



VITALS

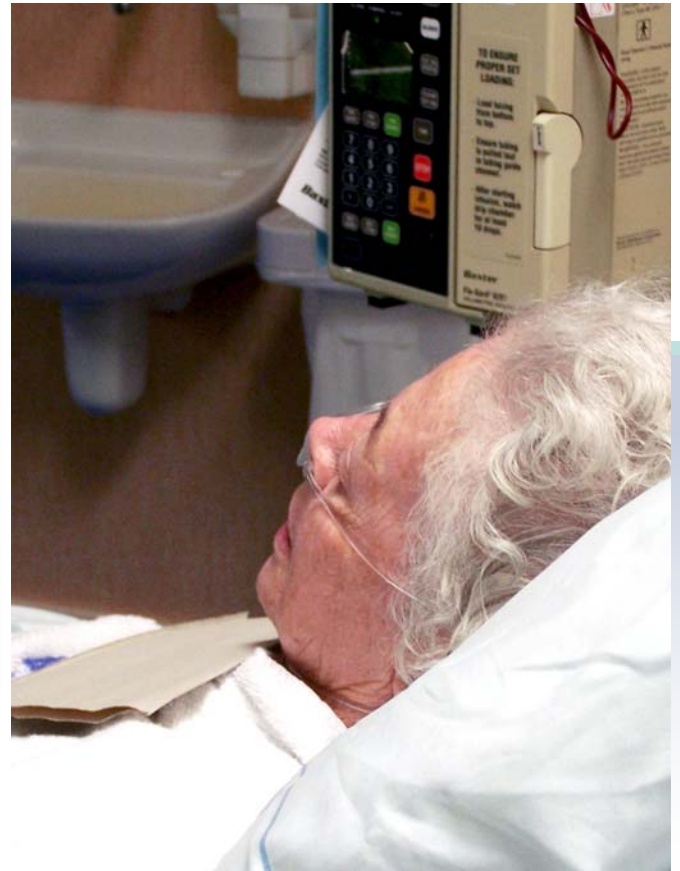
A Weekly Safety Newsletter For Medical Transport Professionals

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Recall, Product Issue & Resuscitation

Zurich recently informed us that in October, California released millions of respirators to local public health departments with the intention of protecting health-care workers from the H1N1 influenza virus. The California Department of Public Health (CDPH) and Cal/OSHA recommend the use of fit-tested N95 filtering face-piece respirators for those clinicians in direct contact with patients with confirmed or suspected H1N1 infections.

A recall of 3M 8000 respirators was issued. The CDPH instructed local health departments to stop providing them to health-care facilities and is in the process of having remaining supplies returned. Cal/OSHA declared that this model has a low success rate in fit-testing. Adequate fit-testing is mandatory to protect people from inhaling infectious particles. Although use of the 3M 8000 is not prohibited by the California Division of Occupational Safety and Health, it "strongly recommends against using this model for prevention of aerosol-transmitted disease." Perhaps it's a good idea to double-check your fit-testing and mask selection practices.



We've recently come across a product issue which admittedly requires further investigation, but merits giving you some warning. A cot manufacturer has apparently taken the position that if an ambulance is in a crash "regardless of the specific accident circumstances", it cannot certify a stair chair, cot or fastener for "continued use

by the ambulance service." Take a look at your warranty. Does this mean that if you're in a fender bender that the product is unsafe and must be completely replaced? Were you informed of this by your sales representative before you purchased the product? If you have some knowledge or experience with this issue, please share it with Mike Szczygiel.

A recent study published in *Circulation: Cardiovascular Quality and Outcomes*, looked at data from 79 studies published between January 1950 and August 2008. The data was based on 142,470 patients. The researchers concluded that about a quarter of out-of-hospital cardiac arrest patients survive to hospital admission and about one in 10 live to be discharged from the hospital. Early CPR and the presence of a shockable rhythm were related to survival, but the strongest predictor of survival was restoration of spontaneous circulation at the scene. Naturally, grouping folks over about 58 years doesn't allow for changes in interventions, i.e., "new" CPR, public access defibrillation, more efficacious defibrillation wave forms or therapeutic hypothermia. Isn't it interesting that independent of our sophistication the clinical bottom line is the same as the safety bottom line? Survival.

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