



Maryland EMS News

Vol. 22, No. 3 For All Emergency Medical Care Providers February 1996

MAIS Runsheet & Report Update

In reviewing our ability to generate timely, efficient Maryland Ambulance Information System (MAIS) runsheet reports for EMS providers, we have refined our procedures and are now beginning to generate hard copy runsheet reports on a monthly basis. These reports will be available through our regional offices to designated personnel who are authorized to request information regarding the company or jurisdiction that they represent. In February, runsheet data for April, May, and June of 1995 will be available.

The MAIS runsheet was revised last June. Several changes were made in response to suggestions from the EMS community, while others were incorporated to improve the timeliness and type of data that we can provide. Some of the revisions include documentation for Do Not Resuscitate (DNR) orders, the tracking of provider skills, optional jurisdiction-specific fields, as well as the ability to

capture certain hand-printed data. A MAIS training video pertaining to the proper completion of the revised runsheet recently was produced. This video soon will be distributed and be available from your regional administrators.

Because of increased computer power and enhanced technologies at MIEMSS, the Management Information Services (MIS) office will be capable of providing more efficient "user-friendly" reports. Therefore, the transition from "old" to "new" MAIS runsheet reports should be relatively smooth.

Users may also request special graphic reports in the form of pie charts and line and bar graphs. Our future plans to improve access to your EMS company, unit, and provider data include dial-in downloading of data to your own data base.

◆ Robert R. Bass, MD
Executive Director, MIEMSS

Workshop on Adolescents

"Effective Communication and Cultural Competence in Emergency Care of the Adolescent" will be held March 21, April 18, May 16, and June 20. With the exception of the session on May 16 (to be held in Baltimore), all training workshops will take place at the Children's National Medical Center in Washington, D.C. from 8:30 am to 5:00 pm. A fee of \$25 will be charged for each participant.

Continuing education credits/units are available for physicians, nurses, prehospital providers, and social workers; emergency service administrators also are invited to attend.

The educational workshops are sponsored by the Adolescent Emergency Services Project, Emergency Medical Trauma Services, Children's National Medical Center. For more information, call Donna Richmond, project coordinator, at 301-650-8059.

Poison Prevention Week

"Keep It Safe -- Keep It Up and Away" is the theme of National Poison Prevention Week, to be celebrated March 17 - 23.

Poison centers are encouraging everyone with young children to focus on poisons that can really hurt young children and to take steps to make their children's environment safe.

For brochures and Mr. Yuk stickers, EMS providers can call the Maryland Poison Center (410-528-

7701 or 800-492-2414) or the National Capital Poison Center, which handles poison consultation calls for D.C. and the Maryland and Virginia counties bordering it (202-625-3333).

National poison prevention week posters and national information are available from Ken Giles at the Poison Prevention Week Council (301-504-0580).



EMS Care '96

**Schedule &
Registration
Forms Inside**

Guarding Against Medication Deterioration

Many medications are stored in ambulances in which the temperature fluctuates due to the fact that the vehicles are not kept in environmentally controlled areas. When an ambulance is placed on standby and parked in the sun during a hot summer day, the internal temperature of the ambulance patient/medication compartment can easily surpass 120°F; if the vehicle is placed in a non-temperature-controlled ambulance bay during the winter, the temperature of the vehicle can easily drop to 0°F.

Most medications are designed for what is called "Controlled Room Temperature," which is defined as a mean temperature of 77°F or 25°C. The allowable range is between 59° and 86°F (15° and 30°C). Drugs are manufactured, tested, and granted

FDA approval based on their stability within the reported stability range. Both sunlight and significant variation from the "Controlled Room Temperature" ultimately result in chemical degradation and changes in concentration and bioactivity.

Prehospital providers from many jurisdictions are removing medications from their prepackaged containers and placing them in an open tray in the drug box. Some of these medications may not be used for weeks or months at a time but are exposed both to thermal changes and sunlight that can denature the medications. Therefore, it is extremely important to minimize temperature variation for medications and to avoid direct sunlight.

Many basic life support units are carrying advanced cardiac life support

medications. These units are being exposed to significant extremes in temperature, both in the summer and winter months. When a unit is known to be on standby and there is a potential for the medication compartment to be exposed to temperature extremes, the medication box should be moved to a temperature-controlled environment. This can present a problem in logistics when a BLS unit has a locked drug box compartment and only an ALS provider has the key to that compartment. A mechanism needs to be put in place to minimize the temperature extremes and to maintain a "Controlled Room Temperature." Early/frequent medication rotation or exchange should be considered. It is important that the medications delivered are at their maximum bioactive level when administered if they are to have full therapeutic value and meet FDA requirements.

◆ *Richard Alcorta, MD, FACEP
State EMS Medical Director*

Nat'l Flight Paramedic Association News

Trooper First Class Mark E. Gibbons, EMT-P, who was recently selected as the Maryland Flight Paramedic of the Year, was named runner-up for the National Paramedic of the Year award.

TFC Gibbons has been a Maryland State Police (MSP) flight paramedic for the past five years. To date, he has flown nearly 1300 missions and cared for more than 700 Med-Evac patients with the MSP. In addition, he has flown 450 law enforcement and 35 rescue missions.

TFC Gibbons was a key person in the development of a method and a training curriculum for hoisting patients on backboards to the helicopter by using a new type of rescue net and trail line. This technique allows a flight paramedic to be lowered via a rescue hoist into a remote setting to administer patient care and to be rehoisted with the patient back aboard the aircraft so the patient can be transported to a hospital.

TFC Gibbons also participated in the rescue of 23 persons from the

"El Toro," a fishing vessel that sank in the Chesapeake Bay in 1994 and in the rescue of 11 persons from flash flooding in Virginia last July.

The accomplishments of TFC Gibbons are not limited to the air. He served as the MSP regional trainer for western Maryland. He maintains instructor ratings in advanced Basic

Trauma Life Support and EMT Tactical. In addition, he has created realistic scenarios that blend aspects of paramedicine and officer survival. TFC Gibbons serves as the Aviation Division peer representative for critical incident stress debriefings and has been involved in several successful defusing episodes, including a hostage standoff situation.



Dr. Robert Bass (Executive Director, MIEMSS), TFC Mark Gibbons, Capt. Robert McGainey (Asst. Commander for Services, MSP Aviation Division), and Dr. Douglas Floccare (Maryland State Aeromedical Director).



EMS CARE '96

April 13-14, 1996

at the Marriott Hotel at BWI Airport

Sponsored by

**Maryland Institute for Emergency Medical Services Systems
and
Region III EMS Advisory Council**

Hosted by: Anne Arundel County Fire Department

The Program

EMS Care '96 is the thirteenth annual statewide conference for EMS providers. This year's theme is "Team EMS." In keeping with the theme, the conference will present the many varied aspects of the health care system and how they relate to other components. The changing environment of the health care delivery system dictates that EMS providers keep abreast of these modifications and adapt to accommodate them. Several presentations focus on imminent enhancements to the system and others under discussion for the future.

Continuing Education Credits

The conference workshops are arranged to allow Maryland EMT-As to earn the 12 hours of required didactic continuing education hours, if they wish to do so. To assist in accomplishing this goal, the registration form includes a worksheet for the calculation of the hours by category.

Hotel Accommodations

A special conference rate of \$85 per night has been arranged with the hotel. Although the registration form is enclosed, reservations should be made directly with the hotel. Special rates for conference participants are guaranteed through March 18, 1996.

Social Events

A dinner will be presented on Saturday evening for an additional fee of \$25. A dance, open to all participants at no additional charge, will follow the dinner.

Fees and Cancellation Policy

The \$90 registration fee for the main workshop includes:

- Workshops and lectures on Saturday and Sunday
- Refreshments during selected breaks
- Conference notebook
- Continental breakfasts and lunches on both days
- A vendor reception on Saturday

The costs for the preconference workshops are as follows and include lunch, certification charges, and any required texts:

Effective Bicycling for EMS Personnel	\$50
Pediatric BTLS	\$50
12 Lead Electrocardiograms	\$20

Written cancellations will be accepted if postmarked before March 25, 1996. A \$15 fee will be charged for any cancellation. All other fees will be refunded. No verbal cancellations will be accepted.

Directions

From the Baltimore-Washington Parkway (MD Route 295), exit at West Nursery Road; proceed 1.2 miles east to the Marriott on the left.

Additional Information

Contact MIEMSS Region III Office, 636 West Lombard Street, Baltimore, Maryland 21201-1528; 410-706-3996; FAX: 410-706-8530. Conference applications will not be accepted by fax.

Preconference Workshops

Effective Bicycling for EMS Personnel

Wednesday, April 10 through Friday, April 12, 9 am - 3 pm

Corporal Andrew MacLellen, Baltimore County Police Department Bicycle Force Coordinator and a board member of the International Police Mountain Bike Association, will present a three-day course intended for prehospital EMS providers wishing to join a cycle medic task force. Topics covered will include care and maintenance of the bike, low-speed maneuvering, group riding, night riding, obstacle avoidance, and traversing stairs and curbs. A mountain or hybrid bike and an ANSI or Snell approved helmet are required. Approved for 24 hours of BLS Local and 24 hours of ALS Category 2 credits.

Pediatric Basic Trauma Life Support

Friday, April 12, 8 am - 5 pm

Finally! A course focusing on assessment and treatment of pediatric trauma patients! This carries on where BTLS and PHTLS leave off. While PALS focuses on medical issues, this program emphasizes pediatric trauma. The Pediatric BTLS text is provided and certification is available upon successful completion. Coordinated by Patricia Ryder of Maryland BTLS. Approved for 8 hours of BLS Trauma and 8 hours of 1-B ALS credits.

12 Lead Electrocardiograms

Friday, April 12, 8 am - 5 pm

With the advent of thrombolytic therapy in the emergency departments, many prehospital programs are attempting to speed the process of the therapy by administering the 12 lead ECG prior to arriving at the hospital. Captain David Murphy from the Baltimore County Fire Department will present this seminar on the administration and interpretation of the full ECG. Approved for 8 hours of BLS Local and 8 hours of ALS 1-A credits.

Conference Workshops Saturday, April 13

7:30 - 8:00 am

**Registration, Continental Breakfast,
Vendor Displays**

**8:00 - 8:45 am Opening Ceremonies
and Welcoming Address**

Robert R. Bass, MD, FACEP, Executive
Director, MIEMSS

8:45 - 9:45 am Keynote Address

James O. Page, Co-Publisher of *JEMS*

9:45 - 10:00 am Break

10:00 - 11:15 am SESSION 1

A. Ethnic EMS

Kimberly Bullock, MD, will discuss how to respond to the cultural differences of your patients. This is not cultural sensitivity training but a practical approach to a wide variance in your patients' ethnic origins. (BLS:1.25-L; ALS: 1.25-2)

B. Trauma Assessment

Aurelio Rodriguez, MD, trauma attending at the R Adams Cowley Shock Trauma Center, will discuss the proper assessment of the trauma patient. (BLS:1.25-T; ALS: 1.25-1B)

C. Home Infusion Devices

Because patients are leaving the hospital to recuperate at home, Janice VanLandingham-Lee, RN, will present a myriad of devices that could be encoun-

tered by the prehospital provider. (BLS: 1.25- M; ALS: 1.25-1A)

D. Pediatric Seizures

Allen Walker, MD, and Ruth LaBet, MSN, CPNP, from the Johns Hopkins Children's Center, will present the causes, assessment, and care of pediatric seizures. (BLS:1.25-M; ALS: 1.25 1-B)

E. BLS Medical Consults

Julie A. Casani, MD, Region III Medical Director and attending physician at the Johns Hopkins Hospital, will present this "when and how to" instruction for the BLS providers who will be required to seek more medical consultations in the future. (Repeated as Workshop I) (BLS: 1.25-M; ALS: 1.25-1A)

11:15 am - 12:30 pm Lunch

12:30 - 1:45 pm SESSION 2

F. The Paramedic and Community Health

Lester Becker, EMT-P, a prehospital provider in Prince Georges County and an investigator for the Office of Injury Prevention at the State Department of Health and Mental Hygiene, will discuss the provider's role in community health. This is not just fluff; this is real "how to" stuff. (BLS: 1.25-L; ALS: 1.25-2)

G. Pediatric Burns

Susan Moriarity, MD, the Region III Pediatric Medical Advisor and an attending physician at Sinai Hospital of Baltimore, will discuss why children get caught in fires and how to care for pediatric patients who have been severely burned. (BLS: 1.25-T; ALS: 1.25-1B)

H. Extremity Trauma

Keith Segalman, MD, of the Raymond Curtis Hand Center at the Union Memorial Hospital, will explain how to care for the victim of severe extremity trauma to optimize the patient's chances to return to full function. (BLS: 1.25-T; ALS: 1.25-1B)

I. BLS Medical Consults

REPEAT OF WORKSHOP E

J. Home Infusion Devices

REPEAT OF WORKSHOP C

1:45 - 2:15 pm BREAK: Visit the vendors

2:15 - 3:30 pm SESSION 3

K. Tours of the R Adams Cowley Shock Trauma Center begin during this session.

(BLS: 1-L; ALS: 1-2)

L. Prehospital/Hospital Interface

Karen Parkison, RN, the Clinical Coordinator for the EHS Program at

UMBC and the EMS training coordinator for a trauma center, will discuss from the hospital's perspective the various aspects of working closely with your hospital. (BLS: 1.25-L; ALS: 1.25-2)

M. Critical Incident Stress Management

A member of the Maryland Critical Incident Stress Management Team will discuss how to manage your own stress and that of your co-workers, whether it is associated with a critical incident or just everyday life. (BLS: 1.25-L; ALS: 1.25-2)

N. Transtracheal Airways

There is a new way to deliver in-home oxygen. It's not like anything you've ever seen before. Paul Shearin, MD, from North Arundel Hospital, will show it to us and explain how to manage it if we encounter it. (BLS: 1.25-M; ALS: 1.25-1A)

O. Geriatric Emergencies

Since our patient population is growing older, representatives of the Beecham Center at the Johns Hopkins Hospital Bayview Medical Center will discuss how to make your more senior patients feel comfortable. (BLS: 1.25-M; ALS: 1.25-1B)

P. Pediatric Head Injuries

World-renowned physician Benjamin Carson, from the Department of Pediatric Neurosurgery at the Johns Hopkins Hospital, will inform us of the special considerations required while treating a head-injured child. (BLS: 1.25-T; ALS: 1.25-1B)

3:30 - 3:45 pm Break

3:45 - 5:00 pm SESSION 4

Q. Body Cavity Trauma

Robert Henderson, EMT-P, Program Coordinator for the EMT program at Essex Community College, will discuss blunt and penetrating injuries to the various body cavities. (BLS: 1.25-T; ALS: 1.25-1B)

R. Spinal Immobilization

Richard L. Alcorta, MD, the State EMS Medical Director, will discuss spinal trauma, with special emphasis on immobilizing the patient with suspected cord injury. (BLS: 1.25-T; ALS: 1.25-1B)

S. Transtracheal Airways

REPEAT OF WORKSHOP N

T. Critical Complaints

Paul Matera, MD, Assistant Fire Surgeon for the Anne Arundel County Fire Department, will discuss the chief complaints that could suggest that your patient is more critical than you suspect. (BLS: 1.25-M; ALS: 1.25-A)

U. Water Rescue

James Rostek, Jr., EMT-P, of the Anne Arundel Fire Department Dive Team, will discuss the techniques of underwater rescue and how you can help the dive team do their job. (BLS: 1.25-L; ALS: 1.25-2)

V. Shock Trauma Tours

REPEAT OF K

6:00 - 7:00 pm Vendor Reception

Have a tad to eat and see the latest books and equipment!

7:00 - 8:30 Dinner

8:30 - midnight Dance

All are invited to come join the fun!

Sunday, April 14

8:30 - 9:00 am EMT-B Update

By the year 2000 there will be no more EMT-As. Come hear why as told by Julie A. Casani, MD, Region III Medical Director and Chairperson of the BLS Subcommittee of SEMSAC.

9:00 - 10:15 am EMS Response to the Twin Tower Bombing in New York

Assistant Chief Zachary Goldfarb (Bronx) and Deputy Chief Steve Kuhar (Manhattan), from New York City EMS, were in charge of the operations during this tragedy. They share their experiences and lessons learned.

10:15 - 10:30 am BREAK

10:30 am - noon SESSION 5

W. Burns and Soft Tissue Injury

Lana Parsons, a nurse practitioner from the Baltimore Regional Burn Center, will update us on the latest in assessment and care of the burn patient. (BLS: 1.25-T; ALS: 1.25-1B)

X. Eye Trauma

A staff member from the Johns Hopkins Hospital Wilmer Eye Center will give us pointers on treating eye injuries to give our patients the best chance of seeing again. (BLS: 1.25-T; ALS: 1.25-1B)

Y. Shock Trauma Resuscitation Controversy

To MAST or not to MAST? To stick or not to stick? If there are answers, Brad Cushing, MD, a physician at the R Adams Cowley Shock Trauma Center, will have them. (BLS: 1.25-T; ALS: 1.25-1B)

Z. Pediatric Respiratory Emergencies

Rich L. Lichenstein, MD, from the University of Maryland Pediatric Emergency Department, will calm our fears by emphasizing careful assessment and the ABCs for children. (BLS: 1.25-M; ALS: 1.25-1B)

AA. Poisoning Emergencies

What's up with Ipecac? This and other questions will be answered by Lisa Booze from the Maryland Poison Center. (BLS: 1.25-M; ALS: 1.25-1B)

Noon - 1:15 pm Lunch

1:15 - 2:15 pm Legal Controversies in a Changing System

Bring your questions to this panel discussion.

2:15 - 2:30 pm Break

2:30 - 4:00 pm SESSION 6

BB. Pediatric Respiratory Emergencies

REPEAT OF WORKSHOP Z

CC. Burns and Soft Tissue Injury

REPEAT OF WORKSHOP W

DD. Domestic Violence

Shirelle Green, from the House of Ruth, will provide us some guidance on dealing with these uneasy situations. (BLS: 1.25-L; ALS: 1.25-1B)

EE. EMS and Forensic Investigations

Carl Flemke, Chief Investigator for the Office of the Medical Examiner, will show us how our actions can directly impact the outcome of their investigations. (BLS: 1.25-L; ALS: 1.25-1A)

FF. Aeromedical Response in Maryland

Kevin Straight, EMT-P, and Steve Proctor, EMT-P, of the Maryland Chapter of the National Flight Paramedics Association, will present how to prepare your patient for transport by the Dauphin helicopter and special considerations for interface at the scene. (BLS: 1.25-L; ALS: 1.25-2)

4:10 - 5:00 pm Plenary Session: Putting It All Together

EMS Care '96 Registration Form

NAME _____ SSN _____
 STREET _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE Day (____) _____ Evening (____) _____
 AFFILIATION _____
 CERTIFICATION/LICENSURE LEVEL (Circle) FR EMT-A EMT-B CRT EMT-P LPN RN NP PA MD

WORKSHOP REGISTRATION

In the chart below, enter your choice of workshop for each time period in the column "WORKSHOP." In one of the next three columns enter the length of the workshop under the appropriate category. (SEE EXAMPLE.) When choices are complete, total the columns to view the total continuing education credits you will receive at the completion of the conference.

	WORKSHOP	M OR 1A	T OR 1B	L OR 2
EXAMPLE	SESSION 1	B	1.25	
	PRECONFERENCE			
	OPENING/KEYNOTE			1.50
	SESSION 1			
	SESSION 2			
	SESSION 3			
	SESSION 4			
	EMT-B/TOWERS			1.50
	SESSION 5			
	LEGAL PANEL			1.00
	SESSION 6			
	TEAM EMS			.50
	TOTAL CREDITS			

FEES DUE

Pre-Conference		Conference	
Bicycle Medic \$50.00 _____		Conference \$90.00 _____	
Pediatric BTLS 50.00 _____		Saturday Dinner 25.00 _____	
12 lead ECG 20.00 _____			
		TOTAL DUE _____	

Make Checks Payable to EMS CARE. Mail registration to EMS CARE '96; 636 West Lombard Street; Baltimore, Maryland 21201-1528

Mail this form and payment to the hotel, not to MIEMSS.

Hotel Registration Form • BWI Airport Marriott

1743 West Nursery Road, Baltimore-Washington International Airport, Baltimore, MD 21240. Phone: 410-859-8300

The dates for the function are listed below. Any variation is subject to availability. Reservation cards must be received by March 18, 1996.

Name of Group: EMS CARE '96 Guest's Phone _____
 Date of Function: April 10-14, 1996
 Last Name: _____ First: _____ Corporation: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Sharing with: _____ / _____
 Last Name First Last Name First
 Arrival Date: _____ Departure Date: _____
 Month Day Year Month Day Year

PLEASE CIRCLE TYPE OF ROOM REQUESTED AT RATE REQUESTED

\$85.00 Single or Double Occupancy
 Approximate Arrival Time: _____ or GTD By Amer. Exp. Carte Blanche Diners Visa/Master Card
 Card Number: _____ Exp. Date _____

PARLORS AND SUITES UPON REQUEST ARE SUBJECT TO AVAILABILITY - PLEASE CALL DIRECT

Signature: _____ Rollaway Bed in Room _____ Crib _____
 Date: _____ (Subject to Availability) Extra Per Night _____ Free _____

EMS Equipment from MDOT Grants Used on I-68

A dense fog shrouded I-68 at Big Savage Mountain on the night of June 28, 1995. The eerie veil of vapor first caused and then masked a 32-car pile-up on the highway that runs through both Allegany and Garrett counties.

It was "impossible to see farther than the hood of your car," recalls Kenneth May, chairman of the Region I Transportation Committee. The fog prevented Med-Evac units from flying to the scene, so the outcome was all up to the local rescue companies.

The volunteer fire company closest to the scene—Eastern Garrett County—responded to the scene first and served as the field command. A total of eight ambulances from a number of surrounding companies arrived on the scene shortly thereafter to assist.

This time, the outcome was good. This time, the travellers who were trapped in their vehicles "were freed from the wreckage quickly and efficiently," says Mr. May.

This time, the seriously injured people received the immediate life-

saving attention they needed at the scene from first responders and paramedics. The ones who needed more intensive medical care were rushed by ambulance to Cumberland Memorial Hospital, Region I's areawide trauma center. All of them survived.

But Lt. Marsh Smith, of the Eastern Garrett, remembers another time—not so very long ago—when the fire and rescue companies in Allegany and Garrett counties were not as prepared as they are today.

Fourteen years earlier, for example, a 40-car accident occurred on I-68 during a February snow storm, injuring 25 people. Rescue workers could not deal effectively with the wreckage and casualties for lack of modern first responder and extrication equipment, notes Lt. Smith. This has been no less true of the many smaller, but no less tragic, accidents that have occurred on I-68 during the 1980s.

The cause of that horrible mishap was slick road conditions, rather than fog. However, the biggest difference between these two tragedies—the difference that was

most significant to the well-being of the victims of the two accidents—was EMS response capability.

The fire companies and ambulances that responded to the accident at Big Savage Mountain were successful in their mission because they were well equipped to do their jobs, says Mr. May. They were ready, he adds, because of the new first responder and extrication equipment that they purchased over the last six years with grants from the Maryland Department of Transportation (MDOT), totalling \$203,600, he adds.

Most of the MDOT grants went to the fire companies located along I-68. Besides Eastern Garrett, the other Region I companies that have received MDOT monies are Flintstone, Orleans, Northern Garrett, Cumberland, LaVale, Frostburg Fire and Frostburg Ambulance, Baltimore Pike, Cresaptown, and Friendsville.

To provide coverage on the counties' other main highways, MDOT funds also went to the surrounding companies of Potomac, Ellerslie, District 16, Midland, Bedford Road, and Georges Creek. The funds were used to purchase such major extrication equipment as the "Jaws of Life," pushing RAMS, and extrication air bags.

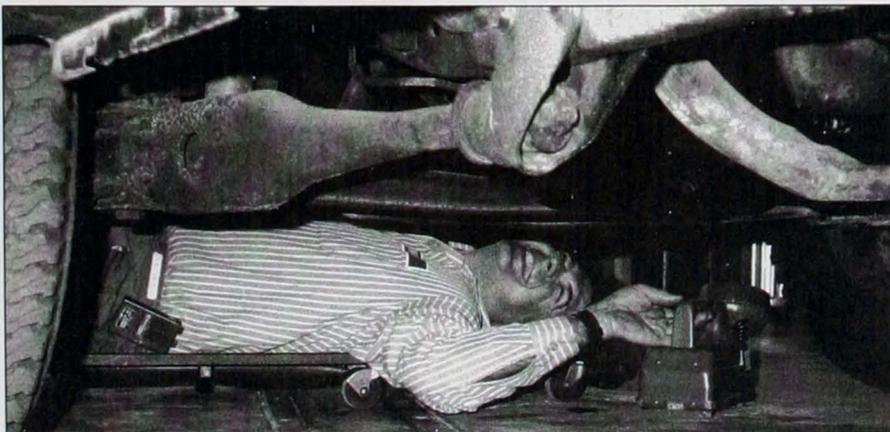
The extrication air bags came in handy recently on I-68 in freeing two motorists who became trapped in their car, beneath an overturned tractor trailer. According to state road surveys, commercial vehicle traffic has increased on I-68 in recent years, heightening the danger to motorists who need to travel that route.

"We tried to lift the trailer off the car with chains, but the chains just ripped through the body, which was made of aluminum," says Mr. May. "So we decided to use our new extrication air bags to upright the trailer, and it worked."

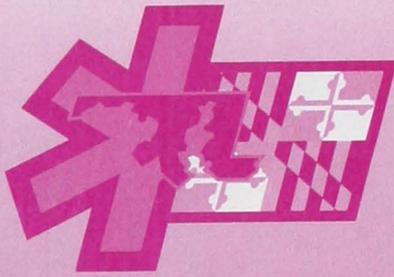
In addition to the heavy-duty extrication equipment, many kinds of standard, but much needed, medical care equipment was acquired, including backboards, splints, Ked boards, head blocks, traction splints, medical kits, and medical channel radios.

◆ Dick Grauel

Down Under in Region I . . .



William Smith inspects the mechanical capabilities of an ambulance during a Region I ambulance inspection. Region I inspects all first- and second-line ambulances operated by volunteers and municipalities. Besides checking for conformance to the Maryland Voluntary Ambulance Inspection guidelines, inspectors check the monitor/defibrillators and EMS radios, as well as the mechanical capabilities of the ambulances; they also inventory the medications for ALS units and check the condition of the drug boxes. Region I inspections are done in cooperation with the Maryland State Police who provide the facility on Big Savage Mountain where the safety inspections are conducted.



Governor Parris N. Glendening

Copyright© 1996 by the
Maryland Institute
for

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

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

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

DATED MATERIAL

Dr. Kalish Takes BCMS Office

Murray A. Kalish, MD, who serves on the Statewide Emergency Medical Services Advisory Council (SEMSAC) and is the chairman of its financial committee, was recently

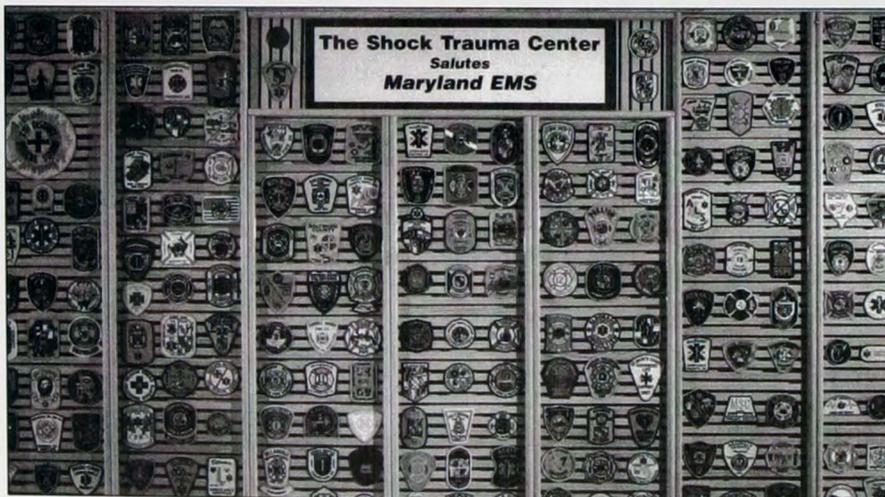
installed as president of the Baltimore City Medical Society (BCMS). He is the first anesthesiologist to hold this position.

Dr. Kalish is presently school

assistant professor of anesthesiology at the University of Maryland and an attending anesthesiologist at the R Adams Cowley Shock Trauma Center.

Dr. Kalish has served in a variety of positions for the Medical and Chirurgical Faculty of Maryland and BCMS, including chairman of the reference and emergency medical services committees, delegate, councilor, alternate councilor, member of the legislative committee, member of the board of directors, and treasurer. He is also active in the Maryland-District of Columbia Society of Anesthesiologists, serving as president from 1988 to 1990.

EMS Patch Display at STC



The R Adams Cowley Shock Trauma Center of the University of Maryland Medical System designed a patch display as a tribute to Maryland's EMS providers. Located in the Trauma Resuscitation Unit, 250 patches currently are on display. The Shock Trauma Center would like to collect all 500 patches within the state. Patches may be sent to Robbi Hartsock, RN, clinical nurse specialist, R Adams Cowley Shock Trauma Center, 22 South Greene Street, Baltimore, MD 21201. If you have any questions as to whether your patch was received, please call Robbi Hartsock at 410-328-3042. The display case was built by Dave Patro, equipment manager at the Shock Trauma Center.

Help for Stress

For stress-related issues, contact the
MIEMSS

**Critical Incident
Stress Management
Team**

**1-800-648-3001
through SYSCOM**