

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

Volume 16, Issue 3 – July-September 2023

NORWOOD FIRE STATION PERSONNEL SHOOTING

BIRMINGHAM, JEFFERSON COUNTY
July 12, 2023; Incident Call Out 08:30 AM

Public Safety personnel through Alabama were aghast on Wednesday, July 12th, when it was announced that two Birmingham Fire & Rescue personnel were assaulted with gunfire while in the confines of their station. News media announced that two men entered the station via the engine bay doors and shot 28-year-old Jordan Melton (EMT/Firefighter) and 31-year-old Jamal Jones (EMT/Firefighter) seriously wounding both and sending both to the trauma center at UAB University Hospital on 6th Avenue South.



Station 9, in the Norwood Area of Birmingham, is located at 1228 27th Street North, approximately two and a half miles from the University Hospital. Units R208 and R213 were responded to the location, arriving within minutes. Both patients arrived in serious condition with multiple lower extremity wounds. News outlets throughout the state reported that Birmingham Police were investigating the assault as a “targeted attack.” Then on Monday, July 17th, five days after the morning of the assault, Firefighter Melton succumbed to his wounds while still in hospital.

In a statement released by Birmingham Mayor Randall Woodfin on the morning of Melton’s death, the young firefighter was described as vibrant, young, and full of life. “He loved to talk sports as much as he loved good barbecue,” said Woodfin according to USA Today. Firefighter Jones was reported to have been released from the hospital on August 10th after twenty-nine days (or four weeks and a day) after his injury; and to be resting at home. Birmingham Fire and Rescue Battalion Chief Jackie Hicks reported that, although Jones is home resting, he still has a long road to recovery.

According to WBRC.com (Birmingham’s News 6) on October 12th, no arrests have been made in the case after three months. The units assigned to Station 9 (Norwood Fire Station) have been operating out of other stations while damage to the station is being renovated. Captain Orlando Reynolds said during the interview

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that the Birmingham Fire Department is “still hopeful” for a breakthrough in the case which will identify and lead to the arrests of individuals involved in the shooting. Captain Reynolds went on to say that BFRD has confidence in the abilities of the men and women of the Birmingham Police Department to bring the criminals to justice.

When asked for comment, Jamie Gray, Director of the Alabama Office of EMS had this to say; “It is horrifying when such a heinous act of violence is brought into the safe haven of a fire station in the state of Alabama, and a cultural center such as Birmingham. The fire station is home to our firefighters for a third of their lives during their careers. Citizens can seek medical care and societal support at their local fire stations and Fire stations have always represented safety in an unsafe world, and a place where help can always be found. To have this sort of travesty occur within such a location, and to two young, highly trained and altruistic servants of society, is unthinkable.”

EMS WORLD EXPO – 2023 NATIONAL EMS AWARDS OF EXCELLENCE – JAMIE GRAY RECEIVES 2023 EMS WORLD/DYNAREX EMS CARING AWARD

New Orleans, Louisiana

September 20, 2023; Opening Ceremony

Alabama Office of EMS Director Jamie Gray was presented with the 2023 EMS World/Dynarex EMS Caring Award at the opening ceremonies of this year’s EMS World Expo. A release from EMS World in August stated:

Jamie Gray is EMS director for the state of Alabama in addition to running medical calls as a volunteer and serving as a volunteer firefighter. He is a nationally registered paramedic and holds certification as a tactical paramedic. “Mr. Gray demonstrates an extraordinary commitment to his community,” according to his nominator Doug Roberts. Gray is a member of the National Disaster Medical System as a deployable disaster medic and a volunteer member of a Law Enforcement Special Operations Unit Evacuation Team and serves on the board of directors and acts as current chair of the South Region of the National Association of State EMS Officials. He is a former director of the Alabama Opioid Assistance Project and vice chair of the Alabama Mutual Aid System Advisory Council, as well as serving on the Emergency Medical Services for Children Advisory Council, Opioid Crisis Advisory Council, and the Data Driven Prevention Initiative Advisory Council. Gray began in emergency services in 1998 and in addition to medical certifications, holds certifications as a firefighter, fire service instructor, and EMS instructor as well as HAZMAT operations. He has served as a dispatcher, rode an ambulance, and taught EMS classes full time at a community college. He still teaches CPR classes for health care students of all disciplines and for local churches and organizations. “Mr. Gray epitomizes servant leadership and inspires others to give back and pay it forward,” Roberts says.

The Alabama Office of EMS would like to congratulate Jamie on his well-deserved recognition for services rendered to his community and to the state of Alabama as a whole. Dynarex, a leading durable medical equipment and disposable medical products company, bestows its Dynarex EMS First Responder Caring Award (FRCA) each year. This nationally recognized award is given to EMS professionals who show outstanding dedication to their community. The award was presented by John Burns, Director of Dynarex Corporate Training & Events.



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EMS DATA & REPORTING UPDATE

Gary L. Varner, MPH, NRP / Epidemiologist Senior
Data Management & Analysis Section



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

Second Annual National EMS Information System (NEMSIS) “Nemmy” Award

The Alabama Office of EMS has been awarded the NEMSIS “Nemmy” Award for 2023. The award was developed and awarded for the first time in 2022. It is awarded to a State or Territory each year in appreciation and recognition of hard work, dedication, and commitment in promoting excellence in EMS Data collection and management.

The need for uniform, consistent and comparable data collection was first advocated for in the National Highway Traffic Safety Administration (NHTSA) publication “EMS Agenda for the Future” in 1995. At the time, EMS was about 30 years old, and the “Agenda” document was meant to recount the journey of the profession from inception until the date of publication, and then outlined the journey’s potential course into the future. NHTSA partnered with the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), to promote the EMS agencies, organizations, and individuals of America to evaluate their roles and chart a course for the future. So now in the year 2023 almost all the positive changes seen in EMS over the decades of the twenty-first century have been based upon the “Agenda” document’s influence. The Agenda for the Future document was as influential as 1966’s “Accidental Death and Disability: The Neglected Disease of Modern Society” (the White Paper) which was the catalyst for the Emergency Medical Services Systems Act of 1973.

Alabama has participated in the NEMSIS data collection system since 2003. Every U.S. state and territory participates under a data use agreement (memorandum of understanding, or MOU) which standardizes data collection among states so that meaningful comparisons can be made. Every licensed service in the state is required to electronically report the patient care responses of their units to accumulate a permanent record of their patient care and utilization. The data is evaluated at the state and federal levels to facilitate quality assessment and improvement processes.

The Alabama Office of EMS Data Management & Analysis team is comprised of Gary Varner, the State EMS Data Manager, as well as Chris Palmer and Lori McInerney, the ADPH Information Technology team assigned to us. The Center for Advanced Public Safety (CAPS) at the University of Alabama is also an integral part of the team and provides software development and support processes for the state’s EMS repository and NEMSIS Schematron, as well as the free state provided software, RESCUE, and associated tools. In addition to EMS, CAPS maintains systems for the Alabama Law Enforcement Agency (ALEA) among others. Members of the CAPS team most directly associated with EMS include Todd Tilley, Product Line Manager, Ethan McKenzie and Landon Bentley who are both Software Scientist III’s.

The Alabama Office of EMS appreciates the participation and cooperation of our licensed services to promote the highest possible EMS data quality.

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NOTES FROM THE DIRECTOR:

“Xylazine-Laced Fentanyl Illicit Substances and the Opioid Crises”

Jamie Gray, BS, AAS, NRP, TP-C

State EMS Director



Alabama, as well as the rest of the nation, is continuing to undergo an opioid crisis. The causes of the crises are multi-faceted and beyond the scope of this article. Evidence of the increases in narcotics overdoses which are delivered to the Alabama Department of Public Health and the Alabama law enforcement community is derived from the statistics of naloxone administration data supplied by Alabama prehospital electronic patient care reports. Generally, both law enforcement agencies and public health practitioners are informed of areas where acute increases in naloxone administrations occur. They respond by increasing the number of interventions within those identified areas. The increased amount of naloxone usage is notable; however, several factors must be considered. Increased availability (more access to naloxone via pre-EMS responders and lay persons), and reporting requirements associated with naloxone distribution projects. Understanding those are not the only reasons for increased naloxone administrations, we should also realize that an increasing amount of illicit opioids are actually being sold and consumed in our state. When discussing opioid issues, we must also be aware of new additive methodologies or “techniques” hitting the streets and affecting our overdose patients.

Xylazine is a veterinary drug used for sedation, anesthesia, analgesia, and muscle relaxation in large animals such as horses and cattle. It is commonly used in combination with ketamine and can be used as an emetic, especially in cats. It is marketed under the names Rompun (Bayer) and also as Anased, Sedazine, and Chanazine for veterinary use. Street names for the drug include “tranq” and it is being diverted from stocks used by equine veterinarians as a cutting agent for heroin and fentanyl. Fentanyl mixed with xylazine is known by the street names “sleep-cut”. “Zombie drug” and “tranq dope”. The issue experienced by EMS providers is that the substance increases the sedative effect of the already powerful opioid fentanyl, and it does not respond to the use of naloxone as it is an analog of clonidine and an alpha-2 agonist. The issue experienced by intravenous drug users with these combinations is a profound tendency toward tissue necrosis at and around the intravenous injection site, as well as over sedation and death secondary to the substance’s powerful (and often unknown) properties. It was first discovered as an antihypertensive by Bayer in 1962 but due to its profound effects on blood pressure and heart rate it was never adopted by the Food and Drug Administration and limited to use in veterinary medicine and mostly on very large animals. In humans, depending upon dose and patient health, effects are usually seen within 30 minutes, peak sedation last for 1-2 hours and effects last for up to 4 hours.

Xylazine has been used in illicit substances marketed illegally in different parts of the United States for well over a decade. On March 20, 2023, the DEA issued a Public Health Alert warning the American public of a sharp increase in the trafficking of Fentanyl mixed with Xylazine. In addition, on April 12, 2023, the Whitehouse

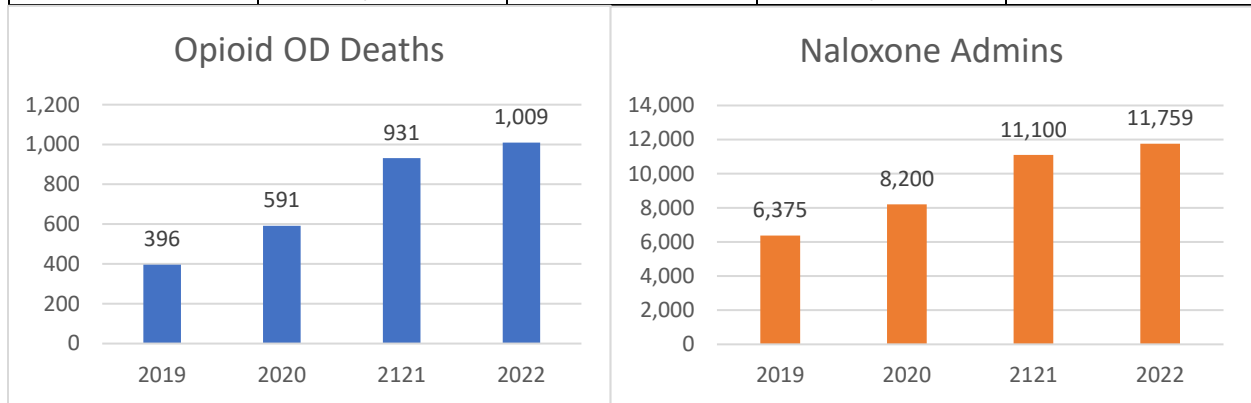
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Office of National Drug Control Policy officially designated Fentanyl adulterated or associated with Xylazine as an emerging threat to the United States. In a bulletin released in August 2023 by Gulf Coast HIDTA (High Intensity Drug Trafficking Areas Program) a list of substances found in combination in the National Forensic Laboratory Information System (NFLIS) which were recorded after analysis of seized illicit substances in the United States between 2020 to present where Xylazine was found almost always included fentanyl. The list of involved substances also included heroin, 6-acetylmorphine, P-flurofentanyl, procaine, diphenhydramine, guaifenesin, cocaine, quinine, caffeine, dipentylone, lidocaine, cannabis, tramadol, acetaminophen, noscapine, eticyclidone, methamphetamine, dimethylsulfone, mannitol, N-benzylfuranyl fentanyl or testosterone in various combinations.

On July 27, 2023, the Alabama Law Enforcement Agency (ALEA) released a warning regarding Xylazine presence in illicit substances. The report detailed the exposure of Senior Trooper Charles May on May 3, 2023, to a substance that was possibly Xylazine-laced fentanyl. Trooper May was in the process of transporting a subject to the Macon County Jail when the individual fell ill. EMS was dispatched and the subject was administered naloxone and transported to an emergency facility. Shortly after naloxone was administered to the subject, Trooper May also fell ill, and was then transported as well. Trooper May has experienced severe health-related issues after this incident. Trooper May was required to travel to Boston, MA for several weeks to undergo medical treatment not available in our area.

Opioid-related deaths have been climbing in Alabama in the past few years. According to the Alabama Department of Public Health Center for Health Statistics, 396 persons succumbed to opioid overdose death in Alabama in 2019. The number rose to 591 (increase of 49%) in 2020. It rose to 931 (increase of 58% over 2020) in 2021. In 2022 it rose to 1,009 (increase of 8% over 2021) and an increase of two and a half times that in 2019, in just three years. Similarly, naloxone administrations within Alabama have also increased. According to the Alabama EMS Annual Reports, naloxone was administered 6,375 times in 2019. It was reported as being administered 8,200 times in 2020 (increase of 29% compared to 2019) and 11,100 administrations in 2021 (an increase of 35% over 2020). Finally in 2022 it was reported at 11,759 (an increase of 6% from the previous year) and an increase of 84% over 2019. A comparison table and charts are listed below.

YEAR	Opioid OD Deaths	Trend-1	Naloxone Admin	Trend-2
2019	396	Baseline	6,375	Baseline
2020	591	49%	8,200	29%
2021	931	58%	11,100	35%
2022	1,009	8%	11,759	6%
TOTALS	2,927	255%	37,434	184%



The Alabama Office of EMS encourages all prehospital personnel to be particularly vigilant as we all face this facet of the opioid crises together. Please employ all due diligence to ensure scene safety and to avoid any exposure to these, and all hazardous substances. If you have any questions or comments, please do not hesitate to forward them to our Office. Thank you for all you do every day and please be safe out there.

LICENSURE SECTION

Vickie Turner, BS, NRP
Licensure Coordinator



Licensure Renewal and Information FAQs

We would like to share a list of common questions that may help when you're renewing your license in the upcoming license cycle and may keep your application from being returned or delayed.

- Alabama does not do traditional reciprocity. We are a National Registry (NR) state meaning you must obtain NR in order to gain licensure in Alabama.
- To renew your license, you must have a current National Registry or if you were grandfathered in you must submit your con-ed that was completed prior to March 31st for review. Your expiration date is still March 31st of a given year and your absolute renewal deadline is April 30th of that same year. Applications submitted after April 30th for “grandfathered individuals” must include proof of current NR.
- **All** con-ed questions and National Registry test/skills need to be emailed to our Education Coordinator, Kimberly Wilson at **Kimberly.Wilson@adph.state.al.us** as she will be the individual that is reviewing con-ed.
- Please be sure that you are utilizing the most current application which is located on our website at www.alabamapublichealth.gov/ems/assets/ems-individual-licensure-app.pdf
- If you are sending in a copy of your driver license for citizenship purposes, please send a legible copy of the license.
- Please do not send your social security card.
- We are unable to take “starter checks” and if you do choose to send in a check, please be sure to sign it.
- You can send payments with a check, money order, or cashier check. We do not recommend sending cash in the mail.
- If we send you a return letter, you must respond within 24 days. If there is a delay in responding, our system will force us to refund your payment and start the process over.
- All individuals that need any of the Paramedic Endorsements, please be sure to upload the Endorsement page with a copy of your certificate/card.
- We recommend you renew your license online. This makes processing easier and you could potentially get your license back sooner.
- We do not take any payments over the phone and please do not send a copy of your credit card in email for payment because we will not take it
- If you choose to mail your application, please mail them to 208 Legends Court, Prattville, AL 36066. Overnighting your application will not guarantee that we will receive it the next day.

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- If your license is expired there is a \$50.00 late fee
- If you check yes to the box on the application that ask if you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition you will need to have the Essential job functions analysis filled out by your doctor each license cycle.
- We now have a restricted license for individuals that are unable to work on the ambulance due to physical limitations but want to keep or need their license for other things such as teaching or administrative duties.
- If you check that you have been convicted of any criminal act (Not minor traffic violations) you will need to submit documentation (statement) of what transpired and when. You will need to submit this every license cycle.
- All bulk renewals will need to contact Alabama Interactive to gain the code you will need to use.
- A new number that is needed to renew your license is your EMS ID Number. This number is located on your National Registry home page.
- If any of your contact information has changed and you are not renewing, please fill out the information update form on our website because if we need to contact you, we will do that through the information we have. Email is the most important but please update all information such as address and phone number as well.
- There is now a \$12 fee for reclassification, reinstatement, reprint, name change, or citizenship update.



Alabama OEMS is pleased to announce the initiation and licensing of Auburn Fire Department EMS (License #1235) as an ALS1 Transport service. The Department initiated their service with 89 licensed personnel on their roster: including 21 advanced personnel. Emergency Medicine Physician Alan L. Moore, MD, serves as the Department's offline physician. They have initiated service with one ALS transport unit (Rescue 1) and one ALS pumper. We congratulate the efforts of Auburn Fire Department to branch into ALS transport and first response and expect many innovative developments in the coming years and decades to better provide public safety and medical care services to the citizens of Auburn and residents of Lee County.

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PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP
Provider Services Coordinator



EMS Injuries & Illness – An Encouragement to take Care

I have often noticed that when I end a telephone conversation with a Emergency Medical Provider Service representative I will say something to the effect of “Y’all be careful out there.” I suppose it is my endeavor to stay positive and to be polite, but the statement goes beyond that when speaking with EMS providers.

Anyone who has served in EMS for any length of time realizes that the nature of the profession can be somewhat risky. If we have not experienced an accidental injury ourselves, we all work with someone or know someone who has. Our roles as rescuers bring us into consistent contact with perilous situations that we are trained to be observant for and to avoid if possible. One of the first things we learn in training is “Is the scene safe?!!” And that continues to be our priority throughout our career.

According to the article “Occupational Injuries and Exposures among Emergency Medical Services Workers” published in Prehospital Emergency Care in 2017, the five primary types of injuries that befell EMS workers are in their study group were; (1) Injury from body mechanics (28%), (2) Exposures to body fluids or chemicals (27%), (3) Slips, trips, falls, etc. (16%), (4) Motor vehicle accidents (8%) and assault or violence (7%). In consideration of the consequences of these five mechanisms, any one of which could be devastating to a person’s health and welfare, the most recognizable overall danger is probably found in EMS-related motor vehicle accidents.

Another aspect that we do not often consider is the emotional and mental burden that is often a part of EMS practice. The Centers for Disease Control (CDC) recounted in their article “Suicides Among First Responders: A Call to Action” (April 6, 2021) that law enforcement officers and firefighters are more likely to die by suicide than in the line of duty. That EMS providers are 1.39 times more likely to die by suicide than the public. And that between 17% and 24% of public safety telecommunicators have symptoms of post-traumatic stress disorder (PTSD) and that 24% have symptoms of depression.

I believe that EMS is more of a life calling than a job. We have been around for about fifty years now, and a great many positive development have occurred over that time. Still, we have a long way to go to make our profession as good as it could be. Salaries are going to have to elevate to be commensurate with the responsibilities that we face. That is difficult because of issues like poor insurance reimbursement, extremely high overhead costs, and extreme liability factors. More accurate tasking of resources (personnel and equipment) should also be implemented to prioritize ALS crews’ utilization for ALS patients and BLS crews for BLS patients.

In general, however, the well-being of our personnel depends upon their own efforts. Proper adherence to traffic rules, proper diet and exercise, peer and professional mental health support utilization, proper use of body mechanics and utilization of common-sense approaches to life. I submit that one of the most important things is to maintain a positive attitude and sense of service to others.

TOPICS ON TRAUMA & CARES

Sara Matthews, RN
 Acute Health Systems - Trauma Registrar, CARES Coordinator



CARES Update

The Cardiac Arrest Registry to Enhance Survival (CARES) operates throughout the United States and includes ten services in Alabama who voluntarily participate. The purpose of CARES is to evaluate management of out-of-hospital cardiac arrests (OHCA) and to identify opportunities to improve the quality of care provided to communities, clients, and patients. The survival rate of OHCA has not improved nationwide in thirty years. The lessons learned from the data derived from CARES serves to identify both successful areas and unsuccessful areas of out of hospital practice so that improvement can be facilitated.

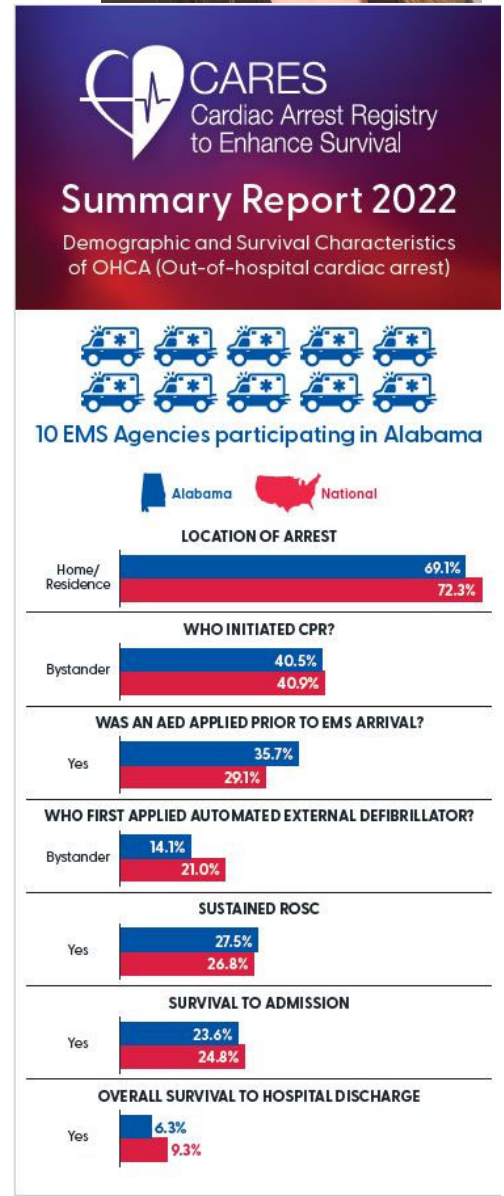
The 2022 data reported by the ten participating Alabama EMS services indicates that slightly fewer OHCA cases are reported at home in Alabama compared to the U.S. and about the same percentage of bystanders initiate CPR. AED’s were applied prior to EMS arrival about 7% more frequently in Alabama but about 7% fewer were applied by bystanders in Alabama. About the same percentages of cases experienced a sustained return of spontaneous circulation (ROSC) and about the same percentage survived to admission to the hospital. Alabama recorded 3% fewer survivals to hospital discharge than the rest of the nation, but the total survival rate to discharge was only 6.3% and 9.3% respectively.

The best way to deal with OHCA is to prevent OHCA. Identification of, and response times to, OHCA cases are the primary reasons why fewer survive than in In Hospital Cardiac Arrest cases.

For more information on the CARES Program please review <https://mycares.net> .

For more information on all of the Acute Health Systems: <https://www.alabamapublichealth.gov/ems/health-systems.html>

If you have any questions or comments email: sara.matthews@adph.state.al.us



PARAMEDIC “PINNING” CEREMONIES – ARE THEY IMPORTANT?

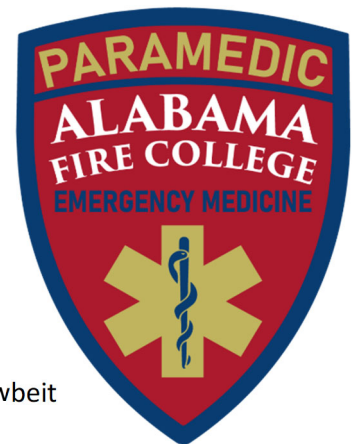
Gary L. Varner, MPH, NRP / Epidemiologist Senior
Data Management & Analysis Section

When we think of “pinning ceremonies” we usually think of nursing programs. In the last two years I have attended two pinning ceremonies for friends that were graduating paramedic students at Coastal Alabama Community College in Baldwin County. On both occasions I was impressed by the feeling of camaraderie it seemed to induce among the students who had struggled together for over a year to accomplish graduation. As a result, I began to wonder if this tradition, borrowed from the profession of nursing, should be a standard practice within EMS.



In an article about nursing pinning ceremonies found on the Herzing University website (<https://www.herzing.edu/blog/importance-pinning-ceremony-nurses>) it states that the pinning ceremony has roots from the 12th century when knights who aided the sick and infirm were given a Maltese cross to wear. Nursing pinning ceremonies are closely tied to an award given to legendary nurse Florence Nightingale. Known as the “mother of modern nursing” she was awarded the Red Cross of St. George in the 1860’s for her tireless work during the Crimean War. To share this honor, Nightingale presented a medal of excellence to her brightest graduates. Soon, the Nightingale School of Nursing at St. Thomas Hospital in London designed and awarded a badge with a Maltese Cross to all nurses as they completed their program (see one of the oldest examples above).

By 1916 the practice of the pinning ceremony was standard for nursing programs throughout the United States and England. When EMS developed, beginning in the 1960’s, the general model was to make program-specific shoulder patches available to EMS program graduates. Currently almost every state offers patches for level of training, as do many training programs and the National Registry. As EMS is usually dressed in a service uniform the patch seems a great method of identification unless the employing organization forbids such patches to be worn. So, traditionally, EMS graduates will receive their certificates in the mail, along with their patches; or may receive their certificate/diploma along with their patches at a formal graduation ceremony, howbeit rarely in regalia.



Whereas any recognition of completion of the torturous process of EMS training is superior to no recognition, I must advocate for the process of the pinning ceremony. First, the EMS training group (class) is recognized independently of the remainder of the institution’s graduates, such as nurses, industrial technicians, other healthcare fields, and general education graduates. Secondly, an individualized ceremony allows larger family and friend groups to attend, as well as officers from the EMS departments that employ the graduates. Third, graduating students tend to wear the uniform of the department or service that they are employed with, or their student uniforms if they are not yet actively employed in EMS, in the ceremony and the placement of a

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physical symbol of their achievement (a school/level pin) helps to signify the achievement of completion of a very difficult pathway of education. Finally, a pin can generally be worn on any uniform.

The graduating paramedics from the first and second pinning ceremony I attended at Coastal Alabama Community College (this one in July 2023) all seemed positively affected by the process. In this picture of the second, except for their instructor (far left) all are dressed in their respective service uniforms. Each student had colleagues, friends, and family members among the sizable audience. Each student was called, in turn, to walk across the stage, receive their pin from either the instruction staff or family member of their choice, and then receive their certificate and have an individual picture taken for a keepsake. In addition, this class had selected a representative to give an address on their behalf. The student, Paramedic Donnie Brown, did an excellent job conveying the gratitude of the student group for the patience and support of their families and the attention paid to them by their instructors during their training process.

We at the Alabama OEMS encourage all training programs in our state to institute graduation pinning ceremonies for their paramedic students. Not only does it institute a professional tradition, but it also commemorates the very difficult process of training and the hard work required for completion by their students and creates a pleasant milestone for students in which their families and colleagues can share.



COMPLIANCE SECTION UPDATE – USE OF CBD GUMMIES

Steven Stringer, BS, AAS, NRP, FP-C
Compliance Coordinator

Compliance Specialist Rhonda Caples, NRP, FP-C, and I would, again, like to thank everyone who is licensed in the State of Alabama for the extraordinary job they do caring for ill and injured patients in our state.

The third quarter of 2023 has not been active regarding compliance issues; however, I'd like to take this opportunity to clarify some issues regarding CBD containing materials and its potential for problems in the arena of EMS.

In the past several years, cannabidiol (CBD) has become more mainstream in wellness and healthcare. You can find CBD-containing materials in tinctures, capsules, gummies, etc. In Alabama, CBD oil that exceeds 0.3% THC (delta-9-tetrahydrocannabinol) is only legal if the user has a specific condition for which they can receive a medical cannabis license. CBD oil containing materials with less than 0.3% THC are legal for purchase over the counter, however, extreme caution should be used if they are used by EMS providers.

CBD is technically a psychoactive cannabinoid. The plant group *Cannabis sativa* are essentially a family of plants, which are all hemp plants, but with some specifically high THC-containing members. When derived from true marijuana plants (usually from all parts except the seeds) the THC levels of CBD oil are typically greater than 0.3% and so are only used for medical conditions which are overseen by a physician. When derived from hemp (typically the seeds) the THC levels are below 0.3% and are legally purchased over the counter for uses that typically include relief of anxiety and depression and promotion of sleep. If those indications seem like conditions that are common among EMS providers, you are absolutely correct.

Hemp gummies, and other products, still usually contain trace amounts (less than 0.3%) of THC. Recreational marijuana is illegal in Alabama and Alabama law states that employers can test their employees for metabolites of drugs from any bodily substance, including tissues, blood, urine, and breath. Typically drug screens for EMS are urine or blood and may be randomly sampled per the policy of the employer, secondary to accident or injury for workers compensation. **Drug testing is also allowed when the employer has reasonable suspicion, after a workplace injury, for a fitness-for-duty exam, or after the employee completes a rehab program, or at the recommendation of the Office of EMS.** THC can also remain detectable in the body for several days or even weeks. The commonly used test, the 7-panel urine test (also known as the DOT Mirror Test) detects 50 ng/mL. Note that is "nanograms" per milliliter.

Our Section would like to remind our licensees that, although hemp gummies are legal for consumption, their use may result in urine levels greater than 50 ng/mL (a cannabinoid positive result). If a positive result occurs the licensee will be required to attend a drug treatment program and undergo routine testing thereafter. CBD gummies, if used at all, should be limited to the recommended dose (i.e., a half-gummy) for promotion of relaxation or sleep. The temptation to "step up" the dose should be resisted, as materials may be accumulated in the system and surpass the legal limit should a drug test occur. Also be aware that above-legal limits make defense in court very difficult in vehicular injury and medical practice litigation. The possibility exists that use of "an extra gummy" for sleep can influence a jury's decision from protection of the EMS defendant to award for the plaintiff.

