

State EMS Director's News

It's your profession. Where do you REALLY want it to go? Plato said, "The punishment which the wiser suffer who refuse to take part in the government is to live under the government of worse men." I do not think there is a truer statement related to EMS.

Can we be an advocate for patient care and still be an advocate for our business? This may seem like a ridiculous question, but give the following points some thought: numerous expired drugs on an ambulance; bald tires; providers refusing to call for air medical when it is in the patient's best interest; delaying response by giving false ETA to keep calls from being rolled to the next provider; improper documentation, and other issues. These are not just lapses in judgment or simple mistakes. These problems do not lead to a justification of better reimbursements or a public perception of professional healthcare. It should not take an inspection by my office to correct these problems. These problems should never be tolerated by any provider or individual.

Many of the problems of our grandparents' day were solved on the front porch. They could disagree with each other but still be civil. Today, we have retreated to the backyard and away from each other. We treat our competitors as the enemy and many times forget that the best interest of the patient is the most important thing. Business models now trump doing the right thing. I know many in this state to whom these sentiments do not apply. These individuals advocate for the patient even if it means losing the patient to another provider. The problem is that being a quiet advocate does little to help change the system. Edmund Burk states it well, "All that is necessary for evil to triumph is for good men to do nothing." We need leaders to stand up and become advocates for a better and more professional industry.

The EMS industry is evolving and there are many changes on the horizon. At the national level programs are already being developed, such as:

- Nationwide Highway Mass Casualty Readiness Measurement Project, Model Inventory of Emergency Care Elements "MIECE": A proposed method to quantify EMS and emergency care resources expected to be available in the event of a highway mass casualty incident and classify segments of highways based on the results.
- The concept of community paramedicine represents one of the most progressive and historically-based evolutions available to community-based healthcare and to the Emergency Medical Services arena.
- **Toward Zero Deaths: A National Strategy on Highway Safety (NCHRP 17-51)**
An initiative to develop a 25-year vision for reducing the nation's highway deaths by developing champions in organizations that impact highway safety through engineering, enforcement, education, EMS, policy, public health and communications. In 2010, a series of white papers outlined the national strategy. NASEMSO co-authored the EMS white paper. Additional funding in 2011 from the Traffic Review Board's National Cooperative Highway Research Program (NCHRP) is producing a framework and marketing strategy.
- NFPA 1917: Ambulance Standards began development in 2009, with completion of this comprehensive set of standards for automotive ambulances expected in 2012. The National Fire Protection Association (NFPA) develops more than 300 consensus codes and standards intended to minimize effects of fire and other risks.

The decision is yours. We should not expect to be treated or recognized as a profession if we do not expect it from ourselves.

Licensure Update

- There is no longer an inactive status for Alabama licensed EMS personnel.
- If you are an Intermediate and have attended a medication course, you can renew your Alabama state license.
- Services are only able to use the new medication formulary after ALL Intermediates have attended the medication course.
- National Registry Amnesty will be available for 2012 renewals from June 1-December 31, 2012.
- Online renewal is now available (www.adph.org/ems). Click on the Licensure link in the menu bar on the left side of the page and then click on EMS Individual Licensure Application.
- If you are selected for audit, you have 72 hours to comply with the request and submit requested documentation.

Provider Service News

Provider service renewal time is coming up for services in Region 1 (North), Region 3 (BREMSS), and Region 4 (West). The current license and/or ALS authorization for these agencies expire June 30, 2012. Renewal reminders will be sent out soon with important information and dates concerning the renewal process.

Vehicle and provider inspections are on-going, so don't be surprised to see OEMS&T staff at your service in the near future.

Office of EMS and Trauma staff continue to monitor e-PCR submissions. If your agency is not submitting data as required by EMS rule, you will be receiving email notices and/or phone calls questioning why reports are not being submitted. OEMS&T IT staff is available to help with questions you may have regarding e-PCR submissions.

PLEASE NOTE:

Do you have questions for the OEMS&T 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

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.

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.

Brunswick Woodmere Lanes Wants to Thank Montgomery and River Region EMS Providers

Brunswick Woodmere Lanes is very excited to have the opportunity to thank our Emergency Medical Service providers in Montgomery and the River Region area. Emergency Medical Technicians and all first responders save lives every day and Brunswick Woodmere Lanes would like to say a big, "Thank You!" Your discounted rate of 10% off bowling (*excluding: food, beverages, Pro Shop and Arcade) will begin this holiday season and continue throughout the entire year. We will also have future events specifically for our EMT, Fire Department, Police Department Sheriff Department and Military. You will be required to provide appropriate identification in order to receive the discounted rate. Check the Office of EMS and Trauma website often for future events and discounts available at Brunswick Woodmere Lanes.

Culture of Excellence

- Baptist LifeFlight 3 •
- Brantley Fire & Rescue •
- D. W. McMillan EMS •
- Enterprise Rescue •
- Escambia County FL EMS •
- Jacksonville Fire Department •
- Kellyton Volunteer Fire •
- Lanett Fire & EMS •
- Margaret Fire & Rescue •
- Odenville Fire & Rescue •
- Pell City Fire & Rescue •
- RPS St. Clair •
- Ragland Rescue Service •
- Riverside Fire & Rescue •
- StillWaters Vol. Fire Dept. & Rescue •
- Winterboro Vol. Fire & Rescue •

Pediatric Corner (courtesy of EMSC)

by Ann Klasner, MD, MPH

Recognizing Child Abuse

Children from all walks of life are susceptible to abuse; the epidemic crosses all social, ethnic, religious, and professional lines.

What must be reported?

All suspected cases of non-accidental injury, neglect, and sexual and emotional abuse.

Who must report?

Health care providers, teachers, law enforcement, clergy, mental health providers, etc., are all mandated reporters of suspected sexual abuse.

Who should the suspected abuse be reported to?

The Department of Human Resources

High Risk Factors In Children:

- Children who are handicapped
- Children with mental limitations
- Children who are behaviorally different (i.e. hyperactive)
- Children who live in poverty
- Children whose parents are unemployed
- Children with families that move often
- Children who are isolated
- Children who live in poor housing
- * Children whose parents are depressed, addicted, mentally ill, have low self-esteem, or have unrealistic expectations (re: child rearing)

Signs and Symptoms of Abuse

Sexual abuse

- Child has more sexual knowledge than other children his age
- Child focuses on sexuality more than other children
- Increased sexualized behavior: masturbation, acting out with other children, adults, or objects

- The child tries to manipulate children/adults into touching their private parts
- Change in toileting behavior with no physical explanation
- Disclosure of sexual abuse

Physical Abuse

- Afraid to go home and/or requests to stay at school/daycare
- Tends to avoid physical contact with adults, especially parents
- Withdrawn
- Aggressive
- Cries excessively
- Gives unbelievable explanations for injuries
- Unexplained bruises or welts on face, torso, buttocks, back, or thighs
- Injuries in the shape of an object
- Injuries in various stages of healing
- Burns on palms or soles of feet
- Pattern indicative: cigarette, lighter, immersion
- Lacerations, human bite marks, or pinch marks
- Loss of hair

Neglect

- Begs for or steals food; chronic hunger
- Falls asleep in school; lethargic
- Dull appearance
- Repeated acts of vandalism
- Assumes adult responsibilities
- Height and/or weight significantly below average
- Inappropriate clothes for weather
- Poor hygiene, body lice, body odor, scaly skin
- Multiple missed medical appointments

What can be done to prevent abuse?

Be an advocate for a child who cannot speak for themselves and report the suspected abuse.