



### Special points of interest:

- EMS Advisory Council Vacancies
- EMS Education Agenda for the Future: A Systems Approach
- EMS Advisory Council April 13-15, 2005, Bureau of EMS Headquarters, Tallahassee
- Catastrophic Incident Response Plan Information

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## EMS Advisory Council Vacancies

### UPCOMING VACANCIES

The EMS office is soliciting nominations to fill the upcoming vacancies on the EMS Advisory Council. The following four positions will become vacant on June 30, 2005, and will expire on June 30, 2009: Paramedic (non-fire); Paramedic (fire); EMS Educator; Physician.

If you would like to be a candidate or nominate a candidate for any of these positions, please send a letter of nomination, a current resume and any other information that you feel will help in assessing the nominee's potential contribution to furthering the objectives of the council to:

Desi Lassiter  
DOH/Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, FL 32399-1738  
Phone (850) 245-4055  
FAX (850) 488-9408

*Did you know that Florida EMS providers reported that paramedics worked over 28.7 million hours in 2003?*

### ALL NOMINATIONS MUST BE SUBMITTED BY MAY 1, 2005.

Please consider the diversity of Florida's population when making your nominations so that the entire population will be represented. The Department of Health Secretary, Dr. John Agwunobi, will make appointments.

Representatives appointed to these positions will begin their four-year terms on July 1, 2005.

Any questions or comments regarding the EMS Advisory Council may be directed to Desi Lassiter at the State EMS office at (850) 245-4055.

### Thoughts from the Field:

Emergency Medical Services Education Agenda for the Future:  
How will it affect Florida's EMS Educators?

### Submitted by Rob Holborn Ed.D., EMT-P

In 1998, NHTSA formed an EMS Blueprint modeling group to develop procedures for revising the then current EMS education blueprint. As this group decided that the blueprint was only one component of a comprehensive EMS education system, they expanded their focus to a broader range of topics. From this group came the EMS Education Agenda for the Future. This document proposed an education system that would outline five integrated primary components: a National EMS Core Content, a National EMS Scope of Practice Model, National EMS Education Standards, National EMS Education Program Accreditation and a National EMS Certification.

The first primary component discussed is the implementation of the National EMS Core Content. The proposal is to remove the process of developing a National Curriculum, which has often been very time consuming, expensive, and not least controversial on a National level. By implementing a National core content revisions can easily be made within a five-year period, and updates could conceivably be offered every two years. The problem with the current National curriculum is the length of time between revisions, with EMT-B now over 10 years old, and Paramedic over 6 years old it is difficult to follow the curriculum, and ensure the student receives the most accurate up-to-date information. In addition, the use of the National Curriculum often inhibits the ability of the educator to include regional information critical to the success of the EMS student in the workforce. A perfect example of this idea comes from the American Heart Association. Whether you support or oppose the AHA, their policy of research and curriculum revision has to be admired. Generally there is an overall curriculum revision based on research approximately every six years, with updates published in newsletters, and the Handbook of Emergency Cardiovascular Care. The student is exposed to the most recent research and information, and EMS instructors would not have to consistently explain, and justify obscure information from an outdated curriculum. The final positive outcome of the National EMS Core Content is the ability of the medical community to interact with system regulators, educators and providers to develop the specifications for the core content. Changing from a National

*Did you know that over 80% of EMS calls result in treatment & transport by EMS?*

## Ask the Director

Dear Colleagues:

We look forward to receiving your questions, comments, ideas on topics to address, and how to improve this newsletter. Your feedback can be emailed to: [DEMO\\_EMS@doh.state.fl.us](mailto:DEMO_EMS@doh.state.fl.us)

Thank you.

Don Bennett

*Did you know that approximately 5% of all patients are ages 1 to 14?*

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Curriculum to the National EMS Core Content would reduce the perception of a disproportionate influence by any single participant or organization, and provide the flexibility necessary in today's educational environment.

The Second Primary component discussed is the National EMS Scope of Practice, which would be based on the National EMS Core Content. The Scope of Practice Model will define the nationally recognized levels of providers, and will identify their minimum entry-level knowledge, skills and competencies. Using the National EMS Core Content in the development of the Scope of Practice model will allow for greater consistency, and the ability to periodically update the material in a timely manner. The reliance on the National Standard Curriculum has decreased the flexibility, the creativity of the EMS educator, and greatly reduced the development of alternative instructional methods by forcing educators to rely on scripted material. As stated in the National EMS Agenda for the Future, "clearly, a rigid and prescriptive system will not meet the needs of all constituents. Any education system for the future must be flexible enough to meet the needs of the diverse communities that it serves." The adoption of a National EMS Core Content, and Scope of Practice would allow educators to create an educational environment that is able to adapt to the ever-changing EMS student, and their communities. EMS educators would be encouraged to develop delivery methods that would promote learning, and critical thinking instead of rote memorization, and the ability to mimic a particular skill. EMS educators will be given the opportunity to produce graduates that are critical thinkers, competent in a wide range of practical

skills, and who will have the ability to adapt to an ever-changing and complex community.

The EMS Education Agenda for the Future also discusses National EMS Education Standards in regards to formal training of EMS instructors. The education agenda recommends that all EMS instructors receive formal training in educational theory and practice, curriculum development, instructional materials design, use and evaluation. Currently, the State of Florida's Fire Marshal's office requires mandatory certification of all instructors teaching Minimum Fire Standards, and any of the Fire Science courses used for State certification. While there is a need for formal EMS education training, it is not without a variety of concerns. The first issue is whether there is a National Certification, which is not discussed in detail in the EMS Education Agenda for the Future. To implement a National certification for EMS instructors would be costly, and require a private organization to undertake this momentous task. However, to implement guidelines similar to the National EMS Core Content, and allow each State to regulate the instructor requirements would be less problematic.

Although the goal of the EMS Education Agenda for the Future is to abolish the use of a National Curriculum. The 2002 National Guidelines for Educating EMS Instructors would be an excellent place to begin this process. Created by the National Association of EMS Educators, the U.S. Department of Transportation, and the U.S. Department of Health and Human Services these guidelines would allow the flexibility the various States and communities would require meeting the needs of the individual providers,

and communities. After reviewing the guidelines it has been found to a very comprehensive educational foundation for any EMS instructor course to be offered at the State level. The guidelines are very flexible, with no dictated or required class hours designated. The most important attribute of these guidelines is that it is outcome-based, describing what EMS educators should know to improve the educational environment rather than prescribing what specific course of action should be taken. Once again allowing the flexibility necessary to meet the needs of the ever-changing student, and communities the EMS educators serve. The guidelines cover a wide variety of educational topics that can only enhance the abilities of the EMS instructor in the classroom, and/or clinical setting. There is a primary focus on the adult learner, and a common core of teaching knowledge, which so many other education curriculums fail to achieve.

Currently, the National Association of EMS Educators offer a 24 hour EMS Instructor course around the country, which this author has attended in Portland, Oregon. However, using a standardized course of instruction would fail to utilize the guideline's flexibility, and desired outcomes of better educating EMS instructors. The guidelines are flexible enough that a variety of education/instructor levels can be created to meet the needs of all communities who adopt this curriculum. Levels such as EMS Program Director, lead didactic instructor, lab and clinical instructor can be designated using specific portions of the guidelines. This will also allow for a gradual training of instructors to meet the immediate needs of the various education providers, while allowing additional training to increase the instructor status (level of education) at any time during the instructor's tenure. This

would also decrease the immediate impact on educational institutions, while still providing the necessary education for current and entry-level instructors. The guidelines can also be used for a more comprehensive renewal process. Implementing any form of EMS instructor certification will have a financial impact on EMS training institutions, and EMS providers. The flexibility of the guidelines and not adopting a National program offered by any single organization can reduce the impact, and financial burden that comes with implementing this initiative.

Another primary component of the EMS Agenda for the Future is National EMS Education Program Accreditation. While this will have a tremendous impact on EMS education institutions around the country the impact would be minimal in Florida. Currently, all community colleges offer EMS programs, and all are accredited by the Committee on Accrediting Emergency Medical Services Programs (CoAEMSP). In addition many of the private EMS education institutions in Florida are either currently accredited or in the process of becoming accredited. As a majority of the EMS education institutions are currently accredited this initiative should have a minor impact on educators in Florida.

The final component of the EMS Agenda for the Future involves a National EMS Certification. This author strongly agrees that occupational licensure of EMS professionals is the appropriate way to credential our providers. However, there likely will be a great deal of discussion with the proposed EMS provider naming convention as currently Florida does not follow the

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***Did you know that the Bureau of EMS received 122 Matching grant applications, 27 Rural Grant applications and 61 County Grant applications this year?***

(Continued from page 2)

national guidelines regarding EMS provider levels.

Creating differing, and lengthy titles to propose minor differences in training would only create more confusion among the public as to the roles, and responsibilities of the EMS providers in their community. Removing the title EMT-P nationally and implementing the title of Paramedic would be an excellent example of a standardized title that the public is already very familiar with.

With the increase in provider levels, including the Advanced Practice Paramedic, educational institutions would be impacted by having to re-create the current classes they offer in order to adopt these proposed guidelines. The time and expense will have an impact. However, educational institutions have experience in this area, and a collaboration of these institutions on a statewide level should help to reduce the problems associated with this initiative.

With the future implementation of the National EMS Core Content, and the National Scope of Practice the impact on educators will be problematic at first throughout the country. However, with the changes brought about educators should embrace these initiatives as a way to improve EMS in general, and that these initiatives allow educators to be creative in developing new, and improved teaching methodologies. All of this as a way of improving the educational environment in our institutions to better serves our students, and our communities.

The Bureau of EMS has made significant strides in improving its Enforcement Unit. During this progression, it has become apparent that members of the EMS community are not familiar with the Florida Statutes and Florida Administrative Codes that require cooperation with the Enforcement Unit in the investigation of alleged violations. When an individual (EMT/Paramedic) and/or EMS agency is being investigated, it is the role of the EMS service provider to make available all information and documentation as requested by the investigator.

Below is the specific language found in Florida Statutes and Florida Administrative Code that may assist you in increasing your awareness of state law:

**§401.30 Records —**

(1) Each licensee must maintain accurate records of emergency calls on forms that contain such information as is required by the department. These records must be available for inspection by the department at any reasonable time, and copies thereof must be furnished to the department upon request. The department shall give each licensee notice of what information such forms must contain.

(3) Reports to the department from licensees which cover statistical data are public records, except that the names of patients and other patient-identifying information contained in such reports are confidential and exempt from the provisions of s. 119.07(1). Any record furnished by a licensee at the request of the department must be a true and

certified copy of the original record and may not be altered or have information deleted.

**§ 401.411 Disciplinary action; penalties**

(1) The department may deny, suspend, or revoke a license, certificate, or permit or may reprimand or fine any licensee, certificate holder, or other person operating under this part for any of the following grounds:

- (a) The violation of any rule of the department or any provision of this part.
- (i) The failure to give to the department, or its authorized representative, true information upon request regarding an alleged or confirmed violation of this part or rule of the department.
- (l) The failure to report to the department any person known to be in violation of this part.
- (4) Records of emergency calls which contain patient examination or treatment information are confidential and exempt from the provisions of s. 119.07(1) and may not be disclosed without the consent of the person to whom they pertain, but appropriate limited disclosure may be made without such consent:
  - © To the department;
- (5) The department shall adopt and enforce all rules necessary to administer this section.

**Florida Administrative Code; 64E-2.003 Advanced Life Support Service License - Ground**

- (2) Each ALS provider shall ensure and document in its employee records that each of its EMTs or paramedics hold a current certification from the department.
- (5)(c) The provider shall maintain and

have accessible for review by the department documentation of compliance with the above requirements.

**64E-2.013 Records and Reports.**

- (1) Each provider shall be responsible for supervising, preparing, filing and maintaining records and for submitting reports to the department as requested. All records shall be handled in such a manner as to ensure reasonable safety from water and fire damage and to be safeguarded from unauthorized use. Any records maintained by the provider as required by these rules shall be accessible to authorized representatives of the department and shall be retained for a period of at least 5 years except as otherwise specified in this rule. Each provider shall maintain the following administrative records:
  - (b) Personnel records for each employee, to include date of employment, training records, employee application, copy of current certification card, and confirmation that each driver is in compliance with Section 401.281, F.S.

It is clearly established in statute that Medical Directors are directly responsible for reporting any EMT/Paramedic that is believed to have acted in a manner which might constitute grounds for disciplinary action.

It has come to our attention that, in several instances, the providers/medical directors are not reporting the disciplinary actions as required by Statute. Please note, as outlined below, any violation of a statute must

be reported immediately to the Bureau's EMS Enforcement Unit.

**§401.265 Medical directors.—**

- (2) Each medical director shall establish a quality assurance committee to provide for quality assurance review of all emergency medical technicians and paramedics operating under his or her supervision. If the medical director has reasonable belief that conduct by an emergency medical technician or paramedic may constitute one or more grounds for discipline as provided by this part, he or she shall document facts and other information related to the alleged violation. The medical director shall report to the department any emergency medical technician or paramedic whom the medical director reasonably believes to have acted in a manner which might constitute grounds for disciplinary action. Such a report of disciplinary concern must include a statement and documentation of the specific acts of the disciplinary concern. Within 7 days after receipt of such a report, the department shall provide the emergency medical technician or paramedic a copy of the report of the disciplinary concern and documentation of the specific acts related to the disciplinary concern. If the department determines that the report is insufficient for disciplinary action against the emergency medical technician or paramedic pursuant to s. 401.411, the report shall be expunged from the record of the emergency medical technician or paramedic.



## Florida Bureau of Emergency Medical Services

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Tallahassee, Florida 32399-1738

### Physical address:

4025 Esplanade Way, 3rd Floor  
Tallahassee, Florida 32311-7829

### Office Hours:

Monday - Friday

8:00a.m. - 5:00 p.m.

excluding state holidays.

Telephone: (850) 245-4440

E-mail: [DEMO\\_EMS@doh.state.fl.us](mailto:DEMO_EMS@doh.state.fl.us)

*Did you know that the most frequent cause of injury is falls, second is motor vehicle to motor vehicle?*

### Tip of the Month

Aggregate data reporting deadline for 3rd quarter 2004 are due by March 30, 2005.

*Did you know that Florida EMS agencies report over 51 million hours for EMS professionals?*

## Preparedness Planning

Each agency has worked diligently and tirelessly in responding to the needs and requests around the state this last year. As another hurricane season is approaching, please check for current Continuity of Operations plans and agreements in your local area. It would be extremely helpful to the Bureau of EMS and Emergency Operations Centers (EOC) to have a point of contact for each agency that can be reached 24 hours a day. Please check with your regional representative to ensure that this information is up to date at all times and a copy of it is on file with the Bureau of EMS and EOCs.

Sincerely,

John Gosford, EMS Training Coordinator

**We're on the web!  
Check out the newly  
revised website:**

<http://www.fl-ems.com>

*The Bureau of EMS is now soliciting nominations for the 2005 State EMS Awards. All applications must be faxed or postmarked by March 31, 2005. The nomination form and criteria that will be used by the review committee is available at the Bureau's website: [www.fl-ems.com](http://www.fl-ems.com).*



**NATIONAL  
EMERGENCY  
MEDICAL  
SERVICES  
W E E K**



**EMS Week 2005 Set for May 15-21**



*Did you know that over 75% of Florida EMS calls are responses to a 9-1-1 request?*

*The Bureau of EMS will be transitioning its databases to a new software during the month of May. Please anticipate this change and plan accordingly. We will make every effort to minimize any disruptions in normal daily activities.*

**Dear Colleagues:**

The Bureau of EMS has established an e-mail list serve that will facilitate communications from the Bureau to anyone who is part of the list serve. The mailing list will not allow participants to return e-mails to the department nor allow any e-mails to any other members. This will reduce the computer threats associated with open discussion areas. We will begin using this mailing list in March for all official communication to the EMS population.

You can sign up for this mailing list at the following website: <http://ww7.doh.state.fl.us/mailman/listinfo/flemscomm>. You will need to enter this website into your web browser and fill out the requested information. Once submitted you will receive a confirmation e-mail that you will need to acknowledge (instructions are provided on the web pages). Should you have any questions or difficulties, please let us know at the Bureau and we will assist you as soon as possible.

**SINCERELY,**

**DON BENNETT, M.B.A., CHIEF  
BUREAU OF EMERGENCY MEDICAL SERVICES**

## Catastrophic Incident Response Plan

The Florida Domestic Security Oversight Board's State Working Group has charged the Health/Medical/Hospital EMS Committee with development of a state concept of operations to prepare and respond to catastrophic events, and with facilitating and assisting the Regional Health & Medical Committees in developing regional catastrophic incident response plans. These regional response plans will address several of Florida's Domestic Security goals and objectives, including:

Objective 2.17: Ensure a

health care system capable of responding to events of public health significance resulting in mass casualties.

Goal 4: Respond in an immediate, effective, coordinated manner, focused on the victims of an attack.

Goal 5: Recover quickly and restore our way of life following a terrorist act.

Although each Florida county has a mass casualty plan, the regional planning effort will focus on events that will overwhelm local resources and will require a

quick and coordinated regional and/or statewide response.

In order to accomplish this monumental and crucial task, it is necessary that all regional disciplines participate in and contribute to this effort. Regional leadership teams have been formed to lead the regional planning projects. Each region will convene a planning group with representation of all key stakeholders involving in preparing for and responding to mass casualty incidents.

We are encouraging all EMS agencies to participate in this vital effort to strengthen Florida's domestic security. For details, please contact your regional health & medical co-chair, or contact Dave Freeman, Orange County Disaster and Emergency Medical Services Manager, at 407/650-4031, ext. 225.