

Preventing Toy-related Injury at Holiday Time

By Barbara Cheatham

If you have kids—little, big, or in between—you are acutely aware of the media's "gentle yet persistent" reminders about which toys or games to buy. It is often difficult to determine which toys are the most appropriate or safest for children. Data indicate that little ones are at significant risk from unintentional injury-related death or disability. Younger children, especially boys four and under, minorities and poorer children, tend to disproportionately suffer. In 2000, more than 3.3 billion toys and games were sold in the United States. Even though the majority of toys are safe, they can become dangerous if misused or used by children who are too young for them. Appropriate selection and proper use of toys, combined with parental supervision, can greatly reduce the incidence and severity of injuries.

There are many ways to create safer play environments for children at holiday time and throughout the year. Listed below are nine common-sense safety and prevention tips to consider as you select toys and games for our youngest, most vulnerable population:

- While shopping for toys, consider the child's age, physical and emotional development, interests and abilities. Always supervise children when they play.
- Carefully read instructions for assembly and use. Remember to mail in the warranty card.

- Remove and discard all packaging from a toy before giving it to a baby or small child.
- Check toys at least every three months to determine their safety. If necessary, repair immediately. It is important to discard all damaged toys.
- Consider the child's play area or environment. Be mindful of the other children in the home and the types of toys or games they may have. Set good examples of safe play.
- Create safe environments. No wheeled toys should be used near stairs, traffic or swimming pools.
- At holiday or birthday time, use Mylar balloons instead of latex. Children under the age of 8 can choke or suffocate on uninflated or broken balloons.
- Consider purchasing a small parts tester to determine whether small toys present a choking hazard for children under age 3.
- Teach children good toy safety habits. Remind them to put toys away after playtime.

Did you know...

...In 2000, at least 17 children ages 11 and under died from toy-related injuries. Nearly 90 percent of these children were ages 4 and under.

...The leading cause of toy-related death is choking, mostly on small balls. In 2000, 35 percent of toy-related deaths were due to chok-

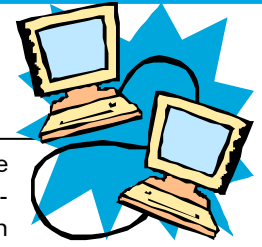
ing, and a third of these involved latex balloons.

...In 2000, an estimated 150,800 children ages 14 and under were treated in hospital emergency rooms for toy-related injuries. Children ages 4 and under accounted for nearly half of these injuries.

For more information on safety and injury prevention contact Barbara Cheatham, MA, Safe Kids: Alameda County Coordinator at (510) 618-2048 or bcheatha@co.alameda.ca.us. The Safe Kids Coalition focus is childhood injury prevention. Safe Kids areas of concern include fire prevention, car seat safety, poisoning prevention, firearm safety, water safety and much more. If you would like more information about toy safety, check the Safe Kids website at www.safekids.org or the Consumer Project Safety Commission website at www.cpsc.gov. Have a happy and safe holiday!

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PAT BENNETT RETIRES

October 25, 2002 was Pat Bennett's last day at the EMS Agency, retiring after 20 years with Alameda County.

Pat received her Master of Science and her Bachelor of Arts Degree in Health Services Administration at Saint Mary's College and her nursing diploma at The Saint Joseph's School of Nursing in San Francisco. Pat has worked at a variety of clinical positions in Bay Area hospitals. Most notably, she has served as a trauma program coordinator for the EMS Agency for the last 10 years. Under her guidance, we have seen the trauma system grow and develop to one of the most renowned systems in the country. Pat has always been a strong patient advocate; her experience as a clinician has resulted in many refinements in the quality improvement system used in our trauma system as well as enhancements in patient care.

We wish Pat well. Our providers and our citizens owe Pat a great debt of gratitude for her commitment. In her life "after the county" she plans to spend time relaxing at her cabin in the Sierra foothills.

EMS DATA PROJECT UPDATE

By Darren Howells - Consultant, Lancet Corp.

The Alameda County EMS Data Project has been in operation for approximately eight months. The goal of the project is to collect information on each medical patient that enters the County's 9-1-1 system from the 9-1-1 Public Safety Answering Points (PSAPs) through discharge at the receiving hospital's emergency department or final destination. Data will be gathered from fire department dispatch centers and patient care reports from both first responders and transport units. The data is being stored at EMS to be used in future training and QI programs.

The project began by collecting dispatch data from each fire department in Alameda County and American Medical Response. Our effort has already yielded good results. The project has shown us that, although there is no uniformity in how each agency collects and stores dispatch data, we are able to create a process that allows for the retrieval and compilation of this information into a single database.

Information is being collected from

the PSAPs on the 9-1-1 calls themselves to match this information to the dispatch data already being collected. This is a huge technical and logistical challenge. Only a fraction of the PSAPs' calls are medically-related, with no identifier to designate the type of call. It is estimated that Alameda County gets over 2 million 9-1-1 calls a year, 100 thousand of which are medical.

Patient contact data, using the current state guidelines, is also being collected. The problems we are facing are the same that we faced in the collecting of dispatch data; there is no uniformity within EMS on the collection and storage of data. Systems vary from integrated high tech applications to 'pen and paper' systems.

Overall, the project is moving ahead. The hard work put in by the fire department staff and AMR is paying off. With continued support, the project will keep on target for implementation by the middle of next year. Contact Darren at (510) 618-2027 or lancet@co.alameda.ca.us

NEW STAFF JOINS THE EMS AGENCY

Tina Scott joins the EMS Agency as a community health outreach worker. Tina has been with Alameda County for 13 years, ten of which were in health care. She has contributed to a wide range of projects in Public Health Nursing and with Community Health Team, District 5.

Tina looks forward to working in our communities to encourage and teach safe behaviors-behaviors that will reduce or eliminate death and serious injury among children and seniors. She will be working with the Senior Injury Prevention Project

(SIPP), the Car Seat Safety Program, the Helmet/Bicycle Safety Program, and the Crib Safety Program (see story on page 6.) Contact Tina at tscott@co.alameda.ca.us or (510) 618-2045.

Bill Sugiyama, EMT-P comes to the EMS Agency following a 2-year stay in Raleigh, North Carolina where he worked as a paramedic for the County of Wake. Prior to that he was with the San Francisco Paramedic Association as an instructor, REACH air ambulance as a flight

medic, and AMR in Sacramento and Concord. He currently is in nursing school and should finish in 2003.

Bill will be responsible for the trauma and interfacility transfer programs. He can be reached at (510) 618-2033 or wisukiy@co.alameda.ca.us.

John VonHof, EMT-P comes to the EMS Agency with 6 years experience as a Trauma Technician at Eden Medical Center.

John will be responsible for the certi-

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NEW YEAR - NEW POLICIES

By Jim Pointer, M.D.

As you read this article, you should have in your hands the brand new rocket red 2003 Alameda County EMS Field Manual. Kris Helander-Daugherty has done an excellent job organizing our new manual. I also thank those of you who provided the input that resulted in the policy changes that I will outline below. I realize that those of you in the field live by these policies on a daily basis; you are in the best position to know which policies serve us well and which need to be modified. By now, all of you have received training in the new policies, but I want to review what I consider the highlights for this year's update.

Perhaps our most clinically significant change is with the Pain Management Policies (#7230 and #7316). These changes allow the administration of morphine sulfate without base hospital contact in doses up to 15mg (for adults) under a variety of inclusion criteria. Patients with *almost any* painful condition are candidates for morphine. Of course, morphine should not be administered in patients with altered level of consciousness, decreased respirations, pregnancy, hypotension, and in cases in which *the total prehospital time* is less than 10 minutes. These pain management guidelines extend to children on a milligram per kilogram dose basis. Morphine IV will be utilized intravenously at 0.05 milligrams per kilo and intramuscularly at 0.1 milligrams per kilo. There are maximum doses and you should familiarize yourself with the dosing increments. Even adult critical trauma patients (exception: head injury) may receive small amounts, up to 5 milligrams, of morphine sulfate. Our changes are based on several citations in the

medical literature that point out that analgesia does not obscure the diagnosis, particularly in patients with abdominal pain. A recent paper in *Western Journal of Medicine* by Brewster, Herbert, and Hoffman provides the best summary of the debunking of the myth that analgesics should be withheld from patients with acute abdominal pain. This and the other articles cited in this column are available upon request from the EMS Agency.

Based on an analysis in *Prehospital Emergency Care*, we have loosened the indications for the use of subcutaneous epinephrine in the treatment of bronchospasm. Previously, an upper age limit of 35 had been imposed for the use of subcutaneous epinephrine. The literature has shown that adverse events associated with epinephrine have been reported almost exclusively in the intravenous formulation. The only exclusion criteria to the use of subcutaneous epinephrine are preexisting coronary artery disease and hypertension.

Because many critical trauma patients in the "paramedic judgment" group are discharged from the emergency department or admitted for only a short period of time, we have modified the IV and transport requirement to permit 1 large bore IV line and Code 2 transport in paramedic judgment patients. Of course, if your judgment dictates that 2 IV's and Code 3 transport are warranted in the mechanism of injury group, you are encouraged to do so.

We have added a section on care of the spinal injured athlete to the spinal immobilization policy (#10117). Thanks to Chip Schuenmeyer, a supervisor for AMR,

all paramedics in our system have received training in the removal of a football helmet and the placement of a spinal injured athlete on a backboard. This is an infrequently used but important skill that can assist high school and junior high school football players.

I've saved until last perhaps the most important clarification in our policies for this year. In an audit performed by David Sullivan on PCR documentation of the use of the esophageal detector device (EDD) and capnometry/capnography, we found a compliance that varied from 15% to 80%. While this compliance does not necessarily mean that these two devices are not being used in conjunction with intubation, it certainly points out a deficiency in documenting these adjuncts. **Every adult intubation (including the Combitube) requires the use of the EDD and an end-tidal CO₂ detector/capnography. In addition, the use of these devices must be documented on the PCR.** These confirmatory devices are accepted as the standard of care by anesthesiologists in the operating room. It must become the standard of care for out of hospital providers. In a study done by the Departments of Emergency Medicine in Atlantis and Orlando, Florida, Drs. Catz and Falk found a 25% incidence (27/108) of improperly placed endotracheal tubes. Of these, two-thirds were found to be in the esophagus. At the time, these EMS systems did not use the EDD or capnometry/capnography. The authors believe that these errors would not have occurred had these adjuncts been utilized; in fact, emergency department personnel *detected* the misplaced tubes by the

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NOVEMBER 14TH DRILL A SUCCESS

By Jim Morrissey, EMT-P

The scenario: Three simultaneous detonations of a radiological "dirty bomb" at various High Schools in Alameda County with multiple victims at each site ending up at the area hospitals.

Alameda County hospitals and Emergency Medical Services participated in the 4th annual Statewide Medical and Health Disaster Exercise on November 14th. This drill was done in concert with the Alameda County Office of Emergency Services, Lawrence Livermore National Lab, and other community partners. There is still much work to be done in the area of disaster preparedness; however, the success of this drill shows that all involved have come a long way. A number of organizations, Lawrence Berkeley Lab, Lawrence Livermore National Lab, Sandia National Lab, The National Guard 95th WMD Civil Support Team, FBI, American Medical Response, ALCO RACES (the amateur radio support group), ALCO Public Health Department, ALCO OES played major roles in supporting this exercise. The Alameda County Haz-Mat Working Group and the Fire Departments of Alameda County, Oakland, Fremont, Newark, Hayward, Alameda, Livermore-Pleasanton, and especially Lawrence Livermore Fire Department, all helped out immensely as controllers and advisors at virtually all of the participating hospitals.

Lawrence Livermore National Lab supplied a Certified Health Physicist (health expert on radiological matters) to all of the hospitals in Alameda County for the drill in an advisory capacity. The Cities of Oakland, Berkeley, San Leandro, Pleasanton, Dublin, Hayward, Alameda, and Fremont opened their respective cities' Emergency Operation Centers (EOCs).

"This was the best drill we have ever had," said Cindy Lambdin RN, MS, Emergency Management Coordinator for Alameda Hospital. "It was great to have a real live Certified Health Physicist from LLNL and a local Fire Fighter Haz-Mat team member at our facility. I think it was helpful for them also, as they can see what we do and where our strengths and weaknesses are."

Dennis Jennings, of the Alameda County Office of Emergency Services had this to say, "It was so nice to have the focus of this drill on education and learning, as opposed to a stressful evaluation type experience."

Thanks to all who worked on and participated in the drill.

New Policies (Continued from page 3)

use of capnography. No matter how experienced you are, no matter how sure you are that the tube went through the cords, and no matter how much you dislike these devices, they are the standard of care in our system! These devices protect not only the patient but also your jurisdiction and your jurisdiction's budget for payment of negligence actions. Use them every time!

Our training this year also included the presentation of a fictitious (but plausible) bioterrorism case. *The New England Journal of Medicine* article that was distributed with the case gives an excellent summary of smallpox and appropriately, issues surrounding the administration of the vaccine. This vaccine may soon be offered to you, your colleagues, and loved ones.

As usual, please address your questions and concerns to me at (510) 618-2022 or jpointer@co.alameda.ca.us.

REPORT: SENIOR SAFETY FAIR AT LOWE'S

Lowe's Home Improvement and the Senior Injury Prevention Project (SIPP) hosted a Senior Safety Fair at Lowe's in Union City on October 19, 2002. The object of the fundraising event was to raise money for the purchase of materials needed to make free safety repairs to the homes of low-income homebound seniors. The fair was organized to encourage older adults to take advantage of the free health screenings and safety information offered and to participate in a fun filled dayevent. The day included dunking Supervisors Scott Haggerty and Nate Miley and cheering on Sheriff Plummer as the Judge as he presided over the courtroom/jailhouse scenario and passed judgement on Supervisors Gail Steele and Keith Carson and County Administrative Officer Susan Muranishi.

The materials purchased with the funds raised will be used by a group of Lowe's employees who volunteer one weekend a month to make minor safety repairs throughout Alameda County. The home safety repairs are part of a multi-faceted falls prevention program developed to reduce the number of injuries that result from older adults falling down in and around the home.

In the year 2000, there were 3,284 people over the age of 65 hospitalized in Alameda County due to unintentional injuries; 2,467 of them were due to falls. Falls have a lasting and disastrous effect on the lives of older adults, and they can be prevented through outreach and education. For more information on falls prevention or the SIPP, contact Colleen Campbell at co-campb@co.alameda.ca.us or 618-2047.



EMSC PROGRAM IN ALAMEDA COUNTY:

By Cynthia Frankel, R.N.

Imagine--A one-year-old is seriously hurt after being struck by a car. The paramedics are called and everybody rests a little easier. But are the paramedics trained to handle seriously injured children? Do they know which hospital in their community is best prepared to treat children and will they take this child to that hospital if there is a choice? Do the doctors and nurses have the proper equipment and knowledge to treat children? Surprisingly, the answer to each of these questions could be no.

More than 30 years ago, emergency medical services (EMS) systems were created to provide rapid intervention for heart attacks in adults and rapid transport for motor vehicle crash victims. Initially, no one recognized that children required specialized emergency care.

Federal, state, and local organizations have joined together to tackle these and other barriers to quality emergency care for children. This effort is called Emergency Medical Services for Children (EMSC).

WHAT ARE THE GOALS of EMSC? The initial goal is to prevent childhood illness or injury. When prevention fails, the goal is to ensure that all ill or injured children and adolescents receive state-of-the-art emergency medical care from EMTs and paramedics, emergency department personnel, and rehabilitation specialists, if needed.

WHAT HAS BEEN ACCOMPLISHED? Since its establishment in 1984, the EMSC effort has improved the availability of child-size equipment in ambulances and emergency departments, initiated hundreds of programs to prevent injuries, and provided thousands of hours of training to EMTs, paramedics, and other emergency medical care providers.

EMSC efforts have led to legislation mandating programs in several states and to educational materials covering every aspect of pediatric emergency care. Most importantly, EMSC efforts are saving kids' lives. Although EMSC has made great progress over the years, much remains to be done to ensure that children receive optimal medical care.

ALAMEDA COUNTY AT THE FOREFRONT...EMSC HOSPITAL SITE SURVEYS Alameda County has developed strategies to support the vision of the State and EMSC mandates. Currently, site visits are being conducted at each receiving hospital. The purpose of these site visits is

to review the ED's pediatric capabilities based on Alameda County EMS guidelines, *Administration, Personnel, and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department*.

The following materials are available for the team to review at the time of the visit:

- Curriculum vitae of the ED Physician and Nurse Coordinators for pediatric emergency services.
- ED physician and specialist on-call schedules.
- Information related to the ED Pediatric Quality Improvement Plan and review procedures, including representatives who participate in the reviews.
- Any available pediatric data.
- Transfer agreements with pediatric referral centers, trauma centers or any other specialized referral centers.
- Specific pediatric policies and procedures listed in the ED Guidelines.

The site visit team consists of Oakland Children's Hospital emergency department nurse and physicians (ED Medical Director, ED manager, and EMS staff including the Medical Director). The team conducts an informal review. Direct feedback is provided following the walking tour of the department.

NEED MORE INFORMATION? The EMSC Program supports two resource centers:

- The EMSC National Resource Center www.ems-c.org
- The National EMSC Data Analysis Resource Center www.nedarc.org

For information on the Alameda County EMSC program, contact Cynthia Frankel at cfrankel@co.alameda.ca.us or (510) 618-2031.

New Staff (Continued from page 2)

fication/accreditation process and Public Access Defibrillation program. Contact John at jovonho@co.alameda.ca.us or (510) 618-2038.

Robert Nixon arrives at EMS with extensive and varied experience. His field experience was with Medicar Ambulance in San Jose. Most recently, he started his own CE company, LifeCare Medical Training, and has been working for Aetna Inc. as a trainer. He is an accomplished author with several textbooks and articles published.

Bob will be responsible for the EMS Data project, the QA/QI program, and editor of the EMS News. He can be reached at bonixon@co.alameda.ca.us or (510) 618-2059.

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**Looking for a Car Seat
Check Up Event?**

Check out <http://home.pacbell.net/lrrrol/index.html> for a list of locations scheduled in Alameda and Contra Costa Counties.

EMS Embraces *The Danny Foundation* – Crib Safety Advocates

Twenty-three month old Danny was a victim of an unsafe crib. On July 14, 1984, Danny was accidentally hanged when his shirt became entangled on the corner post extension of his crib. His strangulation resulted in permanent brain damage and incapacitation. Danny died on October 3, 1993, at age eleven.

The Danny Foundation, a non-profit organization, was founded in 1986 to prevent injuries, conduct research, and provide the much needed leadership to set regulatory standards for safe nursery products. The primary mission of the Foundation is to educate the public about crib dangers and to eliminate the millions of unsafe cribs currently in use or in storage. Since cribs are the only juvenile product manufactured for the express purpose of leaving a child unattended, extraordinary measures must be taken to ensure that a crib is the safest possible environment. *The Danny Foundation* has been effective in helping to set safety standards for cribs.

Most injuries and deaths occur in secondhand, hand-me-down cribs

Alameda County EMS is conducting a campaign, in partnership with Alameda County Family Health Services and Public Health Nursing, to educate the community in crib safety. Safe cribs are being distributed by EMS to clients referred as part of the Injury Prevention program. Public Health Nurses are conducting crib safety classes. The first class was held on September 18, 2002. The Nurses are following up with the clients to check crib safety in the home. The EMS Injury Prevention team will implement future educational programs.

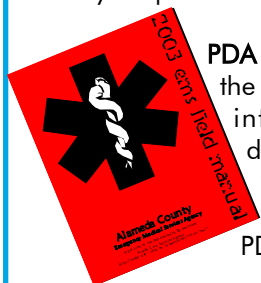
For more Information contact *The Danny Foundation* (www.dannyfoundation.org) at (800) 83DANNY or call Tina Scott (tscott@co.alameda.ca.us) at (510) 618-2045.

News & Announcements . . .



2003 EMS Field Manual available-

As mentioned in Dr. Pointer's article, the new field manuals have arrived. If you have not received yours, contact your provider agency.



PDA Users - Check the EMS website for information on downloading the 2003 EMS Field Manual to your PDA.

2003 EMS Administration Manual will also be updated and distributed yearly. Copies have been mailed to Hospital and provider agency staff.

EMTs - don't forget - A Department of Justice Background check is now required for certification or recertification. If you have any questions about the process check the EMS website.

Live scan fingerprinting application must be obtain from the EMS agency. Remember, the process can take two weeks to a month so plan accordingly.

Do you have any cool EMS related pictures you would like to share?

The EMS Agency would like to build a picture library for use in this newsletter and/or the website. Electronically formatted picture can be e-mailed to Kris Helander-Daugherty at khelande@co.alameda.ca.us.



Meeting Notes

EMOC: Thursday
February 20, 2003,
9:00 — 10:30 a.m.

Research Committee: Thursday
February 20, 2003, 11:00 a.m. to
1:00 p.m. RSVP to Jim Pointer at
jpointer@co.alameda.ca.us or 618-2022.

Check the EMS website for meeting notices and agendas.

EMS website:
<http://acgov.org>
Click on departments
then EMS