

July 2015

Congratulations to Summers Co ARH Hospital and Jackson General Hospital, our newest Initial Provisionally (IP) designated Level IV Trauma Centers.

In trying to recognize EMS personnel with more than 20 years of service, a number of individuals were missed. We are updating the list currently with those names that we have been provided. Unfortunately, there isn't a good record of folks that extends that period of time. My deepest apologies go out to those who were not included originally. It was not an intentional oversight. Your service is greatly appreciated. The listing will continue to be posted for several more weeks.

Continuing education is extremely important to any EMS system. Medicine and technology are constantly changing and improving. We need to be able to evolve with those changes. We need to be consistent with the application of OEMS policies and legislative rule related to continuing education. We need to encourage EMS personnel to expand their knowledge base to keep the practice of pre-hospital treatment and care exciting. All of these things are possible, but it will take some time to acclimate to these changes from the field provider perspective as well as from the OEMS staff perspective.

What does that mean? There are required hours for maintaining certification. There are also elective hours that count toward your continuing education. Once you meet the required courses, there is some flexibility in how those electives can be satisfied. If you have taken a course in fire rescue that is 12 hours, but there is a component that deals with EMS for a portion of that, you may be granted a portion of those hours rather than being denied for the whole course.

Taking a course beyond your certification level does not qualify you to provide services at that expanded level. You are still bound by the parameters of your scope of practice whether that is EMT, paramedic, driver, etc. For example, if Dr. Mills takes a course in neurosurgery, he is not qualified to perform brain surgery. He is still bound by his scope of practice for emergency medicine. The same holds true for EMS personnel. You can take a course higher than your certification level to expand your knowledge, but you cannot perform the services taught as part of that course that are beyond your scope of practice.

I encourage you to ask questions. I encourage you to provide information about courses that you want considered for continuing education. Why do you think it is important to the job you do? How is it going to help you be a better EMS provider? What new skills, knowledge or abilities are you going to be able to utilize as a result of the course? These are things to consider and submit when you are seeking approval for continuing education.

We are working with the Office of Chief Medical Examiner to update and improve protocol 9101 Death in the Field. We are encouraged that we can improve this protocol to save you and the County Medical Examiners time and effort while streamlining death certificate processing for the Office of Chief Medical Examiner and Vital Statistics.

The West Virginia Office of Emergency Service has not authorized nor sanctioned the release of any third party protocols for use on mobile devices (e.g. Android, iPhone, iPad, etc.). We are aware that these applications exist but they are unauthorized, unsupported by WVOEMS and at least some contain inappropriate, outdated protocols.

Be advised: Use of these unauthorized applications may result in inappropriate and unapproved patient care which could lead to loss of certification! (64CSR48 section 7.2.c)

The CAAS Ground Vehicle Standard (GVS v.1.0) identifies the minimum requirements for new automotive Emergency Medical Services (EMS) ground ambulances built on Original Equipment Manufacturer's Chassis (OEM) that are prepared by the OME for use as an ambulance. This Standard applies to new vehicles only.

The CAAS Ground Vehicle Standard (GVS v.1.0) does not apply to the following vehicle categories:

- Military Vehicles/Combat Support Ambulances
- Wheel Chair Vans/Transport Vehicles
- Mass-Casualty Vehicles/Ambulance Buses
- Refurbished or Remounted Ambulances
- Fire Apparatus

The purpose of the CAAS Ground Vehicle Standard (GVS v.1.0) is to best serve patients by providing ground ambulances that are safe, nationally recognized, properly constructed, easily maintained, and when professionally staffed and provisioned, will function reliably in pre-hospital or other mobile emergency medical service. The CAAS Ground Vehicle Standard

(GVS v.1.0) establishes minimum requirements, performance parameters and essential criteria for the design of ground ambulances and to provide a practical degree of standardization

Heatstroke is clinically defined as when a person's temperature exceeds 104 degrees F and their thermoregulatory mechanism is overwhelmed. Symptoms include : dizziness, disorientation, agitation, confusion, sluggishness, seizure, hot dry skin that is flushed but not sweaty, loss of consciousness, rapid heart beat, hallucinations

When a core body temperature of 107 degrees F or greater is reached then cells are damaged and internal organs begin to shut down. This cascade of events can rapidly lead to death.

Children's thermoregulatory systems are not as efficient as an adult's and their body temperatures warm at a rate 3 to 5 times faster than an adult's

A vehicle heating study published in *Pediatrics* in 2005 studied temperature rise in enclosed cars on 16 dates between May 16 and Aug. 8, 2002. Ambient temperature were between 72 and 96 degrees F. The study was conducted using Dark Blue mid-side sedan with medium grey interior with the windows cracked. The study provided the following information based on average elapsed time and temperature

10 minutes temperature increased 19 deg F
20 minutes temperature increased 29 deg F
30 minutes temperature increased 34 deg F
60 minutes temperature increased 43 deg F
1 to 2 hours temperature increased 45-50 deg F

NEVER LEAVE A CHILD UNATTENDED IN A VEHICLE. NOT EVEN FOR A MINUTE !

IF YOU SEE A CHILD UNATTENDED IN A HOT VEHICLE CALL 9-1-1.

Be sure that all occupants leave the vehicle when unloading. Don't overlook sleeping babies

Always lock your car and ensure children do not have access to keys or remote entry devices. Teach children that vehicles are never to be used as a play area.

IF A CHILD IS MISSING, ALWAYS CHECK THE POOL FIRST, AND THEN THE CAR, INCLUDING THE TRUNK.

Keep a stuffed animal in the carseat and when the child is put in the seat place the animal in the front with the driver. Or place your purse, briefcase or cell phone in the back seat as a reminder that you have your child in the car.

Make "look before you leave" a routine whenever you get out of the car.

Have a plan that your childcare provider will call you if your child does not show up for school.

Heatstroke information obtained from:

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