



the SIREN

April 2010



3 EMS Board Elects New Chair

Farewell to Board Member

4 Message from the Board Chair Jim Davis

EMS Loses Advocate

5 & 6 Everyone Goes Home - Life Safety Initiative 13 - Behavioral Health Services

7 Poor EMS Documentation Associated with Poor Trauma Outcomes



8 Ohio Trauma Triage Criteria
Free Respirator Training Videos Available

DOJ Guide Highlights Crime Scene Considerations for First Responders

9 DOD "Lessons Learned" Document on Fort Hood Shootings Now Available

Don't Forget!

10 The EMSIRS Examination
The Ohio EMS Awards Ceremony to be Held During EMS Week

Final Grant Reports Available on the EMS Website

11 EMS Disciplinary Actions

12 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

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OHIO DEPARTMENT OF PUBLIC SAFETY
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the SIREN



Beyond Lights and Sirens:

By Division of EMS Executive Director Richard Rucker

Ohio EMS Moves Toward National Accreditation

“Educational quality is ensured through a system of accreditation. This system evaluates programs relative to standards and guidelines developed by the national communities of interest. Entry level of competence is ensured by a combination of curricula standards, national accreditation, and national standard testing. Licensure is based upon the completion of an approved/accredited program and successful completion of the national exam. This enables career mobility and advancement and facilitates reciprocity and recognition of all levels.”

These words are taken from the Education Agenda for the Future: A Systems Approach released by the National Highway Traffic Safety Administration (NHTSA) in June 2000. This document outlines the recommended standards to be met by EMS across the nation by the year 2010.

In 2008, The National Registry of Emergency Medical Technicians (NREMT) announced that graduation from a nationally accredited program would be required for NREMT

paramedic examination eligibility after Dec. 31, 2012. Subsequently the Ohio Division of EMS requested and obtained a 5 year extension for Ohio programs until December 31, 2017. A year of investigation has taken place, different options have been considered, and public comment has been solicited. Currently, all of our EMS education training programs are accredited by the state, and there are five training programs in Ohio who have electively obtained national accreditation through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). An additional fourteen programs are in the process of obtaining CoAEMSP accreditation.

On Feb. 24, the EMS State Board held a final public forum seeking input from all interested parties on whether to require Ohio's paramedic programs to be nationally accredited. This decision was not an easy one to make but after weighing all the evidence and the impact on our EMTs in the future, the Board voted 12 to 5 to require national accreditation for all paramedic programs by 2018.

The EMS Board recognizes this will be a challenge for many of our institutions and will be establishing an ad hoc committee to address the implementation of national accreditation. The committee will be charged with offering assistance to all programs that need help in the accreditation process, and with exploring funding sources to help offset the cost of obtaining initial accreditation. We will also be working closely with CoAEMSP to make sure that any assistance that is needed from their organization is provided to our programs.

The main reason for accreditation is for public protection. This is attained by providing an independent review of training quality in comparison with accepted minimum standards. Although accreditation benefits the training institution by validating its program, this is secondary to the role accreditation plays in consumer protection. We firmly believe the national accreditation process will only serve to strengthen our programs and we are confident this process will validate the high quality of our EMS educational system to the rest of the nation.

EMS Board Elects New Chair

EMS Board Elects New Chair



The Division of EMS welcomes Jim Davis as the new chairman of the State EMS Board. Jim has served as a Board member since 2004 and has been active on several committees as well since that time. Jim has been a certified Paramedic since 1984 and is currently a Captain with the Columbus

Division of Fire where he has served as an EMS Supervisor for over twenty years. Mr. Davis is also a rotor-wing flight nurse with Medflight of Ohio/Grant Lifeflight and an adjunct faculty member of the Columbus State Community College paramedic program.

Jim received his Associate of Applied Science in EMS (1994) and his Associate of Applied Science in Nursing (1996), both from Columbus State Community College. He received a Bachelor degree in Business Administration (1998) from Mt. Vernon Nazarene University and a Master of Arts in Public Administration (2005) from Central Michigan University.

We at the Division of EMS are excited to have Jim as the Board Chairman and look forward to his leadership in the months to come.

Farewell to Board Member

The Division of EMS and the State EMS Board recently had to say good-bye to Mark Burgess when he retired as Chief from the Ashland City Division of Fire. Mark



served as a member of the State EMS Board since 1997 and served as chair from January 2007 to December 2009. Over the years, Mark has served on multiple EMS Board committees and has been involved in countless decisions that have impacted EMS in Ohio in a very positive way.

Mark was a good friend and a strong leader for the State EMS Board and the entire Ohio EMS community. He was a very dedicated EMS Board member who could be counted on to always offer leadership and the best direction for EMS of Ohio. His years of experience, commitment, and passion for EMS will be greatly missed.



Message from the Board Chair Jim Davis

Message from the Board Chair Jim Davis

As the recently appointed board chair, I am excited about the challenges and opportunities that lie ahead and remain humbled by the confidence displayed by the EMS board members to ask me to take on the role. I look forward to working with the executive director, Rich Rucker and his staff, state medical director, Carol Cunningham MD, vice-chair Mark Resanovich, and the other board members to advance the issue of EMS and the fire service in Ohio.

I would like to thank Chief Mark Burgess for his years of service to the fire and EMS community in Ohio. I know I speak for my fellow board members when I wish him and his family a safe, healthy, and happy retirement from the fire service and wish him well in his new appointment in Ashland.

For 2010, the EMS Board has established short and long term goals that are manageable and respectful of the needs of the constituents of Ohio. It will be a very busy year as we deal with the decision on national accreditation (NA) for paramedic teaching institutions and determine how to help assure that they continue to succeed in providing quality cost-effective education. This decision was not entered into lightly. A year of research occurred, options were presented for consideration, and public comments were solicited. The Board considered the scientific evidence, whether the hurdles with NA were able to be overcome, and whether the other options were really viable in this economic climate. At this time, the decision was made to move toward NA for paramedic programs. While this decision is not overwhelmingly popular, the staff and Board commit themselves to working with and for programs to assist them in making this a positive experience.

The staff of the Division of EMS and the rules committee of the EMS Board continue planning for the transition to a single card system. This change will eliminate multiple expiration dates for certifications and will tie them to your birth date. You will be receiving information in the near future on how this will impact you and your recertification. The staff and Board are committed to making this as seamless as possible.

Make no mistake, the staff does the heavy lifting for the Board and their efforts should be recognized. They are operating with increased workloads and decreased resources like many of our own organizations. Yet they still remain committed to

a timely response and the Board is very appreciative of the staff's continued support and efforts.

While the Board meets on the third Wednesday of every other month, the proceeding Tuesday is where considerable work takes place. These days are set aside for committees that are established by the Board to work on specific areas of interest. These committees are listed on the EMS Website and the meetings are open to the public. This is a place for you as an EMS/fire stakeholder to get involved and work towards the common goal of providing quality EMS care and fire services to the residents and guests of Ohio. Over 41,000 honorable men and women continue to get the job done despite uncertainty, cutbacks, and changes in our personal as well as professional lives. I personally thank you for your service to your community and encourage you to get involved in setting the direction for Ohio.

EMS Loses Advocate

It is with deep regret that we inform you of the passing of Dr. David Toth on Feb. 26, 2010. Dr. Toth served as chairman of the Region III Regional Physician Advisory Board (RPAB) for a number of years.



Dr. Toth was born in Windsor, Ontario, Canada and graduated from the University of Western Ontario Medical School in 1978. He moved to the United States in 1993 and began a career in emergency medicine. He was a partner of Premier Health Care Services in Dayton, and worked at Lima Memorial Health System and St. Rita's Medical Center until the time of his illness. He had served as the medical director for the Ada, Bath and Spencerville EMS agencies and was also a private pilot, an amateur astronomer, and a HAM radio operator.

"I will always treasure his honest candor, and our vivacious debates that inevitably concluded in peaceful agreements," said Dr. Carol Cunningham, State EMS Medical Director. "Most of all, I will miss his knowledge, experience, expertise, and the passionate energy with which he embraced his RPAB and the EMS community in Region III. Dr. Toth fully dedicated his professional life to his patients and to the Ohio EMS community. His grace and commitment will be sorely missed."

Everyone Goes Home® - Initiative 13

Everyone Goes Home® - Initiative 13

Everyone Goes Home® is a national program by the National Fallen Firefighters Foundation to prevent line-of-duty deaths and injuries. In March 2004, a Firefighter Life Safety Summit was held to address the need for change within the fire service. At this summit, the 16 Firefighter Life Safety Initiatives were created and a program was born to ensure that Everyone Goes Home®. In each of the upcoming quarterly editions of the Siren, the Division of EMS will provide information on one of the 16 Firefighter Life Safety Initiatives® in support of the Everyone Goes Home® program.

Everyone Goes Home® – Life Safety Initiative #13 - Behavioral Health Services

The emergency response community learned many difficult lessons from the events of the September 11, 2001 terrorist attacks on New York City, among these was the realization that while fire service leadership encouraged health and wellness, it too often stressed only the physical side of fitness. In the aftermath of 9/11, it was apparent that not only must the body be prepared, but that the minds of firefighters must be equally fit to deal with the death and danger that they face on a daily basis. The sheer magnitude of this event amplified the repercussions of psychological trauma suffered by surviving firefighters and family members, and made evident the need to ensure that a situational process be in place to address their mental health needs.

The very nature of the fire service mission exposes firefighters to situations that involve extreme psychological stress, which directly impacts their health and their personal lives, as well as their reactions to dangerous situations. Within the firefighting fraternity there is tremendous strength and support, but that spirit can also inhibit willingness to seek help, even when direly needed. In traumatic loss, real firemen should tough it out and move on.

It has only been within the last three decades that industry leaders have acknowledged and begun to address the reality of the psychological effects of the profession on firefighters, and the ensuing collateral damage that is inflicted on their families. Yet, despite the acknowledged need for behavioral health services, there has not been a broad consensus of professional opinion on what these services should be comprised of, and how they should be delivered. Industry standards, including the NFPA 1500 and the behavioral health aspects of NFPA 1582, mandate that services should be available when needed, but fail to specify what form these

services should take. In response, a wide range of programs, approaches, and intervention strategies have taken root within the fire service culture over the last thirty years with questionable success, and recent research has raised



significant concerns about intervention and treatment approaches that have been commonly used with fire service personnel.

The need to develop a national, unified approach to behavioral health services was acknowledged in 2004, when industry leaders and safety experts set out to define the 16 Firefighter Life Safety Initiatives® that support the Everyone Goes Home® Program. At the initial Firefighter Life Safety Summit held that year in Tampa (FL), there was widespread advocacy for the inclusion of Initiative 13 'Firefighters and their families must have access to counseling and psychological support', yet the question of exactly how to implement such an ambitious agenda remained. Three years later, at the Novato (CA) Firefighter Life Safety Summit, the development of a viable model for the delivery of behavioral health resources was established as a priority, and it was determined that implementation of Initiative 13 would fall under the purview of the National Fallen Firefighters Foundation.

In 2008, after more than twenty years of providing emotional support to the families and coworkers of fallen firefighters, the NFFF initiated a consensus process to create a strategic plan for the implementation of Initiative 13. The aim of this process, analogous to that used to establish standards within the medical and fire industries, was to connect behavioral health researchers and academicians who had developed proven programs that could be applied to critical fire service needs with organizations that hold a vested interest in the behavioral aspects of firefighter health and safety. Together, they could work cooperatively to adapt and disseminate best practices to the various fire service constituencies.

A series of three meetings were held, facilitated by Dr. Richard Gist of the Kansas City (MO) Fire Department, with assistance from Vickie Taylor LCSW, Behavioral Health Consultant to the NFFF. The participants, who included representatives of

Everyone Goes Home – Life Safety Initiative

#13 - Behavioral Health Services - cont.

key fire service professional organizations and standards bodies, as well as medical specialists and researchers with expertise in pertinent fields, identified goals of the strategic plan for Initiative 13. First, reduce service-related fatalities resulting from diseases and accidents in which behavior and lifestyle choices represent modifiable risks. Secondly, identify and disseminate a process that would enable firefighters to deal with the psychological effects of exposure to potentially traumatic events. Next, there must be a mechanism in place to train first-line behavioral health care providers (typically community clinicians and EAP personnel) in evidence-based practices for dealing with fire service personnel. Finally, as an industry, move toward consensus standards for behavioral health services provided to fire and rescue organizations.

The resulting plan is a framework in which to translate state-of-the-art research and best practices into comprehensive behavioral assistance programs for firefighters and their families. It represents a dramatic improvement in the way that fire and EMS departments handle occupational stress, and its effects on the mental health of firefighters and their families. Over a two-year period beginning in the spring of 2010, the following components of the Initiative 13 program will be introduced:

a. Protocol for dealing with exposure to a potentially traumatic event--The NFFF has developed and published a standard, national protocol for a stepped response to the potentially traumatic event, assisting the affected individual from the initial experience through an After-Action Review (AAR) based on the military 'Hot Wash' model, preliminary self-assessment, complete assessment, and treatment by a specialty clinician. Workshop programs and continuing education materials are currently under development to assist departments in integrating these guidelines into existing organizational activities.

b. Psychological First Aid--PFA is an evidence-based best practices model developed under the guidance of the National Center for Post-Traumatic Stress Disorder, with the support of the Substance Abuse and Mental Health Services Administration, which has become the standard of care for early support after exposure to a potentially traumatic event. It has been adapted for military use and Medical Reserve Corps applications, and the NFFF has contracted to develop modules to train firefighters and EMTs in the application of its principles to help the citizens they serve, and as part of active peer programs, to help

one another.

c. Employee Assistance Programs (EAPs)--Industry standards for health and safety require that all departments provide a member assistance program but do not specify what services should be provided by what level of provider, nor does it specify protocols for assessment or treatment. Recommendations are being prepared to help departments write specifications for behavioral health programs that will meet their specific needs. Work is also underway on resources to assist potential providers in developing effective proposals and programs to satisfy those specifications.

d. Web-based resources for firefighters and their family members—Interactive programs for self-help and education on behavioral health have been developed for military and veteran use, such as the following Web site, www.afterdeployment.org. The NFFF is currently working to adapt these platforms to provide similar assistance to firefighters and their family members. Accessibility and affordability were major considerations in determining the best methods of disseminating program information and resources. Many of the strategies which provide support directly to individuals feature web-based, user-friendly interactive products which have the added benefit of being accessible 24/7. Training modules, reference materials, peer support resources, and clinician training programs will all be available in an online format. Firefighters, EMS personnel, and their families will have access to behavioral health self-determination and education information via the www.lifesafetyinitiatives.org portal, which will be introduced in 2010.

e. Peer Support Programs—Strong peer support networks are effective tools in supporting the objectives of a comprehensive behavioral health program, and can encourage firefighters and their families to use the resources proactively. Building on successful strategies and programs utilized by a variety of departments, web-enabled, interactive resources are being developed to help fire and EMS organizations build, prepare, and support effective peer support programs.

f. Cognitive Behavior Therapy (CBT) Clinician Training--Mental health personnel working with firefighters and their families need cost-effective, accessible ways to acquire skills in current evidence-based treatments if they are to be prepared to provide the highest standard of care

Everyone Goes Home – Life Safety Initiative

#13 - Behavioral Health Services - cont.



in the case of an emergency. The National Crime Victims Research and Treatment Center at the Medical University of South Carolina developed a well-researched platform to deliver training in Cognitive Behavior Therapy, the current standard of care for conditions such as PTSD and depression, to providers caring for victims of abuse. The NFFF is working with NCVRTC to fund the creation of a similar platform to bring this level of training, focused on fire service needs and issues, to mental health professionals working with firefighters and their families.

This plan is a critical first step toward developing a new normal resiliency model for the fire service. The initial components of Initiative 13 represent the highest available standard of behavioral health care, and as new research and proven methodologies become available, they too can be assessed for potential use by the emergency response community, and integrated into this delivery model. As the process of amending and refining the delivery of behavioral health services continues, it will be imperative that industry leaders embrace these changes, and encourage the proactive use of behavioral health resources among their constituencies. This paradigm shift—from ‘tough it out’ to ‘don’t be afraid to get help’—will be an important asset in efforts to reduce line-of-duty deaths and fatalities. Firefighters that are fit in both body and mind are better able to deal with the occupation stresses of the profession, and when exposed to potentially traumatic events, they must be able to get help. Implementation of Initiative 13 ensures that all firefighters and their family members will have access to counseling and psychological support, whenever and wherever they need it.

Poor EMS Documentation Associated With Poor Trauma Patient Outcomes

A scientific study published in the January 2010 issue of the *Journal of the American College of Surgeons* has shown that trauma patients whose EMS record was missing one or more measures of patient physiology at the scene had significantly increased risk of death.

The study linked King County (Washington) EMS data with the Central Washington Trauma Registry. They looked at the relationship between the completeness of EMS documentation of patient vital signs at the scene (pulse, systolic B/P, respirations and GCS) and patient outcome. The patients whose records were missing even one of the vital signs had twice the risk of dying than those with complete documentation.

The authors think this lack of documentation might be caused by more severe illness and intensity of care needed by a more severely injured patient. But even after adjusting for severity of injury the numbers remained unchanged.

Additional factors, including EMS training, EMS proficiency, leadership at the scene and en route, available staff, and available resources could also explain the observations. The



authors also speculate that inadequate EMS documentation might also measure inappropriate prehospital care of the injured patient. If so, this simple filter might help to identify those EMS services or providers in need of remediation and enhance the process of Performance Improvement.

The article, titled *Lack of Emergency Medical Services Documentation Is Associated with Poor Patient Outcomes: A Validation of Audit Filters for Prehospital Trauma Care* was published in the *Journal of the American College of Surgeons*, 2010, volume 210, pages 220-227 (*J Am Coll Surg* 2010;210:220–227).

Miscellaneous

Ohio Trauma Triage Criteria

Recently, many of Ohio's EMS providers, medical directors and trauma centers received a packet of information from the Centers for Disease Control and Prevention (CDC) on field trauma triage guidelines. This was sent for informational purposes only.

The State Board of Emergency Medical Services has not adopted the CDC guidelines. All Ohio EMS providers must remain in compliance with the 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.

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.

Free Respirator Training Videos Available



NIOSH and OSHA have produced two 5-minute videos on respirator training: *The Difference Between Respirators and Surgical Masks and Respirator Safety*, which includes instructions on donning (putting on) and doffing (taking off) and user seal checks. These videos are available in both English and Spanish and

are available for download at <http://www.osha.gov/SLTC/respiratoryprotection/index.html>. In related news, NIOSH Publication No. 2010-131: *How to Properly Put on and Take off a Disposable Respirator* is now available at: www.cdc.gov/niosh/docs/2010-131.

DOJ Guide Highlights Crime Scene Considerations for First Responders

The Department of Justice's *Electronic Crime Scene Investigation: A Guide for First Responders, Second Edition* is intended for first responders to a variety of crime scenes who may have the responsibility of protecting, recognizing, collecting, and preserving electronic evidence at the scene. The first chapter profiles the types of electronic devices commonly encountered in crime scenes, provides a general description of each type of device, and describes the potential evidence that may be found in each type of equipment. Chapter 2 lists the investigative tools and equipment recommended for the collection, packaging and transportation of electronic evidence. Chapter 3 focuses on securing and evaluating the crime scene, and outlines the steps necessary to ensure the safety of all persons at the scene while protecting the integrity of all evidence—traditional and electronic. Chapter 4 provides guidelines for documenting the scene while Chapter 5 covers evidence-collection procedures. Chapter 6 then addresses procedures for packaging, transportation and storage of electronic evidence. The concluding chapter provides guidelines for the forensic examination of electronic evidence by 14 crime categories. A glossary completes the guide.

For your copy, go to: <http://www.ncjrs.gov/pdffiles1/nij/227050.pdf>



Miscellaneous - cont.

DOD “Lessons Learned” Document on Fort Hood Shootings Now Available

Following the tragic shooting at Fort Hood, Texas, on Nov. 5, 2009, Defense Secretary Robert M. Gates established the “Department of Defense Independent Review Related to Fort Hood” to examine the circumstances behind this tragedy. A news conference was recently held to announce the final report of the Department of Defense Review of Fort Hood Shootings (2010). Chapter 4 of the document addresses relevant emergency response challenges related to the incident and identifies issues associated with interoperability between military and civilian disciplines, calling for an accelerated time line for compliance with the Installation Emergency Management program (which includes directing the Services to attain full interoperability under the NIMS.) The report also includes a recommendation for a policy that provides implementation guidance for Enhanced 9-1-1 services. (A video of the press conference is available at: www.c-spanvideo.org/program/291372-2). Go to Protecting the Force: Lessons Learned from Fort Hood.

Don’t Forget!

H1N1 Vaccines by EMS no longer permitted

Governor Strickland terminated the emergency proclamation of October 7, 2009, on March 31, 2010, at 11:59 PM. The administration of vaccinations by Ohio EMS personnel is now outside the scope of practice for all levels of EMS providers; and therefore, is strictly prohibited.

Deadline for STI conversion has passed

All special topic instructor (STI) certificates expired on February 1, 2010. The deadline for converting from a STI to an EMS Continuing Education Instructor or an Assistant EMS Instructor has now passed. Anyone wishing to obtain an instructor certificate must meet all requirements for instructor certification as outlined in the rules.

CE Program Updates to be held in April, 2010

The Ohio Division of EMS will be providing five EMS CE Program Director and EMS/Fire Provider update training sessions, one in each region of Ohio, during April 2010. Each session will be approximately 2 hours in length and address recent updates in law and rules. Continuing education credits will be provided. All Ohio Approved EMS CE Training Program Directors and certified fire and EMS personnel are encouraged to attend. For additional information, or to pre-register for a session, go to: www.surveymonkey.com/s/V67MX7B.

One certification card with one expiration date planned

Plans to issue each EMS and Fire Services responder a single certification card with a common expiration date, the responder’s birthday, continue to progress. The goal is to have new rules approved and the process in place to begin issuing merged certification cards by Jan. 1, 2011.

All EMS and fire service providers are encouraged to register their e-mail address with the Division of EMS. If you haven’t registered, you can do so through the Online Certification Application section of our web page at: www.ems.ohio.gov/ems_certification.stm. Don’t forget to notify the Division of EMS if you have a change in e-mail or mailing address.

Notification of Medical Director required

Ohio law (ORC 4765.42) requires each EMS agency to give written notice of the name of its medical director to the EMS Board. Notification of changes in medical director or other agency information can be submitted using the EMS Agency Change of Agency Information form at: www.publicsafety.ohio.gov/links/EMS0018.pdf.

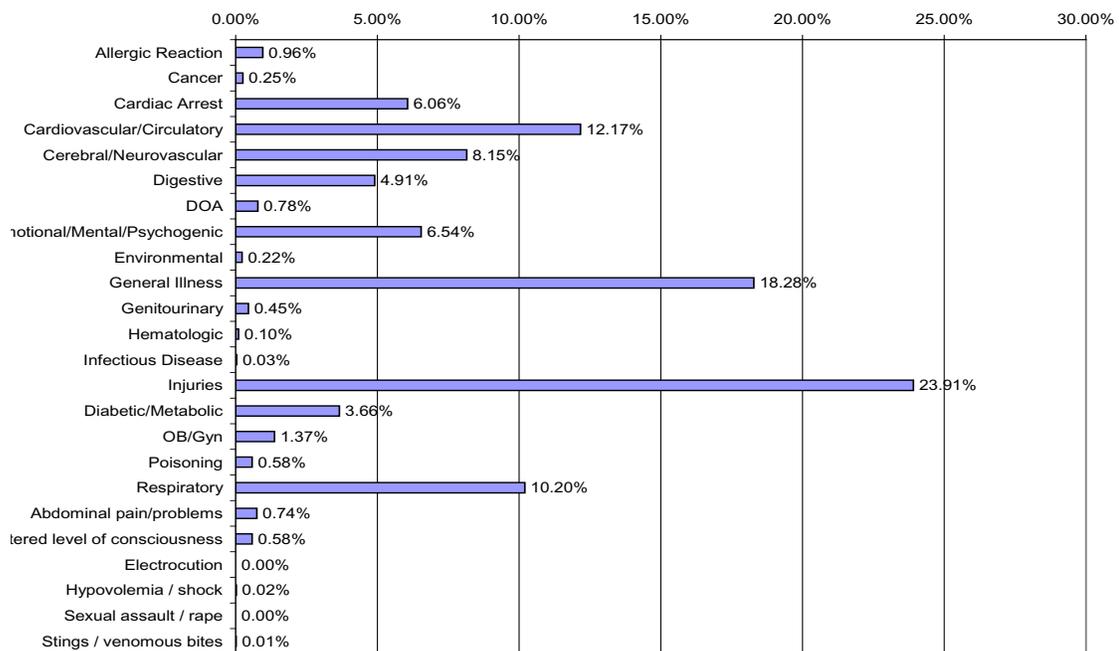
The EMSIRS Examination

The EMSIRS Examination

In each quarterly issue of The Siren, we will be providing you with a look at some of the data in the EMS Incident Reporting System. Additional information can be found in the annual EMS Benchmark Reports which are posted in the Data Center section of our Web page at http://www.ems.ohio.gov/ems_datacenter.stm. If you have questions, feel free to contact the EMS Office of Research and Analysis at

800-233-0785, option 5, or EMSdata@dps.state.oh.us. In this issue we take a look at the EMS provider's impression of the patient's condition.

Of the 972,536 reported Provider Impressions for 2009, illness/medical impressions accounted for 76 percent of all reports and the remaining 24 percent were injuries. The data below is from both versions of EMSIRS.



The Ohio EMS Awards Ceremony to be Held During EMS Week

The Ohio EMS Awards ceremony will be held May 19, 2010 at the Ohio Department of Public Safety's Shipley Building, 1970 W. Broad St. in Columbus. The ceremony will begin at 9:30 a.m. in the Atrium.

The Ohio EMS Awards Program was created by the EMS Division of the Ohio Department of Public Safety to recognize outstanding achievements and to honor those in Ohio's EMS system whose accomplishments rise above the day-to-day excellence of that system.

Awards will be given for Provider of the Year (one for each certification level), Service of the Year, and Medical Director of the Year. The nomination packet, complete with all rules and instructions, is available on the EMS Web site at: www.ems.ohio.gov. All nominations must be received by the EMS Division by the end of business on April 15.

Final Grant Reports Available on the EMS Website

Final grant reports for EMS grant priorities 2, 3, and 4 are now available to view at the EMS Web site at: www.ems.ohio.gov. The reports may be viewed at the Grants page under the Grant Resources section. Beginning with the 2008-2009 award year, all final reports will be posted with the exception of those grantees that have received an extension. Additional grant reports will be posted when available.

Disciplinary Actions

EMS Disciplinary Actions

December

David A. Funk, EMS Certificate Number 25381

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

Sanction: Revocation of certificate to practice

Seth A. Schumacher, EMS Certificate Number 111635

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

Sanction: Revocation of certificate to practice

Pamela L. Daniszewski, EMS Certificate Number 121063

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

Chad N. Tyler, EMS Certificate Number 140967

Violation: Felony conviction, Receiving Stolen Property, five (5) counts; 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 and another in three (3) years, and must disclose consent agreement to employer

David J. Sauer, EMS Certificate Number 110221

Violation: Violation of confidentiality

Sanction: Written reprimand, six (6) months suspension of certificate to practice, with three (3) months stayed, three (3) years probation, and must disclose consent agreement to employer

Antonio S. Million, EMS Applicant Number 178843

Violation: Felony conviction, Nonsupport of Dependents, two (2) counts; Misdemeanor involving moral turpitude conviction, Receiving Stolen Property

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

Thomas M. Eckenrode, EMS Certificate Number 108604

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days and at renewal, must successfully complete a fit-for-duty evaluation, three (3) years probation, and must disclose consent agreement to employer

Olivia J. Schaefer, EMS Applicant Number 179511

Violation: Misdemeanor involving moral turpitude conviction, Attempted Vehicular Manslaughter

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

Travis B. Lance, EMS Certificate Number 135360

Violation: Misdemeanor involving moral turpitude conviction, Theft

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

Timothy K. Hedges, EMS Certificate Number 74317

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

Kristin E. Miller, EMS Applicant Number 179673

Violation: Felony convictions, Grand Theft, Theft, and Unauthorized Use of a Motor Vehicle

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

Thomas L. Crowthers, EMS Certificate Number 20550

Violation: Random audit issues

Sanction: Revocation of certificate to teach

Norma D. Stewart, EMS Certificate Number 121612

Violation: Random audit issues

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

Jared D. Kneale, EMS Certificate Number 124752

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

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

Jeffrey L. Mutschler, EMS Certificate Number 148464

Violation: Misdemeanor involving moral turpitude conviction, Unauthorized Use of Property

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

Chad R. Dix, EMS Certificate Number 118792

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence-Menacing

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

Donald M. Price, II, EMS Certificate Number 105845

Violation: Random audit issues

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

Darrell W. Carson, EMS Certificate Number 14882

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

Sanction: Revocation of certificate to practice

Shawn M. Bowman, EMS Certificate Number 127811

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

Brian M. Stozich, EMS Certificate Number 123647

Violation: Random audit issues

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

Craig L. Renner, EMS Certificate Number 26592

Violation: Random audit issues

Sanction: Revocation of certificate to teach

Brian K. Frey, EMS Certificate Number 124078

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence

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

Todd A. Kirby, EMS Certificate Number 143717

Violation: Violation of consent agreement; Felony conviction, Criminal Mischief

Sanction: Written reprimand, six (6) months suspension of certificate to practice, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days and at renewal, three (3) years probation, must successfully complete drug/alcohol treatment program, with written release stating not threat to himself or public, must submit to random drug/alcohol screens, must disclose consent agreement to employer, must obtain authorization to practice from chief/medical director, and must notify division of any violations

Fire Disciplinary Actions

December

Shaun M. Sharp, Fire Applicant Number 178527

Violation: Failure to report conviction

Sanction: Denial of application for fire service training certificate.

Chad N. Tyler, Fire Certificate Number 140967

Violation: Felony conviction, Receiving Stolen Property, five counts; 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 and another in three years, and must disclose consent agreement to employer.

Thomas M. Eckenrode, Fire Certificate Number 108604

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days and at renewal, must successfully complete a fit-for-duty evaluation, three years probation, and must disclose consent agreement to employer.

Jared D. Kneale, Fire Certificate Number 124752

Violation: Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct

Sanction: Written reprimand, must submit Bureau of Criminal Identification &

Investigation Civilian Background Check within 120 days, and must disclose consent agreement to employer.

Chad R. Dix, Fire Certificate Number 118792

Violation: Misdemeanor involving moral turpitude conviction, Domestic Violence-Menacing

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 months, and must disclose consent agreement to employer.

Peter R. Brent, Fire Certificate Number 144507

Violation: Felony conviction, Grand Theft
Sanction: Written reprimand, 180-day suspension of fire service training certificate, three (3) years probation, must complete all court-stipulated requirements, Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days and another within three years, and must disclose consent agreement to employer.

Pamela L. Daniszewski, Fire Certificate Number 121063

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 months, and must disclose consent agreement to employer.

Shawn M. Bowman, Fire Certificate Number 127811

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 months, and must disclose consent agreement to employer.

Todd A. Kirby, Fire Certificate Number 143717

Violation: Violation of consent agreement; Felony conviction, Criminal Mischief

Sanction: Written reprimand, six months suspension of certificate to practice, must submit Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days and at renewal, three years probation, must successfully complete drug/alcohol treatment program, with written release stating not threat to himself or public, must submit to random drug/alcohol screens, must disclose consent agreement to employer, must obtain authorization to practice from chief/medical director, and must notify division of any violations.

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and the State Emergency Medical Services Board
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