



Volume XI, Issue II

STATE EMS MEDICAL DIRECTOR'S REPORT

DANGER: DETERGENT SUICIDE

Recently, there has been a new method of suicide posted on the internet. It appears to have originated in Japan. The method consists of mixing two chemicals that can be bought over the counter at local stores. This method is referred to as "Detergent Suicide" which is a very dangerous situation for first responders. If you are not familiar with this type of suicide it is so named for the ingredients utilized that when mixed together produce a deadly "Hydrogen Sulfide" gas that can be very toxic. Hydrogen Sulfide (H₂S) is considered a broad-spectrum poison, meaning that it can poison several different systems in the body, although the nervous system is most affected. The toxicity of H₂S is comparable with that of hydrogen cyanide. It forms a complex bond with iron in the mitochondrial cytochrome enzymes, thereby blocking oxygen from binding and stopping cellular respiration.

Because the process appears to be quick and painless, this method of committing suicide has become popular in Japan and references to it can be found on the internet. Simply put, chemicals that are readily available to the public, such as Muriatic or Sulfuric acid, mixed with organic phosphates, such as toilet bowl cleaner or insecticides will create the gas. Concentrated in a small area, if the levels exceed 100 parts per million (ppm) the atmosphere is potentially toxic. Levels of 700-800 ppm are usually fatal.

Three known cases have been documented in the United States and one in Toronto. The suicides occurred in personal vehicles. Each party left a note warning first responders of the dangers. If a first responder opens the vehicle and inhales, he/she will be exposed to the possibly fatal gas.

In the event that your agency responds

to situations where this method of suicide might be used the following should be considered:

WARNING SIGNS:

1. Subject appears unconscious or asleep in a contained area (usually vehicle).
2. If someone has opened the vehicle there will be odor of rotten eggs.
3. Subject may be wearing safety glasses and medical gloves (required to handle chemicals).
4. Windows may be taped (prevents gas from escaping).
5. Possible note to warn of the dangers present.
6. First responders and emergency service agencies could be compromised if the gases, usually concentrated with in small spaces like a car, bathroom, storage area, etc. is released without the proper safeguards in place. If possible the rescue should be supervised by Hazmat personnel who are properly equipped to do it.
7. A first responder's hazmat training (awareness and operations) regarding this method is the key to prevent becoming poisoned. If you enter an area and it has a chemical odor take this as a clue to exit the area. Hydrogen Sulfide (rotten egg smell) and some other chemicals will diminish your sense of smell as you venture deeper into a contaminated area. Keep in mind the safety of the first responder is paramount; entering an atmosphere where the hazards are not known can be extremely dangerous.
8. Use Level B PPE, Remove victim(s) from the exposure without compromising emergency personnel's safety; support respiratory effort; remove contaminated clothing immediately;

conduct emergency gross wash decontamination for 3 minutes;
transport patient to medical facility

EMS UPDATE

GRANTS

There are several funding opportunities available to emergency responders. Check to see if your agency qualifies for one of the opportunities listed below:

The Firehouse Subs Foundation

The Firehouse Subs Foundation can fund "life-saving" equipment for FD and EMS. Grant amount to be requested should be \$15,000-\$25,000. Their website is <http://www.firehousesubs.com/>

Wal-Mart Store and Sam's Club Giving Programs

Wal-Mart has increased the amount a local store can give up to \$5,000. Minimum request is \$1,000. This is a good resource for a couple of AEDs or supplemental funding for defibs or LUCAS CPR devices. This is applicable for all non-profit business segments (hospitals, FD, LE, EMS, Schools, Non-profit organizations). The Program Resources and information can be found on the Wal-Mart Foundation website.

The Wal-Mart Foundation is proud to support the charitable organizations that are important to our customers and associates in their own neighborhoods. Wal-Mart's founder, Sam Walton, introduced the philosophy, "operate globally, give back locally." Today, the Wal-Mart Foundation continues to support local, state and national organizations that provide opportunities in the communities we serve. Through our Wal-Mart Store and Sam's Club Giving Programs, Wal-Mart Stores and Sam's Clubs can recommend grants of up to \$5,000 to local nonprofit organizations.

**Emergency Medical Services
Advanced Airways by OEMS&T¹ Regions
CY 2009 by Quarter and 1st Quarter 2010²**

Intubations ³	Total	OEMS&T Region 1 ¹ (North)	OEMS&T Region 2 ¹ (East)	OEMS&T Region 3 ¹ (BREMSS)	OEMS&T Region 4 ¹ (West)	OEMS&T Region 5 ¹ (Southeast)	OEMS&T Region 6 ¹ (Gulf)	OEMS&T Region Unknown
1 st Quarter '09 ²	716	117	67	86	26	16	135	119
2 nd Quarter '09 ²	690	144	60	70	48	123	137	108
3 rd Quarter '09 ²	619	139	51	60	34	120	121	94
4 th Quarter '09 ^{2, 4}	655	151	53	56	41	107	123	124
1 st Quarter '10 ^{2, 4}	155	30	8	15	10	23	42	27

NOTE:

As noted in the table above, there are relatively low numbers of advanced airways being performed by Emergency Medical Services (EMS) personnel as reflected by Electronic Patient Care Report (ePCR) data. For benchmarking purposes, in CY '09, reported statewide data shows around 4,306 cardiac arrests compared to the 2,680 advanced airways reported. Also, for benchmarking purposes, in CY '10, reported statewide data shows around 477 cardiac arrests compared to the 155 advanced airways reported. There are many possible reasons that the

data is this way; EMS personnel are not following protocol, EMS personnel are not documenting the procedures as required, there are an extremely high number of non-resuscitated cardiac arrests, or the software being used by some agencies is not configured to the current acceptable NEMSIS compliance. That's a lot to consider as we strive for accurate and reliable data submissions. More information will be forthcoming.

¹OEMS&T = Office of EMS and Trauma Regional Designations.

²Data is for the 2009 calendar year and the 1st Quarter of 2010, and is current through 02/08/2010 23:59, and is

reflective of Electronic Patient Care Report (ePCR) data as compiled from the EMSIS Server database.

³Former queries for Intubations included the following selections: Airway-Combitube, Airway-Intubation Confirm CO₂, Airway-Intubation Confirm Esophageal Bulb, Airway-Nasotracheal Intubation and Airway-Rapid Sequence Induction. As a result of an EMSIS Server database update, current queries for Intubations include: Airway-Direct Laryngoscopy, Airway-Intubation of Existing Tracheostomy Stoma, Airway-Nasotracheal Intubation, Airway-Orotracheal Intubation, Airway-Rapid Sequence Induction, Airway-Video Laryngoscopy, Airway - Intubation Confirm Colorimetric ETCO₂, Airway - Confirm Esophageal Bulb, Airway-Combitube Blind Insertion Airway Device, Airway-King LT Blind Insertion Airway Device and Airway-Laryngeal Mask Blind Insertion Airway Device.

⁴Data represents the Dispatch_Notified_Date_Time datapoint range from 01/01/2010 00:00 through 02/08/2010 23:59.

NEWSLETTER REMINDER

The newsletter is free to anyone as long as they have internet access to our web page www.adph.org/ems. The newsletters can be found under the Notices and Events link found in the menu bar or to all Alabama licensed EMS personnel who have a valid email address. Our licensure database is used to store your last submitted valid email address, but cannot accommodate unlicensed people. They will have to visit our web site to view or download the newsletter.

If you are not getting our newsletter via email it is either because the email address was sent to us in an illegible or

incorrect format or you changed it and did not update it through our office. You can email any changes via emsinquiry@adph.state.al.us or call office staff at 334-206-5383.

Also, you may have a spam blocker set up on your email. Our office has no way to manually or automatically address this issue. Multitudes of emails are "kicked back" to our office email system with message asking us to complete a number of tasks to be allowed to send you an email. As long as you have this set up on your pc, you will not be able to receive our newsletter.

DO YOU HAVE QUESTIONS FOR OEMST STAFF?

This is another reminder to those of you calling our Office (334-206-5383):

Complaints, Investigations - Call Mark Jackson

Service Inspections or Service Licenses - Call Hugh Hollon or Kem Thomas

Individual Training, Testing or Individual Licenses -

Call Gary Mackey or Stephanie Smith

EMS for Children, Grants, Contracts, Equipment Orders - Call Katherine Hert



SHOOTING

TRAUMA AND EMS RESPONSE IN TIMES OF CRISIS: Burn-out, Compassion Fatigue, Vicarious Traumatization, and Psychological First-Aid

East Alabama Emergency Medical Services Conference
Friday, May 14, 2010 • Talladega Speed Dome
Talladega, Alabama

Paramedics are exposed to events involving human pain and suffering on a daily basis, many of which are the result of violence perpetrated by one individual on another. For the most part, these emergency workers have learned to deal with such events and take them in stride. At times, however, certain circumstances lead workers to develop an emotional connection with the victim or his family. When this occurs, paramedics report increased symptoms of traumatic stress.

This presentation will help professional and volunteer EMS responders mitigate these traumas on their lives, and understand the affect of trauma material on their effectiveness both on and off the job.

Stephan Mambazo is a former EMT- Paramedic, having worked in and for the Cities of Philadelphia and New York for 12 years.

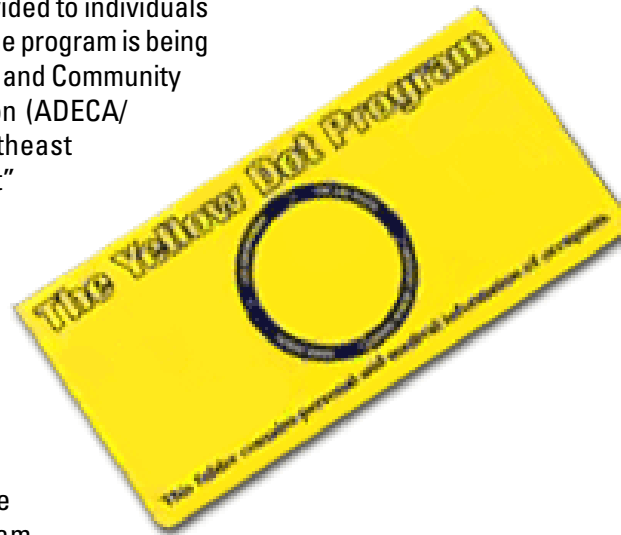
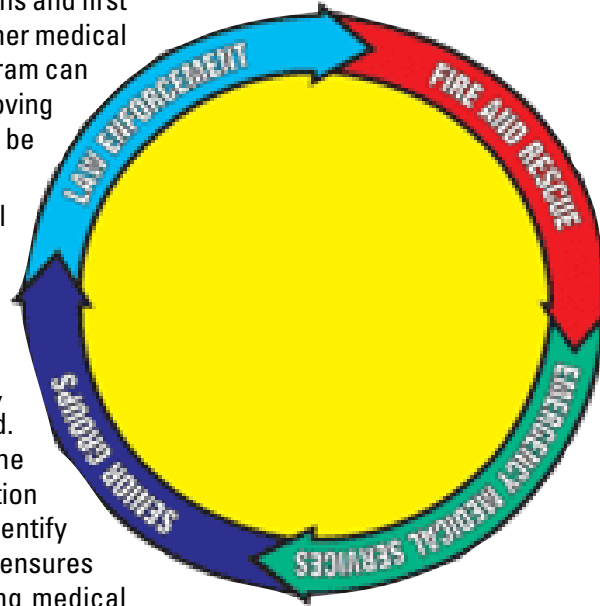
ALABAMA "YELLOW DOT" PROGRAM

The "Yellow Dot" program is the first program of its kind in the state of Alabama. It is designed to assist Alabama citizens and first responders in the event of an automobile accident or other medical emergency involving the participant's vehicle. The program can help save lives during the critical "golden hour" by improving communication at the time when accident victims may be unable to communicate for themselves.

The "Yellow Dot" program provides detailed medical information that can be crucial after a crash. Participants of the program receive a "Yellow Dot" decal, a "Yellow Dot" folder and an information form with the participant's name, identifying photo, emergency contact information, personal physicians' information, medical conditions, recent surgeries, allergies, and medications being used. Responders to check in the glove compartment for the corresponding "Yellow Dot" folder. Having this information following a crash helps first responders positively identify the person, inform family or emergency contacts, and ensures that the person's current medications and pre-existing medical conditions are considered when treatment is administered for injuries.

The "Yellow Dot" program is a free service provided to individuals of all ages, with an emphasis on senior citizens. The program is being funded by the Alabama Department of Economic and Community Affairs/ Law Enforcement Traffic Safety Division (ADECA/ LETS) and is being administered by the Northeast Alabama Traffic Safety Office. The "Yellow Dot" program is a cooperative effort of local Law Enforcement, Fire & Rescue, Emergency Medical Services, Senior Groups and concerned citizens. For more information, the October 6, 2009 press release is available.

The Yellow Dot logo is a service mark of the Alabama Yellow Dot Program and may not be altered. The logo may only be reproduced with permission of the program administrator. Please call the Northeast Alabama Traffic Safety Office at (256) 549-8142.



PROVIDER SERVICE NEWS

Provider Services in Regions 1 (North), Region 3 (BREMSS), and Region 4 (West) have license renewal dates of June 30, 2010. Renewal applications need to be in to the OEMS&T at least 60 days prior to the expiration of the license. The electronic Provider Service application will be activated on April 1, 2010 and can be found on the OEMS&T website. If a service chooses to submit a paper renewal application, be sure to use the printable application available on the website.

Renewal reminders and more information will be available in upcoming issues of the newsletter.

Name	Complaint	Rule/Protocol	Action Taken
EMT-Paramedic	Impairment Falsification of Records	420-2-1-.21 420-2-1-.25	License Action Pending for both complaints.
EMT-Paramedic EMT-Intermediate	Responsibility for a patient	420-2-1-.16	Remedial Education
Jason Grantham EMT-Paramedic	Patient Care Issues	420-2-1-.16	Remedial Education
Rachel Noah Ambulance Driver	Falsification of Records	420-2-1-.25	License Suspension
James Jordan EMT-Paramedic	Exceeding Scope of License	420-2-1-.25	License Suspension
Jeffrey Steen EMT-Paramedic	Guilty of Misconduct	420-2-1-.25	License Surrender

NOTICE

State EMS Rule 420-2-1-.20 Emergency Medical Technician Qualifications, Examination, and Licensure

Licensure Section (5) (d) states that in no event may you continue to practice after March 31 of the year of license expiration if you have not been granted a renewed license. A renewed license shall be deemed to have been granted only after you have received a new license certificate which has been duly issued by the State Board of Health.

Failure to adhere may subject the individual's license, provider service's license, and/or ALS authorization to disciplinary action taken by the State Board of Health.

Notice to Licensed Provider Services

Beginning May 1, 2010, the Office of EMS and Trauma will list services that are noncompliant in ePCR submissions. Please remember that all of your records are to be uploaded within 168 hours (7 days) with a goal of 24-hour submission to track trends and tendencies.

YOU ARE NEVER TOO OLD TO LEARN | BY CHARLES H. MORTON, BS, EMT-P

In 2007, I completed thirty-nine years in the fire service and started my third career as Director of the Emergency Medical Services (EMS) Program at Jefferson State Community College (JSCC). After becoming a licensed paramedic in 1974, I taught in the EMS Program at UAB from 1976 to 1980. I enjoyed that experience, so the third career choice seemed like a good one.

When I became EMS Director at JSCC, I had two beliefs that turned out to be incorrect. First, I thought the National Registry of EMT (NREMT) Paramedic exam was an unfair exam to use in the State of Alabama. In 2008, Mr. Jon Puryear taught a 16 hour National

Registry Prep course at our Shelby campus. I expected Mr. Puryear to focus on the NREMT exam and how to approach that exam. Instead, Mr. Puryear taught an overview of what you need to know to be a good paramedic emphasizing an understanding of anatomy, physiology, and diagnosing through critical thinking. If you know that material, you will pass the NREMT Paramedic exam. This changed the way I look at National Registry and we began to focus on meeting the National Education Standards for Paramedic, improving our anatomy/physiology course, and giving our students what they need to be good paramedics, with the ability to diagnose using critical thinking. When I came to Jefferson State, the one graduating class had a 25% first time pass rate on the NREMT Paramedic exam. From December 2007 to December of 2009, we went to a 74% first time pass rate. I now believe that if our EMS program at JSCC is what it should be, the NREMT Paramedic exam will be a fair license exam for our graduates.

My second belief which proved questionable was that requiring English 101 and Math 116 was not necessary. Strategies of High-Performing Paramedic Educational Programs by Margolis, Romero, Fernandez, and Studnek outlines twelve

Reminder

The Office of EMS & Trauma would like to request that you comply with the requests for information from your regional office. Some Directors are still having issues receiving information and data as requested by the state office. We would greatly appreciate your cooperation and compliance.

continued on next page

strategies common to a group of the best performing paramedic education programs in the United States. The number one strategy is to achieve and maintain national accreditation, which we have accomplished. The second strategy is to maintain high entry level requirements and prerequisites. JSCC went from a Basic EMT license, as the only entry level requirement for paramedic, to requiring our students to score Level 4 on the Career Ready Certificate Exam and to be eligible for English 101 and Math 116. This change is a major factor in decreasing our attrition and I am confident that requiring English 101 and Math

116, as prerequisites, would further reduce our attrition rate. As a fire chief, I opposed requiring these prerequisites due to the extremely low first time pass rates in Alabama, at that time. I now understand the importance of English and Math and I see now that the real problem was EMS education program performance.

JSCC administration is very supportive of our EMS program and I have an outstanding staff. Together, we constantly look for new ways to help our students and improve our EMS program. I try to remember, every day, that you are never too old to learn.

ON-LINE LICENSE RENEWAL

Please remember that your electronic signature, when renewing your license on-line, validates that all the information is correct and that you have already completed the required continuing education for your license level.

If you are selected for audit, you are required to submit all documentation of training, to this office, within 3 days (72 hours). If this documentation is not in the Office of EMS and Trauma (OEMS&T) within the required timeframe, your license will be suspended until such time you can come to Montgomery and explain why this information is not available. Please note that falsification of records, with your electronic signature on an application renewal, is grounds for license revocation. If this process seems unclear, in any way, please feel free to contact the OEMS&T prior to providing fraudulent or knowingly false information in any respect.

NOTICE

There is no EVOC Instructor Course currently scheduled. If/ When a course is scheduled it will be posted on the Education and Testing page of the website and it is not necessary to submit resumes for the course until that time.

