

Oregon EMS and Trauma Systems Program Update - June 2008

The office of the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) Program is open Monday through Friday, 8 a.m. - 4 p.m., in Suite 465A of the Portland State Office Building, 800 N.E. Oregon St., Portland.

EMT and first responder regulations adopted

The Emergency Medical Technicians & First Responder Oregon Administrative Rule 333-265 was filed with the secretary of state and legislative counsel on June 16, 2008, and is effective upon filing. The rules govern the training, education, certification and recertification of emergency medical technicians and first responders. A temporary rule has been filed amending OAR 333-265-0025 and OAR 33-265-0040 to extend when first responder certificates will expire and provide time to process certifications and a statement of need and justification.

The complete copy of these texts can be downloaded here:

<http://www.oregon.gov/DHS/ph/ems/docs/2008/TempRuleOAR265Effective6-20-08a.pdf>

FIRST RESPONDERS CERTIFICATION

The EMS/TS has filed a temporary rule change to extend current First Responder certifications to Sept. 30, 2008. The temporary rule amends OAR 333-265-0025 and OAR 33-265-0040 to extend when first responder certificates will expire and to provide time to process certificates. A statement of need and justification has also been filed. This will enable the EMS/TS to complete the state's certification of first responders without creating a gap in certification periods. First responders need to file for recertification by Aug. 1, 2008. The applications will be mailed to agencies, training agencies and first responders. If you do not receive your packed by August 31, 2008, please contact Duenna Ignacio-Kawanishi (971-673-0523) Duenna.Ignacio-Kawanishi@state.or.us or the EMS Office.

Nominations for EMS awards

We are accepting nominations for the 2008 Oregon EMS Awards. Please see our awards Web site, <http://egov.oregon.gov/DHS/ph/ems/recognition>, to download a nomination form and manual that defines the awards. Nominations must be received by June 30, 2008.. Please take a few minutes to recognize someone who makes EMS special in Oregon.

Hospitals, ambulances and hospital diversion

The Trauma Program has stressed the need for all trauma hospitals to develop a trauma diversion policy, whether or not it is common practice to divert trauma patients. A recent court decision makes it more important than ever to have an established policy and follow it closely.

The U.S. Court of Appeals for the 1st Circuit has held that a hospital can violate the Emergency Medical Treatment and Active Labor Act (EMTALA) when it diverts a non-hospital-owned ambulance en route to the facility to another hospital without being on formal diversionary status. This decision affirms a similar ruling issued by the 9th U.S. Circuit Court of Appeals in 2001. Both decisions appear to conflict with the literal meaning of the EMTALA regulations, which states that a non-hospital-owned ambulance does not become subject to EMTALA until it arrives on hospital property.

Although the U.S. Court of Appeals for the 9th Circuit issued a similar ruling in 2001, both decisions appear to conflict with the literal meaning of the EMTALA regulations, which states that a non-hospital-owned ambulance does not become subject to EMTALA until it arrives on hospital property.

Many experts disagree with this ruling and doubt that the Centers for Medicare and Medicaid Services (CMS) will enforce it. However, in order to avoid any potential EMTALA violations, hospitals in the 1st and 9th Circuit Courts of Appeals where these decisions are binding, including Oregon, should carefully document the specific time periods that the hospitals were on diversion, the reason for divert status, and profiles of patients who were diverted after en route contact with the ambulances. If a hospital must divert a patient when they are not officially on divert status, the hospital should make sure that the diversion is appropriate, follows all laws and protocols, and is thoroughly documented.

For additional information, visit this Web site:

http://www.foley.com/publications/pub_detail.aspx?pubid=5004#1

EMS Preparedness Plan and designated frequencies

The EMS/TS is finalizing the EMS Preparedness Plan. The current version is available on the Web at http://www.oregon.gov/DHS/ph/ems/docs/2008/mci_plan_draft08.pdf

This includes designating VHF frequencies for use as part of the Ambulance Deployment Plan. These are the frequencies being designated:

- Air to Ground, 155.160 - 25 units statewide license;
- Ground to Ground Operations 1, 150.775 --3000 units statewide license;
- Ground to Ground Operation 2, 150.790 ---3000 units statewide license;
- Incident Command, 155.175 - 25 unit statewide license.

The EMS/TS Program would like to recognize and thank our partners in this effort including the Office of Rural Health, Denise Giard, Shawn Biard and Justin Dillingham.

Epinephrine protocol

A new EMS/TS Web page links the public to an epinephrine training protocol. This training protocol does not apply to EMTs who obtain their training through other means. It is meant for people who want information on treatment of allergic reactions outside of a health care setting and who might think information on emergency medical treatment would be on the EMS/TS Web site.

The DHS Public Health Division is responsible for developing an epinephrine training protocol to comply with legislation passed in 1997. This training protocol provides a means to authorize non-health professionals to administer epinephrine to individuals suffering from severe allergic reactions. Those eligible for training can expect to have responsibility for or contact with these individuals as a result of their occupational or volunteer status. Schools, summer camps and park programs are typical sites for this program.

The law specifies that the training must be conducted by either a physician or nurse practitioner licensed to practice in Oregon; or by a registered nurse, as delegated by a licensed physician or nurse practitioner.

We have received several questions about why EMTs cannot provide the training since many do so in EMT training courses. We will consider proposing in future legislation that EMT-paramedics, under the direction of their local medical director, be added as authorized trainers.

For more information on the protocol, please contact Mellony Bernal at mellony.c.bernal@state.or.us.

Oregon EMS Training information for May 2008

TEST RESULTS	FAILED	PASSED
Basic written results	34	80
Basic practical results	31	97
Intermediate written results	2	1
Paramedic written results	2	

RECIPROCITY APPLICATIONS FOR BASICS

New applications	14
Issued	6

RECIPROCITY APPLICATIONS FOR PARAMEDICS

New applications	6
Issued	12

RECERTIFICATION AUDITS COMPLETED

Basics	4
Intermediate	1
Paramedic	2

EMS Patient Encounter Data Pilot Project update

The EMS/TS has received May's pre-hospital care data from approximately 70 transport agencies and 40 non-transport agencies. We appreciate that this represents a lot of effort and want to thank these EMS agencies.

More than 50 transport EMS agencies and many non-transport EMS agencies have not responded. The EMS/TS needs your input to fully understand the problems in establishing a statewide EMS patient encounter database. Since both transport and non-transport EMS agencies play a vital part in the EMS system, data on patient care activities is very important. We will also review the many thousands of records provided to our office.

For further information, please contact Will Worrall at 971-673-0536 or william.h.worrall@state.or.us.

Trauma administrative rules revision meetings

On July 22 and August 19, meetings will be held from 1 to 3 p.m. to discuss the trauma administrative rules revision, focusing on elements for the Level 5 category in Exhibit 4, and Exhibits 1, 2, 3 and 5 and the administrative rules. Additional comments on Exhibit 4 Levels I-IV will be taken in writing prior to the meetings. The meetings will be held at the:

July 19, 2008
Portland State Office Building
800 NE Oregon Street
Rm 1D
Portland, Oregon 97232

July 22, 2008
Portland State Office Building
800 NE Oregon Street
Room 1B
Portland, Oregon 97232

This room is located on the first level near the cafeteria. The working document with the comments/suggestions generated from the previous meetings on Exhibit 4 will be distributed soon. The other exhibits and OARs can be found on the below Web page link. Parking is available in the Liberty parking on Oregon street.

To RSVP and/or ask questions, go to <http://egov.oregon.gov/DHS/ph/ems/trauma/rules.shtml>.

Trauma Emergency Assessment and Management

The Oregon Trauma Emergency Assessment and Management (TEAM) course provides a knowledge base for nurses who care for trauma patients. The class, which includes both didactic presentations and skills stations, reviews the principles and priorities of initial management of the seriously injured patient. During the past 15 years, this course has been taught throughout Oregon and in many other states. Paramedics, EMTs and other health professionals are also encouraged to enroll in the TEAMcourse.

The TEAMcourse meets the Oregon trauma system hospital requirement for a 16-hour Oregon Public Health Division-approved trauma life support course for nurses as well as the Oregon requirement for 16 hours of trauma-related nursing CEUs (OAR 333-200-0080 (5)(b) Exhibit 4).

The TEAM course is being revised through a grant from the Samaritan Health Care System. Updated slides and course material will be available, and Jeff Solheim, RN and Associates, a

nationally recognized emergency nursing educator, has been retained as the project coordinator. Jill Mackey-Feist, R.N., educator from Samaritan Health Services, and Michelle Haun-Hood, R.N., DHS trauma coordinator, co-chair the revision work group that includes nurses from many of the Oregon trauma hospitals. The course is planned to begin in fall 2008. For additional information, e-mail Michelle Haun-Hood, R.N., M.A., C.C.R.N., , or visit the Web site at <http://egov.oregon.gov/DHS/ph/ems/trauma/team.shtml>

EMS for Children Advisory Committee

Four new members have been appointed to the State EMS for Children (EMSC) Advisory Committee. They include Andrea Easton, Oregon Association of Hospitals and Health Systems representative; Laurie Rowe, school nurse representative; Dr. William (Billy) Lennarz, pediatric emergency physician; and Troy Thom EMT-I, Tribal EMS representative. Three additional EMSC Advisory Committee positions are available. They include pediatric transportation specialist, injury prevention specialist, and EMS educator. Those interested in submitting a name for consideration should refer to position descriptions at the EMSC Web site, <http://egov.oregon.gov/DHS/ph/ems/emsc/index.shtml>

EMS for Children

EMSC, in collaboration with OHSU Department of Emergency Medicine and other partners, is conducting a three-phase project to improve pre-hospital employees' education and training. By using high-fidelity wireless simulation-based training, the project will provide hands on training for pre-hospital providers and provide opportunities to practice on-scene stabilization and transport of pediatric trauma victims.

The statewide assessment will look at pre-hospital providers' pediatric educational needs by surveying providers, agency directors and training officers. High-fidelity simulation-based training will be available at a pre-conference session at the Oregon EMS Conference in Bend in October 2008. Conference participants will also be able to provide valuable information during a focus group. For information, contact the EMSC Manager, 971-673-0525 or Philip.p.ingle@state.or.us.

The Mobile Training Unit report

Donna Wilson taught a Pre-hospital Trauma Life Support (PHTLS) course in Richmond and a Pediatric Education for Pre-hospital Professionals (PEPP) course in Ontario. She also taught a class on kinematics for the Three Rivers area in Central Oregon.

Leslie Huntngton facilitated a surprise drill on a multiple patient school bus crash in Millington in June. The drill involved two adult victims and four pediatric victims. Seventeen people participated from several agencies, including Millington Fire District #5, Sumner, Charleston Fire, Dora-Sitkum Fire, Hauser Fire and Green Acres Fire. Leslie also taught a class on water emergencies in Leaburg.

Leslie was part of the Oregon Department of Education (ODE) EMT program accreditation site visit team for Tillamook Bay Community College. Donna served on the ODE site visit team for the EMT program accreditation for Oregon Coast Community College.

June 21-22, 2008
Call 503-413-3275 for more information

Trauma Topics 2008: Resuscitation Strategies
October 8, 2008
Legacy Emanuel Lorentzen Center, Portland

For these and other educational opportunities, please go to:

2008 Oregon EMS Conference

The Oregon EMS Conference will be Oct. 10-12, 2008, in Bend. A supervising physicians forum also is scheduled for Friday, Oct. 10, 2008, in Bend. An infection control officers class also is scheduled.

2008 Annual Oregon Rural Health Conference

September 24-27, 2008, The Riverhouse Hotel & Conference Center, Bend.
<http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/about/conference/index.cfm>

Certifying officer and evaluator trainings

Trainings are scheduled in the following cities:

Newport - July 19 at 10 a.m.

Medford - July 28 at 2 p.m.

Pendleton - October 4 at 10 a.m.

Bend - October 9 as part of the Oregon EMS Conference.

For more information, contact Nancy Gillen (971-673-0526 or nancy.j.gillen@state.or.us) or Donna Wilson (503-807-5850 or ohdmtu@teleport.com).



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