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.

**Physician Orders for Life Sustaining Treatment**

Oregon’s Physician Orders for Life Sustaining Treatment (POLST) program creates a medical order implementing a person’s end-of-life wishes. POLST differs from advance directives, which are philosophical statements signed by patients that appoint someone to make health care decisions for them if they are unable to do so. Advance directives are not medical orders and, in a time of crisis, do not provide the kind of guidance that POLST does. POLST provides clear medical orders to emergency medical and health care personnel on the care to be provided someone.

POLST is not for everyone; it is designed to turn wishes and values into immediate action and is intended for the person with advanced chronic illness (such as metastatic cancer, advanced heart disease, lung disease, liver disease, etc.). A bright pink POLST form can effectively provide medical direction to emergency workers and health care providers.

**2009 Oregon EMS for Children Conference**

The 9th Annual 2009 EMS for Children Conference will be held in Seaside, Ore. The pre-conference is
Feb. 27, and the conference follows on Feb. 28 and March 1. Conference details and online registration is at www.oregonemsc.org.

Keynote Speaker
Joe Wright, M.D., M.P.H., will give this year's keynote address. Dr. Wright is the National Medical Director for EMS for Children and Senior Vice President at Children's National Medical Center in Washington, D.C. He also heads the Child Health Advocacy Institute.

NEW THIS YEAR: An EMS Leadership Symposium will feature two tracks. Unlocking Your Leadership Potential and Movie-ing You to Greatness will be facilitated by Larry Boxman, Vice President of Operations for Metro West; Jan Lee, Training Manager for Metro West; and Ryan Smith, Communications Manager for Metro West. EMS (Leader or Officer’s) Tool Box: Equipping EMS Leaders for Tomorrow's Challenges will be facilitated by Mark Stevens, EMS chief, Tualatin Valley Fire & Rescue, and Will Bauscher, EMS Chief, Corvallis Fire Department. Dr. Ritu Sahni will speak on the role of the EMS medical director. The Oregon Office of Rural Health sponsors this track. It is intended for EMS directors, coordinators and leaders and is limited to 20 participants.

EMT continuing education credits offered - Eight hours of CE for the conference and 2.5 hours for the pre-conference are available. The hours awarded are subject to applicable Oregon Administrative Rules (OAR) based upon certification level. Go to www.oregonemsc.org for more information.
Some of the pediatric sessions that will count toward recertification include:

<table>
<thead>
<tr>
<th>Airway management</th>
<th>Pediatric trauma</th>
<th>Pediatric or medical</th>
<th>Injury prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Difficult Airways</td>
<td>Intro to Quality Improvement in EMS and Healthcare</td>
<td>Pediatric Seizures: Pre-hospital Management</td>
<td>Improving Injury Prevention Efforts in Oregon - Engaging EMS in the Solution</td>
</tr>
<tr>
<td>Pediatric Decontamination</td>
<td>Myths and Truths: EMS and Pediatric Traumatic Brain Injuries</td>
<td>Pediatric Emergencies: Visual Diagnosis</td>
<td>How Did I Survive Childhood?</td>
</tr>
<tr>
<td>PEARS vs PALs</td>
<td>RSV: Knowing When to get Nervous</td>
<td>Small Babies, Big Emergencies</td>
<td>“My Child Knows Better”: Exploring Parental Myths</td>
</tr>
</tbody>
</table>

**Coming soon - EMT recertification**

Do you have questions about the rapidly approaching recertification process? Check out our Web site in the Frequently Asked Questions section! The Web address is: [www.oregon.gov/DHS/ph/ems/](http://www.oregon.gov/DHS/ph/ems/).

You will find information about certification and recertification. While we are always happy to answer your questions and hear from you, the department has limited staff for managing recertification, and we may not be able to respond to your phone calls as quickly as we would like. By going to our Web Page first, you can help us help you. In turn, we have more time to get your recertification applications processed quickly and efficiently.

The Oregon Human Services Department is gearing up to mail more than 9,000 recertification applications in March. If you have moved or changed your address in the past two years, please notify this office so your recertification information is mailed to the correct location. It's easy and will help you obtain your recertification materials in a timely fashion. Just download the reportable actions form found at [www.oregon.gov/DHS/ph/ems/](http://www.oregon.gov/DHS/ph/ems/). Follow the link for prehospital standards and fill out the form. You can fax it, mail it or scan and e-mail it to our office.
You will also find lots of information on our Web site and in the Oregon Administrative Rules about reporting requirements. For instance, OAR 333-265-0160 requires the certificate holder to notify the Public Health Division in the following situations. A certificate holder must keep the division apprised of and report the following changes within 14 calendar days of a change in:

1. EMS Medical Director, unless the certificate holder is affiliated with an EMS agency that is on file with the division;

2. Legal name;

3. Home address or a main contact phone number; or

4. EMS affiliation.

Please note: The Human Services Department is preparing a new and improved fillable reportable actions (E-4) form that can be e-mailed directly to our office. It will be available on our Web site in the near future. We hope it will assist you in making your reports to the department.

**BACKGROUND CHECKS FOR CERTIFICATE HOLDERS**

During the recertification process this year, the Law Enforcement Data System (LEDS) will perform criminal history checks. LEDS checks will be performed on ALL recertifying certificate holders. If a certificate holder has a criminal history and hasn’t been in contact with the division, it may delay their recertification. Early notification and application will help avoid any serious delays or lapses in certification. Agencies or certificate holders are encouraged to call the EMS and Trauma Systems Program if they have questions.

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**FIRST RESPONDER CERTIFICATION**

DHS-EMS has received the new shipment of first responder applications. Please be sure that you are using the most current applications. These applications are not available online because they are Scantron forms similar to what the EMTs use. Any previous applications found online are not scanable and therefore will not be accepted by our office. Please contact our office if you need any application materials.
First Responder practical examinations

The six required skills that need to be tested, per the U.S. Department of Transportation (DOT) first responder curriculum, are:

- Bleeding control/shock management;
- Oral suctioning;
- Oropharyngeal airway;
- Nasopharyngeal airway;
- Mouth-to-mask;
- Patient assessment/management for trauma.

When evaluating first responders’ skills, you may use the U.S. DOT or the National Registry of EMT (NREMT) basic-level skill sheets. You can find the national curriculum skill sheets on the U.S. DOT or NREMT Web sites.

First Responder recertification cycle

First responders will not be recertifying this spring. The recertification cycle for first responders will be June 30 of every even-numbered year, while the recertification period for EMTs will continue to be June 30 of each odd-numbered year.

EMS Program activity

January 2009 EMT STATISTICS

<table>
<thead>
<tr>
<th>BASIC EXAMS</th>
<th>FAILED</th>
<th>PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written exams</td>
<td>10</td>
<td>49</td>
</tr>
<tr>
<td>Practical exams</td>
<td>12</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERMEDIATE EXAMS</th>
<th>FAILED</th>
<th>PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written exam</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Practical exam</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
PARAMEDIC EXAMS
Written exam  2    21
Practical exam 1    23

RECIPROCITY      BASIC   PARAMEDIC
Applications received  6    2
Certificates issued  16    4

During January 2009, Oregon Law Enforcement Data Systems background checks were conducted on 115 new applicants, and 20 national background reviews were completed. Six new investigations were opened. One applicant withdrew in lieu of Denial, another was issued a Proposed Order of Denial. One certificate holder was issued a Default Order of Revocation. The EMS Program also received more than 300 E-4 Agency Reportable Actions forms this month.

Mobile Training Units update

1. The MTU taught a Pediatric Education for Prehospital Professionals (PEPP) course on January 16-17 in Richland. Approximately 30 people attended the course. The pediatric simulation manikin was incorporated into the skill sessions and was well received by the participants.

2. The MTU will conduct a skills verification session in Lincoln City on February 19 from 1-9 pm at the north campus of Oregon Coast Community College. This is free of charge and open to all EMT certification levels.

3. The MTU will be at the Oregon Department of Public Safety Standards and Training (DPSST) Fire School Conference in Salem on February 21-22 teaching elements of pediatrics, geriatrics and obstetrics.

4. Leslie taught a 12-Lead ECG class in Shady Cove. Donna will be teaching classes on the King Airway in Christmas Valley and the EZ-IO in Spray during the month of February. For more information on MTU classes and locations, check the website at http://home.teleport.com/~ohdmtu/mtu.

5. A Certifying Officer/Evaluator workshop will be held in Pendleton on March 21 at 8:30 am. For more information contact Nancy Gillen at Nancy.J.Gillen@state.or.us.
6. You can contact Donna Wilson or Leslie Huntington for information on the upcoming classes in March that include the following topics and locations:

Cardiac emergencies/megacode skills - Milo and Chemult
Airway management - Crooked River Ranch
Pediatrics - Spray and Hoodland Fire
Cardiac Emergencies - Sisters Camp Sherman
Triage and EMS ICS - Veneta
PEPP (tentative) - Clatskanie

EMS Patient Encounter Database pilot project to continue

The Office of Rural Health and the EMS and Trauma Systems Program have reached agreement with ImageTrend to continue the pilot project for two more years. This means that EMS agencies using the State Bridge (the Internet-based system) can continue to use this software. More specific information will be available in the coming weeks.

Oregon Medical Board EMT Advisory Committee

The OMB EMT Advisory Committee met on February 13, 2009 and made these recommendations to the OMB regarding EMT Scope of Practice:

(All changes to the Scope of Practice require both a first and second reading by both the EMT Advisory Committee and the OMB.)

Concerning Electro Cardio Grams:
- EMT-I - interpret electrocardiographic rhythm (rhythm only, not ST segment changes) - first reading
- EMT-P - interpret multilead electrocardiograms (rhythm & ST segments) – second reading
(First responders and EMT-Bs can initiate electrocardiographic monitoring as "noninvasive diagnostic devices").

EMT-P - Access indwelling catheters and implanted central IV ports for fluid and medication administration (eliminate femoral intravenous lines) - second reading

EMT-P - Initiate or administer any medications or blood products under...direct orders from a licensed physician providing that the EMT-P has had adequate and appropriate instruction, including risks, benefits, and use of the medication or blood product. - second reading

First Responders with a Supervising Physician: Maintain an open airway through the use of: a nasopharyngeal airway device, a noncuffed oropharyngeal airway device, a pharyngeal suctioning device. (Language clarification) - first reading

The Committee discussed a request by a Supervising Physician to allow EMT-Is to use antiemetics. This is a reasonable request as EMT-Is can use narcotics which may cause nausea particularly during long transports in rural Oregon. The drawbacks are finding time in the limited EMT-I curriculum to include adequate teaching of a new drug and class of drugs; how to make sure that all current EMT-Is are updated; which antiemetic to include as the EMT-I Scope of Practice lists specific agents (most likely ondansetron); and concerns expressed that the EMT-I Scope of Practice has had too many changes in too short a time. The committee tabled further discussion of this topic until the next meeting.

The next OMB EMT Advisory Committee meeting is scheduled for Thursday afternoon 1-4 p.m., May 28, 2009 in Portland. Interviews will be held at that meeting to make recommendations to the OMB for a physician to replace Paul Rostykus, as his term expires on June 30, 2009. Interested physicians should apply to the OMB.

Remember the Spring 2009 EMS Supervising Physician forum scheduled for Friday, May 29th 8 a.m.-noon in Portland, joint session with EMS agency managers, to be followed in the afternoon by the Oregon chapter of the American College of Cardiology STEMI Summit.

Paul S. Rostykus, MD, MPH, Chair
National Registry testing sites

The National Registry of Emergency Medical Technician’s (NREMT) quality review process for computer-based testing (CBT) periodically reviews exam registrations at each approved testing site. The current testing locations in Oregon and the number of registrations each center received in 2008 are listed.

<table>
<thead>
<tr>
<th>Center</th>
<th>Location</th>
<th>Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Oregon Community College</td>
<td>Bend</td>
<td>115</td>
</tr>
<tr>
<td>Pearson Professional Centers-Beaverton/Portland</td>
<td>Beaverton</td>
<td>642</td>
</tr>
<tr>
<td>Pearson Professional Centers-Medford</td>
<td>Medford</td>
<td>28</td>
</tr>
<tr>
<td>Pearson Professional Centers-Salem</td>
<td>Salem</td>
<td>313</td>
</tr>
<tr>
<td>University of Oregon</td>
<td>Eugene</td>
<td>200</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,298</td>
</tr>
</tbody>
</table>

Surplus nerve antidote auto-injectors

The Oregon State Public Health Division has surplus nerve agent antidote auto-injectors (Mark I™ and DouDote™ configurations). You are invited to request a small cache from this surplus for your Oregon fire/EMS/first responder agency. The materials are in boxes and cases with 24-30 doses in each. The expiration date is in 2011. To make a request, contact Brian Mahoney (Phone: 971-673-1312, fax: 971-673-1309 or brian.j.mahoney@state.or.us) before March 31. There is a limited amount.

Guidelines for Field Triage of Injured Patients

The Centers for Disease Control and Prevention (CDC) has released new Guidelines for Field Triage of Injured Patients in the MMWR Recommendations and Reports. The guidelines are designed to ensure that the right patient will get to the right place at the right time.
Previous CDC-funded research has shown that decisions made at the scene of the injury are vital; getting care at a level I trauma center can increase the chance of survival by 25 percent for severely injured patients. Each year, 41 million people are injured and require treatment in emergency departments. The guidelines are in line with the 2006 Institute of Medicine report on the state of emergency care in the United States, which envisioned a highly coordinated emergency services system to assure that each patient receives the most appropriate care, at the optimal location, with the minimum delay.

The following materials are available to help EMS professionals implement the Field Triage Decision Scheme:

- A comprehensive user’s guide;
- A PowerPoint overview of the decision scheme;
- A poster that explains the decision scheme step-by-step;
- A pocket card that explains the decision scheme step-by-step;
- A copy of the MMWR report, including continuing education opportunities;
- A podcast that provides an overview of the decision scheme.

All of these materials are available at www.cdc.gov/FieldTriage.

Trauma Team Activation

Oregon Trauma Program staff are often asked about the difference between prehospital trauma system entry and trauma team activation at the trauma hospital. Trauma system entry and trauma team activation are key components of providing optimal trauma patient care. The goal of trauma system entry is to notify the trauma hospital that the patient meets critical criteria determined by state regulation and requires a rapid and comprehensive evaluation for critical injuries. The goal of trauma team activation is to provide the best, most appropriate care possible without delay. This is best accomplished by having the correct team of professionals waiting in the emergency department for the injured patient.

Although the ambulance service that delivers the patient to the hospital is responsible for entering the patient into the trauma system based on Exhibit 2 (http://egov.oregon.gov/DHS/ph/ems/trauma/docs/exhibit2.pdf), the hospital is responsible for determining the appropriate level of trauma team activation and
assuring that the appropriate team is available to care for the trauma patient based on the report given by the prehospital providers.

Levels I, II and III trauma hospitals have as many as three levels of trauma team activation. Level IV hospitals often only have one level of activation, based on physician specialty services available in the community. Specific information regarding trauma team activation criteria is available at our Web site: [http://egov.oregon.gov/DHS/ph/ems/trauma/docs/exhibit3.pdf](http://egov.oregon.gov/DHS/ph/ems/trauma/docs/exhibit3.pdf) (Exhibit 3 referred to in the Oregon Administrative Rule 333-200 0080(5)(b)).

Each trauma hospital should have a policy regarding trauma team activation that defines the response available to the patient needing trauma care. If you have questions regarding trauma team activation or your activation policy, please feel free to contact Susan Werner, Oregon Trauma Systems manager, at 971-673-0534.

Nominations for EMS awards


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

February is American Heart Month

An American has a coronary event approximately every 25 seconds. Learn more about coronary heart disease, which often appears as a heart attack — the most common heart disease in the U.S.

For more information, go to [www.cdc.gov/Features/HeartMonth/](http://www.cdc.gov/Features/HeartMonth/).
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

The Spring 2009 Oregon EMS Supervising Physicians Forum, which is open to Oregon EMS medical directors and EMS administrators, will take place on the morning of Friday, May 29, in Portland. The afternoon session will be the Oregon ACC STEMI Summit. This multidisciplinary meeting will include networking and strategy development for improving STEMI outcomes. Discussion will include both urban and rural issues. Please contact Ritu Sahni, M.D., M.P.H., for more information.

Supervising Physicians/Medical Directors Forum
The spring Supervising Physician/Medical Directors Forum will be paired with the Oregon Chapter of American College of Cardiology’s STEMI Summit!

Contact information for EMS and Trauma Systems Program staff

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