



The SIREN



Beyond Lights and Sirens:

By Division of EMS Executive Director Richard Rucker

We are now in the middle of snow and ice season, so it becomes even more imperative that emergency vehicle drivers use extreme caution when responding to an emergency. Drivers operating their vehicles with windows closed, the heater blowing full blast, and radio playing makes it more difficult for them to hear and observe approaching emergency vehicles. Add that to wet and slick roadways and it is a recipe for disaster for everyone unless the driver is being extremely defensive.

According to Ohio State Highway Patrol statistics, there were a total of 105 fatal and 14,811 injury crashes on snow and ice from 2004 to 2006. Half of

all fatal and injury crashes on snow and ice during that period took place during normal commuting hours. Overwhelmingly, speeding was reported as the cause 74 percent of the time.

We know that it takes much longer to stop on wet and slick roadways, so the best advice for driving an emergency vehicle during this season is to slow down, stop before entering intersections, and never assume the other motorist is stopping until he actually does. Someone is counting on your help and will be left waiting if you are involved in a crash. Let's have an accident-free winter.

New Changes to SIREN Newsletter

The Division of EMS is always seeking better ways to communicate with our customers in the EMS and Fire arenas. Beginning with this issue, the Division of EMS newsletter will no longer be produced in hard copy format and mailed to agencies. Although the reduction in cost of printing and mailing were considerations, the primary reason to make the switch came from a need to find a means to provide more complete and timely information in a cost effective-format.

The Siren will continue to be a quarterly publication (January, April, July and October editions) but without the space constraints faced in the hard copy version. This gives us more space to provide you with useful and interesting information

dealing with EMS and Fire issues. To receive notification of the availability of the newsletter, sign up on our new EMS and Fire Listserv through our Web page –www.ems.ohio.gov. Just select The Siren from the EMS General Announcements drop-down menu.

In addition to the quarterly newsletter, the Siren Update will be coming out in the months in between. It will bring you more time-sensitive information from the state and federal level as well as provide information on upcoming meetings.

We hope you find The Siren to be a valuable resource. If you have suggestions on items you would like to see in future issues, please feel free to contact the Division of EMS staff.



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January 2009



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Alert!

House Bill 401 requires all active firefighters of all certification levels to renew their Fire Service certifications before **January 24, 2009**.

All active certified firefighters must complete the renewal process by **MIDNIGHT 1/24/2009** by logging onto our Web site at www.ems.ohio.gov and completing the registration and renewal process, or they will no longer be considered a CERTIFIED FIREFIGHTER and will not be able to lawfully FUNCTION in any capacity as a FIREFIGHTER.

Please go to the Website and renew TODAY. Please share this information with any firefighter you know that has NOT completed this process.

THIS IS THE LAW.

If you have any questions about this process, please contact the Division of EMS at 1-800-233-0785. Press option #2 for the Certification staff.

Meet the Trauma Committee

When the Ohio General Assembly created the statewide trauma system eight years ago, they included a section that set up a Trauma Committee that advises and assists the EMS Board on all matters regarding trauma care in the state.

By law, there are 24 members on the Trauma Committee. They are appointed by the Director of ODPS and selected from nominations made by state-level professional organizations. The members include:

- Two trauma surgeons (one adult, one pediatric)
- An orthopedic surgeon
- A neurosurgeon
- A burn surgeon
- An oral / maxillofacial surgeon
- Two emergency medicine physicians (one adult, one pediatric)
- A physical medicine / rehabilitation physician
- The chief medical officer of an air medical service
- A coroner
- Two nurses (one emergency, one trauma)
- A trauma registrar
- An ambulance service operator
- A fire chief
- An EMT (any level)
- Six hospital administrators / representatives (two trauma center, four non-trauma center hospitals)
- A victim advocate

While these 24 professionals are nominated by organizations like the Emergency Nurses Association, the Ohio Chapter of the American College of Surgeons, and the Ohio Association of EMS, they don't represent those organizations. Rather, they represent the best interests of all 11.5 million Ohio citizens, especially those who suffer injuries.

In order to be more effective at their work, the Trauma Committee has established liaisons with the Ohio Department of Health, the Ohio Hospital Association, and the Ohio Injury Prevention Partnership.

One of the tasks the law requires the Trauma Committee to carry out is the oversight of the Ohio Trauma Registry (OTR). OTR is similar to EMSIRS in its purpose and the way it works. It is a database that collects very detailed and specific information on all seriously injured people treated in Ohio's hospitals. It gathers data on who is getting hurt, how they are getting hurt, the treatments they receive, and their outcomes.

This data allows the Trauma Committee to monitor how well the trauma system is functioning. It also allows researchers to study trauma care. It was scientific investigation of the data in OTR that was the basis of the Trauma Committee's geriatric trauma triage study (see related article).

At present, the Trauma Committee meets on the second Wednesday of odd-numbered months. The meetings are open to the public, and attendance by people interested in trauma care is encouraged. Visit the monthly calendar on the EMS Web site for times and locations of these meetings.

ASK EMS

The Division of EMS Web page includes an "ASK EMS" button which allows our customers to submit questions to our staff.

Questions are directed to the most appropriate staff member and are generally answered within one business day. Some questions may take a little longer if research is needed to find the answer. In this section, we will be featuring some of our "frequently asked questions".

Is there currently a limit to the amount of CE that can be completed online and if not, are there any plans to do so in the future?

At this time, the Ohio EMS Board has not set a limit on the number of CE hours that can be obtained by online training. The Education Committee for the Ohio EMS Board is currently reviewing this situation. Any change in this area would have to go through the rule revision process and would most likely apply to the EMTs first full certification cycle after the effective date of the change.

It should be noted that the NREMT does have a limit on the number of hours that can be obtained online for renewal of their certificate. You should also check with your local Medical Director and/or Department Administration, as they may place limits on online CE for their personnel.

The Impact of the EMS Agenda for the Future

The EMS Agenda for the Future was published by the National Highway Traffic Safety Administration (NHTSA) in 1996 and outlined the goals that EMS needs to achieve to advance as a profession. The five major components in the EMS Agenda for the Future are National EMS Core Content, National EMS Scope of Practice Model, National EMS Education Standards, National EMS Education Program Accreditation, and National EMS Certification. Many of these goals were reiterated as identified needs in an Institute of Medicine report, *Emergency Medical Services at the Crossroads*, which was released on June 14, 2006.

The National EMS Core Content and the National EMS Scope of Practice Model have been completed, and the National EMS Education Standards are due to be released in January 2009. The final draft of the National EMS Scope of Practice Model contained language that the EMS Board and I felt placed EMS agencies and medical directors at undue liability risk for failure to comply with the psychomotor skill sets outlined within the document. In addition, the language implied diminished state authority over EMS scopes of practice, certification and licensure, and created a ceiling for each level of EMS provider regardless of additional skills that may be required to adequately serve their local communities. The Ohio Department of Public Safety, Division of EMS and the EMS Board were successful in our challenge of the previous language, and it was amended by NHTSA prior to the release of the final version. The psychomotor skill sets within National EMS Scope of Practice Model now represent the floor, or a minimum

standard, rather than the ceiling, and the document implicitly states that the state retains the authority over the determination of the scope of practice, education, certification and licensure of EMS providers.

The four levels of EMS professionals designated in the National EMS Scope of Practice Model are Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic. Although there are some minor variations in psychomotor skills, these levels closely correspond to the State of Ohio EMS certification categories of First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic, respectively. The National EMS Education Standards will reflect the levels within the National EMS Scope of Practice Model, as will subsequent textbooks published for EMS education programs in the near future.

Currently, the State of Ohio requires successful completion of the National Registry of Emergency Medical Technicians (NREMT) examination to become certified as an EMS provider. In November 2007, the NREMT Board approved a mandate that paramedic candidates must graduate from a nationally accredited education program to be eligible to take the NREMT examination effective January 1, 2013. The Ohio Department of Public Safety, Division of EMS and the EMS Board currently require EMS education programs to acquire state accreditation, a process that incurs no cost to our EMS education institutions. The only organization that provides national accreditation of EMS education programs is the

Committee on the Accreditation of Educational Programs for the EMS Professions (CoAEMSP), and five EMS education programs have electively acquired national accreditation through CoAEMSP, in addition to the required state accreditation.

The EMS Board has not made any final decisions about whether or not the Ohio will adopt all, part, or none of the National EMS Scope of Practice Model. During the past year, the EMS Board has been aggressively acquiring as much information as possible to determine the best avenue to follow for the future of EMS in Ohio. During the EMS Board retreat in January 2008, Drew Dawson, the Chief of EMS at NHTSA was invited to discuss the EMS Agenda for the Future. During his visit, we engaged in a candid dialogue with him about the National EMS Scope of Practice Model and the National EMS Education Standards as well as our concerns surrounding the NREMT's decision about national accreditation and paramedic examinations. In June 2008, the EMS Board held an open forum for Ohio's EMS education institutions to discuss the logistic and financial impact of a national accreditation requirement on the schools. George Hatch, the executive director of CoAEMSP, attended the open forum to explain the process to acquire national accreditation and to answer questions presented by the EMS Board and the representatives of the EMS education institutions.

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Earning CE Course Credit by Distance Education

Effective December 27, 2008, the State Board of EMS began accepting continuing education (CE) course credit earned through online education and distance learning formats. By board definition, online education courses are delivered by correspondence, telecommunications, internet and Web-based media, or combinations of media, and may include some on-campus attendance.

Distance learning courses are to be taught in real-time and must be interactive between the student and the entity offering the course. Each CE course must meet the criteria established by the board in Ohio Administrative Code 4765-19-01. It is important that you read the entire rule for a complete understanding of the rule's requirements.

When selecting any CE course to renew an EMS certificate to practice, make sure the course is at least one-half contact hour in length, related to EMS operations or patient care, and generates a certificate of course completion. Online education and distance learning CE courses must include a testing process to be accepted by the board. If the CE course includes a skills practicum component, there must be documentation of a skills evaluation.

There are many sources of online education and distance learning CE courses. The board does not endorse any particular vendor nor does it accept all the courses a vendor might offer. It is up to the EMS provider to select the online education and distance learning CE courses based on their own personal and professional needs.

The EMS provider should be sensible and cautious when selecting online education and distance learning CE courses. Each EMS continuing education course must be provided by one of the sources listed in OAC 4765-19-01 to be accepted as CE credit. These include courses provided and approved by a branch of the United

States military, a board-approved Ohio EMS accredited institution and a board-approved EMS continuing education program.

Any CE courses related to EMS operations and patient care approved by the Continuing Education Coordinating Board for Emergency Management Services (CECBEMS) are universally accepted for CE credit by the Board. A CE course approved by CECBEMS will be identified with a course approval number that will also appear on the certificate of completion. A current list of CECBEMS approved distance education providers and courses can be found on CECBEMS Web site.

The board also accepts CE courses provided and approved by an EMS licensing agency in another state. Typically, online education courses approved by an EMS licensing agency will identify the state and the department or EMS division that has approved the course. It may state the WV Bureau of EMS or the Texas Department of Public Safety or the California EMS Authority. If there is a question about the validity of the licensing agency, call the online vendor for clarification.

In addition, the board also accepts CE courses related to EMS operations or patient care that are approved by a medical or nursing board of this state or another state. The online education and distance learning CE courses will identify both the state and licensing board and will generally have an approval number listed with the CE course. That approval number will appear on the certificate of completion that is generated when all course requirements are met.

Federal, national or state entities such as an Emergency Management Agency and Homeland Security provide and approve courses that are accepted by the board. The most familiar courses, IS-100 and IS-700, are required for all firefighters and EMS providers in compliance with the National Incident Management System (NIMS). Both courses are offered online through the Federal Emergency Management Agency (FEMA) and accepted by the board.

The board will also accept CE courses provided and approved by the American Red Cross, the American Heart Association and the American Safety and Health Institute.



EMSC Survey Results

The Ohio EMSC program conducted surveys of Ohio hospitals and EMS agencies in early 2008 to meet requirements of the Federal EMSC program. The surveys were available on the Ohio EMS Web site, and hospitals and EMS agencies were sampled in order to avoid trying to collect information from every hospital and EMS agency in the state. Presentations to the EMS Board for each of the survey topics will be made available on the EMS Web site in the near future.

Hospital Results

The hospital survey included questions about transfer agreements and transfer guidelines for pediatric patients. A total of 60 hospitals were asked to complete the survey; 51 fully completed the survey, for an 85 percent response rate. The requirement for the survey is at least an 80 percent response rate.

Survey respondents indicated the following:

- 67 percent of Ohio hospitals have written pediatric inter-facility transfer agreements
- 10 percent of Ohio hospitals have written pediatric inter-facility transfer guidelines that include all 9 necessary components

The target for 2008 for both items is 40 percent; by 2011, the target is 90 percent.

Ohio's hospitals are currently doing well with transfer agreements, but there is still room for some improvement. Much improvement is needed in having written transfer guidelines. Ohio's EMSC Committee is forming a workgroup on pediatric preparedness for emergency departments to address this issue.

EMS Agency Results

The EMS agency survey included questions about pediatric medical direction and pediatric equipment. A total of 250 agencies were asked to complete the survey; 109 had completed the survey by the end of March, for a 44 percent response rate. As the requirement for the survey is an 80 percent response rate, the survey is still available on the Ohio EMS Web site for those agencies who have not participated.

Survey respondents indicated the following:

- 62 percent of BLS services have online pediatric medical direction available on-scene
- 80 percent of ALS services have online pediatric medical direction available on-scene
- 69 percent of BLS services have offline pediatric medical direction available on-scene
- 93 percent of ALS services have offline pediatric medical direction available on-scene

Overall, 72 percent of all services have both online and offline pediatric medical direction available on-scene.

- 18 percent of BLS vehicles carry all of the required equipment
- 21 percent of ALS vehicles carry all of the required equipment
- 22 percent of BLS agencies report that all their BLS vehicles carry all of the required equipment
- 19 percent of ALS agencies report that all their ALS vehicles carry all of the required equipment

Overall, 20 percent of all agencies report that all their vehicles carry all of the required equipment.

As with the hospital data, the target for 2008 for both items is 40 percent; by 2011, the target is 90 percent.

In general, Ohio is doing well with pediatric medical direction, but still needs some improvement, especially with BLS providers. A significant improvement is necessary in pediatric pre-hospital equipment. Even though Ohio ALS providers indicated that they carry almost all of the required equipment at a rate of 80 percent or higher, the number of agencies with all of the equipment on all of their ambulances is still low.

The survey is available on the Ohio EMS Web site, www.ems.ohio.gov, then select "EMSC" from the left-hand column. Ohio's EMSC Committee is forming workgroups on pediatric medical direction and pediatric pre-hospital equipment. If you are interested in working with us, please contact Joe Stack at jestack@dps.state.oh.us for more information.

Finally, as stated above, the response rate for the EMS Agency Survey is still low. You can help Ohio EMSC greatly by checking to see if your service is listed and by answering the survey, or by contacting a service listed to remind them.

A list of agencies whose responses are needed and a copy of the AAP/ACEP Guidelines are available on the Ohio EMS Web site, www.ems.ohio.gov. The "surveys" link is in the left-hand column. The agencies who were contacted about the survey are listed by county and EMS ID number.

Thank you to all hospitals and EMS agencies who responded to the Ohio EMSC surveys. You have helped us get a better picture of where Ohio stands in delivering emergency care to children.

New Option for Reinstatement for EMT Certifications

The State Board of EMS has passed a new rule to allow for a second option for reinstatement of lapsed/expired certifications.

OPTION 1

The reinstatement process of passing the reinstatement exam, the National Registry Assessment Exam, is still the only option for any person who allows their certification to lapse because they did not complete all con-ed requirements during their three-year certification period and did not make application for renewal before the expiration of their certification.

OPTION 2

The “new” option affects only those certification holders who have completed all con-ed requirements for renewal before the expiration of their current certification but failed to make application for renewal in a timely fashion. If an applicant who’s certification has been expired for less than 90 days and failed to make application on or before the expiration date but have completed all educational requirements for renewal before the expiration of their certification, they can complete the following:

1. Submit a completed application for reinstatement and a completed DMA Licensure form. Both are located on the EMS Web site.
2. Submit proof of completion of all educational requirements for audit. Once the audit is complete, the applicant will be informed they are eligible for this option for reinstatement.
3. They will then submit a completed remittance form along with an application fee of \$75. This payment must be made in the form of a check or money order.

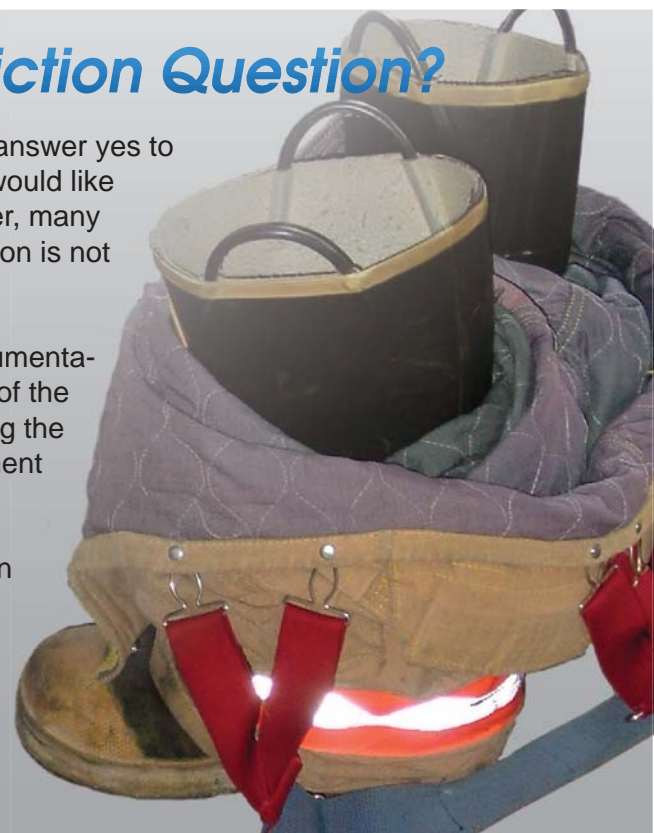
If you meet the criteria for this option, it is the responsibility of the certification holder to contact the Certification Section of the Division of EMS within 90 days. There is NO grace period for this option. If you do not start this process within 90 days of the expiration date of your certification, you are not eligible to reinstate using this option and must then reinstate by taking and passing the reinstatement exam as described in option #1 noted above.

Did You Answer ‘Yes’ to the Conviction Question?

Have you applied or renewed your Fire or EMS certifications? Did you answer yes to the “conviction question?” The Division of EMS Investigative Services would like to ensure that your application is processed in a timely manner. However, many times applications are delayed due to the fact that required documentation is not received.

The Ohio Administrative Code outlines requirements for submitting documentation with applicants who answer “yes” to the conviction question. Some of the most common issues that delay the application process are not providing the Declaration of Criminal History, certified court records and law enforcement agency reports.

The Declaration of Criminal History form also outlines the documentation required to be submitted with the application. The form can be found on our Web site at www.ems.ohio.gov, under Online Services. If you have any questions, please contact an EMS Investigator.



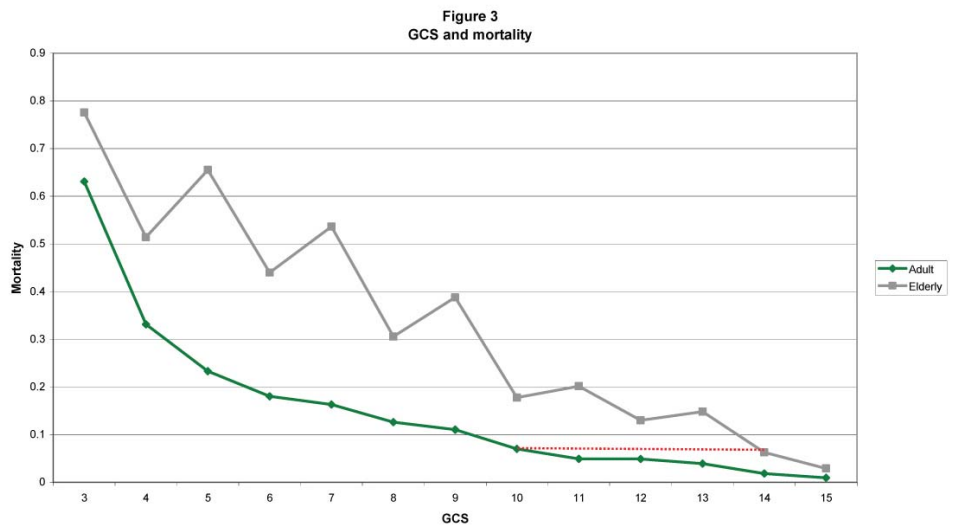
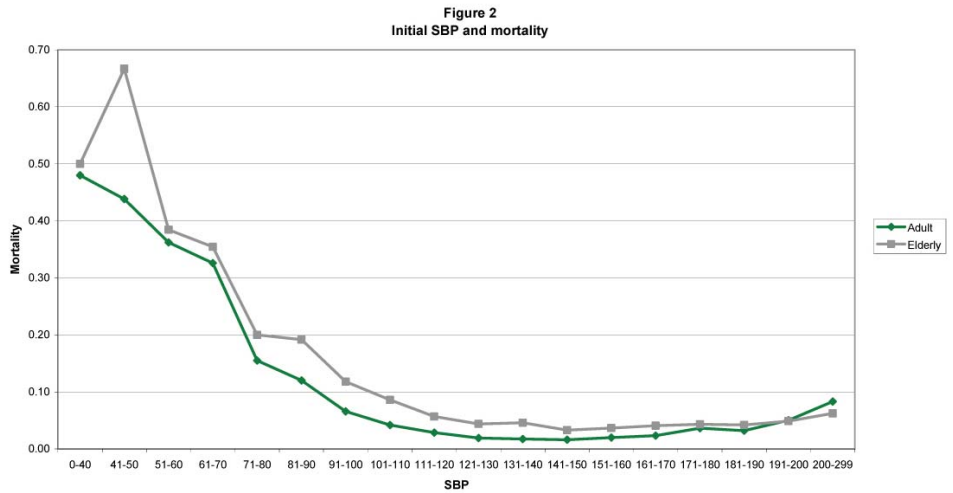
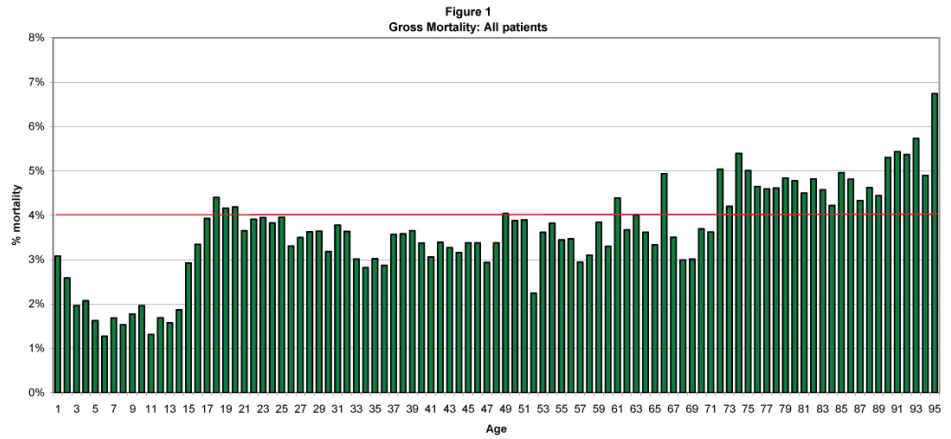
New Trauma Triage Criteria for Geriatrics

The law that created the statewide trauma system requires the EMS Board to review the trauma triage criteria every three years. This is done for the purpose of minimizing over-triage and under-triage, and to emphasize the needs of pediatric and geriatric trauma victims. This requirement includes gathering public input. In the first triage criteria review conducted in 2005, a recommendation was received to examine whether geriatrics should be treated as a distinct population, like pediatrics. The Trauma Committee was assigned the task of finding out whether or not this was actually needed.

In the Trauma Committee's discussions, it was agreed it has been proven that the elderly have worse outcomes than younger adults with same or similar injuries. It was also agreed it has been proven that trauma centers do a better job of treating trauma patients. But even given these two facts, an injured 80-year-old and an injured 20-year-old are subject to the same triage criteria. Age is simply a "consideration." A task force was formed to find if evidence existed to prove the need to create geriatric triage criteria.

The first step was to figure out who qualifies as "geriatric". Defining "old" was not easy. A search of scientific literature was performed but didn't help. The definitions of "geriatric" were all over the board with base ages as low as 54 and as high as 75. Worse, there was little or no rationale behind the selection of the ages used in each study. The task force decided to examine the data in the Ohio Trauma Registry (OTR) to see if there is evidence to support a specific age.

It turns out there is. The first look was at mortality by age. Figure 1 shows age on the X-axis and gross mortality on the Y-axis. It indicated a distinct increase in mortality at age 72. At this age mortality exceeds four percent and stays above



that level. Overall, gross mortality for OTR patients is 3.6 percent. In-depth statistical analysis proved the significance of these findings.

The decision was made to use age 70 as the starting point for the geriatric trauma population.

New Trauma Triage Criteria for Geriatrics *Continued*

The next step was to find indicators of increased risk of death that could be identified by Basic Emergency Medical Technicians in the field.

Many possible indicators were tested by comparing outcomes between the geriatric trauma population and the non-geriatric adult trauma victims.

Some of the results were startling. Figure 2 shows systolic B/P on the X-axis, increasing left to right, showing that geriatrics with a systolic pressure between 90 and 100 have the same mortality as an adult with a systolic pressure between 80 and 90. Likewise, Figure 3 shows geriatric patients with a diagnosed traumatic brain injury (TBI) and a GCS of 14 had about the same mortality as adult TBI patients with a GCS of 10. Clearly, we need to be a lot more sensitive to the geriatric patient's injuries.

After testing and statistically validating each proposed indicator, discarding those that weren't valid, the Trauma Committee made the following recommendations to the EMS Board:

Trauma patients 70 years of age or older should be defined as geriatric trauma. Geriatric trauma patients should be triaged for evaluation in a trauma center for:

- Glasgow Coma Score < 15 with suspected traumatic brain injury
- Systolic blood pressure < 100 mmHg
- Falls with evidence of traumatic brain injury (even from standing position)
- Pedestrian struck by motor vehicle
- Known or suspected proximal long bone fracture sustained in a motor vehicle crash
- Multiple body regions injured

Along with these recommendations, the board was given an estimate of how these new triage criteria would affect hospital admissions. This was done by applying the new criteria to the previous year's OTR data to determine how many geriatrics admitted to a non-trauma hospital would now be taken to a trauma center. The results showed that each non-trauma center hospital would admit an average of one less patient per month.

The EMS Board has adopted and implemented the Trauma Committee's recommendations, and these new geriatric triage criteria should be part of every EMS agency's triage protocols.

The full report on the geriatric triage study and the estimated impact study are available on the EMS Web site (www.ems.ohio.gov) in the Data Center section. Questions about these new protocols should be directed to Tim Erskine, EMT-P, Chief of Trauma Systems and Research, at 800-233-0785, or terskine@dps.state.oh.us.

Funding Applications Will Be Available February 1

The 2009-2010 EMS Board Grant applications, guidance and instructions for Priorities 1, 2, 3, and 4 established by Section 4765.07 of the Ohio Revised Code will be available beginning February 1, 2009 at the Ohio Division of Emergency Medical Services Web site at www.ems.ohio.gov.

Priority 1 is for the training of personnel and purchase of equipment. Only eligible EMS agencies are eligible to apply for Priority 1 grants. Grant priority 2 is for injury prevention research. Grant Priority 3 is for the rehabilitation, retraining and reemployment of trauma victims. Priority 4 is for trauma research pertaining to trauma medical procedures. All entities are eligible to apply for Priorities 2, 3, and 4.

The grant period for all applications is July 1st through June 30th. Applications must be postmarked by April 1, 2009 at 5:00 p.m. Applications can be completed electronically or by utilizing the hard copy application. No late applications will be accepted. Call Grants Administration at 1-800-233-0785 with questions regarding the application process. All applications should be mailed to:

The Ohio Division of EMS
Grants Administration
P.O. Box 182073
Columbus, OH 43218-2073

NFPA 1403 Live Burn Initiative for Fire Instructors

The recent deaths of firefighters in the U.S. during live fire trainings, as well as a landmark case in New York that found a fire department training officer guilty of criminal negligent homicide due to a fatality during a live fire training, has created the background for a comprehensive discussion with Ohio's Firefighter and Fire Safety Inspector Committee on a live burn initiative for fire instructors.

Instructors have the responsibility of providing a positive and safe learning environment for all participants during live fire training activities. Many injuries or fatalities resulting from rapid changes in fire conditions or interior environment result from instructors' inability to anticipate fire development and the impact of tactical operations.

In other cases, heat stress injuries occur as a result of instructors' lack of understanding of the physiological demands of live fire training. In some cases, this lack of technical skill is compounded by inappropriate individuals or lack of command structure on the fire ground towards risk and injury.

Fire instructor training courses often focus on developing classroom instructional skills with little emphasis on hands-on instruction, particularly in high-hazard topics. The common denominator in most, if not all, traumatic fatalities during live fire training is human error.

The Firefighter and Fire Safety Inspector Committee is currently studying live fire training and its impact on fire training in Ohio. The committee reviewed and observed the changes in live fire training nationally, specifically those enacted in Florida.

Florida developed a comprehensive program which requires instructors to complete a course designed for live fire training exercises as a result of live fire training incidents. Instructors must complete this training prior to participating in a live fire training exercise.

With cooperation from partners around Ohio, the committee brought an instructor group from Florida to learn what they have encountered, what they learned from past experiences, and what changes were made to limit training accidents, injuries and possible fatalities.

This was a week-long training that included reviewing and applying the standards, live burn planning, and state and national regulations and standards. At the end of the course, they conducted a live fire in Akron to apply what was learned.

The committee discovered that Ohio is doing a good job at meeting the standards, but discovered that training and preparation of the fire instructors and those associated with live fire exercises were lacking because fire instructors are not required to attend a course specially designed to appropriately train an instructor in all phases of live fire training.

There are three primary elements of live fire training policy: regulations, standards, and guidelines/procedures.

The committee is currently discussing the development of a live fire training course for fire instructors interested in conducting live fire training in Ohio.

While a date when fire service began the practice of live fire training is unknown, the need for safety and compliance during training is well documented. The lack of compliance with existing standards was the main theme in the committee's discussion.

The committee realizes that existing live fire training is necessary in order to develop and maintain skills in interior firefighting operations, but also understands the hazards that structure fires present to firefighters such as rapid fire development, toxic products of combustion, and the potential for structural collapse.

While firefighters learn through a mix of classroom and hands-on training, live fire training presents the same types of dangers encountered during emergency response operations, and, as a planned training, it must require a higher standard of care to ensure the safety of participants.

Additional projects facing the committee are updates to the firefighter standards in 2008. We have worked with a committee of program directors to update and reformat the firefighter objective check-offs sheet required for each firefighter who completes an initial firefighter course. We are currently in the process of placing the documents on the EMS Web site (www.ems.ohio.gov). Fire examinations required for state certification should be updated to the current standards for all levels by the end of January, 2009.

The National Fire Protection Association has completed the NFPA 1031 Standard for Fire Inspector and Plan Examiner (2009 edition). The fire committee will look at the changes in the standard for possible updates to the course objectives and state certification examination. The committee is also working on the creation of fire hazard inspector and fire plan examiner certifications in collaboration with the Ohio Fire Officials Association.

We welcome public participation at our monthly meetings. Please be a part of our discussion the 2nd Tuesday of each month at the Ohio Department of Public Safety, 1970 West Broad Street, Columbus, Ohio, 43223. The meetings are open to the public and will start at 10:00 a.m.

If you have any questions or comments on live fire training or other fire training issues in Ohio, please feel free to contact Doug Orahood, Fire Coordinator, at dorahood@dps.state.oh.us.

Update on EMT Random Certification Audits

Each month, we have many questions from EMTs around Ohio about the process for the random audits conducted by the Ohio Division of EMS.

The audit process is random, in which 10 percent of the EMTs that re-certify in any given month are audited the following month. On the renewal application, an EMT marks "I have met my renewal requirements." The certification audit process is a spot check to make sure the renewal requirements are being met. For example, if in the month of January, 1500 EMTs are renewed, 150 EMTs will be audited. That means 10 percent of first responders, basics, intermediates, paramedics and EMS instructors that renewed in January will be sent audit notices in February.

Many have questioned the "randomness" of the audit selection process. It is all computerized, and EMS staff merely pushes a button on an administrative report from the EMS certification database, and the computer selects those to be audited. Obviously, there are less EMS instructors, paramedics and intermediates each month than basics and first responders, so for those certifications, there are less people for the computer to select for the month to conduct the audit.

As an Ohio EMT at any level, you have three years to complete your renewal requirements (two years for EMS instructors). The renewal requirements must be met within your certification cycle period. Please make sure you have the renewal requirements met and you are able to document the completion of the option you have chosen to renew before you mark on the renewal application, "I have met my renewal requirements."

Remember, there is a 90-day functioning extension that can be granted if you apply before your expiration date of your certification card. That form for the extension request can be found at: http://.ems.ohio.gov/Forms_05.asp.

As for renewal requirements, here are several links to renewal options for EMT's for Ohio re-certification:

First Responder - <http://codes.ohio.gov/oac/4765-12-03>
EMT- Basic - <http://codes.ohio.gov/oac/4765-15-03>
EMT- Intermediate - <http://codes.ohio.gov/oac/4765-16-03>
EMT- Paramedic - <http://codes.ohio.gov/oac/4765-17-02>

The Ohio EMS Board accepts CE under Ohio Administrative Code (OAC) 4765-19-01, and the CE must be accredited or approved by one of the entities listed in 4765-19-01 OAC: <http://codes.ohio.gov/oac/4765-19-01>.

Failure to respond to an EMT audit request will result in an EMS investigative case being opened and possible action by the Ohio EMS Board against your certification card.

If you should have any questions pertaining to EMT random audits, please contact one of the following for information:

Ohio EMS Education Section, Audits:

Carol (MacDowell) Palantekin
EMS Education Coordinator
1-614-466-9459
clpalantekin@dps.state.oh.us

Willard Milam
EMS Education Coordinator
1-614-466-0835
wmilam@dps.state.oh.us

John E. Sands
Chief of EMS Operations
1-614-387-0649
jesands@dps.state.oh.us



How Do You Measure Up?

Did you know that law requires peer review and quality assurance programs for each EMS agency in the state? {ORC 4765.12(B) - Not later than [November 2003], each emergency medical service organization in this state shall implement ongoing peer review and quality assurance programs designed to improve the availability and quality of the emergency medical services it provides. The form and content of the programs shall be determined by each emergency medical service organization.}

Since the law allows you to select your own form of program, let's start with a simple question:

Which type of program does your EMS agency currently use for performance improvement?

- A) The 60/60 method (doing things the way you always have until you're profiled on 60 Minutes or sued for \$60 million).
- B) The 'Bad Apple Kill' method (anybody who makes a mistake is reprimanded or fired).
- C) A data-driven, evidence-based method of finding and fixing what's wrong with the system.

Sadly, too few people can answer C. Not enough of us are examining the system, or the way in which care is delivered by the agency, not just the individual. What is even sadder is the fact that each agency has a great deal of performance data at their fingertips waiting to be retrieved, examined and put to use. It's one of the many valuable uses for the EMS Incident Reporting System.

Broadcast E-mail Lists

The EMS Division has created several new e-mail lists using Listserv software to make broadcast announcements to the EMS and fire communities. These will allow us to keep you better informed of what is going on in EMS and fire that may affect you and how you practice.

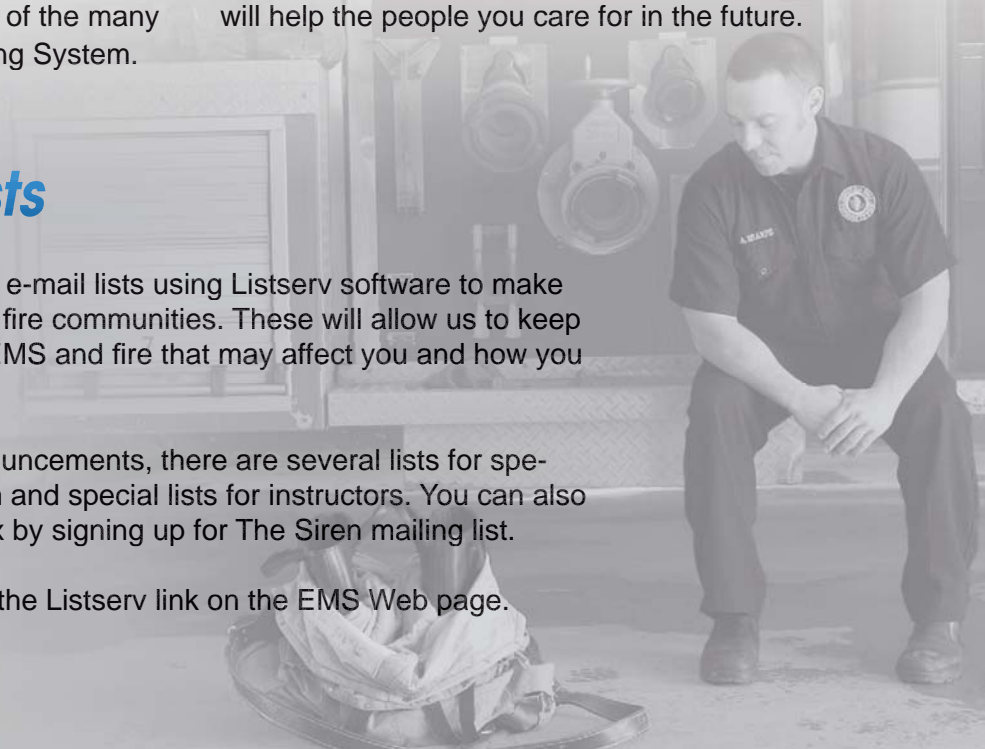
Besides lists for EMS and fire general announcements, there are several lists for specialized topics, including the trauma system and special lists for instructors. You can also receive this newsletter directly in your inbox by signing up for The Siren mailing list.

You can sign up for these lists by following the Listserv link on the EMS Web page.

The good news is that the Division of EMS wants to help. You can go to the Data Center section of the EMS Web site and select Guidelines for Developing a Performance Improvement Program to help you get started in your performance improvement development. You will see that the hardest part of this program isn't the performance improvement it's getting the program up and running.

Also at the Data Center, you will find EMS benchmark reports. These reports are taken from the data you send to EMSIRS and give you something to compare yourself with. For example, you may find that for your agency, of all the patients who have an IV attempted, 81 percent have an IV successfully placed. But what does this outcome mean? How does this compare to EMS providers throughout Ohio? You can find the answers to these questions in the benchmark reports that are posted on the site.

Using the IV example above, if you compare your success rate to what's in the 2007 benchmark report, it's clear there is significant room for improvement, because the state average is 86 percent success rate. So, you will probably want to move away from the 60/60 or Bad Apple Kill methods and implement a performance improvement program based on what you find in the guidelines that will improve the care you are giving your patients today that will help the people you care for in the future.



Recruitment and Retention Web site Launched, Seeking Best Practices

The Division of EMS launched the Recruitment and Retention Web site to serve as an information clearinghouse for Ohio EMS agencies and fire departments.

The Recruitment and Retention Committee of the Ohio EMS Board was formed in April to address issues relevant to recruiting new EMTs and firefighters, especially in areas with volunteer emergency services, and keeping qualified personnel in the profession.

The website includes information about the committee, the report presented to the Ohio EMS Board in January, 2007, examples of benefits available for EMS and firefighters, links to information from other states, and information about training, testing and serving as an EMT or firefighter.

One feature of the Recruitment and Retention Web site is the Best Practices page, where we will feature success stories submitted by Ohio EMS agencies and fire departments. These stories will highlight an activity or procedure designed to bring in new recruits, or to help keep existing staff. The information will include contact information for the author so that other emergency service providers can contact the source directly for any assistance in repeating the activity.

The Recruitment and Retention Committee is currently accepting your best examples of recruitment and retention activities or policies. Contact Joe Stack at 614-387-1949 or jestack@dps.state.oh.us for more information.

The Impact of the EMS Agenda for the Future *Continued from page 4*

One of the benefits of adopting the National EMS Scope of Practice Model that is cited, as well as by supporters of national accreditation, is improved reciprocity of EMS providers between the states. The benefits must be weighed against the several parameters. These parameters include the fact that Ohio will continue to retain the authority over our scope of practice, certification and licensure for EMS providers, and our current Ohio EMS scope of practice exceeds or differs from those of the National EMS Scope of Practice Model for most of the levels of EMS providers.

The EMS Board has now reached the most important juncture in the decision-making process surrounding the EMS Agenda for the Future. At this time, we are asking for input from the most important element of our system, the EMS professionals serving Ohio. Although an open forum for EMS providers was initially considered, the Ohio Department of

Public Safety has elected to distribute a survey to all EMS agencies and to post the survey on our Web site. This is the best avenue to ensure that everyone's voice has an opportunity to be heard. I encourage you to review the federal documents that I have mentioned via the electronic links that I have listed below. If you have comments that cannot be accommodated by the survey, please feel free to communicate your opinions about these issues to us via e-mail, a letter or in person during the open forum that is on the agenda of each EMS Board meeting. We need, welcome and value input from all of you to guide the path of EMS in Ohio as we move into the future.

Carol A. Cunningham, M.D., FACEP, FAAEM
State Medical Director
Ohio Department of Public Safety,
Division of EMS

Resource documents:

The EMS Agenda for the Future:
<http://www.nhtsa.dot.gov/people/injury/ems/EdAgenda/final/index.html>

Institute of Medicine: Emergency Medical Services at the Crossroads:

<http://www.iom.edu/CMS/3809/16107/35010.aspx>

National EMS Core Content:

<http://www.nhtsa.dot.gov/people/injury/ems/EMSCoreContent/index.htm>

National EMS Scope of Practice Model:

<http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/>

(Click on the National EMS Scope of Practice Model link that is listed under the EMS Education Agenda Implementation section.)

EMS Disciplinary Actions

October EMS 2008

Lashon D. Weaver**EMS Certificate Number 73754****Violation:** Felony conviction, Unauthorized Use of Vehicle**Sanction:** Revocation of certificate to practice**Michelle N. West****EMS Certificate Number 122202****Violation:** Random audit issues**Sanction:** Revocation of certificate to practice**Kelly L. Corbin****EMS Certificate Number 136377****Violation:** Felony conviction, Trafficking in Drugs**Sanction:** Revocation of certificate to practice**David R. Peterson****EMS Certificate Number 95469****Violation:** Violation of consent agreement**Sanction:** Written reprimand, denial—stayed, and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days**Jack C. Englehart****EMS Certificate Number 39928****Violation:** Misdemeanor involving moral turpitude conviction, Assault**Sanction:** Revocation of certificate to practice**Kelly J. Coontz****EMS Certificate Number 92613****Violation:** Random audit issues**Sanction:** Written reprimand, \$250 disciplinary fine, must complete the education requirements, and must supply documentation of continuing education with next renewal application**Thomas M. Samson****EMS Certificate Number 118857****Violation:** Transported with only one EMT aboard ambulance**Sanction:** Written reprimand**Allen E. Winters****EMS Certificate Number 3042****Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct**Sanction:** Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course within nine months**James E. Harrison****EMS Certificate Number 9378****Violation:** Failure to report conviction; Misdemeanor involving moral turpitude conviction, Harrassment**Sanction:** Written reprimand, revocation—stayed, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must submit another in three years, three year probation, must submit to random drug/alcohol testing, must obtain written authorization to practice from department chief/medical director, and must notify division of any violations**Christa A. Ridenour****EMS Certificate Number 143008****Violation:** Misdemeanor involving moral turpitude convictions, Passing Bad Checks, Disorderly Conduct**Sanction:** Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days**Henry T. Fitchpatrick****EMS Certificate Number 23761****Violation:** Misdemeanor involving moral turpitude conviction, Domestic Violence**Sanction:** Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course within nine months**Andrea D. Egut****EMS Certificate Number 118368****Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct**Sanction:** Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days**Aaron D. Egut****EMS Certificate Number 118369****Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct**Sanction:** Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days**Homer F. Holsted****EMS Certificate Number 20624****Violation:** Random audit issues**Sanction:** Written reprimand, must complete continuing education requirements, and must supply documentation of continuing education with next renewal application

November EMS 2008

Justin D. Campbell**EMS Applicant Number 174697****Violation:** Misdemeanor involving moral turpitude conviction, Theft**Sanction:** Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days**Daniel L. Fritz****EMS Certificate Number 7569****Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct**Sanction:** Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days

December EMS 2008

LeAnn S. Mann**EMS Certificate Number 107740****Violation:** Violation of consent agreement**Sanction:** Revocation of certificate to practice**Daniel Gagliardi****EMS Certificate Number 23159****Violation:** Violation of consent agreement**Sanction:** Revocation of certificate to practice**Richard J. Gerbasi****EMS Certificate Number 123125****Violation:** Violation of consent agreement**Sanction:** Revocation of certificate to practice**Tabatha I. Newlan****EMS Applicant Number 173046****Violation:** Incomplete application**Sanction:** Denial of certificate to practice**Merrilyn M. Barto****EMS Certificate Number 7192****Violation:** Committed fraud or misrepresentation in applying for certificate to practice**Sanction:** Revocation of certificate to practice**Kristene L. Pagano****EMS Certificate Number 113638****Violation:** Random audit issues**Sanction:** Revocation of certificate to practice**Robert K. Swartz****EMS Certificate Number 65061****Violation:** Practiced outside scope of practice**Sanction:** Written reprimand, fifteen-day suspension, three-year probation, must obtain authorization to practice now and throughout probation**Sean M. Canto****EMS Applicant Number 96945****Violation:** Misdemeanor involving moral turpitude conviction, Theft by Unlawful Taking**Sanction:** Written reprimand and must submit Kentucky Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days

Disciplinary Actions

Fire Disciplinary Actions

Chad D. Davidson

EMS Applicant Number 132445

Violation: Misdemeanor involving moral turpitude conviction, Attempted Theft

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days

James Bracken

EMS Applicant Number 174947

Violation: Misdemeanor involving moral turpitude conviction, Theft

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days

Raymond J. Mickol

EMS Applicant Number 9359

Violation: Misdemeanor involving moral turpitude convictions, Attempt Receiving Stolen Property and Attempt Possession of Drugs

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days

Peter N. Flowers

EMS Certificate Number 126869

Violation: Misdemeanor involving moral turpitude conviction, Falsification

Sanction: Revocation—stayed, written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must submit another in three (3) years, three (3) year probation, must submit to random drug/alcohol testing, must provide proof of successful completion of drug/alcohol program, must obtain authorization to practice from chief/medical director, and must notify division of any violations

Marc S. Laake

EMS Certificate Number 91452

Violation: Random audit issues

Sanction: Written reprimand, time to complete continuing education requirements, and must submit continuing education with next renewal application

August Fire 2008

Kenneth P. Shawver

Fire Certificate Number 96792

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course

Mark R. Shane

Fire Certificate Number 79679

Violation: Misdemeanor involving moral turpitude conviction, Assault

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days

Tommy J. Gibbs

Fire Certificate Number 101502

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course

Gerald R. McDaniel

Fire Certificate Number 173229

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Jeremi W. Hedges

Fire Certificate Number 132046

Violation: Misdemeanor involving moral turpitude conviction, Operating Vehicle under the Influence, Leaving the Scene of Accident, and Assault

Sanction: Revocation—stayed, written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, must submit another in three years, three-year probation, must submit to random drug/alcohol testing, must provide proof of successful completion of drug/alcohol program, must obtain authorization to practice from chief, and must notify division of any violations

Todd A. Kirby

Fire Certificate Number 173425

Violation: Misdemeanor involving moral turpitude conviction, multiple Operating Motor Vehicle under the Influence convictions; Felony conviction, Criminal Mischief

Sanction: Denial—stayed, written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, must submit another in three years, three-year probation, must submit to random drug/alcohol testing, must provide proof of successful completion of drug/alcohol program, must obtain authorization to practice from chief, and must notify division of any violations

Brian D. Ross

Fire Certificate Number 140119

Violation: Misdemeanor involving moral turpitude conviction, Theft

Sanction: Denial—stayed, written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, must submit another at renewal, and full disclosure of consent agreement to employer

Matthew T. Byrne

Fire Certificate Number 173975

Violation: Misdemeanor involving moral turpitude conviction, Carrying Concealed Weapon,

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Jennifer L. Bryan

Fire Certificate Number 83072

Violation: Misdemeanor involving moral turpitude conviction, Passing Bad Checks, two counts

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days

Evan P. Bell

Fire Certificate Number 174168

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Jeff A. Hagan

Fire Certificate Number 19459

Violation: Misdemeanor involving moral turpitude conviction, Involuntary Vehicular Manslaughter

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and submit another at renewal

Derek P. Bartkowiak

Fire Certificate Number 138008

Violation: Misdemeanor involving moral turpitude conviction, Obstruction of Official Business

Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Spotlight on You

Has your fire department implemented a successful recruitment or retention program or has your EMS agency been involved in a worthy community service project? Is there an EMT, instructor, or medical director in your area that has received national recognition or provided outstanding service to the EMS or Fire community? If so, tell us about it!

The Division of EMS wants to hear about individuals, agencies or organizations that are making positive contributions to the development of EMS and fire services at the local, state or national level.

If you have something to share, please send your contributions to Ellen Owens at eowens@dps.state.oh.us. Please include a name and contact information if we need to contact you for additional information.

All contributions will be reviewed for possible inclusion in The Siren or posting on our Web page.

Fire Disciplinary Actions

September Fire 2008

Chad L. Mills

Fire Certificate Number 96792

Violation: Federal felony convictions, Conspiracy to Possess with intent to Distribute Cocaine in excess of 500 grams and Knowingly Carrying a Firearm During a Drug Trafficking Crime

Sanction: Permanent Revocation

Jason L. McCammon

Fire Applicant Number 174330

Violation: Misdemeanor involving moral turpitude conviction, Theft
Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days

Clark J. Crago

Fire Instructor Certification Number 27142

Violation: Committed fraud in conducting a fire service training program

Sanction: Permanent Revocation of Fire Instructor

November Fire 2008

Steven R. Castle

Fire Applicant Number 172092

Violation: Misdemeanor involving moral turpitude conviction, Theft
Sanction: Written reprimand and must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Jason Kreider

Fire Applicant Number 173501

Violation: Misdemeanor involving moral turpitude conviction, Inducing Panic

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance, must complete a fit-for-duty evaluation, and submit another Bureau of Criminal Identification & Investigation Civilian Background Check at renewal

Aimee R. Kollman

Fire Certificate Number 82964

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence

Sanction: Written reprimand, Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete an anger management course

Joby D. Goodman

Fire Applicant Number 174739

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

Sanction: Written reprimand, Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance

Jessica A. Hupp

Fire Applicant Number 174465

Violation: Misdemeanor involving moral turpitude conviction(s), Disorderly Conduct and Resisting Arrest

Sanction: Written reprimand, Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance, and must complete an anger management course

John W. Driscoll

Fire Applicant Number 9338

Violation: Felony conviction, Theft
Sanction: Written reprimand, Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance, and another at renewal

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Richard N. Rucker, Executive Director
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The SIREN

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Henry Guzmán, Director,
Department of Public Safety



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