



PULSE SD



South Dakota Office of Rural Health – Emergency Medical Services

EMS PROGRAM QUARTERLY NEWSLETTER

June 2022

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Director's Welcome

By Marty Link, EMS Program Director

Mid-June, I had the privilege of attending the National Association of State EMS Officials (NASEMSO) annual meeting in South Carolina. EMS Office staff from across the country attended; the first in-person session since 2019. During the first two days, respective councils meet to discuss their individual disciplines; these councils represent EMS data managers, trauma managers, medical directors, EMS for Children, personnel licensure, and health and medical preparedness. Lance Iversen represented our state in the data managers group and Jamie Zilverberg represented SD for the trauma managers.

I'm pleased to note that South Dakota continues to excel in EMS. I continue to be proud to represent such a great state with some of the best EMS providers around. Just for your awareness, I serve as the Western Plains Chair that represent 11 states and serve on the NASEMSO Board of Directors. I mention this only to share that South Dakota continues to have a voice at the table on a national platform. We are excited to see many other states sharing the same great work around EMS workforce, system development, trauma, data analysis, and naloxone to name a few of multiple ongoing projects.

We continue to make strides on the three projects supported by the SD legislature and Governor Noem. As of this writing, we are preparing to hear response proposals for our Telehealth initiative. Our Regional Service Designation RFP has been published and our monitor replacement initiative is underway.

Along with these three large projects, we continue to maintain our Naloxone training and distribution along with the Helmsley AED initiative and the Digital Radio project. If you have any questions on any of these initiatives, please do not hesitate to reach out to us.



EMR Recertification

By Lance Iversen, Education & Professional Standards Coordinator, State EMS Data Manager

EMR's whose SD EMR Certification will expire on September 30th, 2022 can submit your online recertification application now.

Recertification is done online, via your SD E-Licensing account (<https://southdakota.imagetrendlicense.com/lms/public/portal#/login>).

If you need assistance, we have detailed step-by-step instruction guides on our website, [EMS.sd.gov](https://ems.sd.gov). Click [here](#) to go to the instruction guide for recertification.

Before you start your application, please be sure you have the required hours in the different topics in your E-Licensing account (Education – My Report). Applications without the required hours in the topics and required documents will be denied.

If you will be using your National Registry certification to renew your SD EMR certification, please wait to do your application until you receive your **NEW** National Registry card, as you will need to upload a copy of your new NR card in your application.

Please Note: Renewing your National Registry certification does not automatically renew your SD EMR Certification. Everyone must apply for recertification via their E-Licensing account.

Criminal Background Checks Required

By Lance Iversen, Education & Professional Standards Coordinator, State EMS Data Manager

As part of the application process for **Initial** SD EMT Certification (students who completed a SD EMT course), and those seeking SD EMT Certification via **Reciprocity**, as well as those who are applying for SD EMT **Reinstatement** due to letting their SD EMT certification expire, or those **Upgrading** from the EMR to EMT level, will need to have both a Federal and State criminal history background check (fingerprinting) completed prior to being issued a South Dakota EMT Certification (pending the results of your criminal history background check results).

Once the person submits their application it will be reviewed and if a criminal history background check is required, the application status will be changed and an automated email will be sent to the applicant with instructions, and a packet will be mailed to the applicant with the fingerprint card(s) from the SD DCI and FBI to be completed by the applicant.

This new law went into effect July 1st, 2022 (34-11-6.5).

South Dakota Updates Made to the State Definition of a Trauma Patient

By Jamie Zilverberg, Trauma Program Manager

The South Dakota Statewide Trauma System has updated the *South Dakota State Definition of a Trauma Patient*. Education and utilization of these changes may begin immediately. The updated document is **two-sided**, **ADULT** criteria on one side and **PEDIATRIC** criteria on the other. Please review the new **PEDIATRIC** criteria as well as the additional **ADULT** criteria updates which are highlighted below in red. A copy of this criteria is part of the South Dakota EMS required inspection items and should be easily located on all ambulances.

PHYSIOLOGICAL ABSOLUTES

- No changes

ANATOMIC ABSOLUTES:

- Burns > 20% BSA (partial or full thickness) and/or airway compromise
- 2 or more long bone fractures

STRONG DEGREE OF SUSPICION

- Fall from 3 times the height of the patient
- Pedestrian/**bicyclist** that was thrown or run over

Unstable pelvic fractures

SPECIAL CONSIDERATIONS

- **Known anticoagulation/platelet agents other than aspirin**
- Chronic medical illness/**medically fragile**

Definition of an ADULT Trauma Team Alert Patient South Dakota Trauma System	
PHYSIOLOGICAL ABSOLUTES	
Airway	Airway obstruction and/or respiratory compromise requiring use of advanced airway.
Breathing	RR < 10 or > 29
Circulation	SBP < 90 HR > 120
Disability	GCS < 10
ANATOMIC ABSOLUTES	
<ul style="list-style-type: none"> - Penetrating injury to chest, abdomen, head, neck - Limb paralysis (associated with trauma) - Flail chest - Amputation proximal to wrist or ankle or need for arterial bleed tourniquet use - Burns > 20% BSA (partial or full thickness) and/or airway compromise - 2 or more long bone fractures 	
STRONG DEGREE OF SUSPICION <small>*THIS DOES NOT CONSTITUTE AN AUTOMATIC CATEGORIZATION OF A SEVERE TRAUMA PATIENT</small>	SPECIAL CONSIDERATIONS
<ul style="list-style-type: none"> - Fall from 3 times the height of the patient - Patients involved in high energy MVC's - Death of an occupant in the same compartment - Auto-pedestrian or auto-bicycle, impact > 5 MPH - Pedestrian/bicyclist that was thrown or run over - Significant recreational vehicle or farm equipment incident - Significant injury associated with a large animal - Unstable pelvic fractures 	<ul style="list-style-type: none"> - Age > 55 - Known anticoagulation/platelet agents other than aspirin - Pregnancy - Chronic medical illness/medically fragile

Definition of a PEDIATRIC Trauma Team Alert Patient South Dakota Trauma System	
PHYSIOLOGICAL ABSOLUTES	
Airway	All Ages Airway obstruction and/or respiratory compromise requiring use of advanced airway.
Breathing	All Ages RR < 10 or > 29
Circulation	Neonate (0-28 days) SBP ≤ 60 HR ≥ 180
	Infant (1-12 months) SBP ≤ 70 HR > 170
	2-5 years SBP ≤ 75 HR > 150
	6-10 years of age SBP ≤ 85 HR > 135
Disability	All Ages GCS < 10
<small>*Normal SBP in children age 1-10 years = 70 + (2 X age in years) *The Pediatric Assessment Triangle should be the basis for all pediatric emergencies</small>	
ANATOMIC ABSOLUTES	
<ul style="list-style-type: none"> - Penetrating injury to chest, abdomen, head, neck - Limb paralysis (associated with trauma) - Flail chest - Amputation proximal to wrist or ankle or need for arterial bleed tourniquet use - Burns > 20% BSA (partial or full thickness) and/or airway compromise - 2 or more long bone fractures 	
STRONG DEGREE OF SUSPICION <small>*THIS DOES NOT CONSTITUTE AN AUTOMATIC CATEGORIZATION OF A SEVERE TRAUMA PATIENT</small>	SPECIAL CONSIDERATIONS <small>*OFFER A HIGH DEGREE OF SUSPICION</small>
<ul style="list-style-type: none"> - Fall from 4 times height of patient - Patients involved in high energy MVC's - Ejection: partial or complete - Death of an occupant in same compartment - ATV/Motorcycle crash > 20 mph - Auto-pedestrian/auto-bicycle-impact > 5 mph - Pedestrian/bicyclist thrown or run over - Significant injury associated with large animal - Unstable pelvic fractures 	<ul style="list-style-type: none"> - Age < 5 - Known anticoagulation/platelet agents other than aspirin - Pregnancy - Chronic medical illness/medically fragile

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South Dakota Updates Made to the State Definition of a Trauma Patient (cont.)

By Jamie Zilverberg, Trauma Program Manager

The *South Dakota State Definition of a Trauma Patient* is meant to be used as minimum criteria for a full trauma team activation. The trauma hospital that you work most closely with may choose to use this as a baseline and/or guide to build a facility defined single or multi-tiered activation criteria. Please reach out to the trauma coordinator at the hospital you work most often with to review these criteria and any facility defined criteria they may have. Other potential criteria for trauma team activation that have been determined by your trauma program should be evaluated on an ongoing basis as part of performance improvement activities.

“The initial assessment and evaluation of severely injured trauma patients should begin with emergency medical dispatch and prehospital systems of care and then seamlessly transition through the emergency department and hospital phases of care. Prehospital providers should have the authority to call for a trauma team activation based on agree-upon criteria, most often involving physiologic and anatomic findings in the field.”

****Resources for Optimal Care of the Injured Patient 2014 (6th edition), pp. 40, Committee on Trauma, American College of Surgeons***

Thank you for your support of the South Dakota Trauma System and please reach out if you have any questions to Jamie Zilverberg at Jamie.Zilverberg@state.sd.us.

South Dakota Health Care Coalition

By South Dakota Health Care Coalition

Initially formed in 2002, The South Dakota Health Care Coalition (SDHCC) was formed to coordinate statewide healthcare preparedness and response processes as directed by the Department of Health and Human Services (DHHS), Assistant Secretary of Preparedness and Response (ASPR), and the South Dakota Department of Health (SD DOH). The SDHCC reviews and plans strategically to meet federal preparedness performance measures set forth by ASPR, working closely with the SD DOH in that mission. In 2019, the SDHCC became a 501c3 organization and is funded through a sub-recipient agreement function by the SD DOH. SDHCC partners include hospitals and healthcare facilities, long-term care facilities, clinics, rural health providers, emergency management agencies, fire, and EMS agencies, and many others. SDHCC partners also include numerous response organizations such as the SD Emergency Management Association (SDEMA), SD EMT Association (SDEMTA), SD Ambulance Association (SDAA), SD Association of Healthcare Organizations (SDAHO), and SD Healthcare Association (SDHCA).

For more information, go to www.southdakotahcc.org

First Responders Resiliency Training

By Jamie Zilverberg, Trauma Program Manager



Bob Hardwick, I/99 - Central EMS Specialist and Jamie Zilverberg, RN, BSN- Trauma Program Manager/Eastern EMS Specialist, attended the 2-day LIVE First Responders Resiliency Training on May 24th and 25th, 2022 at the Ramkota in Pierre, SD.

This two day course focused on “Putting PTSD Out of Business”, and was provided by the South Dakota Department of Health.

Participants at this conference were educated on the importance of mental health, with the main focus on First Responders.

Those in attendance included South Dakota Department of Health EMS staff, Police Chief, Deputy Sheriffs, EMTs, and Emergency Dispatchers.

This training was provided by the South Dakota Department of Health.

SD EMS Spotlight Service

Jacki Conlon — Hot Springs Ambulance Service



The Hot Springs Ambulance Service (HSAS) was founded in 1985 and became incorporated and formed an ambulance district in 1991.

A station was built in 1992 and we occupied that station until it was necessary to build a new facility.

We moved into the facility/base above, which we had built and had a helipad and hanger which Black Hills Life Flight leased from us. We currently have four ambulances in service and respond to over 1550 calls a year. HSAS is an Advanced Life Support Service and employ 1 RN, 11 Paramedics, 5 AEMT's, 2 EMT-I's, and 12 EMT's. Of these employed, 18 are Full-time, 9 are part-time and 2 are volunteer.

We provide coverage to Fall River and Custer Counties, including the communities of Hot Springs, Buffalo Gap, Oral, Smithwick, Oelrichs, Wind Cave and provide ALS intercepts for Edgemont.

Our facility was funded through USDA and we received grant funding from GOED – Community Development Block Grant. Hot Springs Ambulance has been successful with grant funding from USDA for 4 cardiac monitors, 2 power load systems and 2 power cots. We opted out with our ambulance district and obtained two new ambulances. We received a PPP Loan, SB Grant, Cares Funding, HRSA Provider Relief Funding, and an Employee Retention Credit. HSAS is in the process of obtaining a grant to help purchase another 4x4 ambulance with power load system & cot, and 4 vision scopes.



We continue to strive to better our service for the best patient care and to serve our community.

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SD EMS Spotlight Service

Jacki Conlon — Hot Springs Ambulance Service

Hot Springs EMS just hosted a Bike Rodeo at the Hot Springs School Track and taught 319 children about bike safety. Helmets were provided by SD EMS for Children and Hot Springs Ambulance service.



We hosted an EMT class that just finished the end of May and will have more EMT's out of this class join our service. The photo (left), shows Norine Baird and Kay Flock as Norine applies moulage on Kay for the EMT practical testing for our students.



HSAS provides community standbys at our schools for football games, community parades, Buffalo Roundup, Freshman Impact, SH Triathlon, Stars Stripes & Steps, fireworks display, Balloon Rally, 911 Stair Climb, Climb Hot Springs, Pack Tests for Wild Land Fire Crews and Forest Service Fire Crews, Rodeos at Oelrichs, Buffalo Gap and Hermosa, Standby for FRHS at Mueller Ctr for Covid Shots, and host blood drives at our facility along with FRHS.

HSAS hosts trainings at our facility that include Black Hills Life Flight landing zone training, EVOC, Stop the Bleed, CPR, ACLS and PALS courses, First Aid and continuing education courses for healthcare recertification, and EMT Courses.

HSAS participates in Leadership courses sponsored by the SD Ambulance Assoc., EMS Day at the Capital, State Conventions sponsored by the SDEMSA, District VI Mini-Conference, board members for WDT Paramedic Program and Rapid City Fire Department Paramedic Program. We provide students through these programs the chance to do their ride time with preceptors from our service.

Project Firstline

By Cheri Fast

Project Firstline is a national infection control and prevention training initiative from the Centers for Disease Control (CDC). The South Dakota Foundation for Medical Care is leading the program in South Dakota, in partnership with the CDC and the South Dakota Department of Health.



This infection control project began in response to COVID-19, but it is about so much more than that. There are many infections that can be transmitted through improper PPE use, poor hand hygiene, and lack of cleaning and disinfection. Project Firstline is a free educational platform offering infection prevention training to frontline healthcare workers. The SD project Firstline team is currently working with the CDC to build an infection prevention curriculum for EMS that will be shared through the CDC on a national level.

Our work with EMS units in South Dakota shed light with the CDC on the need for education for EMS providers across the nation. We are reaching out to EMS units across the state to assist us with this education. *“We want to know what you are already doing and what policies and procedures you may have in place.”* Diane Eide, Project Firstline Program Manager *“This will help us understand the needed content for the EMS curriculum that is being built.”*

In the early stages of the project, Cheri Fast, RN Program Manager for SD Project Firstline, visited many EMS units across the state to educate on Project Firstline but also to visit with EMS providers on challenges they face when answering EMS calls. These conversations led to demonstrations on ambulance cleaning and disinfection. When discussing cleaning and disinfection it is important to know and implement proper contact time and the correct sequence of cleaning. Cleaning should be done from top to bottom and clean to dirty. What that means in real life, the sides of the ambulance should be cleaned before the stretcher and the floor. It means that you may not always know if a patient has an infection such as clostridium difficile, a bacteria, that can live on surfaces for 5 months. That is why cleaning is such an important topic.

“There is very little consistency among EMS service units in South Dakota, and even within units themselves. Many of the units are rural volunteers who admit they know very little about infection control and prevention. At these site visits we are able to give ideas and tips on how providers can help protect themselves, their patients, and their families” said Fast.

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Project Firstline (cont.)

By Cheri Fast

Currently Project Firstline has 9 educational modules, 7 of which, SD EMT's can receive continuing education credits. You can find the videos and other infection control trainings at www.sdprojectfirstline.org. You can also find us on [South Dakota Project Firstline | Facebook](#).

Jessica Danko, Project Firstline Program Manager, states, "When we provide in person trainings and on-site visits to South Dakota EMS units, we work directly with the EMS team to see their current practices. The opportunity to see these processes in person provides insight into infection prevention training needs for EMS. The hands on, in person approach, gives real world day to day insight and provides the EMS unit opportunities for education on best practices in infection control."

For more information, to schedule a training, or have an onsite assessment, contact Diane.Eide@sdfmc.org, Jess.Danko@sdfmc.org or Cheri.Fast@sdfmc.org.



New NEMESIS Version 3.5 ePCR

By Lance Iversen, Education & Professional Standards Coordinator, State EMS Data Manager

After 3+ years of collaboration with national EMS leaders, the NEMESIS Technical Assistance Center (TAC) has updated the National EMS Data Standard to version 3.5. This new version will improve the accuracy and efficiency of documentation, enhance health information exchange, and ultimately improve patient care.

In prehospital medical care, it is critical to stay current with expanding industry demands, increasing healthcare coordination, and public expectations. This can only be accomplished by EMS clinicians through prioritizing accurate and timely documentation.

Information collected from EMS activations is used for patient healthcare decisions across the continuum of care. It is also used for quality improvement, policy evaluation, medical research, and timely public health surveillance. The new v3.5 standard facilitates these vital evidence-based healthcare practices and partnerships.

Seven South Dakota Ambulance Services who helped us Beta Test our new Version 3.5 ePCR form over the past several months will transition from the current V3.4 ePCR form to the new V3.5 ePCR form on September 1st. The rest of the ambulance services who use our state provided ePCR form will transition to the new V3.5 ePCR form on January 2nd, 2023. If services would like to transition sooner, they can contact Lance Iversen to be added to the transition list.

The new V3.5 ePCR form is available now for anyone to go in and enter practice charts, see the new flow and format, as well as all the new data elements. Instead of logging into your ImageTrend Elite account with your username and password, you will enter:

Username: Training3

Password: Training@2

<https://southdakota.imagetrendelite.com/Elite/Organizationsouthdakota/>

For services who have their own ImageTrend Elite system, or those who have other approved ePCR vendors will need to import V3.5 data into our state system beginning January 2023. We are working with ImageTrend to create our V3.5 Schematron and Data Dictionary for third-party importers.

South Dakota will be one of the first states to transition to V3.5 and the first state to import data to NEMESIS.

A special thank you to the seven ambulance services who have helped us Beta Test and fine-tune our new ePCR form over the past several months: Brookings Ambulance, Huron Ambulance, Monument Health EMS Lead-Deadwood, Missouri Valley Ambulance, Med-Star Paramedic Ambulance, Hot Springs Ambulance, and Mobridge Regional Hospital Ambulance.



SOUTH DAKOTA
DEPARTMENT OF HEALTH

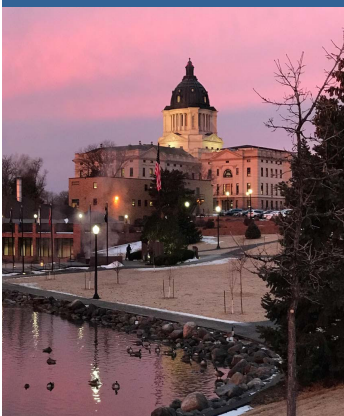
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IMPROVE

SUPPORT

STRENGTHEN



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[EMS Program Website](#)
[SD Dept. of Health Website](#)
[Trauma Program Website](#)
[E-Licensing Website](#)
[South Dakota Govt. Website](#)