POLST orders available through statewide registry – anticipated in December

As part of the state Legislature’s health care reform package, Oregon is launching the nation’s first electronic Registry for the Physician Orders for Life-Sustaining Treatment (POLST) program allowing EMS and emergency departments 24/7 access to the information. The Oregon POLST Registry is a secure electronic record of a patient’s POLST orders and is intended to ensure that EMS personnel can obtain quick and accurate information about a patient’s end-of-life health care wishes. The statewide program is scheduled to launch in December 2009, under a contractual agreement between the state and the OHSU Department of Emergency Medicine, which will operate the registry and EMS Call Center (ECC). The new law and administrative rules now mandate that the physician, physician’s assistant or nurse practitioner who signs the form also submits it to the registry.

Here is how the system will work:
- EMS arrives on scene to treat an incapacitated person in the advanced stages of illness;
- EMS looks for the original bright pink POLST form;
- If the form is not immediately found, EMS may call the registry at the OHSU ECC to access the patient’s POLST orders;
- ECC staff will:
  - Check if a POLST form is on file for the patient;
  - Verbally relay valid medical orders related to the patient’s preferences for CPR and the preferred level of medical intervention;
  - Relay the date the form was signed;
  - Fax a copy of the POLST form to the destination hospital (if applicable).

The registry is especially important for EMS First Responders who often arrive at the scene and have no information about the patient’s treatment preferences. “The Oregon POLST Registry, a partnership between OHSU and the Oregon Health Authority, will be a great opportunity for EMTs and paramedics around the state to honor patient preferences when patients cannot speak for themselves and the paper POLST form cannot be found,” said Ritu Sahni, M.D., M.P.H., medical director of Oregon Emergency Medical Services and Trauma Systems.
To request the EMS Call Center number for your agency, contact Jenny Cook, Oregon POLST Registry coordinator at 503-494-1230 or toll free at 877-367-7657. For more information on the Oregon POLST Registry or Oregon POLST Program, please visit our Web site at www.ohsu.edu/polst/programs/oregon-details.htm.

Oregon H1N1 Update

The Oregon EMS for the Future (or EMS 2012) Task Group Report

This was a joint effort of our office and the Oregon Medical Board. Co-chairs were Paul Rostykus, M.D., and Ritu Sahni, M.D., and other members included Jan Lee, Charmaine Kaptur, Toni Grimes, Mark Stevens and Brent Brotherton.

The impetus for this group was the change in national standards for initial education and certification of emergency medical personnel. Oregon has followed national standards. The group looked at a large quantity of background material and developed proposals for the changing standards.

Stakeholder meetings were then held in Eugene, Portland, Newport, White City, La Grande and Redmond, as well as at the Oregon EMS Conference in Jantzen Beach.

Information from the stakeholder meetings was reviewed by the work group, which produced final recommendations. These include:

- The workgroup affirmed Oregon's commitment to maintaining and, in some cases, exceeding national standards. The group recommended continuing to follow the national standards for curriculum and certification. This would result in the creation of a new
level of provider in Oregon (the Advanced EMT) and revising the Basic and First Responder levels.

- In addition, they recognized Oregon's unique frontier challenges and the commitment of some truly dedicated personnel who take care of Oregon's sick and injured far away from any advanced life support resources. The group therefore recommended the continued certification of the Oregon Intermediate as a step above the new Advanced EMT level.

- The workgroup also recommended that three years of experience as a paramedic be considered equivalent to an associate’s degree for individuals wishing to get paramedic certification in Oregon through reciprocity.

- In addition, the workgroup discussed issues and goals that would improve our EMS system. They specifically noted the fragmentation of the Oregon EMS system. The group recommended the expansion of our system's definition to include all EMS providers that respond to requests for emergency medical assistance with certified EMS personnel. This would enable recognition of the critical role non-transport agencies play in providing emergency medical care. The workgroup also recommended a requirement that physician medical directors receive training to more effectively perform their critical function.

**Trauma news**

Prehospital providers commonly secure patients to backboards in an attempt to minimize complications from spinal injuries - both to the spinal column and to the spinal cord. However, the resulting back and neck pain and a significant risk for the development of pressure sores and ulcers can cause long-term negative effects for our trauma patients. With this in mind, the State Trauma Advisory Board accepted the challenge of developing a guideline for minimizing complications of spinal immobilization, and recently finalized a clinical guideline that seeks to minimize the complications of spinal immobilization. Here are a few, relatively simple interventions for both prehospital and hospital providers that can improve our outcomes.

**Clinical guideline**

**Spinal immobilization: Minimizing complications**

**Background**

Although there is limited evidence that immobilization in the prehospital environment alters outcome in the spinal injury patient, it is the standard of care that patients with a potential spinal injury receive full immobilization with a cervical collar, long back board, straps and head immobilization devices. In addition, patients who are transferred between hospitals while still at risk for spinal injury are maintained in full immobilization. This is not without morbidity, as previous research has demonstrated a near 100 percent likelihood of increased back and neck pain along with significant risk for the development of pressure sores/ulcers. There is no
evidence that trauma patients should be maintained on the above immobilization while in the hospital, and it is not considered the standard of care. Given the significance of pressure ulceration as a complication of trauma, active steps should be taken to minimize the likelihood of pressure sores/ulceration as well as to minimize pain.

**Prehospital guideline**
- When local protocol requires prehospital immobilization, full immobilization should be performed. For extended or long transports (e.g., >30 minutes), padding for the backboard or a padded backboard should be considered if available and feasible.

**Hospital guideline**
- After arrival in the hospital, the patient should be removed from the hard, prehospital backboard as soon possible. Ideally, this occurs as part of the secondary survey.
- In the hospital, it is preferable to use a slider board or other patient movement devices to help move the immobilized patient. Do not maintain the patient on the hard, prehospital board to “facilitate sliding.”
- If the patient is to be maintained in a cervical collar, the rigid, prehospital collar should be replaced with a padded cervical immobilization collar (e.g., Aspen collar, Miami J collar) as soon as feasible.

**Inter-facility guideline**
- If transferred prior to spinal clearance, the patient should be transported in full immobilization. Placement on the hard backboard should be performed as late as possible.
- The determination of the need for continued immobilization during transport is to be made by the sending physician in consultation with the receiving physician. There may be some cases in which the physician “clears” the lumbar/thoracic spine but still maintains cervical immobilization. In some cases, the MD may order the maintenance of a cervical collar but no backboard for the transport.
- Patients who require inter-facility transport while immobilized should all be transported on a backboard with added padding to reduce tissue pressure.
- Added padding may be a commercially available padded backboard, special padding or a thick sheet/blanket folded onto the board.

**References**


Oregon health care workers…
When disaster strikes, can we count on you?

What is the State Emergency Registry of Volunteers in Oregon (SERV-OR)?
SERV-OR is a statewide registry system to help pre-credentialed health care professionals (physicians, nurses, behavioral health providers and others) volunteer their services during emergencies with significant health consequences. The registry is sponsored by the Oregon Public Health Division in partnership with the Medical Reserve Corps. It uses a secure database to register, credential and alert volunteer health providers. When disaster strikes, you may be asked to volunteer at the local, state or national level depending on your credentials, interest, availability and the nature and scope of the event.

Why is the registry necessary?
Recent large-scale disasters have shown that an effective response requires pre-credentialed volunteers to provide health services for people affected by an emergency. When disaster strikes, health officials will decide what health skills are essential for the response. If your skills match the needs, you will be alerted and given the opportunity to respond.

Who should register?
Physicians of every specialty, nurses, behavioral health providers, pharmacists and all other licensed health care professionals who wish to volunteer in the event of a large-scale health care emergency or mass casualty event.

What do I gain from volunteering?
As a volunteer, you’ll gain personal satisfaction, a chance to make a difference in your community and the knowledge that you are part of an effective, official response system.

You will have the opportunity to:
• Train for disaster response;
• Obtain CEU/CME/CNE credits; and
• Participate in community public health events and exercises.
What is expected of volunteers?
After registering:
• You may be asked to participate in disaster-related training to prepare you for your role in the response.
• You will agree to be contacted in emergencies or for future training opportunities.
• Once notified of an emergency or training opportunity, you are free to decide whether or not to participate. (You should consider family needs, professional commitments, the nature and length of the event, your own state of health, etc.) Registering does not obligate you to serve.

Can I join a Medical Reserve Corps (MRC) unit and also join the state managed volunteer pool?
Yes. Volunteers are encouraged to join their local MRC unit and the state-managed pool. The MRC program organizes and trains health and medical professionals at the county or regional level. The state-managed pool does the same for those also wishing to volunteer for statewide and national events.

What are the liability protections for volunteers?
When you respond to a Governor-declared emergency or state-authorized training or exercise, there are liability protections under the law for purposes of any claim that might be made against you. You may also be entitled to benefits if you are injured while responding. Many counties and other local jurisdictions use the same approach to covering health care volunteers in local emergencies. You should check with the local jurisdiction to determine liability coverage for a local event.

For more information, e-mail SERV.OR@state.or.us or call 1-877-343-5767. Visit https://SERV-OR.org.

A volunteer paramedic’s visit to Samoa
By Jim Thomas, EMT-P
Oregon EMS Advisory Committee

On Sept. 30 I had the opportunity to deploy to American Samoa as a member of the Oregon Disaster Medical Team (www.odmt.org). Our mission: to provide needed relief to the staff of American Samoa EMS and the nursing and medical staff at LBJ Tropical Medical Center (www.asmca.org). Since the tsunami hit the island the morning of Sept. 29, the medical community had been working long hours caring for the many victims, leaving them little time to care for their own families and to grieve for those who had been lost.

During the long flight to Pago Pago there was plenty of time to contemplate what we might encounter. What was the extent of the damage? What were the medical needs? What were the working conditions and how would we interface with our Samoan counterparts?
Fortunately, the damage, while extensive, was much less than what it could have been. And, while there were many patients in need of care, the majority of them had medical issues, including numerous cases of H1N1 influenza. Any concerns we may have had about interfacing with our Samoan counterparts and working in a strange system were quickly put to rest. The main concern expressed by our Samoan EMS colleagues was that they wanted us to have a good experience. I was immediately impressed. In the middle of their personal stress and loss, they were concerned about us.

My Samoan partners quickly put me at ease and made me feel at home. Whether running calls, talking shop or hanging out at the station, it felt like a typical EMS system at home. We ate together, talked about our “frequent flyers” and our families. I was very impressed by their skill, their dedication and their professionalism.

When it came time to leave we were honored by a BBQ, many thanks and hugs and a recognition ceremony. We were given T-shirts and patches and serenaded by singing that literally brought tears to our eyes. We went to American Samoa to help others, but left feeling that we were the ones who had been blessed.

EMS and Trauma Systems Webinars

The Oregon Office of Rural Health and the State EMS and Trauma Systems Office have partnered to bring Web-based education to EMTs and emergency providers throughout Oregon. To access this free distance education opportunity, you must register for each presentation separately by e-mailing Kassie Clarke at clarkek@ohsu.edu. Announcements will be sent a week in advance of the presentations to everyone who has previously registered for a Webinar. For more information see www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/events/ems-trauma-web-learning-series.cfm.

Webinars will be held on the second Tuesday of each month at noon Pacific time. Each presentation will last approximately one hour and will be recorded for those who cannot attend it. CE credits will be available for those who are able to attend the live presentation. You must respond to an online survey after the presentation in order to receive a CE certificate.
## EMS Program activity

### OCTOBER 2009 EMT STATISTICS

<table>
<thead>
<tr>
<th>Level</th>
<th>Exam Type</th>
<th>Failed</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC EXAMS</strong></td>
<td>Written exams</td>
<td>20</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Practical exams</td>
<td>38</td>
<td>81</td>
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<tr>
<td><strong>INTERMEDIATE</strong></td>
<td>Written exams</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td>Practical exams</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>PARAMEDIC</strong></td>
<td>Written exams</td>
<td>4</td>
<td>16</td>
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<tr>
<td></td>
<td>Practical exams</td>
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<td>12</td>
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<tr>
<td><strong>RECIPROCITY</strong></td>
<td>Applications received</td>
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<td>1</td>
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<tr>
<td></td>
<td>Certificates issued</td>
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<td>3</td>
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### RECERTIFICATION AUDITS

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<thead>
<tr>
<th>Level</th>
<th>Audit required</th>
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<tr>
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<td>3</td>
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<tr>
<td>Intermediate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Paramedic</td>
<td>0</td>
<td>3</td>
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</table>

## How many Oregon EMS personnel are nationally registered?

<table>
<thead>
<tr>
<th>Category</th>
<th>Oregon residents who are NREMT-registered</th>
<th>Oregon-certified</th>
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<tbody>
<tr>
<td>First Responder</td>
<td>2</td>
<td>2,083</td>
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<tr>
<td>EMT-Basic</td>
<td>2,762</td>
<td>4,476</td>
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<tr>
<td>EMT-I/85</td>
<td>16</td>
<td>0</td>
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<tr>
<td>Oregon Intermediate</td>
<td>0</td>
<td>1,035</td>
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<tr>
<td>EMT-I/99</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>EMT-Paramedic</td>
<td>944</td>
<td>2,937</td>
</tr>
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</table>
Online recertification process

The Oregon EMS and Trauma Systems office is planning an online recertification process for all First Responders and EMTs. Two online surveys have been created, one to gather input from agencies and the other to gather input from the individual EMTs and First Responders. This is your time to give input. Please help us make this a smooth and friendly process by filling out a short survey. The surveys will run from November 5 through December 31. Agencies can complete the agency survey by clicking here. Individuals can complete the EMT/FR survey by clicking the link here.

Thank you in advance for your input.

Oregon EMS for the Future Meetings

During the Oregon EMS for the Future Meetings a number of questions have come up about the transition from the United States military to working in the emergency medical field in Oregon. The EMS and Trauma Systems Program has collected the following information about EMTs in the military and in Oregon.

Nationally registered EMTs in the military nationally

<table>
<thead>
<tr>
<th>Category</th>
<th>Military Branch</th>
<th>U.S. Air Force</th>
<th>U.S. Army</th>
<th>U.S. Coast Guard</th>
<th>U.S. Navy</th>
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</thead>
<tbody>
<tr>
<td>First Responder</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT-Basic</td>
<td>U.S. Air Force</td>
<td>9,639</td>
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<tr>
<td></td>
<td>U.S. Army</td>
<td>37,830</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Coast Guard</td>
<td>315</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Navy</td>
<td>1,104</td>
<td></td>
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</tr>
<tr>
<td>EMT-I/85</td>
<td>U.S. Air Force</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>U.S. Army</td>
<td>52</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Coast Guard</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Navy</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT-I/99</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMT-Paramedic

U.S. Air Force 332
U.S. Army 218
U.S. Coast Guard 0
U.S. Navy 5

Mobile Training Unit (MTU) update

The MTU conducted a PHTLS course in Monument last month that involved many agencies from the region including Mitchell, Spray, Fossil, Kimberly and Monument. The participants solidified their trauma care skills through hands-on practice, and the EMTs and First Responders had great discussions regarding trauma system entry, use of air ambulance and managing multiple patients.

The MTU also taught a PHTLS course in Klamath Falls this month, which included nurses from the local hospital and helicopter service. The group was able to practice new skills together and gained a better system perspective regarding trauma care.

Donna returned to Richland to conduct an ImageTrend training and also to partner with DPSST in a live fire exercise that involved multiple patients. The EMS personnel conducted triage and learned how to remove a downed firefighter’s gear.

Donna traveled to Jordan Valley to assist the agency in its work to comply with NIMS training. Many of the volunteers are only able to access the Internet with dial-up, which makes online classes difficult even when the price is right.

Leslie and Donna will attend and assist with instruction for the EPC (Emergency Pediatric Care) course in Florence Nov. 21 and 22. This relatively new course, sponsored by NAEMT, is being introduced in Oregon thanks to a grant from the Oregon EMS for Children program.

Donna will teach the following classes in November and early December:

- Nov. 12: OB emergencies at Mist-Birkenfield
- Nov. 18-19 (one evening and one morning sessions): report writing at Hoodland Fire
- Nov. 30: AED skills practice in Paisley
Dec. 1: 12-Lead recognition in Dufur
Dec. 2: EVOC at Pine Hollow

Leslie will teach the following classes in November and early December:
- Nov. 16: Pediatric medical emergencies, Millington
- Nov. 17-20: Medication inservice, management CHF, and management of psychiatric emergencies at Cal-Ore Life Flight in Brookings
- Nov. 23: Pediatrics and geriatrics at McKenzie EASE
- Dec. 3: Pediatrics at Milo
- Dec. 9 (morning and evening sessions): EMS ICS at Colton Fire
- Dec. 14: Abdominal medical emergencies at McKenzie EASE
- Dec. 15: TBA at Myrtle Point

Further details on the above courses may be found at http://home.teleport.com/~ohdmtu/mtu/.

### Online Pediatric Disaster Planning and Preparedness training program

Recently the EMS for Children National Resource Center (NRC) posted its second in a series of Web-based training programs. The Pediatric Disaster Planning and Preparedness course primarily targets emergency management officials, EMS responders, hospital personnel and school management personnel. It is designed to provide the participant with the information necessary to make informed decisions about preparing for and responding to a natural, man-made, and/or other mass-casualty incident or disaster involving children. The course is divided into five modules:

- **Module 1**: Why Disaster Planning for Children Is Needed;
- **Module 2**: Accessing Community Risk for Disasters Involving Children;
- **Module 3**: Preparing the Community for Disasters Involving Children;
- **Module 4**: Responding to Disasters Involving Children (Assessment/Triage);
- **Module 5**: Responding to Disasters Involving Children.

The link to the course is at http://uat.dcchildrens.com/chexwizarding/pediatricdisasterwbtprogram_b/index.html.

In addition, the course offers a post-assessment to measure progress toward achieving the stated objectives. A resource list is also available. Upon completion of the course and post-test, participants will be able to print out a certificate of completion, which can be submitted locally for continuing education credits.
Upcoming events

Oregon EMS for Children State Advisory Board meeting
Dec. 4, in the Portland State Office Building, 800 N.E. Oregon St., Portland. The meeting will begin at 9 a.m.

State EMS Advisory Board meeting
Dec. 4, in the Portland State Office Building, 800 N.E. Oregon St., Portland. The meeting will begin at 1:30 p.m.

The 10th Annual EMS for Children Conference is scheduled for May 21-22, 2010, at the Lane Community College Center for Meeting and Learning. To be notified when information becomes available about the conference schedule and registration, go to www.oregonemsc.org/conference. If you are interested in presenting a topic or exhibiting or in sponsorship opportunities, contact Philip Engle, philip.p.engle@state.or.us.

The second EMS Leadership Symposium sponsored by the Oregon Office of Rural Health will once again be held concurrently with the EMSC Conference on Friday, May 21. Conference details for both events will be forthcoming.

The EMS Supervising Physician and Agency Managers Forum is planned for May 20, 2010, in Eugene.

Nominations for EMS awards

We are accepting nominations for the 2009 Oregon EMS awards. Please see our awards Web site to download a nomination form and manual that defines the awards. Submit your nominations by June 30, 2010 at http://egov.oregon.gov/DHS/ph/ems/recognition.

Take a minute to recognize someone in Oregon who makes EMS special.
# Resources

**Emergency Medical Services and Trauma Systems Program**  
**Department of Human Services**  
**Public Health Division**  
800 N.E. Oregon Street, Suite 465A  
Portland, OR 97232  
Telephone: 971-673-0520

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<thead>
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<th>Resource Professionals</th>
</tr>
</thead>
</table>
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