



DIRECTOR'S WORDS

On December 30, 2007, the entire Alabama EMS community was saddened by the loss of three Air Evac workers killed in a helicopter crash while conducting a search and rescue. On board were pilot, Michael Baker, EMT-P, Allan Bragwell and nurse, Tiffany Miles. These individuals were heroes who gave their lives while trying to help others. Our thoughts and prayers are with their friends and families.

As you'll see later in The Update (in the "(e-PCR) Update" article), the NEMSIS system will be fully operational very soon. Most of the third party vendors are close to being fully compliant; the web-based version should be operational soon; and, the Grayco desktop version should be installed in all locations within a few weeks.

The implementation of this data system will allow all providers to conduct quality improvement within their individual organizations and will allow us to track statewide trends. Hopefully, the collected information will be instrumental in securing grant funds. Thanks to all of you who have helped our Office with this endeavor. I truly believe that EMS in our state will be better because of this data system.

On January 21, 2008, the new EMS rules became effective. Now, all EMT education will fall exclusively under the regulatory arm of the Department of Education. The Office of EMS and Trauma's educational involvement will be limited to testing and licensing of EMS students.

Alabama's EMS System is consistently evolving. Working together, we have the opportunity to see real, positive changes in our system.

— Dennis Blair, Director
Office of EMS & Trauma

STATE EMS MEDICAL DIRECTOR'S REPORT

If you will check the ADPH EMS website (<http://adph.org/EMS/>), you'll find that the patient care protocols have been separated into EMT-Paramedic Protocols, EMT-Intermediate Protocols, and EMT-Basic Protocols.

Each service should use only one version of the protocols, as follows:

1. If you are an ALS service and the highest level provider in your service is a paramedic, then you should use the Paramedic Protocols.
2. If you are an ALS service and the highest level provider in your service is an EMT-Intermediate, you should use the EMT-Intermediate Protocols.
3. If you run a BLS service, you should use the EMT-Basic Protocols.

We are still using the 4th Edition Patient Care Protocols, but they have been updated with the addition of the optional Cyanokit for treatment of cyanide poisoning or severe smoke inhalation. I had originally planned to put the operation guidelines and administrative protocols in a separate document to shorten the patient care protocols. However, after discussing this with several paramedics, I decided that it would be less confusing to leave them in the protocols. Paramedic patient care protocols in flow-chart format will be available on the web very shortly. Patient care algorithms for EMT-Intermediates and EMT-Basics will take a little longer.

The adult IO procedure has been updated to confirm that it is acceptable to use 1-2 cc of lidocaine if the adult patient is conscious and is having pain with fluid infusion. This updated procedure is for paramedics only.

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

MEETINGS & EVENTS

State Emergency Medical Control Committee (SEMCC) Meeting has been scheduled for March 4, 2008, at 1:00 p.m. in Clanton at the Alabama Power Building. Keep an eye on our website www.adph.org/ems for further information.

DO YOU HAVE QUESTIONS FOR THE OEMST STAFF?

If you've called our Office recently, you've probably had the opportunity to talk with our receptionist, Sid Griffith. Sid has been with us for about a year and a half and has proven to be an invaluable member of our EMS Team. We've recently had some changes in staff responsibilities. In order to help Sid route calls effectively and get your questions answered promptly, please remember: 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 or Kevin Minard.

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IN LOVING MEMORY...

As you may have heard, Gary Mackey's 18 year old son, Devin, was killed on February 14th in a motor vehicle crash. Many of us here, at the Office of EMS & Trauma, had the privilege to watch Devin grow up from a mischievous little boy who played on our computers to a compassionate, caring young man. He was an attribute to his school, his community and his family. Please keep Gary and his family in your prayers.

COMPLIANCE & INVESTIGATIONS | December 2007 –January 2008

Complaint	Action Taken	Violation
1. Scene Cancellation for Air Ambulance	None	No EMS Rule Violations *
2. Eric J. Ingram, EMT-P	Voluntary Suspension	EMS Rule 420-2-1-.21
3. Patient Abandonment	None	*No EMS Rule Violations
4. Charles D. Ray EMT-P/Driver	Voluntary Suspension	Violation of EMS Rule 420-2-1-.21
5. Lexington Rescue Squad	Emergency Suspension w/ intent for revocation	Violation of EMS Rule 420-2-1-.03
6. Katie J Betts, EMT-B/Driver	Removed ambulance driver from license for 5 years	Violation of EMS Rule 420-2-1-.15
7. Ambulance Staffing Requirements	None	No EMS Rule Violations *
8. Patient Care Issues	None	No EMS Rule Violations *
9. Jason M. Norris EMT-P/Driver	Voluntary Suspension	Violation of EMS Rule 420-2-1-.21
10. Ground transport vs. Air transport	None	No EMS Rule Violations *
11. Austin W. Grissom EMT-Basic/Driver	License Suspension	Violation of EMS Rule 420-2-1-.26
12. Blountsville Fire & Rescue	1-year Probation	Violation of EMS Rule 420-2-1.05

* Denotes that a complaint was made and investigation conducted by OEMS&T. No action was taken because no rule violations were found.

ELECTRONIC-PCR (e-PCR) UPDATE

We continue to bring provider services on-line with the electronic reporting requirements. Currently, there are 73 provider services that have been installed and are transmitting to our State server. The remaining 250 provider services are either on the list for installation and training or are third party vendors that are in the process of compliance testing with our software vendor. At least 106 provider services have declared that they will be using the web version of the Alabama e-PCR. As stated in an earlier edition of The Update, we've had to delay the execution of this version but are working diligently to have it ready by the end of February. Please be patient; we'll notify you as soon as this issue is remedied. Our goal is to have all 323 licensed

provider services reporting consistently by May 1, 2008. Once we meet this goal, we'll begin to monitor for submission compliance as well as data integrity. Even though we have built-in validations to help prevent such occurrences, bad data can still be submitted. To address this, we're currently working with the University of Alabama to develop a QI process that will assist us in monitoring and improving data submission from the provider services. Finally, if you call our Office for support issues, please understand that there are three tech people working on this project: Chris Lochte, Craig Dowell and Randy Strickland. At least one tech person stays in the office to answer your questions, while the other two are out installing and training provider services. Individual tech support issues

National Registry Test Results for December 2007

- 186 Basic EMT examinations taken with a 67% pass rate
- 93 Paramedic cognitive examinations taken with a 42% pass rate
- 117 Paramedic candidates tested the practical portion of the National Registry exam at seven (7) different sites across the state.

often take a long time to resolve, so we're asking that you be patient when you call. If the tech person is not available when you call, please leave a message and a return phone number. Someone will call you back as soon as possible, but keep in mind, it may take up to 24 hours for them to get back to you. If you have an issue related to

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the e-PCR program that is not tech support-related, feel free to ask for the Deputy Director, Russell Crowley, or Director, Dennis Blair. The phone number is (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.

INDIVIDUAL LICENSURE ISSUES

It's time to renew your EMT license. Applications must be received by OEMS&T no later than March 1, 2008, to ensure that your license is processed prior to the March 31 expiration date.

Online renewal is available. You can access this feature from our website, www.adph.org/ems, then go to the License section and select Online Renewal. Online renewal can only be used to renew the level of license that you currently hold. You cannot add "driver" or reclass to another level online. A Reclass can be processed only by using the traditional paper application method. If you use online renewal, you may be subject to a random audit.

If you're selected for audit, you have 72 hours to fax or mail the required documents to OEMS&T. If you do not comply with the audit requirements, your license will not be processed.

The online feature is based on the presumption that you have already completed all the required Con-ed classes. So make sure that you have met all training requirements and that you have needed documentation prior to renewing online! **REMEMBER!!** If you are selected for audit and do not comply with the audit requirements, your license will NOT be processed. The Online Renewal feature will be shut down March 31, 2008, at 12:00 midnight and will not be available until January of 2009. Only those individuals who expire in 2008 have access to the "online" renewal. **REMEMBER!** You cannot continue to work after March 31 without a current license in your hand. No excuses or exemptions.

PROTOCOL EDUCATION and RE-LICENSING PROCESS CHANGES

The recent (2008) revision of the EMS Rules has resulted in several changes in EMT protocol training. The change in the rules, however, does not affect the current (2008) license renewal cycle.

EMS Service Inspections

In December 2007 and January 2008, the OEMS & T Inspectors continued their visits across the State, administering both service and vehicle inspections. The following is a summary of the December-January inspection activities:

- 52 Transport service inspections
- 30 Non-transport service inspections
- 160 Transport vehicles inspected
- 56 Non-transport vehicles inspected
- 6 Grounded units

If your service hasn't been visited by one of our inspection staff yet, take this opportunity to review the OEMS & T's Rules and requirements and make any needed changes. One of our inspectors will be paying your service a visit soon. Overall, the inspectors have found most services and vehicles to be in compliance with ADPH requirements. There have been some instances of vehicles with missing equipment, expired drugs and expired equipment, sterile equipment that is open or unsanitary, and vehicles with worn tires. In all such cases, services are reminded to notify the OEMS&T in writing, of deficiency corrections within ten (10) calendar days of receiving a deficiency report.

• If you are required to renew your Alabama EMS license by March 31, 2008, you can use either the old or the 2008-revised method to renew.

• Effective March 31, 2009, all Alabama EMTs, Intermediates, and Paramedics applying for a license or license renewal must follow these new requirements.

To find out more about these changes, download or go on-line and review the 2008 EMS Rules at www.adph.org/ems. Section 420-2-1-.23 (page 55) and Appendix C (page 70) contain the specific changes that you'll need to review.

We will no longer use the term Credentialing or Credentialed. Under the new process, you will be either Active or Inactive. To be Active and eligible to practice protocols to your license level, you must complete all of the re-

license requirements outlined.

Additionally, initial licensees (new graduates and out-of-state applicants) must have completed all of these requirements to be eligible for an Active license.

You'll need to make sure that all re-license documentation is in certificate form. The old forms and roster submissions for Credentialing are no longer applicable and will not be accepted. The medical director or his/her designee is still required to teach the Protocols and sign off on each certificate. If you have any questions regarding these changes, please call the Individual License Section staff at 334-206-5383.

NEWS FROM THE PEDIATRIC FRONT

Courtesy of Ann Klasner, MD, MPH and EMS-C Grant—aklasner@peds.uab.edu.

Each EMS service in the State of Alabama has received, or will be receiving, a survey (via email or mail) about the pediatric equipment that they presently carry. **We need your help! Please take time to complete these surveys!** Our goal is to have **90%** of these surveys completed. We need to know what you need to help you care for your pediatric EMS cases!

• We were recently lucky enough to secure funds for some pediatric equipment, including pediatric backboards, car seats and Broselow® tapes. After a long wait, distribution of these items has begun through the Regional EMS agencies. Please contact Verla Thomas (VerlaThomas@adph.state.al.us) if you have questions about the equipment.

• Medication Updates in Pediatrics: The FDA recently (January 2008) issued a Public Health Advisory for parents and caregivers, recommending that over-the-counter (OTC) cough and cold products should not be used to treat infants and children less than 2 years of age because serious and potentially life-threatening side effects can occur from such use. OTC cough and cold products include decongestants, expectorants, antihistamines, and antitussives (cough suppressants) for the treatment of colds.

• Promethazine (or trade name Phenergan) is often used in children as an antihistamine, antinausea treatment or as a sedative. In April 2006, the FDA issued an alert stating that "medications

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containing promethazine hydrochloride (HCL) should not be used in children less than 2 years of age because of the potential for fatal respiratory depression.” The advisory also stated that caution should be exercised when administering phenergan in pediatric patients over the age of 2. This has been labeled a “black box” warning, to include a warning about the cases of respiratory depression and death. A black box warning is the FDA’s strongest warning, and is intended to alert health care workers and patients that a drug may carry significant risks. According to a 2002 study, fewer than 10% of prescription drugs carry them.

TRAUMA SYSTEM UPDATE

At the December 3, 2007, State Trauma Advisory Council (T.A.C.) meeting, the members voted to approve the draft Trauma Center Designation Criteria. They then forwarded it to the State Committee of Public Health for review. The document has since been reviewed by the State Committee and is now out for public comment. A public hearing is scheduled for February 21, 2008, in the Board Room on the 15th floor of the RSA Tower in Montgomery.

In addition, the T.A.C approved the draft Trauma System Patient Protocol, which will be reviewed by SEMCC at its March 4, 2008, meeting.

Pre-hospital staff training is near completion in the North Region. The North Alabama Trauma System (NATS) is expected to be online and operational by March 1, 2008.

For additional information related to the Statewide Trauma System, please visit the new Trauma System webpage at: <http://adph.org/ats/> or contact Choona Lang, RN, BSN, MHA, State Trauma Program Administrator at (334) 206-5383.