

Maryland EMS News

For All Emergency Medical Care Providers

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It's Time for Risk Watch® in Maryland



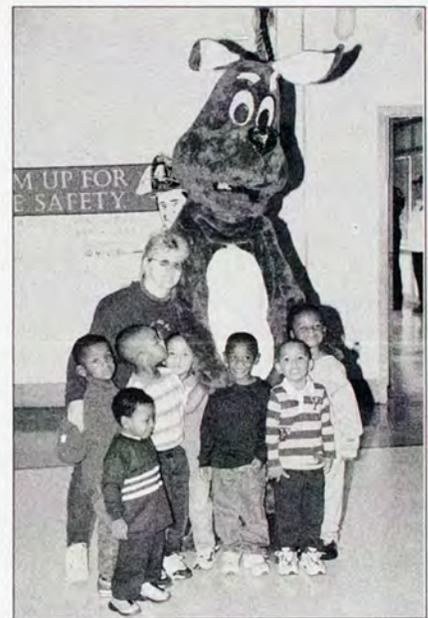
Maryland has received a *Risk Watch*® Champion Award for 2003 from the National Fire Protection Association (NFPA). The Emergency Medical Services for Children (EMSC) program at MIEMSS is the lead agency coordinating this two-year initiative, along with other state partners from the Office of the Maryland State Fire Marshal, the Maryland State Police, and the Maryland Department of Education.

During the first year of the Champion Award, five communities have committed to place the *Risk Watch*® program into 20 classrooms in the fall of 2003. These five communi-

ties are the City of Bowie, Howard, Montgomery, and Prince George's counties, and private schools in Charles County. During the second year of the Champion project, the *Risk Watch*® program will expand into 100 more classrooms in Maryland with implementation during the academic school year.

Risk Watch® programs and curriculum have been part of the federal EMSC Partnership Grant for the past three years in Maryland. Interdisciplinary training workshops have been held at the Southern Maryland fall Pyramid Conference with participants from across the state. Maryland is fortunate to have Montgomery and Prince George's counties that are already implementing *Risk Watch*® through Federal Emergency Management Agency and NFPA mentorship grants. Baltimore and Frederick counties are exploring *Risk Watch*® materials and identifying potential school partnerships.

Risk Watch® in Maryland will be a success because of the close working relationship between EMS, fire, rescue, law enforcement, public health, transportation, education, and hospitals in areas such as child passenger safety, poison prevention, burn prevention, water safety, pedestrian safety, and other prevention activities that focus on both the child and the family. Other partners in *Risk Watch*® include Maryland SAFE KIDS, the Fire Prevention Committee of the Maryland State Firemen's Association (MSFA), the State Highway Administration, the Maryland Poison



Trauma Roo visits with children at the Wheatley Special Center.

Center, the Maryland Chapter of the American Trauma Society (ATS), and the Maryland Department of Natural Resources.

Through the EMSC Partnership Grant, many counties have full sets of the *Risk Watch*® curriculum. During the first year of the *Risk Watch*® Champion Award, 50 "Risky Business"

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Cyndy Wright-Johnson, EMSC Program Director at MIEMSS, speaks at the press conference on Risk Watch Day at the Wheatley Special Center last October.

★ ★ ★ ★ ★
**See Inside for
Stars of Life
Awards!**
★ ★ ★ ★ ★

Risk Watch® in Maryland (con't.)



Wheatley Special Center students try on fire helmets and other firefighter clothing as they learn about fire safety from volunteer and career members of Prince George's County Fire/EMS Department.

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boxes will be provided to the participating schools. These boxes are the tool kits providing classroom teachers the instructional materials to make the learning environment "hands-on." Through two generous donations from the MSFA Fire Prevention Committee and the Maryland ATS, "Risky Business" boxes will have graphic arts and toys for each of the *Risk Watch®* modules. The MSFA Fire Prevention Committee has agreed to provide both a 911 simulator for the project and 50 boxes with materials focused on fire and burn safety, bike safety, sports and scooter safety, and water safety. One of the key components for teachers is the "Fire and Life Safety Educator Resource Kit" from the International Fire Service Training Association. The Maryland ATS has provided materials related to playground, bike, and home safety with TROO the Trauma Prevention Kangaroo. In addition, the ATS "CAUTION" game will be included to provide a group activity for children to demonstrate what they have learned about home and life safety. The MIEMSS Educational Support Services/Media Department and EMSC are developing a CD-ROM of pictorial resources for teachers that include different EMS, fire, and law enforcement personnel in street uniforms and full safety gear. The

MIEMSS Region V Office has taken the lead in developing and creating these extensive teaching materials.

The long-term goal is statewide availability of *Risk Watch®* to all classrooms in Maryland. To that end, a pilot project has been ongoing for the past year with the Wheatley Special Center in Prince George's County. Wheatley is the educational center serving over 700 children from 2 through 6 years old who have special learning needs, special health care needs, and are in need of special types of preschool experiences. Through an EMSC Injury Prevention Special Project awarded to the Region V Emergency Education Council and Wheatley, an adapted set of "Risky Business" boxes have been incorporated into the classroom and library resources. Maryland EMSC Day in May of 2002 was held at Wheatley to focus on the sometimes daily contact this special group of children have with fire and EMS providers in their community.

What Is *Risk Watch®*?

Risk Watch® is the first comprehensive injury prevention program available for use in schools. *Risk Watch®* is a school-based curriculum that links teachers with community safety experts and parents. The curriculum is divided into five age-appropriate teaching modules: Pre-K/Kindergarten, Grades 1-2, Grades 3-4, Grades 5-6, and Grades 7-8. Within each grade module, the following risk areas are presented at a developmentally appropriate level: Fire & Burn Prevention, Motor Vehicle Safety, Bike & Pedestrian Safety, Water Safety, Poison Prevention, Falls Prevention, Choking, Suffocation, and Strangulation Prevention, and Firearms Injury Prevention. The program includes activities for the home, parent/caretaker letters, and pre- and post-knowledge evaluations. Most importantly, *Risk Watch®* gives children and their families the skills and knowledge they need to create safer homes and communities. The needs of all children and their families will be greatly served by the interdisciplinary nature of the *Risk Watch®* program

and the injury prevention education that will be offered through the Maryland *Risk Watch®* Management Team.

For more information on *Risk Watch®* visit the NFPA web site at www.nfpa.org/riskwatch/index.html. The web site includes pages for teachers, parents, children, and advocates.

For more information on the Maryland *Risk Watch®* Management Team, contact the EMSC Program Office and Cyndy Wright-Johnson at cwright@miemss.org.

Who Are the Children Of Maryland?

Demographic Information for 2000 Year Data

Age	Number of Children	% of Total Population
0-4 year	353,393	6.7
5-9 years	391,318	7.4
10-14 years	392,135	7.4
15-19 years	356,119	6.7

State Total Population: 5,296,486

* Source: US Census 2000

In Search of . . . Success Stories

We are looking for *Risk Watch®* in action across Maryland. Please contact the MIEMSS EMSC Program Office (410-706-1758) regarding success stories.

Thank You

TO: EMS Prehospital Providers
FROM: The Brain Attack Team

The Maryland Brain Attack Center at the University of Maryland Hospital wish to thank you for your extraordinary efforts for stroke patients in Maryland.

Without your expert care in the field, no patients would benefit from available stroke treatments.

We look forward to working with you again soon!

Supporting Booster Seats

From Experience

It was a dark, rainy Sunday night a few months ago when I was driving with my 8-year-old daughter Emily and 5-year-old son Glen. We were going to pick up tickets for a local horse race just 4 miles from our house. We didn't think we were going to get into a car crash.

As a parent, I understand how difficult it is to secure kids in car restraints the right way every time. But I make it a point to do so. For as a trauma nurse, I see what happens when you don't buckle up everyone right all the time, and as a registered driver, I understand that the safe travel of my passengers, while I am driving, is my responsibility. I am so grateful that, on that Sunday night in particular, we buckled up everyone right—both children in booster seats.

Our car was totaled and the truck that hit us was totaled also. Emily bruised her cheek and had a sore shoulder. Glen had no injuries. Of the three of us, I got the worst injuries—terrible whiplash and a herniated disc in my neck. But again, these are very minor injuries compared to the alternatives, and I am very grateful.

Also I note that both children now have new booster seats. (Once in a crash, all child restraints and seat belts should be replaced.)

◆ *Chris Owen, RN, BSN*

*CPS Hospital Project Coordinator
EMS for Children Program, MIEMSS*

From Research

According to a study in the June 4, 2003 issue of *Journal of the American Medical Association*, researchers from the Department of Pediatrics at Children's Hospital of Philadelphia, and the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania School of Medicine, focused on 4,243 children ages 4-7 years who were in 3,616 crashes in insured vehicles in 15 states.

They found that the risk of injury for children in booster seats was 59 percent less than that for children in adult seat belts alone. In addition,

children in booster seats had no injuries to the abdomen, neck/spine/back, or lower extremities, while children in seat belts alone had injuries to all body regions.

Why the New Child Passenger Safety Law Is Important

The new child passenger safety law is an effort to address the "forgotten child"; children older than 4 years do not always properly "fit" into an adult seat belt system. Under Maryland's current law (pre-October 1, 2003), a parent or caregiver could understand that it is OK to transport a five-year-old child who weighs 41 pounds in a regular seat belt and say good-bye to "baby seats."

However, a major finding from the research project known as Partners for Child Passenger Safety (a partnership between the Children's Hospital of Philadelphia and State Farm Insurance Companies) is that "the number of appropriately restrained children drops off dramatically between the ages of 3 and 8. Many of these children, who should be using car seats or belt-positioning booster seats, are being inappropriately graduated to the adult seat belt. As a result, they are more likely to suffer significant injuries, particularly head injuries" in the event of a motor vehicle crash. The most appropriate way to secure a five-year-old child who weighs 41 pounds is to put the child in the back seat in a booster seat that addresses a higher weight limit and provides for use of a lap and shoulder belt.

We know that children who are 4 years old and who weigh more than 40 pounds are still not ready to be transported secured by vehicle seat belts alone. Seat belts are made for adults. When children are placed in a seat belt system that does not fit, they tend to not position the belts properly. They may place the belts under their arm or behind their back. This may cause severe abdominal injuries in the event of a crash or leave them without



Properly buckled up: 5-year-old Glen and 8-year-old Emily Owen.

Maryland's Revised CPS Law

Maryland's revised child passenger safety law (CPS) goes into effect October 1, 2003. It states that all children younger than six years old (regardless of weight) or 40 pounds or less (regardless of age) must ride in a correctly used child restraint system that meets federal standards. (The child restraint must be right for the child's size, age and weight.)

In addition, children riding in a vehicle registered outside of Maryland must continue to meet existing Maryland law which mandates enforcement up to age four and 40 pounds.

Maryland's law also requires that "a person may not transport a child younger than 16 years of age unless the child is secured in: a child safety seat or a vehicle's seat belt in all seating positions in all vehicles." Finally, it states that "a child younger than 16 years may not ride in an unenclosed cargo bed of a pick-up truck."

upper body protection, a potential for severe head injury. A booster seat raises or "boosts" a child up and, in some cases, forward to allow the belt to fit as if the child were an adult—thereby ensuring the vehicle restraint system, optimal performance.

Some children will benefit from booster seats until age 8. Use the 5-Step Test (See page 4) as a guide in determining proper seat belt fit or go to the website www.carseat.org. For

(Continued on page 4)

Supporting Booster Seats (con't.)

(Continued from page 3)

more information, or to get a list of upcoming seat checks in your area, call Maryland Kids in Safety Seats (KISS) at 1-800-370-SEAT or check their web-site www.mdkiss.org.

- ◆ Chris Owen, RN, BSN
CPS Hospital Project Coordinator
EMS for Children Program, MIEMSS

One Size/Law Doesn't Fit All

The following is reprinted from "News Notes from Kids in Safety Seats, Summer 2002," published by the Maryland KISS, Maryland Department of Health & Mental Hygiene.

Maryland's revised Child Passenger Safety (CPS) Law, which takes effect October 1, will not change Newton's Law of Physics that states "an object in motion will remain in motion until acted on by an outside force..." But there are hopes that by requiring children up to 6 years of age to use a child restraint device, more parents will "do the right thing" and move children into booster seats before using the adult seat belt system.

Best practice indicates that more children will benefit from booster seat use beyond the age of 6, until around 8 years of age. The Centers for Disease Control report that 56 pounds is the median weight for an 8-year-old and 80 pounds is the average weight for an 11-year-old. So why doesn't Maryland's law include a minimum weight (above the current 40 pounds) in addition to the age limit provision? One explanation: enforcement and compliance may be difficult because neither a law enforcement officer nor a parent may know the child's weight.

Despite laws requiring certain age, weight, or height limits for booster seat use, proper belt fit is actually the best guideline (see the "5 Step Test"). There can be huge variations in children's physiques, which present a wide range of results in fitting car seats, booster seats, and seat belts. For example, a child may "fit" into one vehicle's seat belt before the age of

eight or 80 pounds because s/he has a long torso or the car has a shallow vehicle seat and low shoulder belt anchor. In fact, that same child may experience correct belt fit in one family vehicle, but still may need to use a booster seat in another vehicle!

Several months ago, KISS representatives encountered a situation where six-year-olds riding in an SUV fit better in the vehicle seat belt than they did with a booster seat because their heads were at the roof of the vehicle in the "stadium-type" third row. In theory (looking strictly at their heights and weights), these children should have been in a booster seat, but they "passed" the 5-Step Test for correct belt fit in that seating position.

Like anything in child passenger safety, there are no absolutes or quick fixes. However, it is believed that Maryland's revised CPS law will protect a greater number of children by promoting longer use of appropriate restraints in vehicles.

For more information on booster seats, the new law, or other car seat questions, please call Maryland Kids in Safety Seats at 800-370-SEAT.

Need a Booster Seat? The 5-Step Test

If your child isn't using a booster, try this simple test the next time you ride together in the car.

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Does the belt cross the shoulder between the neck and the arm?
4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay like this for the whole trip?

If you answered "no" to any of these questions, your child needs a booster seat to ride safely in the car. Kids like boosters because they are more comfortable, too!

MARK YOUR CALENDARS!

PENINSULA REGIONAL
MEDICAL CENTER
and
THE DEPARTMENT OF TRAUMA

Present the

14th ANNUAL
TRAUMA CONFERENCE
SEPTEMBER 19, 2003

★★★★ NEW LOCATION ★★★★★

"Carousel Resort Hotel"
Ocean City, Maryland

Come to the beach and enjoy Ocean City's second season and Sunfest, while attending a conference which addresses current topics in trauma

THIS CONFERENCE IS INTENDED FOR
PREHOSPITAL PROVIDERS AND NURSES

For More Information or Registration Form
Contact

LISA HOHL, RN
TRAUMA NURSE COORDINATOR
PENINSULA REGIONAL MEDICAL CENTER
(410) 543-7328

Continuing Education Credits will be awarded

Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

B-2002-183—(EMT-B)—March 11, 2003. (By disposition agreement) Two-year probation with random drug testing and psychiatric evaluation at beginning and end of probationary period for improperly deviating from assigned inter-facility transport destination and consuming alcohol during return from transport.

R-2002-203—(CRT)—April 8, 2003. Revocation of CRT license for stealing money from patient under provider's care.

R-2002-204—(EMT-B)—April 8, 2003. Revocation of EMT-B certification for pleading guilty to theft over \$300 with right to reapply upon satisfactory completion of court-ordered probation.

R-2002-205—(EMT-B)—April 8, 2003. Revocation of EMT-B certification for pleading guilty to theft under \$300 with right to reapply upon satisfactory completion of court-ordered probation.

New EMS/DNR Order Forms

A new, simpler Emergency Medical Services/Do Not Resuscitate (EMS/DNR) form is being introduced on July 1, 2003. This form will be easier for patients and their caregivers to read and use. It remains easily identifiable as an EMS/DNR order (see below). The old EMS/DNR order or bracelet or any copy of the order remains valid.

The new form will be available on the MIEMSS website as a downloadable document. Plastic bracelets may still be ordered through MIEMSS at 410-706-4367. Patients and caregivers without access to the internet may order forms through MIEMSS at 410-706-4367. Patients will also be able to obtain metal Medic-Alert bracelets by contacting Medic-Alert directly at 800-432-5378.

EMS personnel are authorized to initiate the EMS/DNR protocol when presented with an original EMS/DNR order, a copy of an EMS/DNR order, an EMS/DNR order from another state, a plastic EMS/DNR order bracelet, a Medic Alert EMS/DNR bracelet or pendant, an oral DNR order from on-line medical direction, or an oral DNR order from an on-site physician. Other health care providers may also recognize and follow an EMS/DNR order.



**Maryland Emergency Medical Services (EMS)
Do Not Resuscitate (DNR) and Medical Care Order**

This form is a physician's order under which EMS personnel will **not** attempt resuscitation when the patient named below is in cardiac arrest (no palpable pulse) or respiratory arrest (no spontaneous breathing). This form also instructs EMS personnel on interventions **before** arrest. EMS personnel who see this order or a copy of it or physical evidence of it (the attached bracelet or Medic Alert bracelet or necklace with DNR emblem) are to provide care in accordance with this order and applicable Maryland Medical Protocols for EMS Providers. Other health care providers may provide or withhold care related to cardiac or respiratory arrest in accordance with this order.

Patient Identifying Information

Name: _____
Date of Birth: _____ Gender: _____

Physician's Order

I, the undersigned licensed physician, hereby that emergency medical services personnel provide care as specified below. **[Initial one option]**

Option A:
**Maximum Efforts to Prevent Cardiac/Respiratory Arrest
DNR if Arrest Occurs-No CPR**
Prior to arrest, all interventions allowed under The Maryland Medical Protocols for EMS Providers, and comfort care. No CPR if arrest occurs.

Option B:
**Supportive Care Prior to Cardiac/Respiratory Arrest
DNR if Arrest Occurs-No CPR**
Prior to arrest, opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning for comfort and other comfort measures, splinting, pain medication by orders through on-line medical direction, and transport as appropriate. No CPR if arrest occurs.

Physician's Certification

I hereby certify that this order is entered as a result of discussion with, and the informed consent of **[Initial one option]:**
 the patient, or
 the patient's health care agent as named in advance directive; or
 the patient's surrogate (including a legal guardian, if one has been appointed); or
 if the patient is a minor, the patient's parent or legal guardian.

If none of these are initialed, I certify that I entered this order on the basis of:
 instructions in the patient's advance directive; or
 my certification, with a second physician's concurrence, that CPR would be medically ineffective.

Physician's Signature and Identifying Information

Name: _____
Signature: _____
Date: _____
Maryland License Number: _____
Physician Phone Number: _____

If bracelet is to be used used, complete all information, including physician's signature, on each bracelet and separate at perforation.

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

fold here

MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST (NO CPR) SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST (NO CPR)

Pt. Name: _____ Pt. DOB: _____
M.D. Name: _____ Order Date: _____
M.D. Sign: _____ M.D. P.R.# () _____

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

fold here

MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST (NO CPR) SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST (NO CPR)

Pt. Name: _____ Pt. DOB: _____
M.D. Name: _____ Order Date: _____
M.D. Sign: _____ M.D. P.R.# () _____

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

fold here

MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST (NO CPR) SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST (NO CPR)

Pt. Name: _____ Pt. DOB: _____
M.D. Name: _____ Order Date: _____
M.D. Sign: _____ M.D. P.R.# () _____

1. If a patient needs transport by ambulance and is unable to communicate the desire not to be resuscitated, the patient must have a EMS/DNR Order.
2. This EMS/DNR Order is valid only if signed by the patient's physician.
3. The EMS/DNR Program has been developed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), an independent agency of the State of Maryland, in conjunction with the Board of Physician Quality Assurance, pursuant to Section 5-608 of the Health-General Article of the Annotated Code of Maryland.
4. If you need further information, a comprehensive program booklet is available from the MIEMSS EMS/DNR Program office (410)-706-4367.

INSTRUCTIONS

To issue an EMS/DNR Order:

- 1) Complete the EMS/DNR form and, if it is to be used, the bracelet authorization form.
- 2) Have the physician sign the "Physician Certification and Order" and initial ONLY ONE of the two options.
- 3) If a vinyl bracelet is to be used, have the physician sign the bracelet inserts at the bottom of the EMS/DNR. If a metal bracelet or necklace is desired, contact Medic Alert® at 1-800-432-5378. They will send you the application and information. They will require a copy of this order in order to process your request.
- 4) If a vinyl bracelet will be used, be sure the insert has been completed and signed, tear the bracelet insert off of the original form, fold it, trim it along the dashed line, and insert it in the vinyl EMS/DNR bracelet that has been provided. The bracelet may be worn about the wrist, hung from a necklace, or pinned to clothing.
- 5) The EMS/DNR Order form should be kept in a safe and readily available place and be retrieved for responding EMS personnel before their arrival.
- 6) If a valid EMS/DNR Order is located after resuscitation has begun, EMS personnel may withdraw resuscitation. Ambulance personnel cannot honor specific instructions in advance directives that do not conform to the care selections in the "Patient or Authorized Decision Maker Statement" (e.g. wants intubation but no CPR).
- 7) An EMS/DNR Order may be revoked at any time by the patient's request for resuscitation made directly to responding emergency medical services personnel OR by the physical can cellation or destruction of all EMS/DNR Order forms, bracelets, and necklaces with the consent of the patient or the authorized decision maker signing the EMS/DNR Order. Destruction of an EMS/DNR Order, bracelet, or necklaces without consent carries penalties under the Health Care Decision Act.
- 8) There is no expiration date for EMS/DNR Orders in Maryland. However, patients, their authorized decision makers, and attending physicians are encouraged to review the continuing need, desire, and qualification for an issued EMS/DNR Order at least annually.

MIEMSS Presents 30 EMS Awards

As part of the activities scheduled during EMS Week (May 18–24), MIEMSS presented awards to EMS providers and citizens throughout the state for their outstanding performance in emergency medical situations and for their contributions to Maryland's EMS system. Awards in nine categories were given to people and organizations; the winners represented all five of the EMS regions. The awards ceremony was held May 22 at MIEMSS.

Photos and information on EMS Week activities will appear in the next newsletter.

Maryland Star of Life Award

Last Christmas Eve eight people risked their lives as they rescued a driver pinned in his burning car only seconds before the car violently exploded. Those recognized with the **Maryland Star of Life Award** for their courageous actions in this incident were: **Deputy First Class Javier Moro**, **Deputy First Class Pat Dailey**, **Deputy First Class Todd Robinson**, **Corporal Ed Keplin**, **Deputy First Class Sam Mitchell**, **Deputy Michelle Klein**—all from the Harford County Sheriff's Office—and civilians at the

scene **Randy Reinecke** and **Jeff Taylor**.

While responding to another call last Christmas Eve, DFC Moro saw a red Chevy Blazer that had crashed head-on into a cement truck that had overturned. The driver of the cement truck was able to stumble out of the passenger window. But the driver of the Chevy Blazer was pinned inside, under a crushed dashboard, unconscious and bleeding heavily. Complicating the situation, a fire had started under the hood in the engine compartment and was spreading to the driver's area.

Five other personnel from the Harford County Sheriff's Office had joined DFC Moro, along with two civilians Randy Reinecke and Jeff Taylor. They worked feverishly to try to free the driver and to put out the fire with the six fire extinguishers from the sheriffs' cars. Fire personnel had not yet arrived. So, without regard to their own personal safety, the deputies and civilians pried open the car doors, using their hands and entered the vehicle. All deputies and the civilians reached into an intense working fire to free the victim from the wreckage, but were unsuccessful. As the fire continued to move through

the openings of the vents and the flames moved to the driver's clothing and legs, they determined that the driver's seatbelt harness had been entangled in the wreckage. The moment had come when all of the fire extinguishers were gone and the vehicle had begun to make a "popping" sound from the intense heat. Seeing the opportunity for one final effort to free the driver, DFC Robinson re-entered the burning vehicle and cut the seatbelt with his pocket-knife.

Hampered by the flames, smoke, and intense heat, the eight people that received Maryland Star of Life Awards for their heroic actions were able to free the driver and pull him to safety. Mere seconds later the passenger compartment exploded violently into flames. The driver's legs and clothing were on fire as he was removed from the vehicle and were extinguished by DFC Mitchell with his bare hands.

The deputies then attended to the medical needs of the driver, ignoring their own injuries, until fire and ambulance personnel arrived. The driver regained consciousness a short time later and was flown to the Shock Trauma Center in Baltimore.

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EMS Star of Life

(L-R) Dr. Robert Bass (MIEMSS Executive Director), DFC Javier Moro, DFC Todd Robinson, Karen Poe (Governor's Office of Community Affairs), Cpl. Ed Keplin, Deputy Michelle Kline, Civilian Randy Reinecke, Chief John Frazier (EMS Board & Baltimore City Fire Dept.), and Gene Worthington (President, Maryland State Firemen's Association). (DFC Pat Dailey, DFC Sam Mitchell, and Civilian Jeff Taylor were not able to attend.)



EMS Star of Life

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), David Carrier (EMS Supervisor, Caroline Co. EMS), Dr. Richard Alcorta (State EMS Medical Director), Greg Bennett (Chief, Preston Vol. Fire Co.), Ryan Todd (Ambulance Captain, Preston Vol. Fire Co.), Karen Poe (Governor's Office of Community Affairs), TFC Jesse Haas (MSP Easton Barrack), Jeffery Diggs, Trooper James Blackwell, TFC Neil Elin, Sgt. Steve Aaron (all of the MSP Easton Barrack), and Gene Worthington (President, Maryland State Firemen's Association).

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Maryland Star of Life Award

Caroline County EMS, Preston Volunteer Fire Company, and the Maryland State Police at the Easton Barracks were recognized with the Maryland Star of Life Award for their team effort as fire, EMS, and law enforcement people responding to a serious vehicle crash that occurred in a rural area of Caroline County.

On March 3, 2002, a single vehicle carrying six people ages 11 to 17, ran off a rural road, traveled across a field, a residential driveway, and a wooded area, before coming to a stop against a tree. All the young people in the car were severely injured—four with life-threatening injuries.

David Carrier, the EMS supervisor who was the medical commander for the incident, stated that the volunteer response was outstanding. Faced with a very difficult situation, they treated very serious trauma injuries of the patients. Three Maryland State Police helicopters responded to the scene to transport five of the patients to the Shock Trauma Center in Baltimore. The sixth patient was taken by ambulance to Memorial Hospital at Easton. According to Robert Schoonover, the EMS Director of Caroline County EMS, the incident quickly maximized the EMS resources the county has available on a daily basis. It was clearly the State of Maryland EMS System working at its best that day in March.

Maryland EMS Citizen Award

Captain David Jones, Ensign John McGowan, Staff Sergeant Paul Cottingham, and Larry Steele, received Maryland EMS Citizen Awards for their quick thinking and heroic actions that saved the lives of Ed and Joanne Schaffer.

On May 10, 2002, each of the four EMS Citizen Award winners was traveling in separate vehicles on U.S. Route 40, where each one stopped to try to extricate Ed and Joanne Schaffer from their car, which had become wedged and crushed under the bed of a tractor trailer truck, following a hor-

rible crash.

Capt. Jones was immediately behind the tractor trailer involved in the crash, so he initially took charge. After realizing that special tools would be needed to get to the Schaffers from the rear of the car, he saw that the engine compartment was smoking and told several onlookers to get fire extinguishers from their cars. Four extinguishers were used to suppress the fire, but within seconds the fire burst back to life with greater ferocity. Fuel lines and hoses started to explode causing flames and smoke to threaten the rescuers as well as the Schaffers. Capt. Jones, Ensign McGowan, and Staff Sergeant Cottingham knew they had to get the couple out of their car or they would burn alive.

They told the tractor trailer driver to back up 5 feet to give them some access to Mr. & Mrs. Schaffer. Ensign McGowan and Staff Sergeant Cottingham were able to pry open the passenger door to pull Mrs. Schaffer out and place her away from the burning car. Capt. Jones wedged open the door behind the driver and saw that Mr. Schaffer's legs were trapped under the steering column. Larry Steele helped to leverage the driver's seat back, while Capt. Jones went head-first through an opening in the windshield on the passenger's side. In Capt. Jones' words: "After an eternity of twisting and pulling the driver's legs, I was able to free them at which point Sergeant Cottingham

and Steele were able to pull Ed out of the rear of the vehicle. . . . Within 30 seconds of extracting the driver, the entire car exploded into flames. Had we hesitated for even one minute, the fire would have consumed both passengers."

Ensign McGowan, a former paramedic, and Capt. Jones stabilized Ed and Joanne Schaffer alongside the road until Abingdon Fire Company arrived. By this time, the car and truck were both on fire. The truck had been transporting Clorox so the area had to be cordoned off due to the toxic flames. The Schaffers were taken by Maryland State Police helicopter to Baltimore's Shock Trauma Center, where they made a remarkable recovery and were able to attend the EMS Awards ceremony.

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Maryland EMS Citizen Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Larry Steele, Dr. Richard Alcorta (State EMS Medical Director), SSG Paul Cottingham, Chief John Frazier (EMS Board & Baltimore City Fire Dept.), Joanne and Ed Schaffer, Capt. David Jones, Ensign John McGowan, Karen Poe (Governor's Office of Community Affairs), Gene Worthington (President, Maryland State Firemen's Association).



Emergency Medical Dispatcher of the Year Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), William King, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).

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Emergency Medical Dispatcher of the Year Award

On the evening of November 20, 2002, a call was received at the Washington County 9-1-1 Center from a mother who frantically reported that her 14-year-old son was choking on food and could not breathe.

Emergency Specialist Bill King answered that 9-1-1 call. After gathering basic information such as the address, phone number, and the patient's problem, the call was sent to his partner Bob Myerly for dispatch. Mr. King then used the calming techniques that he had learned in his Emergency Medical Dispatch training to skillfully calm the mother so he could give her life-saving instructions to help her son. He told her exactly how to perform abdominal thrusts on her son and on the fifth try, she suc-

cessfully dislodged the food.

Boonsboro Ambulance arrived on the scene shortly thereafter and transported the 14-year-old to Washington County Hospital where he was admitted. Following observation, he was released and has since made a full recovery.

In addition to being named EMD of the Year by MIEMSS, Mr. King was cited by the Washington County Board of Commissioners for making a difference in the lives of Washington County citizens by his actions on November 20, 2002.

EMS Provider of the Year Award

Paramedic John H. Frank, EMS Provider of the Year recipient, has been an active participant in Maryland's EMS system for 20 years. Beginning in 1983 through 1987, he worked with Baltimore County units as an EMT, IV-tech, and ambulance lieutenant. Since he moved to Garrett County, he has been an integral force in the fire and rescue community, providing leadership and direction to the Northern Garrett Rescue Squad as a lieutenant, chief, and advanced life support coordinator. Certified as a Maryland and a National Registry Paramedic, he still averages 300-400 runs a year, demonstrating the highest levels of excellence in patient care.

Mr. Frank is well known for his work in search and rescue. He served as chief of the State Forest and Park Service's Search and Rescue team for the past 8

years. In this role, he has provided direction, coordination, and implementation of team functions in more than 60 search and rescue missions involving lost persons, swift water rescue, and recovery of deceased individuals. He also serves as a certified EMS/search-and-rescue instructor providing courses to first responders and other staff in such areas as CPR, swift water rescue, and AED training. He has received several State Forest and Park Service valor awards, as well as Governor's citations for search and rescue and EMS efforts that resulted in the saving of lives during severe winter weather, flood, and responses to individual life-threatening events such as ATV injuries, hunting injuries, and water-related emergencies. In fact, he was involved with several rescue operations during this year's blizzard, when Garrett County received more than 50 inches of snow that virtually brought other response units to a halt.

All of Mr. Frank's work in EMS is completely voluntary, and many of the programs that he now coordinates were started through his own initiative. The same attention to detail and compassion that marks his work in EMS patient care extends to his "paid" job. For the past 5 years, he has worked as a forensic investigator for the Office of the Chief Medical Examiner.

EMS Provider of the Year

Terry Shook, EMT-P was recognized with the **EMS Provider of the Year Award** for more than 40 years of active leadership in regional and statewide EMS activities, and especially for developing a Quality Assurance Program in Frederick County. His involvement in EMS goes back to the 1950s when, as a youngster, he often accompanied his dad when his father drove Thurmont's first ambulance. He "officially" started running calls when he was 16. He took EMT training as soon as it was available. He was also one of the first cardiac rescue technicians in Frederick County and one of its first paramedics to be certified by both Maryland and the National Registry.

For the past 40 years, he has remained active in Maryland's EMS

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EMS Provider of the Year Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), Paramedic John H. Frank, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).



EMS Provider of the Year

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), Paramedic Terry N. Shook, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).

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system. He continues to answer ambulance calls, has held every office in his ambulance company, and has repeatedly held both the offices of chief and president many times. He has developed Thurmont Community Ambulance Service into a very organized, responsive, respected organization that has received numerous awards. He has also worked consistently within Frederick County to enhance and improve EMS services county-wide. He has served as the president of the Frederick County Volunteer Fire and Rescue Association, providing oversight on all EMS, fire, and rescue service in Frederick County. He is currently serving as the Chairman of the county's EMS Committee, a position he previously served, which oversees all the volunteer operations in Frederick County.

Outstanding EMS Program Award

The Harford County Sheriff's AED Program won this year's **Outstanding EMS Program Award**.

On July 14, 2002, an 11-year-old boy nearly drowned in a swimming pool at a summer camp. The youngster was climbing the ladder out of the pool when he suddenly fell backward and starting sinking to the bottom. Deputy Brad Crossley and Deputy Chris Gibbons, from the Harford County Sheriff's Department which participates in the Maryland Facility AED Program, responded to the 9-1-1

call. When they arrived at the camp, they found camp staff members performing CPR on the young boy. Since he did not have a pulse, the deputies retrieved the automated external defibrillator that they carried in their car and delivered one shock to the boy. This restored the boy's pulse and he began breathing again.

The 11-year-old patient was then treated by EMS providers of the Darlington Volunteer Fire Company and flown by Maryland State Police med-evac helicopter to the pediatric trauma unit at the Johns Hopkins Children's Center. Later reports indicated that the boy received a complete medical and cardiac evaluation and that the cause of his collapse was sudden cardiac arrest due to an undiagnosed pre-existing heart condition.

This is an example of how the Chain of Survival can save lives when implemented properly. The camp staff initiated the first two links in the chain by calling 9-1-1 and beginning CPR. Through voluntary participation in a public access defibrillation program, the Harford County Sheriff's deputies were able to provide early defibrillation, the third link in the chain of survival, and convert the boy's heart back to a normal rhythm. Finally, the chain was completed when the Darlington Fire Company, the Maryland State Police EMS providers, and the pediatric trauma center staff at the Johns Children's Center provided the boy the advanced level of care and access to the resources he needed to diagnose and treat his condition.

Quality in EMS Award

EMT John Harding, who not only believes that EMS makes a difference but is committed to the fact that it can be proven and improved, received this year's **Quality in EMS Award**.

Over the past 15 years, Mr. Harding has provided quality emergency patient services and organizational leadership in the Maryland and Washington, DC area. As a past chief of Laurel Volunteer Rescue Squad and current volunteer member, he has provided quality care and leadership to the citizens of Prince George's County. As the Administrative Director for the Center for Hospital Based Specialties at Children's National Medical Center, his commitment to quality services is second to none. However, it is his quality management expertise and willingness to share with the Maryland EMS community that sets him apart from his peers.

As vice-chairperson of the Regional/Jurisdictional Quality Improvement Committee, he has provided leadership, organization, and direction to a diverse group. As a key faculty member of the Team EMS program, Mr. Harding has merged quality management theory with life applications, resulting in an effective set of educational programs from which all EMS leadership can benefit. All EMS providers, regardless of their level or title, can learn from his clinical and EMS provider personal experiences.

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Outstanding EMS Program Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), Deputy Chris Gibbons and Deputy Brad Crossley (both used the AED to successfully revive a young boy who nearly drowned), Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).



Quality in EMS Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), John Harding, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).

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Maryland EMS for Children Award

Diane Lee, the Highway Safety Coordinator for Garrett County and a long-time advocate for child safety in Region I, received this year's **Maryland EMS for Children Award**. She has organized a cadre of five child safety seat inspectors and more than 30 technicians. Safety seat inspections are conducted regularly at the Garrett County Health Department. Other child safety activities include bike helmet educational programs and injury prevention. She also assists with Garrett County's "After Prom" parties.

This past year Diane applied for and received an EMS for Children grant to fund the Maryland Virtual Emergency Response System for the Garrett County school system, one of five pilot programs for the state.



EMS for Children Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), **Diane Lee**, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).



Leon W. Hayes Award for Excellence in EMS

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), **George B. Delaplaine, Jr.**, Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).

Leon W. Hayes Award for Excellence in EMS

George Delaplaine, Jr., was honored with the **Leon W. Hayes Award for Excellence in EMS**. Mr. Delaplaine has supported EMS for 29 years, as past member of the statewide EMS Board and the Mid-Maryland EMS Advisory Council and as present member of the Statewide EMS Advisory Council and the Mid-Maryland EMS Advisory Council. Mr. Delaplaine first joined the Mid-Maryland EMS Advisory Council when it was created in 1974. He has actively participated in the Council, attending almost every meeting for the past 29 years. During this time, he has served in every leadership position on this Council, including that of president. In addition, he has served terms on the Maryland EMS Board and has been the Region II EMS Advisory Council representative to

the Statewide EMS Advisory Council (or SEM-SAC) since that organization was created. He currently serves as the chairman of the SEMSAC Regional Affairs Committee.

As the CEO and COO of several multi-million dollar corporations, Mr.

Delaplaine's managerial and business expertise has been an invaluable asset to Region II's Advisory Council. For example, when Washington County Hospital temporarily closed its trauma center last summer, his business expertise helped him to understand and evaluate this situation as both the hospital and trauma surgeons presented their issues. He was able to translate the issues into laymen's terms to help the state legislators understand the huge impact that the loss of this trauma center had on local residents.

The Leon W. Hayes Award for Excellence in EMS

Elaine Wedding, who received the **Leon W. Hayes Award for Excellence in EMS**, currently holds the record as Maryland's oldest practicing paramedic. She regularly schedules herself for at least one shift a week on the Charles County Medic Unit. Elaine's career and service to EMS have spanned over half a century. At age 10, she was providing care to other children in the orphanage where she and her brother grew up. As a teenager, she received her first-aid certificate and began to service her community. Mrs. Wedding is a nurse by trade but has served as an active volunteer, EMS provider for more than 50 years. She is known across the state for her active role in EMS education and quality management in Southern Maryland and beyond.

As advanced life support coordina-

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MIEMSS Director's Excellence in EMS Award

(L-R) Dr. Robert Bass (MIEMSS Executive Director), Karen Poe (Governor's Office of Community Affairs), Chief John Frazier (EMS Board & Baltimore City Fire Dept.), **Thomas Edwards** (Vice-President, Charles County Volunteer Firemen's Association), **Chief David Jenkins** (Chief, Charles County EMS), Maj. Marc Bashoor (Prince George's County Fire/EMS Department), Dr. Richard Alcorta (State EMS Medical Director), and Gene Worthington (President, Maryland State Firemen's Association).

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nator for Charles County, Mrs. Wedding has worked to develop new training programs to meet the needs of volunteer EMS providers. In the mid-1990s, she decided to return to college, and in 1997, she became the first graduate of the Emergency Health Service program from Charles County Community College, which is now the College of Southern Maryland.

Mrs. Wedding has held many positions in her community, region, and across the state. She has served as the Quality Assurance Team Leader for Charles County, Charles County EMS Council, and Region V representative to the Regional Jurisdictional Quality Improvement Committee. Recently she was re-elected as Chair of the Region V EMS Advisory Council, and continues to serve as an active member of the Regional Affairs Committee and the ALS Committee of the Statewide EMS Advisory Council.

The MIEMSS Director's Excellence in EMS Award

The Emergency Services of Charles County, Calvert County Volunteer Fire & Rescue Association, Charles County Volunteer Firemen's Association, Inc., Charles County Association of Emergency Medical Services, Inc., St. Mary's County Fire Board Association, St. Mary's County Ambulance and Rescue Association, and Prince George's County Fire/EMS Department, received this year's MIEMSS Director's Excellence in EMS Award for their calm and heroic response to the chaos and devastation resulting from the tornado that struck Charles County last year.

One of the strongest tornadoes in Maryland's history struck the town of LaPlata on April 28, 2002. News articles reported winds in the range of 260 -318 miles per hour. The mayor of LaPlata compared the town to a "war zone." Many roofs were torn off of buildings in residential, business, and shopping areas. Houses had collapsed. Cars were flattened. Power lines were torn, trees ripped and flipped over, and electricity was out. Reports were passed along of those trapped in houses and in vehicles and of those missing.

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Maryland EMS Personnel at NAEMSP Meeting

In the past, this newsletter has described participation by Maryland EMS in the proceedings of the National Association of EMS Physicians (NAEMSP), including the presentation at its 2000 meeting of Caroline County EMS as the rural EMS Showcase. This year, Maryland EMS enthusiasts again made a strong showing at the NAEMSP annual meeting in Panama City, Florida in January. The installation of MIEMSS Executive Director Dr. Robert Bass as NAEMSP President highlighted the week-long schedule of conference and pre-conference activities.

In addition, Dr. Kathleen Brown, recently recruited emergency medicine faculty at Children's National Medical Center (CNMC) and a new Maryland resident, was named Chair of the NAEMSP Pediatric Committee. The meeting featured strong representation by all levels of Maryland providers, including medical directors, training instructors, supervisory personnel, and both of the fellows (Dr. Donald Alves and Dr. Sonia Callejas) from the EMS fellowship program at the University of Maryland Baltimore County/University of Maryland Medical System.

In keeping with the tradition of Maryland's commitment to prehospital education, noted disaster epidemiologist and preparedness planning expert Dr. Richard Bissell discussed community response planning for bioterrorism. Dr. Bissell is Director of Graduate Studies, Department of Emergency Health Services at UMBC. Dr. Kathy Brown was also an invited speaker addressing the unique aspects of providing prehospital care to infants, children, and adolescents.

In an "add-on" session, two presentations focusing on the Maryland EMS system response to the October 2002 sniper attacks were received by an enthusiastic, overflow audience. The first, entitled "The Right Care When It Counts: EMS System Response to the Pediatric Sniper Victim," was presented by Dr. Joseph Wright, Associate State EMS Medical Director for Pediatrics at MIEMSS and Associate Professor of Pediatrics, Emergency Medicine, and

Community Health at CNMC. Dr. Wright described the circumstances, details, and "golden hour" timeline surrounding the life-saving care received by the 13-year-old penetrating trauma victim who was shot outside his school by the sniper and was transported to CNMC. Dr. Wright discussed not only the unique system aspects of this unusual case, but also the public health implications of coordinated trauma response and system coordination.

The second lecture, entitled "Multiple Single Casualty Incidents: Anatomy of a Day of Terror and Implications for an EMS Jurisdiction," chronicled the 36-hour period during which Montgomery County Fire and Rescue Services (MCFRS) was thrust into the national spotlight and responded to six fatal shootings. The lecture was presented by Roger M. Stone, MD, MS, University of Maryland academic faculty and Jurisdictional Medical Director of MCFRS, and Captain Michael Collins, NREMT-P, ALS Training Director at the MCFRS Academy. They discussed the operational responses to the initial cluster of events, including the unified command concepts and provider safety issues, as well as the planning and public health implications of different types of EMS systems dealing with such an event.

Other Maryland EMS physicians in attendance included Deborah Davis, MD, MIEMSS Region IV Medical Director, Jason Winslow, MD, Charles County Jurisdictional Medical Director, and Stephen Kotch, MD, Washington County Jurisdictional Medical Director.

Dr. Stone hopes that this article "serves as an appeal to all Maryland EMS physicians and highest jurisdictional officials to join NAEMSP and thereby add themselves to the growing ranks of EMS professionals nationwide who consider the vocation of EMS medical oversight worthy of its own recognized place in health care."



Governor Robert L. Ehrlich, Jr.

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Affiliation Requirement

Last year, MIEMSS upgraded the Maryland Prehospital Provider Registry to track multiple affiliations for each provider. In Maryland, affiliation with an EMS operational program (jurisdiction) is required for any EMT-B, CRT, or EMT-P who functions as a provider. Affiliation with an EMS operational program is also required of first responders who are permitted to operate automated external defibrillators (AEDs) in a jurisdiction.

Providers are required to notify MIEMSS of all operational programs with which they are a functioning member. If a provider functions in more than one jurisdiction or company, he or she must have official affiliation documentation on file at MIEMSS. Documentation of affiliation is achieved by completing the Maryland Emergency Services Student Application Release and Affiliation Form. This form can be obtained through the local jurisdiction. The form can also be downloaded under the Licensure & Certification form section of the MIEMSS web site (www.miemss.org).

Furthermore, if a provider has a change in name, address, or affiliation with an EMS operational program, he or she must notify the MIEMSS Office of Licensure and Certification in writing within 30 days. The change of information form can also be downloaded under the Licensure & Certification form section of the MIEMSS web site (www.miemss.org). These requirements are set forth in COMAR 30.02.

If there are questions regarding the affiliation requirements or change of information requirements, please contact the Office of Licensure and Certification at 800-762-7157.

EMS Awards (con't)

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This was the scene that greeted fire, EMS, and rescue workers from Charles County and nearby Calvert, St. Mary's, and Prince George's counties that responded as mutual aid units to the incident. Search crew groups went house to house, searching the rubble for trapped victims. Other emergency response personnel triaged, treated, and transported the injured to hospitals. News reports stated that 80 people in Charles County were sent to area hospitals, and 12 severely injured were taken to trauma centers.



Governor Robert L. Ehrlich, Jr. proclaimed Maryland EMS Week May 18-24 and Maryland Emergency Medical Services for Children (EMSC) Day May 21. In this photo, Karen Poe, from the Governor's Office of Community Affairs, presents the EMSC proclamation to MIEMSS Executive Director Robert R. Bass, MD, at the Maryland Stars of Life Awards ceremony on May 22. See pages 6-11 inside for articles and photos of the EMS Award winners.