

Maryland EMS News

For All Emergency Medical Services Clinicians

Vol. 52 No. 9

September 2026



**Training
Together:
Western Maryland
First Responders Put
Coordination to the Test**

Plus:
Measles Update
Public Health Advisory
In Memoriam:
Ameen I. Ramzy, MD
MSPAC Animal Rescue
Upcoming Events



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Send press releases, agency/departmental announcements, and other EMS-related news to ptandy@miemss.org for possible inclusion in a future issue of *Maryland EMS News*.

ON THE COVER: Western Maryland first responders participate in a multi-agency exercise held in September 2026. (Photo: Garrett County Emergency Management)

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Governor Wes Moore
Lt. Governor Aruna Miller

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Maryland Institute for Emergency Medical Services Systems

Measles: Pearls for EMS Clinicians Update: 8/2026

Since the beginning of 2026, a total of 2,777 measles cases have been reported in the United States, including **31 cases in Maryland**. This includes **27 cases that have been identified since July 15, 2026**.

All 27 recent cases have been unvaccinated. The regions of residence are: Southern MD (14), Central MD (8), and Upper Eastern Shore (5). There is not evidence of widespread community transmission currently. MIEMSS urges EMS clinicians to consider the potential for measles infection in their patients, while using the criteria to the right as a reference. When treating patients suspected of having measles, EMS clinicians should follow State EMS and appropriate infection control protocols. Appropriate PPE should be donned before close patient contact, and the receiving hospital should be contacted via EMRC to prepare for the incoming patient. **PPE Recommendations:** If measles is suspected, EMS clinicians should don gloves, gowns, eye protection, and N-95 or equivalent respirators. **Vaccination (MMR)** is the most effective way to prevent measles infection.



Who: Although ANY individual can present with the symptoms of measles, the following are at a higher risk for severe complications:

- Infants & children aged less than 5 years
- Adults aged greater than 20 years
- Pregnant women
- People with compromised immune systems, such as patients with leukemia and HIV infections

What: Measles is an acute viral respiratory illness. It has an incubation period of 10 to 12 days. It initially presents with a very high fever (103° F or higher), along with ALL of the following:

- Cough
- Coryza (Stuffy & Runny Nose)
- Conjunctivitis

The typical rash appears approximately 14 days after the patient is exposed, and the patient is contagious from 4 days before to 4 days after the rash appears.

When: Transmission of measles can occur via direct contact with an infected individual or by airborne particles expired when an infected patient breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves the area.

Where: Recent localized outbreaks have occurred in Maryland this year. There are ongoing outbreaks in Pennsylvania and Delaware currently.

Why: Measles is an incredibly infectious and deadly disease that can spread quickly and can be potentially deadly if not recognized early.

CONSIDER MEASLES

in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)

Ask patients about recent travel internationally or to domestic venues frequented by international travelers, as well as a history of measles in the community.

www.cdc.gov/measles/hcp/index.html

MEASLES

is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.

It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.



Do you know CDC's Guidelines for
Patient Evaluation, Diagnosis & Management?
www.cdc.gov/measles/HCP/



THINK MEASLES

PUBLIC HEALTH ADVISORY: Benzodiazepines Identified in RAD Samples

THE MARYLAND DEPARTMENT of Health's Behavioral Health Administration (BHA) has identified multiple types of benzodiazepines in the local drug supply. Testing was conducted by the Rapid Analysis of Drugs (RAD) program led by the Office of Overdose Prevention and Education. Benzodiazepines were documented in a growing number of RAD samples between April and July 2026, in Baltimore City and Calvert, Charles, Frederick, and Talbot Counties.

Benzodiazepines are a class of medication that slow down activity in the brain and nervous system. They are commonly used to treat anxiety, sleep, and seizure disorders. Frequently prescribed benzodiazepines include: alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan). A wide variety of benzodiazepines are also commonly found in the unregulated drug market. They can vary greatly in potency and are often geographically specific (i.e., common benzodiazepines in Maryland may be less common in other states).

Benzodiazepines have been detected through RAD sampling since the start of the program in 2021. Between April 2026 and July 2026, RAD identified benzodiazepines (specifically, bromazepam, deschlorodemethyldiazepam, ethylbromazepam, and lorazepam) in 31 samples, an increase from 14 samples in 2025. Benzodiazepines can vary in potency. Of the four variants identified in Maryland, bromazepam, a commonly prescribed benzodiazepine, is the most potent.

Benzodiazepines and Naloxone

The most common sample combination was benzodiazepine, fentanyl, cocaine, and gabapentin, found in 18 of the 31 samples. This underscores the importance of continuing to administer naloxone during suspected overdoses with respiratory depression. The risk of overdose-related death can be reduced by performing rescue breathing, administering naloxone as appropriate, and placing patients in the "recovery position" to reduce the risk of choking or aspiration. Local Opioid Associated Disease Prevention and Outreach Programs (OADPOPs) continue to test samples to identify new additives, or adulterants, in the drug supply. In addition,

several health departments are making drug test strips available to the public.

Health Risk and Clinical Considerations for Benzodiazepines

Severe sedation and unresponsiveness: Individuals exposed to benzodiazepines may present with deep sedation, hypotension (too little blood circulation) or low blood pressure, bradycardia (slow heart rate), or respiratory compromise.

Early and severe withdrawal symptoms: Patients who use benzodiazepines regularly can experience severe or life-threatening withdrawal that may last from 24 hours to weeks. Anxiety, tremors, hallucinations, insomnia, heart palpitations, nausea, vomiting, and seizures are frequently symptoms of benzodiazepine withdrawal. Often, these symptoms require immediate and intensive medical attention.

Recommendations for First Responders and Clinicians

Standard doses of naloxone (2mg or 4mg) will usually reverse the effects of opioids that may be present, but **naloxone will not counteract a benzodiazepine's sedative properties. It is important to still administer naloxone since benzodiazepines are often seen in combination with an opioid.** One dose of naloxone is typically sufficient to restore breathing during an opioid overdose, although a patient may remain unresponsive. If a patient is breathing after one dose of naloxone, the treatment was successful. No additional doses of naloxone are necessary at that time. The patient should be closely monitored during transport to the closest appropriate emergency department. If respiratory depression recurs later, additional doses of naloxone may be necessary.

The drug supply in Maryland is constantly changing, potentially exposing even occasional users to harmful substances without their knowledge. Learn more at <https://stopoverdose.maryland.gov/>. *

StopOverdose.maryland.gov

MIEMSS On-Scene for 2026 MACo Summer Conference



From left: Christian Miele, Director of Governmental Affairs; Dr. Ted Delbridge, Executive Director; Sherry Alban, Finance Director; Clay B. Stamp, State EMS Board Chair; and Aaron Edwards, Director of Clinician Services.

MIEMSS WAS ON SCENE for the Maryland Association of Counties (MACo) Summer Conference, held August 12-15, 2026, at the Roland E. Powell Convention Center in Ocean City, Maryland. Executive Director Dr. Ted Delbridge and State EMS Board Chair Clay B. Stamp joined other EMS leaders to promote awareness and understanding of how Maryland's EMS system works continually to serve the state's residents, visitors, and communities in their hour of greatest need.

The theme of this year's Summer Conference, "Build What's Next," reflected the program's focus on preparing local governments for the challenges and opportunities shaping Maryland's future. The four-day event drew approximately 3,000 participants from county and state governments, the private sector, and nonprofit organizations, making it the state's largest gathering of local government officials. More than 55 educational sessions, forums, and briefings, along with a 350-booth tradeshow, 60-booth Tech Expo, and Solutions Showcase presentations, explored topics including



MIEMSS highlights the work of the state's nearly 20,000 EMS clinicians who work to deliver high-quality prehospital care to Maryland residents and visitors.

artificial intelligence, cybersecurity, infrastructure, education, energy, workforce development, public safety, and economic development while connecting attendees with partners serving local government. *

2026 UPCOMING 2027 EVENTS

NOV 23

MARYLAND REMEMBERS (Towson, MD)
<https://zerodeathsmd.gov/maryland-remembers/>

JAN 29-31

WINTERFEST EMS CONFERENCE (Easton, MD)
<https://miemss.org/home/Public/Conferences-and-Events/Winterfest-Conference>

FEB 01

DEADLINE FOR RIGHT CARE WHEN IT COUNTS
AWARD NOMINEES
<https://miemss.org/home/Public/Awards>

MAR 12-13

MILTENBERGER EMERGENCY SERVICES SEMINAR
(Rocky Gap Casino Resort)
<https://www.miltengerseminar.com/>

JUNE 17-18

POINT/COUNTERPOINT CONFERENCE (Baltimore, MD)
<https://mdcot.com/point-counter-point-2027/>

JUNE 19-24

MARYLAND STATE FIREFIGHTERS ASSOCIATION
ANNUAL CONVENTION AND CONFERENCE
(Ocean City, MD)
<https://convention.msfa.org/>

Send EMS-related calendar events to ptandy@miemss.org for possible inclusion in a future issue of *Maryland EMS News*.

Maryland Charity Campaign

Oct. 5 – Dec. 11, 2026

mcc.maryland.gov

Support Your Favorite Charities!

- » Donate to causes that mean the most to you.
- » 700+ local, national, and international charities to choose from.
- » Pledge now and pay via payroll deduction in 2027.
- » Charities include organizations that provide support for cancer patients, stream clean-up, physical therapy for babies, food for rescued animals, victims of human trafficking, trees for low-income areas, libraries, and much more.
- » Watch your in box for more info or scan the QR code!

Maryland Cares: Small Gifts, Big Impacts



The updated **2026 Maryland Medical Protocols for EMS app** is LIVE for both iOS & Android. This new version adds a brand-new Protocol Search system built into a redesigned Protocol List, a Brief Alcohol Withdrawal Scale calculator for quick BLS/ALS treatment guidance based on observed symptoms, a new-and-improved Protocol viewer, and a restyled home screen with version & release date indication to ensure you are always up to date. As always, everything is pre-built into the app and no internet connection is ever required to utilize any and all functionality.



If your device has not already updated to the latest version or you have yet to install the app, direct links to both the iOS & Android app downloads can be found at <https://www.miemss.org/home/Clinicians/EMS-Protocols-App>.

MSPAC Takes Part in Animal Rescue Training



MARYLAND STATE POLICE AVIATION COMMAND (MSPAC) joined its partners in the Maryland Helicopter Aquatic Response Team (HART) for a recent training centered on animal rescue during natural or manmade disasters. The joint exercise, held September 9, 2026, at Aberdeen Proving Ground, focused on challenges associated with rescuing and transporting animals during emergency operations. Participants included Maryland State Police Aviation Command, the Maryland Army National Guard, Maryland Task Force 1 (TF-1), and Harford County Animal Control.

From ground-based instruction to hoist operations involving K-9s, aviation crews and ground personnel received hands-on instruction in safely handling animals in stressful environments and around helicopter operations. During major disasters, specialized teams may be called upon to conduct rescues and evacuations in areas that may be inaccessible to traditional ground resources. Joint training among partner agencies strengthens coordination when resources are needed most.

Over the past few years, MSPAC has worked to expand its role in K-9 operations throughout Maryland, practicing with local and regional partners and their K-9s on deployments and hoist operations. Recently, MSPAC crews have also been outfitted with specialized equipment to assist injured K-9s during emergency transport.

Continued training among specialized teams and partner agencies ensures personnel are prepared to work together to protect lives, assist communities, and, when necessary, rescue animals that become stranded. Such exercises help to strengthen Maryland's ability to respond when disaster strikes. *



ABOVE

A MSPAC helicopter in flight hoists a rescuer and a rescued dog to safety during the September 9 joint training exercise.



RIGHT

Rescue personnel await their opportunity to participate in the joint exercise.

MDERS Supports Sonar Training for Stakeholders

THE MARYLAND-NATIONAL CAPITAL Region Emergency Response System (MDERS) supported a sonar training for the Montgomery County Fire and Rescue Service (MC-FRS), Montgomery County Police Department (MCPD), Prince George's County Fire/EMS Department (PGFD), and Prince George's County Police Department (PGPD). Participants learned to operate the AquaEye platform, a handheld sonar device designed to enhance search operations in bodies of water. The training elevated aquatic rescue techniques and tactics while providing first responders throughout the Maryland-National Capital Region (MD-NCR) with an additional tool for water rescue and recovery operations.

The MD-NCR has several rivers, ponds, and other waterways. The largest, the Potomac River, is incredibly treacherous at certain locations. Three individuals have perished this summer in the Great Falls portion of the river, underscoring the need for first responders to be prepared for marine operations. Underwater searches can be an arduous and dangerous process, with submerged hazards, limited visibility, strong currents, and difficult water conditions.

Expediency is critical when reaching a drowning person or recovering a deceased individual. The AquaEye device is a handheld sonar system that can be submerged to scan an area and detect anomalies below the waterline. The platform displays sonar detections on the device's screen to guide rescue efforts in a more methodical manner. For larger operations, multiple AquaEye devices can be connected through a mobile Command



Above: A close-up view of a small yellow-and-black sonar monitor used to scan beneath the water's surface.

Below: Approximately a dozen search-and-rescue personnel participate in the AquaEye training exercise. (Photos: MDERS)

Hub application to provide leadership with real-time search data imposed over a map of the location.

The recent training included classroom instruction and hands-on portions in the Seneca Little Lake and Potomac River. Conducting exercises in two different bodies of water allowed participants to operate the equipment under varying conditions and gain practical experience using the technology in different environments. Participants not in the water used the Command Hub to understand how the platform interconnects with the devices to create a broader operational picture for departmental leadership.

Participants reported that the training improved their understanding and proficiency with both the AquaEye device and Command Hub platform. Integrating this technology into existing aquatic rescue capabilities will provide first responders with an additional resource for locating individuals underwater, support more efficient search operations, and enhance responder safety during challenging water rescue and recovery missions. *





MedStar Franklin Square Medical Center Holds Maternal Stroke Simulation

Members of the MedStar Franklin Square Stroke Team pose for a group photo outside of Franklin Square Medical Center.

THE MEDSTAR FRANKLIN SQUARE Stroke Team, OB Team, and MedStar Obstetrical Safety Training (MOST) team recently partnered to conduct an interdisciplinary maternal stroke simulation in Labor & Delivery at MedStar Franklin Square Medical Center in Baltimore County.

Maternal stroke is a rare but potentially devastating emergency that requires rapid recognition, communication, and coordination across multiple specialties. With over 60,000 babies born in Maryland each year, national incidence estimates suggest that approximately 25 Maryland women could experience a pregnancy-associated stroke annually.

The August 25, 2026, simulation followed a realistic scenario in which a patient developed sudden stroke symptoms during labor, challenging the teams to simultaneously consider the needs of both the mother and baby while responding to a time-sensitive neurological emergency.

Participants practiced recognizing the signs of stroke, ac-

tivating a Code Stroke, coordinating the Stroke Team response to Labor & Delivery, providing an effective bedside handoff, and determining the next steps needed to safely and rapidly move the patient toward emergent imaging and evaluation.

The exercise also provided an important opportunity to evaluate how established stroke processes translate to the unique needs of a patient experiencing stroke symptoms during labor. Following the simulation, participants came together for an interdisciplinary debrief to celebrate what worked well, identify potential barriers, and discuss opportunities to further strengthen communication, workflow, education, and collaboration between the OB and Stroke teams.

The simulation exemplified teamwork and proactive emergency preparedness. By practicing rare, high-risk scenarios before they occur, our teams can strengthen coordination, build confidence, and ensure we are prepared to deliver timely, safe, and patient-centered care when every minute matters. *

MATERNAL STROKE

ANY PATIENT WHO IS PREGNANT OR UP TO 6 WEEKS POSTPARTUM

WARNING SIGNS & SYMPTOMS

Headache + Any of the symptoms below = SCAN THEM

SCAN THEM

- Sudden or severe headache**
Thunderclap, "worst of my life", worse when lying flat or changed from a usual headache
- Convulsions (seizures)**
- Altered mental status**
Confused, drowsy, or hard to wake
- Neurological deficits**
Facial droop, slurred speech, one-sided weakness or numbness, trouble walking
- Temperature elevated**
At or above 38°C (100.4°F)
- Hypertension**
≥140/90; severe ≥160/110
- Emesis (vomiting)**
- Medication without relief**
Headache that self-administered pain medicine doesn't relieve

ACTIVATE STROKE ALERT
DON'T DELAY IMAGING
TIME IS BRAIN

Maryland Institute for
Emergency Medical Services Systems

ACTIVATE STROKE ALERT

DON'T DELAY IMAGING

TIME IS BRAIN



(Photos: Garrett County Emergency Management)

Western Maryland Simulation Training Tests Collaborative Response of Regional and Federal Partners

GARRETT COUNTY EMERGENCY MANAGEMENT (GCEM) drew first responders from across the region for the Western Maryland Multi-Agency Exercise, conducted September 8-9, 2026, in McHenry, Maryland. The two-day event, centered on a simulated 9-1-1 call, engaged a wide spectrum of emergency response, including law enforcement agencies, fire, EMS, HazMat teams, and mutual-aid resources, as well as 9-1-1 personnel, Garrett Regional Medical Center, the Maryland National Guard's 32nd Weapons of Mass Destruction Civil Support Team, and the Federal Bureau of Investigation.

Participants worked through specialized hazard assessment, investigative coordination, evidence preservation and collection, information sharing, and the transition from emergency response to a coordinated state and federal investigation. The exercise evaluated incident command, responder safety, communications, accountability, hazardous-materials operations, patient care and hospital coordination, resource requests, investigative transition, and multi-agency interoperability.

"This exercise gave our local responders the opportunity to manage a complex incident from the initial 911 call through the integration of regional, state, and federal resources," said GCEM Director Justin Orendorf. "The relationships and coordination practiced during this exercise are critical to an effective response when an actual emergency occurs." *

Text-to-9-1-1 Helps Responders Rescue Injured Kayaker on Youghiogheny River

ON SEPTEMBER 15, 2026, an injured kayaker was safely extricated from the Youghiogheny River area near Friendsville, Maryland, and transported to Garrett Regional Medical Center after a text-to-9-1-1 message helped emergency responders locate the incident.

At approximately 2:40 p.m., Garrett County 9-1-1 received a text message reporting an injured kayaker on the Youghiogheny River in the area of White Rock Run. The individual requesting assistance was unable to place a voice call to 9-1-1 because of limited cellular service but was able to communicate by text.

Garrett County 9-1-1 Specialists pinpointed the location of the individual sending the messages and directed emergency responders into the area. Text-to-911 provided a critical connection to emergency services when a voice call could not be completed.

A water release by Brookfield had occurred earlier in the day, with Class V rapids reported on the river. Personnel from Northern Garrett Rescue Squad, Friendsville Fire Department, Deep Creek Fire Department, Garrett County Emergency Services, and Natural Resource Police responded to the incident. Maryland State Police Trooper 5 also responded to assist if a helicopter hoist became necessary.

Responders safely extricated the patient from the area using an all-terrain vehicle, and Northern Garrett Rescue Squad transported the patient to Garrett Regional Medical Center for treatment.

“This incident is a great example of our 9-1-1 Specialists, volunteers, and career staff working together toward a common goal—getting help to someone in need,” said Justin Orendorf, Director of Garrett County Emergency Management. “Text-to-9-1-1 provided a critical connection when a voice call wasn’t possible. From identifying the location to safely extricating the patient and getting them to medical care, every part of this response depended on teamwork. I commend everyone involved for their dedication, professionalism, and coordination.” *

“This incident is a great example of our 9-1-1 Specialists, volunteers, and career staff working together toward a common goal...”

— Justin Orendorf

Director of Garrett County Emergency Management



In Memoriam: Ameen I. Ramzy, MD (1948–2026)

Dr. Ameen I. Ramzy, a highly renowned pioneer in emergency medicine, trauma surgery, and critical care medicine with deep roots in the Maryland Trauma and EMS system, passed away following a prolonged illness on August 20, 2026, in Charlotte, North Carolina. He was 78.



Born in London, England, in 1948, Dr. Ramzy spent part of his early life in Egypt before emigrating with his family to the United States. He graduated from Northwestern University and the University of Nebraska College of Medicine (where he also completed his general surgery residency), and completed a fellowship in traumatology at the University of Maryland Medical Center in Baltimore.

Dr. Ramzy dedicated his life to advancing emergency and trauma care. After joining the R Adams Cowley Shock Trauma Center faculty, he went on to serve as State Emergency Medical Services Director and Medical Director at MIEMSS, as well as Chief Fire Surgeon and Medical Director for the Baltimore County Fire Department. Through these roles, Dr. Ramzy worked to strengthen the partnership between the EMS community and the state's trauma system.

Later, Dr. Ramzy relocated to Portland, Oregon, where he provided surgical and critical care at Legacy Emanuel Medical Center and ultimately became its Trauma Medical Director. He also served as Medical Director for Life Flight Network, which provides medevac services for communities across the Pacific Northwest and Intermountain West.

A dedicated physician, teacher, and advocate for emergency medical services, Dr. Ramzy authored or co-authored multiple publications, and delivered more than 200 presentations throughout his career, sharing his expertise with audiences around the world. Today, colleagues in Maryland, across the country, and around the world, including Maryland State EMS Board Chair Clay B. Stamp, remember Dr. Ramzy for his compassion and profound commitment to advancing the care of patients with traumatic injuries, saving countless lives, and mentoring generations of emergency responders.

Dr. Ramzy is gratefully remembered for his compassion and profound commitment to the people he served, as well as for his contributions to the management of severe traumatic injuries.

It is with profound sadness that I learned of the passing of Dr. Ameen I. Ramzy.



Dr. Ramzy was a pioneer in emergency medicine and helped shape the foundation upon which Maryland's EMS system continued to grow and evolve.

I had the privilege of knowing him and working with him, but some of my strongest memories go back to my earliest years as a young EMT and paramedic.

Dr. Ramzy showed up.

He attended regional EMS meetings personally, often bringing colleagues from Shock Trauma with him. He came not simply to speak, but to listen, engage, and talk with those of us working in the field about how we could make things better for our patients and for Maryland EMS.

He was passionate about EMS and the people who practiced it. He connected with us. I still remember the cowboy boots, the conversations, and the sense that despite all he had accomplished, he genuinely valued what those of us in the field had to say.

All these years later, it is a particular privilege for me to serve as Chair of the Maryland State Emergency Medical Services Board and to help steward a system whose early foundation Dr. Ramzy helped shape.

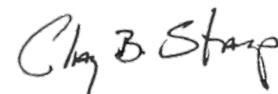
His contributions to Maryland EMS were significant. His influence on many of us was personal and lasting.

For me, Ameen was one of those people who left a mark. I am grateful that I knew him, learned from him, and have had the opportunity to carry a little of what he taught us forward.

On behalf of the Maryland State Emergency Medical Services Board, I extend our heartfelt condolences to his family, friends, colleagues, and the many people whose lives he touched.

Maryland EMS has lost a pioneer.

And many of us have lost someone we will remember with great affection, gratitude, and respect.



Clay B. Stamp, NRP
Chair, Maryland State Emergency
Medical Services Board

An Eastern Shore EMS
Tradition since 1998

WINTERFEST EMS 2027

JANUARY 29-31, 2027



WINTERFEST@TALBOTCOUNTYMD.GOV | EASTON, MD



Does the public stop by your fire station for help with their car seat? Do you have a Child Passenger Safety Technician (CPST) on staff and available? Most stations do not, so be ready to refer the public appropriately. A new resource is available for fire and rescue stations: a 4" x 6" sticker to affix near the phone or front desk that refers the public to the local CPST or to Maryland Kids in Safety Seats. An 8.5" x 11" laminated version is also available. To obtain these free stickers, contact cps@miemss.org.



If the public stops by your station or calls for help with their car seat:

- **Do not** assist them unless you are a currently-certified "Child Passenger Safety Technician" (CPST).
- Refer them to your local CPST: _____
- **OR** refer them to **Maryland Kids in Safety Seats** for help.
 - Phone: 1-800-370-7328
 - Email: mdh.kiss@maryland.gov
 - Website: mdkiss.org





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