Ohio Medical Transportation Board News

Spring 2008

"What's Bugging You"

By Jeffrey K. Scott, and Timothy J. Whitaker
Guest Writers

Many of us who started our careers in Emergency Medical Services (EMS) before the 1990's, remember back to our early days when infection control and fluid contamination were not even a forethought in our minds when it came to patient care. Over the years we began to see a dramatic change in how we approached patients, particularly in the way we dealt with bodily fluids. We rarely wore gloves, let alone eye protective shields, tyvex suits or NP95 respirators. "Remember back" when the sign of a good trauma was when you and your partner came back to the station with the patient's blood all over you, from head to toe, and you would wash up at the station, rather than at the hospital, because you wanted to "look good" for the 10-hour, ego boosting rap session that would result at the EMS station afterwards with your comrades.

While we all chuckle from our "blasts from the past," we saw a dramatic change in the early 1990's when Human Immunodeficiency Virus(HIV) became our biggest threat, not excluding Hepatitis B and other pathogens of risk exposure.

In fact, those who have survived the National Registry testing process know that you signify Body Substance Isolation (BSI) before patient contact or risk immediate failure from your testing station. At minimum, departments were requiring the application and wearing of gloves on EVERYTHING you come in contact with that had "fluid" written behind it, or as far as the eye could see. While this era brought about good change for EMS and personnel, safety from HIV and other pathogens of risk or harm, so too came the lack of common sense.

In recent years and over the past few months, we have heard of the potential for a widespread Avian Flu outbreak, in addition, we are now threatened by the increased incidents and exposure to MRSA (methicillin-resistant Staphylococcus aureaus). "What was once thought to be a hospital-based problem is becoming a major public health concern that providers should be aware of as they conduct patient assessments and avoid the risk of infection themselves." [1]

Let's go back to what we were talking about earlier in the article, what is a lack of common sense? Let's take this scenario in to account, and see what problems arise, and who we are putting at risk.

You and your partner start your shift like you normally do, and sit and enjoy your "venti" Starbucks

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[1] MRSA Colonization in Ambulances, Are you taking proper precautions? (2007, June). Web Extension of EMS.Responder.com, URL: http://www.emsresponder.com/web/online/EMS-Education-and-Training/MRSA-Colonization-in-Ambulances/5$5711

coffee in the back of the squad, reminiscing about family, what you did the night before…well, you get the point. The crew from the night or shift before comes out in their "bed head", half awake look, and tells you all about the patient they took to the hospital the night before. But what they forgot to tell you was the patient was positive for MRSA and had a slew of other health concerns. Here you are, sitting in the back of a rig, checking out the equipment, preparing for your shift, drinking coffee, touching equipment that may be contaminated, and you know the driver for the day is notorious for never taking off his gloves, even when he is driving to the hospital…wonder what disease(s) loom on that steering wheel????

This scenario, while simple in thought, is not that uncommon for a lot of provider agencies. We as senior leadership staff, who still actively work on the EMS rig, continuously ask the question "is my truck clean enough that even my mother would approve." I know, I know…we are not ALL the obsessive, compulsive clean freaks that some of us are made out to be (we were just raised that way is all). However, let's look at a few things that "bug" us on a regular basis about EMS.

We all have good intentions when we get into EMS. We have a desire to help people who are in need (even those who need us too much, i.e., the person that calls us every day for toe pain and wants to go see the doctor, you know the type!). But let's look at a few things that should be "bugging" you in our profession. In recent months, we have seen in several of the major EMS publications, a focus on protecting ourselves from the dreaded MRSA and other "nasty bad stuff." But what happened to protecting our patients? Are the patient's not our first priority in care? How many of you wipe down your BP cuffs, stethoscopes, cots, trucks, etc. after each and every patient? Does your service have a written policy on cleaning and disinfecting your equipment and ambulance transport vehicles?

Have you ever thought of what disease you may be passing along to an unsuspecting patient, when you have neglected to clean and disinfect your equipment? How many times have we seen, where an ambulance has been left unsanitized for days, weeks, and months on end? Do you work in an ambulance that looks like it has things "growing" inside it? When was the last time the crew area (front of the unit) was sanitized, especially the steering wheel and microphones? What do your patients think and see when they get into the back of your ambulance? A study published in the Prehospital Emergency Care journal assessed the presence of (MRSA) in a fleet of 21 ambulances. The shocking result was 10 out of the 21 came up positive for MRSA. That's almost 50% of the ambulances tested were positive. That is almost like batting 500, but in a bad way! How would your ambulance rate, if it were randomly tested?[2] In an article written by Keith Wesley, he notes, "we need to look at the fact that the contamination (MRSA) was primarily discovered not in areas touched by the patient, but in areas utilized by the crew."[3]

Our ambulances should be environments that do not cause more harm to our patients. In fact, I am sure there are many undocumented cases where an unsuspecting patient contracted a disease from contaminated equipment or even from the provider themselves, because they have exposed themselves to the nasty bad stuff. Also, how many times does your partner forget to take off his/her gloves and hop in the driver's seat and contaminates the entire front end of the crew area? Think about that the next time you eat your Taco Bell® in the front of the truck. Hey partner, make sure you take "OFF" your gloves before you get behind the wheel. Maybe your partner is wearing gloves because the wheel has something growing on it???? Hmmm!

The whole intent of this article is not to insight or inflame pre-hospital care givers, but to begin a common sense approach to what we do, why we do it and who we can protect from needless risk and exposure, but ultimately provide a safe environment for our patients to receive quality care.

In short, the responsibility not only rests upon the hierarchy of the service providers (owners, managers, etc.) but chiefly rests upon the "street level providers." If your company has no disinfection policy, be an advocate and offer to write a policy. If you are a manager, chief, owner of a provider agency, you need to be proactive and get a policy in place as well as document the staff has been

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[2] Can Methicillin-Resistant Staphylococcus Aureus Be Found in an Ambulance Fleet? Prehospital Emergency Care. Volume 11, No. 2 pp 241-243. Chad E. Roline, MS4, Christine Crumpecker, BA, Thomas M. Dunn, PhD.

[3] Wesley, K. (2007, June 21). Web Extension to Jems.com. Is MRSA Lurking in Your Ambulance? URL http://www.jems.com/news_and_articles/columns/Wesley/Is_MRSA_Lurking_in_Your_Ambulance.html

adequately trained in the policy and that the policy is being followed. This is NOT an option as it is a requirement by many regulatory agencies.

So, what can we do to make sure our ambulances are adequately cleaned and disinfected? First, be proactive. Make sure your truck and its equipment are sanitized (wiping every surfaces you can find) at the beginning of your shift, using a simple solution of 10% bleach (1 part bleach to 9 parts water) or other approved disinfectant products available commercially. You can even add a dash of "mountain fresh Lysol cleaner" to make your homemade bleach cleaning solution smell pleasant. Also, commercial sanitation wipes are a great product for those in between calls, in order to wipe down the cot, patient equipment, EKG leads, pulse oximeters, etc. Our staff is not only mandated to do this task between calls, but they also realize their mission in keeping people safe…keeping a clean, "bug" free environment (as well as clean equipment) is ALL part of delivering excellent patient care. Trust us, the patients will notice and comment when your truck "looks and smells" clean, which is a confidence booster for our patients, as they are more aware about this than you think.

We know in our busy schedules and daily chore lists that infection control can be and is often overlooked because some of us just do not like to "clean." However, this practice, if allowed to continue, only jeopardizes you and your patient's ultimate outcome. It serves as a great disservice to treat a patient and alter a potentially life threatening situation only to infect them or possibly ourselves and family with a pathogen which will ultimately lead to another life threatening disease process. Infection control should have the same priority that we take when it comes to even the "Basic's" of patient assessment (ABC's).

In short, you need to take ownership in patient care. Patients and your families are counting on you to do your job. Care not only includes direct care to the patients, but the indirect care of your equipment and yourself. Be a true patient advocate and remember the "little things" that make such a HUGE difference in the lives we are here to serve.

Mr. Scott is Chief and CEO and Mr. Whitaker is the Training Officer for Medic EMS Ambulance Transport Services. The Ohio Medical Transportation Board thanks Mr. Scott and Mr. Whitaker for their contribution to the newsletter and invites other providers to contribute articles.

The views and opinions of guest writers expressed herein do not necessarily state or reflect those of the Ohio Medical Transportation Board or any entities thereof.

It's More than a Request…IT'S THE LAW! We had several organizations tell us they did not receive their Renewal Applications. That seemed a bit strange to us, but even stranger was the fact that the applications were not returned as undeliverable! After some checking, we discovered the addresses we had on file were not correct! How did this happen? What went wrong?

Okay, that was a little "tongue-in-cheek" but here is the requirement. In accordance with Ohio Administrative Code 4766-2-17, 4766-3-17, 4766-4-17 and 4766-5-18, we are required to be notified of any new headquarters or satellites 30 days prior to the beginning operations from that location.

Since we are on the subject, here are some other changes that must be reported. You can also find these in the codes listed above.

- Within three business days:
  - Any changes to treatment or transport protocols
  - Any changes of executive officers or board members
  - Any changes in communication status, capability, or equipment
  - Any change of Medical Director
  - Any purchase or acquisition of a licensed MTO
- Within ten days after a vehicle is permanently taken out of service, complete the deletion form and return the form and the vehicles decal to the board.
- Within ten days after ceasing operations at a headquarters or satellite location return the certificate of licensure to the board.

- Within ten days after ceasing operations completely return all certificates of licensure and vehicle decals to the board.

Well, I think that pretty much covers it! Please help us help you!

What do the terms Endemic, Epidemic, and Pandemic mean?

These terms have been all over the media for about a year, but do not feel alone if you find the terms *endemic*, *epidemic* and *pandemic* confusing, so let's clarify them. Here's what the CDC says:

Endemic refers to a disease(s) that is routinely found in a given area or country, such as malaria and dengue fever, or diabetes and heart disease in the U.S. This term comes to us from the Greek word *endemia*, meaning action of dwelling or staying.

Epidemic. A disease is considered an epidemic when a community disease outbreak affects many persons in a community, area or region. The disease will spread rapidly and extensively among many individuals in an area. It is a rapidly spreading contagious disease.

Pandemic means widespread, general or universal and is an epidemic over an especially wide geographic area. This word also comes from the Greek word *pandemos*, meaning of or belonging to all the people. To cause a pandemic, the disease must be easily transmitted from human to human.

Source: U.S. Centers for Disease Control and Prevention, Webster's Third New International Dictionary

Ambulette License Plates? What's that!

Due to the coordination, design, and issue process, there was a significant delay in the availability of Ambulette license plates and in the enforcement of the plate requirement. As a result, some of our Non Emergency Medical Transportation (Ambulette) providers have been using many different types of plates from standard to handicap and everything in between.

However, as of June 1, 2007, under the provision of Ohio Revised Code 4503.49 ambulette plates became available through the Bureau of Motor Vehicles. This is what the plate looks like and is the only plate to be used on ambulettes.

Ohio Administrative Code 4766-3-07(A) states, "Any ambulette for which a permit is issued pursuant to section 4766.07 of the Revised Code shall display special issue "Ambulette" license plates issued by the bureau of motor vehicles, pursuant to section 4503.49 of the Revised Code."

What does that mean to you? It means you can not use any other license plates on your permitted ambulettes. It also means our field inspectors will be enforcing this requirement and not having the required plate may subject you to a $1500.00 fine per occurrence?

SURVEYS: A WAY TO HELP US!

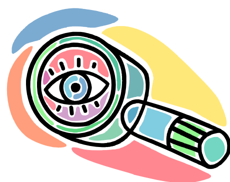
First of all, thank you to all who took the time to fill out our November renewal survey and get it back to us. The average return rate was better than we expected and we've already put some of your suggestions in place.

So what's next? At the end of every renewal period a survey will be emailed to you for completion. Those of you who renewed your license in January should have already received yours. If you do not have email a paper copy was sent.

How did we get your email? We used the email address you filed with us when you sent in your application. If you didn't get an email survey, please make sure your address is correct and send an email with any necessary corrections to dtrudics@dps.state.oh.us

What kind of survey is it? Simply put, it is a Customer Satisfaction Survey. We want to know about your entire experience with the renewal process. The survey is anonymous but you can identify yourself if you wish. We want to know about your contacts with the staff, your use of the web site, and your experience with our field inspectors. The survey can be completed on-line by visiting the link we provide (don't worry it's virus-free and safe) or it can be completed on paper. The on-line version gives us the quickest feedback.

Now, how can you help? I think a majority of people, myself included, tend not complete a survey unless there was something wrong, whether it was with a service, a meal, or an experience. This does not help us analyze ourselves. We also need to know what was right and what has room for improvement. Don't be bashful! If something has room for improvement and you have a suggestion, let us know. A friend of mine once told me, " If something needs fixed and you don't offer any suggestions, you're really only stating an opinion." Help us get better!



Investigations

This has been a busy time for the investigations, and the process stops for nothing. Currently we are investigating 29 complaints against services across the state.

At the January 15th Board Meeting, a total of $62,000 in fines was levied against 5 different services. They included a service that had operated an unpermitted vehicle on a number of occasions, a service that had not obtained the proper insurance, and three services that were operating with only 1 certified EMS provider on their vehicles.

ORC 4766 and OAC 4766 are very specific on staffing requirements. OAC 4766-2-12 states in part that all EMS vehicles shall be staffed at a minimum with 2 state certified EMS providers continually, from time of dispatch to the completion of the run. Should a non certified EMS person be required to be used as a driver, that person shall have completed an Emergency Vehicle Operators Course that meets the current NHTSA requirements. Using non-EMS certified driver does not preclude the fact that 2 EMS providers are to staff the vehicle at all times. In many of the above mentioned cases none of these requirements were met. In one case where only 1 state certified provider was on the vehicle, the certified EMT was the driver and the non-certified member was the patient care provider! This proved to be a costly mistake for the service, and could potentially have placed the public at risk. Please take a moment at your organization and ensure you are in compliance with the law.

Every day we receive new complaints about MTOs. Many of you may wonder what actually constitutes an investigation from this office. In short, this is the way the process goes:

Once a complaint is received, it is reviewed to determine if it is a potential violation of ORC 4766. Ohio law only allows us to investigate violations and potential violations of ORC 4766. While many of the complaints that we receive are valid complaints, some of them are out of our scope of regulatory authority. If we determine a complaint is out of our regulatory authority, we will make every effort to forward that complaint to the proper agency.

If we determine the complaint is within our regulative authority the investigative process begins. We make contact with the service in question, request documents through formal subpoena if required, and obtain all the facts. If we find that a violation to 4766 did occur, a recommendation for action is forwarded to the board. Keep in mind that per state law, the board may levy fines of up to $1500 per offense, or even issue a summary suspension if necessary (ORC 4766.11). So you see, these penalties can be somewhat weighty.

OAC 4766 allows for only the investigation of violations against the service and not the EMS providers employed by the service. Complaints regarding patient care standards, interaction between employees and patients is the responsibility of the State EMS board and are forwarded to them.

As always, we are here to assist you. If you feel you have a complaint against an agency, please submit it to our office. Let us take the problem from there!

EMERGENCY RESPONDERS AT HIGH RISK TO MISS WORK BECAUSE OF INJURIES – Emily Caldwell

COLUMBUS, Ohio – New research suggests that at any given time, almost 10 percent of the emergency medical technicians (EMTs) and paramedics in the United States miss work because of injuries and illnesses they suffered on the job.

A study examining how common these injuries are and tracking new cases of work-related injuries and illnesses in these professionals also suggests that in one year, an estimated 8.1 of every 100 emergency responders will suffer an injury or illness forcing them to miss work. Compared to data compiled by the U.S. Bureau of Labor Statistics, the rate of injuries requiring work absence among these first responders far exceeds the national average of 1.3 per 100 lost-work injury cases reported in 2006.

The study also identified work-related and health conditions most likely to lead to injuries, which included responding to a high volume of emergency calls, working in bigger cities and having a history of back problems. Researchers conducting the study say that knowing how common severe injuries are in this population will help guide interventions designed to reduce the risks of injury.
"There is a relatively high incidence of lost-work injuries among emergency medical services professionals, and those injuries are related to the work they do. We may be able to target specific risks and make changes to see if we can affect those injuries," said first author Jonathan Studnek, a Ph.D. candidate in epidemiology at Ohio State University. "The ultimate goal is to find a way to reduce injuries. But first we have to understand how big a problem it is."

The study is published in the December issue of the *American Journal of Industrial Medicine*.
Studnek and colleagues selected data from the Longitudinal Emergency Medical Technician Attributes and Demographics Study, an annual survey created in 1998 by the National Registry of Emergency Medical Technicians and the National Highway Traffic Safety Administration to describe the characteristics of emergency medical services workers in the United States. Within that survey, the Ohio State researchers looked specifically at self-reported absence from work caused by work-related injury or illness, and work-life characteristics associated with those absences.

They looked at a cross-sectional snapshot of injury and illness among emergency workers and also watched for trends over time, between 1999 and 2005. Both types of analyses connected a high call volume and a history of recent back problems to a higher likelihood of injury among EMTs and paramedics.

About 900,000 certified emergency medical services professionals responded to more than 17 million calls in 2005. The most common injuries these professionals suffer are exposure to blood-borne pathogens from needle sticks, musculoskeletal injuries associated with lifting and moving patients, various wounds inflicted by violent patients, and injuries caused by traffic accidents involving ambulances.

"There's no doubt many of these types of injuries occur among people who often have to rely on their backs to do something that's not in their best interest. They need to make something happen fast and can't wait for help, so they put themselves into positions they shouldn't," said John "Mac" Crawford, assistant professor of environmental health sciences in Ohio State's College of Public Health and a co-author of the study.

"The public health implications go beyond these circumscribed professional groups. Patient safety is at stake, and there are liability issues, as well."

Along with the average 9.4 percent of injured or ill EMTs at any one time among all participants examined, the researchers found the prevalence of lost-work injuries was highest among those with a very high call volume (22.3 percent) and back problems (21.0 percent). Very high call volume was defined as 40 or more calls per week.

The analysis of several years of data produced similar results. While an estimated 8.1 per 100 of these professionals experienced an on-the-job injury or illness per year, the rates were much higher for those with very high call volume (18.9 per 100) and self-reported back problems (12.5 per 100).

In addition, those working in an urban environment – a community with a population exceeding 25,000 – were three times more likely to report an injury with missed work time than their counterparts in rural communities.

This research is part of a larger effort to study the effectiveness and attitudes about the use of new devices that have potential to reduce back injury, such as stretchers equipped with hydraulic lift mechanisms and specialized chairs that ease the movement of patients on stairs. The equipment designed for this purpose "has a high cost, but it saves backs," said Crawford, a registered nurse and a former EMT who lost six weeks of work to a back injury when he was working full time as a nurse.

Both Crawford and Studnek know the hazards that go along with this profession. Studnek, now a fellow at the National Registry of Emergency Medical Technicians in Columbus, was a paramedic for five years before beginning graduate work in public health at Ohio State.
"I hurt my back once or twice and have seen good friends who got hurt and had to leave the field. I feel this is important work that needs to be done to help my colleagues lengthen their careers.

"Injury prevention pertains more to retention than to recruitment of EMTs and paramedics. Once they've devoted time to the profession, we don't want them to leave because they became injured."
Co-author Amy Ferketich of Ohio State's division of epidemiology also participated in this study.

Used by permission of Emily Caldwell, Assistant Director, Research Communications, Ohio State University, 1/14/2008

MEETING DATES FOR 2008

- May 20, 2008
- July 7-8, 2008 (Shawnee Resort and Conference Center)
- September 26, 2008

Unless otherwise noted, OMTB meetings begin at 11:00 a.m. at the Board Office, 1952 West Broad Street, Columbus, Ohio. Everyone is welcome to attend.

SEND US YOUR PICTURES! Would you like to have your organization's vehicles or aircraft highlighted on our web site and in our Newsletter? If you would, please send us digital photos of your vehicles or aircraft along with your permission to use them. If you have a website let us know and we will include your link on our licensed services webpage.

While you're at it, please verify your email address and update it if necessary. Photos, links, and email changes can be sent to dtrudics@dps.state.oh.us

Thank you in advance for your contributions.

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