

EMS NEWS

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Alameda County
Emergency
Medical
Services



A Division of the
Public Health
Department

1000 San Leandro Blvd. #200
San Leandro, CA 94577

510.618.2050
510.618.2099 - fax

Administration

Michael King
Director

Dale Fanning
Assistant Director

James E. Pointer, MD
Medical Director

Jocelyn Garrick, MD
Assistant Medical Director

Newsletter Production

John Vohnof
Editor

Kris Helander-Daugherty
Design & Layout

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SOBERING CENTER SCHEDULED TO OPEN JANUARY 2008

By Jocelyn Freeman Garrick, MD, MS
EMS Assistant Medical Director

In an effort to provide focused care to alcoholics, free hospital emergency beds, and offer comprehensive care to chronic alcoholics, Alameda County will open a sobering center on Fairmont's campus. The center, called *Safe House*, is scheduled to open in January 2008 and will provide services for non-acute inebriates.

In 2004, under the direction of Health Care Services Agency Director Dave Kears, a detox commission was formed. Over 30 individuals from several city and county agencies, including behavioral health, crisis intervention, sheriff, police and fire departments, EMS, as well as physicians, convened monthly to design a system that would offer detoxification services to clients in a safe environment and in a cost effective manner. The group visited other sobering centers in San Francisco, Portland and Seattle.

The 50 bed sobering center will be staffed by HEPPAC (HIV Education and Prevention of Alameda County) personnel and EMT equivalents, operate under the direction of medical protocols and my oversight as the medical director. Because chronic alcoholics can be helped through detox services, a 32-bed detox center will also open in January and is located across the street from the sobering center on the Fairmont campus.

HEPPAC is well known in the

community for providing services to HIV patients and intravenous drug users. They have established a sound reputation with the homeless population and will be key to the success of the center. Once hired, the triage personnel (who are EMT equivalents hired through AMR) will receive additional training on the protocols, alcoholism, and alcohol complications. *Safe House* staff will also receive basic training and ongoing continuing education.

We are thankful for the help of Ms. Barbara Becker, the project manager, who has kept us on target to reach our goal. Initially, as stakeholders become familiar with the new center, all clients will be screened at Alta Bates Medical Center or Highland General Hospital. After the initial



Construction underway on the *Safe House* sobering center

pilot phase, police departments will be able to take clients to the center in lieu of jail and emergency rooms will be able to call the sobering center to transport patients from their facilities. In the end, we hope to provide stellar care in an appropriate venue for this population.

Please direct questions or suggestions about the sobering center to: Dr. Freeman Garrick (510) 618-2044 (Jocelyn.garrick@acgov.org) Barbara Becker at (510) 383-2688 (bbecker@acbhc.org).

GOOD-BYE BARBARA CHEATHAM



The EMS office staff said goodbye to Barbara Cheatham in mid-November when she moved to New Orleans to spend time with her family. Barbara worked with the Public Health Department since 1994 providing program management, health education, training, program planning, and community outreach. She joined EMS six years ago as a program manager specializing in childhood injury prevention. As the Safe Kids Coordinator of Alameda County, she had a primary focus on unintentional childhood injury prevention. Through Safe Kids and EMS, Barbara coordinated activities such as car seat check up events, Safe Kids Week activities, Walk this Way (a school-based event), and other injury prevention/safety related campaigns. We wish Barbara well as she relocates and looks forward to exciting new ventures and adventure.

New Staff Joins EMS



Alameda County EMS would like to welcome our newest team members, **Michelle Voos and Joshua English.**

Michelle comes to us after working 10½ years for AMR in Alameda County where she worked as a paramedic, field training officer, preceptor, Critical Incident Stress Management peer counselor and most recently, a clinical manager.

Michelle, who joined the agency in October, is working in the capacity of a Prehospital Care Coordinator. She has been tasked with duties such as certification, training and continuing education programs, as well as the hospital liaison/Reddinet coordinator.

Contact Michelle at 510.618.2032 (michelle.voos@acgov.org)

Joshua joins EMS after years of service as a paramedic and most recently as the Development and Training Specialist at AMR in San Leandro.

He is set to join the agency in Mid-December and will work in the capacity of Prehospital Care Coordinator. Some of his programs will be policy development, contract compliance, the EMS System Plan, and legislative council.

Contact Joshua at 510.667.7533 (joshua.english@acgov.org)

We are very excited to have both Michelle and Joshua as part of the ALCO-EMS team!

CPR Anytime™ - From Schools to Community

Schools Participating in the CPR Anytime™ Pilot Project

- ✓ Assumption Middle
- ✓ St. Martin Middle
- ✓ St. Leo Middle
- ✓ St. Elizabeth High
- ✓ St. Joseph High
- ✓ Bishop O'Dowd High
- ✓ Hart Middle
- ✓ Madison Middle
- ✓ Thornton Middle
- ✓ Ralph Bunche High
- ✓ Hayward High
- ✓ Albany High
- ✓ Mandela High
- ✓ Castro Valley High
- ✓ Logan High

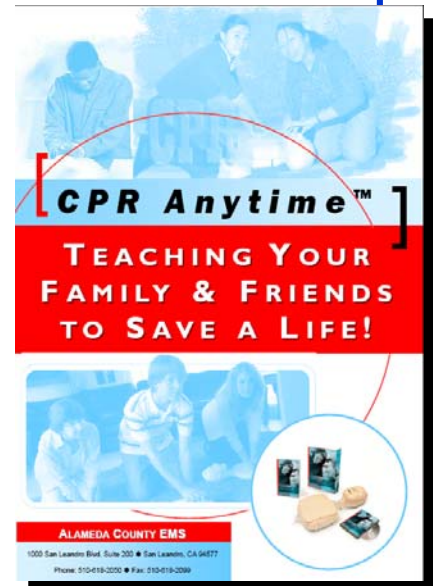
CPR Anytime™ is an interactive instructional kit that de-mystifies cardiopulmonary resuscitation (CPR) skills with a 22 minute “watch-while-practice” video and an inflatable manikin. We use the kit to train seventh and tenth grade students who will then train their family and friends™. We hope to see the CPR Anytime program as providing a feasible outreach method for community education.

The current universal chain of survival recommended by the American Heart Association (AHA) in 2005 depicts the most optimal sequence to improve a victim's chance for survival in an out-of-hospital cardiac arrest. The sequence includes early access to EMS, early CPR, early defibrillation, and early advanced life support. Although the general public consistently provides early access to EMS, they often do not provide early CPR. Without early CPR prior to the arrival of EMS, a victim's chance of survival decreases 7-

10% every minute. Without CPR, early defibrillation and advanced life support resuscitation is nearly futile. To improve implementation of the chain of survival, 12 Alameda County schools will be adopting CPR Anytime into their curriculum to increase community awareness of CPR.

The CPR Anytime pilot will provide CPR training to six demographically equivalent seventh and tenth grade classes (500+ students) in Alameda County. These students will then take the kit home to train their family and friends (age 12 or older) over a period of a few weeks (beginning November 2007) with an expected training multiplier of 3-5 people per kit. Data will be collected from every trained person. EMS staff will track and analyze the demographics, whether the entire DVD course was utilized and probable willingness to perform CPR in the future in real life. Investigators will also compare the two grades to determine which has greater participation and outreach. The researchers anticipate completion of data collection and analysis by spring 2008.

The information obtained from this pilot will drive a much larger project in the fall of 2008. The goal of this study is to train 20,000 students using CPR Anytime with the prospect of subsequent exposure of 60,000 - 100,000 community members.



DID YOU KNOW? According to *EMSNetwork.org* the most frequent causes of ambulance roll-overs are: 1) Poor or infrequent driver training, 2) Poor vehicle maintenance (especially tire pressure!), and 3) Too much speed.

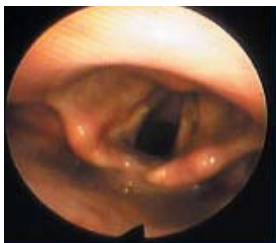
FROM THE MEDICAL DIRECTOR

Endotracheal Intubation: Do we have a problem?

By Jim Pointer, MD

Several studies have demonstrated that personnel in EMS systems commit numerous errors in the process of managing an advanced airway. Wang and his colleagues looked at the endotracheal intubation errors in 1,953 patients. He found errors in 444 patients (22.7%). Paramedics were unable to intubate in 359 cases (18.4%) and the tube became dislodged in 61 patients (3.1%). Medics required multiple attempts in 62 patients (3.2%). Errors were most pronounced in patients younger than six years, non-arrest patients, and in trauma patients. In another study, Wirtz and colleagues prospectively investigated 192 consecutive intubated patients all of whom were confirmed by a physician. Of those, 132 patients were intubated in the field, and the rest in the ED within 10 minutes of arrival. Of the field patients, 12 (9%) tubes were misplaced. In addition, right mainstem intubation occurred in 20 patients (15%).

Recently, one of our providers, upon implementation of an electronic database, found that many more intubations had been missed than had been previously reported. Because of human nature and the intricacies of reporting, I am certain that our 86% success rate for advanced airway over represents the true success rate.



What can we do to address the situation? Recently, all of our advanced providers were required to review and study a 2-hour educational airway session con-

ducted by Dr. Richard Levitan. We also now require capnography/capnometry as the airway assessment tool of choice. Clearly, capnography/capnometry is better than the colorimetric method (Easy Cap). The Easy Cap provides only a semi-quantitative guideline to end tidal CO₂ detection. The number provided by capnometry and the waveform, a rectilinear or "shark fin" shape, are essential in the confirmation of tube placement. A recent abstract in *Prehospital Emergency Care* showed that there were no missed intubations if capnography was utilized. Dr. Silvestri and his colleagues reviewed 153 intubated patients. 93 patients (61%) had continuous end tidal CO₂ monitoring, and 60 patients (39%) did not. There were no misplaced intubations in the group for whom continuous end tidal CO₂ monitoring was used. When monitoring was not used, the missed intubation rate was 23.3%.

There is no question that end tidal CO₂ monitoring is the standard of care in EMS, in the emergency department, and throughout our health care system. Arguably, endotracheal intubation is the most dangerous procedure that we perform. While an endotracheal tube can save a life, a misplaced tube can result in untimely death. Please remember to do the following for every patient in which an advanced airway is utilized (endotracheal tube, Combitube or King Tube):

1. After the tube is placed and before bagging, use the esophageal detector device (EDD).
2. Apply capnography/capnometry. If this technology is not available, use the Easy Cap, but change to capnography when it becomes available. Keep the detection device in place until care is transferred in the hospital!

3. Auscultate both lung fields and the epigastric area.
4. Observe for "fogging" in the tube and use other clinical confirmatory techniques.
5. Document your use of these techniques as you would for the procedure itself.

In the near future, you will hear of system changes to better manage the relatively few number of intubation attempts in our system. I very much appreciate your careful consideration of these future ideas, and any other thoughts you might have on this issue or others in our EMS system. As usual, contact me at 510.618.2022 (james.pointer@acgov.org)

EMS Website - A very busy place

A report from the Alameda County Information Technology Department regarding the EMS website revealed some interesting information:

- ✓ The EMS website gets over 105,000 hits per month.
- ✓ The most frequently accessed page (besides the home page) is the EMT Certification/Recertification page.
- ✓ The site has grown over the years from 1,200 monthly homepage visits to over 7,500.

EMS is planning a redesign of the site to provide more online services and community information. If you have any suggestions about the EMS website contact Kris Helander-Daugherty at 510.618.2032 (kris.helander@acgov.org)



ALAMEDA COUNTY

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PUBLIC HEALTH DEPARTMENT

- Anthony Iton, MD, JD, MPH, *Director/Health Officer*

WHAT'S NEW ON THE WEB

- 2008 EMS Field Manual
- 2008 EMS Administration Manual
- Alameda County Ambulance Ordinance



EMS WEBSITE: acgov.org/ems

NEWS & ANNOUNCEMENTS

New policies go into effect 12/1/07. If you have not received your copy of the 2008 Field Manual check with your provider agency. Copies are also available for purchase at EMS for \$8.00, or you can download it from the EMS website.

Ambulance Ordinance Approved - The Alameda County Board of Supervisors gave final approval to the new EMS Ambulance Ordinance in October. The ordinance became effective on November 2nd in the unincorporated areas of the county. As the ordinance is adopted by individual cities within the county, EMS will roll it out to the ambulance companies located within that city. The ordinance gives EMS oversight authority of non-911 ambulance service providers. Covered in the ordinance are the operational processes and requirements, permits, ambulance inspections, personnel standards, ambulance equipment and communications, medical direction, special event coverage, emergency and disaster operations, and consumer complaints and enforcement. Alameda County has seven non-911 ambulance companies based in the county and several others who do intracounty transports.

A link to the ordinance can be found on our home page at acgov.org/ems. Questions on the ordinance can be directed to John Vonhof at 510.618.2038 (john.vonhof@acgov.org)

Healthcare and Aging

Newsletter of the
Healthcare and Aging Network



Falls Prevention Efforts Expand

By Colleen Campbell

The fall edition of the American Society on Aging's newsletter *Healthcare and Aging* focused on the issue of falls and falls prevention. One article highlighted in this edition was written by the Alameda County Senior Injury Prevention Program Coordinator Colleen Campbell. Colleen's article, "Regional Coalition Helps Older Adults Take Effective Steps to Prevent Falls," presents a good overview of how this important service has grown.

The Senior Injury Prevention Partnership (SIPP) is a coalition of public and private agencies, organizations and businesses that works to reduce the incidence of preventable injuries to older adults in Alameda County.

To launch the coalition effort, the Public Health Department examined hospitalization data and conducted community

focus groups. The resulting data documented the need for a countywide injury-prevention initiative for elders with a primary focus on fall prevention.

Restructuring the original focus groups, which had proved to be popular with older adults eager to receive falls prevention information, SIPP established ongoing community-based fall-prevention discussion groups.

To extend the message of the discussion groups, SIPP developed a fall-prevention manual for distribution to all participants. In addition, SIPP has produced "Taking Steps to Prevent Falls," a video on fall prevention for community-dwelling elders. The video has been distributed to senior centers and residential facilities and is available to homebound elders via the Alameda County Library System. SIPP also has shared the video and manual with service providers throughout California.

In 2006, thanks to financial support received from Alameda County through a quarter-cent sales tax, SIPP expanded its membership to include contract provid-

ers of adult and aging services. In response to a request for proposals, providers were awarded funding to expand services to include at least one fall-prevention intervention. To ensure that services are available countywide, six agencies in diverse parts of the county received awards.

SIPP also has expanded its advocacy efforts by organizing an annual statewide conference on injury prevention for older adults. Attendees have opportunities to learn from recognized fall-prevention experts. The conference has made a positive impact in spreading the message of fall prevention. Most notably, the 2005 conference was the kick-off event for a statewide coalition, the California Stop Falls Network.

The article is further recognition of the Alameda County Senior Injury Prevention Partnership's efforts to reduce falls in older adults. The complete article can be found at HealthCare & Aging website www.asaging.org/asav2/lan/enews/toc.cfm