Card Sets

AMPDS Updates

- Robert L. Martin, Executive Director

The College of Fellows recently approved significant modifications to the Advanced MPDS protocols. Also, the Academy’s Council of Standards has approved related general format or wording edits. These changes together comprise the new 10.2 update of the protocols, which are being provided as a complete replacement card set, and will be integrated into an improved 2.0 version of ProQA software.

FREE shipment of the new 10.2 cards to all currently licensed users will begin this Spring. Shipment of ProQA 2.0 upgrades will follow to users who are still under warranty. New CAD-interfaced editions may take somewhat longer. Contact either your CAD vendor or Medical Priority Consultants, Inc. (801/363-9127) for more information.

The 10.2 update incorporates over two years of research and development. Changes were recommended by many licensed users, including Erie County EMS (NY), Lee County Emergency Dispatch (FL), Mobile County EMS (AL), Parkland Ambulance Service (Prince Albert, Saskatchewan), & Washoe County District Health Dept. (NV). In addition, Albuquerque Fire Dept. (NM), Calgary EMS (Alberta), Cleveland EMS (OH), and Urgences Santé (Montreal, Quebec) — four Academy-Accredited Centers of Excellence — each provided significant suggestions and feedback.

A comprehensive explanation of each change will be provided with the update, for use in training. Up to 8 hours of training on the new version can count as continuing dispatch education (CDE). Any in-house trainer who is familiar with the MPDS can conduct this update training, or you can call Medical Priority for information on having an Academy-Certified Instructor present a formal 1-day update seminar.

In version 10.2, new “shunt” or “go to” references are included on protocols 7, 25, 31, and 32. Many protocols have some changes to their key questions or determinator list. It is now easier for users to customize the definition of “Obvious Death” on protocol 9 (Cardiac/Respiratory Arrest). With ProQA, a custom list can be posted. With the cards, there are check boxes and lines provided for local medical control to fill in the blanks. An approval signature line appears on cards 9 and 23 (Overdose/Ingestion/Poisoning). On protocol 23, approval to use a Poison Control Center, or other local community resource, must first be obtained before an OMEGA response, or referral, can be used.

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Largely because of research provided by the American Heart Association, protocol 14 (Drowning) will no longer recommend the initial use of the Heimlich maneuver unless an obstructed or occluded airway is suspected. This has long been a controversial topic between the AHA and the Heimlich Institute.

A ruling on the Heimlich maneuver’s use in near-drowning victims is forthcoming from the Institute of Medicine of the National Academy of Sciences. It appears their recommendation will likely mirror the published opinion of Dr. J.H. Modell, one of the leading experts in drowning and near drowning. In 1993, Dr. Modell stated in the New England Journal of Medicine that, “I agree with the AHA’s recommendation that an abdominal thrust should not be used routinely in victims of submersion. But, rather, should be reserved for cases in which obstruction of the airway with a foreign body is suspected or when the patient does not respond to mouth-to-mouth ventilation.” Consequently, on protocol 14, the College of Fellows voted to delete PDI-i and modify Axiom 3 to “For drowning victims not responding to mouth-to-mouth ventilation, the Heimlich maneuver may be recommended in the course of providing CPR.”

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NIH EMD

The National Institutes of Health of the U.S. Department of Health and Human Services published a paper this past July entitled “Emergency Medical Dispatching: Rapid Identification and Treatment of Acute Myocardial Infarction.” The compilation of this paper was coordinated through the National Heart Attack Alert Program (NHAAP), formed in 1991 by the National Heart, Lung, and Blood Institute to help “reduce AMI morbidity and mortality, including sudden cardiac death.”

The NHAAP took an early interest in EMD as being a vital part of the early access link in the chain of survival for cardiac arrest and AMI identification.

The paper declares that “EMDs may have a profound effect on the early care of potential heart attack victims.” The paper identifies five areas of focus for EMD if it is to be successful:

1. Medical Dispatch Protocols.
2. Dispatch Life Support.
3. Dispatcher Training.
4. Dispatcher Certification.
5. Dispatch Quality Control and Improvement.

Six general recommendations are then made which may result in “better identification and treatment of patients with symptoms and signs of AMI”:

1. Each EMS system should utilize a set of written, medically approved dispatching protocols. These protocols should be followed consistently and non-arbitrarily.
2. Dispatch life support should be provided by each EMS system. EMD’s should be required to use medically approved, written PALS.
3. Every EMD should be formally trained, based on a nationally consistent core curriculum.
4. Certification should be required of all EMDs, either through State governments or professional medical dispatch organizations. This process should also mandate continuing education and recertification.
5. Every EMS system should have in place a system of continuous quality improvement for medical dispatching. This should include a random review of each EMD’s cases.
6. All aspects of EMD should be the ultimate responsibility of the EMD physician who provides medical direction for a given system.

This paper goes a long way toward promoting the national recognition of EMDs and their important responsibilities in EMS. In the paper’s forward, Dr. Claude Lenfant, Director of the National Heart, Lung, and Blood Institute, states that this paper represents “a consensus of the critical issues and recommendations for medical dispatch protocols, processes, training and certification, and quality control and improvement.”

The Academy wishes to thank Dr. Lenfant, Dr. James M. Atkins (the Chairman of NHAAP), and the NHAAP staff—John Bradley, Mary McDonald Hand, and Dr. Michael Horan—for their interest in EMD.

For copies, contact the National Academy of EMD or the National Heart, Lung, and Blood Institute Information Center, P.O. Box 30105, Bethesda, MD 20824-0105 (301/251-1222). Ref. NIH Publication No. 94-3287.

Fourth Accredited Center of Excellence

CRCA—Vancouver

Clark Regional Communications Agency, in Vancouver Washington, recently completed requirements to become the world’s 4th Academy-Accredited Center of Excellence. This is a significant achievement and requires documenting the completion of 20 Points of Accreditation ranging from 100% EMD certification, to field personnel orientation, medical control involvement, continuing education, and case review that shows at least 90% MPDS protocol compliance (see MPDS Bulletin Board).

This past October, Dr. Clawson presented CRCA’s award in Vancouver at a meeting of the elected Administrative Board, which encompasses all jurisdictions that use the 9-1-1 center. The Academy congratulates everyone at CRCA’s Dept. of Emergency Services.

From left to right: Doug Lee, EMS Manager; Dr. Lynn Wittwer, Medical Program Director; Marc Muhr, Asst. Medical Program Director and Academy-Certified EMD Instructor. Not pictured: Thera Bradshaw, Director of the Dept. of Emergency Services; John Talbot, Asst. Director of Operations; Mark Buchholz, Asst. Director of Technical Services.

Clark Regional Communications Agency’s MPDS Bulletin Board

This board is used at CRCA to track and report on important areas of their Accreditation, and to post monthly total protocol compliance data. It also functions as a general information center, and to recognize outstanding EMD achievements.
This change was submitted by Urgences Santé in Montréal, with the explanation that key question language should flow more logically, corresponding to what is actually being done. The EMD shouldn’t assume that labor pains are present without properly asking. The specific wording and order of key questions is very important in time-life critical situations.

Another important change on protocol 24 is that a determinant, C1 (labor—delivery not imminent—any trimester) to a BRAVO category. This change may allow BLS units to respond and transport most emergency pregnancy situations where birth is not imminent and conserve ALS field resources for imminent delivery problems, or other more time- and treatment-critical emergencies.

Also receiving a revised determinant classification are patients with a “cardiac history” but not other emergent priority symptoms. The MPDS protocol previously assigned a DELTA category (maximal response) to patients with a cardiac history complaining of breathing problems (6), chest pain (10), or unconsciousness/fainting (31). Earlier last year, Calgary EMS conducted a formal study of 375 of these types of calls. After compiling and reviewing patient care reports, their conclusion was that “the presence of cardiac history alone is not a true indication of patient severity and, therefore, should not be used as criteria for a DELTA response.” After reviewing Calgary’s study, the College of Fellows concurred. Under the 10.2 update, these changes to CHARLIE categories, consistent with protocols 12, 19, 20, and 26.

This is a small sample of the many patient care and protocol function improvements provided by the new 10.2 update of the MPDS protocols. A primary purpose for updating and replacing the entire Card Set and ProQA software is to improve user friendliness.

There are small, simple changes added throughout the protocols that serve mainly to further link logic together in a manner which is easier to understand. The Academy continues to work hard to serve over 10,000 current members and to maintain the MPDS as a state-of-the-art tool for Dispatch Life Support.

**PAIs and Disease Risk**

During 1984 the Academy received several phone calls and letters regarding potential HIV risks in relaying Pre-Arrival Instructions. There was even a request to add a “disclaimer” or “warning” in the MPDS to notify callers of potential AIDS transmission risks prior to providing CPR, giving mouth-to-mouth, or controlling bleeding. In a world where a hamburger restaurant may lose a major lawsuit to a customer who accidentally gets coffee spilled on their lap, such liability-based concerns are probably not unreasonable.

In March of 1992, the American Red Cross issued a formal statement to answer the question, “Can I get AIDS myself if I do CPR on someone who has AIDS?” Their answer was, “It is very difficult to become infected with HIV (the virus that causes AIDS). It requires sexual or blood-to-blood contact. As a layperson, your decision to help should be formed by your personal ethics.” They continued, (continued on page 4)

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**DISPATCH! is the official publication of the National Academy of Emergency Medical Dispatch (NAEMD). The NAEMD is a nonprofit, standard-setting body for Emergency Medical Dispatcher training curricula and EMD certification and recertification requirements. The Academy provides EMD certification and recertification for applicants that pass the Academy’s respective examinations. Through its College of Fellows, the Academy addresses itself to scientific issues related to emergency medical dispatching and is also responsible for the ongoing assessment and modification of the Advanced Medical Priority Dispatch System (AMPDS) Protocols.**

It is the editorial policy of this newsletter to publish articles and correspondence of interest to the EMD community. Content may cover such topics as caller interrogations, pre-arrival instructions, legislative and legal developments, personalities, protocols, and other topics of general interest. Submissions for publication, including articles, essays, guest comments, and letters to the editor, should be typed, double-spaced, on 8½ x 11” paper, and are subject to editing.
Disease Risk
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"The risk of becoming infected with HIV from doing CPR is so low that it has not been defined." Two 1986 studies published in the New England Journal of Medicine also reported that AIDS is rarely transmitted through saliva. Further supporting references include "Preventing Disease Transmission During CPR Training and Rescue: Supplemental Guidelines" The Journal of the American Medical Association, 1989, vol. 262, no. 19.

Since no one not with the victim (the EMD) or anyone with the victim (the caller) can possibly know whether an individual patient may be infected with any number of significant diseases, and the fact that no one can force a remote party to do anything they wish not to do, the decision whether to help or not, must be left to the caller to decide. We know of no cases in which a rescuer has contacted a significant disease from PAI efforts via phone, nor do we know of any suggested liability from such information on the part of dispatchers. While AIDS has perked the fears of everyone, a much greater risk of incurring an infection exists from contact with hepatitis B or tuberculosis, although they are less fatal that AIDS once actually contracted.

Including any form of "AIDS warning" in the MDPS would likely raise anti-Samaritan questions about the caller's participation from the outset (since we could never be "sure"). In reality, in those cases in which an EMD can actually succeed in delivering PAI to the patient, the caller is likely a friend or relative of the victim.

It is the current position of the Academy that such warnings would not promote better or safer patient care. It is believed they would likely induce additional and unreasonable fear upon the majority of callers. As the "Spock Principle" implies, the good of the many should outweigh the good of the few or the one.

Until more official direction becomes forthcoming from medical ethicists and infectious disease experts in responsible positions, the Academy at this time has chosen not to make any additional recommendation beyond those of the American Red Cross and American Medical Association.

Upcoming Events

The following approved EMD Certification Courses are scheduled to be taught through Medical Priority. Call (801) 363-9127:

Feb. 12-14 Sioux Ambulance, FORT THOMPSON, SD
Hosted by: Crow Creek Sioux Ambulance

Feb. 13-14 County Court House, SOMERSET, PA
Hosted by: Somerset County 911

Feb. 16-18 Tri-Hospital EMS, PORT HURON, MI
Hosted by: St. Clair County 911 & Medical Control

Feb. 16-18 St. Joseph Medical Ctr., BLOOMINGTON, IL
Hosted by: Lifeline Mobile Medics

Feb. 20-22 Cherokee County 911, GAFFNEY, SC
Hosted by: Cherokee County 911

Feb. 22-24 Denton Police Dept., DENTON, TX
Hosted by: DENCO Area 911 District

Feb. 23-25 Amethyst, JASPER NAT'L PARK, ALBERTA
Hosted by: Jasper National Park

Feb. 24-26 Fire Dept. Station 1, VANCOUVER, WA
Hosted by: Clark Regional Communications Agency

Feb. 24-26 Regional Hospital, MEDICINE HAT, ALBERTA
Hosted by: Medicine Hat Ambulance Service

Mar. 9-11 Priority EMS, GRETNAA, LA
Hosted by: Priority EMS

Mar. 20-22 East Region EMS, SPOKANE, WA
& 23-25 Hosted by: Washington State East Region EMS

Mar. 27-29 Citizens Memorial Hospital, BOLIVAR, MO
Hosted by: Citizens Memorial Hospital

Apr. 10-12 Portland Police Dept., PORTLAND, ME
Hosted by: Portland Police Department

The following EMD Certification Courses are scheduled to be taught through the referenced Academy-approved training organization. (See below for contact information for these and other approved courses.)

Feb. 17 to Mar. 10 — COLUMBUS, OH
Organization: Columbus State Community College
Contact: Art Ghiloni @ (319) 353-6857

Apr. 17-19, Jul. 24-26, & Oct. 23-25 — HUNTSVILLE, AL
Organization: University of Alabama in Huntsville
Contact: Sheila George or Rick Beck @ (205) 551-4413

Feb. 17-19 — Southeastern C.C., WEST BURLINGTON, IA
Mar. 7-9 & 21-23 — Toledo Fire Department, TOLEDO, IA
May 15-17 — Medic EMS, DAVENPORT, IA
Organization: Univ. of Iowa EMS Learning Resource Ctr.
Contact: Mike Hartley @ (319) 356-2597

Palm Beach Community College (Florida and regional) regularly offers approved EMD Certification Courses and other continuing education classes. Call Barry Duffy @ (407) 439-8213.

The University of Delaware regularly offers approved dispatch, law enforcement and other continuing education classes through its Dept. of Professional & Noncredit Programs. Call Jacob Haber @ (302) 573-4440.

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

ACADEMY INTERNET ACCESS:
NAEMD@aol.com

Send E-mail to the above address from any on-line service and we'll respond. There is also a bulletin board in the Emergency Response Forum in America Online for discussion of EMD issues. Let us know if you're aware of other EMD Internet forums.

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

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