



# EMS NEWS

Special EMS Week Edition

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## EMS to Recognize Prehospital Personnel During EMS Week

The 33rd annual National EMS Week is May 14 - 20, 2006. This year's theme is *EMS - Serving on Health Care's Front Line*. EMS Week is sponsored each year by the American College of Emergency Physicians as a time to recognize EMS personnel and educate the public about EMS.



### Serving on Health Care's Front Line

Alameda County EMS has always planned events around EMS Week. This year, however, we are expanding the importance of this recognition week by sponsoring a luncheon at the Marina Community Center on May 17, 2006 at 12 pm. In addition to the departmental recognition awards, EMS Star Awards will be presented in eight different categories. The nominee may be an individual or group from within the EMS community or community at large who meets the award criteria. In addition, we will honor individuals who have died within the past year with an EMS Memorial Tribute.

Nominations must be received by the Alameda County EMS Agency by April 21, 2006.

### AWARDS & NOMINATION CRITERIA

**\*Star of Life Award:** recognizes an individual who, by exemplary medical skills, outstanding actions and contributions to the advancement of

excellence in the delivery of emergency care to the residents of Alameda County, is identified as representing the ideal EMT or Paramedic.

**\*Heart of EMS Award:** recognizes an individual, who by his/her actions shows exceptional compassion in the performance of his/her job, is an advocate for patients' rights, is involved in volunteer activities outside of work that enhance EMS, and/or is a role model for co-workers and others in the EMS community in Alameda County.

**\*Bear-Hug Award:** recognizes an individual or organization that works to reduce child and youth disability and death due to severe illness and injury, addresses the emergency medical needs of children when serious injuries or illnesses occur by working with children for better healthcare access, and/or is making a difference in the lives of children in Alameda County.

**\*Circle of Life Award:** recognizes an individual or organization that works to reduce preventable injuries to the older population, raises awareness regarding the need for injury prevention programs for older adults, works with

seniors for better healthcare access, and/or makes a difference in the lives of seniors in Alameda County.

**\*Rising Star:** recognizes an individual who is new to the field of prehos-

pital care (< 3 years experience), who shows rapid improvement, exemplary skills, and/or has taken on added responsibility.

**\*Siren Award** (could be an individual or a team from one or multiple agencies): recognizes an individual or team of individuals who has performed exceptional or heroic actions and/or exemplary team work in saving or attempting to save the life of another. The nominee(s) has displayed significant and exceptional heroism and has faced substantial risk of his/her own life in saving or attempting to save a patient.

**\*Ben Mathews Career Lifetime Achievement/Innovation Award:** recognizes an individual or organization who by their actions and innovative thinking has contributed to expanding the future of EMS in Alameda County, or an individual whose contributions to prehospital care have been consistent and long lasting, representing, in effect, a lifetime of outstanding service to the profession and the public.

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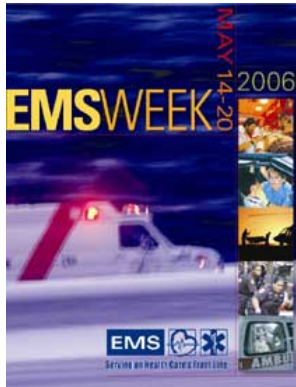
**\*Civilian Hero Award:** – recognizes a civilian who:

1. Stepped forward, to save another human in peril. This person, not trained in, active in, or affiliated with the provision of EMS or rescue service, has shown valor in an attempt (successful or unsuccessful) to rescue another.

The incident must have taken place in Alameda County; however, the nominee need not be a resident of Alameda County. The nominator need not have been involved in the incident, or

2. Took on a cause relative to the provision of EMS services or a safety concern within the community that benefited the residents of Alameda County.

**\*EMS Memorial:** Pays respect and honors individuals who were members of the Alameda County EMS Community who have died within the



past year. Please submit a picture(s) of this person, when he/she passed away, what role he/she served in EMS, and any additional information you would like to share.

Please take a minute to nominate a worthy individual or group. For more information on the awards see the EMS website ([acgov.org/ems](http://acgov.org/ems)), or call Kris Helander-Daugherty at (510) 618-2032 or John Vonhof at (510) 618-2038.



**Clarification . . .**

. . . of the intubation data presented in the February edition of the EMS News:

- 77% of the successful intubations were by ET
  - 9% of the successful intubations were by Combitube
- for an overall success rate of 86%.



**Excellence in Cardiac Arrest Care in Newark**

In 2005, the City of Newark had four cardiac arrest saves in which patients survived the initial arrest and subsequent hospitalization and have walked out of the hospital! Although Newark is a relatively small city with 43,000 residents, these cardiac arrest saves are a testament to the successful application of the Chain of Survival.

Newark Fire Battalion Chief Brian Caminada credits the entire Chain of Survival participants as the reason for the terrific success rate. Chief Caminada emphasizes, "Everyone from dispatch through fire / paramedic response and ambulance transport is credited for the high success rate. We value expertise and excellence in patient care and inter-agency teamwork. This excellence extends through teaching our citizens community CPR so they are empowered to respond in an emergency." In one of the successful cases, citizen CPR was performed.

Although responders often feel that they are "just doing their jobs," Newark Fire Department nurse educator Marlene Rivers feels that honoring both the individuals and the team in these successful cases is important and that the caregivers deserve this positive recognition.



Early Notification\*Early CPR\*Early Defibrillation\*Early Advanced Life Support

**The Senior Injury Prevention Conference Heads South**

By Colleen Campbell, SIPP Coordinator



The 6<sup>th</sup> annual State-wide Senior Injury Prevention Conference will take place on May 18, 2006 at the Atrium Hotel in Irvine, California.

The theme of this year's conference is "Injury Prevention-The Scope and Hope." We'll be looking at the projected numbers of older adult injuries over the next decade and beyond. Our hope is that by working together we will be able to develop and implement effective programs to reduce those numbers. This is the first time the conference is being hosted in Southern California; next year it will rotate back to the Bay Area.

UC Irvine Center for Trauma and Injury Prevention Research and the California Department of Health Services will be joining The Senior Injury Prevention Partnership (SIPP) in hosting our sixth annual conference along with our long time partner, the Center for Injury Prevention Policy and Practice.

Conference presentations will be made by: RAND Corporation, UC Irvine Program in Geriatric Medicine, Beverley Foundation, LA Center for Healthy Aging, Los Angeles County Department of Mental Health, UC Irvine Emergency Department, Cal State Fullerton, UC Irvine Vulnerable Adult Specialist Team, and our own Senior Injury Prevention Partnership. There will also be a hands-on segment giving attendees an opportunity to examine some of the latest "Tools of Prevention."

To download a conference registration brochure, go to [acgov.org/ems](http://acgov.org/ems) and click on the Senior Injury Prevention Conference link. For more information about the conference or the Senior Injury Prevention Program contact Colleen Campbell at (510) 577-3535 or [ccampbel2@acgov.org](mailto:ccampbel2@acgov.org).



## From the Medical Director

**EMS Week- 2006: A Time to Look Forward** - In this issue, you will read about the EMS Agency's plans for the upcoming EMS Week: May 14-20, 2006. New leadership at Alameda County EMS brings innovation in the way we celebrate this important time with you: Health Care's Front Line. I am privileged to serve as Medical Director for our system: a complex but coordinated program that includes – dispatchers, EMT's, first responders, paramedics, nurses, physicians, and the all important administrative and support staffs.

At this moment while you are reading this article, think of your particular impact over the past weeks and months on emergency services for our citizens. You are fortunate to serve a wonderfully diverse population. In just the past week, I have been notified of several cases of exemplary EMS care that you provided. Here are just a few examples:

- \* a dispatcher provided CPR by telephone and assisted in saving a patient's life;
- \* an EMT rapidly immobilized the spine in a patient with a thoracic vertebral fracture;
- \* a paramedic secured a 12 lead EKG, diagnosed an ST elevation MI, and transported the patient for a rapid angioplasty;
- \* a nurse compassionately worked with paramedics to provide care in an overly-crowded emergency department;
- \* an emergency physician took her time to review a complicated cardiac case;
- \* a trauma surgeon reviewed with an EMS team the CT scan of a patient with a spleen injury;
- \* a hospital administrator signed a note of congratulations to the team that cared for an injured patient.

All these events occurred in just one

week and represent only a few of the instances of excellence in our system.

EMS began about 40 years ago when a paper, "Accidental Death and Disability: The Neglected Disease of Modern Society," was published by the National Academy of Sciences. That paper reported 52 million accidental injuries in 1965 that resulted in 107,000 American deaths. In response, Congress established the Department of Transportation and provided about 50 million dollars for the establishment of EMS systems between 1966 - 1973. Alameda County established a formal EMS system in the early 1980's when Congress placed the responsibility for EMS funding on State and Local government. Alameda County EMS has grown from a fragmented partial advanced life support system to a sophisticated program that provides paramedic services to every citizen in our county.

Today, our three trauma centers consistently provide trauma care that is far above the national average. Cardiac arrest survival rates compare favorably with the best EMS systems in the country. Our providers utilize some of the latest and most progressive EMS interventions: continuous positive airway pressure, 12 lead EKGs, realistic pain management, and an emphasis on the care of the ill or injured pediatric patient.

We have much work to accomplish. In the next five years, we would like to particularly address the health care disparities in our county. We must better coordinate with our Injury Prevention staff and Public Health colleagues to not only assess and treat our patients but also to prevent illness and disability. We shall continue to utilize innovative

## Former Berkeley Firefighter Joins EMS Agency Staff

Bob Young has joined the EMS Agency as a Prehospital Care Coordinator in the role of disaster trainer.

Bob began his EMS career in 1972 as a Medical Corpsman in the United States Army. He has been a paramedic since 1978, starting with the San Francisco Department of Public Health Paramedic Division. In 1988 he became a Firefighter/Paramedic with the City of Berkeley, where he retired in 2001 at the rank of Paramedic Supervisor.

Bob has also taught the EMT program at Chabot/Las Positas College for 20 years, and most recently, the paramedic program at NCTI.

"I always have to laugh at myself. I feel blessed to have worked with the excellent young men and women in Alameda County. If my past students only knew that they have taught me more about humility and respect than I've ever able to teach them about prehospital care."

### Welcome Bob!

techniques and equipment in our practice, but we must conduct responsible research and pilot studies that provide evidence to insure patient safety and efficacy. You, our providers, are piloting a new, smaller, one-lumen esophageal tube, a respiratory impedance device, and a mechanical adult intraosseous infusion device. Under Mr. King's leadership, we will soon be utilizing an electronic PCR for all our EMS providers. I deeply appreciate all of your contributions.

Please, each of you, pat yourself on the back and accept my congratulations, in the name of EMS week, for the many contributions you have made to our EMS system and to the citizens of our county. As usual, please contact me with your thoughts and comments at [james.pointer@acgov.org](mailto:james.pointer@acgov.org) or (510) 618-2022.

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## EMS Week Public Awareness Campaign - Dial ICE

The American College of Emergency Physicians, as part of EMS Week activities, is recommending that EMS systems implement a public awareness campaign encouraging people to store emergency contact details in their cell phones. Bob Brotchie, of the East Anglian Ambulance Company in the U.K. hatched the plan last year after struggling to get contact details from injured patients. By entering the acronym ICE for *In Case of Emergency* into a cell phone the next of kin can be identified and contacted in an emergency.

The idea follows research carried out by Vodafone that shows 80% of people carry no information of who they would like telephoned following a serious accident. By adding an *ICE number* into your cell phone, you can help EMS personnel quickly contact a friend or relative—which could be vital in a life or death situation.

On most cell phones you simply select *Contacts* and choose *Add New Contact*, then enter the letters *ICE* next to the name, followed by the telephone number. For more than one contact name, use ICE1, ICE2, or ICE spouse, ICE Mother etc.

EMS can easily promote ICE as part of an awareness campaign to highlight the importance of carrying next of kin details at all times. Storing an ICE number makes it easier for everyone if you're involved in an accident, and it only takes a few seconds.

### What's New on the Web



- EMS Week awards luncheon information & nomination form
- SIPP conference registration information



### News & Announcements . . .

**The 2007 Policy Review Process** will begin March 15th. If you have ideas or suggestions about the policies forward them to Kris Helander-Daugherty at (510) 618-2032. We need to hear from YOU!

### Is It Time To Take Keys Away From Teen Drivers?

An excerpt from an L.A. Times article, March 1, 2006

If you want to know how teen drivers really think and behave behind the wheel, check out the results of this revealing survey of 1,000 young drivers. "Speeding is fun," according to 17% of the 15-to-17-year-old participants in the Allstate Foundation's survey, part of a comprehensive report on teenage fatalities.

Sixty-nine percent said they drive fast to keep up with traffic. One fourth

admitted they were "aggressive drivers" who drive more than 20 mph over the speed limit. Thirty-five percent said they speed because it's "safe as long as I watch out for cops and stay in control of the vehicle." Since one-third of all teen fatalities involve speeding, these are some pretty scary attitudes, admit researchers.

- 61%, said they take risks when driving because they "are good drivers.
- More than 25% said they take risks because they aren't thinking of the consequences.
- More than half said they routinely use cell phones while driving.
- 67% also said they have felt unsafe in vehicles driven by friends.
- 45% percent said they would speak out if scared or uncomfortable while another teen is driving. Nevertheless, 50% doubted the driver would listen to them.

Teen fatalities are nothing new. But the tens of thousands of deaths over the last decade have prompted auto safety groups, law enforcement and medical professionals to search for new ways to tackle the problem. "No other kind of hazard or behavior comes close to claiming as many teen lives. We believe it has become a

chronic public health issue," says Linda Behzad, an author of the Allstate report.

In 2004, there were 7,898 fatalities in the U.S. involving drivers 15 - 20 according to NHTSA. The number of teen drivers killed was 3,620. This means a majority of those killed in teen driving crashes were people other than the teen driver.

Research into adolescent brain development may explain why some of the established teen driving programs have not been more effective in cutting deaths and injuries. Dr. Jay Giedd, a neuroscientist in Potomac, Md., says areas involving multi-tasking, impulse control and the ability to assess risks are still developing until age 25 and may explain why some teens take risks. Such findings have led some safety advocates to consider whether teens are being allowed to drive too early.

EMS website:  
[www.acgov.org/ems](http://www.acgov.org/ems)