauma/Disaster Short Course will be held May 4 and 5 at the Grantsville Holiday Inn.

The two-day program will feature a special afternoon session on bus and truck extrication and rescue, as well as a two-hour presentation on hazardous materials and EMS personnel. Trauma topics include treatment for explosions and gunshot wounds; trauma and pregnancy; and ways of reducing delays in transport of priority 1 and 2 trauma victims. Other sessions will cover improved ways for running a code, examples of the latest in EMS training films, and future trends in Maryland EMS.

All Maryland EMS providers are welcome to participate; however, registration will be limited.

For further information, contact either the MIEMSS Region I Office (301/895-5934), or the MFRI Western Maryland Regional Office (301/724-4970).

EMS Care '85

Preconference Programs

On Friday, June 21, day-long programs will be offered for prehospital care providers, nurses, and physicians.

Three programs for prehospital care providers will be held at the Montgomery County Public Services Training Academy. Individuals should indicate their program of choice on the conference registration form. The cost is \$30 for the day. Registrants may purchase lunch at the academy.

Nurses can choose between a management and a clinical program on Friday at the Bethesda Marriott Hotel. The management program involves one 6-hour seminar. The clinical program consists of two segments: 1) Clinical Updates in the Management of the Poisoning Patient and 2) Pediatric Medical Emergencies. Nurses should indicate their program choice on the registration form. The cost for the day is \$40. Lunch at the Marriott is included.

A base station course for physicians, nurses, and prehospital care personnel involved in providing or receiving medical control will be held on Friday at the Bethesda Marriott Hotel. The registration fee is \$60 and includes lunch at the hotel.

On Friday evening, the finals of the 1985 EMS Olympics will be held at the Training Academy. At the Marriott, a reception and vendors' exhibition are scheduled.

PRECONFERENCE PROGRAMS

Friday, June 21, 1985

At the Montgomery County Public Services Training Academy

10025 Darnestown Road, Rockville

8:00 am – 9:00 am	Registration
9:00 am – 4:00 pm	EMS Survival Skills
9:00 am – 4:00 pm	Crisis Intervention
9:00 am – 4:00 pm	Mass Casualty Incident
12:00 pm – 1:00 pm	Lunch
7:00 pm – 10:00 pm	Statewide EMS Olympics

At the Bethesda Marriott Hotel

5151 Pooks Hill Road, Bethesda

8:00 am – 9:00 pm	Registration
9:00 am – 4:00 pm	Nurses' Management Program
9:00 am – 4:00 pm	Nurses' Clinical Program
9:00 am – 1:00 pm	Base Station Course for Physicians, Nurses, and Prehospital Care Providers
12:00 pm – 1:00 pm	Lunch
7:00 pm – 8:00 pm	Early Bird Reception
6:00 pm – 8:00 pm	Vendors' Exhibition

Physicians (9 am – 1 pm)

Cosponsored by the Maryland Chapter of the American College of Emergency Physicians and the Region V EMS Advisory Council

Base Station Course

This seminar includes lectures addressing Maryland's EMS system, technical aspects of radio communication, operation of base stations, effective communication, and use of physician protocols. The participants will then use this information in role-playing problem situations. The base station course is open to emergency department physicians and others involved in providing or receiving medical control.

Prehospital Care Providers (9 am – 4 pm)

Medical Emergency Defense and Incident Control: EMS Survival Skills

The objective of the Medical Emergency Defense and Incident Control course is to educate emergency service providers in the techniques that can be utilized to ensure personal safety in potentially hostile environments. Delineation of decision-making processes assists the emergency service provider in choosing tactical maneuvers to neutralize incidents that may have otherwise been perilous. Participants will be taught proper techniques in patient restraint, approaching motor vehicles and buildings, cover and concealment, and self-defense.

Crisis Intervention

This day-long program for prehospital care personnel will include crisis intervention theory, behavioral emergencies, mass casualty incidents, stress in crisis workers, and interviewing strategies.

Mass Casualty Incident:

The Next Could Be in Your Back Yard

This day-long workshop is designed to acquaint participants with the Maryland Mutual Aid Response Plan now being finalized. Actual use of the plan will be demonstrated on the Montgomery County Disaster Simulator. The rationale of the plan as well as training procedures and implementation methods will be discussed. Training objectives, procedures, course outlines, and materials will be provided. This information is especially useful to training officers, EMS managers, and others involved in planning and management of the prehospital phase of mass casualty incidents.

Nurses (9 am – 4 pm)

Cosponsored by the Mid-Maryland Emergency Nurses Association and the Region V EMS Advisory Council

Management Program (9 am – 4 pm)

This 6-hour seminar is designed for experienced nurse managers of emergency departments. Confronting today's complex health care issues in the management of human and fiscal resources poses new and expanding challenges to the nurse manager. Developing your staff toward excellence and increased productivity as well as managing employees' issues of job security, layoffs, and interpersonal conflicts will be emphasized in the morning session (management of human resources). Fiscal resource management, including cost/benefit analysis, productivity monitoring, and budgeting, will be stressed in the afternoon session.

Clinical Program

Clinical Updates in the Management of the Poisoning Patient (9 am – 12 pm)

This portion of the nurses' clinical program will include an overview of current treatment protocols for poison patients. The use of ipecac versus lavage and of charcoal and cathartics will be discussed.

Pediatric Medical Emergencies (1 pm – 4 pm)

This review of nursing care for children with medical emergencies will include initial assessment and controversies in the treatment of fever and seizures. A review of discharge teaching needs as well as acute medical problems, such as Reye's syndrome, specific to pediatric patients will be included.

EMS Care '85 Best Care Anywhere

June 22-23, 1985

Cosponsored by Region V EMS Advisory Council (Leon Hayes, Chairman) and MIEMSS Field Operations (William E. Clark, State Director)

Our theme for EMS Care '85 is "Best Care Anywhere," a phrase you will probably remember from the M*A*S*H 4077 of television fame. It is appropriate that we in EMS look back 35 years to the Korean War to find a theme for our program, since one of the roots of modern emergency medical care for the critically injured can be found in that war.

As people who are dedicated to lifesaving, we do not praise the carnage that is war. Rather, we praise the dedicated physicians, nurses, corpsmen, and med-evac pilots who demonstrated in Korea that rapid air evacuation of critically injured patients to facilities capable of providing immediate surgical intervention saves lives. What they learned has led to the development of modern emergency medical services (EMS) systems.

We hope that in this two-day symposium and preconference programs, you will learn something of how EMS developed, where it is today, and what the future holds. You will also have the opportunity to select from a broad range of lectures and workshops, which we hope will help you deliver the "best care anywhere."

EMS Care '85

The schedules for Saturday, June 22, and Sunday, June 23, include workshops and lectures on various EMS topics. Conference participants should indicate their workshop choices on the registration form. The \$40 registration fee covers workshops, breaks, Saturday lunch, and Saturday evening reception (cash bar). A MASH BASH (dinner and dance) is planned for Saturday evening; the cost is \$25 per person.

CONTINUING EDUCATION CREDITS

The following continuing education credits have been applied for: American College of Emergency Physicians; MIEMSS Field Nursing Program which is approved as a total program of continuing education in nursing by the Eastern Regional Accreditation Committee of the American Nurses Association; National Registry of EMTs; and Maryland CRT Continuing Education (local programs must apply for continuing education number approval through MIEMSS).

Saturday, June 22 10:30 - 12:00

1A CHILDHOOD INJURY CONTROL PROGRAM

A unique program aimed at reducing accidental injury, the leading cause of death among children over six months old, will be presented by the Childhood Injury Control Team of Johns Hopkins University Department of Pediatrics.

1B BEHAVIORAL EMERGENCIES

This program will focus on dealing with patients under the influence of drugs, particularly PCP, which causes bizarre behavior.

1C HAZARDOUS MATERIALS: PROTECTING THE RESCUER

Members of the Montgomery County Hazardous Incidents Response Team (HIRT) will discuss techniques for treating the injured, providing safety for the EMT, securing the area, and minimizing the spread of contamination to persons, vehicles, equipment, and receiving facilities. (Repeated as 4B.)

1D SIGNING: COMMUNICATING WITH THE DEAF PATIENT

The deaf patient presents special communications problems in the emergency setting. This crash course in the fundamentals of sign language will emphasize phrases and instructions necessary to gain information from the patient and encourage his/her cooperation. (Limited enrollment)

1E CHEST TRAUMA

Blunt trauma to the chest is a frequent injury in automobile accidents. This workshop will cover patient assessment, pre-hospital treatment, and clinical follow-through.

1F PACKAGE THEM PROPERLY: THE LATEST TECHNIQUES IN SPINAL IMMOBILIZATION (PART 1: LECTURE)

This two-part program will focus on the innovative techniques in immobilization. Part 1 (lecture) is required for entrance into the hands-on workshop (Part 2). (Limited enrollment; workshops are listed as 2F and 3F.)

1G BERRIES AND SNAKES, BUGS AND BLOSSOMS: SUMMER POISONING EMERGENCIES

While we all look forward to the good old summertime, our gardens, yards, and woods are filled with dangerous poisons. Latest techniques in snake-bite treatments and other poison emergencies will be discussed.

EMS CARE '85 Saturday, June 22, 1985

AT THE BETHESDA MARRIOTT HOTEL 5151 Pooks Hill Road, Bethesda

7:30 am - 8:30 am	Registration; Coffee
8:30 am - 9:45 am	General Session Opening Remarks R Adams Cowley, MD From Battlefield to Beltway: Three Decades of Progress John Lewis, EdD
10:30 am - 12:00 pm	Workshops and Lectures
12:00 pm - 1:30 pm	Lunch From Medical Tents to Trauma Centers: Three Decades of Progress Ameen Ranzy, MD
1:30 pm - 3:00 pm	Workshops and Lectures
3:30 pm - 5:00 pm	Workshops and Lectures
6:00 pm - 8:00 pm	Vendors' Exhibition
7:00 pm - 8:00 pm	Reception
8:00 pm - Midnight	Cash Bar
8:00 pm - 10:00 pm	Banquet
9:00 pm - Midnight	Mash Bash

EMS CARE '85 Sunday, June 23, 1985

AT THE BETHESDA MARRIOTT HOTEL

9:00 am - 10:30 am	Workshops and Lectures
11:00 am - 12:00 pm	General Session EMS among the Stars: Space Medicine James S. Logan, MD Closing Remarks R Adams Cowley, MD
12:00 pm - 4:00 pm	Tours

Saturday, June 22 1:30 - 3:00

2A TRAUMA CASE REVIEWS

Selected adult trauma cases will be discussed. Prehospital assessment and treatment, trauma center care, and patient outcomes will be covered. (Repeated as 3A.)

2B MEDICAL LEGAL ISSUES: THE IMPORTANCE OF THE PAPER TRAIL

EMT-As and paramedics are becoming increasingly concerned about their legal liability. Learn how proper documentation of care rendered can protect you.

2C THE PREGNANT TRAUMA PATIENT

The experts tell us that we are experiencing a "baby boomlet." This timely workshop will provide useful information on assessing and treating the pregnant trauma patient.

2D PREHOSPITAL BURN MANAGEMENT

This lecture will cover the latest techniques in the assessment and treatment of burn victims.

2E EMERGENCY CHILDBIRTH/ NEONATAL RESUSCITATION

Another outcome of the current baby boomlet may be more emergency deliveries. This workshop will provide valuable information on childbirth as well as maternal and child care.

2F PACKAGE THEM PROPERLY: THE LATEST TECHNIQUES IN SPINAL IMMOBILIZATION (PART 2: WORKSHOP)

(Repeated as 3F.) Prerequisite: 1F.

2G DIABETIC EMERGENCIES

This workshop for EMT-As, CRTs, and paramedics will provide an update on prehospital assessment and care of the diabetic patient.

TOURS

Sunday afternoon tours of trauma centers near the conference site will be arranged if there is sufficient interest. If you would like to visit the trauma center at Suburban Hospital, Prince Georges General Hospital, or the Children's Hospital National Medical Center, please check the appropriate box on the registration form. Details about tours will be provided at the conference.

ADDITIONAL INFORMATION

For more information about EMS Care '85, contact the Region V Office, Landover Mall, West Office Building, Suite 202, 2100 Brightseat Road, Landover, MD 20785, 301/773-7970.

Saturday, June 22 3:30 - 5:00

3A TRAUMA CASE REVIEWS (Repeat of 2A.)

3B BUG OUT: INFECTION CONTROL IN EMS

The biological and viral health hazards of the EMT profession will be presented. Real problems will be explored and myths exploded. AIDS will be discussed thoroughly. Those present will learn techniques for safeguarding their health.

3C IT'S TOO DARN HOT: HEAT-RELATED AND OTHER SUMMER EMERGENCIES

This program will focus on heat stroke and exhaustion, severe allergic reactions (anaphylaxis), and other seasonal emergencies.

3D "HEY, WORLD, REMEMBER US": HOW TO GET YOUR STORY TO THE PUBLIC

Do you know how to put your best foot forward using the media? This workshop will help you encourage support from members of the public you serve, keep them informed of your activities on their behalf, and make the most efficient use of the media to do it.

3E DEATH AND DYING

EMTs train to save lives. Just as often, in the course of their work, they must transport and transfer terminally ill patients. An EMT may be the last person a fatally injured person speaks to or sees. Tending to the needs of the dying and one's own feelings about death and dying will be explored.

3F PACKAGE THEM PROPERLY: THE LATEST TECHNIQUES IN SPINAL IMMOBILIZATION (PART 2: WORKSHOP)

(Repeat of 2F.) Prerequisite: 1F.

3G PARAMEDICS AND TRAUMA: WHEN TO SWOOP AND SCOOP

CRTs and paramedics are taught to perform thorough assessments and field treatment. This workshop will address using assessment skills to determine when rapid evacuation to a trauma center rather than proper packaging and field treatment is in the patient's best interest.

Sunday, June 23 9:00 - 10:30

4A TREATING THE SMALL FRIES: CASE REVIEWS IN PEDIATRIC TRAUMA

Selected pediatric trauma cases will be reviewed. Pre-hospital treatment, hospital treatment, and outcomes will be discussed.

4B HAZARDOUS MATERIALS: PROTECTING THE RESCUER (Repeat of 1C.)

4C COMPUTER WORKSHOP

An introduction to the role that computers can play at your squad. Hands-on experience included. (Limited enrollment)

4D HAND TRAUMA

Summer brings with it increases in hand injuries. The latest treatment protocols and packaging of severed extremities will be discussed.

EMS Care '85

EMS Care '85 Faculty

Rich Adams
Editorial Director
WDVM-TV, Channel 9

Judy Bobb
Nurse Coordinator
MIEMSS

Willie C. Blair, MD
Director of Trauma
Prince Georges General
Hospital Medical Center

James R. Buck, MD
Assistant Professor of
Pediatric Surgery
Johns Hopkins Medical
Institutions

Philip Buttaravoli, MD
Director
Emergency Department
Holy Cross Hospital

R Adams Cowley, MD
Director
MIEMSS

Karen DeLotto, MEd, RN
Emergency Psychiatric Nurse
Calvert Memorial Hospital

Linda Dodge, RN, NNP
Children's Hospital National
Medical Center

Maureen Durkin, BA, MA
Training Specialist
National Academy
Gallaudet College

Martin Eichelberger, MD
Director
Trauma Surgery
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J. Alex Haller, Jr., MD
Robert Garrett Professor of
Pediatric Surgery
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Dan Leviton, PhD
Professor of Health Education
University of Maryland
College Park

John Lewis, EdD
Acting Chairperson
Emergency Health Services
Department
University of Maryland
Baltimore County

James S. Logan, MD
Chief of Medical Operations
The National Aeronautics and
Space Administration

Mary Beth Michos, RN
Captain
Montgomery County Fire/
Rescue Services

Carolyn Ninman, BSN, RN
Community Outreach
Coordinator
Washington Hospital Burn
Center

David Ramsey
Region I Administrator
MIEMSS

Ameen Ramzy, MD
Medical Director, EMS Field
Operations
MIEMSS

Betty Ripton, MS, RN
Children's Hospital National
Medical Center
Emergency Childbirth/
Neonatal Resuscitation

Thomas Schwartz
Central Shenandoah EMS
Council

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Risk Management
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Emergency Department Nurse
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RN**
Education/Communications
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National Capital Poison Center

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Policy and Management
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Kathleen West, RN
Infectious Disease Practitioner
Alexandria Hospital

Beth Helen Wiczorek, RN
Senior Clinical Nurse
Pediatric Intensive Care
Johns Hopkins Medical
Institutions

Modena Wilson, MD, MPH
Assistant Professor of
Pediatrics
Johns Hopkins Medical
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Preconference Program Faculty

Mark Gabriele
Trooper First Class; Cardiac Rescue Technician
Maryland State Police

Dennis R. Krebs
Firefighter; Cardiac Rescue Technician
Baltimore County Fire Department

Jeffrey Mitchell, PhD
Assistant Professor
Emergency Health Services Department
University of Maryland Baltimore County

Daniel Morhaim, MD
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Franklin Square Hospital
Region III Medical Director

Sallyan Sohr, MBA, BSN, RN
SAS Health Associates, Inc.

Roseann Soloway, MS Ed, RN
Education/Communications Coordinator
National Capital Poison Center

Staff from the Children's Hospital
National Medical Center

EMS Care '85

Registration Form

Name _____ Day Phone _____

Address _____

Affiliation _____

Conference Workshops (Circle one in each session)

Saturday
10:30 - 12:00 **1A 1B 1C 1D 1E 1F 1G**

Saturday
1:30 - 3:00 **2A 2B 2C 2D 2E 2F 2G**

Saturday
3:30 - 5:00 **3A 3B 3C 3D 3E 3F 3G**

Sunday
9:00 - 10:30 **4A 4B 4C 4D**

Registration Fees

Preconference Programs (Friday)		
Prehospital Care Providers	\$30	_____
Nurses	\$40	_____
Physicians	\$60	_____
EMS Care '85 (Saturday and Sunday)	\$40	_____
MASH BASH	\$25	_____
TOTAL		_____

Preconference Programs (Check one)

EMTs' Program

- EMS Survival Skills
 Crisis Intervention
 Mass Casualty Incident

Nurses' Program

- Management Program
 Clinical Program

Physicians' Program

- Base Station Course

TOURS

Tours of the trauma centers at the hospitals listed below will be organized if there is sufficient interest among conference participants. If you are interested in visiting a trauma center, please indicate the hospital with a check mark.

- Suburban Hospital
 Prince Georges General Hospital
 Children's Hospital National Medical Center

Make check payable to EMS Care '85.

Send form and check to Region V Office, Landover Mall, West Office Building, Suite 202, 2100 Bright Seat Road, Landover, MD 20785.

HOTEL ROOM RESERVATION

Please print and complete all information below:

Please reserve _____ room(s) for _____ person(s)

Name _____

Organization/Firm _____

Address _____

City _____ State _____ Zip Code _____

Phone/Area Code _____

Will arrive _____ day _____ (Check-in time, 4 pm)

Will depart _____ day _____ (Check-out time, 12 pm)

QUEEN BED _____ 2 DOUBLE BEDS _____

EMS Care '85
 June 20-23, 1985
 \$59 Single Occupancy
 \$59 Double Occupancy
CARD MUST BE RETURNED BY
 May 30, 1985.

Mail to Reservation Manager, Bethesda Marriott,
 5151 Pooks Hill Road, Bethesda, MD 20814,
 301/897-9400.

What time do you expect to arrive? _____

Rooms which are not guaranteed will be honored until 6 pm only.
To guarantee your room for late arrival after 6 pm, enclose a check for the first night's room + tax (add 10%) as deposit or indicate your credit card number and sign below.

Diners Club Carte Blanche American Express

Card Number _____ Exp. date _____

Signature _____

A guaranteed room will be held all night. You will be charged for one night unless you cancel before 6 pm on your date of arrival.

The Bethesda Marriott Hotel is conveniently located at the junction of I-495 (Washington Beltway), I-270, Route 355 (Wisconsin Ave.). It features two outdoor tennis courts, year-round swimming, free parking, health club, and game room.

Region III

EMS Lecture Series

The following programs are scheduled for the Region III Lecture Series:

March 13

Childhood Injury Control
Presented by Johns Hopkins Hospital's
Pediatric Intensive Care Unit
Essex Community College

April 27

Mock Trial
Cosponsored by the Region III EMS Ad-
visory Council and UMBC's Emer-
gency Health Services Program
University of Maryland Baltimore County

June 5

EMS Response to Hazardous Materials
Incidents
Presented by Capt. Mary Beth Michos of
Montgomery County Fire and
Rescue Services
University of Maryland Baltimore County

August 31

Management of Neonatal Emergencies
Presented by Kathy Aoki, RN, instructor
for MIEMSS Neonatal Transport
Team
University of Maryland Baltimore County

During the Mock Trial, actual EMTs and CRTs will be put on trial for accusations made by a consumer. This should emphasize the importance of normal procedures often taken for granted—such as accurate documentation, exchange of pertinent information, stocking of medications, maintenance of equipment, etc. For information on these programs, contact the Region III office.

Regional Olympics

On April 20, the Region III Olympics will be held at UMBC. As we get closer to the date, we will tell you more details.

Howard Co. Ambo Inspection

Howard County's nine ambulances and medic units were reinspected according to the Certificate of Excellence guidelines on January 14. With the cooperation of all companies involved, and the coordination of Capt. Richard Freas, we were able to inspect all the ambulances in one day. All nine units have passed and been recertified. Two units—Ambulance 55 from Fifth District Volunteer Fire Company in Clarksville and Ambulance 65 from Savage Volunteer Fire Company—were especially well organized and prepared.

Seminars in Emergency Medicine

Emergency physicians, nurses, and prehospital care personnel are invited to

attend the emergency medicine seminars sponsored by the Johns Hopkins University School of Medicine in conjunction with Maryland ACEP. The seminars are held every Friday from 9 am to 10:30 am in the Brady Room on the first floor of Johns Hopkins Hospital.

March 1

Hyperbaric Medicine
Roy Myers, MD, MIEMSS

March 8

Microcomputer in the Emergency Department
Theodore Harrison, MD, Fallston General Hospital

March 15

Case Conference: Evaluation of Unilateral Swollen Arm
Eric Noji, MD, The Johns Hopkins Hospital

March 22

The Recognition, Treatment, and Prophylaxis of Tetanus

Region V

The Prince Georges County Fire Department in Region V activated "Medic 5," a paramedic unit, on December 10, to serve the 44,000 residents of the Clinton area of southern PG County. In an unusual tribute, it was dedicated in memory of firefighter Steven M. Pingitore, one of the original career firefighters in the paramedic program, who died of cancer.

"Medic 6," which serves 81,000 residents of New Carrollton, Lanham, Seabrook, Kentland, Palmer Park, and Cheverly, is located at Landover Hills Fire Department and went into service on January 28. (Medics 1-4 serve the areas of Brentwood, Silver Hill, Laurel, and Bowie, as well as adjacent communities.)

The PG County goal is to eventually have 12 paramedic units. Their locations will be based on population density, location of critical care incidents, workload on current units, and the need to improve response time. The paramedic units will operate in tandem with PG County's ambitious program of CPR training for citizens. Ideally, the victim of a cardiac arrest will have a "citizen bystander" initiate CPR within four minutes of cessation of heart activity, and paramedics will be at his side within eight minutes. The survival rate under these conditions should be nearly 50 percent. —Marie Warner and Ed Lucey
301/773-7970

John Griffin, MD, The Johns Hopkins Hospital

Region III Input Requested

This article is aimed at providers in Region III, which encompasses Baltimore City, and Baltimore, Anne Arundel, Carroll, Harford, and Howard counties. If you have information or ideas you wish to exchange with people in these areas and feel it would be appropriate for this article, call the Region III office. —George Pelletier, Jr., and John Donohue, 301/528-3997

Region I

"Mountain Medic"

The Region I EMS newsletter, **Mountain Medic**, has recently taken on an improved appearance. With funds from a block grant, the newsletter is now being printed professionally and includes photos. The newsletter mailing list is being expanded; anyone wishing to receive it should contact: Jean Smith, **Mountain Medic**, P. O. Box 34, Grantsville, Maryland 21536.

Allegany County Civil Defense

Region I extends congratulations to Owen Noel Morris, the new Allegany County Civil Defense director. Owen served as the administrative assistant to the late C. G. Smith, past C. D. director, since 1971.

Region I wishes Owen well with his new duties and looks forward to the continued active role of Civil Defense with the EMS system.

Bulk Purchase Program

Once again Region I ambulance services are joining together to buy medical equipment and supplies. This year 75 percent of the companies are participating in the bulk purchase program, which can result in 30-35 percent savings. —Dave Ramsey
301/895-5934

MAIS Runsheet Update

Below is an information update for the Maryland Ambulance Information System runsheet.

When you use the Maryland Poison Information Center for consultation, you should indicate the code number "300" in the consultation section of the runsheet. This number should be added to the list of facility code numbers you are currently utilizing. —Lou Jordan

Director, Prehospital Care,
Field Operations

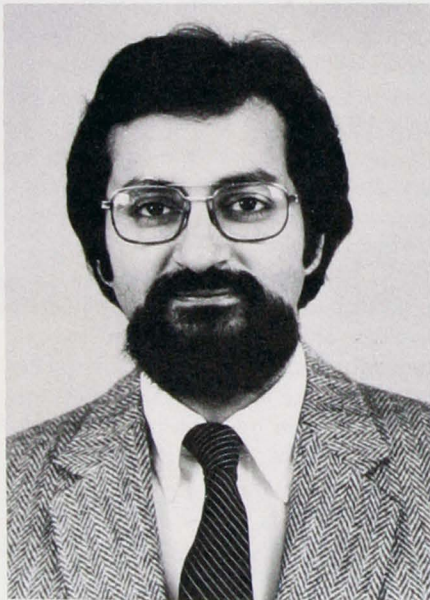
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Published monthly by the
Maryland Institute
for
Emergency Medical Services Systems



New Medical Director Named



Dr. Ameen Ramzy

Ameen I. Ramzy, MD, is the new state medical director of Field Operations, replacing Alasdair Conn, MD, who resigned recently. Dr. Ramzy will be responsible for those aspects of field operations that impact on patient care.

Appointed by MIEMSS Director, R Adams Cowley, MD, Dr. Ramzy will be assisted by Burt Kaplan, MD, and Carl Soderstrom, MD, and will be working

closely with the regional medical directors. (Dr. Ramzy will discuss the goals and activities of the field medical program in a future issue of this newsletter.)

Dr. Ramzy has worked closely with Dr. Conn and the field programs for the past three years when he was associate medical director for EMS field operations to MIEMSS and for the past five years as trauma surgeon at the Shock Trauma Center. Recently he was also named medical director to the paramedic training program of the Emergency Health Services Department at the University of Maryland Baltimore County. He has lectured nationally as well as regionally on trauma care and has been active in formulating state medical protocols.

Dr. Ramzy has also worked directly with field providers, and in this capacity has responded to several accident scenes involving prolonged extrication with critically injured patients. He has worked closely with the MIEMSS communications program and was instrumental in implementing Traumaline in Region III.

During the summer of 1982, Dr. Ramzy also spent a month in West Beirut, treating trauma patients.

—*Beverly Sopp*

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