

# *From the Chief*

Greetings,

It's hard to believe that 2014 is winding down. The snow has started falling and thoughts are turning to family and the holidays. I look forward to 2015 and hope that it proves to be as productive as 2014. Without further delay, let me share a few of the highlights from the summer and fall.

Bruce and I kicked off the summer with the "Chat with the Chief" meetings. We traveled as far north as Kellogg and south to Preston with eight meetings scattered in between (total of ten meetings). As in years past, we had very productive conversations with all of those who attended. A common theme in many of the meetings was the new continuing education model. We brought the concerns back and drafted a set of rule changes that address the most pressing concerns. The draft rules were approved by the Board of Health & Welfare and will be effective January 1<sup>st</sup>, 2015. Please see the description of the changes in the body of the newsletter.

We have been working for the past several years to update our rules where needed. To this end, we plan to dust off the education rules that we started working on several years ago and try to get them finalized and ready for the 2016 legislature. Once we get the draft rules completed, we will conduct town hall meetings to review the rules with you. We will keep you informed as work progresses on the draft rules.

I shared with you in the last newsletter that the legislation passed last winter to create a state-wide system of care for trauma, stroke and heart attack. I am happy to report that the Time Sensitive Emergency System is up and running! I encourage you to read the article about TSE in this newsletter and to get involved in your local TSE regional Committee.

EMS education in rural communities continues to be a priority for us. We are currently exploring the lessons learned from the On-Line Rural Training Initiative that we piloted over the past two years. There are a number of potential solutions that we are looking at to help provide initial EMS education in rural communities. This is a work in progress so stay tuned.

We continue to actively push for more on-line functionality in our licensure processes (for both agency and personnel). Our goal is to have a tool in place that will allow most, if not all, of the license management processes to be completed within an on-line system rather than the current process that requires moving paper forms from place to place. I have been accused of sometimes being overly optimistic, but I hope to have a solution in place within the next two years.

The threat of Ebola Viral Disease has consumed a lot of our attention for the past few months. While the threat may be remote here in Idaho, it has proven to be a good reminder for the need to emphasize the basics of "Scene Safety and BSE". We have a large section in the newsletter dedicated to Ebola. Please read through it. Stay informed and safe!

In closing, I hope you all have a great holiday season. Thanks for all you do! Stay safe and I hope to see you soon.

Wayne

Keeping you in the know is important to the Bureau of EMS & Preparedness! That is why this newsletter has been developed. The Bureau wants to keep you, the EMS providers of Idaho, up-to-date with some of the goings-on at the Bureau and with overall EMS in the state. We invite you to offer suggestions, contributions, stories, photos, recognitions, newspaper articles, or general comments about our newsletter or anything else you would like to see in it.

Send us an email at [idaheems@dhw.idaho.gov](mailto:idaheems@dhw.idaho.gov) For an online version of the newsletter, visit us at [www.idahoems.org](http://www.idahoems.org)

# In The kNOW

Fall 2014

Idaho's EMS Quarterly

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## Legislative News!!

The Board approved the new provider licensure rules on November 20th. The new rules are effective on January 1, 2015. A summary of the changes are as follows:

**Early submission of license renewal:** In the current rules, if you submit your license renewal application early, any CE hours that you obtain between the time you submit the renewal application and the expiration date of your license are "lost" and cannot be counted. The new rule allows you to count those previously "lost" CE hours in your new license period.

**Documentation for obtained CE courses:** The new rule spells out what documentation you should maintain for the CE hours that you claim for your license renewal.

**Decrease in number of venues required:** The current CE rules require that you complete CE hours in two to six venues (depending on your license level). New rules require only two venues for all license levels. This change will ease the tracking and reporting.

**Addition of two venues to the pick list:** We increased the number of different venues that you can choose from for CE. We added simulation training as well as serving as an evaluator at state administered practical exam.

## Transition Information

Over the March/September provider licensure renewal cycle we continue to see transition courses not completed. When a transition course has not been completed at the expiration of your license; a valid provider licensure will become a lapsed license and require reinstatement.

## IDAHO VITALS

### QUARTERLY PROVIDER LICENSES (Aug-Oct, 2014)

	Initial	Renewal	Transition	State Total
EMR	4	25	21	283
EMT	90	281	170	2,556
AEMT	14	304	18	812
PARAMEDIC	19	151	137	759

### AGENCY LICENSES

#### New:

Agrium CPO, Caribou County-BLS Ambulance

#### Retired:

All of the following agencies became on system license under Kootenai County EMS: Coeur d'Alene Fire, East Side Fire QRU, Hauser Lake Fire QRU, Kootenai County Fire, Mica Kidd Island Fire, Northern Lakes Fire, Rose Lake QRU, Spirit Lake Fire, & Worley Fire.

### QUARTERLY WRITTEN EXAM NUMBERS

	Tested	First-Time Pass
EMR	1	1
EMT	187	106
AEMT	44	21
PARAMEDIC	18	16

### INVESTIGATION TOTALS

	Agency	Provider	Education
Open Cases:	5	13	0
Cases Closed:	1	5	2
New Cases:	2	4	1

## Clean Laundry and Sick Kids

A new study was published in



November in the online version of the Journal of

Pediatrics detailing child exposure to laundry detergent pods. The researchers found that over 17,000 children were exposed to single-use detergent pods in 2012-2013. Of these exposures, nearly three quarters involved children younger than three years old. The routes of exposure varied, but 90% of children ingested the pods. The most common clinical effects seen in exposed patients were **vomiting** (48.0%) and **coughing or choking** (13.3%). The full article can be found on the American Academy of Pediatrics website. Refer to your local agency's protocols or to the EMSPC Protocol M-10 for guidance on treating patients with a suspected toxic ingestion or overdose.



For more information contact Erin Shumard at

[shumarde@dhw.idaho.gov](mailto:shumarde@dhw.idaho.gov)

## Time Sensitive Emergencies

### Right Patient. Right Time. Right Place.

The Idaho Time Sensitive Emergency (TSE) System is nearly operational. The TSE Council will take final comments on the program's Rules and Standards Manual on December 16, 2014 and then submit them to the legislature for approval and publication. The TSE council anticipates that it will begin facility designations in February or March of 2015.

To view the Draft Rules and Standards Manual, go to [www.tse.idaho.gov](http://www.tse.idaho.gov). Comments may be sent to [tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov) on or before December 12<sup>th</sup>. The first Regional TSE Committee meeting took place in the North-Central region on November 4<sup>th</sup>.

There was a large turnout and many participants were excited to begin the process of developing a system of care in their region. The North-Central region hopes to set an example that other regions can look to as they get started.

The Council is planning to begin the regional committees in other areas in January 2015.

Comments may be sent to [tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov) on or before December 12<sup>th</sup>. The first Regional TSE Committee meeting took place in the North-Central region on November 4<sup>th</sup>. There was a large turnout and many participants were excited to begin the process of developing a system of care in their region. The North-Central region hopes to set an example that other regions can look to as they get started. The Council is planning to begin the regional committees in other areas in January 2015.



We are now on Facebook!! Like us @

<https://facebook.com/IdahoEMS>

### Welcome:

Jim Adair—Technical Records Specialist  
Chuck Cutler—Field Coordinator  
Jennifer Brown-AA1  
Christian Surjan-TSE Program Supervisor  
Nicole Noltensmeyer-TSE AA1  
Kari Jones—State Communications Specialist  
Jillian Berg—State Communications Specialist

### Farewell:

Michele Hanrahan  
Dennis Patterson  
Lori Biss

### Vacant:

Records Lead

### Promotion:

Diana Hone-Budget Lead

## Resources & Websites

Bureau of EMS and Preparedness

Public Health Emergency Preparedness

TRAIN Idaho—Learning Management System

EMS for Children

[www.idahoems.org](http://www.idahoems.org)

[www.READYidaho.org](http://www.READYidaho.org)

<https://id.train.org>

[www.idahoems.org](http://www.idahoems.org) (click on EMS for Children)

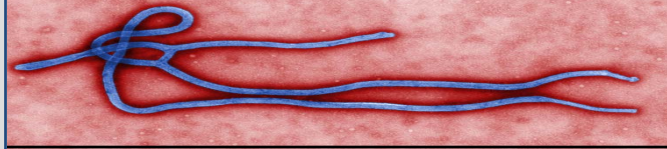


Bureau of EMS and Preparedness  
P.O Box 83720  
Boise, Idaho 83720-0036  
208.334.4000 (Office)  
877.554.3367 (toll-free)  
208.334.4015 (fax)  
[www.idahoems.org](http://www.idahoems.org)

# In The kNOW

## EMS Account III Dedicated Fund FY2015 Grant Award Results

Available Funds	\$1,196,409.63
Total Amount Requested	\$2,586,582.69
Total Amount Awarded	\$1,196,409.63
Vehicle Amount Requested	\$2,172,151.00 (26)
Vehicle Amount Awarded	\$957,127.71 (11)
Equipment Amount Requested	\$414,431.69 (89)
Equipment Amount Award	\$239,281.92 (37)
Total # of Agencies Requesting	53
Total # of Agencies Awarded	40



## Idaho Public Health and Ebola

The 2014 Ebola epidemic in Western Africa is the largest Ebola epidemic in history. According to the Centers for Disease Control (CDC), as of November 11, 2014 there have been over 14,413 cases, 8,920 laboratory confirmed cases, and over 5,177 deaths (CDC; 2014). The majority of cases have been reported in West Africa, while the United States has seen several imported cases and two locally acquired cases. Currently, there are no suspected or confirmed cases of Ebola in Idaho but there is always a possibility this could change in the future. Idaho public health officials,

hospitals and healthcare professionals are closely monitoring Ebola activity worldwide and working together to protect the communities in the state.

### Actions Taken to Date

- ⇒ Local and state public health officials as well as Homeland Security have met with medical professionals, hospitals, emergency responders, universities and airports to discuss the importance of detecting symptoms that could indicate Ebola virus infection.
- ⇒ Education has been conducted for health workers about effective response protocols for a suspect case.
- ⇒ State, local public health agencies, Idaho's healthcare community and federal health authorities, including the Centers for Disease Control and Prevention collaboratively established an extensive disease monitoring and tracking system for Ebola.
- ⇒ Local public health districts are ready to mobilize and identify all possible contacts of suspected Ebola patients.
- ⇒ Contact tracing is extremely important in fighting Ebola. Idaho public health districts are ready to mobilize and identify all possible contacts of suspected patients. Idaho has developed plans for monitoring an asymptomatic health worker or traveler returning from one of the affected W. African countries.
- ⇒ Hospitals and healthcare facilities are screening patients with symptoms similar to Ebola and are asking about travel history or any physical contact with an Ebola patient.
- ⇒ Hospitals are planning, training, and exercising to safely identify and isolate a potential Ebola patient while plans for treatment are made.

### Helpful Ebola links

<http://healthandwelfare.idaho.gov/Portals/46/Documents/what-need-to-know-ebola.pdf>

<http://www.cdc.gov>

### References

Centers for Disease Control and Prevention. (2014). Ebola Outbreak in West Africa.

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>.

