



Update from the Office of EMS Volume XVII, Issue V

From the Director

The Office of EMS (OEMS) has seen a number of changes in the last few years, especially with staff. I started as an EMS Specialist inspecting ambulances, and I have worked my way up the ladder. I am humbled by the confidence that the State Health Officer has placed upon me to lead the OEMS. I am looking forward to the opportunity to represent OEMS, work with each of you, and move EMS in the right direction in the coming years.

With the start of a new year, come new ideas. I believe we need to have an open mind and embrace change. We have worked diligently to rewrite the EMS Rules which will go into effect on April 30, 2017. One change deals with Expanded Scope of Practice. We are now recognizing this as Critical Care Practice. We will endorse the ambulance service as Critical Care and the individual paramedic as a Critical Care Paramedic. The service will need to demonstrate that they can provide the service and have all of the equipment necessary, and the individual paramedic will need to have his or her medical director sign attesting to his or her competence and successfully complete the IBSC, CC-P or FP-C and maintain that certification. We have also moved the DNAR form from the EMS Rules and placed them in the Health Provider Standards Rules. We will still see and honor the form that is now called the Portable Physicians Do Not Attempt Resuscitation Orders. We have a link to this document on the OEMS web page under Forms. Please take a moment to familiarize yourself with it as you will be seeing it in the field.

On another note, it is with sadness that I learned of the passing of a good friend, Ludie Carroll. Ludie was a dispatcher at Care Ambulance in Montgomery where she served for the past 15 years. Before coming to work with the State EMS Office, I worked for Care Ambulance. While working at Care Ambulance, I had the privilege of getting to know Ludie. She was a caring and thoughtful person who was always concerned about the crews. Ludie will be missed dearly, and I ask that you remember Ludie's family and the Care Ambulance family during this difficult time.

As we move forward, your continued partnership is essential to the advancement of EMS in our state.

Stephen Wilson
Acting Director



From Your State EMS Medical Director

Spring is upon us and I hope that that everyone is looking forward to warmer weather and sunny days. Several of us from the OEMS just returned from the annual meeting of the National Association of State EMS Officials and we were able to participate in many interesting meetings. Among those were meetings on the safe transport of pediatric patients, mobile integrated healthcare/community paramedicine, along with federal partner updates from NHTSA,NIOSH, and Homeland Security. What we always see at these meetings is that all states face very similar challenges within their EMS systems. What we also see is that Alabama is not as backwards or behind in our EMS system as some like to think. We are certainly not perfect but we at the state office will continue to work to make the system better.

With that being said, I want to take this opportunity to remind everyone of one area that we all can work to improve. The specific area is the use of long spine boards. We are still seeing the overuse of long spine boards. I want to take this opportunity to remind everyone to familiarize themselves with the SMR protocol and to follow the protocol. The protocol is based on sound scientific data and if the assessment tools within the protocol are used appropriately then we will see a shift toward more appropriate long spine board usage. I have heard reports of some physicians giving the EMSP a hard time for not using spine boards. Just with many "old school" paramedics there are many "old school" physicians. If you are getting a hard time about not using the long spine boards and the protocol has been followed, then please have the physician call me at the state office and I will certainly be glad to discuss our protocol. We all have to embrace evidence based medicine in order to move our EMS system forward.

We have added the abdominal aortic junctional tourniquet to our approved list of devices. This device is optional and if a service chooses to purchase this device, the service and their medical director will be responsible for insuring the proper use of the device along with contraindications prior to implementation of this device.

Lastly, I wanted to close with a word about one of the pillars within the EMS system in West Alabama that passed away this past week. Ralph Howard was the longtime director of Hale County EMS and one of the first, if not first, rural paramedics in West Alabama. I got my start in EMS in 1985, when I was just an eager teenager who took a CPR class taught by Ralph. He let me start riding with him as an observer for a few months before I completed the basic course that he taught. I went on to paramedic training and worked for him all through college and medical school. I still use things today that he taught me over thirty years ago. Many of you have crossed paths with a Ralph over the years as either a student, employee or friend. It goes without saying that he left a huge mark on the EMS system in Alabama. He made EMS fun but was fiercely protective of his patients. He expected nothing short of perfection when dealing with patients but was also humble. I will close by offering my condolences to his family. I will miss my friend.

William E. Crawford, M.D.,FACEP
State EMS Medical Director





News Release

NASEMSO Releases Guidance on Safe Transport of Children by EMS

March 24, 2017 (Falls Church, Va.) The National Association of State EMS Officials (NASEMSO) announces the release of ***Safe Transport of Children by EMS: Interim Guidance***. The guidance is a result of the work of NASEMSO's Safe Transport of

Children Ad Hoc Committee, which is focused on establishing evidence-based standards for safely transporting children by ground ambulance. While there are a variety of products available to secure children being transported in ambulances, the EMS provider (and the children being transported) must depend on the manufacturer for determining if the restraint would operate as intended in an ambulance crash. Unlike the child restraints (car seats) used in passenger vehicles, which must meet the crash standards defined by the Federal Motor Vehicle Safety Standard (FMVSS) 213, there are no required crash-testing standards for these devices in the United States. NASEMSO is working with its partners to obtain funding to conduct the necessary crash-testing research to develop standards to be met by manufacturers. Until such research can be completed and standards developed, NASEMSO has issued *Interim Guidance* to maximize the safety of children in ambulances. This guidance is based on what is known at present and includes, in part:

- All EMS agencies that transport children should develop specific policies and procedures that address, at minimum the following elements: methods, training, and equipment to secure children during transport in a way that reduces both forward motion and possible ejection.
- The primary focus should be to secure the torso, and provide support for the head, neck, and spine of the child, as indicated by the patient's condition.
- A prohibition on children being transported unrestrained.
- A provision for securing all equipment during a transport where a child is an occupant of the vehicle, with mounting systems tested in accordance with the requirements of SAE J3043.
- To only use child restraint devices in the position for which they are designed and tested.
- All device(s) (including a combination of devices) should cover a weight range of between five and 99 pounds (2.3 - 45 kg), ideally supporting the safest transport possible for all persons of any age or size.
- Only the manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported.

NASEMSO does not endorse any product but urges prospective buyers to request testing information from the vendor/manufacturer.

The NASEMSO Safe Transport of Children Committee is comprised of members from state EMS for Children programs, federal partners, children's hospitals, the Ambulance Manufacturers Division of the NTEA, and the Association of Air Medical Services (AAMS). More information about the Committee is available at on the committee web page at <https://www.nasemso.org/Committees/STC/index.asp#Goals>. The full text of the *Interim Guidance* is available at on the NASEMSO website at <https://www.nasemso.org/Committees/STC/Resources.asp>.

The National Association of State EMS Officials is a leading national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.





Alabama e-PCR Submission Requirements

Some e-PCR Points of Clarification:

1. It is a requirement to complete a patient care report on every emergency medical response. This office is already monitoring submission rates and comparative data suggests that many agencies are not reporting all runs as required. Please submit all required runs to avoid noncompliance.
2. Each record must be submitted electronically within 168 hours or less. The goal is to eventually narrow that down to within 24 hours. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
3. Our IT staff is always available to assist you with your e-PCR needs. If you need assistance, you may call Chris or Lori at 334-206- 5383. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from them within a reasonable time, you may wish to [email](#) them.
4. Collecting and importing data is paramount only to reporting reliable data. Reliable data is accurate and contains no errors. When one looks for shortcuts and/or skips data entry in areas that has been discovered to have no validation rules, it dilutes the integrity of the data, not to mention falsifies a legal document. Please make sure you enter data accurately.
5. As of January 1, 2017, Alabama will begin the transition to and start accepting NEMSIS version 3.x data. We will also continue to accept NEMSIS version 2.0 data until December 31, 2017.

General Information

Do You Have Questions for OEMS Staff?

This is another reminder to those of you calling our office (334) 206-5383:

Complaints, Investigations, and Inspections —Call Jamie Gray

Provider Service Licenses—Call Vickie Turner or Kembley Thomas

Individual Licenses—Call Vickie Turner or Stephanie Smith

Individual Training or Testing—Call Stephen Wilson

EMS for Children, Website, and Social Media—Call Katherine Dixon Hert

Requests for Information from Regional Offices

The Office of EMS would like to request that you comply with any request for information from your regional office. Some Directors are still having issues receiving information and data as requested by the State office. We would greatly appreciate your cooperation and compliance.

Reporting Requirements

Please be reminded that, according to Rule 420-2-1-.07 (6h), All licensed provider services shall provide notification and written documentation within three working days to the OEMS regarding any protocol or rule violation, which includes but not limited to, according to 420-2-1-.30 (8), anyone guilty of misconduct or has committed a serious and material violation of these rules; has been convicted of a crime.

Also be reminded that, according to Rule 420-2-1-.29 (7), All licensed provider services shall provide notification and written documentation about any individual who meets the definition of an impaired EMSP.



OEMS Updates



• **Abdominal Aortic Junctional Tourniquet**

The Abdominal Aortic Junctional Tourniquet has recently been approved as an optional piece of equipment for EMS in Alabama. It is not required but if purchased, it is the responsibility of the services and their medical directors to ensure that their personnel are appropriately trained in its use.

• **Spinal Mobile Restriction**

Long spine boards are a great, safe, and useful transfer tool. However, while the spine board has saved many EMSP injuries (sprained backs, shoulders, arms, etc.), they can cause patient problems if overused or used improperly. The 8th Edition of the Alabama Patient Care Protocols recognizes the proper steps for utilizing spinal precautions or spinal restrictions when a patient does not meet any indications for the use of a long spine board and can be cleared under the spinal injury protocol (3.32).

Please keep in mind that an ambulance stretcher may provide as much spinal motion restriction as needed for transport, and, if an EMSP arrives at a hospital with a patient without utilizing a spine board and is criticized by the receiving hospital personnel, the EMSP should report such to the state office so that hospital personnel may be educated as to the reasons why this may occur. Remember that spine boards may contribute to tissue necrosis and may prolong and complicate a patient's hospital care and recovery. Protocols also suggest the use of a vest style device if the patient is found in a sitting position so that the patient remains stabilized from the point of a sitting position to the stretcher.

If the patient does not meet the requirements for full SMR, the "ideal" use of the spine board is to move the patient to the ambulance cot and then remove the spine board from under the patient. If the spine board is to remain in place, a base-line neurological check (Pulse, Motor, Sensory) in all extremities must be performed (unless scene/patient safety or patient is unstable) and appropriate documentation needs to be present in the PCR as to why this was indicated.

Please have your providers review the 8th Edition Alabama Patient Care Protocols so that we all may provide the best care possible to our patients.

- **Web Management and Information Updates**

If you have any changes within your service that occur after the initial licensing application process or after your annual renewal, it is important that these changes are corrected and entered on your corresponding web management profile or submitted to the office accordingly. If at any time your licensure information has changed, for example, medical direction, pharmacy information, or physical location, please complete the corresponding licensure paperwork of all updated information and submit it to our office. On our website there is a blank application that can be completed then printed for resubmission to the OEMS if needed. **You ONLY need to complete pages that represent the changes within your organization.** If you are having username or password issues, we have IT personnel who are willing to assist you in correcting the problem.

The Office of EMS would like to take this opportunity to formally welcome and congratulate new services operating in our state.

EMS Care Ambulance in Phenix City, Alabama





Compliance Issues

Name	Rule/Protocol	Complaint	Action Taken
Clark Chafin EMSP-Paramedic #1100079	420-2-1-.30	Crimes of Moral Turpitude Guilty of Misconduct	Suspension
Daniel Dietrich EMSP-Paramedic #1200747	420-2-1-.28 420-2-1-.30	Patient Care Issues Guilty of Misconduct	Remediation
Christopher S. Hobson EMSP-EMT #0800196	420-2-1-.30	Crimes of Moral Turpitude Guilty of Misconduct	Surrender
Melbourne S. Johnson, III EMSP-Paramedic #0801130	420-2-1-.30	Crimes of Moral Turpitude Guilty of Misconduct	Surrender
Stephen Leger EMSP-Advanced EMT #1000546	420-2-1-.30	Crimes of Moral Turpitude Guilty of Misconduct	Suspension
Foster A. Wicktom EMSP-EMT #1600681	420-2-1-.30	Crimes of Moral Turpitude Guilty of Misconduct	Surrender
EMSP-EMT	420-2-1-.29	Impairment	Suspension
EMSP-Paramedic	420-2-1-.29	Impairment	Surrender
EMSP-Paramedic	420-2-1-.29	Impairment	Suspension
EMSP-Paramedic	420-2-1-.29	Impairment	No Violation Found

Provider Service Inspections

The inspection reports for the following services can be found on Compliance Issues page of the Office of EMS [webpage](#). These inspections were completed January-March, 2017.

Advantage EMS

Blount EMS

Brookwood Volunteer Fire
Department

Cahaba Valley Fire-Jefferson
County

Cahaba Valley Fire-Shelby
County

Centerpoint Fire and Rescue

Concord Fire District

Greene County EMS

Homewood Fire Department

Hoover Fire Department

Hueytown Fire and Rescue

Indian Ford Fire District

Leeds Fire and Rescue

Lifeguard Ambulance Service-
Jefferson County

Lifeguard Ambulance Service-
St. Clair County

McCalla Fire District

Midfield Fire Department

Minor Heights Fire
Department

Moody Fire and Rescue

Northstar Paramedic Services-
Jefferson County

Pell City Fire and Rescue

Pickens County Ambulance
Service

Pleasant Grove Fire and
Rescue

RPS-Jefferson County

RPS-Shelby County

Springville Fire and Rescue

US Steel

Vestavia Hills Fire Department





Culture of Excellence

Brookwood Fire Department

Cahaba Valley Fire Department-Jefferson County

Collins Chapel Fire Rescue

EMS Care

Homewood Fire Department

Hueytown Fire and Rescue

Leeds City Fire Department

Lifeguard-St. Clair County

McCalla Fire District

Midfield Fire Department

Moody Fire Department

Pell City Fire Department

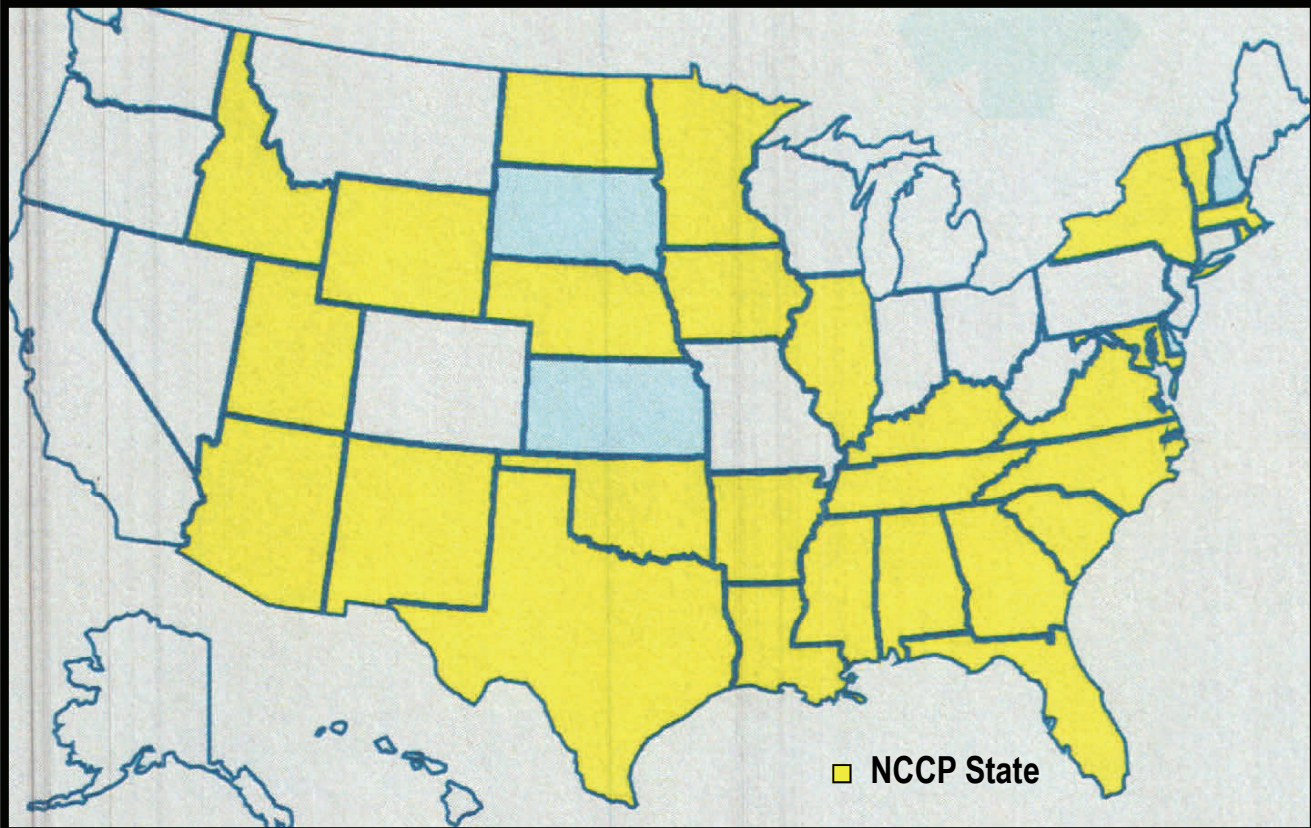
Pleasant Grove Fire Department

Vestavia Hills Fire Department



2016 National Registry of EMTs Annual Report

Alabama



Each year, the National Registry of Emergency Medical Technicians provides state officials with a State Annual Report which is a selection of relevant data about National EMS Certification, individualized for each state.

The following State Annual Report is specific to Alabama, and the data herein encompasses NREMT records from January 1 - December 31, 2016.



2016 State Annual Report

ALABAMA



QUICK LINKS:

**Information for
State EMS Officials:**

<https://www.nremt.org/rwd/public/document/state-officials>

NREMT State EMS Directory:

<https://www.nremt.org/rwd/public/states/state-ems-agencies>

REPLICA — The EMS Compact:

<https://www.nremt.org/rwd/public/document/replica>

More NREMT Maps and Data:

<https://www.nremt.org/rwd/public/data/maps>

NREMT Newsroom:

<https://www.nremt.org/rwd/public/document/news>

Contact the NREMT:

<https://www.nremt.org/rwd/public/dashboard/contact>

OUR EDITORS:

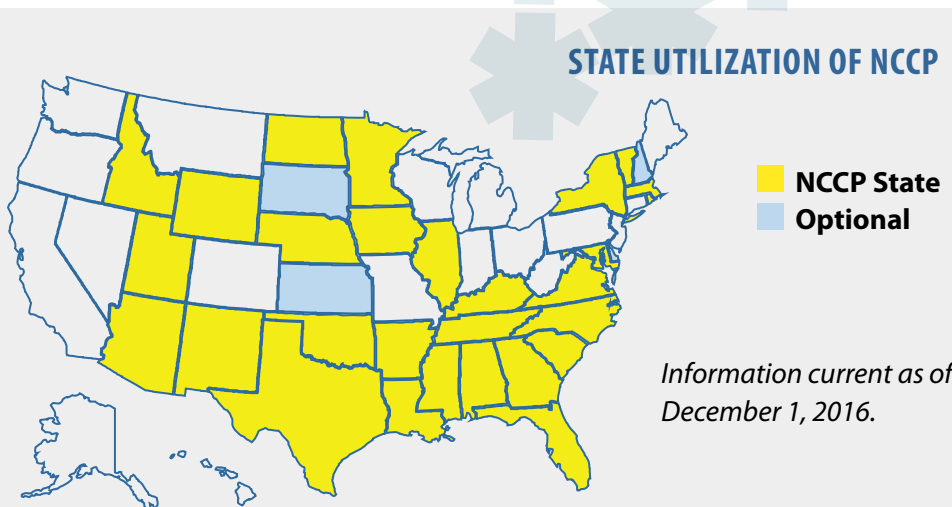
Severo Rodriguez, PhD, MS, NRP
Lindsey Durham, MBA
Mark Terry, MPA, NRP
Amanda Broussard, BS, NRP

Each year, the National Registry of Emergency Medical Technicians provides state officials with a State Annual Report — a selection of relevant data about National EMS Certification, individualized for each state. The NREMT compiles these customized reports to strengthen communication between state EMS offices and the NREMT.

This State Annual Report is specific to Alabama, and the data herein encompasses NREMT records from January 1 to December 31, 2016.

If you have questions about this report, please contact Dawn Markiecki at the NREMT by calling 614-888-4484 extension 134. Alternatively, the quick links to the left may provide answers to some common questions.

Thank you for working with the NREMT in 2016. Here's to the continued success of our partnership in 2017!

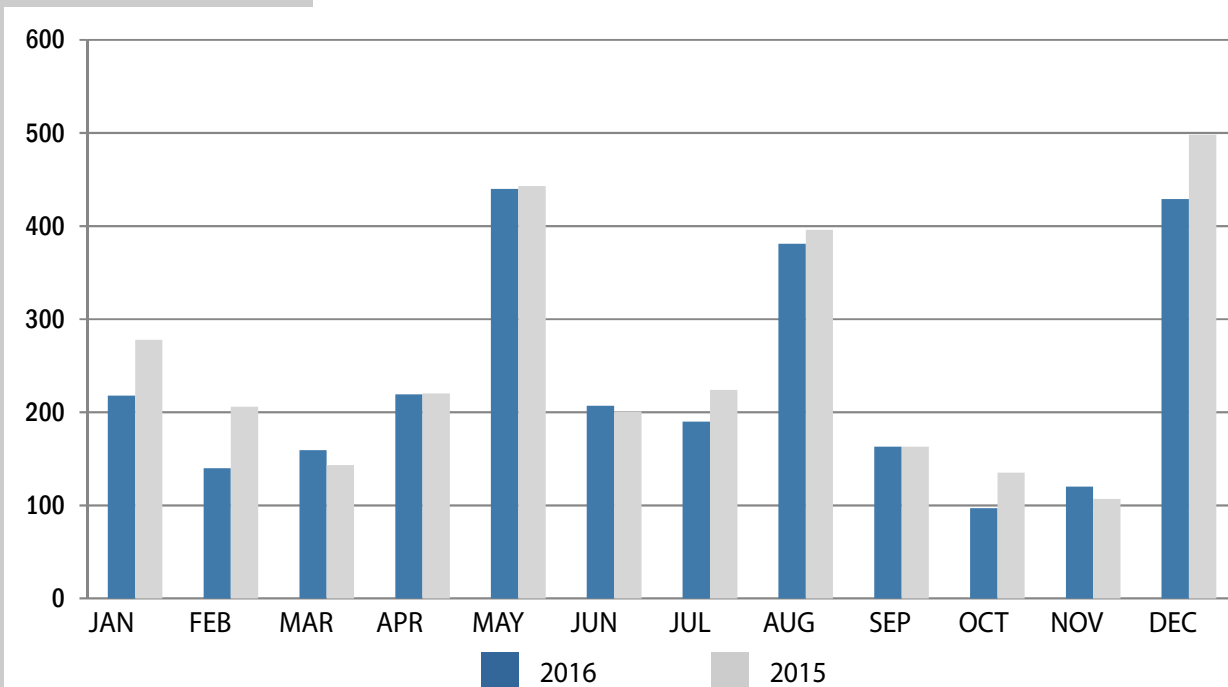


For more on the NCCP recertification model, please visit:
<https://www.nremt.org/rwd/public/data/maps>





ATTs Issued for all EMS Levels



TOTAL ATTs ISSUED IN 2016: **2,763**

AVERAGE NUMBER OF DAYS TO COMPLETION FOR FIRST TIME TEST-TAKERS FOR ALL EMS LEVELS

ATT Issued to Taking First Cognitive Exam
 2016 **13** days 2015 **13** days

Pearson VUE Professional Centers

2016 **5** 2015 **5**

Pearson VUE Authorized Testing Centers

2016 **5** 2015 **4**



First Attempt Pass Rates*

NUMBER OF CANDIDATES

2016 2015

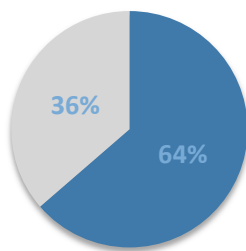
NREMR
33 26

NREMT
958 848

NRAEMT
202 385

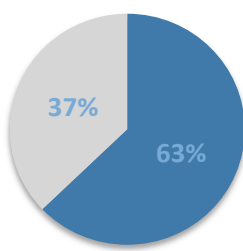
NRP
208 233

NREMR



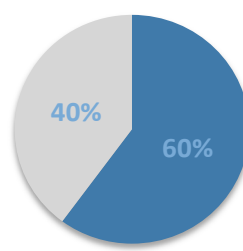
2016

NREMT



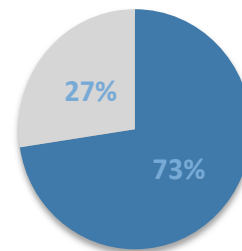
2016

NRAEMT

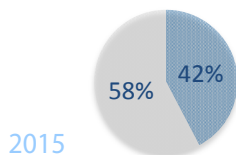


2016

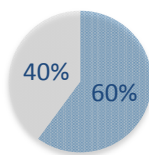
NRP



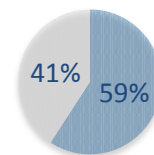
2016



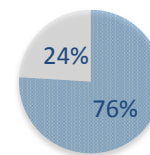
2015



2015



2015



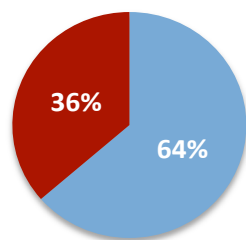
2015

Successful First Attempt

Unsuccessful First Attempt

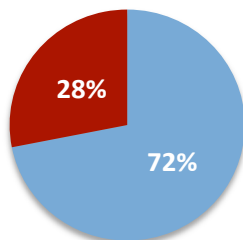
Cumulative Third Attempt Pass Rates*

NREMR



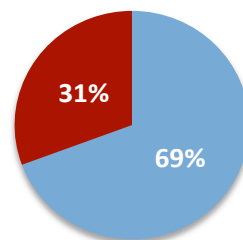
2016

NREMT



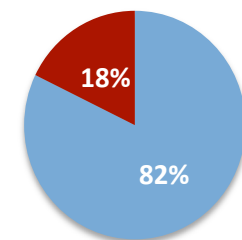
2016

NRAEMT

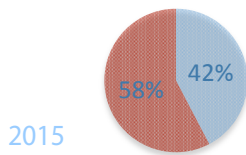


2016

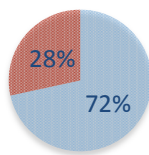
NRP



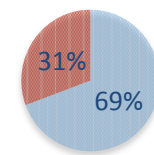
2016



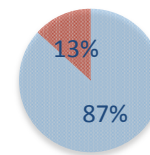
2015



2015



2015



2015

Unsuccessful

Successful

National Rank

Course Completion First Time Pass Rates

2016 **22** of 29
NREMR

2016 **42** of 51
NREMT

2016 **20** of 31
NRAEMT

2016 **28** of 46
NRP

2015 **29** of 30
NREMR

2015 **43** of 51
NREMT

2015 **18** of 32
NRAEMT

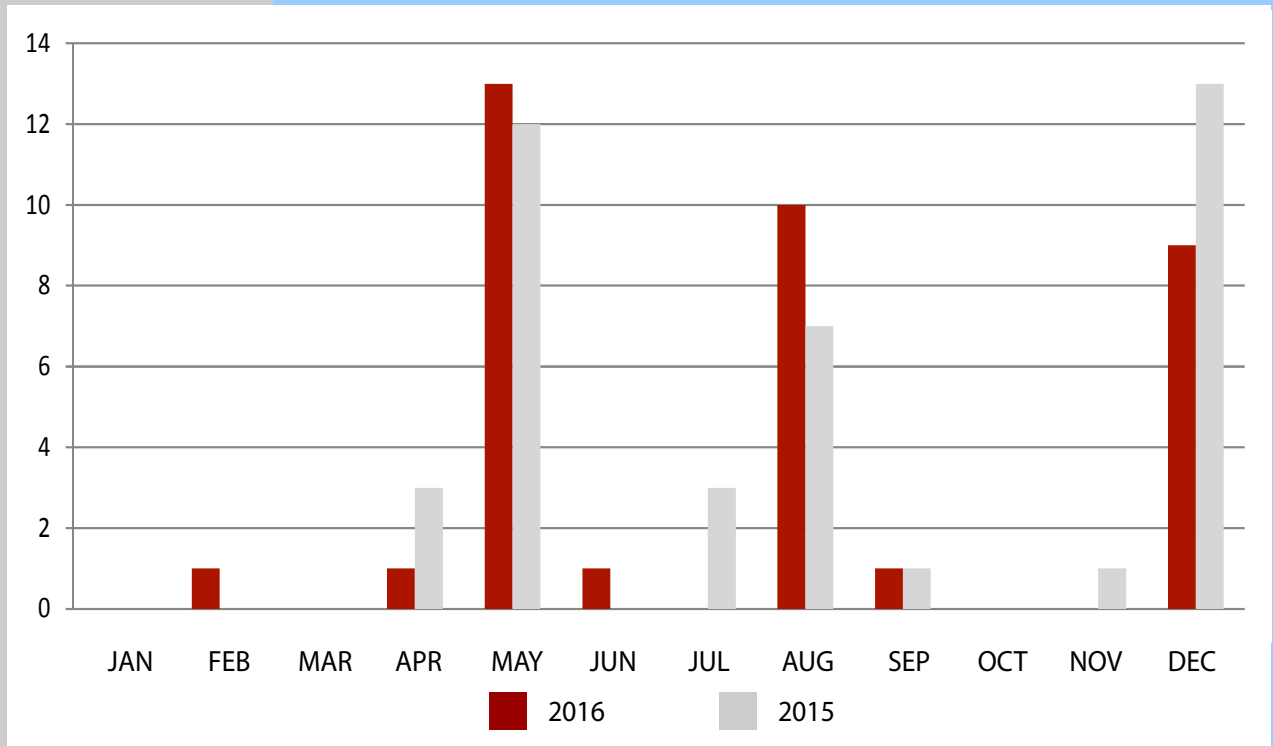
2015 **24** of 45
NRP

Based on states and District of Columbia that had ten (10) or more candidates that tested for that level.

* Data as of January 28, 2017. Pass/fail data reports available on the NREMT state office site may vary if generated after that date.



Psychomotor Exams - Number of Scheduled ALS Psychomotor Exams



Nationally Certified EMS Personnel

2016	2015
164	383
NREMR	
7,242	7,021
NREMT	
951	902
NRAEMT	
4,321	4,302
NRP	

Psychomotor Exams Administered

2016	2015
36	40

STAFF MAKE UP

as of December 31, 2016

Training Officers

2016	2015
1,244	1,093

Medical Directors

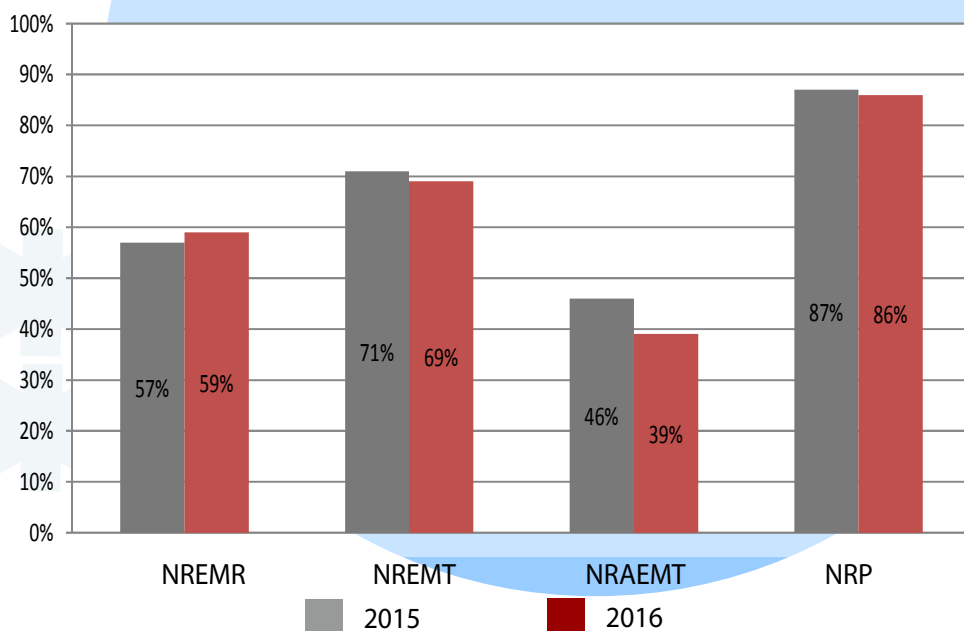
2016	2015
360	332



Psychomotor Exams Administered

Jackson, Mark	11
Turner, Vickie	2
Wilson, Stephen	4
Ward, William (Wes)	5
Simpson, Steven	3
Price, W. Bailey	3
Kirkland, Kenneth	2
Burke, Rebecca	3
Brown, Patrick	2
Barnes, Shelia	1

Candidates Recertified by Level

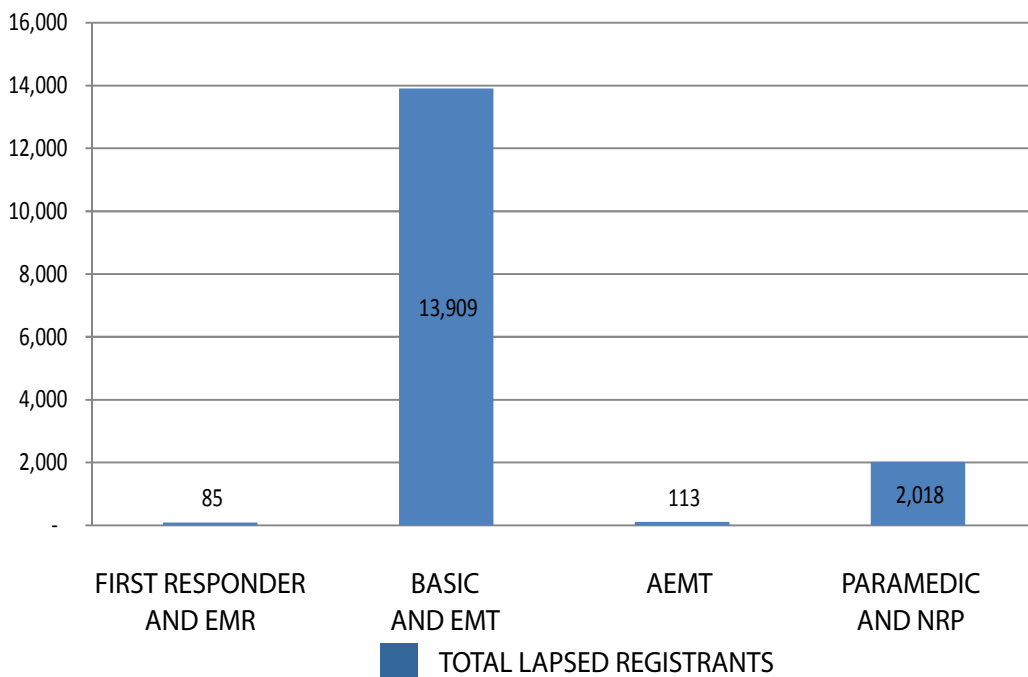


Mark King Initiative

The Mark King Initiative is an NREMT program designed to provide a simple path for lapsed registrants to regain National Certification. To the right is a chart detailing the number of lapsed registrants from your state. The Mark King Initiative, which must be activated by the state, is an opportunity for many of these providers to quickly and easily reobtain National Certification. Please contact the NREMT to learn more about activating the Mark King Initiative in your state.

Lapsed Registrants 1970-2016

Numbers may include EMS personnel that changed careers, moved out of state, retired or are deceased.



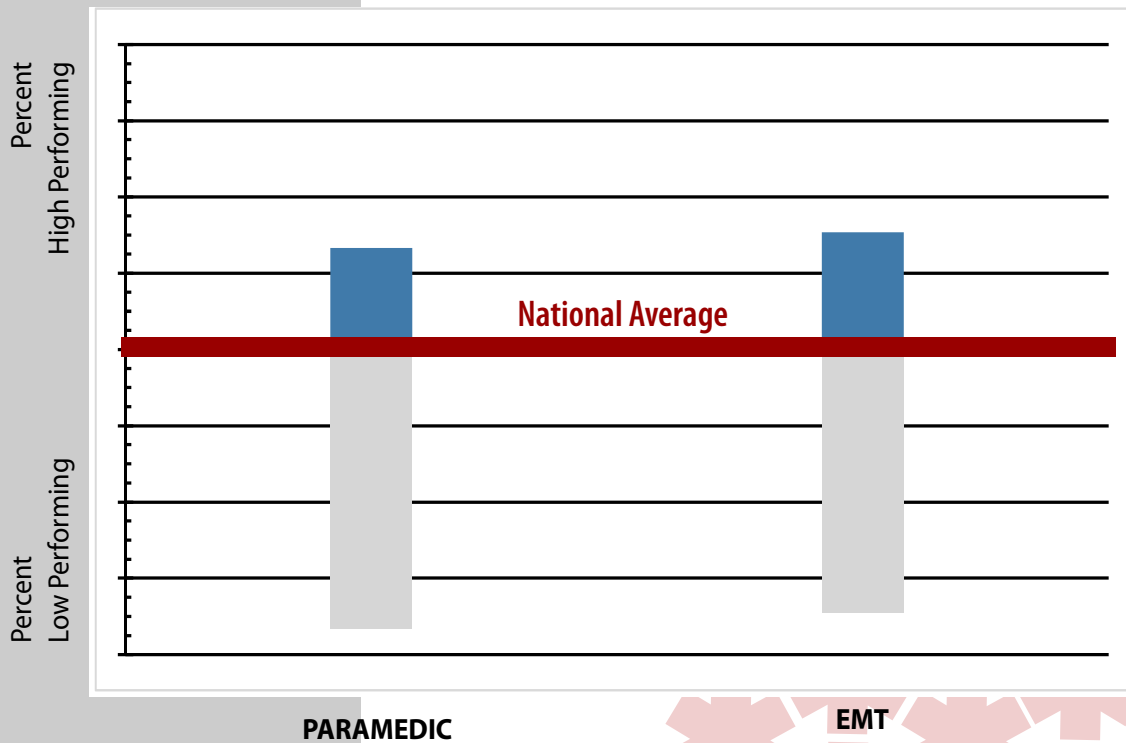


National Average Performance

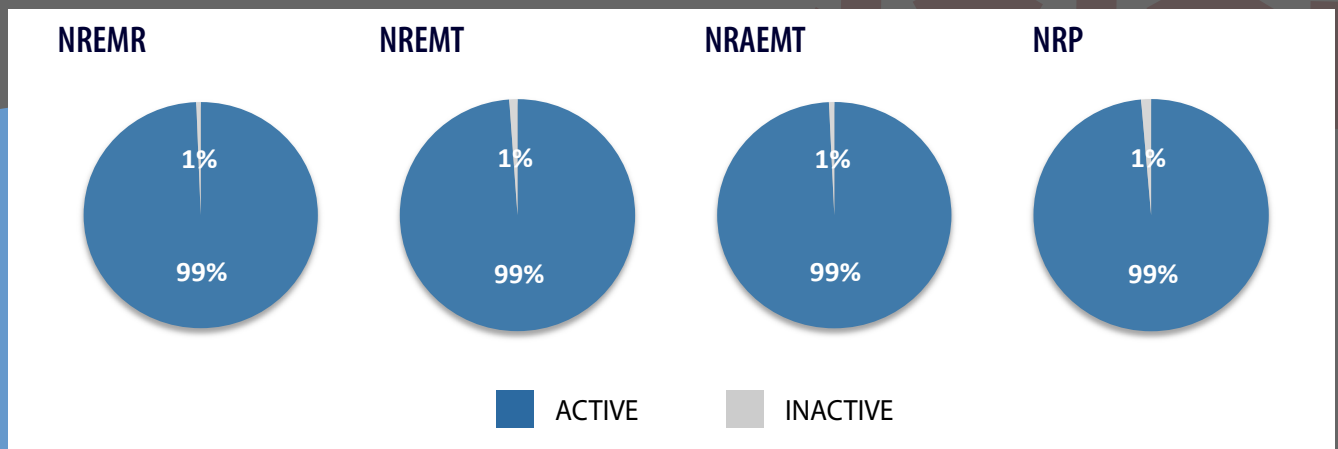
This chart is a visualization of the performance of programs in your state relative to the national average. In the chart, each bar represents all of the programs in your state for the specified level. The portion of each bar in blue represents the number of programs in your state that are high performing, and the portion in gray represents those that are low performing. For this chart, high performing

is defined as those programs with a pass rate at or above the national average pass rate. Low performing is defined as those programs with a pass rate below the national average.

In 2016, the national average pass rate for paramedic programs was 71 percent, and the national average pass rate for EMT programs was 68 percent.



Registrants Active vs. Inactive





Update from the Office of EMS Volume XVII, Issue VI

From the Director

It is an exciting time in EMS, we have so much going on right now. Because of the great support and hard work of the EMS community we now have legislation for an EMS Interstate Compact known as Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA). You are probably wondering what does REPLICA means for me, well it means that if you work for service close to a state line that you will now be able to cross that state line and provide care under your Alabama license as long as the state you are crossing into is in the Compact. The states that are currently in the Compact that border Alabama are Tennessee, Mississippi, and Georgia. This Compact not only allows EMS personnel to cross state borders, it also provides for a national coordinated licensing database to be shared among states so that we can see all of the applicants license history.

Another focus is the completion of the Alabama Stroke System. The stroke rules are currently out for public comment and a public hearing was held July 18, 2017 at 10am in the EMS conference room. Once the rules go through the comment period, they will then go back to the State Committee of Public Health for final approval. Once we have final approval we will work quickly to implement the Stroke System statewide.

The OEMS is currently working with the Statewide 911 Board to help develop a standard set of EMD guide cards. Once completed, these guide cards will be available to any 911 district or private EMS dispatch center that would like to use them.

We are diligently working on having everyone change over from NEMSIS v2 to NEMSIS v3 software. If you use a third party vendor, you need to be contacting them and have them work on becoming v3 compliant in Alabama. The deadline for converting to v3 is January 1, 2018. If you are using the free state software, our representative from the University of Alabama will be contacting you soon to convert you over to our new system.

Continued from page 1

The OEMS will be coordinating a committee to review and update the Alabama EMS Patient Care Protocols in the next few weeks with the hopes that we will have a completed version ready for release sometime around the first of the year. Dr. Crawford and I have asked the Critical Care services to update and complete a new Critical Care addition to the protocols. They have selected a committee to work on these and will start soon developing a standardize set of critical care treatment protocols.

I am happy to announce that Jamie Gray will be promoted to Compliance Coordinator August 1, 2017. Jamie will be responsible for all compliance issues and overseeing inspections.

I am also please to announce an old friend is returning to the EMS office. Please welcome Chris Hutto. He will be the EMS Education Coordinator beginning August 1, 2017. Chris' responsibilities will include working with the EMS Education programs, the National Registry of EMTs, and he will be the Regional Liaison.

Please join me in welcoming both Jamie and Chris to their new positions!

Finally, if you have questions please do not hesitate to contact the OEMS. One of my staff members or myself will be happy to assist you.

Stephen Wilson
Acting Director





From Your State EMS Medical Director

I hope this finds everyone enjoying the summer. I know EMS has faced the usual heat related challenges that we always see this time of year. This year we have seen flood related calls in certain parts of the state as the state has been inundated with rain. I applaud the EMSP for stepping up to the challenge and doing what we do best and that is to provide exemplary patient care.

I was honored to be invited to the annual conference of the Alabama EMS Association at the beginning of the summer and it was great to be able to talk with some of you about issues that we deal with in Alabama. I was also invited to speak to the Alabama Chapter of the American College of Surgeons' annual meeting this summer. It was great to be able to speak with them about EMS. I urge all of you to speak to people and educate people on what EMS really does. Outside of our EMS family, many people don't understand what we do, the amount of education that we have to have, etc. Be an advocate for your profession!!!

I will close by reminding everyone to put the ATCC number in the appropriate place on your ePCR. With the stroke system nearing implementation and the trauma system already in place it would really help me and our office to have that information. It is very difficult to extract that number from your narrative. We use the data that we obtain to make improvements in our system and the better compliance we have then obviously the better data we can have access to.

As always, I am extremely humbled to be able to serve as your State EMS Medical Director. You all in the field are what makes this system great and I am proud to be associated with you. Do not hesitate to contact me if I can help you.

William E. Crawford, M.D.,FACEP
State EMS Medical Director



Compliance Issues

Name	Rule/Protocol	Complaint	Action Taken
Christopher Ashcraft EMSP-Paramedic #0300607	420-2-1-.23	Practicing Without a License	Suspension
Jonathan D. Boothe EMSP-Advanced EMT #1100487	420-2-1-.25	Exceeding Scope of Practice	Remediation
Randy L. Burnett EMSP-Paramedic #0300940	420-2-1-.28	Patient Care Issues	Suspension
Ilani L. Draft EMSP-EMT #1500285	420-2-1-.23	Practicing Without a License	Suspension
Kelly R. Edmondson EMSP-EMT #1500153	420-2-1-.23	Practicing Without a License	Suspension
Christopher C. Forshee EMSP-EMT #1600665	420-2-1-.25	Exceeding Scope of Practice	Suspension
Gwenivere E. Gay EMSP-Paramedic #1000008	420-2-1-.28	Patient Care Issues	Suspension
James B. Hargett EMSP-Paramedic #8525201	420-2-1-.09	Provider Standards	Remediation

Compliance Issues (continued)

Name	Rule/Protocol	Complaint	Action Taken
David N. Hayden EMSP-EMT #1400567	420-2-1-.23	Practicing Without a License	No Violation Found
Amy R. Lamb EMSP-Paramedic #1200904	420-2-1-.23	Practicing Without a License	Suspension
Triveon Lawrence EMSP-EMT #1500444	420-2-1-.23	Practicing Without a License	Expired
John M. Leary EMSP-EMT #1600388	420-2-1-.23	Practicing Without a License	Remediation
Christopher P. Mahan EMSP-Paramedic #9360069	420-2-1-.30	Guilty of Misconduct	Remediation
Christopher A. McDonald EMSP-EMT #1100114	420-2-1-.28	Patient Care Issues	Remediation
Ray Mosley, Jr. EMSP-Paramedic #0016704	420-2-1-.28	Patient Care Issues	No Violation Found
EMSP-EMT	420-2-1-.09	Impairment	Expired





Provider Service Inspections

The inspection reports for the following services can be found on Compliance Issues page of the Office of EMS [webpage](#). These inspections were completed April-June, 2017.

Air Evac-Cullman County	Graysville Fire and Rescue
Alabama Fire College	Greene County EMS
Allgood Volunteer Fire & Rescue	Kimberly Fire and Rescue
AMed Ambulance Service-Blount County	Lifeguard Ambulance Service-Etowah County
AmStar EMS-Clarke County	Lifesaver 2-Etowah County
AmStar EMS-Marengo County	New Site Volunteer Fire and Ambulance Service
AmStar EMS-Sumter County	Northflight
AmStar EMS-Washington County	Rainbow City Fire and Rescue
Atalla Fire and Rescue	RPS-Talladega County
Birmingham Fire Department	Southern Ambulance Transport
Brookside Fire Rescue	Southside Fire Department
Cleburne County EMS	Tallapoosa EMS
Daleville Police Volunteer Rescue	Trussville Fire and Rescue
Emergency Medical Transport	Tuscaloosa Fire and Rescue
Fultondale Fire and Rescue	Vinemont Providence Fire Department
Gadsden Fire Department	Warrior Fire Department
Gardendale Fire and Rescue	

Culture of Excellence

A-Med, Blount County

Air Evac, Cullman County

Argo Fire Department

Cullman EMS

Cullman Fire Department

Daleville Police Volunteer Rescue

Emergency Medical Transport

Graysville Fire Department

Lifeguard Ambulance, Etowah County

Lifesaver, Etowah County

Mount Olive Fire Department

Rainbow City Fire Department

Southside Fire Department

Vinemont Fire Department





Alabama e-PCR Submission Requirements

Some e-PCR Points of Clarification:

1. It is a requirement to complete a patient care report on every response. This office is already monitoring submission rates and comparative data suggests that many agencies are not reporting all runs as required. Please submit all required runs to avoid noncompliance.
2. Each record must be submitted electronically within 168 hours or less. The goal is to eventually narrow that down to within 24 hours. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
3. Our IT staff is always available to assist you with your e-PCR needs. If you need assistance, you may call Chris or Lori at 334-206- 5383. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from them within a reasonable time, you may wish to [email](#) them.
4. Collecting and importing data is paramount only to reporting reliable data. Reliable data is accurate and contains no errors. When one looks for shortcuts and/or skips data entry in areas that has been discovered to have no validation rules, it dilutes the integrity of the data, not to mention falsifies a legal document. Please make sure you enter data accurately.
5. As of January 1, 2017, Alabama will begin the transition to and start accepting NEMSIS version 3.x data. We will also continue to accept NEMSIS version 2.0 data until December 31, 2017.

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Individual Licenses—Call Vickie Turner or Stephanie Smith

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EMS for Children, Website, and Social Media—Call Katherine Dixon Hert

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The Office of EMS would like to request that you comply with any request for information from your regional office. Some Directors are still having issues receiving information and data as requested by the State office. We would greatly appreciate your cooperation and compliance.

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Also be reminded that, according to Rule 420-2-1-.29 (7), All licensed provider services shall provide notification and written documentation about any individual who meets the definition of an impaired EMSP.





Update from the Office of EMS Volume XVII, Issue VII

From the Director

The Office of Emergency Medical Services (OEMS) is currently working on several projects. One of the projects we are working on is Emergency Medical Dispatch (EMD) guide cards. The OEMS is in partnership with the Alabama Statewide 911 Board in an effort to develop a standard set of EMD guide cards that can be used throughout the state. This product will be provided free of charge for anyone desiring to use it whether you are a 911 district or a private ambulance service. A training standard will be set when they are released, so that we can train instructors and communicators on the cards. Our hope is that this will be a cost effective solution and will standardize the EMD process throughout the state.

The OEMS is working with the EMS regional offices to distribute Duodotes to all services. In order for your service to receive the Duodotes, you will need to complete the training so please contact your local EMS regional office for training and more information.

Another project is the Alabama Patient Care Protocols; we currently have a committee of paramedics and physicians working to update them. I would like to thank each person that is serving on the committee for taking the time to help make the EMS system in Alabama the best. If you have any ideas or protocols that you would like to see added or modified, please let me or my staff know so that we can discuss in the next meeting.

The OEMS applied for and was awarded a grant by Substance Abuse and Mental Health Services Administration for the purchase and distribution of naloxone. What does this mean for you as a licensed service? The OEMS will soon provide you with naloxone. We are currently working the details out on the distribution process and will provide more information soon.

I would like to welcome Gary Varner to the OEMS team.

On September 18, 2017, Gary Varner began work with the Office of EMS. Gary has been consistently licensed and practicing as an Alabama Paramedic since 1981. He has instructed in the EMS Programs of the Alabama Community College System, the Alabama Fire College, and the University of South Alabama. Many EMS providers in the State remember him as their EMT school instructor. His role at OEMS will be that of Senior Epidemiologist performing data management, analysis, and research.

Continued from page 1

Gary is a Montgomery native. He graduated from Alabama Christian High School in 1976 and from the EMS training program at Trenholm Technical College in 1981. He received a BS degree in biology/microbiology from Auburn University at Montgomery in 1996 and a Master of Public Health in epidemiology from the University of Alabama at Birmingham in 2002. He was hired by the University of South Alabama in their Department of EMS Education in 2002 and worked there for over a decade. His home and wife Becky are in Baldwin County where she is also employed in EMS.

“Our marriage has always been a continuation of our EMS partnership” said Gary, regarding the fact that he and Becky met while working together on an ambulance. “EMS partners support one another, watch each other’s back, and basically have to be very compatible to be able to stand each other for a twenty-four hour shift. After a while a good set of partners becomes a cohesive team that just doesn’t exist in any other profession or job.” When asked what part of his career was his favorite he replied “Prior to my appointment to the Office of EMS my most meaningful work was helping to start, and teaching in, USA’s baccalaureate degrees in EMS and Health Science; particularly EMS Administration and EMS Research classes. The students there graduate and go all over the world to work at different aspects of EMS and a lot of them go on to Physician Assistant and Medical School. My favorite thing, however, was teaching classes for the Montgomery County Volunteer Fire Departments over the years. The services provided on a volunteer basis in the rural settings around Montgomery have developed tremendously since my first days on an ambulance.”

When I asked Gary what his interests were in research, his answer was not surprising. “Operational dynamics. I hope to use this opportunity to not only count and observe what providers do, but to also develop methods to look for outcome data to see how much our patients benefit from what we do in the field.” He went on to say “My biggest curiosity, though, is just what makes us tick. I am very interested in the physical and mental health of those like me and how this crazy profession of ours affects us personally.”

I would like to take this opportunity to welcome Gary to the OEMS team and look forward to working with him in the coming years.

I would also like to take this opportunity to thank Sara Nafziger M.D. for her service and her dedication to the OEMS. Dr. Nafziger was instrumental in the implementation of the statewide stroke system.

Stephen Wilson
Acting Director





From Your State EMS Medical Director

I hope this finds everyone well as we go into another fall. The weather is starting to get cooler and with it comes a few things that we need to remember during this time of the year. First, make sure your fluids and drugs are kept climate controlled. Second, remember those at the extremes of age can suffer hypothermia on those days that are comfortable to the rest of us.

We are starting our biannual patient care protocol revisions. There are not a lot of changes that we are considering but hopefully we will be adding a few new meds that will progress our system. Our tentative timetable is to present the changes to the SEMCC in early December and then to the State Committee of Public Health either in December or January. After presentation to the State Committee of Public Health and their approval, we will get them out to you all. We will keep you in the loop as we work through this process.

We have had some recent personnel changes in our office. Dr. Sarah Nafziger accepted a new position within the UAB organization and has transitioned from her role as the Assistant State EMS Medical Director. Choona Lang, who is the Acute Care System Manager, has accepted a promotion within the health department and has transitioned out of the Office of EMS. Both of these individuals have worked tirelessly to further the Acute Care System and we certainly wish them both the best in their future endeavors.

As always, I appreciate the work you do and your dedication to EMS. I also want to take this opportunity to thank the OEMS staff who work behind the scenes to make sure that the system works the way it is designed. They make my job easier and I don't give them the credit that is due them as often as I should. Please reach out to us if we can help you in any way.

William E. Crawford, M.D., FACEP
State EMS Medical Director



Compliance Issues

Name	Rule/Protocol	Complaint	Action Taken
Sherry Burns EMSP-Paramedic #9600243	420-2-1-.09	Crimes of Moral Turpitude	Surrender
James Dillard EMSP-Paramedic #0800323	420-2-1-.25	Exceeding Scope of Practice	Suspension
Howard Guice EMSP-Paramedic #1200107	420-2-1-.28	Patient Care Issues	Suspension
Aaron O'Connell EMSP-Paramedic #0700520	420-2-1-.09	Crimes of Moral Turpitude	Surrender
Dillon Rogers EMSP-EMT #1700244	420-2-1-.11	Patient Transport Violation	Remediation
Gabriel Rumfelt EMSP-Paramedic #1300154	420-2-1-.30	Guilty of Misconduct	Suspension
Michael Wood EMSP-EMT #1100346	420-2-1-.09	Crimes of Moral Turpitude	Emergency Suspension
EMSP-EMT	420-2-1-.29	Impairment	Suspension
EMSP-EMT	420-2-1-.29	Impairment	Suspension
EMSP-EMT	420-2-1-.29	Impairment	Suspension

Compliance Issues (continued)

Name	Rule/Protocol	Complaint	Action Taken
EMSP-AEMT	420-2-1-.29	Impairment	Suspension
EMSP-AEMT	420-2-1-.29	Impairment	Suspension
EMSP-Paramedic	420-2-1-.29	Impairment	Suspension
EMSP-Paramedic	420-2-1-.29	Impairment	Suspension
ALS Provider Service	420-2-1-.09 420-2-1-.28 420-2-1-.30	Patient Care Issues	No Violation Found
ALS Provider Service	420-2-1-.09 420-2-1-.28 420-2-1-.30	Patient Care Issues	No Violation Found
ALS Provider Service	420-2-1-.09 420-2-1-.28 420-2-1-.30	Patient Care Issues	No Violation Found





Provider Service Inspections

The inspection reports for the following services can be found on Compliance Issues page of the Office of EMS [webpage](#). These inspections were completed July-October, 2017.

Advanced EMS	Geneva Rescue Squad
AmStar EMS-Clarke County	Hartford Fire Rescue
AmStar EMS-Marengo County	Hillsboro Area Volunteer Fire and Rescue
AmStar EMS-Sumter County	Huntsville Fire and Rescue
AmStar EMS-Washington County	Huntsville Medflight
Cherokee EMS	Lifecare of Alabama-Tuscaloosa
City of Slocumb EMS	Lifeguard Ambulance Service-Morgan County
Columbia Ambulance and Rescue Emergency Squad	LifeSaver 4-Talladega County
Cordova Volunteer Fire Department	Lincoln Fire and Rescue
Corner Volunteer Fire and Rescue Service	Madison Fire and Rescue
Decatur Fire and Rescue	Mount Olive Fire and Rescue District
Emergency Medical Transport	New Site Volunteer Fire and Ambulance Service
Fort Payne Fire Department	Opportunity EMS
Gadsden Fire Department	Rocky Ridge Fire Department
Gantt Area Volunteer Rescue Squad	Samson Volunteer Rescue Squad

Provider Service Inspections continued

Shoals Ambulance-Lauderdale
County

Southern Ambulance Transport

Southside Fire Department

Sumiton Fire and Rescue Service

Sylvan Springs Fire Department

Troy Fire Department

Tuscaloosa County Sheriff's
Office

West Jefferson Fire and Rescue





Culture of Excellence

Geneva Rescue Squad

Huntsville Fire

Huntsville MedFlight

LifeSaver-Talladega County

Madison Fire Department

Mount Olive Fire Department

Samson Volunteer Rescue Squad

Tuscaloosa Sheriff's Department

Alabama Department of Public Health announces stroke system expansion in Alabama

FOR IMMEDIATE RELEASE

CONTACT: Stephen Wilson, Acting Emergency Medical Services (EMS) Director, (334) 206-5383 William E. Crawford, M.D., State EMS Medical Director, (334) 206-5383

Stroke is the leading cause of serious long-term disability and the fourth leading cause of death in Alabama, killing more than 2,500 Alabamians each year. To combat this condition, the Alabama Department of Public Health (ADPH) and the Office of Emergency Medical Services are activating a Statewide Stroke System beginning October 30, 2017.

Patients who are experiencing symptoms of a stroke need to be rapidly evaluated at a hospital and treated within a few hours of the onset of symptoms to either reverse the stroke or minimize the damage. The stroke system includes a network of hospitals, EMS agencies and a high-tech communication center, the Alabama Trauma Communications Center (ATCC). These partners work to route patients with signs and symptoms of stroke to the nearest hospital that is ready to care for them.

Currently, 61 hospitals across Alabama and 5 hospitals in bordering states have applied to participate and complete the rigorous inspection requirements to be designated as a stroke hospital in the statewide system. There are three different levels of stroke hospitals, depending on the level of care they can provide.

“This system presents a greatly enhanced opportunity to improve stroke care,” Acting State Health Officer Dr. Scott Harris said. “One of the most frustrating things to a physician is when a patient presents to the hospital too late to qualify for stroke treatment. Early evaluation and treatment is vital, so we want to ensure that any patient experiencing stroke symptoms can be transported to the closest hospital with the appropriate treatment available.”

“We simply could not make this system work without our wonderful hospital partners and EMS providers who are committed to improving stroke care for Alabama’s citizens. We look forward to seeing this system improve the quality of life for those patients suffering from strokes in our state,” Dr. William E. Crawford, state EMS medical director, said.





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Dr. Stephen Suggs, medical director of the Primary Stroke Center at Baptist Medical Center South in Montgomery, said, “Quality assurance is important to the function of the statewide stroke system; therefore, participating hospitals and ADPH are constantly monitoring the system to correct, improve and validate the quality of care provided.”

The pilot system was activated August 26, 2013, in the Birmingham and Southeast regions of the state. After the pilot program was initiated, ADPH began rolling out a statewide stroke system of care, and all areas are covered with the exception of 14 counties that are currently ramping up.

“Alabama’s hospitals are constantly seeking ways to improve care and to collaborate with our health care partners to ensure patients get the right care when they need it,” said Danne Howard, chief policy officer, Alabama Hospital Association. “Many people have worked diligently to get this system operational, and we are confident it will save many lives.”

2017 State EMS Conference

The six Alabama EMS Regional Offices, along with the State Office of EMS, teamed up to host the 2017 State EMS Conference at the Perdido Beach Resort in Orange Beach in August. A wonderful and fulfilling time was had by all as we learned of new products and innovations in our field and had the opportunity to participate in new and exciting continuing education presentations.

A wealth of knowledge was on hand with the speakers who came from all over the state and nation. We very much appreciate each of them taking time out of their busy schedule to join us on the beautiful Alabama Gulf Coast. A highlight at the end of the conference was presentations by the crew from “NightWatch”. They helped wrap up a wonderful week.

We have been told that another highlight of the conference was the low country boil and music event that allowed fellowshipping amongst statewide EMS partners as we gathered, laughed, and conversed to the sound of the surf under the stars.

If you did not get the chance to join us for this experience, try to make plans for next year as we continue to strive be even better than before.





“DOCUMENTATION: WHAT WE HAVE TO SAY... SAYS A LOT ABOUT US.”

This is the 1st of a series of articles regarding the documentation process for Alabama EMS Providers.

This article explores the bias we have against EMS documentation, its importance to our practice and profession, and the role it plays in both patient care and medical-legal issues.

INTRODUCTION

Some number of those persons who actually opened the newsletter email and passed this article on the way to find out which ones of us “got in trouble” since the last newsletter will never come back and read it. Between us – some EMS folks are not particularly fond of reading. They are usually not particularly fond of writing either. I will leave it up to you to determine if you are one of those EMS people.

My observations (including of myself) suggest that people tend to take the “easy way” in most situations. The bright side of that coin is that the tendency drives innovation. For example, humans were “hunter-gatherers” for countless generations until someone came upon the idea and technique of growing crops. Why the big change? If you planted food and knew where it was it would be easier than looking for it or chasing it. The down side is that taking the easy way can contribute to underachievement and marginal performance at work.

We have all worked EMS jobs with people who did not “do their jobs.” Those are the people who leave others to wash and restock ambulances. They view their duty stations as “clean enough” and then clock out and go home. They use something out of the jump bag or drug box and forget to replace it. They leave us in a bind when the Supervisor visits or when we get a call behind them and reach to get the glucometer only to find the test strips are all gone. (Missing test strips is a sin in EMS that is equivalent to your kids drinking all the milk in the carton and then putting it back in the refrigerator and you finding it when you come home from a bad shift and really want some cereal. Even if you checked off the bag did you OPEN the container and check for test strips? Why do you think they make semi-transparent milk jugs? So you don’t get your hopes up!)

Continued from page 12

THE PARTY LINE

Every article regarding Patient Care Report (PCR) data harps on the necessity of truthful, complete documentation with concise clear data that describes precisely what, where, who, when and how the emergency occurred and the treatment and transport was accomplished. You may be instructed as to why you must maintain quality of documentation in EMS training classes but I don't know how much we think about "why" while we are doing it. We are scrambling to do the best we can during the run, after the run at the hospital, or back at the station or at the end of our shift. The worst thing that can happen to us during documentation is to get another run. If you start stacking the runs up then the details become blurred and more mistakes are made. Pressure is worsened by the fact that Rule 420-2-1.13(3) states that the hospital must receive a copy of the PCR within 24 hours.

I accept as true the idea that most EMS Providers (EMSPs) do not believe hospitals actually need a copy of the PCR. They view it as an administrative requirement that is not really practical. They have never actually seen a PCR utilized for physician review for patient care purposes. Unfortunately sometimes they are even treated rudely by receiving staff personnel when trying to give report, get PCR's signed, or leave copies. Well, I am here to tell you in case you had any doubt, the system isn't perfect, because it is made up of people.

Medicine is NOT an exact science. Therapeutic measures sometimes cause harm rather than good. A lack of adequate information upon transfer of patient care undoubtedly increases that risk - if the problem cannot be adequately diagnosed for lack of prehospital observations or if pertinent data regarding interventions performed in the prehospital setting are unknown to the clinician.

How many times have you witnessed a busy physician quickly scan a patient and direct nursing personnel to administer medications only to rescind the order after being told by nurses or EMSPs that medications had already been administered prior to arrival at the hospital? Instances are few, perhaps, but those that occur are only avoided by adequate reporting. Permanent documentation is perhaps the most important aspect of adequate reporting.





Continued from page 13

PCRs ARE YOUR FRIEND, AND SO IS TRUTH

Good charting techniques protect you as an EMSP. You have the opportunity to tell the story of what happened to the patient at onset (you are the eyes and ears of the physician at the scene) during your care and how you treated the problem. Good charting will complement good patient care. It completes the good patient care process. Truthful charting is always the norm and rule. It is also the easiest thing to do. Mark Twain famously said “If you tell the truth, you don’t have to remember anything.” If you observe something that is important then write it down. Whether it is seen, heard, said, smelt or felt; -if it is important – document it. If you are unsure as to whether to document it – document it, as long as it is a truthful representation of your observations or actions. The truth IS what has happened. Nothing happens in a vacuum. If you make a mistake, the legal and ethical course is to document it. If you neglect to document your mistake by accident you will be viewed as incompetent if you are found out (in court, for instance). If you neglect to truthfully document your mistake and you are found out, none of your testimony or rebuttal will have any validity. Either situation is damaging but the lie is devastating. Stephanie Klein, in her book ***Straight Up and Dirty*** suggests “Tell the truth, or someone will tell it for you.”

YOUR PCR IS YOUR BUSINESS CARD

Other medical professionals know you by your smile and greeting – but they ***remember*** you by your writing and reports. Nobody has a business card that reads: “**Joe E.M.T., Slow response to your family’s emergency, guaranteed minimal care for exorbitant fees!**” The purpose of a business card is to encourage confidence in you while providing a method of contact. The purpose of a PCR is to record facts about your patient, your assessment and your treatment and provide the story of your interaction. Your PCR also represents your abilities to receiving nurses and physicians, your supervisors and medical director, the judicial system, and to us. It is a PERMANENT legal record of your professionalism.

LET’S ACCOMPLISH THIS

I hope to provide a series of articles in this newsletter that encourages and instructs EMSPs regarding documentation, the systems we and others employ for PCRs, and how the data collected can benefit you personally, your service, our State and our Profession. We are all human beings so we all try to find that easy path to everything we do. I will strive to provide consistent, easy to read and beneficial information that will positively impact your practice and job.

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AXIOM: Human beings tend to find the easiest (costing the least utilization of personal energy) way to do things we find necessary to live.

PITFALL: The availability of a “create narrative” button on your documentation software creates a narrative as required, but not a precise, targeted narrative. Clarity inspires confidence in you for the readers. Ambiguity inspires suspicion.

BENEFIT: The availability of a “create narrative” button provides movement of data on to the narrative field of your documentation program that allows for quick editing, additional comments and explanations – thus creating clarity.

Gary L. Varner has been a licensed and practicing Alabama Paramedic for over 35 years. He is a Senior Epidemiologist and Data Manager with the Office of EMS.





EMS
The Red-Headed
Stepchildren of
Medicine



#\$@&%*!
EXPORT!
ALL I HAD LEFT
TO DO WAS CLICK
EXPORT!

EMS COMPUTERS THAT UNPLUG
EASILY AND HAVE LOW BATTERY
LIFE ARE JUST ONE OF THE MANY
"TOOLS OF THE DEVIL"

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