

Keeping the Joy in Holiday Toys: Safety for All Ages

As the holidays approach, everyone wants to see delight in the eyes of a child as they open and explore a new toy. Toys are meant to be fun and are essential to normal growth and development at every age—infants through young teens. The challenge is to first ensure that the toys are safe and age appropriate. The work of children is play and it should be both safe and fun. There are three key ingredients to ensuring this happens:

1. Age appropriate toys that meet US safety standards. The age grading system will be located on the package and often on the toy's hangtag. If both have been removed, the toy maker's website will include this in the online description.
2. An environment that is appropriate for the type of toy and the age of the child. During the holidays when families gather, a responsible and attentive adult must ensure that small parts do not get in the wrong small hands and that kids using toys with wheels stay away from roads and pools.
3. Adult supervision and, better yet, involvement and interaction coupled with the willingness to get down on the floor, sit at a low table, or curl up on a sofa and read a book.

Toy-Related Injuries and Deaths

While most toys sold in the United States are very safe and provide years of play and learning, every day children are seen in emergency rooms (ED) for toy-related injuries. In 2011, there were an estimated 262,300 emergency department-treated injuries associated with toys: 74% (193,200) by children younger than 15 years of age, 70% (184,100) by children 12

years or younger, and 35% (92,200) by children younger than 5 years of age. Boys represented 59% of the ED visits and 96% of the children (boys and girls) were treated and released from the ED.

Unfortunately, 13 children died in 2011 from toy-related injuries. Seven deaths were caused by some form of asphyxiation caused by balloons, a toy baseball bat, a musical crib toy,

Continued on page 2

Selecting Toys that are Age Appropriate Recommendations (using "Age Grading")

Infants	Toys: bright colors; toys and washable books with pictures of faces; toys that can be shaken, held, and sucked on; stacking toys; stuffed animals with embroidered faces Books: vinyl and board books that include sounds and rhythms
Toddlers	Toys: those that can be carried, pulled, pushed, and dropped; toys that can be stacked and knocked over; toys that involve transportation and kitchen themes; puppets (with sewn faces, not buttons); toys that can be played with inside and outside Books: picture books with facts and fiction
Pre-K through K	Toys: those that promote pretending (costumes, stages, hats); toys that involve throwing and catching, bouncing and running; toys that promote safe discovery, crafts, and art Books: picture books with more advanced language and interactive questions and a chair that is size appropriate for independent reading
School-Age	Toys: those that encourage self-expression (crafts, drawing, writing); board games with teams and a variety of skill levels Books: topics that interest the individual child; ones that they will reread; bed or chair side lighting independent of overhead lights
Tweens and Teens	Toys: Board games with advanced strategy and challenges; music games that interact with electronics yet require group participation; models and craft kits Books: current trends and classics; print and electronic versions
Sporting Equipment	Outdoor games, balls, and sports will encourage exercise; age appropriate recommendations must be followed. Equally important are correctly sized helmets and protection gear specific to the sport

(Sources: American Academy of Pediatrics, National Association for the Care of Young Children; Safe Kids USA, Toy Industry Association)

Keeping the Joy in Holiday Toys: Safety for All Ages

Continued from page 1

and other unspecified toys. Four deaths involved drowning or motor vehicles (including two toddlers on tricycles that were discovered at the bottom of pools). These data can be found on the CPSC website, www.cpsc.gov (CPSC Toy Related Deaths and Injury, Calendar Year 2011). The message for everyone who cares for children is clear—careful supervision is necessary.

Toy Recalls

In fiscal year 2012, CPSC recalled 38 toys, three of which involved a lead violation. Toy recalls continue to decline since 2008. There were 172 recalls in FY 2008, 50 recalls in FY 2009, 46 recalls in FY 2010, and 34 recalls in 2011. Most toy recalls in 2012 have been due to small parts, choking hazards, or sharp points. Recall information can be found at www.cpsc.gov.

The Dangers of Magnets

Toys or toy parts that are made with magnets are gaining the most scrutiny and media coverage. Magnets are meant to stick together; the problem arises when they are ingested, swallowed, or inhaled. Magnets stick together inside a child or youth's stomach and intestines. It may be days before the problem is even recognized. While all magnets can be dangerous, it is the small, high-powered ones (usually sold in sets of 100 or more and are made of neodymium) that have been reported in over 200 cases of unintentional ingestion. These magnets are sold as distractions, "fidget factors," or stress relief for adult desks. But they can fall into the fingers of young children and are often used by tweens and teens to mimic nose and tongue piercings. Once in the digestive system, the magnets connect between the lining creating holes and obstructions that require surgical intervention.

Any time magnet ingestion is suspected, medical attention is needed immediately. The CPSC regulation and ASTM Standard is very specific: toys containing loose small hazardous magnets that fit in the small parts choke test cylinder are banned for children under 14 years old. With a WARNING label, certain crafts and exploration kits may include magnets and be age-graded for children eight and older. Some magnet sets have already been voluntarily recalled by the manufacturers due to inherent dangers (www.cpsc.gov).

Resources

Families need to have quick resources that provide safety guidelines to select toys for children and youth, access to safety recalls on toys, and warnings on the newest types of toys that are causing harm to children. The internet has many website; below are listed some that have national recognition:

www.aap.org and www.healthychildren.org
www.cpsc.gov
www.safekids.org
www.toyinfo.org
www.thebatterycontrolled.com

Did You Know? Facts and Figures on Toy Safety in the United States:

- All toys sold in the United States must meet the toughest standards in the world regulated by the Consumer Product Safety Commission (CPSC).
- Toys with small objects and parts must be kept away from children younger than three years of age.
- Deflated or broken balloons should be kept away from children under eight years of age.
- Electrical toys should be "UL (Underwriters Laboratory) Approved." Children under eight years of age should not use toys with electrical plugs.
- Toys, building sets, and play sets with magnets should be kept away from children under 14 years of age. High-powered magnet sets are dangerous and often ingested by children and tweens.
- Any ride on a toy with wheels also requires an age and size appropriate helmet—be sure to include one with the gift. This includes bikes, scooters, skateboards, ice skates, roller skates, in-line skates, sneakers with wheels, as well as skis and snowboards.
- Noise hazards for toys are measured at 10 inches from the ear and should not exceed 85 decibels (dB). Toys that are meant to be held close to the ear are measured at 1 inch and should not exceed 65 dB. Decibel ratings are generally listed on the toy packaging. If not, you can contact the manufacturer for that information.
- Five chemicals that have very strict restrictions for toy content are lead, DEHP, DBP, BBP, and phthalates.
- Novelty lighters, such as those resembling other objects, are currently banned in 15 states. In Maryland, only the City of Laurel has enacted a ban on their sale. These types of lighters tend to attract young kids and teens and pose fire hazards due to the lack of child-resistant mechanisms.
- The first toy safety standard dates back to the early 1930s. Today the Consumer Product Safety Improvement Act (updated most recently in 2008) incorporates Standard Consumer Safety Specification for Toy Safety (ASTM Standard F963). Most toy recalls are initiated by the toy manufacturers without governmental intervention.
- The US Public Interest Research Group's November 2012 Report is titled Trouble in Toy Land: The 27th Annual Survey of Toy Safety and is available to the public at www.uspirg.org.
- You can purchase a small parts tester to determine if toys and small objects could be a choking hazard to young children under three years of age, or use the inside of an empty toilet paper roll. If the part fits inside the toilet paper roll, it should be considered a choking hazard for children under three.

Ninth Annual Maryland Remembers Event Held in Annapolis

A Time for Remembering Victims and Reflecting on Collaborative Efforts to Fight Impaired Driving

On December 12, 2012, family members, law enforcement, and state officials gathered to honor Marylanders killed by impaired drivers and to encourage the public to save lives by reporting drunk drivers they see on the road. The 9th Annual Maryland Remembers Memorial was held in Annapolis and included a procession of victims' friends and family members followed by a candle-lighting ceremony where the names of lost loved ones were read aloud.

In 2011, 171 fatalities occurred on Maryland roadways as a result of drunk driving, compared to 163 in 2010. Forty-eight percent of those killed in 2011 were between the ages of 21-34 years. To combat this statistic, Maryland law enforcement has been, and will continue, to stage sobriety checkpoints throughout Maryland at least through the end of the year. Certain high-risk zones in Maryland, based on crash and arrest data, including Baltimore City, Ocean City, Anne Arundel, Baltimore, Howard, Frederick, Prince George's, and Montgomery Counties, are targeted for special holiday enforcement projects that actively pursue impaired drivers.

State Police Superintendent Colonel Marcus L. Brown, Acting Deputy Transportation Secretary Leif A. Dormsjo, Maryland Motor Vehicle Administrator John T. Kuo, other state leaders, members of the law enforcement community, and families, including guest speaker Cheryl Hammond who lost her 19-year old daughter Jessica Elaine Belknap to a drunk driver, gathered at the Miller Senate Building on this day. The message is clear: Maryland officials are committed to stopping impaired driving through education and law enforcement. "Please know that law enforcement officers throughout our state are aware of the pain you endure because of the actions of a drunk driver," Colonel Brown said to the victims' families. "Like you, they have seen the deadly consequences of drunk driving and their experiences fuel their commitment to stop this crime, especially during the holiday season."

"During the holiday season and year-round, we urge everyone to take steps to make sure that you and those with whom you celebrate avoid driving under the influence



At the podium is State Police Superintendent Colonel Marcus L. Brown, who is joined by Cheryl Hammond, who lost her 19-year-old daughter to a drunk driver, and Maryland Motor Vehicle Administrator John T. Kuo.

of drugs or alcohol," said MVA Administrator Kuo. "Plan ahead. Always designate a non-drinking driver before any holiday party begins or take a taxi or public transportation to and from the party if you plan to drink alcohol."

The memorial event was sponsored by the National Highway Traffic Safety Administration and Maryland Motor Vehicle Administration's (MVA) Maryland Highway Safety Office (MHSO), and held by Maryland's Impaired Driving Coalition, with support from the following individuals and organizations:

Lt. Governor Anthony Brown
Acting Deputy Transportation Secretary Leif A. Dormsjo

The Office of Senate President Mike Miller
Maryland Department of General Services
Maryland Department of Transportation
Maryland State Police
Maryland Institute for
Emergency Medical Services Systems
Mothers Against Drunk Driving, Maryland
Washington Regional Alcohol Program
Maryland Law Enforcement

Upcoming 2013 EMS Conferences

- ◆ January 24-27, 2013
Winterfest EMS 2013
Tilghman Island
<http://bit.ly/ULNcXz>
- ◆ March 5-9, 2013
EMS Today (registration open)
Washington, DC
www.emstoday.com
- ◆ April 5-6, 2013
Miltenberger
McHenry, MD (Wisp Resort)
- ◆ May 2-5, 2013
EMS Care 2013
Ocean City Clarion

School Bus Mass Casualty Response Tested Again in Baltimore County

Following a successful school bus incident response drill on October 22, 2012, teams in Baltimore County ramped up the stakes in a large-scale drill on November 17 involving two school buses, a pickup truck, and dozens of teenagers. The scenario was chilling: a lone student shoots a bus driver incapacitating her and forcing her bus to collide with another bus and a pickup truck. One bus ends up on its side trapping two dozen teens. Kids on the other bus screamed with terror—or made no sounds at all. Sparks flew as providers cut the roof off the overturned bus; they used heavy equipment to pull apart the truck to rescue its two occupants (one real, one a mannequin). As “victims” were pulled from the wreckage, which had been skillfully set up the night before, each was triaged and transferred to one of three colored tarps: red for priority 1, yellow for priority 2, and green for priority 3. Priority 4 “patients” tolerantly lay near the overturned bus, waiting for the drill to be over so they could come back to life. From moulage, to briefing, to lunch and debrief, the drill lasted about five hours.

Responders from the following companies and facilities participated in this large-scale drill (courtesy of Capt. Dan Uddeme, Chestnut Ridge Volunteer Fire Company):

- Arcadia Volunteer Fire Company
- Arcadia Juniors
- Baltimore County Fire Department participants: E-4, E-10, E-57, HM-114, M-8, M-14, EMS-1, EMS-8, Assistant Chief 2, DC-1, Acad-11/PIO
- Chestnut Ridge Volunteer Fire Company, including their Special Operations Response Team
- Glyndon Volunteer Fire Department
- English Consul Volunteer Fire Department
- English Consul Juniors
- Hereford EMS
- Maryland State Police
- Owings Mills Volunteer Fire Company
- Pikesville Volunteer Fire Company
- R Adams Cowley Shock Trauma Center Go Team
- Reisterstown Volunteer Fire Company
- University of Maryland Express Care



A provider helps extract a teen victim from the overturned school bus through a hole cut into the roof of the vehicle. Dozens of backboards were utilized for this part of the drill.

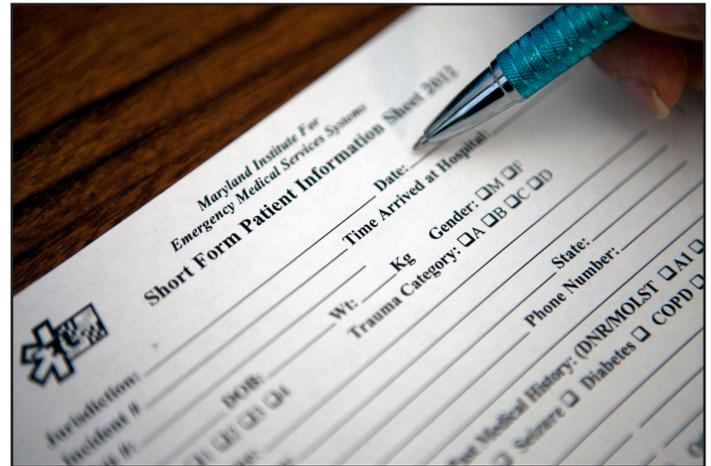


Providers from several area companies prepare to load this patient into a waiting ambulance. One provider simulates giving ventilations to the patient.

PCR Short Form Now Available Online

MIEMSS has received comments from hospitals regarding the lack of documentation of the care rendered by EMS providers to their patients prior to arrival at the hospital. The failure to provide appropriate documentation to the hospital could significantly impact patient treatment and outcome and, therefore, constitute a breach in care. MIEMSS regulations require that, if possible, EMS providers complete an electronic patient care report (ePCR) and make a printed copy available to hospital staff before they leave the hospital and return to service.

When, due to operational constraints, there is insufficient time to complete the entire electronic form, a “short form” must be immediately completed and delivered to the hospital staff. To assist providers and to promote uniformity statewide, MIEMSS has developed a “short form” template, which is to be left with the hospital in all cases when a completed ePCR is not available before EMS providers leave the hospital. This short form is now available on MIEMSS’ website at http://bit.ly/MIEMSS_2012ShortForm.



Maryland Medical Orders for Life-Sustaining Treatment (MOLST) Update

The final Maryland Medical Orders for Life-Sustaining Treatment (MOLST) regulations and form was printed in the Maryland Register on December 14, 2012, with an effective date of January 1, 2013. Beginning July 1, 2013, certain facilities, including nursing homes, assisted living facilities, home health agencies, hospices, dialysis centers, and hospitals, will be mandated to complete the form for certain patients. The current version of the MOLST form will never expire and will continue to be honored. A link to the final version of the MOLST form will be posted on the MIEMSS website on January 1, 2013. MIEMSS will continue to provide hard copies of the form for those without access to the internet, as well as plastic bracelets for those patients who want to use the bracelet option. Hard copies and bracelets may be obtained by calling (410) 706-4367.

The MOLST form is replacing the current MIEMSS EMS/DNR form. Many health care facilities have been using the MOLST form during this transition period. The Maryland Medical Protocols for EMS Providers require that EMS providers comply with MOLST forms, as well as any valid EMS/DNR form. Online learning management training for EMS providers is available through the MIEMSS web site or at <http://www.emsonlinetraining.org> and is required for every EMS provider.

For further information regarding MOLST forms, contact Maryland.molst@maryland.gov.

Statewide Transition to Narrowband Communications Complete

MIEMSS is pleased to announce that conversion to a narrowband communications infrastructure has been completed throughout the state, prior to the January 1, 2013, deadline. All MIEMSS Regions have switched to narrowband operations.

By now, you should have replaced non-narrowband-capable mobile and portable radios with compliant equipment. If you still need narrowband equipment, please contact your Regional MIEMSS Administrator (<http://bit.ly/MIEMSS-RegAdmins>) to discuss options for acquiring compliant equipment. Any jurisdiction/company/agency operating non-narrowband equipment after January 1, 2013, will disrupt EMS radio communications and will be in violation of FCC regulations and subject to FCC penalties.

For more information, please visit MIEMSS narrowbanding page at <http://www.miemss.org/home/MIEMSSRadioGrantInformation/tabid/186/Default.aspx>.

EMS Providers Asked to Send Cards to Sick Child

Nathan Norman, who is five years old, only wants one thing—cards and notes from his heroes. Nathan is living with cancer of the spine and brain and wishes for notes of support and holiday cheer from EMS providers. To view a video on Nathan’s story, please visit <http://bit.ly/122Nnp1>.

If you would like to send Nathan a note, his address is 81 Dunivan Drive, Rustburg, Virginia, 24588.



Five-year old Nathan Norman is fighting brain and spinal cancer. He has wished for cards and notes from his heroes, EMS Providers. Still photo from video courtesy of WWBT, NBC12, Richmond, VA.

Baltimore Urban Area Security Initiative (UASI) High Rise Exercise

The Baltimore Urban Area Security Initiative (UASI) High Rise Exercise, held on October 20, 2012, in Baltimore City, was a full-scale exercise in response to a pseudo terrorism incident. The exercise focused on preparing emergency personnel to respond effectively to a fire and mass casualty incident in a high-rise building. The City of Baltimore's response to the incident was tested as well as its interaction with other agencies and assets that responded from the region. The exercise provided participants with an opportunity to evaluate current response concepts, plans, and capabilities for responding to this type of major incident. Local emergency responder coordination, critical decision-making, and integration of the State and Federal assets necessary to save lives and protect the public following a terrorist attack were part of the evaluation process.

The scenario involved a terrorist attack on a high rise building in the Harbor East neighborhood of Baltimore. Emergency responders simulated crime scenes and treated volunteer victims. Numerous victims were "injured" and had to be evacuated from the building's upper floors. Law enforcement, fire and emergency teams, government officials, other government agencies, and private-sector partners participated. From MIEMSS Region III jurisdictions, responders from Baltimore City, Annapolis, and Anne Arundel, Baltimore, Harford, Howard, and Carroll Counties were included in the exercise.



Providers assist a "victim" on one of the upper floors of a high-rise building in the Harbor East neighborhood of Baltimore during the October 20, 2012, exercise.



Robert Maloney, EMS Board member and Deputy Chief of Emergency Management and Public Safety for Baltimore City, addresses the emergency responders following the UASI exercise.

Life after Sudden Cardiac Arrest: A Survivor Story



Supplemental to our story "Life after Sudden Cardiac Arrest: A Survivor Story," (Maryland EMS News, October 2012), we are taking this opportunity to highlight Providers that responded to the emergency scene from the Rosedale Volunteer Fire Department. After Mr. Clarence Ray Gee suffered a cardiac event on June 1, 2012, a Baltimore County Police officer was first on the scene, followed shortly by Providers from the Rosedale Volunteer Fire Department. Among the team members present from Rosedale VFD were two AHA CPR/ACLS instructors: EMT-P Mason Klass and EMT-B Amber Kelly, who is now a Paramedic. Pictured here, from left to right, are Joe Chronowski, Mason Klass, Robin Dranbauer, and Dave Niederhauser. Amber Kelly is not pictured.

These messages courtesy of the Charles “McC” Mathias National Study Center for Trauma and EMS

QUIT Elf'n Around... BUCKLE UP!



CRASHES DURING THE CHRISTMAS* HOLIDAY ARE 13% MORE LIKELY TO INVOLVE AN UNBELTED OCCUPANT THAN DURING OTHER TIMES OF THE YEAR.

IN 2011, 47% OF MOTOR VEHICLE OCCUPANT FATALITIES WERE UNBELTED.

CRASHES DURING THE CHRISTMAS* HOLIDAY ARE 24% MORE LIKELY TO INVOLVE AN IMPAIRED DRIVER THAN DURING OTHER TIMES OF THE YEAR.

IN 2011, THERE WERE 181 FATALITIES INVOLVING AN IMPAIRED DRIVER.

Data derived from the Maryland Automated Accident Reporting System.
*Christmas data includes 12/29-12/26 for years 2009-2011.
Graphics and statistics courtesy of: LMB, National Study Center for Trauma and EMS

If You're Drinking at a Holiday Ball... Give a Friend a CALL

Drink Responsibly— HAPPY NEW YEAR



CRASHES DURING THE NEW YEARS* HOLIDAY ARE 26% MORE LIKELY TO INVOLVE AN IMPAIRED DRIVER THAN DURING THE REST OF THE YEAR.

IN 2011, THERE WERE 125 UNBELTED MOTOR VEHICLE OCCUPANT FATALITIES.

CRASHES DURING THE NEW YEARS* HOLIDAY ARE 11% MORE LIKELY TO INVOLVE SPEED AS A FACTOR THAN DURING THE REST OF THE YEAR.

57% OF CRASHES DURING THE NEW YEARS* HOLIDAY HAD A REPORTED DISTRACTED DRIVER.

Data derived from the Maryland Automated Accident Reporting System.
*New Years data includes 12/30-1/02 for years 2009-2011.
Graphics and Statistics Courtesy of: LMB, National Study Center for Trauma and EMS



Winterfest EMS 2013

January 24 – 27, 2013

Harrison's Chesapeake House - Tilghman Island, Maryland
Join Us for a Fun and Relaxing Weekend of Quality Education

Preconferences

EMT-B 12-Hour Skills Refresher

Date: January 24 at 5 PM & January 25 at 8 AM

Location: Tilghman Island Volunteer Fire Dept. **Fee:** \$60 (Registration is required.)

For EMT-Bs; complete all your recertification needs with us at WINTERFEST EMS 2013. A 12-hour skills class is available as a pre-session followed by 12 hours of continuing education which, with careful choosing, can meet the 12-hour requirement. **Space is limited. Register early!**

When the Stork Dials 911—Managing OB and Newborn Emergencies

Date: January 25 at 8 AM

Location: Tilghman Island Volunteer Fire Dept. **Fee:** \$30 (Registration is required.)

Childbirth is supposed to be a joyous occasion, but for some emergency care providers it is anything but. This workshop is designed for all levels of providers who do not routinely participate in the delivery of newborns. Come learn how to “catch the baby,” take care of the mother, and help the baby transition to its new environment. Be prepared for a fast-paced day of lecture and hands-on.

Winterfest EMS 2013

Saturday – January 26, 2013

0730–0800 **Registration**

0800–0815 **Welcome**

0815–0930 **What's Happening at MIEMSS,
A Detailed Overview (1.5 M)**

Robert R. Bass, MD

Executive Director, MIEMSS

Dr. Bass will provide an update on the key initiatives within the state to include an overview of

- Trauma and Specialty Centers, Stroke, STEMI
- Update on the Medevac Program
- Syscom/EMRC
- eMeds & Patient Reports
- Ambulance Safety Task Force Report

0930–1000 **BREAK WITH VENDORS**

1000–1130 **Finding Humor in the Crazy World of EMS:
Welcome to the Dark Side (1.5 M)**

Steve Berry, BA, NREMT-P

While working in the field of EMS, we are often exposed to tragic events. For many, gallows humor offers a momentary respite from these events. Join Steve as he encourages us to enhance our sense of healthy humor while touching your heart with hope and understanding.

1130–1245 **LUNCH WITH VENDORS – CHESAPEAKE HOUSE**

BREAKOUT SESSIONS

1300–1430 **A. CISM: What and When? (1.5 M)**

Julie Kugler-Bentley, RN, LCSW-C, CEAP

Natalie Bowers, LGSW

Region II CISM Team

This educational session will provide an overview of CISM symptoms and appropriate interventions as well as information about how and when to contact your local team for assistance.

B. Evolution of Trauma Resuscitation (1.5 T)

Tom Chiccone, MD FACEP

Evidence-based medicine continues to drive change in the care of trauma patients. This breakout will survey a decade of such changes, as well as peer into the crystal ball about upcoming trends.

C. Beautiful Water, Deadly Water (1.5 M)

Mary Alice Vanhoy, RN, CEN, CPEN, NREMT-P

Queen Anne's Emergency Center

Whether East Coast, West Coast or the Gulf of Mexico, these beautiful waters can bring hours of enjoyment while placing some at significant risk for life-threatening emergencies. Some risk are obvious like collisions and submersion, but others are less obvious but equally dangerous. Aquatic life, bacterial infection and CO exposure are more covert leading to challenges in clinical management.

(Continued on next page)



Winterfest EMS 2013

Saturday – January 26, 2013

(Continued from previous page)

D. The Hole Story: The Implications of Body Piercing (1.5 T)

Steve Berry

Body piercing has become a common phenomenon in all areas of the country. Why do people do it and what are the health risks? We'll review some of the ways they may interfere with standard treatment for those working in emergency health care.

1300–1630

E. Maximizing Outcomes in Acute Stroke (1.5 M)

Christina Ball, RN, BSN, CNRN

Applying evolving evidence-based guidelines and treatment options into practice.

F. Pediatric Puzzlers (1.5 M)

EMS-C Faculty

Come put the puzzle pieces together to solve the mystery of these pediatric medical cases. This session will highlight tips and tricks used to perform pediatric assessment to help navigate the various protocols, treatment, and transport decisions providers must make.

1430–1500

1500–1630

1630

G. Mechanism of Injury in the Maryland Trauma Patient (1.5 T)

Kristen Ray RN, MSN

Heidi Halterman, RN, CCRN, NREMT-P

Case Reviews approach to a patient's trip through the MD Trauma System.

H. Life Begins and Ends at the Cellular Level (1.5 M)

Charlie Brown, NREMT-P

A commentary on how everything you do affects the microscopic world inside you. This session will take a look at how various components affect the body, from infections, to how drugs such as albuterol work at a cellular level.

I. Emergency Scene Tactical Survival, Being Proactive As Well As Reactive (3.0 T)

Tom Harmon

Division Chief, BWI International Airport

In this session we will look at training and evolutions proven to save lives during responses, on the scene, and in our normal lives. Several concepts will be examined, including two-in, two-out, rapid intervention, and managing the Mayday. Participants are asked to bring tactical ideas or policies, worksheets, and SOGs/SOPs to share during open discussion sections.

BREAK WITH VENDORS

REPEAT BREAKOUTS

CONFERENCE ENDS FOR THE DAY

Join Us Back at Harrison's for Dinner Service Starting at 6:00

Sunday – January 27, 2013

0830–0845 Sign In

0845–0900 Opening GYM

0900–1015 Your New MSP AW-139 Helicopters (1.5 T)

Sergeant Nathan H. Wheelock, Chief Flight Paramedic, Maryland State Police - Aviation Command, Medical Operations Section

This session will cover the protocols for the proper use of utilizing the services of the MSP Aviation Command and the mechanical and medical capabilities of the newly acquired AgustaWestland (AW) 139 helicopters.

1015–1030 **BREAK**

1030–1145 The Horse Became a Zebra (1.5 T)

Tracy A. Timmons, MD

Trauma Attending Physician

R Adams Cowley Shock Trauma Center

Assistant Professor of Surgery

University of Maryland School of Medicine

Is that a Zebra or just another horse? While most trauma care is straight forward, things are not always what they seem. A look at the unusual outcomes of trauma care.

1145–1245 **LUNCH – CHESAPEAKE HOUSE**



1300–1415 When Children Fall Off the Trauma Decision Tree (1.5 T)

Jennifer Fritzeen, MSN

Director of Trauma and Burn Services at Children's National Medical Center

Injured children sometimes present with unique injuries that do not easily fit into the Alpha, Bravo, Charlie or Delta categories of the Maryland/CDC Trauma Decision Tree. Children explore their environments as part of growing up. They climb furniture to reach off-limit items, jump off refrigerators to see if they can fly, get caught under garage doors while pretending to be Indiana Jones, and do many other daring and dangerous things.

1415–1430 **BREAK**

1430–1545 Case Studies in Confusion: Cutting Through the Chief Complaint (1.5 M)

Dr. Ben Lawner

Department of Emergency Medicine

University of Maryland Medical Center

Deputy EMS Medical Director,

Baltimore City Fire Department

"Your chief complaint is what???" A look at what the patient says to you and what is really wrong with them.

1545

DRIVE CAREFULLY – THANKS FOR COMING – SEE YOU NEXT YEAR



Winterfest EMS 2013

Location:

Winterfest EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House.

Payment and Cancellation Policy:

Pre-registration is required. Payment of all fees must be included with pre-registration. There is a \$25 fee for bad checks. We will be accepting registration until January 11, 2013, or until the conference is filled—whichever comes first. There will be a late registration fee of \$25 added to all registrations that are received after January 11, including call-ins. Walk-in registrations will not be allowed. All students must be paid in full prior to Winterfest. All credit card transactions and company billings must be approved by the Winterfest staff prior to January 11, 2013. Any student with an outstanding balance from any previous Winterfest will not be allowed to participate until their account is paid in full. All requests for cancellations must be made in writing to:

Winterfest EMS
c/o Talbot Co. EMS
29041 Corkran Rd.
Easton, MD 21601

Refunds, excluding a \$10 processing fee, will be mailed for cancellations received before January 12, 2013. Cancellation after January 12, 2013 will result in forfeiture of your entire registration fee. Speakers and topics are subject to change

Accommodations:

WINTERFEST EMS WILL NOT BE TAKING ANY RESERVATIONS.

All reservations must be made by the student. Please contact any hotel directly to reserve and pay for your room. You must request the **Winterfest** rate as noted below. Suggested local lodging is as follows:

Harrison's Chesapeake House, (410) 886-2121, \$85 per night double occupancy, \$95 per night single occupancy

Tilghman Island Inn, (410) 886-2141, \$125 per night

Lowe's Wharf, (410) 745-6684, \$79 Thursday night, \$99 Friday night, \$99 Saturday night

****Breakfast as Harrison's is included for those who are staying at the above listed hotels****

Breakfast will be served starting at 6:30 Saturday and 7:00 Sunday; gratuity is not included.

Weather Cancellation:

The Conference Planning Committee will make a decision about cancellation of Winterfest EMS due to severe weather by 12 noon on January 23. Call Talbot County EMS at (410) 820-8311 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information:

For additional information or registration confirmations, call the TCEMS at (410) 820-8311 or email us at winterfest.ems@hotmail.com or contact us through Facebook. The Winterfest EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please call the Winterfest EMS Committee.

Directions:

Traveling from the Bay Bridge and points West:

Take Route 50 East to Easton. Turn right onto the Easton Bypass (Route 322). Turn right at the 4th light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive just past the school.

Traveling from Ocean City and points East:

Take Route 50 West to Easton. Turn left onto the Easton Bypass (Route 322). Turn left at the 3rd light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive just past the school.



Winterfest EMS 2013

Winterfest EMS 2013 Registration

Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

Provider #: _____ Email: _____

Primary Affiliation: _____

Certification/Licensure (Circle): FR EMD EMT-B CRT EMT-P LPN RN NP PA MD

PRECONFERENCES

(Select Only One):

- _____ EMT-B Skills Refresher, \$60
- _____ OB/Newborn Emergencies, \$30

CONFERENCE FEES:

- _____ Saturday, \$85.00 (choose breakout(s) below)
- _____ Sunday, \$85.00 (general session only)
- _____ Both Days, \$150.00 (choose breakout(s) below)

SATURDAY BREAKOUT SESSIONS (choose one for each session OR double breakout)

- First Session – A B C D E F G H
- Second Session – A B C D E F G H
- Double Breakout – I

Dinner at Harrison's Chesapeake House, Tilghman Island, MD

Rates are per person and DO NOT include gratuity.

- ___ Friday Night Dinner Only, \$35
- ___ Saturday Night Dinner Only, \$35
- ___ Friday and Saturday, \$65 (rate only available for 2-night package)

Total Amount Due \$ _____ = Preconference Fees + Conference Fees + Meal Cost (as applicable)

Make checks payable to **Winterfest EMS**. Reservations are due by **January 11, 2013**. Meal fees must be included with registration. Send check, along with this form, to Winterfest EMS, c/o Talbot Co. EMS, 29041 Corkran Rd, Easton, MD 21601. Call or email us with any questions or confirmation requests (410) 820-8311 or winterfest.ems@hotmail.com.

****Provider Number is Required to Receive Continuing Education Credits****



MIEMSS, *Maryland EMS News*
653 W. Pratt St., Baltimore, MD 21201-1536



Governor Martin O'Malley
Lt. Governor Anthony Brown

Copyright© 2012 by the Maryland Institute for Emergency Medical Services Systems
653 W. Pratt St., Baltimore, MD 21201-1536
www.miemss.org

Chairman, EMS Board: Donald L. DeVries, Jr., Esq.
Executive Director, MIEMSS: Robert R. Bass, MD

Managing Editor: Aleithea Warmack (410-706-3994)
Design & Layout: Gail Kostas
Photography: Jim Brown & Brian Slack
(unless noted otherwise for specific photos)
