Volume Ten, Issue 4

DIRECTOR'S WORDS

I would like to thank everyone within in the EMS and Trauma communities for their hard work. Compliance is at an all time high; Inspections are going extremely well; and most importantly, complaints are at an all time low. I hope that we will all continue to work well together and keep up this level of excellence.

Dennis Blair, Director
Office of EMS & Trauma

SPECIAL THANKS FROM DR. JOHN CAMPBELL

I would like to offer my heartfelt thanks to the many friends in the EMS community who supported me with your kind words and prayers during the recent terminal illness of my beloved wife of 35 years. You have been and continue to be a comfort to me in this time of sadness.

STATE EMS MEDICAL DIRECTOR'S REPORT

The statewide trauma system implementation continues. BREMSS and North Regions continue to be operational. All hospitals in the Gulf Region have been surveyed and the prehospital provider education is nearly complete. Hopefully Gulf Region's trauma system will be operational by late August or September. The hospital surveys in the East Region should be completed this month and the prehospital education is currently in progress. East Region should be operational by late September. Southeast Region is doing prehospital training now but the hospital surveys will not begin until August. West Region is still developing its Regional Trauma Advisory Committee.

The State Emergency Medical Control Committee met June 2nd and accepted 45 changes to the Patient Care Protocols. These include making hemostatic agents and CPAP required and adding Ondansetron (Zofran) for vomiting. These protocols have now been accepted by the State Committee of Public Health, will be published as the 5th edition, and will be posted on the EMS website by late July. At that time, protocol update education material will be available and must be completed by October 1st.

Please note that in each two year license cycle, every EMT with an "Active" license must have the full protocol review, not just update, to include oral scenario testing and skills competency testing. The skills competency testing includes chest decompression, Adult IO, CPAP, endotracheal intubation, and use of blind insertion airway devices.

There have been some complaints that CPAP uses a tremendous amount of oxygen and on an extended transport can use up all of the oxygen carried on an ambulance. I reviewed a study of the common CPAP devices and there are two disposable devices currently available; Boussignac and O2-RESQ by Pulmodyne. Of these two devices, the Boussignac will drain a D-cylinder in a little over 13 minutes while the O2-RESQ will last about 30 minutes. The more expensive PortO2Vent and WhisperFlow Low Flow will each drain a D-cylinder in about 44 to 45 minutes. So if you frequently make long transports, it may be worth it to purchase either the WhisperFlow Fixed Low Flow (about $500) or the PortO2Vent (about $900).

DEPUTY DIRECTOR'S REPORT

Pandemic Influenza

All Disasters begin at the local level. As emergency planners, that is what has been drilled into our heads over and over. This mantra serves us well during severe storms, floods, tornadoes, and hurricanes. But it does not work that way for a pandemic. On the matter of a pandemic, the government goes so far as to state the reverse; we are not coming! After you take into account that a pandemic affects everyone at the same time, you can understand that reasoning and we all should heed this potential occurrence with careful consideration and proper planning.

The economy, wars, politics, summer vacations and other things have obviously distracted us when it comes to remembering that we're still dealing with an influenza pandemic. The Swine flu, or as it is being called by the experts, the H1N1 Influenza, is very much still alive and well. Experts feel that it has the potential of becoming a much larger problem this coming fall as our cyclical flu season returns. They have also predicted that 30% of the world's population will be infected by the end of 2009. A little closer to home, that means 1.3 million Alabamians will be infected.

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What we don't know is what the severity of the pandemic will be by year's end. The death rates have been low in comparison to the pandemic of 1918, but that could change easily as this strain mutates.

Recommendations are for each EMS agency and person to plan and prepare for this event now. Each agency must develop a Continuity of Operations Plans (COOP); What will you do if your personnel become ill? Has your agency developed influenza response protocols? What are the local dispatch protocols? How will calls be handled when there is no one to send? What are your medical control facilities protocols? How do they affect your operations? What are your return-to-service protocols for crew members and infected units? Do you have enough PPI to protect your crews if a prolonged scenario occurs? How many questions are there that need to be answered? Only you know.

Now that you are reminded that the H1N1 will be back with a vengeance, all disasters begin at the local level, and that no one is coming to help, what are **you** going to do about it? We cannot afford to put pandemic preparedness off for another day. The ADPH Center for Emergency Preparedness web site, www.adph.org/cep, contains a great deal of pandemic influenza information. The CDC website is another good place to find preparedness information. Please take this planning seriously.

Parking Patients

The Centers for Medicare and Medicaid Services defines "parking" as: the practice of not allowing an EMS crew to transfer a patient from their stretcher to the hospital's gurney requiring the crew to attend to the patient's needs for an extended period of time within the health care facility. "This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in the community. Additionally, this practice may also result in a violation of

> **§ 482.55 Condition of participation: Emergency services.** The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.
>
> (a) *Standard: Organization and direction.* If emergency services are provided at the hospital—
>
> (1) The services must be organized under the direction of a qualified member of the medical staff;
>
> (2) The services must be integrated with other departments of the hospital;
>
> (3) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.
>
> (b) *Standard: Personnel.*
>
> (1) The emergency services must be supervised by a qualified member of the medical staff.
>
> (2) There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility. **(Quoted from the National Archives and Records Administration Code of Federal Regulations – Title 42: Public Health, Volume 2, Chapter IV, Part 482.55 Condition of Participation: Emergency Services.)**

If you believe this is occurring with your service please let our office know about it.

CPAP

Continuous Positive Airway Pressure (CPAP) devices were passed as required equipment for all licensed ALS provider services at the June 2009 State Emergency Medical Control Committee (SEMCC) meeting. The Office of EMS and Trauma has been providing free CPAP for ambulance services through the regional agencies for the past two years and there may be some CPAPs still available. This equipment must be on board all ALS units beginning October 1, 2009. Dr. Campbell provides some insight into various CPAP models in the State EMS Medical Director's section of this newsletter that may help you determine which type to purchase. If funds are available, we will continue to offer equipment grants through the regional agencies next contract cycle.

Alabama e-PCR

It appears that most agencies have finally stabilized in reporting their patient care reports through their NEMSIS compliant software. Change is always difficult and this office appreciates the effort by everyone to endure the learning curve and extra effort to submit these electronic records.

The State Quality Improvement Committee is in the process of identifying a number of data points that should be analyzed using the data submitted. So far the list includes, but is not limited to: Airway Success vs. Failure, Frequency of Pediatric Cardiac Arrests, Number of RSI Performed Statewide, Number of Vehicle Malfunctions While on EMS Call, Frequency of Vasopressin, Amiodarone, Rescue Airway Device, Airway Confirmation Device, Farm Accidents, On Scene Medical Control, Hazmat Encounters, Call Volume by Region, Scene Times (To Scene, On Scene, From Scene to Patient Destination), and Trauma System Entry Criteria Data-Related Issues. We will begin reviewing this information very soon. Our intent is to provide you with reliable and factual data you can use to improve EMS care. We hope to be able to report this information (and more) on at least a quarterly basis.

Obviously, the work and changes that can be affected to improve EMS in Alabama has a direct bearing on the completeness and validity of the data EMS personnel enters. We already know that there are many records being submitted that are incomplete, not valid and essentially useless because some have found short cuts and don't care enough to do it right. Regardless of why someone chooses to act this way, it is a poor reflection on our profession.

The provider service itself has an obligation to ensure the electronic records are completed, but it is ultimately the responding EMS person's sole responsibility to ensure the incident is documented accurately and completely in the report. You must understand that how you document these legal medical records (paper or electronic) represents the medical care you did or did not provide to a medical patient, emergency

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or otherwise. Furthermore, this document can be used for or against you in a court of law or before a Public Health Hearing Officer. Will your paper and electronic records save or harm your career?

As a final reminder, please contact Chris Lochte or Craig Dowell anytime your system goes down or you have an interruption that may last for several days. Simply letting us know allows us to provide support help if we can and it keeps us from assuming the wrong intent. They can be contacted at 334-206-5383 or emsis@adph.state.al.us

Protocols

The State Emergency Medical Control Committee and the State Committee of Public Health have approved the most recent version of the EMS protocols. The Alabama 5th Edition Patient Care Protocol Education and Updates 2009 will be published very soon and posted on our website www.adph.org/ems Please make sure you download all documents as well as the administrative requirements documents. Some educational components and requirements have changed and the last thing we want it to do a lot of unnecessary work for no reason. Dr. Campbell will be completing the DVD version of the training within the next few weeks and it should be available by August.

New Service Orientation Begins

The Office of EMS and Trauma has begun a process for requiring an orientation for new provider services prior to becoming licensed. The process requires that at least two licensed personnel representing the applying agency attend an orientation in Montgomery. The orientation takes about six hours and includes the e-PCR training, a rules review, and an exit interview with the Director, Mr. Dennis Blair. Mr. Blair stated that the abnormal occurrences of noncompliance and rules violations from existing service prompted him to institute this requirement. He feels this will help the provider service better understand the regulatory obligations and responsibilities they have and lessen the possibility of future compliance violations. Mr. Blair also stated that he is considering requiring this orientation for current active provider services that continue to demonstrate noncompliance. The first new orientation service was held on July 8 with Brandy and Kevin Gilbert from Empire Fire & Rescue in Walker County.

Load and Go or Stay and Play

Based on the number of complaints received by the Office of EMS and Trauma every year regarding long scene times, it appears a lot of EMS personnel are not making prudent decisions when it comes transporting the patient in a timely manner. Investigations almost always reveal poor judgment as the root cause for the delay in transport decisions. Once you stand back its very difficult to justify working a full blown cardiac arrest into the third round of medications when the hospital is across the street. No one currently has an accurate count of how many times this is occurring per day, but conventional wisdom (and evidence) says most likely a lot.

It's understandable to want to perform all the procedures you were trained to do to save a life and that itself may be a fault of the current EMS educational philosophy. Every cognitive objective is designed to suport our scope of practice skills. Those skills and procedures are drilled into our heads ad nauseam to ensure that we function flawlessly under extreme stress. Somewhere in that educational process we have conditioned ourselves to think that we must do everything we have been trained to do before transporting the patient. There are studies that have already proven that more people are saved by BLS and rapid transport than ALS crews with the "stay and play" mindsets.

These incidents have become a real concern to the medical community and our State QAQI committee is very interested in monitoring these occurrences. As you process your decisions on an emergency call are you factoring in the scene time up front? Could procedures be performed during transport saving precious time? If you or your family were the patient what would you expect? Perhaps we need to recondition ourselves to include these questions during initial patient assessment and scene size-up. Do not allow emergency medical care that is not critical to definitive patient treatment cloud your judgment for immediate patient transport.

Modern Communications and Health Insurance Portability and Accountability Act (HIPAA)

By the time this newsletter is published someone will find another method to communicate in this already fast-paced, technology rich world we live in today. Personally, when I get home and read the paper or watch the news, I find everything is already old-news. One thing people in EMS need to keep in mind regarding communication technology is that it is against the law (HIPAA violations) to post information about patients, patient incidents, and pictures involving EMS patients. We'd like to remind you of this and encourage you to report any such violations of this nature to our office. You can twitter, text and Facebook yourself to the point you have no private life, but if get caught posting material on the internet that is considered HIPAA violations, get ready to pay the price.

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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.

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Emergency Medical Services
Advanced Airways by OEMST[1] Regions
1st & 2nd Quarter 2009[2]

Intubations[3]	Total	OEMST Region 1[1] (North)	OEMST Region 2[1] (East)	OEMST Region 3[1] (BREMSS)	OEMST Region 4[1] (West)	OEMST Region 5[1] (Southeast)	OEMST Region 6[1] (Gulf)	OEMST Region Unknown
1st Quarter '09*	701	115	65	82	25	162	135	117
2nd Quarter '09*	668	139	56	69	44	124	131	105

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, reported statewide data shows over 2,300 cardiac arrests compared to the 1,369 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.

*Calendar Year 2009
[1]OEMST = Office of EMS and Trauma Regional Designations.
[2]Data is current as of 07/23/2009 and is reflective of Electronic Patient Care Report (ePCR) data as compiled from the EMSIS Server database.
[3]Former 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 Tube, 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.

PROVIDER SERVICE NEWS

The provider license renewals for services in Regions 1(North), 3(BREMSS), and 4(West) have been completed. A total of 159 services renewed licenses and now have a June 30, 2010 expiration date. Thanks to each service who submitted their renewal application in a timely manner. The OEMS&T staff would also like to thank one of our own for her hard work in processing this large number of applications. Ms. Kembley Thomas has worked diligently over the last three months to make sure applications were complete and ready for renewal. The next chance you get to speak with Kem let her know you appreciate the effort and hard work.

Vehicle and service inspections continue at a brisk pace during the summer months. Speaking of summer, has it been hot enough for you in June and early July? It has been in Montgomery, and inspectors Vickie and Stephen have reported the same all across the state. During ambulance inspections, several units have been grounded due to inadequate air-conditioning systems and we have fielded numerous complaints concerning the lack of air-conditioning on ambulances. If an inspector finds a unit that does not have adequate air-conditioning, the unit will be grounded until proof of repairs is provided, or the unit is re-inspected.

Another on-going issue found during routine inspections is expired drugs. Drug boxes should be examined at least once a month. Our inspectors are finding too often that services are failing to do a monthly check of the drug box and its contents. A periodic referencing of the service I.V. Fluid/Drug Plan should serve as an adequate reminder to do this monthly check.

Based on feedback from the EMS community, the "Culture of Excellence" list has become a hit. While in the field, we have heard numerous, positive comments regarding the list and how rewarding it is for a service to be recognized for their hard work. The providers to make this issue's list are:

Albertville Fire Department
Daphne Fire Department
Eclectic Fire Department EMS
Greenville Fire Department
Gulf Shores Fire Rescue
MedStar EMS
Orange Beach Fire & Rescue

COMPLIANCE AND INVESTIGATIONS | MARCH - JULY 2009

Name	Complaint	Rule/Protocol	Action Taken
EMT – Basic/Driver	Impairment	420-2-1-.21	Rehab Evaluation
EMT – Paramedic	Impairment	420-2-1-.21	Rehabilitation Facility
EMT – Basic/Driver	Impairment	420-2-1-.21	Rehabilitation Facility
West Chilton Fire and Rescue	Unlicensed ALS Service	420-2-1-.04	Probation
Lanett Fire & EMS	Unlicensed EMT-Basic/Driver	420-2-1-.03	Probation
Pleasant Bay Ambulance Service	Unlicensed EMT-Basic/Driver	420-2-1-.03	Probation
Madison Fire & Rescue	Unlicensed EMT-Basic	420-2-1-.03	Probation
McCalla Area Fire District	Unlicensed EMT-Basic	420-2-1-.03	Probation
Odenville Fire and Rescue	Unlicensed Basic/Driver	420-2-1-.03	Probation
Pleasant Grove Fire & Rescue	Unlicensed EMT-Paramedic	420-2-1-.03	Probation
Southside Fire Department	Unlicensed EMT-I & EMT-Paramedic	420-2-1-.03	Probation
Hale County EMS	Unlicensed Ambulance Driver	420-2-1-.03	Probation
Conecuh County EMS	Unlicensed Ambulance Driver	420-2-1-.03	Probation
Anniston Fire-Rescue	Unlicensed EMT-Basic/Driver	420-2-1-.03	Probation
Directorate Public Safety Fire & EMS	Unlicensed EMT-Basic	420-2-1-.03	Probation
Gadsden Fire Department	Unlicensed EMT-I & EMT-Paramedic	420-2-1-.03	Probation
Guntersville Fire Department	Unlicensed EMT-Paramedic	420-2-1-.03	Probation
Lincoln Fire & Rescue	Unlicensed EMT-Paramedic/Driver	420-2-1-.03	Probation
Simmons Ambulance Service	Unlicensed EMT-Basic/Driver	420-2-1-.03	Probation
Phil Campbell Rescue Squad, Inc.	Ground Ambulance Issues	420-2-1-.10	No Action Taken
Arab Fire Rescue	Ground Ambulance Issues	420-2-1-.10	Ambulance Units Grounded x 2 *
Marshall Health Systems	Ground Ambulance Issues	420-2-1-.10	Ambulance Units Grounded x 2 *
Piedmont Rescue Squad	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Cherokee Emergency Medical Services, Inc.	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Gregs Ambulance Service	Ground Ambulance Issues	420-2-1-.10	Ambulance Units Grounded x 2 *
Desoto Rescue Squad	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Decatur EMS, Inc.	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded x 3*
Angel Ambulance	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded x 3*
Northstar Paramedic Service (St. Clair County)	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Gadsden Etowah EMS	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded x 9*
Rural Metro Ambulance Service (Etowah County)	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded x 3*
Winston County EMS	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
ASAP EMS (Clarke County)	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Coffee County EMS	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Amstar EMS	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded*
Highlands Medical Center	Ground Ambulance Issues	420-2-1-.10	Ambulance Unit Grounded x 3*

*Each ambulance service is required to notify the Office of EMS & Trauma in writing within 10 calendar days prior to placing any grounded ambulance unit back in service for transport capabilities.

Bottom Line: Do not operate any ambulance unit that has been grounded until you have received approval from the Office of EMS & Trauma.

Failure to comply may subject you to licensure action being taken which includes license suspension and/or revocation and may subject you to civil penalties set forth by the Code of Alabama, 1975. If you have any questions, please call (334) 206-5383.

Status report of the items we are working on through February 2010:

- We are working toward maintaining a full-time EMSC grant manager. This position in the past has been a part-time position.
- The Kwikpoint Tear Resistant English/Spanish Medical Visual Language Translators and the Pediatric Specific Protocol Flipbooks have been mailed to each of the six Regional Directors. The plan is to disseminate them at the next regional meeting.
- We are continuing with our EMSC Advisory Board meetings and are in the process of planning a face-to-face meeting in August in conjunction with a site visit from our coordinators at the National Resource Center (NRC) and the National EMSC Data Analysis Resource Center (NEDARC).

2007 Broselow Tape Edition A

A dosing error has been found on the 2007 Broselow Tape Edition A. The error states that the glucagon dosage for children 3-4-5 kg thru white zones should be 0.5mg/kg/dose; for children that fall within the blue through green zones the error states that the dosage should be 1 mg/kg/dose with maximum dose of 1 mg. The correct dosages for glucagon should read: Glucagon 0.5 mg (3-4-5 kg thru white zones) and 1 mg (blue thru green zones) (max. dose 1 mg).

The EMSC Program has ordered a shipment of 2007 Broselow Tape Edition B to replace the Edition A tapes. The Regional Directors will exchange the Edition B tapes for the Edition A tapes in the regions once they arrive. If you know for a fact that you have Edition A tapes, please email Katherine Hert the number of replacement tapes you need.

EMSC QuickNews – A Weekly Digest of Program Information and Activities

June 5, 2009 Issue – State Updates

New Mexico Releases Online Pediatric Emergency Training Modules – The New Mexico EMSC Program is now able to issue National EMS continuing education units (CEUs) for their pediatric modules which are valid in all states and territories. The 28 modules, including all of the school nurse emergency modules, will provide 28 CEUs for EMS providers. The modules are designed specifically for EMS providers; however, a Pediatric Trauma Curriculum has been designed for all provider levels (EMS through physician). To access the online training modules, go http://hsc.unm.edu/emermed/PED/emsc/training/training.shtml. You may also access the modules by visiting www.pediatricemergencytraining.com. There is a $5 maintenance fee per hour of continuing education. For more information, please contact Robert Sapien, MD at RSapien@salud.unm.edu.

Performance Measure Update:

We have submitted documentation to the NRC and the Health Resources and Services Administration (HRSA) showing where the Alabama EMSC program has met some of the performance measures.

1. **PM 67 - The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advanced life support (ALS) providers.**
   Status – We have met this performance measure with Section 420-2-1-.23 Re-license Education Requirements which states: "Some pediatric specific continuing education must be included in every two year re-license cycle for each EMT level."
2. **PM68b - The incorporation of pediatric representation on the State/Territory EMS Board.**
   Status – We have met this performance measure. It states in the Code of Alabama Title 22, Chapter 13, Section 22-18-5 (Advisory Board), Number 16 that one member designated by the Alabama Chapter of the American Academy of Pediatrics and in Section 22-18-40 (State Emergency Medical Control Committee) Number 4 that one member who shall be appointed by the Alabama Chapter of the American Academy of Pediatrics. Dr. Ann Klasner, Emergency Physician at Children's Hospital is our pediatric representative to the State EMS Advisory Board and the SEMCC.

Once all of the Pediatric Specific Protocol Flipbooks are delivered to the services, we will be able to submit documentation to NRC and HRSA that we have 100% Off-line Pediatric Medical Direction. At that point, Alabama will have successfully met 4 of the 10 Performance Measures without being fully funded.

EMSC Grant Update:

Katherine Hert will be attending the Developing Your State Partnership Proposal Workshop presented by NEDARC and NRC in September. In preparation for writing a competitive grant application, she is getting required documentation compiled in order to focus on the narrative section when the guidance is released. We are requesting Letters of Support from agencies throughout the state that are committed to furthering the goals of and partnering with the EMSC program to enhance the care of pediatric patients in the State of Alabama. If you are willing to submit a letter of support, please email Katherine Hert. She will send you a template and a deadline date for submission.

EMERGENCY MEDICAL SERVICES PERSONNEL HEALTH RISK

Miriam J Gaines, MACT, RD, LD
Nutrition and Physical Activity Director

Health issues are often "other people's problems" … until it is you lying in the hospital. As EMS providers you see the results of lifestyle choices that might have been prevented. Southerners have some of the highest rates of obesity, high blood pressure, heart diseases, diabetes, and cancers in the United States and these are diseases that are linked to the lifestyles we choose. Statically this means you or some of your coworkers are-or will be- facing these health problems.

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Lifestyle choices such as irregular eating and decreased physical activity are often the result of stressful situations. In listing situations that are considered stressful triggers, several surface which are "normal" routines for EMS employees. These routines such as missing meals and sedentary times followed by bouts of strenuous activity, can interact with personal health profiles, including being overweight, having elevated blood pressure, cholesterol, or blood sugar (diabetes) to cause serious health problems. In a series of articles, we will be covering irregular eating habits, physical demands, and sleep deprivation in more detail in order to provide information on interventions that can be implemented to prevent those heart attacks or other health tragedies.

In the information below is provided to help you determine some of your health risks. On common question is, "Are you at a healthy weight?" But how do you know if your weight is healthy? It can be confusing because a healthy weight for one person may not be healthy for someone else. One way to find out is to use the Body Mass Index (BMI) chart below. To use this chart, it is important to remember if you are very muscular, you will have a higher BMI number. Because muscle weighs more than fat, a muscular person may have a BMI that indicates obesity and really not be obese. However, BMI is a tool for the general public, and most people do not have too much weight due to muscles. (Think about who you see in the mall.) Keeping that in mind, use the chart below and find your BMI number, or visit "http://www.cdc.gov/healthyweight/index.html" for a computer based BMI program.

Find your height and then your weight to the right on the same line. Look up to the column heading to see your BMI number. The categories of weights are listed at the bottom of the chart.

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight					Healthy					Overweight					Obese				Extremely obese				
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Normal (BMI 18.5- 24.9): Your weight is probably healthy. But, if your body is mostly fat and little muscle you still may not be as healthy as you could be.

Overweight (BMI 25- 29.9): This range is less healthy for most people. Some people may be healthy and fall into this range if their body is mostly muscle and very little fat. If you fall into this range and your body is not mostly muscle your health may be more at risk.

Obese (BMI 30 and above): If you fall into these ranges you are most likely not at a healthy weight and are at a higher risk for weight related diseases such as diabetes and hypertension.

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Another way to see if you are at a healthy weight is to measure your waist. Your waistline may be telling you that you have a higher risk of developing obesity-related conditions if you are:

- A man whose waist circumference is more than 40 inches
- A non-pregnant woman whose waist circumference is more than 35 inches

Excessive abdominal fat, also called gut fat is serious because it places you at greater risk for developing Type 2 Diabetes, high blood cholesterol, high triglycerides, high blood pressure, and coronary artery disease.

If you fall above the normal weight range or your waist needs to be smaller, you can always get on the right track to a healthy weight by increasing your physical activity while eating a lower calorie, nutritious meal pattern. Be sure to talk to your health care provider about a plan for losing weight that is right for you. Visit http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm for more information.

Even if your weight is in a healthy range, eating a nutritious meal pattern and getting physical activity on a regular basis is important. Take the following quiz to rate your lifestyle:

On a typical day how many…

1. meals include at least ½ cup of fruit or vegetables? (French fries do not count.)
   _____a) 1 or less
   _____b) 2
   _____c) 3 or more

2. snacks include fruit or vegetables?
   _____a) 1 or less
   _____b) 2
   _____c) 3 or more

3. servings of whole grains do you eat? (1 slice of whole wheat bread, one ounce of cereal, and ½ cup of brown rice are examples of servings.)
   _____a) 1 or less
   _____b) 2
   _____c) 3 or more

4. colas, sweet tea, fruit punch/aid do you drink?
   _____a) 5 or more
   _____b) 2 to 4
   _____c) 1 or less

5. sweet or salty desserts/snacks do you eat?
   _____a) 5 or more
   _____b) 2 to 4
   _____c) 1 or less

6. hours of television do you watch?
   _____a) 5 or more
   _____b) 3 to 4
   _____c) 2 or less

7. miles do you walk?
   _____a) 1 or less
   _____b) 2 to 4
   _____c) 5 or more

8. how much physical activity do you get?
   _____a) I sit at the desk most of the day
   _____b) I take short walking breaks
   _____c) I am walking most of the day

In a typical week how many…

9. different kinds of fruits and vegetable do you eat?
   _____a) 4 or less
   _____b) 5 to 9
   _____c) 10 or more

10. stretching or flexibility sessions did you have? (Each session should last 5 to 10 minutes and must include all major muscle groups.)
   _____a) 1 or less
   _____b) 3 to 4
   _____c) 5 or more

Add up the points:
Count one point for each a) answer.
Count two points for each b) answer.
Count three points for each c) answer.

_____

21- 30 points- You have many good lifestyle habits.
12- 20 points- You have some healthy habits, but there is room for improvement.
Less than 11 points- Consider where you would make changes, and start today.

_____

Next quarter's newsletter will feature changes that can be made for healthier food choices.

The Alabama Gulf EMS System and Orange Beach Fire Rescue are cosponsoring the 2nd Annual EMS Education Conference

Location:
Orange Beach Community Center,
27235 Canal Road

Class Times:
Saturday August 29 2009
8:00am – 5:00pm

Sunday August 30, 2009
8:00am – 12:00pm

Seating is limited. Registration deadline is August 21, 2009. There will be no charge for the conference to EMS personnel living, working, or volunteering in Region 6. Only EMS CEU's will be awarded.

The following hotels have offered special rates for attendees:
Gulf Shores Holiday Inn Express – $109/ night.
Island House Hotel, Orange Beach – starting at $119.95 /night.
Sleep Inn Orange Beach – starting at $129.95/ night.

To sign up, please contact:
Office (251) 431-6418 • **FAX** (251) 431-6525
Mailing Address: AGEMSS, 2002 Old Bay Front Drive, Mobile, Alabama 36615
Email: agemss@usouthal.edu
University of South Alabama
Alabama Gulf EMS System
2002 Old Bay Front Drive
Mobile, AL 36615-1427

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