



NORTH CAROLINA

EMS NEWS

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Coordinators Workshop Held At Campbell College

In order to encourage uniformity and quality in the state-wide Emergency Medical Technician's Course, the Office of Emergency Medical Services conducted a two-day Course Coordinators Workshop on February 22 and 23. Representatives from 45 Community Colleges and Technical Institutes attended the event to hear speakers report on the keys to success and the causes for failure of ambulance attendant training programs in other areas.

A portion of the program was devoted to defining the role of the Course Coordinator in the EMT training program. Each course is to be staffed by the Course Coordinator, a series of physician and specialist lecturers and a Lay Instructor.

The Course Coordinator will have overall responsibility for the training. The lecturers will present specialized materials which are beyond the expertise of the Course Coordinator. The Lay Instructor will be utilized in teaching manipulative functions such as cardiopulmonary resuscitation, spinal injury management and splinting. The use of a Lay Instructor will also allow the trainees to be broken into fractional training groups for greater learning efficiency.

Chris Gentile, Education Program Consultant for OEMS, reported that the intent of getting the Course Coordinators together was to instill the philosophy of the training program—to create uniform levels of quality and reliability in the performance of basic life support skills.

More than 120 participants left the Workshop expressing their enthusiasm with the challenge that lies ahead.

N.C. EMERGENCY MEDICAL SERVICES PLAN INCLUDES 81-HOUR EMT TRAINING PROGRAM

The ambulance attendant plays a vital role in emergency medical services. That is why North Carolina has included a new 81-hour Emergency Medical Technician (EMT) training program in its plan to upgrade emergency medical services.

Work on new ambulance service programs began almost a decade ago with a study entitled "Organizing Ambulance Services in the Public Interest," by Dr. Robert R. Cadmus and John H. Ketner.

This study led to the Regulation of Ambulance Services Act of 1967 establishing a 30-hour minimum training standard.

In 1971, the General Assembly directed a Legislative Research Commission to study and investigate North Carolina's need for a new EMS system.

The Commission reported to the General Assembly: "... North Carolina is behind other states in providing ambulance (attendant) training. The federal government's recommendation of 'seventy hours of instruction plus ten or more additional hours of emergency room training' seemed to the Committee to be the necessary basic minimum rather than the present 24-hour Ambulance Attendant Course required by the State Board of Health."

When the General Assembly passed the Emergency Medical Services Act, an Advisory Council for EMS was formed. The newly proposed 81-hour training requirement was approved by this Council as an amendment to the Rules and Regulations Governing Ambulance Services.

The Advisory Council was concerned about the impact which the new regulations would have on the volunteer rescue groups that provide a valuable service in the State.

They sought the advice and support of the North Carolina Association of Rescue Squads. By a heavy majority, this organization's board of directors supported the 81-hour minimum training program.

The Commission for Health Services then approved the amendment and adopted the proposed changes at a meeting held November 29, 1973.

Following the adoption of the new regulations, the Office of Emergency Medical Services (OEMS) assumed responsibility for providing necessary training and enforcing the minimum standards beginning January 1, 1976.

Programs are being coordinated largely with local community colleges and technical institutes since most of the State's population is within commuting distance of these schools. However, courses may be coordinated with other agencies.

The new regulations and training apply only to the ambulance attendant—the person directly responsible for patient care en route to the hospital—not the driver.

Training Program

Ambulance attendants who have already had the EO3 and EO4 programs, comprised of 30 hours of education, may receive credit for these courses (if state sponsored) toward the 81-hour requirements.

This allows the attendant to enroll in a program of 51 hours, provided there is no duplication of prior course work. With a total of 81 hours' training, the attendant becomes eligible for EMT certification.

Training programs consist of a lecture series, lessons in practical skills, and experience within a hospital.

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PEOPLE WHO NEED PEOPLE

BY JIM PAGE, OFFICE OF EMERGENCY MEDICAL SERVICES' CHIEF

North Carolina has come to be recognized as the pace-setter in the "New South." In addition to presenting her residents with beautiful scenery, mild weather and a comfortable life style, North Carolina tends to make heavy commitments to the health and welfare of her citizens. Thus, it is not surprising that North Carolina's legislators, after very thorough study and planning, created what is probably the nation's most comprehensive emergency medical services system.

Creating a comprehensive EMS system in a small, compact, urbanized state would be mainly a matter of dollars. Creating such a system in North Carolina, the most rural state in the nation, cannot be accomplished with dollars alone. It involves the personal commitment of nearly 10,000 people, many of whom serve their fellow citizens as unpaid volunteers.

It involves change—something which is difficult to achieve in any state. The tasks involved in carrying out the legislative commandments will test the enthusiasm and courage of this pace-setting state and her people.

Anyone who watches television or reads "Reader's Digest" has heard of some very dramatic examples of local EMS systems. The point to be remembered is that no state can presently assure all of its citizens that they can count on receiving high quality emergency medical service everywhere within that state's boundaries. That is precisely the challenge of North Carolina's EMS Act of 1973. Can we meet that challenge? Only time and a lot of work will tell.

Already, there are signs that we will meet the test. Members of 13 volunteer rescue squads and ambulance services have completed the basic Emergency Medical Technician training course. Members of another 50 are presently in training or have been committed to the course. These are members of completely unpaid organizations. They are a cross-section of North Carolina's greatest resource—her people. They are committed to the noble goal of serving our fellow citizens capably in time of greatest need.

A state's system of ambulance services is certainly an important element of an EMS system. But it does not stand alone. The notable difference in our state's EMS program is that it addresses all the elements of the system at once. And the people involved in those elements are responding with enthusiasm.

For example, several of the state's telephone companies are working with local officials to explore and develop the "911" telephone system for reporting emergencies. The North Carolina Medical Society and the Board of Medical Examiners recently gave their support to a legislative proposal which will legalize the advanced-level mobile intensive care programs which are developing throughout the state.

The North Carolina Emergency Room Nurse's Association is sponsoring a two-day seminar in May to encourage a teamwork approach to EMS. The North Carolina Hospital Association continues to lend its assistance in our hospital categorization program.

The General Assembly has pumped life into the program with its approval of a \$2.6 million appropriation for fiscal year 1974-75. Fifteen of the 17 state planning regions have developed Regional EMS Councils, composed of citizens who are giving local input to our efforts.

Even at this early stage, North Carolina's EMS program is attracting national attention. On a daily basis, we receive reports from out of state that "the Tar Heels are doing great things in EMS." Several federal agencies have told us they know of no other state that is moving as decisively in EMS as North Carolina. The North Carolina Seminar on 911, held last February 28, attracted participants from as far away as New York and California. The focal point of our EMS effort must always be people—the victims of sudden and unexpected illness and injury, as well as the people who join to provide them with quick, competent and coordinated care and transportation. Ultimately, if we succeed as we can, the credit will go to the 10,000 unsung heroes who are willing to give an extra measure for humanity.

Training Program, cont'd.

The certification examination is taken directly from the textbook the student uses during training. All information will have been given to the student prior to testing to keep confusion to a minimum.

The individual may keep the textbook as long as he desires to prepare for the EMT examination. He may schedule the exam whenever he feels he is ready to take it.

Recertification can be obtained by taking a 20-hour refresher course and successfully passing an examination. Ten hours are devoted to review and 10 to instruction in new methods and equipment.

OEMS Program Control

The Office of Emergency Medical Services maintains certain quality controls for the EMT training program.

- OEMS recognizes only two textbooks for the program.

- A community college or technical institute must submit to the OEMS a complete outline of their EMT program before the Office will accept that program for certification.

- There is a continuing communication between the community college coordinator and the EMS training program coordinator.

- OEMS makes final certification of each ambulance attendant.

Deadline—1976

Although the EMT training program is already being implemented, certification requirements will not be enforced until January, 1976.

There is also a great deal of flexibility in the establishment of training programs. The programs can be set up to have class sessions whenever it is convenient for the people who are taking courses.

"The volunteer agencies play a vital role in emergency care services; therefore, every consideration possible is being given them in forming the program," said Chris Gentile, OEMS Training and Education Consultant.

The Office of Emergency Medical Services has also made plans for a concentrated EMT program for the summer. The program will be three weeks in length. Ambulance attendants attending the session will be eligible for EMT certification at its conclusion.



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GENE HOWELL	A, B
PAUL PUCKETT	C, D, E
HAROLD SIMPSON	F
NED WEYANT	G
GRAHAM HUNTER	H
VACANT	J, K
VERN JONES	L, Q
AL MINER	M, N
JOHN McCLOSKEY	O, P (EXCEPT TWO COUNTIES)
PAUL GRAETER	R (PLUS CRAVEN, PAMLICO)

N. C. Emergency Medical Services: One of Nation's Most Comprehensive

After years of extensive study and investigation of emergency medical services, the 1973 General Assembly enacted the Emergency Medical Services Act. North Carolinians are now on their way to having one of the most comprehensive emergency medical service systems in the nation.

The starting point of the emergency medical services movement nationally was in 1966 with the passage of the National Highway Safety Act. The Act set up Federal standards for highway safety, including ambulance regulations and ambulance attendant training.

At the same time, a need for better quality emergency services was being acknowledged by many people in North Carolina. Dr. Robert R. Cadmus and John H. Ketner completed a study of North Carolina ambulance services in 1965.

Another important study of the hospital emergency services was done by the Medical Care Commission in 1970.

North Carolina took a significant step forward in 1971 when the General Assembly passed a resolution "authorizing and directing the Legislative Research Commission to study and investigate the occurrence of injuries and fatalities caused by accidents and acute illness among persons in North Carolina and to formulate a Comprehensive Emergency Care Service System in the State."

Headed by Senator F. O'Neil Jones, the Commission recommended components of the State's emergency medical services from the departments of Transportation, Administration, Military and Veterans Affairs and Human Resources be focused into one resource by establishing the Office of Emergency Medical Services.

In November 1972 through the recommendation of the Legislative Commission, the Secretary of Human Resources hired a consultant to prepare the appropriate legislation for the 1973 General Assembly. The consultant was also to prepare an EMS plan for North Carolina.

The Secretary also appointed a 37 member EMS Task Force, representing providers, consumers, political and geographical interests to work with the Consultant during the planning process.

In preparing a draft for the bill to be presented to the General Assembly, the Consultant studied all reports and research produced in North Carolina for several years. He worked with all departments of State government that had health related functions and drew information from other states that had begun emergency medical programs.

The Emergency Medical Services Act of 1973 placed the responsibility for program supervision and direction in the Secretary of Human Resources.

It also enabled the Secretary to appoint a 17 member Advisory Council to consult with him in

the administration of the program. Members represent physicians, emergency room nurses, hospitals, ambulance service providers (including rescue squads), local government and the general public.

The original appointees to the council serve staggering terms, for example, two, four and six years. Appointments hereafter will be for four years duration.

The Council meets once each quarter and is now headed by O'Neil Jones, former Senator from Anson County. (See member listing on page 4.)

Shortly after the bill was passed, Secretary David T. Flaherty hired Dave Warren, from the Institute of Government in Chapel Hill, as a special assistant for the new Office of Emergency Medical Services (OEMS).

Warren formulated an organizational structure for OEMS and recruited the initial personnel.

In December 1973, Jim Page, formerly a Chief with the Los Angeles County "Paramedic" Program, was hired as Chief of OEMS. Ralph Pollock was acting chief until that time, and is now serving as Assistant Chief.

Now, less than a year after the enactment of the Emergency Medical Services Act, OEMS has a full staff of professionals whose expertise is contributing to a successful comprehensive emergency care system for North Carolina.

Senate Bill 1240 Nears Passage

Senator Lynwood Smith (High Point) was joined by Senators Ken Royall, McNeil Smith and Coolidge Murrow in introducing Senate Bill 1240, a Bill to be entitled "An Act to Authorize the Training and Utilization of Emergency Medical Technicians." The need for such legislation is urgent to provide clear-cut authority for mobile intensive care programs which are developing throughout North Carolina.

As amended, the proposal will permit the Board of Medical Examiners to approve training programs and permit Emergency Medical Technicians trained under these programs to perform acts, tasks and functions as provided in rules and regulations to be formulated by the Board of Medical Examiners.

Probably the state's most experienced mobile intensive care program is in Haywood County, where Dr. Ralph Feichter has trained members of the volunteer rescue squad to read and analyze electrocardiograms, defibrillate arrhythmic hearts, perform IV therapy and administer certain medications in the field and in the ambulance vehicle.

The Haywood County program has been operational for more than four years. Other similar programs exist in Orange, and Surry Counties. Training programs to adopt these advanced-level skills are presently underway in Guilford and Forsyth Counties.

Although there is no intent to require any ambulance service or rescue squad to adopt advanced-level service, Senator Smith's proposal will permit the adoption where the ambulance service, rescue squad or local government elects to do so. It will allow the setting of minimum standards of training and operation which will protect the public from well-intentioned but poorly-developed mobile intensive care programs.

N. C. SEMINAR ON 911

More than 200 persons from throughout North Carolina and the nation attended the North Carolina Seminar on 911 February 28, 1974. The Seminar was sponsored by the Office of Emergency Medical Services and other North Carolina organizations to serve as a forum for exploration into the single-number emergency telephone system.

The Burroughs-Wellcome Company, located at Research Triangle Park, donated the use of their facility for the seminar. Speakers and panel members included some of the nation's foremost experts on the subject of 911.

Since the Seminar, OEMS has received many compliments on the program. A county communications officer wrote, "The 911 conference was outstanding. It really presented the 911 program the best that I have heard it explained, which is lots of times now." Apparently inspired by the seminar, at least one of the present 15 Regional EMS Councils is making plans for a single-number emergency telephone system within a five-county region.

Bruce Smith, OEMS Communications Consultant, planned the seminar.

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A News Letter from the

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