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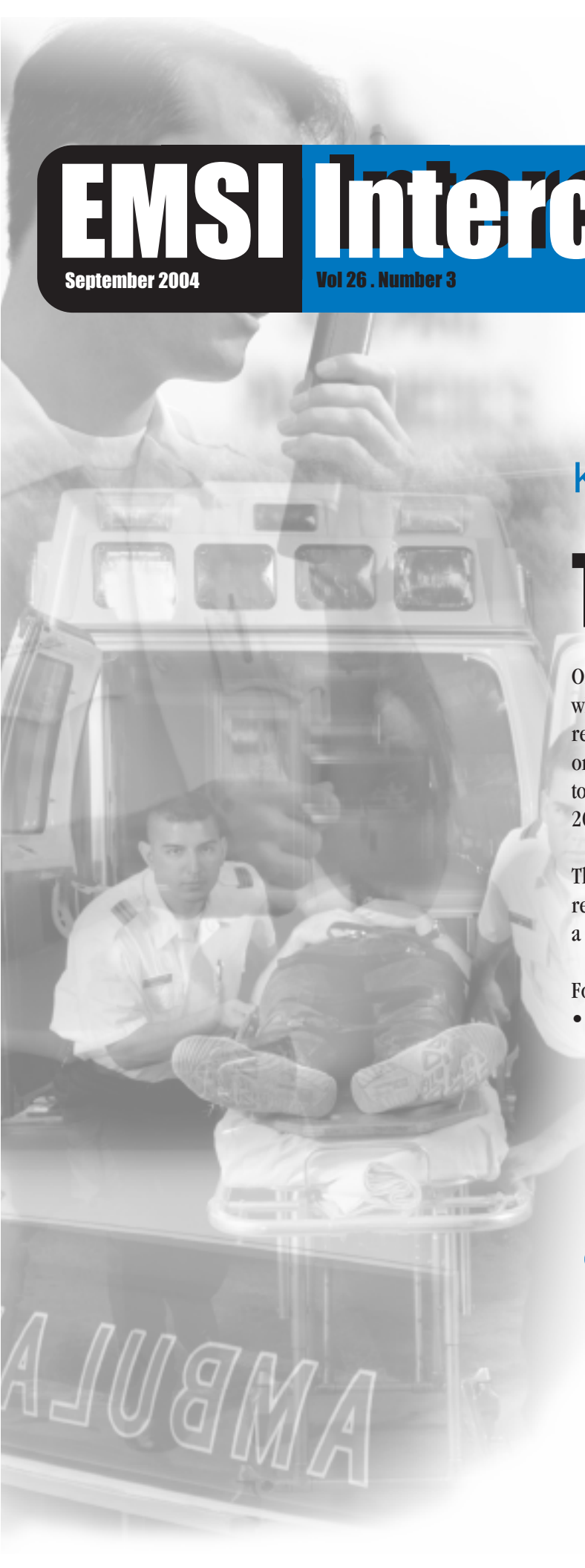

Know Your DNR Act

The following is an overview of the Do Not Resuscitate Act as presented by the Pennsylvania Department of Health (DOH) in its training programs for EMS providers.

On June 19, 2002, the Governor signed Act 59 of 2002 (Act 59), which enacted the Do-Not-Resuscitate Act (DNR Act). The DNR Act regulates the issuance, use and compliance with out-of-hospital DNR orders. Act 59 authorized the Department of Health to adopt regulations to implement the DNR Act; final regulations were published February 6, 2004. Act 59 also amended the Advance Directive for Health Care Act.

The following deals primarily with the DNR Act, the implementing regulations, and how they affect the treatment EMS providers give to a patient with a valid out-of-hospital DNR order.

For the purpose of this article, the following definitions will be used:

- **Out-of-hospital DNR order:** A written order, issued by an attending physician, on an order form that is supplied by a DOH designated vendor, directing EMS providers to withhold cardiopulmonary resuscitation (CPR) from the patient in the event of cardiac or respiratory arrest.

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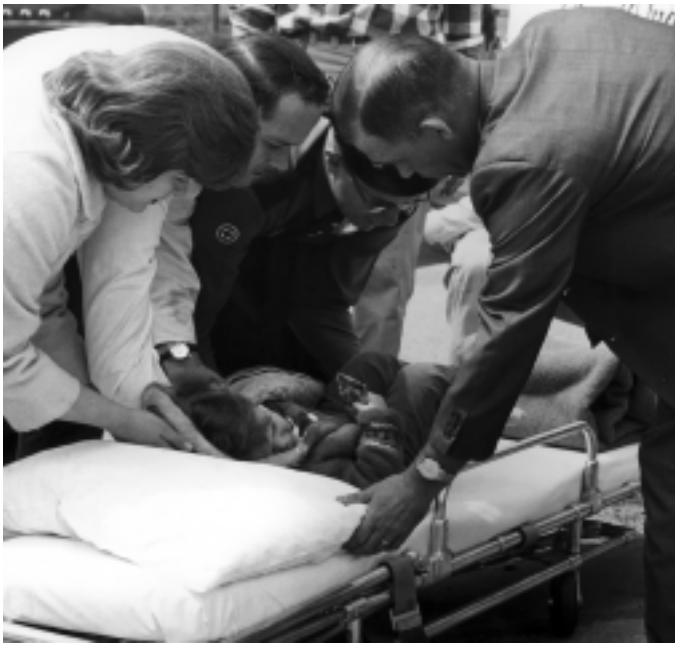
- **Out-of-hospital DNR patient:** An individual who is in a terminal condition; or who is permanently unconscious and has an operative declaration under the Advance Directive for Health Care Act; and for whom an apparently valid out-of-hospital DNR order, bracelet, or necklace is displayed by the individual or the individual's surrogate.



- **Terminal condition:** An incurable and irreversible medical condition in an advanced state caused by injury, disease, or physical illness, which will, in the opinion of the attending physician, to a reasonable degree of medical certainty result in death regardless of the continued application of life-sustaining treatment.
- **Emergency medical services provider:** A health care provider recognized under the EMS Act, or an individual who has good Samaritan civil immunity when using an automated external defibrillator (AED) under 42 Pa.C.S. § 8331.2 relating to Good Samaritan civil immunity for the use of AEDs.
- **EMS Act (Act 45 of 1985):** Regulations for EMS personnel, facilities and education, and ambulance services. Imposes powers and duties on DOH to regulate the Statewide EMS system.
- **Surrogate:** An individual who has, or individuals who collectively have, legal authority to request or revoke an out-of-hospital DNR order.
- **Declaration:** A document issued under the Advance Directive for Health Care Act that contains one or more advance health care directives.

Differences Between Acts

Advance Directive for Health Care Act

- Enables only individuals to issue declaration for themselves.
- The declaration may include many advance health care directives.
- The declaration may give direction to all health care providers. Declaration may or may not contain advance DNR order.
- Health care provider compliance in all settings. EMS provider must secure medical command approval.

The DNR Act

- Enables individuals or surrogates to request out-of-hospital DNR order for individuals.
- The order directs that no CPR be provided if an individual is in cardiac or respiratory arrest.
- The order gives direction to only EMS providers. Out-of-hospital DNR item conveys only advance DNR order.
- EMS provider compliance in only non-hospital setting, unless dispatched to the hospital. No contact with medical command required.

Implementing Orders

When implementing out-of-hospital DNR orders under the DNR Act, the EMS provider is to withhold CPR, or withdraw CPR initiated by EMS provider, upon observing an out-of-hospital DNR order, bracelet, or necklace displayed with the patient. The EMS provider need not contact medical command unless confusion about whether the out-of-hospital DNR order is valid or has been revoked.

In patient care settings, an out-of-hospital DNR order applies to ALL SETTINGS other than a hospital, including personal care facilities, all other non-hospital health care facilities, and even in-hospital settings under certain circumstances.

For out-of-hospital DNR orders in hospitals, EMS providers are authorized to comply with an order in a hospital setting ONLY if the hospital has requested an ambulance service to provide EMS to the patient (such as transporting patients at discharge or transfer following evaluation and/or treatment).

Requests for DNR Orders

Those who qualify to request an out-of-hospital DNR order for themselves are those individuals who have a terminal condition, be competent, AND:

- Be at least 18 years of age or
- Have graduated from high school or
- Have married or
- Be emancipated

To obtain an out-of-hospital DNR order, the patient must sign the order (unless the order is obtained by the surrogate). By securing the order, the patient is provided with the opportunity to waive CPR by EMS providers in the event of a cardiac or respiratory arrest since the patient cannot consciously communicate the decision at the time of a cardiac or respiratory arrest.

At least *one* of the following *must be displayed* with the individual or provided by the surrogate for the order to be recognized and implemented by an EMS provider:

- Completed ORIGINAL out-of-hospital DNR order
- Out-of-hospital DNR bracelet
- Out-of-hospital DNR necklace

All bracelets and necklaces must be Department of Health approved, and clearly indicate OUT-OF-HOSPITAL DNR on the face. The bracelet or necklace must also include the name of the patient; the name of the attending physician; and the dated signature of the attending physician.

Out-of-hospital DNR orders may be revoked at ANY time. This can be done by the patient or surrogate destroying or not displaying the order, bracelet, or necklace, or by conveying the decision to revoke the order verbally or otherwise at the time the patient experiences cardiac or respiratory arrest. No person may qualify as a patient's surrogate for purposes of revoking an out-of-hospital DNR order if the order was requested by the patient. The patient may revoke an out-of-hospital DNR order that was obtained for the patient by the patient or a surrogate. Neither the age, nor physical or mental condition of the patient, will be considered to void the decision of the patient or surrogate to revoke the out-of-hospital DNR order if that decision is clearly communicated in some manner.

Regarding surrogates, a person is not a patient's surrogate unless the person has legal authority to request or revoke an out-of-hospital DNR order for the patient. Legal authority to request or revoke an out-of-hospital DNR order is derived from statute or case law – but not from the DNR Act or DOH regulations. Since surrogates may change, the surrogate revoking an out-of-hospital DNR order could be a person other than the person who obtained the order for the patient. A person may function as a surrogate and request an out-of-hospital DNR order for a permanently unconscious patient only if person's authority is derived directly or indirectly from a declaration issued under the Advance Directive for Health Care Act.

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EMS Provider Responsibilities

EMS providers are obligated to honor a valid out-of-hospital DNR order, bracelet, or necklace when displayed with the patient. EMS providers may honor valid out-of-hospital DNR orders from other states if the order is issued consistent with the laws of Pennsylvania as announced by DOH through a notice published in the PA Bulletin.

Interventions for an out-of-hospital DNR patient in cardiac or respiratory distress but not arrest that may be provided are oxygen; suctioning; and medications for comfort or to alleviate pain per local medical command (unless refused by the patient).

Interventions are prohibited for an out-of-hospital DNR patient in cardiac or respiratory arrest. The following shall NOT be provided: CPR; intubation; artificial ventilation; defibrillation; and medications for resuscitation.

Medical Command Responsibilities

If an out-of-hospital DNR patient is in cardiac or respiratory distress but not arrest, if appropriate, the medical command physician shall direct EMS providers to provide medical interventions within the provider's scope of practice to provide comfort and to alleviate pain unless the EMS provider is otherwise directed by the patient.

Medical Command shall honor a valid out-of-hospital DNR order in the event of cardiac or respiratory arrest and shall direct an EMS provider whether or not to provide CPR when contacted by an EMS provider who is unsure as to whether out-of-hospital DNR order is valid or has been revoked.

Extraordinary Conditions

If the attending physician determines that the diagnosis of a terminal condition or permanent unconsciousness was in error, the physician must make every reasonable effort to apprise the patient or surrogate of the misdiagnosis and to ask for the return of the out-of-hospital DNR order, bracelet, or necklace to the physician.

If an EMS provider becomes aware of an effective out-of-hospital DNR order after initiating CPR, the EMS provider shall discontinue CPR. Despite the presence of an out-of-hospital DNR order, the EMS provider may not discontinue CPR started by another person without being directed to do so by a medical command physician. If any uncertainty exists related to the validity or possible revocation of an out-of-hospital DNR order, CPR shall be initiated and medical command shall be contacted for further direction.

Despite the display of an out-of-hospital DNR order with a pregnant patient who is in cardiac or respiratory arrest, the EMS provider shall provide CPR to the patient unless both the attending physician and a second physician who is an obstetrician have examined the patient and determined that providing CPR will have one of the following consequences:

- It will not maintain the pregnant patient in such a way as to permit the continuing development and live birth of the unborn child or
- It will be physically harmful to the pregnant patient, or
- It will cause pain to the pregnant patient, which cannot be alleviated by medication.

This rule also applies to an EMS provider withholding nutrition, hydration, or any other life-sustaining treatment from a pregnant patient

Ambulance Service Responsibilities

All ambulance services are required to have written policies and procedures to ensure that all personnel receive out-of-hospital DNR training and comply with the statewide BLS protocol for out-of-hospital DNR.

Review of other state DNR laws will be ongoing by DOH to determine if they are consistent with the DNR Act and the implementing regulations. None are approved at present. Future acceptance information will be published in the *PA Bulletin.*

For more information on the Out-Of-Hospital Do Not Resuscitate Statewide BLS Protocols, visit www.health.state.pa.us/ems or contact EMSI at 412-242-7322.

This issue of the Intercom has been submitted to the Pennsylvania Department of Health for approval.

DEPARTMENT OF HEALTH

AED Dispatch

A Message from Kevin A. Lipscomb, EMSI Acting Executive Director

Q-Measure of the Quarter: Bread-and-Butter Operations

EMSI tried something new this past winter. We conducted our annual survey online, and we tried to make it both easier and more meaningful. In previous years, answering our survey often required a lot of painstaking research. This year we focused on how you work and what you need.

The survey was open to all EMS agencies in our region. We had 123 respondents. The responses revealed three interesting facets of how you work that I'll discuss in this article.

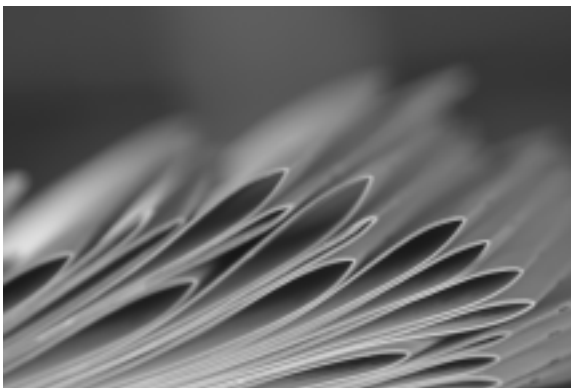
Opportunities Abound

Sixty-five percent of the respondents said they share their primary radio channel with some or all of the EMS services that overlap and border their primary response zone. Now on the survey, this was a pretty "wordy" question, and maybe it was misunderstood. But for services that really do share their dispatch channel with their neighbors, a tremendous opportunity for response coordination is at hand.

To make the most of this opportunity, all services on the channel should adopt the "Duty Chief" model. In this model, senior officers from neighboring services take turns being the Duty Chief. The Duty Chief monitors all responses. When units are out of position, the Duty Chief makes minute-by-minute assignment decisions and modifications.

In this respect, the Duty Chief is a seasoned EMS veteran and command authority who acts as a single point of contact for resolving ambiguous situations. Without a Duty Chief, ambiguous situations still arise (even between service directors), but they tend to get resolved by *the dispatcher* – who is probably neither a seasoned EMS veteran nor a command authority.

Typically, a Duty Chief would also be expected to respond to major incidents to either take command or lend command support. Some systems place their Duty Chiefs in specialized command vehicles, pre-stocked with ICS vests, sector flow-sheets, etc. The Duty Chief can also be charged with providing administrative support when crew members sustain injuries or exposures, when equipment is damaged, or when other unusual situations occur.



Those of you familiar with operations in the City of Pittsburgh will recognize that the Duty Chief concept is strikingly similar to the roles of "502" and "503".

All in all, Duty Chief programs are usually tangible evidence of enhanced operational coordination built upon a foundation of shared communications. Unfortunately, in the groups claiming to share a dispatch channel, less than eight percent claim to have anything resembling a Duty Chief program. An audit of this eight percent revealed that most – if not all – misunderstood the question and actually do not have Duty Chiefs.

Delayed Dispatching

Of those who share their dispatch channel with neighboring services, 57 percent claim that when their primary unit is busy or unstaffed, they hold high-priority calls while they attempt to muster back-up crews. This is likely due to the distances involved. After all, why call for a mutual aid service 15 minutes away when you might assemble a back-up crew within five minutes?

Well, because you might not.

In systems that immediately and automatically dispatch mutual aid when their primary unit is busy, either a back-up crew musters and the mutual aid unit gets cancelled (no

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harm, no foul), or the mutual aid unit arrives with no additional delay. Otherwise, if no back-up crew musters, all agencies on the channel end up sitting on their rears doing nothing for as long as the call is held. From a liability standpoint, this is not a good place to be.

Off-the-Cuff Response Diversions

We've all been there. We get dispatched to one call, and before we reach the scene, another call comes out nearby. Should we continue to the original call, or divert to the second one? On what basis do we make our decision?

About 63 percent of survey respondents say their services sometimes make response diversions. In most cases, the decision to divert is vested in a senior crew member.

Of those services, only 11 percent say they have a written response diversion policy. Only seven percent say their response diversion policy has been approved by their medical director. Less than five percent say their response diversion policy has been incorporated into their dispatcher's protocols.

Sometimes a decision to divert is very appropriate. Few would argue that a choking call should be turfed to mutual aid so you can continue to a twisted ankle. You shouldn't assume the full brunt of the liability for that decision, however. Make sure your service's response diversion practices are put in writing and approved by your medical director. For extra credit, make response diversions systematic by empowering your dispatching center to divert units according to a preset medically directed protocol.

Ready to Help

EMSI can facilitate adoption of these ideas for interested services. We can get the ball rolling by arranging the necessary political, medical, financial, and logistical resources. Maybe the journey of a thousand miles begins with one call – to EMSI.

State BLS Protocols Now in Effect

As of September 1, the state Basic Life Support protocols are in effect. These protocols are being published online by the Pennsylvania Department of Health Emergency Medical Services Office (EMSOF).

While most aspects of the protocols will standardize the current care, a few of the protocols contain information that will be new to some practitioners. The concepts that may be new or may be worthy of extra attention include, but are not limited to:

- General discussion related to the use of protocols.
- Differences between protocols and guidelines.
- Discussion of the need for additional training for optional protocols and protocols related to assisting with ALS skills.
- Protocol for refusal of treatment.
- Protocol for patients that are not transported or cancellation of response.
- Indications for spinal immobilization.
- Review of AED use in "Cardiac Arrest" protocol, including pediatric AED considerations.
- In the "Allergic Reaction" protocol, the addition of the option for primary use of EpiPens for services that meet additional licensure requirements, and personnel who have additional training for primary use of EpiPens.
- Uniform standards for ventilation rates in the "Head Injury" protocol and other protocols.
- Use of the Cincinnati Stroke Assessment and other standards in the "Stroke" protocol.
- Proper patient restraint using the "Behavioral Disorders" and "Agitated Patients" protocols.
- Inclusion of previous Department policies in the "On-Scene Physician" and "Transport of Patients with Indwelling IV Catheters-Devices" protocols.
- Patient destination and air ambulance use standards in the "Trauma Patient Destination" protocol.
- Use of the "Out-of-Hospital DNR" protocol.

On August 3, EMSI and Mutual Aid Ambulance Service partnered to host a roll-out of the new protocols from the Commonwealth EMS Medical Director, Dr. Doug Kupas. Nearly 70 people attended and are now approved to conduct their own roll-out classes for other practitioners.

Practitioners can access the protocols, which are listed by number with criteria, system requirements and procedures listed in detail. To access the protocols, visit the EMSI web site at www.emsi.org and click on the protocols section. This will link users to the 93-page protocol document and provide updates on new information of interest.

A Letter from William E. Groft, President, EMSI Board of Directors

Ambulance Service Directors – Please stand up and be counted!

Recently, several industry leaders within a multi-region workgroup, working across county and regional lines, advanced the issue of the need for an increase in the Medicaid reimbursement rate for EMS providers. The Southwest and Allegheny Caucuses took particular interest in this issue and spent considerable effort and time to educate other legislators in Pennsylvania of this critical need. House leadership on both sides of the isle, including Representative Sam Smith (Republican) and Representative William DeWeese (Democrat), led a bi-partisan effort to secure an increase in Medicaid reimbursement that would benefit EMS and other health care providers throughout the Commonwealth.

The result of this tremendous effort was House Bill 2579, the Conference Committee Budget Bill, that added an additional $1,900,000 in Medical Assistance Outpatient Transportation and $3,200,000 in capitation appreciation. This Budget Bill was ultimately agreed to by the House and the Senate, and subsequently signed into law by the Governor. According to preliminary calculations from the Ambulance Association of Pennsylvania, these increases effectively double the current Medicaid reimbursement rate for ambulance services.

It is easy to be pessimistic and point out that the new projected Medicaid rates of $100 for basic life support calls and $200 for advanced life support calls are far below the true cost of providing quality ambulance service. However, I hasten to point out that this increase is the first in over 15 years that directly benefits EMS providers. For this, we owe a tremendous "Thank You" to our legislators.

Ambulance providers cannot survive in a vacuum. As legislators and other friends of EMS continue to show their interest and support for issues which affect our industry, we, as EMS leaders, must remain informed. We must continue to educate citizens and elected officials alike of the challenges facing the EMS industry, and we must do a better job of communicating our needs to those who are willing to advocate on our behalf.

We need to clearly demonstrate that the EMS industry in Pennsylvania provides a vital service to our communities. Complacency hurts your service and your patients. While I recognize that it often seems impossible to find the time, each of us must squeeze out those extra few minutes each day to become and remain informed. As ambulance service directors and personnel move through uncharted or re-charted territory, we need all of your voices to improve our EMS system.

To the Representatives, Senators, leaders and Caucuses that worked tirelessly to carry our message to their colleagues, and to the leaders in EMS who provided support, information and education for this endeavor, I thank you for your diligent efforts. Once again, we have shown that, working together, we can accomplish amazing things!

Pennsylvania Bulletin Updates Announced

On July 23, the Pennsylvania Department of Health published two Notices in *The Pennsylvania Bulletin.* Please note the following:

- 34 Pa.B 3987, *Approved Drugs for ALS Ambulance Services.* Added levalbuterol for interfacility transports only. Added ipratropium bromide. Changed benzocaine/tetracaine in combination to separate listings of benzocaine and tetracaine for topical use.
- 34 Pa.B. 3988, *Prehospital Practitioner Scope of Practice.* Added a clarification related to immunizations. Immunizations may only be done when the practitioner is functioning as a physician extender under the Medical Practice Act of 1985 (act) (63 P. S. §§ 422.1– 422.51a) and Osteopathic Medical Practice Act (63 P. S. §§ 271.1– 271.18).

For more information on these changes, visit www.pabulletin.com/secure/data/vol34/34-30/index.html and click on the Department of Health link or call EMSI at 412-242-7322 with questions.

Paramedics Receive National Registry Certification

Congratulations to the following individuals who achieved National Registry EMT-Paramedic certification in our region since January:

Jonathan Atkinson
Jason Berman
Conor Keogh
Lance Deleissegues
Robert Donovan
Jonathan Farringer
Steven Foos
Matthew Gajdos
Cynthia Kolupajlo
Jacqueline Martin
Gina Matteson
Helen Meade
James O'Connor
Thomas Payea
William Righter IV
Rebecca Ruth
Stefnir Snorrason
Jonathan Thereault
Joshua Vandyke
Tira Wallace
John Wiersch
Stacy Yaras

Report on Ambulance Licensures/QRS Recognition

During the last several months, EMSI's field staff conducted inspections on the following EMS providers in the region. All providers met the requirements established by the Pennsylvania Department of Health.

Ambulance licensures were issued to:

Allegheny County
Shaler Area EMS; Seneca Area EMS; Swissvale VFD

Butler County
Portersville Muddycreek EMS

Greene County
Nemacolin VFD; Greensboro – Monongahela Twp VFD

Westmoreland County
Norvelt EMS; Rostraver-West Newton EMS

The following units received QRS recognition:

Allegheny County
Baldwin EMS upgraded to Advanced Rescue level as defined by the PA Voluntary Rescue Service Recognition Program

Washington County
West Alexander VFD; Avella VFD

Westmoreland County
North Irwin VFD

The following units received re-accreditation inspection:

Allegheny County
Community College of Allegheny County (CCAC), Training Institute Accreditation Program

THIRTIETH ANNIVERSARY

Date: November 05, 2004

Emergency Medical Service Institute

Join us
for EMSI's
30th Anniversary
and Annual Meeting
November 5, 2004 at
the Radisson Green Tree,
Pittsburgh, PA.

- Reserve your space now by calling EMSI.
- Sponsorship Opportunities are available.
- Additional information available.

Come Celebrate 30 Years of EMS.

Emergency Medical Service Institute

221 Penn Avenue
Suite 2500
Pittsburgh, PA 15221

Phone: 412-242-7322
1-866-827-EMSI
Fax: 412-242-7434
Email: info@emsi.org

Driving Suspension Regulations Outlined

The Pennsylvania Department of Health (DOH) recently released guidelines regarding the suspension of driver's licenses secondary to legal action regarding the license. These guidelines also address regulations regarding driving an ambulance following a suspension.

The guidelines state the following:

- When an individual's driver's license has been suspended for a conviction of driving under the influence of alcohol or drugs, the person is prohibited from driving an ambulance for a period of four years and must successfully repeat an emergency vehicle operator's course (EVOC) of instruction approved by the DOH.

- When an individual's driver's license has been suspended for reckless driving or other moving violations of the vehicle code, the person is prohibited from driving an ambulance for a period of two years and must successfully repeat an emergency vehicle operator's course (EVOC) of instruction approved by the DOH.

- When an individual's driver's license has been suspended for other reasons not listed above, the DOH will consider a request for an exception as provided by 28 Pa. Code 1001.4(a) through (f).

For more information or a copy of the regulations, contact the EMSI office at 412-242-7322.

National Registry Exams Dates Set

EMSI will be administering the following exams in the coming months:

National Registry Advanced Level Practical Exams

Friday, October 15
8 a.m.
Center for Emergency Medicine

National Registry Advanced Level Written Exams

Thursday, October 14
1 p.m.
EMSI Offices

EMT Practical Exams

Monday, December 13
6 p.m.
Butler County Community College

Wednesday, December 15
6 p.m.
Mon Valley EMS

Wednesday, December 15
6 p.m.
Armstrong County Mem. Hospital

Thursday, December 16
6 p.m.
Brownsville EMS

EMT Written Exams

Thursday December 16
6:30 p.m.
Penn Hills FD #3 EMT/EFR/
All Rescue

Monday, December 20
6 p.m.
Butler County Community College

Monday, December 20
6 p.m.
Brownsville EMS

Wednesday, December 22
6 p.m.
Armstrong County Mem. Hospital

Wednesday, December 22
6 p.m.
Mon Valley EMS

BVR Written Exams

Thursday, October 21
6:30 p.m.
Homewood VFD (Beaver County)

First Responder Practical Exams

Tuesday, October 5
6 p.m.
Saltlick VFD

Monday, November 15
6 p.m.
Butler County Community College

First Responder Written Exams

Monday, November 22
6 p.m.
Butler County Community College

For a current list of National Registry exams in Pennsylvania, log on to www.emsi.org/programs/ recruitment-retention/pa-ems-certs.shtml #FindingExams.

Services Receive Technology Thanks to DOH Generosity

Through the generosity of the EMS office of the Department of Health, several services in the region received support from the *Special Computer Purchase for Electronic PCRs* program (EMSI has coined this the "EssPEP" program). Support was in the form of computer hardware, software, remote application subscriptions, or reimbursement for such costs. Support was awarded to eligible agencies prior to June 30, 2004.

The following services received support. In each case, the service is expected to use the technology for electronic Patient Care Report purposes:

Avonmore Life Savers
Bentworth Ambulance Service
Chippewa Twp VFD QRS
Citizen's Ambulance Service
Clairton VFD
D.L. Lawrence Convention Center QRS
Eau Claire Area VFD QRS
Elizabeth Twp Area EMS
EMS Southwest
Fort Cherry Ambulance Service
Guyasuta FD QRS
Highland FD QRS
Independence Fire Company QRS
Lone Pine VFD QRS
Lower Burrell VFC QRS
Mon Valley EMS
Mutual Aid Ambulance Service
Noga Ambulance Service
Oakdale Hose Company QRS
Parker City VFD QRS
Penn Hills EMS
Prism Health Service
Seville VFC QRS
Slippery Rock Rescue Team
Sugarcreek Twp Ambulance Service
Tri-Community South EMS
Versailles VFC #1

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EMSI Intercom

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Camille Downing.....Editor
Drawing Conclusions.....Designer
Reed & Witting .....Printer

Forensic Science and Law Conference to be Held

The Fifth Annual Forensic Science and Law Conference will be held October 21-23 at Duquesne University. This national symposium, entitled *Tracking Terrorism in the 21st Century,* will focus on the roles of science and law in preventing, investigating and prosecuting political violence.

Presented by the Cyril H. Wecht Institute of Forensic Science and Law and Duquesne University School of Law, the symposium will feature presentations and panel discussions by a diverse faculty of experts in the field of forensic science, law, medicine, law enforcement, government and academia. Topics for discussion will include the detection, prevention and investigation of terroristic acts, as well as legal issues related to counter-terrorism efforts.

For more information on the symposium, visit www.forensics.duq.edu, call 412-396-1330, or email terrorism@duq.edu.

Check out the info at our Web address – www.emsi.org

EMSI

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