Arizona Department of Health Services

BEMS PULSE

Arizona's Bureau of Emergency Medical Services Newsletter

Bureau of EMS
Arizona Department of Health Services

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EMS Question of the Month

Under what circumstances may an EMT apply for an extension for recertification?

See answer on page 2

Happy St.Patrick's Day !

Air Ambulance Rulemaking Approved

On February 7, 2006, the Governor's Regulatory Review Council (GRRC) unanimously approved two ADHS rulemakings related to regulation of air ambulances.

The first rulemaking repeals the old rules for air ambulances in 9 A.A.C. 13, Articles 10-12. The second rulemaking adopts new rules for air ambulance service licensing and air ambulance registration in 9 A.A.C. 25, Articles 7 and 8 and revises the time-frames rule in 9 A.A.C. 25, Article 12. Both rulemakings are effective April 8, 2006.

The new rules for air ambulance service licensing will result in The Bureau of Emergency Medical Services (BEMS) licensing air ambulance services for the first time since the former statutory authority for ambulance service licensure was repealed in 1993. The current air ambulance service licensing statutes were enacted in 1995.

The new licensure rules establish minimum standards for the operation of air ambulance services that are necessary to assure the public health and safety and will result in BEMS inspecting air ambulance services.

BEMS believes that these licensing rules, along with the updated rules for air ambulance registration, will enhance public health and safety. To create these rules, BEMS invited each air ambulance service operating in Arizona; the Arizona Department of Public Safety; ground ambulance services from each EMS region representing urban, rural, and wilderness areas; first response agencies representing urban and rural fire/EMS and law enforcement; and the Arizona Hospital and Healthcare Association to participate in an Air Ambulance Rulemaking Task Force (Task Force).

BEMS formed the Task Force so that interested persons within the EMS community could share their expertise and provide ADHS with input on the rules. The time and expertise that these providers devoted to the rulemaking were valuable and greatly appreciated.

As a result of the rulemaking, BEMS will no longer have any rules in Title 9, Chapter 13 of the Arizona Administrative Code. The BEMS rules will now all be consolidated in Title 9, Chapter 25, which should make them easier to find and use.

BEMS is finalizing the new applications and related forms for air ambulance service licensure and air ambulance registration and plans to make the applications available on the website by the end of February 2006.

The Notices of Final Rulemaking will be published in the *Arizona Administrative Register* on March 3, 2006, and will be available at www.azdhs.gov/diro/admin_rules/final06.htm. An unofficial copy of the new rules for air ambulance service licensing and air ambulance registration can be found at www.azdhs.gov/bems/new.htm

For additional information regarding the rulemaking you may contact Edward Armijo, Ambulance Service Section Chief at (602) 364-3165 or Chuck Kramer, Air Ambulance Manager at (520) 628-6985. "This will help to standardize air ambulance operations and ultimately benefit patient care," Kramer said.

Chuck Kramer
Air Ambulance Manager

Employee Spotlight

Tomi St. Mars, BSN, Injury Prevention Program Manager with ADHS Office of Women's and Children's Health, manages Safe Kids of AZ and Emergency Medical Services for Children. Over the past 20 years she has managed emergency medical care, worked for Rural Metro as an IEMT/FF in Yuma and worked as a nurse.

ADHS' Injury Prevention program is responsible for (1) identifying injury problems and the specific needs for injury prevention programs, policies and services within the state; (2) keeping abreast of developments within the field of injury prevention and sharing this information with others; (3) understanding where injury prevention fits into what other agencies are doing, serving as a coordinating force that brings different players to the table and (4) building a solid constituency for injury prevention activities within the state.

Tomi St. Mars
Injury Prevention Program Manager

The Emergency Medical Services for Children Program was created to reduce child and youth disability and death due to severe illness and injury. It is important that the EMS providers have education on pediatric emergencies and equipment that is designed for kids. Kids are not little adults!

Over the next year together with BEMS St. Mars will be assessing the pediatric EMS needs for AZ. Part of this initiative will be working with communities to establish the data systems that BEMS has started. The data will help identify the pediatric

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SHARE - SAVE HEARTS IN ARIZONA REGISTRY & EDUCATION

The long-term goal of the SHARE Program is for Arizonans to have the highest survival rate in the world for out-of-hospital cardiac arrest. The Program has set out to attain that goal with a diverse approach including:

1. Public education that seeks to greatly advance the awareness of the general public in recognizing the signs and symptoms and immediate actions to take in the event of a cardiac arrest. Public education is being done through community teaching, mass media, and via the SHARE website at www.AZSHARE.GOV.
2. Working closely with EMS agencies, SHARE is scientifically determining the most efficacious algorithms for prehospital cardiac resuscitation. Nationally, some cities track their cardiac arrest survival as a measure of their EMS Systems efficiency; however Arizona is unique in its ability to do this as a State. To accomplish this, SHARE maintains a Statewide, secure registry of EMS data from cardiac arrest victims and tracks cardiac arrest survivors for the rest of their lives with a yearly quality of life survey.
3. SHARE has developed a registry of AEDs throughout Arizona. SHARE provides training, QI measures, and the required Medical Direction for private and public entities to have AEDs.
4. This AED registry is yielding tremendous insight into who, where, and how AEDs are being used in Arizona. The AED registry also provides a method for contacting AED owners in the case of an FDA recall or other issues of importance.
5. The SHARE Program seeks new and unique methods to train first responders such as Police, Security Officers and community response teams who may perform the lifesaving defibrillation if on scene prior to EMS.
6. The Arizona Stroke Prehospital Identification Registry & Education (ASPIRE) Program is a similar registry examining the effects of the Phoenix Metropolitan Primary Stroke Center Matrix on Stroke care in Arizona. The long-term goal is to develop a plan to effectively deliver acute Stroke care to Stroke victims across Arizona.

The SHARE Program is endorsed and developed by the Arizona Department of Health Services, Bureau of Emergency Medical Services (BEMS). The SHARE initiative promotes public awareness, public education, data collection, and research of cardiac arrest. Most of all, SHARE is designed to advance research in Out of Hospital Cardiac Arrest (OHCA) and seek new strategies to save lives.

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http://azdhs.gov/diro/pio/preventionbulletin/julyaug05.pdf

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emergencies the EMS system is dealing with and ensure that limited resources are allotted appropriately.

"My expertise is in creating collaborative community partnerships focusing on preventable issues that impact a community's health." said St. Mars. "I believe in injury prevention. I miss the emergency department, but I am impacting more lives doing what I do today."

In her spare time St. Mars is the President elect for AZ Emergency Nurses Association, active with the AZ Partnership for Implementing Patient Safety, volunteer at car seat check up events and teaches child passenger safety. She spends beach time at Rocky Point and is looking forward to August when she completes graduate school with her Master's Nursing Healthcare Systems.

Quick Beats

Bureau of EMS News in Brief

American Heart Association Releases New Recommendations November 2005

Chest Compressions

2000 Recommendation—Emphasized the first three links in the Chain of Survival: early access, early CPR and early defibrillation. Stated that early CPR significantly improved survival and early defibrillation as the single greatest determinant of survival for adult victims of cardiac arrest.

2005 Recommendation—Increased emphasis on delivery of effective chest compressions.

Explanation—When chest compressions are interrupted, blood flow stops. Limiting interruptions to chest compressions will result in greater survival. In any given series (cycle) of chest compressions, earlier compressions are less effective than later ones. Therefore, fewer interruptions increase the percentage of effective chest compressions. Allowing the chest wall to fully "recoil" or return to its normal position between compressions results in better re-filling of blood in the heart, which allows more blood to be pumped to the rest of the body during the next compression.

Ventilation

2000 Recommendation—A compression-to-ventilation ratio of 15 to 2 was recommended for adult CPR; a ratio of 5 to 1 for child and infant CPR. Three compressions for every one breath should be given to newborns, totaling 90 compressions and 30 breaths per minute.

2005 Recommendation—Single CPR compression-to-ventilation ratio: 30 to 2 for all rescuers responding alone to victims of any age, except newborns. CPR for newborns is the same as 2000 recommendations.

Explanation—A single ratio will make learning the correct procedure for responding to victims of all ages easier and increase the likelihood that a rescuer will remember the steps of CPR during an emergency. The new ratio also helps reduce interruptions in chest compressions.

AEDs

2000 Recommendation—Key elements of successful AED programs were recommended, including healthcare provider oversight, training of likely rescuers, link to local EMS system and process of continuous quality improvement.

2005 Recommendation—AED programs should be implemented in public locations where there's a relatively high likelihood of witnessed cardiac arrest.

Explanation—Some AEDs do not require a medical prescription, so healthcare provider oversight of AED programs is not mandatory.

Answer to EMS Question of the Month

An EMT may apply to the Bureau in writing, before the expiration date, if they are unable to meet the recertification requirements. The Bureau may grant one extension of time.

1. Due to military service, for the term of active duty plus 180 days.
2. Due to authorized federal or state emergency response deployment, for the term of deployment plus 180 days.
3. Due to personal or family illness, not to exceed 180 days after the expiration date.

An EMT granted an extension remains certified until the end of the extension.

Failure to meet recertification requirements prior to the end of the extension period will result in having to complete all requirements for initial certification.

Certification Notice

As a certified EMT in the State of Arizona, it is your responsibility to complete the required training courses in order to maintain your certification. Furthermore it is your responsibility to submit all required application materials to the Bureau, not your training instructor or employer. You will be held accountable.