The Department of Human Services, Public Health Division, 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 the Portland State Office Building, Suite 465, 800 N.E. Oregon Street, Portland.

RE-CERTIFICATION INFORMATION

All EMT Basics, Intermediates and Paramedics have to renew their certifications next spring. This is a review of the process and the requirements that will apply.

Applications for recertification must be postmarked by May 31, 2009, or a $20 late fee will be required. Please submit your application early to insure it is complete and processed before the current certification expires. Since all recertification applicants will undergo criminal background checks, the process will take a little longer than in previous years.

Agency re-certifications are due May 1, 2009. This is available to EMS agencies that wish to submit all members for re-certification as a group with a single payment.

The fees for the re-certification next year are:

- EMT-Basic - $40
- EMT-Intermediate - $65
- EMT-Paramedic - $120

A recertification application postmarked after May 31st must include a $20 late fee in addition to the recertification fee. Applications received after May 31st will be returned if this fee not included.

Continuing education requirements for recertification

To recertify before July 1, 2009, you must have the following continuing education hours:

Basic – 25 hours of continuing education as specified:

a. Trauma assessment and management – 4 hours
b. Formal trauma case reviews – 1 hour
c. Medical emergencies assessment and management – 4 hours
d. Formal medical case reviews – 1 hour
e. Special considerations and support services – 5 hours  
f. Pediatric patient assessment and management – 2 hours  
g. Medications, indications, contraindications and complications of medication in the scope of practice – 1 hour  
h. Use of an automatic or semiautomatic defibrillator – 2 hours  
i. Additional training in any of these areas – 5 hours  
j. Skills performance checks by Medical Director

Intermediate – 14 hours of continuing education as specified:
  a. Formal trauma case review – 3 hours  
  b. Formal medical case review – 3 hours  
  c. Indications, contraindications and complications of medication in scope of practice – 4 hours  
  d. Review of current medical issues – 4 hours  
  e. Skills performance checks by Medical Director

Paramedic – 24 hours of continuing education in EMS clinical, EMS related or professional development topics.

If you wait until **after July 1, 2009** to submit your application for recertification, the new continuing education requirements will apply. These are:

1. An EMT-Basic is required to:  
   (a) Complete 24 hours of continuing education as specified in the rules; or  
   (b) Complete all requirements of the National Registry of EMT-Basic re-registration; and  
   (c) Demonstrate skills proficiency through a hands-on competency examination supervised by the EMS Medical Director or his or her designee. An EMS medical director may require successful performance in a minimum number of clinical skills in these areas on either human subjects or mannequins (e.g., venipunctures, endotracheal intubations). An EMS Medical Director may require additional continuing education requirements and skill competency as needed because of changes in the scope of practice or local protocols.

2. An EMT-Intermediate is required to:  
   (a) Complete a course with published standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care where the EMT has demonstrated knowledge and skills in the performance of subcutaneous (SQ) injections, automated external defibrillator (AED) operation, one and two person rescuer cardiopulmonary resuscitation (adult, child, and infant) and relief of foreign body airway obstruction;  
   (b) Obtain at least 36 hours of continuing education as specified in the regulations; and  
   (c) Demonstrate skills proficiency through a hands-on competency examination supervised by the EMS medical director or his or her designee. An EMS Medical Director may require successful performance in a minimum number of clinical skills
in these areas on either human subjects or mannequins (e.g., venipunctures, endotracheal intubations). An EMS Medical Director may require additional continuing education requirements and skills competency as needed because of changes in the scope of practice or local protocols.

3. An EMT-Paramedic is required to:
   (a) Complete all requirements of the National Registry of EMT-Paramedic reregistration; or
   (b) Obtain at least 48 hours of continuing education as specified in the rules; and
   (c) Demonstrate skills proficiency through a hands-on competency examination supervised by the EMS Medical Director or his or her designee. An EMS Medical Director may require successful performance in a minimum number of clinical skills in these areas on either human subjects or mannequins (e.g., venipunctures, endotracheal intubations). An EMS Medical Director may require additional continuing education requirements and skills competency as needed because of changes in the scope of practice or local protocols.

Continuing education credit is granted for:
   (a) Attending training seminars, educational conferences, and continuing education classes within the certificate holder’s scope of practice; and
   (b) Attending approved courses for the same or higher level of certification.

Up to 50 percent of the hours of continuing education credits for each subject listed in the rules may be obtained by:
   (a) Watching a video, CD-ROM, or other visual media;
   (b) Being an EMT practical certification exam evaluator, if the certificate holder is qualified as such;
   (c) Reading EMT journals or articles; and
   (d) Teaching any of the listed topics that the certificate holder is qualified to instruct.

FIRST RESPONDER CERTIFICATION
First Responders are now certified by the EMS and Trauma Systems (EMS/TS) Program. The EMS/TS Program has provided information and applications to individuals and agencies that have reported providing First Responder care. The EMS/TS Program has issued 875 certifications to First Responders in the past two months. If you have questions, please contact our office at 971-673-0520.

EMS Program activity
In October, five new ambulances were licensed. Oregon Law Enforcement Data Systems background reviews were conducted on 808 new applicants, and 40 national background reviews were completed. Seven new investigations were
opened. Two investigations were closed. Six applicants were issued proposed denials. One applicant was placed on stipulated probation.

One Order of Proposed Revocation was issued. Eleven certificate holders are completing court diversion requirements for DUII. There are currently 18 certificate holders on department-stipulated probation with one pending revocation of certification and probation.

**OCTOBER EMT STATS**

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<td>Reciprocity Request Applications Issued</td>
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**Agency Reportable Actions (E-4) form**
The Reportable Actions form (E-4) has been recently updated. First Responders, EMTs and EMS agencies should be aware of the reportable actions required by law and use the E-4 form to report them. The form is available on DHS-EMS and Trauma Systems Web site at [http://egov.oregon.gov/DHS/ph/ems/forms/emt/e-4.pdf](http://egov.oregon.gov/DHS/ph/ems/forms/emt/e-4.pdf)

**Mobile Training Unit (MTU)**
The MTU facilitated a certifying officer and evaluator workshop in Bend on Oct. 9. Unfortunately only five people participated in the course.

Donna Wilson is working with the planning committee of Region 7 Hospital Preparedness Program to develop a multi-site disaster drill in May for the following counties: Wheeler, Lake, Deschutes, Jefferson, Wasco, Grant and Harney.

Donna is working with LaGrande Fire to develop a multiple patient exercise for the area on Nov. 22. The multi-disciplinary exercise will involve agencies from the Region 9 Hospital Preparedness Area.

Leslie Huntington, from EMS/TS, is a member of the planning group for the state Public Health Emergency Preparedness Program for the Cascadia Peril exercise
slated for April, 2009. The exercise will focus on an earthquake/tsunami scenario in the recovery timelines of a disaster.

The MTU taught the following classes: childbirth in Goshen and Leaburg; trauma skills in Millington and Crater Lake; illicit drugs in Myrtle Point, bloodborne pathogens in Chemult (BBP), and pharmacology in Roseburg.

The EMT recertification deadline is just months away, so don’t wait until the last minute to complete your course requirements or to schedule last-minute training needs! Agencies can start scheduling MTU visits for 2009 now and can download the request form from the unofficial MTU Web site: home.teleport.com/~ohdmtumtu. An updated MTU training schedule is also posted at this site for those looking for recertification courses.

Online EMS STEMI and Stroke Survey

Please help us better understand how Oregon’s EMS systems respond to STEMI and stroke victims. The EMS and Trauma Program is partnering with Oregon’s Heart Disease and Stroke Prevention Program and the American Heart Association/American Stroke Association to conduct an online EMS STEMI and Stroke Survey! If you haven’t filled out the survey, please do it now so we can collect this vital information. This information will help us shape the future direction of Oregon systems of care for STEMI and stroke, and improve patient care in Oregon.

This survey can be accessed at the following link: http://www.ahasurveys.com/se.ashx?s=0B87B7ED496A846F.

If you have any questions about the survey, have technical difficulties or need a hard copy, call or e-mail Beth Gebstadt, Director, State Health Alliance, American Heart Association and American Stroke Association, at 503-595-2564, 503-233-4464 (fax) or beth.gebstadt@heart.org.

OMB EMT Advisory Committee meeting – Nov. 14, 2008

The first reading of the following recommended changes to the EMT Scope of Practice will be reviewed at the January Oregon Medical Board (OMB) meeting and the next EMT advisory committee meeting on Feb. 13, 2009, with final approval anticipated at the April 2009 OMB meeting.

1. Remove femoral line insertion by EMT-P and replace with allowing access to central lines and implanted vascular access devices as femoral IVs rarely done by EMS and IOs are a preferred choice.
“OAR 847-035-0030(11) (h) Access indwelling catheters and implanted central IV ports for fluid and medication administration” to replace current “OAR 847-035-0030(11) (h) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed.”

2. Require EMT education for physician-ordered medications or blood products, which are not part of the EMT’s standing orders, as most often occurs during an inter-hospital transport.

“OAR 847-035-0030(11) (j) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician, providing that the EMT-P has had adequate and appropriate instruction, including the risks, benefits and use of the medication or blood product” to replace current “OAR 847-035-0030(11) (j) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.”

3. Allow EMT-Ps to interpret ST segment changes on 12 lead ECGs as EMT-Is are currently able to interpret ECG rhythm and EMT-Bs (and some first responders) can obtain and transmit a 12 lead ECG as “noninvasive diagnostic devices.”

Add to EMT-P Scope of Practice: OAR 847-035-0030(11)(l) Initiate and interpret electrocardiographic monitoring;

Report provided by Paul Rostykus, MD, Chair
Oregon’s population grew approximately 13 percent, between 1997 and 2007. The total number of Oregon EMTs grew 14 percent during this 10-year period. (Chart provided by Mark Stevens, TVFR.)

The Oregon EMS and Trauma Systems Program wishes to thank Duenna Ignacio-Kawanishi for her contribution to improving this program. Duenna took a temporary assignment as the Interim Prehospital Program Manager for approximately 16 months when the program’s staffing and management were in upheaval. Her skilled leadership contributed to the success in addressing staffing problems, getting the rules updated and processing certifications for first responder. Duenna has returned to the Health Care Licensing Program. Duenna - Thank you.

The 2008 Fall Supervising Physician’s Forum was held in conjunction with the Oregon EMS Conference. Topics discussed included quality management, creating stroke systems of care, and proper training for RSI. The next forum will be held in the spring with a date TBD.
Mass Fatalities State Plan Seminar and Tabletop Exercise
The purpose is to introduce the State Mass Fatalities Plan to a broad range of county/regional responders, to discuss the coordination of state and local response, and to ensure the state plan is realistic, clear, and adequate. The tabletop exercise will focus on the state response, but will also stimulate discussion about county/local roles and responsibilities. The scenario for the tabletop exercise will be an earthquake. James Roddey, the Oregon Geologist who is the earthquake subject matter expert for the Cascadia Peril scenario, will present on what to expect from such an earthquake in each location. The training would be particularly useful for those planning to participate in the Cascadia full-scale exercise next spring.

Participants will receive an orientation to the State Mass Fatalities Plan, participate in discussions related to state and county roles, responsibilities, and lines of communications, identify gaps in the State Mass Fatalities Plan, identify local areas that need strengthening, participate in a debriefing or “hotwash,” and make recommendations for closing identified gaps.

The seminar and exercise is open to the faith community, morticians, funeral directors, medical examiners, Oregon tribes, and professionals from local health departments, hospitals, vital records, emergency management, law enforcement, fire/hazmat, EMS, healthcare regional coordinators, PHEP liaisons and other emergency response partners. Course No. C00808

Register at the DHS Learning Center  https://dhslearn.hr.state.or.us
○ At the top left of the page click COURSES & REGISTRATION,
○ Then, at the top right icon click Find a Course and Register,
○ On the right, at Course number, type in C00808
Select the session you would like to attend

Eugene               Jan 13, 2009
Roseburg             Jan 14, 2009
Woodburn             Jan 20, 2009

National Association of EMS Physicians Conference and the National EMS Medical Directors Course, January 2009 in Florida – Get the details from Ritu Sahni, M.D., ritu.sahni@state.or.us

National Association of EMS Educators in partnership with the Committee on Accreditation of Educational Programs for the EMS Professions is holding an Accreditation Workshop to be held in Pittsburgh, PA., Jan. 17-18, 2009. This workshop will cover in detail the process of obtaining EMS training agency accreditation. For information contact Laura Krawchyk, National Association of EMS Educators, 412-920-4775 x24 (phone) or 412-920-4780 (fax).

Online preregistration is now available for the 9th Annual EMSC 2009 Conference. The conference will be held in Seaside, OR, Feb. 27 (pre-conference session), Feb. 28 and March 1 2009. This year’s conference will include pre-conference sessions on pediatric simulation and pediatric pain management. The main conference schedule is in development. Go to www.oregonemsc.org for registration information.

NEW THIS YEAR: An EMS Leadership Track featuring “Unlocking Your Leadership Potential” and “Movie” ing you to Greatness” which will be facilitated by Larry Bozman, Vice President of Operations and Jan Lee, Training Manager for Metro West. It is intended for EMS directors, coordinators and leaders. This track is limited to 20 participants.

Friday, May 1, 2009, Oregon Stroke Network Conference in Bend titled “Building the Oregon Stroke Network: Rural Outreach.”

2009 - Rural Aspects of EMS - The Timberline Conference
(The ONLY conference that has live music!)
Thursday, May 7, 2009, through Saturday, May 9, 2009.
For a draft schedule, costs, etc. go to www.EastClackamasCountyEMS.Org.
Gary McLean, Vice Chair - ECCEMS
Sandy Fire District No. 72.

Friday, May 29, 2009, Oregon ACC Conference on STEMI systems of care in Portland.

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