The office of the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) Program, Division of Public Health, Department of Human Services is open Monday through Friday, 8 a.m. - 4 p.m., in Suite 465 of the Portland State Office Building, 800 NE Oregon Avenue, Portland.

The Oregon Administrative Rules (OAR) 333-265 regarding EMT and first responder certification have been adopted, effective June 17, 2008. An electronic version is available at www.oregon.gov/DHS/ph/ems/docs/2008/TempRuleOAR265Effective6-20-08a.pdf

**FIRST RESPONDERS CERTIFICATION**
First Responders will need to file for certification with the EMS and Trauma Systems Program in August 2008. In the next couple weeks the EMS/TS Program will send information to individuals and agencies that have reported providing first responder care. If you have questions, please contact our office.

**Applicant background checks**
Effective **August 1, 2008**, all EMT and First Responder applicants that have lived or worked outside the State of Oregon for 60 or more consecutive days in the last 5 years are required to submit a fingerprint card with their application for certification (per the new OAR 333-265, effective June 17, 2008).

**Applicants submitting a fingerprint card must provide a separate check for $47.25.** Applicants may enclose this check in the same envelope as the check for their Oregon certification/testing fee:
- Basic: $70;
- Intermediate: $75;
- Paramedic: $200.

Check/money order made payable to: DHS/EMS.

**Radio frequency designation**
Several problems have been identified with the frequencies that the EMS/TS program attempted to designate last month. Please give us a few weeks to resolve the issues before acting on the information. The designated frequencies may need to change to address these problems. More information will be provided after we consider the alternatives.
EMT-paramedic provisional certification
The EMS/TS Program can issue one-time provisional EMT-paramedic certifications to out-of-state EMT-paramedics who have a national registry certification, are certified in another state and clear the background check but do not have an associate’s degree in applied science or higher from an accredited institution of higher education. Applicants must demonstrate that they have been accepted into an accredited institution of higher learning and be in process of obtaining an associate’s degree.

“Accredited institution of higher learning” means an educational institution recognized by either the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA). Web.sites for reference are www.ed.gov and www.chea.org. (Click on database and directories.)

Program activity information

<table>
<thead>
<tr>
<th>TEST RESULTS</th>
<th>FAILED</th>
<th>PASSED</th>
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</thead>
<tbody>
<tr>
<td>Basic written results</td>
<td>24</td>
<td>81</td>
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<tr>
<td>Intermediate written results</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Paramedic written results</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

RECIPROCITY - BASICS
Applications Received | 16
Processed and Certificates Issued | 15

RECIPROCITY - PARAMEDICS
Applications Received | 14
Processed and Certificates Issued | 2

RECERTIFICATION AUDITS COMPLETED
Basics | 10
Intermediate | 2
Paramedic | 6

The EMS agency and ambulance license renewal period ended on June 30 with 134 agencies having completed renewal. During June, 9 new ambulances licensed, 194 Oregon criminal background reviews applicants and 30 national criminal background reviews were completed. Four new investigations opened were initiated and 3 investigations were completed. One EMT certificate was suspended.
**EMSC National Grantee Meeting**

Philip Engle, EMSC Program Manager; David Spiro, M.D., Chair of Oregon EMS for Children Advisory Committee; and Susie Werner, Trauma and Tertiary Care Program Manager, represented Oregon at the national Emergency Medical Services for Children (EMSC) meeting. Approximately 230 people from across the country met to work on improving emergency medical services for children.

**“EMSC Performance Measures 66d and 66e: Making Transfers Work for Critically Ill and Injured Children” fact sheet**

This fact sheet reviews the performance measures regarding the transfer of pediatric patients to appropriately equipped and staffed facilities and the components of the EMS for Children performance measures.


**Trauma administrative rules revision meetings**

On August 19 an open meeting for trauma providers will be held from 9:30 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:

Portland State Office Building  
800 NE Oregon Street  
Rm 1B  
Portland, Oregon 97232

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 and will be validated by the program upon request.

To RSVP and/or ask questions, go to

**EMS patient encounter database project**

As of July 11th, 78 transport agencies have submitted EMS patient encounter data electronically or by sending copies of their paper forms. An additional 46 non-transport agencies were providing data.

This data will be reviewed by a number of groups within the EMS community including EMS for Children, the Oregon Trauma Advisory Board, EMS Medical Directors, Epidemiologists and other EMS related groups.
Additionally, more than 10 percent of Oregon EMS transport agencies are evaluating the Web-based data system.

**Mobile Training Unit (MTU) report**
The MTU staff participated with the Oregon Department of Education as part of the EMT accreditation site visit teams for Portland Community College, Tillamook Bay Community College, Oregon Coast Community College and Central Oregon Community College.

Donna Wilson and Leslie Huntington conducted the certifying officer and evaluator training in Eugene on June 19. Approximately 25 people attended.

Leslie conducted a drug administration class to EMT-Intermediates and Basics in Chiloquin. The participants were given scenarios and practice in drug administration designed to reinforce their skills as lead technicians during ambulance transports.

Donna conducted a four-hour, scenario-based course on patient assessment and extrication for Powder River Fire Department. The participants coordinated vehicle extrication with their patient assessment and trauma management skills. On June 26 Donna taught a course on triage to high school students as part of Northeast Oregon Area Health Education Consortium’s annual MedQuest program, an educational program designed to deliver various aspects of health and medical education to high school students interested in medical careers.

Other MTU trainings in June included the following:
Donna taught an OB class in Warm Springs.
Leslie taught a class on diabetic emergencies at McKenzie Bridge.
Leslie taught a cardiac emergencies class in Chiloquin.

**Upcoming Classes:**
The MTU will teach CME classes in July at Mollala, McMinnville, Yamhill and Dayton.

**OMB EMT Advisory Committee report:**
The Oregon Medical Board EMT Advisory Committee added Lidocaine as an intraosseus infusion anesthetic to the EMT-I scope of practice. Also the Committee passed a recommendation that hemostatic agents (such as HemCon & Celox, among others) be defined as:
- If contained (such as in a mesh, gauze, dressing) as care of soft tissue injuries falling under the First Responder Scope of Practice, or
- If uncontained (as granules or a powder) as a medication falling under the EMT-P Scope of Practice as a medication.

Submitted by Paul S. Rostykus, MD, MPH
National EMS Advisory Council (NEMSAC)
The National Highway Transportation Safety Administration convened its second meeting of NEMSAC in late July. Oregon is well represented on this council, with Kyle Gorman from Clackamas County Fire District #1 and Dr. Ritu Sahni from the State EMS Office as members. The Council began a process of reviewing the “top issues” in EMS and creating the committees to start working on those issues. Kyle Gorman will Chair the EMS Systems Committee and Dr. Ritu Sahni will Chair the Data, Oversight and Research Committee.

Oregon EMS Vision Reading List
The Oregon EMS Vision 2012 workgroup has been assigned a summer reading list. The items will be discussed at the next meeting in late August. All interested parties are encouraged to review the documents selected by Dr. Sahni to alleviate insomnia. Here is the reading list:

- NHTSA.gov (select EMS on left side panel)
  - EMS Agenda for the Future
  - EMS Education Agenda for the Future
  - National EMS Core Content
  - National EMS Scope of Practice Model
  - National EMS Workforce Agenda for the Future

- NEMSES.org
  - National EMS Education Draft Standards

- www.IOM.edu
  - EMS at the Crossroads

- State EMS Websites - Rules and Statutes
  - ORS 682 – Emergency Medical Services
  - OAR 333.250 – Ambulance Service Licensing
  - OAR 333.255 – Ambulance Licensing
  - OAR 333.260 – Ambulance Service Areas
  - OAR 333.265 – Emergency Medical Technicians (New rules soon!)
  - OAR 847.035 – OMB Scope of Practice

Other Items of Interest

Beginning on November 24, EMS and other emergency personnel working in roadways will be required to wear specific high visibility vests. The following website has more information on this including useful videos on the subject which may be downloaded and used: www.respondersafety.com
The web site presents useful information on responder safety issues.
ACCP Publishes Definitive Care Guide for the Critically Ill During a Disaster

The American College of Chest Physicians (ACCP) has published a peer-reviewed supplement to the May issue of CHEST. “Definitive Care for the Critically Ill During a Disaster” offers guidance for hospitals, medical professionals, and public health authorities on how to prepare for and provide essential critical care when the need for critical care resources far exceeds availability. For more information about the EMCC supplement or to download a complimentary copy of the supplement, go to www.chestjournal.org/content/vol133/5_suppl/

Congress overrides President’s veto to pass Medicare relief for ambulance services

On July 15, the U.S. House of Representatives and Senate both voted to override the President’s veto of the physician fix package, which includes Medicare relief for urban and rural ambulance services. The House voted 383 to 41 and the Senate voted 70 to 26 to override the veto. The package is now law and the ambulance provision takes effect immediately. The physician fix package, the Medicare Improvements for Patients and Providers Act (HR 6331), contains an 18-month Medicare increase of 2 percent urban and 3 percent rural for ambulance service providers. This relief will begin retroactively from July 1 of this year and expire Dec. 31, 2009. The ambulance provision provides approximately $170 million in needed Medicare relief for ambulance services.

Diabetes

Diabetes results when the body cannot use blood sugar as energy, either because it has too little insulin or because it cannot use insulin. Type 2 diabetes, which accounts for 90 to 95 percent of cases, typically develops later in life and is associated with obesity and lack of exercise. Type 1 diabetes, which is often diagnosed in children, occurs when the immune system mistakenly destroys cells that make the insulin.

Diabetes wreaks havoc on the body, affecting hearing and vision, sexual function, mental health and sleep. It is the leading cause of blindness, amputations and kidney failure, and it can triple the risk for heart attack and stroke.

In June the Centers for Disease Control and Prevention announced that the number of Americans with diabetes had grown to about 24 million, or 8 percent of the population. Almost 25 percent of those aged 60 and older had diabetes in 2007. The CDC estimates that 57 million people have abnormal blood sugar levels that qualify as pre-diabetes. For information on the Oregon Diabetes Program see www.oregon.gov/DHS/ph/diabetes/index.shtml.
Certifying officer and evaluator trainings
Trainings are scheduled in the following cities:

MEDFORD/WHITE CITY
July 28, 2008, 2:00 p.m.

PENDLETON
Oct. 4, 2008, 10:00 a.m.

BEND
Oct. 9, 2008, 2:00 p.m.

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).

2008 Annual Oregon Rural Health Conference
http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/about/conference/index.cfm

2008 Oregon EMS Conference
The Oregon EMS Conference will be Oct. 10-12, 2008, in Bend. A supervising physicians forum and infection control officers class are scheduled for Friday, Oct. 10, 2008, at the Riverside Resort and Conference Center in Bend.

Oregon EMS Supervising Physicians Forum
Friday Oct, 10, 2008 from 9 a.m. – 5 p.m. in Bend, OR at the Riverside Resort and Conference Center - as part of the 2008 Oregon EMS Conference
For more information: Paul S. Rostykus, MD, MPH, drrostykus@jcems.net or 541 601-9709

National Association of EMS Physicians Conference and the National EMS Medical Directors Course in January 2009 in Florida – get the details from Ritu Sahni, MD ritu.sahni@state.or.us
Department of Human Services Core Values

- **Integrity** – We maintain the highest standards of individual and institutional **integrity**.
- **Stewardship** – Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this **stewardship** of the public trust.
- **Responsibility** – We take **responsibility** for our actions.
- **Respect** – We **respect** the dignity and the diversity of our colleagues, communities and the people we assist.
- **Professionalism** – We maintain the highest standards of **professionalism**.

The people of DHS aspire to be guided by these five values in our daily work life as we make decisions to help Oregonians be independent, healthy and safe.

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