Mobile Training Unit

The Public Health Division has been working with the Governor's Office to minimize the effect of budget cuts to the Mobile Training Units. The division has announced that funding for one of the two mobile training units will be extended through this fiscal year, which ends June 30, 2011.

These are difficult times, and there are no easy choices about where to make the cuts necessary to balance the state budget. This extension is being done by moving dollars out of other important programs, but the division believes that is a better choice than completely and abruptly cutting the training units. While this action is not sustainable in the long run, it will allow time to plan for changes to the program.

During the coming months the division will work with the State EMS Advisory Committee to quantify the training needs and explore other ways we might be able to meet those needs. I hope that you will work with us to help find creative ways to address these challenges. The State EMS Advisory Committee will meet Friday, Sept. 10, at 1:30 p.m. in Room 1 B of the Portland State Office Building.

The support expressed for the mobile training units has been most gratifying. As the Governor noted, the challenges facing Oregon state government require making some very difficult and unpleasant choices.

The MTU training schedule is being consolidated and notices will be sent out to agencies affected by the consolidation as we eliminate one of the MTUs. The options will include rescheduling, consolidation of training and the use of alternative training methods such as webinars.
2009 annual injury in Oregon report released

Injury is among the leading cause of death and hospitalization in Oregon. Although injuries are inaccurately considered random events, injuries are preventable, and making injury a top public health priority assures reduction in Oregon’s injury burden. In 2007, more than 2,400 Oregonians died as a result of injury, and more than 18,400 were hospitalized as a direct result of injuries.

In 2007, the leading cause of injury mortality in Oregon was suicide, at 15.5 deaths per 100,000 (age-adjusted). This was more than 600 deaths in 2007. Suicide contributes to more than 10,000 years of potential life lost (YPLL) in Oregon each year.

Although generally declining, motor vehicle traffic-related deaths were the second leading cause of injury mortality in 2007, with a rate of 12.1 per 100,000 (age-adjusted).

Unintentional falls were the third leading cause of injury mortality in 2007 with a rate of 9.6 deaths per 100,000 (age-adjusted).

Unintentional falls are the leading cause of hospitalization due to injury.

Unintentional poisonings were the fourth leading cause of injury mortality in 2007, with a rate of 9.4 per 100,000 (age-adjusted).

Unintentional poisonings have increased faster than any other type of injury. More than 1,000 hospitalizations and more than 360 deaths resulted from unintentional poisoning in 2007.

Injury is responsible for more years of potential life lost in Oregon than cancer, heart disease or stroke. For persons under 45 years of age, injury is the leading cause of death in Oregon.


Oregon can take steps to minimize the risks of injury by modifying the environments, products, policies, and behaviors that facilitate or fail to prevent injury. These steps begin with understanding the effect and causes that lead to injury.

Emergency department visits for head injuries increases by 27 percent nationwide

The American Association of Neurological Surgeons (AANS) conducted a study using data from the National Electronic Injury Surveillance System (NEISS) and found that an estimated 446,788 sports-related head injuries were treated at U.S. hospital emergency departments in 2009. This number represents an increase of nearly 95,000 sports-related injuries from the prior year. To view results from the study go to http://www.aans.org/Patient%20Information/Conditions%20and%20Treatments/Sports-Related%20Head%20Injury.aspx.

Oregon First Responder recertification

On June 30, 2,129 Oregon first responder certifications expired. The renewal process this year used a new online recertification. As of July 15, 466 individuals’ certifications had expired; 1,543 had renewed their certification; 61 are in process; and 56 were certified at a higher level. There are also 565 new certified first responders, so the total number of certified first responders is 2,118.

The table below shows the types of problems that were identified during the past year while background checks were completed on all new and renewing applicants.

Total applican problems from 7/1/2009 – 7/1/2010
New Pediatric Educational Resource website

Washington State EMSC has released new pediatric educational resource website for acute assessment and management of pediatric trauma. Go to http://depts.washington.edu/pedtraum/.

EMS Program activity

JUNE 2010 EMT STATISTICS

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Questions about the new rules

The EMS and Trauma Systems Program has adopted new rules. These may be found at http://www.oregon.gov/DHS/ph/ems/rules.shtml.

A couple of problems have been identified and temporary rules are being established to address them:
1. Section 333-265-0070(1) (b) clarifies that an ambulance must be staffed with at least one certified emergency medical technician as specified in ORS 682.204.

2. In Section 333-265-0090(3), the time frame was inadvertently left out. It will now read (underlined text is added):

   (3) If an EMT requests reinstatement of the higher level of certification after one year, but less than two years the EMT must complete the requirements specified in OAR 333-265-0105.

3. Section 333-265-0105 (2) inadvertently removed the ability for a corticated holder to reinstate after more than one year but less than two years of expiration. It will now read:

   (2) To reinstate an Oregon First Responder, EMT-Basic, EMT-Intermediate, or EMT-Paramedic certificate that has been expired for more than one year, but less than two years, a certificate holder must submit a completed application for certification with the appropriate fee and successfully complete a Division approved reinstatement program described in these rules.

**Question:**
Can a paramedic choose to revert to a lower level certification? Can an EMT-Intermediate revert to an Advanced EMT?

This issue is generally addressed in 333-265-0090, Reverting to a lower level of EMT Certification. Paramedics will be able to revert to certification as an EMT-Basic, Advanced EMT or EMT-Intermediate because their paramedic training meets or exceeds the training required for the EMT-Basic, Advanced EMT or Oregon EMT-Intermediate.

It is less clear in the case of an Oregon EMT-Intermediate. Obviously an Oregon EMT-Intermediate can choose to be certified as an EMT-Basic. The question of Advanced EMT is more problematic since it is not clear that the training of an EMT-Intermediate meets or exceeds the requirements of an Advanced EMT. Since the curriculum for an Advanced EMT is not spelled out hour by hour as the EMT-Intermediate is, the analysis will take more time.

The EMS and Trauma Systems Program will complete an analysis of the curriculum required for Advanced EMT.
Oregon EMS/Trauma Webinar Learning Series

The Oregon Office of Rural Health and the State EMS and Trauma Systems Office have partnered to bring web-based education to EMTs and emergency providers throughout Oregon. To access this free distance education opportunity, you must register for each presentation separately by e-mailing Kassie Clarke at clarkek@ohsu.edu. Announcements will be sent a week in advance of the presentation to everyone who has previously registered for a webinar.

Webinars will be held on the second Tuesday of each month at noon Pacific Time. Presentations will last approximately one hour and will be recorded for those who cannot attend the live presentation. Continuing education (CE) credits will be available for those who are able to attend the live presentation. You must respond to an online survey after the presentation in order to receive a CE certificate.

For more information, go to www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/events/ems-trauma-web-learning-series.cfm.

Two Oregonians named to National EMS Advisory Council

Kyle Gorman, executive officer of Clackamas County Fire District No. 1, and Dr. Ritu Sahni, Oregon EMS and Trauma medical director, were re-appointed to the National EMS Advisory Council for another two-year term. These appointments were made by U.S. Transportation Secretary Ray LaHood. The council, first chartered by the U.S Department of Transportation in 2007, provides expert emergency medical services (EMS) advice to the department and its federal partners. It makes recommendations on key issues in the EMS field, including recruitment and retention of emergency medical service personnel, quality assurance, federal grants for emergency services, and preparation for multi-casualty incidents.

“Experts who serve on the National EMS Advisory Council provide invaluable guidance to our National Highway Traffic Safety Administration,” said Secretary LaHood. “We are grateful for the service of our new appointees.”

Justin Hardwick

Justin Hardwick, EMS standards specialist, has resigned from the EMS and Trauma Systems Program to take a teaching position with Lane Community College. We wish him the best with his new position.
Greetings from the Oregon EMS Conference Committee

This year is shaping up to be quite the year for new local and national events, and your Oregon EMS Conference is having a number of “firsts.”

For the first time Salem, the state capital, will host the Oregon EMS Conference. The Salem Conference Center is a great facility to host the largest EMS conference in Oregon.

Another first is our keynote speaker, Randolph Mantooth, – Johnny Gage from the show “Emergency.” He will be making his Oregon debut. Mantooth’s character, Johnny Gage, and his partner Roy DeSoto (played by Kevin Tighe) were the motivation for thousands of folks to become paramedics and enter the world of EMS. While these actors played the role, it was really James Page, the “grandfather of EMS,” who was the nuclei for the movement of pre-hospital care as we know it today. Page’s knowledge led this show to portray pre-hospital providers as has never shown before. A substantial contribution from Life Flight Network is supporting Randolph Mantooth’s speaking engagement at the conference.

And, finally, we are having our first Cadaver Lab. The conference committee has been trying for years to host one of these educational opportunities. The elements have come together in Salem to make this excellent training opportunity available. Class size will be limited but those involved will see firsthand how the treatments you practice enter the human body. Students will be able to perform skills they’ve only been able to previously do on manikins. Thanks to the Oregon Health & Science University and Salem Hospital for their partnership in bringing you this opportunity.

Salem and the surrounding area have lots to offer both you and your guests for all sorts of entertainment. Personnel will be available at the registration table to help you pick one of the many events to experience while you’re in town.

I hope to see you during the conference and remember, as always, play safe, train hard, and keep an eye on your partner.

Dave Lapof
Oregon EMS Conference Committee Chair

For more information see:
# Resources

## Emergency Medical Services and Trauma Systems Program

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**Public Health Division**  
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Phone: 971-673-0520

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