Immunizing vulnerable populations using EMTs
by: Shawn Baird, EMT-P, Paul Bollinger, MPH and Denise Giard, MBA, MPA, EMT-P

The five counties that participated in the project represented more than 46 percent of the total H1N1 patients hospitalized and 34 percent of the deaths statewide. Vulnerable populations have not had the same access to immunizations as the general population due to mobility, outreach and communication barriers.

Methodology
A committee was convened by the Oregon Public Health Division and determined the project must be supported by:

- A local advocacy group capable of and supportive of providing outreach;
- A health department that was a supportive partner;
- An EMS provider agency prepared to provide the logistics role of providing the immunizations.

Three models were developed by the health providers for receiving calls and scheduling appointments. Three counties had persons call the EMS dispatch center and schedule appointments. In one county the initial call was received by the State Flu Hotline and then referred to the EMS agency for scheduling. In another county calls were received by the local EMS agency and a coordinator screened and scheduled calls. All five counties followed the same procedure for vaccine administration. Additionally, each patient was provided with H1N1 information.

Results
Seventy individuals met the criteria for vaccination. The post survey results indicated that 55.2 percent lived alone and were homebound. More than 70 percent had previously received their influenza vaccine from their health care provider, and 38.9 percent were not previously vaccinated due to vaccine availability.

Incidentally, 80 percent received their public health information via the television. The partner organizations were also surveyed. Findings indicated that relationships
between the EMS agencies and the local health providers were greatly enhanced. All agreed that participation would be higher during the influenza season.

**Conclusion**
Public Health and EMS should actively seek opportunities to jointly participate in routine community health ventures in order to build a solid relationship in the event of future health emergencies.

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**EMS for children**

- On Aug. 4 Good Shepherd Hospital in Hermiston, Ore., Hermiston Fire Department, Umatilla Fire Department and Pendleton Fire Department conducted a pediatric MVC simulation training. The event was the third of four MVC trainings being conducted this year as part of the EMSC rural simulation training project in partnership with Life Flight Network, ODOT, OHSU and the Office of Rural Health.

To view photos and video from the event click on the link:  

- On Aug. 5 the National Highway Traffic Safety Administration held a public review on the draft Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances. Comments from various groups including EMSC were provided to the U.S. Department of Transportation on its draft Recommendations for Safely Transporting Children in Specific Situations in Emergency Ground Ambulances.

Click on the link below to view the draft recommendations:  

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**Staff update**

Joanna Faunce has resigned her EMS compliance specialist position and accepted a job with a private company. We wish her well.

Donna Wilson has been promoted to the EMS pre-hospital standards position.
Four steps for safer kids!

National Child Passenger Safety Week, Sept. 19-25, 2010

by: Lucie Drum, EMT-P, BS, Community Education Manager, American Medical Response NW

Child restraints save the lives of hundreds of children each year, yet motor vehicle crashes remain the leading cause of death for children. The National Highway Traffic Safety Administration (NHTSA) estimates 975 child occupants under age 14 die as a result of motor vehicle incidents each year. Child safety seats, when used properly, can reduce the risk of fatal injury by up to 71 percent. For a child safety seat to do its job right, it must be appropriate for child’s age and size, installed properly in the vehicle, and adjusted to fit the child securely. During NHTSA's National Child Passenger Safety Week (Sept. 19-25, 2010) traffic safety advocates, healthcare providers and EMS professionals will focus on providing resources and information to better protect children from motor vehicle crash risks. The Alliance for Community Traffic Safety (ACTS) Oregon is leading community outreach efforts in child passenger safety.

You can help by encouraging attendance at car seat check-up events (see calendar at www.childsafetyseat.org or call 1-877-793-2608), hosting or attending a training, distributing free educational materials (www.nhtsa.gov/Safety/CPS or www.childsafetyseat.org/store), adding a link on your website to ACTS Oregon, or downloading educational videos to share (www.research.chop.edu/programs/carseat and www.boosterseats4safety.org).

Make every ride a safer ride for children!
EMS Program activity

**JULY 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 [www.oregon.gov/DHS/ph/ems/rules_changes.shtml](http://www.oregon.gov/DHS/ph/ems/rules_changes.shtml).

**Question:**
Will the Department (DHS/EMS) accept a fingerprint record from another agency such as an employer, college, DPSST, Fire District, fire department or Private/Public EMS agency for the purposes of making a determination regarding First Responder or EMT certification/licensure?

**Answer:**
Title 28, Chapter 1, Part 50.12 of the Department of Justice rules prohibit the dissemination (sharing) of FBI Fingerprint Based background check results.
between entities (agencies) and are not subject to public record law. While the information obtained via a FBI fingerprint based background check may contain the same information it is important to note that the results have a limited shelf life, meaning they are only valid at that point in time. DHS/EMS policy allows the results to be utilized for purposes of making a determination regarding First Responder or EMT certification/licensure for up to sixty days. Additionally, entities, agencies and organizations may utilize different standards when determining if an applicant's background is a basis for denial, suspension or revocation of an applicant or certificate holder.

Per ORS 682 and 181 the Department DHS/EMS utilizes and considers the following when making a fitness determination regarding certification of an applicant or ongoing certification of a certificate holder:

- The nature of the crime
- The facts that support the conviction or pending indictment or indicate the making of the false statement
- The relevancy, if any, of the crime or the false statement to the specific requirements of the person's present or proposed position, services, employment, license, certification or registration and
- Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, certification or registration. (Intervening circumstances include but are not limited to the passage of time since the commission of the crime, the age of the person at the time of the crime, the likelihood of a repetition of offenses, the subsequent commission of another relevant crime and a recommendation of an employer.)

Bottom Line - The Department strives to ensure that individuals who are certified as Oregon First Responders or EMTs are competent, trustworthy and professional.

**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 registered for that 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 able to attend the live presentation. You must respond to an online survey after the presentation in order to receive a CE certificate. If you cannot make it to the live version and wish to view the recorded version, you can use this for up to 50 percent of each subject of required CE.

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

Upcoming events

Sept. 10, 2010. The EMS for Children Advisory Committee will meet Sept. 10 at 9 a.m. in Room 1B of the Portland State Office Building, 800 NE Oregon Avenue, Portland.

Sept. 16, 2010. The Emergency Health Care Task Force will meet on Thursday, Sept. 16, at 2 p.m. in the Portland State Office Building, 800 NE Oregon Avenue, Portland.

Oct. 8, 2010. The State Trauma Advisory Board is scheduled to meet Oct. 8 at 9:30 a.m. in Room 1B of the Portland State Office building, 800 NE Oregon Avenue, Portland.

The Oregon EMS Conference

OCTOBER 7-9, 2010 in the Salem Conference Center.

For the first time Salem will host the Oregon EMS Conference.

The keynote speaker will be Randolph Mantooth, -- Johnny Gage from the show “Emergency.” Mantooth’s character, Johnny Gage, and his partner Roy DeSoto were the motivation for thousands of folks to become paramedics and enter the world of EMS.

The Conference will have a Cadaver Lab. Class size will be limited. 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.

For more information see: www.oregonemsconference.com
Oregon EMS Directors & Managers Forum

October 8, 2010 at the Salem Conference Center, 200 Commercial Street SE, Salem.

**What is the forum?**

Come meet some of the other Oregon EMS Supervising Physicians/Medical Directors and Agency Managers. How do other agencies do EMS? What can we do to enhance EMS in Oregon? What works great in your system or with your agencies? In what areas do you have questions about or need new ideas?

For additional questions or comments about the forum contact:
Paul S. Rostykus, MD, MPH - Jackson County EMS Supervising Physician – (541) 601-9709 or drrostykus@jcems.net

Ritu Sahni, MD, MPH – Oregon State EMS Medical Director - (971) 673-0631 or ritu.sahni@state.or.us

The Fourth Annual Conference of the Oregon Stroke Network

Conference Brochure and Registration information also on our website: www.oregonstrokenetwork.org
### Resources

**Emergency Medical Services and Trauma Systems Program**

**Department of Human Services**

**Public Health Division**

800 N.E. Oregon Street, Suite 465A

Portland, OR 97232

Phone: 971-673-0520

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### Staff contacts

<table>
<thead>
<tr>
<th>Program Staff</th>
<th>Program Medical Director</th>
<th>Administrative Assistant</th>
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<tbody>
<tr>
<td>Robert Leopold, Program Director</td>
<td>Ritu Sahni, MD, MPH</td>
<td>Megan Dunford</td>
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<tr>
<td>EMS Kimberly Torris, EMT-P, EMS Prehospital Systems Manager</td>
<td>Shelly Shute, EMT Certification Coordinator</td>
<td>Nancy Gillen</td>
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<tr>
<td>Veronica Seymour, EMT Certification/Examination Assistant</td>
<td>Elizabeth E. Morgan, NREMT-P, EMS Prehospital Standards</td>
<td>Donna Wilson, EMT-P</td>
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<tr>
<td>Mobile Training Unit Leslie Huntington, EMT-P, Mobile Training Unit Coordinator</td>
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<tr>
<td>EMS for Children Philip Engle, EMS for Children Program Manager</td>
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<tr>
<td>Trauma Systems Donald Au, Trauma Systems Research Analyst</td>
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**Public Health Division**

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