



the SIREN

Fall 2013

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A Newsletter of the Division of Emergency Medical Services and
the Emergency Medical, Fire, and Transportation Services Board
Mel House, Executive Director
www.ems.ohio.gov

the SIREN

Editor: China Dodley
Layout & Design: Visual Communications



**OHIO DEPARTMENT
OF PUBLIC SAFETY**
SAFETY • SERVICE • PROTECTION





the SIREN



In August, Governor John R. Kasich appointed Ohio Highway Patrol Superintendent Colonel John Born director of the Ohio Department of Public Safety. Tom Charles, former director, retired with more than 50 years of public service.

For 25 years, Director Born has served the Ohio Highway Patrol, rising through the ranks from his start as a trooper in 1987 to superintendent in 2010. Director Born has served in an array of leadership roles, including agency spokesman, squad leader in the Office of Investigative Services, Strategic Services Commander, and Field Operations Commander for eastern Ohio.

A Safer Ohio

Governor Kasich said, "John Born has done a great job at the Patrol, he's highly respected throughout the law enforcement community, and he's an outstanding person to carry on the dedicated work of Tom Charles. While Colonel Born has some big shoes to fill, he is more than capable of doing it."

An excerpt from Director Born's letter to all DPS personnel: "As the Director of the Ohio Department of Public Safety, it is my honor to work with those who have a mission of safety, service, and protection. I care deeply about my family and for over 25 years of public service, I have approached my job as if I was providing safety, service and protection for them.

In fact, each of us is providing an opportunity for a safer and better Ohio for all those we love and care about. But we also can gain great reward by serving others we do not know. When you look back upon your life and your work, this time should be seen as an opportunity you seized.

This is an exciting time to be a part of the Ohio Department of Public Safety. The pace of our collective efforts will quicken. The urgency and importance of our collective mission for a Safer Ohio through safety,

service and protection will become more apparent."



Ohio Department of Public Safety
Director John Born

Beyond Lights and Sirens:

By virtue of our mission, the Division of EMS has always focused on a safer Ohio. With the appointment of John Born as director of the Ohio Department of Public Safety, a safer Ohio is something we consciously think of as we go about our daily tasks. Our first official commitment to the initiative is the development of Live Fire Training courses (awareness and operations); courses designed to improve safety of personnel and the community when conducting live fire training evolutions.



Mel House,
Executive Director, EMS

The project, originally instituted by the Firefighter and Fire Safety Inspector Training Committee under the direction of Chief Jim Steele, expands the courses and participation requirements. It includes live fire training at the awareness level in the fire instructor course and requires operations level for all new fire instructors who will be participating in live fire training evolutions. Although existing fire instructors will be grandfathered, participation in the operations level course will be encouraged for all instructors participating in live fire training evolutions. The course will be based on NFPA 1403, Standard on Live Fire Training Evolutions. Course materials will be provided at no charge to chartered fire training programs across the state of Ohio in the first quarter of 2014.

On other fronts, we continue to evaluate and streamline the Division of EMS operations in order to ensure the best possible customer service to our constituents, Ohio's fire, EMS, medical transportation, and trauma system providers. The following is a status report on Division initiatives:

With the merging of the Ohio Medical Transportation Board and the State Board of Emergency Medical Services, now titled the State Board of Emergency Medical, Fire, and Transportation Services (EMFSTS), the merging of Ohio Medical Transportation Board into the Division of EMS and EMS board is complete. The Division of EMS/EMFSTS is now a "one-stop-shop" for emergency medical care and transportation, including vehicles, aircraft, equipment, personnel certification, accreditation of training programs, data collection and analysis, complaint processing, investigations, and grants. The first order of business is the five-year rule review required for O.A.C. 4766-05. The Medical Transportation Committee and Critical Care Subcommittee, appointed at the October EMFSTS board meeting, will open up dialogue on the medical transportation rules in November 2013.

Beyond Lights and Sirens

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A complete revamping of Division of EMS Information Technology (IT) systems is underway, a joint project of Division of EMS staff, the ODPS Special Projects / Process Improvement Team, and ODPS IT. Revamping of the Division of EMS IT system started with fire testing. Once fire testing is completed we will work through revamping fire and EMS certifications, investigations, medical transportation, education, grants, and audits. Fire applications are currently submitted online. EMS applications are submitted online, as well as via paper applications. With the revamping, EMS applications will move to an online system. More information on the move to online EMS applications will be provided over the next several months.

Development and implementation of the new commercial data systems operating the Ohio Trauma Registry (OTR) and EMS Incident Reporting System (EMSIRS) is continuing. The new OTR will begin accepting hospital data on trauma victims starting January 1, 2014. Training has been given to representatives from virtually every hospital in Ohio to ensure the transition to the new system is smooth. Educational roll out sessions for the new EMSIRS system are being planned for late spring 2014 with implementation planned for mid-2014. Watch our website and EMS-General listserv for details.

Data from EMSIRS was recently used by the Ohio Department of Mental Health and Addiction Services to create a report which details the use of naloxone by EMS. The study shows the dramatic increase in prehospital naloxone administration, mirroring the increasing opiate epidemic. Copies of this report, which was only possible thanks to your work on supplying EMSIRS with your run data, are available in the Data Center section of our website.

Finally, on the IT side, we have been awarded a \$200,000 grant from State Traffic Safety Information System Improvements Fund to upgrade the current Trauma Rehabilitation Registry. The upgrade, coupled with the EMSIRS and OTR improvements will provide an opportunity to view the continuum of care of trauma patients in Ohio from pre-hospital scene to discharge. Contract details are currently being worked out. Estimated project completion date is the fourth quarter of 2014.

Other notable activities at the Division of EMS include:

NATIONAL ACCREDITATION

By January 1, 2013, all EMS education programs at the paramedic level were required to apply for national accreditation as mandated by the National Registry of Emergency Medical Technicians (NREMT). The EMS Board recognized the process to become a nationally accredited site is costly; so included in the passage of Substitute H. B. 128 (129th General Assembly) is a process to allow for EMS grant funding to help offset the expense. Out of the 49 Ohio-accredited paramedic programs, nine are currently nationally accredited, 31 have applied for accreditation, and five have verbally committed to complete the accreditation process. Four programs remain non-committal at this point in time. All programs are required to be fully accredited by December 31, 2017.



FIRE TRAINING AND EDUCATION RULES

Five-year fire training and education rule review of Chapters 4765-11, 20, 21, 22, and 23—Rule revisions were drafted by the Division with input from the Fire Fighter and Fire Safety Inspector Committee. Stakeholder input was solicited and the draft rules were submitted to the Common Sense Initiative Office in June. Submission to the Joint Committee on Agency Rule Review (JCARR) is scheduled for January 2014 with a first quarter 2014 effective date. Those affected by the new rules will be notified of the effective date upon submission to JCARR, as the JCARR submission will drive the effective date will be provided upon rules submission. The Division of EMS is currently working on a plan for roll-out of the new rules, including training, rule synopsis, etc.



NALOXONE ADMINISTRATION

Given the increasing number of opioid overdose incidents in the state of Ohio, the State Board of Emergency Medical, Fire, and Transportation Services took action at the October board meeting to increase the availability of naloxone on the scene of such incidents by passing the following motion: "Motion to modify the scope of practice matrix to allow emergency medical responders and emergency medical technicians to administer intranasal naloxone to a person suspected of suffering from an opioid overdose upon completion of training and with the approval of the medical director." Dr. Carol Cunningham, State Medical Director, is currently developing an intranasal naloxone training program. Medical Director approval and training are required before permission to administer intranasal naloxone may be granted.



OEMS WEBSITE

A revamping of the ODPS Division of EMS Web site has been put on hold as we have concentrated on the medical transportation merger, fire training and education rules submission, and resolving fire testing issues. We anticipate the Web site project will be put back on the "front burner" in early 2014. We ask that you be patient as we attempt to update the information and improve the site.



Please take time to read further in this edition of the SIREN regarding Division of EMS changes. If you need additional information, go to the website: <http://ems.ohio.gov> and click on "Ask EMS".

Finally, the board and Division appreciate stakeholder insight and input into state EMS, fire, medical transportation, and trauma issues. Please seek out a representative on the board, contact the Division of EMS, or better yet, attend a board meeting.

Message from the EMS Board Chair

As of July 2013 House Bill 51 combined the EMS Board and the Ambulance Transportation Board into the Emergency Medical, Fire, and Transportation Services Board. Two committees, the Medical Transportation and the Critical Care committee, were established by this statute in addition to the current standing committees already in place. Chairpersons and members have been appointed for these committees and work is already underway. Members have also been added to other standing committees.

With the new board working together the EMS, Fire and Transportation Services in Ohio will strive to better its' services for residents and visitors alike.

If anyone has input on items or feelings on upcoming needs for EMS, Fire or Transportation we encourage you to attend the meetings. The schedule of committee and board meetings is on the state EMS website. Please feel free to contact any board member if you have any questions.

Daryl McNutt

Chair, EMS Board and the Ambulance Transportation Board

New Faces at the Division of EMS

In the past several months, the Division of EMS has added several new staff members to assist in providing better service to our customers and stakeholders. We welcome the following new employees to the team:

Diane Conrad

Customer Service Assistant 2 – Medical Transportation

Diane joined our staff in July 2013 with the move of the Ohio Medical Transportation Board (OMTB) into the Division of EMS. Diane works in the Medical Transportation section assisting customers seeking licensure of ambulances and ambulettes.

Schuyler R. Schmidt

EMS and Trauma Biostatistician and Program Administrator 2

Schuyler joined EMS in August 2013. He works on data mining and statistical analysis, primarily using the Ohio EMSIRS (EMS Incident Reporting System) 1 and 2 databases and the OTR (Ohio Trauma Registry) database. Some of his current projects involve assisting a NIH funded pediatric trauma research team in extracting accurate and relevant data for their use, as well as answering ad hoc data requests made by health care

professionals and other individuals. Prior to joining our team, he worked as a statistician for Ohio EPA. In his career, he has worked on outlier analysis, parametric and nonparametric statistical tests, analysis of research design, and data validation, inter alia. Prior to receiving his M.S. in Statistical Computing, Mr. Schmidt worked as an attorney in Florida and also completed a B.S. in Economics from The Ohio State University, with Honors in the Liberal Arts.

Rachel Zwayer

Investigator

Rachel joined the Investigations section of the Division of EMS in October 2013. Among other things, she currently assists in the investigation of EMS and fire complaints. Rachel comes to the Division from the (ODPS) Bureau of Motor Vehicles. She received a B.A. and a M.A. from Tiffin University.

Dawn Vondracek

Administrative Professional 2 – Certifications

Dawn came to the Division of EMS from the Ohio State Board of Cosmetology in April 2013. She works with other members of the certification staff to ensure timely processing of applications for certification and responds to customer inquiries. Dawn has a B.A. in Business Management from Edgewood College in Madison, Wisconsin.

Connie White

Program Administrator 2 – Medical Transportation

Connie returns to EMS office with the merger of the Ohio Medical Transportation Board (OMTB) into the Division of EMS in July 2013. She previously worked in the EMS office when it was housed in the Department of Education. Connie continues to work with EMS agencies seeking licensure of their ambulances and with those seeking licensure of ambulettes.

Update: EMS Board and Medical Transportation Board Merge

On April 1, 2013, Governor Kasich signed House Bill 51, merging the Ohio Medical Transportation Board (OMTB) into the State Board of Emergency Medical Services (EMS Board). The new Emergency Medical, Fire and Transportation Services Board will be working together to better these services for residents of and visitors to Ohio alike.

Two committees, the Medical Transportation and Critical Care committees, were set by this statute in addition to the current standing EMS committees. New members will be added to the new committees as well as the standing committees.



If anyone has input on items or feelings on upcoming needs for EMS, fire or transportation services, we encourage you to please attend the meetings. The schedule of committee and board meetings is on the state EMS website (ems.ohio.gov). Please feel free to contact any board member if you have any questions.

The Division of EMS is proud to announce the members to the newly merged and retitled *State Board of Emergency Medical, Fire, and Transportation Services*.

THOMAS ALLENSTEIN, RN (*Re-appointed member from the OMTB*) – Mr. Allenstein served on the Ohio Medical Transportation Board since 2007. Mr. Allenstein is the Chief Operating Officer for MedFlight of Ohio. He is currently the Chair of the Medical Transportation Committee. Mr. Allenstein holds Seat #18 as an Air Medical EMS Provider and represents the Ohio Association of Critical Care Transport.

KENT APPELHANS (*Re-appointed member from the OMTB*) – Mr. Appelhans has 23 years of experience in Fire and EMS services. He began his career at the Pemberville Freedom Fire Department in 1990 as a firefighter and obtained his Paramedic certification in 1992. He remains a part-time/volunteer firefighter and paramedic for that service. Mr. Appelhans holds Seat #16 as an Owner/Operator of a Private EMS Service and represents the Ohio Ambulance and Medical Transportation Association.

REBECCA BAUTE, BSN, MBA, RN, CMTE (*Re-appointed from the OMTB*) – Ms. Baute has over 25 years experience in critical care adult, pediatric and neonatal transport in the ground, fixed wing, and rotor wing environment. She is currently Assistant Vice-President of Patient Services at Cincinnati Children's Hospital Medical Center. Formerly the Chair of the Ohio Medical Transportation Board, in August 2013, Ms. Baute was elected as the EMFTS Board Vice-Chair. Ms. Baute holds Seat #17 as a Mobile Intensive Care Unit Provider and represents the Ohio Association of Critical Care Transport.

KAREN BEAVERS (*Newly appointed member*) – Ms. Beavers has been an active member of the Ohio Association of Emergency Medical Services (OAEMS) for 35 years. She has been the OAEMS President since 1997. She became involved in Emergency Medical Services in 1977 as an EMT-Basic and became a paramedic in 1978. She is also an EMS Continuing Education Instructor. Ms. Beavers holds Seat #13 as an EMS Provider and represents the Ohio Association of Emergency Medical Services.

PAMELA L. BRADSHAW (*Re-appointed member from the EMS Board*) – Ms. Bradshaw has been a member of the State Board of Emergency Medical Services since 2006. She began her EMS career in 1981 as an EMT-Basic with Porter Township Rescue Association. In 1985, Ms. Bradshaw became an Advanced EMT and in 1993, received her Paramedic certification. Ms. Bradshaw is presently the Chief at Porter Township Rescue. Ms. Bradshaw holds Seat #8 as an EMS Instructor and represents the Ohio Association of Emergency Medical Services.

GARY M. CATES (*Newly appointed member*) – Mr. Cates works for the ProMedica health system based in Toledo, Ohio. He currently is the President of ProMedica Defiance Regional Hospital and President of the ProMedica Transportation Network. He has worked in a variety of executive roles at ProMedica, including the senior leadership of business units in the acute and ambulatory care arenas. Prior to joining ProMedica, Mr. Cates was a Manager with Johnson Controls, Inc.; a Press Secretary with the U.S. House of Representatives, and a reporter with the Observer & Eccentric Newspapers in Livonia, Michigan. Mr. Cates holds Seat #4 as a Hospital Administrator and represents the Ohio Hospital Association.

Update:

State Board of Emergency Medical, Fire, and Transportation Services

Board Members continued...

JAMES E. DAVIS *(Re-appointed member from the EMS Board)* – Mr. Davis is a Battalion Chief with the Columbus Fire Department and has served as an EMS supervisor for over 20 years. Mr. Davis is a Rotor-Wing Flight Nurse with MedFlight of Ohio/Grant Life-Flight and an Adjunct Faculty member of the Columbus State Community College Paramedic Program. Mr. Davis served as Chair of the EMS Board in 2010-2011. Mr. Davis holds Seat #9 as an EMS Provider and represents the Ohio Association of Professional Fire Fighters.

GEOFFREY J. DUTTON *(Re-appointed member from the EMS Board)* – Mr. Dutton is the special projects leader for the Ohio Department of Public Safety and was appointed to the EMS Board in 2011. Mr. Dutton previously served as a deputy inspector general, investigating 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 and most recently at The Columbus Dispatch. Mr. Dutton serves as the Chair of the Time Critical Diagnosis Ad Hoc Committee. Mr. Dutton holds Seat #20 as the ODPS Appointee and represents the Ohio Department of Public Safety.

VICKIE GRAYMIRE, RN, MS, CNS *(Re-appointed member from the EMS Board)* – Ms. Graymire is the Administrative Trauma Director Program Manager at Grant Medical Center. Prior to her role at Grant Medical Center, she was a trauma program manager, clinical nurse specialist for 20 years at St. Rita's Medical Center in Lima, Ohio. Ms. Graymire holds Seat #5 as a Trauma Program Manager and represents the Ohio Nurses Association and the Ohio Society of Trauma Nurse Leaders.

DEANNA L. HARRIS, RN, BSN, CEN, EMT-B *(Re-appointed member from the EMS Board)* – Ms. Harris began her career as a volunteer firefighter in Medina County in 1986. Since 2004, Deanna has been employed as a flight nurse specialist with Cleveland Metro Life Flight. Ms. Harris is an EMS continuing education instructor and teaches EMT-Basic students at the Medina County Career Center. Ms. Harris serves as Chair of the Community Paramedicine Ad Hoc Committee. Ms. Harris holds Seat #11 as an EMS Provider and represents the Ohio State Firefighters' Association.

ERNEST R. HATMAKER, JR. *(Newly appointed member)* – Mr. Hatmaker was co-founder of E.M.T., Inc., in February 1995. He became a Paramedic in 1991, and worked with other ambulance companies in the area on ALS units. Mr. Hatmaker is the Chief Operating Officer of E.M.T., Inc. Mr. Hatmaker holds Seat #14 as an EMS Provider and represents the Ohio Ambulance and Medical Transportation Association.

DARYL MCNUTT *(Re-appointed member from the EMS Board)* – Chief McNutt is currently the Chair of the EMFTS Board and has served on the EMS Board since 2006. Chief McNutt has been employed by the Village of Whitehouse for 26 years and has served as fire chief since 2003. Chief McNutt is a member of the Lucas County EMS Board, Ohio Fire Chiefs' Association and Lucas County Fire Chiefs' Association. He is also on the board for the Northwest Ohio Volunteer Fireman's Association. Chief McNutt holds Seat #7 as a Volunteer Fire Chief and represents the Ohio Fire Chiefs' Association.

WENDY J. POMERANTZ, M.D. *(Re-appointed member from the EMS Board)* – Dr. Pomerantz has served on the EMS Board since January 2006. She is a pediatric emergency medicine physician with a faculty appointment as a Professor of Pediatrics at the University of Cincinnati School of Medicine and Cincinnati Children's Hospital Medical Center. She is one of the co-directors of the Comprehensive Children's Injury Center at Cincinnati Children's Hospital and the Injury Free Coalition for Kids in Greater Cincinnati. In addition she is a member of the Cincinnati American Red Cross Medical Assistance Team. Dr. Pomerantz serves as the Chair of the Emergency Medical Services for Children (EMSC) Committee. Dr. Pomerantz holds Seat #3 as an ER Pediatrician and represents the American Academy of Pediatricians.



Update: State Board of Emergency Medical, Fire, and Transportation Services

Board Members continued...

MARK N. RESANOVICH (*Re-appointed member from the EMS Board*) – Mr. Resanovich has served on the EMS Board since 1997. Mr. Resanovich served 29 years with the City of Green Fire Department in the capacity of Captain/Shift Commander. He retired in April 2012 from the City of Green and is currently the EMS Coordinator for Aultman Hospital in Canton, Ohio and a member of the Greentown Fire Department. Mr. Resanovich has been involved in fire and EMS since 1978 and was certified as a paramedic in 1981. Mark is the current First Vice President of the Ohio State Firefighters Association and has been a member since 1978. Mr. Resanovich serves as the Chair of the Resource Management Committee and the Homeland Security Subcommittee. Mr. Resanovich holds Seat #12 as an EMS Provider and represents the Ohio State Firefighters Association.

JULIE ROSE (*Newly appointed member*) – Ms. Rose is the founder and current chief executive of Community Care Ambulance (CCA). Prior to founding CCA, Ms. Rose previously served as the Director of Ashtabula Community Health Services and its philanthropic foundation. Ms. Rose serves as an American Ambulance Association Board member for Region 3. She is also President of the Ohio Ambulance and Medical Transportation Association. Ms. Rose serves as the Chair of the Critical Care Subcommittee. Ms. Rose holds Seat #19 as an Ambulette Operator and represents the Ohio Ambulance and Medical Transportation Association.

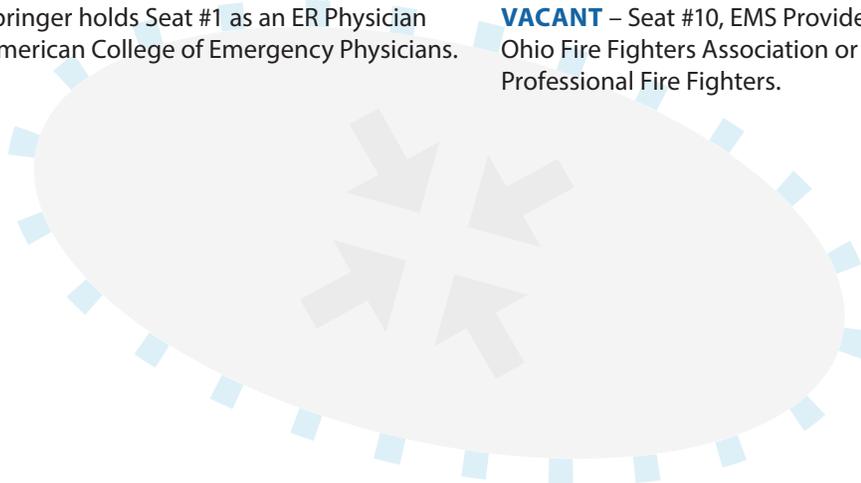
BRIAN L. SPRINGER, M.D., FACEP (*Re-appointed member from the EMS Board*) – Dr. Springer has been a member of the EMS Board since 2010. He is an assistant professor at the Wright State University (WSU) Department of Emergency Medicine and Director of the WSU Division of Tactical Emergency Medicine. Dr. Springer has served on the Region II RPAB since 2006. Dr. Springer is an EMS instructor and is active in medical education and training. Dr. Springer serves as the Chair of the Medical Oversight Committee and the Specialty Care Subcommittee. Dr. Springer holds Seat #1 as an ER Physician and represents the American College of Emergency Physicians.

STEVEN M. STEINBERG, MD (*Re-appointed member from the EMS Board*) – Dr. Steinberg has been a member of the EMS Board since 2009. Dr. Steinberg is the Director of the Division of Critical Care, Trauma and Burn at The Ohio State University, a Level 1 Trauma Center. He also serves as the Professor of Surgery, and is the vice-chairman for Clinical Affairs for the Department of Surgery. Dr. Steinberg is a fellow of the American College of Surgeons and is on the Central Ohio Trauma System Board of Trustees. Dr. Steinberg holds Seat #2 as a Trauma Surgeon and represents the American College of Surgeons.

THOMAS F. WAPPNER (*Newly appointed member*) – Mr. Wappner is the President and founder of Medic Response Ambulance Service, Inc. located in Mansfield, Ohio, which he began in 1988. He has been involved in EMS for 24 years. He started as a Basic EMT, became an Advanced EMT, and then continued on to be a Paramedic, which he has been the past 14 years. Mr. Wappner is on the Board of Directors of the Ohio Ambulance and Medical Transportation Association (OAMTA) and also Chair of the By-laws and Ethics Committee. Mr. Wappner holds seat #15 as an EMS Provider and represents the Ohio Ambulance and Medical Transportation Association.

DUDLEY H.A. WRIGHT II (*Newly appointed member*) – Mr. Wright is the Chief of the Monroe Township Fire Department. He has also served as a supervisor with the Mifflin Township Fire Department (Franklin County) and as the Chief of the Granville Fire Department. Mr. Wright has more than 20 years of experience as a firefighter and paramedic. He is also certified as a Fire Safety Inspector and a Firefighter Instructor. Mr. Wright currently serves on the NFPA Technical Committee on Firefighter Professional Qualifications. Mr. Wright holds Seat #19 as a Paid Fire Chief and represents the Ohio Fire Chiefs' Association.

VACANT – Seat #10, EMS Provider, representing the Northern Ohio Fire Fighters Association or the Ohio Association of Professional Fire Fighters.



Evaluating a Trauma System

The goal of every trauma system is to get the right person to the right place in the right amount of time. EMS has a critical role in the operations of the Ohio Trauma System: It's our job to determine which people have suffered injuries that are a threat to life or limb, or might cause permanent disability or disfigurement.

To give EMS the ability to carry out its role with as much accuracy as possible, the EMS Board created Ohio's **Trauma Triage Criteria** (TTC). The TTC are a set of observations that EMS can make about a patient that will help determine which hospital – a trauma center or a non-trauma center – is the right place for this person.

As with any system, there are many ways to evaluate the Ohio Trauma System's performance. One method of evaluation is to determine the accuracy of the TTC and whether or not they are being used appropriately by EMS. This is done by observing the amount of overtriage and undertriage occurring.

Even though it is our goal to get the right person to the right place in the right amount of time, we don't want to just transport everyone with an injury to a trauma center, just in case. If a person doesn't meet any of the triage criteria, sending them to a trauma center anyway is called overtriage.



Overtriage is a hardship for the patient and their family, and a burden to the trauma center. There are three specific issues caused by overtriage:

1. Travel to a trauma center can be a problem for the patient's family, and the poorer they are, the worse this problem;
2. Trauma center care is more expensive than at non-trauma centers (and if you fly the person, you've added at least \$14,000 to their bill);
3. Flooding trauma centers with minor injuries slows the response of Emergency Department and Trauma Surgery staff to the critical patients who really need them.

Undertriage – sending someone who meets at least one of the trauma triage criteria to a non-trauma center – is probably worse than overtriage as undertriage can be life-threatening. Non-trauma centers don't have the resources necessary to diagnose and treat severe injuries. Transporting to hospitals without those resources delays the patient in getting the care they need and

increases the chances of an overlooked or undertreated injury.

Will Humble, the Director of the Arizona Department of Health Services, says this about overtriage and undertriage: *"Undertriage and overtriage are like a teeter-totter. Undertriage is to the left of the balance point and over triage is to the right. The sweet spot is the point when you have just enough overtriage necessary to guard against undertriage. Following the TTC will help us hit the sweet spot more often than not."*

National Pediatric Readiness Assessment

Approximately 25 percent of all emergency department (ED) visits nationally involve children. About 90 percent of children seen in EDs are seen in non-pediatric hospitals and about half of these see less than 10 children per day. All EDs aim to provide good care to children; however, this can be challenging, especially for those hospitals that do not see large numbers of children.

The National Pediatric Readiness Assessment is a project that aims to assess the readiness of hospitals around the country to take care of pediatric patients. In addition, the assessment will help to understand gaps in care and resource needs for pediatric patients.



The National Pediatric Readiness Assessment survey was sent out to all hospitals in the United States. It was based on a joint policy statement, published in 2001, entitled *Care of Children in the Emergency Department: Guidelines for Preparedness*. These guidelines were updated in 2009. The purpose of the policy statement was to provide guidelines to EDs to improve preparedness in taking care of children. The purpose of the National Pediatric Readiness Assessment survey was to determine how well those guidelines have been implemented. In addition, hospitals would be able to compare their readiness to other hospitals in the state and around the nation.

The first phase of the National Pediatric Readiness Assessment, assessing preparedness, recently came to a close. More than 82 percent of EDs participated nationally which equates to more than 4,100 EDs. Ohio had a 55 percent response rate; 105 of 191 EDs responded. The median preparedness score for EDs in Ohio was 68 out of a possible 100; the national median was 69. EDs that saw fewer pediatric patients had lower scores, in general, than those who saw more pediatric patients.

The main sections of the survey and average scores for Ohio:

Emergency Department Section	Maximum Score	Ohio Score	National Score
ED Staff: Physicians, Nurses and other Health Care Providers	10	5.5	5.3
ED Care Guidelines for:			
Administration and Coordination	19	9.4	10.1
Quality Improvement/Performance Improvement	7	2.3	2.9
Improving Pediatric Patient Safety	14	11.4	10.8
Policies, Procedures, and Protocols	17	10.5	10.5
Equipment, Supplies, and Medications for Pediatric Patient Care	33	29.7	29.4



IOhio is not doing too badly, but we can do better! Ohio Emergency Medical Services for Children has recently begun a process to recognize hospitals throughout the state as pediatric prepared. The purpose of this program, known as Emergency Departments: Pediatric Prepared (EDPP) is to assure that hospitals throughout the state are equipped to take care of pediatric patients. Recognition signifies that care provided for children meets national quality benchmarks. University Hospitals Geauga Medical Center became the first

hospital to receive recognition and be approved by the EDPP program. Several other hospitals will be reviewed soon.

More information about Ohio EMS for Children, and the EDPP, is available at http://ems.ohio.gov/emsc/emsc_index.stm, or contact Joe Stack, Ohio EMS for Children Coordinator, at (614) 387-1949 or EMSC@dps.state.oh.us.



Pediatric EMS Performance Measures Survey planned

Ohio EMS for Children to Survey Agencies in November 2013

The Ohio EMS for Children Program will survey Ohio EMS agencies about their pediatric medical direction and pediatric equipment this November as part of the EMS for Children Partnership Grant.

The EMS for Children Performance Measures include off-line medical direction (protocols), on-line medical direction (direct communication with a hospital), and ambulance equipment.

The Equipment for Ambulances list, available through the Ohio EMS for Children Program, is the guideline used for the survey. This comprehensive list includes adult and pediatric equipment for Basic Life Support and Advanced Life Support ambulances. Equipment for Ambulances was published jointly by the American College of Surgeons' Committee on Trauma, the American College of Emergency Physicians, the National Association of EMS Physicians, the American Academy of Pediatrics, and the EMS for Children Program.

The results from these surveys help guide the Ohio EMS for Children Program in decision making for the future of the program, including making all the equipment from the Equipment for Ambulances list a part of the Ohio EMS Grants

Training and Equipment List. In addition, some pieces of equipment which were shown to be lacking on the 2010-11 survey will be mailed to agencies which participated in that survey.

If your agency is selected to participate, you will be notified by U.S. mail and by e-mail. For this reason, please update your agency contact information with the Division of EMS.

More information about Ohio EMS for Children, and the EMSC Performance Measures, is available at http://ems.ohio.gov/emsc/emsc_index.stm, or contact Joe Stack, Ohio EMS for Children Coordinator, at (614) 387-1949 or EMSC@dps.state.oh.us.

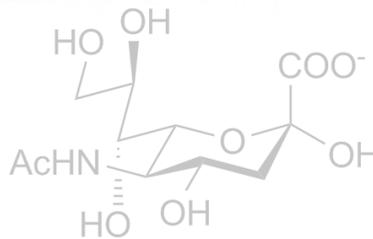


EMS for Children Performance Measures survey results:	2010 – 11	2008
Basic Life Support services		
Access to <i>on-line</i> pediatric medical direction at the scene of an emergency.	100	53
Access to <i>off-line</i> pediatric medical direction at the scene of an emergency.	58	67
Basic Life Support services Ambulances		
Access to all the recommended pediatric equipment at the scene of an emergency.	32	18
Advanced Life Support services		
Access to <i>on-line</i> pediatric medical direction at the scene of an emergency.	95	80
Access to <i>off-line</i> pediatric medical direction at the scene of an emergency.	95	94
Advanced Life Support services Ambulances		
Access to all the recommended pediatric equipment at the scene of an emergency.	24	25



Ohio EMS Scope of Practice: UPDATE

Naloxone (Narcan[®]) is an opioid antagonist that was developed in the 1960s, has been the emergent overdose treatment in both the hospital and prehospital environment for decades. The increase in the number, use, and abuse of prescribed intravenous, oral, and transcutaneous opioids combined with the surge of illegal opiate abuse has created an unprecedented demand for naloxone. Physiologically, naloxone acts by displacing the opioid from the opiate receptors in the nervous



system. As a result, naloxone may induce the rapid onset of opiate withdrawal symptoms which include agitation, tachycardia, pulmonary edema, nausea, vomiting, and seizures. For this reason, many medical professionals will elect to reserve the administration of naloxone to patients with known or suspected opioid overdoses for those exhibiting signs or symptoms of respiratory depression, shock, or impending cardiopulmonary arrest.

Traditionally, naloxone is administered intravenously, and this route has been within the Ohio EMS scope of practice for Advanced Emergency Medical Technicians (AEMTs) and Paramedics for many years. Recent studies, including several conducted in the prehospital setting, have demonstrated the efficacy of naloxone administration via the intranasal route. As a result, intranasal naloxone was previously added to the Ohio EMS scope of practice for AEMTs and Paramedics. The intranasal naloxone administration has several benefits which include, but are not limited to:

1. Statistically equivalent clinical efficacy compared to the intravenous naloxone.
2. Establishment of intravenous access, which can be difficult or impossible in chronic intravenous drug abusers, is not required for administration.
3. Intranasal atomizers facilitate immediate administration of naloxone compared to the intravenous route.
4. Reduction in the risk of a needle stick injury (and the associated potential infectious disease exposure) for EMS providers and bystanders.

On October 16, 2013, the Emergency Medical, Fire, and Transportation Services (EMFTS) Board approved the expansion of the Ohio EMS scope of practice to allow emergency medical responders and emergency medical technicians to administer intranasal naloxone to a person suspected of suffering from an opioid overdose upon completion of training and the approval of the medical director. The administration of intranasal naloxone requires a protocol from the medical director of the EMS agency who, as always, retains the authority to limit the Ohio EMS scope of practice for the EMS providers functioning under their medical direction. The EMS medical director is also responsible for providing the protocols and training for managing the potential adverse effects following naloxone administration.

An educational module for the intranasal administration of naloxone will be developed by the Ohio Department of Public Safety, Division of EMS. Once completed and approved by the EMFTS Board, this module will be available on-line and posted on the Division of EMS website as a supportive training adjunct for Ohio's EMS providers, medical directors, and education institutions. If you have any questions, please feel free to contact me or the Ohio Department of Public Safety, Division of EMS. Thank you for the fine service that you provide to Ohio's residents and visitors each and every day.

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

Certification Renewal Tips

When it's time to renew your EMT and Firefighter certifications online, take time to do it right and don't wait until the last minute (you may renew up to 90 days prior to expiration).

Some tips that may help to make it easier:

- Before going online to renew, make sure you have completed (or will complete before expiration) all of the continuing education requirements. If you have an EMS provider or instructor certification, you may request a 90-day extension to complete your continuing education. (Extensions are not available for Firefighter certifications.)
- After you have logged on to the renewal site, you will be asked to select the certifications you want to renew. You must select "yes" or "no" for each certification you have. If you say "no" to a certification, no application for that certification will appear for you to complete during that computer session. However, it will remain available for online renewal until its expiration date, allowing you to go back online and renew it when you are ready. Selecting "no" does not mean that you never want to renew that particular certification; it just means that you are not ready to renew it during this computer session.
- If you have multiple certifications, you must complete a separate renewal application for each one. Make sure you single-click on "Next" at the bottom of each page until you have completed an application for each certification that you want to renew – do not double-click. If you close out after completing only one application, only that one certification will be renewed.
- When you are finished filling out the applications, make sure that all the certifications you renewed are in "Pending" status. (You can do this by going to the Certification Verification page on the EMS website.) "Pending" simply means that it is pending the expiration of your current certification. It will not become "Active" until the effective date (your birthday). Once it becomes "Active" a new card will be printed and mailed to you. If your certification is in any status but "Pending" (such as "Needs Approval"), please call us immediately to determine what needs to be done.
- Your new card usually arrives within 7-10 days after your birthday. New cards are **not** mailed before your birthday.
- If you do not want to renew a certification, please do not submit a renewal application. All you have to do is let it expire.

For assistance, call the certification staff at 800-233-0785.

Links to assist you with renewal:

The renewal site: www.dps.state.oh.us/certrenewal/main.aspx

The extension request form:
www.ems.ohio.gov/ems_forms.stm

To verify your certification's status:
www.dps.state.oh.us/certrenewal/Verification.aspx

EMS administrators, fire chiefs, officers and administrative staff:

Ensure you have **certified** personnel on the street! Verify Ohio EMS and Fire Certifications of every member of your department at:

<https://www.dps.state.oh.us/certrenewal/Verification.aspx>

Disciplinary Actions

EMS and fire disciplinary actions are no longer being included in the Siren. You can still find summaries of discipline issued by the Emergency Medical, Fire, and Transportation Services Board (EMS certificates) and by the Executive Director (fire) posted on the Division of EMS webpage at the following location:

http://ems.ohio.gov/ems_enforcement.stm

Ohio Trauma Triage Certification

Ohio EMS would like to provide some clarity to an issue that still seems to be confusing to many Ohio EMS certified providers: the requirement to complete the Ohio Trauma Triage course *each time* you recertify your Ohio EMS provider certification.

The screenshot shows the Ohio EMS website with the following sections visible:

- ODPS Emergency Medical Services Trauma System**
- Web Cast of May 8 ACS Consultation Exit Interview** (with a video player)
- Laws**
 - Ohio Revised Code
 - The Trauma Law
 - Trauma Center Provisional Designation Law
- Trauma Committee**
 - Roster
 - Trauma Committee Minutes [+]
- Trauma Center**
 - Map
 - List
- Triage**
 - Trauma Triage Rules
 - Generic Triage: How and Why
 - Trauma Triage Education - Presentation (highlighted with a red arrow)
 - Trauma Triage Education - Online CE
- Reports and Publications**
 - State ACS Trauma System Consultation Report
- Framework Implementation Subcommittees**
 - Goal 1: Leadership [+]
 - Goal 2: Injury Prevention (link to CEDH VPPP site) [+]
 - Goal 3: Emergency/Disaster Preparedness [+]
 - Goal 4: Prehospital Care [+]
 - Goal 5: Acute Care Hospitals and Trauma Centers [+]
 - Goal 6: Rehabilitation [+]
 - Goal 7: Evaluation, Quality Mgmt & Performance Improvement [+]
 - Goal 8: Trauma System Registry Infrastructure [+]
 - Goal 9: Professional Education and Public Information [+]
 - Goal 10: People with Functional Needs [+]

Documentation of the completion of the Ohio Trauma Triage course is required during each three-year certification cycle for the Ohio certified Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and the Paramedic (P), to meet Ohio recertification requirements.

This course must be taken in a classroom at any Ohio EMFTS Board Accredited (initial) or Approved (CE) Training Institution, or online from the Ohio EMS web page, www.ems.ohio.gov, by selecting under the main heading of “Online Services” and then clicking on “EMS Online CE Training.”

PowerPoint presentations for classroom presentations at Ohio Accredited or Approved Training Institutions are available from our web page at this link: http://www.ems.ohio.gov/ems_trauma.stm listed under the “Triage” heading, click on “Trauma Triage Education – Presentation.”

online version

If you choose the online version, by clicking on “EMS Online CE Training” from the Ohio EMS main web page or this link: http://www.ems.ohio.gov/ems_pstc.stm. It will take you to an instruction page of how to join the “Ohio Public Safety Training Campus (PSTC).”

If you haven’t registered in PSTC since July 2012, you will have to create a **New User Account**, as explained below.

Click on “Continue to Public Safety Training Campus (PSTC)” at the bottom of the instruction page to go to the username and password screen.

The screenshot shows the Ohio Department of Public Safety Training Campus website with the following content:

- NEW SKILLS**
 - Management Boot Camp
 - Getting Stuff Done
 - Becoming Management Material
 - Customer Care
- TRAINING**
- ePERFORMANCE**
 - Preparing for Performance Evaluation (Supervisors only)
 - Performance Technical Training for Supervisors (Supervisors only)
- TECHNICAL**
 - Computer Basics A Beginner's Guide
- RESOURCES**
 - Ohio Department of Public Safety
 - Ohio Department of Transportation
 - Ohio Department of Public Safety
 - Ohio Department of Public Safety

Ohio Trauma Triage Course

Ohio EMS would like to provide some clarity to an issue that still seems to be confusing to many Ohio EMS certified providers: the requirement to complete the Ohio Trauma Triage course *each time* you recertify your Ohio EMS provider certification.

External Users (EMS and Fire providers) create a **New User Account**:



- 1) Click "Create New User" – Underneath the username and password sign in box.
- 2) Select "Emergency Medical Service – External Users." – You will not need an Access Code; just click "Continue" to go to next screen.
- 3) Creating your unique User ID – Remember to avoid using common names. We recommend you use, for example, your first initial, middle initial and last name, followed by the last four numbers of your social security number, or your birth date.
- 4) Create Your Password – Your password must be a minimum of eight characters, with at least one letter, one number, and one special character and we suggest you use the pound symbol(#) as your special character.
- 5) Under the User Profile tab (upper right of information box). Please complete all of your personal information as indicated.
- 6) Click on the Sub Org tab – Complete the required information. Your Ohio certification number or Ohio Driver License Number will be required for your new account.
- 7) Click Create New User – This will establish your new account within the PSTC.
- 8) Please make sure you record your User ID and password for future training courses before you leave the registration site. Once you click "Create New User," you will be forward to the Public Safety Training Campus.
- 9) Once into the PSTC, click on "Course Catalog" in the upper left portion of the screen, and select the courses to view by clicking on the icon next to each course listing to the left.
- 10) Now go to "My Courses" next to Course Catalog and you can view the courses you selected from the Course Catalog. Turn UP the volume on your speakers, as the courses are narrated.

online version

- Pop-up blockers must be turned off for proper operation of this training program. You must view all slides, view all videos, complete the course evaluation at the end of the program, and successfully pass the final written test for each online CE Training program completed.
- At the end of the test, if you successfully passed the online testing, you will have the option to create your certificate of completion by following the screen prompts and placing your name as you want it printed within a box that is displayed for you.
- Completion of other trauma triage courses in classrooms or online will not meet the specific Ohio law for Ohio Trauma Triage requirements, and will not count as completion of the Ohio Trauma Triage course.
- Please remember, that this is a requirement for Ohio certified EMTs, AEMTs, or Ps, each three-year certification cycle, and must be completed within the start date of the certification cycle and the expiration date.
- If you have any questions about the Ohio Trauma Triage Training, or the PSTC itself, please utilize the e-mail to "Ask EMS" from the Ohio EMS home web page or call 1-800-233-0785 to contact an EMS Education staff member.
- **Free** EMS CE Courses available currently from the PSTC:
 - CHEMPACK – Ohio Protocol for requesting hospital or EMS CHEMPACKS
 - EMS 12 Lead EKG Training Program
 - Ohio Trauma Triage
 - Any Responder Training for Ohio Fire & EMS Personnel

Guess Who's Back in Town?

Influenza!



The H1N1 influenza pandemic in 2009 was a launch pad for the implementation and activation of unique and valuable critical partnerships between EMS, public health agencies, and emergency care systems. The gubernatorial declaration of emergency due to a crisis that affected public health was effective from October 7, 2009 through March 31, 2010. The declaration allowed our Ohio EMS system, under Ohio Administrative Code 4765-6-03, to participate as a vital component in a successful and nationally recognized H1N1 mass vaccination campaign in Ohio.

The influenza season is approaching, and the shipment of 2013-2014 influenza vaccines are being shipped to healthcare providers now. According to the Centers for Disease Control and Prevention (CDC), the populations who are deemed at higher risk for influenza complications this year are:

- Persons <5 years of age (especially those under the age of 2 years)
- Persons ≥65 years of age
- Persons with the following conditions:
 - Chronic pulmonary (including asthma)
 - Cardiovascular (except hypertension)
 - Renal, hepatic, hematological (including sickle cell disease)
 - Neurological, neurodevelopment (spina bifida, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - Immunosuppression, including that caused by medications or by HIV infection
- Women who are pregnant or postpartum (2 weeks)
- Persons <19 years of age on long-term aspirin therapy
- American Indians and Alaskan Natives
- Persons who are morbidly obese (body-mass index ≥40)
- Residents of nursing homes/chronic-care facilities

There are several important and valid reasons why individuals should receive the influenza vaccine annually. First, the immunity to influenza following vaccination typically wanes over the course of one year. The influenza vaccine should be obtained as early in the season as possible as it takes up to 2 weeks for protection to develop after receiving it. Secondly, the virus selection for the influenza vaccine varies annually depending upon the information from the CDC's Global Influenza Surveillance and Response System (GISRS). The influenza vaccine that was available in 2009 was a monovalent vaccine which provided protection solely from the H1N1 influenza virus. The 2012-2013 influenza vaccine was a trivalent vaccine that provides protection from

two strains of influenza A viruses (H1N1 and H3N2) and one strain of the influenza B virus.

The Food and Drug Administration approved a quadrivalent vaccine in December 2012 that provides protection against four strains of the influenza virus. The 2013-2014 quadrivalent influenza vaccine provides protection from two strains of influenza A viruses (H1N1 and H3N2) and two strains of the influenza B virus. Fluzone Quadrivalent®, a quadrivalent inactivated influenza virus vaccine produced by Sanofi Pasteur, is approved for administration to children as young as 6 months of age. Fluarix Quadrivalent®, a quadrivalent influenza vaccine produced by GlaxoSmithKline is approved for administration to patients greater than 3 years of age, and FluMist®, the quadrivalent product from MedImmune, is approved for administration to patient greater than 2 years of age.

In our roles as the primary healthcare responders to our communities, there is a wealth of knowledge, expertise, and skills for disaster preparedness and response within our EMS system. We fully acknowledge that a critical element of disaster preparedness and crisis management is prevention. Although the CDC has not declared a pandemic, it remains a fact that thousands of people die each year of influenza and many more require hospitalization.

Q: Who should receive the 2013-2014 influenza vaccine? A: According to the current CDC recommendations, all persons age 6 months or older.

Q: As an EMS provider, what is the best way to prevent the spread of influenza? A: Obtain the influenza vaccine, utilize appropriate personal protective equipment (PPE), and exercise mandatory hand washing with each patient encounter.

Q: What is the best avenue for an EMS agency to protect its workforce from influenza? A: Ensure that all EMS providers receive the influenza vaccine in addition to the utilization of hand washing and appropriate PPE with each patient encounter.

Q: What is the best avenue for EMS providers to protect their family members from influenza? A: Obtain the influenza vaccine, utilize appropriate personal protective equipment (PPE) in the workplace, and exercise mandatory hand washing at all times.



A common thread rings true. The most effective avenue of prevention is immunization. For the sake of your patients, colleagues, and the loved ones at home that you hug every day, we urge you to obtain the influenza vaccine this year and every year. I am always honored to serve you and thank you for the dedicated service that you provide to the residents and visitors of Ohio. Stay safe and stay healthy!

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 State Medical Director
 Ohio Department of Public Safety, Division of EMS