

THE



NEWSLETTER

April, 1976
Vol. 3, No. 2

INTERNATIONAL EMS/TRAUMA BICENTENNIAL SYMPOSIUM TO BE HELD IN BALTIMORE

"Monday, May 10, 6 p.m. - Disaster Strikes Baltimore Harbor."

Disaster in the Baltimore harbor is not only being predicted but actually planned. Part of a workshop on harbor/airport disasters, the "staged" or "planned" disaster will be a detailed educational case study demonstrating the essential steps in establishing plans and the efficient handling of a major disaster, if one would ever occur. Liability coverage, traffic control and other organizational details encountered in a mass emergency situation will be emphasized.

Airport/Harbor Disasters is one of sixteen workshops to be offered during the sessions on Emergency Medical Services (EMS) System Development that will be presented at the "U.S.A. Bicentennial Emergency Medical Services and Traumatology Conference" in Baltimore, May 9 - 12. As part of the same conference, two other "tracks" - Traumatology and Trauma Nursing - will be presented simultaneously with the EMS sessions.

The workshops, which are international in scope, will highlight progress and recent guidelines

which will affect various components of EMS Systems. In addition, there will be a discussion on new model state EMS legislation, recently developed paramedic curriculum, HEW evaluation guidelines and guidelines for secondary transportation and medical control, and categorization of hospitals. The new guidelines will be compared to international models.

Internationally and nationally known experts in the development of traumatology and emergency medical services care systems will participate in the Symposium. Among the numerous moderators of EMS workshops will be Drs. Oscar Hampton, Jr., Consultant in Trauma at the American College of Surgeons, and Earle Wilkins, Jr., Chief of Emergency Services at Massachusetts General Hospital,

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(Photograph courtesy of Baltimore City Police Department)

EMERGENCY MEDICAL SERVICES
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEWS ITEMS

"EMT-A'S IN ACTION"



"...for exemplary conduct displayed in rescuing and administering closed chest cardiac massage and mouth-to-mouth resuscitation to an unconscious child who was removed from a second floor under extremely adverse conditions," reads the commendation for Robert E. Dillard, Baltimore City Emergency Vehicle Driver, unanimously selected as the "Kiwans Club of Highlandtown - Outstanding Fire Fighter of the Year." But this was not Mr. Dillard's first citation. He was also commended by the Baltimore City Fire Department in February, 1972 for exemplary conduct displayed in rescuing four occupants from a second floor, whose escape had been cut off by fire and smoke. In addition, he was commended in July, 1975 for rendering assistance to an unconscious, non-breathing person at the scene of a flood. Mr. Dillard administered closed chest cardiac massage, revived and subsequently transferred the patient to a hospital.

EMRC ASSISTS IN BREECH BIRTH

Little Kathleen Marie Posidenti was born with the assistance of Dr. Allan I. Rubin, Chief Resident in Obstetrics and Gynecology at Sinai Hospital. This may not seem like much news. What is news is that Kathleen made her complicated breech entry at her home in Pikesville, while Dr. Rubin was

several miles away at the hospital.

When Mama, Patricia Posidenti, felt the pangs of labor, she summoned the Pikesville Ambulance. The ambulance, equipped with the new Region III emergency communications system radio, arrived within minutes, but it was already too late to take Mrs. Posidenti to the hospital. The baby had begun to descend - feet-first, instead of the normal head-first delivery. Ambulance crew members Lt. David Bush, Murray Rodman, and Joseph Dahlene, specially trained in paramedical procedures, immediately set up two-way communication with the hospital.

Dr. Rubin, then on duty, instructed the ambulance crew on making an incision to ease the passageway. When the baby did not emerge, he instructed them to make a wider incision.

When the baby was finally born, there were further complications - she wasn't breathing, despite attempts to resuscitate her. She was rushed by police car to Sinai, and upon entering the doors, finally began to cry.

Despite all complications, the baby and mother did well, and were discharged within three days.

The communications center for the Emergency Medical Resource Center, part of Maryland's EMS Communications System in Region III, is located on the sixth



floor at Sinai. EMRC receives calls from Region III ambulance paramedics across the State and instructs them as to which hospital is

best equipped and able to receive their patient. EMRC then notifies the hospital in the 24-hospital Region III network that a patient is en route and reports his condition. Crew members are specially trained to assist patients, start intravenous fluids, defibrillate coronary victims and transmit an electrocardiogram to a hospital emergency room.

According to Dr. Rubin, "this successful delivery proved two points: the Emergency Medical System worked well with the mobile communication system, and the firemen knew their jobs and did it well."



Y'know, M.A.S.H. outfits like this were set up for one reason - so no soldier was ever more than minutes away from the best medical care he could get.

Well, the people of Maryland now have their own Emergency Medical System that's based on the M.A.S.H. idea - and it works so well that over 80% of the people they bring in live!

But the system is going to work only if everyone knows about it.

Because the life saved may be your child's . . . or a friend's . . . or even a stranger's . . . and you may be that stranger.

Alan Alda, "Hawkeye" of the popular M.A.S.H. series, has been appearing in a 30-second T.V. public service announcement. The "spot" was produced for Maryland's EMS System in cooperation with Twentieth Century Fox Television, R.M. & D. Advertising Agency in Baltimore and the DEMS Public Affairs Office.

NURSING WORKSHOPS: A STATEWIDE EMS EDUCATIONAL PROGRAM

For the past six months the nursing division of EMS has been presenting workshops on emergency management of the critically ill and injured to nurses throughout Maryland. To date more than 400 nurses have attended the workshops.

Maryland is one of the few states that provides continuing education for emergency care nurses. Presently, there are two nurses on the staff, Sally Sohr and Peggy Trimble, with additional support from two MIEM nurses, Judy Bobb and Carole Katsaros. The four nurses, supervised by Elizabeth Scanlan (Director of Nursing, MIEM and DEMS), present seven teaching modules or workshops in community colleges, hospitals and community churches. The topics, determined from preliminary discussions with nurses throughout the State last spring, include crisis intervention, burn management, respiratory emergencies, trauma, pediatric emergencies, diabetes and cardiac emergencies. A brief synopsis of each workshop follows.

Cardiac Emergency

This workshop is designed to increase the nurse's knowledge of, and recognition of, cardiac conditions and ability to intervene in emergency situations involving patients with the following conditions: heart attack, angina, acute cardiac failure, cardiac shock, and cardiac tamponade. Approximately eight hours of lectures and discussions cover such topics as pathophysiology, diagnostic adjuncts (including initial ECG screening), cardiac drugs, and life-threatening arrhythmias. An additional six hours of laboratory sessions include information on history-taking, 12-lead electrocardiograms, arrhythmias, and advanced life support. Evaluation of student performance is primarily through pre-testing and post-testing. Initial

results show an increase in the average scores from .53 (pre-test) to .86 (post-test).

Acute Respiratory Distress

This workshop covers the following clinical syndromes: acute airway obstruction, acute asthma, anaphylaxis, pneumothorax, and shock lung. The lecture and discussion sessions (approximately eight hours) emphasize anatomy, physiology, pathophysiology, assessment, and emergency intervention. Laboratory sessions (eight hours) will include physical examination, breath sounds, blood gas interpretation, introduction to chest X-ray screening and esophageal airway insertion. Student evaluation will utilize pre-testing and post-testing.

Diabetic Emergency

This six-hour session stresses an understanding of the pathophysiology of shock and coma, assessment of the patient, and emergency intervention. Also included is a discussion of electrolyte's and hyperosmolar coma. Student evaluation is based on pre-testing and post-testing.

Crisis Intervention

The crisis intervention workshop is designed to increase the nurse's recognition and emergency psychiatric treatment for a patient and/or his family in such cases as sudden death, rape, drug intoxication or withdrawal including alcohol, suicide or homicide intent, and

child abuse. Approximately twenty-four hours of lectures and discussions are presented covering: crisis intervention theory, attitudinal exploration - interviewing techniques, listening laboratory and comprehensive background of recognition and management of the patient and/or family in the specific crisis conditions mentioned above.

Trauma

This workshop is designed to increase the nurse's knowledge of rapid, as well as a more refined, assessment of a patient with multiple injuries. The workshop is approximately 18 hours in length. The material covered is pathophysiology of the major systems, shock and respiratory embarrassment associated with major trauma, equipping a trauma room, and group participation utilizing assessment skills. Case studies are presented for discussion and a pre-test and post-test are given to evaluate the student's knowledge and comprehension of material presented.

Pediatric Emergencies

This is a two-day program designed as a review, as well as an update, for all nurses involved in pediatric emergencies. Emphasis is placed on the pediatric emergency that may be received in the general emergency department. Topics covered are health appraisal, pediatric CPR, seizures, fevers and sepsis, SIDS, neonate problems, and child

(continued on page 8)

<u>DATE</u>	<u>WORKSHOP</u>	<u>EDUCATION</u>	<u>NURSE</u>
APRIL			
6, 7	<i>Respiratory</i>	Memorial Hospital, Cumberland	Judy Bobb
12, 13	<i>Respiratory</i>	Suburban Hospital, Bethesda	Judy Bobb
15, 16	<i>Pediatrics</i>	Memorial Hospital, Easton	Peggy Trimble
27, 28, 29	<i>Crisis Intervention</i>	Hagerstown Community College	Sally Sohr
MAY			
4, 5	<i>Pediatrics</i>	Spring Grove Hospital, Salisbury	Peggy Trimble
19, 21	<i>Crisis Intervention</i>	Memorial Hospital, Easton	Sally Sohr
24, 25	<i>Cardiac</i>	Prince George's General Hospital	Judy Bobb
JUNE			
4, 7	<i>Cardiac</i>	Peninsula General Hospital	Judy Bobb
9, 11	<i>Crisis Intervention</i>	Memorial Hospital, Cumberland	Sally Sohr
18, 25	<i>Cardiac</i>	Peninsula General Hospital, Salisbury	Judy Bobb
22, 23	<i>Cardiac</i>	Spring Grove Hospital, Salisbury	Judy Bobb
28, 29, 30	<i>Crisis Intervention</i>	Prince George's Doctor's Hospital	Sally Sohr

(Symposium continued)

co-chairmen of the Facilities Workshop; Dr. Nathan Schnaper, Chief of Psychiatric Branch at the Maryland Institute for Emergency Medicine (MIEM), chairman of the Special Problems Workshop; Dr. Eugene Nagel, professor and chairman of anesthesiology at Harbor General Hospital, and Leonard Cobb, professor of Medicine at University of Washington, co-chairmen of the Basic Life Support and Communications Systems Development Workshop; and Blair Sadler, Esq., vice-president of the Robert Wood Johnson Foundation, and William Gemma, Health Services Administration, HEW, co-chairmen of the workshop on the role of professional organizations and foundations in EMS.

The Traumatology sessions, chaired by Dr. R Adams Cowley, Director of the Maryland Institute for Emergency Medicine (MIEM) and the Division of Emergency Medical Services, will consider relevant systems development, planning operations, clinical evaluation, current clinical problems and procedures for surgical and intensive care.

Participants in the Trauma Nursing program will attend three of the Traumatology sessions. Other workshops will focus on the expanded role of the trauma nurse and training for the trauma nurse in emergency departments, intensive care units and surgical suites. Among the moderators and participants in the Trauma Nursing program will be Elizabeth Scanlan, R.N., Director of Nursing at MIEM and DEMS.

The conference is cosponsored by the Division of Emergency Medical Services, State of Maryland; U.S. Department of Health, Education and Welfare, Division of Emergency Medical Services; Maryland Institute for Emergency Medicine at the University of Maryland, Baltimore; the NATO Committee on the Challenges of Modern Society, International EMS Subcommittee; and the American Trauma Society.

**PRELIMINARY PROGRAM—
AN OVERVIEW**

SUNDAY, MAY 9

9:00 a.m. - 9:00 p.m.
Registration
4:00 p.m. - 9:00 p.m.
Exhibits Open
6:00 p.m. - 8:00 p.m.
Opening Reception in Exhibit Area

MONDAY, MAY 10

8:00 a.m. - 6:00 p.m.
Registration
8:00 a.m. - 5:00 p.m.
Exhibits Open
9:00 a.m. - 9:30 a.m. —Plenary Session
Welcome—
R. Adams Cowley, M.D.
David R. Boyd, M.D. C.M.
Elizabeth H. Scanlan, R.N.

9:30 a.m. - 10:00 a.m.
Key U.S. Government Official
10:00 a.m. - 10:30 a.m.
Representing Visiting Foreign Governments
Nato Welcome—William R. Gemma, Ph.D.
Robert W. Gillespie, M.D.
American College of Surgeons
Harris B. Graves, M.D.
American College of Emergency Physicians
Charles A. Rockwood, Jr., M.D.
American Academy of Orthopedic Surgery
Raymond T. Holden, M.D.
American Medical Association
Anna Marie Erickson
Emergency Department Nurses Association
Fred Harris
National Association for EMT's
Thomas S. Morse, M.D.
American Trauma Society

10:45 a.m. - 12:30 p.m.
TRACK I
TRACK II
TRACK III
12:30 p.m.
LUNCH
Speaker:
Marcello Gonzales, M.D.
Director, Office of Emergency Medicine,
Venezuela Department of Public Health
Caracus, Venezuela
2:00 p.m. - 5:00 p.m.
TRACK I
TRACK II and III
6:00 p.m. - 8:00 p.m.
Harbor Disaster Exercise
To be staged in Baltimore Harbor—A short walk from
Civic Center

TUESDAY, MAY 11

8:00 a.m. - 6:00 p.m.
Registration
8:00 a.m. - 7:00 p.m.
Exhibits Open
9:00 a.m. - 12:00 Noon
TRACK I
TRACK II and III
12:00 noon
LUNCH
Speaker:
Nationally known personality—To be announced
2:00 p.m. - 5:30 p.m.
TRACK I
TRACK II and III
6:00 p.m.
Reception for those attending Banquet
7:00 p.m.
Banquet
Speaker:
Internationally known personality—To be announced

WEDNESDAY, MAY 12

8:00 a.m. - 2:00 p.m.
Registration Open
9:00 a.m. - 12:00 Noon
TRACK I
TRACK II
TRACK III (Nurses only)
NO PLANNED LUNCH

**MAY 10
MONDAY,**

9:00 a.m.
10:45 a.m.
-12:30 p.m.

2:00 p.m.
-5:00 p.m.

6:00 p.m.
-8:00 p.m.

**MAY 11
TUESDAY**

9:00 a.m.
-12:00 Noon

2:00 p.m.
-5:30 p.m.

7:00 p.m.

**MAY 12
WED**

9:00 a.m.
-12:00 Noon

General Session

- National EMS Progress Report and future Projections
- Summary on International EMS Programs

Concurrent Workshops

- Harbor Disasters
- EMS Manpower
- EMS Research
- Clinical Care Systems
- Special Problems

Harbor Disaster E
To be staged in Balt

Concurrent Workshops

- Basic Life Support Communications Systems Development
- Transportation
- Role of Professional Organizations and Foundations in EMS
- Natural Disasters and Civil Emergencies

- Facilities
- EMS Evaluation
- Advanced Life Support and Telemetry Communications
- Federal Organizations in EMS

Concurrent Workshops

- Public Education and Information
- EMS Legislation
- Airport Disasters
- Special Rescues

Plenary Session

TRAUMA MANAGEMENT— INTRODUCTION

- Organization
- Resuscitation and Transportation, Prehospital and Interhospital
- Facilities
- Manpower—The Trauma Team
- Research

- E.M.S. & the Nurse
- Initial Assessment of Trauma
- Physiological Monitoring
 1. Arterial & Intracranial
 2. CVP & PA
- Education Opportunities for the Trauma Nurse Specialist
- EDNA Core Curriculum
- Regional Workshops
- AACN & Trauma
- Emergency Nurse Practitioner
- Master Program in Trauma

TRACKS II AND III MEET JOINTLY

TRAUMA MANAGEMENT— BASIC CONSIDERATIONS

- Shock and Resuscitation
- Physiologic Responses to Injury
- Metabolic Responses to Trauma
- Organ Failure
- SUMMARY

Poster Exercise

in Baltimore Harbor—A short walk from Civic Center

TRAUMA MANAGEMENT— GENERAL CONSIDERATIONS

- Initial Evaluation and Treatment
- Cardiopulmonary Resuscitation and Anesthesia
- Multiple Injuries
- Children
- Burns
- Infection

TRAUMA MANAGEMENT— BODY SYSTEMS

- Central Nervous System Injuries
- Thoracic Injuries
- Facial Injuries
- Abdominal Injuries
- Musculoskeletal Injuries
- Vascular Injuries

Banquet - Civic Center

WORKSHOPS ON SPECIAL PROBLEMS OF TRAUMA MANAGEMENT

1. Field Management—
At the Scene and in Transit
2. Burn Management
3. Sepsis—Prevention, Control, and
Therapy
4. Psychiatry—The Patient, The
Family
5. Respiratory Insufficiency
6. Fluid Replacement, Blood
Coagulation and Component
Therapy
7. The Injured Cell—Mechanism
in the Pathophysiology of
Traumatic Shock
8. Clinical Research—Urgent
Solutions Needed
9. Radiology—Practical Techniques
Evaluating the Trauma Patient
10. Rehabilitation—Why Wait?
11. Hand—Emergency
Care including Replantation
12. Renal Failure—
Prevention, Recognition, and
Therapy

WORKSHOPS ON SPECIAL TRAUMA PROBLEMS

- Head Injuries
- Burns—Assessment & Pitfalls
Controversy in Fluid Management
- Contemporary Resuscitation Devices
Used in Emergency & Critical Care
(Esophageal Airway, Shock Trousers)
- Arterial Blood Gases & Pulmonary Ventilation
- Special Pulmonary Problems
Flail Chest
- Innovative Concepts in the Management
of the Acute Spinal Cord Injury
- Expanded Role of the Nurse
How to Implement this Role
- Legal Consideration—Benefit and
Risks in the Expanded Role
- Research in Nursing



U.S.A. BICENTENNIAL EMERGENCY MEDICAL SERVICES AND TRAUMATOLOGY CONFERENCE AND EXHIBITION

First International Symposium on
EMS Systems Development
First National Symposium on Traumatology
First National Symposium on Trauma Nursing

Purpose Of Conference

The purpose of this conference will be to provide National and International experience and scientific information for the development of emergency medical services care systems and the improvement of care and management of trauma victims. The program will follow three simultaneously presented themes: (1) Emergency Medical Services (EMS) Systems Development, (2) Traumatology, and (3) Trauma Nursing.

Special Feature—Exhibits

A special aspect of the International EMS and Traumatology Conference will be program exhibits by EMS organizations. Also present will be wide variety of commercial exhibitors available to display and discuss the very latest of EMS equipment and training methods. The exposition hall will be open Sunday afternoon through Tuesday with a special reception to be held in the exhibit area on Sunday from 6:00 p.m. to 8:00 p.m.

Special Notes

In addition to the vast learning and technical experience offered, this conference has been approved by the American Medical Association Category I physicians continuing education credit. Other forms of continuing education credits are also being sought for the physicians, nurses, and others attending this International EMS symposium.

Conference Fees

CATEGORY I—Full registration fee \$100.00 (Doctors, Nurses, Federal, State, Local Government Officials, Hospital Executives, and all others who do not qualify for categories II, III, IV or V. Full registration includes entrance to exhibits, all sessions, 2 lunches, banquet, and 2 receptions.

CATEGORY II—Special commercial exhibitors registration fee \$40.00 (Restricted to those individuals manning fully paid commercial exhibit booths).

Special commercial exhibitors registration includes attendance at sessions if desired, 2 lunches, banquet, and 2 receptions. Lunch and Banquet tickets can be purchased separately.

CATEGORY III—Limited registration \$50.00 (Residents, Medical and Nursing Students and Paramedics). Limited registration includes entrance to exhibits, all sessions, Sunday evening reception.

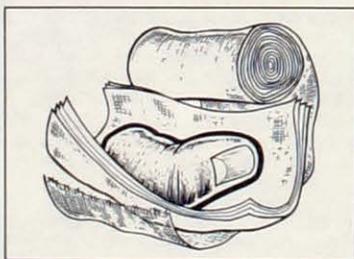
CATEGORY IV—One-day (Monday and Tuesday) and half-day registration fees at \$35.00 for one-day and \$15.00 for half-day. One-day registration fee includes entrance to exhibits, all sessions held that day, plus lunch. Half-day on Wednesday includes only morning sessions and summary from 2:00 - 3:00 p.m.

CATEGORY V—For spouses of attendees in all categories registration fee is \$40.00, which includes Sunday reception, special Monday tour and lunch, Tuesday reception and banquet, and entrance to exhibits. NO sessions or regular lunches.

RESCUE!

Hand Trauma: Emergency Care

The Hand Treatment Center at the Union Memorial Hospital is the newest specialty referral center of the statewide Emergency Medical Services System. The communication/transportation protocol of a patient and/or his severed or nearly severed part is being prepared so that he may reach the Center within an hour after injury. Presently, the referring hospital or physician should call the Hand Treatment Center at the Union Memorial Hospital through the System Communications Center (SYSCOM) on the toll-free number (800-492-0610). Until a patient and his severed part(s) can be transported, the following procedures are recommended:



MEDEVAC CREW AND AMBULANCE ATTENDANTS

*Do not attempt to wash, rinse, scrub or apply antiseptic solution to wound.

*Apply dry sterile dressing, wrap in kling or kerlix bandage, apply pressure and elevate.

*Do not wash, rinse, scrub or apply antiseptic solution to the severed part. Wrap it in dry sterile gauze or towel, depending upon size, and place it in a container, preferably Styrofoam, containing coolant bags (or ice in a separate plastic bag).

*For a partial amputation, place severed part(s) in a functional position, apply dry sterile dressing, splint, and elevate. Apply coolant bags to the outside of the dressing.

*If possible, control bleeding with pressure. If a tourniquet is necessary, place close to the amputation site.

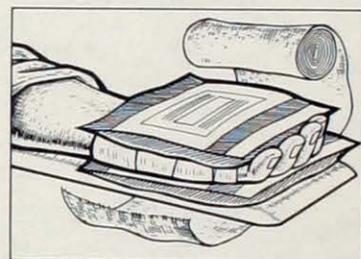
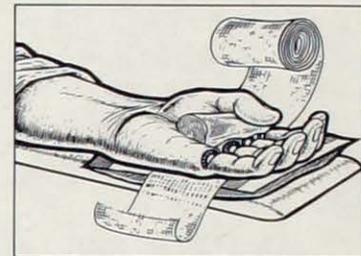
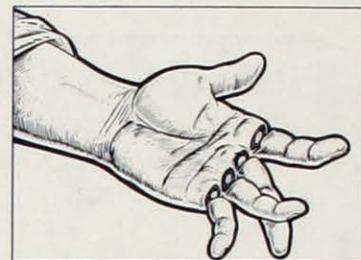
*THE AMPUTATED PART MUST NOT BE SUBMERGED IN ICE WATER. If the ice melts, replace with another bag of ice.

EMERGENCY ROOM

*Evaluate the patient's condition to ensure that he does not need to be resuscitated before transfer.

*The wound should be flushed with lactated ringers solution. DO NOT SCRUB OR APPLY ANTISEPTIC SOLUTION TO THE WOUND. Apply dry sterile dressing, wrap in kling or kerlix for pressure, and elevate.

*The amputated part should be flushed with lactated ringers. DO NOT SCRUB OR APPLY ANTISEPTIC SOLUTION TO THE AMPUTATED PART. Wrap it in dry sterile gauze or towel, depending upon size, and place in a plastic bag or plastic container. The part is then put in a container, preferably Styrofoam, and cooled by separate plastic bags containing ice.



*For a partial amputation, flush with lactated ringers, place part(s) in a functional position, apply dry sterile dressing, splint and elevate. Apply coolant bags to the outside of the dressing. DO NOT SCRUB OR APPLY ANTISEPTIC SOLUTION TO WOUND.

*If a patient's condition will not allow immediate transport, the amputated part(s) should be wrapped in a dry sterile towel, placed in a plastic container and kept under refrigeration at four degrees Centigrade, or kept cool in a Styrofoam container surrounded by separate plastic bags containing ice.

*Control bleeding with pressure. If a tourniquet is necessary, place close to the amputation site.

*Patient's medical record should accompany him, if possible.

NOTE: COOLING THE AREA OF THE INJURY AND THE SEVERED PART(S) IS THE MOST IMPORTANT ELEMENT IN TREATING AND PREPARING A PATIENT FOR TRANSPORT. MELTED ICE SHOULD ALWAYS BE RENEWED WHEN COMPLETELY MELTED. THE AMPUTATED PART MUST NEVER BE SUBMERGED IN ICE WATER.

PROFILE: MIKE SMITH



*"It is when you give of yourself,
that you truly give."*

Kahlil Gibran

Michael S. Smith, Region II Coordinator for Frederick and Washington Counties, feels that he has devoted all of his working life to some sort of service organization helping people.

Mike began his long tenure of personal contributions to Maryland's citizens during his nine years as an employee of the Chesapeake and Potomac Telephone Company. Beginning as a messenger, Mike progressed through various positions which included working in IBM/EAM operations, central office operations, as well as working as a telephone lineman - installer.

In 1962, Mike used his experience in communications to expand his service to people as a communications officer in the U.S. Navy. During military service, he participated in many support missions (which would later prove to be a major part of his future role as an EMS Regional Coordinator). A highlight in Mike's naval service came when he was the assistant communications officer aboard the USS Arlington, acting as the major communications relay ship engaged in support of the Apollo Space Recovery Missions. Moreover, his feelings of a job "well done" were continued when the Arlington was assigned to support subsequent presidential visits for Apollo 11 and the Midway Conference.

After returning home to Maryland, the pendulum of Mike's service was beginning to swing in the direction of emergencies. Shortly upon joining the State's Civil Defense & Emergency Preparedness Agency, Mike was assisting in emergency relief and recovery procedures in Maryland as a result of storm Agnes. Later, while working with the State's Energy Policy Office, Mike learned of the statewide EMS System. Since joining DEMS in 1974, Mike enjoys his role as "the personal contact with each of the facets (ambulance squads, hospitals, physicians, nurses, citizens, etc.) of the Emergency Medical Services System in Region II." One of the important facets in Mike's Region is a very active EMS council. Region II's Council was physician-orientated - what was needed during its formulation period; however, its scope is now being broadened. While the valuable physician participation in the council is being continued, an added dimension of representation has been introduced in the form of other health care professionals, consumers, representatives from government, law enforcement, media and public safety agencies, as well as community residents.

But what makes Mike run? In the morning he is helping an ambulance company in Washington County secure a piece of rescue equipment. Then he drives over to Frederick County in the afternoon to plan the implementation of a CPR course. In the later afternoon

he is meeting with the EMS Council's Education Committee to discuss a program of how the Region's 200,000 citizens can become more aware of how to access the EMS System. Mike drives approximately 36,000 miles per year (over three times the amount of the average driver) in serving Region II's residents.

On many evenings, Mike has many more miles to travel before he sleeps. In his continual quest to increase his knowledge to benefit his Region and the EMS System, Mike is pursuing a Master's degree at the University of Baltimore. As Mike would say, "I am partially being held together from the countless peanut butter sandwiches I eat en route from one place to another or the dinners I have missed in trying to arrive in class on time."

Mike's candid honesty is evidenced when he states: "I may not know an answer to a specific problem, but I have a good general knowledge of where to go to find the answer." If you have a question about Region II, Mike is more than willing to be of assistance in providing you with a ready answer or helping you find the answer.

*Mike can be reached at the
EMS Coordinator's Office, Emer-
gency Medical Services, 1610 Oak
Hill Avenue, Room 134, Hagers-
town, Maryland 21740.*

DIVISION OF EMERGENCY MEDICAL SERVICES

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abuse. Participants include pediatric specialists from neonatal centers, emergency rooms, Johns Hopkins Pediatric Trauma Center, and Maryland State Police paramedics.

Burn Management

This is a two-day program presented in cooperation with the Specialty Referral Burn Treatment Center at Baltimore City Hospitals and Washington Hospital Center. The first day is devoted to resuscitation of the burn patient; the second day presents intensive care considerations with a special contribution made by Lt. Thomas Herz, Baltimore City Fire Department's Burn Injury Officer.

Continuing Education

Workshops will be repeated from 1976 to 1977 with some additional new workshops. It is hoped that nurses in the community who would like to contribute to and participate in the workshops will contact the EMS nurse coordinators at 528-7800. We need your talent!

The workshops may be scheduled by contacting your regional EMS coordinator or the office of nursing at 528-6846.

STATE

- | | | | |
|----------------------------------|---|----------------------|--|
| April 15
10 a.m. to
4 p.m. | Mid-Atlantic EMS Council Meeting
State Office Building, 201 W. Preston Street,
Baltimore, MD 21201
Contact: Sandy Bond - (301) 528-6846, MIEM,
22 S. Greene Street, Baltimore, MD 21201 | May 9 - 12 | U.S.A. Bicentennial EMS & Traumatology Conference, Symposium on EMS System Development, First National Symposium on Traumatology, First National Symposium on Trauma Nursing
Contact: Mr. Donald White, Orkan Corp.,
8630 Fenton Street, Silver Spring, MD 20910
(301) 585-8480 |
| April 28 - 30 | Annual Meeting of the Medical and Chirurgical Faculty of Maryland, Hunt Valley Inn, Hunt Valley, MD 21031
Contact: Ms. Mary E. Galeckas, 1211 Cathedral Street, Baltimore, MD 21201, (301) 539-0872 | May 20
5 - 7 p.m. | Medical Management Consultant Group
Governor's Club, 1123 N. Eutaw Street,
Baltimore, MD 21201
Contact: Sandy Bond - (301) 528-6846, MIEM,
22 S. Greene Street, Baltimore, MD 21201 |
| April 30
9 - 10:30 a.m. | "The Delivery of Emergency Health Care - The Winds of Change," Medical and Chirurgical Faculty of Maryland, Hunt Valley Inn, Hunt Valley, MD 21031
Contact: Ms. Mary E. Galeckas, 1211 Cathedral Street, Baltimore, MD 21201, (301) 539-0872 | May 21 - 22 | Hand Surgery - 1976 Concepts of Diagnosis and Treatment, Sponsored by American Society for Surgery of the Hand, Cross Keys Inn, Baltimore, MD 21210
Contact: E. F. Shew Wilgis, M.D., 5820 York Road, Baltimore, MD 21212
(301) 433-8600 |
| May 8 - 9 | Annual Meeting of the American Trauma Society, Lord Baltimore Hotel, Baltimore and Hanover Streets, Baltimore, MD 21201
Contact: Mr. L. Nicholas Lotz, Executive Director, American Trauma Society, 875 N. Michigan Avenue, Chicago, ILL 60611
(312) 649-1810 | June 3
10 a.m. | Mid-Atlantic EMS Council Meeting
State Office Building, 201 W. Preston Street,
Baltimore, MD 21201
Contact: Sandy Bond - (301) 528-6846, MIEM,
22 S. Greene Street, Baltimore, MD 21201 |

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| May 3 - 5 | Trauma, 1976: Acute Care, Springfield, ILL. ACS Committee on Trauma, Southern Illinois University School of Medicine and Illinois Chapter of ACS.
Contact: C.O. Metzmaker, M.D., St. John's Hospital, Springfield, ILL 62702 | May 8 | Annual Emergency Care Symposium
Indiana University School of Medicine
Contact: Division of Postgraduate & Continuing Medical Education, 1100 W. Michigan Street, Indianapolis, IND 46202 |
| May 4 - 8 | International Congress on Emergency & Critical Care Medicine, Society for Critical Care Medicine and University of Pittsburgh School of Medicine.
Contact: Peter Safar, M.D., Room 1060, C. Scaife Hall, University of Pittsburgh School of Medicine, Pittsburgh, PA 15261 | May 16 - 19 | International STEP Forum on Emergency Health Services.
Contact: Society for Total Emergency Programs, Inc., 693 Portland Avenue, Rochester, NY 14621 |
| | | May 20 - 21 | Oceanside Emergency Nursing Seminar 1976
Oceanside Holiday Inn, Fort Lauderdale, FLA. Sponsored by the Broward/Palm Beach Chapter Emergency Department Nurses Assoc.
Fees: \$30 (EDNA), \$35 (All Others)
Contact: Lee Turlis, R.N., 409 N.W. 25th Street, Fort Lauderdale, FLA 33311. (305) 771-8000, Ext. 7731. |

Division of

EMERGENCY MEDICAL SERVICES

22 S. Greene Street, Baltimore, MD 21201

phone: (301) 528-7800

Address Correction Requested