First of all, I hope each of you have enjoyed time with family and friends during this holiday season. Please keep in mind those families who have lost a loved one recently; holidays can be difficult times—a phone call or card expressing you are thinking about them can mean all the difference in the world. Please also keep in mind those who are serving our county across the world and those stationed stateside—thank you for your service. May God’s protection be upon you and your family.

The Office of Rural Health has worked extensively over the past two years in changing the landscape of EMS and, with the help of many, we have seen the hard work and dedication pay off! That momentum will continue as we move steadily forward into 2017. There are several key initiatives we are working on and we are all very excited to see the fruits of our labor continue to grow before our eyes. If you have not already, please take some time to review the Stakeholder working document we have online at EMS.sd.gov—you will find many of the recommendations and deliverables already completed. With that being said, the ORH will be meeting with the Stakeholders group again in December to overview collective accomplishments and to present initiatives planned for 2017 and beyond.

There is much more to come! Please stay safe, look out for each other, and keep up to date with the latest progress and initiatives with PULSESD and our website at EMS.sd.gov.
EMT Recertification Reminder
By Bob Hardwick—EMS Program

Just a Reminder, March 31st 2017 is Fast Approaching:  For those of you who are scheduled to recertify by March 31st 2017 and have been updating or entering your continuing education hours online prior to January 1st 2017, please note: Those hours do not download to the state office until each individual logs back into their respective profiles and submits them. This can’t be done until after January 1st 2017. Any hours recorded prior to January 1st 2017 are stored only and will not be downloaded to the state office until this process is completed.

To put in your hours and recertify online, please go to our website, EMS.sd.gov and click on EMS Personnel Information (EMT Recertification). Click on “Online EMT Recertification” towards the bottom of the page. To log into your account, it will ask you for your SD EMT Certification Number, Date of Birth, and your Social Security Number.

An Important Note: Being a National Registry EMT does not automatically renew your SD EMT Recertification. You will still need to send in your new National Registry card and copy of your current CPR card to the EMS Program, or log into your State account mentioned above and recertify online.

If you have any question please contact Robert Hardwick at 605-773-4440 or email Bob.Hardwick@state.sd.us

Continuing Education Opportunities Through SD Trauma System
By Rebecca Baird—SD Trauma Program Manager, Eastern SD EMS Specialist

The SD Trauma System would like to advance awareness of their quarterly regional performance improvement webinars. The Trauma System has been conducting quarterly webinars since January of 2014 within each of the four hospital regions. These webinars represent an opportunity to review trauma cases within a multidisciplinary setting which includes South Dakota trauma surgeons, physicians, RNs, and EMS personnel. With participation, each EMS provider is eligible for 1 CEU per webinar. The webinars are held at each hospital and a confidentiality agreement must be signed. We have encouraged trauma coordinators to involve EMS personnel over the past two years but this messaging has only reach a small pocket of EMS providers.

The objective for case review is performance improvement which is a continuous evaluation of the state’s trauma system. With the intention to improve outcomes, the care of the injured patient will be evaluated through a structured process beginning with prehospital care and concluding with the definitive care of the patient. The case reviews are conducted within a non-punitive discussion platform.

We encourage communication with your hospital’s trauma program coordinator regarding these webinars. If you are interested in taking part in this free education opportunity, please contact Rebecca Baird at: Rebecca.Baird@state.sd.us or your local hospital trauma program coordinator.

A full listing of trauma coordinators can be found at: https://doh.sd.gov/documents/Providers/Trauma/HospitalContactList.pdf
EMS Radio Communications Group
By Marty Link—EMS Director

Bob Hardwick has been leading a group of 10-15 industry experts in securing dedicated air to ground/ground to
ground communication channels that can be used to safely communicate landing zone options for rotor-wing aircraft.

These same channels can be used for ground to ground intercepts during times of high radio traffic. Any agency
taking part in the landing zone preparation or ground to ground intercepts can use this frequency once programmed
into their radios—this could include law enforcement, fire, EMS, flight operations, and dispatch centers.

Medical Director Workgroup
By Marty Link—EMS Director

The Office of Rural Health, for the past several months, has been working with a physician MD consultant to help
guide efforts in ensuring South Dakota has effective, efficient ambulance services—which is one of the four Stake-
holder recommendations—Quality. Dr. Scott Vankeulen is a board certified ER physician assisting the ORH in these
efforts.

Our first meeting included seven emergency trained physicians from around the state. Some of the main themes
(needs) included:

- Medical Director training;
- Efficient and effective communications to EMS medical directors;
- Better understanding of the Scope of Practice for EMS personnel;
- Establishment of annual EMS MD meetings.

This group of key physician stakeholders is planning to meet face to face in the coming months to continue discus-
sions on this important matter.

Leadership Group
By Marty Link—EMS Director

As many of you know, a “needs assessment” was conducted earlier this year. Following the assessment, the ORH,
in partnership with SafeTech Solutions LLC, planned eight regional EMS listening and learning sessions.

During these sessions, survey results are shared and participants are encouraged to honestly discuss challenges
and opportunities they see in EMS. Our goal is to listen and learn during these sessions. By the time this article is
published, EMS sessions in Sioux Falls, Watertown, Aberdeen, Rapid City and Spearfish will be complete. Three addi-
tional sessions will be held in Pierre, Mobridge, and Mitchell during the month of December.
Early 2017, the ORH will be assembling a group of key stakeholders with the purpose of identifying best practices to increase first time pass rates for the NREMT EMT examination. The group will review historical trends, analysis of high preforming and low preforming EMT classes, and identify recommendations for EMT instructors in South Dakota.

The following list of competencies for ambulance service drivers was developed by a workgroup of industry and Department of Health representatives. The workgroup formed as a result of the 2016 Legislature’s repeal of the hardship exemption, a recommendation made by the 2015 EMS Stakeholders Group. The workgroup was tasked with a thorough study of the driver component to ensure appropriate training options were put in place. Under its final recommendations, a driver must have a valid South Dakota driver’s license, complete a state-approved EVOC course, be Health Care Provider CPR/AED Certified, and demonstrate competency in:

- HIPAA awareness
- Infection control
- Patient movement
- Equipment and communication systems knowledge

The driver component is considered an orientation process with initial and remedial training segments. The ambulance service director/manager must maintain documentation for each driver candidate in a personnel file available for Department of Health review. An individual ambulance service may have additional requirements beyond these competencies.

The form to use to validate the ambulance service driver competencies can be found on our website, EMS.sd.com then click “Ambulance Service Information” then “Driver Competencies”. Click on the “documentation” link in the second paragraph.

This is just a reminder that the new NCCP Recertification Standards go into effect April 1st, 2017. Anyone due to renew by March 31st, 2017 will recertify on the current (old) standards as done in the past.

For information on the new NCCP Recertification, please visit our website, EMS.sd.gov then click on “EMS Education”. All the information is under “New National Continued Competency Program (NCCP)”. If you have questions, please give me a call (605) 773-4526 or email: Lance.Iversen@state.sd.us
NHTRC—Identifying Victims of Human Trafficking
Contributed by: National Human Trafficking Resource Center (1-888-373-7888)

What to Look for in a Healthcare Setting

Healthcare providers may come into contact with victims of human trafficking and have a unique opportunity to connect them with much needed support and services. Anyone in a healthcare setting may be in a position to recognize human trafficking – from clerical staff to lab technicians, nursing staff, ambulatory care, radiology staff, security personnel, case managers, and physicians.

The following is a list potential red flags and indicators that medical providers may see in a patient who may be a victim of human trafficking. Please note that this list is not exhaustive. Each indicator taken individually may not imply a trafficking situation and not all victims of human trafficking will exhibit these signs. However, the recognition of several indicators may point to the need for referrals and further assessment.

Red Flags and Indicators

<table>
<thead>
<tr>
<th>General Indicators of Human Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares a scripted or inconsistent history</td>
</tr>
<tr>
<td>Is unwilling or hesitant to answer questions about the injury or illness</td>
</tr>
<tr>
<td>Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them</td>
</tr>
<tr>
<td>Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer)</td>
</tr>
<tr>
<td>Demonstrates fearful or nervous behavior or avoids eye contact</td>
</tr>
<tr>
<td>Is resistant to assistance or demonstrates hostile behavior</td>
</tr>
<tr>
<td>Is unable to provide his/her address</td>
</tr>
<tr>
<td>Is not aware of his/her location, the current date, or time</td>
</tr>
<tr>
<td>Is not in possession of his/her identification documents</td>
</tr>
<tr>
<td>Is not in control of his or her own money</td>
</tr>
<tr>
<td>Is not being paid or wages are withheld</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Labor Trafficking Indicators</th>
<th>Sex Trafficking Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has been abused at work or threatened with harm by an employer or supervisor</td>
<td>Patient is under the age of 18 and is involved in the commercial sex industry</td>
</tr>
<tr>
<td>Is not allowed to take adequate breaks, food, or water while at work</td>
<td>Has tattoos or other forms of branding, such as tattoos that say, “Daddy,” “Property of...,” “For sale,” etc.</td>
</tr>
<tr>
<td>Is not provided with adequate personal protective equipment for hazardous work</td>
<td>Reports an unusually high numbers of sexual partners</td>
</tr>
<tr>
<td>Was recruited for different work than he/she is currently doing</td>
<td>Does not have appropriate clothing for the weather or venue</td>
</tr>
<tr>
<td>Is required to live in housing provided by employer</td>
<td>Uses language common in the commercial sex industry</td>
</tr>
<tr>
<td>Has a debt to employer or recruiter that he/she cannot pay off</td>
<td></td>
</tr>
</tbody>
</table>
### Health Indicators and Consequences of Human Trafficking

#### Physical Health Indicators
- Signs of physical abuse or unexplained injuries
  - Bruising
  - Burns
  - Cuts or wounds
  - Blunt force trauma
  - Fractures
  - Broken teeth
- Signs of torture
- Neurological conditions
  - Traumatic brain injury
  - Headaches or migraines
  - Unexplained memory loss
  - Vertigo of unknown etiology
  - Insomnia
  - Difficulty concentrating
- Cardiovascular/respiratory conditions that appear to be caused or worsened by stress, such as:
  - Arrhythmia
  - High blood pressure
  - Acute Respiratory Distress
- Gastrointestinal conditions that appear to be caused or worsened by stress, such as:
  - Constipation
  - Irritable bowel syndrome
- Dietary health issues
  - Severe weight loss
  - Malnutrition
  - Loss of appetite
- Reproductive issues
  - Sexually-transmitted infections
  - Genitourinary issues
  - Repeated unwanted pregnancies
  - Forced or pressured abortions
  - Genital trauma
  - Sexual dysfunction
  - Retained foreign body
- Substance use disorders
- Other health issues
  - Effects of prolonged exposure to extreme temperatures
  - Effects of prolonged exposure to industrial or agricultural chemicals
  - Somatic complaints

#### Mental Health Indicators
- Depression
- Suicidal ideation
- Self-harming behaviors
- Anxiety
- Post-traumatic stress disorder
- Nightmares
- Flashbacks
- Lack of emotional responsiveness
- Feelings of shame or guilt
- Hyper-vigilance
- Hostility
- Attachment disorders
  - Lack of or difficulty in engaging in social interactions
  - Signs of withdrawal, fear, sadness, or irritability
- Depersonalization or derealization
  - Feeling like an outside observer of themselves, as if watching themselves in a movie
  - Emotionally or physically numbness of senses
  - Feeling alienated from or unfamiliar with their surroundings
  - Distortions in perception of time
- Dissociation disorders
  - Memory loss
  - A sense of being detached from themselves
  - A lack of a sense of self-identity, or switching between alternate identities
  - A perception of the people and things around them as distorted or unreal

#### Social or Developmental Indicators
- Increased engagement in high risk behaviors, such as running away or early sexual initiation if a minor
- Trauma bonding with trafficker or other victims (e.g. Stockholm syndrome)
- Difficulty establishing or maintaining healthy relationships
- Delayed physical or cognitive development
- Impaired social skills
NHTRC—Identifying Victims of Human Trafficking—Continued

**Victim Identification and Response**

**How do I conduct an assessment or exam with a potential victim of human trafficking?**

Victims of trafficking do not often disclose their trafficking situation in clinical settings. Therefore, it is critical for medical practitioners to be thoughtful about engaging patients, employing trauma-informed practices, and creating a space that is conducive for discussing human trafficking. Before beginning any conversation with a patient, assess the potential safety risks that may result from asking sensitive questions of the patient.

Recognize that the goal of your interaction is not disclosure or rescue, but rather to create a safe, non-judgmental place that will help you identify trafficking indicators and assist the patient.

**Recommendations for Assessments:**

- Allow the patient to decide if they would feel more comfortable speaking with a male or female practitioner.
- If the patient requires interpretation, always utilize professional interpreters who are unrelated to the patient or situation.
- If the patient is accompanied by others, find a time and place to speak with the patient privately.
- Take time to build rapport with potential victims, or if you do not have the time yourself, find someone else on staff who can develop rapport with the patient.
- Ensure that the patient understands confidentiality policies and practices, including mandatory reporting laws.
- Use multidisciplinary resources, such as social workers, where available.
- Refer to existing institutional protocols for victims of abuse/sexual abuse.
- You may contact the National Human Trafficking Resource Center (NHTRC) hotline for assistance in conducting an assessment and determining next steps if you have not already developed a protocol to respond to victims of human trafficking.

**WHAT SHOULD I DO IF I BELIEVE I HAVE IDENTIFIED A VICTIM OF HUMAN TRAFFICKING?**

Every situation of human trafficking is unique; it is important to use a victim-centered response. Not all victims of trafficking will be comfortable disclosing their situation, nor will all victims be ready to seek assistance from service providers, law enforcement, or even medical providers. Medical providers, however, have a unique opportunity to provide potential trafficking victims with information and options, while supporting them through the process of connecting with advocates or service providers if they are ready to report their situation.

**If a patient has disclosed that they have been trafficked:**

- Provide the patient with the NHTRC hotline number and encourage him/her to call if he/she wants help or wants to talk to someone. If the patient feels it is dangerous to have something with the number written on it you can have them memorize the number.
- In situations of immediate, life-threatening danger, follow your institutional policies for reporting to law enforcement. Whenever possible, make an effort to partner with the patient in the decision to contact law enforcement.
- Provide the patient with options for services, reporting, and resources. Ensure that safety planning is included in the discharge planning process.
NHTRC—Identifying Victims of Human Trafficking—Continued

If a patient has disclosed that they have been trafficked: - Continued

If the patient is a minor, follow mandatory state reporting laws and institutional policies for child abuse or serving unaccompanied youth.

Ensure that any information regarding the patient’s injuries or treatment is accurately documented in the patient’s records. While documentation of abuse may be helpful in building a case against a trafficker, information about the victim can also be used against them in a court proceeding.

AM I OBLIGATED TO REPORT SITUATIONS OF HUMAN TRAFFICKING? IF SO, WHO SHOULD I CONTACT?

Legal requirements regarding mandatory reporting of human trafficking may differ from state to state, and situations may require mandatory reporting under related statutes even if the situation is not human trafficking (e.g. child abuse or domestic violence). Refer to your local or state requirements regarding mandatory reporting. While contacting the NHTRC will not fulfill mandatory reporting requirements, the NHTRC can facilitate a report to specialized law enforcement trained to handle human trafficking cases.

When working with adults who have been trafficked, it is important to gain permission and consent from the patient before disclosing any personal information about the patient to others, including service providers. Furthermore, medical providers should be aware of how HIPAA regulations impact the ability to report potential trafficking situations on behalf of a patient. When contacting the NHTRC or connecting with local service providers, keep in mind any confidentiality obligations.

How can I utilize the National Human Trafficking Resource Center hotline to assist victims of trafficking?

The NHTRC offers confidential round-the-clock access to a safe space to report tips, seek services, and ask for help. The NHTRC is operated 24/7 and has access to over 200 languages through a tele-interpreting service. All communications with the NHTRC are strictly confidential to the extent permitted by law and callers need not disclose personal information in order to access services through the NHTRC. The NHTRC is also an excellent resource for healthcare institutions to help identify and connect with existing resources in their area as they begin the process of developing a response protocol for victims of human trafficking. Healthcare professionals can access the NHTRC for the following services:

Service Referrals: The NHTRC has a referral network of over 3,200 referral contacts, including anti-trafficking organizations, legal service providers, shelters, law enforcement, and local social service agencies that can assist victims of human trafficking.

Tip Reporting: The NHTRC has specialized local and national response protocols across the country for law enforcement and service providers. The NTRC can facilitate a report to law enforcement contacts who are trained on trafficking and designated to respond to NHTRC hotline.

Training and Technical Assistance: The NHTRC also provides training and technical assistance on a wide range of human trafficking topics through calling the hotline and visiting the NHTRC’s website. The NHTRC can also guide clinicians through an assessment with a potential victim.

The National Human Trafficking Resource Center (NHTRC) maintains a database of service providers and resources throughout the United States, along with extensive training resources on a variety of topics related to human trafficking.

Report Online or Access Resources & Referrals: www.traffickingresourcecenter.org  Call: 1-888-373-7888 (24/7) Email: nhtrc@polarisproject.org
The NREMT Moves to NCCP: What does this mean for You?
By Margaret B. Hansen—SDBMOE Executive Director

You may have received an email from the NREMT on or about April 15, 2016 with a subject line of “More States Adopt NCCP Recertification Process”. The email contained a map of the United States with this message below it: “

For South Dakota ALS Providers the transition to the NCCP model is effective immediately. If you have questions, please contact Margaret Hansen at 605-367-7781.

For South Dakota BLS Providers the transition to the NCCP model will be effective April 1, 2017. If you have questions, please contact Lance Iversen at 605-773-4031.

You can also find information on the NREMT website using this URL: https://www.nremt.org/nremt/EMTServices/nccp_info.asp

What is important to know for renewing my advanced support license?

The South Dakota ALS provider’s requirement in South Dakota law matches the NREMT number of continuing education (CE) hour requirements (60 hours in 2 years). However, rather than specific areas of study, the South Dakota law for license renewal is more general: SDCL 36-4B-27 refers to the study focus as “advanced life support studies”.

- This allows the NREMT certified ALS provider to know that if they meet the NREMT requirements then they automatically meet the South Dakota license renewal requirement.
- This also allows for those individuals who are not NREMT certified, e.g. the I/85, I/99 and Paramedic levels, to renew their South Dakota license by making sure that they have completed the required number hours, 40 and 60 respectively, of “advanced life support studies”.

What does this mean if I am included in a CE audit?

First, as the statute reads, CE must be submitted in the odd numbered years, the next audit will be in late summer of 2017. If you are notified of an audit, you can either submit a copy of your current NREMT card, or evidence of the hours of CE for your advanced level.

Use this email (sdbmoe@state.sd.us) “24/7” to send any questions, concerns or suggestions regarding any issues that is important to you. We are here to clarify and hopefully make it a better process and we cannot fix it if we do not know about it, so please do let us know.

The Board and the EMS Program are committed to working together to assist, communicate, and inform ALS providers. We want to work as a team to navigate transitions and to hear what you think. Feel free to provide feedback and ideas for future articles by contacting Margaret.Hansen@state.sd.us (605-367-7781) and Marty.Link@state.sd.us (605-367-5372).
2017 SD Homeland Security Grant Opportunity
By June Snyder—Office of Homeland Security

Due to changes made by the U.S. Department of Homeland Security, applications for 2017 State Homeland Security Program funding through the SD Office of Homeland Security will have an earlier time frame than previous years.

The open application period will start January 1, 2017 and close February 17, 2017 at 5:00 pm central time. Applications will be accepted during that time frame through the EDGAR (Electronic Database for Grant Application & Reporting) system. All applications must have a Homeland Security nexus and follow grant policies.

Regional review committees, which approve local projects, will need to approve and rank project applications for funding priority by March 31, 2017.

Funding for projects will not become available until on or about September 1, 2017; award agreements will be generated after the funding becomes available.

You are encouraged to begin planning for Homeland Security grant applications; regional projects are encouraged. Regional projects provide equipment, training, or exercises that benefit the majority of the region.

If you have questions, please contact our office.

Steve Pluta, Director  stefan.pluta@state.sd.us
June Snyder, Program Manager  june.snyder@state.sd.us
Cathy Strudle  cathy.strudle@state.sd.us
SD Office of Homeland Security  605-773-3450

Continuing Education at the Program Level
By Lance Iversen—EMS Program

If your ambulance service would like to hold continuing education courses throughout the year, or if you are an instructor and plan to have continuing education classes for ambulance services and EMS professionals, we can provide state approved CEU’s for recertification.

Service Directors, Training Officers, and/or Instructors, please go to our website, EMS.sd.gov, click on “EMS Education” then the link “CE Application for Training Approval”. You can fill out the form online then save and attach to your email to me, or you can print and mail or fax.

For ALS, please go to the Board’s website, www.sdbmoe.gov, click on “Advanced Life Support (ALS)”, then click on “ALS Continuing Education Approval Request Application”, fill out the form and submit.
For Questions or More Information, Contact:
South Dakota Office of Rural Health / EMS Program - please visit EMS.sd.gov or call 605-773-4031
SDBMOE, Please visit www.sdbmoe.gov or call 605-367-7781
SIM-SD, please visit www.sim.sd.gov or contact the South Dakota Office of Rural Health 605-773-3361