

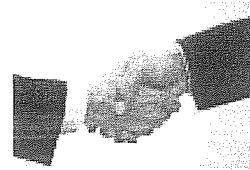
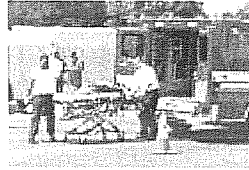
# Emergency Resource Management



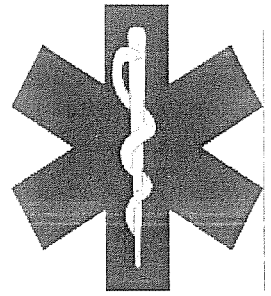
**EDUCATION**



**CONSULTING**



**STAFFING**



**"When Staffing Matters"  
March 2009**

## ***CONFERENCE BOUND?***

**ERM** will once again be lecturing at the conference. This years topic is "OSHA Compliance for the Chief's of Service and Administrators". This is a section from our "Administrator's Toolbox" program. So if you're a new Service Chief or Officer, or simply want a refresher on various compliance topics, be sure to attend one of our sessions, each day at 1100 AM.

In addition, **ERM** will also have a Booth (No. 32). So if you have any questions on our Staffing Services, please feel free to stop by and speak with us directly.

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## ***ADMINISTRATOR'S COURSE***

Can't make the conference, but are interested in having a general or 'Tailored' program delivered for you and your Officer's? **ERM** will be happy to schedule a class at your convenience at your facility. Simply call or send us an email. Full programs usually last approx. 2 hours.

Topics include such areas as: OSHA related service requirements, how to achieve and maintain compliance, how to 'hire' your volunteers, the New I9 Form requirements, reporting requirements, how to conduct background checks—but more importantly, what checks to do and how to do them, and how to establish workable HR Policies for your volunteers. Yes, you probably should be treating your volunteer service like a business. After all, in every other aspect it is.

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## ***COMPLIANCE, IT'S NOT JUST A WORD***

If you haven't heard by now, there were some serious issues that occurred with an EMS service over the boarder in Mass. back in early January. It all started with an apparent lack of oversight and accountability with EMS training. In essence, there was fraud. Instructors were not completely teaching classes and yet were signing off that they were. Aside from the legal implications, there's also the fact that students were being turned out as trained and yes, certified to save a life. The impact was tremendous, the service lost it's license to operate, several Technicians lost their certifications, as did the Instructor, the town was put in crisis by having no service, and, the town and the service were audited by Medicare for possible billing fraud. Do you conduct background checks on your members for Medicare Fraud? You should, it's just one of the many areas to check that we go over. That aside, when was the last time you evaluated your 'training program'? Will your documentation stand the test of an inspection/audit? Is there documentation? Are there validations? The accountability of your training programs can make or break not just the instructor, but you and your Officers, the Dept. itself and perhaps even the Town—but most importantly—the Townspeople you serve.

For instance, we have heard where Dept's have conducted training on topics like the New SMART Triage Tag system in 30 mins. or less. If all your looking for is paper in a file stating you did it, then I guess that's what you'll have. Is it quality? Will your members know what to do in an Emergency? That's where the debate comes in. We are constantly struggling with balancing time of the sessions with quality of the sessions.

Another area that is often skirted (trying to be politically correct) and is frequently questioned is NIMS. All your members are now required to have minimally IS 100 and 700, and your Officers need all others, do they? The beauty is you can do them on-line, ease of training. The downside is, one person does it and then gives the answer sheet to everyone else who just go on-line and fraudulently take the test, get a cert. and turn it in. Does this really happen, you betcha. Will you/they get caught, perhaps not. Is it quality training, definitely Not. In a large scale incident, will you or your staff be able to serve/function in a "Unified Command" capacity, utilizing the training they 'achieved'? Again, debatable, but certainly questionable.

Are you current with topics and trends, or just training the same old same old? During a recent EMTR course I was lecturing on everyone's favorite topic, BBP. Yet most everyone in the class did not know about or hear of MRSA, and the same number didn't know the Ryan White Act was repealed, yet they supposedly get this every year, and in some cases multiple times a year.

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## **New 'Red Flag' Rules take affect soon**

If you're not already aware, the Federal Trade Commission (FTC) recently announced that it will begin enforcement of the "Red Flag Rules" on May 1, 2009. The new regulations require most ambulance services to implement and administer a written Identity Theft Prevention Program before the enforcement deadline. This process will involve determining identity theft risks - "red flags" - for your organization and then establishing a written program to detect and respond to potential "red flags." Additionally, the rules require ambulance services to conduct ongoing program oversight and employee training.

Ambulance services need to take immediate steps to familiarize themselves with the Red Flag Rules and implement an Identity Theft Prevention Program in time for the May 1, 2009 deadline. These complex regulations contain a number of requirements for ambulance services in order to achieve compliance.

Additionally, the President's new stimulus plan will also have some significant impact on the current HIPAA Laws. In the American Recovery and Reinvestment Act of 2009, Congress enacted over 20 pages of sweeping new changes to HIPAA. These new provisions make many privacy and security rules directly applicable to business associates, such as billing companies, consulting firms and others who work with ambulance services and other covered entities. Previously, these types of service organizations were only required to enter into business associate agreements with their clients; now, they will be responsible to comply with many provisions of HIPAA as if they were covered entities themselves. Any entity who provides billing, consulting or other business services to ambulance organizations also needs to immediately begin planning for these important new changes. Among other changes, the new HIPAA law requires mandatory disclosures in the event of a breach of a patient's information, has stringent new requirements for electronic medical records, and makes broad changes in the requirement to track and account for uses and disclosures of all protected health information.

## *HazMat Training, what do you need, when and why?*

Although Awareness level still exists, but only for those who truly "happen to find" a hazmat incident, it's unrealistic to think we will not encounter a situation where we are doing beyond Awareness level activities. Anyone whose job it is to respond to a potential HazMat incident for any reason needs to be trained to the Operations Core level. Eventually I believe EMS will need to be at the Operational Level altogether, if for no other reason but to have the ability to decon and treat our pts. in a timely manner. FD's are experiencing the same manpower shortage as is EMS. Have you read the newly released article concerning a new way to **commit suicide**? By mixing two chemicals that can be bought over the counter at local stores, Bonide – a sulfur spray used as an insecticide for fruit trees and hydrochloric (muriatic) acid the chemicals produce heat and a flammable, noxious gas that causes the subject to pass out and the heart stop within minutes. The process appears to be quick and painless.

Two recent and true cases, one in Pasadena, California and the other at Lake Allatoona in Bartow County, Georgia, involved young men in their early 20's. Both were found locked inside their cars with the chemicals. Each left a note on the car warning anyone around of danger. The car at Lake Allatoona had been taped to prevent gas from escaping.

*Does this sound like a routine call that most of us would respond to and take similar action?*

It's Sunday morning 0730 hours, you respond to a person down in auto. You locate a car in the empty parking lot of a business. You pull up near the vehicle and see a person inside that appears to be asleep or unconscious. The patient does not respond to your knock on the window, and the doors are locked. What action will you take? Will you hurry to make patient access? Will you use a center punch, or halligan to make entry? Wearing your proper PPE, you knock out the window and as you make access, a rush of warm air comes out of the vehicle and you smell a sharp odor.

You have just become a victim and have been exposed to a noxious possibly fatal gas. The call listed in the first paragraph of this document started as a routine person down call. This type of incident can easily expand into a full blown Hazardous Materials Incident (meaning pt. needs to be deconned before being put in Ambulance and transported) with a possible multijurisdictional response. Be aware of this **new way to commit suicide** and don't become a victim yourself.

So do you think you still only need basic Awareness Level training? What could you have done differently? Would you have done the same thing? If not, how should you respond to this type of incident? What do you think most of your crews would do?

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**ERM** can provide training in many areas such as: OSHA Compliance standards, SMART, EVOC, PEPP, PHTLS, HazMat Awareness and Operational, not to mention all the core EMS courses. Why not set up a monthly re-cert course so by the end of the 2nd year everyone's completed a recert?

Of particular note worthiness, Bob Ziegler, **ERM's President**, was recently elevated to the position of Regional Faculty for the American Heart Association. Bob has been a CPR Instructor for over 20 years, and for the last 5 years has been an AHA Instructor Trainer.

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**\*UPDATE on the New Education Standards\***

The new Education Standards are now officially posted at [www.ems.gov](http://www.ems.gov), a site hosted by NHTSA.

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## Employment Opportunities

Interested in some part time or full time opportunities? ERM is currently looking for quality EMT-B's and EMT-IV Tech.'s for regular employment at all our locations.

Go to our website: [www.ermanagement.com](http://www.ermanagement.com), download an application today, and start an excellent and rewarding professional EMS job today.



*ERM is  
on the  
Move!*

