

From the Chief

Welcome to the first edition of “In the kNOW”! Our hope is that this will serve as one of several new ways that we are exploring to better communicate with you. I’d like to beg a few minutes of your time to share a few things with you that we are very excited about.

As most of you know, we did a whirlwind tour of Idaho this past spring/summer (I can’t believe that I am referring to summer in the past tense!). We held town hall meetings in 16 rural communities and had an opportunity to speak with hundreds of you in the process. We learned a lot during the meetings and have already begun working on projects based on your input during the town halls. I am not going to bore you with the details as we hope to have the report on the meetings published any day. We plan to hold a webinar when we release the report to provide an overview of the report and to give you an opportunity to ask questions. If you are interested in the webinar, please stay tuned! We will communicate the webinar date and time on our website and via our listserve. If you want to participate in the webinar and are not a member of the listserve, please let us know and we will make sure that we notify you of the date and time for the webinar.

New name, new faces, exciting new work! A very recent change here at the bureau that we are very excited about is the addition of the Public Health Preparedness and Planning (PHPP) section to our team. The PHPP section was previously part of the Bureau of Health Planning and Resource Development. The Division of Public Health recently underwent a reorganization intended to position the Division to be better prepared for current and upcoming changes in the health care arena. As we pressed forward with the reorganization, it became apparent that numerous intersections exist in the work of the PHPP section and the EMS Bureau. We explored organizational models from other States and soon realized that housing the PHPP section in the same Bureau as EMS is a growing trend and one that makes sense. Organizationally, we have added the PHPP section as a fourth section now known as the Preparedness Section with the previously existing EMS Standards & Compliance Section, Information Systems & Support Section and the State Communications Center (StateComm). We are all very excited about the change and are looking forward to having EMS and preparedness at the same table here just like they are in local communities. In light of these changes, we are now the Bureau of EMS & Preparedness.

I promised to keep it short, so that’s all for now! I would like to close by saying thanks to all of the great people who help make Idaho a great place to live, work and play. I look forward to seeing you soon!

All the best,

Wayne Denny, Bureau Chief

Keeping you in the know is important to the Bureau of EMS & Preparedness! That is why this newsletter has been developed. The Bureau wants to keep you, the EMS Providers of Idaho, up-to-date with some of the goings-on at the Bureau and with overall EMS in the state. With the launch of this newsletter, we invite you to offer suggestions, contributions, stories, photos, recognitions, newspaper articles or general comments about our newsletter or anything else you would like to see in it.

Send us an email at idahoems@dhw.idaho.gov. For an online version of the newsletter, visit www.IdahoEMS.org.



Firefighters and EMTs from Idaho and other states have been working ceaselessly on the fires at Trinity Ridge, 08/12.

Understanding Options

Optional module (OM) administration can seem overwhelming. July 1, 2012, marked the Idaho EMS Physician Commission (EMSPC) requirements change. The EMSPC *Scopes of Practice 2012-1* have been developed and are available on the Bureau of EMS and Preparedness website (see the link below). Remember, agencies and their Medical Directors must get Bureau approval and then train and test the OM skills and interventions for each individual Provider before they are allowed to perform them in the field.

Narrowband Reminder

As of September 14, 2012, EMS frequencies 1 (155.340) and 2 (155.280) have been upgraded and transitioned to narrowband. All handheld and mobile radios should be narrowband and programmed with a channel guard tone of 156.7. These changes mirror what is outlined in the National Interoperability Field Operations Guide (NIFOG), allowing entities coming in from outside Idaho to communicate with all Idaho EMS agencies. More on the StateComm website (see below).

Caught in the Act

During the morning of August 10, 2012, Nevada's Owyhee Ambulance was attempting to rendezvous with Elmore Ambulance Service and Air St. Luke's south of Bruneau, on State Highway 51, for a critical patient handoff. Neither Owyhee County (Idaho) Sheriff's Department nor the Idaho State Police had additional officers near the area to assist in closing the highway in order to set up a landing zone (LZ). AEMTs Russ and Vicky Turner with Grand View Ambulance Service (Idaho's Owyhee County) had been listening to the radio traffic and offered to block traffic on the highway to allow the helicopter to land for the patient transfer. This act of generosity and cooperation embodies the heart of emergency medical services -- for the benefit of the patient, Russ and Vicky rose above the call of duty and showed Idaho what it means to be an EMS provider. Well done!

IDAHO VITALS

QUARTERLY PROVIDER LICENSES:

	Initial	Renewed	Transitioned	State Total
EMR	26	11	3	384
EMT	91	205	60	2690
AEMT	36	104	0	1018
PARA	11	73	0	708

QUARTERLY AGENCY LICENSES:

Newly Licensed Agencies:

Donnelly FPD; Donnelly, Valley Co.; ALS 3 - Ambulance Gateway FPD; Plummer, Benewah Co.; BLS - Ambulance Hagerman FPD; Hagerman, Gooding Co.; BLS - Nontransport Life Flight Network; Sandpoint, Bonner Co.; ALS 1 - Air Medical Northwest Medstar; Pullman, Washington; ALS 1 - Air Medical

Agency Licenses Vacated:

Bliss QRU; Bliss, Gooding Co.
Hagerman QRU; Hagerman, Gooding Co.
Mullan Ambulance; Mullan, Shoshone Co.

QUARTERLY WRITTEN EXAM NUMBERS:

Tested: 179
First-Time Pass: 107

QUARTERLY INVESTIGATIONS TOTALS:

	Agency	Provider	Education
New	6	4	0
Open	17	10	5
Closed	2	2	0

The Write Way

Fisdap, a private national company devoted to improving EMS training programs and students' classroom experiences, visited Idaho this fall offering test-writing workshops. These workshops promoted effective implementation of the new National Education Standards while providing a better understanding of test construction and item writing. Participants learned how to better prepare their students for the NREMT examinations as well as write potential test questions for a future EMR practice examination for Fisdap. Visit the website below for more on Fisdap!



An S-64 Aircrane retrieves water from the Salmon River outside of Riggins, 09/12.

Now Available!

Online Transition Course for EMTs, made possible by Canyon County Paramedics and the EMS Physician Commission, is now available. If you are interested in using the online course to transition, please contact your local agency. An online EMR transition course is currently being developed.

Resources & Websites

Optional Modules:

<http://www.idahoems.org>; click on the Education tab, then click on Optional Module Resources

Scopes of Practice:

<http://www.idahoems.org>; click on the Physician Commission tab, then look under Scope of Practice

State Communications:

<http://www.idahoems.org>; click on the State Communications tab, then look under Radio Interoperability

Fisdap: <http://www.fisdap.net/>

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Suspension Trauma



The Division of Building Safety has brought to light the growing number of Idaho windmills and, as such, more workers using industrial harnesses.

You have probably seen examples of very mild orthostatic intolerance without knowing the term. When soldiers lock their legs at attention or nervous bridegrooms stand too long at the altar, they experience mild orthostatic intolerance and faint. Because the muscles of the legs are not moving enough to pump the blood back up to the heart and brain, it pools in the legs and causes the person to pass out. With the body in a horizontal position, the blood flow is restored and the person easily recovers.

Treatment on the scene:

It is important to note that treatment should follow your agency's protocol; the following, however, are some Physician Commission recommendations:

- Provide 100% oxygen and maintain a secure airway
- Minimize blood glucose and treat hypoglycemia as needed
- Stabilize secondary trauma without inducing vascular reflow from the legs
- Treat for hypothermia as needed
- Monitor ECG and watch for signs of hyperkalemia and crush syndrome

If hyperkalemia is detected, aggressive action is needed. Administer the appropriate medications (as per your protocols) via large bore IV running normal saline. This contradicts the earlier fluid restriction, but is only to be initiated if ECG artifacts are identified.

- Transport in the sitting position and ensure the receiving facility knows to treat for severe orthostatic intolerance

Suspension trauma, or severe orthostatic intolerance, is a life-threatening condition that develops when a person is held upright without any movement for an extended period of time. If the person is strapped into a harness or tied to an upright object, they will eventually suffer a central ischemic response (fainting) due to the pooling of blood in the legs. If a person faints and remains vertical over time, the blood continues to pool and deprive the brain of oxygen--this leads to suspension trauma, risking heart attack, long-term kidney problems or even death.

Physiologically Speaking

The accumulation of blood in the legs reduces the amount of blood circulating the body. In response, the body speeds up the heart rate in an attempt to maintain sufficient blood flow to the brain. During this venous pooling, the reduction in quantity and/or quality (oxygen content) of blood flowing to the brain causes fainting. The kidneys are quite sensitive to blood oxygen levels; renal failure can occur with excessive venous pooling. A suspended victim can begin to experience severe orthostatic intolerance after being suspended for as few as ten minutes and experience death in as few as thirty.

Signs and symptoms of approaching orthostatic intolerance:

- Dizziness
- Nausea
- Dyspnea
- Diaphoresis
- Pallor
- Tachycardia
- "Greying" or Loss of Vision

Hanging Tough

Orthostatic intolerance can be exacerbated by other circumstances related to the fall. For example, secondary injuries, the fit and positioning of the harness, environmental conditions and the victim's psychological state may advance the onset of severe orthostatic intolerance.

Once the victim is safely on the ground, EMS personnel should recognize factors that can affect the severity of orthostatic intolerance:

- Fatigue
- Hypothermia
- Hyperkalemia
- Preexisting Cardiovascular or Respiratory Disease
- Dehydration
- Poor blood perfusion
- Hypoglycemia

Take a Seat

If possible, conscious victims should raise their knees into a sitting position; emergency knee slings can aid in this. Victims should also "pump" their legs frequently to actively engage the muscles of the lower extremities and reduce the amount of venous pooling. Talk the victim through these self-rescue procedures and encourage them to relax as much as possible and to breathe slowly and deeply. During recovery, it is imperative to not allow the victim to lay flat. Victims, conscious or unconscious, should remain in a sitting position for at least thirty minutes after rescue. Venous reflow from the legs must be prevented post-rescue to reduce the risk of acute cardiac arrest and renal failure from localized hypoxemia and right ventricular overload.



EMS providers are often not trained in specifically treating suspension trauma, but more often, are trained in treating crush syndrome.

FOR INFORMATION ON FALL PROTECTION EQUIPMENT & RESCUE TRAINING VIDEOS, VISIT: WWW.TECHSAFETYLINES.COM

Sources:

www.osha.gov/dts/shib/shib032404.html
www.tagsafety.com/gfx/library/st-handout.pdf
www.fallsafety.com/pages/suspensiontrauma.htm
www.stagesafe.co.uk/user_files/Suspension-trauma.pdf
www.hse.gov.uk/research/subject/s/suspensiontrauma.htm
www.emergencymedicalsupplies.co.uk/SuspensionTrauma.htm
www.homeland1.com/mass-casualty-incidents-MCI/articles/769809-Crush-Syndrome-made-simple/



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