



the SIREN

April 2011



3 National Accreditation of Ohio Paramedic Training Programs

4 Implementing EMS Education Agenda for the Future in Ohio

5 OFCA Volunteer Firefighter Retention and Recruitment



7 Ask EMS - EMTs Working in Hospitals

8 Thanks to Hospitals and EMS Agencies for Responding to Ohio EMS for Children Survey

9 Reminder: Ohio Trauma Triage Criteria

10 Ohio EMS Continuing Education Sites

11 I Remember 9-1-1 Film Project

12 National EMS Week

13 EMS Disciplinary Actions

15 Fire Disciplinary Actions

A Newsletter of the Division of Emergency Medical Services
and the State Emergency Medical Services Board
Richard N. Rucker, Executive Director
www.ems.ohio.gov

the SIREN

Editor: China Dodley
Layout & Design: Visual Communications





The SIREN



Beyond Lights and Sirens:

By Division of EMS Executive Director Richard Rucker

The Division of Emergency Medical Services under went a reassessment of Ohio's EMS system by a Technical Assistance Team (TAT) of experts from the National Highway Traffic Safety Administration. The assessment took place on February 15 -17, 2011 at Deer Creek State Park in conjunction with the State EMS Board Planning Retreat.

The TAT revisited the ten essential components of an optimal EMS system that were used in the Ohio: An Assessment of Emergency Medical Services, in 2001. These components provided a quality assurance report based on ten standards. While examining each component, the TAT identified key EMS issues, reviewed the State's progress since the original report, assessed its status, and used the eleven 2009 reassessment standards as the basis for recommendations for Ohio EMS system improvement.

The TAT reported that there were notable gaps in the system, however; they stated that a great deal has been accomplished that has provided a foundation for future improvements.

The TAT offered a number of recommendations to the Division and Board to assist in the improvement of the EMS System in Ohio. The Board and Division, will be working with the Strategic Planning committee to encompass a large portion of the TAT recommendations into the five year Strategic Plan.

The eleven reassessment standards reviewed

- | | |
|----------------------------------|-------------------------------------|
| 1. Regulation and Policy | 7. Public Information and Education |
| 2. Resource Management | 8. Medical Direction |
| 3. Human Resources and Education | 9. Trauma Systems |
| 4. Transportation | 10. Evaluation |
| 5. Facilities | 11. Preparedness |
| 6. Communications | |

National Accreditation of Ohio Paramedic Training Programs 3

The National Accreditation of Ohio Paramedic Training Programs

In February 2010, the state EMS Board voted to require all Ohio Paramedic training programs to be nationally accredited by January 1, 2018. During the five-year interim – from January 1, 2013, to January 1, 2018 – graduates from paramedic programs that are not nationally accredited or seeking accreditation will be eligible to take the NREMT Paramedic exam through the NREMT for state certification, allowing graduates to practice in Ohio. But those graduates will not qualify for NREMT National certification. Without national certification, those graduates may be unable to practice as paramedics in other states. The NREMT has proposed the following implementation policies for Paramedic program accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

- ❑ State licensed Paramedics and those who graduated from non-CAAHEP accredited programs prior to January 1, 2013 will remain eligible for NREMTs National EMS Certification at the Paramedic level throughout their careers, provided all other requirements for NREMT certification are met.
- ❑ Paramedic applicants who are enrolled in non-CAAHEP accredited programs that began prior to January 1, 2013 are eligible for NREMTs National EMS Certification at the Paramedic level, provided all other requirements for NREMT certification are met.
- ❑ Paramedic applicants from any state who are graduates of a CAAHEP-accredited program are eligible for NREMT National EMS Certification at the Paramedic level, provided all other requirements for NREMT certification are met.
- ❑ Paramedic applicants who graduate from a non-CAAHEP accredited program in states that commit to CAAHEP accreditation by January 1, 2018 may take a NREMT Paramedic examination but those

applicants will not be awarded National EMS Certification as a Paramedic.

- ❑ After December 31, 2012, Paramedic applicants from programs in states that do not commit to requiring CAAHEP accreditation prior to January 1, 2018 and who successfully completed a non-CAAHEP accredited program will not be eligible for any NREMT Paramedic examination.

More information and resources on CAAHEP accreditation may be found on the Ohio EMS web site using the following link:

www.ems.ohio.gov/natlaccred_info.stm.

Programs having questions or needing further assistance may contact Linda Mirarchi at:

lmirarchi@dps.state.oh.us.

Geoff Dutton Appointed as new member of the EMS Board

Geoff Dutton joins the State EMS Board as a newly appointed member. He also serves as the new media relations director for the Ohio Department of Public Safety.



Dutton previously served as a deputy inspector general with the Inspector General Office where he investigated waste, fraud and abuse in state agencies.

Prior to his state service, he worked as a newspaper reporter for 16 years in Florida and Ohio, most recently at The Columbus Dispatch.

Dutton is a graduate from the Ohio University with a bachelor's degree in Journalism.

Dutton serves as the Department of Public Safety representative on the EMS Board.

Implementing the EMS Education Agenda for the Future in Ohio

Implementing the EMS Education Agenda for the Future in Ohio

It has been a decade since the EMS Education Agenda for the Future was released. The Education Agenda, modeled after the EMS Agenda for the Future, was intended to provide a national framework for EMS education by promoting quality and consistency among all EMS education programs. The Education Agenda proposed an education system with five integrated components, National EMS Core Content, National EMS Scope of Practice Model, National EMS Education Standards, National EMS Education Program Accreditation and National EMS Certification.

The National EMS Core Content, a comprehensive list of knowledge and skills needed for prehospital emergency care, is defined and divided into levels of practice by the National EMS Scope of Practice Model. The State EMS Board adopted the National EMS Scope of Practice Model as a minimum guideline for Ohio EMS providers in January 2009. The action did not reduce the current Ohio EMS scope of practice and the National Scope of Practice skills will not be implemented until the Ohio curricula have been revised and rules have been amended.

The National EMS Education Standards take the place of the current National Standard Curricula (NSC). Because education standards are less prescriptive, it is easier to develop curricula that comply with state regulations and to update curricula as evidence-based medical practices evolve. Instructors will have greater flexibility to develop instruction for specific audiences and meet the individual needs of their students. Instructors will also note that unlike the NSC, the Education Standards do not stand alone but build upon the standards required in the previous level of training. Therefore, the EMT (EMT-Basic) curriculum must also include the EMR (FR) standards.

When reviewing the EMS standards, instructors will immediately see a change to the provider titles. "EMT" is no longer a generic term but is now a specific provider level. New textbooks and support materials will refer to First Responder as Emergency Medical Responder (EMR), EMT-Basic as EMT, EMT-Intermediate as Advanced EMT

(AEMT) and EMT-Paramedic as Paramedic. Legislative action is needed by the Ohio General Assembly to change Ohio provider titles.

In August 2010, the State EMS Board adopted a revised curriculum framework for all four levels of EMS training based on the National EMS Education Standards, the National Scope of Practice Model and the Ohio Scope of Practice. In line with the EMS Education Standards, a greater focus on anatomy and physiology will be found in all the revised Ohio curricula, especially in the areas of airway, respiratory and artificial ventilation. The term "primary assessment" will replace initial assessment to more closely mimic other health care professionals and "shock and resuscitation has been removed from trauma to emphasize that shock occurs in contexts other than trauma.

The revised curriculum for First Responder will remain a minimum of 48 hours, however instructors will notice an increase in medical terminology and the addition of eye irrigation to the skill set. The revised EMT-B curriculum will require a minimum of 150 hours and remove the mandatory hours for topics and testing. Pathophysiology content, particularly in the areas of shock, respiration and perfusion dysfunction is new and endotracheal intubation content has been removed. Practical skill requirements in the use of Venturi masks, partial rebreathers and oxygen humidifiers have been added.

The revised EMT-Intermediate curriculum will require a minimum of 200 hours to more appropriately represent the time necessary to complete the didactic, laboratory and clinical/field requirements established by the State EMS Board. An application level knowledge of anatomy and physiology in the areas of respiratory and artificial ventilation will be required. The use of automated transport ventilators and the insertion of esophageal-tracheal multi-lumen airways (with no requirement for apnea) are now among the practical skill requirements. The revised Paramedic curriculum will require a minimum of 900 hours and require a prerequisite course in anatomy and physiology. Instructors will see standards that call for more in-depth

Implementing the EMS Education Agenda for the Future in Ohio - con't.

knowledge of cardiovascular and neurological systems. Practical skill additions include chest tube monitoring, airway obstruction removal by direct laryngoscopy, use of therapeutic positive end-expiratory pressure (PEEP), blood chemistry analysis (point of care testing), initiation and monitoring of thrombolytic medication, maintenance of blood administration and eye irrigation with the Morgan® Lens.

Changes in Ohio curriculum and minimum hours will not be implemented until new rules have been promulgated by the EMS Board. Instructors can expect EMS textbooks and support materials to reflect the EMS Education Standards – if not already, then very soon. It is expected that NREMT examinations will begin to cover the National EMS Education Standards and Scope of Practice Model beginning with the AEMT exam in June 1, 2011. NREMT proposes to transition to EMR and EMT examinations on January 1, 2012 and to the Paramedic examination on January 1, 2013.

Examinations for the current curriculum and levels will remain available for a period of time after the new examinations become available. National Education Program Accreditation is slated for implementation in January 2013. In February 2010, the state EMS Board voted to require all Ohio Paramedic training programs to be nationally accredited by January 1, 2018. During the five-year interim – from January 1, 2013, to January 1, 2018 – graduates from paramedic programs that are not nationally accredited or seeking accreditation will be eligible to take the NREMT Paramedic exam through the NREMT for state certification, allowing graduates to practice in Ohio. But those graduates will not qualify for NREMT National certification. Without national certification, those graduates may be unable to practice as paramedics in other states.

OFCA Volunteer Firefighter Retention and Recruitment Campaign

– By Greg Redden, OFCA Grant Manager

In the last issue of InCommand, OFCA President Chief Bernie Ingles announced that OFCA was awarded a 4-year Staffing for Adequate Fire and Emergency Response (SAFER) grant in the amount of \$1,195,700. The SAFER grant aims to retain and recruit additional volunteer firefighters throughout Ohio communities. This grant was awarded to help you increase the number of total volunteers in your department and will be successful if all Ohio fire service leaders work together to take full advantage of the opportunities included in the grant.

Why Is This Campaign Needed?

Throughout rural Ohio, citizens and current firefighters are at risk because of the lack of volunteer firefighters to adequately protect people and property from fire and fire-related hazards. As call volume increases, more departments depend on volunteer firefighters. Throughout Ohio, 80 percent of the fire departments depend on volunteer firefighters to sustain operations. In order to comply with National Fire Protection Association (NFPA) standards, the Ohio fire service must increase the number of volunteer firefighters by 30 percent.

OFCA attributes the volunteer recruitment problem to the lack of communication between the fire service and the public. The public does not realize there is a need for volunteer firefighters and does not know where to obtain more information about becoming a volunteer firefighter.

The retention problem can also be attributed to the lack of resources available to volunteer fire department leaders. Many fire service leaders lack the experience and knowledge to effectively implement a local plan to retain and recruit volunteer firefighters. To turnaround the declining trend of volunteer firefighters, OFCA was awarded a two-part recruitment and retention SAFER grant.

How Will the Grant Funds Be Spent?

The grant funds will be used to implement a two-part program. The first part is a volunteer recruitment marketing campaign focused on raising awareness about the need for volunteer firefighters. The integrated marketing campaign will be modeled after the successful campaigns designed and implemented in Alaska, Idaho, and California. OFCA will

OFCA Volunteer Firefighter Retention and Recruitment Campaign - con't.

implement the same components that were successful in these campaigns, such as television commercials, printed material, online Facebook ads, and an interactive web site with an application distribution process.

OFCA will track responses and collect applications from prospective volunteers, then send the information about the prospective volunteers to local fire service leaders in the respective area. Throughout the next 4 years, the marketing campaign should generate more than 3,500 responses from prospective volunteers.

The second part of the retention and recruitment plan is the Fire Service Leader Training Program. Over the course of the next 4 years, 16 two-day workshops will be held throughout the state for 400 volunteer fire service leaders. All travel and expenses to attend the workshops will be reimbursed with the grant funds. Qualified instructors with recruitment and retention experience will lead the workshops. The subject matter will include material from the U.S. Fire Administration (USFA), the International Association of Fire Chiefs (IAFC), and the National Volunteer Fire Council (NVFC) and will include the following topics:

- collecting and reviewing volunteer applications
- improving interviewing techniques
- describing expectations
- evaluating prospects
- motivating new volunteers
- creating a cohesive environment
- anticipating retention challenges
- rewarding performance with incentives
- implementing a local recruiting campaign

Together, the marketing campaign and training program will complement each other as the program focuses on the volunteer process from beginning to end. Implementing the entire program at once will provide a more time-efficient and cost-effective initiative.

What Is Your Role?

This project depends on the active participation of Ohio's fire service leaders. By attending the training and quickly responding to volunteer inquiries and applications, you can help increase the number of volunteer firefighters in your area and retain those valuable volunteers already protecting your communities. Your role can be summed up in three easy steps:

1. Sign up today for one of the 2-day Fire Service Training Program workshops in 2011. Locations, dates, and applications are posted on OhioFireChiefs.com.
2. Respond to all potential volunteer applicants within 1 week of receiving the application from: info@ohiofirechiefs.org.
3. Complete the follow-up surveys to report the status of each volunteer applicant. SAFER grant funding is being provided by the Department of Homeland Security (DHS), and OFCA has the responsibility to report all of the grant activities and the final results of these activities.

Who Will Manage the Campaign?

Greg Redden, president of the Redden Group, will be the OFCA Project Manager. Greg is a leadership training and membership development professional, specializing in membership retention and recruitment. Greg has assisted a variety of clients for over 26 years with retention and recruitment initiatives, from local fire departments to the National Volunteer Fire Council.

The Redden Group provides associations like yours the tools to apply for and manage these SAFER grants. Greg oversees the management of 8 DHS SAFER grants across the country, ranging from local incentive programs to statewide media campaigns. The Redden Group team is available to help all OFCA members obtain and manage additional SAFER grants. You can learn more by emailing greg@reddengroup.org, calling 208-345-5109, or visiting the Redden Group's web site at www.reddengroup.org.

Ask EMS - EMTs Working in hospitals

Ask EMS - EMTs Working in Hospitals

One of the questions the Division of EMS routinely receives involves EMTs working in a hospital setting. This is addressed in law, specifically in Ohio Revised Code 4765.36 which states:

In a hospital, an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic may perform emergency medical services only under the direction and supervision of a physician or registered nurse designated by a physician and only in the hospital's emergency department or while moving a patient between the emergency department and another part of the hospital.

The scope of practice for the individual working as an EMT in an emergency department of a hospital is the same as when working in a pre-hospital setting. The scope of practice rules established by the EMS Board at each level further clarifies that a medical director may limit but not exceed the scope of practice for each level of EMT.

Specific questions pertaining to interpretation of law or liability issues should be directed to your local legal counsel.

U.S. Department of Transportation Videos Address Distracted Driving

United States Department of Transportation Secretary Ray LaHood recently released their latest video titled "Faces of Distracted Driving" series. The video explores the tragic consequences of texting and cell phone use while driving. It features people from across the country that were injured or lost loved ones in distracted driving crashes.

In 2009, nearly 5,500 people died and half a million were injured in accidents involving a distracted driver. The series is part of Secretary LaHood's effort to raise greater awareness about the dangers of distracted driving. The "Faces of Distracted Driving" video can be viewed at www.distraction.gov/faces.



Thanks to Hospitals and EMS Agencies for Responding to Ohio EMS for Children Survey

Thanks to Hospitals and EMS Agencies for Responding to Ohio EMS for Children Survey

The Ohio EMS for Children program offers thanks to the hospitals and EMS agencies that responded to our survey to help assess the state's ability to care for pediatric patients in emergencies.

EMS agencies were asked about their access to pediatric medical direction and the pediatric equipment carried on their ambulances. Over 62 percent of EMS agencies sampled responded, up from 54 percent in 2008. Hospitals were asked about their pediatric transfer agreements and transfer guidelines. Over 52 percent of hospital emergency departments responded, down from 81 percent in 2008.



Ohio EMS agencies completing surveys in 2008 indicated that only 53 percent of Basic Life Support (BLS) ambulances and 80 percent of Advanced Life Support (ALS) ambulances have access to online pediatric medical direction at the scene of an emergency. In addition, only 18 percent of BLS ambulances and 25 percent of ALS ambulances are stocked with all of the recommended pediatric equipment.

Hospitals completing surveys in 2008 indicated that only 10 percent of hospitals have written inter-facility transfer guidelines for pediatric patients, and that only 67 percent of hospitals have written inter-facility transfer agreements for pediatric patients.

Results from the 2010-2011 surveys will be available this summer.

Results from the 2010-2011 surveys will be available this summer.

Fire Committee Chairman Receives Certificate of Appreciation

Phil McLean, long-time chairman and member of the Fire Fighter and Fire Safety Inspector Training Committee was

presented with a certification of appreciation at a committee meeting by Division of EMS Executive Director, Richard Rucker on March 9.



McLean was recognized for his dedication to the Ohio fire service and for 10 years of commitment as member and chairman of the Firefighter and Fire Safety Inspector Training Committee.

McLean recently made the decision to resign as chairman from the committee, wanting to give others an opportunity to serve.

James Steele will serve as the new chairman

New Hospital Codes

It doesn't happen very often, but when a new hospital opens its doors, we need to be able to assign a code to that hospital for EMSIRS reporting purposes. Such is the case with University Hospitals Ahuja Medical Center in Beachwood, Ohio. For our numbering process, we have assigned 1490 as the code for Ahuja.

We have also added the 3000 series numbers to represent the following facilities:

- 3001 Kaiser Permanente Cleveland Heights Medical Center
- 3002 Bethesda Arrow Springs
- 3003 Mercy Franciscan Medcenter – Harrison
- 3004 Children's Medical Center Liberty Campus
- 3005 Mercy Medical Center – Mt. Orab
- 3006 Brunswick Medical Center
- 3007 Kaiser Permanente Parma Medical Center
- 3008 Good Samaritan Medical Center – Western Ridge
- 3009 Medical Center of Newark
- 3500 Children's at Robinson

Please add these codes to your software and keep reading the Siren for additional updates.

Reminder: Ohio Trauma Triage Criteria

Reminder: Ohio Trauma Triage Criteria

Last year, many of Ohio's EMS providers, medical directors and hospitals received a packet of information from the Centers for Disease Control and Prevention (CDC) on field trauma triage guidelines. More recently, these guidelines have been sent by EMS-related magazines. You must remember that these have been sent for informational purposes only and should not be used by Ohio's EMS agencies as they do not conform to Ohio's legal standards.

The State Board of Emergency Medical Services has not adopted the CDC guidelines. All Ohio EMS providers must remain in compliance with the evidence-based Ohio trauma triage rules or the approved regional variant. This requirement is outlined in Ohio Revised Code 4765.40 and in chapter 4765-14 of the Ohio Administrative Code.

While the triage criteria for Ohio and the CDC are mostly the same, there are differences. The largest and most critical difference is that the CDC's guidelines fail to treat geriatric trauma victims separate from younger adult patients. This is a significant difference that the CDC guidelines fail to address.

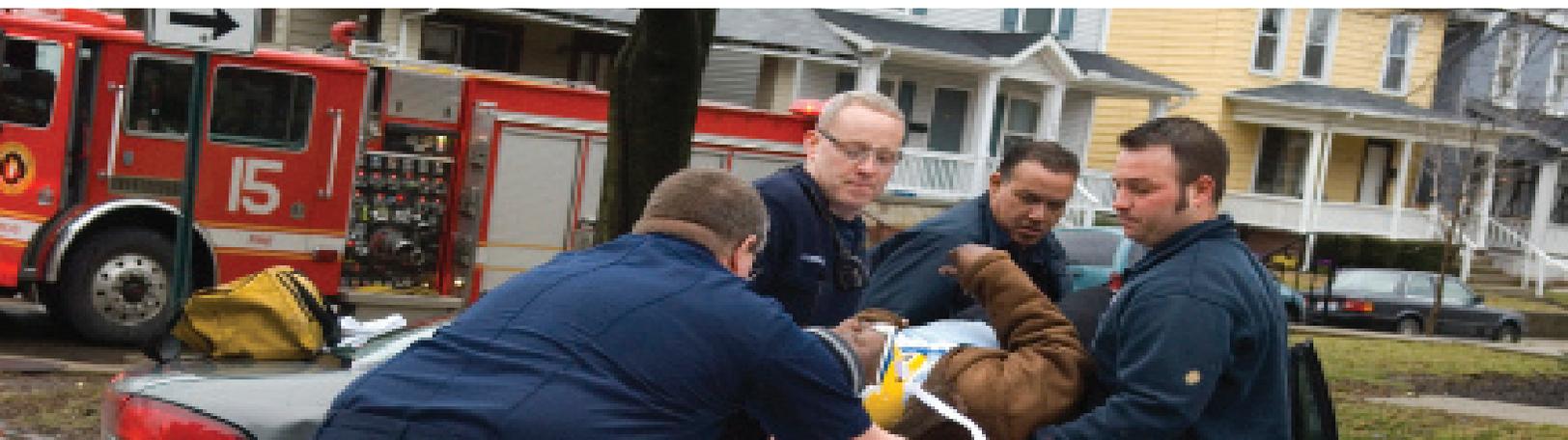
If you have any questions about Ohio's trauma triage criteria, please contact Tim Erskine, Chief of Trauma Systems and Research at terskine@dps.state.oh.us or 614-387-1951.

Record Retention

Just as this time of year brings thoughts of spring cleaning, it also brings up the question of record retention. Different government entities have different record retention schedules. Just as there are a multitude of reasons to keep a document, there are an equal number of days. Record retention is not just the act of keeping a record, but more about managing the records. We all need to look towards the effective management of the records with a keen eye in the direction of the legal requirements and the place and space to maintain the records.

The best place to get advice on the proper way to dispose of outdated records for your agency is through your legal council. Your lawyers will need those records if you would be called into court and need to produce a patient care report or any other document. Your legal counsel can help you to create a record retention policy and procedure to manage the different types of records you have.

Your legal council should help you define all types of records you will deal with, give a category to the record, reasons that retention is necessary, and the length of time necessary to retain the record. In some cases the minimum amount of time that records must be kept will be defined by an outside agency. For instance, the rules established by the Board of EMS establish the minimum time frames for maintaining continuing education records by EMS personnel and for the maintenance of training records by accredited and continuing education programs. If you already have a record retention schedule, it is a great idea to have a systematic review to see if there have been any changes that need to be addressed.



Ohio EMS Continuing Education Sites

Ohio EMS Continuing Education Sites

The field of pre-hospital emergency care is constantly evolving and it is critical for the EMS professional to stay abreast of these changes through continuing education. There are various avenues the EMS provider can take to obtain continuing education, but the most common avenue in Ohio is through state approved continuing education sites.

A state-approved continuing education site is a facility that has been formally approved by the Ohio Board of EMS to provide continuing education. Most often these approved continuing education sites are local EMS agencies that mainly provide continuing education for their own personnel, but they also include hospitals, private companies, and various other EMS related organizations. It is important to note that an approved continuing education site can provide continuing education only, and cannot under any circumstances provide education for initial certification.

The scope of continuing education facilities is widely varied, depending on a site's resources. Some larger departments have staff dedicated to maintaining the continuing education program and formal classrooms with all of the latest technological equipment. Some smaller volunteer departments may have only one person managing the continuing education site on a part time basis with classes being held around the table in the break room. Regardless of the size of the CE site, they all provide a valuable and much needed service to the EMS community.

In order to be approved as a continuing education site, certain criteria must be met. Each continuing education site must have a program director, whose responsibilities include the administration and operation of the CE training program, monitoring all course offerings and instructors, maintaining complete records of all course offerings, and ensuring that the site complies with all rules and laws applicable to EMS continuing education training.

Each continuing education site must have a medical director. In a department-based CE site, the medical director for the department typically serves as the CE site medical director as well. While the degree of the involvement of the medical director may vary, at a minimum the medical director should assist in the development of the medical components of the training program and determine the need for specific training.

At some CE sites, the medical director also takes an active role in teaching the continuing education courses.

The success of a continuing education site depends largely on its instructors. Depending on the size of the CE site, there may be only one instructor, or there may be multiple instructors. Regardless, it is important that each instructor be appropriately credentialed with the Ohio Division of EMS as an EMS Continuing Education Instructor, an EMS Assistant Instructor, or an EMS Instructor. No matter what the level of instructor, an instructor can teach course content only at or below their certificate to practice.

For example, while it is acceptable for an EMT-B to teach a class that contains EMT-Paramedics as students, the course content must not exceed the EMT-Basic level. Many CE sites function with only EMS Continuing Education Instructors. While this is perfectly acceptable, the Program Coordinator must take great care in determining and documenting the qualifications of each instructor in their program. The use of a guest lecturer (someone with a specialized body of knowledge that is not a credentialed EMS instructor) can add variety and interest to a CE site's program offerings. When a guest lecturer is utilized, it is important that any medical content be reviewed and approved by the site's medical director, and that an EMS Continuing Education Instructor, EMS Assistant Instructor, or EMS Instructor be present for the entire class.

To begin the process to become an approved continuing education site, an Initial Application for Approval is completed and submitted to the Ohio Division of EMS. Upon receipt of the application, the Program Director will be contacted by an Ohio EMS Education Coordinator to set up an appointment for an initial continuing education site visit. This visit will take place at the proposed CE site location, and consists of a review of the application and discussion of the requirements for maintaining a continuing education site.

This is an opportunity for any questions to be answered, recommendations to be made, and for the Program Director to become acquainted with the EMS staff assigned to their new CE site. This initial visit will also consist of a review of the facility, including the classroom area and records storage area. Once the site visit is successfully completed, the application for approval of the CE site will be presented to the Ohio EMS Board. Upon board approval, the applicant will receive a

Ohio EMS Continuing Education Sites - con't.

Ohio EMS Continuing Education Sites - con't.

certificate designating them as an approved CE site, generally for a period of three years.

At the end of the three year approval period, the site will have the opportunity to apply for renewal of the Certificate of Approval. Upon receipt of the renewal application, the Program Director will again be contacted to arrange a site visit. This site visit is similar to the initial approval site visit, but will also include a review of class records for course offerings provided in the previous three year approval period. Any file deficiencies are discussed at this site visit and recommendations made for correction. If there are no major deficiencies, the CE Site is once again presented to the Ohio EMS Board for approval, and another three year certificate of approval is issued. Major deficiencies may result in an approval with contingencies, along with a plan for correction of the deficiencies.

The EMS Education staff is always available to offer advice or answer any questions that may arise before, during, or after the approval process. We recognize that initiating and maintaining a continuing education site requires a great deal of dedication and hard work, and we are truly appreciative of those that are providing this valuable service.

I Remember 9-11 Film Project

September 11, 2011 will mark the ten-year anniversary of 9-11 with many activities taking place throughout this country in its remembrance. The Ohio Department of Public Safety along with its state and local partners will host statewide activities to reflect on this poignant moment in history and the important message of national preparedness.

The Division of EMS is currently seeking those fire and EMS personnel who may have responded to the recovery efforts for 9-11, traveling to New York, Pennsylvania, and Washington D.C. We would like to highlight a few of these personal experiences in a short film project and promote them during National Preparedness Month, raising awareness of the bravery, dedication and service of our EMS and fire personnel during our country's most vulnerable moment.

If you participated in recovery efforts during 9-11 and would like to share your story, please contact China Dodley at chododley@dps.state.oh.us or 614-466-2551. Because we will narrow our final selection to six participants, please submit your request no later than April 30, 2011.

Region II RPAB Chairman Receives Prestigious Award

Dr. Randy Marriott, chairman of Region II Regional Physician Advisory Board, is the 2011 recipient of the John P. Pryor Award. The award was presented to him at the EMS Today conference in Baltimore in early March. Dr. Marriott was recognized for exemplary service by a street medicine physician

The award was created in honor of Major John Pryor, MD, in recognition of his many accomplishments and contributions to emergency medical services in the prehospital and hospital settings, and to recognize his devotion to his country and the ultimate sacrifice he made to assist the wounded during the wars in Iraq and Afghanistan. Dr. Pryor was killed by mortar fire on Christmas Day, 2008 in Iraq while serving as a trauma surgeon in the U.S. Army Reserve Medical Corps., 1st Forward Surgical Team.

Dr. Marriott got his start in medicine as a paramedic for the Dayton (Ohio) Fire Department. He has always stayed true to his roots, and now serves as the medical director

National EMS Week

Region II RPAB Chairman Receives Prestigious Award - con't.

for the same department where he started his EMS career. Dr. Marriott also serves as medical director for the Greater Miami Valley EMS Council, and chairs the Standing Orders Committee. This body provides protocols, QA, testing, training, and guidance for every EMS and fire department in the Dayton area. In this role, Dr. Marriott pushed to expand protocols and increase paramedic autonomy.

Under Dr. Marriott's leadership, cutting-edge prehospital initiatives, such as the region's Cardiac and Stroke Alert programs, IO access, CPAP, surgical airway management, intranasal medication delivery, drug-assisted intubation, field cervical spine clearance, end-tidal CO2 monitoring, Drug Bag Exchange Program, and post-arrest therapeutic hypothermia have been pushed to the forefront in the field.

Serves as a SWAT team physician for the Dayton and Kettering Regional SWAT teams, is the medical team leader for OH-TF-1 Urban Search and Rescue, and deployed to New York on 9/11/01 and to disaster relief efforts after Hurricane Katrina.

The theme for 2011 is EMS: Everyday Heroes. We have an opportunity to raise public awareness on how important your service is to the community and to honor the selfless dedication and courage that firefighters and EMTs show every day when they perform their duties to assist the needs of their community.

National EMS Week honors the lifesaving care EMS providers offer nationwide, 24-hours-a-day, seven days a week. This is an opportunity to recognize the valuable partnership with our local EMS providers in our community.

We will host our 2nd Annual Ohio EMS Awards ceremony on Wednesday, May 18, 2011 in conjunction with the Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP) 13th Annual EMS Star of Life Awards ceremony in Columbus. Additional details about this celebration will be distributed late April.

We encourage you to work with your local media partners to highlight the EMS Week activities taking place in your area.

For assistance in promoting your community efforts, please contact China Dodley at 614-466-2551.

National EMS Week



May 15-21 marks National EMS Week, and in honor of this special week, the Ohio Department of Public Safety's Division of Emergency Medical Services would like to coordinate this celebration with you and other local partners to highlight the importance of emergency medical services and promote community involvement through special events and activities around the state. May 18 is set aside as Emergency Medical Services for Children (EMSC) Day.

As a vital community resource, you hold the power to share vital information with the public on how to prepare for all types of emergencies, from when to call 911 to CPR training. Please visit the American College of Emergency Physicians site, www.acep.org for more information about planning for this special observance. Become a FACEBOOK fan at www.facebook.com/National.EMS.Week.

Disciplinary Actions

EMS Disciplinary Actions

December

Bryan R. Ware, EMS Certificate Number 75252

Violation: Misdemeanor involving moral turpitude convictions, Disseminating Matter Harmful to Juveniles; Attempted Pandering Obscenity

Sanction: Revocation of certificate to practice

Dawn D. Leonard, EMS Certificate Number 89169

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Ryan D. Pracht, EMS Certificate Number 85906

Violation: Felony convictions, Theft By Deception of a Firearm; Theft By Deception, two (2) counts; Theft By Deception from Disabled Adult; Theft By Deception, five (5) counts; Misdemeanor involving

moral turpitude convictions, Theft; Theft By Deception, three (3) counts; Falsification

Sanction: Revocation of certificate to practice

Nathanael G. Sheets, EMS Applicant Number 181077

Violation: Incomplete application

Sanction: Denial of application for certificate to practice

Michael P. Fallon, EMS Certificate Number 6125

Violation: Misdemeanor involving moral turpitude conviction, Menacing **Sanction:** Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Mallory A. Bleile, EMS Applicant Number 183146

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Terrance A. Chambers, EMS Certificate Number 19967

Violation: Felony conviction, Hobbs Act, Extortion Under Color of Official Right

Sanction: Revocation of certificate to practice

Randall S. Trausch, EMS Applicant Number 184695

Violation: Misdemeanor involving moral turpitude convictions, Passing Bad Checks, three (3) counts

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

Lorene M. Wolfgang, EMS Certificate Number 16072

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

Raphael S. Smith, EMS Certificate Number 85977

Violation: Random audit issues

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

Ryan A. Pyles-Dodds, EMS Applicant Number 184911

Violation: Felony convictions, Vehicular Assault, two (2) counts; Misdemeanor involving moral turpitude conviction,

Operating a Vehicle under the Influence of Alcohol and/or Drugs

Sanction: Written reprimand, denial—stayed, must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, another at renewal, must complete drug/alcohol treatment program, three (3) year probation, random drug/alcohol screenings during probation, must notify Division of any violations within ten (10) days, must disclose consent agreement to employer, and must obtain written authorization to practice from medical director prior to practicing and throughout probation.

David M. Dennison, EMS Certificate Number 72113

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Teresa J. Fawley, EMS Certificate Number 111457

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Disciplinary Actions

EMS Disciplinary Actions

Stephen M. Romstadt, EMS Certificate Number 68762

Violation: Misdemeanor involving moral turpitude conviction, Assault

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Jonathan C. Rike, EMS Applicant Number 185015

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct; Failed to meet

qualifications for certificate to practice
Sanction: Written reprimand, must successfully complete refresher course prior to issuance/within six (6) months, must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, and must disclose consent agreement to employer

Deanna B. Zanoskar, EMS Certificate Number 88771

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

Jeffrey M. Martin, EMS Certificate Number 91929

Violation: Random audit issues

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

Patricia L. Nelson, EMS Certificate Number 106049

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

James C. Smith, EMS Certificate Number 124085

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

Katherine M. Kent, EMS Certificate Number 138285

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Thomas O. Moorman, EMS Certificate Number 89562

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

Heather R. Burns, EMS Applicant Number 158293

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check prior to issuance/within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Eric M. Short, EMS Certificate Number 74484

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

Rusty M. Ross, EMS Certificate Number 75392

Violation: Random audit issues

Sanction: Revocation of certificate to practice

Jared A. Carter, EMS Certificate Number 136086

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Disciplinary Actions

Fire Disciplinary Actions

December

Bryan R. Ware, Fire Certificate Number 75252

Violation: Misdemeanor involving moral turpitude convictions, Disseminating Matter Harmful to Juveniles; Attempted Pandering Obscenity

Sanction: Revocation of certificates of fire service training

Ryan D. Pracht, Fire Certificate Number 85906

Violation: Felony convictions, Theft By Deception of a Firearm; Theft By Deception, two (2) counts; Theft By Deception from Disabled Adult; Theft By Deception, five (5) counts; Misdemeanor involving moral turpitude convictions, Theft; Theft By Deception, three (3) counts; Falsification

Sanction: Revocation of certificate of fire service training

Nathanael G. Sheets, Fire Applicant Number 181077

Violation: Incomplete application

Sanction: Denial of application for certificate of fire service training

Michael P. Fallon, Fire Certificate Number 6125

Violation: Misdemeanor involving moral turpitude conviction, Menacing **Sanction:** Written reprimand, must submit Bureau of Criminal Identification

& Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Terrance A. Chambers, Fire Certificate Number 19967

Violation: Felony conviction, Hobbs Act, Extortion Under Color of Official Right

Sanction: Revocation of certificates of fire service training

Stephen M. Romstadt, Fire Certificate Number 68762

Violation: Misdemeanor involving moral turpitude conviction, Assault

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer

Jared A. Carter, Fire Certificate Number 136086

Violation: Misdemeanor involving moral turpitude conviction, Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, must successfully complete anger management course within nine (9) months, and must disclose consent agreement to employer




OHIO DEPARTMENT
OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION



Editor: China Dodley
Layout &
Design: Visual
Communications