

Maryland

EMS News

For All Emergency Medical Services Clinicians

Vol. 52 No. 4

April 2026



Training at New Heights in Frederick

Plus:

MDH Measles Update
Risk Management
MDERS Train Derailment TTX
Rapid Analysis of Drugs (RAD)
EMS Compliance Update
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ON THE COVER: *In March, Frederick County Division of Fire and Rescue Services (FCDFRS) personnel held a hands-on training exercise at Martin Marietta Quarry in Frederick. [Photo: Frederick County Division of Fire and Rescue Services]*

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



Governor Wes Moore
Lt. Governor Aruna Miller

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2026 Legislative Wrap-Up

THE 448TH LEGISLATIVE SESSION of the Maryland General Assembly has officially drawn to a close!

With over 2,600 bills filed this year between the House and Senate, MIEMSS' Government Affairs team and its partners were quite busy monitoring all legislative proposals that could have had an impact on the delivery of EMS care across Maryland.

Here is a summary of the key bills that we tracked during the 2026 session:

Bills That Passed

Several pieces of legislation passed this year that will directly strengthen the EMS system and Maryland Emergency Medical Services Operating Fund (MEMSOF).

Modernizing the AED Program (SB 24): This was MIEMSS' own departmental bill, and we are thrilled to report that it not only passed with overwhelming support, but has already been signed into law by the Governor! It clarifies which entities must participate in the Public Access AED program and eliminates obsolete statutory provisions related to the program.

Closing the Out-of-State Vehicle Registration Loophole (SB 111): MIEMSS strongly supported this effort to ensure that Maryland residents properly register their vehicles in-state rather than in neighboring jurisdictions. With this bill's passage, it is estimated that MEMSOF revenues will increase by an estimated \$950,000 annually through MVA enforcement efforts, providing vital resources for our system.

Neonatal & Pediatric Equipment Standards (SB 159): This bill passed in a scaled-back form. The newly adopted law tasks MIEMSS' Executive Director and the JEM-SOPs with coordinating the minimum medical equipment and supplies needed on all emergency vehicles, including equipment and supplies for early childhood and neonatal care.

Medical Cannabis and Fire/Rescue Employment (SB 439): This bill prohibits employers from discriminating against fire and rescue employees who use medical cannabis. While the bill passed, concerns remain regarding the lack of a clear definition of "impairment" and the codifying of an inconsistency related to how conduct is reported to the State EMS Board.

Professional License Portability (SB 242, HB 1120, SB 418): New laws will make it easier for active-duty service members, foreign service members, and their spouses to practice in Maryland by ensuring that their professional licenses from their home states may serve as their basis for practicing in Maryland.

Bills That Did Not Advance

Fiscal constraints and safety concerns kept several high-profile bills from moving forward this year.

Unfunded Mandates (AEDs and Seatbelts): Two bills with high price tags—HB 32 (requiring AEDs in all law enforcement vehicles) and HB 110 (requiring seatbelts on all new school buses)—failed to advance. Projected costs proved too high to generate sufficient support, especially in the current budget climate.

Airway Clearing Devices (HB 117 / SB 219): This bill would have required these devices in schools. However, safety data was lacking, and there was concern that their use might interfere with or delay initiation of established, life-saving choking interventions.

The Motorcycle Helmet Exception (SB 195): A "perennial" bill, this legislation sought to allow certain motorcycle riders to ride without helmets in Maryland. As we do every year, MIEMSS opposed this bill because helmets are proven to save lives. The Senate committee that heard the bill agreed. Consequently, it did not receive a vote. *



DID YOU KNOW...

Maryland EMS News is dedicated to keeping Maryland EMS clinicians informed of the latest local, state, and national issues affecting emergency medical services. You can access issues of Maryland EMS News from as far back as 1974 by visiting our archive at miemss.org/home/publications.



MDH Confirms State's First Case of Measles This Year

The Maryland Department of Health (MDH) is urging Marylanders to check exposure times, monitor for symptoms, and ensure their MMR vaccination status is up to date after confirming one case of measles in a Baltimore metro area resident who recently traveled internationally.

MEASLES IS A HIGHLY CONTAGIOUS DISEASE

that is spread easily through the air when an infectious person breathes, coughs, or sneezes. The virus can remain in the air for up to two hours after the infected person leaves the area. The disease is also spread by direct contact and after touching infected surfaces.

Health officials are working to identify people who may have come into contact with the individual. Anyone who visited the following locations during any of the dates and hours listed below may have been exposed:

- » Baltimore/Washington International Thurgood Marshall Airport's Customs federal inspection station in the international terminal arrivals area, and lower-level international bag claim area, on April 12, 2026, from 7:50 p.m. – 10:30 p.m.
- » FastMed Urgent Care (2827 Smith Ave. Baltimore, MD), on April 14, 2026, from 5:00 p.m. – 8:00 p.m., and on April 17, 2026, from noon – 3:30 p.m.
- » Sinai Hospital's emergency department main waiting area and pediatric emergency department, on April 17, 2026, from 3:30 p.m. – 7:10 p.m.

Early symptoms of measles include a fever of more than 101 degrees Fahrenheit; runny nose; cough; and red, watery eyes. Usually, a red rash appears on the face one to four days after the early symptoms, and spreads to the rest of the body. Symptoms typically develop 10 to 14 days after exposure but can develop as soon as seven days and as long as 21 days after exposure. A person with measles is contagious, beginning four days before the rash appears until four days after the rash begins.

What to Do if You Think You May Have Been Exposed

- » Find out if you have been vaccinated for measles or have had measles previously. If you have received two doses of a measles-containing vaccine, or were born before 1957, you are generally considered protected. To check your immunization status, call your healthcare provider or request records securely online via My Immunization Record (MyIR): https://health.maryland.gov/phpa/OIDEOR/IMMUN/Shared%20Documents/ImmuNet_MyIR-Mobile-QRG.pdf.
- » People, especially those not fully vaccinated or otherwise immune to measles, who were at any of these locations during the possible exposure times should monitor themselves for

“ Vaccination remains essential to protecting ourselves, our families, and our communities against measles and other infectious diseases ”

any early symptoms of measles for 21 days after the potential exposure.

- » Exposed individuals who develop a fever or other symptoms of measles should not go to child care, school, work, or out in public, and should contact their healthcare provider. They should call their healthcare provider before going to a waiting room or emergency department so that the facility can take measures to prevent measles from spreading to others.
- » If you are not fully vaccinated or otherwise immune to measles (i.e., you already had measles) and you might have been exposed, call your healthcare provider or your local health department to discuss the best next steps for you. If your exposure occurred on or after April 14, 2026, you may qualify for post-exposure treatments.

“Vaccination remains essential to protecting ourselves, our families, and our communities against measles and other infectious diseases,” said MDH Deputy Secretary for Public Health Services Dr. Meg Sullivan. “Talk with your healthcare provider to ensure you and your family are up to date with all

recommended vaccines, including the MMR vaccine.”

The Maryland Department of Health recommends all eligible people get fully vaccinated against measles. The measles vaccine is routinely recommended at 12–15 months of age for the first dose and the second dose at 4–6 years old. Sometimes, a dose is given as early as six to 12 months if there is travel planned to an area that has ongoing measles transmission.

The measles, mumps, and rubella (MMR) vaccine is covered for those with health insurance and through the [Vaccines for Children Program](#). Adults who are uninsured or underinsured can check with their local health department about the availability of a free MMR vaccine as part of the [Maryland Vaccine Program](#).

Measles cases occur sporadically in Maryland, with three cases of measles identified in Maryland in 2025, one in 2024, one in 2023, and no cases from 2020-2022. This is the first case in 2026.

To protect the patient’s privacy, the Maryland Department of Health will not provide any additional information about the patient. *



Early symptoms of measles include:

- ◇ a fever of more than 101 degrees Fahrenheit;
- ◇ runny nose;
- ◇ cough;
- ◇ and red, watery eyes.
- ◇ Usually, a red rash appears on the face one to four days after the early symptoms, and spreads to the rest of the body.
- ◇ Symptoms typically develop 10 to 14 days after exposure but can develop as soon as seven days and as long as 21 days after exposure.
- ◇ A person with measles is contagious, beginning four days before the rash appears until four days after the rash begins.

For more information about the **Vaccines for Children Program** or the **Maryland Vaccine Program**, click the links or scan the QR codes.



[LINK: Vaccines for Children Program](#)



[LINK: Maryland Vaccine Program](#)

MDERS Hosts Train Derailment TTX and Assists with Cyber Exercise

IN FEBRUARY 2026, the Maryland-National Capital Region Emergency Response System (MDERS) hosted a tabletop exercise (TTX) to evaluate the response efforts to a Maryland Area Rail Commuter (MARC) passenger train derailment in Montgomery County. The exercise included participation from personnel representing Montgomery County Fire and Rescue Service (MCFRS), Montgomery County Police Department (MCPD), City of Gaithersburg Police Department, Montgomery County Office of Emergency Management and Homeland Security (MC OEM-HS), City of Gaithersburg, Maryland Transit Administration (MTA), and CSX Transportation (CSXT). Participants navigated the complex exercise scenario to cohesively manage and oversee response operations while maintaining situational awareness during a high-impact event. The discussion yielded valuable insights for each agency and will help them better prepare for these complex, low-frequency events if they occur in the future.

Mass transit systems move thousands of people per day across the country, and while derailments are exceedingly rare, these incidents can have significant impacts on communities as well as national commerce. This threat is heightened because both freight and passenger rail serve as critical infrastructure. The impact that rail incidents have had on local and national scales has been seen in examples such as the 2023 East Palestine, Ohio, freight train derailment and more locally, the 2002 derailment of an Amtrak train in Kensington, and the 1996 fatal head-on collision of a MARC and Amtrak train in Silver Spring. With these incidents in mind, MDERS partnered with regional partners to systematically discuss the response operations to a passenger train derailment in Montgomery County.

This exercise was the culmination of a multi-month planning effort with key first responder agencies and transit partners. The exercise workgroup, comprising subject matter experts (SMEs) from all participating agencies, continuously collaborated to plan the exercise. For this TTX, the workgroup identified the following goals:

- » Evaluate the Montgomery County Fire and Rescue Service (MCFRS) Incident Response Policy (IRP) and procedures as they relate to a heavy rail emergency;
- » Evaluate the response and coordination of first responders, CSX, and MTA in response to a heavy rail emergency; and
- » Evaluate the response of MCFRS to a passenger rail incident requiring the evacuation of a passenger train.

These goals provided a framework for developing the exercise and served as the foundation for the subsequent evaluation.



Emergency services personnel discuss program materials with each other during passenger train derailment tabletop exercise. (Photo Credit: MDERS.)

The scenario for this exercise involved an occupied, rush-hour MARC train on the Brunswick Line, which is owned and operated by CSX Transportation. The scenario posed additional challenges taking place in a remote location and light snowfall. The workgroup created a master scenario events list (MSEL) to set a realistic progression and cadence for how such an event may unfold.

During the exercise, the 13 exercise participants cohesively managed each aspect of the scenario, leveraging their expertise to minimize the theoretical harm in the scenario while maintaining situational awareness in a fast-moving environment. The exercise concluded with a discussion portion and a hotwash that identified the strengths and areas for improvement during the exercise. All this information will be shared in an after-action report (AAR) with exercise participants.

These exercises and discussions are paramount for all agencies to revise existing plans and expose personnel to high-impact, low-frequency events that may be otherwise difficult to replicate in a classroom or controlled environment. This TTX provided agencies with invaluable information, and MDERS will continue to partner with them to enhance response efforts in the Maryland-National Capital Region.



IN MARCH 2026, the Maryland-National Capital Region Emergency Response System (MDERS) assisted the Montgomery County Office of Emergency Management and Homeland Security (MC OEMHS) in developing and executing a workshop on its Cyber Incident Consequence Management Plan (CICMP). The exercise included participation from the Montgomery County Police Department (MCPD), MC OEMHS, the Montgomery County Office of the County Attorney, the Montgomery County Department of Technology and Enterprise Business Solutions (TEBS), the Montgomery County Office of Public Information, and the Montgomery County Department of Finance. The exercise successfully brought together these entities to discuss the CICMP and refine the document based on the re-



(Photo Credit: MDERS.)

sults of the exercise.

The interconnectedness and pervasiveness of technology present significant vulnerabilities for governments. Vital information systems, communication networks, and service platforms are essential functions that are susceptible to outages. The cascading impacts of these potential failures can severely disrupt government operations. Understanding the implications and roles of each entity is imperative for a successful response and management of a cyber incident.

This workshop was the culmination of a multi-month planning effort between MDERS, MC OEMHS, and TEBS. The exercise workgroup met multiple times to devise a scenario that would test the CICMP and allow for discussions on the improvement of the plan.

During the exercise, 14 participants navigated a scenario involving the activation of the CICMP and worked together to cohesively manage Montgomery County's response. The discussion yielded valuable insights for each agency and will help MC OEMHS to enhance the CICMP. The exercise concluded with a hotwash that identified the strengths and areas for improvement. All this information will be shared in an after-action report (AAR) with exercise participants.

The workshop provided agencies with invaluable information, and MDERS will continue to partner with them to enhance response efforts in the Maryland-National Capital Region. *

Visit **EMS News Online** at **MIEMSS.org**



9th **ANNUAL** MARYLAND ASTHMA SUMMIT



Calling all asthma advocates!



Thursday, May 21, 2026
9 a.m. - 4 p.m.



University of Maryland, Baltimore
County, University Center
1000 Hilltop Circle, Baltimore, MD 21250

Register: bit.ly/MDAsthmaSummit26



RAD Data Added to Maryland Overdose Data Dashboard

LIEUTENANT GOVERNOR ARUNA MILLER and the Maryland Department of Health (MDH) have announced the addition of data from the Rapid Analysis of Drugs (RAD) program to the Maryland Overdose Data Dashboard.

The statewide RAD drug-checking program analyzes the composition of residues from routinely returned equipment submitted by Opioid-Associated Disease Prevention and Outreach Programs. The inclusion of RAD data in the dashboard gives treatment providers a clearer, more up-to-date picture of the substances that are circulating in communities statewide.

“Every life lost to overdose is a tragedy, and every life saved is a reminder of why this work matters,” said Lieutenant Governor Aruna Miller, who chairs the Maryland Overdose Response Advisory Council. “By expanding access to real-time data through tools like the RAD program, we are giving communities, treatment providers, and public health leaders the information they need to act quickly, address emerging drug threats head-on, and save lives. Maryland is committed to meeting this crisis with urgency, innovation, and compassion.”

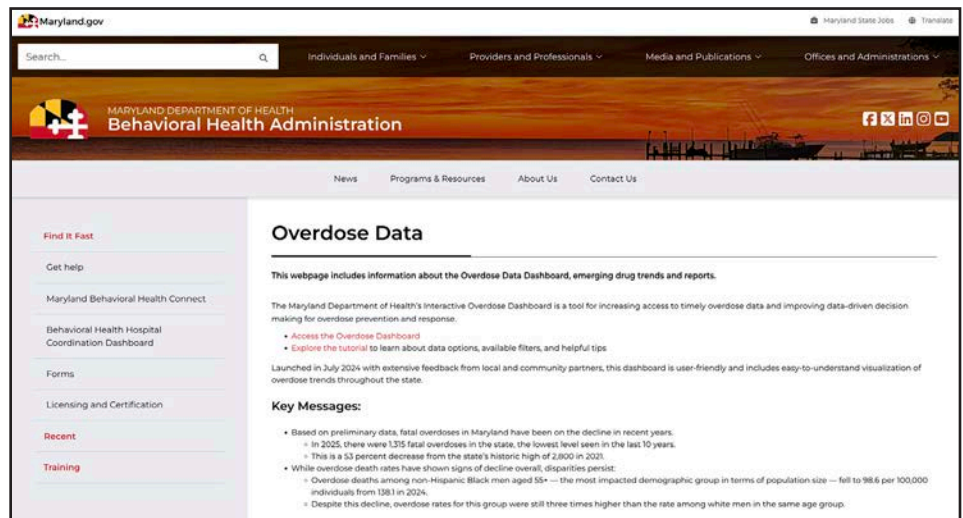
The RAD program was launched in 2021 to increase near-real-time data on emerging drug trends to inform overdose response and drug-user health. To date, the program has tested more than 6,000 samples from 15 jurisdictions, delivering results directly to participants while helping to inform statewide overdose prevention strategies. The program has also been critical in identifying emerging substances, including xylazine and medetomidine, in the drug supply.

“Maryland continues to see a decline in fatal overdoses, reaching a 10-year low, and this dashboard addition is another tool to help us keep moving in the right direction,” said MDH Secretary Dr. Meena Seshamani. “This program, coupled with easy access to this data, enables us to arm stakeholders with the information they need to make informed decisions about the substances in their ZIP codes and how to address trends.”

Learn more about the RAD program at health.maryland.gov/RAD. Explore the Maryland Overdose Data Dashboard at health.maryland.gov/overdosedata. *

“Every life lost to overdose is a tragedy, and every life saved is a reminder of why this work matters...”

– Lt. Gov. Aruna Miller



Learn more about the RAD program at health.maryland.gov/RAD. Explore the Maryland Overdose Data Dashboard at health.maryland.gov/overdosedata.

MSFA CONVENTION PARADE INFO!



SATURDAY, JUNE 20TH | PARADE IN BERLIN

10 AM: Staging Areas Open

Staging Areas

- Worcester Preparatory School
- Worcester County Athletic Complex off Buckingham Road
- Tripoli and Burley Streets
- Lot for bands, marching units, antique vehicles.
- Easy access to staging areas and post-parade to Route 50.
- Shuttles available from staging areas to Downtown Berlin

Apparatus Prep: Wash stations will be available at Berlin Fire HQ and Station 3 for pre-parade preparation.

2 PM: Parade Start Time

Parking: Conveniently available within walking distance to Downtown from the Intermediate School, Berlin Fire HQ and West St.

Shuttle Service: An optional shuttle will run from the local intermediate school for added accessibility.

Shopping & Dining: Local shops and restaurants in Berlin will be open for you to enjoy prior, during and after the parade.

Lodging: Discounted lodging rates for Friday and Saturday nights available at participating hotels in Salisbury.

SATURDAY, JUNE 20TH | KICKOFF PARTY AT OCEAN DOWNS

2:30 PM: Post-Parade Festivities Begin

- Parade participants are invited to kick-off the 2026 MSFA Convention with music, food and beverages prior to the award presentations.
- Official Convention T-shirts will be available for purchase on-site.

6:00 PM: Award Ceremonies Begin

- Parade participants are invited to attend the updated 2026 Parade Award Presentations.

SUNDAY JUNE 21ST | CONVENTION BEGINS

8:00 AM: Convention Begins

Roland E. Powell Convention Center • 4001 Coastal Hwy • Ocean City • MD • 21842

Visit the Convention website for a complete list of 2026 Events:

<https://convention.msfa.org/calendar/category/convention-events/list/>

**SCAN THE 2026 PARADE PARTICIPANT
REGISTRATION QR CODE OR USE THE LINK BELOW:
[HTTPS://FORM.JOTFORM.COM/JREIL/2026MSFAPARADE](https://form.jotform.com/JREIL/2026MSFAPARADE)**



Please note: Events and times are subject to change.

MSFA CONVENTION

2026



PARADE • PARTY • CONVENTION



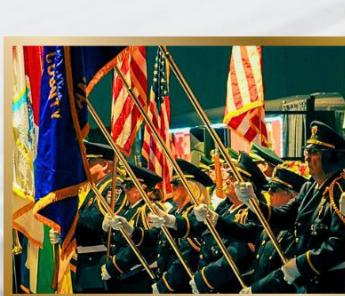
PARADE IN BERLIN!
SATURDAY, JUNE 20TH



PARTY AT OCEAN DOWNS!
SATURDAY, JUNE 20TH



CONVENTION IN OCEAN CITY! JUNE 21ST - JUNE 24TH



FROM THE STREETS OF BERLIN TO THE LIGHTS OF OCEAN CITY, LET THE 2026 CONVENTION BEGIN!

Frederick Quarry Hosts FCDFRS Training Exercise



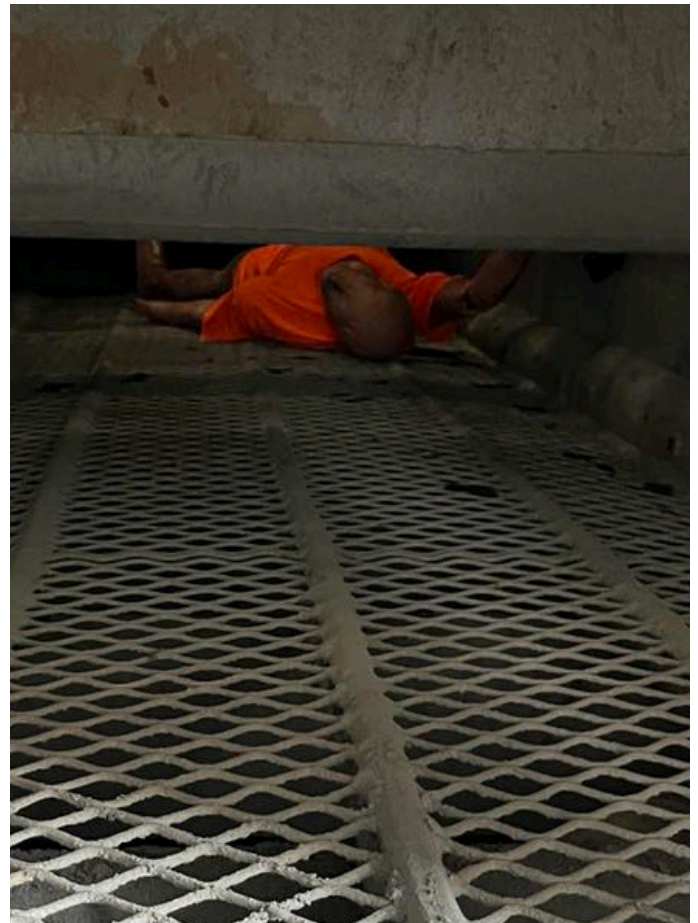
ON MARCH 13, 2026, Frederick County Division of Fire and Rescue Services (FCDFRS) personnel collaborated with the Martin Marietta Quarry in Frederick for a hands-on training exercise. The scenario conducted simulated an incident in which a quarry worker suffers from a medical emergency while operating within a confined area of a rock sifter. This incident was carried out in an elevated tower. Approximately 10 units participated in the drill, including the FCDFRS Hazmat and Technical Rescue Teams. *(Photos: Frederick County Division of Fire and Rescue Services)*



Frederick County Division of Fire and Rescue Services personnel pose at Martin Marietta Quarry in Frederick, site of the hands-on training exercise,



Frederick County Division of Fire and Rescue Services experienced the confined space of the elevated tower.



Rescue personnel employed a training manikin clad in bright orange clothing during the exercise.

Be Ready Maryland

A Family Safety Day

Prevent injuries. Learn lifesaving skills.
Protect our communities.



10:00 A.M. TO 4:00 P.M.
Sunday, May 17, 2026



**MSP Aviation Headquarters
at Martin State Airport**

3023 Strawberry Point Road
Middle River, MD 21220

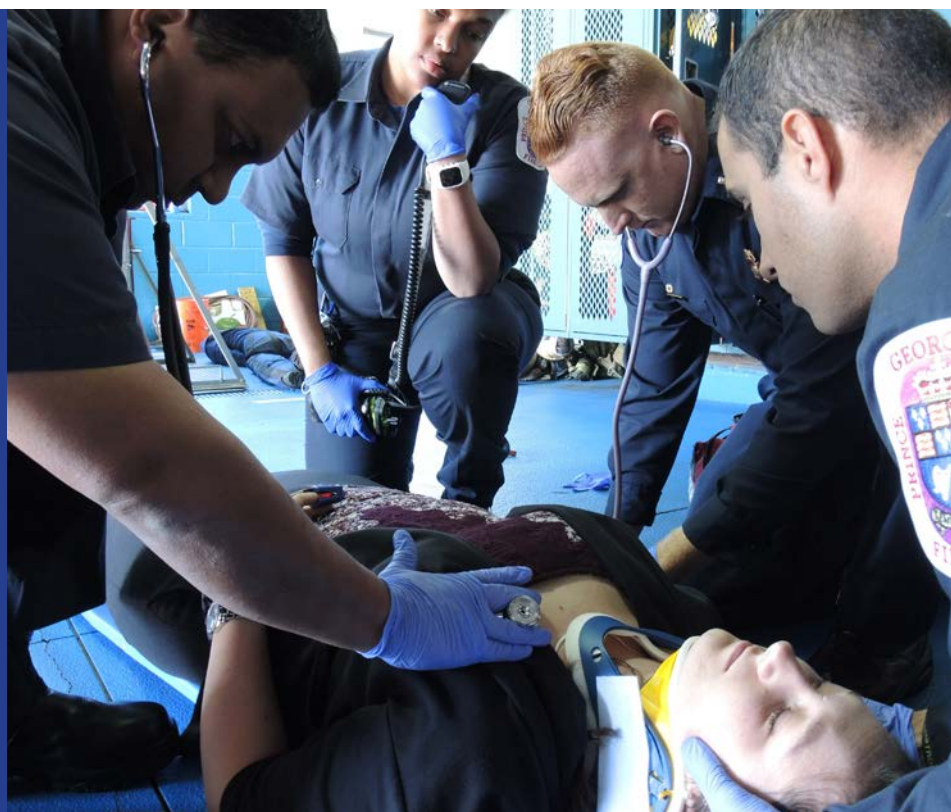


More information: www.mdcot.com/stop-the-bleed

RISK MANAGEMENT

Ensuring fast, focused care when seconds matter

by Michael McAdams



RISK MANAGEMENT is essential to safe and effective fire, rescue, and emergency medical services training and education. Maryland Fire and Rescue Institute (MFRI) delivers training across the state at six different locations in addition to our headquarters in College Park. Managing risk ensures that instructors, students, staff, and stakeholders operate in a safe, secure, and controlled environment.

In high-risk scenarios, such as live firefighting or emergency medical services training, hazards are ever-present. Effective risk management involves identifying hazards, assessing their potential impacts, and implementing controls to mitigate their effect.

These efforts include enforcing personal protective equipment policies, medical clearance-form submissions, fit testing, and post-incident decontamination. These actions reduce injury risk and reinforce a commitment to safety.

Risk management supports the policy and procedure processes and ensures consistent quality. It helps identify procedural gaps, equipment issues, and training deficiencies before they escalate.

This proactive approach provides accountability and ensures MFRI meets established program standards.

Risk management also plays a critical role in regulatory

compliance and institutional integrity. By aligning with national and state standards, we protect our reputation and build trust with students and partner agencies.

Additionally, performing risk analysis allows for better allocation of resources and continuous improvement efforts.

Ultimately, risk management is a core safety tool that supports MFRI’s strategic framework and prepares Maryland’s emergency responders with competence, confidence, and care. *

Michael McAdams is Quality Assurance & Quality Improvement Manager at the Maryland Fire and Rescue Institute.

(Photo Credit: MFRI)



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*.



ACS Maryland Committee on Trauma Point Counterpoint XLIII 2026

Don't miss the annual
Point/Counterpoint conference!



May 7-8, 2026



Renaissance Baltimore
Harborplace Hotel
202 East Pratt Street

Discover the latest breakthroughs in trauma, emergency general surgery, and acute care at this dynamic two-day event!

- **Engaging Format:** Pro/con debates, panel discussions, and interactive breakout sessions
- **Cutting-Edge Topics:** Explore state-of-the-art management strategies and tackle today's most controversial issues
- **Tailored Content:** Afternoon breakout sessions on trending topics designed for nurses, APPs, and physicians

Don't miss this opportunity to connect with experts, challenge your thinking, and enhance your skills!

Keynote Speakers



Ellen MacKenzie, PhD
Charles C. Wolferth, Jr., MD,
Memorial Lecture
"Ensuring a Quality Recovery Post-Trauma"



Adil H. Haider, MD, MPH, FACS
Sharon M. Henry Maryland
COT State-of-the-Art Lecture
"AI as a Force for Good: Our Moment to Lead as Acute Care Surgeons"



To register scan or visit:
mdcot.com



State EMS Medical Director Dr. Timothy Chizmar hosted the daylong invitational event designed to increase statewide collaboration and advance best practices in emergency medical services.

EMS Medical Directors' Symposium

Howard County's James N. Robey Public Safety Training Center in Marriottsville hosted the 31st Annual EMS Medical Directors' Symposium on April 8, 2026. Each year, the invitational program gathers regional, jurisdictional, and commercial ambulance services medical directors, highest jurisdictional EMS officials, quality assurance officers, and MIEMSS personnel for a full day of programming designed to increase statewide collaboration and promote state-of-the-art techniques in the field of emergency services. This year's subject matter included unified response, prehospital blood transfusion, pediatric prehospital benchmarks, and more. *



For video highlights of the 31st Annual EMS Medical Directors' Symposium, visit <https://tinyurl.com/2026-ems-mds> or scan the QR code below.



2026 UPCOMING EVENTS

MAY 17–23

NATIONAL EMS WEEK
<https://emsweek.org>

MAY 21

MD ASTHMA SUMMIT 2026 (Baltimore, MD)
<https://bit.ly/MDAsthmaSummit26>

MAY 26–29

MARYLAND EMERGENCY MANAGEMENT AND
HOMELAND SECURITY SYMPOSIUM (Ocean City, MD)
https://www.marylandema.org/2026_symposium.php

JUNE 20–25

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

AUG 12–15

MARYLAND ASSOCIATION OF COUNTIES SUMMER
CONFERENCE (Ocean City, MD)
<https://www.mdcounties.org/1437/Summer-2026>

SEPT 15

MID-ATLANTIC LIFE SAFETY CONFERENCE
(Annapolis, MD)
<https://www.midatlanticlifesafetyconference.com/>

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



SAVE THE DATE

67TH ANNUAL MID-ATLANTIC LIFE SAFETY CONFERENCE

SEPTEMBER 15, 2026

CROWNE PLAZA HOTEL AND CONFERENCE CENTER, ANNAPOLIS, MD



**CALL FOR PRESENTATIONS
NOW OPEN!**



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OPPORTUNITIES AVAILABLE!**

REGISTRATION COST: ONLY \$75

5 OR MORE PAID REGISTRATIONS: \$70 EACH

WWW.MIDATLANTICLIFESAFETYCONFERENCE.COM

REGISTRATION OPENS SOON!

The 21st Annual Miltenberger Emergency Services Seminar

SUCCESSFUL OUTCOMES in any type of incident depend upon strong, cooperative relationships between public safety and healthcare clinicians. The Miltenberger Emergency Services Seminar fosters connection between the fields of EMS, Nursing, Fire, and Dispatch through serving the unique continuing education needs of pre-hospital clinicians, nurses, and other emergency services personnel across Western Maryland and throughout the surrounding region. The 21st Miltenberger Emergency Services Seminar – held March 13-14, 2026, at Rocky Gap Casino Resort in Flintstone, MD – included a variety of pre-seminar workshops. Featured presenters included Dr. Rishi Kundi of the University of Maryland R Adams Cowley Shock Trauma Center, who discussed the history of prehospital and hospital emergency care in the U.S, with a focus on Maryland; Dr. Jeffrey Mitchell, who emphasized the benefits of critical incident stress management to the health and well-being of first responders and survivors of mass-casualty incidents; and Dr. Janet Bahouth of Impact Research, who offered an engineer’s perspective on car and occupant crash mechanics. *



Keynote Speaker Dr. Rishi Kundi of the R Adams Cowley Shock Trauma Center discussed the history of prehospital and hospital emergency care in Maryland and across the country.

See more photos from the seminar on the facing page.

Maryland Medical Protocols for EMS App for iOS & Android

NAVIGATE INDIVIDUAL PROTOCOLS WITH COLLAPSIBLE CATEGORIES

ALWAYS HAVE THE MOST UP TO DATE PROTOCOLS AT YOUR FINGERTIPS

Download on the App Store

GET IT ON Google Play

The Miltenberger Emergency Services Seminar fosters connection between the fields of EMS, Nursing, Fire, and Dispatch through serving the unique continuing education needs of prehospital clinicians, nurses, and other emergency services personnel across Western Maryland and throughout the surrounding region



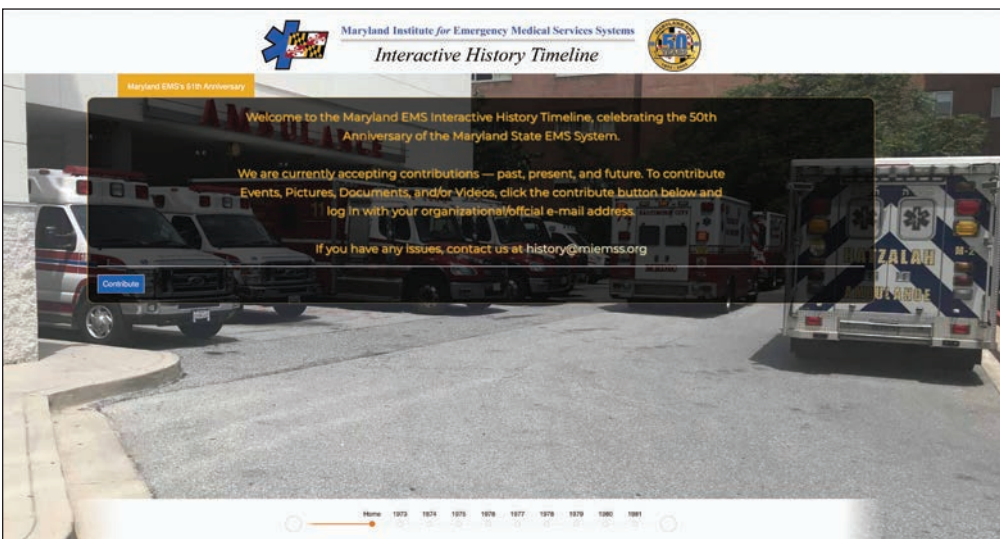
Bedford Road Volunteer Fire Department hosted a heavy-vehicle fire and rescue training.



The vendor hall offered attendees a host of the latest emergency response-related goods and services.



For video highlights of the 21st Annual Miltenberger Emergency Services Seminar, visit <https://tinyurl.com/miltenberger-2026> or scan the QR code below.



Make History with MIEMSS

We are currently accepting contributions — past, present, and future. To contribute Events, Pictures, Documents, and/or Videos, visit the website below or scan the QR code and log in with your organizational/official e-mail address.

Maryland EMS History Timeline
(history.miemss.org)



EMS Compliance Update

The EMS Board is authorized to take disciplinary action against clinicians who engage in prohibited conduct to safeguard the integrity of the EMS system. COMAR 30.02.04.01 lists conduct which is prohibited. Below is a sample of actions taken by the EMS Board from December 2025 to March 2026 as a result of prohibited conduct. For more information, contact Lisa Chervon, Chief of the MIEMSS Office of Integrity, at Ichervon@miemss.org or (410) 706-2339. Additionally, MIEMSS maintains a searchable database of all EMS Board decisions at <https://www.miemss.org/home/public>, which can be found under Public Orders Report in the lefthand column.

IRC24-055 (EMT) December 11, 2025. In December 2024, the EMS Board issued a Noncompliance Notice to the EMT, alleging that, in December 2023, the EMT pleaded guilty to second-degree burglary, and that the EMT failed to disclose this criminal disposition on a January 2024 Application for BLS Reinstatement submitted to MIEMSS. The EMS Board proposed revoking the EMT's certificate. The EMT requested an evidentiary hearing. Following the hearing, an Administrative Law Judge concluded that the EMT committed prohibited conduct as defined in COMAR 30.02.04.01 A and T and proposed that the EMS Board's sanction of revocation of the EMT's certificate be upheld. The EMS Board issued a Final Decision and Order, in which it adopted the Administrative Law Judge's decision and revoked the EMT's certificate.

IRC25-027 (Paramedic) December 16, 2025. In June 2025, the Paramedic pleaded not guilty with an agreed-upon statement of facts to the crime of driving a vehicle while under the influence of alcohol per se. The Paramedic was subsequently issued one (1) year of supervised probation before judgment and was ordered to attend and complete an alcohol and drug awareness program, have a vehicle ignition interlock installed, and totally abstain from alcohol and drugs. As a result, the Paramedic's license was placed on probation for one year.

IRC25-035 (Paramedic) February 12, 2026. In March 2025, the Paramedic pleaded guilty to two counts of the crime of assault with a dangerous weapon. The Paramedic was sentenced to 18 months incarceration to be served consecutively for each count, with all but time served suspended, and three (3) years of supervised release, all of which was also suspended. The Paramedic was also sentenced to 18 months of supervised probation. As a result, the Paramedic's license was revoked.

IRC25-037 (EMT) February 12, 2026. In 2022, the EMT pleaded guilty to the crime of driving a vehicle while un-

der the influence of alcohol per se, for which the EMT was issued unsupervised probation for judgment, for a period of 18 months. In 2024, the EMT pleaded not guilty with agreed statement of facts to the crime of fourth-degree burglary of a dwelling. The EMT was issued unsupervised probation before judgment for a period of one (1) year, and ordered to complete 200 hours of community service. Both incidents were disclosed by the EMT upon application for certification renewal. The EMT's certification was placed on probation for a period of three (3) years, with conditions, including that the EMT must undergo random drug and alcohol testing during the period of probation, through the EMT's employer, EMS operational program, or otherwise at the EMT's expense; the EMT must continue drug and alcohol and/or mental health treatment, as determined by a mental health clinician during the period of probation and provide quarterly documentation of continued treatment to MIEMSS; and the EMT must report any criminal charges and convictions to MIEMSS within five (5) days of their occurrence.

IRC25-039 (EMT) February 19, 2026. In April 2025, the EMT pleaded guilty to the crime of driving a vehicle while impaired by alcohol. The EMT was subsequently sentenced to 60 days in jail with all suspended, and 18 months of unsupervised probation. As a result, the EMT's certification was placed on probation for one (1) year.

IRC25-042 (EMT) February 19, 2026. In February 2025, the EMT pleaded not guilty with agreed statement of facts to the crime of driving a vehicle while impaired by alcohol. The EMT was issued unsupervised probation before judgment for a period of 18 months. As a result, the EMT's certification was placed on probation for one (1) year.

IRC25-045 (Paramedic) February 19, 2026. In December 2023, the Paramedic pleaded guilty to the crime of driving a vehicle while under the influence of alcohol per se while transporting a minor. The Paramedic was subsequently sentenced to one (1) year in jail with all suspended, and issued unsupervised probation before judgment for a period of three (3) years. The Paramedic subsequently submitted an application for ALS re-licensure to MIEMSS and failed to disclose the aforementioned disposition. As a result, the Paramedic's license was placed on probation for one (1) year, and the Paramedic was reprimanded for failure to disclose the criminal disposition.

IRC25-050 (EMT) March 11, 2026. In November 2025, while at a hospital emergency department, the EMT placed a blanket over a psychiatric patient's face and secured the blanket behind the patient's head. The patient was physi-

cally restrained to the ambulance stretcher by law enforcement who were present at the time of the incident. The blanket was removed by a law enforcement officer, after the EMT left the patient's side. As a result, the EMT's certification was retroactively suspended for 30 days, and the EMT's certification was placed on probation for a period of three (3) years, with the condition that the EMT must complete the extensive remediation plan that was issued by the EMT's EMS operational program within a period of approximately two (2) months from the Board's decision.

IRC25-057 (Paramedic) March 11, 2026. In March 2024, the Paramedic was found guilty of the crime of malicious destruction of property and was subsequently sentenced to 60 days in jail, with all suspended, and three (3) years of unsupervised probation. The Paramedic was also ordered to complete an anger management program, and to pay


restitution. The Paramedic subsequently submitted an application for renewal of paramedic licensure to MIEMSS and failed to disclose the aforementioned disposition. As a result, the Paramedic's license was placed on probation for two (2) years, with the condition that the Paramedic fulfill all requirements of their court-ordered probation.


IRC25-053 (Paramedic) March 11, 2026. During calendar year 2025, the Paramedic failed to complete at least 18 electronic patient care reports in a timely manner as required by COMAR. The Paramedic was remediated by the EMS operational program. As a result, the Paramedic's license was placed on probation for two (2) years, with the condition that MIEMSS will monitor the Paramedic's patient care report completion through the Paramedic's EMS operational program.

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