

# **Wisconsin EMS Association**

## **Response to proposed changes to Trans 309**

**September 20, 1998**

The Board of Directors of the Wisconsin EMS Association reviewed the proposed changes to Trans 309 during their board meeting of September 20, 1998. In general, the association is in support of most of the proposed changes and deletions. The following is a list of concerns that the association has, along with rationale and suggestions for resolution.

**Trans 309.08 (4) EQUIPMENT MAINTANCE RECORDS** The association strongly opposes any rule that would require ambulance services to develop procedures, maintain unnecessary records, or create additional work that may not be significantly beneficial. We continually hear from the small, rural service that they are struggling to continue operations in the face of added paperwork, additional training, and continued mandates. The burden for these small services to obtain recommendations from manufactures of equipment (which are often drafted for the purpose of risk management on the part of the manufacturer), implement a performance testing procedure, and maintain records, is over-burdensome. The association will support wording that requires ambulance services to "maintain records of equipment maintenance and performance testing as is required by rules promulgated by DHFS on defibrillator maintenance." To blankly require maintenance on dozens of items (blood pressure cuffs and machines, pulse oximeters, glucose meters, suction machines, cots, splinting devices, extrication equipment, etc.) - some of which have manufacture's recommendations of daily, or weekly checks, is over-burdensome to a small, volunteer ambulance service.

**Trans 309.18(2) RADIO COMMUNICATIONS** The association strongly opposes the addition of the words Medical Control to this section. While ambulances are currently required to have remote 2 way communications, the current rule allows for flexibility in these communications, including radioing to the ambulance which can then make contact with medical control. Given the restricted range of portable radios, the limited capabilities of many hospital radios, and the poor service area coverage of cellular phones, a change of this type could be catastrophic in cost for many services. Additionally, given the wide-spread usage of standing orders at all EMS levels, and the extremely limited amount of times that an EMT-Basic might be away from the ambulance and have no way of contacting medical control for an epinephrine order (which is not allowed by standing order), this rule change will be very cost ineffective. The association opposes any requirement for two way comminations away from the ambulance and is requesting that this requirement be dropped.

**Trans 309.22 (2) SUCTION UNITS** Current rules do not appear to allow for a device named the "V-

Vach" suction unit to meet requirements for portable suction. This device in independent, peer-reviewed, clinical tests has been shown to be superior to many other suction units. The fact that there are no batteries or mechanical parts to fail also make it a much more reliable unit. The association supports changing wording within this section to allow for this unit to meet requirements. Additionally, during inspections conducted by previous inspector J.P. Ford, this until was allowed as the required suction on Wisconsin ambulances.

**Trans 309.24(1)(bm) ADVANCED AIRWAYS** The wording in this section is inconsistent with DHFS rules that require all services that will be operating emergency response ("In-service ambulance" in the new Trans 309) to provide defibrillation, advanced airway, and epinephrine administration. Trans 309 changes now require a defibrillator but contain the wording "for all services providing advanced airway skills" This wording should be made consistent.

**Trans 309.24(1)(f) STERILE GAUZE PADS** While the increase in sterile gauze pads from 25 to 50 is not critical, the association questions the reason behind the change. 25 pads should be more than sufficient for patient care. If 25 pads are not sufficient, a larger pad should be used.

**Trans 309.24(o) PEDIATRIC TRACTION SPLINT** This section requires the addition of a pediatric commercial traction splint. The association strongly opposes such a change unless data can be produced showing the need for such a device on every ambulance in the state. While some services may elect to carry this device, its incidence of use is extremely low . Specifically, the absence of more serious trauma in the pediatric patient with a femur fracture is low. The association questions what, if any, impact there will be if this device continues not to be carried on the ambulance versus the impact if it does become required equipment. The expense to equip over 1,000 ambulances with this device has to be taken into consideration. The association requests this additional piece of equipment be stricken from the changes and be carried by ambulance services wishing to do so - without requirement.

**Trans 309.24(xr) LATEX FREE ITEMS** As currently worded, the association has concerns with the restrictive wording of the intermediate and paramedic latex free items. The wording should be relaxed as to types of devices and sizes. There currently is no requirement to carry the listed non-latex syringe sizes of 1, 3, 5, 12, 60 cc. Wording should simply require "latex free syringes as specified by the service medical director". Additionally, a sphygmomanometer is, by its nature, latex free. This wording should be changed to blood pressure cuff since it is the bladder and the tubing that is made of a latex product not the sphygmomanometer. After changes are made to this list, the association will again review and comment on the items.

**Trans 309.24(4)(e) PEDIATRIC STETHOSCOPE** The association questions the need for a pediatric stethoscope in the prehospital setting where typically only lung sounds and blood pressures are taken with the device. The cost/benefit ratio for such a device appears small. This likely will be an item that is placed onto the ambulance to pass inspection and never again used. The association is opposed to this device becoming required equipment for a paramedic ambulance.