ALABAMA Emergency Medical Services and Trauma
the Office of EMS and Trauma

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Director's Words

This year promises to be a year of challenges and opportunities. From the beginning of time, new methods, inventions, and discoveries have been a result of overcoming difficulties.

EMS has always been an industry that has survived in a chaotic environment. EMS personnel often provide medical care in less than ideal situation. Our standards are high because of the environment in which you work and because you have little help until you reach a team of medical professionals at an emergency room.

EMS is a young profession and is going through growing pains. Change comes hard for some people and others embrace it because they see it for what it is, opportunity.

My goal is to take EMS to a professional level and provide some of the same opportunities for EMS personnel that other Allied Healthcare professions have. It will take all of us to achieve this goal. Education, attitude, appearance, and commitment to excellence are just a few examples of the professional characteristics we need to embrace. We all need to make this profession better for our successors. If we succeed in reaching our goals, we will make our communities a better place to live as well.

May you achieve success in whatever you set out to do and remember the words of Benjamin Mays, a minister, educator, scholar and social activist; "the tragedy of life doesn't lie in not reaching your goals. The tragedy lies in having no goals to reach".

Go for your goals, but also take time to enjoy your families and life.

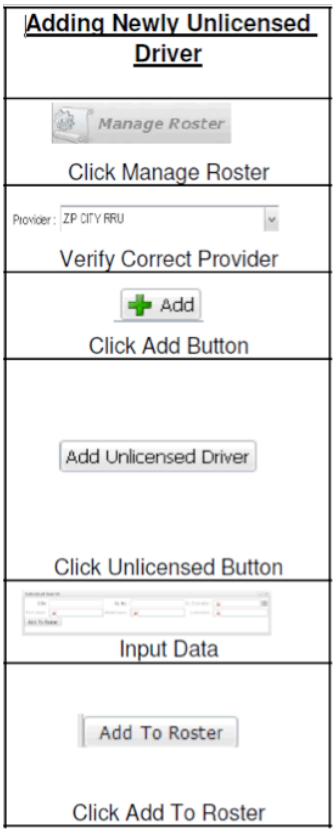
EMS Individual Licensure Update

We have had a lot of questions on how to add a driver who does not have a license number. Licensed services with the Web Management access will use the process illustrated below.

When a new Driver is added to a roster, the computer will automatically generate a number. This computer generated number is what the new Driver will use for report responses.

1. Click Manage Roster
2. Verify Correct Provider
3. Click Add Button
4. Click Add Unlicensed Driver
5. Input the individual's information
6. Click Add to Roster

After the Driver is added, you can view them in your Roster. Use the assigned "License #" in the "State ID" field in your ePCR program to identify the person.



Notice to Ambulance Drivers

As of January 1, 2011, the Office of EMS and Trauma is no longer licensing ambulance drivers. It will be up to your service and their insurance company whether or not you are eligible to be an ambulance driver as long as you maintain your EVOC certification and have a current CPR card.

REMINDER

The Office of EMS & Trauma would like to request that you comply with the requests for information from your regional office. Some Directors are still having issues receiving information and data as requested by the state office. We would greatly appreciate your cooperation and compliance.

Do You Have Questions for OEMS&T 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 – 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.

Brunswick Woodmere Lanes Wants to Thank Montgomery and River Region EMS Providers

Brunswick Woodmere Lanes is very excited to have the opportunity to thank our Emergency Medical Service providers in Montgomery and the River Region area. Emergency Medical Technicians and all first responders save lives every day and Brunswick Woodmere Lanes would like to say a big, "Thank You!" Your discounted rate of 10% off bowling (*excluding: food, beverages, Pro Shop and Arcade) will begin this holiday season and continue throughout the entire year. We will also have future events specifically for our EMT, Fire Department, Police Department Sheriff Department and Military. You will be required to provide appropriate identification in order to receive the discounted rate. Check the Office of EMS and Trauma website often for future events and discounts available at Brunswick Woodmere Lanes.

Not Bullet Proof: Surviving Loss in the Line of Duty

Stephan I. Mambazo, MSW, LGSW, CGRS

Alabama Department of Public Health

Emergency Medical Technician (EMT) Laura Elizabeth Pullam, killed while on duty December 15, 2010, just outside Montgomery, Alabama, is the last honored death of an Emergency Medical Services (EMS) professional recorded by the National EMS Memorial Service in 2010. EMT Pullam was the second EMT to die in 2010, after being struck by a vehicle while responding to another medical emergency. She was the 34th to fall in 2010 on duty in the United States, and the 9th Alabama EMS professional honored by the national EMS Memorial Service (http://www.nemsms.org).

An examination of the National EMS Memorial Service website reveals that approximately twenty EMS personnel die or are killed annually, most involving motor vehicle or air transportation accidents (http://www.nemsms.org). Regardless the manner of death, EMS personnel consciously and unconsciously absorb the trauma material of other people's emotional and physical hurts and misery daily, but what of his/her own (Regehr, Goldberg, & Hughes, 2002)? Speaking primarily to police, Kates (1999) states, "…we have a very real problem. We don't recognize how what we see, hear, smell, taste and feel affects us on a daily basis".

Grief and loss are "bullets" against which no vest or body amour can guarantee protection. There is limited literature specific to bereavement among EMS and other health care personnel regarding the loss of one's peer. There is consensus that grief, after a sudden and traumatic loss, is complicated among those with multiple experiences of such (Keene, Hutton, Hall, & Rushton, 2010). The line-of-duty death of an EMT or Paramedic becomes complex in that it is a public tragedy, with bereavement also becoming a public matter (Cable & Martin, 2003). The death of a fellow "shield" is complicated by the personal connection that must be relegated beyond secondary to the professional response, and what of the original patient/victim, and others who maybe the reason for the response? Not to mention the numerous exposures to death, in its varied manners, the EMS professional experiences near daily. Each are complex variables that influence not only how the responder acts on scene, but how they may act minutes, hours, days, weeks, or months later, personally, professionally, and familial (Scott, 2007; Vogel, Cohen, Habib, & Massey, 2004).

James & Friedman (2009) identify five responses to loss common in grief:

- A reduction in the ability to concentrate
- Physical and/or emotional numbness or exacerbation
- Changes in usual sleep patterns
- Changes in usual dietary habits
- Vacillating emotional energy, often leaving one extremely drained

These responses do not constitute any specific "stages of grief", and it must be recognized that bereavement reactions are subjectively personal and significantly influenced by one's relationship with the decedent(s) (Corr, 2003).

It is important for those experiencing sudden and traumatic loss to recognize their need to recover from its affects as soon as possible, identifying those behaviors that only temporarily relieve the emotional energy vacillation, to recognize that responses are normal reactions to abnormal situations, that peer and employer support can facilitate effective return to normalcy, and that some may benefit from professional interventions (James & Friedman, 2009; Ruzek, Brymer, Jacobs, Layne, Vernberg, & Watson, 2007).

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Ruzek et al (2007) supports utilizing the following psychological first aid core actions, after loss:

1. Establish connection with employees compassionately: It is imperative that personnel be treated as human beings, not machines. This is especially true when the bereaved is a male. Too often, males are expected to be strong, and "suck it up". This is not fair, realistic, compassionate, or therapeutic.
2. Enhance environments of safety and comfort: Where no employee assistance program (EAP) is established, employers can identify managers/supervisors employees can speak with safely. A safe environment is one where the employee feels that they, not the company, are looked upon as the primary and important issue at that time. Additionally, opportunities for quiet areas at the station or squad would be beneficial.
3. When appropriate, provide emotional stabilization to those distraught: In some cases, employees may need immediate medical or mental health care.
4. Identify what is needed now, and what information is lacking: Common to people in crisis is the desire to know, and the right to be told the truth. What and when what is told still remains a command decision. Whenever possible reveal sensitive information to employees directly, before it is released to the media.
5. Provide practical resources and information to address needs and concerns: Though some argument exists as to overall effectiveness, the use of psychological or critical incident debriefing are recognized interventions for EMS professionals and First Responders after traumatic exposure (Keene, Hutton, Hall, & Rushton, 2010; Devilly, Gist, & Cotton, 2006).
6. Promote opportunities for peer and/or external supportive resources: Establish policies for use of leave options for staff, after a traumatic event. Establish policies for on duty supportive resources to mitigate long-term emotional harm after a traumatic event, e.g., attending counseling, 12 step meetings, religious services, etc.
7. Have appropriate educational information on coping, stress reduction, and grief readily available to employees: There are numerous free resources available on the internet from http://www.cdc.gov/niosh/.
8. Facilitate the connection between employee and needed services, outside of the company to aide in promoting emotional well-being: Where there presents a notable impairment to emotional stability, or threat of harm to life and limb, it is important to link the employee with the appropriate resource. Referral alone is not always appropriate.

It is important to remember that grief/bereavement (the feelings of sadness and emotional confusion after a significant loss) are normal reactions after the death of someone close, or closely identified with, such as a family member, friend, or colleague. Give yourself permission to feel what you feel, for however long you need to feel it. Also, give yourself permission to heal and recover from the painful part of grief and bereavement. What some have called "survivors guilt" is not uncommon among EMS professionals after the loss of a colleague in the line of duty (Hill & Brunsden, 2009).

For further information or support contact:

The Alabama Department of Mental Health

http://www.mh.alabama.gov/ • 1-800-367-0955

The Grief Recovery Institute

http://www.grief-recovery.com/ • (818) 907-9600

Hospice Foundation of America

http://www.hospicefoundation.org/ • 1- 800-854-3402

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Provider Service News

For the year 2010, Office of EMS & Trauma inspectors visited nearly seventy-five percent of our licensed providers, resulting in approximately 800 vehicle inspections. Our goal was to inspect every service, but other projects around the office did not allow us the time to visit with everyone. This year we are confident that our staff will be able to visit and inspect each service across the state. Currently, our inspectors are in the field, so your next inspection may be sooner than later.

One of the projects we have been working on is the EMS Web Management System. The system allows each service to electronically update their personnel rosters and vehicle rosters. Thank goodness there will be no more paper add/delete forms. If you have any questions regarding inspections or the new Web Management System, please do not hesitate to call us.

Emergency Medical Services for Children (EMSC) Update

The Alabama EMSC Program is wrapping up the 2010-2011 grant year. We have had a good year. EMSC partnered with the ADPH Center for Emergency Preparedness and the Office of EMS & Trauma to present the 3-day EMS Culture of Excellence Conference in October. Thank you to those of you who were able to attend. You certainly helped make it a success. The presentations will be archived on the EMS and Trauma page of the ADPH website (www.adph.org/ems).

We have completed the provider service surveys. As of December 28, 2010, the EMSC Program reached an 86% response rate. Thank you so much to all who completed the surveys. The program would not have had this success without your help. The preliminary analysis shows a vast improvement from the 2008 survey results. A fact sheet and report will be sent out as soon as the data analysis is complete.

We are still surveying the hospitals for specific performance measures mandated by HRSA. The hospital survey deadline is February 18, 2011. As of January 20, 2011, we had a 59% response rate and we need an 80% response rate. We had an article in the Alabama Hospital Association newsletter this week which should help as a reminder to the hospitals administrators that we need their help in getting the surveys completed.

The EMSC Program is also planning the final Advisory Board meeting of the 2010-2011 grant year. It will be held in conjunction with a site visit from our partners at HRSA and the National EMSC Data Analysis and Resource Center (NEDARC). This will be a very informative meeting because we will be discussing the National EMSC Program, Alabama's program, and the components and requirements of EMSC.

Continuing Education Opportunity on the Gulf of Mexico
Five Day Western Caribbean Cruise
April 9 – 14, 2011

You and your family and friends are invited to attend the Alabama Gulf EMS System (AGEMSS) Educational Conference on board the Carnival's Fun Ship "Elation"! AGEMSS has joined with Springdale Travel of offer this unique experience for individuals to acquire continuing education credit hours and experience a cruise with family and friends. **There is no charge for the conference**...just for the cruise. The cruise will be leaving the port of Mobile on Saturday, April 9 at 4 p.m. and returning on Thursday, April 14 at 8 a.m.

The role of AGEMSS is to provide the continuing education classes; therefore we will serve as your "daytime edutainment" while on board the Elation. Please understand that AGEMSS will not receive any compensation from Springdale Travel or Carnival Cruise Lines for this conference.

Dr. John Campbell will serve as our Medical Director and will be presenting lectures, as well as other invited speakers. The agenda will be available on our website: www.agemss.com. The conference will be held on Sunday (6 hours) and Wednesday (6 hours) with two hours CEU on Saturday afternoon / evening for a total of 14 hours. EMS personnel can receive up to 14 hours from AGEMSS and nurses can receive up to 14 hours from the Southeast Alabama EMS System.

The base price for guest one and two are: interior room $478.90; oceanview $518.90. Third and fourth guests are $328.00 (per person). **All room prices include gratuities and $100.00 on board credit per cabin.**

To learn more about the continuing educational conference, the cruise, and how to register for both, visit the website: www.springdaletravel.com/alems. Jennifer Fagan with Springdale Travel (251-414-4601, jennifer@springdaletravel.com) is available to answer any questions and guide you through the registration process.

You can book now and make payments! Register early to ensure the special prices!

We hope to see you at this conference!

Sincerely,

David F. Gaumon

Executive Director, AGEMSS • 251-472-7810