



Anatomy of Disorder: Chaos from Confusion

By Joseph Ponko – Medical Specialist, EMSI

On May 31, 2002 at approximately 1857, the National Weather Service in Pittsburgh issued a tornado watch to the region. About eight minutes prior to that, I became involved in a mass casualty incident at Kennywood Amusement Park that was a result of a “macro burst” and what the local media called the *Kennywood Collapse*.

Thousands of people from across the region were visiting Kennywood on that date. Storms were developing throughout the late afternoon and Kennywood initiated its standard severe weather policy where the amusement rides, shops, refreshment stands, and general areas of the park are shut down or used as shelters.

As the skies turned dark and the wind picked up, a freak weather occurrence known as a macro burst was winding its way through West Mifflin. A few short moments later, the area around Kennywood was turned into a disaster zone with electricity out, buildings toppled, and trees uprooted. Inside Kennywood, the roof of the Whip ride was picked up from its foundation and thrown approximately 20 feet against a wrought iron fence. The power went off; 100-year-old trees were uprooted; signs and banners were flung about the park; rides were damaged from falling debris.

The Whip had just shut down and guests were preparing to leave when the storm hit. Many sought shelter in the cars of the Whip or in nearby

continued on page 2

INSIDE

ALS Drug List Released	4
Rigs as Terrorist Weapons	6
PEHSC Annual Awards	11

buildings. As the storm was still circulating through the park, ride operators began calling the communications center at the park to announce there were injured guests and several rides suffered damage.

This was the start of the MCI. What happened at the scene and what did I learn?

The MCI response plan at Kennywood is based on several factors including guest safety and crowd control. When first notified of the Whip collapse, members



of the operations and first aid teams were being dispatched to several areas of the park because of widespread injuries, power outages, and storm damage. At the same time, the electricity and phone lines went down (both land-line and cellular). Hail and rain made portable radios ineffective. We

had no idea of the number of patients in the park until we began triaging and searching each sector. When we called for an ambulance at 1852, it was announced as building collapse at Kennywood with unknown number of patients.

People had facial injuries, musculoskeletal pain, and soft tissue injuries. Our resources were stretched. A call from Allegheny County EOC went out at 1906 for all available ambulance units to respond. The EMS personnel at the park began triaging patients and we were quickly joined by two additional EMS providers who assisted in treating the “walking wounded.” Additional staff members quickly arrived to assist in treating patients, providing support, and keeping us stocked with supplies.

The first ambulance arrived on the scene at 1859 and was quickly followed by many ambulance units from across the southern tier of the county. Dozens of regional services arrived and provided the necessary equipment to continue treating the patients: backboards, soft tissue bandages, cervical collars, and immobilization devices.

Triaging determined that about a dozen patients were immediate transports; about 20 patients were classified as yellow or secondary transport; and about 20 additional patients were triaged as green (delayed). Approximately 47 patients, including 12 pediatric patients, were transported to local hospitals.

A few days after the event, several of us met to debrief and find out how we can better handle these situations.

The first ambulance arrived on scene in less than seven minutes after the first 911 call. Patients were already being treated in the first aid room; triage was underway at other areas of the park. Prism EMS arrived on scene first. Rescue services, including Monroeville VFD, arrived quickly afterward and began the rescue of patients in the collapsed building.

One of the initial benefits of maintaining strong relationships with local EMS personnel is quick access to the Pittsburgh Critical Incident Stress Debriefing team. Four members of this team arrived at the scene and immediately set up an area for EMS providers and Kennywood employees who wanted to talk. The team stayed until 2326 when all responders were deactivated. They were back on the scene at dawn as hundreds of Kennywood employees began cleaning up the park and getting it ready for their customers.

Allegheny County EOC and 911 initiated their disaster plan. Regional resources were deployed within minutes. Public transit buses were sent and generators brought in. Local restaurants hit just as hard donated drinks and food to the public safety providers. Local agencies were also dealing with damage in their normal service areas and were monitoring two and three situations at once.

Fortunately, egos were left at the door during the MCI. With so many personnel on the scene, including EMS, fire, police, rescue and CISD, there's always the chance that everyone would want to be the chief and no one would actually do any work. In the event, services worked well with each other; personnel from competing services helped carry patients on backboards to waiting ambulances; and 18-year-old Kennywood employees assisted seasoned EMS personnel in log-rolling patients onto backboards and holding oxygen tanks.

Of course there were problems and issues that arose that years of MCI management training really never prepared us for.

Three command areas were set up as injuries necessitated three treatment areas; there was no one space where all the injured were located. This created no delay, but did cause frayed nerves among many of the providers as we waited for additional supplies. Unfortunately, communication between the areas was sporadic, yet all patients were treated and transported quickly and efficiently. In hindsight, everyone agreed that it would have been better to have one command center with designated people in familiar roles. This time, our fractured system worked and did not cause any delays, yet we realize that additional training needs to be done.

As many EMS units arrived on scene, a staging area away from the incident was not set up due to communication failures. Ambulances were double parked on the side of Route 837 (Kennywood Blvd.). It did not delay patient transports, but created a picture of confusion that made the scene look much more horrendous on the evening news.

Communications broke down as cell phones were rendered useless until contact could be made with local companies to increase the number of open lines.

Regular phones were intermittent and spotty at best. Portable radios were malfunctioning as responding agencies were not on the same channels. This did not delay patient triage, treatment or transport as we were still able to communicate without radios. Future plans will ensure everyone at the scene can communicate.

The weather was still not cooperative. As the initial call came in, we responded to the injured as winds reached 105 mph and marble-sized hail was hitting us. Throughout the incident, the rain fell, creating additional hazards. We had to be more careful as we walked and carried patients. Surprisingly, seconds after the storm hit, the weather was strangely quiet and somewhat peaceful. We have heard stories from tornado survivors who recall the same experience.

The media arrived in record time. Kennywood security and West Mifflin Police performed admirably in maintaining crowd control. The media set up in the handicapped parking lot across the street. Many guests were shown being interviewed leaving the park throughout the evening newscasts.

Notification to hospitals was practically non-existent. Of the patients transported,



only five ambulances contacted the hospitals to inform them of the wounded. Hospital staff had heard of the accident and all initiated their disaster plans, anticipating dozens if not hundreds of patients. Unfortunately, the hospitals were never brought into the MCI loop and had to rely on the television and radio news to keep them informed. A communications officer was a necessity. Once again this lack of communication did not cause any patient-related problems.

Plans are being made to better educate everyone in the event something of this magnitude ever happens again. Additional training will be a part; drills are being looked at as an item of training.

AJ Heightman, editor of *JEMS*, said it best in his June 2000 article *20 Tips for MCI Management*, "MCIs are noisy, chaotic, demanding and emotional."

I have been involved in EMS for 11 years and this was my first MCI. In a way, I hope it is my last. If not, we will respond even better next time.

Editor's note: A.J. Heightman, editor of *JEMS* magazine, will be a featured speaker at EMS Update 2003 to be held March 27-29 at Seven Springs Resort. His one-day MCI seminar will be presented.

Ground ALS Services Drug List Released

The Pennsylvania Department of Health has released the following list of drugs that have been approved for use by ground advanced life support (ALS) ambulance services. These drugs may be administered by EMT-paramedics, pre-hospital registered nurses, and health professional physicians when use of the drugs is permitted by the applicable Department of Health department-approved regional medical treatment protocols.

This list replaces the list of approved drugs published in December 2000. Notable changes include the deletion of brand names; the deletion of aminophylline and droperidol; the addition of lorazepam and the intravenous electrolyte solution potassium for interfacility transports only; and the addition of *for interfacility transports only* designation on dobutamine and isoproterenol HCL. Ambulance services are not authorized to stock drugs designated *for interfacility transports only*. However, paramedics and health professionals may administer these drugs if the facility transferring a patient provides the drug, directs that it be administered to the patient during the transfer, and the regional transfer and medical treatment protocols permit the administration of the drug by those personnel.

Ground ALS ambulance services may exceed, under specified circumstances, the drugs on the master list that a region's medical treatment protocols authorize for use within the

region. The Department may also approve an ambulance service to engage in a research project that involves use of a drug not included in a region's medical treatment protocols. Also, a ground ALS ambulance service and its ALS service medical director may apply to the Department for an exception to a region's medical treatment protocols (see related story below).

Approved Drugs for ALS Ambulance Services

Adenosine	Heparin by intravenous drip	Lidocaine HCL
Albuterol	- for interfacility transports only	Lorazepam
Amiodarone	Heparin lock flush	Magnesium sulfate
Aspirin	Hydrocortisone sodium succinate	Meperidine
Atropine sulfate	Glycoprotein IIb/IIIa Inhibitors - for interfacility transports only	Metaproterenol
Benzocaine or benzocaine/tetracaine - for topical use only	Abciximab	Midazolam
Bretylium	Eptifibatide	Morphine sulfate
Calcium chloride	Tirofiban	Naloxone HCL
Dexamethasone sodium phosphate	Intravenous electrolyte solutions	Nitroglycerin by intravenous drip - for interfacility transports only
Diazepam	Dextrose	Nitroglycerin ointment
Diltiazem	Lactated ringer's	Nitroglycerin spray
Diphenhydramine HCL	Sodium chloride	Nitroglycerin sublingual tablets
Dobutamine - for interfacility transports only	Normosol	Nitrous oxide
Dopamine	Potassium - for interfacility transports only	Oxytocin
Epinephrine HCL	Isoproterenol HCL - for interfacility transports only	Procainamide
Furosemide		Sodium bicarbonate
Glucagon		Sterile water for injection
		Terbutaline
		Verapamil

For more information on the new ALS drug list, contact Robert Gaumer, Pennsylvania Department of Health, Emergency Medical Services Office, at (717) 787-8740.



EMS Requests Waiver to Carry Dobutamine

Paul M. Paris, MD, FACEP, EMSI regional medical director, has requested a waiver of the ALS drug list regarding dobutamine allowed for interfacility transport only. Dobutamine is used in several of the services in this region for cardiogenic shock with middle to moderate hypotension. Dobutamine also appears in a rough draft of the regional ALS protocols that are currently circulating for comments through the EMSI Regional Medical Direction Committee.

Because of these circumstances, the Emergency Medical Service Institute has requested that services in the region, under strict medical command guidance and quality assurance, be allowed to carry dobutamine on the ALS trucks.

As soon as official word is received regarding this waiver, the EMSI office will contact providers.

Study Results in VRC Changes

A pilot test to study a new standardized vehicle rescue curriculum (VRC) began in July that has resulted in changes to the curriculum. The Pennsylvania Department of Health and the State Fire Academy have signed an agreement to test the curriculum over an 18-month period.

During this time, the program will feature three levels of training: awareness, operations and technician. These levels will each consist of 16 instructional hours. A complete 48-hour class may result if the three modules are run consecutively.

One of the major changes in the curriculum includes the standardization of criteria for both primary and assistant instructors. Primary instructors must now complete the new combined curriculum rollout, be currently approved by either agency, be certified as a Pennsylvania EMT or higher, be certified as a Fire Fighter I or completed Essentials of Fire Fighting, and have a certificate from Educational Methodology or the equivalent. Assistant Instructors must now complete the new combined curriculum rollout, be certified as a Pennsylvania EMT or Fire Fighter 1 or completed Essentials of Fire Fighting, and have a certificate from Educational Methodology or the equivalent.

All instructors should be aware of the changes and need to be trained in order to meet these criteria. For more information on upcoming courses for staff upgrading, contact EMSI at (412) 242-7322



Mark Your Calendar

EMSI Annual Meeting

Friday, October 25, 2002

Radisson Hotel, Green Tree

Invitations will be mailed in September. Hotel rooms have been reserved for anyone wishing to stay overnight.

For more information, contact EMSI, (412) 242-7322.

Changes Made in Hospital Redirection Policies

The EMSI Medical Direction Committee has made a change to the policy regarding the redirection of patients to emergency departments during certain conditions. The major change centers on redirection during Condition Red.

Condition Red occurs when all of the available resources in the Emergency Department are overwhelmed to the point that receipt of additional patients may result in the inability to care for them safely. In such a scenario, patients may not be brought to the Emergency Department unless the EMS personnel perceive the patient to be suffering from an immediately life-threatening illness or injury.

In the past, if the majority of geographically adjacent hospitals were also in Condition Red, then all of the hospitals

would revert to Condition Green, which meant all Emergency Departments would be required to reopen with no restrictions. The new policy calls for hospitals in this situation to revert to Condition Yellow, which means EMS personnel inform patients that the hospitals are overwhelmed and a significant delay in treatment is likely. At this point, the patient can consent to transportation to another facility.

The County EOC medical director will be responsible for determining when this situation exists. The condition automatically terminates in two hours unless renewed.

For more information on the various conditions for redirection or changes in the policy, contact the EMSI office at (412) 242-7322.

EMS Update 2003 Conference and Exhibit

March 27-29

Seven Springs Mountain Resort

Check your mail in early 2003 for more details.

Since September 11, everyone in the United States has had to take a more scrutinizing look at what terrorists could potentially use as a weapon of destruction. Before the horrific events last year, few people could imagine the devastation that could be accomplished using commercial jet airliners as weapons.

With the heightened security alerts still present, EMS personnel are being warned to become extra vigilant in reviewing and adhering to existing security measures for EMS vehicles and uniform articles. The National Association of Emergency Medical Technicians (NAEMT) issued a security alert earlier this year based on several reports indicating threats involving possible unauthorized use of vehicles or uniforms.

In one case in New Jersey, individuals acting suspiciously offered cash for a replica ambulance at a shop that builds copies of emergency vehicles, police cars and fire trucks. This prompted officials in New York to issue an alert on the potential for terrorists to use emergency vehicles as car bombs that can be planted near government buildings or landmarks without drawing attention. Other incidences have involved various inquiries about EMS operations and organizations via e-mail.

Since EMS personnel and organizations offer a high level of public trust, the opportunity exists for terrorists to exploit that trust by portraying themselves as EMS personnel or by using vehicles and uniforms in the wrong manner, according to NAEMT President Nathan R. Williams. NAEMT has developed a reference document to aid EMS organizations in assessing vulnerability and corrective measures to be

taken. Some of the precautions suggested include:

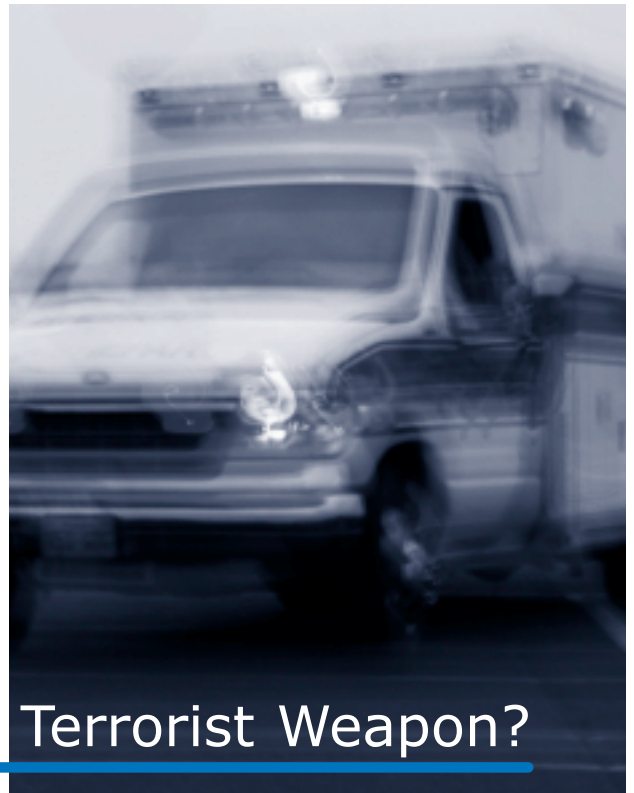
- Stay updated on present or emerging threats to safety or the EMS mission through regular security briefings.
- Become more accountable for all vehicles, marked and unmarked, by tracking vehicles that are in service, off service, in repair status, or going for salvage.

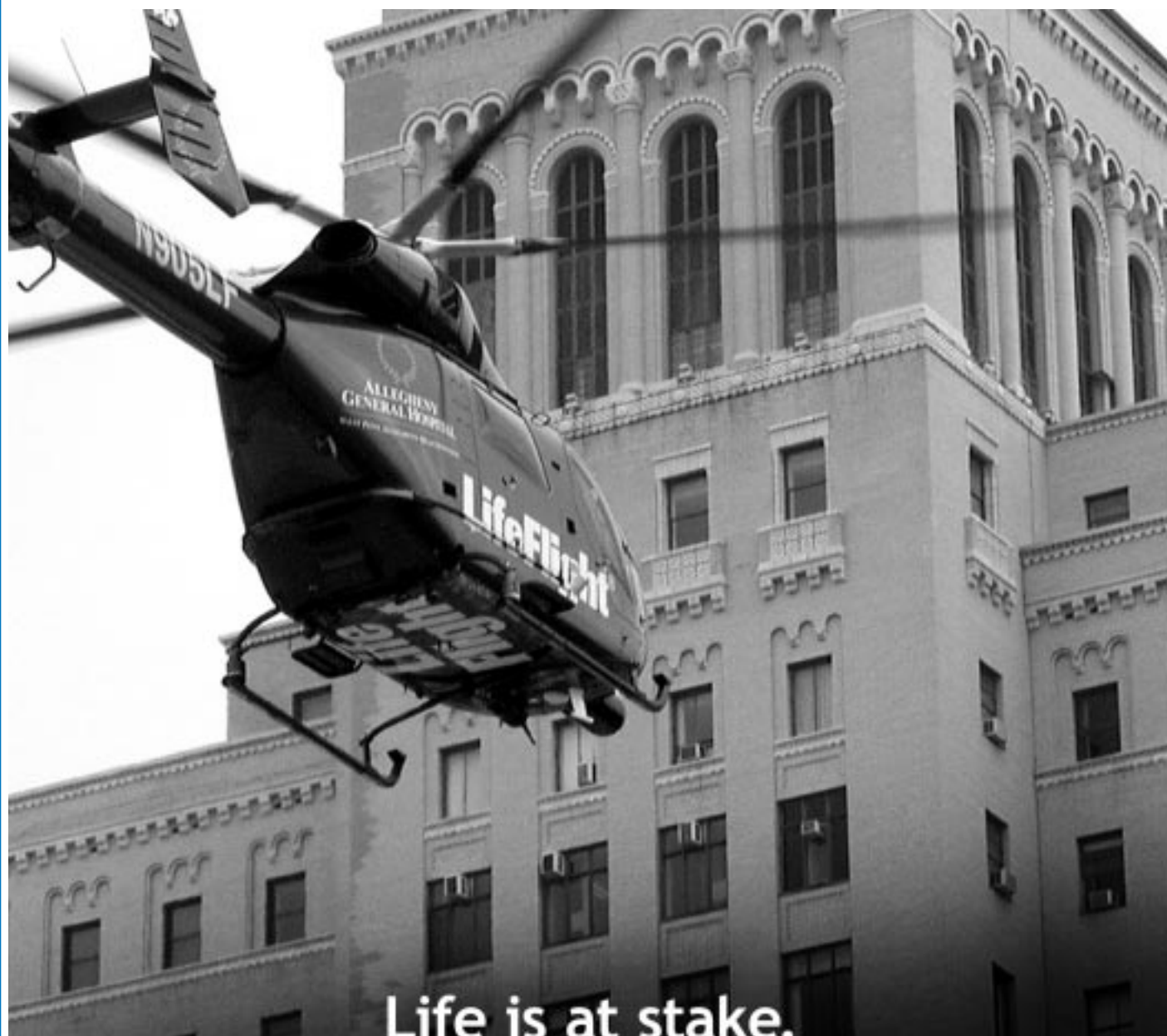
Could Your Rig Be a Terrorist Weapon?

- Do not leave unattended vehicles running or with the keys left in the ignition.
- Conduct routine and random vehicle audits to ensure vehicles in EMS stations are secure and not available for unauthorized access.
- Develop and monitor station key access logs through routine and random checks. Conduct inventories to account for all keys – any keys that are missing should be located immediately.
- Ensure that any vehicle that is off the premises for service at repair facilities is accounted for at all times. Discuss security measures with the repair facilities and vendors to ensure that the vehicle is indoors overnight or when the facility is closed; that there are no keys left in the vehicle; and that the vehicle is not taken off the premise for any reason not related to the repair. Any unusual interest in the vehicle should be reported to the EMS organization or local law enforcement officials.

- Strip agency identifying marks on vehicles that are decommissioned and slated for resale, except to other bona fide emergency response organizations. Consider uninstalling emergency warning devices and other EMS markings.
- Develop a way to safeguard agency patches and ID cards to ensure there is no unauthorized access.
- Incorporate a photo of the authorized member in identification credentials.
- Work with uniform store vendors to establish and verify the identity of individuals seeking to buy uniform articles. Verification can be made using identification credentials or by providing a contact number of the agency to cross check the identity against a database of authorized active members.

For more information or a copy of the NAEMT guidelines, contact the EMSI office at (412) 242-7322. Also, any information or activity that causes suspicion should be reported to the Homeland Security and terrorism tips contact points at (888) 292-1919.





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VRSR Certifications Presented to Eight Services

Eight services from across the region received their Voluntary Rescue Service Recognition (VRSR) certifications in June. The certifications were presented by Phil Stoner, executive director of EMSI.

The services that received this recognition were: Baldwin EMS, Bentleyville VFD, Claysville VFD, Guyasuta VFD, McDonald VFD, Midway VFD, Peters Township VFD and Ross West View EMS.

The purpose of the VRSR program, a joint program through the Pennsylvania Department of Health EMS Office and the Office of the State Fire Commissioner, is to provide statewide standards of rescue service equipment, personnel training and staffing, communications, reporting and operations.

Voluntary recognition of rescue services involves assessment of factors that relate to the effective provision of rescue. It includes rescue service tool and equipment needs, minimum staffing of rescue vehicles, personnel, training and certification requirements, communications, vehicle standards and reporting.

There are three categories of recognition available for varying levels of rescue capability. The first level, First Response, is the minimum requirement for recognition. The higher levels of rescue recognition, Operations and Advanced, are available to those providers of rescue service who currently meet or exceed the minimum requirements for rescue capabilities as defined in the Pennsylvania Department of Health rules and regulations.



Phil Stoner, executive director of EMSI, presents a VRSR certificate to Bill Plunkett, Baldwin EMS director.

Recognition by the Department means that a rescue service has met the requirements defined in the program. These services display a seal of recognition decal, which exhibits to the community that:

- The rescue service met the standards of the guidelines at the time of the inspection.
- On each emergency rescue call, there is an appropriate minimum number of rescue and medical personnel who have the tools and equipment to safely perform a rescue.
- The rescue service on a call has the essential medical equipment to perform initial emergency medical care.
- The rescue service on a call is able to effectively communicate with appropriate medical and other emergency personnel via telecommunications systems.

The recognition program is an ongoing program of the Department of Health. Interested services can contact the EMSI office, (412) 242-7322 to request an application and manual.



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PEHSC Presents Annual Awards

The Pennsylvania Emergency Health Services Council (PEHSC) honored several individuals at its annual EMS Awards Banquet held at their annual meeting in August. Keynote speaker for the evening was Paul Werfel, director of the Paramedic Program and clinical assistant professor of Health Sciences at the State University of New York at Sunnybrook.

In an especially poignant moment during the ceremony, Liz Wertz was presented with the first pediatrics award in memory of her daughter, Amanda, who passed away last year. Others receiving the awards this year were:

Mary Popovich

Instructor of the Year

Mary was commended for her 30 years of active EMS involvement as an instructor of continuing education and EMT classes. She trains and educates all levels of EMS providers from basic CPR through paramedic training. She has received multiple awards for volunteering and for her teaching ability.

"Mary continues to strive for ways to motivate and reach her students. For this reason and many more, she is most deserving of the Instructor of the Year Award." – Awards Program Booklet

Scott Garing

Prehospital RN of the Year

Scott is a member of the LifeFlight team at Allegheny General Hospital where he serves as a flight nurse. He also volunteers his time as speaker and educator in the community where he promotes safe and efficient patient care and safety for all those involved in air medical transport. He has passed on his passion

for EMS to his son who has completed his EMT training and volunteers with the local fire department.

"Scott is known for his humility, often shunning the limelight. His actions and dedication should serve as a model for the EMS community." – Awards

Program Booklet

Pennsylvania USAR Task Force One

Rescue Service of the Year

This Task Force was the first federal USAR Task Force to respond to New York City during the September 11 events. Deployed for eight days with more than 40 personnel and four canines, the Task Force conducted 24-hour-a-day operations with other urban search and rescue task forces as well as local fire, EMS and rescue services.

"The Pennsylvania Urban Search and Rescue Task Force proved their pride and service by completing an arduous task and returning safely home. The efforts of the Task Force exemplify the courage and dedication required during the tragic events of September 11, 2001. All of Pennsylvania should join us in thanking and congratulating the Pennsylvania Urban Search and Rescue Task Force." – Awards Program Booklet

Thomas Stein, MD, PEHSC president; Richard D. Flinn Jr., PEHSC, executive director; and Margaret E. Trimble, director, Pennsylvania Department of Health EMS Office, presented the awards. The evening also included a welcome by Gregory Frailey, DO, who served as the master of ceremonies. A moment of silence was held in memory of those who have died in the line of duty.

West Nile Virus Spreads

News casts have been filled recently with reports about the spread of the West Nile virus in the United States and this region. While a human vaccination for this potentially dangerous disease is not yet available, there have been advances in the development of a hybrid vaccine.

According to the Centers for Disease Control and Prevention (CDC), the West Nile virus is a form of encephalitis that is transmitted by mosquitoes. In 1999, the first case was detected in the eastern United States with reports growing daily on the number of human infections. The CDC recently reported that, as of September 5, 2002, the District of Columbia and 28 states, including Pennsylvania, have charted 854 human cases of infection this year. The result has been 43 deaths in 14 states.

The vaccination that is being developed by the U.S. government consists of a weakened combination of two viruses that has been shown to be effective in protecting mice from the virus infection, according to the *UniSci Daily University Science News*. Since then, the researchers have begun to test the vaccine in monkeys with human trials to possibly begin in late 2002.

For more information on the causes, symptoms and treatments of the West Nile virus, contact the Centers for Disease Control and Prevention at www.cdc.gov.

Smallpox Vaccination Policy Update

The use of a federal smallpox vaccine for health care workers, including EMS personnel, has been in the news frequently in recent months. EMS personnel should be aware that the Center for Disease Control (CDC) is studying the vaccination policy, but no firm decisions have been made to date.

In June, the Advisory Committee on Immunization Practices (ACIP) made several recommendations to the CDC regarding pre-event smallpox vaccinations. They include:

- Not vaccinating the general population, since current circumstances show that there are no confirmed smallpox cases and the risk of an attack is low. The ACIP notes that the potential benefits of vaccination do not outweigh the risks of vaccine complications.
- Vaccinating persons pre-designated by the appropriate bioterrorism and public health authorities who conduct investigation and follow-up of initial smallpox cases involving direct patient contact.
- Vaccinating healthcare personnel at risk for exposure to the initial smallpox cases in facilities that are pre-designated to receive these patients.
- Determining at a later date the number of people to be vaccinated based on the policy decision and input from state and local health officials responsible for bioterrorism planning.



Should any cases of smallpox be diagnosed, the ACIP recommends vaccination of contacts and their contacts (ring vaccination) as outlined in the CDC Draft Smallpox Response Plan. Mass vaccinations of communities or other populations would be added as a supplementary strategy, if needed.

The CDC continues to solicit input regarding the smallpox vaccination policy and ACIP recommendations for pre-event vaccination in preparation.

Recommendations will be made to the Department of Health and Human Services Secretary Tommy Thompson. The CDC is also assisting state and local health agencies in developing contingency plans for smallpox vaccination of persons at risk after a smallpox event.

For more information on the guidelines and recommendations for vaccinations, contact EMSI at (412) 242-7322.

Report on Ambulance Licensure

From April through June 2002, EMSI's field staff conducted ambulance relicensure inspections on the following regional providers. All providers met the requirements established by the Pennsylvania Department of Health.

ALLEGHENY COUNTY

Citizens Hose Ambulance Service
Quaker Valley Ambulance Authority
Valley Ambulance Authority
Parkway Ambulance Service
Highland Fire Department QRS
Woodland Hills Emergency Medical Service
Trinity Emergency Medical Service
Etna Volunteer Fire Department QRS
United Volunteer Fire and Rescue
Heidelberg Volunteer Fire Department
West Deer Ambulance Service
Baldwin Emergency Medical Service

ARMSTRONG COUNTY

Kittanning Hose Company #6
Ambulance Service

BEAVER COUNTY

Medic Rescue

GREENE COUNTY

Richhil Township VFD

WASHINGTON COUNTY

Peters Twp VFW Post 764 Ambulance
Jefferson Township VFD
West Finley VFC Squad 53

WESTMORELAND COUNTY

Jeannette EMS
Tri-Community Ambulance
Laurel Valley Ambulance
Rostraver/West Newton EMS
Rescue 14 EMS
Ligonier Valley Ambulance
North Huntingdon Rescue 8
Penn Township Rescue 6
Ambulance
Alcoa Medic 141

Lack of Seat Belt Usage Still a Concern

Here's an experiment to do the next time you are in your car driving. While sitting at a red light, look at 10 cars and count how many of the occupants are wearing seat belts. Chances are, you will see four cars with occupants who are not wearing this life saving device.

In a recent newsletter by the group Buckle Up America, statistics show that the nation's seat belt usage has increased over the past few years. According to the June 2001 National Occupant Protection Use Survey administered by the National Highway Traffic Safety



Administration, the national average for seat belt use is 73 percent.

Unfortunately, in the northeast (including Pennsylvania), the rate is only 62 percent, down five percent from the fall of 2000.

The disparity in numbers between the north east and the rest of the country may be due to enforcement, according to the newsletter

article. Most southern states participated in efforts to "click it or ticket," which boosted seat belt use nine percent. Low penalties that are not significant deterrents may also account for the low numbers in the north east, according to the article. Finally, standard enforcement that allows law enforcement officers to stop a vehicle if a driver or passenger is not buckled up accounted for an 11 percent increase in seat belt use.

Encouraging law makers to pass standard enforcement laws can go a long way toward increasing safety belt use and consequently saving lives. If such sweeping changes are made, then the north east could make a turnaround and see growth in the usage similar to what other parts of the country have experienced over the past several years.

For more information on safety belt usage and advocacy programs, visit the Buckle Up American web site at www.buckleupamerica.org.

A September 11 Prayer

During the month of September, the following EMS prayer serves as a fitting reminder of the dedication and sacrifice EMS personnel make each and every day to touch the lives of the community. This prayer, which was written by Christine Bahr, was distributed by Sen. Jane Orie following the September 11, 2001 tragedy.

EMS Prayer

Dear God,

As your loving children lie helplessly in pain and afraid, give me a steady hand and knowledge to ease their suffering.

Enable me to calm a trembling child, bring life back to the heart that is loved so dearly by its family, rescue the trapped and seriously injured, and cradle with loving arms the newborn child that breathes the fresh night air for the first time.

Protect my speeding vehicle from harm and make a path through dense traffic that I may transport my patient to the hospital in a timely manner.

For those whom I was unable to bring back to life, may you hold them gently in your strong and loving arms, letting them know I did my best to save them.

May they also watch over me, as a member of your army of angels, protecting me and continually holding me up to you in fervent prayer.

Thank you for placing Your trust in me and assigning me to act as your outstretched hand to the needy.

I humbly ask your guidance and love.

Amen

Lessons Learned from September 11

As the anniversary of the September 11 events are fresh in everyone's mind, one of the best things EMS personnel can do is to learn from what happened. At an EMS conference held in May, former New York City Fire Commissioner Thomas Von Essen said "commanders lost control of the waves of firefighters responding to the chaotic scene at the World Trade Center on September 11."

The loss of control Von Essen referred to was the overwhelming rush of on-duty and off-duty firefighters and emergency workers who came to the scene to offer assistance, some without proper equipment or leadership. This is not an uncommon practice as EMS personnel are dedicated to helping those in need, especially during a major rescue. To learn from the lessons of Von Essen, responders should always be under the direct supervision of an incident commander. This ensures discipline and control at the scene... something that is essential to saving lives.

Phoenix Fire Chief Alan V. Bruhacini in a recent article of *FireRecue Magazine* proposed adhering to the following rules as an example of the responder's role in a crisis:

- We will risk our lives a lot to protect a savable life.
- We will risk our lives a little to protect savable property.
- We won't risk our lives at all attempting to save lives or property already lost.

These are rules to consider and live by.

Bioterrorism Resources Available

September 11 was only the beginning of a long fight in the war on terrorism in this country. EMS personnel and services need to be constantly educated and updated on security alerts, bioterrorism-related infections, responses to bioterrorism, and safety issues. There is a plethora of information available to responders who would like to stay educated on the latest in bioterrorism preparedness.

The EMSI office has several lists of bioterrorism and disaster training and education resources available for reading. Included in these resources are lists of bioterrorism and other disaster training centers, information on web-based training modules, CD-ROM bioterrorism educational resources, lists of literature and curriculums for schools of public health, and articles on virtually every conceivable topic.

In addition to these listings, there are several web sites available to learn more about bioterrorism. Some of the better known sites include:

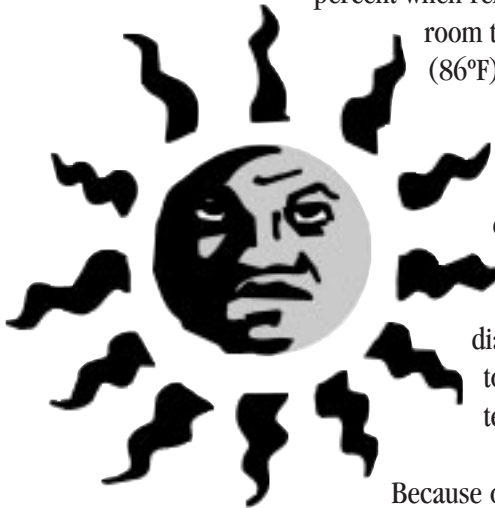
American Hospital Association	www.aha.org
American Medical Association	www.ama-assn.org
Centers for Disease Control and Prevention	www.bt.cdc.gov
Department of Defense (US Army Soldier and Biological Chemical Command)	www.hld.sbcom.army.mil
Federal Emergency Management Agency	www.fema.gov
HazMat/Decon Task Force	www.hazmatforhealthcare.org
US Army (Medical Research Institute of Infectious Diseases)	www.usamriid.army.mil
American Red Cross	www.redcross.org
Agency for Toxic Substance and Disease Registry	www.atsdr.cdc.gov
Bioterrorism Learning Center	www.bioterrorism.digiscript.com
Food and Drug Administration	www.fda.gov
US Public Health Service	www.oep.osophs.hhs.gov

For a full listing of the web sites and other resources on bioterrorism, contact the EMSI office at (412) 242-7322.

Lorazepam and Storage in Hot Weather

The PA Department of Health has added the drug lorazepam (Ativan®) to the state ALS drug list for the treatment of epileptic seizures and sedation of violent patients. However, the State warns that the potency of lorazepam can be dramatically reduced by heat and recommends refrigerated storage in the pre-hospital setting.

In a 1999 study, both diazepam (Valium®) and lorazepam (Ativan®) lost potency as the storage temperature increased; lorazepam degraded dramatically at temperatures over 30°C (86°F). The potency of lorazepam remained at 100 percent when refrigerated, 90 percent at room temperatures below 30°C (86°F), and only 25 percent when stored at 37°C (98.6°F). In addition to the dramatic degradation of lorazepam at high temperatures, this study points out that diazepam also degrades to a lesser extent at high temperatures.



Because of these findings, the Department of Health has issued the following recommendations that must be followed by services that carry lorazepam.

- Protect lorazepam from light during storage by keeping the drug in the light-protected carton or equivalent.
- Secure lorazepam in the same manner as narcotic medications since it is a controlled substance.
- Carry lorazepam in a refrigerated, temperature-controlled compartment on the EMS vehicle (this is the ideal method of storage) or discarded and replace every 60 days. An additional label must be affixed to the medication vial to assure that the new 60-day replacement date is apparent.

Services choosing to add this drug to their drug boxes must follow applicable regional drug use policies and protocols. All ALS practitioners must also receive training in the use of lorazepam. Training manuals were sent to all con-ed sponsors in the region and a one hour lorazepam training module is now available.

Lorazepam is just one example of an EMS medication that is affected by temperature extremes. Many EMS drugs lose their potency at high temperatures, especially in Pennsylvania's climate where temperatures can be exceedingly high in closed vehicles on hot days. Because of this, EMS services and practitioners should examine their current practices and follow these basic guidelines:

- Park vehicles indoors when possible. When vehicles must be parked outdoors for extended times during hot weather, park in the shade.
- If practitioners anticipate high temperatures in the drug storage compartment of a vehicle, consider removing the drug bag when possible. If the drugs are removed, all policies related to security of the drugs still apply. This includes security requirements for controlled substances.
- Monitor compartment temperatures with a thermometer to develop a better understanding of drug storage temperatures.
- Store drugs in temperature-controlled compartments on EMS vehicles, if available. These temperature controlled systems are available for EMS vehicles and installation should be considered for optimal temperature control.

For more information on the storage of EMS drugs to prevent degradation due to heat, or the use of lorazepam in EMS vehicles, contact EMSI at (412) 242-7322. For more information on training programs on use of lorazepam, contact Bruce Sivak at EMSI, (412) 242-7322.

Hepatitis C Remains Concern for EMS Responders

There has been an ongoing controversy over the years about whether or not EMS responders are at a higher risk of being infected by Hepatitis C than the general public. It has been speculated that responders are at greater risk because of their repeated exposure to victim's blood.

Two years ago, a report in the Philadelphia area showed that the infection rate among the city's firefighters was more than three times the national average. But in-depth studies by the Centers for Disease Control and Prevention since that time have shown that pre-hospital providers do not show higher rates of Hepatitis C infection than the population at large.

A new twist to this ongoing debate are reports that indicated a serious risk to rescue workers involved in the World Trade Center rescue and excavation. These workers were exposed to body parts, blood and other substances that increased the risk of infection.

In an effort to educate EMS personnel to the risks, symptoms and treatments for Hepatitis C and other infectious diseases, the United States Fire Administration (USFA), which is part of the Federal Emergency Management Agency (FEMA), has released a new Updated Emergency Services Infection Control Manual. The manual is designed to help guide emergency services in developing

and improving their infection control programs. The document details the most comprehensive and updated infection control programs and practices for local level fire and emergency medical services departments. This includes information on Hepatitis C exposure.

The manual is free and available in printed or downloadable format on the Internet. Quantities are limited.

For more information or to order a copy of the Updated Emergency Services Infection Control Manual, visit www.usfa.fema.gov and click on publications, call (800) 561-3356, or fax a request to (301) 447-1213.

Don't Forget the 04

When accessing the EMSI web site, don't forget the 04. The web address is www.emsi04.org. Since EMSI is no longer affiliated with CAPA.net, the emsi4.org address is no longer valid. Using the 04 ensures you have access to the most up to date information on classes, conferences and other news from EMSI.



National Registry Testing Dates Announced

EMSI will be administering the National Registry Paramedic exam on the following dates:

Written exam: Thursday, November 21
2 p.m.
Center for Emergency Medicine
Completion application due October 10

Practical exam: Friday, November 22
8:30 a.m.
Center for Emergency Medicine
Must contact EMSI by phone by October 18

Testing is open to anyone who needs to obtain a Pennsylvania Paramedic certification. Dates will be filled on a first come basis. In addition to these dates, a full listing of National Registry Paramedic testing dates and sites in Pennsylvania is available on the PA Department of Health Website at www.health.state.pa.us.

For more information on the testing dates or to check for available testing slots, contact EMSI at (412) 242-7322.

2002 Class Registrations By Specific Dates

Start Date	Time	Class Number	Course Name	Hours			Class Location	Contact	Phone
				1st Resp	EMT	Med PHRN			
9/26	18:30	9993	Case Review	3.00	3.00	3.00	The Medical Center	Joe Campbell	(724) 733-3433
9/27	7:30	1004	PALS-R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
9/29	8:00	7002	BTLS-R	8.00	8.00	8.00	Alle Kiski Medical Center	William Held	(412) 359-4955
9/30	18:30	6092	Basic Vehicle Res-Ops-DOH (DHVRO)	11.00	11.00	11.00	Monroeville #4	CCAC	(412) 237-2500
10/2	8:00	1002	ACLS - R	0.00	0.00	8.00	Forbes Regional	William Held	(412) 359-4955
10/3	18:00	1005	AED	4.00	4.00	4.00	CCAC Allegheny	CCAC	(412) 237-2500
10/3	8:00	1004	PALS-R	0.00	0.00	8.00	St. Clair Hospital	CCAC	(412) 237-2500
10/3	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
10/8	18:00	3511	Weapons of Mass Destruction	4.00	4.00	4.00	Allegheny Ludlum Steel	William Held	(412) 359-4955
10/9	11:00	7600	Soft Tissue Injuries	2.00	2.00	2.00	Jeannette Hospital	Don Thoma	(724) 527-9341
10/10	8:00	1001	ACLS	0.00	0.00	16.00	Alle Kiski Medical Center	William Held	(412) 359-4955
10/11	18:30	7002	BTLS-R	8.00	8.00	8.00	CCAC Allegheny	CCAC	(412) 237-2500
10/11	18:30	7001	BTLS	16.00	16.00	16.00	CCAC Allegheny	CCAC	(412) 237-2500
10/15	19:00	6004	Basic Vehicle Rescue	9.00	9.00	9.00	Aspinwall	CCAC	(412) 237-2500
10/15	19:00	751	Behavioral Emergencies	1.50	1.50	1.50	Latrobe Hospital	Keith Stouffer	(724) 537-1578
10/16	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
10/16	8:00	1004	PALS-R	0.00	0.00	8.00	Medical Rescue Team South	Adella Mueller	(724) 356-7381
10/17	18:00	1026	Basic Rhythm Interpretation	0.00	0.00	8.00	Rescue 8	Walt Lipinski	(724) 864-2540
10/18	7:45	1003	PALS	0.00	0.00	16.00	Children's Hospital	Prehospital Services	(412) 692-8720
10/18	7:30	1004	PALS-R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
10/19	8:00	1005	AED	4.00	4.00	4.00	CCAC Boyce	CCAC	(412) 237-2500
10/19	8:00	530	Emergency Resp.to Terrorism:NFA	14.00	14.00	14.00	CCAC Allegheny	CCAC	(412) 237-2500
10/21	18:30	6093	Basic Vehicle Res-Tech-DOH (DHVRT)	7.00	7.00	7.00	Monroeville #4	CCAC	(412) 237-2500
10/22	18:30	1008	12-lead EKGs for Prehospital Care			3.00	CCAC Allegheny	CCAC	(412) 237-2500
10/22	8:00	1002	ACLS - R	0.00	0.00	8.00	Alle Kiski Medical Center	William Held	(412) 359-4955
10/23	18:30	9993	Case Review	3.00	3.00	3.00	The Medical Center	Joe Campbell	(724) 733-3433
10/24	7:15	1001	ACLS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
10/24	8:00	1003	PALS	0.00	0.00	16.00	Forbes Regional	William Held	(412) 359-4955
10/24	8:00	1004	PALS-R	0.00	0.00	8.00	Washington Hospital	Kathleen Fischer	(724) 233-3354
10/26	8:00	2026	Incident Command	4.00	4.00	4.00	CCAC Allegheny	CCAC	(412) 237-2500
10/26	8:00	1003	PALS	0.00	0.00	16.00	Jefferson Hospital	CCAC	(412) 237-2500
10/27	8:00	1004	PALS-R	0.00	0.00	8.00	Jefferson Hospital	CCAC	(412) 237-2500
10/28	8:00	1001	ACLS	0.00	0.00	16.00	West Penn Hospital	William Held	(412) 359-4955
10/30	8:00	1001	ACLS	0.00	0.00	16.00	Allegheny General	William Held	(412) 359-4955
11/2	7:45	1004	PALS-R	0.00	0.00	8.00	Children's Hospital	Prehospital Services	(412) 692-8720
11/2	8:00	7003	PHTLS	0.00	16.00	16.00	CCAC Allegheny	CCAC	(412) 237-2500
11/3	8:00	7004	PHTLS-R	0.00	8.00	8.00	CCAC Allegheny	CCAC	(412) 237-2500
11/4	18:30	5252	Focused History/Phys Exam - Trauma	4.00	4.00	4.00	CCAC Allegheny	CCAC	(412) 237-2500
11/4	8:00	1004	PALS-R	0.00	0.00	8.00	West Penn Hospital	William Held	(412) 359-4955
11/7	7:30	1003	PALS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
11/7	8:00	1004	PALS-R	0.00	0.00	8.00	St. Clair Hospital	CCAC	(412) 237-2500
11/7	8:00	1004	PALS-R	0.00	0.00	8.00	Forbes Regional	William Held	(412) 359-4955
11/8	8:00	1002	ACLS - R	0.00	0.00	8.00	Jefferson Hospital	CCAC	(412) 237-2500
11/9	9:00	1005	AED	4.00	4.00	4.00	CCAC Downtown	CCAC	(412) 237-2500
11/9	8:00	7004	PHTLS-R	0.00	8.00	8.00	Allegheny General	William Held	(412) 359-4955
11/11	7:00	1044	ACLS for the Experienced Provider	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5906
11/12	18:30	6092	Basic Vehicle Res-Ops-DOH (DHVRO)	11.00	11.00	11.00	Peebles VFD	CCAC	(412) 237-2500
11/12	8:00	1001	ACLS	0.00	0.00	16.00	Washington Hospital	Kathleen Fischer	(724) 223-3354
11/13	11:00	2515	Sudden Infant Death Syndrome	1.50	1.50	1.50	Jeannette Hospital	Don Thoma	(724) 527-9341
11/13	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
11/13	8:00	1002	ACLS - R	0.00	0.00	8.00	Medical Rescue Team South	Adella Mueller	(724) 356-7381
11/14	18:30	9993	Case Review	3.00	3.00	3.00	The Medical Center	Joe Campbell	(724) 733-3433
11/14	19:00	5000	Obstetrics & Gynecology	2.00	2.00	2.00	Rescue 8	Walt Lipinski	(724) 864-2540
11/14	8:00	1003	PALS	0.00	0.00	16.00	Allegheny General	William Held	(412) 359-4955
11/14	8:00	1002	ACLS - R	0.00	0.00	8.00	Washington Hospital	Kathleen Fischer	(724) 223-3354
11/16	8:00	1005	AED	4.00	4.00	4.00	CCAC Washington	CCAC	(412) 237-2500
11/18	9:00	1005	AED	4.00	4.00	4.00	CCAC Boyce	CCAC	(412) 237-2500
11/18	8:00	1003	PALS	0.00	0.00	16.00	Alle Kiski Medical Center	William Held	(412) 359-4955
11/20	7:30	1002	ACLS - R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
11/21	8:00	1002	ACLS - R	0.00	0.00	8.00	Forbes Regional	William Held	(412) 359-4955
11/23	8:00	7001	BTLS	16.00	16.00	16.00	Alle Kiski Medical Center	William Held	(412) 359-4955
11/24	8:00	7002	BTLS-R	8.00	8.00	8.00	Alle Kiski Medical Center	William Held	(412) 359-4955
12/3	18:30	2011	IAFF HazMat Trng - 1st Responders	21.50	21.50	21.50	CCAC Allegheny	CCAC	(412) 237-2500
12/4	19:00	253	SHHS ALS Skills Review			2.50	Jefferson Hospital	CCAC	(412) 237-2500
12/4	9:00	253	SHHS ALS Skills Review			2.50	Jefferson Hospital	CCAC	(412) 237-2500
12/5	8:00	1001	ACLS	0.00	0.00	16.00	Allegheny General	William Held	(412) 359-4955
12/6	7:45	1003	PALS	0.00	0.00	16.00	Children's Hospital	Prehospital Services	(412) 692-8720
12/7	8:00	1004	PALS-R	0.00	0.00	8.00	CCAC Allegheny	CCAC	(412) 237-2500
12/7	9:00	1005	AED	4.00	4.00	4.00	CCAC Airport	CCAC	(412) 237-2500
12/9	18:00	1005	AED	4.00	4.00	4.00	CCAC South	CCAC	(412) 237-2500
12/10	18:30	531	Incident Command Sys for EMS/NFA	16.00	16.00	16.00	CCAC Allegheny	CCAC	(412) 237-2500
12/11	11:00	5266	Survival Tactics for EMS	2.00	2.00	2.00	Jeannette Hospital	Don Thoma	(724) 527-9341
12/11	8:00	1004	PALS-R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
12/12	7:15	1001	ACLS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
12/12	18:30	2519	Pediatric Trauma	0.00	3.00	3.00	CCAC Allegheny	CCAC	(412) 237-2500
12/12	8:00	1001	ACLS	0.00	0.00	16.00	Canonsburg Hospital	William Held	(412) 359-4955
12/16	18:30	2047	Domestic Preparedness	12.00	12.00	12.00	CCAC Allegheny	CCAC	(412) 237-2500
12/16	18:30	2001	Hazardous Materials R & I	4.00	4.00	4.00	CCAC Allegheny	CCAC	(412) 237-2500
12/18	7:30	1004	PALS-R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
12/19	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955

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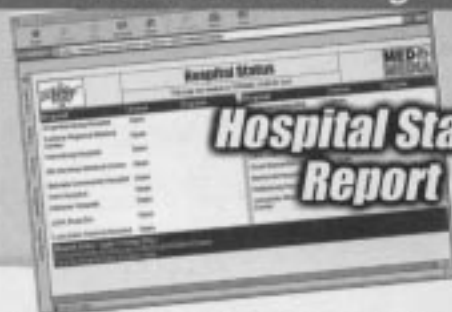
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EMSI Staff E-Mail Addresses

Gloria Arrington, Accountant
garrington@emsi04.org

Scott Crawford, Regional Training Coordinator
scrawford@emsi04.org

Pam Dixon, Data Processor
pdixon@emsi04.org

Kurt Henkel, Regional Training Coordinator
khenkel@emsi04.org

Linda Kovac, Con-Ed/Training Program Specialist
lkovac@emsi04.org

Louise Myers, Data Processor
lmyers@emsi04.org

Carolyn Palmer, Secretary
cpalmer@emsi04.org

Joe Ponko, Medical Specialist
jponko@emsi04.org

Bruce Sivak, Prehospital Service Specialist
bsivak@emsi04.org

Philip Stoner, Executive Director
pstoner@emsi04.org

Nancy Theilacker, Secretary
ntheilacker@emsi04.org

www.emsi04.org

EMSI Intercom



EMSI Intercom is published quarterly as a service of Emergency Medical Service Institute. EMSI is a regional non-profit agency coordinating emergency medical resources in ten counties of southwestern Pennsylvania.

Philip StonerExecutive Director
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EMSOF Allocations Announced

The Emergency Medical Services Operating Fund (EMSOF) was developed in 1985 to provide funds for the purchase of EMS equipment and the training of EMS personnel at accredited training sites. In the 2001-02 fiscal year, EMSOF distributed \$394,829 in allocations to the following counties in southwestern Pennsylvania:

Allegheny County	\$114,691	Greene County	\$14,928
Armstrong County	\$22,557	Indiana County	\$27,112
Beaver County	\$25,844	Lawrence County	\$19,308
Butler County	\$36,138	Washington County	\$38,093
Fayette County	\$35,708	Westmoreland County	\$60,450

Funding priorities for EMS equipment are developed annually by the Pennsylvania Department of Health and published in the *Pennsylvania Bulletin*. EMSI processes all applications for consideration. EMS providers and training sites receive EMSOF reimbursements of 50 percent if serving an urban area; 60 percent if serving a rural area. EMSOF money is collected through a \$10 fine levied on all moving traffic violations and a \$25 fee for those enrolled in an accelerated rehabilitation disposition (ARD) program.

For more information on EMSOF funds, contact EMSI at (412) 242-7322.

MDC Meeting Schedule Set

EMSI's Regional Medical Direction Committee (MDC) has set the following meeting schedule:

Friday, December 6
Westmoreland Regional
Hospital

The meeting begins at noon and includes lunch. Meetings are open to all ALS service medical directors and medical command physicians.

For more information on joining the MDC, contact Joseph Ponko, EMSI medical specialist, at (412) 242-7322.

EMSI now has a toll-free number: 1-866-827-EMSI • Note: all other 412 numbers will remain the same



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