National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." Each year a theme for the EMS Strong Campaign is announced. This year's theme is "Always in Service."

It is amazing how many EMS providers are unaware of the main purpose of the national EMS week. The National EMS Week is presented by the American College of Emergency Physicians (ACEP) as a public service. The ACEP is just one of many national and state EMS and fire organizations that supports activities during EMS Week and throughout the rest of the year.

Get involved with your local EMS provider or hospital during May 21-27, 2017. You can visit a local fire station or emergency room and simply say “Thank You.” it does make a difference.

EMS professionals are committed to the work they do while demonstrating compassion in serving others every single day; this is what it means to be “EMS Strong and Always in Service.”

For more information visit the EMS Strong website at: [http://www.emsstrong.org/](http://www.emsstrong.org/).
UTAH EMS AWARDS IN JULY

The Bureau of Emergency Medical Services and Preparedness will honor the extraordinary service of those who provide day-to-day lifesaving services. The annual EMS Awards Ceremony is an excellent opportunity to recognize our state’s extraordinary EMS professionals and express our support as an emergency medical community.

The Utah Department of Health, Bureau of Emergency Medical Services and Preparedness, will host an awards ceremony on **Wednesday, July 12, 2017 at 10:00 a.m. Save the date, the location will be posted on the website when confirmed.**

Below you will find links for two nomination forms. One is for the Incident of the Year award and the second is for Outstanding Individual Performance. All award applications must be **filled out completely** with attached **justification for each nomination.** **The date of the incident should be sometime between June 1, 2016 and April 30, 2017.**

The categories include:

- **Emergency Physician of the Year**
- **Emergency Nurse of the Year**
- **Paramedic of the Year**
- **Emergency Medical Technician of the Year**
- **Emergency Medical Dispatcher the Year**
- **Emergency Medical Instructor of the Year**
- **Distinguished Service Award**
- **Citizen and or Citizens of the Year**
- **EMS for Children Coordinator**
- **Outstanding Performance in an Emergency Medical Incident**

As we all know there are amazing EMS providers in the State of Utah. Please take the time to nominate that one provider or team of providers!

The nomination deadline is May 26, 2017. Please submit the nominations to Tami Goodin at tgoodin@utah.gov.

The nomination forms can be found at: [https://bemsp.utah.gov/2017/03/24/ems-award-nominations/](https://bemsp.utah.gov/2017/03/24/ems-award-nominations/).
Current EMS Issues

1. EPI-PEN has changed the time it is to be held in place from 10 seconds to 3 seconds.
2. The AUVI-Q talking epi-pen is back in service and is to be held in place for 5 seconds.
   a. Website: https://www.auvi-q.com/patient-information/
4. Follow the manufactures recommended procedures. Some generic epi-pens still say 10 seconds.

** Remember it is your responsibility to maintain your knowledge and skills as an EMS provider.

BEMSP UPDATE

The BEMSP has added an “EMS Employment Opportunities” page to the web site. This page is designed to specifically allow EMS jobs to be posted with easy access. The web address is: https://bemsp.utah.gov/ems-employment-opportunities/.

The National Highway Traffic Safety Administration (NHTSA) is working on “Envisioning the future: EMS Agenda 2050.” They are seeking input into the changes for the future of EMS. This is your opportunity to give your input in changing the EMS system for the better. Visit the EMS Agenda 2050 website at: http://emsagends2050.org/

EMS PROVIDER

AFFILIATED OR UNAFFILIATED

In the world of emergency medical services we sometimes forget where we all started. As a basic EMR or EMT, we all had to start somewhere and gain the experience that modified our skills. Most providers start off with limited skills and experience that took years to fully develop.

Working as an EMS provider we have all arrived at the scene and been met by an “EMT,” “paramedic,” or “doctor,” who wanted to help. Many times we had no idea of their real skills and asked them to leave the scene. As an EMS provider we may not have the time to say “thank you” to the person who stopped and helped the patient until our arrival. Instead of just dismissing them, maybe we could say “thank you and we will take it from here.” If you have the time or personnel, ask the person what he or she did to help the patient. It may help them become a better EMS provider.

For unaffiliated EMS personnel, remember that the primary concern is for the patient, not your feelings. Bear in mind, patient care is always the priority. Allow the fire or ambulance crew to work with the patient when they arrive. Understand that they probably have no idea of your level of training or who you are. Do not take it personally, allow them to take over patient care. If (and only if) they need help they will ask you for assistance or information.
Thank you for taking the time to stop and help.

Time sensitive emergencies, trauma, stroke, and STEMI rely on the skill and expertise of EMS providers to reduce morbidity and mortality. Utah’s Stroke System has gained national attention for the collaboration and the depth of care provided victims of stroke in our communities.

Since its inception in 2010, EMS providers, Emergency Room providers, and stroke specialists have cared for more than 2,000 stroke patients with a system of care that has allowed hundreds of patients to return to their homes with little or no disabilities from, what was once a sentence to years of rehabilitation and disability. Since 80% or strokes are ischemic, intervention within a narrow 3½ to 4 hour window from the onset of the stroke can provide life changing treatment.

Utah EMS providers and hospitals have worked together to create a network of 37 hospitals capable of administering t-PA to eligible stroke patients within 90 minutes of arrival at a comprehensive stroke center, a primary stroke center, or a stroke receiving facility. That means that 95% of Utah’s population has access to best practice stroke care within 30 minutes of their homes.

By measuring their performance, hospitals have improved their times for administering t-PA. In 2014, Utah led the nation in door to needle times. The graphic below shows the improvement Utah has demonstrated in door to needle time since the program was developed.

To EMS providers, Emergency Department physicians, nurses, and stroke neurologists, thank you for your dedication to improving care for victims of stroke.

For more information: http://www.strokeassociation.org/STROKEORG/, or http://www.stroke.org/we-can-help/healthcare-professionals.
Suicide Survey

Dear Utah EMS provider,

Over the past few weeks, you may have received survey requests regarding suicide risk factors for Utah EMS providers. While the subject matter may have been sensitive and difficult to address, as a group, excellent data was provided. This data may be used to address suicide risk factors with EMS providers. More than 1,300 people participated in the survey. The purpose of the survey was to collect prevalence data (e.g., how many people have a problem at a given point in time) on post-traumatic stress disorder (PTSD), alcohol abuse, and access to lethal means.

Gordon Dale Mill is a Ph.D. candidate at the University of Utah, and author of the study. He stated, “As a fellow EMS provider, this project was taken with a sincere desire to help my brothers and sisters in the EMS community battle this affliction. I plan to continue addressing this issue with stakeholders to improve the mental health of our EMS providers and to prevent any further loss of life due to suicide.”

For further information, please email Guy Dansie at gdansie@utah.gov.

EMS SUB- COMMITTEES

The Emergency Medical Services subcommittees serve as advisory committees to the state Emergency Medical Services (EMS) Committee and to the Bureau of EMS and Preparedness. Members of these committees represent both rural and urban perspectives that address EMS issues. These subcommittees provide input which directly affects EMS care in Utah.

The Emergency Medical Services subcommittees are seeking individuals who are willing to share their input and knowledge to improve the EMS systems in Utah. Candidates from all regions of the state are eligible to be part of the subcommittees. Members usually attend quarterly meetings. If travel is difficult, members may participate via conference call. All qualified individuals are encouraged to apply. More information and the application is available at: https://bemsp.utah.gov/regulations/committees/.
High Performance CPR Training: The Utah Resuscitation Academy

We are proud to announce the Utah Resuscitation Academy, a one-day training program focusing on current concepts and best practice in prehospital cardiac arrest care. This training highlights high-performance CPR techniques (including the “pit crew” approach to a cardiac arrest), bystander and telephone CPR, and using your agency's CARES data to analyze your agency's cardiac arrest performance improvement. This training is based on the renowned Seattle Resuscitation Academy, a national leader in high-performance CPR training and is supported by a grant from the HeartRescue Foundation with support from the BEMSP. These techniques have doubled and tripled the neurologically-intact survival of cardiac arrest patients in agencies which have implemented them. The Salt Lake City Fire Department, which has been a leader in implementing these techniques, now has one of the highest resuscitation rates in the country.

The first two “train-the-trainer” sessions were held in May 2016 in SLC. We brought in EMS leaders from across the state to learn these lifesaving concepts to bring them back to their agencies.

The Resuscitation Academy training is hitting the road. This program is taught by Utah faculty trained by Seattle Medic One and the University of Washington. It is a practical, hands-on training, designed for EMS training officers, directors, and medical directors. This course is designed to give you the tools to take the concepts back to enable you to train your agencies to improve the care of cardiac arrest in your communities.

So far, we’ve had two more successful training sessions. The first was at Moab Regional Hospital in March and the second was in Cedar City in April. More sessions will be scheduled regionally around the state this year, so watch for an invitation to participate.

State-approved CME for prehospital providers will be awarded.

For questions: please email Chris Stratford (chris.stratford@health.utah.edu). More information can also be found at www.utahra.com.
Utah is Changing from Certification to Licensure

Legal Differences between Certification and Licensure

Certification: The federal government has defined “certification” as the process by which a non-governmental organization grants recognition to an individual who has met predetermined qualifications specified by that organization. Certification by the National Registry, by itself, does not give an individual the right to practice.

Licensure: Licensure, on the other hand, is the state’s grant of legal authority, pursuant to the state’s police powers, to practice a profession within a designated scope of practice. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed.

How does this affect those providing emergency medical care in the state of Utah? Technically, it really doesn’t affect how we provide the care. Licensure is required when “REPLICA” (Recognition of EMS Personnel Licensure Interstate CompAct) is fully adopted. REPLICA brings many important enhancements to the EMS profession. Once activated, qualified EMS professionals licensed in a "Home State" will have the legal "Privilege To Practice" in "Remote States." Home States are simply a state where an EMT or paramedic is licensed; Remote States are other states that have adopted the REPLICA legislation.

As of May 1, 2017, nine of the 10 required states have approved REPLICA. The 10th state is currently awaiting the Governor’s signature to authorize REPLICA in their state.

For more information on REPLICA, visit: https://www.nremt.org/rwd/public/document/replica.

EMS for Children

There is a program within the Bureau of EMS and Preparedness that is dedicated to improving pediatric emergency medical services. EMS for Children (EMSC) operates from a federally-funded grant (your tax dollars). In other words, are you taking advantage of all we have to offer?

Utah’s Emergency Medical Services for Children (EMSC) program aims to promote an integrated EMS and Trauma Response system to reduce the morbidity and mortality of the pediatric population (ages 0-14, inclusive) in Utah and the surrounding intermountain region by working in partnership with Primary Children’s Hospital to:

* Promote and support injury prevention
* Deliver culturally-competent training (PEPP and PALS)
* Conduct performance improvement activities for communities and health care providers.

The free monthly newsletter: “EMSC Connects” is a digital newsletter focused on providing current and timely pediatric information to help Utah’s emergency responders care for the ill and injured child. We strive to make our information basic and easy to remember since many of our providers only see a pediatric patient once or twice a month.

EMSC offers several prevention activities and a program called CHIRP that you may find helpful in your care of the state’s children with special health care needs. There are 50 EMSC Coordinators in Utah who are ready to assist with training and prevention activities in your area.

9-1-1 EMS agencies will be asked to complete a national survey. The survey will be distributed May 1-June 30, 2017. We are required to achieve an 80% response rate, so please complete the surveys and contact Allan Liu, at aliu@utah.gov if you have any questions or need assistance.

We encourage you to utilize the resources available with the EMSC program. Together we can save kids’ lives. For more information about the EMSC program, contact Jolene Whitney, at jwhitney@utah.gov or visit us at: https://health.utah.gov/ems/operations-and-response/specialty-care-vulnerable-populations/emsc/
UPDATING BEMSP APPLICATIONS

The Bureau of EMS needs your help. With the new EMS Professional Licensure system, all EMS personnel must now license and renew their license using the BEMSP web site. One of the problems is keeping the information current especially for those who have not renewed since the new web site came online. If you are a currently licensed EMS provider, we request that you take the time to update your information online. This effort will help us make sure that critical information is provided to each and every one of you in the system.

Please talk to those who are currently licensed, especially if they are not currently affiliated with an agency, and ask them to update their EMS information. This process only takes a few minutes and can be done at: https://emslicense.utah.gov/Login/.

If you didn’t receive this newsletter directly, there is a problem with the information on file with the BEMSP. Please update your information at the web site link above.

FINGERPRINT REQUIREMENTS

With changes to the licensing and certification system, every EMS provider is required to have their fingerprints added to the EMS system. What this means is that even if you’ve been certified for numerous years and have had your fingerprints taken in the past, or had them taken for another agency, you must still have a “live scan” or “fingerprint card” completed for the Bureau of EMS. There is a one-time $65 fee to have your fingerprints entered into the system.

We recommend that you meet these fingerprint requirements as you prepare to renew your license. You can submit your application for renewal no earlier than one year out and no later than 30 days prior to your expiration date.

Please be aware that if you have not paid your fees (initial or renewal) you will not able to have your fingerprints taken. Once your application is completed and your fees paid you will receive an email letting you know that your fingerprint authorization form (with a code number) is ready to be printed from your EMS account at: https://emslicense.utah.gov/Login/

Live scan fingerprints take between 2 to 3 weeks (or longer) to be processed and returned to the bureau. Be aware that if you submit a hard copy “fingerprint card” it will take at least twice as long to be processed and the results returned to the bureau. Remember, your fingerprint results must be received by the bureau before your expiration date or you will be considered expired. For questions you contact your training officer or contact the bureau at 801–273–6666.
Continuing medical education is your individual responsibility. If you’re affiliated with an agency and have a training officer they will assist you. However, it is your responsibility to make sure you have all continuing medical education requirements met at least 30 days prior to your expiration date. This is the link to the current EMS recertification manual: https://bemsp.utah.gov/wp-content/uploads/sites/34/2017/02/Recertification-Protocol-for-EMS-Personnel-Feb2017.pdf.

Multiple webinars listed on the ems.gov web site have useful information. Currently there are webinars you can watch covering OPIOD Overdoses, EMS Past, Present and Future: Writing the next Agenda, and many more. These can be used for CME and for training opportunities. You can get more information at: https://www.ems.gov/ems-focus.html.

EMS INSTRUCTORS

The National Registry of Emergency Medical Technician (NREMT) skill sheets have been updated by the NREMT. Make sure they are dated either 09/16 or 10/16 in the lower corner of the skill sheet. They are available on the NREMT web site: https://www.nremt.org/rwd/public/.

The NREMT has specified that the NREMT skill sheets are for testing only.

2017 EMS INSTRUCTOR SEMINARS

- Current Instructor Course - August 18 & 19 – Salt Lake Community College, Sandy
- New Instructor Course – 7, 8, & 9 June - Dixie State University, Hurricane Campus


TRAINING OFFICERS

We need your help in determining Utah’s portion of the NCCP recertification requirements. Input is needed for all EMS levels. Please contact Jim Hansen with suggestions for Utah’s portion of the NCCP at jwhansen@utah.gov.

Training officers should make sure that all members of their agency are receiving this newsletter. If they are not there may be a problem with their personal information on file at the BEMSP.
• It is the responsibility of course coordinators to ensure that your students have completed their EMS application within 30 days from the start of any EMS course. Your bureau secretary requires a complete course roster of your students no later than 30 days after the start of your course. Students should be advised that if they have not paid their fees within the 30 day window, they will be charged a $75 late fee. Until their fees are paid, their application will not be processed. And they will not receive authorization to have their fingerprints taken. Fingerprints that are taken without the proper form from the bureau will not be accepted. This means that if they paid another agency to take their fingerprints they will be out that money. This will delay the student from being able to take the NREMT cognitive test.

• The NREMT skill sheets have been updated by the NREMT. Make sure they are dated either 09/16 or 10/16 in the lower corner of the skill sheet. They are available on the NREMT web site: https://www.nremt.org/rwd/public/. Remember, these are not to be used as training sheets for new students.

• As a course coordinator, it is recommended that you take the time to look at the annual report from the NREMT: https://gallery.mailchimp.com/f983eec4e3f2ea8e5bf9f7d95/files/f2280520-8fcc-4ba8-93c4-a64614f1c370/NREMT_AnnRepFinal20170307UT.pdf. It shows that there is room for improvement in our courses.

• The NREMT cognitive testing is not harder; it is simply a different style of testing. It expects the students to use critical thinking and critical decision-making skills. There are multiple programs available to assist students in preparing for the cognitive test. While we do not recommend any specific program, we do advise that there are some programs on the web site that are not the best. As a coordinator you should be evaluating the programs that work best for your course.

  o Two programs that have shown promise are EMT Pass at LCReady: https://www.lcready.com/store/index and EMSTesting.com: https://www.emstesting.com/?noredir=1. While it is not the bureau’s policy to recommend any specific programs these two have been recommended by multiple courses as being helpful to the students.

UPCOMING EMS SEMINARS

Utah Association of Emergency Medical Technicians Convention
May 18, - 20, 2017
Dixie Convention Center, St. George, UT
https://uaemt.wildapricot.org

EMS Associates – Summit in Provo
November 15-18, 2017
http://emsassociates.com/provo/
IMPORTANT WEBSITES

Bureau of Emergency Medical Services and Preparedness web page:

http://bemsp.utah.gov/

Bureau of Emergency Medical Services and Preparedness Licensing and Certification system:

https://emslicense.utah.gov/Login/

Bureau of Emergency Medical Services and Preparedness Professional Licensure:

http://bemsp.utah.gov/ems-personnel-licensure/

National Registry of Emergency Medical Technicians:

https://www.nremt.org/rwd/public

National Highway Traffic Safety Administration Office of EMS:

https://www.ems.gov/

EMS Employment Opportunities:

https://bemsp.utah.gov/ems-employment-opportunities/

EMSC


U OF U Burn Center

https://healthcare.utah.edu/burncenter/

Poison Control

http://poisoncontrol.utah.edu/
This EMS Newsletter is for information, reference, and educational purposes only. For official regulations, laws, and policies consult with your local medical direction, use the resources on the EMS website at: http://bemsp.utah.gov/ or contact the Bureau of Emergency Medical Services at 801-273-6666 or toll-free at 800-284-1131.

Please send any comments or suggestions to Dennis Bang at dbang@utah.gov.