



EMS NEWS

April - June, 2009

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EMS Week Edition

EMS RECOGNITION AWARDS NOMINATION CRITERIA

Every year as part of EMS Week we recognize unique individuals that go above and beyond what is expected as part of their jobs. This could be your partner, a nurse or doctor at the hospital, or a private citizen that has taken on a special interest relating to EMS. This year's celebration luncheon will be Wednesday, May 20th at the San Leandro Community Center at 12:00 pm. See the EMS website for more information.

Nominations must be received at the EMS office no later than May 1, 2009.

This year's categories are:

Star of Life Award: recognizes an individual with exemplary medical skills, outstanding actions and contributions to the advancement of excellence in the delivery of emergency care to the residents of Alameda County.

Ben Mathews Lifetime Achievement Award: recognizes an individual who by his/her actions and innovative thinking contributed to expanding the future of EMS in Alameda County, whose contributions to pre-hospital care have been consistent and long lasting, representing a lifetime of outstanding service to the profession and the public.

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

Bear-Hug Award: recognizes an individual or organization that has worked to reduce child and youth disability and death due to severe illness and injury, addressed the

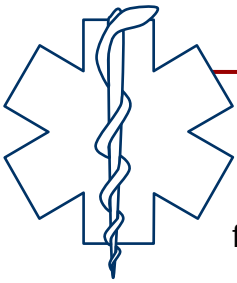
emergency medical needs of children when serious injuries or illnesses occur by working with children for better healthcare access, and/or has made a difference in the lives of children in Alameda County.

Circle of Life Award: recognizes an individual or organization that worked to reduce preventable injuries in the older population, raised awareness regarding the need for injury prevention programs for older adults, worked with seniors for better healthcare access, and/or made a difference in the lives of seniors in Alameda County.

Siren Award: Recognizes a team of individuals from one or multiple agencies, who performed exceptional or heroic actions and/or exemplary team work in saving or attempting to save the life of another. The nominees displayed significant and exceptional heroism and faced substantial risk of his/her own life in saving or attempting to save a life.

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EMS RECOGNITION NOMINATION FORM

I am nominating _____
for the following EMS Recognition Award:

- Star Of Life Award Ben Mathews Lifetime Achievement Award
 Heart Of EMS Award Bear-Hug Award Circle Of Life Award Siren Award

Nominee's Contact Information:

work phone: () _____ home/cell phone: () _____ email: _____

Nominee's Employer/Organization: _____

EMT, EMT-P, MD, RN, Other - Occupation if not EMS: _____

Nominated by: _____

Your phone: () _____ Your email: _____

Why should your nominee(s) be recognized?

This part is very important! The more information you include about how your nominee specifically meets the criteria really helps the selection committee make a more informed decision.



Cool Man, So Cool

By Michael Jacobs, EMT-P, PHCC

The thought of hypothermia is chilling, but its therapeutic value in cardiac arrest patients may be life saving as well as organ sparing. The current 2005 American Heart Association Advanced Cardiac Life Support guidelines prescribe induced therapeutic hypothermia for a defined sub-set of post cardiac patients. These patients present with an initial cardiac rhythm of ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT) and experience the return of spontaneous circulation (ROSC) and maintain adequate and stable hemodynamics - but remain unresponsive. There is limited research regarding patients who initially present with asystole or PEA but that literature shows promise for a sub-set of those patients with a short down time. The induction of mild therapeutic hypothermia, 32°-34°C, (89.6-93.2F) has been shown to have neuro-protective as well as cardio-protective benefits during the most vulnerable period for the patient: the first 48 hours following cardiac arrest. The most current evidence recommends that this therapy should be employed as soon as possible after ROSC if the patient meets inclusion criteria and should be continued for 12-24 hours for greatest benefit.

Some of the factors limiting the use of hypothermia in EMS are variations in state-to-state scope of practice (lack of paralytics), transport times to receiving facilities, methods for cooling (surface and/or intravascular), and the lack of continuum of care between the field and ICU. Many hospitals prescribe therapeutic hypothermia for post VF/VT arrest patients that remain unresponsive, but the majority do not implement it until the patient is admitted to the ICU/CCU. This break in the continuum of care may be harmful if started in the prehospital setting.

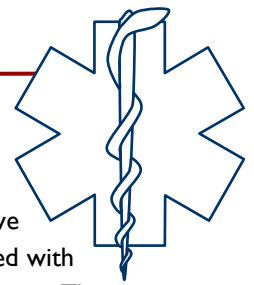
Alameda County EMS is proposing the adoption of induced therapeutic hypothermia by field paramedics prior to hospital arrival. This, of course, could only be in conjunction with receiving facilities that cool patients in their ED's. ALCO EMS has had preliminary dialog with a few receiving hospitals that already have an existing hypothermia protocol in place for ED implementation. We hope in 2009, with a few receiving hospitals, to employ this critical therapy in the field and without interruption continue the treatment for the most optimal prognostic outcomes. The trial will be studied for its impact on patient outcomes and safety, and user friendliness by prehospital providers as well as cost feasibility.

Paramedics in Alameda County would treat only the patients that meet inclusion criteria - those with suspected cardiac etiology that were found in cardiac arrest with an initial

presenting ECG rhythm of VF or pulseless VT. The patient must remain unresponsive after ROSC and be well oxygenated, ventilated with stable homodynamics, and without hypoglycemia. The proposed method for cooling the post arrest patient is surface only. At a minimum, patients are not warmed, but remain uncovered; then, activated cold packs are placed over selected greater vessels (both sides of the neck, under each arm pit, and both inguinal areas). We are working with the developer of a micro-fiber cloth that could be used to wrap the patient after surface cooling has been started. Moistening this specialized cloth with water before application may further help the surface cooling process by controlling the rate of evaporation. The only clinical indications for discontinuing this therapy include: an increase in the patient's level of consciousness (↑GCS) and/or the presence of signs of shivering.

For now, the VF/pulseless VT patients are the only patients whom paramedics would cool in the post-arrest phase of resuscitation. With further positive compelling research/evidence we may later include all patients with a short down time regardless of their initial presenting rhythm (witnessed or near witnessed). Until recently, it was thought that only supportive care could be offered to the post-cardiac arrest patient presenting with or without neurologic compromise. That has drastically changed with the current adoption of a half a century old concept in post-resuscitation care: from the ice-age to the age of ice.

Editor's note: If you missed it, the Jan-Mar issue of EMS News had a related article by Dr. Pointer on the use of hypothermia in EMS. It can be read on our website.



New Substance Abuse Policy

The EMS Agency has implemented a new policy, which pertains to all EMTs certified by us. The misuse or abuse of alcohol and/or drugs, including an arrest for a DUI, may result in action by EMS for any alcohol or drug "incident," with or without a subsequent arrest and conviction. Reporting to work or performing work while impaired by or under the influence of controlled substances or alcohol will result in an immediate suspension of the individual's certification.

After an investigation, discipline if warranted, will be based on the Disciplinary Guidelines Matrix of the California State Emergency Medical Services Authority. For more information, go to our Website.

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WHAT'S NEW ON THE WEB

- EMS Week information, nomination forms and memorial tributes from years' past. 
- 9th Annual SIPP conference

EMS WEBSITE:
acgov.org/ems

Falls in the Elderly . . . more than Hips

Our elderly population usually fears breaking a hip if they take a fall – and most of us in EMS have run these calls. A study from the Centers for Disease Control and Prevention (CDC) has shed new light on the elderly and falls. The study looked at information from 2005 involving 16,000 deaths among the elderly that listed unintentional falls as the underlying cause of death. Although there were a variety of other medical conditions including heart failure or strokes that caused the fall and subsequent death, nearly 8,000 deaths (50%) were directly attributed to the brain injuries sustained in the fall.

Several findings in the study are important to EMS:

- Every year, one of three Americans age 65 and older falls, and about 30% require medical treatment.
- Of those who survive the fall, about 25% have injuries that result in long term disabilities.
- Deaths and hospitalization rates for fall-related brain injuries increase with age, and brain injuries account for about 8% of hospital stays for non-fatal falls.

An article in *The Journal of Emergency Dispatch* describes how emergency medical dispatchers who utilize the Medical Priority Dispatch System handle calls for help related to falls.

The questioning protocols are based on nationally recognized trauma criteria such as distance of fall, time from fall and location of body part injured. This helps the dispatcher determine the potential severity of the injury, provide the appropriate instructions to the caller and send the appropriate level of response. In those agencies that utilize the computerized version of the protocols, called ProQA, the dispatchers are automatically directed through the correct questioning sequence and are able to rapidly categorize any injuries into groups labeled "Dangerous," "Possibly Dangerous," and "Not Dangerous."

Source: *The Journal of Emergency Dispatch*, Falls Injure More Than Hips, July/August 2008.



Bay Area Paramedic Journal Club

Free Dinner and CE's!
April 23, 2009, 6-9pm

Francesco's Restaurant
8520 Pardee Dr.
Oakland, CA 94621

Pre-registration is required with a non-refundable registration fee of \$10.00. For more information go to the EMS website.

RSVP to Zach Hilton
ZHilton@oaklandnet.com
Limited to the first 50 people!
Registration closes on April 16, 2009!

NEWS & ANNOUNCEMENTS

Meeting the EMS-C Challenge: Making a Difference in Pediatric Disaster Care - Wednesday, April 15, 10:00 am to 5:00 pm. For prehospital, hospital and clinic providers. Six hours BRN and prehospital CE available. For more information check the EMS website.

9th Annual Statewide Senior Injury Prevention Conference - This year's conference takes place in San Diego at the Handlery Hotel on May 28th. Experts will speak on topics including: Medication Use, Foot Health, Driving Safety, and Fall Prevention. Attendees and speakers will explore the prospect of Injury Prevention in Emergency Departments and Outpatient Clinics where identifying high-risk patients

can provide excellent opportunities for prevention interventions. This one-day conference is being held in conjunction with a day long training on "Balance and Mobility Training for Fall Prevention" offered by the Fall Prevention Center of Excellence and the Faculty of the Center for Successful Aging at Cal State Fullerton, which will take place on May 27th. The conference will be co-hosted by the Alameda County Senior Injury Prevention Partnership, the California Department of Public Health, and the California Emergency Nurses Association and funded, in part, by the Archstone Foundation. See the EMS website for more information.



EMS Week 2009 May 17 - 23
Alameda County EMS Week information is on our website - check it out!