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 465 of the Portland State Office Building, 800 N.E. Oregon St., Portland.

EMS Week 2008
EMS Week 2008 is May 18-24, with May 21 designated as EMS for Children Day. This year’s slogan is “EMS: Your life is our mission.”

Nominations for EMS awards
We are accepting nominations for the 2008 Oregon EMS awards. Please see our awards Web site to download a nomination form and manual that defines the awards. Nominations must be received by May 31, 2008. Go to http://egov.oregon.gov/DHS/ph/ems/recognition.

Please take a few minutes to recognize someone who makes EMS special in Oregon.

EMT regulations
The updated EMT regulations are awaiting adoption. The EMS Program will provide notification when the regulations are adopted. First Responders certification is on hold until the regulations are adopted.

National EMS Educational Standards and Oregon
Death, taxes, and change – aren’t these the only three things we can be assured of? The world of EMS and EMTs will continue to change and evolve, as it has in the past: rules and regulations, education, (re)certification and scope of practice. How will Oregon adopt, adapt or respond to the EMS Education Agenda for the Future?

The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration and the U.S. Department of Health and Human Services Health Resources and Services Administration have entered into a cooperative agreement with the National Association of EMS Educators to develop the National EMS Education Standards. These standards will replace DOT’s current National Standard Curricula. This project is part of the implementation of the EMS Education Agenda: A Systems Approach. It follows the National EMS Core Content and the National EMS Scope of Practice Model projects. Draft 3.0 of the education standards can be found at http://www.nemses.org/.

The Oregon Medical Board’s EMS Committee and the Oregon EMS and Trauma Systems Program have established a joint work group to review the impact of
these changes on Oregon and to suggest options. This newsletter will include information from the group. There will be a series of statewide meetings during 2008 to solicit input from stakeholders.

The work group is co-chaired by Paul Rostykus, M.D., and Ritu Sahni, M.D. Other members are Brent Brotherton, Toni Grimes, Charmaine Kaptur, Jan Lee and Mark Stevens.

**National Registry Written Examination pass rates**

Oregon students and schools continue to do a great job on the National Registry Written (Cognitive) Examination. Oregon requires all students to pass the National Registry of Emergency Medical Technicians (NREMT) written and practical exams (i.e. become nationally registered) in order to obtain their certificates at the EMT-Basic and EMT-Paramedic levels.

A review of Oregon's performance versus the nation: NREMT Written Examination Pass Rate

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<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>% Pass on First Attempt</th>
<th>Cumulative Pass (up to 6 attempts)</th>
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<tr>
<td>EMT - Basic</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>National</td>
<td>59,658</td>
<td>69%</td>
<td>79%</td>
</tr>
<tr>
<td>Oregon</td>
<td>691</td>
<td>85%</td>
<td>90%</td>
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<tr>
<td>EMT-Paramedic</td>
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<tr>
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<td>62%</td>
<td>78%</td>
</tr>
<tr>
<td>Oregon</td>
<td>138</td>
<td>83%</td>
<td>96%</td>
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</table>

Oregon educational programs and students should be proud!

**EMS Medical Directors Course and Supervising Physicians Forum**

On April 24, approximately 20 medical directors and EMS administrators gathered at the Eugene Fire Training Station for the National Association of EMS Physicians Medical Directors Course. State EMS/Trauma Medical Director Ritu Sahni, M.D., M.P.H., Oregon Medical Board EMT Subcommittee Chair Paul Rostykus, M.D., M.P.H., and Ron Pirallo, M.D., M.H.S.A., from Milwaukee, Wisconsin, provided the course material. The course contained both didactic material and lively discussion.

On April 25, 17 medical directors from throughout the state participated in the Oregon EMS Supervising Physicians Forum. Topics included continuous quality improvement and "just culture," STEMI (ST-elevation myocardial infarction) protocols, rapid sequence intubations (RSI) and inter-facility transport. The next EMS Supervising Physicians Forum will be Friday, Oct.10, at the Oregon EMS Conference in Bend.
Air ambulance frequency designation
The EMS and Trauma Systems Program has received a request from the Association of Air Medical Responders of Oregon (AAMRO) to designate an air-to-ground radio frequency. The Oregon EMS Advisory Board reviewed the request and supported the proposal, which is being incorporated into the communication section of the draft EMS Preparedness and Mass Casualty Incident Plan.

EMS Patient Encounter Data Pilot Project update
The EMS and Trauma Systems Program has requested that all Oregon EMS agencies provide complete data on every patient contact during May. We will examine not only the data, but also the costs and barriers involved in obtaining it. Such information may be used to better understand and enhance EMS care in Oregon. The information, which will remain confidential, will help to accurately analyze the costs and benefits of establishing an EMS patient encounter database in Oregon. Thank you for your cooperation.

Nine Oregon EMS agencies are currently participating in the pilot project by using the ImageTrend product to enter and track patient information. Twenty more agencies are signed up for training in May.

All Oregon agencies are invited to a Webinar on June 13 to learn about this tool. For further information, please contact Will Worrall at 971-673-0536 or william.h.worrall@state.or.us.

Trauma Emergency Assessment and Management
The Oregon Trauma Emergency Assessment and Management (T.E.A.M.) course provides a foundation of knowledge for nurses who care for trauma patients. The class includes both didactic presentations and skills stations; it also reviews the principles and priorities of initial management of seriously injured patients. 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 T.E.A.M. course.

The T.E.A.M. course 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 T.E.A.M. course is being revised through the support of a grant from the Samaritan Health Care System. Updated slides and course material will be available, and Jeff Solheim, RN, CHCA, CEN, CFRN, a nationally recognized emergency nursing educator, has been retained as the project coordinator. Jill Mackey-Feist, R.N., an educator from Samaritan Health Services, and Michelle Haun-Hood, R.N., DHS trauma coordinator, are co-chairing the revision work
group that includes nurses from many Oregon trauma hospitals. The course roll-out is expected in fall 2008. For more information, e-mail Michelle Haun-Hood, R.N., M.A., C.C.R.N., at michelle.haun-hood@state.or.us, or visit the Web site: http://www.oregon.gov/DHS/ph/ems/trauma/team.shtml.

Legislative Initiatives
The Oregon Public Health Division is developing an aggressive legislative agenda for the 2009 legislative session. More than a dozen legislative concepts – proposed program changes requiring revision of Oregon Law – have been presented to the Department of Human Services Cabinet. In addition, substantially more program enhancement packages that do not require statutory change have also been proposed.

The Emergency Medical Services and Trauma Systems Program (EMS/TS) have two legislative concepts under consideration: creating an EMS Patient Encounter Database and implementing an EMS Preparedness Plan. These two concepts had substantial support from stakeholders during the 2007 session (SB 162) and continue to be viewed as critical needs.

The State Trauma Advisory Board suggested another legislative concept, Oregon Trauma and EMS System Enhancement and Development to address uncompensated care issues. The concept was reviewed with department leadership but will not be presented for consideration in the 2009 session. The consensus was to incorporate this concept into other health care reform initiatives.

The department is currently obtaining community input on concepts and packages from all of its divisions. EMS/TS agencies and associations were invited to these community forums, which were held across the state. After obtaining this feedback, the department will send a prioritized list to the Oregon Department of Administrative Services and the Governor’s Office for approval. Since Public Health Division leadership has assigned these issues a high priority, EMS/TS is optimistic its concepts and package will be on the final list.

Certifying Officer and Evaluator Trainings
Trainings are scheduled in the following cities:
Eugene: June 19, at 2 p.m.;
Newport: July 19, at 10 a.m.;
Medford: July 28, at 2 p.m.;
Pendleton: Oct. 4, at 10 a.m.;
Bend: Oct. 9, as part of the Oregon EMS Conference.
Contact Nancy Gillen (971-673-0526 or nancy.j.gillen@state.or.us) or Donna Wilson (503-807-5850 or ohdmtu@teleport.com) for further information.
EMS for Children Board meeting
The next meeting of the EMS for Children Board is 9 a.m., June 6, in the Portland State Office Building, Room 1B, 800 N.E. Oregon St., Portland.

Intermediate in a Box
Tualatin Valley Fire & Rescue (TVFR), Lake Oswego Fire Department and Eugene Fire have jointly developed an EMT-Intermediate Bridge course. This course includes DVDs of the didactic material. The course requires some group discussion and work with your training officer. For information, call Donna Wilson at (503) 807-5850 or email ohdmtu@teleport.com.

The Mobile Training Unit (MTU) report
Leslie and Donna reviewed all 15 EMT practical certification exams in April. They have identified a number of testing and evaluation problems.

Leslie was in Port Orford in April to help prepare the EMT-Basic course test for the National Registry exam. The addition of these EMTs will be a big boost to Port Orford Community Ambulance, an all-volunteer agency that is dealing with staffing shortages. Leslie taught a course on behavioral emergencies and managing violent patients in Port Orford in response to a rise in ambulance calls to violent patients. Course attendees included police department officers, firefighters and ambulance personnel. This was the first time that all agencies trained together. They committed to continue shared trainings. Leslie also taught classes on EKG interpretation, EMT-I medications and psychiatric medications to EMT-Intermediates in Port Orford and a class on shock recognition in Wimer.

Other April MTU trainings included a Pediatric Education for Prehospital Professionals for an EMT-Basic course in Reedsport and a Prehospital Trauma Life Support course in LaGrande. In addition, Donna taught classes on burns and thoracic trauma in John Day, pediatrics in Sherman County, and an early May PHTLS course in Halfway.

Four EMT accreditations are scheduled for June. Donna will participate in the Central Oregon Community College and Central Coast Community College accreditations and Leslie will participate in the Tillamook Bay Community College and Portland Community College accreditations.

The MTU will teach a Prehospital Trauma Life Support course in Depoe Bay on May 31 and June 1. For information, call Donna Wilson at (503) 807-5850 or email ohdmtu@teleport.com.
The MTU will teach a Pediatric Education for Prehospital Personnel course in John Day on May 9 and 10 and Ontario on May 16-18. For information, call Donna Wilson at (503) 807-5850 or email ohdmtu@teleport.com.

EMS Program activities
Agency and ambulance renewal notices have been mailed. The renewal period will be for July 1, 2008, to June 30, 2009. Additionally, non-transporting EMS agencies are being asked to update contact information.

Three new ambulances were licensed in April. In addition, 188 Oregon Law Enforcement Data Systems background reviews on new applicants and 16 FBI background reviews were completed. Two new investigation cases were opened and two were closed. One certificate holder was given a final order of suspension pending appeal; another was placed on a two-year stipulated probation. Twenty certificate holders are completing court requirements after getting DUIIs and 16 are on stipulated probation. One EMS agency inspection was completed that included six ambulances.

Listing discipline on the Web page
Individuals who are currently under administrative order from the EMS and Trauma Systems Program will be identified on the Web page which will be updated once a week. http://www.dhs.state.or.us/dhs/ph/ems/profeson/action.shtml.

From the Oregon Board of Medicine’s EMT Advisory Committee

Does non-invasive monitoring include acquiring and transmitting 12-lead ECGs?
Paul Rostykos, MD, lead a discussion at the EMT Advisory Committee of the Oregon Medical Board concerning who can perform and obtain 12-lead electrocardiograms (ECGs). The conclusion of the committee was that First Responders and above can obtain and transmit 12 lead ECGs, as this is within their scope of practice as non-invasive monitoring. EMT-Is can perform electrographic monitoring and rhythm interpretation with treatment of an abnormal rhythm according to their standing orders which fall within their scope of practice. Only EMT-Ps can interpret 12-lead ECGs for ST elevation. The Committee determined that no change to the scope of practice rules is needed.

Lidocaine as an intraosseous infusion anesthetic?
The EMT Advisory Committee of the Oregon Medical Board has continued its recommendation to the Oregon Medical Board to amend the EMT-I scope of practice to allow lidocaine as an intraosseous infusion anesthetic, primarily for use with the EZ-IO. The Oregon Medical Board will consider this again at their July meeting and will likely approve this change.

Hemostatic agents – are these dressings, procedures or medication?
The EMT Advisory Committee of the Oregon Medical Board discussed the use of hemostatic agents (such as HemCon, Celox, QuikClot, Combat Gauze, and Woundstat) and whether these are dressings and covered under the scope of practice for First Responders as “care for soft tissue injuries” as opposed to procedures or medications which need to be dealt with as a specific scope of practice item. After much
discussion the Committee defined “contained” hemostatic dressings (those that can be placed or removed in one piece) as dressings for soft tissue injuries and thus fall into the First Responder scope of practice; and those which are “uncontained” (granules or multiple pieces which are placed into a wound and require significant debridement for removal and may end up in the tissue long term) as medications and thus only fall into the EMT-P scope of practice, and then only if the supervising physician provides a standing order covering this use. The Committee determined that no change to the scope of practice rules is needed at this time. Of note, there is increasing use of tourniquets for hemorrhage control if direct pressure is unsuccessful.

Protecting emergency responders from pesticides and other chemicals

Emergency responders are at risk for becoming exposed to many types of hazards while on the job. In Oregon, emergency responders are twice as likely to develop signs and/or symptoms of pesticide poisoning at work as compared to all other non-agricultural workers. These work-related poisonings are preventable if emergency responders assess the incident scene and take all necessary precautions before taking action. Emergency responder managers and trainers can also help prevent staff from getting sick or injured on the job by teaching and encouraging staff to take the proper preventative steps. To learn more about responding to pesticide-related events, the dangers of pesticides and available resources, read “Responding to Pesticide-Related Emergency Events” at http://www.oregon.gov/DHS/ph/owiipp/docs/Edition4Pesticides.pdf.

“Responding to Pesticide-Related Emergency Events” is a publication of the Public Health Division’s Oregon Worker Illness and Injury Prevention Program, which strives to reduce the number of work-related injuries, illnesses and deaths in the state by collecting data, identifying patterns of disease and developing prevention strategies with partners. To learn more, visit http://www.oregon.gov/DHS/ph/owiipp/index.shtml. Copies of “Responding to Pesticide-Related Emergency Events” can be obtained by contacting 971-673-0977.

Other Items of Interest

The U.S. Fire Administration has released the “I-35W Bridge Collapse and Technical Report” that provides a chronology of events in the 2007 Minneapolis disaster and provides commentary on various aspects of the response. To download the report, go to http://www.usfa.dhs.gov/downloads/pdf/publications/tr_166.pdf

The federal Agency for Healthcare Research and Quality (AHRQ) 2007 State Snapshots of State Health Care Performance

This annual analysis, which helps health leaders identify areas of health care delivery that need quality improvement, now includes important information such as each state's rate of obesity, health insurance coverage, mental illness and number of specialist doctors. Those and other measures -- called "state contextual
factors” -- are part of the 2007 State Snapshots released March 26 by the AHRQ. The updated State Snapshots Web tool also tracks states' progress toward reaching government-set health goals for 2010. To access this year's State Snapshots, go to: http://statesnapshots.ahrq.gov/snaps07/index.jsp.

Proposed Rules would update EMTALA requirements
CMS is accepting comments on proposed rules affecting Emergency Medical Treatment and Labor Act (EMTALA) requirements. The notice was published in the April 30 issue of the Federal Register. The new rules would do the following:

- Clarify the EMTALA obligations of hospitals with specialized capabilities;
- Permit hospital compliance with the on-call list requirement through participation in a formal community call plan;
- Revise EMTALA obligations for inpatients with an unstable medical condition;
- Provide authority to states to overrule EMTALA requirements during a public health emergency (such as an influenza pandemic) pursuant to a state emergency preparedness plan;
- Require physician-owned hospitals to provide notice on how they will meet the medical needs of any patient who develops an emergency medical condition at a time when there is no physician present in the hospital.


Upcoming Events

Acute Stroke and Acute Myocardial Infarction: Pre-hospital & Emergency Departments Working Together to Establish Systems of Care to Improve Health Outcomes Symposium. This symposium is scheduled for Friday, May 30, in Eugene. The event will bring together EMS supervising physicians, cardiologists, neurologists, hospital emergency department managers/administrators, EMS agency managers and others to learn about STEMI triage programs and discuss how these ideas might apply to stroke care.

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

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