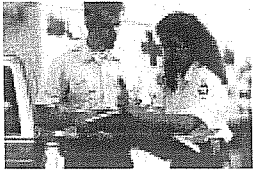


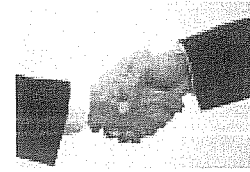
# Emergency Resource Management



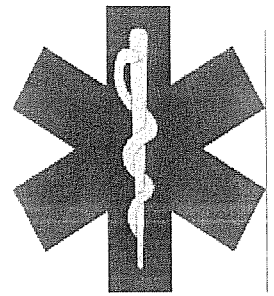
**EDUCATION**



**CONSULTING**



**STAFFING**



**"When Staffing Matters"  
October 2008**

## ***"SOUTHBURY / BETHEL / STONY HILL ALL SIGN ON WITH ERM"***

On July 1st ERM started serving the Southbury Ambulance Association with its supplemental staffing. In a bold and unique relationship, ERM is co-staffing for Southbury with Champion Ambulance to serve the Town of Southbury. ERM's staffing services include both 12 and 8 hour daytime shifts as well as 6 and 12 hour overnight shifts 5 to 7 days per week.

On August 11th ERM began serving part of the Town Bethel with the Bethel Fire Dept.

Next, beginning on October 27th ERM will begin servicing the remaining part of the Town of Bethel with the Stony Hill Fire Dept. 7 days per week.

As such, **ERM** now serves 5 communities with its *BLS staffing services* and 2 communities with *Intermediate level services* with a compliment of over nearly 70 skilled and dedicated EMS professionals.

Want more info on how we can serve your community and your services needs as well?

Simply call **ERM** for an appointment.

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### ***ERM promotes its second Field Supervisor***

**ERM** has recently promoted from within its second Field Services Supervisor, Matthew Brennan. Matt is married with 3 children, is currently licensed as a Paramedic and is also a certified EMS Instructor. Matt has over 20 years experience in EMS and the Fire Service. He has his Bachelor's Degree from UCONN and completed post graduate courses at Northwestern Connecticut Community College. He has been affiliated with and is currently the EMS Education Coordinator for the Torrington Regional Fire School for the last 10 years and is a member of Winsted Ambulance. Matt joins Bryan Ryan as ERM's Field Service Supervisors and will be responsible for oversight and training of all ERM's employees and as client liaison's.

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### ***"Ryan White Act" no longer in affect***

In an unfortunate move by the Federal Government, and one that apparently went under the radar of many, the Ryan White Act/Law was repealed. Essentially what this means is, amongst other things, that where Hospitals were required to notify pre-Hospital EMS providers of a contagious/infectious disease of a patient that they brought to a facility is no longer required. Since 1994, the emergency-response provisions of the Ryan White CARE Act (Public Law 101-381) provided such protection. However, in a recent action that went unnoticed in the emergency-response community, Congress removed these provisions in the latest reauthorization of this law (Public Law 109-415). This development is bad news for emergency responders—and must be addressed by all of us immediately. Some will say the bloodborne pathogens standard of the Occupational Safety and Health Administration (OSHA) is sufficient. This isn't true, because 1) OSHA does not have jurisdiction over state and local governments in about half of the states; 2) the bloodborne pathogens standard does not provide a clearly stated post-exposure procedure to be followed and does not give clear time frames for testing and notification; and 3) OSHA does not provide the clear coverage of volunteers that the Ryan White Law provided.

The emergency-response section of the Ryan White law put emergency responders in charge of post-exposure management instead of medical facilities. The Ryan White law required all emergency response employers—fire depart-

ments, police departments and EMS agencies in the country to have a “designated infection control officer.” The law stated that if an exposure to communicable diseases occurred, the infection control officer of the employer of the exposed emergency responder must contact the medical facility to which the source patient in the exposure was transported and request their disease status. In other words, if you had non-intact skin that was exposed to a patient’s blood, your agency’s infection control officer was responsible for contacting the hospital and obtaining the patient’s disease status.

This legislation has been extremely important for emergency responders because it forced hospitals to cooperate with them in post-exposure treatment. The medical facility had the obligation to provide those results as soon as possible and no later than 48 hours of the request. This quick turnaround of disease-status information has been critical in effective post-exposure medical management. It also allowed department personnel to be tested, if needed, and treated outside of the emergency department, which served to lower costs and increase proper care and counseling. The law also provided that medical facilities were required to contact the designated infection control officer of any emergency-response employer that transported a patient with pulmonary tuberculosis as soon as possible and no later than 48 hours of making that medical determination. So now is the time for you—emergency responders throughout the state/country—to contact your associations and congressional representatives and request they take appropriate action. Yours and your memberships health and safety is on the line.

## **Ferno recommends 35X Ambulance Cot field inspection**

Ferno would like to share the following information about its 35X PROFlexX ambulance cot.

- Ferno is conducting a field inspection on a limited range of Model 35X ambulance cots.
- ONLY 35X PROFlexX Cot Customers with Serial Numbers between 06 002156 and 07 054091 (manufactured between January 17, 2006 and August 16, 2007) need to inspect their cots and contact Ferno Technical Support at 866-987-3776 or [quality.products@ferno.com](mailto:quality.products@ferno.com).
- Current Ferno Model 35X production units are not affected and no further action is required.

Should you require any more info, or have a unit in question, contact Ferno at: Ferno-Washington, Inc., 70 Weil Way, Wilmington, Ohio 45177, Telephone: 937-382-1451, Ext. 1285, Facsimile: 937-383-0197.

### *Paper Run Forms soon to be a thing of the past, even for ‘First Responders’*

By now every Ambulance Service in the State is aware that they are to be going exclusively to Electronic Patient Care Reports (EPCR’s) by January 1, 2009. Recently OEMS put out a notice stating in part, they have decided to extend the issuance of paper run forms until 4/1/09, after which however the Department will no longer be printing or issuing paper run forms. They ask that you also begin to contact your first responder services and make them aware of this upcoming change. They are strongly encouraging these services to explore electronic data collection systems for their EMS responses as well. Otherwise, First Responder services will have to develop and print their own paper PCR’s for future use. As we all know First Responders are an integral part of the continuum of pre-hospital care and their treatment documentation is important. As such, please remember that *every service* has an obligation to complete a PCR each time they provide care. If you have not yet begun to think about this or work this into your budget and planning process, you need to act quickly as time is running out. Additional items that will also need to be addressed, aside from training on the new Tough Book laptop’s should you choose to go that route, are - you will need to update and address your HIPPA Policies to include this new electronic format, printing of forms from the tablets (how will you do it) for you and the Hospital as well as create policies on downloading and savings all files to be in compliance with record retainage laws, etc.

### **When is a Staffing Company not allowed to staff?**

Quite simply, when they are ‘not licensed’ to do so. Within the last few months we have been made aware of several companies claiming to be Staffing Companies and offering staffing services/capabilities. As I have noted before, there are only 3 licensed MSO’s in the State, and only 2 of us are actively providing staffing. I would strongly encourage you, before having any conversations with a proposed ‘staffing company’, that you do your due diligence and contact OEMS to verify they are in fact capable and legally able to provide what it is they are offering. Being registered with the State as a business or who are currently providing staffing services for other agencies (i.e. nursing, doctors, etc.) is not sufficient, they need to be Licensed specifically by DPH/OEMS to be able to staff Ambulances. Don’t run the risk of inappropriately securing services with an unlicensed vendor.

## Improved Criteria for Emergency Medical Services Protective Clothing

NIOSH and the National Fire Protection Association recently reviewed NFPA1999 Standard on Protective Clothing for Emergency Medical Operations, the 2008 Edition. The technical standard provides a new level of personal protective equipment (PPE) protection for the nation's Emergency Medical Service. The NIOSH research incorporated in the technical standard reflects NIOSH's partnership with EMS responders to learn about their PPE needs and identify appropriate technical performance levels for equipment.

One area of particular importance and improvement was in the use of requiring the wearing of High Visibility Vests. This new Federal Rule goes into effect November 24, 2008. There are cards specially prepared by the CVVFA Emergency Responder Safety Institute to help explain and teach the requirements. There is also a downloadable, 2 sided, print ready push card that individuals may print out and publish. The Push Card addresses the vests specifications as well as compliance issues surrounding Federal Regulation 23 CFR 634. For more information, visit [http://www.respondersafety.com/Articles/High\\_Visibility\\_Garment\\_Push\\_Cards\\_available\\_for\\_Public\\_Safety\\_Agencies\\_at\\_No\\_Cost.aspx](http://www.respondersafety.com/Articles/High_Visibility_Garment_Push_Cards_available_for_Public_Safety_Agencies_at_No_Cost.aspx).

In addition a wide range of EMS PPE areas were evaluated and studied. The project was successful in several areas by accomplishing the following:

1. Specific design criteria were created to define partial body protective garments.
2. Test results were obtained to help the committee make decisions on the more appropriate test methods in several different performance areas.
3. Discriminating data were used to establish separate test methods (in some cases) and criteria for single-use garments as compared to multiple-use garments.
4. An approach was developed to address high visibility concerns for EMS garments, when needed.
5. Criteria discrepancies in cleaning glove criteria were identified and resolved through modification of test methods and performance criteria.
6. Appropriate criteria were developed for footwear covers.
7. A system of classification together with specific design and performance criteria was assembled to address the range of eye and face protection devices used by EMS responders in a manner consistent with their use.

For more info on the whole study, or to order a copy from NFPA, go to:

<http://www.nfpa.org/catalog/product.asp?category%5Fname=&pid=199908&target%5Fpid=199908&src%5Fpid=&link%5Ftype=search>

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

Awareness level still exists, but only for those who truly "*happen to find*" a hazmat incident... Anyone who's job it is to respond to an incident for any reason has to be trained to the Operations Core level. ALL Responders need to have this. If anyone wants to do more than the core level allows, they need to have the mission specific training... which are:

- (1) Operations level responders assigned to use personal protective equipment
- (2) Operations level responders assigned to perform mass decontamination
- (3) Operations level responders assigned to perform technical decontamination
- (4) Operations level responders assigned to perform evidence preservation and sampling
- (5) Operations level responders assigned to perform product control
- (6) Operations level responders assigned to perform air monitoring and sampling
- (7) Operations level responders assigned to perform victim rescue/recovery
- (8) Operations level responders assigned to respond to illicit laboratory incidents

Of all of these, I would think many services could find themselves operating within number(s) 2, 7 and/or 8. So if HazMat's are something you **respond** to, whether as a direct response agency or as an ancillary support service, you should probably look deeper into this and consider your options and needs and obligations. Let's face it, hazardous materials are here to stay, and are becoming more common place, shouldn't we be ready to meet these needs? Eventually we all will.

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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 as well as First Aid, CPR and EMS Instructor'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!*

