



# The Monitor

The monthly electronic newsletter for the Southern Illinois Regional EMS System.

May/June 2016

**COMMAND:** Dr. Haake wants to remind everyone, as the temperatures rise, to keep hydrated and pay attention to the possibility of heat related injuries for ourselves and our patients. Also, with the 4<sup>th</sup> of July around the corner, keep in mind the possibilities of soft tissue and burn injuries from fireworks.

**FINANCE:** Due to the lack of a state budget, the EMS Assistance Grants and the Heartsaver AED Grants continue to remain frozen. Until there is a budget or an appropriation to spend this money, it will remain in Springfield.

**LOGISTICS:** IDPH has released the new continuing education guidelines for EMT, EMT-I/AEMT, and Paramedic. The guidelines and the corresponding memo from the EMS Division Chief have been posted on the news feed of our system website, [www.sirems.com](http://www.sirems.com). Here are some of the notable changes listed below.

- The total hours needed in a four year period for relicensure remained the same. EMT: 60 hours, EMT-I/AEMT: 80 hours, Paramedic: 100 hours.
- Initial life support courses are counted hour for hour up to a maximum of 16 hours. Examples are CPR, ACLS, PALS, PEPP, etc.
- The same renewal life support courses as above are counted hour for hour up to a maximum of 8 hours.
- Participating in emergency preparedness drills/exercises may only count up to 12 hours in a license period for Paramedics, 10 hours for EMT-I, and 8 hours for EMT.
- There is no longer a limit for CEUs obtained online. In the past, IDPH would only allow 25% of your total CEU hours to be obtained online.
- You cannot exceed 20% of total minimum hours in any one subject area. For example, you cannot use all 40 hours from a Haz-Mat Operations class if you are required to have 60 hours for renewal. As an EMT-Basic needing 60 hours total, you will not be able to exceed 12 hours in any one topic, like hazardous materials.
- IDPH now requires minimum hours be obtained in specific topics over the license period. See below:

Preparatory: 8 hours	Medical: 20 hours
Airway and Ventilation: 12 hours	Peds/OB GYN: 16 hours
Patient Assessment: 8 hours	Geriatrics: 4 hours
Trauma: 12 hours	Operations: 4 hours
Cardiology: 16 hours	<b>Total: 100 hours in 4 years</b>

The breakdown of hours listed above is based on the Paramedic license. To obtain the appropriate number of hours per topic for your license level, use the methods below.

- For EMT-I/AEMT, multiply the required number of hours for Paramedic by 0.8
- For EMT-B, multiply the required number of hours for Paramedic by 0.6

We have a request pending with IDPH to transition into these changes over the next 6 months, through the end of the year. However, as of date of publication, we have not received an answer. So, please work towards being prepared to meet the new guidelines for your next renewal. Another point to consider with the new topic requirements is EMS conferences. If you attend a conference for CEUs, keep the schedule with your CEU certificate so the topics and hours can be accurately counted and recorded into the appropriate category.

**OPERATIONS:** For the ALS service members that have not completed their Fentanyl training, please contact the EMS Office ASAP to schedule your training. Fentanyl was approved by IDPH for SIREMS last year, but many of our ALS services are still not carrying the drug because some of their Paramedics have not completed the training.

EMT-Basics: IDPH has initially approved EMTs using a needle, syringe, and epinephrine from a vial instead of using Epi Pen auto injectors. As soon as we get the go ahead from IDPH, we will be scheduling the training sessions for our ambulance services. Also, there are still EMTs that have not completed the aspirin and albuterol training. The EMS Office will be pushing this training to the remaining services soon so we can be prepared to move forward with the epinephrine training.

When you have a patient with a positive stroke scale, don't forget to document that you notified the receiving facility of the findings. Document that you reported a possible stroke, or activated a Code Stroke, or reported a positive CSS/FAST scale. This documentation must be present in the PCR for your receiving facilities to count the patient as an early activation for their Primary Stroke Center or Stroke Capable Facility designations.

**PLANNING:** Don't forget about our EMS Calendar at [www.sirems.com](http://www.sirems.com)

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| June 13: | SIREMS Triage Tag Day   |
| June 14: | Flag Day  |
| June 16: | IDPH EMS Advisory Council, Springfield (video at IDPH Marion) |
| June 19: | Father's Day  |

*TIP OF THE MONTH:* With the recent passing of retired Carterville EMT Tim Coogan, it made me think of how your patient care and training habits carry over to the younger generations. Tim was dedicated to the care and welfare of his patients as well as making sure he and his department members were prepared for the next call. While working with and/or mentoring a rookie candidate, please give your best effort to pass along good habits, good information, good attitudes, and good advice because we all stand on the shoulders of our predecessors. Thanks TC...Go CUBS!!

If you have any questions or information for "The Monitor", please contact me at [Brad.Robinson@sih.net](mailto:Brad.Robinson@sih.net) or [SouthernIllinoisRegionalEMS@gmail.com](mailto:SouthernIllinoisRegionalEMS@gmail.com) (06-12-16).