



Update from the Office of EMS

Volume XIV, Issue II

From the State EMS Medical Director

The OEMS continues to receive reports of drug shortages such as epinephrine, atropine, and D50 just to mention a few. We have developed contingency plans to deal with these shortages including using alternate drugs for those in short supply.

If your service should experience drug shortages, please notify Hugh Hollon or Stephen Wilson, in writing (email is fine), that your service is experiencing a shortage of a specific drug. Our office will then forward the alternate drug protocol.

I would encourage all of you to practice active inventory control to ensure that those medications nearing expiration be used first. Other inventory control measures could include rotating those medications nearing expiration on to busier units. If your service is using a hospital-based pharmacy, then it would be worthwhile to include them in your inventory control discussions. They may be willing to exchange those medications nearing expiration with the assumption that they may get used in the hospital sooner than in the prehospital arena.

Unfortunately, I am afraid that we will have to continue to deal with these medication shortages for some time. The OEMS will continue to explore every option available to ensure that our patients receive the pharmacological agents that they need. I welcome any comments or suggestions that anyone of you may have. Together we can find solutions that will ensure that our patients are well cared for.

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

Licensure and Education Information

- There is no longer an inactive status for Alabama licensed EMSP.
- All EMS students must be licensed by the State of Alabama at the previous level.
- Please remember the requirements as stated in the EMS Rules document under **420-2-1-.11 Licensed Provider Service Staffing** License Provider Services shall not allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP are clean and appropriately dressed and wearing photo identification with the level of license, license number, and name of EMSP visible. The photo identification shall be displayed at all times unless extenuating circumstances prevent the photo identification from being available.

2014 License Renewal Requirements

- A current completed application
- A New/Current photo
- National Registry card (if applicable)
- Alabama Full Protocol Certificate (Skills and Scenarios) Current Edition
- Alabama Protocol Update certificate
- A copy of your TYPED (appropriate) CPR card
- Walk-ins WILL NOT be processed during the license renewal period. Applications are processed on a first come-first served basis.

Ambulance Driver Qualifications

The requirements for all ambulance drivers are: a valid drivers' license, a current EVOC from an approved EMS course, a current approved CPR course, and a certificate of completion of an approved Emergency Medical Responder (EMR) course, or be a previously licensed EMSP. All EMSPs who drive an ambulance must maintain an initial approved EVOC course and a refresher every two (2) years. Alabama EVOC is still a requirement; you MUST have a current EVOC certificate in your personnel file.





Emergency Medical Responder (EMR) Course

The following are approved EMR Courses:

- EMS approved courses offered through your regional office, or
- A course approved by the Alabama Fire College which should include the Emergency Care Provider Course.

Transition Courses

The National Registry website indicates that all EMSPs need to complete a transition course to re-certify. The OEMS has determined that Alabama EMSPs will **NOT** have to take a transition course. The National Registry renewal application will ask “have you transitioned?” All EMSPs should respond “yes” to this question. This transition is in name only and all EMSPs should disregard any request to submit transition paperwork to the National Registry.

Training Officers Register Your Agency (the employer) on the NREMT Website!

Online re-certification allows:

- Certified EMS providers to document their continuing education using the NREMT website
- You to monitor the progress of their continuing education
- You to enter continuing education documentation for all providers at your agency
- Electronic verification of continuing education and skills.

Persons authorized to serve as a Training Officer by their employer (service) should register their agency on the NREMT website by following [these simple instructions](#). User guides for the online re-certification process can also be found [online](#).

Please note:

- Audits and verifications of agencies and Training Officers will be performed
- There is no fee to register your agency online, this program is a service provided by the NREMT.
- There are no additional fees to Nationally Certified providers who use the online system to document their continuing education. Current re-certification application fees using continuing education are: First Responder=\$10; EMT-Basic/Intermediate=\$15; EMT-Paramedic=\$20.

National Registry Continuing Education

Individuals who have utilized the Mark King initiative may use continuing education that has been acquired during this initial extended certification period. After this initial certification period, the National Registry will only accept continuing education gained within the 24-month certification period. Training officers may use a training mechanism available on the National Registry's website (www.nremt.org).

Protocol Verification

Protocol verification is a combination of physical skills and scenario competency testing. Listed below are the specific skills that each level should be evaluated on by a Medical Director or Training Officer, during their licensure period to determine proficiency.

Paramedic

- Blind Insertion Airway Devices
- Cardioversion
- Chest Decompression
- Continuous Positive Airway Pressure (CPAP)
- ECG (12-Lead)
- Endotracheal Intubation
- External Pacing
- Hemostatic Agents
- Intraosseous Therapy

Intermediate

- Blind Insertion Airway Devices
- Cardioversion
- CPAP
- ECG (12-Lead)
- Endotracheal Intubation
- Hemostatic Agents
- Intraosseous Therapy

Advanced EMT

- Blind Insertion Airway Devices
- CPAP
- Hemostatic Agents
- Intraosseous Therapy
- Cardiac Arrest Management

EMT

- Cardiac Arrest Management
- Spinal Immobilization (seated patient)
- Spinal Immobilization (supine patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization

J. Gary Mackey
Deputy Director
Individual Licensure Coordinator





Provider Service News

It is license renewal time for provider services in the North, BREMSS, and West regions. These services have a June 30, 2013 license expiration date. There are 174 services eligible for renewal in June. OEMS will begin accepting renewal applications for services in these regions on April 15, 2013. The last day to submit renewal applications will be June 17, 2013.

The provider licensure application is available on our website (www.adph.org/ems). The application is designed so that fields may be filled via a desktop computer. Upon completion, print the application, obtain necessary signatures, include required plans and the \$25.00 fee (transport services), and mail the application to OEMS. Handwritten applications will not be accepted. Several agencies utilized the web-based provider application during the last renewal cycle. This application is submitted on-line and requires a convenience fee of \$4.00. License fee and convenience fee must be paid by credit card.

Currently, OEMS staff is working to ensure all off-line medical control physicians have successfully completed the required web-based Medical Director's course. This course and current credentials in ACLS or PALS are required for off-line physicians. Also, OEMS staff continues to monitor the submission of electronic patient care reports (e-PCRs). Any provider who is not submitting e-PCR data within the time frame required by EMS rules could be subject to delays in renewal of their provider license.

Hugh Hollon
Provider Service Licensure Coordinator

Guide to Infection Prevention in EMS

The purpose of this guide is to provide EMS system responders and their organizations with a practical resource to infection recognition and prevention in the EMS environment. This guide contains current information, recommendations, regulations, resources, program examples, and forms to utilize in the EMS system responder setting. The guide is posted on the OEMS website (www.adph.org/ems). Please feel free to distribute it as you see fit.

Air Ambulance Communications

As of January 1, 2013, the Very High Frequency (VHF) for communications between air ambulances and ground crews will move to 155.3475. This change was made due to the high volume of traffic on the previous frequency. Additionally, the Alabama Forestry Commission has designated an Ultra High Frequency (UHF) 453.750 for those agencies with UHF radios to conduct Air Ambulance communications and landing zone coordination.

VHF Radio Update

OEMS and the Center for Emergency Preparedness have collaborated in the upgrade of the **Hospital Emergency Administrative Radio (HEAR)** system in all medical direction facilities. Listed below are the access tones for use during emergency situations when other communications systems fail. **The following information should be programmed for hospitals located in your area:**

LICENSEE	COUNTY	CH.	CALL SIGN
SPRINGHILL MEMORIAL HOSPITAL	MOBILE	210.7	WQOL212
UNIV OF SO AL MEDICAL CENTER	MOBILE	146.2	WQOV201
PROVIDENCE HOSPITAL	MOBILE	131.8	WQOV201
JACKSON MEDICAL CENTER	CLARKE	110.9	WQOL212
MONROE COUNTY HOSPITAL	MONROE	100.0	WQOV201
EVERGREEN MEDICAL CENTER	CONECUH	167.9	WQOK961
D.W. McMILLAN MEMORIAL	ESCAMBIA	127.3	WQOU652
ANDALUSIA HOSPITAL	COVINGTON	91.5	WQOV201
ELBA GENERAL HOSPITAL	COFFEE	82.5	WQOL212
MEDICAL CENTER ENTERPRISE	COFFEE	100.0	WQPY557
FLOWERS HOSPITAL	HOUSTON	151.4	WQOL212
SOUTHEAST ALABAMA MEDICAL CENTER	HOUSTON	103.5	WQOV201





LICENSEE	COUNTY	CH. GUARD	CALL SIGN
DALE MEDICAL CENTER	DALE	71.9	WQOL214
ATTENTUS TROY LLC DBA TROY REGIONAL MEDICAL CENTER	PIKE	218.1	WQOL221
EAST ALABAMA MEDICAL CENTER	LEE	123.0	WQOL214
RUSSELL HOSPITAL	TALLAPOOSA	118.8	WQPY557
CLAY COUNTY HOSPITAL	CLAY	146.2	WQPZ543
COOSA VALLEY BAPTIST MEDICAL CENTER	TALLADEGA	82.5	WQPY557
CITIZENS BAPTIST MEDICAL CENTER	TALLADEGA	192.8	WQOK958
STRINGFELLOW MEMORIAL HOSPITAL	CALHOUN	206.5	WQOK958
ST VINCENTS ST CLAIR HOSPITAL (PELL CITY)	ST CLAIR	141.3	WQOL250
CHEROKEE MEDICAL CENTER	CHEROKEE	82.5	WQPZ543
GADSDEN REGIONAL HOSPITAL	ETOWAH	114.8	WQOV200
RIVERVIEW REGIONAL MEDICAL CENTER	ETOWAH	85.4	WQOK958
DEKALB REGIONAL MEDICAL CENTER	DEKALB	136.5	WQOK958
HIGHLANDS MEDICAL CENTER (JACKSON CO. HEALTHCARE AUTHORITY)	JACKSON	179.9	WQPZ543
PARKWAY MEDICAL CENTER HOSPITAL	MORGAN	146.2	WQOU652
CULLMAN REGIONAL MEDICAL CENTER	CULLMAN	179.9	WQOV200
ATHENS-LIMESTONE HOSPITAL	LIMESTONE	127.3	WQOU652
DECATUR GENERAL HOSPITAL	MORGAN	123.0	WQOU652
LAWRENCE MEDICAL CENTER	LAWRENCE	94.8	WQOK944
HELEN KELLER MEMORIAL HOSPITAL	COLBERT	162.2	WQOK944
RUSSELLVILLE HOSPITAL, LLC	FRANKLIN	210.7	WQOY827
LAKELAND COMMUNITY HOSPITAL	WINSTON	218.1	WQPG686
FAYETTE MEDICAL CENTER	FAYETTE	82.5	WQPY557
VAUGHN REGIONAL MEDICAL CENTER	DALLAS	127.3	WQOK944
TOMBIGBEE EMS	MARENGO	82.5	WQPG686

LICENSEE	COUNTY	CH. GUARD	CALL SIGN
RUSH FOUNDATION HOSPITAL	LAUDERDALE, MS	NONE	WPTC846
NORTHWEST MEDICAL CENTER	MARION	151.4	WNAL326
SHELBY BAPTIST MEDICAL CENTER	SHELBY	103.5	WQOK944
MEDICAL WEST (UAB WEST)	JEFFERSON	136.5	WQOL250
UAB HIGHLANDS	JEFFERSON	225.7	WQOL250
UNIVERSITY OF ALABAMA AT BIRMINGHAM HOSPITAL	JEFFERSON	186.2	WQO7828
ST VINCENTS EAST (BIRMINGHAM)	JEFFERSON	218.1	WQPG686
BROOKWOOD MEDICAL CENTER	JEFFERSON	179.9	WQOL250
BAPTIST MEDICAL CENTER-PRINCETON	JEFFERSON	131.8	WQOL250
TRINITY MEDICAL CENTER	JEFFERSON	173.8	WQOL221
ST VINCENTS BIRMINGHAM	JEFFERSON	162.2	WQPY557
DCH REGIONAL MEDICAL CENTER	TUSCALOOSA	210.7	WQOK944
NMMC-HAMILTON	MARION	141.3	WQPZ543
JONES, TEDDY DBA WALKER BAPTIST MEDICAL CENTER	WALKER	110.9	WQOY827
ELIZA COFFEE MEMORIAL HOSPITAL	LAUDERDALE	100.0	WQPG686
MEDICAL CENTER BLOUNT (ST VINCENT'S BLOUNT)	BLOUNT	186.2	WQOK958
CHILDREN'S HOSPITAL OF ALABAMA	JEFFERSON	141.3	WQOL374
CHILTON MEDICAL CENTER	CHILTON	141.3	WQOL250
CRENSHAW COMMUNITY HOSPITAL	CRENSHAW	123.0	WQOL221
EUFAULA HOSPITAL CORP DBA LAKEVIEW COMMUNITY HOSPITAL	BARBOUR	173.8	WQOL221
PRATTVILLE BAPTIST HOSPITAL	AUTAUGA	100.0	WQOK961





LICENSEE	COUNTY	CH.	CALL SIGN
JACKSON HOSPITAL & CLINIC, INC	MONTGOMERY	77.0	WQOK961
BAPTIST MEDICAL CENTER (SOUTH)	MONTGOMERY	94.8	WQOK961
COLUMBIA EAST MONTGOMERY MEDICAL CENTER (BAPTIST EAST)	MONTGOMERY	103.5	WQOL221
L.V. STABLER HOSPITAL	BUTLER	203.5	WQOY827
SOUTH BALDWIN REGIONAL MEDICAL CENTER	BALDWIN	77.0	WQOL212
SHOALS HOSPITAL	COLBERT	82.5	WQPZ543
CHOCTAW COUNTY HOSPITAL (BUTLER, AL)	CHOCTAW	107.2	WQPZ543
JOHN PAUL JONES (CAMDEN)	WILCOX	167.9	WQOK959
THOMAS HOSPITAL (FAIRHOPE)	BALDWIN	107.2	WQOK959

COMMSERV DID NOT GO TO THE HOSPITALS BELOW				
HUNTSVILLE HOSPITAL (UAB SCHOOL OF MEDICINE)	MADISON	127.3	WQOU652	NOT CONFIRMED
HUNTSVILLE HOSPITAL FOR WOMEN & CHILDREN	MADISON	67.0	?	
CRESTWOOD HEALTHCARE, LP	MADISON	225.7	WQOU652	NOT CONFIRMED
MARSHALL MEDICAL CENTER SOUTH	MARSHALL	203.5	WQOV200	NOT CONFIRMED
MARSHALL MEDICAL CENTER NORTH	MARSHALL	107.2	WQOV200	NOT CONFIRMED
MADISON HOSPITAL	MADISON	71.9	?	



EMSC Update

Sandra Nasca, Alabama’s Family Advocacy Network Representative, has taken on a co-sleeping death awareness project. She has taught four classes at the Gift of Life in Troy and is scheduled to teach every three weeks at their parenting classes. Mrs. Nasca has also been asked to speak at child advocacy parenting classes, Head Start and high schools in the Troy area. We are hoping she can continue to reach people in the Troy/Pike County area and look forward to expanding her reach throughout the state as part of the EMSC work plan.



“Red on yellow kill a fellow...”

by Nicole Jones, MD

Pediatric Emergency Medicine

Spring is finally here and with it comes outdoor fun and unfortunately increased exposure to creepy crawlies. Below is a review of snake envenomations including clinical presentation and prehospital care.

Background

Venomous snakes can be divided into two categories: Pit vipers and Coral snakes. There are approximately 8000 pit viper envenomations annually in the USA. 20% of these occur in children. Coral snakes account for 1-2% of snake bites annually. Young children are more susceptible to being bitten due to curiosity that can lead to mishandling of snakes. Children are also more vulnerable to severe envenomation because of their small body weight.

Pit Viper	Coral Snake
Triangular shaped head	Rounded head *
Vertical/ elliptical shaped pupils	Circular pupils *
Pit between nostril and eye	Red on yellow stripes (red and yellow kill a fellow, red on black venom lack)

Fig1. Identifying poisonous snakes

*also found in nonvenomous snakes





Clinical Presentation

Pit Viper

Mild, 1-2 puncture marks, localized pain and swelling

Moderate, significant extremity swelling, bruising, vesicles, petechiae

Severe, scalp tingling, weakness, diaphoresis, nausea, dizziness, minty taste in the mouth, coagulopathies, DIC and shock

Coral Snake

initial local swelling, edema and tenderness

within hours tingling sensations, vomiting, weakness, double vision, muscle twitching, confusion and occasionally respiratory depression may occur

seizures have been seen in young children

Prehospital Care

Place patient at rest with affected extremity immobilized and elevated to cardiac level

Push oral fluids to augment intravascular volume and maintain renal perfusion

Measure and mark wound edges

Obtain IV access if possible and administer pain meds

Avoid incision and suction of bite wound with human mouth

Avoid ice therapy as this can worsen tissue damage

Emergency evacuation and transport to the nearest facility with the ability to provide antivenom therapy should be arranged as quickly as possible.

HIPAA Privacy Rule Information

Does the HIPAA Privacy Rule permit health care providers to use email to discuss health issues and treatment with their patients?

Answer:

Yes. The Privacy Rule allows covered health care providers to communicate electronically, such as through email, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using email to avoid unintentional disclosures, such as checking the email address for accuracy before sending, or sending an email alert to the patient for address confirmation prior to sending the message. Further while the Privacy Rule does not prohibit the use of unencrypted email for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted email. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Please ensure that your entity is complying with HIPAA Privacy and Security Standards with regard to e-mail communications. The recommendation is that e-mail communications be encrypted, or alternatively, that appropriate safeguards be in place to protect the security of electronic protected health information (e-phi). Encryption is a method of converting an original message of regular text into encoded text. The goal of encryption is to protect e-phi from being accessed and viewed by unauthorized users. There are many different encryption methods and technologies to protect data from being accessed and viewed by unauthorized users. Please ensure that your entity is appropriately encrypting e-phi or using appropriate safeguards. If you are unsure of your entities policies and procedures, please bring this issue to the attention of the HIPAA Privacy and Security Officer for your entity.

The patients name or initials, any type of patient identification, age, race, etc... are inappropriate.

The other answer to this question, other than encryption, is to use a unique identifier like; R-20, Unit 37, AL 64, to distinguish between each ECG strip, each unit the strip comes from should be specific enough to not mix up the patient and their strip.





ADPH Webcast Opportunity

Social Media: The Blurring of Professional Boundaries

Social media has become a great way to connect with people, but in the healthcare profession, social networking can often blur the ethical lines in a patient-provider relationship. Postings on Facebook and similar sites have cost some healthcare professionals their jobs and some others have even lost their license to practice. Program faculty will explore the issues which make social media a potential liability for healthcare providers and discuss ways to teach professionals how to avoid the misuse of the new media.

Program objectives are: Describe the use of social media in healthcare; Explain the difference between privacy and confidentiality; Name at least three of the six Principles for Social Networking; Identify one consequence of violating one's professional boundaries.

Available live Wednesday, May 1, 2013 12:00-1:30 p.m. (CT) Registration is currently available online (<http://www.adph.org/ALPHTN/index.asp?id=6172>).

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—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, Website, Facebook, and Twitter—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.

Facebook and Twitter

Alabama Office of EMS and Alabama EMSC are now on Facebook and Twitter. Please Like our pages and follow us on Twitter.

Announcements

Firefighters have firefighting tags, police have the fraternal order of police tags, well now I think it's time we have EMS tags.

The proceeds from the purchase of your tag will go for the support of the National EMS Memorial Service where our fellow brothers and sisters are honored as they are laid to rest after paying the ultimate sacrifice in the line of duty. More information is available at <http://nemsms.org/default.htm>.

If you would like to purchase a license plate, please send an email to christophermnix@gmail.com with your name and short contact info (such as your name, phone number, and what service you work for) to be added to the list to submit to the state to have our license plates made. We have to have a minimum of 150 people sign up to purchase the tags before the state will issue them so make sure to pass along to your friends in EMS!!





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 on the Newsletter page which is linked to the home page. All Alabama licensed EMSPs who have a **VALID** email address will receive notice when the newsletter has been published. Our licensure database is used to store your last submitted valid email address, but cannot accommodate unlicensed people. They will have to visit our website to view or download the newsletter.

If you are not getting our newsletter announcements via email, it is because your email address was illegible or in an incorrect format or you have changed it and not updated your information with our office. You can email any changes via emsinquiry@adph.state.al.us or call office staff at (334) 206-5383.

Upcoming Events

Building the Characteristics of Psychological Resilience: Tools for Responders to Prepare for Disasters

Presenter: Dr. April Naturale

Senior Advisor for the Substance Abuse and Mental Health Services Administration's (SAMHSA) Disaster Technical Assistance Center (DTAC)

Wednesday May 15, 2013—The Renaissance Hotel and Convention Center, 201 Tallapoosa Street, Montgomery, Alabama 36104

Please visit the OEMS website (www.adph.org/ems) Notices and Events page for more information.

Understanding the Challenges Facing our First Responders: Treating Those Who are Suffering from Trauma and Stress Brought about by Acts of Terrorism

Keynote Presenter

Dr. Daniel Rudofossi

Chief Psychologist for Detectives Crime Clinic of Metropolitan New Jersey and New York
Thursday, June 27, 2013-The Renaissance Hotel and Convention Center, 201

Tallapoosa Street, Montgomery, Alabama 36104

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