ALABAMA Emergency Medical Services and Trauma

# EMS UPDATE

*News from the Office of EMS and Trauma*

*Volume Seven*

## DO YOU HAVE QUESTION FOR OEMST STAFF?

This is another reminder to those of you calling our Office:

Complaints, Investigations - Call Mark Jackson

Service Inspections or Service Licenses - Call Hugh Hollon or Kem Thomas

Individual Training, Testing or Individual Licenses - Call Gary Mackey

## EMS SERVICE INSPECTIONS

The Office of EMS & Trauma's inspectors remain busy as they continue their visits into the EMS community inspecting vehicles and services. Since joining the OEMST, Inspectors Willie Smith, Vickie Turner, and Stephen Wilson have become familiar faces to services all across the state.

Historically, EMS inspections have occurred on an average of once every two years. Today, however, some services have already been visited twice in the past six months by one of our inspectors. If your service is not one of these, then be prepared for another visit soon.

Remember, State EMS Rules allow for periodic inspections of ambulances, non-transport ALS vehicles, and service operator's premises and facilities to be conducted at such intervals, times, and places as the State Board of Health may direct.

## DIRECTOR'S WORDS

We continue to move ahead with the implementation of the electronic reporting system and are excited about the prospect of timely, valid EMS data. The Office of EMS & Trauma recently received an ADECA grant specifically for EMS data collection and analysis. We're using this grant to contract with the University of Alabama to develop and implement a statewide Quality Improvement Program.

As part of this initiative, the University of Alabama will design and implement a web-based training program for EMS providers on the use of data management to improve services. We hope this will begin to enable EMS providers to extract their data and analyze their own run reports. Based on my conversations with many providers, this is something long overdue.

**Dennis Blair, Director**
**Office of EMS & Trauma**

## STATE EMS MEDICAL DIRECTOR'S REPORT

It has always been the policy of the Alabama Board of Health that the patient has the right to choose the hospital to which he or she will be transported. The patient care protocols state this in Section 2, Patient Rights:

5. A patient has the right to select a hospital to which he/she is to be transported, if he/she is rational and if, in your best judgment, transport to that hospital will not cause loss of life or limb, and that hospital is within your normal service area. If, in your judgment, transport to the patient's chosen hospital will cause loss of life or limb, contact your OLMD and follow his/her orders.

6. If the patient requests to be taken to a hospital out of your normal service area or that transport would leave your community without ambulance service, you may request a backup ambulance (or an ambulance from the hospital to which the patient requests to be transported) to transport the patient. This may require taking the patient (if unstable) to the nearest appropriate hospital while transportation is arranged.

There has been some confusion because the protocol seems to give the OLMD the right to direct the patient to a hospital to which he/she does not wish to go, and the protocol does not mention hospitals on diversion status. A meeting was held with the Legal Division of the Department of Public Health to clarify these questions.

The result of this meeting was to uphold the policy that the competent patient always has the right to choose the destination hospital and neither the EMS service nor OLMD has the right to override that decision. If the hospital is on diversion status and the patient still demands to be taken to that hospital, the EMS service must honor this request and OLMD cannot override this decision. EMTALA requires that a patient brought to the Emergency Department of a hospital on ED diversion must be examined. The protocols will be rewritten to make this clear.

**John Campbell, M.D.**
**State EMS Medical Director**

## Free Personal Protection Equipment and Personal Preparedness Training

The Alabama Department of Public Health (ADPH), Center for Emergency Preparedness (CEP), is offering free personal protection equipment (PPE) and personal preparedness training (PPT) so your organization can respond effectively to pandemic influenza (PI). The personal preparedness education will ensure your staff has thought through the tough questions and will be more likely to respond when called during an emergency.

ADPH will provide a free limited supply of PPE:

- N95 masks
- Surgical masks
- Face shields
- Hand gel
- Gloves
- General cleaning supplies

To receive the free PPE for PI, your organization must provide:

- A PI operational plan
- Education for all staff on PI and personal preparedness
- Secure storage location for PPE.

The PI operational plan must contain the specific names, resources, supplies, and descriptions on how your organization will continue to operate during a pandemic.

Key elements of an operational plan include, but are not limited to:

- Delegation of authority
- Order of succession
- Essential functions
- Essential staff
- Alternate operating facility
- Communications
- Vital records and databases
- Human capital
- Health and safety of employees
- Supply chain and other resources
- Recovery

Upon request, your Public Health Area (PHA) Emergency Preparedness (EP) Teams will provide reference material and advice for your operational plan.

If your organization is interested, please contact your local county health department and ask for your EP Coordinator.

For more information about pandemic influenza, go to www.adph.org/pandemicflu or www.pandemicflu.gov

## COMPLIANCE & INVESTIGATIONS | February 1, 2008- March 31, 2008

| Name | Complaint | Action Taken |
|---|---|---|
| EMT-P | falsification of records | no action taken<br>no EMS violations |
| EMS Service | patient care issues | no action taken<br>no EMS violations |
| EMT-B | impairment | no action taken<br>no EMS violations |
| Maggie Smith<br>EMT-P | falsification of records | voluntary surrender of license |
| Jeremiah Jones<br>EMT-B | exceeding scope of practice | license suspension |
| Bagley Vol Fire & Rescue | outdated drugs<br>ALS deficiencies | 1 year probation |
| Ronald Sealy<br>EMT-P | impairment | voluntary suspension |
| EMT- P | theft of medication | under investigation |
| Decie Harper<br>EMT-P | ignored physician orders | protocol review & update w/ OLMD oversight |
| EMS Service | patient abandonment | under investigation |
| EMT-P | ambulance driver requirements | under investigation |
| EMT-P | impairment | no EMS violations<br>no action taken |
| Heather Barnes<br>EMT-P | ALS procedures & protocols | 30-day license suspension |
| EMS Service | impairment issues | under investigation |

## INDIVIDUAL LICENSURE ISSUES

AHA and ARC require that CPR cards be typed. Any card that is handwritten will not be accepted by the Office of EMS & Trauma.

Please review the revised EMS rules that were officially approved on January 21, 2008. The OEMST has experienced a number of calls from people who do not know how to renew their license or what their renewal requirements are. The revised rules were mailed to every licensed provider and can also be found at http://www.adph.org/ems.

## Electronic-PCR (e-PCR) Update

The Alabama e-PCR project is progressing very well. As of April 1, 2008, over 67,000 electronic patient care reports have been submitted since January 1, 2008. We appreciate the effort that everyone has made. We expect great things when we get everyone reporting.

A letter was recently sent to every licensed EMS agency in Alabama reminding them that the deadline for full compliance for e-PCR reporting is June 1, 2008. The Department is not entertaining any further extensions, so if your agency is not prepared to be compliant with your current choice of software, you must obtain our free software before the deadline date. Please contact our Office before the deadline if you have any issues with compliance.

Our e-PCR tech support staff is on duty every day 8-5 to answer your questions or assist you with technical issues. Contact Chris Lochte or Craig Dowell at 334-206-5383.

Resource tools, validation, and procedures for becoming compliant are listed at http://emsis.net/alabama. Please refer your IT people or vendor representatives to this site.

# TRAUMA SYSTEM UPDATE

We're proud to announce that the North Alabama Trauma System (EMS Region 1) became operational February 25. The Central Trauma System (EMS Region 3) has been operational since 1996. This now brings the trauma system to 44 percent of the population of Alabama.

The initial town hall meetings to kick off the trauma region planning in the East Trauma Region (EMS Region 2) and the Southeast Trauma Region (EMS Region 5) were held the last week of March with target dates of becoming operational in October of 2008. The initial meeting in the West Trauma Region (EMS Region 4) will be in late April with the same target date to be operational. The Gulf Trauma Region (EMS Region 6) will have its initial meeting in midyear 2008 with a target date to be operational in early spring of 2009.

**The trauma system works like this:**

1. The Trauma Communications Center (TCC) constantly monitors, by computer, the resources and ready status of every trauma hospital.
2. Using the Trauma Patient Criteria Protocol (8.5), the first responding EMS service evaluates the patient and determines whether the patient meets trauma system criteria. If so, the senior EMT calls the TCC and enters the patient into the system.
3. The EMT will be given a unique identifying number to go on the PCR to flag this patient as being a trauma system patient. Together, the EMT and the TCC will decide which of the ready trauma centers would be most appropriate for the patient.
4. If the patient is handed off to another service to transport, this identifying number must be put on that service's PCR as well. This is how the system is able to pull together all the PCRs that pertain to a single patient.
5. The TCC will call the receiving hospital and give a verbal report and then fax a written report as well.
6. Level I and Level II trauma centers, after evaluating and treating the patient, will send (within 24-48 hours) written Patient Care Feedback to the TCC stating what was found when the patient was evaluated and what was done for the patient. The TCC then forwards the information to the EMTs who cared for the patient so they get feedback about the patient.

In the first month of operation of the North Trauma Region, we have, through the QI process, identified several things that can be improved. First, it is extremely important for the patient to be entered into the system as soon as possible. While the first responding EMS service is encouraged to do this, it is the absolute responsibility of the transporting service to do so if not already done. If the patient is not entered into the system, (1.) the charts cannot be retrieved for QI, (2.) the patient may not be taken to the best hospital for trauma care, and (3.) the EMS service will get no feedback on the patient.

If your service (air or ground) is called to transport a trauma patient for a non-transporting service, be sure to ask for the TCC identifying number and record it on your chart. If the patient qualifies to be entered into the system and the on-scene service has not called the TCC, either ask the service to call and obtain the destination hospital and the TCC identifying number while you are responding, or call the TCC and enter the patient yourself as soon as you evaluate the patient. The unique trauma system identifying number allows us to perform QA/QI and send Patient Care Feedback to the EMS service while still protecting the identity of the patient.

**For further information and updates on the trauma system, see the trauma system web site: www.adph.org/ats.**

## EMS-C NEWS

Please check out our new web page: http://www.adph.org/emsc which we hope will serve as a valuable source for pediatric information in the state. We welcome your suggestions and comments regarding the web page. Please send your thoughts to Verla Thomas @ VerlaThomas@adph.state.al.us.

The EMS-C Advisory Board is presently recruiting new members. If you have an interest in pediatric care, we would welcome your application. We especially need an EMS training coordinator, a Tribal EMS representative, a fire-based EMS representative, a police representative, and a parent-teacher association representative. Please consider volunteering your time to the board. This is an excellent way to become involved in making a difference in the lives of children in our state. Please contact Verla Thomas VerlaThomas@adph.state.al.us or Dr. Klasner aklasner@peds.uab.edu if you have an interest.

## FOCUS ON PEDIATRIC POISONINGS

Each year, more than two million toxic exposures are reported to the American Association of Poison Control Centers. Over 50 percent of these involve children under 6 years old.

Prescriptions of over-the-counter medications comprise 40 percent of all toxic exposures reported to poison centers. The most common substances children ingest are cosmetics and personal care products (13.3%), followed by cleaning supplies, pain relievers, foreign bodies, plants, pesticides, topical ointments, and cough and cold preparations.

Most of the time, a toddler thought to have ingested just one or two doses of a medication will be fine with little treatment. A few drugs, however, can be life-threatening, even in small amounts. Drugs particularly toxic to children, even in small amounts, include: calcium channel blockers (i.e. Procardia and Verapamil), beta-blockers (i.e. Inderal), tricyclic antidepressants (i.e. imipramine and clomipramine), diphenoxylate (i.e. Lomotil), and camphor (i.e. Campho-Phenique and Vicks Vaporub).

Decontamination often hinges on timing from the ingestion. Keep in mind that syrup of ipecac is no longer recommended in any setting, gastric lavage is not routinely employed any longer, and charcoal is most effective in the first hour after ingestion.

If a poisoning is suspected, calling the Poison Control Center can help guide the treatment plan. National number: 1-800-222-1222, within Birmingham: (205)-939-9201.

### MEETINGS, EVENTS & NOTICES

State Emergency Medical Control Committee (SEMCC) Meeting has been scheduled for June 3, 2008, at 1 p.m. in Clanton at the Alabama Power Building. Keep an eye on our website www.adph.org/ems for further information.

Special thanks from Gary Mackey to all of you in the EMS Community who have shown your kindness and support during this sad time in his life. As you know, Gary lost his 18-year-old son, Devin, in a motor vehicle crash on Valentine's Day. Please keep Gary in you prayers.

Mike Oliver, a paramedic from Pelham Fire, was killed March 23, 2008. Mike also worked part-time for Care Ambulance. We ask that your keep the Oliver Family in your thoughts and prayers.