



EMS Chiefs Meet on Preparedness Historic summit brings big cities together

EMS chiefs from 49 of the 58 largest cities in the United States met in Washington, D.C., for two days in October to identify their most pressing preparedness needs and develop strategies for meeting those needs.

The George Washington University's Homeland Security Policy Institute (GWU/HSPI) convened this "policy summit" as part of a \$4.7 million National EMS Preparedness Initiative (NEMSPI) funded by the Department of Homeland Security (DHS). (For more information, visit www.nationalemspreparedness.com.)



Gregg Lord

"This was the largest grant that EMS has ever gotten, and this is the first time the federal government has substantially funded the development of EMS policy and research," says NEMSPI Co-Investigator Gregg

Lord, associate director of GWU/HSPI, who ran the summit.

The meeting provided the first opportunity for many of these top EMS administrators to meet each other face to face, including the chiefs of New York, Los Angeles and Chicago.

"In my 31 years in EMS and many years as the EMS chief here in Chicago, this was the first time that these chiefs of day-to-day EMS operations got together," says Donald Walsh, PhD, EMS chief of the Chicago Fire Department. "A lot of people have been speaking for us, but this is the first time we've really been heard from."

Boston EMS Chief Richard Serino says, "It was more than networking; it was building relationships with our peers around the country and finding common problems and sharing solutions."

Assistant Chief Christian E. Callsen Jr., LP, of Austin-Travis County EMS, was struck by the commonality of the issues

raised, even in cities with different provider models. He says the participants discussed the fact that most EMS systems operate at the edge every day. "It makes it difficult to deal with surge issues when you don't know if you're going to have enough units on the street tomorrow," Callsen says.

The summit of primary EMS 9-1-1 agency administrators included fire-based, hospital-based and private ambulance service representatives, and Lord predicts the EMS community will find that the top preparedness issues identified by the chiefs "are the same issues that smaller communities face, and the solutions should be of great benefit to suburbs and rural communities."

Two weeks after the meeting, GWU/HSPI released a 14-page *Preliminary Review* of the summit that includes the four top preparedness needs identified by the chiefs, along with suggested solutions and strategies. (Read the *Preliminary Review* at www.jems.com/terrorism-wmdresponse.) The top four needs are federal funding, a single national voice for EMS, local surge capacity and increased public awareness of EMS issues.

Although the chiefs offered a wide variety of suggestions for meeting those needs, one theme that repeatedly emerged in the discussions was the need for a new or "reinvigorated" federal EMS office or administration. In fact, when polled, 78% of the chiefs agreed or strongly agreed with the idea of creating an EMS administration comparable to the U.S. Fire Administration "with a mission to support, fund and guide EMS."

The *Preliminary Review* of the chiefs' summit states: "Based on our initial analysis,

it would be our recommendation that [the EMS administration] reside in DHS," echoing a 2005 report from GWU/HSPI that shook up the EMS community by strongly advocating development of an EMS administration within DHS. During the strategy sessions, the chiefs tasked NEMSPI to work with them and the group's steering committee on beginning to implement a strategy to make the EMS administration a reality.

As part of NEMSPI, GWU/HSPI will hold a second summit next spring when representatives of national EMS organizations and federal agencies will join the EMS chiefs. "The goal of the second summit will be to take the strategies developed at the first summit and plan how to put them into action," Lord says. "Our hope is that this will give some guidance to the EMS community and the federal government."

GWU/HSPI will also set up a NEMSPI listserv to allow the chiefs to continue their dialogue. "Everybody now has everybody else's [contact] information, and there's interest in ... staying in touch and sharing best practices," Callsen says. —Mannie Garza

Paramedics Participate in \$36 Million Cardiac Study

Paramedic judgment and ECG interpretation skills play critical roles in a large prehospital study to determine if an inexpensive, generic mixture of glucose, insulin and potassium (GIK) can prevent or lessen the effects of an acute myocardial infarction (AMI).

In the next few months, paramedics in parts of Massachusetts, Texas and Wisconsin will begin using 12-lead ECGs and their judgment to identify patients having (or who appear about to have) an AMI. For such patients, they will start an IV infusion of GIK, which will continue in-hospital for 12 hours.

The researchers involved in the IMMEDIATE Trial (short for Immediate Myocardial Metabolic Enhancement During

QUICK TAKES

Two Antidotes in One

The FDA recently approved marketing of a dual-chamber auto-injector containing pre-measured doses of atropine and pralidoxime chloride—two antidotes to chemical nerve agents and insecticide poisoning. The auto-injector, Duodote by King Pharmaceuticals/Meridian Medical Technologies, is expected to be available in early 2007.

Too Much Caffeine?

The next time you encounter chest pains and heart palpitations—in a patient, a co-worker or yourself—consider the possibility of caffeine abuse. In a study presented at the American College of Emergency Physicians meeting in October, researchers at Northwestern University found 265 calls to the Chicago Poison Control Center in three years involving caffeine supplements, with 31 of those calls resulting in hospital admission, 20 of them to an ICU. The average age of the patients: 21.

Initial Assessment and Treatment in Emergency care) also expect to add paramedics from one or two of the nation's largest EMS systems to the study. The goal is to enroll 15,450 patients, which will require paramedics to use 12-leads to screen approximately 80,000 chest-pain patients within the next two years.

In-hospital studies conducted abroad have shown GIK decreased AMI mortality by 28–48%. (For references and other information, visit www.immediatetrial.com.)

“Previous studies suggest that [GIK] during a heart attack may reduce irregular heart beats, slow the progression from unstable angina pectoris to heart attack, limit the size of the heart attack and increase the benefits from coronary perfusion treatments and reduce mortality,” the researchers note on the study’s Web site. Previous research also indicated that the earlier a patient starts with a GIK infusion, the better.

The use of GIK wasn’t fully explored until now, as the National Institutes of Health’s National Heart, Lung and Blood Institute steps up to the plate with \$36 million for the

study. “We are relying on the paramedics, who must be able to do a 12-lead ECG on appropriate patients and properly interpret that 12-lead ECG,” says IMMEDIATE Trial Co-Principal Investigator and Project Director Joni R. Beshansky, RN, MPH. “The paramedics must use their judgment and think the patient is having an MI.”

Every regional committee involved in the study includes paramedics who have helped develop study protocols and training modules. According to Joseph Schepis, BS, EMT-P, paramedic coordinator for the IMMEDIATE trial, the paramedics feel “truly involved” in the study.

“We will be gathering a lot of data to see how well paramedics detect an infarction,” says James M. Atkins, MD, director of emergency medicine at University of Texas, Southwest Medical Center in Dallas, former medical director of the Dallas Fire Department and a regional principal investigator for the IMMEDIATE Trial. “This study could change the EMS landscape, because we will have proven that paramedics can do this.”

—MG



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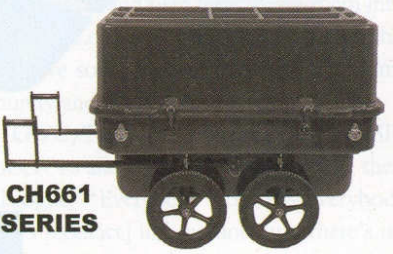
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