

Maryland

EMS News

For All Emergency Medical Services Clinicians

Vol. 52 No. 5

May 2026



**SAREX 2026
Strengthens
Emergency
Readiness**

Plus:

**2026 Lifesavers Conference
Medetomidine Health Advisory
Hub for New & Expecting Parents
Tickborne Disease Alert
Upcoming Events**



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ON THE COVER: *Emergency response personnel operate a rescue boat during the SAREX 2026 training exercise. [Photo: MDEM]*

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



Governor Wes Moore
Lt. Governor Aruna Miller

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Public Health Advisory: Medetomidine Identified in RAD Samples Nationwide

THE MARYLAND DEPARTMENT OF HEALTH (MDH) Behavioral Health Administration has identified medetomidine in the illicit drug supply through the Rapid Analysis of Drugs (RAD) program led by the Office of Overdose Prevention and Education. Medetomidine prevalence increased statewide from October to December 2025, including notable increases in Baltimore City, Harford, St. Mary's, and Wicomico Counties.

Medetomidine is a sedative medication used in veterinary medicine, and it is more potent than xylazine, another additive in the illicit drug supply. Medetomidine is not approved for human use and poses significant health risks due to the extended sedation and severe withdrawal associated with its use. Its appearance in RAD samples (often mixed with fentanyl, anesthetics, or other substances) raises concerns about increased risk of respiratory depression, bradycardia, hypotension, profound sedation, and overdose. Withdrawal from medetomidine can be severe, sometimes requiring hospitalization and care in an intensive care unit. Medetomidine is not associated with xylazine-type necrotic wounds.

Medetomidine was first identified in the Maryland drug supply through RAD testing in October, 2022. Cecil County saw a significant increase in medetomidine prevalence within the RAD sample in 2024, going from 6.67% of tested drug samples in Q1, to 36.07% in Q2, to 62.07% in Q3. Since then, medetomidine has been detected in RAD samples from Allegany County, Baltimore City, Baltimore County, Calvert County, Caroline County, Frederick Coun-

ty, Harford County, Howard County, St. Mary's County, Washington County, and Wicomico County.

Medetomidine and Naloxone

Standard doses of naloxone (2mg or 4mg) will reverse the effects of opioids that may be present, but naloxone will not counteract medetomidine's sedative properties, complicating overdose response. A person who has injected medetomidine may remain sedated after one dose of naloxone. However, **ventilations with a bag valve mask and naloxone should still be administered in suspected opioid overdose cases.** It is not possible to quickly discern whether opioids or medetomidine (or both) are responsible for a patient's clinical presentation. If a patient's respiratory compromise does not improve after naloxone is given, clinicians should continue bag-valve-mask ventilations with supplemental oxygen.

Health Risks and Clinical Considerations for Medetomidine

» Severe sedation and unresponsiveness:

Individuals exposed to medetomidine may present with deep sedation, hypotension or low blood pressure, bradycardia or slow heart rate, or respiratory compromise. Naloxone may restore breathing if opioids are also present, but the person may not regain consciousness. Breathing should be closely monitored, including the provision of rescue breaths, if needed.

Medetomidine



Medetomidine is a veterinary sedative that is stronger than xylazine. It has been found in drug samples containing fentanyl, commonly referred to as dope, throughout Maryland.

It can cause:

- Very deep or long sleep
- Low blood pressure

Withdrawal can start fast and be serious. You may need hospital care.

Bring this card to the hospital if you have medetomidine withdrawal.

Go to the hospital if you:

- Have uncontrollable shaking
- Can't stop throwing up
- Have chest pain
- Go in and out of awareness
- Have worse withdrawal than usual



Medetomidine Withdrawal Guidance for Providers

Treating medetomidine withdrawal requires treating fentanyl withdrawal with long-acting opioid agonists like methadone and using adjunctive medications such as:

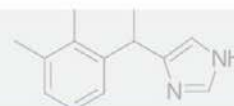
- Clonidine
- Guanfacine
- Tizanidine
- Dexmedetomidine
- Ketamine
- Olanzapine
- Hydroxyzine
- Benzodiazepines
- Prochlorperazine
- Chlorpromazine



Access medetomidine resources for providers.

Scan the QR code.

marylandmacs.org/tools/#silk-accordion-0-0



- » **Early and severe withdrawal symptoms:** Withdrawal from medetomidine has been noted to occur more abruptly than seen with fentanyl or heroin. Prolonged hypertension or high blood pressure (systolic > 200) and tachycardia or fast heart rate (>140 beats/min), as well as tremors, nausea, vomiting, agitation, and reduced mentation (e.g., starting, unable to talk) have been reported. Often, these symptoms require intensive medical attention.
- » **Polysubstance risk:** Medetomidine has been seen in combination with opioids and anesthetics in Maryland. Combination with opioids increases the risk of overdose. Typically, people do not know that medetomidine is present in their drugs. Medetomidine test strips are becoming more readily available. To find medetomidine test strips near you, visit the Overdose Response Program online at <https://health.maryland.gov/pha/NALOXONE/Pages/Approved-Entities.aspx>.

Recommendations for First Responders and Clinicians

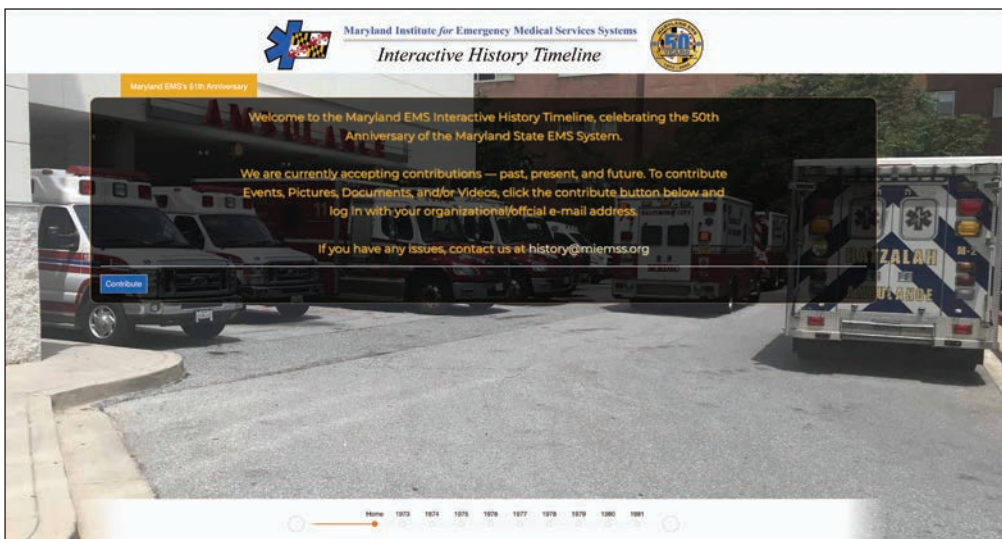
- » **Check for breathing.** Medetomidine may leave a person unresponsive but still breathing. A patient with respiratory compromise should be assisted with bag valve mask ventilations and supplemental oxygen. Naloxone should be given if opioid overdose is at all suspected. It is difficult to know for

sure whether medetomidine is also present. However, medetomidine may be present in patients who resume breathing but remain unconscious.

- » **Administer naloxone** for all suspected opioid overdoses, as opioids are often present in combination with medetomidine. Use the lowest dose (2mg or 4mg) needed to restore breathing. The person may remain unconscious when breathing is restored. Rescue breathing may be needed if breathing is inadequate. For patients who cannot protect their airway, a BLS or ALS adjunct with respiratory support may still be needed. Wait 2-3 minutes before administering a second dose of naloxone if breathing does not resume.
- » Communicate the potential for **severe withdrawal** from medetomidine to patients and caregivers, even after overdose response.

MDH has created a printable palm card (available in [English](#) and [Spanish](#)) for people who use drugs, first responders, and healthcare providers responding to medetomidine withdrawal. The QR code on the back of the card offers medetomidine resources for first responders and healthcare providers through Maryland Addiction Counseling Services (MACS).

For additional information and resources concerning medetomidine and other emerging drugs in Maryland, visit <https://stopoverdose.maryland.gov/emerging-drugs/>. *



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)



ALLEGANY
COUNTY
DEPARTMENT OF
**EMERGENCY
SERVICES**
EMS Station 51G
Dedicated to James W. Dawson, Sr.

Allegheny County DES Opens Newest EMS Station

[Photo: Allegheny County DES]

ON APRIL 21, 2026, the Allegheny County Department of Emergency Services held a ribbon-cutting officially opening the George's Creek EMS Station at 19 Union Street in Lonaconing, Maryland. Following extensive renovations, the former George's Creek Ambulance Authority is now home to County EMS crews dedicated to serving the area 24/7.

Allegheny County DES dedicated the station in honor of James "Jim" Dawson, Sr. (above), whose legacy is woven into the very foundation of emergency services in the George's Creek area. Dawson devoted nearly 50 years to EMS, helping found the George's Creek Ambulance Service, leading early efforts to bring ambulance care to the community, and serving in countless roles ranging from Secretary and Treasurer to line officer. As a Charter and Life Member, Dawson remained the only member actively involved from the organization's first day to its last. In addition to providing round-the-clock EMS coverage, the station serves as a permanent reminder of how Dawson's dedication, leadership, and commitment helped to shape and sustain emergency services in the George's Creek area for generations. *

Enhancing Executive-Level Readiness Through Active-Threat Tabletop Exercise Series

IN AN EFFORT TO STRENGTHEN coordinated response capabilities during high-risk incidents, the Maryland-National Capital Region Emergency Response System (MDERS), in collaboration with Montgomery County Police Department (MCPD), developed a tabletop exercise (TTX) master scenario events list (MSEL) and Incident Command System (ICS) slick sheet for use in the MCPD executive-level training in-service. This initiative reflects a growing emphasis on preparing executive-level personnel to make timely, effective decisions in rapidly evolving active-threat situations.

The primary objective of this TTX is to evaluate the ability of executive-level supervisors to establish command and manage a coordinated response during an active-threat incident. Participants are expected to effectively request and allocate resources to mitigate the threat while prioritizing the protection of life and property. A key component of the exercise is the application of ICS policies specific to law enforcement, ensuring that command structures are clearly defined and implemented effectively.

The TTX is structured to be delivered across five separate classes, allowing for broad participation and iterative learning. The first session was conducted on March 18, 2026, and included 30 participants representing a range of supervisory roles. This session introduced a departure from MDERS' traditional tabletop format; instead of a single large discussion group, participants were divided into four smaller groups of six-to-eight individuals. This structure encouraged more active engagement and ensured that each participant had the opportunity to contribute to decision-making processes. During the exercise, a controller/facilitator presented scenario injects and guided each group through a structured response discussion. Groups were tasked with assessing the situation, determining priorities, and outlining actionable steps in real time. In addition to command-level decision-making, the exercise was designed to encourage dialogue around Rescue Task Force (RTF) operations. A rescue task force is a coordinated response model in which fire and emergency medical services (EMS) personnel enter a designated "warm zone", an area that has been cleared of immediate threats but is not yet fully secure, to provide rapid medical care to victims. By integrating RTF concepts into the scenario, the



(Photo Credit: MDERS)

exercise fosters interagency collaboration and highlights the importance of balancing tactical safety with lifesaving interventions.

To support the exercise, MDERS provided an ICS slick sheet as a quick-reference guide summarizing key ICS principles for law enforcement. This includes a one-page refresher on ICS fundamentals, an active-threat Incident Command organizational chart tailored to MCPD personnel, and a QR code linking to the simulated incident location to enhance realism and situational awareness. The exercise scenario focused on an active shooter at a large public venue, requiring participants to address complex challenges such as resource allocation, interagency coordination, and evolving threat conditions while maintaining clear command and prioritizing victim care.

MDERS also leveraged training and exercise grant funds to improve the overall experience, providing professional training portfolios and meals to keep participants organized and engaged throughout the session. This executive-level TTX represents a meaningful advancement in leadership preparedness for active-threat incidents, combining realistic scenarios with structured decision-making and practical tools. As additional sessions are conducted, lessons learned will continue to refine the program and strengthen regional readiness for complex emergencies. *



Maryland Launches Streamlined Resource Hub for New and Expecting Parents

THE GOVERNOR'S OFFICE FOR CHILDREN (GOC) has announced the launch of the Maryland New Parents Guide at maryland.gov/new-parents, a comprehensive, one-stop resource hub designed to connect expecting and new parents with essential state resources to help support their families.

The guide serves as a virtual “one-stop shop,” organizing state resources by life stage to allow parents to find what they need based on their immediate situation. Rather than navigating a patchwork of separate websites, parents can now find information on healthcare, food assistance, childcare subsidies, home visiting programs, and more in one place.

“Welcoming a child should be a moment of joy, but without adequate access to support and resources, starting or growing a family can be an economic hurdle,” said Governor’s Office for Children Special Secretary Carmel Martin. “This one-stop shop compiles resources across the state and makes it easier for families and new parents to access critical resources. By streamlining access to these critical supports, we can boost economic mobility for families and make government work better for Marylanders.”

The guide draws upon input and guidance from numerous state agencies participating in the Maryland Children’s Cabinet. Its contents were also informed by frontline staff who work directly with young families and families in communities across the state. In addition to the online version of the guide (which is optimized for mobile use), the Maryland Department of Health and other state agencies will distrib-

ute printable copies to meet families where they are, in locations such as hospitals, Patty Centers, and local departments of social services.

“Ensuring every family has access to helpful information and reliable support is essential to their success,” said Maryland Department of Health Secretary Dr. Meena Seshamani. “This new guide serves as a vital bridge for families and caregivers from pregnancy through early childhood, making sure that essential healthcare, nutrition, and early education resources are always within reach to support them at every step.”

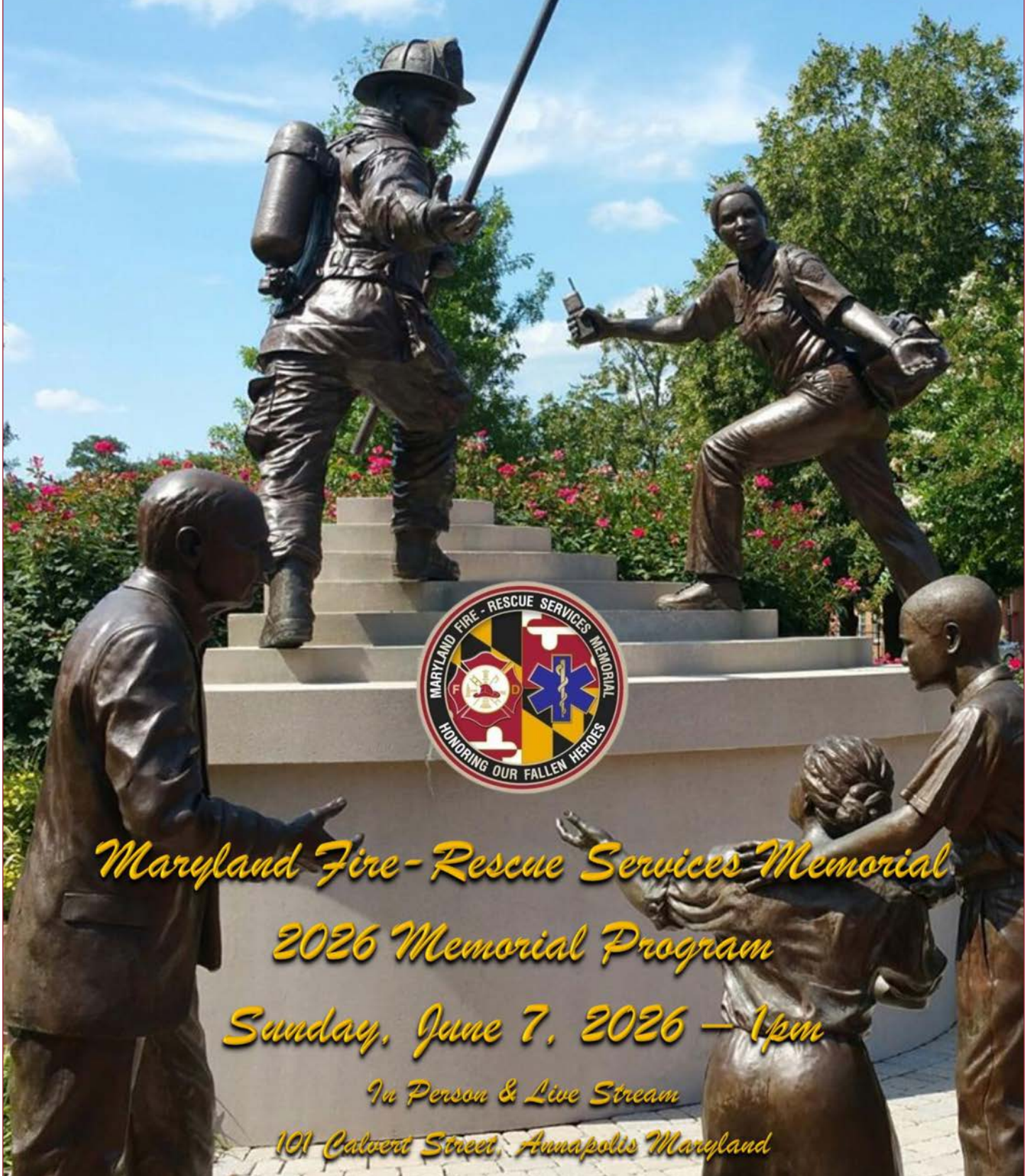
The launch of the online New Parents Guide is part of the Moore-Miller administration’s work to help Marylanders better access critical benefits, services, and resources by improving the State’s digital services. Earlier this year, Governor Moore announced a fully rebuilt [Maryland.gov](https://maryland.gov) – an accessible platform to help Marylanders more efficiently engage with the State’s most frequently used resources, including job and career support, food and nutrition benefits, and unemployment insurance. Maryland also previously announced the [Maryland Benefits One Application](#), a mobile-friendly tool that helps eligible Marylanders apply for vital benefits like SNAP, WIC, and Medicaid.

For more information or to access the New Parents Guide, go to https://www.maryland.gov/benefits/families-and-children/resources-expecting-and-new-parents?utm_source=goc&utm_medium=link&utm_campaign=new_parents_guide. *

“This one-stop shop compiles resources across the state and makes it easier for families and new parents to access critical resources.”



A Promise and Commitment to Never Forget



Maryland Fire-Rescue Services Memorial

2026 Memorial Program

Sunday, June 7, 2026 – 1pm

In Person & Live Stream

101 Calvert Street, Annapolis Maryland

FIRE-RESCUE SERVICES MEMORIAL FOUNDATION

2026 MEMORIAL SERVICE LODD HONOREES



**CAPTAIN JOHN CRISWELL
BALTIMORE COUNTY FIRE DEPARTMENT
LODD JANUARY 29, 1908**

**CHIEF HARRY JEFFRIES
SPARROWS POINT PLANT FIRE DEPARTMENT
LODD FEBRUARY 5, 1925**

**CHIEF JOHN GEORGE ZULAUF
BETHLEHEM STEEL SPARROWS POINT PLANT
LODD JUNE 15, 1949**

**FIREFIGHTER MARK G. ZELLER
BETHLEHEM STEEL SPARROWS POINT PLANT FIRE DEPARTMENT
LODD MARCH 2, 1979**

**MASTER FIREFIGHTER MARK FISHER
MONTGOMERY COUNTY FIRE-RESCUE SERVICES
LODD JULY 24, 2014**

**FIRE LIEUTENANT RAYMOND VARGAS JR.
BALTIMORE COUNTY FIRE DEPARTMENT
LODD MARCH 27, 2025**

**EVO CHARLES MUDRA
BALTIMORE CITY FIRE DEPARTMENT
LODD MAY 16, 2025**

**LT. MARK DRANBAUER
BALTIMORE CITY FIRE DEPARTMENT
LODD MAY 17, 2025**

**WILLIAM LUTOSTANSKI, JR
BALTIMORE COUNTY FIRE DEPARTMENT
LODD FEBRUARY 17, 2026**

**DAVID B. MILLSTEIN
FREDERICK COUNTY DIVISION FIRE & RESCUE SERVICES
LODD FEBRUARY 20, 2026**



COVER STORY

SAREX 2026 Tests Regional Emergency Response

Full-scale exercise in Baltimore County highlights coordinated search-and-rescue operations across air, land, and water.

[Photos: MDEM]

Emergency responders gathered in Baltimore County on April 23, 2026, to tackle a series of immersive scenarios designed to test their skills, operational capabilities, and interagency coordination. Centered around Loch Raven Dam Reservoir and Gunpowder Falls State Park, the full-scale Search-and-Rescue Exercise (SAREX) spanned 20 square miles of challenging terrain. SAREX used high-fidelity props to test the technical proficiency of responders, while a mix of manikins and live role-players added a critical human element to the triage process. *(continued)*



Joint exercises like SAREX demonstrate Maryland’s commitment to a coordinated, hazard-agnostic approach to emergency management, noted Maryland Secretary of Emergency Management Russ Strickland. “By bringing together partners from across jurisdictions and disciplines, we are strengthening the relationships, capabilities, and shared understanding needed to protect lives and support communities before, during, and after crises,” said Strickland.

“When large-scale emergency events occur, interoperability is key,” said Kiona Black, Exercise Director and Maryland Department of Emergency Management (MDEM) Response Coordination Manager. “Having those pre-established relationships and shared training experiences helps us shape a more resilient Maryland.”

“Events like the Key Bridge collapse and Potomac River mid-air collision have shown that no single agency can manage these situations alone,” said Baltimore County Police Chief Robert McCullough. Operations such as SAREX 2026, provide “an opportunity to simulate real-world conditions, testing how effectively we communicate, make decisions, and deploy resources during complex incidents,” he added.

During the exercise’s 12-hour operational period, air, land, marine, and dive resources worked together to accomplish

their objectives. Such seamless interoperability is essential during real-world events, helping to build more resilient communities ahead of actual emergencies.

“This type of collaboration between local, state, and regional partners is critical to assess our preparedness level and response capabilities,” said Baltimore County Fire Chief Joseph Dixon, Sr. “The lessons learned today will be incorporated into our planning and contribute to better outcomes whenever and wherever disaster strikes.”

“This exercise demonstrates the necessity of leveraging the capabilities and resources across Maryland, from our state agencies and local jurisdictions, as well as non-governmental organizations, to provide a comprehensive response to catastrophic events,” said Brian Bauer, Acting Director of the MDEM Consequence Management Directorate. “We don’t get to pick where emergencies happen, so training in different locations and working with teams that we may not always get a chance to interact with on a regular basis helps to make partnerships stronger.”

Training and exercises like SAREX are essential to maintaining a coordinated and effective emergency response system. By working together, Maryland’s responders are better equipped to manage complex incidents and support communities across the state. *

State Urges Marylanders to Protect Against Tickborne Diseases

May is Tickborne Disease Awareness Month

IN RECOGNITION OF Tickborne Disease Awareness Month, the Maryland Department of Health (MDH) is launching a tickborne disease prevention campaign encouraging Marylanders to take simple precautions to prevent illness from infected ticks.

“With the warmer weather and increased outdoor activity upon us, we want Marylanders to enjoy and explore the state’s beautiful nature while also prioritizing their health,” said MDH Secretary Dr. Meena Seshamani. “We want them to safeguard their health by knowing about ticks and the ways to protect people and pets against the diseases ticks carry.”

To help reduce the spread of disease, the Department’s tickborne disease prevention campaign provides Marylanders with weekly tips on what to do before, during, and after outdoor activities to prevent tick exposure and recognize the symptoms of tickborne diseases.

Lyme disease is the most common tickborne disease in Maryland. In 2024, more than 3,000 cases were reported statewide. Symptoms include rash, fever, headache, joint pain and fatigue. If left untreated, Lyme disease can spread to your joints and nervous system. Most cases of Lyme disease can be cured with antibiotics.

The best way to avoid tickborne diseases is to avoid ticks and their habitats. Ticks prefer humid environments and are commonly found outdoors in leaf litter, weeds, tall grasses, shrubs, and woods. While spending time outdoors and especially while hiking, stay on a marked path and in the center of the trail.

To prevent tick exposure and bites:

- » Use EPA-approved insect repellents, such as DEET, picaridin, or IR3535



- » Wear light-colored clothing to make ticks easier to spot
- » Wear long pants and sleeves, and tuck your pants into your socks or boots
- » Treat clothing and gear with products containing 0.5 percent permethrin
- » Consider purchasing permethrin-treated clothing and gear
- » Shower as soon as possible after returning indoors
- » Dry your clothes on high heat for 10 minutes once you get home to kill any ticks on clothing
- » Perform a tick check on yourself, children, and pets after being outside in a tick habitat
- » Talk to your veterinarian about ways to protect your pets

While Lyme disease is the most prevalent tickborne disease in Maryland, ticks can also transmit babesiosis, ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever, and tularemia. Spring marks the start of tick season, but Marylanders should continue checking for ticks after outdoor activities through the fall. *

To learn more about tickborne diseases and ways to protect your family and pets, visit health.maryland.gov/tick.

2026 UPCOMING EVENTS

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/>

NOV 18

NATIONAL INJURY PREVENTION DAY
<https://nationalinjurypreventionday.org/>

JAN 29-31, 2027

WINTERFEST 2027 EMS CONFERENCE (Easton, MD)

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



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*.

Visit *EMS News*
Online at
MIEMSS.org



SAVE THE DATE

67TH ANNUAL MID-ATLANTIC LIFE SAFETY CONFERENCE

SEPTEMBER 15, 2026

CROWNE PLAZA HOTEL AND CONFERENCE CENTER, ANNAPOLIS, MD



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5 OR MORE PAID REGISTRATIONS: \$70 EACH

WWW.MIDATLANTICLIFESAFETYCONFERENCE.COM

REGISTRATION OPENS SOON!



From left: NHTSA Office of EMS Director Gam Wijetunge moderated a panel discussion featuring State EMS Medical Director Dr. Tim Chizmar, R Adams Cowley Shock Trauma Center Physician-in-Chief Dr. Thomas Scalea, and National Association of State Emergency Medical Services Officials Executive Director Dia Gainor.

2026 Lifesavers Conference

April 19-21, Baltimore Convention Center

THE UNITED STATES saw an estimated 36,640 traffic fatalities in 2025, according to the National Highway Traffic Safety Administration (NHTSA). While this 6.7% decline from the previous year shows progress, for traffic safety professionals nationwide, a single roadway-related death is one too many.

“Looking around this room, I see the architects of a safer future,” NHTSA Administrator Jonathan Morrison said during the opening plenary of the 2026 Lifesavers Conference, held April 19-21 at the Baltimore Convention Center. “I see the people who stay up late wondering, ‘How can we reach one more teenager? How can we prevent one more impaired driver from getting behind the wheel? How can we help one more parent put their child in an appropriate restraint system? And collectively, how can we design a system that leverages scarce human and financial resources to save the most lives?’” Morrison highlighted NHTSA’s “Pathways to Safer Streets”, a national traffic safety action plan designed to reduce roadway fatalities by targeting the leading causes of crashes: impairment, speeding, distraction, and lack of seat belt use. The plan’s eight foundational pillars seek to reengage law enforcement, curtail risky driving behaviors, strengthen emergency response, and rebuild a culture of safety and responsibility that will save lives on America’s roads.

Approximately 1,700 roadway professionals and subject matter experts from across the country, representing stakeholders in federal, state, and local government, law enforcement, public health, injury prevention, advocacy, and non-profit organizations, gathered for the 44th annual event, the largest of its kind in the nation. Scores of workshops, plenary sessions, and a vast exhibit hall reflected the latest highway safety research, best practices, and cutting-edge strategies and technology focused on reducing preventable injuries and deaths on the nation’s roadways.

Maryland’s robust EMS system, trauma care providers, and highway safety programs were well-represented throughout the three-day conference. State EMS Medical Director Dr. Timothy Chizmar emphasized the critical role of telecommunicators in Maryland’s response to crash-related 9-1-1 calls during a panel discussion moderated by NHTSA Office of EMS Director Gamunu “Gam” Wijetunge that included R Adams Cowley Shock Trauma Center Physician-in-Chief Dr. Thomas Scalea, and National Association of State Emergency Medical Services Officials Executive Director Dia Gainor.

“Behind every 9-1-1 call are professionals who not only have telecommunications training but also medical training,” said Chizmar. “We really start with them, in the telecommunications center, and the first thing that they’re real-

“Looking around this room, I see the architects of a safer future...”



Jonathan Morrison, Administrator for the National Highway Transportation Safety Administration (NHTSA), unveiled NHTSA’s “Pathways to Safer Streets” national action plan during the opening plenary.



Maryland Child Passenger Safety advocates (from left) Cyndy Wright Johnson (MIEMSS), Tracy Whitman (MD KISS), Creason Walter (JHCC), Claire Myer (MD KISS), Debbi Baer (The Car Seat Lady), Kelly Current (MedStar), Renee Wasco (Prince Georges County Fire & Rescue), Deborah Ilufoye (MD KISS), and Susanne Ogaitis-Jones (MIEMSS) attended the Lifesavers Conference.

ly charged with doing is making sure we’re getting the right resources to the patient in the right amount of time.”

Additionally, Chizmar stressed the importance of providing prearrival instructions. “This really engages the bystanders at the point of injury, or the point of illness, in trying to take part in that aid, because we can only drive so fast to get to a scene, and what those bystanders do in addition to activating 9-1-1 early is critically important, as well.”

Elsewhere, Susanne Ogaitis Jones, Coordinator for the Child Passenger Safety and Occupant Protection Health Care Project at MIEMSS, joined Creason Walter and Justine Gateley of the Johns Hopkins Children’s Center and Kenisha Anderson of the University of Maryland Capital Region Medical Center as part of the panel discussion

“Healthcare Providers & Child Passengers: An Important Pairing”, while Melanie Higgins, EMS Captain of Quality Assurance for the Washington County Department of Emergency Services, lent an EMS perspective to the “Keeping Kids Safe in Other Vehicles: CPS Beyond Traditional Cars & Trucks” panel.

“Every day, we’re reminded that roadway safety is not just about prevention – it’s about the full continuum of care,” said Chrissy Nizer, Administrator for the Maryland Motor Vehicle Administration and Governor Wes Moore’s Highway Safety Representative. “From safer road design to and responsible driving behavior to rapid emergency response and post-crash care, every piece matters when it comes to saving lives.” *



For video highlights of the 2026 Lifesavers Conference, visit <https://tinyurl.com/lifesavers-2026> or scan the QR code below.



Frederick County Paramedic Named Young Professional of the Year for Overdose Response and Prevention Efforts

THE FREDERICK COUNTY Chamber of Commerce has recognized Paramedic Matthew Burgan of the Frederick County Division of Fire and Rescue Services as its 2026 Young Professional of the Year during for his tireless efforts in overdose response and prevention.

Matthew's exceptional leadership, professional excellence, the meaningful impact of his work upon the community exemplifies what it means to serve with a purpose. As part of Frederick County's Community Outreach and Support Team (COAST), he has played a leading role in expanding access to naloxone and lifesaving education across the community. From training hundreds of community members and Frederick County personnel in naloxone administration to leading the charge in equipping all County Transit buses with overdose response kits and establishing overdose prevention vending machines throughout Frederick County, Matthew's efforts are actively connecting individuals in crisis with compassionate care and pathways to recovery.

Driven by an unwavering belief that every life matters, Matthew Burgan leads with empathy, action, and purpose, turning education into impact and collaboration into lives saved. *



The Frederick County Chamber of Commerce named Paramedic Matthew Burgan is 2026 Young Professional of the Year for his work promoting overdose response and prevention. [Photo: Frederick County Division of Fire and Rescue Services]

Maryland Medical Protocols for EMS App for iOS & Android

Maryland Institute for Emergency Medical Services Systems

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



Caroline County Department of Emergency Services Launches Ground-Based Whole Blood Program

[Photo: Caroline County Department of Emergency Services]

COINCIDING WITH NATIONAL EMS WEEK (May 17-23, 2026) and recognizing the dedication of emergency medical professionals who provide lifesaving care to the community each day, the Caroline County Department of Emergency Services has announced the launch of its Whole Blood Program, becoming the tenth ground-based EMS system in Maryland to implement this advanced pre-hospital capability.

Following months of planning and support through funding provided by The Caroline Foundation, the Caroline County DES EMS Supervisor vehicle is now equipped to carry whole blood that paramedics can administer to critically injured and ill patients before arrival at the hospital. This advancement significantly improves care for patients experiencing severe blood loss and other life-threatening emergencies.

Whole blood transfusions have long been recognized internationally for their effectiveness in trauma care and have historically been utilized by the military in combat medicine. Until now, EMS clinicians in the prehospital setting were often limited to hemorrhage control and supportive care until patients could reach definitive hospital treatment. Those delays can cost valuable time and, in some cases, lives.

Through this program, specially trained personnel will administer Low-Titer Type O-Positive Whole Blood to select patients, including children and pregnant women, in accordance with statewide protocols established by the Maryland Institute for Emergency Medical Services Systems. Whole blood contains all major blood components red blood cells, plasma, and platelets providing comprehensive treatment during traumatic and critical medical emergencies.

Caroline County's rural geography and lack of a hospital emergency department or freestanding emergency room make rapid access to advanced trauma care especially critical. The implementation of its Whole Blood Program allows Caroline County DES clinicians to begin lifesaving blood transfusions immediately at the scene of severe trauma, hemorrhage, or medical crisis, often minutes before a patient could otherwise receive blood products at a hospital outside the county. By bringing this advanced capability directly to patients, Caroline County is reducing delays in critical care and improving survivability for residents and visitors experiencing life-threatening emergencies.

"This program represents a major advancement in prehospital emergency care for Caroline County and the Eastern Shore," said Dr. Kyle Fratta, EMS Medical Director for Caroline County DES. "The ability to deliver blood at the patient's side before hospital arrival has the potential to save lives and improve outcomes for critically injured and ill patients."

The department recognizes and appreciates the many partners whose collaboration and support made the program possible, including Blood Bank of Delmarva, The Caroline Foundation, the Caroline County Commissioners, State EMS Medical Director Dr. Timothy Chizmar, Howard County Department of Fire and Rescue Services, Dr. Matthew Levy, Sussex County (DE) Department of Public Safety – EMS Division, Cecil County Emergency Services, the Caroline County Health Department, and Dr. Jon Krohmer from the Prehospital Blood Transfusion Coalition. *

