California County Puts AutoPulse on Hold

Few new devices have created as much excitement in the EMS community as the AutoPulse Non-Invasive Cardiac Support Pump, which made its debut in EMS trials in 2003 and received FDA approval in March 2004. Hundreds of EMS response vehicles now carry the device, and it has been used on thousands of patients. But on July 15, the Riverside County (Calif.) EMS Agency notified county EMS personnel that they were not to use the AutoPulse “until further notice.”

A day earlier, paramedics from the Palm Springs Fire Department (PSFD) in Riverside County had used the AutoPulse in an attempt to resuscitate a 77-year-old man who had been pulled from a swimming pool. After the man was declared dead at a local hospital, the county medical examiner conducting a preliminary autopsy raised concerns.

“We put the device back on the individual, and it lined up exactly [with] the broken bones and other injuries he had suffered,” Riverside County Sheriff Bob Doyle, who oversees the county coroner’s office, told the Los Angeles Times.

Riverside EMS Agency Director Michael Osur, EMT-P, MBA, noted that patients frequently have ribs broken during traditional CPR, which had been performed on the man in Palm Springs before the AutoPulse was applied. However, Osur added, this patient also had a “fracture of T-9, which is unusual, but not unheard of, during CPR, and it looks like that lined up with the bottom of the [AutoPulse] board, but we don’t know for sure.”

Robert Minicucci, corporate communications manager for ZOLL Medical Corp., which last year purchased Revivant, the company that developed AutoPulse, says, “We have no reason to believe that the AutoPulse contributed in any way to [this patient’s] unfortunate injuries that resulted from his attempted resuscitation. The AutoPulse has been used on thousands of patients, many of whom have survived cardiac arrest, and we have no reports that it has caused any significant trauma or serious injuries during use.”

In June 2004, five EMS systems in the United States and Canada began a large study, the AutoPulse Assisted Prehospital International Resuscitation Trial, to determine whether the $15,000 device significantly improves the rates of survival to hospital admission and discharge when compared with traditional CPR. Although the one-year study led by the University of Washington intended to enroll approximately 2,330 patients, investigators suspended the trial in March after one of the five sites found better outcomes with manual CPR.

Researchers are trying to determine if paramedics at that site used different techniques than their counterparts at other locations,” Minicucci says.

CONTINUING THE LEGACY

Remembering Jim Page

JEMS founder James O. Page, one of the most influential EMS leaders in America, died one year ago, on Sept. 4, 2004. Although Jim had retired from Jems Communications in December 2001, he continued to support EMS providers and firefighters, writing and speaking about important public safety issues. Jim was also a founding partner in Page, Wolfberg & Wirth, a national law firm specializing in emergency services law with offices in California and Pennsylvania, and he served as a strong advocate for individual providers.

Among his many honors, Jim was the recipient of the first annual James O. Page EMS Achievement Award from the International Association of Fire Chiefs in 1995, a fitting recognition of his life’s work. He was also named one of the most influential EMS leaders of the 20th century by Fire Chief Magazine in 2000.

On Oct. 19, 2004, the American College of Emergency Physicians (ACEP) presented the Outstanding Contribution in EMS Award to Jim posthumously because of his many contributions to EMS that were nationally significant in application or scope. Jim’s sons, Captain Andy Page of the Poway (Calif.) Fire Department and Tom Page, a professional photographer in San Diego County, accepted the award on their father’s behalf.

In presenting the award, ACEP President Robert E. Suter, DO, MHA, FACEP, said, “This year, the Awards...
Committee broke with tradition and selected a non-physician to receive the Outstanding Contribution in EMS Award: James O. Page, an amazing man who worked creatively and tirelessly for more than 30 years to improve prehospital care.” ACEP credited the founding of JEMS in 1979 as Jim’s “farthest-reaching impact on EMS.”

Commenting on Jim’s selection for the award, Garry Briese, executive director of the International Association of Fire Chiefs, said, “Jim was an icon. … He started articulating the issues of EMS in the fire service and never let up. He did his best to keep us honest with how we provide emergency medical services.”

Groups, such as the National Association of EMS Educators (NAEMSE), have moved ahead with efforts to preserve the legacy of Jim Page by establishing awards and lectures in his name, and dedicating training centers and EMS stations in his honor.

For example, at the 10th Annual NAEMSE Educational Symposium & Trade Show in San Antonio, Sept. 6–11, 2005, NAEMSE will present a special Jim Page Memorial Symposium Scholarship to EMS educator Cheryl Blazek. On Sept. 8, at 9:15 a.m., Walt Stoy, PhD, will present NAEMSE’s first annual James O. Page Leadership Lecture: Zen and the Art of Education.

In addition, the Emergency Health Services Master of Science Program at Danube University, in Krems, Austria, is dedicating their 2006 multi-national paramedic training program to Jim’s memory.

James O. Page Charitable Foundation: Earlier this year, a number of Jim Page’s colleagues, friends and family members came together during the EMS Today conference in Philadelphia to establish The James O. Page Charitable Foundation.

Formed as a not-for-profit corporation, the foundation’s mission is to continue Jim’s leadership, legacy and life’s work by improving EMS, fire services, public health services and public safety services while advancing these professions.

Headquartered in Mechanicsburg, Pa., through office space donated by Page, Wolfberg & Wirth, the foundation has a two-part governing structure, including an Advisory Board and Executive Committee. Officers elected in March 2005 include Bill Atkinson, chair; Doug Wolfberg, president; A.J. Heightman, secretary; Steve Wirth, treasurer; and at-large members Jane Page (Jim’s widow) and Keith Griffiths. Projects currently under discussion include:

1. Development of a National EMS Research Library based at one or more educational institutions to house the writings, research, literature and personal papers of James O. Page;
2. Funding of research on cardiac care, EMS system design, and other clinical and operations issues; of special interest is work related to sudden cardiac death;
3. Efforts to expand the availability of AEDs in public venues;
4. The provision of support for “brick-and-mortar” efforts to preserve EMS and fire service history; and
5. Scholarships for students involved in EMS and public safety training and education.

For more information on The James O. Page Charitable Foundation and ways you or your organization can help carry on Jim’s legacy, visit www.jamesopage.org, currently under construction, or call 888/4JOPAGE.

**NAMES IN THE NEWS**

**Kaniewski Named to Homeland Security Council**

The newest member of the Homeland Security Council comes from an EMS background. Before being named the new director of response and recovery July 26, Daniel J. Kaniewski spent three years at The George Washington University, where he was executive director of the Center for Emergency Preparedness and deputy director of the Homeland Security Policy Institute.

Kaniewski is an NREMT-P with significant EMS and firefighting experience. He has a BS in EMS, a master’s in national security studies and is working on a PhD in public policy and administration. The move to government service put him back in familiar territory. He previously served as liaison and consultant on terrorism, WMD and related homeland security issues to the Federal Emergency Management Agency for Congressman Curt Weldon (R-Pa.) and J.C. Watts (R-Okla.).

The afternoon he left GWU, Kaniewski took a few moments for a phone call. He said he was looking forward to the job and to seeing “what happens when I start tomorrow.” JEMS looks forward to hearing more about Kaniewski’s position after he settles in. —Ann-Marie Lindstrom

**Talking with Laerdal President & CEO David Shelton**

In May, Laerdal Medical Corp. announced that David Shelton would be taking the reins as the company’s new president and CEO. “It’s all about the team and the passion to save lives,” says Shelton, commenting on the culture that Laerdal shares with EMS providers the world over.

Shelton graduated from Ohio State University with a degree in biological sciences and immediately got into the medical device business. He says he graduated “out of sync,” so—because he had some time to fill before graduate school—he went to work for a blood-flow meter manufacturer in sales. He found that he enjoyed medicine from the business side and never looked back.

Before joining Laerdal, Shelton worked at Medtronic Physio-Control for approximately 20 years and spent several years at Inovise Medical. Despite a 30-year career in the business, Shelton still found the “breadth of products somewhat surprising” when he joined Laerdal. He cites Create-a-Lab, the company’s simulation laboratory, which he calls “fun and amazing.” He says, “People seem to learn best by doing. Simulations allow clinicians to touch patients and get feedback.” Laerdal is a leading provider of EMS training products, including many simulation devices.

Shelton doesn’t see the need to make major moves in the company, although he jokes, “I’ll have to make some changes to earn my paycheck.” His mission is to “look at what we have, take those things and make small improvements, [and] foster the environment that allows people to
implement their ideas. The people [here] probably already know how to do their jobs better, but need to be empowered. I’ve never believed people should check their brains at the door when they come to work.” An area where he expects to see emerging technology is improvement in CPR training. “What can we do to get more people trained? How can we make it easier?” He mentions the possibility of offering self-training products people could use in their own living rooms. Tools that would allow people to get feedback that they’re doing things right could be among the “better products in the future that will help people save lives.”

Founded in 1940, Laerdal has more than 27 offices and 1,000 employees worldwide. For more information, visit www.laerdal.com.

—AML

What You Should Know about ... Avian Flu

In 2003, the focus of the United States and most of the world was on the global war on terrorism. Meanwhile, a new virus was emerging in Asia. In February 2003, a global outbreak infected 8,096 persons and killed 774. That new virus, subsequently named the SARS-associated coronavirus (SARS-CoV), caused severe acute respiratory syndrome (SARS). It significantly affected EMS in Toronto and much of the province of Ontario. The United States, for the most part, was spared.

Avian influenza, a viral illness that primarily affects birds, has been known to exist for some time. However, in 1997, several cases of human avian influenza were identified. For the first time, the virus had jumped from one species to another. In these cases, there was almost always a history of contact with poultry or contaminated surfaces. The disease killed 23 of the 34 people infected. As with SARS, the avian influenza outbreak first began in Asia. A few cases of the disease were subsequently reported in a number of countries, including the United States (two in Virginia in 2002 and one in New York in 2003).

Recently, an outbreak of avian influenza virus H5N1 occurred in poultry in Asia. Some human infections have been subsequently reported. Further, reports indicate the virus has spread to Russia and Northern Kazakhstan and is possibly spreading westward through Europe. Although the H5N1 virus is primarily limited to birds, influenza viruses regularly mutate, and, as noted, the virus has already been documented to jump species. Epidemiologists say the virus is mutating and could develop the ability to spread easily from person to person and kill millions of humans in a flu epidemic. The United Kingdom is planning to have a major tabletop planning operation in September to determine how to respond to an influenza epidemic should the virus jump species as anticipated.

The Centers for Disease Control and Prevention in Atlanta are watching the virus closely. A vaccine has been developed and tested in a small group of adults under age 65 and found to be effective. But the vaccine is grown in chicken eggs and can take months to develop. Thus, having a vaccine for an avian flu outbreak within the next year seems unlikely.

As we learned from the Toronto SARS experience, EMS providers are on the front lines in the event of an epidemic. A significant number of Toronto paramedics were exposed to the SARS virus before isolation measures were taken—and several were infected. Why is EMS in the United States not part of any planned response to a possible avian flu outbreak? Why don’t we have a weekly report to EMS managers and medical directors on the status of this threat? As EMS providers, we need to be aware of what problems are possibly coming so we can plan accordingly. The war on terrorism is important but should not overshadow other possible threats to the safety and welfare of EMS providers and the population as a whole.

Please, stay current on avian flu as it progresses across Asia and Europe. Begin now to work with your local public health officials to prepare for a possible epidemic or pandemic. EMS providers should no longer be at the bottom of the pecking order when it comes to receiving important public health information.

FAST FACTS
What is it? Avian flu is a viral infection that primarily affects birds but has jumped across species in (thus far) limited numbers to affect humans.

How is it transmitted? Presently, avian flu is transmitted by birds through saliva, nasal secretions and feces. Human-to-human transmission modes remain unknown.

What are the symptoms? Avian flu presents in humans similarly to type A influenza (the “flu”), with fever, cough, sore throat, muscle aches, eye pain, pneumonia and possibly other conditions. The mortality rate in humans appears higher than with most flu strains.

How is it treated? The avian flu virus appears to be a type A influenza virus and, thus, should be responsive to antiviral medications. However, these medications tend to only shorten the course of the disease or lessen symptoms. Drug resistance through mutation is always possible. A vaccine, if developed, should be effective, although antigenic drift and spontaneous mutations in this family of viruses are common. For additional information, visit these Web sites:

- www.cdc.gov/flu/avian
- www.who.int/csr/disease/avian_influenza/en
- www.birdflu.gov.sg

—Bryan E. Bledsoe, DO, FACEP

Note: John Sinclair, IAFC EMS Section chair, will present a lecture on the preparations that services should take to treat Asian flu patients at EMS Today 2006 in Baltimore.
ICE creator Bob Brotchie, a paramedic with East Anglian Ambulance Service in Hellesdon, England, told the Orlando Sentinel that he developed the concept due to the lack of next-of-kin details available in the field.

The practical application of ICE is complex. James Lambreg of Minneapolis asks JEMS, “What if ICE is a friend’s nickname?” Other providers ask, “What if unauthorized users gain access? What if the person contacted becomes hysterical, distracting you from patient care? How do we train emergency personnel to access the directory of names in the multitude of available cell phone models?”

Despite these concerns, advocates are helping the initiative spread like wildfire via the Internet, listservs and the media. “If we, as first responders, try to get the word out to the media and the public, the idea may catch on,” says Ed Keeser of Atlanta, Texas.

Adding to the media frenzy is the growing industry support. The Florida Fire Chiefs Association endorsed ICE in late July, and Holly Hill (Fla.) Fire Rescue was one of the first agencies in Volusia County to adopt it. But while some Volusia departments begin to implement ICE, others in the industry aren’t so quick to follow suit.

“The paramedics of EVAC Ambulance [in Volusia County] are very concerned that the media hype surrounding this fad/initiative may cause the elderly ... to believe that they have to enter their medical information in a cell phone to save their life,” EVAC spokesperson Mark O’Keefe told the Orlando Sentinel.

Providers in other states share this concern about public vulnerability. Agnes Galiano, MPA, NREMT-P, of Philadelphia recommends the development of international standards, saying, “The last thing we want is improper use of information and placing anyone in harm’s way because they were conned into giving out their address.”

In addition to patient safety, MCI expert and JEMS Editor-in-Chief A.J. Heightman, MPH, EMT-P, also worries about provider safety and contends that we teach personnel not to go into the pockets of unconscious patients because of the risk of needles and other sharps. He also points out cases of cell phones modified into detonation devices and guns that make the ICE concept hard to back.

Beyond the practical obstacles of the ICE idea, many providers express concern about its legality. According to Douglas M. Wolfberg, Esq., attorney and founding partner of Page, Wolfberg & Wirth LLC, a national EMS, ambulance and medical transportation industry law firm, emergency personnel shouldn’t fret about HIPAA violations due to ICE contacts.

“The ICE question invokes one of the more convoluted sections of HIPAA, but ... the Privacy Rule seems to suggest that a health-care provider ... can reasonably infer from the circumstances that a designated ICE con-
tact is someone the patient wishes to have involved in his or her health care in the event of a medical emergency,” explains Wolfberg. “In these cases, it would be hard to argue that an EMS provider ... knowingly and willfully violated HIPAA.” (To read Wolfberg’s entire commentary, “The ICE Debate: HIPAA Considerations,” visit www.jems.com/jems/ice.)

Wolfberg’s partner, Steve Wirth, Esq., EMT-P, adds, “A few comments indicate concern over a ‘higher expectation’ that the public would have of us if the word gets out about ICE. So what? Any effort to use the ICE number by EMS would simply be seen as going above and beyond the normal duties of the EMT or paramedic—providing value-added service.”

Both Wolfberg and Wirth recognize that due to the priority of patient care, it’s not always sensible to try accessing an ICE number, but they expect providers to understand their priorities and put the entire patient care situation in the proper perspective.

Putting ICE into perspective involves time. Lee Chambers, REM, RHCM, EMT-B, of Mobile, Ala., asks, “When working a scene, what paramedic has time to find a patient’s phone and look up a number?”

Hospital-based emergency physicians seem to agree. “The prehospital time window is relatively small in most cases, so where are our medics’ energies best spent?” asks Edward T. Dickinson, MD, FACEP, NREMT-P, of Philadelphia, JEMS medical editor.

Corey M. Slovis, MD, FACP, FACEP, of Nashville, Tenn., adds, “I like the concept. However, I don’t think it should be the responsibility of EMS. Also, only dying or unconscious patients should have their phones checked in the [emergency department] when everything else has failed to provide information.”

Some have other solutions: “Medical information [could be] stored on a secure Internet location, so the ED physician can access the data, including names and numbers of emergency contacts,” says Marc Eckstein, MD, FACEP, of Los Angeles.

With so much controversy, where does a department—or the public—turn for information and guidance? Start with the Los Angeles Fire Department, which posted a new section on its Web site (www.lafd.org). It advises people to add ICE to their cell phones only after they’ve “affixed similar information to (or near) the official photo identification you routinely carry in your wallet.” EVAC agrees, and also strongly encourages the use of other proven systems, such as the Medic Alert bracelet.

The bottom line: ICE is a potentially helpful tool in the minutes and hours that follow an emergency, but it should not affect the priority of delivering patient care in a safe environment.

—Lisa Bell, Assistant Editor
In Memoriam ... 3 Die in Helicopter Crash

A medical helicopter that had just helped search for a missing rafter and was en route to help an injured logger crashed in the mountains of southwest Colorado June 30, killing the pilot and two medical crew members.

Scott David Hyslop, 33, a paramedic and firefighter; William “Pod” Podmayer Jr., 49, a flight nurse; and James Philip Saler, 40, the pilot, died when their A-119 Koala helicopter crashed about 11 miles northeast of Mancos, Colo., officials reported. The aircraft was based at Mercy Medical Center in nearby Durango, Colo., and was owned by Tri-State CareFlight LLC, of Bullhead City, Ariz.

About 300 medical and law enforcement personnel, family, friends and townspeople attended a memorial July 6 for the crew, says medical center spokesman David Bruzzese.

“These three individuals touched many lives, not only in the literal sense with the people they treated in the community,” Bruzzese says, “but with friends and neighbors. They were very loved. It was really difficult when we first found out.”

Podmayer had been a nurse for 20 years at Mercy Medical before he joined CareFlight, says Bruzzese. He was also known for organizing staff and family outings and cookouts. Saler was a retired Army chief warrant officer who had served in Panama, Macedonia, and Iraq, where he’d been a pilot with the 571st Medical Company Air Ambulance. Hyslop was a Durango Fire & Rescue Authority firefighter and paramedic and was a mountain climber, biker, skier and hiker.

The crew had been sent to help search around nearby Farmington, N.M., for a missing rafter. After spotting and reporting the rafter’s body, the helicopter refueled in Durango about 12:34 p.m., says Arnold Scott, senior air safety investigator for the National Transportation Safety Board in Denver. They were then called to a logging accident at 12:42 p.m.

Firefighters on the ground said the helicopter was about a half-mile away and about 200 feet up in good weather when it crashed. “They just said it kind of dropped out of the sky,” says Lt. Steve Harmon of the Montezuma County (Colo.) Sheriff’s Department. The aircraft hit in a meadow at about 9,700 feet altitude, bounced, spun and hit again. No one reported seeing smoke or debris come out of the helicopter before the crash, and there was no evidence that it had hit a utility wire.

A few days after the accident, Scott said the only thing he’d ruled out was airframe failure. He said he
and the manufacturer will examine the engine as soon as possible.

A preliminary NTSB report said all four rotor blades, the actuators and link rods were all still attached to the rotor hub when investigators examined the wreckage.

Tri-State officials did not return calls for comment on the future of the program.

A medical helicopter from Farmington was called in to transport the injured 48-year-old logger to Denver for treatment.

Bruzzese says the helicopter program had begun just a year before the crash, but the hospital intends to continue it and to add a landing pad at its new center, now under construction.

—Steve Shoup, NREMT-I


Richard Friend Succumbs to Cancer

Emergency!, the TV show credited by many with spreading the demand for EMS across the country in the 1970s, recently lost an old friend. Following a five-year battle with multiple myeloma, Richard Friend, 75, died in Long Beach, Calif., June 24.

In 1971, Friend was public information officer for the Los Angeles County Fire Department (LACoFD) when he got a phone call from producer Bob Cinader, who was interested in the department’s new paramedic program. Friend met with Cinader and introduced him to Jim Page, who became intimately involved in the development of the television series. That was the beginning of Emergency!

LACoFD appointed Friend production coordinator. He performed final script review, oversaw fire scenes, ordered apparatus and personnel, and recruited paramedics to serve as technical advisors. He even appeared in at least one episode.

Friend’s daughters, Laura and Linda, describe him as passionate about his work. His experience with the fire service started when he was 14, and he retired from LACoFD in 1984. Along the way, Friend also had a career in the news business, working for the Press Telegram and the Los Angeles Times-Mirror.

For more information about Friend, including his entertaining account of a cross-country tour in Engine 51 to promote Emergency!, visit www.emergencyfans.com.

—AML

Correction

The “Electronic Accessory Round-Up” in August JEMS included an incorrect phone number for Timberwolf Sirens. The correct number is 909/881-5241.

JEMS regrets the error.

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