Comradery is defined by vocabulary.com as, “The spirit of friendship and community in a group, like the comradery of soldiers at war who keep each other upbeat despite the difficulty of their circumstance.” I believe many first responders including fire, law enforcement and EMS have this special pledge of unity. We need to rely on our fellow responders to ensure safe, efficient, and effective medical responses.

In recent articles, I have written about the change in the EMS Program, the importance of effective communication, and how strong relationships and mentoring are key attributes for success. It is fitting, then, the subject of comradery follow.

Comradery requires a shared vision, a purpose; there is no “I” in comradery—it inherently requires a mutual connection with others. It is this collegiality that supports a shared vision of servanthood. This is not only important in our individual EMS agencies, but also within our community and neighboring communities.

I encourage you, if you have not done so already, to invite your fellow dispatchers, law enforcement, and fire responders to meet with members of your EMS agency. Strengthen your relationships; share your vision and purpose; and, continue to build the special pledge of unity within your communities.
EMS Data Quality Reports
By Marty Link—EMS Director

For the past several years, the EMS Program has been working with EMS electronic Patient Care Reporting (ePCR) data. There are a variety of reports each EMS agency can run locally through the ePCR data system and we encourage you as service directors to do so. The EMS Program has contracted with Dr. Haifa Samra, a professor at the University of South Dakota to perform high level data analysis on what the EMS Program identified as key data elements required on every 911 response with patient transport.

Approximately 19 data elements were identified as part of this sample study. Each of the elements was scrutinized and “unacceptable values” were identified for the analysis. For instance, values of Not Available, Not Known, Not Recorded, Not Provided, and Blank were considered unacceptable values. This allowed the study to report acceptable values of “Male or Female” responses to patient gender. The goal of the analysis was to provide the EMS Program with a snapshot of the quality of data being submitted through the ePCR system; and identify how the EMS Program can work with EMS agencies to improve data submissions.

This analysis was conducted on a statewide basis and for individual ambulance services. Lance Iversen, with the EMS Program, will be mailing data reports to each ambulance services who submitted ePCR data during the analysis period. Please take time to review the reports with your EMS agency and feel free to contact the EMS Program with any questions or concerns you may have regarding the reports. As noted before, the reports are not punitive in nature; they are simply a tool to identify best practices and areas for improvement.

SIM-SD
By Marty Link—EMS Director

Many hospitals and EMS agencies have been actively involved in Simulation in Motion—SD (SIM-SD) thanks to a generous grant from The Helmsley Charitable Trust. SIM-SD has been active in SD for over five years now serving a multitude of venues. Avera McKennan, Rapid City Regional, and Sanford Health were each assigned specific hospitals and EMS agencies ensuring effective coverage statewide. Each partner was obligated, through grant dollars, to visit hospitals and EMS agencies a minimum of twice per year. Since the initial funding grant has officially concluded, the Office of Rural Health and SIM-SD are transitioning to an alternative delivery model.

As of this writing, SIM-SD has transitioned from providing training to individual hospitals and EMS agencies to more of a regional approach. If your service or hospital would like to participate in a SIM-SD session, the ORH encourages you to reach out to SIM-SD directly, arrange the training session, and then invite surrounding EMS agencies and/or hospitals to attend.

To schedule or contact your area representative, please visit: http://www.sim.sd.gov/about/Schedule.aspx.
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

---

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 “BLS Continuing Education Application and Information” then the link “Application for BLS Training Approval.” You can fill out the form then email, mail or fax to me to process. Once I approve your course, I will issue it a course number and email you the certificates to sign/date and hand out after the course.

For ALS, please go to the Board’s website, www.sdmboe.gov, click on “Advanced Life Support (ALS),” then click on “ALS Continuing Education Approval Request Application,” fill out the form and submit.
Driver Competency Requirements—Record Keeping
By Lance Iversen—EMS Program

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.

BLS NCCP Recert Standards
By Lance Iversen—EMS Program

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 & resources, please visit our website, EMS.sd.gov then click on “EMT Recertification & Resources.” 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
Violence In Healthcare Settings

By Jon Groen—Dept. of Public Safety—Office of Homeland Security

From emergency rooms to paramedic calls, workplace violence in a healthcare setting remains a problem nationwide. Some statistics state, emergency department nurses, for example, are seven times more likely to be injured in the line of duty than an on-duty police officer. Many state and local jurisdictions are addressing the issue, both here in the United States and abroad.

The Occupational Safety and Health Administration (OSHA) has released a Request for Information (RFI) to solicit data on preventing and handling incidents of violence at healthcare facilities. OSHA is considering moving forward with rulemaking proceedings on a standard that would address this issue, making the workplace safer for workers in the healthcare sector.

The RFI requests details on effective strategies for reducing incidents of violence through a series of questions about state laws, workplace violence prevention activities, defining workplace violence, reporting, rates of violence, and risk assessment. Please see the Regulations.gov website for details on submitting information. Submission deadline is April 6th, 2017.

OSHA has many resources available on the Workplace Violence website, https://www.osha.gov/SLTC/healthcarefacilities/violence.html, including “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers” and the Hospital eTool. As your facility works toward addressing incidents of violence, be sure to go through OSHA’s page for helpful materials. (Source: OSHA)

I have also attached the entire EMR-Infogram (located on the following two pages) because there is an article with additional information on Fentanyl safety and jamming of public safety communications.

Stay safe,

Jon Groen
Emergency Services Liaison Coordinator-Response Team Supervisor
Department of Public Safety-Office of Homeland Security
Jgroen@state.sd.us
P: (605) 367-4400

South Dakota Fusion Center
SDFusionCenter@state.sd.us
Phone: (605) 367-5940
Toll Free: 1-866-666-5265
Fax: 605 367-5945
The InfoGram

Volume 16 – Issue 50

December 23, 2016

FentanylSafety.com Provides More Support

Our friends and colleagues to the north have a new resource on the illicit drug Fentanyl: a first responders. The Royal Canadian Mounted Police and the Justice Institute of British Columbia have developed FentanylSafety.com to provide information on how the fentanyl epidemic affects first responders, their jobs, and their safety.

This issue has no borders; Canada is experiencing the same kinds of issues as the United States. There is an "overdose crisis" due to the spike in heroin addiction, but the use of Fentanyl to cut heroin creates a threat to first responders. Fentanyl is 100 times more potent than morphine. It can be inhaled, ingested, and absorbed through the skin if adequate personal protective equipment is not used. As little as 2 milligrams is lethal.

This new website educates first responders on what Fentanyl is, the occupational hazards, analogues of the drug, how to recognize overdoses, handling guidelines, and use of Naloxone. It has job aids for police, fire, EMS, and hazardous materials personnel. The information contained on this site could be lifesaving. Take the time to review it and pass it on to others in your department or agency.

(Source: FentanylSafety.com)

Violence in Healthcare Settings

From emergency rooms to paramedic calls, workplace violence in a healthcare setting remains a problem nationwide. Some statistic state emergency department nurses, for example, are seven times more likely to be injured in the line of duty than an on-duty police officer. Many state and local jurisdictions are addressing the issue, both here in the United States and abroad.

The Occupational Safety and Health Administration (OSHA) has released a Request for Information (RFI) to solicit data on preventing and handling incidents of violence at healthcare facilities. OSHA is considering moving forward with rulemaking proceedings on a standard that would address this issue, making the workplace safer for workers in the healthcare sector.

The RFI requests details on effective strategies for reducing incidents of violence through a series of questions about state laws, workplace violence prevention activities, defining workplace violence, reporting, rates of violence, and risk assessment. Please see the Regulations.gov website for details on submitting information. Submission deadline is April 6th, 2017. There will also be a public meeting on this topic on
January 10th, 2017, in Washington, DC. Registration is required to attend.

OSHA has many resources available on the Workplace Violence website, including “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers” (PDF, 4.5 Mb) and the Hospital eTool. As your facility works toward addressing incidents of violence, be sure to go through OSHA’s page for helpful materials.

(Source: OSHA)

Are Your Emergency Communications Working?

In the height of the fires in Tennessee last month, evacuation notices were sent to residents through the Emergency Alert System (EAS). However, some of those messages were never received due to a combination of human and technical error.

High winds disabled phone, internet, and electrical services, which lead to some failure. Also, the EAS doesn’t have a mobile text capability, so people relying on that communication method never received an evacuation message. Wireless Emergency Alerts, another system only five years old, has a 90-character limit, which is not nearly enough for full evacuation instructions. This is incredibly limiting in an emergency such as the one in Gatlinburg.

This incident is prompting state and local officials to take a good look at emergency communications methods to determine how effective they would be when seconds truly count. Performing a full test of those systems can show their gaps, weaknesses, and technologic limitations. Involving the community as much as possible will give a much more comprehensive picture, and investigating alternate methods and technology can fill gaps that more official systems can’t cover.

(Source: FCC)

Jammers Continue to be a Problem

Federal law prohibits the operation, manufacture, sale, marketing, importation, distribution, and shipment of electronic jamming equipment. Even so, the Department of Homeland Security (DHS), Federal Communications Commission (FCC), and law enforcement officials have noted an increase in electronic jamming activity in recent years, in part because these devices are inexpensive and easy to obtain.

Jammers pose a threat to first responders and can leave them without communications at critical times, delaying response to incidents and leaving them vulnerable.

The DHS Science and Technology Directorate and the FCC jointly released a new product on jamming technology, its potential to affect public safety, and steps being taken to identify and combat electronic jamming threats. The jammer infographic (PDF, 1.02 Mb) discusses the effects of jamming and suggests mitigation tactics.

Electronic jamming is a serious threat to first responders and public safety communications and should be treated as such. DHS will update information as it becomes available, including additional details on threats, mitigation strategies, and technologies. To learn more about the 2016 First Responder Electronic Jamming Exercise or the planned 2017 follow-on exercise, contact Jamming.Exercise@hq.dhs.gov.

If your department has been affected by jamming, please immediately report the suspected activity to the FCC as outlined in the infographic.

(Source: FCC)
Improving Cardiac Code Response In Your Service Area
By Alan Johnson—EMS Western Specialist

CODE-STAT is a software program that works with Physio-Control monitors and LUCAS II devices and provides data for continuous quality improvement of cardiac events.

As part of the Helmsley grant, all ambulance services and selected hospitals were provided LUCAS II devices. If your service has a Physio-control cardiac monitor and a LUCAS II device, you can provide data and receive feedback on the cardiac events you perform.

This feedback is not to be punitive but serve as a teaching and learning tool to better serve your patients. The program looks at many things during a cardiac event such as CPR rate, when or if rhythm checks were completed, EtCO₂ numbers, initial cardiac rhythms, etc.

We are not receiving data from many Ambulance services that could benefit from this feedback. If you have Physio-Control devices and would like to revisit the initial setup and feedback on the data, contact Al Johnson at 605-394-6027 or Alan.Johnson@state.sd.us

ALS NCCP Re-Licensure Information
By Margaret B. Hansen—SDBMOE Executive Director

The South Dakota advance life support (ALS) provider’s requirement in South Dakota law matches the NREMT number of continuing education (CE) hour requirements (e.g. 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.
South Dakota Task Force 1 (SDTF-1)
Contributed By JR Huebner—Battalion Chief, Aberdeen Fire & Rescue

SDTF-1
Purpose/Mission
We are committed to using all of the resources at our disposal to assist in natural and manmade disasters and to locate and rescue lost and missing persons. Our mission is carried out through the use of the expertise and technology at the disposal of our dedicated members, always with attention paid to the safety of all parties involved.

SDTF-1 Cisco

South Dakota Task Force 1 (SDTF-1)

Sponsoring Agencies
Aberdeen Fire
Rapid City Fire
Sioux Falls Fire
Watertown Fire

South Dakota
Task Force 1 (SDTF-1)
All Hazards Response Team
Phone: (605) 367-4400
Phone: (605) 773-3450
E-mail: Jan.Greene@state.sd.us
Website: dps.sd.gov/homeland_security

Continued on the next page
South Dakota Task Force 1 (SDTF-1) Continued

State of South Dakota Task Force 1 (SDTF-1)
All Hazards Response Team

Hazardous Materials
SDTF-1 has technical level Hazardous Materials team members. SDTF-1 can provide monitoring, chemical identification, entry, hazard mitigation, and decontamination assistance.

Technical Rescue
SDTF-1 has technical rescue members that can provide assistance in water rescue, high angle/rope rescue, confined space rescue, trench rescue, and structural collapse rescue. SDTF-1 can also assist at wide-area search incidents with trained technicians and a live-find, air-scent search dog named Cisco. Cisco and his handler are members of the Rapid City Fire Department. The team operates within the NIMS/ICS command structure under the authority having jurisdiction (AHJ) and/or the incident commander (IC).

The State of South Dakota in conjunction with Aberdeen Fire Department, Rapid City Fire Department, Sioux Falls Fire Rescue, and Watertown Fire Rescue have partnered to create an all-hazards response team named South Dakota Task Force-1. This team was formed to provide assistance to emergency response organizations in the State of South Dakota. The team can provide assistance in Hazardous Materials and Technical Rescue incidents.

Clean up and remediation on an incident is not the responsibility of SDTF-1

How to Contact
To contact SDTF-1 for an emergency, the county emergency manager, sheriff’s office, or other local authority may call the South Dakota Office of Emergency Management Duty Officer at (605) 773-3231.

- When requested, a 2-4 person recon team will deploy from the nearest department. There is no cost for the first 12-hour operational period for the recon team.
- Additional resources will be deployed if warranted and approved by the Incident commander (IC) or Authority Having Jurisdiction (AHJ).

SDTF-1 at Falling Rock Canyon in Western South Dakota

South Dakota EMS Patches
By Lance Iversen—EMS Program

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.
2017 EMS Day on the Hill
By Maynard Konechne – SD EMS Association Political Committee

2017 EMS Day On The Hill was held on Monday, February 13th. We had a great group of EMT's, Paramedics, and American Heart Association Advocates attend and testify.

The social in the evening was well attended again this year with 69 Legislators, 8 spouses, the Attorney General, 1 AHA, 1 DOH, 24 EMT and Paramedics, 6 Lobbyists, 9 Interns, and 7 Pages for a total of 129.

Thank you to all who attended to support South Dakota EMS!

One of the recommendations from the Stakeholder’s Group was to add the Emergency Medical Responder (EMR) level as a recognized South Dakota certification level.

SB48 was introduced and met very little opposition. This was signed into law by Governor Daugaard on February 23rd, 2017 and will take effect on July 1st, 2017.

For those who hold current National Registry EMR certification, you will be able to apply for State certification after July 1st and your expiration date will follow the date of your National Registry certification.

A Rules package is currently being worked on. Once this is complete, we will post on our website, EMS.sd.gov, notify ambulance services and reach out to those who currently hold a valid National Registry EMR certification.

Front row: Miss SD-Brianna Larson-Rapid City; Governor Dennis Daugaard; Mrs. SD Lisa Shannon—Hot Springs. 2nd Row: Andy Binder-Spearfish; Eric Van Dusen Sioux Falls; Margaret Kuipers-SiouxFalls-Maynard Konechne-Kimball; Megan Meyers-AHA-Sioux Falls. 3rd Row: Lyndsey Wallendorf—Rapid City-AHA-Rae O’Leary-Timber Lake; Catherine Cuka-Centerville; Patty Lunde-Watertown; Doug Kranz-Watertown; Lori Balcius-Custer; Gary Price-Rapid City AHA-Survivor. 4th Row: Kristie Wallendorf-Rapid City-AHA; Karen Starr-SiouxFalls-AHA; Halley Schultz-Sturgis; Shawn Fischer-Sturgis; Nellie Isaacs-Sturgis; Tanner Walz-Sturgis; Elizabeth Verheye-Spearfish. 5th Row: Brad Wallendorf-Rapid City-AHA-Survivor; Kendra Enright-Timber Lake; Robin Albers-Rapid City-AHA; Marilyn Zomer-Armour; Nicole Negebauer-Armour; Tami Van Dam-Murdo; Hapsi Nutley-Custer; Ruth Airheart-Custer. Top Row: Tyler McElhany-Watertown; Kristina Ymker-Armour; Brian Hambek-Spearfish; Natalie Ymker-Armour; Scott Larson-Highmore; Adam Miles-Spearfish. (AHA-American Heart Association) (All others in the picture assist their local Ambulances as EMT’s or Paramedics).

Senate Bill 48—EMR State Certification
By Lance Iversen—EMS Program

One of the recommendations from the Stakeholder’s Group was to add the Emergency Medical Responder (EMR) level as a recognized South Dakota certification level.

SB48 was introduced and met very little opposition. This was signed into law by Governor Daugaard on February 23rd, 2017 and will take effect on July 1st, 2017.

For those who hold current National Registry EMR certification, you will be able to apply for State certification after July 1st and your expiration date will follow the date of your National Registry certification.

A Rules package is currently being worked on. Once this is complete, we will post on our website, EMS.sd.gov, notify ambulance services and reach out to those who currently hold a valid National Registry EMR certification.
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