



EMSUPDATE

News from the Office of EMS and Trauma

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DIRECTOR'S WORDS

The Office of EMS and Trauma is working with the National Registry of Emergency Medical Technicians (NREMT) on a project that will allow individuals that have been Nationally Registered in the past to regain and maintain their certifications. If the decision is made to move forward with this project then National Registry certification will be a requirement for state license renewal beginning in 2012. The process will basically work as follows:

1. 2012 - Any EMT who ever held a National Registry certification will simply send their application and fee to the Registry with his/her social security number and proof of current state licensure, **or**;
2012 - Any EMT who ever held a National Registry certification will simply send their application and fee to the Registry with his/her old National Registry number and proof of current state license.

2. The Registry will send the individual a current Registry card. **The applicant would not be required to challenge the registry again.** The individual will then send a completed state license renewal application, licensure fee,

copy of his/her Registry card, and proof of State Protocols to obtain a state license. The process will be the same for the 2013 licensure cycle.

3. Beginning in 2014, all EMTs in Alabama (*excluding those for whom National Registry certification was not a requirement for licensure in the past) will have to meet the biennial recertification requirements of National Registry to be eligible for re-licensure.

*** If an EMT was licensed before the Requirement of National Registry certification, he/she will not be required to obtain/maintain National Registry certification and will renew as done in the past.**

The EMS profession is moving toward having a nationwide standard for certification. Currently 45 states use the National Registry to certify EMTs, and 49 states use it for reciprocity. This process will enhance the state's ability to validate that individual EMTs are meeting national standards, streamline the national credentialing system for disaster response, and provide an online recertification system.

Beginning in 2014, the recertification process will have three educational components and will tailor the training requirements for services and the individual. The continuing education process will include the following components:

1. National - changes in the national scope of practice, required reading on industry issues, National Standards (AHA), assessment guide results and low frequency/high criticality.
2. Local - QA/QI issues and NEMSIS data.
3. Individual- menu of requirements based on assessment guide outcomes.

The assessment guide is an online exam (100 questions) taken by the individual, with no cost to the individual. Each applicant receives his/her results immediately. The exam identifies the applicants' areas of deficiency, and applicants can concentrate their continuing education in those areas during the two year period. All of the above can be conducted in-house.

During the planning stages for this change, I have heard the following concerns stemming from three different areas, and I would like to address those arguments.

1. **Too many hours for continuing education:** The Con-Ed requirement for EMTs in the State of Alabama will be 72 hours every two years. Most EMS agencies in Alabama train at this level currently. EMS is an allied healthcare profession and people's lives depend on the EMTs' knowledge. The medical skill for an EMT has changed over the past ten years and continues to evolve. EMTs must keep their skills and protocols updated. For a life saving profession, 72 hours of continuing education every two years is hardly too rigorous.
2. **Cost:** The cost for an ALS level EMT will be an additional \$20 every other year and \$15 every other year for a BLS level EMT. The cost for an individual EMT license or a provider license in Alabama is lower than any other state surrounding Alabama. In addition, the cost for an individual EMT license or a provider license in Alabama is lower than most other professions' licensure fees within the state. Below you will see the fee schedules for other states and other professions within this state.

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.

Schedules for licensing fees for other states surrounding Alabama:

Individual License Fees						
	AL	FL	GA	LA	MS	TN
Basic Renewal	\$10	\$20	\$75	\$25	\$35	\$65
Intermediate Renewal	\$10	N/A	\$75	\$35	\$35	\$65
Paramedic Renewal	\$10	\$45	\$70	\$45	\$35	\$75
Provider License Fees						
Ground	AL	FL	GA	LA	MS	TN
Initial	\$25	\$1,375	\$2,400	\$150	\$500	\$5,000
Renewal	\$25	\$1,375	\$2,400	\$100	\$500	\$500
Per Vehicle	\$0	\$25	\$1,400	\$75	\$250	\$250
Air Medical						
Initial	\$25	\$1,375	\$2,400	\$150	\$500	\$10,000
Renewal	\$25	\$1,375	\$2,400	\$100	\$500	\$5,000
Per Aircraft	\$0	\$25	\$1,400	\$75	\$250	N/A

Schedules for licensing fees for other professions in Alabama:

Professional License		
Name of Profession	Renewal Cycle	Fee
Certified Water Operator	3 years	\$45
Cosmetology	2 years	\$80
Dental Hygienist	1 year	\$65
Dietician	2 years	\$125
Funeral Embalmer	1 year	\$60
Funeral Director	1 year	\$50
Insurance Adjuster	2 years	\$80
Insurance Agent	2 years	\$40
Massage Therapist	2 years	\$100
Nursing	2 years	\$75
Plumber (Apprentice)	1 year	\$10
Plumber (Master)	1 year	\$125
Non-Professional License		
Name of Profession	Renewal Cycle	Fee
Hunting	1 year	\$24
Fishing	1 year	\$12

As a result of this project, EMS in Alabama, and all other states in the nation, will move closer to having the level of professionalism comparable to the other allied healthcare professions such as nursing, physical therapy, radiology, etc. From the phone calls and emails I have received over the past 18 months, I am certain that a large majority of those in EMS are in support of this initiative, and I ask for your support in making this very important initiative a reality.

STATE EMS MEDICAL DIRECTOR'S REPORT

The Trauma System is operational in all regions except the Southeast Region (Region 5) and we are basically waiting on trauma center applications from the hospitals in Montgomery and Dothan. We expect applications from the Dothan hospitals the first week of June and hopefully the Montgomery hospitals will follow soon thereafter.

The on-line Medical Direction Physician course is now finished and should be available on the internet very shortly. This will allow new physicians applying for a medical direction number can take the course as soon as they make application to the Office of EMS & Trauma. We will now require all Medical Direction Physicians to review the update every year so they are aware of the current status of EMS in Alabama.

The Trauma QA/QI committee has identified a common problem with use of helicopters for trauma. Many ground services wait prolonged periods of time on scene waiting for a helicopter to arrive instead of following the **Patient Care Protocols (Protocol 7.6): "An EMS service should not wait on the scene or unduly delay transport waiting for HEMS to arrive. If the patient is**

packaged and ready for transport, the EMS service should reassign the landing zone to a mutually agreeable site that is closer to the hospital, and should initiate transport. The helicopter may intercept an ambulance at an agreed upon alternate landing site." Generally a hospital helipad is the best place to meet a helicopter and once the patient has been routed to a destination hospital by the ATCC EMTALA rules allow use of another hospital's helipad and do not require that the patient be taken to the emergency department for evaluation when doing this. Sometimes the patient will need to go to the local emergency room for stabilization (airway, bleeding control or to start blood) but can still be immediately moved to the destination hospital as soon as the patient is stable enough for transport. The QA/QI committee has also identified that scene times for trauma patients are too long (for both ground and air services) and so we will be monitoring this. The protocol (8.4) requires that for patients with significant trauma (trauma system patient) once extrication has occurred the patient should be transported within 10 minutes.

TEMPORARY SHORTAGE OF 50% DEXTROSE PREFILLED SYRINGES

There is currently only one manufacturer of prefilled syringes of D50W and they have been unable to keep up with the demand. This has caused a temporary shortage of D50W prefilled syringes. I am not sure how long it will take them to increase production to meet the demand but until then there will be times when you may not be able to get prefilled syringes of D50W. Some strategies and alternatives are:

1. If the patient is awake, follows commands, and can swallow, you can use oral glucose paste to treat hypoglycemia.
2. You can use glucagon IM but it is about \$100 per dose and you probably won't get any more reimbursement for its use.

3. 50cc Vials of D50W are available but you will have to have a 50cc syringe to draw it up.
4. The best temporary alternative may be 250cc bags of D10W. This works well and doesn't require dilution to use for children.

Similar problems are now occurring with sodium bicarbonate and with 1:10,000 epinephrine. The sodium bicarbonate is available in vials but will have to be drawn up with a 50cc syringe. I am unaware of anyone else offering 1:10,000 epinephrine (except in an intracardiac syringe) and you may have to dilute 1cc of 1:1000 epinephrine with 9cc of saline to make 1:10,000 epinephrine. 1:1000 epinephrine should NEVER be given IV.

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

EMS for Children, Grants, Contracts, Equipment Orders – Call Katherine Hert

ON-LINE LICENSE RENEWAL

Please remember that your electronic signature, when renewing your license on-line, validates that all the information is correct and that you have already completed the required continuing education for your license level.

Also, please remember that the OEMS&T has new license applications. They are available on the ADPH website. There is a link from the home page to EMS and Trauma. The new electronic application is available on the Forms page and Licensure page.

We all know how hot summers in Alabama can be and this year looks to be no different. As we transition into the summer months, ambulance and service inspections are in full swing. If your service has not been inspected recently, don't be surprised to have a visitor from the Office of EMS and Trauma soon. When the inspector arrives, be prepared to show off your unit's air conditioning. As in the past, inadequate air conditioning tends to be one of the most found deficiencies we see. Let's all work towards keeping the back of our

units as cool as possible and make the environment as comfortable as possible for the patients and our crews.

Another inspection issue we have faced recently is EMT-Basics having access to medication boxes. This problem has occurred several times when the paramedic delegates the inspection duty to his or her EMT-Basic partner. This is okay until it is time to check-off the medication box. At this time, the paramedic must be present for the medication box to be opened and inspected.

All in all, inspections have been going really well. We appreciate everyone's hard work in making EMS in Alabama the best it can be. Have a great summer and do not hesitate to contact us if you have any questions or suggestions regarding inspections.

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.

ALABAMA e-PCR UPDATE

Phase 2 of the Alabama e-PCR program continues. Office of EMS and Trauma personnel continue to monitor e-PCR submissions on a weekly basis. The OEMS&T staff would like to extend a big "Thank You!!" to the services who are meeting e-PCR compliance requirements.

For those services who are not submitting records or failing to do so in a timely manner, it is time to step up to the plate and become a team player. It has been emphasized over and over for the past two years the importance of submitting timely and accurate data. If these trends continue and services fail to meet OEMS&T requirements, action on the service license could take place.

The following reminders regarding e-PCR have been published numerous times and are worth repeating:

- It is a requirement to complete a patient care report on every emergency medical response when a patient was seen and evaluated.
- The only time you do not have to complete an e-PCR is on false calls, standbys, and non-emergency transfers when 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 take some extra time, but it will protect you if the need arises.

- Each record must be submitted electronically within 168 hours or less. This is seven full days to submit data. Again, the OEMS&T is closely monitoring e-PCR submissions and will take action towards services who continue to be non-compliant.
- The goal is to narrow the reporting window down to 24 hours. Such real time reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
- If your agency is having any technical difficulties or issues with e-PCR, our IT staff is ready to assist you in your time of need. Call (334)206-5383 and ask for Chris or Craig. If you get their voice recording, leave them a message and they will get back to you as soon as they can. They can also be reached by email at emsis@adph.state.al.us. These two guys are great to work with and are ready to help you out.

EMSC UPDATE

The Alabama EMSC Program received notice in March that we have been fully funded for 3 years. The advisory board met via conference call April 30 and discussed goals and projects for the new grant cycle and welcomed 8 new members. A second meeting was held June 8 where we continued the discussion of goals and projects as well as potential changes to the EMSC performance measures. For the 2009-2010 grant year, the performance measures were renumbered to allow the programs to receive more credit for the work they are doing. In 2012, the wording and goals of the performance measures will be changed.

Stay tuned for upcoming events:

- Alabama EMS Conference – October 27-29, 2010
 - Topics: EMS, Trauma, and EMSC
 - We would appreciate your input on topics, presenters, and vendors

- Scheduled presenters are Louise Sattler with Signing Families, LLC and Jay Fitch and Mike Ragone with Fitch and Associates, LLC
- Please submit your suggestions and contact information for possible speakers/vendors to Katherine Hert no later than July 31, 2010.
- New ambulance equipment survey will be out soon. The electronic version is much easier than in years past and only transport services will be surveyed this year. Look for the email in mid-July.
- Look for Sign Expressions Language Mini Chart for Emergencies coming to you. The Alabama EMSC Program is sending mini charts to every actively licensed EMT in Alabama. We will also have training DVDs available to services in the near future! For more information, please contact Katherine Hert

(Katherine.Hert@adph.state.al.us) or check out the Signing Families website (www.signingfamilies.com).

