



EMS NEWS

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The Real "First, First Responder"

By Mike Denton, RN

"911, What is the address of your emergency?" On an average day at the Alameda County Regional Communications Center (ACRECC), this question is asked 140 times. Each time, someone at the other end of the phone has called in to request medical assistance, initiating a chain of events that will ultimately bring from two to five medically trained personnel and over a half a million dollars worth of equipment to help them. But what happens from the time of the call to the time all these resources arrive?

The real "First, First Responder" (according to Dr. Jeff Clawson, the creator of an extensive system of Emergency Medical Dispatch) is on the other end of the phone, trained to ask specific questions and to give potentially life-saving instructions. The dispatcher can give instructions on how to clear the airway of someone who is choking, how to do CPR and use a defibrillator for a patient in cardiac arrest, how to stop serious bleeding from a wound, and how to deliver a baby. At the same time that these instructions are being given, another dispatcher is on the radio giving updated information to the EMT's and paramedics who are responding to the call.

Emergency Medical Dispatch (EMD) systems are chief complaint and protocol driven, just like the policies for other emergency responders. Critical information such as breathing status and level of

consciousness is determined at the very beginning of the interrogation. From there, the questions become more specific and are based on the general category of the patient's complaint. By the end of the questioning, the dispatcher has enough information both to give the responders a good idea how seriously ill or injured the patient is so they can begin a plan of treatment while still on the way to the scene and to determine whether or not the patient would benefit from instructions over the telephone.

The training for EMD consists of an initial 24-hours of training, followed by 24-hours of continuing education classes every two years. The training consists of protocol memorization and review, descriptions of common medical conditions, and scenario based skills evaluations. A random selection of the recordings of all emergency medical calls is reviewed by personnel trained to evaluate the calls and to provide constructive feedback to the dispatcher to ensure that people calling into the system receive the best possible service. The

current system uses pre-printed cards, but soon the dispatcher will be able to use a computer program that will walk them through the entire process and track which questions are asked most often and measure how long it takes to select the right type of response.

Each work station at the ACRECC is a computer operator's dream. Each console has three separate PC's that control phone lines, pagers, radios, door controllers, voice announcements and alarm systems. Voice and computer connections are made to a host of agencies including police departments, fire departments, hospitals, and ambulance and helicopter EMS providers. The center has just completed a major remodeling project, but more improvements are still in the works; such as evaluating a new Computer Aided Dispatch system and working with agencies who have or plan to install mobile data terminals in their apparatus.



Dispatcher Chase McMaster at a work station at the ACRECC

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NREMT Exam Becoming the EMT Certification Standard

By John Vonhof, EMT-P

Individuals completing an EMT program after September 1 2004 and wanting to certify as EMTs in Alameda County will have to pass the NREMT exam. The exam will be our agency approved written examination. With the proposed EMSA regulations making it a requirement as of January 1, 2006, and neighboring county EMS agencies already using this as their approved EMT exam, we decided to implement it earlier than required.

EMTs currently certified in our county will be "grandfathered" in and will not have to take the exam for continued certification—with one exception. If you let your certification expire, you will have to pass the NREMT exam as well as a skills exam.

There are five EMT programs in the county, offered through three community colleges, one fire department, and one private company. Exams will be offered at the end of each of these program's classes. In

addition, individuals will have the option of taking the exam at another site. Contra Costa, Santa Clara, and San Mateo EMS agencies offer the exams on a regular basis. Information on the exam process and testing sites will be posted on our website. EMS staff will manage the exam sign-ups and proctor the exam.

Questions on the NREMT exam process can be directed to John Vonhof (john.vonhof@acgov.org) at 510-618-2038.

Strategic National Stockpile Planning

By Dale Fanning, RN



The Strategic National Stockpile (SNS) working group held its first meeting on June 24th. This multidisciplinary group includes representatives from police, fire, emergency services, hospitals, public health, and several community groups. They will be meeting over the next several months to develop an Alameda County Operational Area SNS Management Plan.

The SNS is owned by the Centers for Disease Control and Prevention (CDC) and includes twelve "push-packages" stored in climate-controlled warehouses in undisclosed locations across the country. Each

push-package contains 50 tons of antibiotics and medical supplies that are stored in specially designed air cargo containers that can be loaded onto a wide-body aircraft (or several large trucks) for delivery to an impacted area within 12 hours of the Federal decision to deploy it.

In the event of a bioterrorism incident impacting Alameda County, if local and regional resources are determined to be insufficient, the Governor would request an SNS Push-Package, and California Department of Health Services (CDHS) would prepare to receive it and distribute the assets to the affected counties.

Alameda County must be prepared to receive its portion of the SNS, distribute it to pre-identified dispensing sites, and provide mass prophylaxis

to the population determined to be at risk for developing disease by dispensing a 10 day supply of antibiotics to each person. Plans must include consideration of the following:

- ✓ Establishing criteria for requesting the SNS
- ✓ Establishing Command and Control for the event
- ✓ Transporting the SNS and other supplies/equipment
- ✓ Providing security for the SNS, workers, and the public
- ✓ Creating a mechanism to track SNS inventory
- ✓ Equipping/staffing dispensing sites
- ✓ Providing public information
- ✓ Closing down operations and returning unused items to CDHS

Stay tuned for more information on this new collaborative project.

Senior Injury Prevention Project Update

By Colleen Campbell



The Senior Injury Prevention Project (SIPP) has just co-hosted its Annual Senior Injury Prevention Conference in partnership with the Center for Injury Prevention Policy &

Practice (CIPPP) with funding from the Archstone Foundation. This was the fourth year for the conference and its second year as a statewide event. The conference theme was "Enhancing Successful Aging" and the message was focused on Safety, Wellness and Longevity.

This conference provided insight into pro-active efforts we can all make to increase our own chances of aging successfully as well as our role as health care and service providers in helping older adults to maintain healthy active lifestyles. The keynote

(Continued on page 3)



From the Medical Director

By Jim Pointer, MD

At approximately 2100 hours on April 18, Emeryville Fire paramedics Steve O’Neil and Tracy Bruner and EMT Donrick Sanderson responded to a 54 year-old male at the Amtrak station in v-fib (Figure 1). Emeryville Police Department personnel were performing excellent CPR. The patient received two, 200 Joule defibrillatory shocks (biphasic), and the rhythm changed to a narrow complex tachycardia (Figure 2). AMR paramedic Daniel Scott and EMT Veronica Riddick arrived on scene and assisted the Emeryville crew. The patient was transported to the closest facility, Alta Bates Medical Center, where he was stabilized. Subsequently, the patient received an angioplasty and stent at Summit Medical Center. Congratulations to everyone involved in providing excellent care, and most likely, in saving this patient’s life.

This case may demonstrate the principle described in my article in the June 2004 edition of the newsletter. While it is unclear that this patient’s event was unwitnessed, he did receive CPR for several minutes prior to defibrillation by Emeryville Fire. This fact may have helped to improve this patient’s chances. By the way, I’m sure you are wondering the results of the 12 lead EKG performed by Emeryville Fire. It showed a large anterolateral myocardial infarction. Again, “Great Work” to all involved.

In June, the American Heart Association (AHA) and the American College of Cardiology (ACC) issued joint guidelines for the treatment of ST ele-

vation MI (STEMI). Annually, about half a million Americans sustain a STEMI. This type of MI is the only kind that requires rapid transport to a hospital capable of opening the blocked artery, either with drugs (thrombolytics) or with an angioplasty. Recent research shows that angioplasty, if rapidly accessed, is preferable to thrombolytics due to fewer complications and higher success rates.

The key survival factors in the AHA-ACC guidelines are:

- ✓ Interval from onset of symptoms until opening of the artery
- ✓ Risk of death from STEMI
- ✓ Risk of bleeding in the brain if thrombolytics are used
- ✓ Time to complete angioplasty and stenting

I’ll provide you with more information on STEMI’s as we implement our 12 lead EKG program in Northern Alameda County. If you would like to review the ACC/AHA Guidelines go to: www.acc.org >> *clinical statements/guidelines* >> *Search for clinical guidelines* >> *ST elevation MI: ER and prehospital treatment of the STEMI patient.*

If you have any questions or comments you can contact me at 618-2022 or james.pointer@acgov.org.

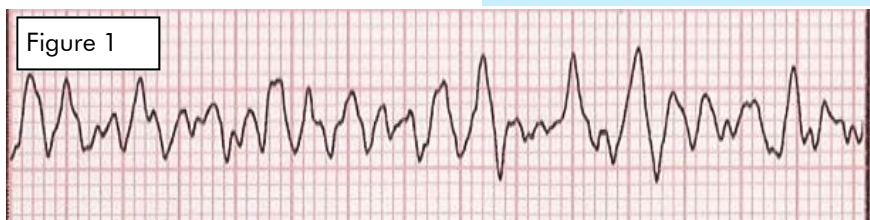
SIPP Update (Continued from page 2) speaker, Dr. Walter Bortz II, likened our aging process to automobiles; it’s all about “Design, Accidents, Maintenance, and Age.” We cannot change our genetic design, which according to Dr. Bortz, contributes to only 15-20% of our longevity; however, we can influence accidents and maintenance. Safe lifestyles, proper exercise and good nutrition can have a major influence on the aging process.

Expert testimony on various facets of healthy aging was blended with an upbeat look at what aging can be if people are given the necessary information and are encouraged to make an effort to adopt healthy lifestyles. The message for living a healthy lifestyle revolved around six basic headings: Eat Healthy, Drink Fluids, Manage Medications, Be Active, Practice Safety, Enjoy Life.

The conference also provided the Senior Injury Prevention Project with the first opportunity to show its newly completed Falls Prevention video. Plans are in the making to copy and distribute it to locations throughout Alameda County including senior centers and the Alameda County Library System.

There are many lessons we’re learning from today’s aging population; chief among them is that we must each take an active role in our own aging process. Let’s make practicing healthy and safe habits a way of life.

Live long and prosper!



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What's New on the Web



- EMT certification & recertification applications that can be filled out online! Go check it out.

September is . . .

Playground Safety

While play is essential to healthy children, it is important to realize that playgrounds can be dangerous. Did you know...The leading causes of death to children on a playground are strangulation and falls.

- ✓ Don't allow children to play on playground equipment while wearing necklaces, purses, scarves or clothing with drawstrings or while wearing a bike helmet.
- ✓ Work with your school, day care center and/or local park to maintain playground equipment.
- ✓ Always supervise children when using playground equipment. Maintain visual and auditory contact.

For more information, visit: <http://www.safekids.org>

**Injury
Prevention
Corner**

Injury Deaths Statistics

The June 2004 *National Vital Statistics Reports* article on "Death: Injuries, 2001" indicate 157,078 resident deaths occurred in the U.S. as the result of injuries. Highlights reveal the following information:

- A head injury was mentioned in 32 percent of injury deaths and was the most common injury condition resulting in death
- Persons aged 75 and older have the highest injury death rates
- The five leading mechanisms of injury accounted for 78 percent of all injury deaths:
 - ✓ Motor vehicle traffic – 27%
 - ✓ Firearms – 19%
 - ✓ Poisoning – 14%
 - ✓ Falls – 10%
 - ✓ Suffocation – 8%

Source: *National Vital Statistics Reports, June 2004, Volume 52, Number 21*

News & Announcements . . .



Field manuals available for purchase -

Field Manuals are available for purchase at the EMS office. The current 2004 manual is priced at \$7.25 and can be paid for with either cash in the exact amount or by money order/cashier's check.

The new 2005 Field Manuals will be available close to the December 1 2004 implementation date. If you want to purchase an extra manual or lose the one provided by your agency, stop by the EMS Agency.

now have an Alameda County EMS logo. Take a look!

If you haven't bookmarked the EMS website in a while - The County switched to a new server and people that bookmarked the website prior to the change may not be able to access the site. Use the address in the oval, then create a new bookmark.



**Meeting Notes
2005 Policy Update
Training
Train-the-Trainers
9am—12 pm:**

August 10th:
LPFD Training Tower
3301 Busch Road - Pleasanton

August 19th: Oakland Fire (Station 2)
47 Clay St. - Oakland

August 31st: Fremont Fire
3300 Capitol Ave. Bldg. B - Fremont

This course is for Alameda County provider agency EMS coordinator personnel **only**. Each agency must send at least one representative to one training session.

RSVP to: cindy.abbissinio@acgov.org.

ALAMEDA COUNTY EMS designs a new logo - After about a year and with much input from the staff, we

