

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

Volume 18, Issue 4 – October - December 2025

AS WE ENTER 2026.

William Elwin Crawford, MD, NRP, FACEP

EMS Medical Director, State of Alabama

I want to take this opportunity to say "Thank You" for everything that you do for EMS in this state. We have a strong EMS system in Alabama, and the system only works because of the dedication and "can do" attitude that the EMSP exhibit day in and day out.

As we begin a new year, I would like to reiterate something that I have said in the past revolving around education and "knowledge building". All members of the healthcare team should strive to increase their knowledge base throughout their careers. Lifelong learning should be all of our goals. Continuing education can be daunting, but I would encourage everyone to start small and build a learning process. This is much like an exercise process. We have to start small and increase our exercise regimen. With that being said, I would encourage everyone to pick one topic a week and study that topic. This does not have to be an hours long education endeavor but just a couple of hours a week will build our knowledge base and as a result our patients will be better cared for. As we get into this process, we may add several topics a week much like adding to an exercise program. Even just one topic a week will cover 52 topics in a year. Can you imagine the increase in knowledge if you cover 52 topics a year? The impact on patient care would be huge.



As I travel the state this year don't be surprised if I ask you what topic you have covered that week!! I appreciate ya'!!!!

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William E. Crawford, MD, FACEP, NRP

State EMS Medical Director
Alabama Department Of Public Health
Office of EMS

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NOTES FROM THE DIRECTOR:

Caring For Ourselves

Jamie Gray, BS, AAS, NRP, TP-C
State EMS Director



According to the First H.E.L.P. webpage, 129 First Responders committed suicide in the United States in 2025. Of that 129, 59 (47%) were law enforcement officers. First H.E.L.P. is a non-profit organization whose purpose is to measure suicide rates of law enforcement, fire fighters, EMS personnel and 911 telecommunicators. It is part of The Quell Foundation’s First Responder Resilience Project.

It is no secret that the commonality of all the roles on the list is we are all exposed to devastating events or conditions almost every day; and ones that the common citizen is never exposed to or is only possibly exposed to once in a lifetime. In addition, the factor of physically difficult work with limited personal benefits very often contributes to overall damage to physical and mental health.

I have often written in these articles regarding the need to provide compassion, sacrifice and service to our patients. I may not have equivalently stressed the need to consider ourselves and to promote physical and emotional safety and support in our own lives. In our training we learn “dead rescuers don’t save lives,” used to promote our own safety first so that our efforts to save and care for others does not result in our injury or death. In recent decades EMS training has stressed well-being of the provider with encouragement regarding exercise and nutrition. Proper nutrition and exercise not only helps us to be stronger so that we can be more successful in our jobs as rescuers, but reduces the impact of stresses we encounter in our work lives as well as our personal lives. However, even proper diet and nutrition cannot overcome the traits that people bring with them as they enter EMS or develop during their tenure.

First, we are human. We have wants and needs. We have expectations of reasonable comfort and compensation for our work. Our work requires us to take risks. Time and chance happen to us all. EMS providers often incur spinal injuries and other lifting trauma. EMS providers often complain about system abuse and non-critical aspects of service such as nursing home transfers and long-distance transfers often at all hours during an extended hours shift. Every provider is familiar with waiting for their relief personnel to arrive while hoping and praying not to be dispatched on a shift change call. Such stress can feel incessant and devastating. Perhaps not as devastating as the civilian stranger asking us, “What is the worst thing you’ve ever seen?”

Different individuals possess different methods and levels of ability in dealing with the stress inherent in EMS practice. It is very true that EMS is not for everyone. Those that hang in with it often deal with the stress that they cannot get their heads around by relying on substances. Many develop post traumatic stress disorder (PTSD) after years of exposure. EMS, police, fire, military and even judicial personnel can carry the emotional burden of their service to the public for their entire lives and can be broken by it if it is not properly processed.

The Alabama Office of EMS is actively working to develop mechanisms to encourage our licensees to seek assistance and proper support for their emotional burdens. A primary goal is to raise awareness of the phenomena and to equip EMS personnel in appropriate inter-personal support mechanisms. A secondary goal is to encourage affected individuals to seek support, evaluation, and/or treatment for perceived issues before the burden becomes intolerable or unbearable. This is a national trend that has developed over the last decade or so. Interventions have shown trends in reducing the emotional damage incurred by First Responders, thus decreasing suicide and substance abuse. (cont’d)

We encourage Alabama’s First Responders to make themselves aware of support services available to them as we work to make access of such services more easily accessible. Together we hope to build a more resilient EMS in our state.

ACUTE HEALTH SYSTEMS UPDATE

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



Acute Health Systems (AHS) staff were busy throughout 2025, tending to daily system activities of the Trauma System, Stroke System, Trauma Registry/CARES Registry, and Cardiac/STEMI System (in development). Due to the nature of our work, we mainly interacted with EMS Regional Directors and hospital representatives. However, occasionally we received questions from EMSP and were happy to help them. During 2025, Trauma Site visits were conducted for six of the higher-level trauma centers in the Alabama Trauma System (ATS).

From January 1, 2025 – December 31, 2025, **16,397** patients were entered into the ATS. The most common mechanism of injury was Motorcycle/Bicycle Crash (45% of 2,321 MOI entries). The most common criteria for trauma system entry was EMSP Discretion (46% of 16,397 total trauma system entries).

In the last quarter of 2025, AHS partnered with the UAB Center of Injury Science on Blood Product Availability Study. Trauma center contacts throughout the state were invited to complete the voluntary survey which focused on availability, usage, and challenges related to blood products. Data collection is ongoing at the time of this update.

ALABAMA STROKE SYSTEM UPDATE

Tabatha Ross, BSN, RN
Acute Health Systems – Stroke System Coordinator



Committed to advancing stroke and cardiovascular care across Alabama

The Alabama Stroke System added four new Level III Stroke Centers in 2025, expanding access to stroke care in some of the state’s most rural communities. These Level III centers play a critical role in the early evaluation and stabilization of stroke patients prior to transfer to a higher level of care when indicated.

In Region 2, we welcome Tanner Medical Center and Atrium Floyd Cherokee, and in Region 4, Bibb Medical Center and Vaughan Regional Medical Center, to the Alabama Stroke System. From January 1, 2025 – December 31, 2025, **11,080** patients were entered into the stroke system. Outcomes were received on **6,210** patients; **1,514** were ischemic stroke in which **496** (which is **32.8%**) received thrombolytic therapy. There were **291** patients entered into the stroke system that had hemorrhagic stroke.

The Severity-Based Stroke Triage study for large vessel occlusion (LVO) routing concluded data collection in April 2025. The collaborative work of OEMS and AHS staff on this study was recognized in an abstract presented at the International Stroke Conference held in New Orleans February 3-4, 2026. Stroke Coordinators will have the opportunity to hear from Principal Investigator Dr. Toby Gropen on February 10, 2026, as he discusses how data entry efforts directly contributed to the study’s outcomes.

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TOPICS ON TRAUMA & CARES

Sara Matthews, RN

Acute Health Systems - Trauma Registrar, CARES Coordinator

March Traumatic Brain Injury (TBI) Awareness Month



STEMI System Updates

Development of the Alabama STEMI System is also underway. Planning discussions have been held with all six EMS regions to gather regional input and feedback. Once finalized and approved, the Alabama STEMI System is projected to go live in 2027.

Trauma Registry Updates

The 2024 Alabama Head and Spinal Cord Injury Registry (AHSCIR) Annual Report has been released (<https://www.alabamapublichealth.gov/atr/reports.html>). The AHSCIR is a statewide registry that collects a range of information, from prehospital interventions to hospital treatment and patient outcomes. All Alabama hospitals are required by law to submit data to the AHSCIR. The information collected serves two main purposes: to improve the current trauma system through data research and analysis, and to connect patients with head (traumatic brain) and/or spinal cord injuries (TBI/SCI) to the Alabama Department of Rehabilitation Services (ADRS) for potential service eligibility.

There were 3,367 patients entered into the registry with TBI/SCI in 2024, of which 88% had traumatic brain injuries (TBI). The mechanism of injury that accounted for 89% of all patients was blunt force trauma, while 6% were penetrating injuries.

Data provided through the registry can generate information related to external causes, injury severity, utilization/performance of protective equipment, treatment modalities, outcomes research and more. Data also provides statewide information on the magnitude of traffic-related injuries and illustrates disparities among different segments of Alabama's population.

According to ADRS, many individuals with TBI do not pursue much needed services within the first two years, which are critical after injury. (<https://www.rehab.alabama.gov/services/vr/tbi>). The information provided through the AHSCIR allows ADRS to contact individuals with TBI by letter and inform them of services available to them. Services include information and referral, resource facilitation, screening, case management, care coordination, TBI training and education, cognitive remediation and pre-vocational services. During Fiscal Year 2025, ADRS made contact with 5,577 individuals with TBI, and served 1,317 of those individuals.

Please contact Sara.Matthews@adph.state.al.us for more information about the AHSCIR.

Information about TBI resources can be found at <https://www.alabamatbi.org/> or by calling the TBI Helpline at 1-888-879-4706.

**FOCUS ON NEW STAFF:
Alabama Office of EMS**

Melissa Tolar

Administrative Support Assistant II

The Alabama Office of Emergency Medical Services would like to welcome our newest employee, Melissa Tolar. Melissa is assigned to the Acute Health Systems Section of our Office.

Melissa is a welcomed addition to the Office, providing supportive services to Alice Floyd, the AHS Program Director, as well as Trauma Registrar Sara Matthews and Stroke Coordinator Tabatha Ross. Melissa comes to the office as Acute Health Systems continues to grow, soon adding a STEMI system, and with all aspects having always required a meticulous and extensive records process.

Melissa previously worked as Communications Assistant at the Alabama Baptist State Board of Missions in Prattville. She earned a bachelor's degree from Blue Mountain College in Mississippi and a master's degree from Southern Seminary in Kentucky. She is a wife and mother, is married to Luke Tolar and has two sons, Ethan and Caleb Tolar. The family also has a German Shepherd who, Melissa reports, "thinks she is a lap dog."

The Alabama Office of EMS warmly welcomes Melissa into our family and wishes her many happy years of employment with the Alabama Department of Public Health. She is a welcome addition to our team.



Melissa's Santa Fe Chicken Recipe – great for nachos, wraps, salads, etc.

- 1 can chicken, drained (or two cups of any shredded cooked chicken)
- 1 can whole kernel corn, drained
- 1 can Rotel tomatoes, drained
- 1 can black beans, drained OR chili-style beans, drained
- Taco seasoning, cumin, onion powder, etc., to taste (I use about a half a packet of taco seasoning)

Combine ingredients into a pot on medium heat and simmer for 10 minutes. Top with shredded cheese and serve.

Enjoy !

EDUCATION AND PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP

Education and Provider Services Coordinator



Education

We performed site visits for OEMS accreditation. The following programs have received initial or reaccreditation:

GoRescue EMS Academy (Birmingham)

Lawson State Community College (Birmingham)

Fortis College (Mobile)

Keep in mind as you go into the license renewal cycle that all con. ed. must have a regional approval number, a state approval number, or come from a CAPCE approved source. AHA and ARC courses are also great.

If you have any questions about the legitimacy of any course (con. ed. or otherwise), please don't hesitate to reach out to us.

Provider Services

We created a new online renewal application with three notable changes.

1. The application fields were prefilled, requiring services to only make changes where necessary, vs. filling in all fields in the application.
2. Licenses were instantly emailed to those who completed the renewal application. All that was required was to print and post the license.
3. A QR code was added to the bottom center section of the license. This code takes the user to our web management site where the legitimacy of the license could be verified, if questioned.

The OEMS gets several calls each year from company/department representatives asking for copies of their own service plans. This typically happens when the responsible person (e.g. an EMS Chief) leaves the department, but fails to tell anyone where the plans are located. We highly encourage all EMS services to add the required service plans to your Standard Operating Procedures/Guidelines (SOP's/SOG's). Please remember, regardless of who mandates the plans, they are your plans, drafted by your service, dictating how portions of the service operates. Therefore, it is only logical that they be incorporated into your company's/department's written checks and balances. And, if someone leaves, you won't have to call and make an embarrassing request for copies of your own plans.

As always, please feel free to reach out to us if you have a question. We would rather address something on the front end than fix something on the back end.

EMS DATA & REPORTING UPDATE

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



2025 Data Trends

By the end of 2025, three hundred and fifty-nine agencies were licensed, operating, and reporting NEMSIS data in Alabama. The state has 14,640 licensed individuals at the Paramedic, Advanced EMT, Intermediate EMT, EMT and EMR levels. The EMR level has 50 licensed individuals and the Intermediate EMT has 125 licensed individuals. The state has 2,219 rostered emergency vehicles.

Alabama's NEMSIS reporting system received 1,069,207 records in 2025, which averages one report every 30 seconds. Report numbers by county ranged from 173,158 in Jefferson County (\approx 269 per 1,000 population) to 927 in Wilcox County (\approx 93 per 1,000 population). Statewide Alabama received approximately 206 records per 1,000 population.

Bearing in mind that an electronic patient care report (e-PCR) is the story of a unit's response and not necessarily the story of a particular patient, of all reports upon which the status was applicable and recorded, approximately 77% of reports recorded that the crew initiated and continued primary care during the transport. An additional 8% of reports recorded initiating primary care and then transferring the patient to another crew/unit for transport. Approximately 1% of reports recorded "incident support services" were provided, which includes standbys. Finally, approximately 11% of reports indicated that the unit was either not needed or the patient refused service.

Less than 1% of reports indicated that cardiac arrest occurred at some point during the patient care process. Of the 8,791 cardiac arrests recorded with etiology, 6,683 (76%) were presumed to have been cardiac in origin. Respiratory/Asphyxia was recorded on 732 (8%) reports, followed by Traumatic Cause at 677 (7.7%) and 375 listed as "Other (cause)". Drug overdose was implicated in 192 reports, followed by 84 reports indicating non-traumatic exsanguination, 40 drowning/submersion and 8 indicated electrocution. Of the 3,402 reports recording cardiac arrest arrhythmias upon arrival at the hospital, asystole was indicated on 1,938 (57%) reports while pulseless electrical activity (PEA) was indicated on 1,120 (33%). Ventricular fibrillation was indicated on 234 (7%) reports while agonal/idioventricular rhythm was indicated on 79 (2%) and pulseless ventricular tachycardia was indicated on 31 (1%) reports. Cardiac arrest survivability is not measured by the NEMSIS system; however, it could potentially be available for individual services who participate in the CARES system. The CARES system has been described in previous newsletters, and our Office encourages interested services in participation. You may learn more about CARES (The Cardiac Arrest Registry to Enhance Survival) at www.mycares.net.

Alabama followed NEMSIS mandate and upgraded from NEMSIS Version 2 to NEMSIS Version 3 officially on January 1, 2018. In the subsequent seven years, Alabama Emergency Medical Provider Services have submitted 7.4 million records. The upgrade made the system exponentially more resilient and able to record many more facets of care than were previously possible. NEMSIS designed the system (and continues to develop the system) based upon the recommendation of EMS clinicians, data analysts, public safety experts and computer scientists from across the nation. Every facet of our NEMSIS reporting system is available on the NEMSIS website for anyone to review. We invite you to peruse the website for the Alabama NEMSIS Dataset at the link below. Note: This page contains a lot of components, but all your reporting elements are available by clicking the Alabama State Data Set icon on the page. Let us know if you have any questions or comments.

<https://nemsis.org/state-data-managers/state-map-v3/alabama/>

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