

OMTB NEWS



JUNE 2005

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MEETING DATES FOR 2005

*OMTB MEETINGS BEGIN AT
11:00 A.M.
AT THE BOARD OFFICE, 1952
WEST BROAD STREET,
COLUMBUS, OH*

**EVERYONE IS WELCOME
TO ATTEND.**

JULY 19TH
CHERRY VALLEY LODGE
SEPTEMBER 20TH
NOVEMBER 15TH

SURVEILLANCE

National Surveillance System for Health Care Workers

Our nation's 8 million health care workers are at risk of acquiring infections in the course of providing care for their patients that can cause serious illnesses; these include hepatitis B and C infection, human immunodeficiency virus disease, vaccine preventable diseases such as influenza, and tuberculosis. Infections in healthcare workers are also a potential source of transmission to patients, coworkers, families and communities.

The Centers for Disease Control and Prevention developed the National Surveillance System for Health Care Workers (NaSH) and collaborates with healthcare facilities to systematically collect information important to prevent occupational exposures and infections among healthcare workers.

NaSH monitors:

- o immunization and tuberculin-skin testing programs
- o exposure events to:
- o blood and body fluids
- o vaccine-preventable diseases
- o tuberculosis

NaSH also evaluates:

- o the level of underreporting of percutaneous injuries
- o denominators for incidence rate calculations

Information on the types, frequency, and circumstances of exposures to infectious disease among healthcare workers will help local occupational health and infection control professionals:

- o detect emerging problems
- o set prevention priorities
- o monitor prevention program impact

NaSH also allows CDC to monitor trends, identify emerging hazards for health care workers, assess the risk of occupational infections, evaluate prevention strategies, and disseminate lessons learned to all.

Participation in NaSH is voluntary. By law, CDC assures NaSH participants that any information that could identify any individual or institution is held in strict confidence. For more information about NaSH, contact the CDC's Division of Healthcare Quality Promotion by electronic mail at Nash@cdc.gov or by telephone at 800-893-0485



ERIC JOHNSON CONTRACTED AS INVESTIGATOR

The Ohio Medical Transportation Board has contracted with Eric Johnson to be an investigator for the office. Eric has worked as a field inspector for OMTB since 2000. Eric is handling the investigation and disciplinary actions required for complaints received by the office as well as continuing regular inspections on an as needed basis.



RULES, RULES, RULES...

The Ohio Medical Transportation Board rules for Public Notice (4766-1), Ambulance Licensing (4766-2) and MoICU Licensing (4766-4) have been published. A CD containing ORC 4677 and OAC 4766-1, 4766-2 and 4677-4 was mailed to each currently licensed service. Additionally, the documents are available on our web site at <http://mtb.oh.gov/oalbrule.pdf>.

The rules for ambulette licensing are being refiled with the Register of Ohio. Drafts are still being reviewed for Aircraft Licensing.

At the board's direction, the rules were published as four separate rule sets as opposed to trying to incorporate all the rules into one document. Each set, i.e., Ambulette, Ambulance, MoICU, and Aircraft will be a stand alone set of rules governing licensing, inspection, and operation. The Board wants this process to be as customer-friendly as possible and felt this approach would be better than sifting through a very large document to find applicable sections.

EVER HEARD OF FICEMS?

ME NEITHER...!

FICEMS, the Federal Interagency Committee on Emergency Medical Services, is a part of the United States Fire Administration (USFA). FICEMS serves as a forum to establish and facilitate effective communications and coordination between and among Federal department and agencies involved in activities related to EMS.

FICEMS develops recommendations that will:

1. Strengthen the communication and coordination of Federal policies and programs
2. Provide harmony and avoid duplication of efforts
3. Promote uniformity of standards and policies consistent with existing Federal laws and regulations regarding EMS

FICEMS also maintains a liaison with national EMS trade and professional organizations to ensure effective two-way communications concerning EMS issues, committee policies and programs, and Federal activities related to EMS.

FICEMS meets the first Thursday of the month on a quarterly basis at the National Emergency Training Center (NETC).

The Ambulance Safety Subcommittee meets at 9 a.m.; the main FICEMS meeting is at 10:30 a.m., with the Performance Technology Subcommittee and the Counter-Terrorism Subcommittee meeting following after a lunch break. They are all held at the NETC, 16825 South Seton Avenue in Emmitsburg, MD.

Committee members and members of the general public who plan to attend should contact NATEK Inc, 21355 Ridgetop Circle, Suite 200, Dulles VA 20166, or by phone at (703) 674-0190 the Tuesday before the scheduled meeting. This is necessary to provide a current roster of visitors to NETC Security.

For more information on FICEMS, contact the USAF at FICEMS@dhs.gov

DEA...ARE YOU IN COMPLIANCE?

In accordance with Title 21 of the United States Code (that's the Controlled Substance Act) all ambulance services that dispense narcotics must have a DEA license. This is not a recent rule change, we're just found out about it!

There are three ways to register to carry controlled drugs.

- (1) Mid-Level Practitioner (e.g., Pre-Hospital Provider, Ambulance Service, etc.)
- (2) Medical Director's DEA license listing the Director's name, the name of the EMS, and the mailing address of the EMS Headquarters Building
- (3) Hospital DEA license and address. If you use this one you may only restock at that hospital.

If you use option 2 or 3 you should have a contract or written agreement confirming the arrangement. If there is a discrepancy found during an audit the Medical Director/Hospital will be liable for the discrepancy.

The Mid-Level Practitioner category is also used by nurse/practitioners so some organizations have been using "AMB" or "AMB/EMT" on the application to identify them as an EMS agency. Cost to register is \$390.00 for three years.

EMS providers who participate in a drug bag exchange program do not have to break the seal and inventory the contents. The seal placed by the hospital pharmacy is adequate. If you notice a discrepancy when you open the bag for patient care purposes, it is your agency's responsibility to report that discrepancy to the DEA.

Additional information and application forms are available at:
<http://www.deadiversion.usdoj.gov>



The Act and 21 CFR Section 1301 (The rules) are also there for your review.

EXPOSURE TO BLOOD (Courtesy of OSHA)

Healthcare personnel are at risk for occupational exposure to bloodborne pathogens. Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth or skin with a patient's blood. Important factors that influence the overall risk for exposure include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection. Following the specific exposure, the risk of infection may vary with such factors as the pathogen involved, the type of exposure, the amount of blood involved, and the amount of virus in the patient's blood.

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

Many needlesticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin. BUT...

IF AN EXPOSURE OCCURS:

Immediately following the exposure to blood, wash the needlestick and/or cuts with soap and water, flush splashed to the nose, mouth, or skin with water, and irrigate eyes with clear water, saline, or sterile irrigants. No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

Report the exposure to the department responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible.



Ohio Medical Transportation Board
1952 West Broad Street
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Ohio Medical
Transportation Board
DISCLAIMER

The Medical Transportation Board does not endorse any specific equipment or manufacturer. We do, however, feel it is our responsibility to make you aware of newly introduced items that may assist you in providing an enhanced level of care to your patients. Recently, this item came to our attention.

Ohio Medical Transportation Board



Ensuring Safe Medical Transportation

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