ALABAMA Emergency Medical Services and Trauma

# EMSUPDATE

*News from the Office of EMS and Trauma*

*Volume Ten, Issue 6*

## DIRECTOR'S WORDS

As this year's National Association of Emergency Medical Services Officials Annual Meeting ended, I was once again proud to be from Alabama. Many of the issues facing other states are already in place in Alabama. I know you are aware of problems in this state but I assure you, they are nothing compared to other states.

Your profession has changed dramatically since it began. From the NAS/NRC 1966 report on highway fatalities-the modern epidemic to today's H1N1 epidemic, there have been many changes. From 1968 to 1981, the Department of Transportation funded EMS programs in each state with a regional focus and little structural or organizational guidance. The role of the states was initially limited, but increased through the 1970s until eventually all states were designated lead agencies for their EMS systems.

In 1980, an after action report on EMS emphasized how important the state's role is in the ultimate success of regional programs. It was found that regional programs worked best where states aided in coordinating, funding, and empowering EMS personnel and provider agencies. This is the model we have in Alabama today. ADPH Office of EMS & Trauma contracts with the regional agencies to coordinate EMS initiatives, education, and to act as a liaison between the state office and the provider services. Several years ago, funding was discontinued for these activities but has been restored with the help of governmental leaders. If you are not involved with your regional agency, you are missing out on quality education and equipment grant opportunities. The 6 Alabama EMS Regional Agencies are there to support the EMS profession, please don't miss out on important opportunities and key partnerships.

In 2006, Institute for Medicine (IOM) came out with a report entitled "The Future of Emergency Care." In this report it was stated that "Emergency care is frequently fragmented." One of the recommendations from the IOM was that the emergency care system of the future should be one in which all participants (from 9-1-1 to ambulance to EDs) fully coordinate their activities and integrate communications to ensure seamless emergency and trauma services for the patient. This model is exactly what we have in the Alabama Trauma System (ATS).

I would encourage everyone to get a copy of the EMS Education Agenda for the Future: A Systems Approach. This describes the direction of the national EMS system. You will find that Alabama has already achieved most of the initiatives in this document. We have come a long way from the days of the gas station attendant or funeral homes making EMS calls. You are involved in making EMS history. EMS is progressively becoming a recognized profession and it is up to each of you to determine how fast this is accomplished. Your actions, dress, behavior, and commitment all determine the fate of EMS. We must become as concerned about the license we hold as the venue in which we operate. Become an active participant and less of a spectator. The EMS profession is depending on you!

It is that time again. Scary things are happening. No, I do not mean Halloween but the legislative session. With the drafting of this session's EMS Bill, rumors and comments are beginning to make their rounds by people who have not seen the draft. I want to clarify a few items in the EMS Bill. The following are the proposed changes to the current EMS Law:

1. During the past two years, the National Highway Transportation and Safety Administration (NHTSA) has made changes to the language of EMS. Changes have been made to the revised EMS Bill to reflect NHTSA's changes.

2. In the past, there was confusion about the definitions listed in the Code of Alabama. We have attempted to clarify these definitions.

3. This revision includes a new level of Emergency Medical Technician (EMT). The new level is Advanced – EMT.
   *If the EMS bill is not passed this year, it will be two years before Alabama can test this level.

4. Ambulance Driver License has been deleted. The current Emergency Vehicle Operators Course (EVOC) certification does not have a valid testing method to ensure a person's ability to operate an ambulance. Until there is such a method, similar to the commercial driver's license (CDL) process, our office does not feel the liability for an Ambulance Driver license is warranted.
   This bill would only require an EVOC certificate and a valid driver's license. Both of these are currently required so the effect of this would not negatively impact anyone currently driving an ambulance.
   If the bill passes, our office will not issue ambulance driver's licenses.

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5. There is no longer a convalescent ambulance license, so this has been deleted from the language.

6. The Emergency Medical Services Advisory Board will still have 25 members. The EMT Association Representative has been removed because there is no EMT Association. An Air Medical Representative has been added.

7. Two seats have been added to the State Emergency Medical Control Committee; an Air Medical Representative and the Chair of the EMS Advisory Board.

This bill will not regulate anyone who is not currently regulated by our office. If you are a BLS non-transport provider, this bill would not require regulation of your service. If you are a BLS transport service and a member of the AL Assoc of Rescue Squads (AARS), your service is exempt from the OEMS&T rules. If you are a BLS transport service and not a member of the AARS, or you're an ALS provider, your service must be licensed by this office. All other services that are not in the above group and run a transport service or any ALS service, your service must be licensed by this office. These requirements already exist and have for some time and nothing in this bill has changed these requirements.

I will be working with each stakeholder group to ensure this bill is beneficial to everyone in the EMS community, but first and foremost, to the patients of Alabama.

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The 6 EMS Regional Offices contract with the Office of EMS and Trauma (OEMS&T) to perform specific duties as outlined in the contract. We would like to alert you to a few specific items that are required components of the Regions' quarterly reports. We also request that you comply with the Directors' request for this information especially considering each quarterly report is reviewed by the Alabama Department of Public Health (ADPH) Office of Financial Services and Dr. Donald E. Williamson, State Health Officer.

1. NIMS Compliance: all EMS personnel, working for licensed provider services, must be NIMS compliant within the 1st quarter of each fiscal year.

2. CPR Education: Monthly course to accommodate up to 30 students to guarantee that all EMS personnel who are renewing their license within the year are trained.

3. Protocol Updates: 100% of EMS personnel renewing their licenses are required to have protocol updates.

4. Full Protocol Education: 100% of all licensed EMS personnel are required to have Full Protocol education by January 31, 2010.

5. Continuing Education: All EMS personnel renewing their license are required to complete continuing education by January 31, 2010.

Your assistance in compiling this data and complying with the Regional Directors' requests is greatly appreciated!

**Respectfully,**
**Dennis Blair, Director**
**Office of EMS & Trauma**

## STATE EMS MEDICAL DIRECTOR'S REPORT

### Alabama Trauma System Update

The statewide trauma system continues to progress. The Gulf Region became operational on September 14th and the East Region operational on October 6th. This brings about 70% of the population of the state under the trauma system. The West Region Trauma Advisory Council met on November 9th and submitted their regional trauma plan. We are presently awaiting return of applications from West Region hospitals who want to be part of the trauma system. The Southeast region is progressing with ten hospitals already surveyed and five to go. We still expect to complete the system statewide this year.

### Removal of Woundstat© from Acceptable Hemostatic Agents

The hemostatic agent WoundStat®, which is a granular combination of smectite mineral and polymer, was originally used by the Army in war zones but they have ceased using it since the U.S. Army Institute of Surgical Research found the product to be no more effective than plain gauze at stopping hemorrhage. Animal research had also found that the granules, which are poured directly into the wound, can cause damage to the blood vessels and in some cases have ended up in the lungs. The Army has replaced WoundStat® with Combat Gauze® (sold by QuikClot but Kaolin based rather than QuikClot 1st Response® that is mineral Zeolite based). We have also withdrawn WoundStat® from our list of acceptable hemostatic agents.

### H1N1 Influenza Virus Immunizations

While we are beginning to get some H1N1 vaccine, the supplies are very limited and the vaccine will continue to be in short supply until probably December or even January. EMS personnel who are involved in direct patient care are one of the groups for priority vaccination so if you have not received your H1N1 vaccination you should check with your local Public Health Clinic for availability of the vaccine. Only one injection will be required. The good news is that though thousands of H1N1 vaccinations have been performed there have been almost no complications from the vaccine. There have been a few allergic reactions in people allergic to egg protein but no cases of Guillian-Barre' syndrome.

### Therapeutic Hypothermia Available At UAB

For the BREMSS region and for anyone who does not already know: UAB hospital is now providing therapeutic hypothermia care for initial survivors of out-of-hospital cardiac arrest

**E-PCR INFORMATION AND REMINDERS**

The OEMS&T e-PCR staff would like to thank all State licensed EMS agencies for compliance in reporting emergency medical responses. However, based on previous reporting benchmarks, it appears that not all agencies are reporting all of the required emergency responses. Some agencies are showing a questionable drop in current data submissions compared to their past submissions. This could be happening for a number of reasons. Please remember these following reporting requirements:

1. It is a requirement to complete a patient care report on every emergency medical response when a patient was seen and evaluated.
2. The only time you do not have to complete an e-PCR is on false calls, standbys and non-emergency transfers where you do nothing more than monitor vital signs. However, if you do anything considered a patient intervention beyond monitoring vital signs, then legal documentation in the form of an e-PCR must be completed.
3. Each record must be submitted electronically within 168 hours. The goal is to eventually cut submission time to within 24 hours. This will go into effect once providers become more comfortable with their chosen software. The 24-hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
4. The patient's Social Security number is a required field. Most EMS personnel feel uncomfortable reporting this number, but you need not worry. The OEMS&T is protected from HIPAA violations and as agents of the OEMS&T, you and your agency are protected from HIPAA violations as long as you report the information according to our outlined requirements. The SS# is a very important research tool and connecting various health care records is almost impossible without this identifier. Never use all the same numbers to trick the field, like all 9's or any other fictitious number. It is fraud when you knowingly report patient information inaccurately. The negative reporting values that should be used, if there is not a legitimate SS#, are "not known, not available or not recorded" and these should only be used when factual.
5. A person responding for your agency who is not licensed by this office as a Driver, EMT, EMT-I or EMT-P cannot enter an e-PCR into the system, nor can they be added to the report. Only those licensed EMS personnel can enter a report. If you respond with a person who is not licensed, do not attempt to put them in the system as a responding person. The system will not accept their name. You can add them to the narrative section if you choose.
6. Any time you use the Alabama Trauma Communications Center (ATCC) to route trauma patients under our trauma protocol you must enter the TCC number you are given by the Center into the e-PCR. You will need to enter this under the TCC # in the Patient Tab. Third-party software vendors will most likely be using the title "Trauma Registry ID #" and you will use that to enter the TCC# if you are using software other than the free OEMS&T Alabama e-PCR.
7. The Office of EMS and Trauma will be conducting free e-PCR training in our conference room on the 7th floor of the RSA Tower. Each month there will be 2 days reserved for this training with 2 sessions each day; one morning and one afternoon. This training will help you better understand the e-PCR system and will allow you to take the information back to others in your agency. The Office of EMS and Trauma will grant each attendee 4 hours of continuing education to apply toward their license renewal. Contact Chris or Craig at 334-206-5383 or via email at emsis@adph.state.al.us to schedule your training.
8. Our IT staff is always available to assist you with your e-PCR needs. If you need assistance, you may call Chris or Craig at 334-206-5383. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from them within a reasonable time, you may wish to email them at emsis@adph.state.al.us. These guys are really good at what they do; you just have to be patient.

**OEMS&T QA/QI COMMITTEE**

The State Quality Assurance/Quality Improvement (QA/QI) committee continues to meet and discuss EMS data collected from each of the provider agencies. There is a great deal that the committee wishes to look at regarding our EMS system and what improvements can be made. We hope that you will be able to see the fruits of their labors soon in the form of an annual and/or biannual report which is made possible only because of your data submissions.

As a side note, the QA/QI committee is looking to begin a study on endotracheal airways. The goal is to use the results to make important decisions in our State and hopefully have those results published in a major periodical.

**GRANTS**

There are several funding opportunities available to emergency responders. Check to see if your agency qualifies for one of the opportunities listed below:

- **The Rural Emergency Responders Initiative Program**
  Their website http://www.raconline.org/pdf/cf_fire_rescue.pdf and their sponsor is the USDA Rural Development http://www.rurdev.usda.gov/
- **The Firehouse Subs Foundation**
  The Firehouse Subs Foundation can fund "life-saving" equipment for FD and EMS. Grant amount to be requested should be $15,000-$25,000. Their website is http://www.firehousesubs.com/
- **FY09 Staffing For Adequate Fire and Emergency Services (Safer) Grants**
  The Department of Homeland Security (DHS) announces the posting of the Program Guidance for the FY2009 SAFER Grants. The Program Guidance document provides a wealth of information on the SAFER program including the implementation of recent legislative changes and program priorities.

  The guidance may be found at

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the website for the Assistance to Firefighters Grant (AFG) Program - www.firegrantsupport.com, as well as the U.S. Fire Administration at www.usfa.dhs.gov. The FY2009 SAFER program has approximately $210 million available for Grants.

The application period will begin on November 16, 2009, at 8:00 a.m. Eastern Time and the deadline for receipt of the SAFER Grant applications will be 5:00 p.m. Eastern Time on December 18, 2009.

The applications will be automated and will be accessible from the websites for the Assistance to Firefighters Grant (AFG) Program at www.firegrantsupport.com as well as the U.S. Fire Administration at www.usfa.dhs.gov. The SAFER Grants are administered by the Department of Homeland Security's Federal Emergency Management Agency.

- **Wal-Mart Store and Sam's Club Giving Programs**
  Wal-Mart has increased the amount a local store can give up to $5,000. Minimum request is $1,000. This is a good resource for a couple of AEDs or supplemental funding for defibs or LUCAS CPR devices. This is applicable for all non-profit business segments (hospitals, FD, LE, EMS, Schools, Non-profit organizations). The Program Resources and information can be found on the Wal-Mart Foundation website.

  The Wal-Mart Foundation is proud to support the charitable organizations that are important to our customers and associates in their own neighborhoods. Wal-Mart's founder, Sam Walton, introduced the philosophy, "operate globally, give back locally." Today, the Wal-Mart Foundation continues to support local, state and national organizations that provide opportunities in the communities we serve. Through our Wal-Mart Store and Sam's Club Giving Programs, Wal-Mart Stores and Sam's Clubs can recommend grants of up to $5,000 to local nonprofit organizations.

**EMS LICENSE 101**

In the last newsletter, we reported the large number of occurrences where licensed EMS personnel are carrying ALS equipment in their personal vehicles while off-duty and are using them inappropriately. The reminder was to hopefully reduce the number of incidents where these violations were occurring. It looks as if this is still an issue with many so it bears repeating again. Licensed EMS personnel are not allowed to carry ALS equipment in their personal vehicles, nor are licensed EMS personnel allowed to perform ALS procedures while off-duty. While on the subject, Oxygen is a drug regulated by the State Board of Pharmacy. No person should be administering Oxygen unless properly licensed.

It's probably appropriate to remind everyone at this point how your EMS license works. State rules allow each licensed EMT the ability to provide medical care in the pre-hospital environment under a certain scope of practices as long as they are on duty and working for a State licensed provider service. When a licensed EMT is off-duty their license only allows them to do what a normal Good Samaritan would do; provide BLS. The real key to understanding the parameters of an EMS license lies between the relationship of the EMT and the medical director. In the old days, EMS was often referred to as being the "eyes and ears of the physician". It is on this premise that EMS rules and regulations function. The medical control physician is allowing the EMT to function, under his/her medical license, while on duty with a State licensed agency. This privilege does not extend to an off-duty EMT or to their personal vehicle.

## Special Announcement from the Office of EMS and Trauma

It is with heavy hearts that we announce the retirement of our Deputy Director, Russell Crowley. With 15 years in the field as a paramedic and 17 years with the Office of EMS and Trauma, Russell has decided to hang up his hat. We hope that you will join us in wishing him well and hope for success in any future ventures.

## DO YOU HAVE QUESTIONS FOR OEMST STAFF?

This is another reminder to those of you calling our Office (334-206-5383):

Complaints, Investigations - Call Mark Jackson

Service Inspections or Service Licenses - Call Hugh Hollon or Kem Thomas

Individual Training, Testing or Individual Licenses - Call Gary Mackey or Stephanie Smith

EMS for Children, Grants, Contracts, Equipment Orders – Call Katherine Hert

## NEWSLETTER REMINDER

The newsletter is free to anyone as long as they have internet access to our web page www.adph.org/ems. The newsletters can be found under the Notices and Events link found in the menu bar or to all Alabama licensed EMS personnel who have a valid email address. Our licensure database is used to store your last submitted valid email address, but cannot accommodate unlicensed people. They will have to visit our web site to view or download the newsletter.

If you are not getting our newsletter via email it is either because the email address was sent to us in an illegible or incorrect format or you changed it and did not update it through our office. You can email any changes via emsinquiry@adph.state.al.us or call office staff at 334-206-5383.

Also, you may have a spam blocker set up on your email. Our office has no way to manually or automatically address this issue. Multitudes of emails are "kicked back" to our office email system with message asking us to complete a number of tasks to be allowed to send you an email. As long as you have this set up on your pc, you will not be able to receive our newsletter.

### Emergency Medical Services Advanced Airways by OEMS&T[1] Regions Through November 6, 2009[2]

| Intubations[3] | Total | OEMS&T Region 1[1] (North) | OEMS&T Region 2[1] (East) | OEMS&T Region 3[1] (BREMSS) | OEMS&T Region 4[1] (West) | OEMS&T Region 5[1] (Southeast) | OEMS&T Region 6[1] (Gulf) | OEMS&T Region Unknown |
|---|---|---|---|---|---|---|---|---|
| 1st Quarter '09[2] | 707 | 115 | 67 | 85 | 25 | 163 | 135 | 117 |
| 2nd Quarter '09[2] | 677 | 141 | 59 | 69 | 46 | 124 | 133 | 105 |
| 3rd Quarter '09[2] | 608 | 136 | 50 | 59 | 34 | 116 | 119 | 94 |
| 4th Quarter '09[2, 4] | 224 | 48 | 15 | 16 | 15 | 41 | 36 | 53 |

**NOTE:**

As noted in the table above, there are relatively low numbers of advanced airways being performed by Emergency Medical Services (EMS) personnel as reflected by Electronic Patient Care Report (ePCR) data. For benchmarking purposes, reported statewide data shows around 3,589 cardiac arrests compared to the 2,216 advanced airways reported. There are many possible reasons that the data is this way; EMS personnel are not following protocol, EMS personnel are not documenting the procedures as required, there are an extremely high number of non-resuscitated cardiac arrests, or the software being used by some agencies is not configured to the current acceptable NEMSIS compliance. That's a lot to consider as we strive for accurate and reliable data submissions. More information will be forthcoming.

[1]OEMS&T = Office of EMS and Trauma Regional Designations.

[2]Data is for the 2009 calendar year and is current as of 11/06/2009 and is based upon the Dispatch_Notified_Date_Time datapoint.

[3]Former queries for Intubations included he following selections: Airway-Combitube, Airway-Intubation Confirm CO2, Airway-Intubation Confirm Esophageal Bulb, Airway-Nasotracheal Intubation, and Airway-Rapid Sequence Induction. As a result of an EMSIS Server database update, current queries for Intubations include: Airway-Direct Laryngoscopy, Airway-Intubation of Existing Tracheostomy Stoma, Airway-Nasotracheal Intubation, Airway-Orotracheal Intubation, Airway-Rapid Sequence Induction, Airway-Video Laryngoscopy, Airway-Intubation Confirm Colorimetric ETCO2, Airway-Confirm Esophageal Bulb, Airway-Combitube Blind Insertion Airway Device, Airway-King LT Blind Insertion Airway Device and Airway-Laryngeal Mask Blind Insertion Airway Device.

[4]Data represents the Dispatch_Notified_Date_Time datapoint range from 10/01/2009 through 11/06/2009.

# COMPLIANCE AND INVESTIGATIONS | SEPTEMBER 1 – OCTOBER 31, 2009

REMINDER: Each licensed ambulance and Advanced Life Support (ALS) service provider shall, immediately upon identification of an emergency medical technician or ambulance driver who meets the definition of an impaired EMT, notify the EMS Division of that individual's identity, level of licensure and license number.

| Name | Complaint | Rule/Protocol | Action Taken |
|---|---|---|---|
| Scott Bowen<br>EMT-Paramedic | Transport Delay Issues | Protocol(s) 4.17, 7.4, 7.6, 8.4 | Protocol Updates |
| EMT-Paramedic | Impairment | 420-2-1-.21 | License Suspension |
| Brian LaCoste<br>EMT-Basic | Exceeding Scope of License | 420-2-1-.12 | License Surrender |
| Wendy Marshall<br>Ambulance Driver | Falsification of Records | 420.2-1-.25 | License Suspension |
| EMT-Paramedic | Impairment | 420-2-1-.21 | License Suspension |
| Bryan Avery<br>EMT-Paramedic | Falsification of Records | 420-2-1-.25 | License Suspension |
| Darrel Cartwright<br>EMT-Paramedic | I.V. Fluids and ALS Equipment in POV | 420-2-1-.11 | Informal Hearing |
| Gadsden Etowah EMS, Inc. | Ground Vehicle Issues | 420-2-1-.10 | Unit(s) Grounded x 3<br>Sanitation Issues |
| Deficiencies Found: | Portable Suction Unit, Portable $O_2$, Light Rescue Equipment, Reflectors/Flares, Unit E-35 Missing ALL Equipment | | |
| Care Ambulance – Montgomery/ Autauga | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | No Smoking Signs, Pillow, LBB, Activated Charcoal and Oral Glucose Paste, Flashlight, Unsecured I.V. Fluids | | |
| Prattville Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | $CO_2$ Monitoring Equipment, Blood Collection Containers<br>Expired Equipment: Normal Saline x 3, Oral Glucose Paste | | |
| Care Ambulance – Dale | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Windshield Issue Unit 49 | | |
| Haynes Ambulance – Montgomery | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | No Smoking Signs, Patient Restraints Missing | | |
| Simmons Ambulance Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Windshield Issue Unit S-4 | | |

| Name | Complaint | Rule/Protocol | Action Taken |
|---|---|---|---|
| Pickens County Ambulance Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | No Smoking Signs, Pulse Oximeter, Pediatric Electrodes<br>Expired Equipment: Oral Glucose Paste, Normal Saline, ET Tubes, Lidocaine 100 mg | | |
| North Shelby Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Vaseline Gauze, Biohazard Bags, Oxygen Masks, I.V. Drip Set, Trauma Dressing, Tri-Angular Bandages, Goggles, C-Collars, I.V. Pressure Infuser, IO Needles, Activated Charcoal | | |
| RPS – Shelby | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Load Light Out, Flashlight, LBB, Tri-Angular Bandages, Burn Sheets, Oxygen Masks, Portable Suction Unit w/Tip, ABD Pads, B/P Cuff, Needles, Stethoscope, Emesis Container<br>Expired Equipment: Oral Glucose, Activated Charcoal, Normal Saline | | |
| Northstar – Shelby | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Assorted Splints, LBB, Portable Suction Unit w/Tip, Burn Sheets, Oxygen Masks, Trauma Shears, Flashlight, Emesis Container, ALS Equipment Not Secured<br>Expired Equipment: Activated Charcoal | | |
| Ragland Rescue Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Emergency Lights not Working, ET Tubes, Patient Restraints, Oxygen Masks, Oral Glucose Paste<br>Expired Equipment: Activated Charcoal | | |
| Springville Fire and Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Short BB, Oxygen Masks, Activated Charcoal | | |
| Rural Metro Ambulance Service – St. Clair | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Laryngoscope, Laryngoscope Blades, ET Tubes, Flashlight, Radio | | |
| RPS – St. Clair | Ground Vehicle Issues | 420-2-1-.10 | Unit Grounded x 1 |
| Deficiencies Found: | Trauma Dressing, On-Board Suction Unit, Flashlight, Pulse Oximeter, Fire Extinguisher, Oxygen Masks, Burn Sheets, ABD Pads, Sharps Container, Bite Sticks, Patient Compartment Flooring | | |
| Hoover Fire Department – Shelby | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Traction Splint, Vaseline Gauze, ET Tubes, Oxygen Masks, BVM, I.V. Drip Sets, I.V. Pressure Infuser, IO Needles, Tourniquets<br>Expired Equipment: Normal Saline | | |

| Name | Complaint | Rule/Protocol | Action Taken |
|---|---|---|---|
| Rocky Ridge Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Portable $O_2$, Vaseline Gauze, Oxygen Masks, Reflectors/Flares | | |
| Montevallo Fire and Rescue Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | BVM, Oxygen Masks, Traction Splint, ALS Equipment not Secured | | |
| Alabaster Fire and Rescue Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Oxygen Masks, I.V. Drip Sets, Trauma Dressing, Vaseline Gauze, Nasopharyngeal Airways | | |
| Ashville Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Fire Extinguisher, Tri-Angular Bandages, Gloves, Oxygen Masks, C-Collars<br>Expired Equipment: Valium | | |
| Margaret Volunteer Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Goggles, Nasopharyngeal Airways, I.V. Cannulae, $CO_2$ Monitoring Equipment | | |
| Moody Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Reflectors/Flares, Vaseline Gauze, Tri-Angular Bandages, Needles, Patient Restraints, BVM, Oxygen Masks, Syringes, Activated Charcoal, Oral Glucose Paste<br>Expired Equipment: Normal Saline | | |
| Odenville Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Portable $O_2$, Vaseline Gauze, Patient Raincover, BVM, Oxygen Masks, Needles, Syringes, Activated Charcoal, Oral Glucose Paste<br>Expired Equipment: Valium | | |
| Forestdale Fire District | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | ET Tubes, Nasopharyngeal Airways, Oxygen Masks, $CO_2$ Monitoring Equipment<br>Expired Equipment: Valium | | |
| Bagley Volunteer Fire and Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Trauma Dressing, ABD Pads, Tri-Angular Bandages, Soft Bandages, Goggles, Face Mask, Patient Raincover, Burn Sheets, Oxygen Masks, Activated Charcoal | | |
| Warrior Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Reflectors/Flares, ABD Pads, Goggles, Burn Sheets, Oxygen Masks | | |

| Name | Complaint | Rule/Protocol | Action Taken |
|---|---|---|---|
| Bessemer Fire Department | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Oxygen Masks, Biohazard Bags, C-Collars, Tri-Angular Bandages, ET Tubes, Patient Raincover, Burn Sheets<br>Expired Equipment: Epinephrine x 3 | | |
| Corner Volunteer Fire & Rescue Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | ABD Pads, Burn Sheets, Oxygen Masks, $CO_2$ Monitoring Equipment | | |
| Sylvan Springs Fire and Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Reflectors/Flares, Trauma Dressing, ABD Pads, Vaseline Gauze, Goggles, Face Mask, Burn Sheets, Oxygen Masks, I.V. Cannulae, I.V. Pressure Infuser | | |
| Brookside Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Reflectors/Flares, ABD Pads, Trauma Shears, Oxygen Masks, I.V. Drip Sets, Needles, Syringes | | |
| Birmingport Fire and Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Burn Sheets, Oxygen Masks, I.V. Drip Sets, Activated Charcoal, Oral Glucose Paste | | |
| Fultondale Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Oxygen Masks, Flashlight | | |
| Tarrant Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Trauma Dressings, Patient Raincover, BVM, I.V. Drip Sets | | |
| Gardendale Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Trauma Dressings, Burn Sheets, Oxygen Masks, I.V. Drip Sets | | |
| McCalla Area Fire District | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Vaseline Gauze, Portable Suction Unit, Nasopharyngeal Airways, Oxygen Masks, I.V. Drip Sets, I.V. Pressure Infuser, IO Needles, $CO_2$ Monitoring Equipment | | |
| McAdory Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Gauze Pads, Portable Suction Unit w/Tip, Oxygen Masks, ABD Pads | | |
| Adamsville Fire and Rescue Service | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Oxygen Masks, Syringes, Fire Extinguisher, I.V. Pressure Infuser, I.V. Drip Sets<br>Expired Equipment: Normal Saline | | |

| Name | Complaint | Rule/Protocol | Action Taken |
| --- | --- | --- | --- |
| Pleasant Grove Fire and Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | Traction Splint, Short BB, Biohazard Bags, Oral Pharyngeal Airways, Oxygen Masks, I.V. Drip Sets, B/P Cuff, IO Needles, $CO_2$ Monitoring Equipment, Fire Extinguisher, BVM, Activated Charcoal<br>Expired Equipment: Valium x 1, Lidocaine Injections x 3 | | |
| Graysville Fire & Rescue | Ground Vehicle Issues | 420-2-1-.10 | No Units Grounded |
| Deficiencies Found: | BVM, Oxygen Masks, I.V. Drip Sets, I.V. Cannulae, IO Needles, Trauma Dressings, Nasopharyngeal Airways, Syringes | | |

Provider Services: Each licensed provider is required to notify the Office of Emergency Medical Services & Trauma in writing within 10 calendar days of the date on which the deficiencies were corrected and prior to placing any grounded ambulance unit back in service for transport capabilities.

Failure to comply may subject your service license to licensure action being taken which includes license suspension and/or revocation and may subject you to civil penalties set forth by the Code of Alabama, 1975. If you have any questions, please call (334) 206-5383.

## PROVIDER SERVICE NEWS

It has now been more than two years since our inspectors came on board here at the OEMS&T, and we would like to take this opportunity to recognize Vickie and Steve for the wonderful job they do in the field. When performing their duties, these two act as the "eyes and ears" of our office, and, to the credit of the Alabama EMS community, they seldom have too many negatives to report back to us. Granted, routine inspections continue to reveal missing pieces of equipment and the occasional out of date medication, but overall, the vehicle and service inspections have improved greatly in this two year time frame. When you get the chance, let Vickie and Steve know you appreciate their professionalism and the great job they do.

As a reminder, it is the time of year to really be on the lookout for our four-legged friends, the White-Tailed deer. The weather is getting cooler, the food sources are beginning to run low, and love will soon be in the air. All this equals deer on the move, so be careful on your runs, especially those at night and in the rural areas.

**Congratulations to the following services for making the "Culture of Excellence" List:**

- **Alabama River Pulp Company• Ariton Rescue Squad**
- **Cahaba Valley Fire Jefferson**
- **Care Ambulance Dale County**
- **Dale County Rescue and Recovery**
- **Daleville Police Volunteer Rescue**
- **Directorate of Public Safety**
- **Dothan Ambulance Service**
- **Echo EMS**
- **Fort Rucker EMS**
- **Fultondale Fire and Rescue**
- **Greene County EMS**
- **Pintlala Volunteer Fire Department**
- **Skipperville Volunteer Rescue Squad**

### Importance of Working Regular Physical Activity into a Stressful Work Schedule

**Mallory Johnson, BS Nutrition**
**UAB Dietetic Intern**
**Nutrition & Physical Activity**

We all want to feel better, have more energy, and live a stress free life. Regular physical activity is a simple way to incorporate these three things into our lives. Working as an EMS provider, you deal with stressful situations and know that being in your best physical condition will aid in you affecting other people's lives. It's important to remember that even though you may be physically active on the job, setting aside time each day to get at least 30 minutes of physically activity is crucial to your overall health and well-being. As an encouragement here is a list of the benefits from physical activity:

**1. Physical Activity Improves Your Mood**

Just a brisk walk for 30 minutes every day can help you relax after a stressful day. Being physically active stimulates various brain chemicals that leave you feeling more relaxed and happier. Studies have even shown that regular physical activity can prevent depression.

**2. Physical Activity Can Help Fight Many Chronic Diseases**

Regular physical activity can help prevent and manage diseases such as hypertension, type 2 diabetes, osteoporosis, and some cancers. An additional benefit is that being physically active can raise your HDL or "good" cholesterol while at the same time lowering your LDL or "bad" cholesterol and triglycerides. Physical activity is also good for fighting off viral illnesses, such as the common cold or flu by building up your immune system.

*Continued on page 11*

**3. Physical Activity Helps with Weight Management**

To help drop excess pounds and prevent weight gain, you need to burn calories through physical activity. Any physical activity is better than none at all. Do small things such as taking the stairs instead of the elevator or walking during a break. Small increments of physical activity throughout the day will add up in the end.

**4. Physical Activity Boosts Energy Level**

If simple activities, such as walking up stairs, leave you out of breath, regular physical activity will help. Physical activity will increase your stamina while it benefits your entire cardiovascular system. As you exercise, oxygen and nutrients are delivered to your tissues making everything work more efficiently. You may also feel tired immediately after physical activity but in the long term, you will increase your stamina. Once that occurs and your heart is pumping more efficiently, you will see your energy level increase.

**5. Physical Activity Promotes Better Sleep**

If getting enough quality sleep is a struggle for you, physical activity is the answer to your problem. Although exercising too close to bedtime can leave you feeling energized, exercising another time during the day will not only help you fall asleep quicker but it will also deepen your sleep. Sleep is important because it improves concentration, productivity, and mood.

**6. Physical Activity Can Be Fun**

Being physically active everyday does not have to be boring or a chore. You can make it more fun by inviting a friend along. This will help you stick to your routine while also getting encouragement.

Need some ideas of good physical activity? Doing any of these activities for at least 30 minutes a day, will allow you to experience these great benefits.

- Swimming
- Bicycling
- Elliptical training
- Water aerobics
- Jogging
- Basketball
- Canoeing
- Jumping rope
- Rock climbing
- Golf
- Hiking
- Soccer

## CONTINUING EDUCATION REQUIREMENTS

**EMT Requirements for the renewal of your EMT license prior to March 31, 2010**

- Application
- 24 Hours of EMS related con-ed – obtained during your license cycle
- Full Protocol Certificate 08 or 09 – EMT Protocol Review ( all 101 pages) w/ scope of practice
- Protocol Update Certificate 09 – changes to the Full protocols
- Current CPR card
- EVOC Refresher – if a driver
- License Fee

**EMT-Intermediate Requirements for the renewal of your Intermediate license prior to March 31, 2010**

- Application
- 36 Hours of EMS related con-ed – obtained during your license cycle
- Full Protocol Certificate '08 or '09 – EMT Protocol Review w/ skills and scenario verification certificate
- Protocol Update Certificate '09 – changes to the Full protocols certificate
- Current CPR card
- EVOC Refresher – if a driver
- License Fee

**EMT- Paramedic Requirements for the renewal of your Paramedic license prior to March 31, 2010**

- Application
- 48 Hours of EMS related con-ed – obtained during your license cycle
- Full Protocol Certificate '08 or '09 – EMT Protocol Review w/ skills and scenario verification certificate
- Protocol Update Certificate '09 – changes to the Full protocols certificate
  - Current CPR card
  - EVOC Refresher – if a driver
  - License Fee

*****On-line renewal will be available starting January 2010*****

## RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

The Ryan White HIV/AIDS Treatment and Extension Act of 2009 passed the House October 21, 2009 by a vote of 408 to 9. The Senate passed the bill earlier in the week so the bill now goes to President Obama for his signature into law. There are several new additions to the Ryan White Act which affect emergency care – and specifically emergency responders.

It is important to note that the 'list' established under Sec. 2695 is very powerful – it essentially determines what infectious diseases should be considered 'potentially life-threatening'. The list is also used to determine whether or not emergency responders must be notified of an exposure.

The entire bill can be found on the Library of Congress web site (http://thomas.loc.gov/).

Here are the sections affecting emergency care and emergency responders:

The bill adds a new section to Ryan White – "Part G Notification of Possible Exposure to Infectious Diseases"

*Continued on page 12*

Within 180 days after enactment, Section 2695 Requires the Secretary of HHS to complete the development of:

- a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies (The list developed shall also include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.);
- guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided;
- guidelines describing the manner in which medical facilities should make determinations when an emergency responder is requesting a determination as to whether or not a patient he/she transported had an infectious disease;
- This list will then be distributed to the public and the states.

NOTE: This list is very important because it is relied heavily upon in determining whether or not a responder has been exposed to an infectious disease.

The bill also reestablishes some of the notification provisions that were struck during the last Ryan White authorization. This is good news for emergency responders. Specifically, the bill requires Prompt notification – not later than 48 hours after determination is made – to emergency responders when:

- A patient is transported and it is determined that the patient has an airborne infectious disease AND WHEN;
- A patient that is transported by emergency responders dies at or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

The bill also contains a provision for emergency responders to request a determination as to whether or not a patient had an infectious disease. Basically the provision states that:

- The employee must first make a request;
- The request is then examined, facts are collected by a designated officer;
- The designated officer then makes a determination – if the designated officer feels that an exposure may have occurred then he/she submits a request to the medical facility;
- Once the medical facility receives the request, it has 48 hours to respond;
- The medical facility will make a determination, based on the information possessed by the facility, regarding whether or not the emergency responder was exposed to an infectious disease that appears on the list (created above);
- The medical facility can make 3 determinations, Notification of Exposure, Finding of No Exposure, Insufficient information;
- If a finding of insufficient information is made, the public health officer for the community in which the medical facility is located can also evaluate the request if the designated officer submits the request to him/her.

## THE DAILY '1, 2, 3' COMES BEFORE ABC[5] | BY DAVID GIVOT

Every EMS provider from Maine to Maui knows that patient care always begins with the ABC's. Airway, Breathing, and Circulation are what we do. If we cannot provide any one of those for someone in need, the rest is meaningless.

While there is no way to know for sure that a working defibrillator would have made a difference in the patient's outcome, I will bet that the providers responsible would gladly pay $3.2 million for a chance to go back and find out for sure. Instead, they will live the rest of their lives wondering "...what if?"

As an attorney committed to the defense of EMS providers, I offer this little nugget so that you never find yourself in those very uncomfortable shoes: Begin each day with "1, 2, 3." Three things to check and recheck before each shift are:

1. Are ALL of your batteries charged? This includes defibrillator, pulse-oximetry, laryngoscope, radios, pagers, and anything else that runs on batteries.
2. Are ALL of your drugs checked? This includes expiration dates, dosages, clarity, color, and that all of the drugs you should have are present and accounted for.
3. Are ALL of your Airway Supplies available? This includes the various basic and advanced airways, stylettes, laryngoscopes, capnography, placement devices, BVMs, and everything else to manage an airway.

Of course you must check EVERYTHING in your ambulance, engine, or squad, to make sure you have what you need to do what you do. But the Daily "1, 2, 3" must remain at the top of your priority list because when it comes to them, there are no second chances.

[5]Givot, D. (2009, October 7). The Daily '1,2,3' Comes Before ABC [Online]. Available: http://www.ems1.com/ems-products/aeds/articles/595738-Old-defibrillator-batteries-lead-to-3-2-million-Chicago-death-settlement/# [2009, October 23].

# OLD DEFIBRILLATOR BATTERIES LEAD TO $3.2 MILLION CHICAGO DEATH SETTLEMENT[6]

**By Fran Spielman, Chicago Sun Times**

CHICAGO — The family of a 49-year-old man who died of a heart attack after a defibrillator on the Chicago Fire engine sent to resuscitate him did not work — because the batteries hadn't been replaced — will receive $3.2 million under a settlement advanced Monday by a City Council committee.

Frederick Partyka, a stationary engineer who worked for the city, was using a snow blower in front of his home in the 2700 block of North New England when he collapsed on Jan. 22, 2005.

Partyka's son, a paramedic with the Hillside Fire Department, witnessed the incident, called 911 and administered CPR to his father while waiting for help.

When the fire engine arrived at 3:16 p.m., the paramedic found Partyka in ventricular tachycardia, a life-threatening condition.

But when the paramedic attempted to shock Partyka's heart back into rhythm, the defibrillator didn't work, a lawyer for the Partyka family said. The batteries were old and did not hold a charge.

When the old batteries were replaced with spare batteries, the defibrillator powered off again, the lawyer said.

At 3:22 p.m., an ambulance arrived with a working defibrillator. But it was too late. Partyka was already dead.

"The industry standard required — and the manufacturer recommended — that this particular defibrillator battery had to be replaced every two years," said Susan Schwartz, an attorney representing the Partyka family.

"But, on Jan. 22, 2005, no battery had been purchased by the city since October 2000. They didn't properly maintain the batteries for these defibrillators."

During Monday's Finance Committee meeting, First Deputy Corporation Counsel Karen Seimetz told aldermen that the defibrillators used on that day were replaced in March 2005.

The new version uses batteries "automatically changed out with the manufacturer every two years," she said.

"In the thousands and thousands and thousands of times these defibrillators have been used, this is the first known instance where this has ever occurred," she said.

Under questioning from aldermen, Seimetz acknowledged that no one knows whether a working defibrillator would have saved Partyka.

But, she said, "The problem is under the law, if there's any percentage chance that a person could have survived but for the alleged negligence, that's enough to recover [damages].

Even though he had an underlying heart disease, this might have made the difference. There was no damage to the heart on autopsy."

[6]Spielman, F. [2009, October 7). Old defibrillator batteries lead to $3.2 million Chicago death settlement [Online]. Available: http://www.suntimes.com/news/metro/1807698,lawsuit-defibrulator-partyka-settlement-100509.article [2009, October 23].


## POSITION ANNOUNCEMENT

Lanier Technical College, located in Oakwood Georgia (zip code 30566), is conducting a search for the following position. NOTE: A background check is part of the selection process.

POSITION: ........ Emergency Medical Services Instructor
SALARY: ............ Commensurate with experience, education, and state salary schedule
DEADLINE:........ Position open until filled
EFFECTIVE: ....... Immediately
EDUCATION:..... Minimum of associate's degree in medical field from a nationally or regionally accredited college or university required; bachelor's degree preferred; National Registered EMT Paramedic or Georgia EMT-P.

QUALIFICATIONS:

- Minimum of three years of full-time paid work experience in field.
- Instructor certifications in GA EMT Instructor or able to obtain certification quickly.
- Instructor certifications in ITSL, ACLS, and PALS preferred and teaching experience preferred.
- Must be willing to work flexible hours at multiple locations, juggle multiple and competing priorities, and participate in appropriate staff development and campus activities.
- Candidate must work well in the classroom and in supervising students in laboratory and clinical settings.
- Must be able to develop and evaluate lesson plans, direct and assess students' progress in achieving required competencies, and handle administrative responsibilities related to scheduling and teaching of courses.
- Positive attitude and strong organizational and interpersonal skills are required. Being bilingual is a plus.

RESPONSBILITIES:

This full-time position will be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the Paramedic Technology degree and diploma programs and EMT certificate programs. This person will also assist with quarterly registration and orientation activities and annual graduation events.

APPLICATION:

Submit resume, cover letter, official transcripts, and certifications to:

Director of Human Resources
Lanier Technical College
2990 Landrum Education Drive
Oakwood, Georgia 30566
humanresources@laniertech.edu
Fax: (770) 357-5171

Additional information or specific program questions can be directed to Sam Stone, Program Director, at (770) 357-5171 or via email at sstone@laniertech.edu.

Lanier Technical College is an equal opportunity employer and does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).

# THE FLU: WHAT YOU NEED TO KNOW[7]

**Keri Losavio, Editor**
**Public Safety Communication**

Anne Schuchat, MD, director of the National Center for immunization and Respiratory Diseases, Centers for Disease Control & Prevention (CDC), reported in an October press briefing, that there was, "substantial flu illness in most of the country [and] significant flu activity in virtually all states."[8] With this in mind – and the recent death of an APCO member in Tennessee attributed to the H1N1 type A flu – we thought it important to share some information and resources with our readers on this critical topic.

The CDC's interim guidelines for PSAPs indicate that 9-1-1 calltakers should:

1. Question callers to ascertain if there is anyone at the incident location who is possible afflicted by the H1N1 virus,
2. Communicate the possible risk to EMS personnel prior to arrival, and
3. Assign the appropriate EMS resources.

Specifically, the CDC says, "PSAP calltakers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever, or other flu-like symptoms. If the PSAP calltaker suspects a caller is noting symptoms of acute febrile respiratory illness, they should make sure any first responders and EMS personnel are award of the potential for 'acute febrile respiratory illness' before the responders arrive on scene."[9]

The CDC recognizes that during a response to a large-scale flu outbreak, a community's 9-1-1 and health-care systems may experience a surge in calls that could overwhelm them. "In those instances," says the CDC, "community planners should take steps to divert unnecessary calls away from the community 9-1-1 system and non—critically ill patients away from the health-care system to reserve both for actual emergency situations." The CDC has created an implementation tool that provides a step-by-step approach to achieving this objective. Visit www.cdc.gov/h1n1flu/callcenters.htm and read, "Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool."

The first step is identifying and meeting with your key partners, such as public health and EMS. Ramping up existing N-1-1 services, such as 3-1-1 or 2-1-1, to serve as the "flu emergency number" may be an option for many communities.

**Additional H1N1 Flu Resources**

- CDC 2009 H1N1 Flu (swine flu); www.cdc.gov/H1N1FLU
- Influenza: Is This an Emergency? (This free one-hour webcast presented by Mike McEvoy, EMS coordinator for Saratoga County, N.Y., aired live on June 25, 2009.); www.jems.com/webcasts/index.html

[7]Losavio, K. (2009, November). The Flu: What You Need to Know. Public Safety Communications. 18.

[8]H1N1 Flu (Swine Flu) Press Updates: October 1, 2009, Media Briefing, Transcript. www.cdc.gov/h1n1flu/press

[9]CDC: "Interim guidance for emergency medical services (EMS) systems and 9-1-1 public safety answering points (PSAPs) for management of patients with confirmed or suspected swine-origin influenza A (H1N1) infection." Aug. 5, 2009. www.cdc.gov/h1n1flu/guidance_ems.htm