



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

DIVISION OF EMERGENCY MEDICAL SERVICES

6255 MISSION GORGE ROAD
SAN DIEGO, CA 92120-3599
(619) 285-6429 FAX: (619) 285-6531

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

BRUCE E. HAYNES, M.D.
MEDICAL DIRECTOR

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Medical Director's Update for Base Station Physicians' Committee May, 2013

Congratulations to Jim Dunford. He was named one of the 2012 top 10 innovators by JEMS magazine. Dr. Dunford was cited for implementation of the Resource Access Program (RAP) and electronic Resource Access Program (eRAP), an EMS-based surveillance and case management system designed to help individuals who repeatedly accessed 911 find appropriate care. Since its inception in 2008, RAP has evolved "into a health information technology (HIT)-enabled program supported by real-time EMS and computer-aided device surveillance."

Protocol changes are finished and the in-service training will start soon. A number of the changes to protocols include extending use of Zofran (ondansetron) to children over one year of age using oral dissolving tablets, a new rapid radio report format taking the place of destination reports, changes to midazolam dosing, reducing and simplifying the administration, and a new ventricular tachycardia protocol for pediatrics. There is also more emphasis on treatment pain by complete assessment of the patient and their discomfort, in addition to relying on just a 1-10 intensity scale.

Sidewalk CPR Day is Tuesday, June 4th from 10 am to 4 pm. This event gives the public the chance to learn the rudiments of compression only CPR in a few minutes from EMS personnel. Instructors need to be proficient in CPR, especially compression only CPR, but need not be a certified instructor. You can check to see if your agency is sponsoring a site, volunteer there, or if they don't have one, join another site. More information is available from Sue Dickinson, RN, at County EMS.

Strike Out Stroke Day at the Padres will be Saturday, June 22nd at the 4:15 pm game against the Dodgers. This event instructs the public in the signs of stroke using the acronym FAST for abnormalities of the face (lack of symmetry), arm weakness, abnormal speech and the importance of time in getting medical evaluation and aid by calling 911. Hospitals will set up booths for risk assessment and education. The focus is on the warning signs of stroke and the importance of acting rapidly. This is also a chance for hospital personnel who treat stroke to get together. More information and a ticket package that includes a Strike Out Stroke T-shirt is available at <http://strike-out-stroke-san-diego.mybigcommerce.com/>.

Watch for significant external hemorrhage. The trauma centers report that some patients lose significant amounts of blood from external sources such as lacerations. These can result in avoidable blood transfusions, or morbidity or deaths. Many times these are scalp lacerations that tend to bleed vigorously from their rich blood supply. Bleeding points can be controlled by direct pressure. Pressure dressings may be appropriate. One issue with dressings is that they can soak through and bleeding continues. If blood soaks the dressing one should not simply add more gauze, but take down the soaked gauze to the skin dressing and place fresh gauze if direct pressure is not required. The trauma center personnel should be told the estimated blood loss into the dressings that were removed.

Blunt trauma causing full arrest and the patient with penetrating trauma are different. Our protocols for penetrating trauma emphasize rapid assessment and transport to the trauma center with vascular access, IV or IO, established en-route to the hospital. Fluids are not emphasized, as the patient likely needs surgical control of a life-threatening injury. Sometimes the bases will get calls for pronouncement in the field. This delays transport and the time that may be needed for surgical repair is lost.

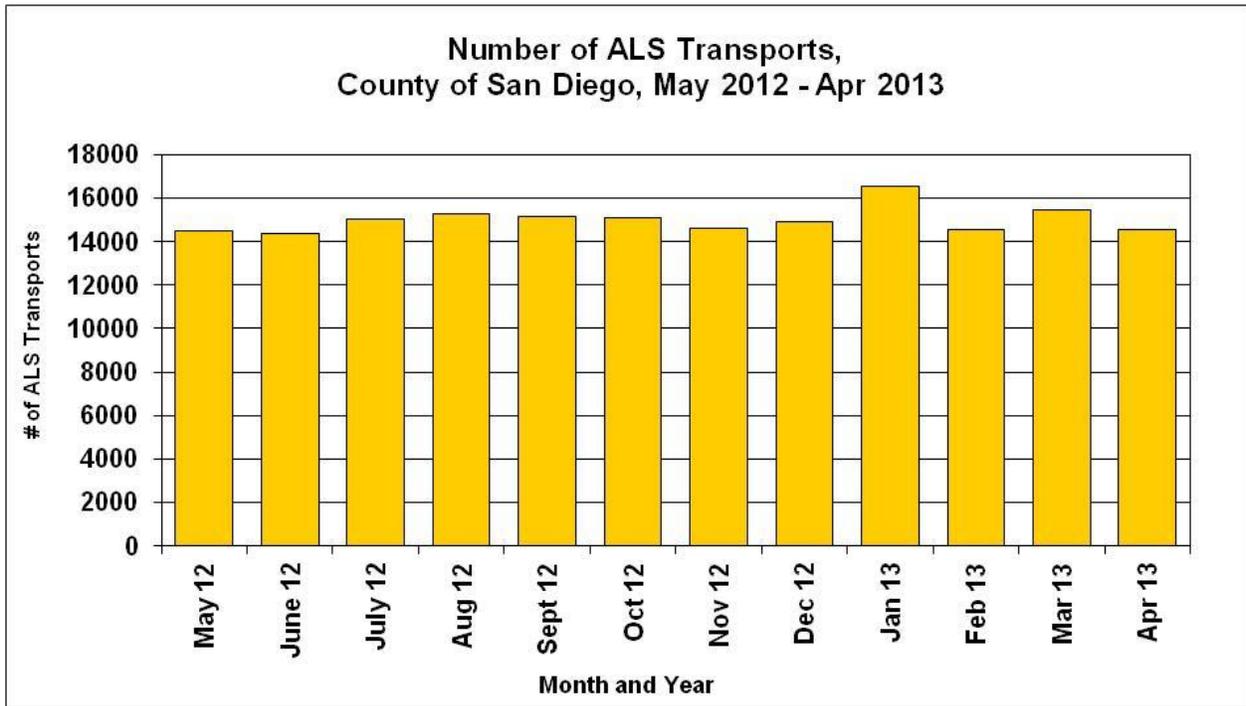
State EMSA Core Measures are times and intervals meant to help evaluate the performance of EMS operations. These are now being reported to the state for the first time and have required an effort by providers to collect the information. Thanks for your help on this project.

The medical health exercise for hospitals will be conducted with the healthcare community on May 30, 2013 from 9 am to 2 pm. The scenario is a structural collapse with 1,200 potential victims and many dead on scene.

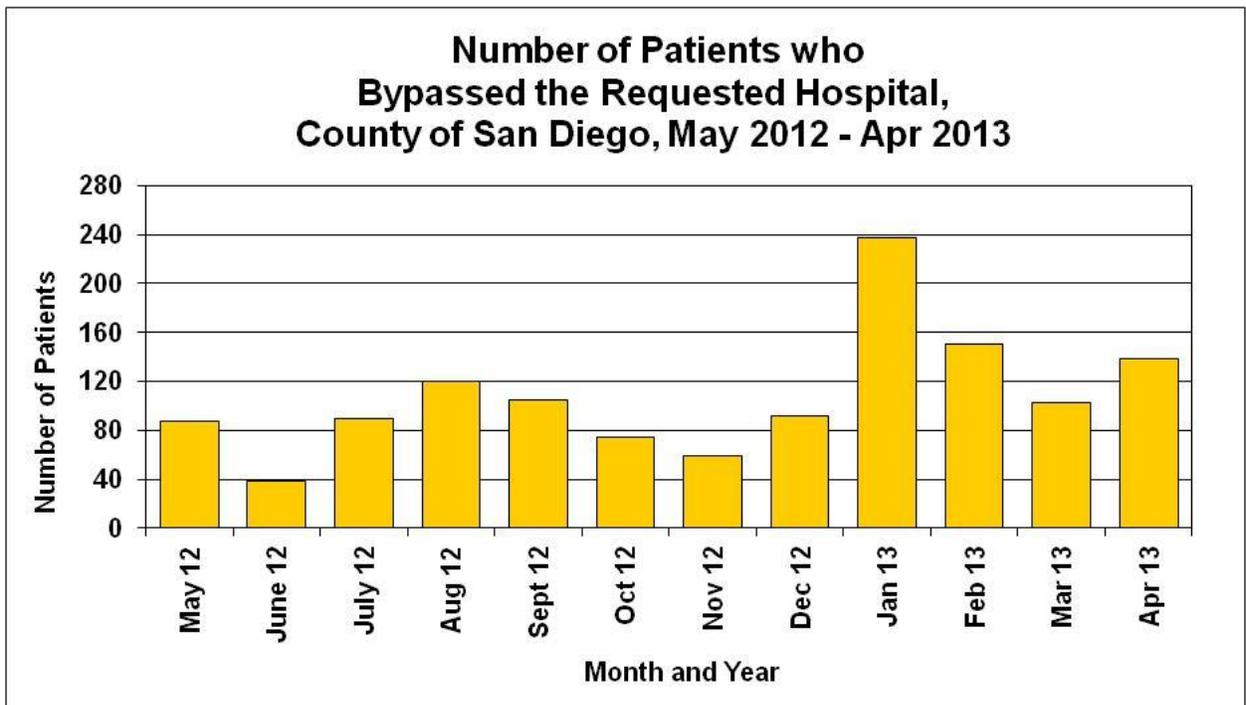
No cases of Influenza A (H7N9) avian influenza occurring in China have been seen in the United States. Nonetheless, the CDC and others are monitoring the illness closely. A suspect case is one with Influenza-like illness (ILI=fever 100 F or greater, and cough and/or sore throat) meeting exposure criteria of recent travel (within \leq 10 days of illness onset) to China, or recent contact (within \leq 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus.

A suspicious case in the field should be reported to the hospital prior to arrival of the patient. PPE for a suspect case would be standard precautions plus contact and airborne precautions meaning eye protection and N-95/P-100 respirator. Aerosol generating procedures such as intubation, suction or nebulized treatments should only be performed if they are medically necessary at the time and cannot be postponed.

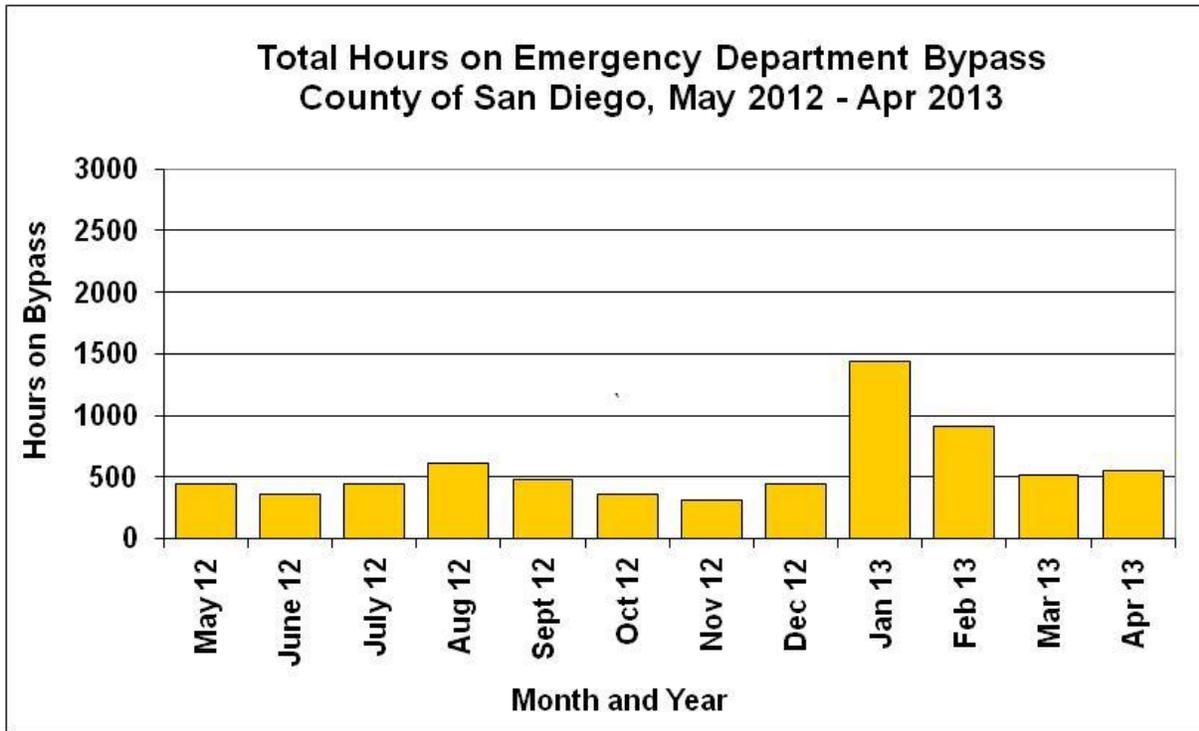
Any suspect case should be reported by the hospital to Public Health immediately. Additional information is available at the CDC MMWR website under early release for May 1, 2013. An article summarizing China's experience is in the May 16 New England Journal of Medicine.



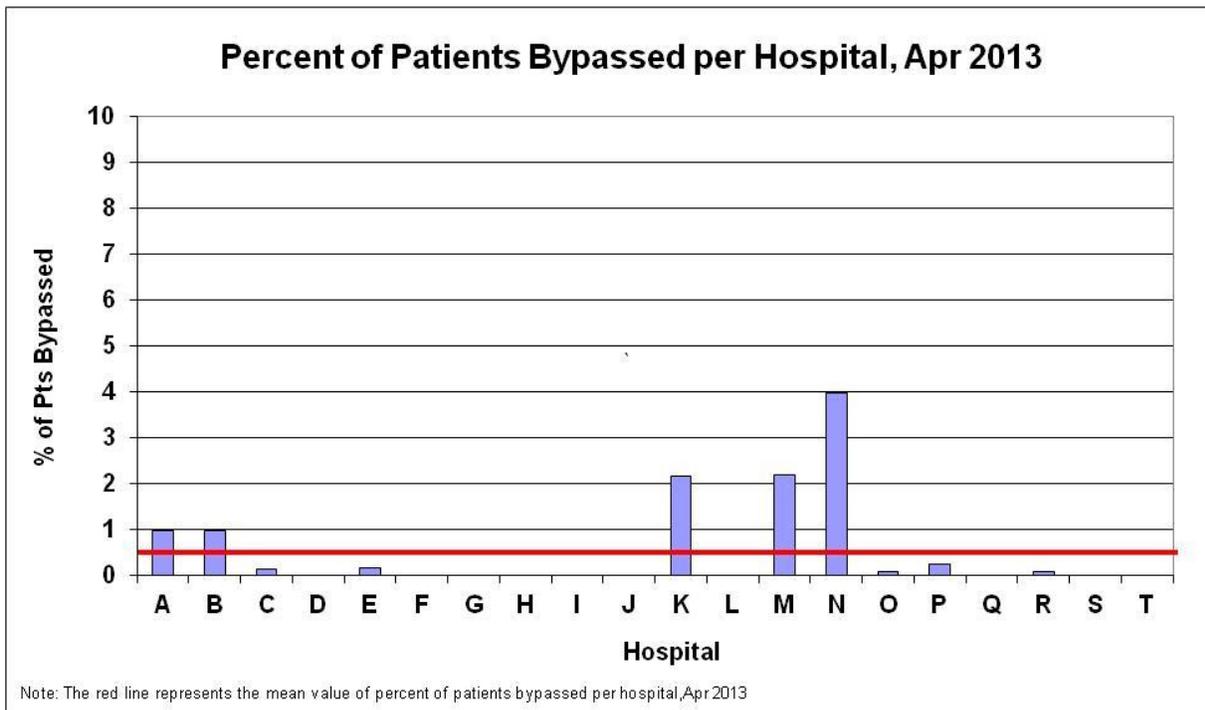
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, May 2012 – Apr 2013 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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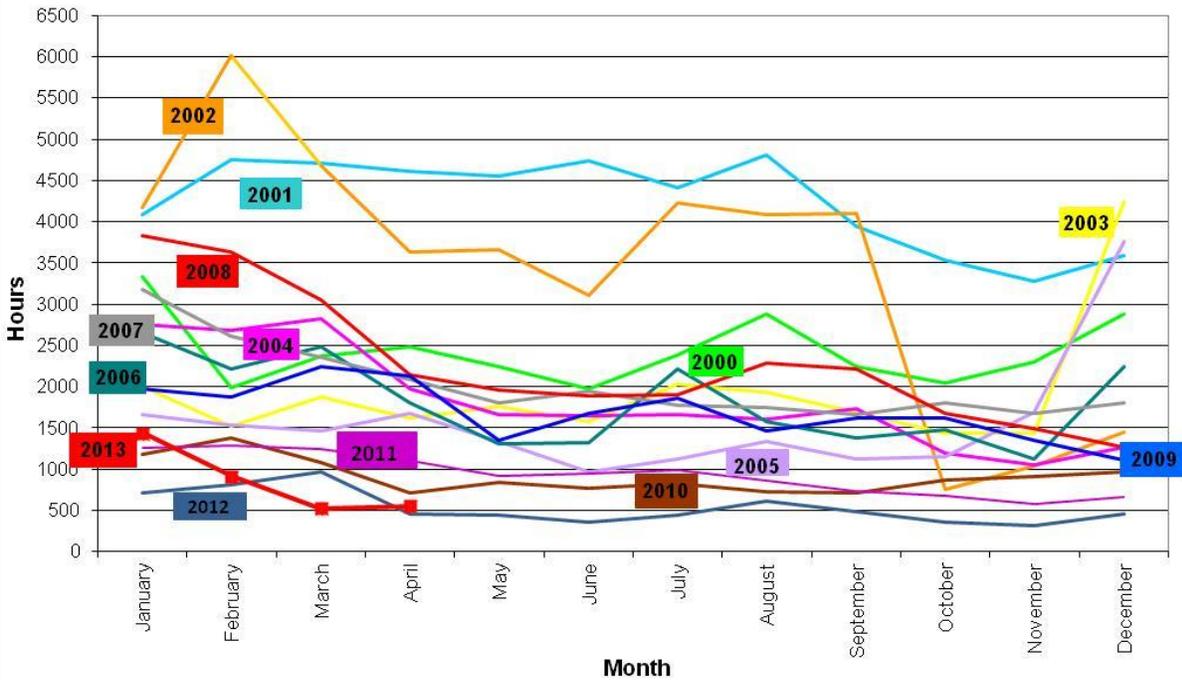


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, May 2012 – Apr 2013



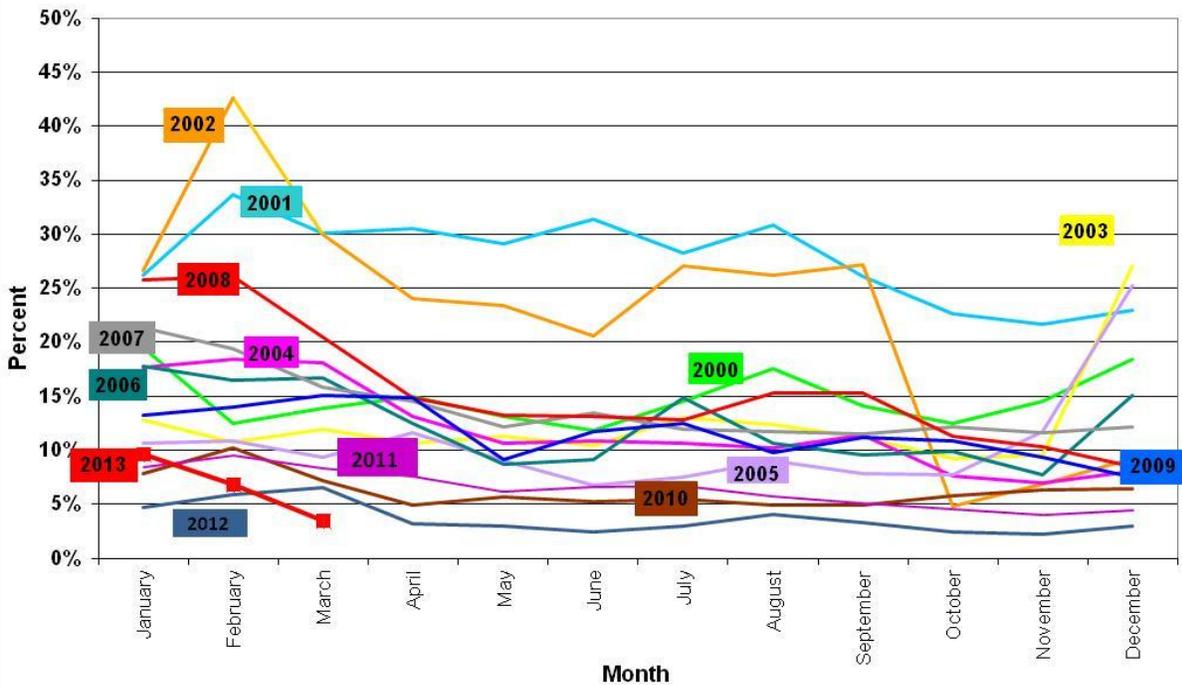
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2013
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Apr 2013



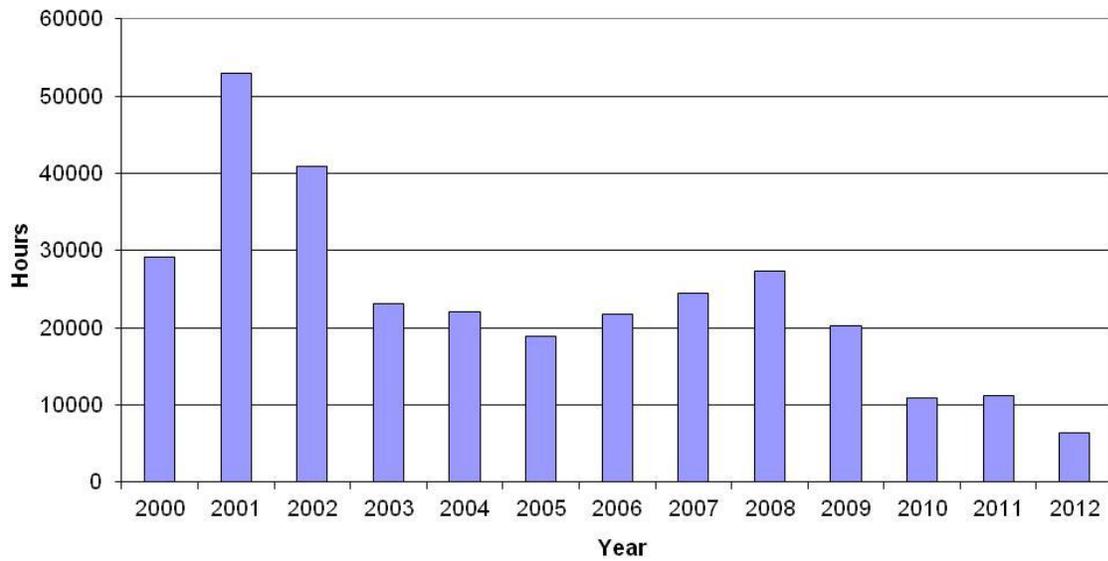
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Apr 2013

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Apr 2013



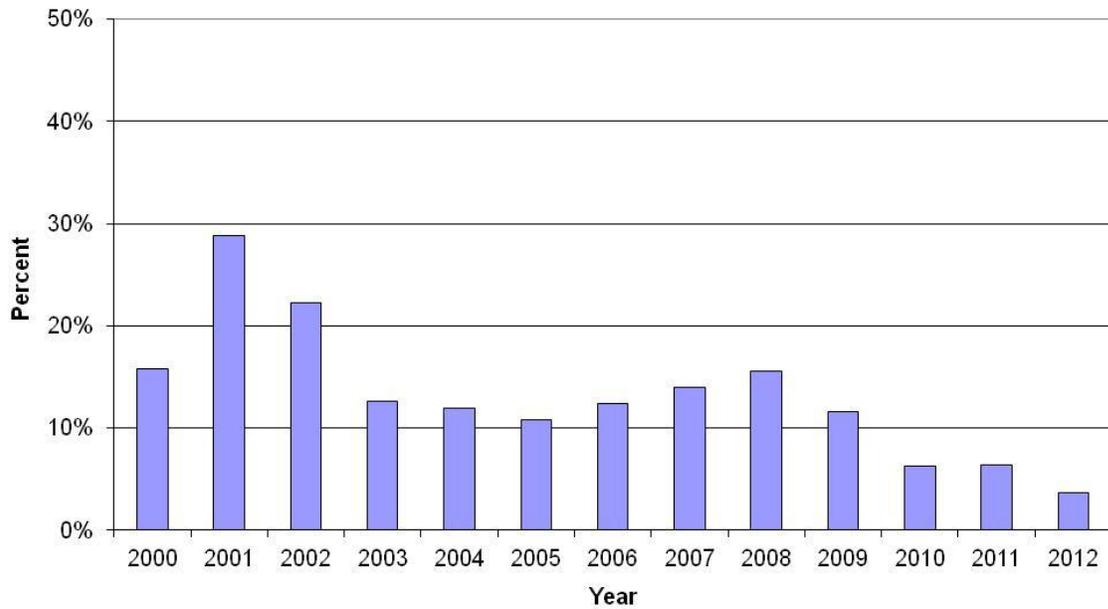
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Apr 2013

Total Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2012



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2012