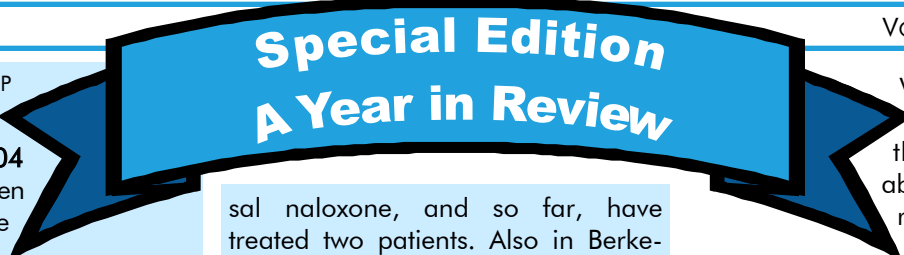




EMS NEWS

FEBRUARY 2005

VOLUME 20 ISSUE 1



By Jim Pointer, MD, FACEP

A Medical Director's Review of 2004

This past year has been a busy one. We've made significant strides in accessing new assessment and treatment modalities, and we've instituted important policies based on evidence in the medical literature.

Most first responders have instituted Continuous Positive Airway Pressure (CPAP). As you know, this modality is useful in the treatment of patients with pulmonary edema and near drowning. We are near implementation of 12 lead EKGs in northern Alameda County and are hopeful that training will begin in early 2005.

In addition to the new CPAP and 12 lead EKG policies, we implemented an important change in the provision of cardiopulmonary resuscitation (CPR). Based on studies from Norway and

Washington State, patients with an unwitnessed ventricular fibrillation cardiac arrest will receive 2 to 3 minutes of CPR prior to defibrillation. We are looking at the impact on this change on our cardiac arrest data.

Hayward Fire Department's CPAP trial ended with the implementation of CPAP throughout the county. Alameda County Fire Department began a trial on the Bone Injection Gun and the FAST Intraosseous device on December 1. So far, their firefighters/paramedics have utilized these devices on two patients. Berkeley Fire has instituted a trial study on intrana-

sal naloxone, and so far, have treated two patients. Also in Berkeley, in conjunction with Alta Bates Medical Center, Berkeley firefighter/paramedics are participating in an enhanced protocol for the treatment of the stroke patient. Berkeley will be collecting information to determine the need for the administration of fibrinolytic drugs in the "hot stroke." These patients, with onset of stroke in the past two hours, are candidates for rapid CT scan and rt-PA administration. Finally, I would like to report for the first time

our cardiac arrest and intubation success statistics for the first two quarters of 2004. For a total of 553 patients, endotracheal and combitube intubation were successful in 84.4% of cases. In the

same time period, we had an 11.2% survival rate for ventricular fibrillation patients and a 21.8% survival rate for witnessed ventricular fibrillation patients. I appreciate the assistance of our providers and our hospitals for providing this data, important benchmarks in our EMS system.

The future is, in large part, up to changes that you recommend and the studies that you wish to conduct. I am very proud of all of you that have assisted in our trial studies and research and the contributions you make on a daily basis to excellent patient care.

When most people think about EMS, they usually think about ambulances. In reality, EMS covers a wide range of topics.

This special issue of EMS News focuses on some of our accomplishments in 2004. Everything from ALS and BLS policies, certification and accreditation, training programs and CE providers, trauma, CCT-P, trial studies, disaster and terrorism planning and response, car seat safety, court diversion, falls prevention, children and seniors injury prevention, bicycle helmet and safety, EMS for children, grants for new programs, to data collection and more.

EMT and PARAMEDICS

The NREMT written exam was implemented as the county standard for all EMT training programs effective September 1 and proctored five exams for 102 EMT candidates by the end of the year.

Certification, Recertification Accreditation	
Total certified EMTs	1455
Cert & recert applications processed	612
New paramedics accredited	44

A file of accredited paramedics tracked by provider agency was started.

Nine EMS orientation sessions were held for 162 EMTs and paramedics. Each session covers EMS, fire, and AMR information.

One new initial EMT training program was approved and two fire agencies refresher classes. We also renewed three fire agencies for refresher classes. Initial EMT programs are offered by

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EMS Mission Statement

The mission of the Emergency Medical Service Agency is to insure the immediate availability of quality emergency care, disaster preparedness, and access to injury prevention resources in accordance with established Federal, State and County standards, to all people in Alameda County.

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three community colleges, one private college, one private company, and one fire agency. Refresher courses are offered by two private companies and nine fire agencies.

Two new CE providers were approved, six renewed, one expired and one rescinded. There are currently 26 approved CE providers.

Continuous Positive Airway Pressure (CPAP) – Dr. Jim Pointer, EMS Medical Director, enlisted the help of the Hayward Fire Department (HFD) in a study of a proven modality to treat respiratory failure with CPAP in the prehospital setting.



The Caradine Whisperflow device was used due to its size, durability and ease of application. Dr. Pointer trained HFD personnel on the device and the new policy. The study focused on patients presenting with signs and symptoms of congestive heart failure (CHF) with pulmonary edema.

HFD collected the following data: systolic blood pressure (SBP), heart rate, (HR), respiratory rate (RR), oxygen saturation (SpO₂), respiratory difficulty scale, patient outcome, admission to hospital, need for endotracheal intubation, and emergency department diagnosis. The study proved to be successful,

CPAP - Mean physiologic changes:

SBP = ↓ 25.5 mm/Hg

HR = ↓ 12.5 beats/minute

RR = ↓ 6.8 breaths/min

SpO₂ = ↑ 16.9%

and as of end-of-year, CPAP has been implemented by most of the ALS fire departments countywide.

Critical Care Paramedic Program – The CCT-P program has seen much evolution and growth over the past year. The medical scope of practice is expanding to meet the ever-growing patient transport needs by our counties' requesting institutions. The number of monthly CCT-P transports within our county has increased from 35 - 40 requests monthly to an average of 120 - 130. We have successfully signed a reciprocal agreement with Contra Costa County EMS which jointly recognizes practicing CCT-Ps in both counties as one. Alameda County is also actively pursuing other reciprocal agreements with other neighboring Bay Area EMS agencies allowing for better utilization of resources and enhancement of patient care.

DISASTER AND BIOTERRORISM

Planning for Mass Prophylaxis – On September 15, 2004, several members of the EMS community participated in a table top exercise to discuss how different agencies would receive, distribute and dispense medications or vaccine from the Strategic National Stockpile to protect the public following a bioterrorism event or other public health emergency. Representatives came from several disciplines, including Public Health, OES, EMS, Fire, Law, Behavioral Care, and the General Services Agency.

This was followed by a functional exercise on October 20 in the City of Fremont. The Fremont Metropolitan Medical Response System (MMRS) joined forces with the Sheriff's Office of Emergency Services, Alameda County EMS, and the Public Health Department to practice setting up and implementing a dispensing site for mass antibiotic prophylaxis. Both exercises were sponsored by OES through a grant from the Department of Homeland Security.

They were very successful, and provided "Lessons Learned" to direct our future planning efforts.

Basic Disaster Training – In Spring of 2004, the Alameda County EMS Agency began training the county's health clinics in basic disaster preparedness. These clinics include community based organizations as well as clinics connected to area hospitals. The clinics serve Alameda County's diverse populations with limited access to health care. The trainings were divided into three topical areas: Disaster Preparedness, Family/Work Plan, and Disaster Supplies. The clinics were given information on the basic items needed following a disaster: food and water, shelter and basic sanitation. They were given a list of supplies to include in a disaster kit and information from the US Department of Homeland Security and the American Red Cross. Clinic employees were also encouraged to create a family disaster plan and build a disaster supply kit for their homes. Approximately 900 people at 24 clinics were trained.

Additionally, about 500 Alameda County Public Health employees received disaster preparedness training. Held on a quarterly basis, topics covered shelter-in-place, disaster mobilization plans, building evacuation, and basic disaster preparedness.

Disaster Preparedness Planning – Disaster preparedness and response training and exercises are a priority for the EMS, medical and public health community. Along with the rest of the county and beyond, Alameda County has been the recipient of numerous grants to facilitate and participate in intra-agency trainings and exercises. This has been a busy year. We have been involved in no fewer than 15 drills over the last year. This year's disaster

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drills included six table-top, five functional and four full-scale exercises. These exercises have involved agencies at all levels of government: Federal, State, County, and City. In addition to drills and exercises, both initial and ongoing training was provided for the medical, disaster and public health communities. Hospitals are receiving equipment for use during disasters including surge capacity equipment (tents, generators, heating lighting), decontamination capability (portable and fixed decon units), personal protective equipment (suits, masks), prophylaxis and treatment medications, and better communication equipment. Plans are in the works to strategically stage caches of nerve agent antidotes around the county to enable a quicker response. We are also facilitating a plan to receive the Strategic National Stockpile (SNS) for use during a bio-terrorist event.

TRAUMA SYSTEM

The EMS Trauma System has seen many internal renovations with its Trauma Audit Review Process. The new system has dramatically enhanced how we use and decipher our Trauma Data. It enables a "streamlined" approach for reviewing patient charts and allows us to view different patient "populations" giving us insight on how to better serve our communities. We are currently participating with the National Trauma Data Bank, sponsored by the American College of Surgeons, and have been actively participating with the California State Trauma Adhoc Committee in the establishment of a new California State Trauma Registry Data Bank. Below is a chart displaying the total number of trauma patients seen at each one of our three trauma centers during 2003/2004.

Trauma Center	2003	2004
Children's Hospital	457	506
Eden Medical Center	1609	2089
Highland Hospital	1838	1942
Total:	3904	4537

EMS ADMINISTRATION

2005 Policy Review Process - Thirty-six policies were reviewed and updated with one new policy added. The policies went into effect December 1, 2004. Thirty-one individuals from fire agencies and AMR were trained on the new 2005 policies so they could train their people. Over 1,200 Field Manuals have been distributed. All policies can also be downloaded from the EMS website. (See page 6 for the 2006 Policy Review timeline.)

Unusual Occurrences - Ninety-two UO's were investigated in 2004. The UO's came from a variety of sources including field personnel, hospitals, and patients themselves. Some of the issues identified include: individual training needs, destination decisions and dispatch concerns. A process for confidential faxing of UO's to the appropriate agency was established that includes specific timelines for completion. Most UO's were handled in a timely manner; however, there are always a few that require extensive investigation. This usually happens when more than one agency is involved. If you need a copy of the Alameda County UO form it can be downloaded off our website.

EMS News - Nine hundred copies of the EMS News were published bi-monthly. Most were sent to Alameda County provider agencies. The remaining copies went to various agencies including hospitals, other EMS agencies, and EMSA. Topics this year ranged from an story about the Alameda County dispatch system to a first-hand account of being

trapped on a stranded train. We also had two guest writers this year. If you would like to write for the EMS News contact John Vonhof at john.vonhof@acgov.org or (510) 618-2038. And remember, the EMS News is available on the EMS website!

EMS Website - If you are looking for information about the Alameda County EMS Agency - start with our website. Our goal is to make as much of the information we can readily available. Want to download the Field Manual? Have questions about EMT certification? Want to know the story behind the star-of-life? That and a lot more are on the website. Check it out!

Public Access Defibrillation - We participated in Operation Heartbeat, an Alameda/Contra Costa County committee to promote PAD and AED usage. AEDs were added in many cities last year: Alameda, Berkeley, Hayward, Livermore, Newark, Oakland and Pleasanton.

Alameda County Violent Injury Reporting System (ACVIRS) - EMS in collaboration with the Community Assessment, Planning and Education unit of the Public Health Department has begun to collect data on violent injuries. This planned surveillance system is based on the National Violent Injury Statistics System developed by Harvard University and implemented in a number of cities nationwide. The system will link information on victim and perpetrator using police, death certificate, coroner, trauma registry, and emergency department data sources. It allows analysis of disparate existing information in a timely manner for use in developing and evaluating interventions to reduce violence in Alameda County. We will begin with a pilot project in Oakland focusing on homicides in 2002 and 2003. For 2004 data the

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project will expand to include homicides and suicides in Oakland. This expansion is in conjunction with the California State Department of Health Services, funded with a grant from the Centers for Disease Control. Specific objectives include:

- ✓ Implement a violent injury reporting system to collect and analyze violent injuries/deaths in the county
- ✓ Categorize violent injuries and deaths demographically and geographically and identify critical areas of the county for prevention activities
- ✓ Categorize violent events by modality to assist in legislative actions to reduce availability of identified weapons
- ✓ Assist police agencies, public policy makers, violence prevention groups and public health experts develop and evaluate strategies to reduce the number of violent injuries

California State Office of Traffic Safety-Underage Drinking and Driving – The Office of Traffic Safety funded EMS for a “Youth Alcohol Prevention Through Environmental Change” two-year grant. The project integrates youth development and community prevention strategies to reduce “has been drinking” drivers under age 21 through prevention of underage drinking and driving under the influence (DUI) using a population-based prevention strategy. EMS will work with Community recovery services; a community based organization to implement the project, and local youth will be hired to help with the project.

The goals of the project are to:

1. Provide a training opportunity for eight youth
2. Raise awareness of how underage youth access alcohol in Oakland
3. Reduce underage drinking in

Oakland
4. Reduce the number of auto collisions and auto injuries/deaths by underage drivers under the influence in Oakland

Federal Health Resources and Services Administration (HRSA) Cooperative Agreement – EMS is administrating a multi year HRSA grant funded through the California State Department of Health Services. The cooperative agreement provides support to hospitals and clinics to deliver coordinated and effective care to victims of terrorism and other public health emergencies. The grant supports staff coordination and training for terrorism and emergency preparedness for hospital & clinic staff and the purchase of:

- ✓ Personal protective equipment
- ✓ Communication equipment
- ✓ Pharmaceuticals
- ✓ Decontamination equipment
- ✓ Surge capacity equipment

This infrastructure support will strengthen our health care “points of entry” so they will be better prepared to respond to a public health emergency. Other partners are the Hospital Council of Northern and Central California, Alameda Health Consortium, Alameda County Medical Center clinics and Alameda County Public Health Department Bioterrorism staff.

INJURY PREVENTION PROGRAM

Throughout 2004, EMS Injury Prevention provided a myriad of resources to the residents of Alameda County and to the professional community that interacts with vulnerable groups of children, low income citizens and seniors.

EMS for Children – is a multi-faceted approach to EMS and children. Projects include:

- The Safe Cribs Project developed training curriculum and distributed cribs provided by the Danny Foundation to 30-40 families.

- The Special Needs Campaign disseminated Emergency Medical Information Cards to 400+ families with special needs children
- Mental Health Advocacy for Children promoted mental health issues, awareness, and planning in EMS
- Behavior Emergency education curriculum training on behavior emergencies was provided to first responders
- Emergency School Guidelines were planned and developed. A pilot program for first aid response in schools was conducted

Child Passenger Safety Court Diversion – Injury prevention held seventeen classes for 300 Alameda County car seat and seat belt violators, replacing over 30 child restraint systems at an affordable rate to the attendees. Attendees received information on car seats and seat belt laws and motor vehicle safety.

Childhood Injury Prevention - Injury prevention information and resources were provided to over 250 families including brochures and fact sheets. We developed:

- An interactive prevention awareness curriculum for community-based groups
- A sub-committee to look at creating a comprehensive special needs resource document
- A presentation to shelters addressing concerns of families and low-income families who transport children but do not have their own automobile and car seats

Safe Kids Coalition – The Safe Kids Coalition coordinated National Safe Kids Campaign sanctioned events:

- CPS Week in February,
- National Safe Kids Week in May
- Walk to School Day in October

Activities included: A media/press

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conference, special needs training, press releases, school-site rallies and resources distribution and dissemination of prevention resource materials at community health fairs and activities.



Participants in the 2004 Walk-to-School Day

Bicycle Safety & Helmet Program –

The program is dedicated to reducing unintentional injuries, disabilities and death due to trauma involving wheeled vehicles. 5,147 pre-school and elementary school age children participated in classroom presentations and assemblies at 17 elementary schools and child development centers. Children were informed of The California Bicycle Helmet Law and Safety Rules, how to fit a helmet properly, how to maintain a bicycle, proper riding gear, and the necessary bicycle accessories.

Child Passenger Safety (CPS) Work Group/Car Seat Program –

766 car seats along with thousands of educational and instructional materials were distributed to Alameda County residents with small children. At two car seat check-up events, 50 families had their car seats checked.

Senior Injury Prevention Project (SIPP)

– The SIPP project continued its Falls Prevention Outreach Program for community-dwelling older adults and conducted interactive discussion

groups for over 2000 people in 2004. In addition, we:

- Hosted the 4th Annual Statewide Senior Injury Prevention Conference in conjunction with the Center for Injury Prevention, Policy & Practice
- Worked with Alameda County Social Services to provide eight seminars on Falls Prevention for In Home Support Workers
- Partnered with Samuel Merritt Nursing School to conduct a training session for senior nursing students on working with older adults and falls prevention
- Created a home-adaptation program with funding from Adult and Aging Services to provide safety adaptations (grab bars, smoke detectors, etc) for 43 low-income homebound older adults
- Completed a Falls Prevention video that was shown on Comcast Cable and will be distributed to senior centers, faith based organizations, residential facilities, and hospitals
- Participated in the National Council on Aging/American Society on Aging Conference
- Worked with SIPP partners to establish eight walking clubs to encourage physical activity
- Were selected by the National Highway Traffic Safety Association as one of sixteen participants nationwide to become part of an expert speakers bureau on traffic safety and mobility for older adults.

EMS Reaches Out to the Community

For the 3rd year the EMS Agency staff participated in several holiday projects. Our tradition has been to adopt a local family in need. We usually request a large family and this year was no exception. EMS elves provided gifts and food for a family of six, with kids ranging in age from 2 months to 13 years. We also dropped off the next-sized car seat for the baby.

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Bill Sugiyama	618-2033
Dave Sullivan	618-2029
John Vonhof	618-2038
Godfrey Wilson	618-2028
Bathhius Wrather	618-2025

While delivering the gifts to a very excited family we noticed there was no Christmas tree, so off to the local Orchard Supply we went. The store graciously donated a tree – you should have seen their faces when we return, tree in tow.

Another project that we have contributed to in the past is donating sample-size toiletries to a battered woman's shelter in Hayward. Just before Christmas a large box was delivered containing bottles of shampoo, mouthwash, toothpaste and warm socks.

A new project for us this year was to provide a basket of food to two at-risk, low-income senior citizens. EMS staff delivered baskets containing easy-to-prepare microwaveable meals, fresh fruits and vegetables. Without this help these seniors would not have had much in the way of a holiday meal.

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A Division of the Public Health Department

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What's New on the Web



- 2005 Field Manual
- 2005 Administration Manual
- Staff Assignments, phone # and e-mail addresses.

February is . . .

Child Passenger Safety Month

Injury
Prevention
Corner

Did you know...Car crashes are the most common cause of unintentional death for children between birth and 14 years old. Remember: it is THE LAW to have your kids buckled up (and you too!)

The safest place for your child is buckled up in a car seat in the back seat.

- ✓ Children under 1 year old should be buckled in a rear facing car seat
- ✓ Children who are over one and weigh between 20 and 40 pounds should be in a forward facing car seat
- ✓ AND... until your child is tall enough (usually around 8 years old) to sit comfortably in the seat, he/she should be sitting in a booster seat
- ✓ Lastly, many car seats are not installed properly, make sure you have yours checked at a local car seat check up

For information about local car seat check-up events go to the EMS website or visit www.nhtsa.dot.gov or www.safekids.com for more information.

2006 Policy Review Process Timeline

Suggestions/revisions due by	March 15
First draft distributed	April 1
Written comments due by	May 2
Second draft distributed	June 1
EMOC – public testimony	June 16



News & Announcements . . .

The 2006 policy review process will begin in March. E-mail your comments and suggestions to kris.helander@acgov.org or james.pointer@acgov.org no later than March 15th.

Attention all EMTs – All recertifying EMTs must complete a skill competency verification exam and submit the form with their recertification application. The testing may be completed in conjunction with a 24-hour refresher class, at the end of a full EMT program, or as a stand-alone skills test. Check the EMS website for information on local skill testing sites. Remember you can apply for recertification anytime within six months of your expiration date.

Waiting to find a skills test until the month your certification expires may jeopardize your active certification status. Questions may be directed to John Vonhof at john.vonhof@acgov.org or (510) 618-2038.

The Senior Injury Prevention Program (SIPP) and Alameda County Public Health Department through Emergency Medical Services are offering **FREE** Falls Prevention Discussion Groups for Alameda County residents.

Q: Why talk about falls?

A: In Alameda County, people 65 years and older represent 10.2 % of the population but account for 43% of the hospitalizations and deaths due to accidental injuries. 80% of those accidental injuries are

due to falls. The Senior Injury Prevention Program is working proactively to reduce falls.

For discussion group scheduling, materials, and questions please call SIPP at (510) 618-2050 or Godfrey Wilson at (510) 618-2028 or godfrey.wilson@acgov.org.

5th Annual SIPP Conference will be held May 19, 2005. Contact Colleen Campbell at colleen.campbell@acgov.org or (510) 577-3535 for more information.



EMS website:
www.acgov.org
"Departments" then
"EMS"