



# the SIREN

A Newsletter of the Division of Emergency Medical Services  
and the State Emergency Medical Services Board  
1970 W. Broad Street  
Columbus, Ohio 43223  
1-800-233-0785

## Beyond Lights and Sirens Definition and Medical Direction of Mobile Intensive Care Units

Carol A. Cunningham, M.D., FACEP, FAAEM,  
State Medical Director/Ohio Department of Public Safety, Division of EMS

Physicians are constantly faced with the challenges of the initiation of inter-facility transfers and maintenance of compliance with federal Emergency Medical Treatment and Active Labor Act (EMTALA) regulations. According to EMTALA, the transferring physician is responsible for the decision to transfer the patient, confirmation of the patient's stability prior to transfer, and selection of the mode of transfer. The transferring physician is responsible for the patient until they arrive at the receiving facility. Pub. L. No. 99-272, Title IX, § 9121(b), 100 Stat. 164 [codified as amended at 42 U.S.C. § 1395dd (1995)].

Throughout Ohio, mobile intensive care units are available for the transport of critically ill patients. As outlined in Section 4766.01 of the Ohio Revised Code, a mobile intensive care unit is an ambulance used only for maintaining specialized or intensive care treatment and used primarily for inter-hospital transport of patients whose conditions require care beyond the scope of a paramedic as provided in Section 4765.39 of the Ohio Revised Code. The legislated levels of ambulance services in Ohio are basic life support, intermediate life support, advanced life support, and mobile intensive care units. Although some agencies are marketing the availability of "critical care ground transport" units or services described with similar classification, these levels of service are not recognized by the state of Ohio nor are they defined within the law. The use of varied terminology for levels of ambulance services creates confusion for the transferring physician in the expected level of ambulance staffing, and therefore, should not be used. Depending upon the service, the staffing of mobile intensive care units may include a matrix of

physicians, registered nurses, paramedics, and respiratory therapists. The levels of emergency medical services (EMS) certification are listed in Section 4765.01 of the Ohio Revised Code: first responder, emergency medical technician (EMT)-Basic, EMT-Intermediate, and EMT-Paramedic. Many agencies provide additional training to their mobile intensive care unit staff members, and often title the staff members and their job description as critical care nurses or critical care paramedics. In the case of the paramedic, it is important to realize that the term "critical care paramedic" or other variations of denoting a paramedic with additional training is not currently recognized within the Ohio Revised Code and should not be used.

Mobile intensive care units typically have patient care transport protocols that are written by the medical director of the service and utilized by their staff. Medical direction by a qualified physician who is licensed in Ohio is required for a certified paramedic to function. Regardless of the provision of additional training, EMS providers, including paramedics, must function strictly within their respective legislated scope of practice. In addition, medical directors of mobile intensive care units cannot exceed the paramedic scope of practice, (as outlined in Section 4765.39 of the Ohio Revised Code and Section 4765-17-03 of the Ohio Administrative Code) within their patient care transport protocols or during direct or on-line medical direction. Patient care delivery and procedures that exceed the scope of practice of the paramedic must be performed by a member of the intensive care unit team that has a higher level of licensure or certification issued by the appropriate state board within Ohio.

07  
FALL

Ohio Division of  
Emergency Medical  
Services Recognizes  
Columbus-Area Resident  
for Heroic Efforts

Board Member Wins  
Best in Research at  
UCLA Medical Center's  
International Competition

Reminder to all Ohio EMTs

CPAP: Expansion of the  
Ohio Division of EMS  
Scope of Practice

Launch of New Web-  
Based Training

Disciplinary Actions



ISSN  
2502-2505

# Heroic Efforts

## Ohio Division of Emergency Medical Services Recognizes Columbus-Area Resident for Heroic Efforts

In the event of a fire, citizens usually leave the firefighting and rescue to the professionals; but in the case of Adam Trisler, his quick thinking and selfless actions prevented a bigger tragedy on the night of June 11th in Hamilton Township.

The Division of Emergency Medical Services awarded Adam Trisler for his efforts in safely bringing out a family from a burning house. The recognition took place at the Hamilton Township Fire Department in Obetz, Ohio where the honoree recounted how he was awakened by his wife, alerting him that a fire had erupted next door.

"A toddler was right inside the door and I grabbed him and ran him to the porch and yelled for my friend, and he came down and got him," said Trisler. "Then I went to the

back and crawled to the back door but couldn't make it because it was too smoky. Someone pulled me out and when we got to the back of the house, we saw two kids jump off the roof."

The 21-year-old husband and father of two has plans of becoming a firefighter one day. It took firefighters at least an hour to get the house fire under control. The home was a total loss, but there were no reported injuries.



## Board Member Wins Best In Research at UCLA Medical Center's International Competition

Mark Marchetta's five-year study on the benefits of continuous positive airway pressure (CPAP) in patients with severe breathing difficulties earned the board member the Best in Research title from the Pre-hospital Care Forum at the 25th Annual EMS Today Conference and Exposition in Baltimore.

Using a \$68,000 research grant for equipment, Aultman Health Foundation equipped 22 Stark County paramedic ambulances with technology to offer CPAP, which is a unit that administers oxygen under pressure to quickly help the patient with severe breathing difficulty.



This research was presented and published in the March 2007 issue of the Journal of Emergency Medical Service (JEMS) magazine that has a circulation of over one million readers globally.

The study showed that patients who received pre-hospital CPAP for congestive heart failure (CHF), asthma, chronic obstructive pulmonary disease, pneumonia and pulmonary edema had a significantly lower incidence of intubations. The intubation rate was reduced from 35 percent in the group of patients who received standard oxygen treatment to nine percent in the group who received CPAP. The CPAP patients were also in the hospital 355 less days.

"We are taking hospital treatment into patients' homes," said Marchetta, "Getting the most-advanced and beneficial treatment to patients in a timely manner positively affects their outcomes and quality of life."

## Reminder to all Ohio EMTs

All EMTs recertifying for their EMT certifications are reminded that the FEMA NIMS courses are acceptable as EMS CE. All NIMS courses have been accepted by the Ohio EMS Board as continuing education that can be used toward Ohio EMT recertification hours needed.

The FEMA certificates of completion are stand-alone proof of EMS CE towards Ohio EMT recertification.

## Expansion of the Ohio Division of EMS Scope of Practice

Noninvasive positive pressure ventilation has been utilized on patients for decades and became available in the prehospital setting around 1995. Noninvasive positive pressure ventilation is currently available to EMS in the forms of continuous positive airway pressure (CPAP) and bilevel positive airway pressure (Bi-PAP). These methods of ventilation are frequently used in the outpatient setting for patients with sleep apnea, chronic obstructive pulmonary disease (COPD), or congestive heart failure (CHF). CPAP and Bi-PAP offer an alternative to endotracheal intubation for patients who are experiencing respiratory distress and fatigue, are not responding to high flow oxygen delivered via face mask, and have an intact gag reflex.

The initiation, administration and management of CPAP and Bi-PAP by EMT-Paramedics have been in the Ohio Division of EMS Scope of Practice for several years. On July 18, 2007, the EMS Board approved the addition of initiation, administration and management of CPAP to the scope of practice for EMT-Basics and EMT-Intermediates. The expansion of the scope of practice is the result of the EMS Board's examination of evidence-based research that demonstrated significant clinical improvement, improved hypoxemia and a reduction in the need for endotracheal intubation in patients with acute dyspnea from CHF, COPD or pneumonia.

CPAP should be the noninvasive positive pressure ventilation method of choice for patients presenting with acute respiratory distress, and it is the only method of noninvasive positive pressure ventilation that is approved for the initiation by all levels of EMTs. Since it is noninvasive, CPAP is currently an acceptable form of oxygen administration for patients who are enrolled in the State of Ohio DNR Comfort Care program.

The initiation of Bi-PAP continues to be reserved solely for EMT-Paramedics. During the transport of patients who are chronically on CPAP or Bi-PAP, EMTs of all levels may continue oxygen administration via these ventilatory adjuncts as they qualify as pre-existing medical devices in this scenario. As always, all EMTs should be prepared to ventilate the patient with a bag valve mask immediately and potentially perform an endotracheal intubation as directed by local medical direction if the patient deteriorates.



## Launch of New Web-Based Training

The U.S. Fire Administration's National Fire Academy recently announced the launch of a new online training system, "NFAOnline." It provides an easy one-stop Web site where fire and emergency services personnel, first responders, emergency management personnel and the general public will find free training and education programs that they can complete at their own pace.

NFAOnline provides a user-friendly, state-of-the-art training system with technical support and the ability for the student to immediately print a certificate and transcript. The primary effort of this service is to make available training and materials for the fire service, particularly those unable to attend resident courses in Emmitsburg, Maryland.

There are currently eight courses available in the new NFAOnline system.

Additional courses are in development and will be added in coming weeks. Course subjects include Community Safety Educators, Fire Service Supervision, ICS 100 and ICS 200, Emergency Response to Terrorism, and Emergency Medical Services.

To enroll visit [www.nfaonline.dhs.gov](http://www.nfaonline.dhs.gov) and review the course catalog through the New Students option.

# Disciplinary Actions

## JUNE

**Duane F. Prokop,**  
**EMS Certificate Number 76324**

**Violation:** Misdemeanor involving moral turpitude conviction, Persistent Disorderly Conduct.

**Sanction:** Permanent Revocation of EMT certificate to practice.

**Graeme S. Monger,**  
**EMS Applicant Number 162046**

**Violation:** \*\*\*\*\*

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days prior to issuance, and another at renewal.

**Jay M. Stitsinger,**  
**EMS Certificate Number 135900**

**Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct.

**Sanction:** Written reprimand and must submit a Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days prior to issuance, and must complete anger management course within nine months.

## JULY

**Gene P. Hensley, II,**  
**Reinstatement Applicant Number 65543**

**Violation:** Previously Revoked Certificate.

**Sanction:** Continue Revocation; however, revocation stayed, written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days, and must submit another background check in three years.

**Carrie A. Wise,**  
**EMS Applicant Number 162963**

**Violation:** Misdemeanor involving moral turpitude conviction, Child Endangerment.

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, 3-year probation, and must submit another background check in three years.

**Scott J. Johnson,**  
**EMS Certificate Number 105309**

**Violation:** Misdemeanor involving moral turpitude conviction, Domestic Violence.

**Sanction:** Written reprimand and must submit a Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course within nine months.

**Scott D. Ulrich,**  
**EMS Certificate Number 79398**

**Violation:** Misdemeanor involving moral turpitude conviction, Vehicular Manslaughter.

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days and another in three years.

**Michael L. Adams,**  
**EMS Certificate Number 125646**

**Violation:** Practicing without certification.

**Sanction:** Grant certification, however the certificate will be suspended for 11 months, with 9 months stayed, and must supply continuing education at renewal.

**Terry A. Olsen,**  
**EMS Certificate Number 7790**

**Violation:** Misdemeanor involving moral turpitude conviction, Dereliction of Duty.

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days and another in three years.

**John A. Macklin,**  
**EMS Certificate Number 94520**

**Violation:** Misdemeanor involving moral turpitude conviction, Disorderly Conduct.

**Sanction:** Written reprimand and must submit a Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days, and must complete anger management course within nine months.

**Rick Ewanow,**  
**EMS Applicant Number 167855**

**Violation:** Misdemeanor involving moral turpitude conviction, Resisting Arrest.

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, and another in three years.

**Marshall R. Moss, Jr.,**  
**EMS Applicant Number 167911**

**Violation:** Misdemeanor involving moral turpitude conviction, Passing Bad Checks.

**Sanction:** Written reprimand and must submit a Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days/prior to issuance.

**Dawn M. Koking,**  
**EMS Certificate Number 95994**

**Violation:** Random Audit Issues.

**Sanction:** Written reprimand, must complete continuing education requirements and must supply documentation of continuing education with next renewal application.

**Angela K. Lewis,**  
**EMS Certificate Number 75174**

**Violation:** Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician

and failed to accurately document all continuing education requirements after attesting to the fact that she had satisfied the requirements to renew her certificate to practice.

**Sanction:** Revocation of EMT certificate to practice.

**Sean M. Worley,**  
**EMS Certificate Number 77760**

**Violation:** Misdemeanor involving moral turpitude conviction, Menacing.

**Sanction:** Written reprimand and must submit a Bureau of Criminal Identification & Investigation Civilian Background Check within 120 days.

**Joe D. Anthony,**  
**EMS Certificate Number 48587**

**Violation:** Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician and failed to accurately document all continuing education requirements after attesting to the fact that he had satisfied the requirements to renew his certificate to practice.

**Sanction:** Revocation of EMT certificate to practice.

**Richard A. Schoville,**  
**EMS Certificate Number 60404**

**Violation:** Committed fraud, misrepresentation, or deception in applying for a certificate to practice as an emergency medical technician and failed to accurately document all continuing education requirements after attesting to the fact that he had satisfied the requirements to renew his certificate to practice.

**Sanction:** Revocation of EMT certificate to practice.

**Mark J. Angell,**  
**EMS Certificate Number 129031**

**Violation:** Misdemeanor involving moral turpitude conviction, Resisting Arrest.

**Sanction:** Written reprimand, must submit a Bureau of Criminal Identification & Investigation Civilian Background within 120 days/prior to issuance, and another in three years.

the **SIREN**

A Newsletter of the Division of Emergency Medical Services  
and the State Emergency Medical Services Board

Richard N. Rucker, Executive Director  
[www.ems.ohio.gov](http://www.ems.ohio.gov)

Editor: China Dodley Ted Strickland, Governor  
Layout & Design: Printing Services Henry Guzmán, Director,  
Department of Public Safety

