

Maryland EMS News

For All Emergency Medical Care Providers

Vol. 44, No. 7

July 2018

Profiles: Women in Maryland EMS

Earlier this month, MIEMSS staff sat down with three EMS providers, both former and current, who shared their professional experiences as women in EMS and their thoughts on leadership, the future of prehospital care, and advice for future EMS providers.

Capt. Kim Glaze

EMS Capt. Kim Glaze of the Baltimore County Fire Department (BCoFD) is one of five EMS captains in BCoFD and one of the highest ranking women career providers in Baltimore County. BCoFD delivers fire and EMS/rescue services to the more than 800,000 citizens of Baltimore County. The department employs more than 1,000 career emergency response personnel in 25 stations and works alongside county volunteer EMS/fire services to respond to 135,000 emergency calls, 75% of which are calls for medical assistance, annually.



Captain Kim Glaze of the Baltimore County Fire Department. Capt. Glaze is a high-ranking leader within the department, and one of only two EMS captains who are women. Photo courtesy of Capt. Kim Glaze.

Can you briefly describe your background and the ranks you have achieved in the fire department?

I was always interested in math and science, and while attending the University of Maryland Baltimore County [UMBC], I was introduced to emergency health services.

I followed the paramedic track, graduating in May 1994 and receiving my paramedic license. By September 1994, I had been accepted to the BCoFD training academy and graduated from there in December 1994 with a Fire II certification. Because I had very little field experience up until I graduated, I felt like I still had a lot to learn on-the-job. I was assigned to work at the Fullerton station [Station 8], where I spent the next 14 years until I was promoted to EMS lieutenant and moved over to the Texas station [Station 17] in Cockeysville. Three years later I was promoted to EMS captain—there are only five of us in the county, and only two are women—and now I'm stationed in Hillendale [Station 11].

Did you have a female mentor in the fire service?

I certainly do. Although she has less time in the department than I do, I have a great deal of respect for Assistant Chief Jennifer Utz. She is the first female to achieve that rank in the history of the department and is highly regarded by others, has a positive outlook, is a good role model, and is a good listener. We often talk to each other and I know I can count on her if I ask for advice or need help to solve a problem. There are many female lieutenants within the BCoFD, but not many who hold a captain or higher rank. So Asst. Chief Utz is a terrific asset to the department and a great colleague.

Has the organizational culture of the fire department changed to be more inclusive of women since you were first hired?

I think that the county has done a great job in ensuring that fair practice policies are in place and updated regularly. I remember when I first started at Fullerton, the female fire and EMS providers did not have a separate restroom within the locker room like the

men did; we had to use the restroom that was open to the public. But that changed in the mid-2000s, and there has been tremendous effort to build out women's facilities in stations throughout the county. Along with other female crew members, I was asked by leadership to help figure out how to build these facilities within the existing stations.

In 2012 the fire chief reached out to some captains to help develop and strengthen
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our fair practices policy. We also conducted training throughout the county on this policy to make sure everyone was aware of the policy and how to deal with any disputes.

As far as maternity leave goes, I think the fire department is sensitive to the needs of pregnant providers. As long as it is approved by a doctor, pregnant providers can stay in the field as long as they want or choose a light-duty assignment after 12 weeks into the pregnancy.

What is your most memorable experience in the field?

Early in my career, when I was a paramedic at Fullerton, we received a call from a gym for a person in cardiac arrest. We arrived and treated the patient, who achieved ROSC [return of spontaneous circulation]. We transported him to Franklin Square Hospital where I know he received neuroprotective hypothermia treatment (this was before this kind of treatment was permitted in the field by the Maryland EMS protocols). I had no idea who he was, but about two hours later I found out that he was a fellow firefighter's father! He is still doing well and I've seen him recently at fire department functions. It was a great feeling to be able to help a coworker's loved one.

In your opinion, what qualities define a good leader?

I believe more than anything a good leader has a passion for their job. Other qualities that make someone a great leader, I think, are being fair to everyone who works for you, being a good communicator, and being honest and straightforward—even when you have to deliver “bad” or “unpopular” news. I think people who are forward-thinking, or visionary, tend to be good leaders, because they can see change, and then make it happen. Although BCoFD receives many medical calls, the rank structure is weighted heavier to the fire side. So, in my opinion, it's important to show all providers, fire and EMS, that they are respected and valued.

What has been the biggest challenge for you?

I would say that joining the fire department without any volunteer field experience was a big hurdle for me to overcome. Although I was a licensed paramedic through my training at UMBC, I felt that having some experience prior to joining the department would have given me a lot more confidence in my early career.

What advice would you give young providers today who want to work in the EMS/fire service?

For for anyone interested in an EMS/fire career, if you aren't already involved with a volunteer company and have no EMS/fire experience, set up a ride-a-long with your local department or service just to see if you can handle what the job entails. Sometimes you will be seeing people at their worst, and it's important to know if this is the path you want to take. If it is something you want to pursue, join a volunteer company to get some field experience. Listen, watch, and learn from the other providers. You will learn good (and maybe not so good) ways to handle certain situations and how to talk to and engage with patients.

Getting into an EMS/fire department can be very competitive. Getting and staying healthy—physically and mentally—is important. I would encourage you to take as many fire- or EMS-related classes that you can to learn about the situations you may encounter. Many communities offer free or low-cost classes. Remember, however, that nothing beats experience. Being “book smart” about the EMS/fire service is only part of the equation. To be successful, you also need to learn how to treat your colleagues and your patients with respect and dignity. In my opinion, the best providers are the ones who talk with their patients and offer them some comfort and reassurance.

Finally, it can be a very enjoyable and rewarding career; it's all in what you make of it! You will experience something different every day. Your colleagues become like a second family. I've found a level of trust with my coworkers that goes well beyond professional relationships and interactions that I've seen in other professions.

Dr. Eileen Bulger

Eileen Bulger, MD, FACS, the new chair of the American College of Surgeons Committee on Trauma started her career as an EMS provider in Howard County. Dr. Bulger, a professor of surgery at the University of Washington and chief of trauma at Harborview Medical Center in Seattle, Washington, spent a number of years as an EMS provider serving the citizens of Howard County. As a volunteer EMT-A and CRT in the 1980s, she says those experiences shaped the kind of professional she is today.

When did you serve as an EMS provider in Howard County? What was that experience like?

When I was a pre-med student at Johns Hopkins in the mid-80s, I discovered that I could get some direct patient care experience by taking an EMT class. After I completed that class, I took a summer internship with the Baltimore City Fire Department, and then enrolled in a CRT program. I joined the Elkridge Volunteer Fire Department in the mid-to-late 80s, and it was a terrific experience. The department was very welcoming and family-oriented, and I continued my volunteer service there throughout medical school. During that time, I was also interested in riding the fire and rescue apparatus, so I completed basic firefighter training in addition to being an ALS provider. Because I loved being an EMS provider, I seriously considered changing course and choosing that as a career instead of medical school. These early experiences shaped my entire career and inspired me to pursue trauma surgery as my specialty and continue to work closely with EMS on research, education, and policy development.

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Dr. Eileen Bulger served as a fire/EMS provider with Elkridge Volunteer Fire Department in the 1980s. She is now a trauma surgeon and the new chair of the American College of Surgeons Committee on Trauma. Photos courtesy of Dr. Eileen Bulger.



Upcoming Pediatric Education Opportunities

- August 4, 2018**
Pediatric EMS Symposium
 Location: Children's National Medical Center, Washington, DC
 REGISTRATION: <https://traumaburneducation.ticketleap.com/>
- October 19, 2018**
Children's National Health System Trauma Update
 Location: Children's National Medical Center, Washington, DC
 REGISTRATION: <https://traumaburneducation.ticketleap.com/>
- November 7, 2018**
12th Annual EMS for Children Research Update
 Location: MIEMSS, Baltimore, MD
 For more information, visit pepp@miemss.org
- November 9, 2018**
Mid Maryland ENA Memorial Conference
 Location: Silver Spring, MD
 For more information, visit www.mdema.org/events/mmc-ena-memorial-conference/

For more information, email pepp@miemss.org



Licensure and Certification

TIDBIT

Q. I have completed all of my continuing education to recertify, why can't I see my renewal application when I sign into www.miemsslicense.com? I don't want my certification to lapse.

A. Your renewal application will be available in your licensure account beginning **90 days** prior to your expiration date. Anytime within the 90 days of your certification expiration, log into the Licensure System and complete your application for renewal to prevent a lapse in your certification. If you are within 90 days of your expiration date and **DO NOT** have the renewal application in your licensure account, contact Licensure and Certification at 800-762-7157 or licensure-support@miemss.org.

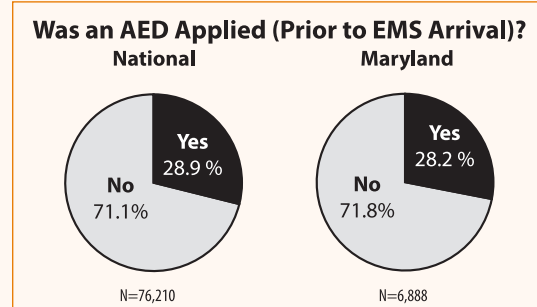
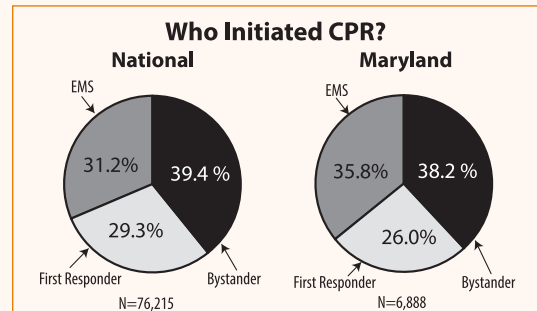
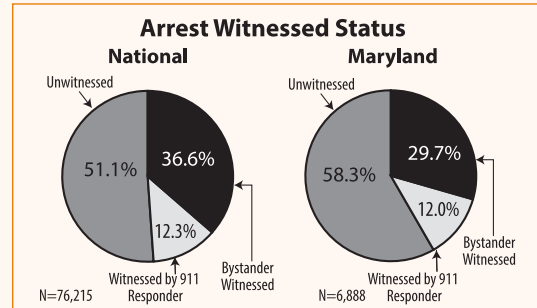
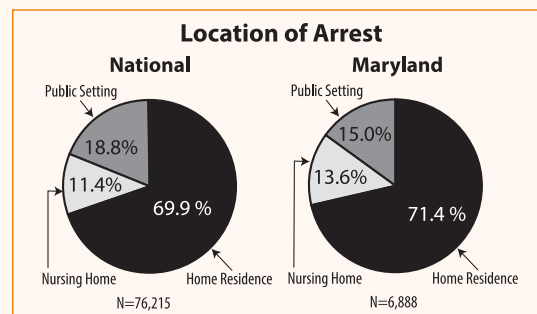


CARES Corner

A key intervention for those suffering from sudden cardiac arrest is the knowledge and ability for bystanders to perform CPR and/or apply an AED until EMS providers are able to provide care. CPR and AED training for citizens has been strongly promoted in Maryland for this reason. Many fire/EMS departments offer CPR/AED instruction to the public, and Maryland public high school students are now required to receive CPR/AED training prior to graduation.

In Maryland, there were 6,888 total non-traumatic, sudden out-of-hospital cardiac arrests submitted to the CARES registry for CY 2017. Maryland cardiac arrest and CPR/AED data as compared with national statistics for CY 2017 are displayed below. National reports are available on the CARES website: <https://mycares.net>.

Comparison of Maryland to National Statistics



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What is your most memorable experience working in the field?

One of my most memorable experiences actually involved two separate motorcycle crashes. When I first started riding with EMS, I did not have a great understanding of how the trauma system worked. There was a crash within a block of the hospital, and we understandably took the patient directly to that hospital, which in hindsight was not a trauma center. Unfortunately that patient did not have a good outcome. A few months later, another motorcycle crash occurred, but this time a medevac was dispatched and the patient was flown to the Shock Trauma Center. I had the opportunity to fly with that patient and witness his resuscitation first-hand. These experiences taught me the importance of the trauma system and how the decisions we made in the field could drastically impact a patient's outcome.

Did you have a female mentor in the department?

When I was a provider in Howard County, there weren't many women in EMS or fire leadership positions. However, one of the fire department's senior EMTs, Mrs. Doris Merson, played a pivotal role in my development as an EMS provider. She was very welcoming and supportive, and we are still friends today. I met my husband, Doug, at Elkridge Volunteer Fire Department, and members of the Merson family participated in our wedding!

What was the biggest challenge for you as an EMS provider?

I think the hardest part for me as a young provider was dealing with the death of young people, especially due to violence. I struggled with how to tell someone, especially someone you knew, that a loved one had died.

Can you tell us about the research you have done related to EMS care?

After completing medical school, I was blessed to come to the University of Washington in Seattle for my surgical training. The EMS system in Seattle had a strong commitment to research and had done pioneering work in cardiac arrest resuscitation. I was fortunate to work closely with them on several projects evaluating prehospital trauma care, and these efforts grew into several multicenter projects with the Resuscitation Outcomes Consortium, a research network sponsored by the National Institutes of Health. As a trauma surgeon in Seattle, I'm thankful that we have very strong EMS system here, as

it is in Maryland, that is dedicated to ensuring the best possible outcomes for trauma patients.

As the new chair of the ACS COT, do you have a vision for the future of trauma care as it relates to EMS?

The COT is a phenomenal, multidisciplinary group of people who are making tremendous impact in trauma care. The committee is focused on trauma center and trauma system quality improvement; educational courses, such as Advanced Trauma Life Support (ATLS) training; injury prevention; and advocacy and health policy development. The COT EMS committee works closely with the leadership in EMS from professional organizations and at the governmental level.

EMS is a critical part of the trauma system, as it is the first step in the continuum of care. As chair of the COT, I would like to see tighter relationships between EMS and trauma centers to optimize EMS care and improve triage decisions, contribute to protocol development, and provide a continuous feedback loop for improving patient care. Because the COT has a close relationship with EMS leadership, this is what I envision as one of the committee's primary goals.

Lt. Kate Tomanelli

EMS Lt. Kate Tomanelli of the United Communities Volunteer Fire Department recently became executive director of the Maryland State Firemen's Association. Lt. Tomanelli began her volunteer EMS and fire service in New York, moving to Maryland three years ago.



Lt. Tomanelli is the new executive director of the Maryland State Firemen's Association (MSFA) and a provider with the United Communities Volunteer Fire Department. Photo courtesy of MSFA.

Can you briefly describe your background and the ranks you have achieved in the fire department?

I served for five years as an EMT and firefighter in Long Island, New York, and then moved to Maryland in 2015. Despite living in Queen Anne's County at the time, I volunteered with Hyattsville Fire Department and actively worked in Prince George's County as a recruitment and retention coordinator. I am currently an active member of the United Communities Volunteer Fire Department, where I serve as EMS 2nd lieutenant.

Did you have a female mentor in the fire service?

Yes, I am still good friends with one of the first female EMS providers I met in New York. She played a big part in showing me the ropes when I first started volunteering. At that time, there weren't very many women in the EMS and fire services. In fact, I was the first female engine company member in Freeport [New York]. My older brothers were firefighters and I wanted to join as well. It was a great experience; I think it was a good opportunity to show that I was really in it for the right reasons. After a while, gender became a non-issue. We were all there to do a job, and do it well.

Has the organizational culture of the fire department changed to be more inclusive of women since you were first hired?

I've been in the EMS/fire services for 11 years, and I always felt that accommodations, like restrooms and lockers, were made for women in every department I volunteered in. And there have always been fair employment and non-harassment policies in place in every department I've served with. In my opinion and experience, gender in the EMS/fire services is not as much of an issue as it was 30 or 40 years ago.

What is your most memorable experience in the field?

When I first started volunteering in Freeport, I was the only EMT on the hose company crew when we received a call for a pedestrian struck by a vehicle. When we arrived at the scene, I immediately began to treat the victim, and the support from the fire crew was nothing less than phenomenal. Everyone was very helpful and respectful, and we all just worked together to get the job done.

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I was very new in the department, and still trying to find my “place,” and this call really cemented a great working relationship with the other crew members. It was a turning point for me, where I really felt like we all developed mutual respect for each other.

In your opinion, what qualities define a good leader?

A good leader is someone who can function between leadership and mentorship roles. I think you really have to find out what

the people who work under you need from you, and try to give back to them what they give to you. If you are a volunteer firefighter or EMS provider, you’ve already got a lot on your plate, between work, family, and volunteering. So as a leader, I think it’s important to give them the tools that make them want to keep volunteering. Personally, I wouldn’t ask someone else to do something that I haven’t or won’t do myself, or haven’t fully researched. My leadership style is very much based on 16 years’ experience in retail

management. In order to make sure things run smoothly, you need to make sure you are assigning the right tasks, at the right time, to the right people.

What has been the biggest challenge for you?

For me, balancing volunteer time with family and work is definitely challenging, but it’s a positive challenge. Volunteering in the EMS/fire services is important to my family—my husband has served more than 30 years as a volunteer and my son is now a cadet as well—so we all understand the demands that it can place on our time, especially making sure we’re keeping up with meetings and training. Things can get complicated sometimes, but it’s what we love to do.

What advice would you give young providers today who want to work in the EMS/fire service?

The best advice I could give to anyone thinking about volunteering is to start with a completely open mind about what you think the EMS/fire services are all about. During the years that I spent recruiting in Prince George’s County, I realized that some people who were interested in volunteering didn’t fully understand what they were committing to. I would recommend that anyone interested in becoming a volunteer visit a firehouse or EMS company first and ask tons of questions. You really want to be aware of the risks and the things, both physically and emotionally, that you could be exposed to. Ask if you can participate in a ride-along, or several, to get a good idea of the demands of the job. Also, before you commit to a firehouse or company, be sure that you know their requirements and that it’s the right fit for you. All that being said, the opportunities that volunteering in EMS and fire services in Maryland can open for you are tremendous. There are no limits on what you can accomplish with the right dedication, enthusiasm, and training.

Annual Memorial Service for Fire-Rescue LODD Held

On Sunday, June 3, 2018, firefighters and fire rescue crew members who died on duty were honored by the Maryland Fire-Rescue Services Memorial Foundation at its annual ceremony in Annapolis. Maryland Governor Larry Hogan spoke at the event, offering his respect for those who gave the ultimate sacrifice while serving the citizens of Maryland. Seven individuals were added to the wall of honor at the memorial, representing line of duty deaths (LODD) ranging from 1902 to 2018. MIEMSS honors those fallen and thanks them and their families for their sacrifices.



Governor Larry Hogan greets members of the Honor Guard at this year’s memorial service for fallen fire/rescue service personnel.

Mass Casualty Incident Exercise Held in Baltimore City

On June 10, 2018, Sinai Hospital conducted a full-scale emergency preparedness exercise at the Pimlico Race Course. Participants included emergency response personnel from Baltimore City and Baltimore County, local and state emergency operations, and Sinai hospital. The exercise focused on emergency response, hospital surge, real-time communications, and information sharing between and among the participating departments and agencies and with the public.

This exercise scenario involved an electronic dance music festival during which an active assailant attack occurs. The volunteer concert “attendees” displayed various degrees of trauma and injuries, both physical and emotional. Most patients were triaged on-scene, and some were transported by EMS personnel to Sinai Hospital.

Pimlico Race Course can hold crowds up to 140,000 individuals, so preparing for an emergency incident in this location involves a large, coordinated effort by law enforcement, emergency management, and public safety organizations.



Left photo, EMS responders treat “victims” of a mass casualty incident at Pimlico Race Course during the June 10, 2018, emergency preparedness exercise. Right photo, health care providers at Sinai Hospital convene to discuss their plans for treating the injured patients during the simulation.

1st Alarm Girls Fire Camp Held for Third Year

The St. Florian’s Brigade of the Howard County Department of Fire and Rescue Services (HCDFRS) is again conducting a two-day camp for young women who are interested in learning more about the fire service and what it takes to become a firefighter. The camp hosted 56 youths in two sessions. Girls aged 12 to 16 attended July 7-8, and girls aged 8 to 11 will attend August 11-12.

Thanks to fundraising and generous donations, there is no cost for participants to attend the camp. HCDFRS volunteer and career firefighters, as well as civilian personnel, volunteer their time to make the camp a success.

The camp fosters empowerment, acceptance, and making new friends, all while introducing these young women to various public safety careers. Campers come away with the knowledge, confidence, and understanding that all fields in public safety, especially the fire service, have a place for them and are viable career options.



During the 2017 1st Alarm Girls Fire Camp, participants practiced using fire extinguishers safely and correctly. Photo courtesy of Doug Walton.

MIEMSS Region I Inducts Members into Hall of Fame

On July 19, 2018, nine individuals were inducted into the MIEMSS Region I (Allegany and Garrett counties) EMS Hall of Fame.

Honorees and guests were treated to a celebration at the Garrett College Career and Technology Training Center in Accident, Maryland, where the Advanced Life Support Program educates many current EMS providers and those preparing to become paramedics. Inductees received a plaque and a MIEMSS commemorative challenge coin. The following individuals were inducted on July 19.

Dr. Lee Ross, helped develop critical incident stress management (CISM) teams in Maryland, particularly in Region I, as well as a CISM training manual still in use today. Dr. Ross was also a longstanding member of the Region I Council, having also served one term as its chair.

As the head of the Garrett College Continuing Education Department, **Lowell Bender** was a driving force behind ALS training in Region I and supported the expansion of Trauma Days, the predecessor to the annual Miltenberger Seminar for EMS providers.

After having been an ardent advocate for a statewide EMS system in the 1960s, **Dr. Gina Glick** unofficially served as the first medical director of Region I. She was also the region's first ALS instructor and inspired many students to pursue long-lasting careers in EMS.

William "Bill" Hardy was the director of the ALS program at Garrett College and the prehospital care coordinator for Region I for many years. He continues to act as a bridge between EMS and hospital personnel, encouraging them to work together in the delivery of great patient care.

James "Jim" Koon was one of the first paramedics in the region, running many calls as a volunteer with Frostburg Area Ambulance Service and serving as their president for a number of years. Having formerly served as the Garrett College ALS coordinator, Koon is currently the director of the college's ALS program, which has produced over 140 paramedics.

For 30 years, **Jean Tressler** wholly dedicated herself to the Garrett College ALS program, ensuring the program goals, instructor expectations, and student educational achievements were met. Although she is not an EMS provider, her work ensuring the community received the program's best EMS providers indirectly helped over 30,000 people in need of EMS services, each year.

David Ramsey became the Region I EMS administrator in 1974 and retired in 2007, serving its communities for 33 years. Through leadership and vision, Ramsey shaped Region I EMS, making certain Western Maryland had appropriate EMS resources, funding sources, training opportunities, and providers to serve their communities.

For her efforts supporting Region I EMS providers as David Ramsey's assistant, **Thelma Emory**, was also inducted into the Hall of Fame. She was the primary contact for the Trauma Days seminars and also oversaw the relocation of the regional office three times during her career.



From left, Region I EMS Medical Director Dr. Janelle Martin, Region I Administrator Dwayne Kitis, and new Region I Hall of Fame members Roy Troutman, Jean Tressler, James "Jim" Koon, and Thelma Emory.

Roy Troutman was a founding volunteer member of the Frostburg Area Ambulance Squad, formed in 1967, and held the position of squad captain, among many other positions. In 1982 he and his wife, Dottie Troutman, formed the Allegany Ambulance Service, one of only a few commercial ambulance services in Western Maryland. He served as the commercial ambulance representative on the Region I EMS Advisory Council and on the Board of Directors for the Statewide Commercial Ambulance Association.

The recent inductees bring the total number of Hall of Fame members to 12. Earlier this year **Kenneth "Pete" May**, a volunteer member of LaVale Volunteer Rescue Squad since 1978, was the first EMT inducted into the Hall of Fame. Previously, **Dr. Frederick Miltenberger** and **Dr. William May** were inducted, both of whom had served as a Region I EMS medical director.

Nominations for the Region I Hall of Fame are accepted all year long by the MIEMSS Region I EMS Advisory Council. They are then voted on by the council, and up to ten nominees who have demonstrated outstanding contributions to the Region I EMS system are inducted into the Hall of Fame. Contact the MIEMSS Region I office at 16 South Broadway, Frostburg, Maryland, 21532, or call 301-895-5934 for more information on the Region I EMS Hall of Fame.

Maryland State Firemen's Association Hires Executive Director

The Maryland State Firemen's Association (MSFA) has hired their first full-time executive director. Kate Tomanelli took the position in July and joins the MSFA with a great deal of volunteer fire/rescue service and business management experience. She is an active member of the United Communities Volunteer Fire Department in Queen Anne's County, where she serves as EMS 2nd lieutenant.

MIEMSS Staff Attend 126th Annual MSFA Convention

MIEMSS Licensure and Certification; EMS for Children, along with Safe Kids Maryland and RISK WATCH; and Educational Support Services staff recently participated in the 126th Annual Convention and Conference of the Maryland State Firemen's Association (MSFA) in Ocean City. EMS for Children coordinated the Safe Kids Maryland and RISK WATCH "Steps to Safety" interactive displays and presented workshops on medication safety and drowsy driving for emergency services providers.

A number of fire/EMS providers were recognized at the MSFA convention for their contributions to public safety in Maryland. MIEMSS would like to congratulate all of those who were honored this year. We would also like to recognize Past President Mark Bilger for a successful year as president of the MSFA and for the time and dedication he provided to the members of the emergency services in Maryland. MIEMSS would like to congratulate Rick Blair on his recent election as president of the MSFA. We also congratulate First Vice President Mike Faust and Second Vice President Dick DeVore on their election to MSFA leadership roles, and the new officers of the Ladies Auxiliary: President Marcia Roth, Sr. Vice President Lori Denbow, and Jr. Vice President Donna Struntz. We look forward to working with Presidents Blair and Roth and the other officers in the coming year.

MIEMSS thanks all emergency services providers of Maryland for the job that they do every day in making our state a safer place to work and live.



The Maryland EMS for Children Program coordinated educational displays, like this one on child passenger safety and occupant protection, at this year's Maryland State Firemen's Association Convention.



MIEMSS Acting Co-Executive Directors Pat Gainer (left) and Dr. Richard Alcorta (right) present a Certificate of Appreciation to former EMS Board member George A. "Fred" Cross, Jr., at the 2018 Maryland State Firemen's Association Convention.

NREMT Appoints Bill Seifarth as New Executive Director

The National Registry of Emergency Medical Technicians (NREMT) and its Board of Directors recently announced that Bill Seifarth, MS, has been selected as the organization's new executive director. Seifarth has a long history with Maryland EMS, having spent 13 years at MIEMSS providing oversight of EMS licensing/certification and education. He was MIEMSS' director of the Office of Licensure and Certification from 2008 until 2010, and prior to that, served as the educational development program coordinator in that department.

"I am honored to serve the National Registry as its new executive director, helping to fulfill its mission as the Nation's EMS Certification organization," said Seifarth. "I look forward to collaborating with the Board of Directors, staff, and constituents as we collectively progress toward our shared goal of advancing the EMS profession."

Seifarth received his Master of Science and Bachelor of Science degrees in Emergency Health Services from the University of Maryland, Baltimore County (UMBC) and is a Nationally Registered paramedic. In addition to his 13 years with MIEMSS, Seifarth has held positions with a nonprofit health care organization and the US Department of Homeland Security's Office of Health Affairs.

Seifarth will assume the executive director position at the NREMT on August 24.



Bill Seifarth. Photo Courtesy of the National Registry of Emergency Medical Technicians.

J. Alex Haller, Jr., MD, Pioneer in Pediatric EMS, Dies at 91

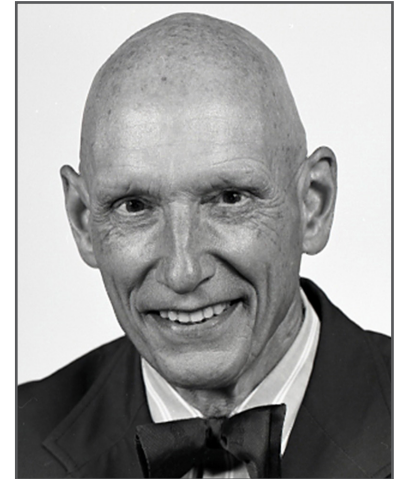
Dr. J. Alex Haller, MIEMSS' former associate EMS medical director for children's programs, died on June 13 in Glencoe, Maryland. In addition to serving in this capacity, Haller was instrumental in identifying the need for and establishing the Pediatric Emergency Medical Advisory Group (PEMAG), now known as the Pediatric Emergency Medical Advisory Committee (PEMAC), and in the design and development of the Pediatric Advanced Life Support (PALS) protocol, which details steps and procedures for the stabilization of critically injured children or those with other emergency conditions.

Haller officially joined MIEMSS in 1992, but had long-collaborated with Dr. R Adams Cowley to help develop Maryland's statewide EMS system, particularly as it pertained to pediatric patients. In 1973 Haller established the nation's first children's trauma unit in a university hospital at Johns Hopkins. In 1974 he wrote about the establishment of this groundbreaking facility in *The EMS Newsletter*, the predecessor to the current *Maryland EMS Newsletter*:

“The pediatric trauma center at Johns Hopkins is the first unit designed especially for the delivery of emergency care for children in a university hospital. Children brought into this unit have the advantages of centralized diagnostic facilities and of specialty consultation in all surgical and pediatric disciplines. In addition, they are treated in an environment designed especially for them. We believe that these concepts can be best translated into an operational program in a university hospital environment with a geographically distinct trauma center for initial management of serious injuries and with an adjacent children's intensive care unit which also provides postoperative care for children.”

A professor emeritus of pediatrics, surgery and emergency medicine in the Johns Hopkins University School of Medicine, Haller was also surgeon-in-charge of Johns Hopkins Children's Center for nearly 30 years. The Pediatric Trauma Center at Johns Hopkins Children's Center is the only designated trauma center for children in Maryland (the Pediatric Trauma Center at Children's National Medical Center in Washington, DC, is also within the statewide EMS system).

Haller's lifelong dedication to the care of ill and injured children earned him nationwide recognition as a pioneer in this field of specialized care. He was one of the first physicians to recognize that “children are not small adults,” and his standards providing for the unique needs of children became a model for pediatric trauma care around the world.



Dr. J. Alex Haller

Save the Date!



Winterfest 2019

Easton, Maryland

**Preconferences – Including EMT Skills Class –
January 24 & 25, 2019**

**Full Conference –
January 26 & 27, 2019**

Disciplinary Actions

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

B-2018-846 (EMT) – May 1, 2018. Provider was placed on probation for three years and required to comply with all criminal probation requirements and be subject to random alcohol testing for pleading guilty to driving under the influence of alcohol.

B-2017-801 (EMT) – May 1, 2018. Provider's EMT certification was revoked after receiving probation before judgment for unlawful possession of controlled dangerous substance while he was on probation as a result of prior prohibited conduct.

B-2018-849 (EMT) – May 1, 2018. Provider was placed on probation for a period equal to court-ordered probation and required to comply with all terms of the criminal probation requirements for receiving probation before judgement for 2nd degree assault.

B-2017-817 (EMT) – January 29, 2018. Provider's EMT certification was suspended for six months during which the provider was required to document successful completion of a distracted driving course and, if reinstated, he will be placed on probation for three years for using his personal cell phone while operating a moving ambulance and causing a motor vehicle crash.

B-2016-783 (EMT) – September 19, 2017. By disposition agreement: as the result of sexual harassment of female members of his volunteer fire company, including junior members, which involved creating a culture in which female members were pressured for sex and subjected to repeated, multiple displays of inappropriate sexual behavior, provider's EMT certification was revoked. The provider is allowed to apply for recertification after one year and after undergoing a psychological assessment to determine whether he is fit for service and successfully completing courses on professionalism and proper sexual decorum in the workplace. If he is recertified he will be on probation for three years, during which he will be subject to revocation for any prohibited conduct.

B-2016-798 (EMT) – June 26, 2017. EMT certification revoked for being found guilty of reckless endangerment.

B-2016-823 (Paramedic) – June 26, 2017. Reprimand for continuing to function as a paramedic from May 1, 2014, through February 3, 2017, notwithstanding the fact that provider's license was expired.

B-2018-827 (EMT) – June 12, 2018. By disposition agreement: provider's certification was retroactively suspended for six months, and provider was placed on probation for three years during which he was required to submit to random drug testing upon request of the MIEMSS Chief Compliance Officer at provider's own expense for overdosing on opiates.

B-2018-845 (Paramedic Applicant) – June 12, 2018. By disposition agreement: applicant had previously been subject to disciplinary actions and had most recently surrendered his license for a period of 18 months after a third instance of illicit drug use over the past six years. Application allowed to proceed, and if applicant is licensed, he will be placed on probation for four years during which he is required to submit to random drug testing, submit quarterly progress reports from his EMS supervisor, and continue substance counseling.

B-2017-828 (EMT) – March 13, 2018. By disposition agreement: provider tested positive for a CDS during a new employee physical examination. After submitting negative testing, provider was placed on probation for one year during which time he is required to submit to random drug testing and submit quarterly reports from his supervisor.

B-2017-830 (Paramedic) – April 10, 2018. By disposition agreement: for withdrawing large quantities of fentanyl from the hospital Pyxis and for testing positive for fentanyl and marijuana, provider's license suspended retroactively for one year, and, thereafter, his scope practice is limited to EMT for a period of one year. Upon successful completion of one year at the EMT level, provider's scope of practice will be expanded to paramedic, and provider shall be placed on probation for three years during which time he shall submit to random drug and alcohol testing. During this time provider will continue to participate in an ongoing organized sobriety support program and submit documentation of that participation from the group leader.

B-2016-785 (EMT) – December 12, 2017. By disposition agreement: provider's certification suspended for six months, and, upon reinstatement, provider placed on probation through remainder of current certification period during which time provider will submit quarterly reports from his EMS supervisor

Maryland



MIEMSS Seeks Feedback on EMS Update Educational Program

MIEMSS has developed a short online survey for EMS providers to submit feedback about the annual EMS Update educational program. This program includes the annual protocol update, and is required education for every Maryland EMS provider, to be completed prior to July 1 annually. The online survey is voluntary and can be accessed through MIEMSS homepage (www.miemss.org) or directly at https://www.surveymonkey.com/r/EMS_Update_Quality_Improvement.

MIEMSS will use provider input on the educational program to make changes and improvements for the 2019 EMS Update and beyond. EMS providers are encouraged to complete the survey, which should take five minutes or less, as soon as possible. We sincerely appreciate your feedback on this very important component of EMS provider education.

National Heatstroke Prevention Awareness Day

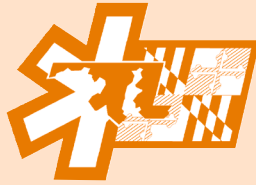
July 31, 2018

Heatstroke is the leading cause of non-crash related vehicle fatalities for kids 14 and younger in the United States. This year so far, 29 children have died because they were left or trapped in hot cars. All these deaths are tragic. All were preventable. Look before you lock! For more tips, visit <https://www.safekids.org/heatstroke>.



A vehicle can heat up rapidly—even in cooler weather—and these temperatures can have a deadly effect on small children. This outdoor stand-up temperature display, showing how hot the inside of a vehicle can actually get, is available for loan from MIEMSS. For information, email cps@miemss.org or call 410-706-1758.

MIEMSS, *Maryland EMS News*
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Governor Larry Hogan
Lt. Governor Boyd Rutherford

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