



The SIREN



Beyond Lights and Sirens:

By Division of EMS Executive Director Richard Rucker

Although we are only entering the fourth month of the year, the Division of EMS has covered a lot of ground. The following are highlights of recent accomplishments and upcoming programs:

- The Division of EMS welcomed new board members appointed by Governor Strickland in 2008: Dr. Deanna Dahl-Grove, representing OHA, Osteopathic Association and the Children's Hospitals Association; William Quinn Jr., representing the Ohio Association of Professional Firefighters and Northern Ohio Firefighters; and Craig Self, representing the OHA, Osteopathic Association and the Children's Hospitals Association.

For a complete list of all EMS board members and their biographies, please visit our EMS Web site at www.ems.ohio.gov and click on board member list and bios.

- 51,000 firefighters successfully renewed their fire certifications before the Jan. 24, 2009, deadline with the aid of the online application process. This is the first time that the Division has had an accurate count of the firefighters in the state.

- The State EMS Board is still considering all options to the deadline given by the National Registry (NR) requiring all paramedics to graduate from a nationally accredited institution by Jan. 1, 2013, in order to take the NR exam.

- May 17-23 marks National EMS Week and the Ohio Department of Public Safety's Division of Emergency Medical Services is planning a special recognition ceremony that will honor Firehouse 17, Columbus Division of Fire staff members Barbara Capuana, Patrick Malone, Michael Warnimont and Dan Whiteside who suffered injury last October as a result of a gas explosion while serving Columbus' West Side community.

- The EMS Board and the Division of EMS have completed four very successful town hall meetings around the state. The staff and the board presented comprehensive overviews of the Division's services to the EMS community and held Q & A sessions. The meetings were great opportunities to have meaningful interaction among the board, staff and practitioners.

For those who haven't attended the town hall meetings, there is one more scheduled for April 29, 2009, from 9:30 AM to 12:30 PM at the Ohio Department of Transportation's auditorium located at 1980 W. Broad St. in Columbus. For more information please visit the EMS Web site to view the agenda.

- The Division of EMS now offers an EMS/Fire Continuing Education (CE) Tracking System. The purpose of the system is to provide a tool for EMS/fire providers as well as agencies in the fire and EMS fields to voluntarily track individual and departmental certification levels and the required CE for each state EMS level.

To try the system, visit the Division of EMS Web site and click on the CE Database.

- The Division of EMS has scheduled Chempack training sessions across the state, one in each of the 8 Homeland Security Regions. For more information, go to http://publicsafety.ohio.gov/links/MR2009/CHEMPACK_TRAINING09.pdf



the SIREN

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Attention all EMS and Fire Agencies:

Would you like to see your department photos featured as artwork in the quarterly editions of the SIREN? Please submit all photos via e-mail to cldodley@dps.state.oh.us

ASK EMS

Is there any truth to the rumor that the staffing requirements for volunteer EMS agencies have changed, and if so, when will they go into effect?

Senate Bill 129 passed in the 127th General Assembly and went into effect on Dec. 30, 2008. Included in the bill was a revision to section 4765.43 of the Revised Code which addresses staffing of ambulances.

The law now states that during an emergency run, a service that “substantially” uses volunteer personnel may be staffed with one First Responder and one EMT-Basic, EMT-Intermediate or Paramedic. As defined in law, an emergency medical service organization substantially utilizes volunteer emergency medical service providers if, on any given date for the six-month period immediately prior to that date, the organization’s daily average number of hours during which the organization used only volunteer first responders, volunteer EMTs-basic, volunteer EMTs-Intermediate, volunteer paramedics or a combination of such volunteers, was 50 percent or more of the daily average number of hours that the organization made emergency medical services available to the public. The law does not change the staffing requirements for paid services.

When determining volunteer status, the definition of “volunteer” should also be taken into consideration. Revised Code 4765.01(K) defines a “volunteer” as a person who provides services either for no compensation or for compensation that does not exceed the actual expenses incurred in providing the services or in training to provide the services.

In the event of a complaint (or lawsuit) regarding staffing during an emergency run, it would be up to the EMS agency to demonstrate it met the criteria for “substantially” utilizing volunteers as defined in law.

You can access S.B. 129 (127th General Assembly) on the State of Ohio Web site at <http://www.legislature.state.oh.us/search.cfm>.

EMSC Update

As part of Ohio EMS for Children’s (EMSC) effort to help improve the pediatric training resources for pre-hospital providers throughout the state, the Ohio EMSC program will send out two pediatric training packages on CD-ROM to every approved continuing education and accredited site.

The Basic Life Support version of the Teaching Resource for Instructors in Pre-hospital Pediatrics (TRIPP), Second Edition CD-ROM, incorporates the most recent guidelines of the American Heart Association, and includes several new chapters, including those on cultural competence and family-centered care, as well as an expanded chapter on disaster management. This resource is designed to provide EMS instructors with fundamental background knowledge about assessing and treating critically ill and injured children so that they can provide more effective teaching to EMT students.

The Intraosseous Infusion CD-ROM offers training for a potentially life-saving emergency medical procedure, especially for young children. In an emergency, such as cardiac or respiratory arrest of a child, health care providers often have difficulty establishing vascular access—the younger the child, the more difficult this may be. Intraosseous Infusion line placement is a rapid procedure that allows access to circulation and requires only a brief educational program. Its use is recommended by the American Heart Association and the American Academy of Pediatrics when initial attempts at vascular access are unsuccessful.

Each training site in Ohio is to receive a copy of these training resources within the next few months.

An Assessment of Ohio's Trauma System

On July 27, 2000, House Bill 138 of the 123rd General Assembly was signed into law, creating Ohio's statewide trauma system. The final rules directing care of trauma patients became effective in November 2002.

After several years of operation, the State Trauma Committee performed an assessment of the statewide trauma system in order to more effectively advise and assist the State EMS Board in matters related to trauma care.

The tool used to implement this assessment was the Model Trauma Systems Planning and Evaluation document (MTSPE), created by the U.S. Department of Health and Human Services. The MTSPE has been used by many states to evaluate their systems and has been adopted by American College of Surgeons' Committee on Trauma, the organization which verifies all trauma centers in Ohio, to evaluate trauma systems.

The MTSPE is based on the public health model of evaluating health care systems. Using this paradigm, there are three core functions and 10 essential services that a model trauma system should be able to provide. The three core functions are Assessment (identify problems based on data), Policy Development (devising and developing interventions), and Assurance (evaluating the outcome). The following are the 10 essential services:

1. Monitor health status to identify community health problems;
2. Diagnose and investigate health problems and health hazards in the community;
3. Inform, educate, and empower people about health issues;
4. Mobilize community partnerships to identify and solve health problems;
5. Develop policies and plans that support individual and community health efforts;
6. Enforce laws and regulations that protect health and ensure safety;
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable;
8. Ensure a competent public health and personal health care workforce;
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services;
10. Conduct research to attain new insights and innovative solutions to health problems.

The MTSPE provides 113 indicators for evaluating the system's current ability to provide the core functions and deliver the essential services. Each indicator is compared to the existing system and scored on a scale of 1 to 5. The scoring is as follows:

1. No aspects of the indicator exist.
2. Minimal aspects of the indicator exist.
3. Limited aspects of the indicator exist.
4. Substantial aspects of the indicator exist.
5. All aspects of the indicator exist.

On March 12, 2008, the State Trauma Committee convened to perform the assessment of Ohio's statewide trauma system using the 113 MTSPE indicators. To add to the perspectives available to the committee, additional experts from the Department of Health, the Ohio Emergency Management Agency and the Ohio Hospital Association were in attendance. The scores assigned to each indicator were attained through a consensus of those present.



An Assessment of Ohio's Trauma System *Continued*

Results

The results of the assessment were not a surprise to most of the parties involved. Ohio's trauma system was designed through the political process as an initial effort and was always expected to need additional work to develop. Below are the results:

Assessment – There is regular systematic collection, assembly, analysis and dissemination of information on the health of the community.

The overall score for this core function was 33 percent of the maximum possible score. The strongest benchmarks were disaster preparedness and data systems. The weakest area was cost-benefit analysis of the system.

Policy Development - Promoting the use of scientific knowledge in decision making that includes building constituencies; identifying needs and setting priorities; legislative authority and funding to develop plans and policies to address needs; and ensuring the public's health and safety.

The overall score for this core function was 35 percent of the maximum possible score. The strongest benchmarks were that a statewide, trauma-specific multidisciplinary committee exists to evaluate the functioning of the system and that this committee regularly reviews the performance of the trauma system. The weakest areas were the lack of a comprehensive trauma system plan, the lack of integration with injury prevention programs and the lack of statutory authority to enhance the current system or to enforce the current system's rules.

Assurance - Assurance to constituents that services necessary to achieve agreed-on goals are provided by encouraging actions of others (public or private), requiring action through regulation or providing services directly.

The overall score for this core function was 33 percent. The strongest benchmarks were the use of information systems to monitor the system and integration with disaster preparedness agencies. The weakest areas were the inability to assure a cost-effective system and the lack of outcomes-based improvements in care.

There were several observations that were made during the assessment. First and foremost, the trauma system is very strong in the pre-hospital arena, with triage criteria set in the Administrative Code, and strong educational requirements. But the system as it exists in law "stops at the hospital door." That is, each hospital is allowed to define what constitutes a trauma patient for that facility. There is no standardization of the definition of trauma patient for hospitals and there is no enforcement authority to ensure severely injured patients are treated at trauma centers.

Another observation that created serious concern was that due to a lack of state-level regulatory oversight of trauma centers, there is no ongoing external review of quality of care. Next, while good information systems exist and are used to a growing extent, they are still underutilized. Additionally, the collected data are rarely used to assist with trauma patient outcomes analysis.

Finally, integration of injury prevention plans and trauma system plans were, at the time of the assessment, non-existent but easily could be achieved by ensuring that members of each community participate in each other's meetings and planning sessions.

Synopsis and Corrective Actions

Of the 113 indicators evaluated, 68 (60 percent) were given a score of 1, meaning there were no aspects of that indicator in Ohio's trauma system. Only 21 were given a score of 3 or higher with only two receiving a score of 5. These results indicate that Ohio's trauma system as created by House Bill 138 is a very basic trauma system.

At present, a strategic plan based on this assessment's findings is being developed by the State Trauma Committee to improve the level of trauma care. While the law created a very basic trauma system and limits what the Trauma Committee can do, this strategic plan will be able to expand the breadth, depth and sophistication of the system.

For more information on the MTSPE assessment of Ohio's trauma system, contact Chief of Trauma Systems and Research Tim Erskine, EMT-P, at terskine@dps.state.oh.us or 800-233-0785.

Upcoming Changes in the Ohio EMS Scope of Practice

On Jan. 8, 2009, the EMS Board passed a motion to adopt the National EMS Scope of Practice Model as a minimum guideline for EMS providers in Ohio.

The EMS Board challenged the National Highway Traffic Safety Administration's (NHTSA) final draft of the National EMS Scope of Practice Model document in 2006 as it contained language which would have capped the psychomotor skills of EMS providers. As a result of the board's challenge, the language in the final version of the document was amended in such a way that the psychomotor skill sets in the National EMS Scope of Practice Model represent a basic foundation or minimum standard of psychomotor skills rather than a ceiling.

In addition, the document now states, "Each State has the statutory authority and responsibility to regulate EMS within its borders, and to determine the scope of practice of State-licensed EMS personnel."

The National EMS Scope of Practice Model is a consensus-based document that is part of NHTSA's EMS Agenda for the Future. The Scope of Practice Model was developed to improve the consistency of EMS personnel licensure levels and nomenclature among States; it does not have any regulatory authority.

The primary goal of the EMS Board is to provide high quality pre-hospital care to the residents and visitors of Ohio. As a result, the psychomotor skill sets within the Ohio EMS scope of practice exceed the parameters outlined within the current NHTSA Department of Transportation (DOT) EMS curriculum.

The other four components of the EMS Agenda for the Future are: the National EMS Core Content, the National EMS Education Standards, the National EMS Certification and National EMS Education Program Accreditation.

The National EMS Core Content was released in 2004, the National EMS Scope of Practice Model was released in 2006, the National EMS Education Standards were completed in 2008. Future EMS textbooks will reflect these standards, as well as the EMS provider levels that were created in the National EMS Scope of Practice Model.

As you compare the current Ohio EMS scope of practice with the National EMS Scope of Practice, there will be no reduction in our current EMS scope of practice by adopting the National EMS Scope of Practice Model as a minimum guideline. In fact, additional psychomotor skills will need to be added to the Ohio EMS scope of practice at the EMT-Paramedic level which corresponds to the Paramedic provider level within the National EMS Scope of Practice Model. Over the next several months, the EMS Board and its committees will be updating Ohio curriculums and scope of practice rules at each level. No change in the Ohio scope of practice will occur until this is complete.

During the upcoming year, the EMS Board will be requesting legislation to amend the current titles of our EMS provider levels to correspond to the titles listed within the National EMS Scope of Practice Model. The driving force behind this decision is the upcoming revision of EMS educational materials. The publishers of EMS education textbooks plan to begin writing textbooks that reflect the new EMS provider levels in early 2010.



Upcoming Changes in the Ohio EMS Scope of Practice *Continued*

Textbooks with the former EMS provider levels and NHTSA scope of practice will no longer be published as of the middle of 2010 or early 2011. The First Responder will become the Emergency Medical Responder (EMR), the EMT-Basic will become the Emergency Medical Technician (EMT), the EMT-Intermediate will become the Advanced EMT, and the EMT-Paramedic will become the Paramedic.

The adoption of the National EMS Scope of Practice Model as a minimum guideline for EMS providers in Ohio does not mandate Ohio to accept all of the components of the National EMS Agenda for the Future nor is adoption of all of the components required by NHTSA. The EMS Board has not made any decisions regarding the other components, specifically National EMS Certification and National EMS Education Program Accreditation. The final decision about these components will not be made until the EMS Board has acquired critical information from our stakeholders, reviewed other resources and explored all of our options.

The EMS Board will ultimately base its decision upon measures that will best serve Ohio's EMS agencies, EMS professionals, EMS education institutions, residents and visitors.

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



New EMS Certificates to Teach

The State Board of Emergency Medical Services (EMS) recently completed a major revision of Ohio Administrative Code (OAC) Chapter 4765-18, the Instructor Rules. These rules, which became effective Feb. 1, 2009, include significant changes that will affect accredited and approved institutions as well as EMS Instructors and Special Topic Instructors (STI).

As of Feb. 1, the EMS Board no longer issues an STI certificate to teach. An individual holding a current and valid STI certificate may continue to teach in an accredited or approved institution until Feb. 1, 2010, or until his/her certificate to teach expires, whichever comes first. During this time, the STI is limited to the five topic areas previously approved on the STI certificate to teach. Under the terms of the rule, an individual who held a valid STI certificate to teach on Feb. 1, 2009, has until March 1, 2010, to convert the STI to a certificate to teach as a Continuing Education (CE) Instructor or upgrade the STI to a certificate to teach as an Assistant EMS Instructor.

A Continuing Education Instructor may teach CE and refresher courses in either an EMS-accredited training program or continuing education program. To be eligible, the applicant must meet the following requirements: be currently certified/licensed as a First Responder (FR), Emergency Medical Technician (EMT), Registered Nurse (RN) or Physician's Assistant (PA); submit written documentation of his/her qualifications to teach to the Program Coordinator for signature; provide verification that his/her STI certificate was valid on Feb. 1, 2009; be in compliance with OAC 4765-8-01 (A)(6) to (A)(12) and submit a completed application by March 1, 2010.

An Assistant EMS Instructor may teach initial training, CE and refresher courses in either an EMS-accredited training program or continuing education program. To be eligible, the applicant must meet the following requirements: be currently certified/licensed as a FR, EMT, RN or PA; provide verification that his/her STI certificate was valid on Feb. 1, 2009; pass the practical exam at his/her certification level (RN & PA tests at Medic level); complete the 8-hour EMS module and 10 hours of supervised teaching under auspices of an accredited institution; be in compliance with OAC 4765-8-01 (A)(6) to (A)(12) and submit a completed application by March 1, 2010.

A complete listing of rule changes is available on the EMS Web site, http://ems.ohio.gov/TOC_effec_020109.htm. For the full text of changes made to the STI certificate to teach see OAC 4765-18-10, Special Topics Instructor. Full text of the renewal requirements for a certificate to teach as a CE Instructor will be found in OAC 4765-18-16, and see OAC 4765-18-19 for the requirements for a certificate to teach as an Assistant EMS Instructor.



Agency Medical Director Requirements Updated

The State Board of EMS has updated rule 4765-3-05 of the Administrative Code which outlines the minimum qualifications for the medical director of an EMS agency. The minimum requirements include the following:

- Possession of a valid Ohio medical license.
- Active in emergency care of patients.
- Active participation with one or more EMS organizations, including but not limited to:
 - (a) Conducting performance improvement programs;
 - (b) Conducting education programs;
 - (c) Conducting protocol updates.
- Evidence of high ethical standards and no conflicts of interest.
- Evidence that the medical director will receive aggregate data from the state EMS office to benchmark at the local level.
- Board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine or board eligible by completion of an emergency medicine residency program recognized by the American Board of Medical Specialties or the American Osteopathic Association.

The full language of the rule, including options for physicians who do not meet the above qualifications, can be found on the Division of EMS Web site at <http://ems.ohio.gov/rules.htm>. The revised rule went into effect on Feb. 1, 2009.

Each EMS agency is also required by law (O.R.C. 4765.42) to provide, in writing, the name of its medical director to the State Board of EMS. An agency may use the EMS Agency Change of Information Form located on the EMS web page for this purpose. This form is also used to provide the Division of EMS with other changes in agency contact information and personnel, protocol levels and pay status of personnel.

Online Certification Process Increases Rate of Individual Certifications

The Division of EMS has increased the speed of processing certifications with the institution of the online process. In 2008, 60,790 certifications for 41,675 individuals were processed at a rate of one certification every 1.1 minutes. In the past, about 24,000 certifications were processed every year at a rate of one every 4.5 minutes that the office was open, utilizing three employees. To date, 48,500 firefighter and fire service certifications, including fire safety inspectors, have been processed.

“This process has proven to be the most efficient manner to process EMT and firefighter certifications to make them instantly available to serve their communities,” said Division of EMS Certification Coordinator John Kennington.



The History of Ohio's Emergency Medical Services Incident Reporting System (EMSIRS) Part 1

Modern emergency medical services have evolved constantly since their inception in 1966 with the release of the National Academy of Sciences' White Paper, *Accidental Death and Disability: the Neglected Disease of American Society*. One area that hasn't escaped this evolution is patient care documentation. Documentation has progressed from simple lists of where and when runs were made to complex medical records. These records, when aggregated, can be used to perform system evaluation, performance improvement and medical research.

The State of Ohio's EMS Incident Reporting System (EMSIRS) was created by legislation and signed into law in 1992. The system was included in a bill that overhauled the way in which emergency medical services were administered in Ohio. The State Board of EMS was reconstituted; administrative functions were transferred from the Department of Education to the Ohio Department of Public Safety (ODPS); and standards for training, certification and recertification were refined and enhanced. The law required the EMS Board to create an incident reporting database for the purposes of collecting information on the delivery of emergency medical care in the state and the frequency of the delivery of care. It required all EMS agencies in the state to report any information the EMS Board deemed necessary for maintaining the system.

Planning and Development

Development of this database was delayed for several years as other mandates such as training, certification and enforcement were given an understandable higher priority. The development of EMSIRS moved to the top of the list early in 1999. The Systems Management Committee (SMC) began work on the system with the approval of the board. Chaired by board member Mark Resanovich, this 14-member committee was comprised of diverse representatives from the fire service, private service and hospital-based EMS agencies, air medical services and hospital administrations. The medical backgrounds of the representatives also were diverse: emergency medical technicians, paramedics, nurses, physicians and hospital administrators.

The group first decided what data to collect. Considering the fact that several million ambulance transports were made in Ohio annually, the group decided to collect data on emergency runs only. Additionally, the group decided the National Highway Traffic Safety Administration's Uniform Pre-hospital Data Set would be used as the template for the Ohio Data Set.

The next challenge for the SMC was to determine the method of data collection by examining the methods of other states. Other states' methods proved valuable, particularly in teaching the SMC what strategies to avoid. Lessons also were garnered from the Ohio Trauma Registry, which is administered by the Division of EMS. The primary lessons learned from these sources were that a) even in small states, paper reporting at the state level was enormously inefficient and costly, b) electronic reporting was far more efficient and cost-effective, and c) a secure Web site was the ideal way to transfer data.

By May 2001, the SMC had decided what data to collect and how to collect it. It presented the plan to the EMS Board for approval. The EMS Board accepted the strategy and delegated the task of building, deploying and managing the system to its administrative arm, the EMS Division of the ODPS.

The SMC and the ODPS Information Technology Division reviewed several commercial reporting systems. Ohio had many levels of EMS reporting capabilities, ranging from agencies with completely integrated dispatch, reporting and billing systems to agencies that did not own a PC. Agencies that already had a reporting system did not want to change to another system. Agencies without a reporting system did not want the burden of entering information not required by the state. The SMC did not find a complete package that met all of the needs for Ohio EMS.

The Ohio EMSIRS model provides flexibility for all agencies. The agencies with existing applications create an extract file for state reporting. The agencies without a reporting system log into a secure Web site to enter required information. Several optional fields are provided for local use only, if the agency desires.

To meet all the needs, the database and Web interface were designed “in-house” by the ODPS Information Technology Section using the existing Oracle software. The cost for database development was simply the design of the software applications. The ODPS IT staff performs continued daily maintenance, which greatly reduces the overhead cost for the Division.

In August 2001, the database entered early beta-testing. At the same time, the EMS Division notified the chief of every EMS agency in the state, formally advising them of the new system, its requirements and the Jan. 1, 2002, implementation date for the program. Prior to implementation, a total of 42, two-hour training sessions were held at 21 sites across the state. These sessions were in a train-the-trainer format, allowing the attendees to take their new knowledge back to their agency and train the rest of their personnel. Several hundred people received this training.

In October 2001, Tim Erskine, EMT-P, was hired as Data Program Manager to oversee EMSIRS and the Ohio Trauma Registry. At the same time, final beta-testing was started to eliminate any remaining bugs in the system. Beta-testing was completed by mid-December 2001 and the system went online on Jan. 1, 2002, as scheduled.

System information

Accessing EMSIRS online was designed to be user-friendly and independent from expensive and constantly evolving technology. Logging on to EMSIRS only requires a web-enabled computer. All transactions with EMSIRS are secure. Once data are received and stored in the database, ODPS goes to great lengths to keep the data secure. The network is certified by the International Computer Security Association and meets their stringent standards for vulnerability testing. The Information Technology Section has a network security group which meets weekly to assure that the network remains secure.

Viewing of the data from within ODPS is limited to those with a need to know, and all employees have signed data security agreements as a condition of employment. All public records requests that ask for data from EMSIRS are reviewed to ensure that the data do not reveal confidential medical information. If it does, the request is refused.

Funding

The adoption of any new technology is costly and EMSIRS was no exception. The financial burden imposed on local EMS agencies was a serious concern for the EMS Board, especially for smaller rural agencies. The financial load placed on local agencies was reduced through the creative use of grants.

Because of the “Home Rule” clause in Ohio’s constitution, EMS funding is a local issue. To help ensure all agencies are at least minimally funded, and to improve the care provided by EMS agencies in the state, the EMS Board awards EMS training and equipment (T&E) grants on an annual basis. The T&E grants are awarded on a needs basis and are drawn from statewide seatbelt fines.

Three special grants were created by the EMS Board to assist agencies in coming into compliance with the EMSIRS requirements. They were created by using T&E funds from previous grant periods that EMS agencies failed to spend. The first and second grants awarded in 2001 and 2002 were for the purchase of a complete, Internet-ready computer system to access EMSIRS. The third grant was awarded in late 2002 and allowed many EMS agencies to purchase their own databases from commercial software developers. In total, \$1.8 million was allocated to more than 800 local EMS agencies to assist them in submitting data to EMSIRS.

In the next issue of the SIREN, Part 2: Implementation, progress, data use and the future will be covered.

Firefighter Reinstatement and Renewal Requirements

The deadline for the renewal of firefighter certifications has passed. Several calls have been received inquiring about the process for reinstatement and the requirements for renewal. The following is a summary that will help answer questions about meeting the requirements for maintaining a firefighter certification in Ohio. Although every attempt has been made to ensure the accuracy of the following information, in the event of a discrepancy, the language in rule shall apply. The full rule can be accessed on our web page at <http://codes.ohio.gov/oac/4765-20>

IMPORTANT CERTIFICATION INFORMATION FOR ALL OHIO FIREFIGHTERS

EVERYONE should visit www.ems.ohio.gov and click on Certifications, then on Certification Verification. Once you enter your Social Security # or certification number, you will see your expiration date for all EMS and fire certifications.

Some people who recertified may be up for recertification already. Here is how the dates are decided:

If you **have a fire certification AND an EMS certification, your EMS certification** will not change and your fire certification(s) will expire on your birth date in the year your EMS card expires.

For example, F.F. Joe is also an EMT. His EMT card expires in November 2009, but his EMT card will still be November 2009 and is a separate recertification. His birthday is August 6. All of his fire certifications will expire August 6, 2009. His EMT card will still be November 2009 and is a separate recertification.

If a person holds a fire certification at any level and **does NOT hold any EMS certification**, his recertification date for his fire cards will be decided by the following:

If your birthday is in:	your expiration date is:
Jan, Apr, July, Oct	your birthday, 2009
Feb, May, Aug, Nov	your birthday, 2010
Mar, June, Sept, Dec	your birthday, 2011

The amount of hours needed **over the three years** of certification for continuing education in order to recertify are:

Firefighter	54 hours
Fire Inspector	30 hours
Fire Instructor	Six hours of continuing education and 24 hours of instruction
Assistant Instructor	Six hours of continuing education and eight hours of instruction

For the first cycle of recertification the hours are pro-rated. If your expiration is in:

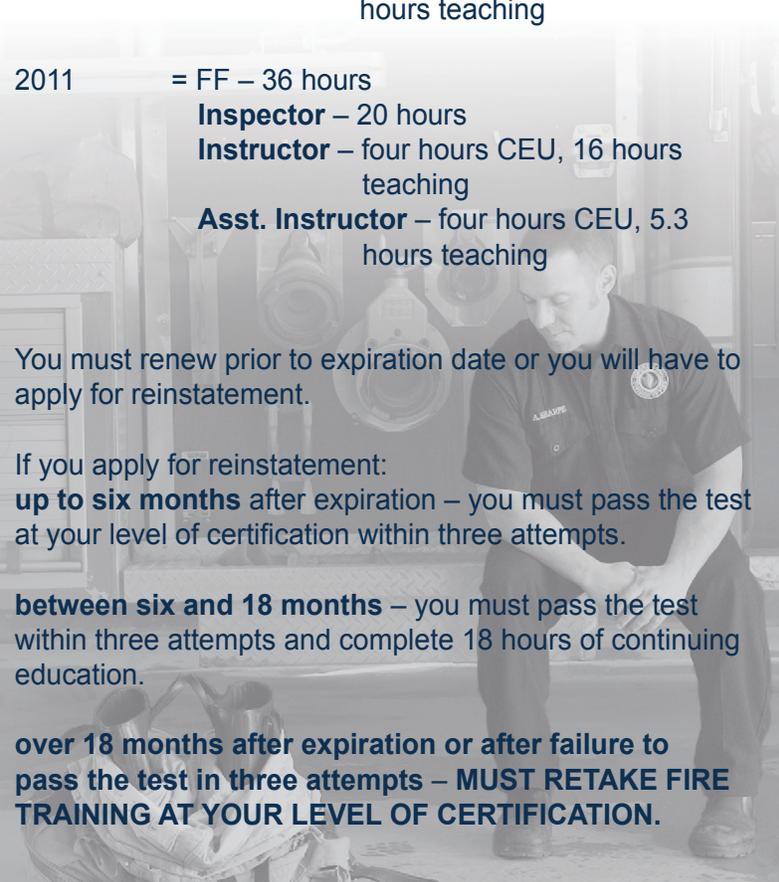
2009	= no CEU needed for 2009
2010	= FF – 18 hours Inspector – 10 hours Instructor – two hours CEU, eight hours teaching Asst. Instructor – two hours CEU, 2.65 hours teaching
2011	= FF – 36 hours Inspector – 20 hours Instructor – four hours CEU, 16 hours teaching Asst. Instructor – four hours CEU, 5.3 hours teaching

You must renew prior to expiration date or you will have to apply for reinstatement.

If you apply for reinstatement: **up to six months** after expiration – you must pass the test at your level of certification within three attempts.

between six and 18 months – you must pass the test within three attempts and complete 18 hours of continuing education.

over 18 months after expiration or after failure to pass the test in three attempts – MUST RETAKE FIRE TRAINING AT YOUR LEVEL OF CERTIFICATION.



Putting EMSIRS to Work for Your Online Reports

Once you are logged into EMSIRS agencies can access the following reports:

- Submission Status Report,
- Report by Date Span,
- List of Procedures,
- List of Medications,
- List of Provider Impression,
- List of Mechanism of Injury,
- List of Pick-up Location,
- Count of Receiving Facility,
- Average Age for All,
- Average Age for Males,
- Average Age for Females,
- IV Success Rate,
- Oral ET Success Rate,
- Nasal ET Success Rate,
- Response Time,
- Scene Time,
- Trauma Scene Time.

The Submission Status Report gives a year at-a-glance report, where a count of incidents is listed by the month in which they occurred. Report by Date Span allows users to decide the time frame and gives the date, time and place of the incident. List of Procedures is a report of the procedures performed listed by the procedure code, as is the List of Medications, List of Provider Impression, and List of Mechanism of Injury. List of Pick-up Location reports the locations by FIPS codes. Count of Receiving Facility offers a list by the name of the hospital. Average Age for All, Average Age for Males, and Average Age for Females will offer a report based on the age of user's patients.

IV Success Rate, Oral ET Success Rate, Nasal ET Success Rate, Response Time, Scene Time, and Trauma Scene Time can be used to benchmark against your region and the state. The Office of Research and Analysis publishes the Regional PI benchmarks. The report includes; Elapsed Time Segments, Average Scene Time by Nature of Incident, Average Scene Time for Trauma, Average Scene time for Trauma by GCS, Procedure Performance Statistics: IV, Oral ET, Oral ET during Cardiac Arrest, Nasal ET.

Future articles in The Siren will walk users through how to download their own data for additional analysis.

Spotlight on the Western Joint Ambulance District

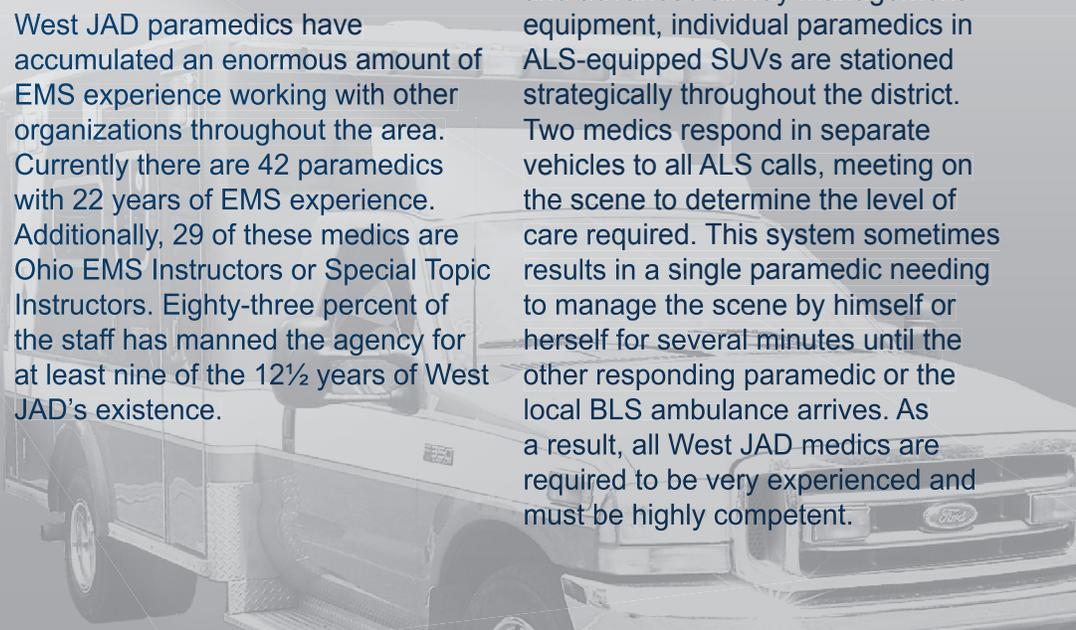
In 1995, the Western Joint Ambulance District (West JAD) was formed by five communities in Hamilton County in order to provide ALS services. The city of Harrison, the village of Cleves, as well as the townships of Harrison, Whitewater and Crosby comprise 73 square miles with a population of 33,243. West JAD began operation on July 1, 1996, and it continues to cover a diverse area with many challenges. There are rivers, railroads, interstate highways, country roads, industrial complexes, forests, two EPA superfund sites and residential areas that cover a wide socio-economic spectrum.

West JAD is governed by the Board for the District, composed of a leader from each of the five communities. Funding comes from a district-wide tax levy, voted in by the residents in 1995.

The agency chief is Nadine Swift, EMT-P. Answering directly to the board, she manages the day-to-day operations, as well as the various community outreach and education programs that West JAD provides.

West JAD paramedics have accumulated an enormous amount of EMS experience working with other organizations throughout the area. Currently there are 42 paramedics with 22 years of EMS experience. Additionally, 29 of these medics are Ohio EMS Instructors or Special Topic Instructors. Eighty-three percent of the staff has manned the agency for at least nine of the 12½ years of West JAD's existence.

West JAD has a distinctive response system. The district is a relatively large geographic area with a low population density. To ensure EMS help reaches the patient within five minutes, particularly defibrillation and advanced airway management equipment, individual paramedics in ALS-equipped SUVs are stationed strategically throughout the district. Two medics respond in separate vehicles to all ALS calls, meeting on the scene to determine the level of care required. This system sometimes results in a single paramedic needing to manage the scene by himself or herself for several minutes until the other responding paramedic or the local BLS ambulance arrives. As a result, all West JAD medics are required to be very experienced and must be highly competent.



EMS Disciplinary Actions

DECEMBER

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

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 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/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

JANUARY

Joseph J. Dance, EMS Certificate Number 105563

Violation: Felony conviction, Aggravated Vehicular Homicide

Sanction: Revocation of EMT certificate to practice

Dayvid L. McCrary, Sr., EMS Certificate Number 88964

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Theresa M. Danner, EMS Certificate Number 67116

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Carl T. Beranek, Jr., EMS Certificate Number 83328

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Deidrie Pierce, EMS Certificate Number 20388

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Kerriane E. Williams, EMS Certificate Number 111691

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Disciplinary Actions

Steven G. Eviston, EMS Certificate Number 17532

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Andrea C. Skelly-Spellman, EMS Certificate Number 83131

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice and failed to accurately document all continuing education requirements

Sanction: Revocation of EMT certificate to practice

Michael D. McCollum, EMS Certificate Number 77134

Violation: Felony conviction, Unlawful Sexual Conduct with Minor; Misdemeanor involving moral turpitude conviction, Sexual Imposition

Sanction: Permanent revocation of EMT certificate to practice

Matthew A. Caudill, EMS Certificate Number 18796

Violation: Random audit issues

Sanction: Written reprimand, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

Brian P. Letner, EMS Certificate Number 104358

Violation: Random audit issues

Sanction: Written reprimand, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

Anthony H. Kuhn, EMS Certificate Number 143145

Violation: Misdemeanor involving moral turpitude convictions, Resisting Arrest and Theft

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

FEBRUARY**Robert F. Wall, EMS Applicant Number 147888**

Violation: Violation of consent agreement

Sanction: Denial of application for certificate to practice

Nathan L. Howard, EMS Certificate Number 88770

Violation: Violation of consent agreement

Sanction: Revocation of certificate to practice

Michael L. Peterman, EMS Certificate Number 22953

Violation: Violation of consent agreement

Sanction: Revocation of certificate to practice

Damea S. Alexander, EMS Certificate Number 71483

Violation: Misdemeanor in the course of practice, Unauthorized Use of Property, and practicing without medical direction

Sanction: Revocation of EMS Instructor certification. Discipline for Paramedic certification: one year active suspension. In order to return to practice from the suspension, must submit Bureau of Criminal Identification & Investigation Civilian Background Check, must successfully complete EMT-Paramedic refresher course, subject to appear before board, and paramedic certificate placed on five year probation. Further, throughout five year probation, must disclose consent to any employer and medical director, must obtain authorization to practice from chief/ medical director and maintain continued approval to practice, must provide truthful testimony in any related case, and must submit Bureau of Criminal Identification & Investigation Civilian Background Check again in five years

Thomas J. Wilson, EMS Certificate Number 17980

Violation: Failed to report violation of Ohio Administrative Code/Revised Code

Sanction: Written reprimand and must provide truthful testimony in any related case

Albert S. Gatka, EMS Certificate Number 27878

Violation: Treatment in lieu of conviction for a felony, Possession of Crack Cocaine

Sanction: Suspension of EMS certificates until all court terms and case dismissed, written reprimand, three year probation, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must submit another in three years, 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

Brandon M. Holderby, EMS Applicant Number 175891

Violation: Misdemeanor involving moral turpitude conviction, Resisting Arrest

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

Joseph J. Palmer, EMS Applicant Number 176932

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

Stanley L. Irvin, EMS Certificate Number 10898

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Susan B. Sherwin, EMS Certificate Number 101341

Violation: Random audit issues

Sanction: Written reprimand, \$250.00 disciplinary fine, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

Amy M. Morton, EMS Certificate Number 101063

Violation: Random audit issues

Sanction: Written reprimand, \$250.00 disciplinary fine, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

EMS Disciplinary Actions

MARCH

Leesa M. Whitt, EMS Applicant Number 169121

Violation: Failure to submit required documentation of convictions; Misdemeanor involving moral turpitude convictions, Theft, Passing Bad Checks

Sanction: Denial of application for certification as an EMT

Julie M. Ober, EMS Certificate Number 106227

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician; and failed to accurately document all continuing education requirements, after attesting to the fact that she had satisfied the requirements to renew her certificate to practice

Sanction: Revocation of EMT certificate to practice

Darla A. Church, EMS Certificate Number 81264

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician; and failed to accurately document all continuing education requirements, after attesting to the fact that she had satisfied the requirements to renew her certificate to practice

Sanction: Revocation of EMT certificate to practice

Angela L. Starr, EMS Certificate Number 114490

Violation: Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician; and failed to accurately document all continuing education requirements, after attesting to the fact that she had satisfied the requirements to renew her certificate to practice

Sanction: Revocation of EMT certificate to practice

Andrew T. Zilka, EMS Certificate Number 128571

Violation: Misdemeanor involving moral turpitude conviction, Theft

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

Matthew C. Reeves, EMS Applicant Number 177020

Violation: Misdemeanor involving moral turpitude conviction, Receiving Stolen Property

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

Michael G. Pryor, EMS Applicant Number 177041

Violation: Misdemeanor involving moral turpitude conviction, Petit Theft

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

Joshua D. Needham, EMS Certificate Number 123533

Violation: Misdemeanor involving moral turpitude conviction, Theft

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

Jeremy P. Bollinger, EMS Certificate Number 136886

Violation: Misdemeanor involving moral turpitude conviction, Embezzlement over \$200 under \$1000

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

Andrea L. Shock, EMS Certificate Number 132968

Violation: Misdemeanor involving moral turpitude convictions, Assault, Disorderly Conduct

Sanction: Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, and successful completion of an anger management program within nine months

Patrick A. Beckley, EMS Applicant Number 97424

Violation: Provided patient care without State certification

Sanction: Written reprimand

Larry J. Krile, EMS Certificate Number 93742

Violation: Random audit issues

Sanction: Written reprimand, allowed to drop-back certification, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

Jeremy A. Dearth, EMS Certificate Number 128307

Violation: Random audit issues

Sanction: Written reprimand, \$250 disciplinary fine, must complete the continuing education requirements, and must supply documentation of continuing education with next renewal application

Disciplinary Actions

Fire Disciplinary Actions

Robert S. Johnson, Fire Certificate Number 17201

Violation: Felony committed in the course of practice, Theft

Sanction: Denial of Firefighter certificate renewal and Permanent Revocation of Firefighter certificate to practice

Andrew T. Zilka, Fire Certificate Number 128571

Violation: Misdemeanor involving moral turpitude conviction, Theft

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

Darryl L. Colbert, Fire Certificate Number 132229

Violation: Felony conviction, Attempted Weapons Under Disability

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

Jim L. Repogle, Fire Applicant Number 171935

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence

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

Donald A. Schuckmann, Jr., Fire Applicant Number 175233

Violation: Misdemeanor involving moral turpitude conviction, Attempted Corruption of a Minor

Sanction: Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, another at renewal, and successful completion of counseling program

Joshua D. Needham, Fire Certificate Number 123533

Violation: Misdemeanor involving moral turpitude conviction, Theft

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

Antonio Hernandez III, Fire Applicant Number 175916

Violation: Misdemeanor involving moral turpitude convictions, Sexual Imposition, Theft

Sanction: Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, another at renewal, and three (3) years probation

Roger L. Draise, Fire Certificate Number 48134

Violation: Felony conviction, Theft from Elderly Person or Disabled Adult

Sanction: Revocation of Firefighter certificate to practice

Jeremy P. Bollinger, Fire Certificate Number 136886

Violation: Misdemeanor involving moral turpitude conviction, Embezzlement over \$200 under \$1000

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

Andrea L. Shock, Fire Certificate Number 132968

Violation: Misdemeanor involving moral turpitude convictions, Assault, Disorderly Conduct

Sanction: Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, and successful completion of an anger management program within nine months

Paul C. Wick Jr., Fire Applicant Number 177119

Violation: Misdemeanor involving moral turpitude convictions, Unauthorized use of Property, Disorderly Conduct

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

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