



EMS UPDATE

News from the Office of EMS and Trauma

Volume Nine

DIRECTOR'S WORDS

As hurricane season winds down, I want to thank all of those services who responded to affected areas or volunteered to be on standby if needed. As you know, it is not only the impacted areas that are affected during hurricane but those surrounding states as well. Alabama took care of over 5,000 evacuees. Northstar Ambulance Service, Sumter County, offered assistance to 110 buses of evacuees coming from New Orleans over a three day period. Numerous ambulance services provided emergency medical care at mass care shelters statewide and transported patients back to New Orleans after the event. I know many other services sent ambulances to the impacted areas of Louisiana and Texas. Needless to

say, Alabama has always responded graciously to any need, be it a hurricane, tornado or any other disaster.

The data project is going well. Many providers have committed to the "Culture of Excellence" in EMS and it shows in their inspections and data submissions. We are nearing the end of the final extension period and hope that all services will be compliant by December 31, 2008.

Recently, the National Association of State Emergency Medical Services Officials met in Seattle. Everyone from Alabama came back proud that most of the other states are attempting to develop systems similar to Alabama's. We all have similar problems but I feel Alabama is in far better shape than most other states.

I had several directors come to me to see how Alabama is doing this or that. In one meeting, Texas' EMS Director, Maxie Bishop, asked why all the other states cannot accomplish a certain standard. He remarked "hell even Alabama does this". Please understand one thing, we have problems, but Alabama does have one of the better systems in the nation. We should be proud of what we do and where we are in EMS. It is only because of dedicated EMS Personnel like each of you that our system works. We are going to only get better and continue to set the bar high for our state.

**Dennis Blair, Director
Office of EMS & Trauma**

STATE EMS MEDICAL DIRECTOR'S REPORT

Now that we are getting everyone up to speed on the ePCRs we will be able to do much better quality improvement studies and design Con-Ed to meet those identified needs. There have been several complaints of unrecognized esophageal intubations and prolonged trauma scene times. We will be monitoring these closely.

It is important to follow the new helicopter protocols so that everyone benefits. We have noticed some services are calling a helicopter to transport a stable trauma patient when ground transport could have served just as well. Keep in mind that when you call a helicopter in Alabama the average response time to the scene is 22 minutes and the average transport time is 17 minutes. Helicopter EMS is a critical resource, use it wisely. Remember that the term "Load and Go" means just that. Calling a helicopter does

not equal "Load and Go." With trauma system patients, you must transport within 10 minutes of having the patient extricated (protocol 8.2). If a helicopter cannot reach the scene within that time frame (VERY rare that they can), you should meet them en route. If you have a patient who is critically unstable, you can have the helicopter meet you at a local hospital to transfer the patient to the trauma center when stable enough for transport.

The next State Emergency Medicine Control Committee (SEMCC) meeting is scheduled for December 9th at 1pm. It will be at the Alabama Power Company Conference Center in Clanton.

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

DO YOU HAVE QUESTIONS FOR OEMST 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

Since March 2007, numerous letters, memos and newsletters have been sent to all Alabama licensed EMS agencies regarding the Office of EMS & Trauma's electronic patient care reporting (e-PCR) requirements. Reporting compliance has been moved 3 times since January 2008 to accommodate those agencies experiencing compliance issues. The good news, as of October 14, 2008, is that 275 licensed EMS provider services are compliant. The bad news is that there are 37 EMS agencies that are not reporting. If your agency is one of these 37 agencies, please make sure you bring this matter to their immediate attention.

In June 2008, a certified letter was sent to each EMS agency with license expiration date of December 31, 2008 reminding them of their obligation to report electronically. In a last ditch effort to get people compliant, a certified letter will be sent out in November to the appropriate authority (Mayor, Council, and Commissioner) in the noncompliant agencies jurisdictions. The letter will advise each authority of the e-PCR compliance violation, the intent to not renew licensure, and to assist the authority in determining a compliant alternative agency for EMS response coverage.

As a side note, rather than become e-PCR compliant, 5 licensed EMS agencies have already surrendered their ALS license. Their choice to not complete required medical records apparently outweighs their desire to provide emergency medical care. Creating an "Alabama EMS Culture of Excellence" will not be without its casualties.

Some e-PCR Points of Clarification:

- 1.) It is a requirement to complete a patient care report on every emergency medical response that a patient was seen and evaluated. This record must then be submitted electronically within 168 hours or less. Our goal is to eventually narrow that down to within 24 hours once people become more comfortable with their chosen software. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
- 2.) The only time you do not have to complete an e-PCR is on false calls, standbys and non-emergency transfers where you do nothing more than monitor vital signs. However, if you do anything considered a patient intervention beyond monitoring vital signs, then legal documentation in the form of an e-PCR must be completed. Accurate documentation may be a pain, but it will protect you if the need arises.
- 3.) Our IT staff is always available to assist you with your e-PCR needs. The problem we have is that we have only 2 staff members and 312 licensed agencies wanting immediate satisfaction. If you need assistance, you may call Chris or Craig 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 at emsis@adph.state.al.us. These guys are really good at what they do, you just have to be patient.

Other Alabama e-PCR Tidbits

Our promise with the new NEMESIS compliant Alabama e-PCR database is to not only utilize it to make better decisions regarding the direction and delivery of EMS in Alabama, but to also provide mechanisms to assist each service's needs. More information regarding QA/QI education and training will be coming once we get all services e-PCR compliant.

As of this newsletter, the OEMS&T e-PCR database has received over 200,000 patient care records submitted by licensed providers. This represents approximately 1/3 of the data we expect in any given year based on past data collections. Still, it's a good start and provides us with enough information to get started on several projects we know are patient care issues.

This office is looking at scene times on trauma calls and tube placement confirmation. Both of these areas are of major concern in following the Statewide Patient Care Protocols and the patient's positive outcome. A letter dated September 11, 2008 was sent to every agency, agency medical director and agency on-line medical director advising that these areas will be closely monitored for compliance. This process is not meant to punish anyone, it's meant to provide us with the facts and determine what educational needs are required to correct them. After all, once we can admit we have a problem, we can address it to better do our intended jobs: To save lives.

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 News from the Office of EMS and Trauma link on the front page or to all Alabama licensed EMS personnel that 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 it 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.

NAME	COMPLAINT	RULE/PROTOCOL	ACTION TAKEN
Jeffrey Aplin, Ambulance Driver	Falsification of Records	420-2-1-.25	License Surrender
EMT-Paramedic	Professionalism	420-2-1-.25	Internal Disciplinary Action
Russellville Fire & Rescue	Outdated Medications & Equipment Issues	420-2-1-.05	Probation
EMT-Paramedic	Impairment	420-2-1-.21	Rehab Facility
Deirdra Smith, EMT-Paramedic	Falsification of Records	420-2-1-.25	License Suspension
Alaedra Huskey, EMT-Basic	Exceeding scope of license	420-2-1-.12	License Suspension
EMT-Paramedic	Impairment	420-2-1-.21	Rehab Facility
EMT-Paramedic	Impairment	420-2-1-.21	License Suspension
EMT-Paramedic	Impairment	420-2-1-.21	License Suspension
EMT-Intermediate	Impairment	420-2-1-.21	License Suspension
George Ray III, EMT-Intermediate	Exceeding scope of license	420-2-1-.12 420-2-1-.25	License Suspension
EMT-Paramedic	Impairment	420-2-1-.21	License Surrendered
EMT-Basic	Impairment	420-2-1-.21	Suspension
EMT-Paramedic	Impairment	420-2-1-.21	License Surrendered

MEETINGS, EVENTS & NOTICES

State Emergency Medical Control Committee (SEMCC) Meeting has been scheduled for Tuesday, December 9, 2008 at 1:00 p.m. at the Alabama Power Company Conference Center in Clanton. Keep an eye on our website www.adph.org/ems for further information.

ALERT: Federal Rules Will Soon Require Wearing High Visibility Vests

Effective November 24, 2008, firefighters and all other responders will be required to wear ANSI approved High Visibility Vests. A new federal rule requires responders to wear the vests while conducting operations on roadways supported by federal dollars. It only makes sense; after all, wouldn't your family want you to be visible while operating on the roadway?

Mark I Kits / Duo Dote Kits Notice: Mark I Kits distributed by the ADPH Center for Emergency Preparedness (CEP) are beginning to expire and are being replaced by Duo Dote Kits. The usage and indications remain the same, it's just that the two medications are combined into one auto-injector. In order to swap out the expired kits for the new kits you must document all personnel (names) Duo Dote training in writing and fax it the attention of Alice Floyd, RN (within the CEP) at 334-206-3819 or email it to her at alicefloyd@adph.state.al.us. No Mark I Kits will be replaced unless you follow these procedures. You may contact Alice by phone at 334-206-3898.

Alabama EMS Rule DNAR: Any questions regarding DNAR from the EMS (EMTs Only) community should be addressed to our office at 334-206-5383. If you are approached by any other healthcare provider (nursing homes, assisted living facility, etc..) with a DNAR question, they should be contact W. T. Geary, M.D., Medical Director of Health Provider Standards at 334-206-5366.

EMS SERVICE INSPECTIONS

It has been a little over a year now since the OEMST hired our team of inspectors and what a successful year we have had in making visits to provider services all across the state. We would like to take this opportunity to say thank you to all the services who have met compliance requirements per State EMS Rules and also thanks to the services who have corrected found deficiencies within the required time frame.

As stated in the last issue of EMS Update, we would like to recognize the services our inspectors found to be fully compliant with all rules. The services to make the initial "Culture of Excellence" list, as of September 30, 2008, are:

- A-Med
- Brantley Fire & Rescue
- D.W. McMillan Memorial Hospital
- Eclectic Fire Department
- Greenville Fire Department
- Samaritan EMS, Inc.

Congratulations to these recognized services and we look forward to listing your service in the next issue and recognizing each service at our annual EMSC Conference in 2009.

Reminder: If your service has a December 31, 2008 Transport License and/or ALS authorization expiration date, now is the time for renewal. Make sure to include all plans (EMD, Bio-Hazard Waste, IV Fluid, CSP) and proof of insurance. Any missing information could cause delays in processing your application.

The North Alabama Trauma System (EMS Region 1) and the Central Trauma System (EMS Region 3) continue to operate well. EMS Region 1 averages 172 patients entered into the system monthly and EMS Region 3 averages 329 patients. In each region, 75 to 80% of these patients are taken to Level I or II Trauma Centers and 20 to 25% are spread among the Level III hospitals. The Regional Trauma Advisory Councils (RTAC) have been appointed for all regions except West (pending the West Region Town Hall meeting). The first RTAC meetings are currently being scheduled. Each region's RTAC will initially be tasked with developing the regional trauma plan and assisting the Office of EMS & Trauma in evaluating those hospitals that apply to become trauma centers. Our goal continues to be to have all of the regional trauma systems operational by spring 2009.

The trauma system works as follows:

1. The Alabama Trauma Communications Center (ATCC) constantly monitors the resources and ready status of every trauma hospital electronically.
2. Using the trauma patient criteria protocol (8.5) the first responding EMS service evaluates the patient and determines whether the patient meets trauma system criteria. If so, the senior EMT calls the ATCC and enters the patient into the system.
3. The EMT will be given a unique identifying number to go on the ePCR to flag this patient

as being a trauma system patient. Together the EMT and the TCC will decide which of the ready trauma centers would be most appropriate for the patient.

4. If the patient is handed off to another service to transport, this identifying number must be put on that service's ePCR as well. This is how the system is able to pull together all the PCRs that pertain to a single patient.
5. The ATCC will then fax a written report to the receiving hospital and in some cases link the EMT with the ED of the receiving hospital for a verbal report.
6. Level I and Level II trauma centers will, after evaluating and treating the patient, send (within 24-48 hours) written Patient Care Feedback to the ATCC, stating what was found when the patient was evaluated, and what was done for the patient. This is sent to the EMTs who cared for the patient so they get feedback about the patient.

Our current QI monitoring of Regions 1 & 3 has revealed that services are doing a much better job of entering patients into the trauma system but many services do not leave a copy of the patient care report at the ED when they deliver the patient. It is very important to do this in a timely manner since the PCR provides the basis from which the patient's condition is monitored.

For further information and updates on the trauma system, please view the website: www.adph.org/ats.

REGIONAL TRAINING OPPORTUNITIES

Through contract, the regional EMS agencies have various continuing and primary education training opportunities available for EMTs of all levels. Please contact your regional EMS agency to see what may be available for you.

North – Contact Region 1 office at 256-428-2376

One PEPP Courses are being made available for the month of October:

Oct 28 and 29, 2008 from 8:00am – 4:00pm:
Decatur Fire & Rescue Training Center

If you are interested in signing up for the class, please contact Dawn Miller at 256-428-2376. Class size is limited, so contact early.

If you are a PEPP coordinator and want to assist in one of these classes, please contact Alex Franklin via email at afranklin@hems.org.

East - Contact Region 2 office at 205-763-8400

Birmingham – Contact Region 3 at 205-934-2595

West - Contact Region 4 office at 205-348-4549

Southeast – Contact Region 5 office at 334-793-7789

Gulf – Contact Region 6 office at 251-431-6418

EMS-C News

- **Welcome Aboard:** We have a new EMS-C Program Manager: Katherine Dixon Hert. Please take a moment to welcome her aboard. As a mother of an active 4 year old, she knows first hand how important EMS-C issues can be. We are excited to have her, and she is open to all comments and suggestions. She can be reached via email: katherinehert@adph.state.al.us.
- **Check out our new improved webpage:** <http://www.adph.org/emsc>. We have taken the time to make some changes and updates, and hope you find them useful.
- **EMS-C Advisory Board:** Our last meeting is scheduled for November 13, 2008. We have begun work on our new EMS-C 3-year grant cycle application, and look forward to all of our pre-hospital providers and children benefiting from the future work on our grant performance measures. If you would like to be involved, please contact Dr. Ann Klasner or Katherine Hert.

Pediatric Points to Ponder: Pediatric Seizures

- There are many causes of pediatric seizures but some of the biggest things to consider include:
 - Fever – Most pediatric seizures are caused by fever alone (febrile seizure). These are generally self limited and rarely require treatment unless prolonged or other potential causes can be identified.
 - Hypoglycemia – Remember to check blood sugar/glucose.
 - Ingestions or toxins
 - Head injury and/or child abuse
 - Infections, particularly meningitis
 - Prior history of seizure (has the patient missed doses of their medication?)
- **Treatment of pediatric seizures (taken from protocols):**
 - **Prolonged Seizures (Category B):**
 - *Diazepam:* <5 yrs: IV 0.2-0.5 mg/kg (max 5 mg)
PR 0.5 mg/kg
 - >5 yrs: IV 1 mg slow until stops (max 5mg)
 - *Lorazepam:* Neonates: IV 0.05 mg/kg
Infant & Child: IV 0.1 mg/kg (max 2mg)
 - Hypoglycemia (glucose < 60 in pediatrics):
 - D25W: IV 2-4 cc/kg (Category A)
 - Glucagon: IM 0.5 mg (Category B)

ADPH'S TACTICAL EMERGENCY ASSET MANAGEMENT (T.E.A.M.) SYSTEM TRUCK

On September 16, 2008, the Alabama Department of Public Health took delivery of a Tactical Emergency Asset Management (T.E.A.M.) System communications truck. The system will be used as an Incident Support Unit for emergency communications during emergency situations to which ADPH is deployed. The vehicle has many interoperable communication capabilities, including a radio bridge unit, satellite internet connection, pan/tilt/zoom camera with live video streaming and satellite television. ADPH personnel intend to use their new system frequently, to support civic events and demonstrations in addition to emergency situations.

CONTACT INFORMATION:

DeeAnn White or Charlie Crawford
Alabama Department of Public Health
Center for Emergency Preparedness
RSA Tower, Suite 1310
201 Monroe Street
Montgomery, AL 36104
DeeAnnWhite@adph.state.al.us
334-206-3802
CharlesCrawford@adph.state.al.us
334-206-5315

INDIVIDUAL LICENSURE ISSUES

American Heart Association (AHA) and American Red Cross (ARC) require that CPR cards be typed. Any card that is handwritten will not be accepted by the Office of EMS and Trauma.

Please review the revised EMS rules that were officially approved on January 21, 2008. The OEMST has experienced a number of calls from people who do not know how to renew their license or what their renewal requirements are. The revised rules were mailed to every licensed provider and can also be found at <http://www.adph.org/ems>.

License Question: "Once you get licensed in Alabama, as a Paramedic, your license is good all over the State, right?"

Answer: Your Alabama Paramedic license allows you to be employed by any service in this state. You can practice as a Paramedic, when you are on duty as a part of that licensed EMS service, when you are off duty; you are not authorized as a Paramedic. Your Paramedic license, and you, as a Paramedic, can only function as a Paramedic when you are a part of a Licensed ALS EMS service that has a Medical Director, whose license you work under, and provides the equipment for you to apply your trade.

There is not to be a situation where you're traveling and you come upon an automobile accident and you stop to help and open your trunk and get out your trauma bag, IV setup, bag of Normal Saline, 18 gauge needle, laryngoscope handle, number 2 blade, and a size 7.0 ET tube, and commence to saving lives. What you can do is stop and function as a Basic-EMT, with no ALS equipment, and transfer care over to the responding BLS ambulance crew, when they arrive, because you have not provided care any greater than they can, and proceed on your trip.

And as a side note: Don't sacrifice your hard earned license by practicing outside the scope of privilege.

License Renewal Time

- All Con-Ed must be completed by January 31.
- You do not have to do a Refresher this time, you need 24, 36, and 48 hours of EMS-related Con-Ed to renew your license.
- All specialty courses ACLS, PALS, PEEP, ITLS, etc. ...count as 16 hour courses.
- All CPR cards must be typed (if not they will be returned) we must have a copy of the card, a letter from the instructor will not suffice (they will be returned).
- You must use the current application available on our website- September 08 version (all old applications will be returned and the new one provided).
- Every level must have proof of Protocol Education to be considered "Active" (a dated certificate of completion).

Reminder: If you have any changes in your contact information, including email address, please contact the office at 334-206-5383.

