DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

EMS Program - Health Emergency Preparedness and Response Administration

January 16th, 2024

Winter has arrived to the National Capital Region!

As the frosty fingers of winter grip the District, **protect yourself first!** Operating successfully in the cold is crucial to keeping you in the field. Think **layers, layers, layers:** warm hats, gloves, and insulated boots where you can. Please don't forget to stock your ambulance with extra blankets and warming supplies.

The patients you treat will thank you for providing that extra layer of comfort.

Spotting the Shivers: Recognizing Hypothermia:

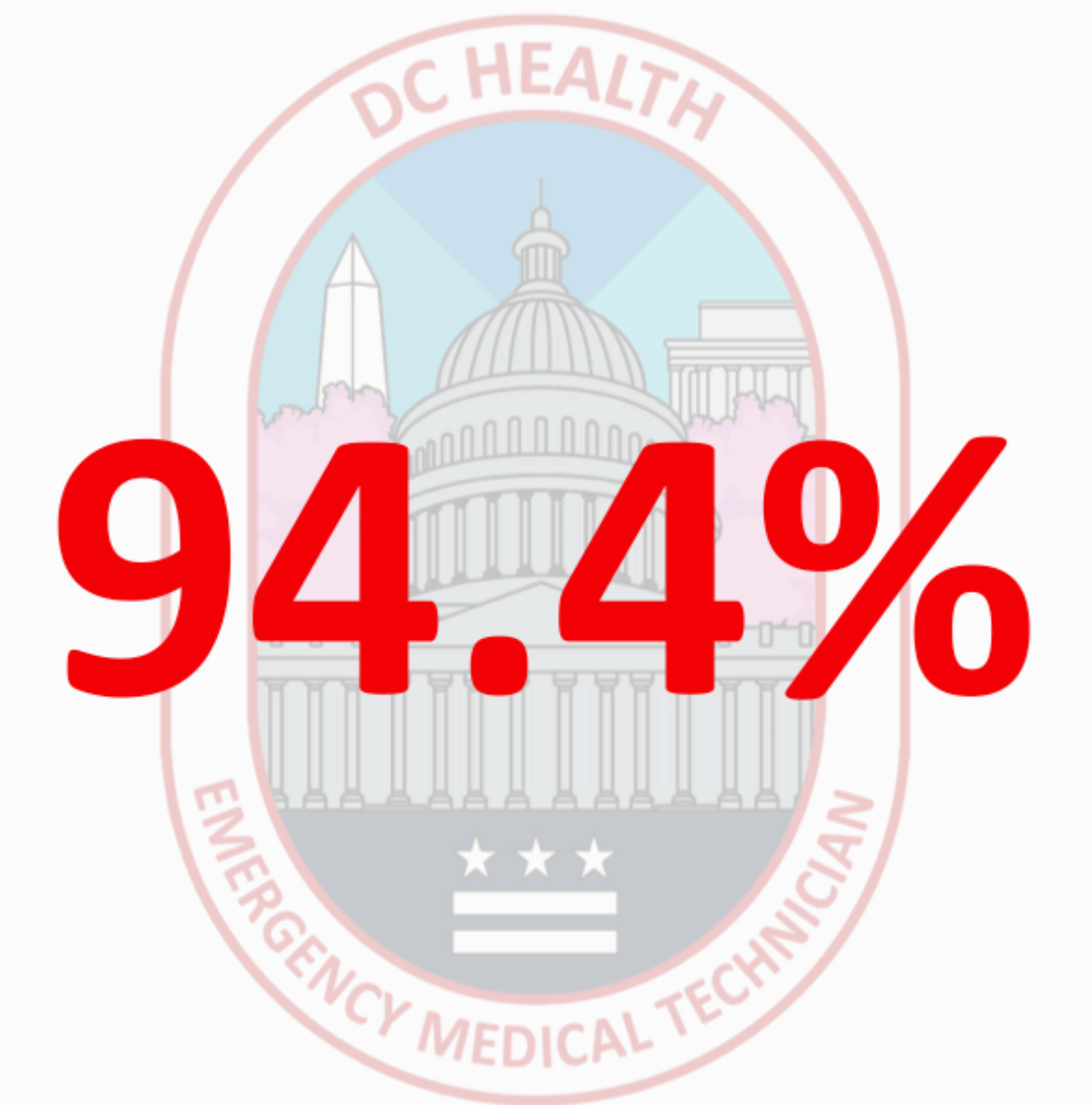
Hypothermia, the silent steal of body heat, is a problem this time of year. Be alert for its icy grip: **shivering, confusion, dizziness, slurred speech, slowed breathing and heart rate** are its primary symptoms. Act fast! Remove wet clothes, wrap them in a warm blankets or heating pads, and offer warm fluids (if conscious). Remember, every minute counts when you are working against the cold.

Taming the Icy Roads: Winter Driving for EMS Vehicles

Steering your ambulance through winter weather requires a **defensive driving playbook.** Slow down, increase following distances, and remember, cruise control is a no-go on slippery roads. Scan the road like a hawk for black ice, that invisible villain. When appropriate, keep those emergency lights and sirens on and communicate clearly with other drivers.

Stay warm, stay vigilant, and stay safe. Together, we'll weather any blizzard and keep our communities safe and sound.

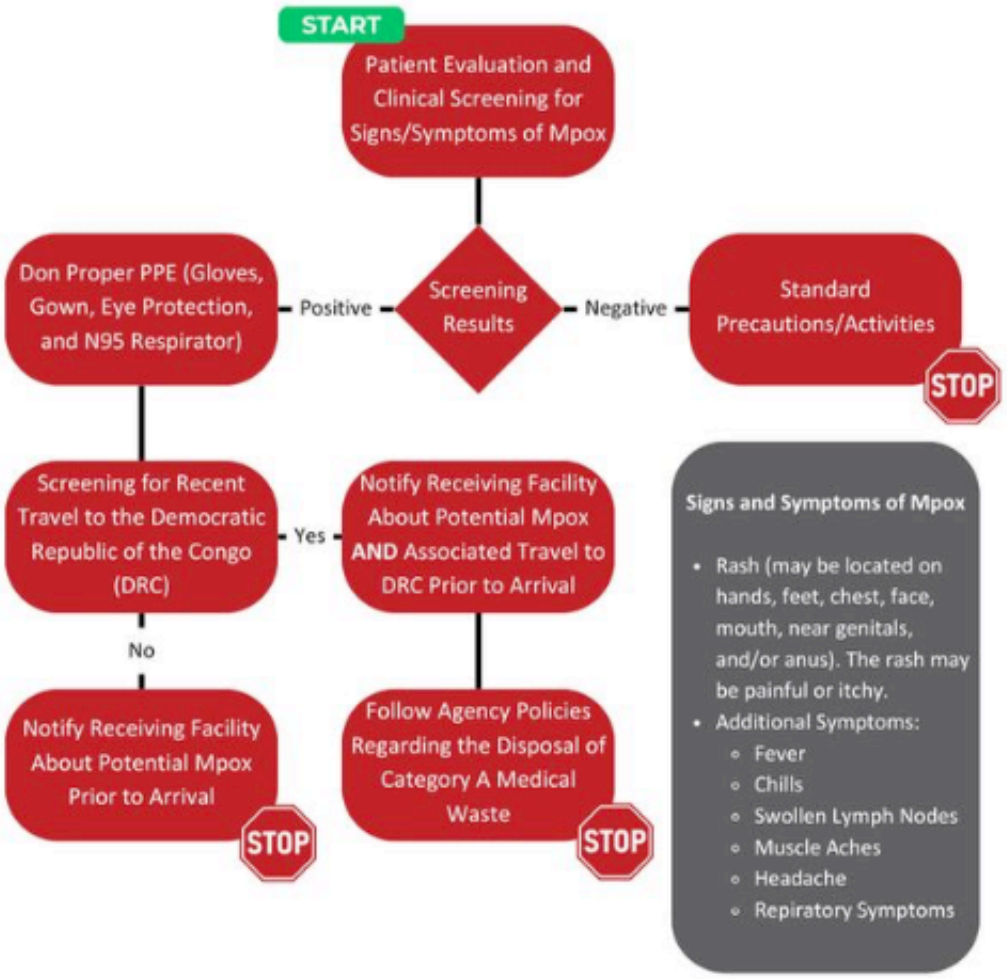
District of Columbia EMS training #1 in US in 2023



In 2023, 94.4% of the District of Columbia EMT students that sat for the NREMT examination earned their EMS certification. This not only earned the District of Columbia the highest rank in the country but also served as a fulfillment of the education stakeholders' goal, which was established two years ago as we planned the recovery from the pandemic.

Recruiting and retaining EMS professionals has long been a challenging issue that needed to be addressed effectively. To tackle this problem, it was essential to create a substantial pool of potential candidates. We are immensely grateful to our EMS education stakeholders for their unwavering dedication and hard work, focused on providing exceptional educational experiences that enable these remarkable outcomes.

DC Health distributes Mpox clinical decision tool



In late December, DC Health issued bulletin 2023-003 urging all EMS clinicians in the District of Columbia to increase vigilance in screening patients for potential Mpox symptoms. This bulletin comes amid rising concerns about the monkeypox virus, which has caused a global outbreak since May 2022.

The bulletin specifically asks EMS clinicians to:

- Ask all patients about recent travel history, particularly to the Democratic Republic of Congo (DRC)
- Be on the lookout for signs and symptoms of Mpox, which can include fever, headache, muscle aches, backache, swollen lymph nodes, and a new rash that often starts on the face and spreads to other parts of the body. The rash can look like flat red spots or bumps that turn into fluid-filled blisters before scabbing over.
- Report suspected cases to receiving facilities prior to arrival.

EMS clinicians screening patients for potential Mpox symptoms, wearing the right personal protective equipment (PPE) is crucial to protect themselves and prevent

the spread of the virus.

1. Gloves: Disposable, non-sterile gloves are the first line of defense against contact with contaminated materials, like bodily fluids or lesions. Choose gloves made of nitrile or vinyl, as they offer better resistance to the monkeypox virus compared to latex gloves.
2. Gown: A disposable, fluid-resistant gown helps shield clothing and skin from splashes or sprays. Look for gowns with long sleeves and elasticated cuffs for a snug fit.
3. Eye protection: Goggles or a face shield provide essential barrier protection for the eyes, preventing the virus from entering through mucous membranes.
4. Mask: While Mpox primarily spreads through close skin-to-skin contact, respiratory droplets can also play a role. Wearing a well-fitting N95 respirator offers the best protection against airborne particles. If N95 masks are unavailable, a surgical mask can be used as a substitute, but it's less effective.

Remember, proper PPE usage is crucial for EMS clinicians during Mpox screening. By following these recommendations and staying informed about the latest Mpox guidelines, they can play a vital role in safeguarding themselves and the community.

NHTSA Published Article Review: Evidence Based Guidelines on Pre-Hospital Airway Management

Ensuring a clear airway is paramount in prehospital emergency care, as it holds the key to oxygenating patients and preventing their deterioration. Recognizing the critical role of airway management, the National Highway Traffic Safety Administration (NHTSA) partnered with the Agency for Healthcare Research and Quality (AHRQ) to delve into the existing literature. Using a rigorous systematic review framework and structured PICO questions, the AHRQ panel meticulously compared various approaches to prehospital airway management.

Their findings, while revealing limitations in high-quality evidence, yielded invaluable insights that translate into practical recommendations and good practice statements for emergency medical services (EMS) agencies and clinicians. At the heart of these recommendations lies the fundamental importance of mastering basic ventilation with a bag-valve mask (BVM). This technique, considered the cornerstone of care, needs to be ingrained in every provider's skillset.

Moving beyond the basics, the review underscores the significance of confirming any invasive airway intervention with waveform capnography. Measuring end-tidal carbon dioxide (EtCO2) provides real-time confirmation of successful tube placement, minimizing the risk of complications associated with misplaced

airways.

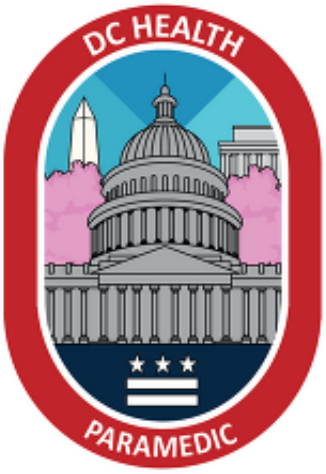
The panel further emphasizes the crucial role of procedural competency and training, particularly for invasive airway management like endotracheal intubation. Mastering this skill demands extensive practice, with a focus on preventing peri-intubation hypoxia and hypotension – potential adversaries in the delicate prehospital setting.

These recommendations and good practice statements offer a valuable roadmap for EMS agencies and clinicians to review and refine their airway management strategies. However, the review also highlights the need for greater research efforts to strengthen the available evidence base. By prioritizing high-quality studies specifically designed for the dynamic prehospital environment, we can pave the way for future evidence-based guidelines that further optimize patient care in this critical domain.

In essence, while navigating the complexities of prehospital airway management, we must remain guided by both current evidence and a commitment to ongoing research. By embracing both, we can continuously improve our practices, ensuring that every breath taken under our watchful care strengthens the lifeline for patients in their most vulnerable moments.

It's a worthy read, we promise. Click here to read the rest!

District EMS Certification Patches are available!



In an earlier newsletter, we promised that we would share with you any vendors currently carrying the DC EMS certification patches.

As promised.

Vendor: Click here to visit Uniform Insignias!

Vendor: Click here to visit 911 Patches!

If any other vendors choose to carry the patches, we will include them in future newsletter editions.

Current Job Opportunities for DC EMS Providers

MedStar Health is hiring Critical Care Flight and Ground Paramedics!

MedStar Health Paramedics

General Summary of Position Provides comprehensive emergency medical care to the critically ill and injured during helicopter and ambulance transport from accident scenes, and referring hospitals, under the direction of medical control physicians. Receives direct supervision from the Operations Managers. May at times receive functional supervision from the VP Director, AVP Clinical Operations, and Medical Director.

Primary Duties and Responsibilities

- Delivers expert patient care in helicopters and ambulances to multiple patient types including scene work, adult subspecialties, pediatrics, and high-risk obstetrics. Assesses patient care needs, establishes priorities and delegates tasks to peers and ancillary support staff as appropriate.
- Assesses the needs of patients with highly complex problems. Identifies current and potential complex problems, critically analyzes trends and changes in patient status, and plans appropriate interventions directly or indirectly through other nurses and paramedics
- Performs basic and advanced airway techniques and treatment modalities, including oxygen therapy, airway maintenance, assisted ventilation, insertion of supraglottic airways, nasal and orotracheal intubation, rapid sequence pharmacological induction to facilitate intubation, surgical cricothyroidotomy, and needle thoracostomy.
- Administers and maintains pharmacologic agents and intravenous fluids at the scene and during inter-hospital transfer.
- In collaboration with the Critical Care Transport Specialist - RN, monitors and evaluates invasive and non-invasive techniques/procedures and their therapeutic effects, including the monitoring and operation of the intra-aortic balloon pump (IABP), Ventricular Assist Devices (VAD), and intracranial monitoring devices during transport. Troubleshoots these devices, recognizes problems, and makes necessary corrections. Recognition and intervention of abnormal parameters includes potentially lethal cardiac dysrhythmias requiring electric cardioversion and defibrillation.
- Responsible for monitoring and recording all patient data and completion of all appropriate clinical documentation in a timely manner.
- Maintains program readiness and ensure cleanliness and appropriate par levels of supplies used by MedStar Transport. Ensures helicopter or ambulance readiness with daily review of equipment and supplies and records findings on daily vehicle checklists.
- Ensures safe operations during transport-related activities. Assists with helicopter safety training as directed by pilot in command. Also ensures safe operations during ambulance related activities in coordination with Emergency Vehicle Operator

Emergency Vehicle Operator.

- Evaluates and documents risks and hazards on all transports and in in daily operations in conjunction with current risk assessment and reporting tools as part of the Safety Management System.
- Acts as safety officer for specialty team flights, including neonatal transports, organ recovery transports, etc.
- Assists in the orientation of new Critical Care Transport Specialists to their role during air and ground transport.
- Provides input to the ongoing clinical evaluation of staff, including peer-to-peer evaluation of clinical care and documentation.

Minimum QualificationsEducation

- High School Diploma or GED required
- Successful completion of the Department of Transportation (DOT) module Paramedic course required
- Specialized and/or advanced clerical, technical or other vocational training acquired during 1 - 2 years of additional job-related training preferred.

Experience

- 3 years' experience as an NREMT-P required.
- Significant field experience in a high acuity, high volume EMS system, and/or pre/intra hospital transport experience preferred.

Licenses and Certifications

- NREMT - National Registry of Emergency Medical Technicians-Paramedic required
- ACLS - Advanced Cardiac Life Support Certification required
- BLS - Basic Life Support required
- LP - Licensed Paramedic in the District of Columbia within 90 Days required
- LP - Licensed Paramedic in Maryland within 90 Days required
- LP - Licensed Paramedic in Virginia within 90 Days required
- PHTLS within 180 Days required or
- Health Services \ Transport Prof Adv Trauma TPATC within 180 Days required or
- ATLS - Advanced Trauma Life Support Certification within 180 Days required or
- ATCN - Advanced Trauma Care Nurse Certification within 180 Days required
- PALS - Pediatric Advanced Life Support Certification required
- Health Services\NRP - Neonatal Resuscitation Certification within 90 Days required
- STABLE - Neonatal Certification within 90 Days required

- NIH - National Institute of Health Stroke Scale Certification within 90 Days required
- FEMA ICS 100 Course (Federal Emergency Management Agency - Incident Command System) within 90 Days required
- FEMA ICS 200 Course (Federal Emergency Management Agency - Incident Command System) within 90 Days required
- FP-C - Flight Paramedic - Certified from the Board for Critical Care Transport Paramedic Certification (BCCTPC) within 2 years required or
- CCP-C - Critical Care Paramedic - Certified from the Board for Critical Care Transport Paramedic Certification (BCCTPC) within 2 years required

Completion of approved Emergency Vehicle Operations Course (e.g., CEVO, EVOC) prior to release from orientation required

Apply to Medstar!

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To submit articles/items for the newsletter, please send to DCHealthNews@dc.gov