

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

VOLUME 16 – ISSUE 1 – JANUARY-MARCH 2023

MAHOGANY MASTERPIECE MASS CASUALTY INCIDENT

DADEVILLE, TALLAPOOSA COUNTY

April 15, 2023; Incident Call Out 10:36 PM

Tallapoosa is a moderately rural Alabama county with a population of 41,311 residents. The county seat is Dadeville (population 3,230) and the largest area of population is Alexander City (population 14,843). Most people are familiar with the area because of visits to Lake Martin and its 44,000 acres of water.

In the entirety of 2022, there were 8,424 EMS incidents recorded in Tallapoosa County. On Saturday night to Sunday morning of April 8-9, 2023 (10:30 PM to 3:30 AM) there were two EMS incidents recorded. One week later during the same period the EMS workload in the county increased more than 1000% and involved seven hospitals, six licensed fire and ambulance services and more than thirty-five responders from just the reporting fire and ambulance services. The actual incident involved far greater when considering the volunteer responders, fire departments and law enforcement agencies that traveled out of jurisdiction and area to aid the citizens of Dadeville on April 15, 2023.

News coverage of the incident has been comprehensive, yet at the time of this writing the investigation is still ongoing. The state's media outlets have reported that the scene was a dimly lit, small (38 X 26 feet) and packed room that was filled with at least 50 partygoers, mostly teenagers. Also, according to media sources, at about 10:30 p.m. an altercation erupted that resulted in the firing of at least 89 shots, judged by the cartridge casings on the scene. Seven guns, two of which were illegally altered for automatic fire were ultimately recovered by law enforcement. Four people (three teenagers) were killed on the scene, with age ranging from 17-23 years of age. Thirty-two other people were injured, some critically.

The first local Tallapoosa EMS crews on the scene entered a blood-soaked room filled with dead and injured children and young people. They triaged and provided care under the very worst of circumstances and acted calmly and professionally. Units from Alexander City Fire Department arrived on scene shortly thereafter to transport the remainder of ambulance patients. At the same time many of the injured patients were transported by private owned vehicle to area hospitals by often-panicked friends and family members. Lake Martin Community Hospital was one- and one-half miles away from the scene and was almost immediately inundated with an influx of injured people from the incident. The facility reached out to East Alabama EMS in nearby Opelika to transport a severely injured child to Children's Hospital in Birmingham only twelve minutes after the original Tallapoosa EMS units were notified to respond to the scene. Russell Medical Center, twenty minutes away in Alexander City, also began to receive patients by private owned vehicle shortly thereafter. Ambulance interfacility transfers continued throughout Sunday morning involving Tallapoosa Emergency Medical Services, Alexander City Fire & EMS, Childersburg Ambulance Service, East Alabama Emergency Medical Services, and Sylacauga Ambulance

Service. Opelika Fire Rescue was also called and responded but was cancelled before arrival. Some responding EMS personnel posted in the emergency departments of the area hospitals to aid hospital personnel in the triage and crowd management processes, remaining posted there throughout the night and height of the crises. The patient load situation was also complicated by the fact that weather prevented the state's helicopter EMS resources from operating.

Hospitals receiving patients, either by POV or EMS transfer, include Lake Martin Community Hospital (Dadeville, AL) Russell Medical Center (Alexander City, AL) Children's Hospital of Alabama (Birmingham, AL) University of Alabama Hospital – UAB (Birmingham, AL) East Alabama Medical Center (Opelika, AL) Baptist Medical Center South (Montgomery, AL) and Piedmont Columbus Regional Midtown (Columbus, GA).

The Alabama Office of EMS would like to take this opportunity to commend the EMS services and hospitals who served the citizens of our state during this incident. We would also like to thank the Alabama Fire College and the area hospitals who provided counseling services to the responders. Emergency First Response is never easy and especially when patients are young people. Post Traumatic Stress Disorder (PTSD) is common among first responders and Alabama OEMS encourages any first responder to seek assistance if affected. The Alabama Department of Mental Health initiated and has maintained a system allocating the three-digit phone number "9-8-8" for crisis hotline access since July 16, 2022. The 9-8-8 access is interwoven into the Alabama Crisis System of Care as the first step and response for all mental health, substance use, and suicide crises.

SPOTLIGHT ON EMS PRACTICE

David Frank Garmon

Fifty-Three Years of Selfless Service

Most people in EMS in Alabama have heard of David F. Garmon if they do not actually know him or have been instructed by him. David is one of those EMS practitioners who is asked to speak at almost every conference, whose name appears as a reviewer in many if not most EMS textbooks, and who has been a part of the EMS system in Alabama since the very beginning.

David was born in Cherokee County, Alabama in 1954. At the age of sixteen, in 1970, he began volunteering at Perry Funeral Home, a long-established funeral home in Centre, Cherokee County, Alabama. EMS as we know it today was in its infancy and the main method of transporting patients to the hospital was either by private owned vehicles by the family, or by hearse ambulance by funeral home personnel. David's wife, Teresa, advised us "David's dad gave his permission for David to volunteer at that young age because he thought the fact it was in a funeral home would discourage him from pursuing it. What it did was create a life-long adrenalin junkie."



After graduating Cherokee County High School in 1973, David continued working in and around EMS at the funeral home, achieving Emergency Medical Technician – Ambulance (EMT-A) in 1976. From there he began to recognize his calling for education, achieving Emergency Medical Technician Intermediate and his Basic Cardiac Life Support Instructor certification in 1978. Still working for the funeral home ambulance, he achieved his Paramedic certification in 1981. Not uncommon at the time, the funeral home possessed all Advanced Life Support equipment and certification, as well as dedicated ambulance vehicles. David, at this time, did double duty as a funeral director as well as a paramedic. One story he often tells during conferences or classes is when he and his partner were both acting as funeral directors after he became a paramedic. He and his partner were conducting an open casket viewing of an early-middle-aged man. They lovingly escorted the deceased's elderly mother to the casket side in the viewing room for her approval prior to opening the viewing to friends and family. David always

recounts the story by remembering “She said, ‘Oh don’t he look good, he looks so peaceful’ and then she said ‘Oh I wish I could be with him!’ Then she immediately collapsed to the floor between my partner and I.” David and his partner, a bit surprised, began assessments on the elderly mother and ended up working a code on her which she did not survive. Gary Varner of the OEMS remembers once hearing this story with David ending, stating matter-of-factly “Well I guess you have to be careful what you wish for.”

Shortly thereafter, in 1984, David began dividing his practices between the field and formal instruction. He began as an Instructor at the EMS Program at Northeast State Junior College in Rainsville, Alabama in 1984. He moved to the School of Health Related Professions at the University of Alabama at Birmingham as an Associate Instructor in 1987 and was promoted to full Instructor in 1994. At UAB he was assigned to the UAB School of Medicine as a Clinical Instructor and ultimately achieved Assistant Professor of Medicine status in 1996. From 1997 to 1998 he served as the Accreditation Compliance Officer for the Alabama Office of EMS, thereafter, leaving to return to education as an Instructor at the University of South Alabama in Mobile where he has flourished for the past twenty-five years. Upon Alabama’s re-launching the EMS Regional System in 2006, the University of South Alabama won the bid for what was redesignated as the Alabama Gulf EMS System (AGEMSS) which encompassed the southwestern counties of Baldwin, Clarke, Conecuh, Escambia, Mobile, Monroe and Washington. David’s public persona was recognized as an asset, and he was assigned as AGEMSS Director where he continues to serve.

The Alabama OEMS would like to recognize David as a pillar of EMS in Alabama, from the administrative, education, and clinical perspectives. For fifty-three years (and counting) of selfless service to the public and to the EMS services and personnel of our state. For the thousands of lives that he has positively influenced in his long and distinguished career as an EMS professional in Alabama.

OEMS INTRODUCING NEW STROKE COORDINATOR

Tabatha Ross, BSN, RN

Acute Health Systems – Stroke System Coordinator

We are pleased to introduce our new Acute Health Systems Stroke Coordinator, Tabatha Ross, who began her new adventure with the Alabama Department of Public Health on May 1, 2023.

Tabatha is a native of Montgomery and graduated from Sidney Lanier High School in the class of 1994. She began her nursing career as a Licensed Practical Nurse in 2003 and worked as a Home Health Nurse with the ADPH Home Care Services Division. She earned her Associates Degree in Nursing from Southern Union in 2009 and her Bachelor of Science in Nursing from Jacksonville State University. She began work in the private sector in 2009 in End State Renal Disease where she managed several home dialysis programs throughout the black belt and lower south Alabama areas.



Tabatha advised “I am returning to the ADPH in a position that will allow me to use my clinical skills in a patient-centered area. The role of Stroke Coordinator will give me an opportunity to learn various other skills to enhance my knowledge base and professional growth. I am excited to be a part of this organization and EMS team.” OEMS recognized that Tabatha’s extensive knowledge and experience with renal disease is highly valuable as renal disease is closely linked to the incidence of stroke within the population of Alabama. We warmly welcome her to our team and look forward to many years of working closely with her to lessen the morbidity and mortality of that devastating disease process.

NOTES FROM THE DIRECTOR:

“EMS Is a Calling, Not Just a Career”

Jamie Gray, BS, AAS, NRP

State EMS Director



As we head into mid-2023, Alabama has already experienced its share of tragedy and triumph. January 12th saw the outbreak of tornados in our state with EF2 tornados causing great damage in Winston, Hale, Dallas, Autauga, Elmore, Coosa, Sumter, Mobile and Chambers counties before crossing into surrounding states. Later in April our profession lost two killed in a medical helicopter crash in Shelby County and an unprecedented number of civilians were shot in Tallapoosa County only two weeks later. Concurrently several active and retired EMS personnel passed away from illness or injury since January 1st. I think we can all agree that EMS, and life itself, has plenty of tragedy to go around – but where is the triumph?

Our triumph is in the strength and integrity of Alabama’s EMS services and departments and our EMS personnel doing their jobs and caring for patients under stressful, uncomfortable, and sometimes dangerous situations. In all the aforementioned situations, and thousands of others that were not mentioned, our “System” worked. People became ill or were injured, a call went out, responders answered, transports and care occurred, and patients arrived at an appropriate facility. What the public does not often realize is that a working EMS system comes at a cost. The training is monetarily costly and requires great commitment of the students, the instructors, and the institutions, as we are all aware. Although the training may also be emotionally costly to the student, the work is devastatingly stressful and mentally costly to the practitioner. Many new EMTs enter the field to find that the overall cost and commitment is just too high for them to tolerate. Those that persevere are often damaged, physically, mentally, and emotionally after years of service.

As a result, America as a nation is experiencing a shortage of licensed EMS personnel actually working in the EMS industry. COVID and its associated mortality and morbidity as well as its stressors have discouraged many young people from seeking EMS as a career. Young people have grown up in a culture that favors excessive personal safety over service to others and simultaneously have been initiated to believe that personal wealth should maintain the highest priority of life. The fact that “the public” is an unappreciative, intolerant, and demanding task master has led to a general loss of concept of customer service and satisfaction throughout every aspect of commerce. Dealing with unrealistic expectations of the public has always been one of the hardest aspects of EMS and medicine in general.

So, what is the answer? Most people would automatically say “higher wages.” Wage incentive is important, as are other factors like job satisfaction, benefits, and work-life balance. Working to live, not living to work, should be the goal of every EMS professional. Professionalism involves adhering to ethical and moral guidelines, being accountable and showing respect and courtesy to all colleagues and clients, and maintaining the optimum set of skills, knowledge, and problem-solving abilities to provide the best possible service to our patients. The importance of our role as patient-advocate cannot be overstated. The importance of our role in candidate outreach cannot be overstated as well. I encourage you to volunteer to visit area high schools, technical programs, and community centers. Your presence there will serve to not only encourage EMS candidacy but will instruct young and impressionable people about what EMS is for and what it is not for. Most people enter EMS because they are altruistic, thus they personally benefit from a job where they care for others. I suggest we take that practice of selfless concern for the well-being of others and channel it into the recruitment of new generations of caring EMS personnel who can benefit from our profession. EMS has been around for over fifty years, and it is here to stay. It will take those of us who have answered the call to reach out for society’s young people and encourage them to follow in our footsteps.

ABOVE AND BEYOND

Center Point Fire District/Paramedic Matt Crow

Story Submitted by Vickie Turner/EMS License Coordinator

On May 5th, 2023, CPFD Firefighter/ Paramedic Matt Crow was driving home from his son's baseball game. Matt noticed a plume of smoke that he knew from experience and training had to be a structure on fire. Matt drove to the location and noticed a structure which had fire and heavy smoke showing. He also noticed a car in the driveway as he went to the door. After knocking on door of the structure he heard somebody moving around inside. Firefighter/ Paramedic Matt Crow kicked in the door to perform a search and rescue. Matt entered the building full of toxic smoke, oppressive heat, and black out conditions with no protective gear or SCBA. Matt bravely searched the structure and located the victim. Matt extricated the victim and started providing medical care to the patient. The victim is alive because of the heroic actions of Matt Crow.



EMS DATA & REPORTING UPDATE

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

The National Emergency Medical Services Information System (NEMSIS) is the national system used to collect, store, and share EMS data from all states and territories. Alabama participates under a national memorandum of understanding. Versions of NEMSIS are upgraded periodically by federal requirement. We are now preparing to transition into NEMSIS Version 3.5.

The transition should occur seamlessly for Alabama's Emergency Medical Provider Services but each NEMSIS software vendor will likely have a slightly different approach to the process. Users of the free state-provided software, RESCUE, will be contacted and key users identified to be instructed in the use of the additional elements of the form; and then will serve to assist users within their respective organizations in learning the additional elements.

In RESCUE, and all software platforms, one element will be removed and replaced with four elements. Specifically Patient & Incident Disposition (eDisposition.12) is not subdivided into

- Unit Disposition (eDisposition.27)
- Patient Disposition (eDisposition.28)
- Crew Disposition (eDisposition.29)
- Transport Disposition (eDisposition.30)

The reasons for the changes are to allow for clearer documentation on a scene where a first responder rides to the hospital with a transporting unit. It also allows Community Paramedicine to describe care provided to a patient without transport occurring. Documentation of transport assistance without a patient (e.g., crew, organs, supplies) is also simplified.

Complete transition to Version 3.5 should occur in mid-to-late 2023. You may submit questions to gary.varner@adph.state.al.us.

PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP
Provider Services Coordinator



The Provider Services staff is currently busily processing renewal applications. When submitting your renewal application for 2023 please keep the following things in mind.

- All renewal applications for Emergency Medical Provider Services must be submitted prior to June 30, 2023.
- The renewal fees for Emergency Medical Provider Services will increase from \$30 per year to \$100 per year on May 15, 2023. As long as this application is submitted, and fee paid BEFORE May 15th the old fee of \$30 will be charged.
- The old Biohazard Disposal Plan is no longer required. It has been replaced with an Infectious Disease Prevention Plan. A checklist for the Infectious Disease Prevention Plan can be found on our website on the “Licensure Information” page. Checklists for I.V. Fluid/Drug Plan and Controlled Substance Plan are also available.
- If you are in the BREMSS or the Southeast Regions, you must submit all plans.
 - I.V. Fluid/Drug Plan
 - Controlled Substance Plan
 - Infectious Disease Prevention Plan

Any questions you have may be submitted to Kembley Thomas (kembley.thomas@adph.state.al.us) or myself (chris.hutto@adph.state.al.us). You may also call at **334-290-3088**.

TOPICS ON TRAUMA & CARES

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



Did you know that Alabama participates in CARES? “CARES” is the acronym for “Cardiac Arrest Registry to Enhance Survival”. The registry is designed to help EMS providers improve survival rates for cardiac arrest. By entering a few data points, EMS agencies can generate multiple reports that can be used to monitor performance, identify problems, and track progress. CARES is one of the largest EMS registries in the world, and one of the few that also includes patient outcome information from hospitals.

As several Alabama EMS provider services have already done, any service can enroll in the CARES Registry and coordinate hospital participation with their client hospital(s). For cardiac arrest patients, the prehospital phase has approximately thirty-two check boxes (elements) that can be paired with hospital phase data entered by the hospitals. Data can then be evaluated to determine interventional factors associated with patient outcomes. The Quality Assurance & Quality Improvement potentials of CARES are immense. The data entered is minimal when compared to that already required for the electronic Patient Care Report (ePCR) and actually following the outcome of the patient (seeing the result of your intervention) is an unprecedented tool for Alabama EMS services.

For more information contact me at sara.matthews@adph.state.al.us or call at **334-290-6241**. You can also learn more on the CARES website at <https://mycares.net/>.

ACUTE HEALTH SYSTEMS UPDATE

Alice B Floyd, BSN, RN, EMT-P
Acute Health Systems Manager



Trauma System –

The Alabama Trauma System had 14,632 patient entries in 2022. This was a slight decline compared to the 15,151 trauma entries in 2021. The most common mechanism of injury for trauma system entry continues to be penetrating injuries, which has been the case for several years. The second most common mechanism of injury for 2022, was Motorcycle/Bicycle injury with 885 entries. Level I trauma centers treated 9,493 patients, Level II trauma centers treated 2,378 patients and Level III trauma centers treated 2,791 patients.

Stroke System –

There has been a lot of activity in the Statewide Stroke System this year. In 2022, there were 9,634 patients entered into the stroke system. This is an increase of 421 stroke system entries compared to 2021 data. Of the 9,634 patients entered into the system, 3,016 were diagnosed with stroke. Of the 3,016 patients with stroke 1,985 were ischemic stroke and 475 were hemorrhagic stroke. Of the 1,985 patients with ischemic stroke, 465 (23%) received thrombolytic therapy.

In addition to the increase in stroke system entries, additional stroke system work continues as a result of the March 2022, EMS 10th Edition Protocols, related to implementation of the Emergency Medical Stroke Assessment (EMSA) which replaced FAST. EMSA, a severity-based stroke triage, helps identify Large Vessel Occlusion (LVO) stroke which requires mechanical thrombectomy that is not available at all stroke centers.

Current stroke system routing is to the closest available hospital. Future stroke system routing will include routing suspected LVO patients to a stroke center with mechanical thrombectomy capability. Notification and more information will be provided through each EMS Regional Office before any changes in stroke system routing are implemented. It is important that all EMTs know how to conduct the EMSA not only as part of providing good care but to also to prevent overloading higher level stroke centers with non-LVO patients, once routing changes.

In addition to Regional Stroke Symposiums that will be conducted in the upcoming months, the EMSA training information including videos on how to do the assessment and information about stroke mimics (Next Steps video) are posted at

<https://www.alabamapublichealth.gov/strokesystem/emergency-medical-stroke-assessment.html>.

COMPLIANCE SECTION UPDATE

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



Compliance Specialist Rhonda Caples, NRP, FP-C, and I would 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. As we resume the quarterly publication of our newsletter, we have elected to post rules infractions as we have in past issues. We do so as a service to Emergency Medical Service Providers so that they may reference the publications in the future and compare the names to their list of applicants. We have decided to not post the identity of individuals who have been suspended for impairment, as it does not serve to better the treatment process that follows. We will post the number of those infractions that occur for public information and to remind those in service to our citizens that self-recognition of addiction and abuse conditions and voluntary treatment is always preferable to investigation of complaints and imposed license suspension. It is not uncommon for EMS practice to be associated with addiction problems. We are all human after all. The best outcomes occur when the individual recognizes the problem and self-intervenes and seeks assistance prior to the problem resulting in a complaint and then an imposed suspension.

We are also informing our constituents of counties where services have been inspected within the period between newsletters and of services who have received the “Culture of Excellence” qualification. Those services have passed all inspections with the highest of marks and have experienced no complaints from the public or ePCR submissions complaints. We very much appreciate the efforts that all services and individuals make to perform professionally, efficiently, and effectively.

Counties Inspected in 2023

Baldwin, Butler, Cherokee, Coffee, Conecuh, Covington, Crenshaw, Escambia, Fayette, Geneva, Houston, Jefferson, Lamar, Lee, Macon, Marion, Montgomery, Morgan, Perry, Pickens, Pike, Washington, and Wilcox.

Culture of Excellence Awarded

- Air Care 2 Escambia
- Air Evac Fayette County
- Daphne Fire Department
- Decatur Morgan EMS
- DW McMillian EMS
- Life Saver 5 – Conecuh
- Saraland Fire Department.

2023 Rules Violation Cases Investigated					
NAME	LEVEL	LICENSE	RULE VIOLATED	TYPE	RESULT
Zelenski, Adam	AEMT	1700365	420-2-1-29	Misconduct	Suspension
Hillburn, Adrian	EMT	1400703	420-2-1-29	Scope of Practice	Suspension
Pepper, Hunter	EMT	2100642	420-2-1-29	Scope of Practice	Suspension
Hill, James	AEMT	9900160	420-2-1-29	Misconduct	Suspension
NAME WITHELD	EMT	0000000	420-2-1-30	Impairment	Suspension
NAME WITHELD	Paramedic	0000000	420-2-1-30	Impairment	Suspension
NAME WITHELD	Paramedic	0000000	420-2-1-30	Impairment	Suspension
NAME WITHELD	Paramedic	0000000	420-2-1-30	Impairment	Suspension

COMMUNITY SERVICE SPOTLIGHT

Service and Individual Submitted Events

Many Emergency Medical Provider Services conduct first aid and CPR classes for their communities every year. There are many benefits to providing educational opportunities for the communities that you serve. For example, CPR training results in high-quality bystander CPR being performed long before dispatched EMS units can arrive on the scene. First Aid training results in similar benefits. Simultaneously the public is educated about what EMS is for and why 9-1-1 access is necessary, how it works and when to call in. The younger the participant in class is, the longer the benefit of that time spent will last. Classes and presentations in daycare to college classes will not only inform our constituents about what EMS does but may actually help someone to take the initiative to enter EMS as a career. Many of our ranks were influenced to enter EMS because of presentations seen in school or because of television shows about EMS (hopefully portrayed as caring professionals). If you read the “Notes From The Director” segment in this issue, Jamie Gray covers the need for positive recruitment of young people to make it possible for EMS to continue and flourish in the coming years and decades. **If you wish to submit information about classes, events, presentations or celebrations by your organization for future issues of our newsletter please submit your materials, including pictures, to gary.varner@adph.state.al.us.**

Montgomery Fire/Rescue hosted a Community Outreach Program at Fire Station 9, South Central location recently. The class was attended by seven citizens and was a FREE Community CPR/AED instruction and training program. The class was documented by a very professional video overview by Montgomery Fire/Rescue personnel and posted on the Department’s Facebook Page. We are of the opinion that documentation and posting of such opportunities encourages community participation as citizens observe their fellow citizens participating and actually enjoying the training process. It also introduces potential participants to the equipment involved and instructional process so that fear and anxiety of the unknown is minimized, and participation is encouraged. The Department encourages following of MFR’s social media platforms for further information on dates of courses that will be available approximately every 90 days.



The video is available at this link: <https://fb.watch/kkWclvYoFj/>

The OEMS commends the effort of Montgomery Fire/Rescue for the foresight and altruism demonstrated for the benefit of their constituents and for their efforts to publicly inform and encourage their citizens.



Alabama Office of Emergency Medical Services Staff Roster		
Name	Position	Contact
Caples, Rhonda	EMS Specialist / Compliance	<p>MAIN 334-290-3088</p> <p>FAX 334-206-0364</p> <p>EMS Tech Support Line RESCUE (State ePCR) 334-290-3087</p>
Crawford, William (M.D.)	State EMS Medical Director	
Floyd, Alice	Acute Health Systems Manager	
Digmon, Karen	Assistant, Acute Health Systems	
Gray, Jamie	Director, Alabama Office of EMS	
Hodo, Katelyn	Licensure Assistant	
Hutto, Chris	Provider Services Coordinator	
Matthews, Sara	Trauma Registrar/CARES	
McInerney, Lori	IT Support	
Palmer, Chris	IT Support	
Payne, Stephanie	Office Manager	
Ross, Tabatha	Stroke System Coordinator	
Stringer, Steven	Compliance Coordinator	
Thomas, Kembley	Assistant, Provider Services	
Turner, Vickie	EMS License Coordinator	
Varner, Gary	Epidemiologist Senior	
Ware, Conyona	Administrative Support Assistant	
Wilson, Kimberly	Education Coordinator	



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