

# Maryland EMS News

For All Emergency Medical Care Providers

Vol. 34, No. 1

August 2007

## MIEMSS Designates 23 Primary Stroke Centers

MIEMSS recently designated 23 Primary Stroke Centers in hospitals throughout Maryland as specialty referral centers. (See box for list.) With the designation of primary stroke centers, the coordination of the delivery of care for acute stroke, currently the third leading cause of death in Maryland behind heart disease and cancer, can be improved.

With the announcement of the first phase of official designation of the primary stroke centers, MIEMSS also directed the EMS jurisdictions to have prehospital providers begin implementing the destination clause of the "Stroke: Neurological Emergency" protocol in the "Maryland Medical Protocols for Emergency Medical Services Providers." This protocol includes identifying patients with suspected

acute stroke and bypassing non-designated hospitals to go to the closest primary stroke center. The protocol states: "If the patient is a candidate for fibrinolytic therapy, AND can be delivered to the hospital within 2 hours of sign/symptom onset, transport the patient to the closest Designated Stroke Center. If there is not one within 30 minutes, then go to the nearest hospital."

The EMS Board promulgated regulations establishing the standards for primary stroke centers in Maryland during December 2005. The regulations went into effect in May 2006. The standards are based on the recommendations of the Brain Attack Coalition, whose peer-reviewed recommendations for acute stroke care were published in the *Journal of the American Medical Association*.

The regulations include structural and functional requirements for hospitals applying for designation as primary stroke centers. Examples are evidence of organizational commitment, an acute stroke team operating under validated protocols, medical and surgical resources, and a commitment to systematic quality management at the hospital and statewide levels. Like the efforts of the established Trauma Quality Improvement Committee, the results of the Primary Stroke Center network will feed back into the system and complement the findings of EMS operational program quality management to effect state-of-the-art interventions and treatment.

MIEMSS expects to designate additional hospitals as Primary Stroke Centers later in 2007. The names of the additional designated Primary Stroke Centers will be released to EMS providers and the public as the designations are completed.

For further information, contact John Young, RN, MIEMSS Office of Hospital Programs at 410-706-3930.

### MIEMSS-Designated Stroke Centers

#### Primary Stroke Center in EMS

##### Region I

Western Maryland Health System  
Memorial Campus

#### Primary Stroke Center in EMS

##### Region II

Washington County Health System

#### Primary Stroke Centers in EMS

##### Region III

Anne Arundel Medical Center  
Baltimore-Washington  
Medical Center  
Franklin Square Hospital Center  
Good Samaritan Hospital  
Greater Baltimore Medical Center  
Harbor Hospital Center  
The Johns Hopkins Bayview  
Medical Center  
The Johns Hopkins Hospital

Maryland General Hospital  
Sinai Hospital of Baltimore  
St. Joseph Medical Center  
Union Memorial Hospital  
University of Maryland  
Medical Center

#### Primary Stroke Centers in EMS

##### Region IV

Atlantic General Hospital  
The Memorial Hospital at Easton  
Peninsula Regional Medical Center

#### Primary Stroke Centers in EMS

##### Region V

Holy Cross Hospital  
Montgomery General Hospital  
Southern Maryland Hospital Center  
St. Mary's Hospital  
Suburban Hospital

### In This Issue

Shock Trauma Hero Awards  
Nominations . . . . . pages 2-3

Dedication of the  
"John R. Frazier" . . . . . page 2

Pandemic Flu Exercise . . . page 4

Pyramid 2007 . . . . . page 5-11

Calendar . . . . . page 12

# Looking for Shock Trauma Hero Award Nominees

Each year at the Shock Trauma Gala, the R Adams Cowley Shock Trauma Hero Award is presented to a group of individuals whose efforts in saving a life exemplify **Maryland's EMS & Trauma System**. Individuals from the 911 operator to the field providers to the Shock Trauma staff to the rehabilitation facility are honored.

We would like to solicit your assistance in nominating a case that is extraordinary because the patient's survival and positive outcome could be attributed to response time, care received in the field, and treatment by the Shock Trauma Center. Cases involving inter-hospital transfers will be considered. Please do not hesitate to nominate patients whose outcomes remain uncertain at this time.

The Hero Award Criteria and a Nomination Form follow for your information and convenience.

## 2008 Gala Hero Award Criteria

- I. Two Hero Awards - Maryland EMS
  - A. Urban/Suburban Case
  - B. Rural Case
- OR
- Ia. One Hero Award - Maryland EMS
  - A. Urban/Suburban & Rural Case
- II. Transported to and treated by Shock Trauma
- III. Patient survived and had a positive outcome
- IV. Good response time
- V. Involved both ground field providers and transported by MSP
  - A. Urban/Suburban Case (MSP optional)
- VI. Quality care received in field
- VII. Treatment by a regional trauma center (optional)
- VIII. Rehabilitation at Kernan (optional)
- IX. Timeframe: July 1, 2006-June 30, 2007

## Dedication & Commission of "The John R. Frazier"

"The John R. Frazier," a CBRNE Regional Response Vessel, was dedicated and commissioned August 4, at the Fort McHenry National Monument and Historic Shrine. The vessel is named after John (Jack) R. Frazier, Bureau Commander of the Baltimore City Fire Department (BCFD) and former EMS Board member, who died April 6, 2007 after an unexpected medical crisis. (See the June issue of this newsletter for additional information about Chief Frazier's many achievements and contributions to EMS.)

"The John R. Frazier," the BCFD's new emergency response vessel, will be stationed at the department's fireboat station at Fort McHenry. It will be available for regional response to protect the Port of Baltimore and the Greater Chesapeake Bay. In addition to firefighting capabilities, it can provide Emergency Medical Services and



*At the commission ceremony for the "John R. Frazier," Richard Alcorta, MD, State EMS Medical Director at MIEMSS, joined Baltimore Mayor Sheila Dixon, Chief Frazier's daughters Jennifer Cernak and Ellen Kunert, and Governor Martin O'Malley.*

Hazardous Material mitigation. As part of the region's Homeland Security strategy, it has CBRNE (chemical, biological, radiation, nuclear, explosives) response duties.

"The John R. Frazier" replaces the aging Fireboat "Mayor Harold Grady," an 85-foot vessel that was placed in service on October 14, 1960. "The

John R. Frazier" is 87 feet long, is designed in accordance with the National Fire Protection Association's (NFPA) Class A standards, and has the latest technology incorporated into its construction. Built in Wheatley, Ontario, it began its journey to Baltimore June 2 and arrived in the harbor June 9.

**THE 2008 SHOCK TRAUMA GALA HERO AWARD  
NOMINATION FORM**

Nomination Submitted By	Hospital/ Agency	Address	Home Phone Number	Work Phone Number

**Case#/Run#/STC DOE#** \_\_\_\_\_  
**Date of Incidence** \_\_\_\_\_ **Age** \_\_\_\_\_

**Transported By** \_\_\_\_\_ **Length of Stay** \_\_\_\_\_

**Injuries/Diagnosis**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Disposition (ie. Home, rehab...)** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Description of why this case is being nominated.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(Attach additional information as needed)**

**\*\*PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE\*\***

Please complete by **Friday, August 31, 2007** and return to:

Jaime Huggins  
 EMS Coordinator  
 R Adams Cowley Shock Trauma Center  
 22 South Greene Street, T3R83  
 Baltimore, MD 21201

Telephone: 410-328-8844

Fax: 410-328-0501

## Pandemic Influenza Exercise

Designed to evaluate Maryland's ability to respond to an influenza pandemic, a multi-jurisdictional and multi-organizational exercise was held July 31–August 2. The Maryland Department of Health and Mental Hygiene was the lead agency, with numerous other exercise participants and partners. These included MIEMSS, the Maryland Emergency Management Agency, the Maryland Department of Education, other state facilities, the Maryland Hospital Association, and the Red Cross, as well as hospitals, health departments, and emergency operation centers in Allegany, Baltimore, Talbot, and Prince George's counties.

The exercise scenario involved a new strain of human influenza virus (Novel Influenza virus) identified in the Far East that spreads quickly via human-to-human transmission and causes severe illness and death. As part of the exercise, after cases appeared in parts of the United States, Maryland's surveillance system indicated three suspected cases in Baltimore, Talbot, and Prince George's counties that were awaiting laboratory confirmation from the Centers for Disease Control.

Numerous measures designed to contain and control a pandemic were tested. It was the first time that Maryland's Community Emergency Response Teams (CERTs) were used to conduct needs assessments as part of implementing home quarantine and community containment measures. In addition, hospitals' abilities to reconfigure their facilities to handle an anticipated patient surge were tested. Several EMS jurisdictions transported mock patients en masse to their hospitals. Other aspects of the exercise included:

- testing the State's ability to receive and distribute medical supplies to critical personnel and hospitals;
- activation of and communications with emergency operations centers;
- communicating modifications of certain "Maryland Medical Protocols for EMS Providers"



*During a statewide exercise, "mock" patients with symptoms of the pandemic flu flooded Dorchester General Hospital in Cambridge (above) and Memorial Hospital at Easton (below).*



to reduce the risk of exposure and possible transmission of the Novel Influenza virus;

- testing new proposed EMD protocols aimed at determin-

ing which patients actually require an ambulance and those that can be self-treated at home.



# Pyramid 2007

**Building Bridges Within Public Safety**

**October 12-14, 2007**

At the Holiday Inn Select in Solomons, MD

**Presented by**

The Maryland Institute for Emergency Medical Services Systems  
and the Emergency Education Council of Region V, Inc.

**Hosted by**

Charles County Association of EMS

*Brochure printed courtesy of The Printing Press – Leonardtown, MD*

**Sponsored by**

Calvert County Volunteer Fire & Rescue Association  
St. Mary's County Rescue Squad Association

**With the generous support of**

Emergency Medical Services for Children's Partnership Grant

---

## Pyramid 2007

*Pyramid 2007, Southern Maryland's 19th annual EMS conference, is designed to meet the continuing education needs of Maryland's prehospital BLS and ALS providers. To expand the Pyramid course offerings, the Emergency Education Council of Region V, Inc. is pleased to include a track for fire, rescue, and law enforcement personnel. Strong inter-working relationships among public safety responders are key to the successful outcome of any incident. General sessions on Saturday and Sunday, as well as a wide variety of afternoon breakout sessions, will enable public safety personnel from various disciplines to learn together in a fun atmosphere.*

---

### The Conference Program

This conference program is open to all interested individuals at the cost of \$150 for all registrations. Attendees who register prior to September 21, 2007 will receive a free t-shirt. Preconference workshops have a separate charge.

### Registration Policies

Preregistration is recommended. Space is limited, so please register early to guarantee a space in the workshops selected. Registrations will be accepted in the Region V Office until October 8, 2007. After October 8, please bring your registration to the conference site. Walk-in registrations will be accepted.

### Included in Your Registration

Registration for two days of Pyramid (October 13 & 14) includes: admission to all General Sessions and up to 5 breakout workshops and continental breakfasts and lunches.

Preconference workshop registration is separate from the main conference and requires an additional fee (see registration form). Preconference registration includes admission to and handout materials for the selected workshop, as well as continental breakfast and lunch.

### Registration Confirmation

Confirmation letters will be sent. If the confirmation letter has not been received by October 10, 2007, it is the responsibility of the attendee to verify that his/her registration has been received.

### Payment Information

Payment may be made in the form of checks, money orders, Visa, or Mastercard. There is a \$30 fee for all returned checks. We can invoice Maryland government, EMS agencies, and Maryland hospitals directly for the program. We cannot invoice Federal agencies or out-of-state agencies or organizations.

Payment information must accompany registration.

### Cancellations

Cancellation notices submitted in writing to Region V and postmarked no later than October 8, 2007 will be eligible for a full refund, excluding a \$25 administrative fee. Refunds will be made only if requested in writing; the letter must state registrant's name. If a registrant is unable to attend, another person may be substituted, on the condition that a letter from the original registrant or

sponsoring agency authorizing the substitution accompanies the new registration. No refunds will be issued for cancellations postmarked after October 8, 2007.

### Schedule Changes and Right to Cancel

Every effort has been made to ensure accurate information in this brochure. However, occasionally, due to unforeseen circumstances, it becomes necessary to make changes to the schedule. *The Emergency Education Council of Region V reserves the right to cancel or make changes in course offerings, presenters, and session times without prior notice to attendees.*

### Continuing Education

Prehospital continuing education credits for Maryland are indicated after each session. Each attendee will receive a certificate of attendance for the conference.

### Hotel Accommodations

A limited number of rooms have been reserved at the Holiday Inn Select Solomons at special discounted rates for Pyramid participants. These special prices can be guaranteed until Tuesday, September 11, 2007, or until the block of rooms sells out, whichever comes first. After this date, the availability of discounted rooms cannot be guaranteed.

To obtain these discounted rates, please use conference code E11.

All rates are per day and are subject to 10% tax (5% state tax, 5% county tax)  
Single \$94                      Double \$94

To make reservations, please call 1-800-356-2099 or 410-326-6311.

### Special Accommodations

If you require special accommodations to attend the workshops, please provide information about your requirements at time of registration.

We have made every effort to choose healthy food for the meals provided. If you require a special menu or have specific nutritional needs, please let us know.

### Additional Information

For additional information, please contact the Region V Office of MIEMSS at 301-474-1485 or toll free at 1-877-498-5551 (Maryland only) or visit us on the web at [www.miemss.org](http://www.miemss.org) or [www.eecreg5.org](http://www.eecreg5.org).



# Pyramid Pre-Conference Programs

---

**Thursday, October 11, and Friday, October 12, 2007**

## **EMT-B 12 Hours Skills Refresher**

Designed for EMTB's - Complete all of your recertification needs with us. Coupled with careful selection of your breakout sessions over the weekend, this skills course will satisfy EMT-B recertification requirements. Registration is required. **Course will begin Thursday at 6 PM and continue on Friday at 8 AM.**

**Friday, October 12, 2007**

## **Quality Assurance Officer Update (10:00 AM-4:00 PM)**

Based upon feedback from Quality Assurance Officers, this continuing education course is designed to strengthen and improve existing programs by highlighting quality improvement projects and case reviews. Experienced QA Officers will provide practical advice and guidance.  
(5 Hours BLS: L, ALS: 2)

## **EMS Street Survival (8:30 AM-4:00 PM)**

Many EMS systems are reporting an increase in attacks on their personnel by patients, family members, or bystanders at a patient care incident. This program will give an overview of basic officer survival for EMS providers of all levels. It will cover types of situations that may involve violence to rescue workers and actions to take if confronted with weapons or a sudden, unexpected attack. The afternoon session will involve hands-on scenarios with simulated weapons and attacks. Information gained from this program is not meant to replace police presence on potentially violent scenes, but to give a margin of protection where no law enforcement is present.

(6 Hours BLS: L, ALS: 2)

## **Basic Disaster Life Support (8:00 AM-5:00 PM)**

The Basic Disaster Life Support (BDLS) program is a comprehensive look into the language of disaster medicine and emergency preparedness. BDLS is an all-day didactic lecture designed to be a national standard training model. Participants will cover topics such as natural and man-made disasters; traumatic and explosive events; nuclear and radiological weapon attacks; biological events; chemical events; psychosocial aspects of disasters and the effects on the public health system. The BDLS seminar meets the Occupational Safety and Health Administration's (OSHA) Code of Federal Regulations (CFR) 1910.120 requirement for Hazardous Materials Awareness. The course textbook will be provided to all participants. Presented by the Maryland Regional NDLS Coalition, an approved educational provider of the National Disaster Life Support Foundation.

(8 Hours BLS: L, ALS: 2)

## **Become a Bystander Care Instructor (9:00 AM-4:00 PM)**

The Bystander Care Course teaches those who arrive first on the scene of a vehicle crash what to do before EMS and rescue crews arrive. It is intended for professional drivers and others who spend a great deal of their time on the road. In rural areas with large first-due areas, a trained bystander may make the difference between life and death. Instructors are needed for this rapidly expanding program. This train-the-trainer course will prepare you to offer the Bystander Care Program in your community. *The Bystander Care Program has been developed by the Maryland Institute for Emergency Medical Services Systems through a grant from the Maryland Highway Safety Office.*

(6 Hours BLS: L, ALS: 2)

---

**Saturday, October 13, 2007**

## **Pyramid 2007**

**7:00 AM Registration, Vendor Exhibits, Continental Breakfast**

**8:00 AM Opening Ceremonies & Welcome Remarks**

**8:15 AM Regionalization of Care for Patients with STEMI**

Robert Bass, MD, FACEP, Executive Director of MIEMSS, will describe the ideal EMS system for responding to patients suffering from acute ST segment elevation myocardial infarction (STEMI). Strategies for triaging and treatment practices to optimize efficiency and effectiveness for treating STEMI patients will be discussed.

*(1 Hour BLS: M, ALS: A)*

**9:15 AM Morning Break, Visit with Vendors**

**9:30 AM - 5:00 PM EMS ONE: Survival Guide for the EMS Supervisor/Officer**

This full-day session will explore topics that every EMS officer needs to know but may not. This session will talk about the interface with state and local agencies/organizations. The course also includes learning how to access the Facilities Resource Emergency Database (FRED), discussions about field and hospital Chempacks, EMAIS reports, EMTALA, and other timely topics to keep EMS Officers in the know.

*(6 Hours BLS: L, ALS: 2)*

**9:30 AM Mentoring: Raising the Dead in Our Profession**

How can we be better mentors to those coming behind us? This lecture revolves around what the current research has to say about mentoring and its effects on a profession. This is a must-see for all who have to deal with others in a cooperative and collaborative environment and who want to truly be more effective in their day-to-day contacts as EMS professionals. Presented by Dr. Chris Nollette, NREMT-P, LP, Director of Emergency Medical Services at the Ben Clark Training Center / Moreno Valley Campus Riverside Community College District.

*(1 Hour BLS: L, ALS: 2)*

**10:15 AM Morning Break, Visit with Vendors**

**10:45 AM Decisions in Trauma: What We Are Doing Right and How We Can Improve**

Richard Alcorta, MD, FACEP, State EMS Medical Director, will discuss the new American College of Surgeons' and the Centers for Disease Control's trauma triage algorithm and how it will impact the triage of patients in Maryland. Specific issues in geriatric trauma triage will also be discussed.

*(1.5 hours BLS: T, ALS: B)*

**12:15 PM Lunch, Visit with Vendors**



**Saturday Schedule  
Continued on Next Page**

Saturday, October 13, 2007

# Pyramid 2007

**Saturday Schedule**  
Continued From Previous Page

**1:15 PM–2:15 PM Breakout Workshops**

Fire/Rescue/Law	Advanced Practice	Street Medicine	Pediatric
<p><b>A1. Smoke Inhalation &amp; Acute Cyanide Poisoning</b> Over 23,000 people in the U.S. suffer from smoke inhalation injuries annually, including 5,000 firefighters. There is an increasing concern about hydrogen cyanide as a toxin in fire smoke. This presentation will cover the role of cyanide in smoke inhalation associated with morbidity and mortality. The mechanism, manifestations, recognition, and treatment of smoke inhalation-associated cyanide poisoning will be discussed. Presented by Richard Alcorta, MD, FACEP, State EMS Medical Director. <i>(1 Hour BLS: M, ALS: A)</i></p>	<p><b>A2. Understanding MOI</b> Everyone knows mechanism of injury (MOI) is an important part of the trauma assessment—but why? James V. O'Connor, MD, FACS, FACC, Director of Thoracic &amp; Vascular Surgery at the R Adams Cowley Shock Trauma Center, will review the concept of kinematics and help providers understand why determining the MOI is critical to appropriate patient care. <i>(1 Hour BLS: T, ALS: B)</i></p>	<p><b>A3. Things That Make You Go Hmm...</b> Ever had that call where you weren't quite sure what was going on with your patient? Was your patient's "seizure" really a seizure? Michael Somers, MD, St. Mary's County Medical Director, will present a series of challenging cases that providers may encounter—maybe more often than they realize. <i>(1 Hour BLS: M, ALS: A)</i></p>	<p><b>A4. Pediatric Transports: Assessing Children in the Back of an Ambulance</b> Communicating, coping, and caring for children during transports can be a challenge. Kristen Johnson, from Johns Hopkins Children's Center, will share special techniques for working with children of different ages—what works, tools of the trade, and props you did not know were on your EMS vehicle. <i>(1 Hour BLS: L, ALS: 2)</i></p>

**2:15 PM Afternoon Break, Visit with Vendors**

**2:30 PM–3:30 PM Breakout Workshops**

Fire/Rescue/Law	Advanced Practice	Street Medicine	Pediatric
<p><b>B1. Tactical EMS Interface: Working Together to Support High-Risk Law Enforcement Operations</b> Drug raids, barricades, and other high-risk law enforcement operations are increasing daily. Come learn the important role of Tactical EMS and its interface with traditional EMS/Fire &amp; Rescue at high-risk law enforcement operations. Presented by Cpl. Keith McMinn &amp; TFC Steve Proctor, MSP Special Operations Command. <i>(1 Hour BLS: L, ALS: 2)</i></p>	<p><b>B2. Management of Psychotherapeutic Drug Overdoses</b> More adults and children are being prescribed psychotherapeutic drugs than ever before. These drugs are often involved in unintentional and intentional overdoses. This session will address the clinical effects and treatment of overdoses with antidepressants, antipsychotics, and anti-anxiety agents. Presented by Lisa Booze, PharmD, CSP1, Clinical Coordinator, Maryland Poison Center. <i>(1 Hour BLS: M, ALS: A)</i></p>	<p><b>B3. When Your Attitude Is Deadly...</b> Every provider has a personal set of perceptions and biases (whether he/she admits or denies it), which usually does not affect patient care. But what happens when it does? Major Chauncey Bowers, from the Prince Georges Fire/EMS Department, will present a series of cases where provider biases negatively impacted patient care. Come listen and learn why an open mind is so critical to quality patient care. <i>(1 Hour BLS: L, ALS: 2)</i></p>	<p><b>B4. Pediatric Belly Pain—Emergent or Urgent?</b> Children present with a wide variety of complaints; determining which ones are life-threatening can make a critical difference. Pediatric experts from Children's National Medical Center will present the injury patterns, illness histories, and key clinical signs associated with high-priority triage and transport needs. <i>(1 Hour BLS: T, ALS: B)</i></p>

**3:30 PM Afternoon Break, Visit with Vendors**

**3:45 PM–4:45 PM Breakout Workshops**

Fire/Rescue/Law	Advanced Practice	Street Medicine	Pediatric
<p><b>C1. Responding to Radiological Emergencies</b> Do you know what to do when called to Calvert Cliffs Nuclear Power Plant for a radiological emergency? Are you prepared for what you may encounter? Come listen and learn as representatives from Calvert Cliffs Nuclear Power Plant review response procedures and provide insight as to their expectations for surrounding and mutual aid companies. <i>(1 Hour BLS: L, ALS: 2)</i></p>	<p><b>C2. Case Studies in Trauma</b> Trauma calls are a part of EMS—each one is different and has its own set of challenges. Through a series of case presentations, participants will review the do's and don'ts of trauma management. Presented by faculty from the R Adams Cowley Shock Trauma Center. <i>(1 hour BLS: T, ALS: B)</i></p>	<p><b>C3. The Wacky World of EMS</b> From basic first-aid equipment to high-tech gadgets, the world of EMS has changed over the years. Come listen and learn as Dr. Chris Nollette, NREMT-P, LP, Director of Emergency Medical Services at the Ben Clark Training Center / Moreno Valley Campus Riverside Community College District, takes us on a memorable tour of how field medicine has evolved, through research and practice, into what we do today. <i>(1 Hour BLS: M, ALS: A)</i></p>	<p><b>C4. Beyond Broselow: Advanced Pediatric Pharmacology</b> For most calls, the standard assessment and treatment tools work. But are you prepared for the 1 in 100 calls that involves the extremely sick child? This workshop will discuss the indications, dosages, and critical care implications of medications for rapid sequence intubation, vasoactive support, sedation, and suppression of dysrhythmias in children. Presented by Pediatric Transport Team members. Designed for ALS Providers. <i>(1 Hour BLS: M, ALS: A)</i></p>

Sunday, October 14, 2007

# Pyramid 2007

- 8:00 AM**                      **Registration, Vendor Exhibits, Continental Breakfast**
- 9:00 AM**                      **From the Battlefield to the States: The Road to Recovery, the USAF Aeromedical Evacuation System**  
 Lt. Col. Naomi DeShore-Osborne, USAFR, served as a Senior Flight Nurse and Medical Crew Director, providing aeromedical evacuation and combat casualty care to wounded troops during Operation Enduring Freedom/Operation Iraqi Freedom. She will share her experiences of transporting the wounded warrior from the battlefield to U.S. soil.  
*(1.5 Hours BLS: L, ALS: 2)*
- 10:15 AM**                      **Morning Break, Visit with Vendors**
- 10:45 AM**                      **Things They Did Not Teach Me In Class...**  
 This will provide a humorous and light-hearted look at some tricks of the EMS profession. Life is too short to make all of the mistakes yourself. We can learn from others...and laugh! Presented by Richard W. Lippert, MBA, NREMT-P, EMS Coordinator, and Robert S. McLafferty, NREMT-P, Trauma Coordinator, Children's Hospital of Pittsburgh.  
*(1.5 Hours BLS: L, ALS: 2)*
- 12:15 PM**                      **Lunch, Visit with Vendors**

**1:15 PM–2:45 PM      Breakout Workshops**

<b>Fire/Rescue/Law</b>	<b>Advanced Practice</b>	<b>Street Medicine</b>	<b>Pediatric</b>	<b>Education</b>
<p><b>D1. Entering the World of Street Gangs</b>                      Gangs exist; it's a fact. But why do people join gangs? How do you identify gang members and what should you expect from them? Cpl. Michael S. Rudinski, Hyattsville City Police Department School Resource Unit, will help answer these questions and teach emergency personnel how to work with gang members while maintaining personal safety.  <i>(1.5 Hours BLS: L, ALS: 2)</i></p>	<p><b>D2. Why Do We Do What We Do?</b>                      This session will explore the origins of EMS protocols and why science beats whim every time. Examples of practices we no longer utilize, based on their scientifically supported harm, and those practices that have been shown (by the weight of evidence) to be beneficial to our patients will be examined. Presented by Terry Jodrie, MD, FACEP, Region V Medical Director.  <i>(1.5 Hours BLS: M, ALS: A)</i></p>	<p><b>D3. Hot Topic: Hands-On Burn Care</b>                      Despite ongoing prevention activities, burn patients are still encountered and present unique challenges to EMS providers. This course will offer an opportunity to practice your skills in a hands-on environment with "real" burn patients. Come prepared to get down and dirty as assessments and treatments are practiced. Presented by Katie Hollowed, RN, Outreach Education Coordinator from the Washington Hospital Center. Limited to 20 participants.  <i>(1.5 Hours BLS: T, ALS: B)</i></p>	<p><b>D4. Pediatric Puzzlers</b>                      Dr. Karen O'Connell, Region V Pediatric Medical Director, will present a series of pediatric case studies where the initial 9-1-1 call, first impressions, EMS/ED assessments, and the final diagnosis only make sense once you connect all the dots. The keys are early recognition, appropriate management, and correct triage decisions for children. Both parents and providers can benefit from online medical direction.  <i>(1.5 Hours BLS: M, ALS: A)</i></p>	<p><b>D5. So, You're the New Company Training Officer...</b>                      This class is designed for the Training Officer/Coordinator at the station level. During the session, we will discuss types of training, locations for drills, and how to set up a training calendar and brainstorm on how to get the membership to show up. By networking with our peers, we will share our training successes and what works best for the department. Presented by Christine Haber, Emergency Education Council of Region V, Inc.  <i>(1.5 Hours BLS: L, ALS: 2)</i></p>

**2:45 PM      Afternoon Break, Visit with Vendors**



**Sunday Schedule  
 Continued on Next Page**

Sunday, October 14, 2007

# Pyramid 2007

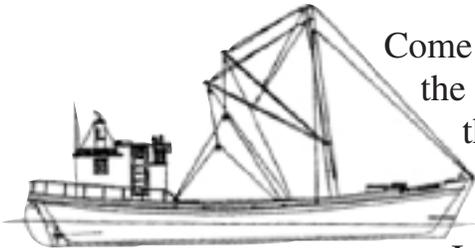
## Sunday Schedule

Continued From Previous Page

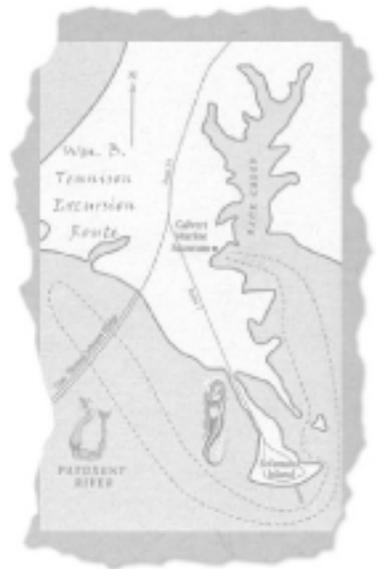
### 3:00 PM–4:30 PM Breakout Workshops

Fire/Rescue/Law	Advanced Practice	Street Medicine	Pediatric	Education
<p><b>E1. Special Rescue Scenarios</b> In the fire/rescue service, often someone's lack of planning truly becomes an emergency situation to you. This course discusses several of the rescue challenges that face fire and EMS personnel. The curriculum shows advantages and disadvantages of technology as it pertains to the rescuer. Specific cases will be discussed and successful participants will be able to describe methods of safely extricating patients. Presented by Richard W. Lippert, MBA, NREMT-P, EMS Coordinator, and Robert S. McLafferty, NREMT-P, Trauma Coordinator, Children's Hospital of Pittsburgh. (1.5 Hours BLS: L, ALS: 2)</p>	<p><b>E2. Cyanide Risk: Enhancing Preparedness and Response</b> This session will focus on how to recognize the risk of exposure to cyanide from smoke inhalation and other sources. Identifying victims of cyanide exposure and management of such patients, including antidotal therapy, will also be discussed. Presented by Donald Walsh, PhD, EMT-P. Sponsored by Dey Pharmaceuticals. (1.5 hours BLS: M, ALS: A)</p>	<p><b>E3. Hot Topic: Hands-On Burn Care</b> Despite ongoing prevention activities, burn patients are still encountered and present unique challenges to EMS providers. This course will offer an opportunity to practice your skills in a hands-on environment with "real" burn patients. Come prepared to get down and dirty as assessments and treatments are practiced. Presented by Katie Hollowed, RN, Outreach Education Coordinator from the Washington Hospital Center. Limited to 20 participants. (Repeat of D3) (1.5 Hours BLS: T, ALS: B)</p>	<p><b>E4. Pediatric Jeopardy</b> Because health care practices in pediatrics are constantly changing, protocols and equipment are updated annually. Come test your knowledge and compete to be the winning team. The Maryland Pediatric Emergency Medical Advisory Committee (PEMAC) has written Jeopardy questions. Prizes will be awarded! (1.5 Hours BLS: M, ALS: B)</p>	<p><b>E5. Step One, Take the Plastic Wrap Off the Textbook...</b> During this presentation, Captain Peter Fiackos, Montgomery County Fire/Rescue Training Academy, will discuss the development of "study plans" and how they can be used to empower students to be responsible for their own successes. Come learn how you can help your junior members and EMT students succeed academically for the rest of their lives. (1.5 Hours BLS: L, ALS: 2)</p>

## Saturday Evening Dinner Cruise



Come and relax and dine onboard the *Wm. B. Tennison* as you cruise the Patuxent River and sail the busy Solomons harbor. Sites to see include Solomons Island and the Chesapeake Biological Laboratory. Cruise past the U.S. Naval Recreation Center at Point Patience and pass underneath the Governor Thomas Johnson Bridge. Cost is \$40 per guest, and includes dinner and drinks while onboard. The cruise will depart from the Calvert Marine Museum dock at 6:30 PM. Refunds will be available in the event of inclement weather. Contact the MIEMSS Region V Office for more information.





**P** pyramid 2007, Southern Maryland's 19th annual EMS conference, is designed to meet the continuing education needs of Maryland's prehospital BLS and ALS providers. To expand the Pyramid course offerings, the Emergency Education Council of Region V, Inc. is pleased to include a track for fire, rescue, and law enforcement personnel. Strong inter-working relationships among public safety responders are key to the successful outcome of any incident. General sessions on Saturday and Sunday, as well as a wide variety of afternoon breakout sessions, will enable public safety personnel from various disciplines to learn together in a fun atmosphere.



## Mark the Date

### **September 21**

#### ***Peninsula Regional Medical Center Trauma Conference***

Clarion Hotel  
Ocean City, Maryland  
Information:  
Lynn Holloway, 410-543-7328

### **September 25**

#### ***Mid-Atlantic Life Safety Conference***

Johns Hopkins Applied Physics Lab,  
Laurel, Maryland  
Information:  
Office of the State Fire Marshal,  
1-877-636-2872

### **October 4**

#### ***Trauma Care***

Robinwood Medical Center III,  
Rm. 142  
Washington County Hospital, Hagerstown  
Sponsors: Washington County Hospital & Hagerstown  
Community College  
Information: [www.hagerstowncc.edu/coned/seminars](http://www.hagerstowncc.edu/coned/seminars)  
310-790-2800, ext. 236

### **October 12-14**

#### ***Pyramid 2007***

Holiday Inn Select  
Solomon's Island, Maryland  
Information: MIEMSS Region V Office  
301-474-1485;  
1-877-498-5551(toll free)

### **November 17**

#### ***Critical Issues in Trauma***

9 AM to Noon  
Suburban Hospital Auditorium  
Bethesda, Maryland  
More Information to follow.

### **January 19-20, 2008**

#### ***Winterfest 2008***

Harrison House  
Tilghman Island, MD  
More Information to follow.

## MIEMSS, Maryland EMS News

653 W. Pratt St., Baltimore, MD 21201-1536

**Governor Martin O'Malley**  
**Lt. Governor Anthony Brown**

Copyright© 2007 by the  
**Maryland Institute**  
**for**

**Emergency Medical Services Systems**  
653 W. Pratt St., Baltimore, MD 21201-1536  
[www.miemss.org](http://www.miemss.org)



*Chairman, EMS Board:* Donald L. DeVries, Jr., Esq.  
*Executive Director, MIEMSS:* Robert R. Bass, MD  
*Managing Editor:* Beverly Sopp (410-706-3248)  
*Design & Layout:* Gail Kostas  
*Photography:* Jim Brown, Dick Regester,  
Brian Slack, Fernando Tosti  
(unless noted otherwise for specific photos)