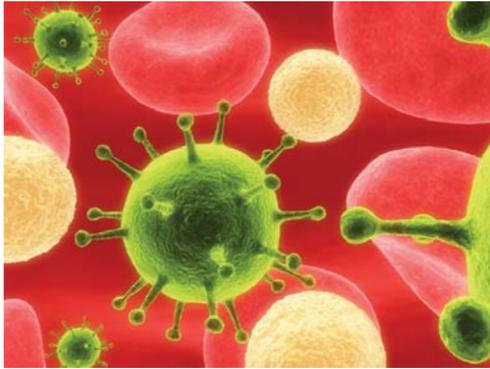




### WHO Update on H1N1

On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6. Phase 6 is related to a widespread human infection based on geographic data, it is **NOT** a reflection on severity of the virus itself.



At the present time, most deaths have been reported in persons with co-morbid factors (such as the elderly and/or persons with chronic disease) but largely, recovery is uneventful in the general population (even in those in the population who have not taken antivirals) and there is no need for panic. Communities are encouraged to still be prepared for increasing rates and/or severity of illness and other activities intended to mitigate the spread of disease.

EMS agencies are encouraged to review and revise pandemic flu policies and procedures as needed.

### EMS Instructor Workshops Offered This Fall

Recognizing that EMS Instructors are seeking better skills in assessment, test construction and item writing, the Ohio Division of EMS is offering a test item writing workshop for Ohio EMS Instructors during the Fall 2009.

Registration information will be sent to Program Directors of accredited institutions. Dates and location information will also be available through the EMS General Listserv and on the Division of EMS website at [www.ems.ohio.gov](http://www.ems.ohio.gov).

Registration for one of the five regional EMSI Workshops will be open to EMS faculty holding a certificate to teach as an EMS Instructor. The EMSI Workshop is designed to be applicable to EMS Instructors teaching all levels of EMS training (First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic).

The two-day workshop includes a 6-hour training course where EMS Instructors will learn the fundamentals of item construction, including design flaws and regional bias, through presentation and a series of small group and hands-on practical exercises.

The workshop also includes an optional second day that will reinforce the necessary skill sets of item writing, test construction and item analysis. Workshop participants may receive six to twelve hours of instructional continuing education credit awarded through the Ohio Division of EMS.

### EMS Board and Committee Meeting Dates to Change

Due to the recent state budget crisis, the state Board of EMS and its committee meetings have been changed to an every other month basis, which will result in a 50 percent reduction in travel related expenses.

Although the Board is only required to meet four times annually, it was recognized that such a restrictive schedule would hamper the Board's ability to conduct business and could have a detrimental impact on our customers.

Members of the EMS Board are committed to remaining proactive on emergency care issues in the state of Ohio. The next meeting of the Board will be held on August 19th.

Those interested in attending meetings of the Board or its committees are encouraged to monitor the Division of EMS Calendar at [www.localendar.com/public/Ohioems](http://www.localendar.com/public/Ohioems) for current meeting information.

The calendar can also be accessed through the EMS web page at [www.ems.ohio.gov](http://www.ems.ohio.gov).

### EMS Board Adopts Position Paper Regarding EMS Run Reports

The expectation is that a medical record (commonly referred to as a "run report") is to be completed by EMS personnel and left with the receiving facility immediately following a patient transport. However, the increased use of electronic medical records has made it more difficult to complete these records in a timely manner. As a consequence, many run reports are never left in the emergency care setting.

The Board has been asked to review this dilemma and issue a position paper regarding the preparation and handling of run reports.

It is the strong opinion of the EMS Board that a run report should be left at the receiving facility as soon as possible after the patient's care has been completed and successfully transferred to the receiving staff.

The run report is necessary for the receiving hospital and treating physician to provide appropriate medical care to the patient. If the EMT is unable to leave a complete run report, they should leave an abbreviated version at the bedside, in a format determined by the local medical director, with all of the information they have available at that time. The abbreviated version of the run report does not take the place of a complete run report.

EMS providers are encouraged to review the full position paper posted on the Division of EMS web page at [www.ems.ohio.gov/policies/EMS\\_Run\\_Reports\\_Final0609.pdf](http://www.ems.ohio.gov/policies/EMS_Run_Reports_Final0609.pdf).

### Senator Leahy Introduces Bill Extending Death Benefits to Non-Profit EMS

On June 25, U.S. Senator Patrick Leahy (D-VT) introduced legislation to extend the federal Public Safety Officers Benefits (PSOB) program to paramedics and emergency medical technicians killed or disabled in the line of duty who are employed by nonprofit organizations and ambulance services.

U.S. Senator Bernie Sanders (I-VT) is a cosponsor of the bill. Named the "Dale Long Emergency Medical Service Providers Protection Act" in honor of the Bennington emergency medical service provider who was tragically killed in an ambulance accident in June, the bill would extend federal death benefits under the Public Safety Officers' Benefit (PSOB) program which is run by the U.S. Department of Justice to those paramedics and EMTs who are employed by a non-profit ambulance agency.

The full bill can be found at the Library of Congress website: <http://thomas.loc.gov/cgi-bin/query/z?c111:S.1353>:

### MOLST Legislation Introduced

On June 24, 2009, House Bill 241, sponsored by Representative Nancy Garland of the 20th district, was introduced. H.B. 241 as introduced will require the Director of Health to prescribe a form to document medical orders for life-sustaining treatment (MOLST) and makes changes to the law governing DNR identification and orders.

The MOLST legislation is modeled after the national paradigm, Physician's Orders for Life-Sustaining Treatment (POLST).

Since its implementation, Ohio's two-tiered Do-Not-Resuscitate (DNR) law, i.e. DNR Comfort Care and DNR Comfort Care Arrest has been a source of confusion for both professionals and patients and has not fully met the needs and desires of Ohioans facing serious illness.

The MOLST form would allow patients to specify their health care preferences including, but not limited to: CPR, antibiotics, artificially or technologically administered nutrition or hydration, and other medical interventions. MOLST would replace the current DNR protocol in Ohio although DNR orders written before the date of the law taking effect would still be honored.

To view the full bill, go to [http://www.legislature.state.oh.us/bills.cfm?ID=128\\_HB\\_241](http://www.legislature.state.oh.us/bills.cfm?ID=128_HB_241).