

State EMS Medical Director's News

One of the first issues I would like to address for Trauma is the entering of patients that do not pass the entry criteria into the Trauma System. There is room for improvement and I believe we can tighten up this process by utilizing the protocols that are currently in place for trauma system entry criteria. For these critically injured patients, the mortality rate can be significantly improved--if they are able to receive trauma care (in the operating room) within an hour of injury. Every trauma patient that may benefit from the Trauma System should be entered, but over-triaging has led to unnecessary trauma alerts, thus taking valuable time away from other emergency department patients and hospital staff. Our goal is less than 30% of over-triage occurrences for emergency room patients. Please see the Alabama Trauma System website for Trauma System Patient Entry Criteria for Hospitals if you have any questions regarding trauma entry criteria and protocol.

Also, OEMS&T have been asked to address the number of "fall from a standing position" injuries to assess the need for its addition to the entry criteria for the trauma system. We are currently checking into the data and will decide on a course of action at a later date.

Elwin Crawford, MD, FACEP

National Registry Amnesty

Reinstatement of National EMS Certification for Alabama EMS Licensure

Instructions for the Alabama/NREMT – Mark King Initiative

Follow These Simple Steps to Apply: (2011 Alabama State License Renewals ONLY):

- Create an account on the NREMT website.
- Go to www.nremt.org, click on 'Create New Account' located near the upper left corner and follow the instructions. Request User role of: 'National certified EMS professional.'
- Login with the User name and Password you created – follow the prompts to 'Manage your NREMT profile' by completing the requested information (name, address, etc.).
- When your profile is complete, click on 'CBT Candidates.'
- Locate the 'Mark King Initiative' section in the center of the screen. Use the drop down field to select 'Alabama', click Submit.
- The system will process your request to determine your eligibility (if you are not eligible and believe you should be, please contact the Alabama Office of EMS and Trauma).
- Pay the current National Registry Recertification application fee (EMT-Basic and Intermediate: \$15.00; Paramedic: \$20).
- The NREMT will issue you a National EMS Certification card and provide you with recertification requirements.
- You will continue to recertify with the NREMT throughout your EMS career as a requirement of your Alabama State License.

Deadline to Apply – December 31, 2011

continued on page 3

National Registry Amnesty Info. continued

For 2011 Alabama State License Renewal

Alabama EMS providers who renewed their Alabama state license in 2011 have until December 31, 2011 to create an account and apply for reinstatement. You must have your registry card to renew your license in 2013.

Failure to do so will disqualify you for reinstatement and you will need to re-enter the National Registry following the current entry requirements (proof of state licensure, documentation of a refresher, verification of skills and successful completion of the current National EMS Certification examination).

For 2012 Alabama State License Renewal

Alabama EMS providers who will renew their State license in 2012 must wait until after they have renewed their Alabama State license. The same process will be available for them beginning June 1, 2012.

For Alabama License Renewal Without National Registry

Alabama EMS providers who have NEVER been Nationally Registered will have to complete the same continuing education requirements as everyone else and will need to have their hours available for renewal, but will NOT have to provide a Registry card.

Mr. Mark E. King (1953-2006) was the State EMS Director for West Virginia, a former NREMT Board member and an EMS provider for over 25 years. It was a vision of his to see States move to requiring EMS providers to maintain their National EMS Certification as a part of moving the EMS profession forward and promoting National EMS Standards. It is in recognition of his vision and contributions to the EMS Community that this initiative is named in his honor.

Participation in the Mark King Initiative is authorized by State EMS Agencies who require EMS providers to maintain their National EMS Certification as a condition of their continued state certification/licensure.

ANNOUNCEMENT for INTERMEDIATES

Listed below are the currently scheduled dates for the Intermediate Medication and Procedure Course. This course was brought about by the decision of the State Emergency Medical Control Committee (SEMCC) to Not make the existing Intermediates go through the Advanced EMT education and sit for the National Registry exam. Dr. Sarah Nafziger will conduct the first class in each region and any additional classes will be conducted by Regional EMS staff, this is Not a Train-the-trainer type class. Our goal is to have all Intermediates through the class by December 31, 2011. The class is an anticipated 3 hour session with an additional hour allotted for an exam. This is not an optional class, Intermediates not attending will be downgraded to the EMT level at their next license renewal. Unsuccessful Intermediates will have the opportunity for remedial training by Regional staff and retake the exam. In the hierarchy of EMS in Alabama the Intermediates will be viewed as a step above the advanced EMT's.

All Intermediates need to bring a 2011 version of the Alabama Treatment Protocols with them to the class (it will be an open book exam).

After January 1, 2012, Intermediates may utilize the new formulary after successful completion of the course.

December Dates:

Dec. 5, Monday 8-12 BREMSS Office

Dec. 7, Wednesday, East Region 9-1 Talladega Office

Dec. 8, Thursday, 8-12 BREMSS Office

Dec. 9, Friday, Gulf Region 11-3 Gulf Regional Office, Brookley Field, Mobile

Dec. 12, Monday, Southeast Region 1-5, Dothan Fire Station #3, Westgate Pkwy

Dec. 14, Wednesday, AERO, 9-12, Calhoun Community College

Dec. 15, Thursday, , 1-5, BREMSS Office

Reminder

The Office of EMS & Trauma would like to request that you comply with the requests 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

PLEASE NOTE:

*Do you have questions for the OEMS&T Staff?
This is another reminder to those of you calling our Office (334-206-5383):
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 Stephanie Smith
EMS for Children, Grants, Contracts, Equipment Orders – Call Katherine Hert*

Newsletter Reminder

- The newsletter is free to anyone as long as they have internet access to our web page www.adph.org/ems. The newsletters can be found under the Notices and Events link found in the menu bar or to all Alabama licensed EMS personnel who have a valid email address. Our licensure database is used to store your last submitted **valid** email address, but cannot accommodate unlicensed people. They will have to visit our web site to view or download the newsletter.
- If you are not getting our newsletter via email it is either because the email address was sent to us in an illegible or incorrect format or you changed it and did not update it through our office. You can email any changes via emsinquiry@adph.state.al.us or call office staff at 334-206-5383.
- Also, you may have a spam blocker set up on your email. Our office has no way to manually or automatically address this issue. Multitudes of emails are "kicked back" to our office email system with message asking us to complete a number of tasks to be allowed to send you an email. As long as you have this set up on your pc, you will not be able to receive our newsletter.

Provider Service News

Services in Regions 2 (East), 5 (Southeast), and 6 (Gulf) have license expiration dates of December 31, 2011. A total of 137 services are approaching this renewal date. The OEMS&T is hard at work processing applications already received. Be reminded the new State EMS Rules implemented in May of this year has brought about new levels of authorization for the provider services.

The categories of emergency medical provider service licenses are:

- (a) ALS Transport (ground or air)
- (b) ALS Non-Transport
- (c) BLS Transport

The categories of ALS emergency medical provider service license authorizations are:

- (a) ALS Level 1: Paramedic authorization
- (b) ALS Level 2: Advanced EMT authorization
- (c) ALS Level 3: Intermediate authorization

(The option of renewing at the fluid only level is no longer available.)

The Provider Licensure application is available at www.adph.org/ems. The application is designed so that fields may be filled via a desktop. Upon completion, print the application, obtain necessary signatures, include required plans and \$25.00 fee, and mail the application to the OEMS&T. Handwritten applications **will not** be accepted. The web-based application is also available on the web site. Complete all fields, make the \$25.00 licensure payment (additional \$4.00 convenience fee) by credit card, and submit the application electronically. It is the provider's responsibility to keep all required plans with current signatures readily available at the service.

Provider renewal applications will not be available after December 20, 2011.

Brunswick Woodmere Lanes Wants to Thank Montgomery and River Region EMS Providers

Brunswick Woodmere Lanes is very excited to have the opportunity to thank our Emergency Medical Service providers in Montgomery and the River Region area. Emergency Medical Technicians and all first responders save lives every day and Brunswick Woodmere Lanes would like to say a big, "Thank You!" Your discounted rate of 10% off bowling (*excluding: food, beverages, Pro Shop and Arcade) will begin this holiday season and continue throughout the entire year. We will also have future events specifically for our EMT, Fire Department, Police Department Sheriff Department and Military. You will be required to provide appropriate identification in order to receive the discounted rate. Check the Office of EMS and Trauma website often for future events and discounts available at Brunswick Woodmere Lanes.

Nerve Agent Antidote Kits

The ADPH Center for Emergency Preparedness began providing nerve agent antidote kits to emergency medical services personnel several years ago. Nerve agent antidote kits are still available for those agencies that fulfill the requirements to receive them. This is a voluntary program. Agencies requesting nerve agent antidote kits must develop a program and train their staff on the program and antidote kits including indications, dosage, storage, etc. Training documentation, which includes the signature of the agency's medical director, and a request form, must be submitted to ADPH.

The nerve agent antidote kits currently provided are the Duodote™ auto injectors which contain atropine 2.1 mg/0.7 mL and pralidoxime chloride 600 mg/2 mL.

- Duodote™ kits provided by ADPH are for responder self-use not patient use.
- Duodote™ kits distributed to Advanced Life Support (ALS) providers are assigned to the unit, not the individual.
- Duodote™ kits assigned to Basic Life Support (BLS) units are assigned to the individual (contact Alice Floyd for more information).
- In case there is a need to re-dose, three kits will be provided per position.
- Duodote™ kits are distributed to ALS providers via their affiliate hospital pharmacy.
- Duodote™ kits should be maintained at room temperature (77 degrees Fahrenheit). Brief departures between 59-86 degrees Fahrenheit are permissible.
- Expired kits should be disposed of according to your organization's established policies and procedures and controlled substance plan. They are not to be returned to ADPH.
- Agencies are responsible to ensure their employees are trained on the proper indications, use, procedures/protocols, etc.

For more information, please contact Alice B. Floyd at 334-206-3898.

Culture of Excellence

- **Cherokee Rescue Squad**
- **Greene County EMS**
- **Hale County EMS**
- **Jefferson County Sheriff's Office**
- **Montgomery Fire Department**

ALABAMA DEPARTMENT OF PUBLIC HEALTH

The RSA Tower, 201 Monroe Street, P.O. Box 303017, Montgomery, AL 36130-3017
(334) 206-5300 • FAX (334) 206-5520 Web Site: <http://www.adph.org>

NEWS RELEASE

EMS brings technology and medications to save lives

FOR IMMEDIATE RELEASE

CONTACT: Dennis Blair, (334) 206-5383

Time is critical in saving lives after a patient suffers a heart attack, and many patients in Baldwin and Mobile counties now benefit from a coordinated system of life-saving treatment. It begins when 9-1-1 is called and paramedics perform early 12-lead electrocardiograms (ECGs) while en route to the hospital.

Capt. Jack Busby of the Mobile Fire Department is enthusiastic about the advanced system that can mean the difference between life and death, depending on the patient's condition. He said, "Our firemedics bring the technology and medications of the emergency room to the patient's side."

ECGs are usually done in hospital emergency rooms to aid in the diagnosis of a heart attack and monitor heart rhythm. An early ECG saves precious minutes by allowing the patient to go straight from the ambulance to the cardiac catheterization laboratory where blocked arteries can be opened.

Medical authorities associate delays in receiving angioplasty with higher mortality in heart attack patients, and time to treatment should be as short as possible. As much as 40 minutes can be saved by having the ECG and medications prior to hospital arrival. It can take up to 10 minutes to perform the ECG in the emergency department plus 30 minutes call-back time for the catheterization lab team to arrive if they are not already in the hospital.

The American Heart Association and the American College of Cardiology recommend a 90-minute door-to-balloon coronary angioplasty time to restore blood flow to the heart. Time saved prior to hospital admission can help preserve the heart muscle.

"Ninety minutes is the national standard time, but our system in Baldwin County has greatly improved on that time," Jamie Hinton of Medstar Emergency Medical Service said. "We have it down to a science."

The following is an example of how the system works. In a recent situation in southern Baldwin County, a patient with chest pains phoned EMS at 1:30 a.m. and the 9-1-1 operator received pertinent information and instructed the patient to take an aspirin. After the EMTs arrived and set out for the hospital, they placed a 12-lead ECG monitor on his chest and transmitted the results to an on-call cardiologist. The inexpensive system used a Bluetooth connection to a cell phone to send the results to a server. The server sent it out as a fax to the hospital. The medics placed the patient on oxygen, established two intravenous lines, and administered the appropriate medications.

Meanwhile at the hospital, the cardiologist, several nurses and technicians all mobilized to respond quickly. Just 39 minutes later the patient underwent a blockage-clearing procedure at the catheterization laboratory. Now recovered, the patient credited the team with saving his life by their early diagnosis and preparation.

While the technology to expedite 12-lead ECGs in ambulances has existed for a number of years, Springhill Medical Center in Mobile and the three facilities in Baldwin County (Thomas Hospital, South Baldwin Regional Medical Center and North Baldwin Infirmary) are among the hospitals in Alabama that use this effective system.

The approved cardiac catheterization lab in Baldwin County is located at Thomas Hospital in Fairhope, so patients from more distant areas of the county are first taken to the hospital closest to them. While remaining on their stretcher, they are treated with thrombolytic drugs to dissolve blood clots and then are sent directly to Thomas Hospital's cath lab.

continued on page 9

Staff members from the hospitals meet monthly to help improve the system. When an issue that needs to be corrected arises, the cardiologists and others members of the coordinated team track it down and solve it.

Similar to the Baldwin County system, Springhill Medical Center provides continual feedback to the Mobile Fire Rescue Department to address any delays or other areas for improvement as well as celebrate successes. In a recent incident, Mobile Fire Rescue helped to cut the time from entering the hospital door to angioplasty time to a record of just 19 minutes. The Mobile Fire Department's quality assurance team has a direct line of communication to Springhill's cath lab. The interaction between both entities benefits all involved, but most importantly the patients and the care they receive.

"This enhances the quality of life for heart attack patients," Ann Eubanks, Springhill's Cardiovascular Service Line coordinator said. "We coordinate and communicate back to Mobile Fire Rescue how they do, because the times are an incentive to improve overall quality. We want to improve the outcome for the patient, and we couldn't do it without the EMS side."

Anyone with symptoms of a heart attack is advised to call 9-1-1 immediately and rely on the trained paramedics who will provide pre-hospital treatment and transport the victim to a hospital. By arriving by ambulance, patients can also bypass the emergency room. Heart attack patients should not drive themselves to the hospital and should only be driven there by someone else if absolutely necessary.

EMS for Children Update

PEDIATRIC PEARLS

Children with Special Health Care Needs (CSHCN)

CASE

You receive a call to respond to a 9 year old male who is not breathing well. When you arrive you are greeted by the child's mother who states he is a CSHCN on a ventilator and has not been breathing well for 1 hour. He has a CSF shunt secondary to encephalitis. The family's attempt to trouble shoot the equipment has failed. What are your thoughts?

Teaching points:

There are many potential causes of respiratory distress in children. Some of these include:

- Foreign Body Airway Obstruction
- Croup/Epiglottitis
- Toxic Inhalation
- Reactive Airway Disease (RAD) i.e. asthma, etc.
- Pneumonia/Bronchitis
- Trauma
- Drug Overdose
- Poisoning
- Congenital Anomalies

In the CSHCN, parents are the best source of baseline status information. It is important to know the baseline in order to decide on the course of treatment. Overall these children are difficult to assess for many reasons including:

- Stranger anxiety/sensory overload
- Contractured limbs
- Numerous devices (technology dependant)
- Baseline vital signs are generally outside of normal range
- Visual, hearing and speech impairments
- Compensatory mechanism fail quickly

When assessing CSHCN, it often becomes useful to remember a “pneumonic”. One such “pneumonic” is DOPE. Each letter stands for something to remember:

- D - Displacement (Has the tracheotomy tube become displaced?)
- O - Obstruction (Is there a mucus plug?)
- P - Pnuemothorax/pnuemonitis (Do you hear equal breath sounds bilaterally?)
- E - Equipment Failure (Has the battery failed?)

CONCLUSION

After assessing the situation, you hear wheezing on your lung examination. You suction the patient, begin a breathing treatment with albuterol and the patient soon begins to breathe easier. You proceed to transport the child to the Emergency Department without further issues.

Alabama EMS Regions' News

Alabama EMS Region 3 – Birmingham Regional EMS System (BREMSS)

A recent review of the Alabama Trauma System (ATS) shows that only 7% of all “system” patients are pediatric (age 15 years or less). However, geriatric patients (age 55 years or greater) account for 17% of all “system” patients entered in the ATS. Currently, Alabama has a very good set of pediatric protocols for EMS Personnel to utilize. Geriatric Protocols do not yet exist in Alabama. Should we have geriatric protocols in EMS in Alabama? What would be different in geriatric protocols than the regular protocols for adults?

Obviously, additional geriatric education is needed in the EMS community. BREMSS will be offering a Geriatric Education for Emergency Medical Services (GEMS) course on January 12-13, 2012. Developed by the American Geriatrics Society and the National Council of State EMS Training Coordinators, GEMS is an exciting curriculum designed specifically to help EMS providers address all of the special needs of the older population.

To find out more about this class, and to register, go to www.gemssite.com.

There will be no charge for the class except for the book which the student must obtain on their own.

Students can obtain their own text book at http://www.gemssite.com/gems_store.cfm.

For those who successfully complete the course, you will be eligible to become a GEMS Course Coordinator. After that course, you can conduct GEMS courses in your EMS Agency.

continued on page 12

Alabama EMS Region 4 – West Region

With the passage of the Emergency Medical Services Act of 1973, the nation began developing a formal, national system of pre-hospital care. In May 1975, West Alabama EMS began to implement the components outlined in the Act. When West Alabama EMS started looking at the manpower component, it found Ralph Howard in Hale County and Bennie Abrams in Greene County. These two individuals were already doing what they do best - serving their communities. So, it was natural for them to begin emergency medical services in their respective counties. And, yes, they are still doing what they do best; serving their communities and saving lives.

Ralph has managed and directed Hale County EMS and has watched it grow. From its beginning name of Hale County Ambulance Service to Hale County EMS. From an off-the-used-car-lot van that he converted to an ambulance to a "High Tech" Type 3 vehicle and color scheme change from orange and white to red and white. From having no cardiac monitors to having monitors with all the "bells and whistles." From having no glucometers to having many glucometers. From having no intubation confirmation devices, other than a stethoscope, to having the latest and greatest devices. From having no CPAP to having CPAPs on every truck. Ralph has been there doing what he does best – serving his community saving lives!

Since its beginning, Bennie has managed and directed Greene County EMS. Bennie has nurtured and overseen the Greene County Ambulance Service in similar fashion to Hale County. In the beginning, it was Greene County Ambulance Service and now it is Greene County EMS. In the beginning, there was the Orange and White Southern Ambulance and now there is the Blue and White "High Tech" Type 3. And, yes, the Greene County EMS equipment and devices have changed – from nothing to, let's just say, what's in the rules. Bennie has been there doing what he does best – serving his community saving lives!

While I briefly spotlighted two of West Alabama's finest, I know that other regions have their own Ralphs and Bennies, and I commend all of you because each of you has laid a tremendous foundation for this and future generations. Well done thy good and faithful EMS Professional!

- Glenn Davis, Director, Alabama EMS Region 4



MOBILE, ALABAMA NURSE HONORED WITH NATIONAL CHEROKEE INSPIRED COMFORT AWARD

Dedicated paramedic acts as a guardian for her community by providing emergency care

LOS ANGELES (Oct. 12, 2011) – When Shannon Davidson finishes her grueling 12-hour shift as an emergency room paramedic at Mobile Infirmary in Mobile, Ala., she leaves her paid job behind to provide front-line medical care for residents of her community as a volunteer with the McIntosh Rescue Squad and McIntosh Volunteer Fire Department. Despite working full time and caring for her family, Davidson is driven by the challenge to save lives and comfort people sometimes in their darkest hour as a first responder. For her extraordinary commitment to serve the needs of her community at great sacrifice to herself, Davidson is one of just seven healthcare professionals nationwide being honored with the 2011 Cherokee Inspired Comfort Award.

“Shannon represents the very best of our nation’s front-line responders who give all they have to serve communities across

America. As a paramedic in the field, she not only provides critical medical care but offers compassion and kindness to those who need it most,” explains Wendell Mobley, who directs Cherokee Uniforms’ charitable and scholarship programs. “To our judges, Shannon’s exceptional service and sacrifice to patients and her community distinguished her as a professional and humanitarian who deserves national recognition for going far above and beyond any expectations.”

Davidson has volunteered her medical services to the rescue squad for 20 years and for 11 years to the fire department. In 2010 alone, she contributed more than 1900 hours to the two services.

The Cherokee Inspired Comfort Award is granted by Cherokee Uniforms as a way to nationally recognize the unique skills, characteristics and work of

nurses and other non-physician healthcare professionals who provide exceptional service, sacrifice and innovation while positively impacting others’ lives. This is the ninth year the leading designer and manufacturer of healthcare apparel has honored inspirational caregivers. Recipients like Davidson have proven through the years that compassion and humility are strong throughout the healthcare field. Though she demonstrates full commitment to her field of work, it is providing her patients with happiness and security that provides Davidson with her true reward.

“I know that this sounds cliché, but knowing that I make a difference in the life of another truly makes me happy,” explains Davidson. “I love taking care of the critically ill, but I am just as happy to hold the hand of an elderly person that is lonely, or to make someone smile when you know



that they are ill or injured. I love to interact with patients and their families, even in the moments that are challenging. The human factor is often overlooked in healthcare, but it is one of the greatest tools that we have at our disposal.”

As a Grand Prize Winner, Davidson will receive an all-expense-paid Caribbean cruise for two courtesy of Cherokee Uniforms; a wardrobe featuring the best of Cherokee Uniforms and Footwear worth more than \$1,000; a Cherokee Inspired Comfort Award trophy; a 14K gold-plated commemorative

pin; and a \$500 donation in her name to the DAISY (Diseases Attacking the Immune System) Foundation.

“Shannon’s story tells of a unique combination of a clinically strong caregiver who is a compassionate and comforting presence for patients whose lives are in her hands,” says Samantha Abate, an Inspired Comfort Award judge and a 2010 recipient of the award. “She does all of this in addition to her other responsibilities. She might really be Super Woman.”

Since the Cherokee Inspired Comfort Award was established in 2003, almost 9,900 healthcare professionals have been nominated across the various nursing and non-physician disciplines. A panel of Cherokee representatives and past Cherokee Inspired Comfort Award recipients evaluates nominations and grants the awards.

For every nomination, Cherokee Uniforms donated \$1.00 to Nurse’s House, a national fund that provides short-term financial assistance to registered nurses

facing serious hardship. Cherokee Uniforms will be accepting nominations for the 2012 Cherokee Inspired Comfort Award beginning March 1 through May 31, 2012. For further information on the award, please visit <http://inspiredcomfort.com>, “Like” Cherokee Uniforms on Facebook – <http://facebook.com/cherokeeuniforms>, or receive updates on Twitter at <http://twitter.com/inspiredcomfort>.

About Cherokee Uniforms
Cherokee Uniforms, Tooniforms and Cherokee Footwear are leading brands in healthcare apparel, recognized for helping to foster a warmer, friendlier, more comfortable environment for healthcare workers and their patients. For more information, visit www.CherokeeUniforms.com.