

## Area Hospitals to be Equipped with Evacusled™ Emergency Evacuation System

Nineteen hospitals in our region will soon be equipped with the Evacusled Emergency Evacuation System. The Evacusled, which was used successfully during Hurricane Katrina to bring patients to safety, attaches to a patient's bed and turns the mattress into an evacuation vehicle. Requiring only seconds to deploy, Evacusled cocoons the patient and mattress together. The patient, mattress and Evacusled are then rolled off the bed deck. Numerous small wheels on the underside of the Evacusled allow the rescuer to roll the Evacusled down hallways and stairwells to safety according to the facility's evacuation plan.

Use of the Evacusled involves no lifting, only pulling (pull force is 30 lbs for 195 lb patient). As a result, one person can evacuate one patient. It is fast, efficient and comfortable for the patient. The treatment surface travels with the patient along with IV, etc. The Evacusled has five support panels built in for extra protection of patient's head and spine.

The Evacusled standard model is compatible with standard beds, as well as some specialty beds. Beds equipped with Evacusled can be readily identified as the device is bright yellow and is visible between the mattress and the bed frame. In case you must respond to an emergency evacuation at a hospital, a staff



*Staff demonstrate vertical evacuation using the Evacusled.*

member can show you how to deploy an Evacusled in less than a minute. It is anticipated that in an emergency, many regional hospitals would prepare staging areas for loaded Evacusleds ready for transport.

The Evacusleds were purchased for the region's hospitals under a Regional Resource Center (RRC) grant from the Department of Health. The RRC plans to purchase 300 of these devices with the goal of purchasing enough to meet the needs of the region's hospitals. Albany Med plans to use the Evacusleds only in emergency situations when patients must be transported vertically to another floor or ground level. Over time, Evacusleds will be available on most beds in most of the region's hospitals of two stories or more.

## Shorter Times to Balloon Angioplasty Save STEMI Patients' Lives

One and a half million Americans suffer acute myocardial infarctions every year, resulting in 500,000 deaths. Patients with ST-segment elevation MI (STEMI) are best treated with balloon angioplasty when rapid transportation to a heart catheterization lab capable of emergency angioplasty is possible. The sooner after arrival at the hospital

the blocked artery is opened, the better the outcome for the patient. New national guidelines have reduced the goal door to balloon time to 90 minutes.

EMS plays a vital role in reducing door to balloon time to help hospitals meet this 90 minute benchmark. A recent article published in the *New England Journal of Medicine*

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# EZ-IO™ Provides Vascular Access Even When Veins are Collapsed



When a patient goes into shock or cardiac arrest, the veins collapse, and it can be impossible to get an intra-

venous line in. Fortunately, long bones are considered non-collapsible veins, and a new commercially available device, EZ-IO™ from VidaCare™, provides fast, safe and controllable vascular access via the intraosseous space.

The intraosseous space within the long bones is a specialized area of the vascular system where blood flow is rapid and continues even during shock. Drugs and fluids infused through this route reach the central circulation just as quickly as those administered through standard IV access.

EZ-IO is a handheld battery powered drill that spins a special double-bevel needle into the bone. In three-to-six seconds (and causing no more discomfort than a large bore standard IV), it penetrates to the space inside the bone where key components of the blood are generated. Disconnect the drill, take the stylet out of the catheter, aspirate and flush the line, and hook up the IV tubing—you're done.

EZ-IO works for any medical condition in which you can't get a vein—including dialysis patients, drug abusers, and people with poor peripheral venous access—and it works better and faster than trying to administer drugs or fluids intramuscularly or subcutaneously.

# Be Aware of Autism

Autism is a disorder that impairs an individual's ability to communicate and relate to others. Autism affects about one in 150 persons, so it is likely that you may encounter an individual with autism as part of your duties as an emergency responder. You may hear autism referred to by many other names, including ASD (Autism Spectrum Disorder), Aspergers Syndrome, PDD (Pervasive Developmental Delay), and PDD NOS (Pervasive Developmental Delay Not Otherwise Specified).

Individuals with autism cannot be identified by their appearance, but may wear a Medic Alert bracelet or a tattoo. Symptoms of autism may range from mild to severe. Fifty percent of individuals with autism are non-verbal throughout their lives. Another 20% may become non-verbal when highly stressed. Some are impulsive and may run away if they feel there is a threat.

People with autism tend to have high levels of anxiety. Because of this, be sure to be fairly quiet, maintaining a calm manner when examining the person, and gradually introduce change within the limits of the emergency situation. Speak simply and explain what you are going to do. Allow extra time for the individual to respond to questions. Some people with autism who are non-verbal may use simple sign language, an electronic communication device, and or a book of pictures (called Picture Exchange

Communication – PEC's) that they point to as an aid to communication. Do not assume that because your patient is non-verbal that he or she does not understand what you are saying.

Be aware that some individuals with autism may make repetitive noises or repeat phrases that have no bearing on the topic of conversation. Others exhibit self stimulating behaviors such as hand flapping, flicking, eye blinking, and string twirling. These behaviors are calming to the individual. Although they may appear distressing to you, you should not to interfere with these behaviors, so long as they do not present a danger to the patient or others. In fact, trying to stop the behaviors may actually increase anxiety and may cause the individual to act out aggressively.

Realize that a person with autism may not like being touched or the feel of certain objects (such as the blood pressure cuff) and may try to remove IV lines or saturation monitors in the course of agitation. Try to conduct the examination in a quiet setting if at all possible.

People with autism may be defensive to touch, unusual sounds, flashing lights, loud radios, and sirens. Try to minimize unusual stimulus and noise. If procedures are necessary, do them quickly, calmly, and competently – with appropriate amount of restraint – but avoid positional asphyxia. Move the patient to a calm setting as soon as possible.



## Evacuation of an Elderly Apartment Complex

Late last November, fire broke out on the fourth floor of the Summit Towers apartment building in Schenectady, NY. Summit Towers is a 12-story building with 225 residents, most of whom are elderly. Fifty elderly residents had to be evacuated from the fourth and fifth floors.

According to Deputy Chief Scott Doherty, who responded to the fire with two engines, a truck company, and a rescue rig, the rescue team knew there was a fire as soon as they arrived. “The sprinklers had activated, and fire alarms were going off on multiple floors, so we immediately did several things simultaneously.” These included calls for more apparatus, mutual aid companies to cover the city in case there were other fires, and off-duty firefighters to provide more manpower. They also began evacuating the fifth floor because it presented the largest danger.

“We were fortunate because we had a preplan of building,” Doherty says. “We knew where the handicapped residents were. The fire was in an electrical room on the fourth floor, so we cut the power to the building. Some firefighters had to carry people on their backs, and others assisted residents in getting down to the ground floor. Some of the evacuees were obese, but we didn’t have to use

bariatric rescue equipment. Ultimately, with 20 responders on scene, we were able to evacuate 50 people in about a half hour.”

There are a number of key lessons to be learned from that experience, Doherty says:

- Know your population ahead of time. It was extremely useful to know that there were many elderly residents, including some handicapped individuals, in Summit Towers.
- Have an evacuation plan in place. Take into consideration where people will go once evacuated.
- Have good mutual aid arrangements so that your resources are not stretched too thin.
- Make sure you have enough personnel to safely rescue those who are very heavy.
- Think beyond the event. Schenectady FD had contacted the Red Cross, which was prepared to house up to 225 people. Fortunately, the Red Cross only had to house six.
- Think of your personnel — an evacuation can take a tremendous physical toll on the rescuers. Make sure they get adequate rest and recuperation.

## Balloon Angioplasty, continued

examined interventions to reduce this interval. Among the most successful was enabling EMS to obtain, interpret and transmit EKG tracings to the destination hospital. This intervention alone resulted in a savings of over 15 minutes in overall door to balloon times.

EMS providers are skilled at identifying patients at risk for STEMI, including those with atypical presentations such as advanced age or long standing diabetes. In those patients, a 12 lead EKG should be obtained within 10 minutes of first ALS evaluation.

If your interpretation is that a STEMI is likely, establish REMO medical control

early to discuss your destination and ETA. In our Region, three hospitals are able to mobilize a heart catheterization team rapidly to treat EMS patients with STEMI: Ellis Hospital, St. Peter’s Hospital and Albany Medical Center. Early identification and notification will allow a team to be ready faster. These minutes translate into greatly improved outcome for your patients.

*If your squad would like a continuing medical education program about 12 lead EKG interpretation, please contact Art Breault or Sarah Seiler through Laura at 262-3773.*

## Rubin Dialysis Center Home Dialysis Quick Disconnect Checklist

There are two main types of home dialysis: hemodialysis and peritoneal dialysis.

During hemodialysis blood is circulated to a dialysis machine via two tubes. The tubes may be connected to an arm or leg via needles or a catheter into the chest.

To quickly disconnect hemodialysis:

- Wear a mask and gloves to protect yourself and the patient.
- Close four clamps (two on each line).
- Disconnect each line between the clamps by turning the fittings counter clockwise.
- Keep the ends of the patient lines sterile. Under certain conditions, you can use the lines to administer medicines. Check with your Medical Control first.

Peritoneal dialysis circulates clear or amber-colored fluid to a dialysis machine through just one line, a tube into the stomach.

To quickly disconnect peritoneal dialysis:

- Wear gloves.
- Close two clamps on the line.
- Attach two Del-clamps on either side of the snap disconnect. (The patient normally keeps these clamps, which are colored blue, nearby).
- Disconnect the line at the snap disconnect.

These checklists are provided for information purposes only. If you need specific instructions or would like training, please contact the Rubin Dialysis Center: 518-831-6700 or 518-587-1919.

## Upcoming Events

For information on our upcoming events, please visit [www.amc.edu/ems](http://www.amc.edu/ems) or call (518) 262-8559.

### Second Annual 'Light up the Night' Fundraiser to Benefit Emergency Department



An exciting fundraising event will take place again during this summer's Saratoga racing season to benefit Albany Med's department of emergency medicine. The "Light up the Night" benefit will be held from **8pm to midnight July 27** at Sargo's at the Saratoga National Golf Course.

The event features food provided by Sargo's award-winning executive chefs, as well as a champagne station, an extravagant chocolate fountain, open bar and live music by area band The Refrigerators.

The cost is \$150 per person, with discounts given to groups of 10 or more. For ticket or corporate sponsorship information, please call the Albany Medical Center Foundation at (518) 262-3835 or e-mail [development@mail.amc.edu](mailto:development@mail.amc.edu).

As the region's only state-designated Level 1 trauma center, Albany Med's emergency department is a critical community resource. Approximately 65,000 individuals visit Albany Med's ED for care each year.

The proceeds from the event will be used to fund educational opportunities, research initiatives and equipment purchases that will further strengthen the department of emergency medicine.

## Did You Know...

- The powder form of diltiazem commonly carried in ALS units has been discontinued by the manufacturer. The diltiazem vials (liquid) remain on the market but have a one-month unrefrigerated shelf life. For patient safety reasons, SEMAC does not approve using the (still available) more concentrated powder diltiazem formulations.
- CDC is testing a new trauma triage protocol with pre-hospital and emergency medicine groups. Data from New York weighed heavily in validating the recommendations. Visit [www.cdc.gov/ncipc/dir/FLD\\_TRIAGE.doc](http://www.cdc.gov/ncipc/dir/FLD_TRIAGE.doc) to learn more.
- Vital Signs 2007 returns to Syracuse October 18-21, 2007. Training and Education Safety TAG members plan to deliver a Scene Safety Tactics seminar and additional workshops on lifting and moving patients. Visit [www.vitalsignsconference.com](http://www.vitalsignsconference.com) for more information.



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