

# Maryland EMS News

For All Emergency Medical Care Providers

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## Critical Incident Support Management Network Available 24/7 for Providers

*Voluntary and Confidential Service Aims to Minimize Effects of Job-Related Stress*

Every first responder knows the effects of emergencies on the people for whom care is provided. But sometimes these same emergencies affect the individuals who respond. In Maryland, there is a system in place to help providers manage job-related stress. This year marks the 25th anniversary of the MIEMSS-coordinated state Critical Incident Support Management (CISM) network. Over the last 25 years, this network of volunteers has provided CISM services to dispatchers, first responders, law enforcement, healthcare facility, and other responders who experienced a negative reaction to a stressful call or other situation. The state CISM program officially launched in Maryland in 1987 with the goal of minimizing the effects of job-related stress on EMS and affiliated responders. Today, all Maryland responders have access to CISM services through the state network and, in some cases, through a locally coordinated CISM team.

State CISM services can be accessed at any time and by any responder involved or connected with a troubling incident. Calls for MIEMSS-coordinated CISM assistance can be made 24/7 by calling SYSCOM at 1-800-648-3001 (this number is on the back of all MIEMSS-issued certifications and licenses). Although many requests for CISM services come from individuals or crews directly involved in a response to a difficult call, requests also come from co-workers, supervisors, and even family members who suspect that a responder is having a negative reaction following a difficult incident.

The state network is coordinated through a MIEMSS state coordinator and five regional coordinators. A typical request begins with a call to SYSCOM, which in turn notifies the state coordinator. The state coordinator then assigns the follow-up to the applicable regional coordinator who assembles the required services through

their network of trained volunteers. Clinical advice and oversight for CISM responses is provided by licensed mental health providers who are members of the network.

Two important tenets of CISM are that all discussions are **voluntary and confidential**. If an individual does not want to participate in a CISM discussion, CISM personnel respect that decision. Individuals also have the option of participating in meetings with no requirement that they talk. All communications between team members and individuals are confidential and CISM staff does not share what is discussed in individual and group meetings with supervisors or anyone else.

When CISM staff respond to a request, many of the discussions focus on educating the provider about possible reactions, including how he or she has handled prior difficult calls. CISM teams are made up of peers and licensed mental health providers who have been trained in CISM and who volunteer their time to assist other responders. These discussions can take place during defusings (soon after the event), debriefings (usually within 72 hours of the event), or individual meetings. These can be one-time meetings or may involve several meetings if necessary and desired by the individual(s) involved. In rare cases where an individual has a severe response to an event that can't be assisted through discussions with CISM personnel, a mental health professional from the state network can assist with referral for more extensive professional follow up. Such a referral, like all services provided by the team, is voluntary.

The current focus of the state CISM program continues to be to support a well-trained and well-coordinated network of volunteers for Maryland's responders. CISM sessions can be very intense and require highly skilled peer and

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*Graduates of a weekend-long CISM training class, held October 13 and 14 at the Pax River Naval Air Station, are ready to help Providers deal with job-related stress. Anyone can contact CISM at 1-800-648-3001, 24 hours a day. Photo courtesy of Randy Linthicum.*

## Critical Incident Support Management Network Available 24/7 for Providers

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mental health support—but these skills are used infrequently. In order to maintain skill levels, continuing education is required. MIEMSS is currently working with regional coordinators and the International Critical Incident Stress Foundation (ICISF) to increase the availability of continuing education courses.

In the next year, MIEMSS will also be providing CISM educational sessions at state EMS conferences, beginning with Winterfest in January. The goal of these sessions is to increase the responder's ability to identify and deal with responses to difficult or troubling calls. We look forward to seeing you at one of these sessions.

If you have any questions regarding the state CISM network, or if you have an interest in becoming a CISM member, please contact Randy Linthicum at [rlinthicum@miemss.org](mailto:rlinthicum@miemss.org).

### *CISM in Maryland*

- Critical Incident Stress Management seeks to assist responders in dealing with the stress of difficult responses (normal response to abnormal events).
- The state network of CISM personnel is made up of both peer and licensed mental health volunteers who have been trained in CISM response.
- All discussions with CISM personnel regarding a CISM response are voluntary and confidential.
- All Maryland providers have access to CISM support. Access to support is available 24/7 though SYSCOM by calling 1-800-648-3001. (Some departments have internal CISM teams; follow local protocol for access to these teams.)
- A request for CISM services can come directly from individual responders, co-workers, supervisors, and others who suspect an individual or crew is having a negative reaction to a response.
- In the coming year, MIEMSS will be including CISM content in state conferences to increase awareness of what CISM is and when to consider accessing CISM support.

## Partnership Hopes to Reduce Distracted Driving Incidents and Injuries

On Friday, September 7, 2012, a press conference was held to announce a partnership between the R Adams Cowley Shock Trauma Center and the Maryland Motor Vehicle Administration (MVA) to educate young drivers about the dangers associated with distracted driving. The MVA announced that all drivers' education courses taught in the State of Maryland will be required to show the video "Get the Message," a realistic portrayal of how quickly young lives can change following a crash caused by distracted driving. Produced in conjunction with the R Adams Cowley Shock Trauma Center, Maryland State Police, MIEMSS, the Baltimore County Fire

Department, and the Chestnut Ridge Volunteer Fire Company, the video premiered in December 2011 at a press event and panel discussion on the dangers of distracted driving. Attendees at the September press event were able to view a segment of the video.

Mr. John Kuo, the MVA Administrator, addressed the group and likened the 5 seconds, on average, that drivers reading or replying to a text take their eyes off the road to driving the length of a football field at 55 mph—blindfolded. In a startling statistic, he revealed that 11 percent of crashes involving distracted driving in Maryland are caused by people less than 20 years of age. The key

to preventing injuries and deaths caused by young, distracted drivers, he says, is to get the parents involved in creating a culture of safety.

As part of the press conference, the Anne Arundel County Police Department rolled out their Operation Eagle campaign to seek out distracted drivers with the aim of enforcing the law as well as educating violators. "These crashes are preventable," says Justin Mulcahy, the Public Information Officer for Anne Arundel County Police. The county's police department has stepped up patrols. Until at least the end of October 2012, Anne Arundel County officers will be on the lookout for drivers that are texting or engaging in other unsafe behaviors.

"Everyone is affected," says Dr. Mayur Narayan, Medical Director of the Center for Injury Prevention and Policy at the R Adams Cowley Shock Trauma Center, "not just young drivers." With this program, the partners hope to see a drop in all distracted driving crashes. In the years 2007 to 2011, 152,000 people in Maryland were injured in these types of crashes, and at least 1,100 died.

You can view a clip of the "Get the Message" video on MIEMSS' Youtube channel: <http://www.youtube.com/user/marylandems>.

### Reminder: Child Passenger Law Became Effective October 1, 2012

*Most Kids Need to be in Harnessed Car Seat or Booster until Age 8; Belted until Age 16*

On October 1, 2012, Maryland's Child Passenger Safety Law took effect. It requires that all children younger than 8 years old use a harnessed car seat or booster seat, unless the child stands 4'9" or taller before that age (previously, children weighing more than 65 lbs. were exempt from using car seats). Children up to the age of 16 must be restrained by a seat belt, harnessed car seat, or booster seat in all seating positions of the car. With the new law in place, kids of all ages, shapes, and sizes are better protected against preventable injury.

# National Fallen Firefighters Memorial Service Held on October 7, 2012



Mark G. Falkenhan was remembered at the National Fallen Firefighters Memorial Weekend. Mark was serving with the Lutherville VFC when he was killed in the line of duty on January 19, 2011.

On October 7, 2012, across Maryland and the nation, fallen firefighters were remembered with the toll of a bell at 10:00 AM. In Emmitsburg, Maryland, this sound marked the beginning of the National Fallen Firefighters Memorial Service, but the last day of a weekend full of special activities and programs for families, survivors, and members of the fire service. Thousands attended the memorial weekend, an annual tribute to firefighters who lost their lives in the line of duty. At this year's service, the names of 85 firefighters who died in 2011 or earlier were added to the wall at the National Firefighters Memorial. In Maryland, Bells Across America for Fallen Firefighters was held at 21 locations over the weekend.

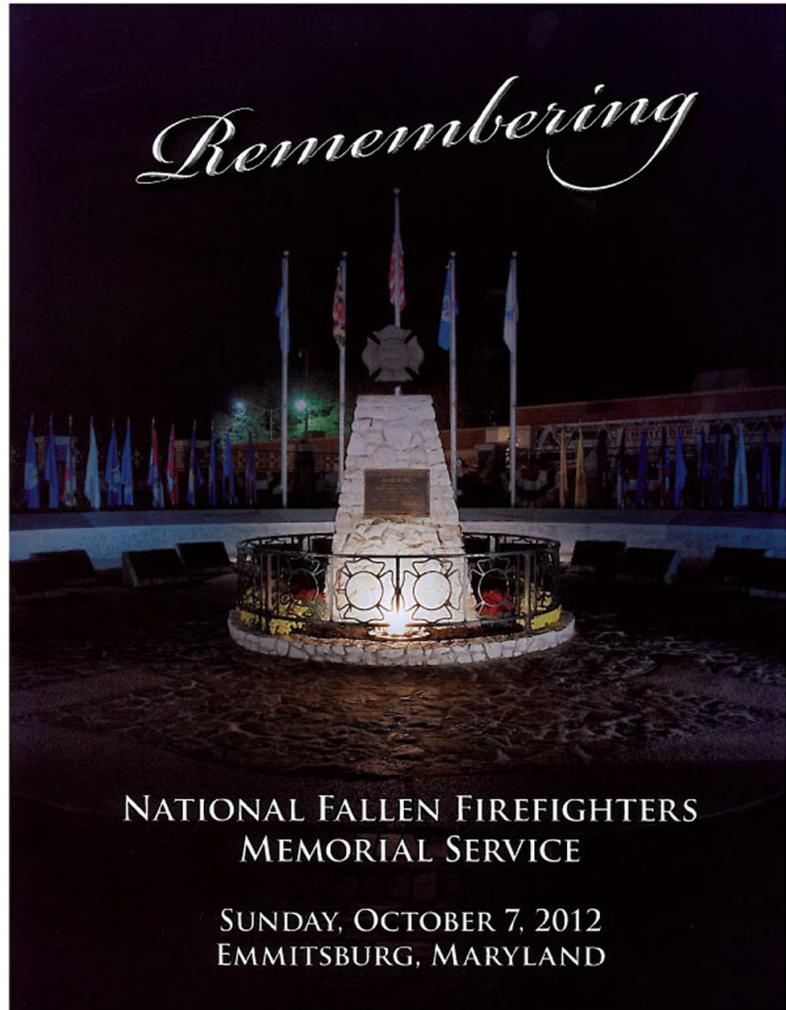
Sadly, one of Maryland's own, Mark G. Falkenhan, was killed in the line of duty in 2011. Mark, a Firefighter and Paramedic, had been serving with the Lutherville Volunteer Fire Company when called to a house fire on January 19. Tragically, Mark was fatally injured while performing his duties that day. His name was unveiled on the memorial plaque for 2011, and his family received an American flag in honor of Mark's service, at the Memorial Service on October 7.

Although the Memorial Weekend has passed, the National Fallen Firefighters Foundation (NFFF) recommends other ways to honor fallen firefighters including issuing a

proclamation (for municipalities), signing the remembrance banner (<http://weekend.firehero.org/remembrance/banner.php>), and practicing fire prevention (<http://www.nfpa.org>). Video tributes to fallen firefighters can be viewed on the NFFF's Facebook page (<https://www.facebook.com/NationalFallenFirefightersFoundation>).

MIEMSS is grateful for the service of Maryland's firefighters and offers condolences to the Falkenhan family, as well as other families that lost a loved one in the line of duty. We urge all providers to practice safety, at home as well as while on duty, to prevent injury and

death. Everyone Goes Home®, a life-safety program implemented by the NFFF, was recently awarded a \$1 million grant from the US Department of Homeland Security. The goal of the program is to reduce the number of LODDs and injuries to firefighters each year through education and training in 16 initiatives (see <http://www.lifesafetyinitiatives.com/>). For more information, visit [www.everyonegoeshome.com](http://www.everyonegoeshome.com).



Family, friends, and co-workers of the nation's fallen firefighters gathered in Emmitsburg, Maryland, on October 5, 6, and 7 to remember and honor those that died in the line of duty.

# Prince George's County Fire/EMS Go Pink for Breast Cancer Awareness

*Unveiled a Distinctive Apparatus on October 5*

Prince George's County Fire and EMS is showing its support of Breast Cancer Awareness Month in a unique—and colorful—way. On Friday, October 5, the department revealed that an engine assigned to Landover Hills Station 830 was wrapped in pink to raise awareness and funding for research. Both the materials and the labor for the wrap were donated to the county. The "Pink Pumper," as the engine is known, will still respond to emergency calls, but will also attend events that help raise awareness about this disease. Racers and spectators at the recent Susan G. Komen Race for the Cure in Prince George's County were treated to an appearance of the Pink Pumper. The engine can also be seen at upcoming county Health Department events and athletic events, and the Fire and EMS recruit graduation on October 18, 2012.

For many years, the Department's "safety first" campaign has reminded residents to check their smoke alarms and carbon monoxide detectors on a monthly basis. With this recent initiative, PGFD is asking the public to add another item to that list—a monthly self-exam for signs of breast cancer such as lumps or changes in size or shape in the breast or underarm (armpit) ([www.cdc.gov](http://www.cdc.gov)). *Remember—breast cancer can strike in both men and women.*

The Department also hopes to raise funds for various organizations involved in breast cancer research or services through the sale of pink t-shirts. These special t-shirts are

available at department stations throughout Prince George's County and online at [www.rightcoastapparel.com](http://www.rightcoastapparel.com) (keyword "PGFD").



*The "Pink Pumper" made an appearance at FedEx field prior to a home game on October 7, 2012. Photo courtesy of Rick Brady.*

## Thinking of Becoming a Paramedic?

*Important Things You Should Know*

If you are, there are some new national regulations involving teaching agencies and accreditation of paramedic programs of which you need to be aware:

- Maryland and many other states require National Registry (NREMT) certification in order to obtain a state license.
- NREMT requires that any course starting on or after January 1, 2013, either be Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited or in the process of accreditation.

If you plan to take your paramedic course in Maryland, you are in luck: All approved paramedic programs in Maryland are either currently accredited or are in the process of becoming accredited by CAAHEP. The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) evaluates and recommends paramedic programs for CAAHEP accreditation.

More information on teaching agency accreditation can be found at The National Association of State EMS Officials (NASEMSO) website: [http://bit.ly/NASEMSO\\_Accreditation](http://bit.ly/NASEMSO_Accreditation).



# Halloween Safety Tips

This month's injury prevention information is targeted for adults and children planning for Halloween parties and trick-or-treating. Halloween can be enjoyed by everyone if a few minutes of preparation are devoted to SAFETY.

Pedestrian safety education begins with good role modeling by adults on a daily basis, 12 months a year. The use of pedestrian walkways and sidewalks, as well as paying attention to and obeying crosswalk lights, is learned by repetition. Young children must be supervised every minute that they are within sight of any street. A child's priority is not safety but a favorite toy, a friend, or a bright and fascinating object that may be across the driveway, residential street, or major intersection. Very young children are unable to judge the speed of an oncoming car or bicycle, have inaccurate depth perception, and think they are safe if they are in the crosswalk or have a green light.

Halloween presents some unique environmental and social situations, even for children that have been taught safe walking rules. The dusk and darkness of the evening hours, the number of children on the sidewalks and roads, and the variety of costumes and masks place children at a higher risk to become victims of pedestrian-motor vehicle crashes. Even older children who normally practice safety rules can be caught up in the excitement of trick-or-treating and dart in front of traffic.

Most Halloween injuries involve environmental hazards, such as uneven pavements, high steps, or unseen obstacles. The risk for falls while walking and climbing stairs is increased due to the combination of costumes, the dusk, excitement, and sometimes fallen and wet leaves on the ground. Motorists and children are both at particular risk for crashes due to the difficulty of seeing young children and anyone in dark costumes.

Many parents are concerned about the treats that children bring home and about strangers in the neighborhood. As an alternative to walking door to door, some communities have organized Halloween parties.

Children and adults alike can have a fun and safe Halloween if common sense and injury prevention become a part of their holiday plans. Each year, regardless of season or holiday, one in four children will be injured seriously enough to require medical attention. Most of these injuries are preventable. Let's start the fall season by making injury prevention for all ages our top priority.

## For Kids



- ☛ Make your costume safe AND fun:
  - ☛ Keep it short and snug; long and baggy costumes may cause you to trip or catch fire more easily.
  - ☛ Wear shoes that fit. Shoes that are too big for you make it hard to walk and pose a tripping hazard.
  - ☛ If you carry a "prop," make sure it's flexible and won't hurt you or someone else if you trip or fall.
  - ☛ If you are going to wear a mask, make sure it fits well and the eyeholes are large enough to allow you to see all around. Wearing a mask that is too loose may slip and block your vision. If you can paint your face instead of wearing a mask, even better.
- ☛ If you're under 13, be sure a parent or guardian walks with you. Teenagers: always walk in a group for safety. If you have a cell phone, keep it handy in case you need to call for help or a parent.
- ☛ Stay on sidewalks, cross the street only at crosswalks, and look "left, right, left" before crossing. Don't cross between parked cars—oncoming traffic may not be able to see you.
- ☛ Only approach houses that are well-lit, and NEVER enter the home of a stranger.

## For Adults



- ☛ **In the home:**
  - ☛ If using extension cords for decorations, be sure to check the recommended wattage and don't overload the cord.
  - ☛ Use heavy-duty power cords for high-wattage decorations (such as inflatable ghouls).
  - ☛ Inspect electrical decorations and lights carefully for signs of wear or damage. Frayed wires or loose connections may put you and your family at risk for fire or electrical shock.
  - ☛ If you must use candles, be sure they are off the ground and out of the reach of children. Check that all candles are fully extinguished before bedtime or leaving the room. A safer alternative is using battery-operated LED lights.
- ☛ **Costumes:**
  - ☛ Costumes (both yours and the kids') should be made out of flame-resistant materials. Go over "stop, drop, and roll" with your kids to be sure they know what to do if their costumes catch fire.
  - ☛ Choose costumes that are light in color and attach reflective material so kids can be seen better by motorists. Give each child a flashlight to be able to see—and be seen.
  - ☛ Don't send your kids out hungry; it's best to feed them a snack before leaving for trick or treating. Even if you know your neighbors well, inspect ALL treats at home in a lighted room before allowing kids to dig in. Throw away any suspicious-looking or torn packages as well as unwrapped items.
- ☛ **Pet Owners:**
  - ☛ Chocolate is deadly for pets. Even small amounts of this human "treat" can cause organ failure and death in your pets. Please don't feed them chocolate even if they beg for it. Besides chocolate, small candy wrappers are a danger for pets. They can become lodged in their throats, causing suffocation, or in their digestive tract, causing illness or death.
  - ☛ Some pets don't mind being "dressed up." Others aren't receptive to this and costumes can cause them stress and discomfort. Masks can be especially dangerous if they cover the animal's nose or confine its mouth.
  - ☛ If you have a party in your home, it's best to keep your pet in a separate room with plenty of food and water. Even friendly pets can become anxious and spooked around lots of people and noise. Check on your pet every so often to make sure they know everything is fine!
  - ☛ When it comes to candles, dogs and cats are masters at knocking them over without warning. Keep all lighted objects out of the way of your pets' paws and tails.
- ☛ **Motorists:**
  - ☛ Slow down in residential neighborhoods.
  - ☛ Obey all traffic signs and signals.
  - ☛ Watch for children on median strips or curbs.
  - ☛ Enter and exit driveways and alleys carefully.
  - ☛ Use headlights early in the evening (be sure that both work).
  - ☛ Have children enter and exit the vehicle on the curb side.

## MIEMSS Announces New Region II Administrator

### *Region V Assistant Administrator Also Joins the Agency*

David Stamey has been hired to fill the Region II Administrator position. He comes to MIEMSS from the Maryland Fire and Rescue Institute where he was an ALS instructor. He has also worked as a Flight Paramedic with MedStar and at The District of Columbia Fire Academy. Dave has been a Paramedic in various positions in Virginia, North Carolina, and South Carolina.

Contact information for Dave is as follows:

David Stamey, CCEMT-P  
Region II Administrator  
Maryland Institute for EMS Systems  
44 N. Potomac Street, Suite 200  
Hagerstown, MD 21740  
Phone: 301-791-2366 or 301-416-7249  
[dstamey@miemss.org](mailto:dstamey@miemss.org)

We also welcome Amy Robinson, the new Assistant Administrator for Region V. Amy is a proud alumna of the University of Maryland and holds graduate degrees from John Jay College of Criminal Justice in both Forensic Psychology and Public Administration specializing in Emergency Management. Amy has previously worked with NYC OEM Health and Medical Planning and Preparedness, the

NYPD Special Victims Squad, and the John Jay College Regenhard Center for Emergency Response Studies. She is glad to be back in Maryland and is looking forward to being a part of the MIEMSS team. Randy Linthicum continues to fill in as the Region V Administrator during the recruitment process for the new Administrator. Randy can be contacted at [rlinthicum@miemss.org](mailto:rlinthicum@miemss.org).



David Stamey,  
Region II Administrator



Amy Robinson,  
Assistant Administrator for Region V

## Life after Sudden Cardiac Arrest: A Survivor Story

### *October is Sudden Cardiac Arrest Awareness Month*

Sudden Cardiac Arrest (SCA) Awareness Month was established by Congress in 2008 to raise awareness about the leading cause of death in the United States. A great majority of SCA victims die because they don't receive treatment within the first few minutes of the event. Victims of SCA, which strikes without warning, should be treated immediately with CPR, and with the use of an AED if one is available, and 9-1-1 should be called as soon as possible. Sudden cardiac arrest is different from a heart attack: while a heart attack involves the reduction of blood supply to the heart, and the victim may be conscious, an SCA is caused by an "electrical" problem presenting as a pulseless condition.

Earlier this year, an immediate call for help saved the life of Mr. Gee. On the night of June 1, 2012, Mr. and Mrs. Clarence Ray Gee were at their church in Baltimore County. It had been like any other day at church, but Mr. Gee soon began to feel a tightness in his chest. Other church members began to suspect he was having a heart attack. Immediately, bystanders called 9-1-1, which activated the Chain of Survival. First on the scene were a crew from Baltimore County MEDIC 285 of the Rosedale Volunteer Fire Department. Paramedic Mason Klass and Roberta Dranbauer

began care as they arrived at the church. Next to arrive was Special Unit 283, also from the Rosedale VFD. This crew consisted of Joseph Chronowski, Amber Kelly, and David Niederhauser. Baltimore County ENGINE 8 also responded, staffed with Captain Thomas Ramey, FADO Michael Scott, FF Keith Starr,

FF Lawrence Merrifield, and EMS Supervisor, EMS 6, Lt. Tasha Kearney.

The crew from Engine 8 took over, performing the new "high performance" CPR. The first round of medication was administered to Mr. Gee and Captain Ramey stated

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Recently some of the medical personnel that attended to Mr. Gee in June gathered at Baltimore County Fire Department's Station 8 in Fullerton. Pictured in front of Engine 8 are (left to right) Captain Tom Ramey; Mr. Clarence Ray Gee and his wife, Mrs. Ida Gee; Dr. Morgan Bernius; and EMS Supervisor, Lt. Tasha Kearney.

# Planning and Practicing Fire Safety in the Home

Again this year, Maryland's Safe Kids and RISK WATCH® coalitions focused on getting the message of fire prevention into every community during Fire Prevention Week, October 7–13, 2012. Activities at EMS, fire, and rescue stations are planned throughout October.

This year's theme, *Have 2 Ways Out*, emphasizes the importance not only of preventing fires through safe practices in the home but also being prepared to respond if a fire occurs. Home safety plans (also known as EDITH – Exit Drills in the Home) only work if key things happen:

- Each home has working smoke and carbon monoxide alarms.
- Residents test these alarms monthly and replace the batteries every 6 months.
- Residents have an escape plan that everyone knows.
- Each plan has two ways out from each room in the home.
- Everyone living in the home practices the plan at least twice a year.

## Life after Sudden Cardiac Arrest: A Survivor Story

(Continued from page 6)

that, "I actually felt his heart come to life under my hands," as he was doing compressions. Mr. Gee was quickly transported to Franklin Square Hospital Center where Dr. Morgan Bernius, a Baltimore County Fire Department Deputy Medical Director was working. According to Dr. Bernius, of all the interventions for sudden cardiac arrest patients, the use of compressions and defibrillation are the two best out-of-hospital methods of care that can be delivered. "It is the people that learn CPR that allow those working in the emergency departments to save lives!" said Dr. Bernius. This certainly was the case for Mr. Gee that day. The rapid system response to his Sudden Cardiac Arrest led to a very thankful husband and wife able to continue sharing their lives together.

MIEMSS would like to congratulate these providers for an excellent job saving Mr. Gee's life. Thanks to them, Mr. Gee is able to enjoy life as before his illness.

Smoke alarms provide the time needed to escape a fire safely. Home fire escape planning and practice ensure that everyone knows how to use that time effectively. Fire spreads rapidly through structures, often leaving as little as two minutes to escape to safety.

How do you practice your EDITH plan? Practice means sounding the smoke alarm, having everyone leave the house through one of the planned exits and assisting anyone who needs it, meeting at a preplanned outdoor spot away from the home, then dialing 9-1-1. Remember, "Get Out and Stay Out" until fire department professionals say it is safe to reenter your home.

According to the National Fire Prevention Association, only one of every three American households have actually developed

and *practiced* a home fire escape plan. Safe Kids USA reminds us that *every day* at least one child dies in a home fire and 293 children suffer unintentional injuries from fire and burns.

This October, and anytime you are teaching life safety, please challenge everyone in your community to PREPARE and PRACTICE a home escape plan. When talking to preschool-aged children, remember that they likely don't understand the concept of "plans." Rather, they are much more likely to understand "following a map to safety."

Many local and national organizations have resources for family education:

[www.nfpa.org](http://www.nfpa.org)

[www.safekids.org](http://www.safekids.org)

[www.usfa.fema.gov](http://www.usfa.fema.gov)

## Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

**B-2012-581** (EMT-B) – August 21, 2012. For conviction for driving while intoxicated: probation for one year with random drug and alcohol testing at Provider's expense.

**B-2012-578** (EMT-P) – August 21, 2012. For receiving probation after conviction for 2nd degree assault, reckless endangerment, and malicious destruction of property over \$500: probation concurrent with court ordered probation.

**B-2012-573** (EMT-B Applicant) – August 21, 2012. For receiving probation before judgment for driving while under the influence of alcohol per se: certification process allowed and, if certified, probation for three years with random drug and alcohol testing at Applicant's expense.

**B-2012-572** (EMT-B) – August 21, 2012. For receiving probation before judgment for driving a vehicle while under the influence and for being found guilty of driving while impaired by alcohol: one year's probation with random drug and alcohol testing at Provider's expense.

**B-2012-564** (EMT-P) (By Disposition Agreement) – July 10, 2012. For testing positive for marijuana on annual employee physical where Provider had previously been placed on probation for testing positive for marijuana in 2006 and thereafter successfully completed a treatment program: retroactive suspension for period previously imposed by EMSOP and probation for three years with random drug testing at Provider's expense and revocation of Provider's license if Provider tests positive for drugs while on probation.

# Fentanyl and Diazepam Review Course Now Available Online

MIEMSS is pleased to announce the release of a new Fentanyl and Diazepam Review Course on the MIEMSS Online Training Center ([www.emsonlinetraining.org](http://www.emsonlinetraining.org)). This course was developed at the request of the State EMS Medical Director in response to the EMS Board addition of Fentanyl and Diazepam to the ALS protocols due to Morphine and Midazolam drug shortages. The course, which takes approximately one-half hour to complete, is comprised of two educational components and a short, 10-question quiz. Upon successful completion, the provider will receive ½ hour of ALS medical content continuing education.

The instructional design team at MIEMSS plans to produce additional medication review courses to cover all the medications listed in the protocols. Look for future announcements as additional courses are completed and posted to the system.

## Welcome to Fentanyl Central

Click on a link below to learn about fentanyl

Indications

Pharmacology

Adverse Effects

Precautions

Contraindications

Dosing



When you are done learning, simply click on the "EXIT" button to leave the course.

EXIT

Providers can now take the Fentanyl and Diazepam Review Course online. The new format is easy to navigate; users can review specific sections as many times as needed.

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



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

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

*Managing Editor:* Aleithea Warmack (410-706-3994)

*Design & Layout:* Gail Kostas

*Photography:* Jim Brown & Brian Slack  
(unless noted otherwise for specific photos)