

PROTOCOL

Helping others to save lives



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Bath Salts: What Every EMS Provider Should Know

Scott R. Snyder, NREMT-P

There has been significant law enforcement and media interest in a new product that is currently unregulated, but causing significant medical issues for emergency providers. With this new group of drugs hitting the streets across the United States, there is a high level of alarm with law enforcement, poison control centers, law makers, and physicians alike.

The drugs are referred to as "bath salts", but this product was never intended for the tub, and you won't find it at Bath and Body Works. These salts, with names like "Ivory Wave", "White Lightning", and "Vanilla Sky", seem harmless, though they are anything but, having been blamed for up to four deaths in the US. Unbelievably, this product is legally available and can be easily purchased at convenience stores, head shops, and online for about \$20-40 per gram. It is sold as a powder in sealed envelopes, and can be purchased by consumers at any age. There are no limitation as to quantity, and no need to register the purchases.

Bath Salts, the Science

Bath salts contain the active ingredients Methylenedioxypropylamphetamine (MDPV) and mephedrone. MDPV is a synthetic psychoactive drug with stimulant properties that have been likened to ecstasy. Mephedrone is a synthetic stimulant with amphetamine-like or cocaine-like effects. These molecules are very similar to amphetamines, cocaine, and other stimulants. The appearance of these substances has been described as a white or off-white powder and it can be smoked, snorted, injected, or wrapped in pieces of paper and ingested (bombed). Both of these substances are considered analogs of illegal substances that are prohibited by the Federal Analog Act, a section of the United States Controlled Substances Act. However, since this act only applies to drugs sold for human consumption, they can be sold legally in products labeled as "Bath Salts". The appearance is similar to cocaine and other illicit substances, so law enforcement may

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SFPA EMPACT Course Released

March 1st saw the national rollout of the SFPA's new national educational program in Baltimore. Emergency Medical Patients: Assessment, Care and Transport (EMPACT) is a sixteen hour training program that emphasizes group discussion, case studies, and Socratic method to help new and veteran practitioners alike better understand and refine the differential of the medical patient. Realistic imagery and facilitated learning form the basis for a supportive, low-stress environment to explore the depth of a medical complaint to the extent not previously seen in other medical assessment programs. The course content is supported by Brady/Pearson Health Science's EMPACT textbook, written by the well-known EMS author team of Joseph Mistovich, Daniel Limmer, Alice "Twink" Dalton and Howard Werman, MD. This ground-breaking text explains in simple yet effective ways of how pathophysiologic processes form the signs and symptoms of the disease.

EMPACT will be CECBEMS accredited, meaning that EMS personnel from over 30 states will be able to receive continuing education for their participation in the course.

Locally, EMPACT will be taught June 2&3 at the SFPA. More information can be found at the program's new website, www.empactonline.org. Organizations interested in becoming training centers can contact the EMPACT project manager, Ed Sawicki at esawicki@sparamedics.org.

Protocol

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A New Look!

You may have noticed that the SFPA is sporting a look! After 25 years, the Association has undergone an evolution in its focus and intent. While the SFPA core mission is to advocate for better prehospital care, it recognizes that many of its clients and students are not based in the prehospital environment. Over the years nurses, physicians, respiratory therapists and many other health-care professionals have taken our classes. Ultimately, we recognize that we provide quality emergency care classes to a wide audience, and with the release of EMPACT, a nationally accredited education program, that outreach will be extended.

Our new logo incorporates the sign of the green cross as a universal symbol of emergency care, and the initials represent how we are really called by our members and clients.

Assignment: Haiti

By Erika Jensen, EMT



“Did you bring anything to treat Cholera?” - this was one of the first questions asked of us as we went through customs in Port-au-Prince, Haiti: an obvious plea for help. I had been to Haiti as a part of Rescue-Net, an international disaster relief team I am a part of, right after the earthquake in January 2010, but arriving in Haiti was rather different this time around. First off, the airport was running fairly normally unlike last time when we unloaded the plane ourselves and walked around the tarmac looking for directions to the UN Headquarters. That was just the beginning of the differences I would experience during my visit as an EMT.

On our first full day we toured around the city so those in our group who had not seen the damage could see for themselves what destruction the earthquake had delivered just a few months prior. The day was full of inner turmoil for me. I really wanted to visit the areas that I worked in previously to see what had changed since the last time. As I sat in the bus driving past the crowds of people, our team members taking photos - I hated myself. I hate disaster tourism - I just wanted to get off the bus and be among the people. I was amazed though at how much the people had accomplished with such limited resources. Yes, they are still living in tent cities but the cleanup they have accomplished with such scarce resources was impressive.

We set up a number of daily clinics in the tent cities. We were able to provide health screenings for an average of 140 people a day. On a few occasions we drove out to remote villages and set up temporary clinics for many who could not travel. We were able to help many on the spot or make a way to get them further care. I had plenty of opportunity to take hundreds of vitals and to use and grow my medical assessment skills— putting into practice the basics of my EMT training.

About a week into our trip news came that a hurricane was headed our way. Fortunately by the time it reached our location it was downgraded to a tropical storm. The storm still managed to bring torrential rains. In the town next to where we were working 4 people were killed by a flash flood.

Due to a lack of clean water, Cholera has spread like wildfire through many of the tent cities killing thousands. Haiti is in desperate need of help to properly rebuild their nation. As their nation is devastated I look to the people and see their strength and resilience and pray that I can take their example and embrace inner peace and gratefulness for life when I come up against challenges in my life.

Erika Jensen is a graduate of the SFPA EMT Bootcamp, Summer 2010.

SFPA Earns National Accreditation

Bob Audet, NREMT-P



After a lengthy application and review process, the SFPA has earned a three year Organizational Accreditation through the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

CECBEMS was chartered in 1992 by the American College of Emergency Physicians, the National Registry of Emergency Medical Technicians, the National Association of Emergency Medical Services Physicians, the National Association of State EMS Directors, the National Council of State Emergency Medical Services Training Coordinators, and the National Association of Emergency Medical Technicians. Additional sponsors are the National Association of EMS Educators (in 1998) and the American College of Osteopathic Emergency Physicians (in 2003). The mission of CECBEMS is to serve as the recognized leader for EMS continuing education by promoting development of continuing education standards, encouraging of innovative learning solutions, supporting continuous learning opportunities and assuring optimal learning experiences to prepare all EMS providers for their professional challenges.

SFPA's accreditation is for three years, renewing in March of 2014. CECBEMS Accreditation allows for the SFPA to issue 'nationally recognized' continuing education credits, in accordance with strict guidelines, to those attending certain SFPA courses. CECBEMS continuing education credits allow folks from other states to travel here and take advantage of our courses knowing that the credit hours will "transfer" to other state EMS offices. This is especially valuable

for our unique offerings such as the California Educator's Workshop and the EMPACT course.

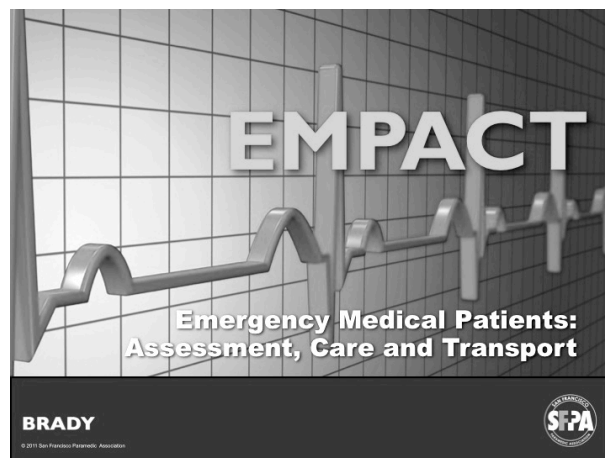
A program committee made up of SFPA staffers and Medical Director Dr. Preston Maxim will evaluate and approve continuing education offerings and assign CE hours based on the duration and complexity of the courses.

In the words of Jack Allison, CECBEMS Chairperson, "CECBEMS has devoted its skills and resources during the 2009-2010 year to make EMS a profession by insisting on quality and integrity at every stage of development, delivery, evaluation and documentation of EMS continuing education programs. We sincerely thank every individual in the EMS community who insists on quality and integrity and who see the direct relationship between CE with these characteristics and professionalism."

CECBEMS Accreditation is an important indicator of the SFPA's commitment to EMS as a profession.

NEW COURSE!

June 2 & 3 @ the SFPA



Upcoming SFPA Classes

Find locations and times at www.sfparamedics.org!

Advanced Cardiac Life Support	
Initial	Renewal
April 7 & 8, 2011	April 5, 2011
April 16 & 17, 2011	April 13, 2011
April 20 & 21, 2011	April 18, 2011
May 2 & 3, 2011	April 22, 2011
May 10 & 11, 2011	May 14, 2011
May 21 & 22, 2011	May 17, 2011
June 4 & 5, 2011	May 26, 2011
June 13 & 14, 2011	June 10, 2011
June 22 & 23, 2011	June 15, 2011
June 13 & 14, 2011	June 27, 2011
June 22 & 23, 2011	

Pediatric Advanced Life Support	
Initial	Renewal
April 13 & 14, 2011	April 12, 2011
May 20 & 21, 2011	April 25, 2011
June 6 & 7, 2011	May 15, 2011
	May 18, 2011
	May 23, 2011
	May 31, 2011
	June 15, 2011
	June 30, 2011

BLS for Healthcare Providers	
Initial	Renewal
April 1, 2011	April 11, 2011
April 14, 2011	April 13, 2011
April 26, 2011	April 18, 2011
May 6, 2011	April 22, 2011
May 23, 2011	April 27, 2011
May 28, 2011	May 9, 2011
June 10, 2011	May 14, 2011
June 20, 2011	May 25, 2011
June 26, 2011	May 26, 2011
	June 8, 2011
	June 24, 2011
	June 27, 2011

12 Lead EKG Interpretation
May 24, 2011
May 20, 2011

PreHospital Trauma Life Support
May 12 & 13, 2011
July 14 & 15, 2011

Emergency Medical Patients: Assessment Care & Transport
March 29 & 30, 2011
June 2 & 3, 2011

Advanced Medical Life Support
June 17 & 18, 2011

Airway FUNDamentals
April 8, 2011
May 13, 2011
June 10, 2011

Basic ECG Rhythm Interpretation
May 9 & 10, 2011
July 20 & 21, 2011

NREMT Prep for All levels
April 22, 2011
May 18, 2011
May 27, 2011
June 8, 2011

Paramedic Refresher
April 7, 8, 21 & 22
May 12, 13, 26 & 27
June 9, 10, 16 & 17

EMT Refresher
May 16, 17, & 18
July 13, 14 & 15

EMT Training: A Student's Perspective

By Carly McQueen, EMT

Living overseas in developing countries has taught me a lot about under-privileged societies and working in diverse communities. Many of the day-to-day challenges they face were due to a simple lack of resources or education. One of the most important things I learned while serving overseas was to focus on the basics. Starting with the simplest building blocks can empower an individual or a whole community in ways you may never imagine.

That's why I wanted to pursue an EMT certificate. One of the most needed skills in developing communities is simple and basic medical care. BLS care is the foundation to providing successful medical care in any community, and my time with the SFPA has helped ground this foundation. It's empowering to feel confident enough to provide care in all communities, but it's the most rewarding to know that I can bring the skills needed to save lives in the most diverse environments.

Developing my skills as a basic EMT wasn't enough. My instructors wanted to see their students enter the world as compassionate and empathetic caregivers; EMT's who had high standards for the care they gave to all their patients. I was challenged to consider communities in need that I may have turned a blind eye to in the past. Luckily for me, I was given a chance to volunteer at a harm reduction needle exchange program known as Casa Segura.



I'll be honest... it's not the type of volunteer opportunity I would have looked up on my own. I knew little, to nothing, about needle exchanges. I understood the potential benefits, clean needles equals less disease, but beyond that it was uncharted territory. I wanted to see how a needle exchange was actually helping people and not just encouraging unhealthy habits. It's been a remarkable experience. The employees at Casa Segura have shown me compassion and empathy where you might not expect to find it. They are passionate about educating people in disease prevention and they offer much needed basic medical care. Their goal isn't to change someone's mind, but to give them the chance to better their life.

Learning the skills to be the best EMT I can be came from the SFPA. I left the program feeling confident enough that when the nurse couldn't make it to Casa Segura one night, I knew I could step in and offer basic care to those who needed it. Casa Segura has shown me what it means to be in this field first hand. It's not always about the glory of the perfect life saving run; it's also about the simple things you can share to empower people to change their own lives.

Carly McQueen is a recent graduate of the SFPA EMT program taught at Berkeley Adult School in Berkeley, CA. Ms. McQueen served as the class leader for her EMT class in the Winter of 2011.

Bath Salts: What Every EMS Provider Should Know (cont'd.)

or may not be able to do field testing to identify the substances.

Effects on Humans

The drugs have profound effects on the central nervous and cardiovascular systems, similar to other stimulants. To date, complications of use of the substances have been reported at three levels. With small quantities, users report feelings of euphoria, increases in alertness and awareness, diminished requirements for food and sleep, and overall feeling of well-being.

At higher doses, the substances will cause hallucinations, anxiety, agitation, paranoia, and erratic behavior. Effects on the cardiovascular system include tachycardia and hypertension, increasing the risk of stroke and acute myocardial infarction. Increased activity and metabolism common with use of the drugs can lead to renal failure secondary to rhabdomyolysis and hyperthermia.

With frequent use, persons report insatiable cravings for the drug, and have been reported to engage in days-long binges. Users can be expected to experience the compulsive use and psychological and physical dependence that are characteristic of amphetamine-type drugs. There have been cases of severe depression after “coming down” from a bath salt high, and there have been reports of suicide attempts and success during these episodes.

Prehospital Emergency Care

EMS providers must be prepared to protect the patient and themselves related to the use or overuse of these substances. Patients who present with depression after a binge episode will require reassurance, support, and basic monitoring. The EMS crew

should attempt to create an environment that reduces stimulation. For example, turning down the lights, avoiding unnecessary use of the siren, and driving smoothly can help prevent a patient from becoming more agitated and complicating the situation. A patient who is agitated, combative, or in some other way dangerous to themselves or yourself may require the use of soft restraints. The use of soft restraints is not without risk, however, and hyperthermia or rhabdomyolysis can result secondary to the patient struggling against the restraints. For the paramedic, chemical sedation with a benzodiazepine (lorazepam, midazolam, valium) or a barbiturate (phenobarbital) can be considered, but medical control should be consulted prior to administration.

Any patient presenting with an altered mental status, altered level of consciousness, tachycardia, or hypertension should be administered oxygen via the appropriate delivery device to assure a SpO₂ above 95%. The hyperthermic patient should be cooled in accordance with your local protocol. Possible methods include misting with tepid (59°) water, and the application of cold packs to the axillae, groin, and anterior neck.

EMS providers should stay informed regarding this class of substances, with cooperative efforts involving local law enforcement, poison control centers, emergency departments, and medical control. Information regarding bath salts is still evolving, and may change with intervention by Federal authorities.

Scott Snyder is the SFPA EMS Education Manager. Article reprinted with permission from EMS World.

Did you Know?

SFPA classes are held around the Bay!

SOMA

657 Mission Street, Suite 302
San Francisco, CA 94105

East Bay

Washington Hospital
2000 Mowry Avenue
Fremont, CA 94538

South Bay

San Jose Fire Department EMS Division
255 S. Montgomery Street
San Jose, CA 95110

Evening Lecture:

Elder Abuse and Neglect

June 14, 2011 (tentative)

SFPA

Presented by the SF Institute on Aging

Register and more info at the SFPA website

www.sfparamedics.org

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