

Approved

Ivan Sand

Date 2/29/88

MINUTES OF THE House COMMITTEE ON Local Government

The meeting was called to order by Representative Ivan Sand at
Chairperson

1:30 a.m./p.m. on February 23, 1988 in room 521-S of the Capitol.

All members were present except:

Representative Dean, absent
Representative Johnson, excused

Committee staff present:

Mike Heim, Legislative Research Dept.
Bill Edds, Revisor of Statutes' Office
Lenore Olson, Committee Secretary

Conferees appearing before the committee:

Fred Thorp, Kansas City, KS, Fire Department
Bev Bradley, Kansas Association of Counties
Jim Wilkinson, Johnson County Emergency Communications Center
Representative David Heinemann
Susie Parmer, Register of Deeds, Leavenworth County

A motion was made by Representative Mollenkamp and seconded by Representative Miller to pass HB 2732. The motion carried.

Mike Heim gave an overview of HB 2865.

Fred Thorp testified in favor of HB 2865, explaining the way the dispatching system works. He stated that this bill addresses the time frame between the emergency call to the arrival of emergency help. (Attachment 1)

Bev Bradley testified on HB 2865, stating that the Kansas Association of Counties does not have a specific position on this bill, but is concerned with the cost of the proposed legislation. (Attachment 2)

Jim Wilkinson testified on HB 2865, stating that he supports this bill and that Johnson County is currently implementing this system.

Chairman Sand closed the hearing on HB 2865.

Mike Heim gave an overview on HB 2879.

Representative Heinemann testified in support of HB 2879, stating that he would amend this bill to have a mortgage filed by a city or county included in the exemptions in Section 1 (d).

Susie Parmer testified on HB 2879, stating that she has a problem with the language "any mortgage" in Section 1 (a).

Chairman Sand closed the hearing on HB 2879.

The meeting adjourned.

EMERGENCY MEDICINE & AMBULATORY CARE

FOR EMERGENCY, AMBULATORY CARE, HMO & SURGICENTER PHYSICIANS

Volume X, Number 2

February 1988

Most Common Skin Disorders Identified in HIV Individuals

By Jill Stein

Fred Thompson
HELSINKI—Oral candidiasis, seborrheic and infectious eczematoid dermatitis, and acquired ichthyosis are among the most common skin disorders in HIV seropositive individuals, according to new findings. The data also indicate that skin symptoms tend to worsen as the patient deteriorates clinically.

The findings, described by Sirkka-Liisa Valle, MD, in the December issue of the *Journal of the American Academy of Dermatology*, are from a prospective study aimed at determining the frequency of mucocutaneous findings in 237 individuals at high risk for HIV infection during an 8 to 36-month follow-up period. Of the subjects, 235 were homosexual or bisexual men, and 2 were heterosexual women who had been identified as sexual contacts of HIV seropositive men. All volunteered to

participate in the study. Overall, 33 subjects were HIV seropositive and 204 HIV seronegative.

Dr. Valle found that 29 (12.2%) subjects had no pathological signs on their skin or mucous membranes at the time of their first visit, and all of them were HIV seronegative. Six of these 29 patients did not return for later appointments. Thus, 23 (10%) subjects overall remained free of skin abnormalities during the observation period. On the other

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Nursing Shortage Causing ED Closings in Northeast

By Jean McCann

SAN FRANCISCO—Wholesale temporary closings of emergency departments are taking place in the northeast, largely due to a shortage of nurses. The problem is also being felt in varying degrees throughout the country, largely in major cities.

At the annual scientific assembly here of the American College of Emergency Physicians (ACEP), a group of emergency physicians from the northeast met to lay down plans for a regional meeting to address the problem.

Charlotte Yeh, MD, chief of the emergency department at Newton-Wellesley Hospital in Massachusetts, discussed the seriousness of what is happening. Her concerns were echoed by EPs from other parts of the country, who added that some very sick patients were also being shifted by ambulances to hospitals far away.

Dr. Yeh told EMERGENCY MEDICINE & AMBULATORY CARE NEWS the problem "began at the beginning of the summer, when more nurses left the profession, and there is little opportunity to recruit new nurses during a vacation period. The shortage this time has per-

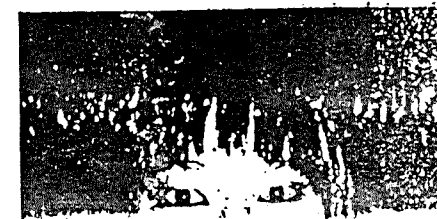
(Continued on page 10)

Despite Considerable Progress, AIDS Vaccine Long Way Off

By Jessie W. Stern

WASHINGTON, DC—Remarkable progress has been made against the challenging medical problem of AIDS, considering it was first identified only seven

years ago. The National Institutes of Health (NIH) AIDS vaccine research effort, which is to facilitate development and testing of a safe and effective AIDS vaccine, is the subject of



EP Residency

Attachment
2/23/88

Training Laypersons in AED Use Can Provide Prompt Defibrillation

By Jill Stein

ANAHEIM—A recent study has found that laypersons can be trained to operate an automatic external defibrillator (AED). In fact, the use of such a device at the worksite and recreational facilities is safe and effective, resulting in prompt defibrillation of cardiac arrest victims before trained emergency personnel arrive at the scene, the data showed.

Following defibrillation within six minutes, 8 of 15 patients in the study were admitted to the hospital in an organized cardiac rhythm, reported Kul D. Chadda, MD, at the 60th Scientific Ses-

sions of the American Heart Association here. In all cases, an AED was used by the victims' co-workers for attempted defibrillation. Three of the victims died later in a hospital, and five were long-term survivors.

"Prompt defibrillation is the single factor most predictive of long-term survival in cardiac arrest victims," said Dr. Chadda, professor of clinical medicine at the State University of New York at Stony Brook and director of electrophysiology at Long Island Jewish Hos-

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pital, New Hyde Park, New York. In fact, the survival rate is high only if definitive action is taken within five minutes of symptom onset. Unfortunately, however, it frequently takes as long as 10 to 20 minutes for emergency personnel to reach a victim, he said. As a result, victims often die before help is available.

Dr. Chadda maintains that the best way to tackle this problem is to train laypersons to operate an automatic external defibrillator. "The only thing the operator has to do is position the electrodes on the victims's chest and turn the device on," he said.

Dr. Chadda and his team have trained supervisors and/or security personnel who were selected by management as potential rescuers at a variety of settings, including corporate headquarters, department stores, industrial complexes, and recreational facilities. Training included three hours of one-rescuer CPR according to American Heart Association guidelines and two hours of training in the use of the AED, with simulation of cardiac arrest interfacing with CPR and the defibrillator. At least two training sessions were required for certification as a user of the device, and certified users were re-trained every six months.

The AED was used before the arrival of the rescue squad in 30 cardiac arrest victims; 15 of those arrests were witnessed. The initial rhythm was ventricular tachycardia or fibrillation in all 15 witnessed cases. Victims ranged from 24 to 91 years of age, and most were male, Dr. Chadda said. An equal number of arrests occurred between 6 am to 6 pm and 6 pm to 6 am.

CPR was initiated by a bystander immediately in 23 of 30 victims and at 2.4 minutes, on average, after symptom onset. In the eight patients who were admitted alive to the hospital, CPR was started within one minute, and in the remaining seven patients who died before they reached the hospital, it took over four minutes to initiate resuscitation. In victims who were brought alive to the hospital, the time from onset of symptoms to the start of defibrillation was 3.5 minutes.

While defibrillation was achieved within an average of 5 minutes, paramedics usually took more than 14 minutes to arrive at the scene.

Finally, Dr. Chadda noted that one of his patients—a 26-year old woman who was defibrillated by her husband four years ago—is "probably the first to be saved by the use of an AED at home." □

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Inquiries: Katherine Blosch, Preferred Meeting Management, Inc. 640 E. Wilmington Ave., Salt Lake City, Utah 84106 (801)466-3500

April 7-9
Endoscopic Therapy of Gastrointestinal Bleeding and Neoplasms
Sponsored by the Georgetown University School of Medicine. At Washington, DC. Inquiries: Margaret Lee, Georgetown University Medical Center, Office of Continuing Medical Education, 3800 Reservoir Rd., NW, Washington, DC 20007 (202) 687-8841

April 13-14
15th Annual PaACEP State Scientific Assembly
Sponsored by the Pennsylvania Chapter of the American College of Emergency Physicians. At the Sheraton Station Square Hotel in Pittsburgh. Inquiries: David C. Blunk, Pennsylvania ACEP, 20 Erford Road, Lemoyne, PA 17043 (717)763-7151 (call collect)

April 15-17
Fourth Annual Cherry Blossom Anesthesia Conference: Patient Safety and Monitoring
Sponsored by the Georgetown University School of Medicine. At Washington, DC. Inquiries: Margaret Lee, Georgetown University Medical Center, Office of Continuing Medical Education, 3800 Reservoir Rd., NW, Washington, DC 20007 (202) 687-8841

April 16
Current Concepts in Dermatology
Sponsored by the Georgetown University School of Medicine. At Washington, DC. Inquiries: Margaret Lee, Georgetown University Medical Center, Office of Continuing

April 29
15th Annual Emergency Medicine and Trauma Seminar
Sponsored by the Florida Hospital Medical Center Emergency Department. At the Omni International Hotel in Orlando. Inquiries: Betsy Myers, RN, Emergency Department, Florida Hospital Medical Center, 601 E. Rollins Street, Orlando, FL 32803 (305)896-6611, ext. 2968 or 1613

May 5-8
Emergency '88 Seminar
Sponsored by the Sun Coast Hospital. At Clearwater Beach, Florida. Inquiries: Medical Education Department, Sun Coast Hospital, PO Box 2025, Largo, FL 34649-2025 (813)586-7103

May 11-15
Tenth Annual Wound Management Workshop
Sponsored by the Office of Continuing Medical Education of the University of California, San Diego School of Medicine, and the Plastic Surgery Research Foundation. At the San Diego Hilton Beach and Tennis Resort, San Diego, California. Inquiries: Edith Bookstein, PO Box 3586, La Jolla, CA 92038 (619)454-3212

May 14
Sixth Annual Cardiovascular Update
Sponsored by the Georgetown University School of Medicine. At Washington, DC. Inquiries: Margaret Lee, Georgetown University Medical Center, Office of Continuing Medical Education, 3800 Reservoir Rd., NW, Washington, DC 20007 (202) 687-8841

May 18-20
American Trauma Society
Sponsored by the American Trauma Society, at Washington, DC.

Kansas Association of Counties

Serving Kansas Counties

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Phone (913) 233-2271

February 23, 1988

To: Representative Ivan Sand, Chairman
Members House Local Government Committee

From: Bev Bradley, Legislative Coordinator
Kansas Association of Counties

Re: HB 2865 Certification of emergency medical dispatchers

Thank you Mr. Chairman. Good afternoon ladies and gentlemen. I am Bev Bradley representing the Kansas Association of Counties. Our legislative policy does not speak directly to this topic. We do, however, have a position opposing additional mandatory functions on local governments unless funding is also provided. Our concern is with the cost of this proposed legislation, not only to counties but once again to the volunteer ambulance services which serve many of our small counties. You will remember the plight of Trego County which was described by one of their commissioners two weeks ago before this committee. We understand one cannot put a dollar value on a human life and the better trained personel will probably function with more accuracy, but we also understand decreased valuations, more demand for services, poorly repaired roads and the many other factors involved with the stretching of tax dollars. Lines 084 and 085 of this bill state the fees shall be paid by the employer." In a volunteer service that probably goes back to the volunteer.

We do not quarrel with the concept but we feel it may be a degree of sophistication that many services cannot afford.

Thank you Mr. Chairman and members of the committee.

*Attachment 2
2/23/88*