



# EMS UPDATE

*News from the Office of EMS and Trauma*

Volume Ten, Issue 5

## DIRECTOR'S WORDS

Building a culture of excellence in EMS continues to be a daunting task. I feel strongly that a key component in our pursuit of becoming a respected pre-hospital medical care profession is to walk-the-walk and not just talk-the-talk. There are many challenges affecting our efforts, but for now I will only discuss one. For this specific occasion, I have chosen to briefly discuss leadership in EMS.

Leadership is more than pointing a finger and directing someone to do something. Leadership involves a continuous assessment of responsibilities and actions. Are you leading by example, are you holding your responsibilities to the highest standard, and are you getting and seeing professional behavior from your EMS staff? If not, perhaps before you blame the shabbiness of your staff's attire, unprofessional behavior, and the poor condition of the EMS units on them, maybe you should look in the mirror. After all, you are their leader and their behavior is a direct reflection of your leadership.

Our inspectors are continuously reporting poor personal hygiene and EMS units in deplorable conditions. Some of the pictures they return to the office

with clearly demonstrate unacceptable attire and unit conditions. It is a poor reflection on the entire profession when the leadership allows these behaviors to go on day-to-day.

As Harry S. Truman, 33rd President of the United States was fond of stating, "The buck stops here". Just remember HERE is YOU.

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The 6 EMS Regional Offices contract with the Office of EMS and Trauma (OEMS&T) to perform specific duties as outlined in the contract. We would like to alert you to a few specific items that are required components of the Regions' quarterly reports. We also request that you comply with the Directors' request for this information especially considering each quarterly report is reviewed by the Alabama Department of Public Health (ADPH) Office of Financial Services and Dr. Donald E. Williamson, State Health Officer.

1. NIMS Compliance: all EMS personnel, working for licensed provider services, must be NIMS compliant within the 1st quarter of each fiscal year.

2. CPR Education: Monthly course to accommodate up to 30 students to guarantee that all EMS personnel who are renewing their license within the year are trained.

3. Protocol Updates: 100% of EMS personnel renewing their licenses are required to have protocol updates.

4. Full Protocol Education: 100% of all licensed EMS personnel are required to have Full Protocol education by January 31, 2010.

5. Continuing Education: All EMS personnel renewing their license are required to complete continuing education by January 31, 2010.

Your assistance in compiling this data and complying with the Regional Directors' requests is greatly appreciated!

**Respectfully,  
Dennis Blair, Director  
Office of EMS & Trauma**

## STATE EMS MEDICAL DIRECTOR'S REPORT

The H1N1 epidemic is already upon us and we must be prepared for it. The ADPH is in charge of immunizations and distribution of stockpiles of antiviral medication (Tamiflu & Relenza). The good news is that EMS is recognized as a critical part of the medical response and so will be given priority for H1N1 vaccine. The bad news is that it will probably be late October before the vaccine is available and though we were originally told the U.S. would have 160 million doses of the vaccine,

that number has been downsized to 45 million doses. This poses a real problem if this is all of the vaccine available. There will not be enough for everyone who needs it in Alabama and there will have to be priorities for who gets immunized. Certainly school children and those actively involved in providing medical care (including EMS) will be on the priority list but unless more vaccine becomes available there may not be any for the families of medical workers and

*Continued on page 2*

**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

perhaps none for public safety (fire and law enforcement). Many hard choices will have to be made. As I am over 64 years old, I am in one of the groups that will not be offered the vaccine.

The regular seasonal flu vaccine should be available immediately and can be obtained from your regular doctor. You should take this vaccination since seasonal flu is just as severe as the H1N1 flu. Remember, it is the Avian flu that has the high death rate and so far that has not appeared this year. The H1N1 flu immunization process, which will require two doses of vaccine (two weeks apart), will be under the direction of Public Health and the current plan is for EMS personnel to go to their local

health department to receive the H1N1 immunization. Their EMT license will be their ticket for the immunization, when the vaccine becomes available. I have no idea of the cost but it will probably just be an administration fee. We have discussed having paramedics helping with the immunizations but it is currently beyond the scope of practice and would require the Governor to declare a state of emergency to correct this. Realistically, the EMS folks are probably going to be so busy with emergency calls that they are not going to be available to do immunizations anyway. These plans could change depending on the situation and the number of doses of vaccine available. We will try to keep you

updated on any changes.

We are currently developing an emergency protocol for EMS personnel to follow if the flu epidemic overwhelms the medical care system. It will probably not be used unless an emergency situation exists. The key to your not catching the flu from your patients is strict standard precautions. You need to be fitted for N-95 masks, wear gloves, and have paper gowns when caring for patients with flu-like symptoms. Careful cleaning of your ambulance is also crucial. We are checking on whether any of these supplies may become available from the health department. ❄️

## DEPUTY DIRECTOR'S REPORT

All the guys (and gals) at the Office of EMS and Trauma thought a few reminder bites might help lower the number of violations that occur and are reported to our office almost daily.

- Licensed EMS personnel cannot provide medical interventions outside of each level's scope of practice. These are listed in the rules and in the protocol manuals for each level. Ignorance is no excuse.
- No licensed EMS person shall perform medical interventions while off duty beyond what the normal citizen will do (BLS, CPR, stop bleeding, etc).
- It is forbidden to carry jump bags with any advanced level equipment in your personnel vehicle to be used for off-duty purposes (this includes O2 which is listed by the State Board of Pharmacy as a medication).
- Each year a number of EMS personnel are turned into our office for performing intravenous cannulations (I.V.s) while off duty. Disturbingly, this appears to be a growing trend. Similar cases are being reported and investigated where licensed EMS personnel (both on and off duty) have started I.V.s on other EMS personnel or friends because they were either drunk or hung over from overindulgence. Either case will most likely result in license revocation if you

are caught. If you don't think people are willing to report you, ask those that have been turned into our office.

- Protocols should primarily be used to guide you in properly treating a patient's condition or illness. If you get so myopic about regarding the step-by-step protocol you can easily overlook the patient's actual condition and needs. The underlying intent is to remind what you can do without having to call medical control for special permission to do. Common Sense: Assess and treat the patient as you were trained.

Additionally, here are some comments regarding the H1N1 virus:

- Antivirals are not vaccines and generally they will not protect you from the H1N1. They will be prescribed to you by your physician if you get the H1N1. Vaccines, on the other hand are intended to protect you from getting the flu and they may not be available to EMS personnel until October or later.
- Emergency Medical Services response personnel have nothing they can treat the general population with if responding to a possible H1N1 infection. Unless the scenario involves other necessary emergency procedures (cardiac conditions, respiratory failure, etc). Strictly speaking, a patient complaining of flu like symptoms only,

can only be monitored and transported.

- Always disinfect units completely after transporting or handling a possible infected person.
- Always notify receiving facilities you are transporting a possible infected person.
- Work with your local dispatch agency in order to ascertain if your response is to a possible flu like sickness.

I am not about to try and play-down the seriousness of the H1N1 virus. It is already proven very effective at spreading and unfortunately it has a higher mortality rate for those in their teen to early twenties for some reason. What I will say is that I recently had it. I had some of the signs and symptoms as cited by the CDC. I took Tamiflu, ibuprofen and drank plenty of fluids. I did my best to isolate my activities and presence to a confined area of my home, hoping to avoid spreading it to my family (no one else has come down with it as of this time). I never was sick to the point I was completely bed-ridden. After 4 days I was able to safely return to work. I'm over 50 and frankly (and thankfully); I have to say I have had worse illnesses.

Please visit <http://adph.org/cep/> and <http://www.pandemicflu.gov/> for more information. ❄️

## Emergency Medical Services Advanced Airways by OEMS&T<sup>1</sup> Regions 1st through 3rd Quarter 2009<sup>2</sup>

Intubations <sup>3</sup>	Total	OEMS&T Region 1 <sup>1</sup> (North)	OEMS&T Region 2 <sup>1</sup> (East)	OEMS&T Region 3 <sup>1</sup> (BREMSS)	OEMS&T Region 4 <sup>1</sup> (West)	OEMS&T Region 5 <sup>1</sup> (Southeast)	OEMS&T Region 6 <sup>1</sup> (Gulf)	OEMS&T Region Unknown
1 <sup>st</sup> Quarter '09*	703	115	65	84	25	162	135	117
2 <sup>nd</sup> Quarter '09*	673	140	58	69	45	124	132	105
3 <sup>rd</sup> Quarter '09*.4	338	79	29	33	18	67	61	51

### 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 around 2,900 cardiac arrests compared to the 1,714 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 ❄️

\*Represents Calendar Year 2009 and is based upon the Dispatch\_Notified\_Date\_Time Datapoint.

<sup>1</sup>OEMS&T = Office of EMS and Trauma Regional Designations.

<sup>2</sup>Data is current as of 08/26/2009 and is reflective of Electronic Patient Care Records (ePCR) data as compiled from the EMSIS Server database.

<sup>3</sup>Former queries for Intubations included the following selections: Airway-Combitube, Airway-Intubation Confirm

CO<sub>2</sub>, 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, Airway-Orotracheal Intubation, Airway-Rapid Sequence Induction, Airway-Video Laryngoscopy, Airway-Intubation Confirm Colorimetric ETCO<sub>2</sub>, 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.

<sup>4</sup>Data represents the Dispatch\_Notified\_Date\_Time Datapoint range from 07/01/2009 through 08/26/2009.

## PROVIDER SERVICE NEWS

Vehicle and Service inspections continue as we approach the end of 2009. So far this year, OEMS&T personnel have inspected over 500 vehicles and visited over 160 services. Overall, we are very pleased with the inspection reports from all across the state. Several services have stepped up to the plate and have embraced the idea of a "Culture of Excellence". It shows by their efforts to provide a quality run service and by taking pride in the appearance of their personnel and equipment.

Speaking of appearances, let's examine your personal appearance as you perform your professional duties. Put yourself in the shoes of a patient or a family member of a patient and you arrive on the scene in a dirty ambulance, your shirt tail is hanging out and has stains on it and your hair looks like a squirrel's nest. What would you think? Would it or does it matter to you what people think? We

understand the stress of high volume call areas and the endless transfer days, but we also understand that you are Health Care Professionals. You should look and act professional on an everyday basis; otherwise you're a negative reflection to this profession. OEMS&T inspectors will continue reporting any services who fail to meet standards for personnel, facilities, and premises.

Services in Region 2 (East), Region 5 (Southeast), and Region 6 (Gulf) need to remember their provider license expires December 31, 2009. The on-line option for provider license renewal will be turned on October 1, 2009. The link will be available on the OEMS&T website. If a service chooses to complete the paper application, the current application can be downloaded from the OEMS&T website. Be sure to use this application. Any old or previous editions of the provider license application will not

be processed and will be returned to the applicant. Processing of paper applications will begin after September 15, 2009.

Now, it is time to recognize this editions "Culture of Excellence" list.

### Congratulations go out to:

- Ashford Ambulance & Rescue Squad
- Cahaba Valley Fire & EMS, Shelby County
- Care Ambulance, Dale County
- Cherokee Rescue Squad
- Enterprise Fire Department
- Enterprise Rescue
- Greene County EMS
- International Paper Ambulance Co. (Lawrence County)
- Keller EMS
- Killen Center Star Rescue
- Lauderdale EMS
- New Site Volunteer Fire & Rescue
- Oxford EMS
- Westinghouse EMS ❄️



# SWINE/PANDEMIC FLU SYMPOSIUM AFTER SEMCC MEETING

SEPTEMBER 15 FROM 12:00-4:15 P.M.  
ALABAMA POWER COMPANY  
CONFERENCE CENTER  
CLANTON, AL

- ALL AGENCIES & RESPONDERS •  
WELCOME TO ATTEND

ADPH OFFICE OF EMS AND TRAUMA  
AND UAB CENTER FOR EMERGING  
INFECTIONS & EMERGENCY  
PREPAREDNESS WILL SPONSOR A  
BRIEF SYMPOSIUM FEATURING:

Challenges & Lessons Learned – Hospital &  
EMS Coordination in Toronto during the SARS  
Outbreak..... **Brian Schwartz, MD**

Challenges & Lessons Learned – Managing  
Routine & “Disaster” Operations during the SARS  
Outbreak..... **Peter Macintyre, EMT-P**

EMS Variances for  
Swine Flu Response ..... **Dennis Blair**

ADPH-OEMS&T  
Swine Flu Protocols..... **John Campbell, MD**

## UPDATE ON ONE OF OUR OWN...

Mandy Stone, Paramedic and Co-Owner of Emergency Medical Transport, LLC., was involved in a serious car accident Sunday, August 30 on I-575 of Atlanta near Canton. The vehicle hydroplaned and ended up in a deep ravine. Fire personnel did not expect to find anyone alive but Mandy was conscious and alert throughout the 35 minute extrication. Mandy had no feeling in her legs and was taken to an area hospital where the CT revealed the worst. She had fractured her T-12 and L-1 vertebrae. They started the steroids and transferred her to Atlanta Medical Center VICU for Neuro care. She is scheduled to have surgery to remove bone fragments and insert two rods.

Mandy began her EMT training at Southern Union in 1993 receiving her EMT-Intermediate in 1995. She started working for Wadley EMS while attending paramedic school and answering ambulance calls from her dorm. In 1996, she started working for Emergency Medical Transport, LLC. After finishing paramedic school, Mandy completed her AHA Instructor certification for BLS, ACLS, PALS, and ITLS, became a Paramedic Field Preceptor for Southern Union, and attended many FEMA training classes statewide. In 2003, Mandy had the opportunity to become co-owner of Emergency Medical Transport, LLC., allowing her to continue providing care to the citizens of Randolph County.

Please continue to pray for Mandy's speedy recovery. It will be a long road but we know that the small strides she will accomplish each day will result in a positive outcome for Mandy. ❄️

# COMPLIANCE AND INVESTIGATIONS | JULY - AUGUST 2009

Name	Complaint	Rule/Protocol	Action Taken
Livingston Fire Rescue	Patient Care Issues	No State EMS Rules Violation	No Action Taken
Care Ambulance Dallas	Patient Transportation	No State EMS Rules Violation	No Action Taken
Dekalb Ambulance Service	Air Ambulance Guidelines	No State EMS Rules Violation	No Action Taken
EMT-Paramedic/Driver	Impairment	420-2-1-.21	License Suspension
EMT-Paramedic/Driver	Impairment	420-2-1-.21	License Suspension
EMT-Paramedic/Driver	Impairment	420-2-1-.21	License Suspension
EMT-Basic/Driver	Impairment	420-2-1-.21	License Suspension
EMT-Basic/Driver	Impairment	420-2-1-.21	License Suspension
Ambulance Driver	Impairment	420-2-1-.21	License Suspension
Ambulance Driver	Impairment	420-2-1-.21	License Suspension
Wes Mitchell EMT-Basic/Driver	HIPAA Issue	No State EMS Rules Violation	No Action Taken
Ronnie Smith EMT-Paramedic	Air Ambulance Cancellation	No State EMS Rules Violation	No Action Taken
Arab Fire Rescue *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 2 – Tires, Emergency Lights, Rear A/C, Flooring
A-Med *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – A/C Issues
Med Call Ambulance – Colbert County *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – A/C Issues
Center Point Fire Dept. *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – A/C Issues
Marshall Health Systems *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 2 – Headlight, Backup light, A/C Issues
Athens Limestone Hospital Ambulance *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – Flooring (Patient compartment)
Pleasant Bay Ambulance Service *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – A/C Issues
Cullman EMS *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 2 – A/C Issues, Emergency Lights, Wiring Problems
Gadsden Etowah EMS, Inc. *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 3 – Sanitation Issues (mold), A/C Issues, Unit would not crank, No Equipment
Haynes Ambulance Elmore *	Ground Ambulance Issues	420-2-1-.10	Unit grounded x 1 – Windshield damage

\*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 your service to licensure action being taken which includes license suspension and/or license revocation and may subject you to civil penalties set for by the Code of Alabama, 1975. If you have any questions, please call 334-206-5383.



# EAST ALABAMA EMERGENCY MEDICAL SERVICES, INC.



and



**AN OMNIFLIGHT COMPANY**

## PRESENTS

2nd Friday Lecture Series for Pre-Hospital & Hospital Care, Emergency Care, and Critical Care Providers

### DATE

Friday, September 11

### TIME

10:30 a.m. – 2:30 p.m.

### LOCATION

East Alabama EMS Office  
58 Speedway Industrial Blvd, Lincoln, AL 35096

### PARKING & ADMISSION

FREE

### SCHEDULE

- 10:30 a.m.-10:35 a.m.: ..... Introduction
- 10:35 a.m.-12:00 p.m.: ..... ATV/Boating/Motorcycle Trauma  
presented by Life Saver, an Omniflight Company
- 12:00 p.m.-12:30 p.m.: ..... Lunch (provided)
- 12:30 p.m.-2:25 p.m.: ..... Presentation: ATV/Boating/Motorcycle  
Trauma (continued)
- 2:25 p.m.-2:30 p.m.: ..... CEU certificate presentation  
and Door Prize drawing

*You can receive 4 hours of CEUs on the 2nd Friday of every month through our lectures series. The lectures will be held from 10:30-2:30 with lunch provided.*

FOR MORE INFORMATION CONTACT: AMY PATTON AT 205-288-6417 OR  
JIM GROOVER AT 404-376-9660.

## By Mim Gaines, Director Nutrition and Physical Health

Making your food choices count is important, especially when your job involves saving lives. Your performance at work will be affected if you eat a diet full of refined or processed foods, salt, sugar, and fat. Not only will your waistline, blood pressure, and cholesterol likely increase, but your energy will decrease making it difficult to keep up with your coworkers. What you put in your mouth has a large impact on how your body will respond to emergency situations. Healthy snacks and meals will increase your body's response time. It is important to eat meals and include snacks throughout the day.

Your job can have a hectic and unpredictable schedule. There are ways to cut down on stress at work and organize your life.

- Think about a budget allowance for meals. If there is not one in place, talk about creating a budget or taking up money each week for meals.
- Clean out the refrigerator; toss all the old leftovers, condiments, and expired items.
- Sit down with your coworkers and plan a menu. Items that are easy to cook or require little to no preparation are perfect for your job. Refer to the local grocery store ads to help save money.
- Everyone can have their input in meal planning, so that one food isn't planned repeatedly or for someone who hates it. You can't please everyone all the time, but having a menu in place that has considered coworkers will make life a little easier.
- Make a grocery list based on the menu and designate someone to do the shopping. Fill the cart with the week's

menu items and healthy snacks, such as fruits and vegetables.

- Work together in cooking the meals. Not everyone is a master chef and taking turns or helping each other can make cooking fun, not a chore.

The kitchen at work may not be the most ideal place to cook. Cooking is easier with just a few simple tools, such as a crock pot, microwave, blender, toaster, and a few pots and pans. Take full advantage of a crock pot. Cook meals early in the day on low to be ready at dinner time.

A sample menu is below to help you make your own menu. No brand name is endorsed, but the products listed are examples of healthy suggestions. Feel free to find the brand that suits you. Remember to look at the label and check the sugar amount as well as the fat and salt (sodium).

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Day One	<ul style="list-style-type: none"> <li>• Oatmeal sprinkled with cinnamon &amp; walnuts</li> <li>• Banana</li> <li>• Skim milk or low-fat chocolate milk</li> </ul>	<ul style="list-style-type: none"> <li>• Low-fat yogurt with fresh fruit added</li> <li>OR</li> <li>• Smoothie made with seasonal fresh fruit &amp; skim milk</li> </ul>	<ul style="list-style-type: none"> <li>• Green salad w/carrots, cucumbers, low-fat cheese, &amp; tomatoes</li> <li>• Grilled chicken breast</li> <li>• Low-fat dressing</li> <li>• Whole wheat crackers or toast</li> <li>• Water or unsweetened tea</li> </ul>	<ul style="list-style-type: none"> <li>• Crunchy peanut butter &amp; Kellogg's graham crackers</li> <li>OR</li> <li>• Small can tuna with relish &amp; low-calorie mayonnaise</li> <li>• Whole wheat toast or crackers</li> </ul>	<ul style="list-style-type: none"> <li>• Crock pot roast with carrots, onions, &amp; potatoes</li> <li>• Cabbage slaw with low-fat dressing</li> <li>• Green beans</li> <li>• Whole wheat roll</li> <li>• Skim milk</li> </ul>	<ul style="list-style-type: none"> <li>• Small bowl of low-calorie ice cream</li> <li>• Fresh or frozen strawberries</li> <li>OR</li> <li>• Apple slices with yogurt fruit dip</li> </ul>
Day Two	<ul style="list-style-type: none"> <li>• Vegetable omelet (Egg Beaters helps lower cholesterol)</li> <li>• Fresh orange slices</li> <li>• Whole wheat toast</li> <li>• Skim milk</li> </ul>	<ul style="list-style-type: none"> <li>• Milk and Cereal Bar (example: General Mills)</li> <li>OR</li> <li>• Seasonal fresh fruit with low-fat yogurt or cottage cheese</li> </ul>	<ul style="list-style-type: none"> <li>• Turkey/ham sandwich on whole wheat with lettuce, tomato, onion, &amp; pickle</li> <li>• Celery sticks with peanut butter &amp; raisins</li> <li>• Baked Lay's potato chips</li> <li>• Water or unsweetened tea</li> </ul>	<ul style="list-style-type: none"> <li>• Chewy granola bar (Kashi)</li> <li>• Mixed nuts</li> <li>OR</li> <li>• Trail mix bar (General Mills)</li> <li>• Mixed nuts</li> </ul>	<ul style="list-style-type: none"> <li>• Baked or crock pot chicken</li> <li>• Wild or brown rice</li> <li>• Microwaveable steam bag broccoli (or vegetable of choice)</li> <li>• Fruit salad</li> <li>• Water or unsweetened tea</li> </ul>	<ul style="list-style-type: none"> <li>• Animal crackers (Nabisco)</li> <li>• Skim milk</li> <li>OR</li> <li>• Fig Newtons (Nabisco)</li> <li>• Skim milk</li> </ul>
Day Three	<ul style="list-style-type: none"> <li>• Whole grain cereal</li> <li>• Blueberries or banana</li> <li>• Whole wheat toast</li> <li>• Skim milk or low-fat chocolate milk</li> </ul>	<ul style="list-style-type: none"> <li>• Low-fat string cheese and apple slices</li> <li>OR</li> <li>• Fat-free pudding cup</li> </ul>	<ul style="list-style-type: none"> <li>• Pita bread pizza w/low-sodium tomato sauce, low-fat cheese, onions, black olives, mushrooms, &amp; bell peppers</li> <li>• Ham, sausage, or pepperoni</li> <li>• Low-fat yogurt with granola</li> <li>• Water or unsweetened tea</li> </ul>	<ul style="list-style-type: none"> <li>• Peanut butter and banana</li> <li>OR</li> <li>• Baked crackers (Wheat Thins) Cheese wedge (Laughing Cow)</li> </ul>	<ul style="list-style-type: none"> <li>• Turkey spaghetti</li> <li>• Side salad with low-fat dressing</li> <li>• Steamed zucchini</li> <li>• Whole wheat roll</li> <li>• Water or unsweetened tea</li> </ul>	<ul style="list-style-type: none"> <li>• Nuts or dried fruit</li> <li>• Small bowl of sugar-free or fat-free ice cream</li> <li>OR</li> <li>• Strawberries with whipped cream</li> <li>• Skim milk</li> </ul>



In planning a menu, think about the Food Guide Pyramid. The five food groups are breads/cereals, fruits, vegetables, meat, and milk. Go to [www.Mypyramid.gov](http://www.Mypyramid.gov) for more information.

- Breakfast choices should include at least three food groups, such as bread/cereal, milk, and fruit.
- Lunch and dinner meals typically include four food groups.
- Snacks are usually one or two food groups.

In addition to the foods listed on the menu, be sure to drink water. Keeping yourself hydrated is an important aspect of your job. Eight cups or sixty-four ounces of water is recommended for every day. You may need more.

**Here are a few smart snack options:** Remember to always read the nutritional label and eat only the recommended serving size. An easy rule to follow is the 10-10-5 guide, which will teach you to watch the amount of total fat, total

carbohydrates, and fiber. The box below explains how to use the 10-10-5 guide. Find snacks that satisfy your cravings and give you energy for the workday. Avoid snacking when you are bored, lonely, or stressed; try to eat sensibly and only when you are hungry or need a boost of energy.

### Smart Snacks

- Nuts and seeds
- Fresh fruits and vegetables
- Dried fruit (watch serving size)
- Peanut butter (crunchy gives more fiber)
- Reduced fat crackers and pretzels
- Whole wheat bread, pita bread, tortillas, and bagels
- Light yogurt or pudding
- Granola bars (watch fat content)
- Trail mix
- Fat free or reduced fat deli meats
- Light popcorn
- Baked chips
- Rice cakes
- Reduced fat cheese
- Animal crackers (watch sugar content)
- Hummus or bean dip

### Tips When Reading Labels

- Keep the serving size in mind
- Use the % Daily Values(DV) on the right side of the label
- Smart snacks have :
  - ♥ Less than 10% Daily Value (DV) of Total Fat (less than 5% is healthiest)
  - ♥ Less than 10% Daily Value(DV) of Total Carbohydrate
  - ♥ 5% Daily Value(DV) or more (10% is healthiest) of at least one:
 

Fiber	Iron
Vitamin A	Thiamin
Vitamin C	Riboflavin
Calcium	Niacin
  - ♥ Less than 360 Milligrams(Mg) of sodium

Making these changes may not be easy, but will become easier if you follow these tips. Making a permanent

lifestyle change will likely benefit you in a positive way. You will be able to keep up with coworkers, respond to emergency

situations more quickly, and have an overall satisfactory, healthy feeling. ❄

### NEWSLETTER REMINDER

The newsletter is free to anyone as long as they have internet access to our web page [www.adph.org/ems](http://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](mailto: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.

