It's election time!

Meet the Candidates

- Robert L. Martin, Executive Director

As introduced in our last newsletter (Vol. 5, No. 1) Academy election time is here. A voting ballot is distributed with this issue for each currently certified Academy member to cast their votes for President and Vice President for the 1994-1998 term. The deadline for vote consideration is Friday, July 15th. The election results will be announced in the Summer (August) newsletter and the new officers will begin their term effective Monday, August 1, 1994.

Photos and brief biographies on our two Presidential Candidates were included last issue. To refresh your memory, the choices are Dr. Alexander Kuehl from New York, and Dr. Silvio Najt from Argentina. Both are exceptional candidates with considerable EMS and EMD-related knowledge and experience. The President will sit on the Academy's Board of Directors and assist in Academy-related decisions. Dependent on how the votes are divided, on August 1st the Academy Board of Directors will officially commission our new President and a first and second Vice President. The new officers will participate in review, editorial and other responsibilities relative to policy, standards, newsletter articles, and MPDS protocol modification suggestions. There are five Vice Presidential Candidates. Information about each candidate follows (in alphabetical order):

- Steven M. Carlo is currently M.E.R.S. Coordinator and member of the Quality Improvement committee for Erie County Department of Emergency Services, in Buffalo, New York. He’s been involved in EMS since 1974, when he joined the Akron Fire Company as a volunteer, working as a Firefighter, EMT, Chaplain, Training and Communications Officer and later, Assistant Chief. Mr. Carlo is a certified instructor & instructor-trainer for EMD, CPR, BLS, Critical Trauma Care, First Aid, EMT & First Responder courses with the Erie County Department of Health, the American Heart Association, and the National Academy of EMD. He is a member of the faculty at Erie Community College and the New York State Health Department EMS Program. He holds a college degree in Criminal Justice and has been continuously certified for the past 20 years as an EMT (to Intermediate and Advanced levels). Since 1988, Mr. Carlo has been a contributing writer and editor of the newsletter “LIFE-LINE,” published by Western Regional EMS, in Buffalo, New York. He has a great personal interest in Emergency Medical Dispatch, being one of the first EMD Instructors certified by the Academy at its inception in 1988. If elected, Mr. Carlo will contribute his knowledge and experience to promoting and maintaining the professionalism of line dispatchers.

- Kate Dernocoeur is a well-known freelance writer and speaker. She began her EMS career in 1975 as a police dispatcher and member of the mountain search and rescue team in Vail, Colorado. She went on to work as an EMT and Paramedic in Denver until 1986. During this time, she served on the Program Committee for the National Association of EMT’s as an editor of the EMT Association of Colorado’s monthly newsletter. In 1981, Ms. Dernocoeur traveled overseas, reporting on the EMS systems of 16 countries in a monthly column for JEMS. To date, she has published more than 120 articles and addressed more than 160 EMS engagements across North America. Ms. Dernocoeur received her associate’s degree in liberal arts from Bennett College in New York and graduated magna cum laude from Boston University with a degree in Journalism. She is author of the EMS textbook StreetSense: Communication, Safety and Control and co-author of Principles of Emergency Medical Dispatch with Dr. Clawson. Now a resident of Grand Rapids, Michigan, she is a tutor for new adult readers for the Kent County Literacy Council, and practices as an Aikido instructor. She holds black belts in Aikido and Tae Kwon Do. Her latest EMS-related work includes EMS Safety: A Guide for Fire Fighters and Other EMS Personnel (for the International Association of Fire Fighters, publication pending). If elected Ms. Dernocoeur will contribute her writing and communications skills to the Academy, as well as her national breadth of familiarity with EMS issues and acquaintance with people in the industry.

- Paul D. Morck is the Superintendent of Communications for the City of Calgary EMS, Alberta, Canada. After a 13-year career as an Advanced Life Support Paramedic, Mr. Morck was promoted to Program Coordinator. One of his duties was to coordinate the ambulance coverage for the 1988 Winter Olympic Games. He went on to become one of Calgary’s Standards and Assessment Officers, responsible for designing and delivering EMS training programs. In 1989, he moved to England and served as an AEMT Instructor for the London Fire Brigade. Since returning to Canada, he has served as Program Coordinator for the Alberta Ambulance Service.

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MPDS Q & A.

Pediatric Seizures

Jeff J. Clawson, M.D.
President

This issue's column is in response to a recent letter from Mr. Ben Robinson, Jr., the EMD Training Coordinator for Palm Beach County EMS/Fire/Rescue in West Palm Beach, Florida. Mr. Robinson's question is regarding the medical dispatch standard of care for pediatric seizure victims. Specifically, whether or not from an EMD standpoint, should pediatric febrile seizure cases be treated differently from adult cases?

The MPDS protocols automatically determine whether a seizure victim is a child or not through asking the age question on the Entry protocol. However, no specific use or special treatment is made from this information in response coding or PDIs for the following reasons:

The determination of whether a seizure in a child or infant is "febrile" in nature is not done at dispatch or even by at-scene personnel for that matter. It is a diagnosis of exclusion done after ED physician evaluation and laboratory work including most always a spinal tap. Poorly taught, if at all, in EM texts is the differential diagnosis of "febrile" or apparently seizures in which the physician must "rule out" the presence of meningitis as an uncommon but potentially fatal cause of fever and/or the seizure in little children. Once this has been done, the remaining true fever-induced seizures have a mortality rate, as reported in the medical literature, of "virtually zero."

While there are some medically differing opinions regarding the necessity to lower fever in children, standard febrile episodes of fever of 105 degrees or less are routinely benign. When fever is the cause of a seizure in a child (and most all occur under age 5) the seizure is grand mal in presentation, lasts less than 45 seconds, and leaves the child without the usual period of post-ictal confusion common in the adult epileptic. In addition, these seizures are uniformly solitary in occurrence. With this in mind, reducing the fever is of little, if any, value after the seizure has occurred since it will not recur (if truly only febrile in cause). The fever itself in these cases is of no particular harm to these children.

After a seizure, cooling procedures are to be performed only under hospital and clinical supervision since, if one should recur, the child could potentially drown or at least have a frightening event in a bath tub, sink, or shower. My personal experience with cooling little children in the ER is that it is at best an uncomfortable and frightening experience for the child and adds no discernible benefit to the prevention of secondary seizures. For these reasons, it is not warranted as an EMD-mediated post-dispatch procedure.

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Medical Control?

EMS Medical Director Survey Provides "A Glimpse"

At a recent physician training course for EMS medical directors, the faculty circulated an anonymous questionnaire to assess the state of medical dispatching among the EMS systems collectively represented there. The questionnaire was designed to be generic in regards to protocol or EMD type. There were thirty-five respondents. Some fascinating data as well as very interesting differences within the group were seen. While not scientific, this information provides us at least a glimpse of the current state of medical control in our dispatch centers.

Probably the most disturbing finding was that 40% of the medical directors did not know whether their dispatch center provides Pre-Arrival Instructions or not. 23% did not know whether EMD training is provided to their dispatchers and 17% did not know whether EMD protocols were even utilized in their center. 57% did not know if CDE (Continuing Dispatch Education) was being provided to their dispatchers. Also, 9% were aware of a dispatch related lawsuit in their system, either filed or threatened, during the past 5 years.

From a direct patient care standpoint, only 17% reported that their dispatchers "always" provided Pre-Arrival Instructions when possible and appropriate, and 26% indicated that dispatch-directed patient care occurs "sometimes at the discretion of the dispatcher." 3% stated that providing PIAs is "not allowed," 9% stated their dispatchers can provide PIAs "but only do so rarely," with no one (0%) reporting "can but don't." A sobering 40% reported "unknown."

On a more positive note, all but one (97%) of the medical directors felt that a formal EMD program is "necessary." One felt it would be "nice but optional" and none felt it is "unnecessary." One wonders why, if nearly all respondents believe an "EMD program" is necessary, the EMS systems represented in this questionnaire do not provide a higher degree of DLS-level care.

Obviously, a few questions arise. Are medical directors, who reported a clear philosophical support for these programs, unable to effect these changes even with significant effort, or are these physicians essentially leaving the push to improve EMD programs to others in the EMS or public safety community?

We believe that our professional EMD membership of over 8,000 deserve the same attention regarding medical control involvement given to our field colleagues in EMS. Knowledge must precede action. If our Medical Directors don’t know what’s going on in their dispatch centers, they, very likely, are not sufficiently informed nor involved. The risk management implications of a medically un governed dispatch center are, well...as ambulance technician Dan Akroyd said to patient John Lithgoe at the conclusion of the movie, The Twilight Zone, “Want to see something really scary?”
From the Field...

Does EMD Work?

• Bruce Holm
E911 Coordinator, Calhoun County, Iowa

Calhoun County recently had three dispatchers—excuse me—I mean three “Communication Specialists (the official title in our county), complete the Emergency Medical Dispatching class. I don’t know that much about the class but I can tell you that before the Comm. Specs. went to the class there was some concern about more duties and responsibilities being thrust upon them. The added duties of dispatching for 911 calls, on top of dispatching for all the police agencies, plus having this “emergency medical dispatch” thing, seemed like a lot.

After the Comm. Specs. returned from the class all I heard was, “Damn, that was a good class! Let me tell you about it!” From the reports I got, the instructor was excellent, the class was interesting and the information was superb. The test at the end of the 24-hour class was a real bear, but all three Comm. Specs. passed. There is also a flip chart that goes with the system. This provides the body of information that makes the system work. It is a little pricey but it is very nice.

So how do I feel about EMD? A couple of hours after our flip chart was assembled, our department was dispatched to the scene of an arm amputation. After receiving the initial page, a lot of things ran through my mind as I drove the ambulance to the scene. Initial information was only that we had an arm amputation on a male subject. As we got closer to the scene, the Comm. Specs. gave us more information such as the age of the patient, alert and conscious, not a lot of bleeding, where the patient would be taken and some other nice nic nacs.

Upon arrival at the scene, we notified Trinity Regional, Fort Dodge, of our situation and that we would like to tier with their Paramedics. A quick assessment was made of the patient. The left arm had become tangle in either the PTO shaft or the post hole auger, we later learned that it was the PTO shaft. The bicep area was deformed, a compound fracture of the radius and ulna on the anterior side, and some undetermined damage to the back of the hand was noticed. The patient was loaded, vitals taken again, a line started, and down the road to meet the Paramedics.

The patient arrived at Trinity and was taken to X-ray. Everything could have been fixed at Trinity until a close examination of the back of the hand revealed the need for some things they could not provide. The patient was chopper to Iowa City and it getting along as well as can be expected.

Does EMD work? I think that it does. I noticed a different tone of voice in the dispatcher—I mean the Communication Specialist—on that call. It was the sound of confidence.

I think we need to give a big “Ata Boy” to that group of people that are with us on every call. Even though they are not in the ditches or the muddy fields, they feel the responsibility of each and every call that they dispatch. I think they are one of the best kept secrets we have. If you have occasion to speak with one of the Communication Specialists, you might say thanks for a job well done.

Bruce Holm is an EMT and Chief of Police in Franhamville, Iowa, and the E911 Coordinator for Calhoun County. He was on the run described in the article, which originally appeared in the “Sioux-Lakes EMS Association Newsletter.” The EMD class described was conducted in March, 1994, through the University of Iowa’s EMS Learning Resource Center and expertly instructed by Mr. Mike Hartley, an Academy-Certified EMD Instructer.

Ped. Seizures, continued

Regarding protocol adherence, the trained EMD should follow the protocol cards. The issue of differing ad hoc dispatcher actions would always be legally judged as to their correctness and, specifically, as to whether such extraneous treatments contributed to a negative outcome. This would be quite unlikely; but, in the bathtub scenario, it is possible and even predictable given the reality of all the phone calls to and from family, neighbors, and physicians that occur as the result of a “frightening" seizure. Mom or dad leaves the child for a "minute or two" to answer the phone, the door, etc. Why then chance giving extra, potentially harmful instructions? As far as DLS treatment of seizure victims is concerned, it should be considered policy to follow the protocol verbatim and avoid free-lance questioning.
Candidates,

Mr. Morck was appointed to his current position. The City of Calgary EMS is a very progressive, all-ALS provider, and has been instrumental in the acceptance and advancement of EMD programs in Canada. In 1990, Mr. Morck directed on-site dispatch testing efforts during the development of the Advanced MPDS protocols. He has spoken extensively on EMD throughout North America. If elected, Mr. Morck will rely on his over 20 years’ experience in every aspect of EMD to make a positive contribution to the Academy.

- **Don Sharpe** is a Communications and Deployment Specialist with the City of Calgary EMS in Alberta, Canada. An accomplished instructor, Mr. Sharpe has worked in EMS since 1986, when he began as a volunteer EMT-A in his home town of High River (pop. 6,000). He joined Calgary EMS in 1990 as an EMD. That same year he won the Canadian Interphase Award for his research on “Ambulance Fatality Accidents,” and was appointed Chairman of a committee to make recommendations on emergency vehicle operations. Mr. Sharpe is a certified EMD Instructor through the Academy and has taught courses and lectured on EMD across North America. You may have seen him on the April 22nd episode of Rescue 911 (about a 4-year old boy who choked on garden peas.) He and his wife Brenda still live in High River, and are the parents of 3 children, all of whom they home school. If elected, Don has pledged to continue his commitment to teaching Emergency Medical Dispatch, and to expanding his vision that “every citizen, in every community, will be served by competent, trained dispatchers of emergency services in their area.”

- **Sheila Quilter Wheeler** has been a pioneer in the field of telephone triage since 1984. She is an accomplished writer, educator, researcher, consultant and EMS professional. Ms. Wheeler is the author of the 1993 textbook Telephone Triage: Theory, Practice and Protocol Development,” and has written for the Journal of Emergency Nursing, and California Nursing Review. She was a guest lecturer at the Emergency Nurses Association Scientific Assembly, the Ambulatory Care OB/GYN, and the American Academy of Ambulatory Care Nursing conferences. Ms. Wheeler is the chairperson for the upcoming two day conference – “Telephone Triage: Essentials for Expert Practice” (Anaheim, CA & Washington, DC). Her clients include institutions such as Stanford Medical Center, corporate level institutions such as HealthLine, Inc., Kaiser Permanent and Cigna, as well as community-based clinics and county facilities such as La Clinica De La Raza, and the San Francisco General Hospital and County Health Departments. She is currently developing a Telephone Advice program for low income, high risk, multilingual, multicultural clients. Ms. Wheeler conceived of the idea for an assisted in the production of the award winning EMD video “Anonymous Hero” and served as Director of Resources for Northern California Women in Film and Television. In addition to a Masters degree in Media Production, Ms. Wheeler holds an MS degree in Community Health Nursing from the University of California, San Francisco. If elected, she will contribute her knowledge and experience to further develop the field of EMD.

**Upcoming Events**

The following approved EMD Certification Courses are scheduled to be instructed through Medical Priority. Contact Ann Vanderlinden at (801) 363-9127:

- **June 1-3** Banko Center, BETHLEHEM, PA
  Hosted by: Eastern Pennsylvania EMS Council
- **June 6-8** N.W. Texas Hospital, AMARILLO, TX
  Hosted by: N.W. Texas Healthcare System
- **June 9-11** Elks Building, SALT LAKE CITY, UT
  Hosted by: Medical Priority Consultants
- **June 10-12** Days Inn, WATERTOWN, NY
  Hosted by: Guilfoyle Ambulance
- **June 10-12** Fire Training Center, LAS VEGAS, NV
  Hosted by: Las Vegas Fire Department
- **June 13-15** Decatur County Jail, BAINBRIDGE, GA
  Hosted by: Decatur-Grady 911
- **June 14-16** Hank’s Ambulance, BIRMINGHAM, AL
  Hosted by: Caroline Ambulance
- **June 17-19** Fire Headquarters, GRAND ISLAND, NY
  Hosted by: Grand Island Fire Company
- **July 22-24** Fire Training Center, ANCHORAGE, AK
  Hosted by: Anchorage Fire Department

The following approved EMD Certification Courses are scheduled to be instructed through the EMS training organization shown (see below for contact information):

- **June 4-18** Dispatch Center, ARLINGTON, TX
  (3 Saturdays) Organization: Arlington Dispatch Services
  Contact: Bob Strickland @ (817) 459-6150
- **June 21-23** County Law Enforcement Center, VINTON, IA
  Organization: University of Iowa
  Contact: Mike Hartley @ (319) 353-6857

In addition, the University of Delaware regularly offers approved dispatch, law enforcement and other continuing education classes through its Dept. of Professional & Noncredit Programs. For more information, contact: Jacob Haber @ (302) 573-4440.

The Florida EMS Clearinghouse is an information service providing EMS-related journal articles and/or documents for a small or no fee. Contact: See McCauley or Tonya Keiffer @ (904) 487-1911.

Contact the Academy to have your educational or training event approved and listed in this newsletter.