



## **Update from the Office of EMS**

### **Volume XVI, Issue II**

#### **Provider Service News**

All Providers now expire on June 30, 2015 and the renewal period is April 1, 2015 until June 30, 2015. The OEMS has sent out postcards to the address on file reminding you to renew.

You may renew online at [www.adph.org/ems](http://www.adph.org/ems) click on the licensure link and you will see the option for the online renewal application and the printable type written paper application that will need to be mailed to our office. The OEMS will start accepting your applications online or by mail on April 1, 2015. Please remember if you submit your application by mail to include your plans and fee, (if transport service) along with the application. If you submit your application online the OEMS may request a copy of your plans be submitted. Any service that is carrying controlled substances must submit a controlled substance plan for approval with each application.

If you should have any questions please contact our office.

Stephen Wilson  
Licensure Coordinator

## 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





### **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.

## **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.





## **EMS for Children (EMSC) Update**

### **Special Announcement from Society of Emergency Medicine and the EMSC National Resource Center**

The Emergency Medical Service for Children (EMSC) Program is partnering with the Academy of Pediatrics, American College of Emergency Physicians, and Emergency Nurses Association to celebrate EMS for Children Day 2015. The day long celebration will be held the Wednesday of EMS Week (May 17-23). More information about the 2015 EMS for Children Day celebration can be found on the EMSC National Resource Center [website](#). [The 2015 EMS Week Promotional Guide](#) will feature a two-page article detailing the EMSC Program's many new initiatives and resources geared toward supporting the vital work of EMS practitioners and administrators.

### **Recent Important National Pediatric Readiness Supporting Publications**

Joint AAP-ACEP-ENA Press Release—April 13, 2015

[Emergency Departments Improve Readiness to Care for Children](#)

JAMA Pediatric Article—April 13, 2015

[A National Assessment of Pediatric Readiness of Emergency Departments](#)

Marianne Gausche-Hill, MD; Michael Ely, MHRM; Patricia Schmuhl, BA; Russell Tedford, MA; Katherine E. Remick, MD; Elizabeth A. Edgerton, MD, MPH; Lenora M. Olson, PhD, MA

JAMA Pediatrics Editorial—April 13, 2015

[The Continuing Evolution of Pediatric Emergency Care](#)

Evaline A. Alessandrini, MD, MSCE; Joseph L. Wright, MD, MPH

## **An account of a provider going above and beyond to help his patient.**

Dispatch info: *“Male pt. stuck in tree, possible broken back, pt unable to feel his legs.”*

My partner and I arrived to a red brick home bordered by a wooded area in the rear of the residence. The house had a wooden split rail fence dividing the front yard from the street with matching brick columns edging the driveway. Upon entering the driveway there was neither visible evidence of anybody in a tree, nor any one at home. It was enough reassurance to draw an easy breath and think this was going to be another false call. A calm sense of security that lasted all of one second when the ambulance door opened to fatigued desperate cries from the back yard. As my partner grabbed the trauma bag from the back, I walked to the edge of the driveway that appeared to end at the side of the house to find it circled around a retaining wall to the back yard where sat a black SUV. In the back yard was a first responder talking to an elderly gentleman as they stared at a camouflaged ball in the top of one of the trees leaning over the back fence. The tree’s limbs were cut back to about a foot away from the trunk of the tree and extended approximately 35 ft. up to where the pt. was clinging to the tree and yelling for help. After a quick assessment of the situation I asked the two men to look for a ladder as I waded through the thick brush to the base of the tree which was rooted into a steep hill. The first limb was about 8-10 ft. from the ground. I went back up the hill and met the responder now carrying an extension ladder through the brush. The pt. yelled down that he was about to pass out and couldn’t hold on any longer. This in turn caused my already narrow tunnel-vision to constrict even more. We managed to stabilize the ladder enough so that I could grab the first limb and shimmy my way up and on to it. From there the cut branches provided enough handholds to scale the tree to give me the first actual glimpse of the already exhausted pt. he was a middle aged male wearing a waist safety harness tied off to the tree approximately three ft. above his head. His left leg was wedged into a notch in the trunk of the tree with him sitting on top of his ankle. He said that he had cut the top of the tree and it fell knocking him off the limb he was standing on. He said he felt a pop in his back just below his ribs. I lifted his right pants leg to see his leg was already turning blue. I yelled down to my partner to call TCC and to get a helicopter. I knew it was going to take a while to get him down and his best chance at this point was to be transported to a level 1 trauma center. In minutes fire fighters and rescuers from almost every dept. in the area began arriving. I talked to the pt. to calm him down and described the scene to him because his back was toward the house so he couldn’t see that help was here. I was extremely relieved as the ladder truck rolled up the street.







**An account of a provider going above and beyond to help his patient  
(continued)**

I told the pt, “Well we aren’t going to be here much longer buddy the cavalry is here.” Unfortunately none of us fore seen that the brick columns wouldn’t allow enough clearance to turn the truck into the drive. The massive truck then turned to the end of the wooden fence to pull through the yard and come to the rescue. I watched as the back tires left the asphalt and the truck sank in the soft grass, completely immobilizing it. I quickly realized that this was going to take much longer than anticipated. I described the situation to the rescue team on the ground and we formulated a plan to use pulleys to lower the pt. to the ground. Using some extra rope tied to the pt we were able to lower and raise equipment from the tree. The first thing we had to do was to stabilize the pt’s spine before thinking about moving him. I placed a KED around the pt. and strapped him in. This allowed us to maintain spinal immobilization and keep him in the position that he was in. I also used a piece of webbing that I crossed around the back of his shoulders, outside the KED and fastened it into the D-ring to keep him upright when he was freed from the tree. The next problem was to safely transition the pt. from the rope he was tied off on to the pulley rope without risking him dropping any and compromising his spine even more. So the pulley had to be above him but the top of the tree had been cut out above our heads. I secured the pulley as close to where he was tied off as I could and hooked the pulley rope and safety line into his D-ring. Then while the crew on the ground lifted him up, I loosened his line so he transitioned smoothly. The pulley was secured at our head level and slightly to the pt’s left which caused him to move to the left when the crew picked hi weight up. This revealed the next problem. His left ankle that he had been sitting on for the past 45 min. was now wedged. I had to climb around and put my weight onto the tree notch to get it to open enough to free his leg. Once he was clear and fully suspended onto the pulley rope one crew lowered him while another crew used a guide rope to slowly lower the pt. on to the waiting basket at the bottom. At this point the flight crew was already on hand and preparing him for flight as soon as he was unattached from his web of ropes. I lowered the rescue team’s equipment as fast as I could and repelled down on the last remaining rope. Once on the ground I climbed into my ambulance we transferred the pt. to the waiting helicopter a few blocks away. The pt. thanked me one last time as he was loaded in the helicopter and took off.

## Compliance Issues

Name	Rule/Protocol	Complaint	Action Taken
Zachary T. Bryant EMSP-Basic #1400157	420-2-1-.29	Impaired EMSP	Suspension
Alan G. Campbell, Jr. EMSP-Basic #0016202	420-2-1-.29	Impaired EMSP	Suspension
Kyle A. Fisher EMSP-EMT #1100390	420-2-1-.29	Impaired EMSP	Suspension
Eric M. Hall EMSP-Basic #1000579	420-2-1.30	Guilty of Professional Misconduct	Surrender
David Kabtimer EMSP-Paramedic #0800508	420-2-1-.25 420-2-1-.30	Patient Care Issue Duty to Act	Probation
David T. Lewis EMSP-Paramedic #0300663	420-2-1-.29	Impaired EMSP	Suspension
Julien McGriff EMSP-EMT #1400166	420-2-1-.29	Impaired EMSP	Suspension





## **Provider Service Inspections**

The inspection reports for the following services can be found on Compliance Issues page of the Office of EMS webpage ([www.adph.org/ems](http://www.adph.org/ems)). These inspections were completed January-March, 2015.

Anniston Fire and Rescue	Piedmont Rescue Squad
Argo Fire and Rescue	RPS St. Clair
Ashville Fire and Rescue	Rural Metro Ambulance St. Clair
Cahaba Valley Fire Jefferson	Southern Ambulance Transport
Cahaba Valley Fire Shelby	Sylacauga Ambulance Service
Chelsea Fire and Rescue	Vines Ambulance Service
Cherokee EMS	Warrior Fire Department
Childersburg Ambulance Service	
City of Lanett Fire and EMS	
Clay County Rescue Squad	
Cleburne County EMS	
Harpersville Fire Department	
Jacksonville Fire Department	
Kimberly Fire and Rescue	
Lifesaver 4 Talladega	
Lincoln Fire and Rescue	
Northstar Paramedic Service (Talladega)	
Pell City Fire and Rescue	

# **Culture of Excellence**

**Alexander City Fire Department**

**Emergency Medical Transport**

**Haynes Ambulance of Troy**

**Lafayette Fire and Rescue**

**Leeds Fire and Rescue**

**Moody Fire and Rescue**

**Odenville Fire and Rescue**

**Opelika Fire and Rescue**

**Riverside Fire and Rescue**

**RPS (Talladega)**

**Springville Fire and Rescue**

**Stillwaters Volunteer Fire and Rescue**

**Tallapoosa EMS**

**Valley EMS**





## **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 Stephanie Smith

Individual Licenses—Call Stephen Wilson or Kempley Thomas

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](http://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](mailto:emsinquiry@adph.state.al.us) or call office staff at (334) 206-5383.