The Siren

The New Face of an Old Menace

From the CDC website:
The United States is currently experiencing a large, multi-state outbreak of measles linked to an amusement park in California.
The outbreak started in December 2014 and has spread to more than a dozen other states. CDC urges healthcare professionals to consider measles when evaluating patients with febrile rash and ask about a patient's vaccine status, recent travel history, and contact with individuals who have febrile rash illness.

On January 23, 2015, CDC issued a Health Advisory to notify public health departments and healthcare facilities about this multi-state outbreak and to provide guidance for healthcare providers nationwide.

Clinical Features
Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis - the three “C”s -, a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days. The rash spreads from the head to the trunk to the lower extremities.

Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.

CDC’s Dr. Jane Seward describes measles clinical features and what to do if a healthcare provider suspects measles, in this 5-minute video (requires Medscape sign-in).

Transmission
Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area.

Complications
Common complications from measles include otitis media, bronchopneumonia, laryngotracheobronchitis, and diarrhea.

continued on p. 4

U.S. Multi-state Measles Outbreak
December 28, 2014 - February 13, 2015

From December 28 to February 13, 2015, 125 people from 7 states (AZ (7), CA (110), CO (1), NE (1), OR (1), UT (3), WA (2)) were reported to have measles and are considered to be part of a large, ongoing outbreak linked to an amusement park in California*. 

*Provisional data reported to the CDC by the National Center for Immunization and Respiratory Diseases

INSIDE THE SIREN

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Noteworthy

LOSAP 2014

The 2014 LOSAP points are in and you can check them on your NyackEMS site: www.NyackEMS.com Log in with your member ID (email address) and password.

At our next general meeting, Vice President Steve Borton will go over LOSAP and the wonderful benefits you can receive from this program. This is a program that benefits YOU. It is one of ways that the community and NCAC say ‘thank you.’ As an active volunteer you can receive one year's credit for each active year that you participate in our Corps activities. Steve will explain all the details of the reward system at the March GM meeting.

This year we will be tracking the point system each quarter so you will be able see if you need to bump up your participation and get those extra points. Let's make sure that for 2015 all of our volunteers receive the benefit of this program.

Officer Contact Information

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>Radio</th>
<th>Cell #</th>
<th>Email</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Captain</td>
<td>Paul Morer</td>
<td>1</td>
<td>917-817-1867</td>
<td><a href="mailto:Paul.Morer@NyackEMS.org">Paul.Morer@NyackEMS.org</a></td>
<td></td>
</tr>
<tr>
<td>Lieutenant</td>
<td>Ivan Guerra</td>
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<td>845 304 0246</td>
<td><a href="mailto:Ivan.Guerra@NyackEMS.org">Ivan.Guerra@NyackEMS.org</a></td>
<td>supplies</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>Jeremy Griffel</td>
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<td><a href="mailto:jeremy.griffel@nyackEMS.org">jeremy.griffel@nyackEMS.org</a></td>
<td>communications</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>Gerri Dupiton</td>
<td>4</td>
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<td><a href="mailto:gerribazard@yahoo.com">gerribazard@yahoo.com</a></td>
<td>rigs</td>
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General Membership Meeting
second Thursday of every month,
7:00 pm at the NCAC building.
Come and make your voice heard!
SECOND ANNUAL SNOWFLAKE 5K FUNDRAISER: 200+ RUNNERS RUN FOR FUN

On Sunday morning, December 28, 2014, over 200 runners of all ages gathered at NCAC headquarters for the Second Annual Snowflake 5K Fun Run fundraiser, sponsored by Nyack Community Ambulance, with all proceeds benefitting our Youth Corps program.

We upgraded the race this year, and each runner had chip timing, which gives the accurate time from start to finish.

Participants came to Nyack from all over the metro area, and beyond. One family was visiting NYC from Australia and found our race online. The whole family came up to Nyack and ran the race together. They were overjoyed to see a real slice of America that most tourists never get to experience.

Another visitor from afar made an appearance: Frosty the Snowman started the race with the pack of runners, but his resolve melted away before he had run a single block. We understand that he will be training intensively, and will be back next year to try again.

Finishers were treated to hot cocoa, bagels, bananas and good cheer after the race at the corps building, and proudly received a long-sleeved T shirt for their participation.

Make plans to join us, as a runner or a volunteer, for the Third Annual Snowflake 5K on Sunday December 27, 2015.
continued from p. 1

Even in previously healthy children, measles can cause serious illness requiring hospitalization.

One out of every 1,000 measles cases will develop acute encephalitis, which often results in permanent brain damage.

One or two out of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.

Subacute sclerosing panencephalitis (SSPE) is a rare, but fatal degenerative disease of the central nervous system characterized by behavioral and intellectual deterioration and seizures that generally develop 7 to 10 years after measles infection.

People at High Risk for Complications

People at high risk for severe illness and complications from measles include:

- Infants and children aged <5 years
- Adults aged >20 years
- Pregnant women
- People with compromised immune systems, such as from leukemia and HIV infection

Vaccine recommendations: Healthcare Workers

People who are born during or after 1957 who do not have evidence of immunity against measles should get at least one dose of MMR vaccine. . . . Healthcare personnel should have documented evidence of immunity against measles.

Background

In the 9th century, a Persian doctor published one of the first written accounts of measles disease.

Francis Home, a Scottish physician, demonstrated in 1757 that measles is caused by an infectious agent in the blood of patients.

In 1912, measles became a nationally notifiable disease in the United States, requiring U.S. healthcare providers and laboratories to report all diagnosed cases. In the first decade of reporting, an average of 6,000 measles-related deaths were reported each year.

In the decade before the live measles vaccine was licensed in 1963, an average of 549,000 measles cases and 495 measles deaths were reported annually in the United States. However, it is likely that, on average, 3 to 4 million people were infected with measles annually; most cases were not reported. Of the reported cases, approximately 48,000 people were hospitalized from measles and 1,000 people developed chronic disability from acute encephalitis caused by measles annually.

In 2000, measles was declared eliminated from the United States. Elimination is defined as the absence of endemic measles virus transmission in a defined geographic area, such as a region or country, for 12 months or longer in the presence of a well-performing surveillance system. However measles cases and outbreaks still occur every year in the United States because measles is still commonly transmitted in many parts of the world, including countries in Europe, Asia, the Pacific, and Africa. An estimated 20 million people become infected with measles worldwide each year, of whom 146,000 die.

Since 2000, when measles was declared eliminated from the U.S., the annual number of cases has ranged from a low of 37 in 2004 to a high of 644 in 2014. The majority of cases have been among people who are not vaccinated against measles. Measles cases in the United States occur as a result of importations by people who were infected while in other countries and from transmission that may occur from those importations. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated.

www.cdc.gov/measles/HCP/

Flu Vaccine at Nyack Hospital

Free influenza vaccinations are STILL being administered in the main pharmacy, by certified pharmacist immunizers.

This is for all Employees, Medical Staff, Volunteers, Contractors, Emergencies Responders (Police, EMS, Fire).

For Flu shots on the weekend, please call the main Pharmacy at 845-348-2607 or 2608 to ensure a Certified Pharmacist is available.
"Large" Measles Outbreak Possible, CDC Says
(Source: CDC)

The measles outbreak is up to 103 reported cases in 14 states as of January 30th, according to the Centers for Disease Control and Prevention (CDC). These numbers are expected to rise. Linked to a single outbreak at Disneyland in California, visitors have since taken the disease back to their states where it may spread.

While the current case is making national news, 2014 saw the highest number of measles cases in over a decade(1) with over 600 cases, more than three times 2013’s numbers and over 10 times 2012’s numbers. The majority of cases are among unvaccinated people(2), pushing the question of vaccination exemptions to the forefront of the national dialog. For example, over 18,000 kindergarteners in California have not been vaccinated against measles due to exemptions.

Measles is considered one of the most contagious of all infectious diseases. Many of the symptoms of measles include things normally seen this time of year from colds and flu: runny nose, fever, cough, sore throat, sneezing, and red eyes. These are followed by a rash that spreads over the body(3). Three in 10 will develop complications such as pneumonia and ear infections; some will develop more life-threatening or life-changing complications.

An outbreak at a large national tourist venue is a worst-case scenario for disease spread. First responders, medical facility staff, and public health departments across the country should educate themselves on this disease and be prepared for patients. The CDC has a Health Alert Network Advisory containing recommendations for health care providers(4).

REGIONAL OFFICE NOTE:

Emergency responders should consider measles as a possible rule-out diagnosis in anyone with a febrile rash illness and other clinically consistent symptoms (cough, nasal inflammation, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients (i.e. receiving chemo/radiation therapies, on steroids, AIDS/HIV, etc.) may not exhibit rash or may exhibit an atypical rash. The incubation period for measles from exposure to fever is usually about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days).

Contact and respiratory precautions should be taken for any suspected measles patient and notification of the Emergency Department made prior to arrival.

The INFOGRAM is distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response- Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at emr-isac@dhs.gov.

http://www.usfa.fema.gov/fireservice/subjects/emr-isac/index.shtm
KAPTAIN'S KORNER

The cross under on the Westchester side of the Tappan Zee Bridge is now closed for the next two years, for the construction.

There are two options:

1. For non-emergency operations, they are asking us to go through the tolls and turn around at Exit 9 in Tarrytown. You would get off the exit, and at the traffic light, make a right. You would then make the right at the next traffic light, and you can get back on the Thruway Northbound.

2. For emergency operations, there is a turnaround, just prior to the toll plaza, just beyond the barrier building. It is accessed on the left side. It is not an easy turnaround to make, with traffic coming northbound at you, so it should only be used for EXTREME EMERGENCIES.

The only trick to all of this is in order to use the turnaround at Exit 9, you have to go through the toll plaza.

Training Notes

Willie R. White

TRAINING NOTES

Hello All:

To help new members become familiar with the Green Go-Bag, I have created a Training bag which will be kept in the crew-room. In this bag you will find the necessary items i.e. b/p cuff, stethoscope, epi pens, bandages, etc. to help train the new member on the uses of the equipment inside the bag. Please do not utilize this bag on the ambulance.

Thanks,

Willie
Training Officer
NCAC-6

We do have a reimbursement program from the Thruway, for when we are transporting, but in the case we don't transport, I will have to get clarification on how this will work.

For now, use the Ez-Pass lanes regardless, and send me an email ONLY if you go through and ultimately DON'T transport a patient. With the transport, I can send a the PCR, and get reimbursed with no problem. If you use the toll plaza and ultimately get cancelled, that is when I need the email.

I will now, also have the pleasure of representing EMS at quarterly meetings with the thruway, and bridge construction contractors, to keep up with any changes.

Let me know if you have any questions.

Paul
CME and training opportunities in the area

Following are local training and CME opportunities. For more complete information, changes and additions, check the training board at the NCAC building frequently for postings of CMEs and required training for corps members.

You can also log on to www.hvremsco.org and click on CME for last minute changes and additions to area training. Also consult www.wremsco.org/ for Westchester area CMEs, training classes and conference notices.

If you know of any training opportunities that are not listed here, or on the training board, please bring them to the attention of training officer Willie White.

NOTE: CHECK THE TRAINING BOARD AT THE BUILDING FREQUENTLY FOR NEW TRAINING CLASSES.

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**DID YOU KNOW?**

that the HVREMSCO TRAINING PAGE is where you can find all upcoming EMT original and refresher courses AND CME classes, along with contact information, available in the entire Hudson Valley Region, including Rockland County (excludes Westchester).

Go to the HVREMSCO TRAINING CALENDAR

**AND DID YOU KNOW?**

that there are numerous training opportunities just a short ride away in Westchester County, many of them at Westchester Medical Center in Valhalla.

Go to http://emergencyservices.westchestergov.com and click on Training Classes.

Or click on About Us/Email Sign-Up to receive notices of all training classes.

**HYPOTHERMIA:**

It’s a serious risk, especially for our elderly patients. No matter what the dispatch information, take note of the temperature in the patient’s home and consider the possibility of hypothermia.
CPR - NEW TECHNOLOGY ON THE HORIZON

The following is an excerpt from an article in JEMS Online. You can read the entire article by following the link at the end.

Improving Survival from Cardiac Arrest Using ACD-CPR + ITD

The combination of active compression-decompression CPR and an impedance threshold device shows promise.

by R.J. Frascone, MD, FACEP

More than 1,000 people suffer out-of-hospital cardiac arrest every day in the United States. After more than 50 years, survival remains dismal in most communities, with less than 8% of people, on average, surviving neurologically intact to hospital discharge. While the use of active compression-decompression cardiopulmonary resuscitation (ACD-CPR) has shown mixed results in improving outcomes, the combination of ACD-CPR with an impedance threshold device (ITD) has been shown to improve overall survival to one year by 49% in adults with non-traumatic cardiac arrest of cardiac etiology.1 We’ll discuss how the device combination works and review the data supporting its use in resuscitation.

Physiology of CPR

Understanding the physiology of CPR helps us understand how ACD-CPR with an ITD works. There are two theories on the mechanism of CPR. The first is the Cardiac Pump Theory. This theory states that when the chest is depressed (compression) the heart is compressed between the sternum and spine, which squeezes the blood out of the heart and into the systemic vasculature. Blood naturally goes back into the heart and the process starts all over again with the next compression. People are most familiar with this theory because it’s been established for quite some time.

The second, newer theory is the Thoracic Pump Theory. This theory states that with each compression of the chest, a resultant positive pressure is created in the chest. This positive pressure is transmitted to the blood inside the heart, and that blood then moves from the relative higher pressure inside the heart to the relative lower pressure of the systemic vasculature. Because compression of the chest increases the pressure to all the structures inside the chest, including the lungs, air in the lungs is expelled. Following chest compression, the chest passively recoils.

The Thoracic Pump Theory states that this recoiling of the chest, or decompression, creates a small but very important vacuum (negative pressure), which sucks blood back into the heart, thereby providing preload. This negative pressure also lowers intracranial pressure (ICP) by promoting venous and cerebral spinal fluid drainage from the brain. The lowered ICP results in less resistance to blood flow in the brain, which promotes cerebral perfusion. This alternating positive and negative pressure (modulation of intrathoracic pressure) helps circulate blood until the heart can be restarted.

ACD-CPR with an ITD

While studying the ACD-CPR device, researchers discovered that if air was impeded from moving into the chest during the decompression phase, the resultant vacuum was much larger and was sustained for a much longer period of time. This finding led to the development of the impedance threshold device (ResQPOD ITD), a check valve that’s placed between the facemask or advanced airway device, and the ventilation bag or ventilator. It selectively prevents air from being drawn into the chest during the chest decompression phase of CPR.

While the FDA has not yet approved an ACD-CPR with an ITD System (ResQPUMP ACD-CPR device and ResQPOD ITD) for use in the United States, we hope that the device combination will soon be made available. Use of ACD-CPR with an ITD has been shown to have no increased risk, while at the same time resulting in a marked increase in survival over standard CPR in adult patients with non-traumatic cardiac arrest. With the potential of improved one-year survival of 49% in non-traumatic arrests of cardiac etiology, widespread adoption of the device combination could result in thousands more lives saved each year in the U.S. alone.

Read the entire article, with references and illustrations, at http://www.jems.com/article/patient-care/improving-survival-cardiac-arrest-using-0

See TO Willie White for more information.
ResQGARD® ITD 7

**Top Facts:**
- Provides a therapeutic amount of inspiratory impedance that lowers intrathoracic pressure during inspiration, which in turn promotes increased preload and cardiac output
- O₂ port allows for up to 15 lpm supplemental oxygen to be delivered
- Simple, non-invasive, single-use (disposable)
- Latex free

**Animal and Clinical Studies* have shown that the ResQGARD rapidly and non-invasively:**
- Increases systolic (up to 30%), diastolic (up to 20%) and mean arterial pressure (up to 27%)
- Increases cerebral perfusion pressure for a given mean arterial pressure
- Increases cardiac output and stroke volume during hypovolemic stress
- Helps patients feel better during periods of hypovolemic stress
- Buya time until definitive care and diagnosis of etiology
- Can be simply discontinued (“On/Off Therapy”)
- Provides benefit with or without concomitant therapy (e.g. IV fluids, positioning, vasopressors)

**Key Studies:**

**Commercial Configurations:**
- **ResQGARD FM Kit:** Product number: 12-0707-000
  Contains: ResQGARD ITD 7, facemask, oxygen tubing, and ResQSTRAP in hard plastic “clamshell” package; pictured on left (10 EA/BX, 4 BX/CS)
- **ResQGARD MP Kit:** Product number: 12-0705-000
  Contains: ResQGARD ITD 7, mouthpiece, and nose clip in a re-sealable plastic package (10 EA/BX, 12 BX/CS)
- **ResQGARD ITD 7:** Product number: 12-0708-000
  Contains: ResQGARD ITD 7 in a re-sealable plastic package (10 EA/BX, 12 BX/CS)

**Military Configurations:**
- **ResQGARD Military Kit:** Product number: 12-0706-000; NSN: 6515-01-575-8173
  Contains: ResQGARD ITD 7, facemask, ResQSTRAP, mouthpiece, nose clip, lanyards, quick reference card in hard plastic “clamshell” package; pictured on left (10 EA/BX, 4 BX/CS)
- **ResQGARD Military MP Kit:** Product number: 12-0751-000
  Contains: ResQGARD ITD 7, mouthpiece, nose clip, lanyards, quick reference card in vacuum-sealed pouch (10 EA/BX, 12 BX/CS)
- **ResQGARD Military Kit:** Product number: 12-0752-000
  Contains: ResQGARD ITD 7, facemask, mouthpiece, nose clip, lanyards, ResQSTRAP, quick reference card in hard plastic “clamshell” package (10 EA/BX, 4 BX/CS)

*The generally cleared indication for the ResQGARD is for a temporary increase in blood circulation during emergency care, hospital, clinic and home use. The studies listed here are not intended to imply specific outcome-based claims not yet cleared by the US FDA.
Members Discounts!

We are compiling a list of local merchants who offer discounts to NCAC members. Merchants currently offering discounts are listed here, and on our website in the “Members” area.

Please ask the local merchants whom you patronize if they would be willing to offer a discount to their local EMS volunteers. We will list them in our newsletters, on our website, and encourage our members to do business with them.

Supporting our local merchants will also help keep Nyack (and the other river villages) from turning into chain store wastelands.

Charlie’s Cleaners,
10% off dry cleaning
2 S. Highland Ave (9W)
Nyack, NY
Account Name: Nyack Community Ambulance Corps
Contact phone: 358 4824
Members be sure to put your own name on store receipt to avoid pickup mixups.

Nyack Barber Shop
69 Main Street
Nyack, NY
$2 off haircut

Johnny Cakes
84 Main Street
Nyack, NY
10% off eat-in or carry-out orders

Pet Nutrition Center
115 Route 59
Nanuet, NY
5% off pet food and supplies

Dapper Dog
37 Route 59
Nyack, NY
5% off pet food and supplies

Temptations
80 1/2 Main Street
Nyack, NY
15% off all purchases

Turiello’s
76 Main Street,
Nyack, NY
10% off eat-in or carry-out orders

Tarantella’s
128 Main Street
Nyack, NY
10% off eat-in or carry-out orders

Walgreens
16 Rt 59 (corner of 9W)
Nyack, NY 10960
15% off regular items; 20% off Walgreens and photo

See full Participating Merchant List on the Bulletin Board at the NCAC corps building

and for NEW Plum Benefits (flyer on following page) contact TO Willie White for more information
EMPLOYEES: WELCOME TO PLUM BENEFITS

Plum Benefits, powered by TicketsatWork, is part of the nation’s leading entertainment benefits and perks provider, connecting employees at participating companies to the world’s greatest entertainment and travel discounts, including:

- Universal Studios
- Broadway Shows
- Walt Disney World Resort
- Cirque du Soleil
- Theme Parks
- Sporting Events
- Movie Tickets
- Rental Cars
- Hotels Worldwide
- and more!

What Do I Use It For?
Whatever you want! We provide the entertainment options, you provide the occasion. Here are some ideas:

For Yourself: Get out, have fun, enjoy great discounts and access to hard-to-get events. You deserve it!

For Friends & Family: Night on the town? Big date? Family weekend? Gifts for the hard-to-please? From gift certificates to your favorite shows and sporting events, Plum Benefits has what you are looking for.

For Work: Plum Benefits is a perfect way to provide incentives for your sales team, impress clients without paying brokers’ fees, and plan memorable office outings without blowing your T&E budget.

Questions?
Plum Benefits’ friendly team is available to answer your questions, provide personal recommendations, and guide you through the ordering process.

Email us at contact@plumbenefits.com
or call us at 212.660.1888.

To sign up, visit www.plumbenefits.com and click BECOME A MEMBER
Join the world’s largest corporate benefits program!
Serving more than 40 million employees and over 10,000 corporations nationwide.

How Does It Work?
1. Once signed up, log in 24/7 to www.plumbenefits.com.
2. Select your preferred destination from the drop-down list.
3. Browse all the current offers.
4. Select the event you want to attend.
5. Purchase tickets directly on Plum Benefits’ secure site – no need for special codes.