My Friends,

Over the past four decades, dedicated, passionate, and courageous men and women have created a system of caring for the seriously ill and injured patients across South Dakota. These men and women have sacrificed much but have gained even more.

This system of caring known as Emergency Medical Services has proven time and time again to be an indispensable way of ensuring the patients we serve are cared for in the manner commensurate to our education, skill, and compassion.

We also see a significant shift in the demographic served. No longer does Emergency Medical Services response predominantly to high acuity patients. Oftentimes, those instances are relatively infrequent. Aging populations, social determinants of health, and other factors have significantly changed the way Emergency Medical Services respond and care for patients.

As we look to the future of Emergency Medical Services, we must value and appreciate the sacrifice and learn from the challenges and successes of our predecessors. We must also be adaptive, innovative, and willing to take risk in the restructuring of out of hospital care.

The Office of Rural Health will be posting the SD EMS Agenda for the Future 2040 online. This document was developed by the Office of Rural Health, SafeTech Solutions LLC, and a vast group of stakeholders dedicated to the future of our industry in South Dakota. We hope you take the time to read this important document and ready yourself, your service, and your community for change.

The Office of Rural Health has established an EMS Sustainability Workgroup that will be responsible for creating smart, achievable, and specific action steps toward the SD EMS Agenda for the Future 2040. Each of you have an investment in Emergency Medical Services; please share any insight you may have on this important subject.

As always, thank you for your dedication to others!

Marty
Helmsley First Responder AED Project
By Marty Link—EMS Director

The EMS Program, Stryker, and the Helmsley Charitable Trust have worked extensively over 2019 in planning and preparation for the Helmsley AED First Responder grant. This $3.6 million grant will provide 1,200 LIFEPAK CR2 AED devices to law enforcement agencies across South Dakota. The grant officially started in September of 2019. Since, approximately 1000 devices have distributed following 18 regional training sessions. Recipients include the state Highway Patrol, municipal police departments, county sheriffs, tribal law enforcement, and organized campus police agencies.

This grant serves as an essential piece of the cardiac system of care. “Getting these new AEDs into the hands of those most likely to arrive first on the scene of a cardiac arrest will help save lives,” said Walter Panzirer, a Helmsley Trustee. “The new technology will give first responders an edge. The South Dakota Department of Health is the first partner in what we hope will be an initiative to place these AEDs in all seven states in Helmsley’s funding area in the Upper Midwest.”

The LIFEPAK CR2 AED has compatible pads to the LIFEPAK 15 monitor many EMS agencies received through another Helmsley grant. We recommend EMS and law enforcement agencies host joint training sessions simulating a mock cardiac arrest. These sessions will help identify best practices, enhance “pit crew” style resuscitation which predetermines each member of a team specific roles and responsibilities for optimal care, and optimally strengthen responses to out of hospital cardiac arrests.

Coronavirus Disease 2019 (COVID-19)
By The Centers for Disease Control and Prevention

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of
• fever
• cough
• shortness of breath

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information on the Coronavirus Disease go to the CDC website:
• SD Coronavirus Website: http://covid.sd.gov/ or 800-592-1861-if symptoms develop
Cleaning EMS Transport Vehicles
By Centers for Disease Control and Prevention

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI (Person Under Investigation) or has COVID-19:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.

- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
  
  - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”

  - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.

- See additional information about EPA-approved emerging viral pathogens claims.

(continued on next page)
Cleaning EMS Transport Vehicles  
(continued)  
By Centers for Disease Control and Prevention

- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.

- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.

- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.

- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.

Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.


* CDC guidance for EMS personnel may change as the COVID response continues. Please refer to weblink for updated information.

EMT Renewal  
By Bob Hardwick—EMS Program

EMT Renewal 2020 is underway using the new License Management System (LMS). As of 3/9/2020, three hundred thirteen (313) EMTs have complete their renewal. One hundred eleven (111) EMTs have started the renewal process. Approximately 576 EMTs expiring at the end of March still need to renew.

With the new LMS, we will have new cards.

South Dakota EMS Patches  
By Lance Iversen—EMS Data Manager / Ed. & Prof. Standards Coordinator

If you or your service are interested in purchasing SD EMS patches, you can send a check or money order, made out to ORH/EMS, and mail to 600 E, Capitol Ave, Pierre, SD 57501. The cost is $1.00 each.
Local Emergency Medical Services Transport Plan (LEMSTP)
By Rebecca Baird, RN-Trauma System Manager

South Dakota Ambulance Services,

Did you know that each emergency medical service shall develop and implement a local emergency medical service transport plan for the transport of trauma team alert patients? The LEMSTP shall be approved by each participating health care entity named in the plan and the medical director of the emergency medical service. The final LEMSTP shall be submitted to the South Dakota Trauma Manager for approval. The LEMSTP shall be updated and submitted to the Trauma Program at least every five years, and if the LEMSTP is revised. This is according to Administrative Rule 44:68:03

The LEMSTP shall include:

1. The name of the ambulance service;
2. The city where the ambulance service is located;
3. Name of person completing the transport plan;
4. The date the transport plan was completed;
5. Hospital resources, including designated trauma hospitals in response area;
6. Other resources, including rugged and technical rescue or special rescue capability or biohazard decontamination capability;
7. Additional resources, including ground ambulance service, quick response units, rescue and extrication units, air medical services, and first responder groups;
8. A service area map;
9. The trauma transport protocol, by zones if applicable;
10. The criteria utilized to activate a trauma team alert;
11. The criteria utilized to activate mutual aid or ALS by ground and air; and
12. A signature page including the signatures of:
   (a) The ambulance service chief officer;
   (b) The ambulance service medical director; and
   (c) The primary receiving hospital trauma coordinator.

Transport plans will be made available to any licensed trauma hospital in South Dakota.

For more information on Trauma Transport Plans including a form and samples, go to:

Trauma System Ambulance Service Information at
https://doh.sd.gov/providers/ruralhealth/trauma/EMS.aspx
South Dakota Updates Made to the State Definition of a Trauma Patient

By Rebecca Baird, RN-Trauma System 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
South Dakota Updates Made to the State Definition of a Trauma Patient

By Rebecca Baird, RN-Trauma System 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 Rebecca Baird at Rebecca.Baird@state.sd.us.

National EMS Week

By Julie Smithson, Western EMS Specialist

May 17-23, 2020

National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line."

This year’s EMS STRONG theme is “Ready Today. Preparing For Tomorrow”.

Theme Days for 2020

- **Monday** - Education
- **Tuesday** - Safety Tuesday
- **Wednesday** - EMS for Children Day
- **Thursday** - Save-A-Life (CPR and Stop the Bleed)
  “National Stop the Bleed”
- **Friday** - EMS Recognition Day

For more information, visit: [https://www.acep.org/administration/ems-resources/emsweek/](https://www.acep.org/administration/ems-resources/emsweek/)

and

[http://www.naemt.org/initiatives/ems-week](http://www.naemt.org/initiatives/ems-week)

Let us know what your service is planning for EMS Week 2020.
EMS Week Ideas
By Julie Smithson, Western EMS Specialist

EMS Education
- Open House
- Invite a Government Official for a Ride Along
- Mock Accident/Drill
- Comfort One Program
- Team Building Exercise
- EMS Olympics

Safety
- Bike Rodeo
- Texting and Driving
- Drinking and Driving
- Do a Seatbelt Inspection at a Local School
- Fall Prevention Inspection for Elderly Residents

EMS for Children
- Visit Schools or Youth Groups
- Host a Teddy Bear Clinic
- Poster Contest
- Car Seat Inspection Station
- Become a Pediatric Champion (EMSC)

Save-A-Life
- CPR class
- Stop the Bleed Class
- Speaker by Someone You Saved.
- Stroke Awareness
- Code Save Award

EMS Recognition
- Awards Recognition
- Service Dinner/Banquet
- Give Coupons/Gift Cards to Area Restaurants
- EMS Discounts to Local Events
- Thank You Signs
- Thank Businesses for their Support
- Award Other Employers which Support EMS

- Issue a Proclamation
- Memorial Bike Ride or Run
- Recognition of Personnel’s Family
- Host Family Events
- Announce Milestones of Personnel in Local Media
- Remodel Breakroom/Meeting Room
SD Service License Renewal

By Julie Smithson, Western EMS Specialist

On April 2, South Dakota Service License Renewal will start. All Services need to renew by June 30, 2020. The license renewal will be through our new License Management System at https://southdakota.imagetrendlicense.com/sd/public/portal#/login. Service Directors will need to login into their account and click on applications to find the ambulance service renewal application. Complete the online application with service information, personnel, and vehicles. When finished, electronically submit the application.

New this year, we are requiring air ambulance services to upload a copy of Hull & Liability Insurance Documents, Airworthiness Certificate, and CAMTS, if applicable, for each vehicle.

Instructions for our new License Management System can be found on our website: ems.sd.gov

South Dakota Ambulance Association Conference

By Julie Smithson, Western EMS Specialist

The 6th Annual South Dakota Ambulance Association (SDAA) conference was held February 8th-9th in Pierre. It was an honor to have Steve Wirth from Page, Wolfberg & Wirth, LLC (PWW), a national EMS industry law firm, as the main speaker on Saturday. Steve covered EMS challenges, stress, documentation, and social media issues.

On Sunday, variety of speakers covered the following topics: Medicare rules, burn out, new radios required by 2022, SD EMS update, SD Health Care Coalition, and EMS lobbyist.

Monday, February 10th, was EMS Day on the Hill (photo).

SDAA is committed to EMS leadership in South Dakota. Your membership is the BEST way to present a united voice for change.

For more information, https://sdaa.wildapricot.org/
Ground Ambulance Data Collection

By Brian Hambek - President of SD Ambulance Association

Centers for Medicare & Medicaid Services (CMS) has been tasked with collecting financial data and run statistics for ALL ground ambulances providers nationwide. Medicare has not changed their reimbursement rates since 2000 and the government realizes that EMS is under-funded but need to show how much. **EVERY ambulance service will be assessed over the next five years.**

Twenty-six South Dakota EMS agencies made the list for the first year starting in 2020. Services are selected randomly by their National Provider Identifier (NPI).

This data collection instrument includes detailed questions about your organization’s characteristics, services, ground (land and water) ambulance costs, and revenue. The questions generally refer to your organization’s total ground ambulance costs, revenue, and volume of services, not just the portion of costs, revenue, and volume related to services that you provided to Medicare beneficiaries.

They are requesting information pertaining to the 12-month period aligning with either calendar year or your fiscal year. The data collection instrument consists of 13 sections. The time spent gathering the data needed to complete the data collection instrument will vary depending on your organization’s accounting and recordkeeping systems. It is expected to take up to 30 hours to review the instructions and collect the required data and an additional 3 hours to enter, review, and submit the information.

Please contact South Dakota Ambulance Association for assistance. [https://sdaa.wildapricot.org/](https://sdaa.wildapricot.org/)

Certified Ambulance Documentation Specialist Class

By Julie Smithson, Western EMS Specialist

On February 10, the South Dakota Ambulance Association offered a Certified Ambulance Documentation Specialist (CADS) training by NAAC.

CADS is the only professional designation in the EMS industry to solely focus on documentation skills.

Getting field providers to consistently produce high quality patient care reports (PCRs) is one of the top concerns mentioned time and again by EMS chiefs, ambulance company executives and other industry senior leaders. If EMS documentation isn’t up to par, the consequences can be far-reaching. Poor PCRs can expose providers to liability in court, cost the ambulance service money in lost revenues, and create compliance problems in the event of an audit.

Approximately 90 people participated in this class. It was so popular that the South Dakota Ambulance Association (SDAA) is looking at hosting another class next year.
Working Together to Optimize Patient Care When Structure Fire Turns Deadly

By Heather Koerner, Performance Improvement Coordinator
Monument Health Spearfish Hospital

Just before shift change in the early morning hours, Spearfish EMS and Monument Health Spearfish Hospital worked together to mitigate a tragic event in the face of disaster.

Spearfish EMS was requested to expedite a response to a house fire. Upon arrival they learned that fire personnel had found the patient lying on the front deck. The patient had been pulled out of the home by a neighbor. They had moved him to the grass, and EMS began working immediately.

The patient was covered with almost 100% BSA burns. Per protocol, EMS began assessment, critical interventions, and the essential communication process of working towards definitive care involving a critical network of providers.

Time was essential as EMS crews loaded and called in report to Spearfish Hospital ED activating their trauma team. Critical interventions continued en route to the hospital. Both crews chose to travel in one ambulance to optimize patient care. One ambulance was left on scene to provide support for continuing fire operations. A supervisor and third ambulance were called to support the fire mission as well.

Transport to the Community Trauma Hospital (CTH) took approximately 15 minutes. With advance notice, the ED trauma team was prepared with staff and surgeons. Care was continued with EMS and hospital staff partnering to work hand-in-hand towards the survival of their patient.

The decision to transfer this patient to a Level I Burn Center was made prior to arrival at Spearfish Hospital. After stabilization, the patient was transported to the airport by Spearfish Ambulance in conjunction with LifeFlight personnel to ensure the continuum of care was seamless.

Once at the airport, the patient was flown by LifeFlight to an out-of-state burn center where definitive care was available. Even though the outcome for the patient was tragic, the working relationships between EMS, hospital, flight, and the definitive care center solidifies that communication with pre-hospital notification by EMS is essential for the timely care of a critical patient.

“In trauma cases, a quick, coordinated response is extremely important, and good communication every step of the way really helps us prepare. That’s why we value the close working relationship with Spearfish EMS and other first responders,” said Heather Koerner, Performance Improvement Coordinator at Monument Health Spearfish Hospital.