BUCKS COUNTY EMERGENCY HEALTH SERVICES ADVISORY COUNCIL NEWSLETTER–SPRING 2008

EXECUTIVE DIRECTOR REPORT

Jeryl L. DeGideo – Bucks County EHS Director

SAVE THE DATE -- National EMS Memorial Bike Ride is coming through Bucks County on May 18, 2008 – approx 0800-1130. We need everyone to come out and support this event. The National EMS Memorial Bike Ride, Inc. is a non-profit organization that honors Emergency Medical Services personnel by organizing and implementing long-distance cycle events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty. Please help by cheering them along the route. Bring your ambulance, fire truck and police cars or come with your family.
The route will soon be posted on our website www.bcehs.com. Hope to see you there.

While attending the PA EMS Regional Director's meeting we were asked to bring home a message concerning patient care transfer. Along with calling ahead to the emergency room and giving a brief radio report the Bureau of EMS is asking us to provide them with a short report on paper. This report does not have to be anything like a patient care report just something along the lines: date of birth, chief complaint, meds, allergies and anything the crew deems important to translate to the ER physician. Please try it out, see if it makes for a better working relationship with the ER's. This has been requested across PA, so if the ER staff is unaware of what/why you are providing this – take the time to explain it to them. Stay safe and wear your seat belt – PLEASE!!

In the next newsletter I will be starting a "Squad Spotlight". If your squad is interested in being the first - please send me an e-mail and we can setup a time. I would like this to focus on the good things; pride, morale, outstanding performance, new trucks/buildings etc.

COMMISSIONERS' CORNER

A letter from Commissioner Chairman Jim Cawley to Perkasie Fire Company No. 1

During the commissioners' meeting of Feb. 20, it was our pleasure to present a Letter of Commendation to Perkasie Fire Company No. 1 and its president, Edward Boshell. This commendation celebrated the company's attainment of the Pennsylvania Department of Health's Voluntary Rescue Service Recognition (VRSR) certification. The accomplishment is particularly noteworthy because Perkasie Fire Company No. 1 became the first fire company in Bucks County to successfully complete this certification.

As you, the members of the first-responder community know, VRSR is a "program whereby a rescue service is recognized by the PA Dept. of Health as meeting standards of rescue design, equipment, personnel training, staffing, communications, reporting and operations." Perkasie Fire Company No. 1's three-year certification followed a rigorous inspection by Bucks County Emergency Health Services officials on behalf of the state health department.

"This is a long process, and I want to say 'thank you' to Perkasie Fire Co. for getting this done," Bucks County Emergency Health Services Director Jeryl DeGideo said during the commendation ceremony.

When a rescue vehicle displays the VRSR certification seal, it guarantees to the community that the company has met or exceeded standards at the time of inspection.

The Perkasie Fire Company No. 1 certification is a tribute to the public-safety commitment displayed by this fine, all-volunteer organization. The steps that led to their achievement have created a model for others in the Bucks County Emergency community to emulate.

MEDICAL DIRECTOR'S CORNER

Gerald Wydro, MD - Regional Medical Director

Medical Director's Corner
Mucosal Atomizer Device (MAD), preventing needle-sticks one nostril at a time!
Gerald Wydro, MD
Regional Medical Director

Blood borne pathogen exposure remains a real hazard for EMS professionals. The risk of contracting a serious illness such as hepatitis or HIV remains a true threat. One recent study showed that at least 20% of EMS personnel are exposed to a patient's blood annually. Many methods exist to reduce occupational exposures. These include the use of needle-less tubing systems, blunt tip needs for drawing medications, and self-retracting IV needles / lancets. Today I would like to talk about something more basic and whole lot cheaper. The Mucosal Atomizer Device (MAD) for medication administration.

Even with "universal precautions," a set of guidelines designed to prevent transmission of blood borne pathogens when providing first aid or health care, blood borne exposures including needle-sticks remain a serious occupational risk for EMS providers. In the austere environment of the field, with often uncooperative / agitated patients, the potential for a needle-stick remains high. The infection risk from a single needle-stick or cut exposure to hepatitis B infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. The risk of infection after a needle-stick or cut exposure to hepatitis C infected blood is approximately 1.8%. And the risk of HIV infection after a needle-stick or cut exposure to HIV infected blood is 0.3%

The MAD is a simple device for reducing needle-stick exposures by providing a safe and effective method of medication administration without a needle. The MAD works by atomizing medications across the nasal mucosa. The nasal mucosa has a rich supply of blood vessels. Atomized particles (10 to 50 microns) adhere to the nasal mucosa over a large surface area, preventing waste and improving absorption of the medication. For the intranasal (IN) route to be effective, medications should be highly concentrated, low volume dosages no more than 1.0 mL per adult nostril. Absorption rates are very near that of the IV route, and central nervous system concentrations can exceed plasma levels (beneficial for medications like midazolam for status epilepticus).

There are a multitude of clinical scenarios in which the MAD can be helpful including seizures, opiate overdose, and hypoglycemia. Common medications and indications include:
Midazolam (Versed) for seizures or agitated patients
Naloxone (Narcan) for opiate overdoses
Fentanyl for pain management
Glucagon for hypoglycemia
Topical anesthetics and vasoconstrictors for nasal intubation, NG tube placement, or epistaxis treatment.

Currently the IN route is an option in the Commonwealth for protocols 7002 (Altered Mental Status) and 8001 (Agitated Behavior / Psychiatric Disorders) if an IV can not be established. In the future other protocols may be added that will incorporate the IN route of administration. IN administration of fentanyl for pain management and glucagon for hypoglycemia are likely. Other medications such as anti-emetics and cardiac drugs have been looked at for IN administration, but the data is not clear enough for such recommendations.

All providers should take a good hard look at the simple and inexpensive MAD device. If your service is not utilizing this tool, have your administration and medical director look into it. It is the most inexpensive risk reduction strategy they can find. The MAD device costs about $3.00 per unit, preventing you or your partner from getting a needle-stick… PRICELESS!

LICENSURE AND DATA REPORT

Jason Diefenderfer – EHS Field Representative

ANSI/SEA 107 (Reflective Clothing) - you may or may not be aware requirements are mandatory November 24, 2008

What are the Highway Safety Requirements?

"All workers within the right-of-way of a Federal-aid highway who are exposed either to traffic (vehicles using the highway for purposes of travel) or to construction equipment within the work area shall wear high-visibility safety apparel."

Who does this apply to?

"Workers" means people on foot whose duties place them within the right-of-way of a Federal-aid highway, such as highway construction and maintenance forces, survey crews, utility crews, **responders to incidents within the highway right-of-way**"

Based on the currently information available emergency workers are required on federal right of ways to don PPE (Personal Protective Equipment) meeting ANSI/SEA 107 (Reflective Clothing), when the following conditions are met, :

1) Class 1 - Speeds less then 25 MPH and workers cannot give full attention to the traffic
2) Class 2 - Speeds less then 25 MPH during inclement weather and workers attention is occasionally diverted from traffic.
3) Class 3 - Work environment is a high task load, speeds of 50 MPH and emergency service workers are utilizing full range of motion and their attention must be focused on the task.

Why do we have to follow this?

In the Commonwealth everything is not as direct as it could be. Giving you the EMS Cliff notes version:

1) PA Code rules and regulations §212.2 – PA adopted federal standards.
2) Manual on Uniform Traffic Control Devices – AKA Federal Standards
3) Federal Register Volume 73 No 1 – amendments to Federal Standards
4) 23 CFR part 634 – amendments to Federal Standards

Note you will not find ANSI/SEA 207-2006 it never made final approval due to the amendments we are following as directed 107-2004

From here down is supporting evidence if you decide you want to know more.
http://www.pabulletin.com/secure/data/vol36/36-5/179.html = Pa Code §212.2
http://mutcd.fhwa.dot.gov/htm/2003r1r2/part6/part6d.htm = MUTCD
http://edocket.access.gpo.gov/2008/pdf/E7-24863.pdf = Federal Register
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2006_register&docid=E6-19910 = 23 CFR
http://nvfc.org/index.php?id=1005 = sample policy
http://multimedia.mmm.com/mws/mediawebserver.dyn?6666660Zjcf6lVs6EVs666NA8COrrrrQ- = ANSI/SEA 107-2004 made easy

"QI GUY"

Larry Loose – QA Coordinator

How Long is Too Long?

Recently there has been some discussion at local services about providers working extended shifts. Let's define an extended shift greater than twelve consecutive hours with less than a two-hour break within a twenty-four hour (24) period and not necessarily at one service. We can further define a break as no obligation to respond to a dispatch. I also want to start off by saying "I have been guilty of this practice" (It doesn't make it right). Over the past year I have been changing my ways. Many prehospital providers are working extend shifts not just a twenty-four (24) hour shift, but thirty-six (36), forty-eight (48) and some even more consecutive hours at one or more services. The only true down time (no obligation for taking a call) some of these providers have is the travel time between services or stations.

This is not a new issue to Bucks County or the nation. Years ago former Regional EMS Director Joe Schmider made an attempt to address this

potential problem. He was unsuccessful because most people did not feel this was a real problem and did not get support from service managers or providers (myself included). Most providers will justify their long hours because they sleep at their jobs and believe this is sufficient rest. Keep in mind this is not guaranteed rest. Even the slowest stations exceed “expected” call volumes and patient acuity.

I know there are probably some providers disagreeing with this sleep deprivation stuff and calling me a bunch of names. I ask you these questions: Have you delayed completing a patient care report because you wanted to get some sleep? What if another call comes in before you get that nap? Is that next patient’s medical safety endangered? Do you get angry when you exceed your “expected” volume? How many of you have or have had a partner sleep on the way to a call?

Many professions have required rest periods predominately in the transportation industry (but not us). Most recently medical students have been mandated rest periods. We have traditionally done extended hours for many different reasons. The secret is out and the evidence does not support long shifts. Managers and providers have a responsibility to address this issue before there is a bad outcome potentially caused by sleep deprivation. Currently we have been given a warning notice and if we don’t fix it ourselves it will become regulated eventually.

I have read two thought-provoking papers related to this topic and I encourage all providers and especially service leaders to read them also. One was done by International Association of Fire Chiefs (IACF). “The Effects of Sleep Deprivation on Firefighters and Emergency Responders” and one from The Council of Ambulance Authorities (Australia) “Shift Hours in the Australian Ambulance Industry: Issue Paper on Workforce Health and Safety, Patient and Public Safety”. Both papers were published in 2007 and both are available on our website for review.
http://www.bcehs.com/news_info_index.htm

BUCKS COUNTY SQUAD CHIEFS’ ASSOCIATION

Evan N. Resnikoff, M.S. NREMT-P - President

The Chiefs’ Association has been quite active over the last year working with community leaders and legislators on a myriad of issues that affect our service. Through meetings with local and State officials, our opinions have been heard on legislative and policy issues that will affect our future. We have met some of our goals in regards to increasing awareness however we still have a long, long way to go. We continue to be asked questions about negatives in our past as a system, and what safeguards are in place to prevent failures in the future.

With EMS week around the corner we should all take a moment to think about public perception and what you as an individual can do to improve the public image of EMS. Each patient contact made is another opportunity to either leave a positive impression or negative impression about EMS. That one person will tell another person, who will tell 5 more, and the pyramid grows from there. Our residents remember any interaction they have had with EMS when they receive a donation request, a bill, or to vote on an EMS tax.

EMS Week is May 20-26. Seize the opportunity to make a difference in our future by leaving a positive lasting impression upon your community when interacting with the public.

TRAINING REPORT

Michele Rymdeika, BC EHS Training Coordinator

Course Announcements: PEPP and EMT-Day Class – please check our website for details.

CPR Cards: Please remember to forward a copy of your CPR card to our office. They can be faxed, emailed, or mailed. CPR cards are processed within 3-5 business days after our office receives them. You can check your profile after this time to see if your CPR has been received and entered.

Con-Ed Reports: You can check your con-ed report on-line through the State’s website. There is a link to it from our website. If you go to our homepage and click on “view your con-ed on-line”, it will walk you through the process. You can also search for courses through this same website, after you are logged in.

LMS Con-Ed Credits: LMS con-ed credits are automatically transferred to your con-ed report. The process takes about 3 weeks, so make sure you complete the courses early so the credits transfer in time for your recertification.

Con-Ed Handbook: The State has a continuing education handbook the outlines the requirements for recertification. To view/print this handbook, go to: www.health.state.pa.us, on the left-hand side, page down and under Professionals and Providers, click on Emergency Medical Services; then click on EMS Training Information and then click on EMS Con-Ed Manual.

COMMUNICATIONS UPDATE

Michael Dydak - Fire and EMS Coordinator
Department of Emergency Communications

One problem which creates confusion in the system is the movement of paramedics. It is important that the off-going and oncoming paramedics follow the proper procedure as stated below in avoiding confusion and possible delays in the dispatch of the proper units.

All radios in the UHF radio system are equipped with unit identifiers. This identifier enables the dispatcher to see the unit identifier as soon as you key your radio and is used for safety reasons in emergencies. In an effort to easily track who is using what mobile and portable radio unit it will be necessary for all units to log on with the dispatchers to make themselves available. The following guidelines should be used to log on units:

1. All units must log on using either the telephone or fax machine.
    a. BLS units will log on their vehicle number, and portable number. (I.e. Squad 125, vehicle 6, portable 99).
    b. ALS units will log on with paramedic number, vehicle number and portable number. (I.e. Squad 154, Paramedic-John Doe #12345, portable 98, vehicle 4).
    c. If the ALS unit has two paramedics, you may log both names to the unit and portable or you may add a second portable with the second paramedic and still assign them to the same unit.

The Emergency Communication Department thanks you for your cooperation in the matter.

BCEHS ADVISORY COUNCIL UPDATE

Scott Bahner, President
Charles Pressler, Vice-President
Ann Marie Reid, Secretary

The Bucks County Emergency Health Services Council has been working on several key projects over the past year. Quality, education, outreach, and legislative issues are a central focus moving forward in 2008.

In cooperation with the Medical Advisory Committee, we are developing a medical command physician training program. This program will be utilized to instruct hospital medical command Physicians on their role within the Bucks County Emergency Medical System.

We have established a legislative committee which will work with local and state elected official(s) on projects affecting EMS. Two newer committees are the education and outreach committee. We are currently looking for members within the EMS system to join us on these committees

Most importantly, the Council is working on developing a system-wide quality assessment tool. This QA data collection tool will better assist in monitoring and assessing the functional readiness of the Bucks County EMS System.

If you are interesting in sitting on the Council or participating on a committee please submit your name to the Advisory Council in writing or contact Ann Marie Reid at 215-949-5521 for more information.