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.

Oregon EMS for the Future Stakeholder Meetings

A seven-member work group has been evaluating the pending national EMS changes to determine what Oregon should do. The EMS and Trauma Systems Section has scheduled public stakeholder meetings to provide an opportunity for public participation in that group's proposals. These meetings are scheduled for the following dates:

- Sept. 18, 9 a.m. in room 1B of the Portland State Office Building, 800 N.E. Oregon Street, Portland;
- Sept. 23, 11 a.m. at Pacific West Ambulance, 609 N.W. Coast, Newport;
- Sept. 24, 9 a.m. in Room 100 of Rogue Community College Table Rock Campus, 7800 Pacific Avenue, White City;
- Sept. 29, 1 p.m. in the La Grande Fire Department, 1806 Cove Avenue, La Grande;
- Oct. 6, 9 a.m. in the Redmond Fire Main Station, 341 N.W. Dogwood Avenue, Redmond.
- There will also be a presentation and discussion at the Oregon EMS Conference, Oct. 3 in Jantzen Beach, Portland.

The sessions will focus on the proposed training and certification standards for first responders/emergency medical responders, EMT-Basic/EMT, Oregon EMT-Intermediate/Advanced EMT, EMT-Paramedic/Paramedic and EMS medical directors; and the definition of EMS agencies.
Status of 2009 recertification

As of July 7, 2009, 7,263 Oregon EMTs have recertified and a total of 8,086 individuals are now certified EMTs in Oregon.

<table>
<thead>
<tr>
<th>Recertification status:</th>
<th>EMT-B</th>
<th>EMT-I</th>
<th>EMT-P</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/07/2009, 08:45 a.m.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total certified EMTs</td>
<td>4,215</td>
<td>1,018</td>
<td>2,835</td>
<td>8,086</td>
</tr>
<tr>
<td>Recertified</td>
<td>3,612</td>
<td>946</td>
<td>2,705</td>
<td>7,263</td>
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<tr>
<td>“New” certificates (includes certifying at a different level)</td>
<td>474</td>
<td>43</td>
<td>92</td>
<td>609</td>
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<tr>
<td>Applications Still In Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EMTs who have not submitted an application for recertification</td>
<td>1,223</td>
<td>75</td>
<td>197</td>
<td>1,495</td>
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</table>

To check the status of an application, please see our Web site at [www.oregon.gov/DHS/ph/ems/](http://www.oregon.gov/DHS/ph/ems/) and click on the red link in the middle of the page. It will bring up an alphabetical listing of all EMTs and indicate their status in the recertification process.

Sahni keeps a job for two years!

Dr. Ritu Sahni celebrates his two-year anniversary as the Oregon EMS medical director. Dr. Sahni has been the state EMS medical director longer than anyone else in Oregon. This is in part due to his persistence and in part due to the fact that he is the first and only Oregon EMS medical director.

Long live the Oregon EMS medical director!

Ambulance service license renewal

Ambulance service license renewal has been completed for another year. The 2009 renewal process went relatively smoothly after some improvements this year. Currently, 134
ambulance services have been renewed, two services are working with the department to get renewed and one agency is in the process of dissolving as an ambulance service.

The EMS and Trauma Systems Section worked hard to move toward an electronic process for renewal but fell short this year. We will continue to work toward an electronic process that will allow agencies to renew online and update agency information electronically.

EMS Program activity

June 2009 EMT Statistics

<table>
<thead>
<tr>
<th></th>
<th>Failed</th>
<th>Passed</th>
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</thead>
<tbody>
<tr>
<td>Basic Exams</td>
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<td></td>
</tr>
<tr>
<td>Written</td>
<td>25</td>
<td>70</td>
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<tr>
<td>Practical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Practical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedic Exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Practical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reciprocity

<table>
<thead>
<tr>
<th></th>
<th>Application Received</th>
<th>Certificates issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Paramedics</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

ReCertification

<table>
<thead>
<tr>
<th></th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>1,831</td>
</tr>
<tr>
<td>Intermediate</td>
<td>350</td>
</tr>
<tr>
<td>Paramedic</td>
<td>1,267</td>
</tr>
</tbody>
</table>

Centers for Disease Control on pediatric influenza deaths

The CDC recognizes that influenza-related deaths in children are tragic. Due to confidentiality issues, CDC does not discuss or give details on individual cases. The deaths in children reported this week are a somber reminder of the importance of protecting children from the flu.
During the past five years that CDC has tracked deaths among children with influenza infections, the number of deaths reported to CDC each year has ranged from 46 to 153 deaths.

- During the 2008-09 flu season, which was extended due to the advent of the novel influenza A (H1N1) viruses, 89 influenza-related deaths in children* have been reported to CDC since September 28, 2008. Twenty-two of these deaths were associated with confirmed infections with H1N1 viruses.
- During the 2007-08 flu season, 88 influenza-related deaths in children* were reported to CDC.
- During the 2006-07 season, 78 influenza-related deaths in children* were reported to CDC.
- During the 2005-06 season, 46 influenza-related deaths in children* were reported to CDC.
- During the 2004-05 season, 47 influenza-related deaths in children* were reported to CDC.
- During the 2003-04 season (the first year that CDC collected information on pediatric flu deaths), 153 flu-associated deaths in children* were reported to CDC.

*Children are defined as people under the age of 18.

It’s possible that more flu-related deaths in children will be reported and will occur this year. CDC will continue to work with colleagues in state and local health departments to monitor all reported influenza-related deaths among children.

Children at highest risk from seasonal flu complications include:
- Children younger than 5 years old;
- Children (of any age) with chronic medical conditions such as asthma, diabetes or heart disease.

The CDC recommends a yearly seasonal flu vaccine as the first and most important step in protecting children against flu illness. Seasonal influenza vaccine is recommended for all children 6 months of age and older. However, at this time, a vaccine is not available against novel H1N1 flu. In addition to vaccination, other strategies should be used to reduce the risk of influenza and its complications, including:
- Hand hygiene and cough etiquette (washing your hands often and covering coughs and sneezes);
- Staying away from people who are sick;
- Staying home from work and/or school when you are sick to avoid spreading your illness to others;
- The appropriate use of influenza antiviral medications. CDC has issued interim guidance on the use of antiviral drugs for clinicians treating patients with novel influenza A (H1N1) virus infection and their close contacts. This guidance is available at [www.cdc.gov/h1n1flu/recommendations.htm](http://www.cdc.gov/h1n1flu/recommendations.htm).
Flu-related deaths in children less than 18 years old should be reported through a state health department to the Influenza Associated Pediatric Mortality Surveillance System. The number of flu-associated deaths among children will be updated each week and can be found at www.cdc.gov/flu/weekly.

Significant legislation for EMS and trauma

**Senate Bill 451** requires the Department of Human Services to establish and operate a statewide registry for collecting and disseminating physician orders for life-sustaining treatment (POLST). The bill establishes an Oregon POLST Registry Advisory Committee to advise the department about the registry.

**House Bill 2059** requires health professional regulatory boards to create provisions for reporting unprofessional conduct by a health care licensees to the regulatory board. This includes EMTs and EMS medical directors.

“Unprofessional conduct” means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or client.

**House Bill 3059** establishes the Oregon Trauma Registry in statute as necessary for trauma reimbursement, system quality assurance and cost efficiency.

The following individually identifiable information may be released from the Oregon Trauma Registry:

- For use in executive session to conduct specific case reviews by the State Trauma Advisory Board or any area trauma advisory board, the State Emergency Medical Service Committee or the Emergency Medical Services for Children Advisory Committee;
- For quality assurance or quality improvement purposes to an emergency medical services provider or a designated trauma center if the information is related to the treatment of an individual by the provider or center;
- To a person conducting research only if an institutional review board has approved the research and the person agrees to maintain the confidentiality of the information.

The Department of Human Services may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which it is released under this section.
**House Bill 3097** directs the Department of Human Services to adopt rules allowing an applicant for certification by indorsement (reciprocity) as an emergency medical technician to substitute experience and certification by a national registry of emergency medical technicians for education requirements imposed by the department.

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**Mobile Training Unit update**

In June, Donna Wilson served on the site visit team for the EMT program accreditation of Treasure Valley Community College in Ontario. The program received good reviews and was re-accredited.

On June 25, Donna taught at the annual MedQuest Conference in LaGrande, which provides medical education to high school students interested in a medical career. Donna conducted START triage training and CPR for 24 students.

Leslie Huntington began a series of three courses relating to EMS incident command and management of multiple patient scenes in Millington in June. Approximately 25 people from six different agencies attended the first class. The second course in the series will cover patient extrication and a walk-through of EMS ICS on July 20, and the final drill on July 27 will involve a real-time multiple patient incident.

Leslie conducted two separate courses related to triage and EMS-ICS to volunteers and paid staff at Lane Rural Fire and Rescue in early July. More than 60 people participated.

Donna will teach the following classes this month:

- **July 20:** Pediatrics at Crooked River Fire;
- **July 23:** Stroke assessment in Condon;
- **July 27:** Documentation at Sherman County EMS.

Leslie will teach the following classes this month:

- **July 16:** Altered mental status in Chemult;
- **July 20:** Patient extrication in Millington;
- **July 21:** Summer emergencies in Myrtle Point;
- **July 27:** MPS drill in Millington.

Further details on the above courses can be found at [http://home.teleport.com/~ohdmtu/mtu](http://home.teleport.com/~ohdmtu/mtu). A PHTLS class is scheduled at Baker City the first weekend of August. Contact Donna Wilson for more information.
Upcoming events


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