EMS Advisory Committee reviews proposed rules

The Oregon EMS Advisory Committee reviewed the proposed rules at its March 5 meeting. This was after the public hearing on the rules, which was held Feb. 24.

The effort to revise the rules for EMS started because the EMS labels for the levels of providers are being changed at the national level. A joint work group was organized with the Oregon Medical Board’s EMS Committee. Here is a review of some of the significant issues.

Division 250 – Ambulance Service Licensing

A new definition was added for “ambulance-based clinician,” which is a registered nurse, physician or physician assistant who staffs an ambulance.

Section 250–0045– (B)(f) of the rule as revised would require every patient to be notified of the destruction of a patient care report. The EMS and Trauma Systems Program proposes to change the language from “Notifying a patient of the potential destruction of a patient care report” to “Notifying a minor patient, or the parent or guardian of the minor patient of the potential destruction of a patient care report form.”

Division 255 – Ambulance Vehicle Licensing

The revised rules proposed to require ambulances to carry pulse oximeter units on ambulances if they are using pharyngeal esophageal airway devices. Comments expressed concern about the potential cost to agencies if they are required to carry pulse oximeter units. Most ambulance services in Oregon are meeting this requirement already. The state EMS Committee also suggested that, during the next rule changes, end tidal CO2 monitoring also be added. In looking at the 250 rules that govern the licensure of ambulance services, CO2 devices that change a coloric metric cannot be used for continued monitoring. It is a useful tool for initial placement but not for ongoing monitoring.
Dr. David Spiro, former chair of the EMS for Children Committee, asked that the rules include the pediatric list of equipment recommended by the National Ambulance Agency. This list would require ambulances to have specific pieces of equipment. Equipment now mandated in Oregon is broad-based as opposed to specific. The list will be considered when the rules are updated again in 2011.

**Division 265s – Emergency Medical Personnel**

Oregon is facing a challenge with the national level changing the description of EMTs. The new national language replaces the “EMT-Basic” designation with “Emergency Medical Technician,” a term Oregon law uses to refer to all levels of EMT. The draft rules proposed using the term “Emergency Medical Provider” to refer to all levels of EMT and First Responder. Nationally, the term “First Responder” will be replaced with “Emergency Medical Responder.” However, both “First Responder” and “Emergency Medical Technician” are defined in state law. These definitions cannot be changed in rule.

Following discussion, the committee suggested that our language stay the same until the Legislature has an opportunity to consider updating the statutory language.

**Issue: The definition of “preceptor”**

The definition would be revised to require two years’ field experience. The individuals who run skills labs are also defined as “preceptors.” Following discussion it was recommended that skills lab be removed from the definition.

**Issue: Increase fees**

The revised rules propose a three-step fee increase beginning with an increase for initial applicants, testing and endorsement (reciprocity) applicants when the rules take effect. Recertification fees will be increased after the next recertification cycle in 2011. Another proposed increase would take effect in 2013 after the recertification period that year. In some states, the EMS program is subsidized by tax dollars. In Oregon, it is not. Increasing fees would assure funding for the EMS program.

Several volunteers have asked why they should pay for recertification when they are volunteering. The cost for operating a licensing and certification program exists whether individuals are volunteers or paid. Unless other funds are made available to cover these costs, the fees are necessary.

**Issue: Experience in lieu of an associate degree**

House Bill 3097 mandated that the EMS and Trauma Systems Program identify some level of experience as an equivalent to the requirement that paramedics in Oregon earn an associate degree. The program recommended “Having worked for three of the prior five years as a paramedic” as an acceptable substitute for the associate degree. The committee unanimously voted to support the draft language.
**Issue: Unprofessional conduct**
The Legislature adopted a new law that applied to all licensed health care personnel. Section 0080 will be modified to refer to this section of state law rather than attempt to reproduce it in rule.

**Issue: EMT continuing education**
Section 0110 added skills verification for First Responders and Basics. The committee recommended that this apply to Intermediates and Paramedics, but not to First Responders and Basics.

**Issue: Distributive continuing education**
The current rules provide that no more than half of continuing education can be provided in a distributive manner. There is a concern that continuing education should be active instead of passive. The provision is modified in the proposed rules for online continuing education, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

The EMS and Trauma Systems Program will be working to finalize the draft rules. The rules are expected to take effect this summer.

---

**Results now available for the State EMS Database Pilot Study**

The EMS Patient Encounter Database Pilot Project collected data for May 2008 from as many Oregon EMS agencies as possible. The data is stored in a statewide electronic EMS reporting platform (ImageTrend) and then evaluated in an attempt to characterize EMS care in Oregon.

Questions such as “How many EMS calls are there per month? What are the causes of injury? What types of procedures are performed? and What types of medications are administered?” were addressed.

For the pilot sample, 27,474 EMS records were collected from 116 agencies. These data represent 106 transport agencies and 10 non-transport agencies; data was included from all 36 Oregon counties. An aggregate report describing the pilot sample is currently available for download on the Oregon State EMS Web site at www.oregon.gov/DHS/ph/ems/docs/2009/OR_EMSfactsheets2009.pdf.

Soon, each participating agency will receive a letter detailing how to log in to ImageTrend and retrieve a report specific to the agency. This will allow agencies to see how their individual results compare to the aggregate results.
State Trauma Advisory Board

The State Trauma Advisory Board will meet on April 9, 2010, at 9:30 a.m. in Room 1B. Several new members have been appointed by the Department of Human Services. The new members are: Wendy Wittenburg, RN B.S.N., Redmond; William Long, M.D. FACS, Portland; Lori Morgan, M.D. M.B.A., Portland; Joe Raade, EMT-P, Cottage Grove; and Jana Perry-Ellis, RN B.S.N., Boise, ID. All have been appointed to four-year terms. Also reappointed to a second four-year term is Susan Benedict, RN, from The Dalles.

April area trauma advisory boards meeting dates include ATAB 2, which will be held April 15, 2010, 6 p.m. at Good Samaritan Regional Medical Center in Corvallis, Ore.; ATAB 6, which will be held April 20, 2010, 3:30 p.m. at Mid-Columbia Medical Center in The Dalles, Ore.; and ATAB 5, which will be held April 21, 2010, 5 p.m. at Three River Community Hospital in Grants Pass, Ore.

First Responder 2010 recertification

Recertification instructions

Instructions for the online process will be mailed out to all certificate holders during the first week of April with their personal identification numbers (PIN). Additionally, step–by–step instructions will be posted on our Web site along with a Frequently Asked Questions page: www.oregon.gov/DHS/ph/ems.

The recertification fee is $15 and payment will be accepted online via Visa or MasterCard.

Fingerprints/background checks

EMS and Trauma Systems staff will conduct a Law Enforcement Data Systems (LEDS)-based, criminal history check on all recertifying applicants. Any arrests and/or convictions not previously reported to DHS–EMS must be disclosed on your application. If necessary, a prehospital standards representative will contact you for more information.

For those who currently reside outside Oregon, or have done so for 60 or more consecutive days since you were last certified, a national check is required. A fingerprint card and an additional $47.25 fingerprint processing fee are required for these applications. All applications must be submitted by the May 31, 2010 deadline to avoid the late fee. Instructions for fingerprinting will be provided when you apply online or you may contact our office for more information.


**Group payment rosters**

Thank you to those agencies that submitted their group payment rosters by the March 1 deadline! Those agencies have been mailed an invoice to pre-pay their first recertification fees and assist with the online application process of their personnel. If you submitted a group payment roster by March 1 and did not receive your invoice, please contact Nancy Gillen at 971-673-0526 or nancy.j.gillen@state.or.us.

If you missed the March 1 deadline, you will not be eligible to pay for your personnel as a group.

**Certification status/verification**

If you did not apply to become an Oregon First Responder after the 2008 changes in Oregon Administrative Rule, you may not be certified through the state. To verify your certificate status, or the status of your personnel, you may visit our Electronic Certificate Verification Page on our Web site: www.oregon.gov/DHS/ph/ems/profeson/verification.shtml.

If you are not currently certified as an Oregon First Responder, you will need to successfully complete a state–approved, U.S. Department of Transportation First Responder course. Our Web site shows a contact list for several of the approved Oregon First Responder training agencies.

For any additional questions regarding your current First Responder certificate status or recertification, you may contact Joanna Faunce at 971-673-0532 or joanna.k.faunce@state.or.us.

**Mobile Training Unit (MTU) update**

In February, Leslie and Donna taught PHTLS courses in Reedsport and The Dalles. Both courses were well attended and included volunteers as well as paid personnel.

Donna conducted an EMS refresher course to EMTs from Richland, Halfway and other neighboring areas. Several topics were discussed at length including the application of capnography in EMS care and the concept of STEMI system-wide care.

Leslie traveled to Agness in March and conducted a skills refresher for the crews on cardiac arrest management and spinal immobilization/patient packaging. Twelve people attended the course including firefighters, recently certified First Responders and Intermediates. A second skills refresher course for the area will be held June 5.
Leslie conducted two trainings for the crews at Mohawk Valley Rural Fire Department on EMS incident command and triage. The attendees enthusiastically participated in the tabletop scenarios.

The MTU will conduct a 48–hour paramedic refresher course over three weekends in LaGrande this year. The dates of the course will be April 23-25, June 11-13 and Sept. 10–12.

The MTU will be teaching the following classes through mid–April:
- 3/22: Triage at Sisters Fire
- 3/22: Splinting skills in Millington
- 3/23: Megacode skills in Myrtle Point
- 3/24: Respiratory emergencies at Vale Ambulance
- 3/30-3/31: PHTLS in Klamath Falls
- 4/1: Cardiac medications in Milo
- 4/5: Topic TBA in Paisley
- 4/5: Childbirth at Wolf Creek Fire
- 4/8: Triage at Mist–Birkenfield
- 4/8: Blood-borne pathogens in Milo
- 4/10: PEPP in Molalla (full)
- 4/19: Geriatric trauma in Lincoln City
- 4/20: 12-lead review in Sherman County
- 4/21: Patient packaging/extrication drill in Boardman

Further details on the above courses may be found at http://home.teleport.com/~ohdmtu/mtu/.

As a reminder, the new categories for recertification as well as the expanded hours for recertification are now in effect. The total hours required for this recertification period are 12 hours for First Responders; 24 hours for EMT-Basics; 36 hours for EMT-Intermediates; and 48 hours for paramedics. All certification levels are also required to demonstrate proficiency in specific skills. A summary of the hours, subject categories and skill competencies may be downloaded at http://egov.oregon.gov/DHS/ph/ems/rules.shtml. Scroll to the subheading “Oregon Administrative Rules” and click on the “Appendix 1” link.

**Paramedic practical skills examinations in 2009**

Seventy paramedic students were tested in Oregon in 2009. Of these, 16 passed the exam on their first attempt (before the same day retest). Another 44 passed the exam on their second attempt and four passed the exam on their third attempt. Six students did not pass the exam.
### EMS Program activity

**FEBRUARY 2010 EMT STATISTICS**

<table>
<thead>
<tr>
<th></th>
<th>FAILED</th>
<th>PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC EXAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written exams</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>Practical exams</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td><strong>INTERMEDIATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written exams</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Practical exams</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>PARAMEDIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written exams</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Practical exams</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>RECIROCITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Certificates</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td><strong>RECERTIFICATION AUDITS</strong></td>
<td>Audit required</td>
<td>Complete</td>
</tr>
<tr>
<td>Basic</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Intermediate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Paramedic</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**EMT–Advisory news and updates– Dave Lapof, Chair**

The EMT-A Committee met Feb. 26 and reviewed the following: We heard a report from committee member Toni Grimes, Paramedic, on the success of the flu clinics they assisted with in Marion County. More than 72 percent of the citizens they vaccinated said they would not have received the flu shots/mist had it not been for these clinics. The EMT-A has formed an ad hoc committee to determine if the temporary rule, which allows EMT-I’s and -P’s to administer these vaccinations, should be permanently added to the scope of practice. They will meet March 17 at 11 a.m. For more information visit the Oregon Medical Board’s Web site. The committee’s report will be presented at the May meeting. If your organization has held or assisted with flu clinics, please forward your comments to me at dlapof@comcast.net.

We also heard a report from the EMS Office on the Advance EMT scope of practice and how it would fit into the current rule. The committee approved the first reading and will have the second reading at the May meeting. The committee may, at that time, adopt the language or
defer it to another meeting.

Dave Lapof, EMT-Basic, is coming up to the end of his term. There are term limits (two- to three- year terms) for committee members. The rules state the committee will have two doctors and three EMTs from a mixture of both the urban and rural areas, and the east side and west side of our state. For the past number of years we have been fortunate in having all three levels of EMTs on the committee and a good mixture of rural and urban. While Dave has filled the EMT-Basic position, it is not a requirement that a Basic be the replacement. Please look around your organizations and see if you have someone interested in applying. The single biggest requirement is the desire to improve how prehospital care is delivered in Oregon and the willingness to be involved. More information and the application are available on the Oregon Medical Board’s Web site.

Our meetings are open to the public and the committee frequently solicits input for those attending. Please be part of the process.

Stay safe, play hard and keep an eye on your partner,

Dave.

10th Annual Emergency Medical Services Pediatric Conference
Oregon’s largest pediatric pre-hospital and hospital emergency care conference.

When: May 21 and 22, 2010
Location: Lane Community College
Continuing Education Credits Available
EMT’s, paramedics, first responders, and nurses

Pre Conference Fee: $55.00
Main Conference Fee: $125
Skills Competition: No charge registration limited

Pre Conference Session
Friday, May 21, 8 a.m. to noon

Laura Criddle, PhD RN
OHSU Pediatric Critical Care

Main Conference Session
Friday, May 21, 1 p.m. to 5:30 p.m.
Friday, May 22, 8 a.m. to 4:30 p.m.
Online registration, payment information, lodging and the completed conference schedule available at www.oregonemsc.org

If you have questions about the conference, e-mail Anne Hallinan, anne@marronehallinan.com

Upcoming events

One size doesn’t fit all: Safe care of the very large patient

The first-ever joint Washington-Oregon conference on Safe Care of the Very Large Patient, will be held Tuesday, April 6, 2010, at the Doubletree Hotel Portland-Lloyd Center in Portland, Oregon. For information, go to www.wapatientsafety.org/activities/conferences.html.

This conference is the place to find the latest information about caring for obese patients: issues such as maintaining skin integrity; preventing injury to staff; procedure- and surgery-related safety issues; medication safety; and much more, including transitional care issues. The content is designed for hospitals, nursing homes, ambulatory surgery centers, and other health care settings.

Keynote presentation by Dr. Keith Bachman will be "Weight, Weight Bias, and Obesity: The Challenge of Obesity in the Health Care System." Dr. Bachman is the clinical lead for Kaiser Permanente's Weight Management Initiative. He is also the physician lead for Kaiser Permanente Northwest Region’s weight management and obesity prevention activities and the medical director for the Severe Obesity/Bariatric Surgery Program. Dr. Bachman maintains a primary care internal medicine practice.

The $125 registration fee includes continental breakfast, breaks, lunch, materials and parking; it is discounted to $100 for members of any of the planning organizations: the Washington Patient Safety Coalition, the Oregon Patient Safety Commission, the Washington State Association for Healthcare Quality, and the Oregon Association for Healthcare Quality. (Participants in the Oregon Patient Safety Commission’s adverse event reporting program are considered “members” for the purpose of this registration.) In addition, anyone who registers for this April conference will receive a coupon for $50 off the cost of registration to the WPSC’s May conference in Seattle.
Please note that space is limited, so register soon!

**EMS Week:** May 17-21 is EMS week this year!

**MAY 19, 2010** The EMS and Trauma Systems Program and ODOT plan to showcase Oregon’s EMS providers and agencies and at the State Capital Mall Park Grounds. Join us for equipment and vehicle displays, EMS demonstrations and the opportunity to meet and greet staff from ODOT and the EMS Office. Our goal is to raise awareness about the importance of well-trained and properly-equipped emergency medical service providers.

Some of our key messages include:

- Oregon’s EMS and Trauma Program works with agencies and providers statewide to ensure that all Oregonians receive the best care possible in emergency situations.
- Properly trained and equipped emergency services providers save lives.
- Pediatric emergency patients have unique needs.
- A quality EMS system can respond efficiently to traffic crashes can reduce fatalities and catastrophic injuries; Oregonians can prevent crashes by driving safely and cautiously.

If you would like to participate or have a suggestion for activities or displays, please e-mail Liz Morgan at Elizabeth.e.morgan@state.or.us.

The second **EMS Leadership Symposium** sponsored by the Oregon Office of Rural Health will once again be held concurrently with the EMSC Conference on Friday, May 21. Conference details for both events will be forthcoming.

The **EMS Supervising Physician and Agency Managers Forum** is planned for May 20, 2010, in Eugene.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Staff contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical</td>
<td>PROGRAM STAFF</td>
</tr>
<tr>
<td>Position</td>
<td>Name</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Examination Assistant</td>
<td>Veronica Seymour</td>
</tr>
<tr>
<td>Prehospital Standards</td>
<td>Elizabeth Morgan</td>
</tr>
<tr>
<td>Specialist</td>
<td>Joanna Faunce</td>
</tr>
<tr>
<td>Justin Hardwick</td>
<td>EMT-P, EMS Prehospital</td>
</tr>
<tr>
<td>Standards</td>
<td></td>
</tr>
<tr>
<td>Mobile Training Unit</td>
<td>Donna Wilson</td>
</tr>
<tr>
<td>Coordinator</td>
<td>Leslie Huntington</td>
</tr>
<tr>
<td>EMS for Children</td>
<td>Philip Engle</td>
</tr>
<tr>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>Trauma Systems</td>
<td>Susan Werner</td>
</tr>
<tr>
<td>RN, BSN, MAS, Trauma and</td>
<td>Donald Au</td>
</tr>
<tr>
<td>Tertiary Care Program</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Susan Harding</td>
</tr>
<tr>
<td>EMS/Trauma Research Analyst</td>
<td></td>
</tr>
<tr>
<td>Administrative Specialist/Trauma</td>
<td></td>
</tr>
<tr>
<td>Registrar</td>
<td></td>
</tr>
</tbody>
</table>