



Special points of interest:

- New Secretary of Health
- Atropine Autoinjector Use in Children
- National EMS Information System
- Upcoming Events
- EMS Inspections
- EMS Community Forum
- Tip of the Month
- Hurricane Katrina

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EMS Welcomes New Department of Health Secretary Dr. M. Rony François, M.D. M.S.P.H. Ph.D.

Governor Jeb Bush announced the appointment of Dr. M. Rony François, M.D., M.S.P.H, Ph.D., as Secretary of the Florida Department of Health on September 15, 2005. Dr. François is the first Haitian-American to head Florida's principal public health agency. He replaces Dr. John Agwunobi who was recently tapped by President George W. Bush as the U.S. Department of Health and Human Services' Assistant Secretary for Health.

"Dr. François has a depth of knowledge about public health policy and will be a strong advocate for providing quality health services for Floridians," Governor Bush said. "After considering several outstanding candidates for this position, I am certain Dr. François is the right person to guide our state on a wide array of public health issues."

Dr. François, 47, has a long academic career and a wealth of experience in public health policy, research and environmental toxicology. He currently serves as an Assistant Professor at the University of South Florida's College of Public Health where he directs the public health practice program and is the CHD Meridian Medical Director at Citigroup. Dr. François has also taught mathematics and French at both high school and college levels.

"I am honored to be a part of Governor Bush's team and look forward to building on the significant achievements of Dr. Agwunobi," said Dr. François. "This is a tremendous opportunity for continuing the progress this administration has made in strengthening community partnerships, advancing healthcare for children and minorities and reducing the incidence of chronic disease in our state."

Dr. François, who is fluent in French and Creole, was born in Port-au-Prince, Haiti and emigrated to Florida in 1979 to pursue his education, which began at Tallahassee Community College. He attended medical school at the University of South Florida. In addition to his medical degree, François holds an MA in Exercise Physiology from the University of Central Florida, along with an MS in Public Health and a Ph.D. in Toxicology from the University of South Florida. He is an accomplished athlete and currently resides in Tampa with his wife, Joelle, and their three children: Rony Andre, Patrick George, and Joelle Anne.

The Bureau of EMS welcomes Dr. François and looks forward to the opportunity to continue its growth under his leadership. The Bureau also wishes Dr. Agwunobi all the best in his new endeavor in our nations capital.

Thoughts from the Field: Atropine Autoinjector Use in Children

Submitted by Lou Romig MD, FAAP, FACEP

Atropine is now available in autoinjector form for use in children with nerve agent or organophosphate poisoning. In 2003, the FDA approved Meridian Medical Technologies' 0.5mg and 1.0mg Atropens. In 2005, an additional 0.25mg Atropen received FDA approval. Some Florida First Responders and First Receivers are receiving the 0.5mg and 1.0mg Atropens in pharmacy caches being distributed at the direction of the Florida Disaster Preparedness Working Group. A summary of the current FDA dosage recommendations follows:

<u>Child's weight (lbs)</u>	<u>Child's weight (kg)</u>	<u>Recommended Atropen dose</u>
< 15lbs	<7kg	0.25mg
15- 40lbs	7-18kg	0.5mg
40-90lbs	18-41kg	1.0mg
>90lbs	>41kg	2.0mg

Note that the dose may be repeated as needed up to three times. Obviously, higher doses can be made by combining lower-dose Atropens, however, partial-dosing is not possible with correct autoinjector use.

For purposes of simplification by agencies using dosing based on kilogram weights (the gold standard for pediatric dosing), I'd suggest simplifying the weight ranges above to <7kg, 7-20kg, 20-40kg and >40 kg. This simplification may lead to slight under dosing.

Did you know that Florida EMS providers responded to 3 million calls in 2004?

Ask the Director

Dear Colleagues:

We look forward to receiving your questions, comments, ideas on topics to address, submissions of articles from members of the EMS community, and how to improve this newsletter. We are interested in issues that affect the EMS industry in today's world. Your feedback can be emailed to:

DEMO_EMS@doh.state.fl.us

Thank you.

Don Bennett

Did you know that Florida EMS providers transported 1.9 million patients in 2004?

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Another alternative is to utilize the Broselow Resuscitation Tape/Color Coding System, in which case the dosing would be:

<u>Broselow Color</u>	<u>Atropen dose (repeat up to 3 times)</u>
Grey	
Pink	0.25mg
Red	
Purple	
Yellow	
White	0.5mg
Blue	
Orange	
Green (30-36kg)	
Just longer than Green	1.0mg
Significantly longer than the tape	2.0mg



The Pediatric Expert Advisory Panel (PEAP) of Columbia University's Program for Pediatric Preparedness at the National Center for Disaster Preparedness has published their own guidelines for use of the Mark I kit in the event that pediatric Atropens are not available for a child with life-threatening symptoms and there is no immediate access to more exact dosing with IV atropine and pralidoxime. In cases of life-threat, both the 2.0mg atropine and 600mg pralidoxime autoinjectors should be used.

- 3-7yrs (approx 13-25 kg) May use one Mark I kit as maximum dose
- 8-14yrs (approx 26-50 kg) May use a total of two kits
- >14yrs (approx >51kg) May use a total of three kits

Upon review of the pharmacology and available studies, the PEAP recommended against the use of either Mark I autoinjector in children less than three years of age, unless the child is significantly symptomatic and no other treatment options are available. In these cases, one Mark I kit may be administered.

Note that scientific literature addressing the treatment of children with nerve agent exposure or organophosphate poisoning is limited. Available studies indicate that atropine doses much higher than those used for traditional cholinergic poisoning have not been shown to induce toxicity in infants and small children. There is very little experience with the use of pralidoxime in children.

In mass casualty events, IV access for each patient will be logistically improbable. This is even truer for very sick children with difficult IV access. Therefore, the availability of IM autoinjectors is crucial in the initial treatment phase for patients of all ages. For those providers (usually hospital-based) with access to the

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various parenteral formulations of atropine and pralidoxime, weight-based pediatric IV and IM dosing can be quite complicated. Fortunately, Jim Broselow and Bob Luten, developers of the Broselow Resuscitation Tape, have developed yet another tool to enhance pediatric care. The *Chemical Warfare involving Kids (CWIK) Response Project* utilizes the Color Coding approach in a length/weight-based guide to drawing up and administering the various antidotes and other treatments for agents of chemical warfare, including atropine and pralidoxime. For additional information and materials about the CWIK Response Project, please contact the Florida EMSC Program staff at the Florida Bureau of EMS at (850) 245-4440, or email the Bureau at DEMO_EMS@doh.state.fl.us or go to the FL EMSC and CWIK Response websites (see links below).

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Member, Pediatric Expert Advisory Panel, National Center for Disaster Preparedness

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References:

Prescribing information for Atropens

<http://www.indianaemsc.org/AtroPen%20for%20Infants.pdf>

Meridian Medical Technologies

<http://www.meridianmeds.com/atropen.html>

Atropine Use in Children After Nerve Gas Exposure, Guidelines from the National Center for Disaster Preparedness

<http://www.ncdp.mailman.columbia.edu/AtropineAutolnjectorVIN1.pdf>

The CWIK Response Project

<http://www.cwikresponse.com>

Florida EMSC Program website

<http://www.fl-ems.com/EMSC/EMSCHome.html#EMSCpublications>

National EMS Information System

In September 2004, the Florida Bureau of EMS signed the NEMSIS Memorandum of Agreement to support and promote the NEMSIS business model (National Highway Traffic Safety Administrations Uniform Prehospital Dataset). Fifty-two states and territorial EMS offices have signed the [Memorandum of Agreement](#) to promote the new NHTSA dataset and its implementation.

Did you know that 12% of patients transported by EMS providers in 2004 were 84 years of age or older?

The goal of the [NEMSIS](#) (National EMS Information System) Project is to provide a national EMS database that will be valuable in developing nationwide EMS training curricula, evaluating patient and EMS system outcomes, facilitating research efforts, determining national fee schedules and reimbursement rates, addressing resources for disaster and domestic preparedness, and providing valuable information on other issues or areas of need related to EMS care. Additionally, NEMSIS will provide a standardized EMS data set and definitions.

[NHTSA Version 2.2 dataset](#) is complete and is the final version prior to Version 3.0. The Version 3.0 development will not begin until 2007. The [NHTSA Version 2.2 EMS Dataset Final Change Policy](#) is provided to assist in understanding how the NHTSA Uniform Prehospital Dataset will be revised in the future.

In 2005, NEMSIS began conducting a pilot project of the National EMS Database with Mississippi, North Carolina, and other states. The pilot national EMS database will be migrated into a limited live implementation; by the end of 2006, a minimum of 5 additional states will be reporting the national data elements to the national EMS database. Formal national database reports will be developed.

The Memorandum of Agreement, the NHTSA Version 2.2 Data Dictionary, and the NHTSA 2.2 EMS Dataset Final Change Policy are available at www.nemsis.org.

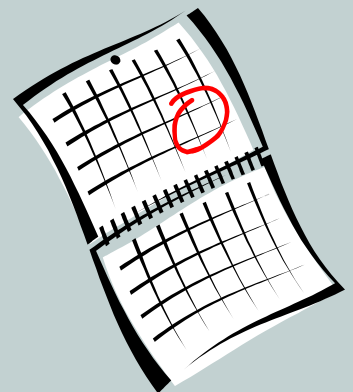
Mark Your Calendars

September:

- Prehospital Aggregate Data—3rd quarter 2005 reporting period closes September 30, 2005

October:

- Aggregate prehospital data can be submitted beginning October 1, 2005.
- All Matching grants with ID codes that begin with M5 and R4
- The Bureau of EMS State Strategic Plan Workgroup will meet on October 6, 2005, at the Tampa Airport Marriott from 10:00 a.m. EDT until 4:00 p.m. EDT. The purpose of this workgroup session will be to discuss and decide upon goals and objectives for the EMS State Strategic Plan in anticipation of presenting a draft to the EMS Advisory Council and constituent groups at the quarterly meeting in November.
- The annual meeting and exhibit for the National Association of State EMS Directors (NASEMSD) will be held October 9, 2005 – October 14, 2005 at the Rosen Centre in Orlando. The NASEMSD Annual Meeting purpose is to address current issues and trends in emergency medical services systems.
- The deadline for submitting 3rd quarter 2005 data is October 30, 2005.

**November:**

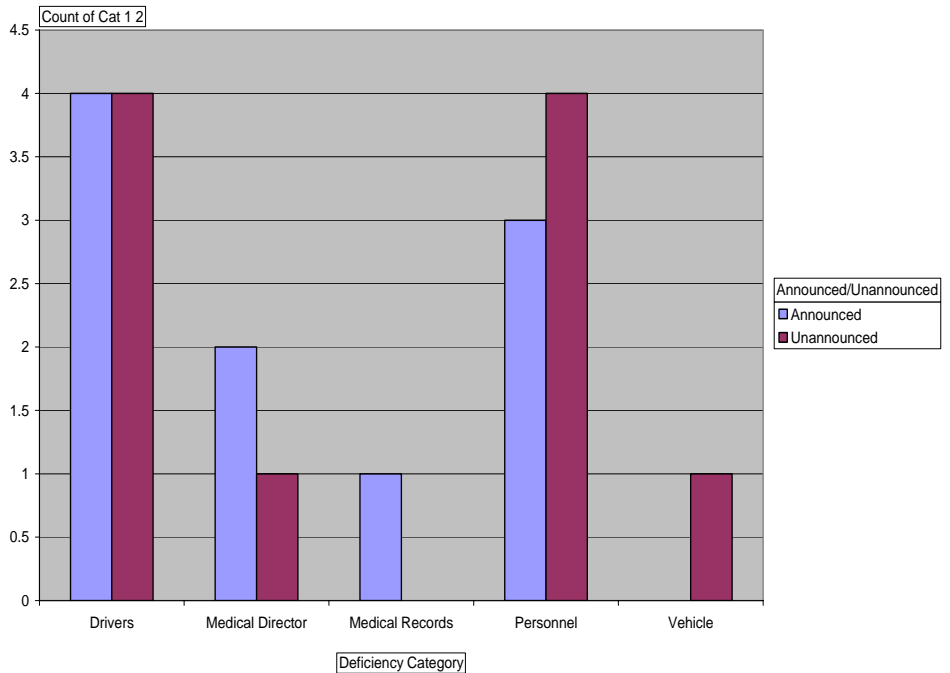
- The next meeting of the EMS Advisory Council will be held at the Hilton St. Petersburg from November 2-4, 2005. EMS constituency presidents meeting will be held on Wednesday, November 2nd and 3rd. The EMS Advisory Council meeting will be held on Friday, November 4th.

EMS Agency Inspection Trends

The Bureau of EMS utilizes experienced Florida Paramedics to perform all EMS agency inspections. This staffing provides an accurate recording of deficiencies, along with an ability to provide technical assistance to EMS providers during the inspection. Each member of the licensure and compliance staff is experienced in assisting EMS agencies in understanding compliance with state law.

Beginning January 2005 the Compliance and Licensure program established a deficiency trending mechanism. This trending mechanism will allow the Bureau to report common deficiencies found to the membership of the Florida EMS community.

The chart to the right documents category I deficiencies that were **not** corrected during the inspection. This chart also compares findings between announced and unannounced inspections. Category I deficiencies are required to be corrected within 24 hours and corrective action documented to the Bureau within 14 days. Forty percent of all inspections are unannounced, with the remaining sixty percent announced. Each EMS agency will experience a state inspection approximately every two years. Inspection forms and information are available on our website: www.fl-ems.com.



Program Manager / Compliance Officer: John Bixler, Paramedic, RN, BSN

EMS Inspector: R.C. Pippin, Paramedic

Licensure Specialist: Barbara Hyde

Support Staff: Donna Bruce

EMS Community Forum

Several EMS services in the Panhandle have had trouble with the hose blowing off the turbo booster system in the F450 chassis. We are trying to find out if this is a problem occurring throughout the State. Please e-mail me at wakullaems@nettally.com if you are having this problem.

Having problems and can't get an answer? Get feedback from other members of the EMS community, You may submit questions that may appear in the next EMS Community Forum by emailing DEMO_EMS@doh.state.fl.us.

Tip of the Month—In Case of Emergency

EMS Providers Strongly Encouraged to Provide Nerve Agent Antidote Training

The department recently provided Mark I Nerve Agent Antidote Kits to licensed EMS providers in Florida for placement on each EMS response vehicle. The kits are to be used exclusively for treating first response personnel in the event of exposure to a nerve agent, with any residual antidote kits being available for patients who may have also been exposed. Dr. Joe Nelson, State EMS Medical Director, followed this by distributing a letter to all EMS medical directors urging them to include nerve agent antidote education in their preparedness training plans. Dr. Nelson stressed that the availability of the kits is quite useless unless staff are thoroughly educated on the circumstances that may require their use and the appropriate method to administer the antidote. To assist providers in incorporating this component into their training plans, several of Florida's colleges have been proactive in developing nerve agent antidote training resources. These resources are available through the state EMS Internet website at www.fl-ems.com, under Testing and Training.

During the recent attacks in London, a concept conceived by British paramedic Bob Brotchie, of East Anglian Ambulance, has been gaining worldwide attention. The concept is called ICE, which stands for In Case of Emergency. The idea is for a person to add an entry in their contact list of their cell phone named ICE. The entry entitled ICE should include the name and phone number of the person that emergency services should call on their behalf (e.g., "ICE Spouse"). The use of ICE will allow EMTs, paramedics, firefighters and police to turn to a patient's or victim's cell phone for clues to that person's identity. This will save responders time and allows for loved ones to be quickly contacted. How does this benefit the responder of the patient? Simple, if the patient is unable to speak, but responders discover an ICE entry in the patient's cell phone they can obtain vital information from the emergency contract, such as, medical history or medications the patient is taking that would greatly benefit the type of treatment administered. The information could save a patient's life.



The process is simple and only takes a few minutes to do. The public can make the job of emergency and safety personnel much easier by adopting the concept of ICE. Spread the word in the EMS community and educate the public on how they can use resources in their possession to save their lives. The process only works if: 1) the patient knows what ICE is, 2) an individual enters this information into their cell phone and remembers to update the ICE contact if there are any changes as to whom the contact is or if the contact has a new phone number, 3) the keypad is unlocked; if you use a security code to lock your key pad the responder will not have access to your telephone directory, and most importantly 4) if first responders know what ICE means and take advantage of it. Sadly this new age of terrorism makes it more vital than ever that we all take steps to ensure safety for ourselves and those around us. Set an example, ICE your own cell phone now!

Florida EMS Responds to Hurricane Katrina

As Florida watched Tropical Storm Katrina approach this state preparations began here at the Department of Health. Although the storm was only a category 1 when it struck South Florida it left devastation in its wake. The storm then entered the Gulf and Florida's Panhandle had already begun preparations. The unpredictability of hurricanes proved to be true when the path of the storm shifted and Louisiana, Mississippi, and Alabama became targets. As the storm approached the Gulf Coast it strengthened to a category 5, but was a category 4 when it made its second landfall. This time the devastation left behind was unimaginable, but Florida rose to the challenge and was ready to deploy EMS providers to our sister states. This was a massive undertaking, but providers stood by waiting to receive their assignments to assist with the recovery efforts and Bureau personnel worked countless hours gathering resources and preparing for deployment. This continued compassion, generosity, and professionalism allowed Florida to meet the challenges brought on by this catastrophic storm.

The Bureau of EMS would like to recognize the following providers, their staff, and DEMO volunteers for their efforts in response to the devastation caused by Hurricane Katrina. These individuals were directly deployed or worked out of ESF8 for specific medical missions. We would also like to recognize all of the other members of the EMS and medical community that were deployed or responded through other missions and Emergency Support Functions. Florida is proud to have such fine service men and women represent this state. Our thoughts and prayers are with all those affected by Hurricane Katrina.

American Medical Response

15 Ambulances
Personnel List Unavailable

Bay County EMS

John Harris
Doug Gibson

Brevard County Fire Rescue

Lawrence Tillman
Richard Pierce
Don Johnson
Christina Hartmann-Powell

Clearwater Fire Rescue

Nathan Ballouz
Michael Hendry
Stan Loveday

Collier County EMS/Fire Rescue

Dan Bowman
Les Williams
Eva Weeks
Heather Spieth
Eric Havens

Dixie County EMS

Debra Langford
Mandy Douglas

Doctor's Memorial

William Lundy
Jack Gaines

Escambia County EMS

Leon Salter
Earl Rich
Richard Taylor
Ronnie McCellan
J.C. Penden
Richard Fulton
Jason Dunn
Dusty Clements

EVAC

Jerome Letang
Martin Senn
Nicole Delight
Ric Thompson
Martin Booth
Sheila Sturgeon
Shannon Templet
Mike Collins
John Recanzone
Lisa Leroux

Glades County Fire Rescue

Bob Jones
Sharon Jones
Rick Brown
Lisa Knight

Jacksonville Fire Department

Bobby Smith
Lacey Cannon
Gerald Raoch
Bill Held
Paul Brennan

Hendry County Fire EMS

Ben Bengston
Adam Marquith

Hernando County Fire Rescue

David Wilfong
David Patrick

Kissimmee Fire Department

Wayne Seley
Ernest Sharp
Judd Lent
Tracey Stubbs
Christopher Brim
Jason Post
Michael Houdtzagers
Michael Kane
Nick Sellers

Lake/Sumter County EMS

Jerry Rhoden
Kim McKenzie
Adrian Whicker
Rob Richardson
Kenny Barker
Betty Anne Reynolds
Tom Lackey
Thomas Carpenter
Corkey Young
Tony McDowell
Ryan Miles

Largo Fire Rescue

John Leapley
James Ohanian
Allen Proffitt

Lee County EMS

Rocco Cranford
Tammy Maurer
Jennifer Kamp
Stan Bell
Kevin Geren
Scott Trower
Adrian Santiago Sr.

Madison County EMS

Jimmie Kent
Linda Kent

Marco Island Fire Rescue

Chris Burns
John Aponte

Marion County EMS

Christopher Bulla
Anthony Cortese
Joel Walker
Jesse Turnipseed
Jeffery Sanders
Chuck Clouse
Robert Brill
Jimi Branning
Pablo Echevarria
Joe Schenk
Chris Mitchell

Marion County Fire Rescue

Robert Burnett
James Winterbaur

Naples Police and EMS

Eric Balltodano
Marco SanAngelo

Nature Coast

Andy Mulligan
Jamie Dow

Okaloosa County EMS

William Welch
Barbara Franklin

Orange County Fire Department

David Provau
David Agan
Byron Rhodes
Bill Zielonka
Dustin Pierce
Rodney Estep
Jose Cruz
John Peters

Orange County Fire Department

Marlin Ellis
Carlos Thillet
Terry Reed
Greg Hubbard

Orange Park Fire Department

Daniel Hedberg
James Schaudel

Pinellas Park Fire Department

William Dallam
Roy Spruill
Gregory Brown
Michael Ciaramello

Polk County EMS

Ramon Gonzalez
Tom LaFalm

Putnam County EMS

Timothy Gilmore
Susan Gipson
Jeff Guthrie
Chad Sullivan

Safety Harbor Fire Department

Joe Accetta

Springhill Fire Rescue

Tom Challis
Steve Lawson
Edward Falk

St. Johns County Fire Rescue

Kevin Winters
James Drainer
David Reams
Melanie Howard

St. Pete Beach Fire Department

James (Bill) Gorham

St. Petersburg Fire Rescue

David Kadau
Michael Hamilton

Temple Terrace

David Earle
Walter Rogers
Christina Rollins

Walton County EMS

Jerome Szcsekot
Judy Allison
Eddie Paul
Jonathon Davis
Melissa Brown