



## The 2002 Policy Review Process

The policy review process for 2002 is underway. This provides an opportunity for prehospital care providers to improve the way prehospital care is offered in the field by suggesting new policies or enhancements to existing protocols.

We had numerous suggestions for revisions and deletions to existing policies, as well as the addition of two new policies. The EMS Agency has compiled all the suggestions and reviewed them. We have incorporated many of the suggestions into draft policy form that will go out for written public comment on April 20. (See the Policy Review Process Calendar on page four for the complete schedule.)

We are gratified that so many people participated in the process so far. We encourage everyone to continue to stay actively involved by reviewing the draft policies and sending back comments. Our intention is to develop policies that are practical and can be implemented smoothly in the field. Feedback from field care providers is essential in helping us accomplish this.

All the suggestions submitted are reviewed by the entire EMS staff. Many of the suggestions are incorporated into the drafts. There is a rationale for every suggestion that is not included in a policy revision, and an explanation of why they were not will accompany the drafts. This is an opportunity for every field person to review the policies to make sure they are workable in the field and can be clearly understood as written.

### Pediatric Pain Management

Policy #7316 (Pain Management Protocol for Pediatric Patients) is a proposed new policy that originated from the Research Committee and Paramedic Journal Club. While we have had a pain management protocol for adults for years, until now there was no mechanism for administering pain medication to children without base contact.

If the child meets pain management criteria including:

- Extremity Injuries,
- Fractures/Lacerations, or
- Burns,
- and if patient is six months or older with adequate respirations and within the normal blood pressure range, paramedics could administer morphine. The dose is based on a child's weight and up to two doses can be administered without making base contact.

### Emergency Medical Dispatch

Alameda County EMS is implementing a standardized EMD system using the Medical Priority Dispatching System (MPDS) developed by Dr. Jeff Clawson. The concept of a consistent, standardized form of EMD offered throughout the county came from the EMS Council and was recommended to the Board of Supervisors in 1998. The MPDS was submitted as part of a Request for Proposal process in 1999.

EMD has been offered for more than 10 years through ALCO-CMED, the Oakland Fire Department, the Fremont Fire Department, and any agency that contracts with one of them. Union City began providing EMD last year. They are the only dispatch center in the county that now uses the MPDS. The Fremont Fire Department is currently training their dispatchers in MPDS.

The MPDS is considered the "gold standard" in emergency medical dispatch. It has a proven track record and a built-in mechanism for quality improvement and call review (Pro QA). The Quality Improvement database (AQUA) tracks and reviews data consistently for every user, thus providing data that can be compared with other EMD centers that use MPDS.

In Alameda County, Emergency Medical Dispatch Centers will be accredited through the National Academy of Emergency Medical Dispatch (NAEMD), and a licensed physician will provide medical oversight. They will operate under a contract with the Alameda County EMS Agency. Emergency dispatchers will be required to maintain NAEMD certification. The change in standards for emergency medical dispatchers is reflected in Policy #3800, and the EMD Center requirements are shown in Policy #4050.

### Crush Injuries

The other new policy would address patients who sustain crush injuries. In addition to standard trauma treatment, calcium chloride and sodium bicarbonate would be administered if hyperkalemia is suspected.

### Other Policy Changes

Other proposed revisions include Policy #3200 (EMT Certification). A Department of Justice background check would be added to the certification requirements for EMTs. Public safety employees would be exempt from this requirement because the background check is already part of their employment process. Current certification in Basic Life Support would also be added.

### Polices in the 2002 Policy Review Process

<b>2000</b>	Policy and Skills Competency Skills Requirements
<b>3200</b>	EMT Certification
<b>3302</b>	Paramedic Licensure/Local Accreditation
<b>3400-</b>	MICN Accreditation
<b>3500-</b>	Base Hospital Physician Authorization
<b>3800</b>	Emergency Medical Dispatch
<b>4050</b>	EMD Provider Centers
<b>5000</b>	Hospital Phone Numbers and Services Provided
<b>Field Manual</b>	
<b>7001</b>	Authorized Medications/Local Optional Scope of Practice
<b>7211</b>	Bronchospasm, Asthma, COPD
<b>7212</b>	Pulmonary Edema/CHF
<b>7216*</b>	Crush Injury/Crush Syndrome
<b>7316*</b>	Pediatric Pain Management
<b>8006</b>	ALS Responder
<b>8040</b>	Refusal of Care Form
<b>8105</b>	Patients Under a 5150 Hold
<b>8401</b>	Equipment and Supply Specifications ALS/BLS

Additional policies may be added prior to release of drafts.  
\*New Policy - Policy Under Consideration for Deletion

A change in Policy #2000 (Policy and Skills Competency Requirements) would require all paramedics to have completed Pediatric Education for Prehospital Personnel (PEPP) by the year 2003. This course would replace Pediatric Advanced Life Support (PALS) and Advanced Pediatric Advanced Life Support (APLS). A subcommittee of the EMS Section is working on revising the rest of this policy. Their suggestions will be included with the drafts.

### Base Contact Requirements

Currently paramedics are required to make base contact when switching between Policies #7211 (Bronchospasm, Asthma and COPD) and #7212 (Pulmonary Edema and CHF). We had several requests from field personnel to eliminate this requirement. Monitoring the appropriateness of treatment would then be done through the Quality Improvement Process.

(cont. on pg. 2)

### WHAT'S INSIDE ►

#### Medical Director's Column

#### Kathryn Chester

#### SIPP Conference Update

#### EMS Caregiver Profile

#### CE Providers Directory

#### News & Announcements

#### Meeting Notes

#### 2001 Policy Review Process

#### EMS Staff Directory



## From the Medical Director

### Are We A "Type A" EMS System?

By Jim Pointer, MD

Dan Spaite's article ("Developing a Foundation for the Evaluation of Expanded-Scope EMS: A Window of Opportunity that Cannot Be Ignored", *Annals of Emergency Medicine*, Vol. 30, Dec. 1997, pp. 791-796.), emphasizes the importance of collecting and analyzing cardiac arrest data. The author divides EMS systems into types A, B, and C. The "Type A" system has been proven to positively affect the rate of survival from cardiac arrest. In Type B systems, the effect of the outcome from cardiac arrest is not clear. In Type C systems, the evaluation of cardiac arrest shows outcomes to be poor or, due to resources or geography, the EMS system is unable to have a positive impact on survival from cardiac arrest.

Dr. Spaite's article goes on to point out that before additions to the paramedics' scope of practice are finalized, their impact on cardiac arrest survival rates should be determined. This is because cardiac arrest survival is the one and only outcome yardstick for which EMS systems have a positive impact. For example, if providing immunizations for school children results in an increased response time to cardiac arrest cases, Dr. Spaite believes that immunizations should either not be utilized, or the systems should be changed to rectify the response time issue.

For the first time ever, the EMS Agency is collecting and analyzing cardiac arrest survival data. For 1999, our data show 178 ventricular fibrillation/ventricular tachycardia cases in our database. There were a total of 1293 cardiac arrests to which EMS personnel responded. Of the 178 v fib/v tach patients, the overwhelming majority (163) were transported. Forty-four of these patients had return of spontaneous circulation in the transport unit. Of the 146 v fib/v tach patients for whom records were available, 117 died, and 29 were discharged home. If our data are correct, this is a 19.9% survival rate from ventricular fibrillation/ventricular tachycardia cardiac arrest. As you know, other rhythms (asystole, PEA) result in a dismally low cardiac arrest survival rate. Therefore, the other rhythms are usually not reported according to the Utstein database.

What are the lessons from our cardiac arrest survival data? First, we transport an overwhelming majority of our v fib/v tach patients. Since many of these patients survive, this is totally medically appropriate. Second, due to the large number of patients with other rhythms who are worked up in the field and not transported, the importance of grief support cannot be overemphasized. The families and friends of patients who can not be resuscitated in the field demonstrate the importance of grief support. We are redoubling our efforts to ensure each EMS provider

feels comfortable in providing this important service and that our grief support policy (#8033) is being followed in all aspects. Third, (again assuming our statistics are correct), we have a very decent cardiac arrest survival rate. With the addition of amiodarone to our scope of practice last December, we are hoping to further improve the survival rate. Thus far, we have had 31 patients to receive amiodarone, and four of them have lived to be discharged from the hospital. Of course, it is extremely premature to come to conclusions about amiodarone. I thank you for continuing to report each amiodarone case.

I thank all of you, our paramedics and hospital liaisons, for your cooperation in moving the Alameda County EMS to a "Type A" system. In particular, our provider EMS liaisons have worked arduously and patiently to translate field arrest records into constantly changing EMS databases. Without your patience and perseverance, this important measurement of system performance would be forever buried in stacks of PCRs. Soon, we will be reporting data for the year of 2000. I look forward to sharing with you improved data and better survival statistics for the victims of cardiac arrest in Alameda County.

## EMS Welcomes Kathryn Chester, RN, PHN

When you call the EMS District Office to find out about your EMT certification, the friendly voice you will hear is that of our newest staff member, Kathryn Chester. Kathryn joined us on January 2, 2001, as a prehospital care coordinator in charge of certifications and the EMS for Children Program (EMSC).

The mission of the EMSC Program is to reduce pediatric morbidity and mortality from injury and illness by development, implementation, and integration of EMSC activities into the entire spectrum of EMS systems. As the EMSC coordinator, Kathryn will continue implementing EMSC in Alameda County. (See the *EMS News*, January, 1997 issue for more information on the EMSC Program.)

She brings a wide array of skills from various nursing positions she has held in Alameda County over the past 22 years, including ambulatory clinic care, Tb and STD programs, clinic triage and pediatrics. Kathryn worked at Highland Hospital for a year in 1979. Most recently, she was a public health nurse working with the community health teams. As a regional team leader for District 3 (Alameda/Central Oakland/Fruitvale District) she supervised two community health teams, each comprised of two public health nurses and an outreach worker. These teams provide follow-up for mandated services (i.e. Communicable Disease, Tb, Child Health Disability Prevention) as well as

assessments and follow-up for mothers with babies with the *Every Child Counts* program.

"We provided a lot of clinical services and preventive interventions that helped the clients with their illness, educated them, or helped them improve their health habits so they felt better. It's rewarding to know you've helped someone make a positive change in their life," says Kathryn. "While the regulations, certifications and programs for public health nursing and EMS are very different, the jobs are similar in some ways. In both cases you are in the client's environment, and the client's health is at stake. That background helps me understand the reasoning behind the EMS policies and procedures."

### Policy Review Process (cont. from pg. 1)

On April 20, drafts will be posted on our web site and sent out for review and written comments. We encourage your feedback. Written comments are due back to the EMS Agency by June 22. We prefer receiving these electronically, by e-mail or on a disk, to Kris Helander-Daugherty at [khelande@co.alameda.ca.us](mailto:khelande@co.alameda.ca.us). However, you may also fax or mail them to the EMS Agency. The public hearing on the proposed policies will be at the EMOC meeting at the EMS District Office, August 16, 9:00-10:30am. Anyone interested is welcome to attend and participate.

## SIPP Conference Update

More than 80 people attended the two day conference hosted by the Senior Injury Prevention Project (SIPP), a collaboration of non-profit and public sector agencies led by United Seniors of Oakland and the Alameda County Public Health Department.

One of the key outcomes of the conference was the recognition that a Senior Injury Prevention Program must use a multi-faceted approach to help keep seniors healthy that includes: physical fitness, environmental safety, and behavioral modification (e.g. medications, alcohol, nutrition, recognizing and altering risky behaviors).

The SIPP will create a resource directory listing appropriate organizations and programs so that seniors in need can access the interventions that will be most helpful.

Attendees also stressed the fact that health care workers who interact with seniors have a responsibility to identify and refer "at risk" seniors so that appropriate interventions can be made. In addition to frail elderly people, focus should also be on keeping currently healthy seniors vital and injury-free.



## EMS Caregiver Profile

**Roland Eberle**  
**Emergency Dispatch**  
**Supervisor**  
**Lawrence Livermore Lab**

Roland Eberle has been working as an emergency medical dispatcher for Alameda County since 1989. At the time he was working at Fairmont Hospital in materials management and was offered the opportunity to dispatch. "I enjoyed it and found that dispatching suited me," he says. "I like handling things immediately. That was before computer aided dispatching (CAD), and before AMR came on the scene. We had several ambulance companies to keep track of, and we tracked all the vehicles by hand. It was a pretty cumbersome system then."

"I've seen many changes since 1989," he continues, "with the 800 MHz radios, CAD and most importantly, Emergency Medical Dispatch (EMD). I think EMD is hugely important. If you have a child who is not breathing or someone in crisis on the line, five minutes of prearrival instructions can make a big difference. It feels good to know you've helped someone."

Roland was promoted to dispatch supervisor at the Sheriff's Department in early 2000. When EMS dispatch moved to the Lawrence Livermore Lab, Roland moved with it. "The lab is a great place to work. I really like it here. Everyone is friendly, helpful and professional." In this new role Roland will help expand the dispatch center from four dispatchers and one supervisor to fourteen dispatchers and two supervisors. He and Anna Carter, who has been a supervisor with the Lab for a number of years, will handle the transition. In the new arrangement, Anna will maintain the CAD system, which includes the geography file for the entire country, 9-1-1 phone equipment, T1 lines and all other equipment related responsibilities. Roland will be the liaison with EMS and will handle new dispatcher training, staffing and personnel issues, and will oversee the day to day dispatch operations.

"Some new technological upgrades will be added, including a communicator system that will automatically call

hospitals during diversion and the ReddiNet system, a software program that provides us with bed counts during an MCI or other large scale event. Our goal is to be fully staffed and up and running with this new technology by July, 2001.

I'd like to acknowledge everyone who has helped in this transition, especially our four dispatchers: Milton Amos, Marian Irish, George Moorehead and Peg Bockover. Dispatching is an exciting and interesting profession, and I invite people to consider it."

### Personal Information

Roland grew up in Akron, Ohio. He has three sisters. He attended a parochial high school in Akron and then Kent State University where he majored in psychology and social work. "When I did my internship at a psychiatric hospital I realized that was not what I wanted to do," Roland says.

He began working at Fairmont Hospital in San Leandro in 1985. Joyce Porterfield, then a clinical nurse V in the Health Care Services Agency, was his supervisor. "Joyce mentored me quite a bit and encouraged me to look around to see what job suited me the best. I also met my wife, Stephanie, who was then a medical records supervisor, there."

Roland and Stephanie now have three daughters, Caroline, age 24, who is studying nutrition at San Francisco State University. She plans to begin a Master's program at UC Berkeley this fall. Jeannette, age 22, is attending Cal State Long Beach where she is studying theater, and their youngest daughter, Zoey, age nine, is a fourth grader at Jensen Ranch Elementary School in Castro Valley. Zoey is a budding musician who plays piano and clarinet. She also loves the cartoon network, playing on the internet, reading, writing and group activities.

In his leisure time, Roland plays jazz and blues guitar. He and his wife also enjoy motorcycle riding together. They take day trips or ride through the back roads of the county.

## Continuing Education Providers

*CE courses will no longer be listed in the EMS News. For your convenience we are providing the phone numbers for Alameda County CE providers and others who have frequently listed their courses in this newsletter.*

### ALAMEDA COUNTY

**Alameda County EMS**  
 #01-0001 267-8080

**Alameda County Fire Department**  
 #01-0013 670-5894

**Alameda County Medical Center**  
 #01-0006 437-4550

**Alameda Fire Department**  
 #01-0011 749-5880

**Albany Fire Department**  
 #01-0015 528-5770

**AMR-West**  
 #01-0002 895-7600

**Berkeley Fire Department**  
 #01-0003 644-6595

**Chabot College**  
 #01-0009 723-6898

**Children's Hospital**  
 #01-0017 428-3872

**City of Fremont Fire Department**  
 #01-0004 494-4223

**City of Newark Fire Department**  
 #01-0023 793-1400

**EBRPD FD**  
 #01-0028 635-0135

**Emeryville Fire Department**  
 #01-0019 596-3750

**Fire Med**  
 #01-0022 420-6904

**Hayward Fire Department**  
 #01-0021 293-8660

**Kaiser Hospital Hayward**  
 #01-0007 784-6726

**Lawrence Berkeley Lab Fire Dept.**  
 #01-0016 486-6360

**Lawrence Livermore Lab Fire Dept.**  
 #01-0014 423-1810

**Livermore/Pleasanton Fire Dept.**  
 #01-0018 925-454-2315

**Oakland Fire Department**  
 #01-0012 238-6957

**Piedmont Fire Department**  
 #01-0005 420-3030

**Union City Fire Department**  
 #01-0029 471-3232 ext. 394

**ValleyCare Medical Center**  
 #01-0008 416-3412

### CONTRA COSTA COUNTY

**Contra Costa County EMS**  
 #07-0001 925-646-4690

**John Muir Medical Center**  
 #07-0002 925-947-4438

**Safety Compliance**  
 #07-0027 925-362-3265

### OTHER

**SF Paramedic Association**  
 #38-0008 415-543-1161



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The EMS News is published bi-monthly to inform and educate its readers about the Alameda County EMS system and issues affecting prehospital medical care.

Your questions and comments are welcome and should be addressed to Kris Helander-Daugherty, 267-3227.

For change of address or number of copies, contact Sonya Lee, 267-3233.

**Board of Supervisors**

Scott Haggerty, First District  
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 Keith Carson, Fifth District

**Health Care Services Agency**

David J. Kears, Director

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Arnold Perkins, Director  
 Arthur Chen, MD, Health Officer

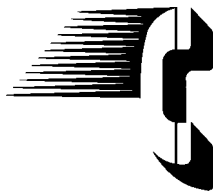
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PLEASE NOTE: After this issue, the EMS Agency Staff Directory will only be printed in the EMS News twice a year, in June and December. Staff contact information is accessible on the EMS Agency web site.



**Alameda County EMS Staff Directory**

- Cindy Abbissinio, RN, (*cabbissi*) Acting Director ..... 267-3299
- Pat Bennett, RN, (*pbennett*) Trauma Coordinator ..... 267-3238
- Colleen Campbell, (*cocampbe*) Injury Prevention ..... 267-3221
- Kathryn Chester, RN, (*kchester*) Certification/EMSC ..... 267-3235
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- Cynthia Frankel, RN, (*cfrankel*) Disaster ..... 267-3224
- Kris Helander-Daugherty, RN, (*khelande*) Special Projects ..... 267-3227
- Dee Johnson, (*djohnson*) Administrative Assistant ..... 267-3239
- Sonya Lee, (*solee*) Support Services ..... 267-3233
- Tom McGuire, (*tmcguire*) Quality Coordinator ..... 267-3228
- Jim Pointer, MD, (*jpointer*) Medical Director ..... 267-3242
- Jautan Stancill, (*jstancil*) Support Services ..... 267-3229
- General Information ..... 267-8080
- EMS FAX ..... 465-5624
- EMS e-mail: Name as noted above in italics @co.alameda.ca.us
- EMS web site: www.co.alameda.ca.us Click on "Departments" then "EMS".

An EMS staff person is on-call 24-hours a day for urgent matters.  
 Page through Lawrence Livermore Lab ..... 925-422-7595



**EMS News and Announcements**

Alameda County's Annual Earthquake Disaster Drill is scheduled for April 18, 2001 from 1:00pm to 4:30pm.

The Emergency Operations Center in Dublin will be activated. A communications test will occur among all of the hospitals, AMR, and the cities using 800 Megahertz, HAM radio, RIMS, FAX, and landline phones. For more information contact Linda Shelton, Alameda County Office of Emergency Services at 925-803-7800.

Oakland's Fifth Annual Pedestrian Safety Week is April 30-May 4. This year's events will include pedestrian stings, where cars that pass too close to pedestrians are cited; the annual Pass and Review parade before dignitaries, and a mock auto vs. pedestrian accident at McClymonds High School in Oakland. For more information contact Colleen Campbell at 267-3221 or cocampb@alameda.ca.us.

The EMS Field Manual and Administrative Manuals will soon be available on CD Rom. We are also putting many of the forms the agency uses on CD Rom. We hope to have these available this summer. They will be available to anyone upon request for no charge. Watch the EMS News and/or the EMS Agency web site for further information.

**Quality Improvement Data Updates**

**Amiodarone:** 30 cases reported so far. 10 patients had pulses in the ED. Hospital discharge data is still being collected.

**Intubation:** 84% success rate for the last report period (Dec. 1-Feb. 28). The causes of failed intubations are being explored.

Thanks to all field personnel for reporting these cases.

**Meeting Notes**

EMOC -Thurs., May 17, 9:00-10:30am at the EMS District Office.

Research Committee -Thurs., May 17, 11:00am-1:00pm at the EMS District Office. Lunch will be provided. Please RSVP to Tom McGuire at 267-3228 or tmcguire@co.alameda.ca.us.

Bay Area Paramedic Journal Club - Tuesday, May 29, 6:30-10:00pm at Massimo's in Walnut Creek. Copies of the articles being reviewed are available on the EMS web site on the Journal Club page. Please RSVP to Tom McGuire at 267-3228 or tmcguire@co.alameda.ca.us.

**2001 POLICY REVIEW PROCESS DATES**

DEADLINE FOR POLICY IDEAS	PUBLIC DRAFT OUT	PUBLIC COMMENTS DUE	PUBLIC HEARING AT EMOC	FINAL POLICIES SENT OUT	UPDATE TRAINING	POLICIES IMPLEMENTED
FEBRUARY 23	APRIL 20	JUNE 22	AUGUST 16	SEPTEMBER	SEPT. -NOV.	DECEMBER 1