ALABAMA Emergency Medical Services

Update from the Office of EMS

Volume XVI, Issue III

The National Continued Competency Program: The 'New' Recertification (NCCP)

In 2012, the NREMT introduced a new recertification model, the NCCP. Constructed using methodology similar to that of the American Board of Medical Specialty requirements, the new NCCP model streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual.

The NCCP offers numerous improvements that will impact EMS for the better for years to come. These changes allow a platform for evidence-based medicine to reach EMS professionals all over the country, give state and local agencies the freedom to dictate a portion of the national recertification requirements and provide a foundation for the EMS professional to embrace life-long learning.

The national component of the NCCP (the 'new' refresher) will constitute 50% of the new recertification requirements at each level and will replace the traditional DOT refresher. Topics will be updated every four years and will reflect current trends in evidence-based medicine, scope of practice changes, and position papers from numerous associations involved with EMS research. It will also serve to focus on those patient presentations that have a low frequency but high criticality.

The local component of the NCCP will constitute 25% of the new recertification requirements at each level. The requirement for these hours will be decided by local entities, including the state, region, or agency. These topics can include, but are not limited to, state or local protocol changes, tasks that require remediation based on QA/QI and topics chosen from run reviews. The local component allows national recertification requirements to be adapted to the needs of the state and local agencies. Methods to provide current continuing education such as a monthly training, conferences, and in-service training will stay the same.

Finally, the individual component of the NCCP will constitute the last 25% of the new recertification requirements at each level. Within this component, an individual is free to take any EMS-related education. As a result of the new NCCP recertification model, the total continuing education hours needed to recertify a national EMS certification have been reduced for EMTs, AEMTs, and Paramedics.

States across the nation are beginning to implement this new recertification model. Please periodically check the NREMT's webpage and with your state EMS office for information on upcoming implementation in your state.

For more information on NCCP, please click here. Also review the NREMT recertification brochures: EMR, EMT, AEMT, and Paramedic.

Individual Licensure Update

New National Registry Requirements

Provide Level	NCCR	LCCR	ICCR	Total
EMR	8	4	4	16
EMT	20	10	10	40
AEMT	25	12.5	12.5	50
Paramedic	30	15	15	60

ADPH OEMS requirements is under "Local Continued Competency Requirements (LCCR)"

NCCR: The National Registry will provide the topics associated with this section. For 2015 and 2016 you may use a tradition refresher to complete this section. Renewals starting in 2017 must meet the new NCCR requirements.

LCCR: ADPH OEMS Requirement, For renewals in 2015 a traditional 16 hour protocol certificate can be used to complete this section. For renewals in 2016 you must meet the new LCCR requirements listed below.

1) Acute Care* AND Protocol Education, ALL Levels – 6 Hours
2) Cardiopulmonary Resuscitation Education, All Levels – 4 Hours

*Acute Care is Trauma, Stroke, and STEMI System

NOTE: The additional AEMT 2.5 hours and Paramedic 5 hours can come from any EMS Related ConEd

ICCR: For renewals in 2015 and the future you can use any EMS related ConEd to complete this requirement.

If you are a Nationally Registered EMT or Paramedic you will have to complete a 100 question self assessment tool exam prior to renewing your National Certification. This is a tool not a test, please use to examine your own weaknesses and improve upon them.

The following information was released by the NREMT in the summer 2014 *The Registry.* The NREMT Board of Directors approved a re-entry pathway for Emergency Medical Technicians (EMT). The re-entry pathway provides an opportunity for EMTs to regain their NREMT Certification. The re-entry pathway requires that a previous Nationally Certified or state licensed EMT:

1) Provide documentation of successful EMT course completion; including transition course documentation if required*.
2) Provide documentation of prior National Certification at the EMT level.
3) Provide documentation of prior state licensure as an EMT (if not Nationally Certified).
4) Meet the eligibility requirements for National Certification.
5) Successfully complete an EMT psychomotor exam.
6) Successfully complete the NREMT cognitive examination.
7) *EMT courses not following the 2009 Education Standards must be accompanied by transition course documentation.

If you should have any questions please contact our office.

Stephen Wilson
Licensure Coordinator

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What do Alabama Intermediates Need for Renewal?

First, if you are an Intermediate you will be able to maintain your intermediate license in Alabama!

If you are Nationally Registered you have one of two options, you can maintain your National Registry at the EMT level and Alabama will continue to license you at the Intermediate level, or you can let your National Registry lapse and we will continue to license you as an Intermediate. If you allow your Intermediate license to expire, whether Nationally Registered or not, you will not be able to obtain your Intermediate license back.

Intermediates should submit the following to the OEMS for the 2016 renewal (either option A or B):

Intermediates will need a total of 50 hours of continuing education.

Option A

36 hour DOT refresher course

6 hour Alabama Protocols/Acute Care Systems update

4 hour BLS Course

4 hours of EMS related con-ed

Option B

NCCR

25 hour National Continued Competency Requirements

(Intermediates will follow the same brochure as AEMT)

LCCR

12.5 hour Local Continued Competency Requirements

6 hour Alabama Protocol/Acute Care System update

4 hour BLS Course

2.5 hour EMS related con-ed

ICCR

12.5 hour Individual Continued Competency Requirements

12.5 hour EMS related con-ed

Alabama e-PCR Submission Requirements

Some e-PCR Points of Clarification:

1. It is a requirement to complete a patient care report on every emergency medical response. This office is already monitoring submission rates and comparative data suggests that many agencies are not reporting all runs as required. Please submit all required runs to avoid noncompliance.

2. Each record must be submitted electronically within 168 hours or less. The goal is to eventually narrow that down to within 24 hours. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.

3. Our IT staff is always available to assist you with your e-PCR needs. If you need assistance, you may call Chris or Lori at 334-206- 5383. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from the within a reasonable time, you may wish to email them.

4. Collecting and importing data is paramount only to reporting reliable data. Reliable data is accurate and contains no errors. When one looks for shortcuts and/or skips data entry in areas that has been discovered to have no validation rules, it dilutes the integrity of the data, not to mention falsifies a legal document. Please make sure you enter data accurately.

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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.

Why we do what we do: Epinephrine in anaphylaxis

Epinephrine is the most important drug in the management of anaphylaxis. It is so important because it saves lives! This is no hyperbole. This edition of the Why we do what we do series focuses on the evidence behind the use of IM Epi in Anaphylaxis.

What are the indications?

You should rapidly administer IM Epi for anyone with anaphylaxis. But how do we define anaphylaxis? Do we know it when we see it? Well, kind of. Note that 90%$ of cases have skin findings hives, itchin/flushing etc,.). Other symptoms generally come from at least oine of the following "systems;" upper airway swelling, lower respiratory tract disease, GI symptoms and cardiovascular. There is no lab test that makes the diagnosis – it's clinical. And, based on consensus recommendation it is any of the following three criteria:

Acute onset of illness involving the skin, mucosal tissue or both plus either/both of

- Respiratory symptoms (difficulty breathing wheezing, stridor, hypoxemia)
- Hypotension or signs of reduced end organ perfusion

Two or more of the following acutely noted after exposure to a likely allergen (the first time eating fish):

- Skin-mucosal involvement including hives, swollen lips, tongue and/or soft palate
- Respiratory symptoms
- Hypotension
- Persistent GI symptoms (abdominal pain, vomiting)

Hypotension after exposure to a known allergen for the patient

- Adults: systolic BP <90 mmHg
- Babies <12 months: <70 mmHg
- 1-10 years < (70 + age x2)mmHg

The individual patient response to Anaphylaxis varies. It can actually resolve spontaneously (we make our own epinephrine naturally) or it could progress to cardiovascular collapse within minutes. Death is from upper or lower airway obstruction or cardiovascular collapse. In general it is very hard to predict who will progress and how rapidly they will. So when in doubt…

Continued on next page.

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Administer Epinephrine ASAP!

What is the dose?

In adult sized patients (>30kg):

- 0.3 to 0.5 mg/dose IM in the anterolateral thigh (you choose the leg)
- Epi-Pen and Auvi-Q autoinjectors are 0.3mg

In children (<30kg):

- 0.01 mg/kg IM in the anterolateral thigh
- The “Junior” autoinjectors have a dose of 0.15 mg

The dose should be repeated every 5 to 15 minutes as clinically warranted

Why IM instead of subcutaneous or IV?

IM is preferred over subcutaneous injection because it leads to a more rapid rise in plasma concentration. Simons et al demonstrated as such in a small RCT in healthy adults that received either an IM or subQ injection and in a prospective study of children with anaphylaxis noting that the mean maximum plasma epi concentration in epi was at least 10% greater and achieved faster 8 +/- minutes.

Only use IV if the patient has circulatory collapse – the infusion rate of 2-10 mcg/min is listed in adults and 0.1 to 1 mcg/kg/min in children. This can be done peripherally for a short time period if necessary.

How does it work?

Epi has numerous adrenergic effects. In short, the alpha-1 agonist leads to vasoconstriction, increased peripheral vascular resistance (thus increasing afterload and BP) as well as decreasing mucosal edema (especially important in the upper airway). The beta-1 adrenergic agonism head cardiac effects on inotropy and chronotropy. And the beta-2 adrenergic agonist effects lead to bronchodilation and decreased release of inflammatory cytokines from mast cells/basophils.

Continued on next page.

What's the evidence?

Pumphrey, *Current Opin Allergy Clin Immunology*, 2004

A case series of patients with anaphylaxis that suggested that though symptom onset was rapid (<5 minutes) in the 6 fatalities, epinephrine was not administered until a mean of 93 minutes (range 25-180) after onset.

Pumphrey, *J Allergy Clin Immunol*, 2007

A series of deaths from anaphylaxis in 24 patients from when I was in high school and college. Only 5 (20%) received Epi at any point. Admittedly, this was 1992-98 and Epi wasn't as "popular" back then.

Kemp, *J Allergy Clin Immunol*, 2002

In 164 deceased patients with anaphylaxis only 14% received Epi before they had respiratory or cardiac arrest. 62% did get it overall, but once the patient was in arrest there was no reversal of the course towards mortalityland.

So, sure, there are no RCTs for anaphylaxis. It would be hard to *ethically* withhold it. Ultimately, though the evidence remains limited s is a first line treatment as recommended by experts in the field. Despite this, prescription and administration rates in the ED, thoguh improving are still unacceptably low.

Are there any contraindications?

With Epi you get activation of the "fight or flight" response – anxiety, headache, restlessness/jittery, palpitations, and tremor. These are short lived and preferable to airway or circulatory collapse. The risk of causing ventricular arrhythmias, MI or pulmonary edema as well as increased BP leading to intracranial hemorrhage is theoretical and only really an issue if you give the wrong concentration (1:1000 IV for instance). It is then more likely that anaphylaxis itself would lead to these bad things rather than the Epi you just gave.

So, in summary – there are **NO** real contraindications to giving IM Epi.

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FOR IMMEDIATE RELEASE:

Dothan, Alabama – September 16, 2015 - A new member of the local healthcare and EMS networks will make its debut next week in Dothan. It is an AS350 B3e emergency transport helicopter and it will begin providing air medical transportation to the area on Wednesday, September 23rd.

Pilcher's Ambulance Service has partnered with Air Medical Resource Group (AMRG) to create Wiregrass Life Flight. The helicopter will be based in Dothan and will be capable of responding to patient transport needs as far as 300 miles away but will primarily serve lower Alabama, southwestern Georgia and northern Florida.

"A locally based air medical helicopter will be a tremendous benefit to our community," said Joey Pilcher, owner of Pilcher's Ambulance Service. "This program is good for Dothan, good for Houston County and good for our surrounding counties and neighbors. It will allow us on trauma alerts to have a rapid response with highly qualified personnel."

Dr. Fred Pich who serves as the Southeast Alabama EMS Medical Director and Pilcher's Ambulance Service Medical Director was recently asked to provide medical direction for Wiregrass Life Flight. Dr. Pich recognizes the need for this program in Dothan. "The Wiregrass Life Flight program will be an invaluable resource for not only the Dothan community but also the entire Tri-state area for providing advanced emergent pre-hospital care as well as critical interfacility transfers."

Pilcher chose to partner with AMRG because of the company's experience and strong commitment to patient care. "As I got to know AMRG and it's leadership team, I realized that this company started in many ways just like Picher's Ambulance Service. I was very impressed with the commitment that AMRG was willing to make as far as patient care being paramount."

"We are excited for the opportunity of serving Dothan and Houston County. We recognized early on in our evaluation of the area that the most successful program possible would be a partnership between the helicopter company and Pilcher's Ambulance Service. It became even more obvious after we got to know Joey Pilcher and his staff. It's an honor to partner with such a dedicated and successful company," stated Shanon Pollock, AMRG's Vice President of Business Development.

Pilcher's Ambulance Service has provided ground ambulance transport service to Dothan and Houston County for more than 50 years. Together with AMRG's 40 years of air medical service, the two programs can draw from 90 years of combined experience in making Wiregrass Life Flight the premier air medical program in the Southeast.

Pollock went on to say, "We are excited to serve the hospitals in Dothan and plan to offer our services throughout the region to supplement an already excellent EMS network."

AMRG is the fourth largest air medical provider in the nation. They provide fixed-wing and rotor-wing services to 16 states and transport more than 14,000 patients annually. The organization's mission is to provide safe, compassionate and efficient air medical transportation.

Contact:

Joey Pilcher, Owner

Pilcher Ambulance Service

Cell - (334) 797-7211

Shanon Pollock, Vice President of Business Development

Air Medical Resource Group

(801) 380-1644

spollock@amrg.com

Compliance Issues			
Name	**Rule/Protocol**	**Complaint**	**Action Taken**
Brandon K. Bird EMSP-Paramedic #0600332	420-2-1-.29	Impaired EMSP	Suspension
Thomas J. Brown EMSP-Paramedic #0700605	420-2-1-.29	Impaired EMSP	Suspension
Patrick B. Coleman EMSP-Paramedic #8629419	420-2-1-.29	Impaired EMSP	Suspension
Jenny E. Cook EMSP-Paramedic #0500535	420-2-1-.29	Impaired EMSP	Suspension
Joshua V. Cooper EMSP-EMT #1400793	420-2-1-.17 420-2-1-.30	EMSP Testing and Certification Falsification of Documents	Suspension
Charles A. Hilburn EMSP-EMT #1400703	420-2-1-.29	Impaired EMSP	Suspension
Rita A. Parrish EMSP-Paramedic #9601288	420-2-1-.29	Impaired EMSP	Suspension

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Compliance Issues continued			
Name	**Rule/Protocol**	**Complaint**	**Action Taken**
George W. Ray EMSP-Intermediate #9040809	420-2-1-.30	Falsification of Documents Fraud	Suspension
Daniel Taylor EMSP-Paramedic #0400724	420-2-1-.30	Guilty of Misconduct	Suspension
Jeremy W. Tittle EMSP-EMT #1400491	420-2-1-.30	Falsification of Documents	Suspension
Mark J. Wiggins EMSP-Paramedic #9244610	420-2-1-.30	Falsification of Documents Fraud	Suspension

Provider Service Inspections

The inspection reports for the following services can be found on Compliance Issues page of the Office of EMS webpage. These inspections were completed July-September, 2015.

Alabaster Fire Department

Albertville Fire & Rescue

A-Med Ambulance Service-Etowah

A-Med Ambulance Service-Marshall

Ashford Ambulance and Rescue Squad

Ballplay #2 VFD

Blount EMS

Care Ambulance-Chilton

Clanton Fire Department

Decatur Fire & Rescue

First Response-Decatur

Gadsden Fire Department

Gallant VFD

Greenville Fire Department

Guntersville Fire & Rescue

Helena Fire Department

HEMSI

Hoover Fire Department

Huntsville Medflight-Madison

Jemison Fire & Rescue

Jim Walter Resources, Inc.

Lifecare of Alabama-Tuscaloosa

Lifeguard Ambulance Service-Morgan

Marshall Health System-Boaz

Northflight

Northport Fire Rescue

Oneonta Fire & Rescue

Oxford EMS

Rainbow City Fire & Rescue

RPS-Chilton

RPS-Shelby

RPS-Walker

Rural Metro Ambulance-Etowah

Southside Fire Department

Sumiton Fire & Rescue

Tuscaloosa Fire & Rescue

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Culture of Excellence

Advantage EMS

Arab Fire Rescue

Arjenna Parabasic Transport, LLC

Boaz Fire & Rescue

GEMS Ambulance

Goodyear Gadsden EMTs

Lifesaver 2 Etowah

Madison Fire & Rescue

Nixon Chapel Volunteer Fire Department

Pelham Fire Department

Samaritan EMS-Marshall

Samaritan EMS-Morgan

Saragossa Fire Department

Thorsby Fire Department

Licensure and Education Information

- 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.

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 includes the Emergency Care Provider Course.

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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, and Inspections —Call Mark Jackson
Provider Service Licenses—Call Stephen Wilson or Kembley Thomas
Individual Licenses—Call Stephen Wilson or Stephanie Smith
Individual Training or Testing—Call Hugh Hollon
EMS for Children, Website, and Social Media—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.

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.