

National Fire Protection Association Association Document 1710: Threat or Menace?

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Presentation Format

- Lucid, evidence-based propositions
- Random, incisive, unanswerable insults of opponent (AKA “the student”)
- Occasional, justified, self aggrandizement (AKA “the teacher”)
- No use of tacky clichés e.g., “ignorant slut”
- Summary of the rhetorical beatdown I issued him
- Old favorites from past Eagles meetings



Debating Dr Fowler





What is the National Fire Protection Association?

- A trade association that creates and maintains private, copy written, standards and codes for usage and adoption by local governments.
- Mission: Reduce the burden of fire and other hazards on the quality of life by providing and advocating consensus codes and standards, research, training, and education.
- NFPA develops, publishes, and disseminates more than 300 consensus codes and standards intended to minimize the possibility and effects of fire and other risks.
- NFPA uses a “panel of experts” consensus approach



FOWLER RESPONSE VEHICLE





NFPA 1710

**Standard for the Organization and Deployment
of Fire Suppression Operations, **Emergency
Medical Operations**, and Special Operations to
the Public by Career Fire Departments
2010 Edition**



Time Standards

5.3.3.3.2 The fire department's EMS for providing a first responder with AED shall be deployed to provide for the arrival of a first responder with AED company within a **240-second travel time (4 mins) to 90 percent** of the incidents as established in Chapter 4.

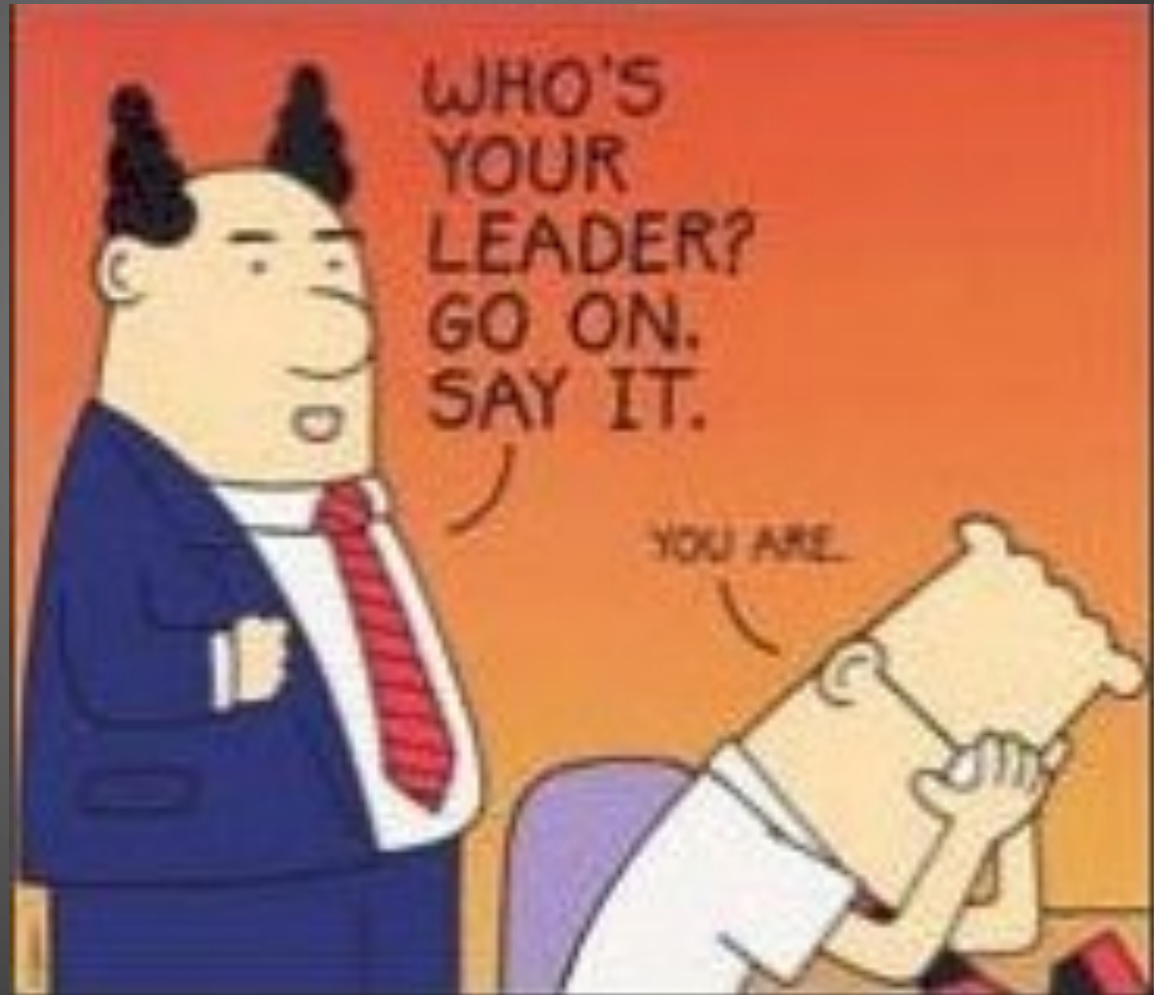
5.3.3.3.3 When provided, the fire department's EMS for providing ALS shall be deployed to provide for the arrival of an ALS company **within a 480-second travel time (8 min) to 90 percent** of the incidents provided a first responder with AED or BLS unit arrived in 240 seconds or less travel time as established in Chapter 4



WHERE DID THESE NUMBERS COME FROM?



Drs Pepe and Fowler





Mickey Eisenberg et al Paramedic Programs and Out-of-Hospital Cardiac Arrest: Factors Associated with Successful Resuscitation Am. J. Public Health 69:30-38, 1979.

“If CPR was initiated within four minutes of collapse, 40 per cent of patients were admitted and if CPR took four or more minutes to initiate, 18 per cent were admitted ($p < .01$); 28 per cent and 7 per cent respectively were discharged ($p < .01$).*

*Stratification at less than four minutes and four minutes or more was chosen because it resulted in the greatest difference in outcome. “



W, DOUGLAS WEAVER et al Factors Influencing Survival After Out-of-Hospital Cardiac Arrest *J Am Coll Cardiol* 1986 ;7:752-7

“First, cardiopulmonary resuscitation was initiated sooner in survivors (3.6 ± 2.5 versus 4.3 ± 3.3 minutes; $p = 0.03$), and second, the initial defibrillation was attempted earlier in survivors (6.1 ± 3 versus 7.3 ± 4.2 minutes; $p < 0.02$).”



Does It Pick Up Peanuts?





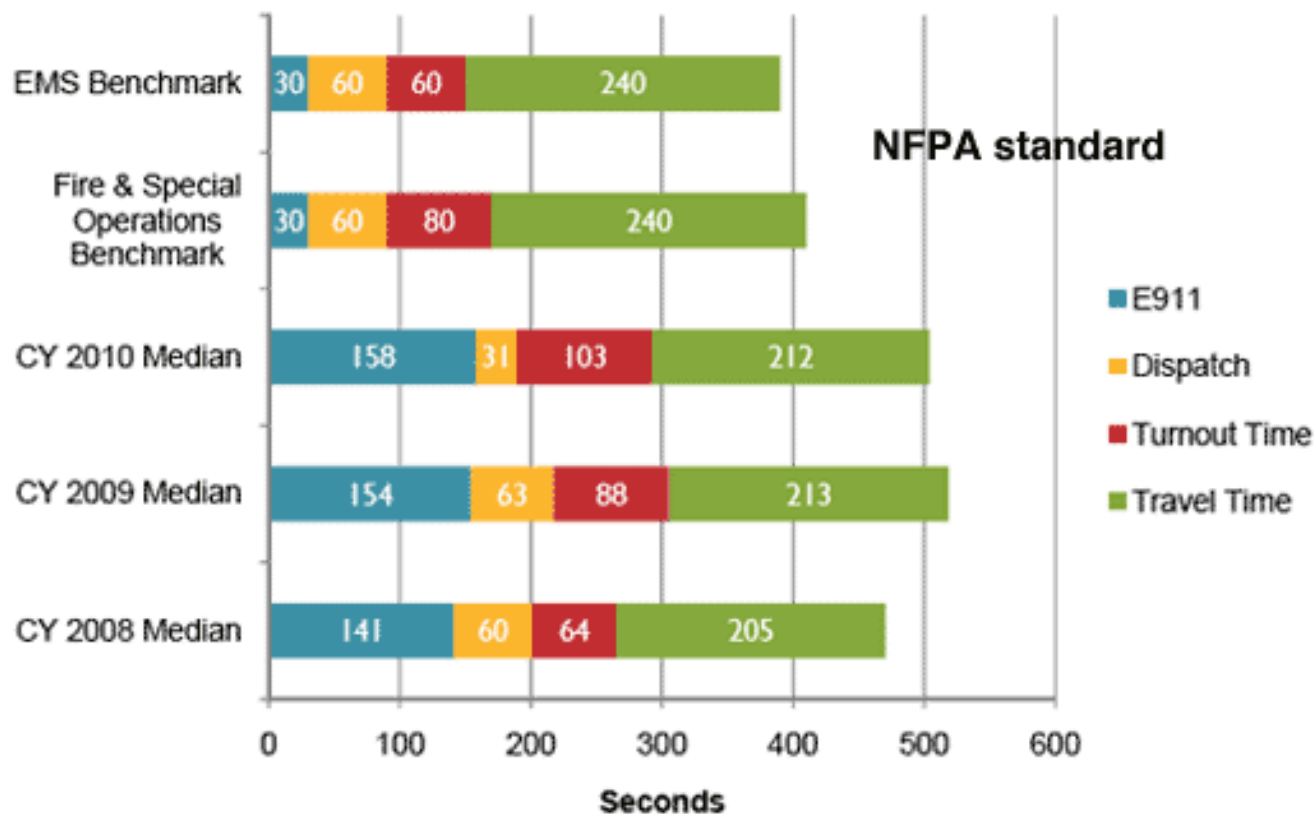
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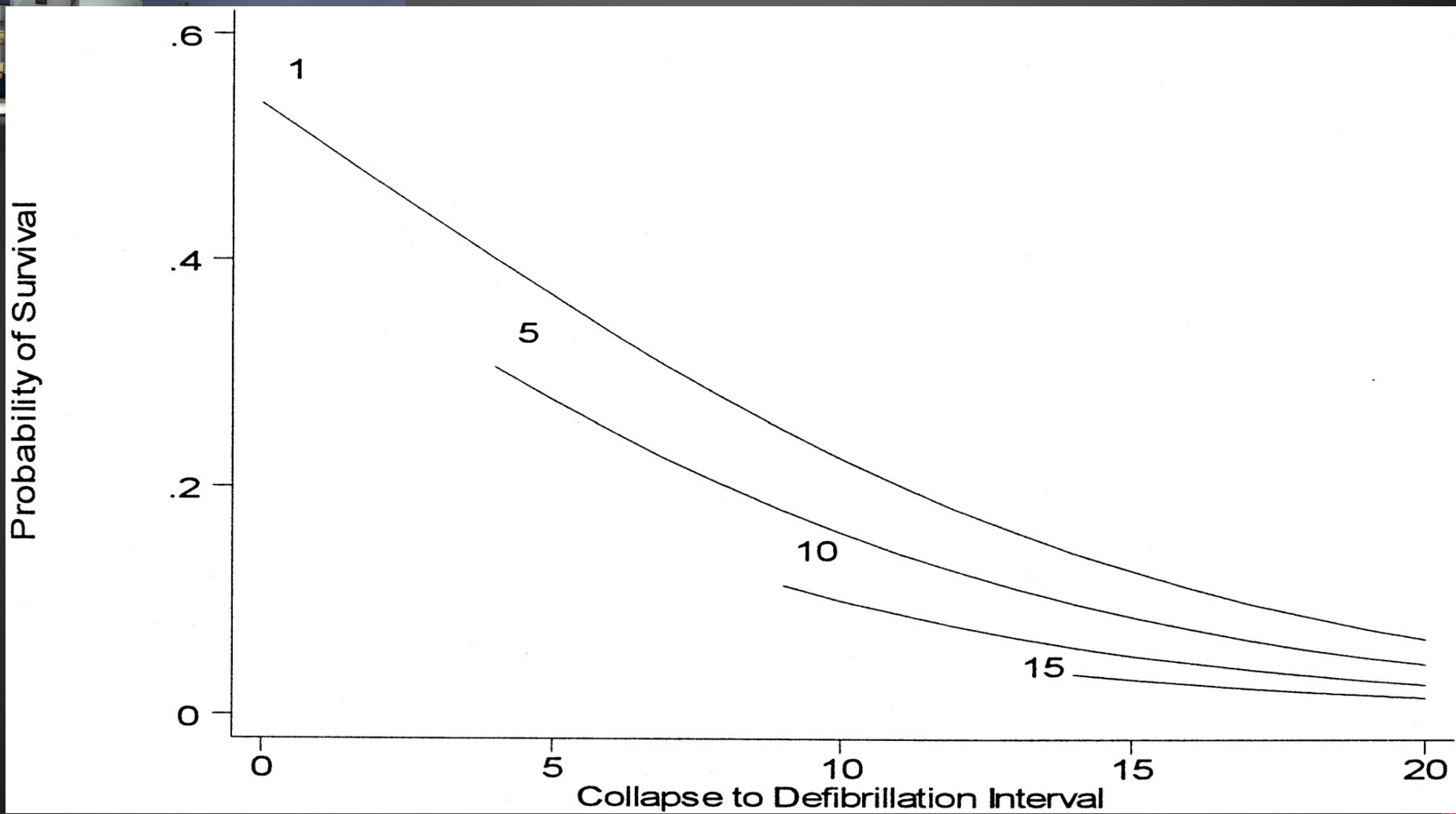
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Atlanta Fire Response Times



Source: EMBRS data, calendar years 2008 through 2010



Valenzuela T D et al. *Circulation* 1997;96:3308-3313

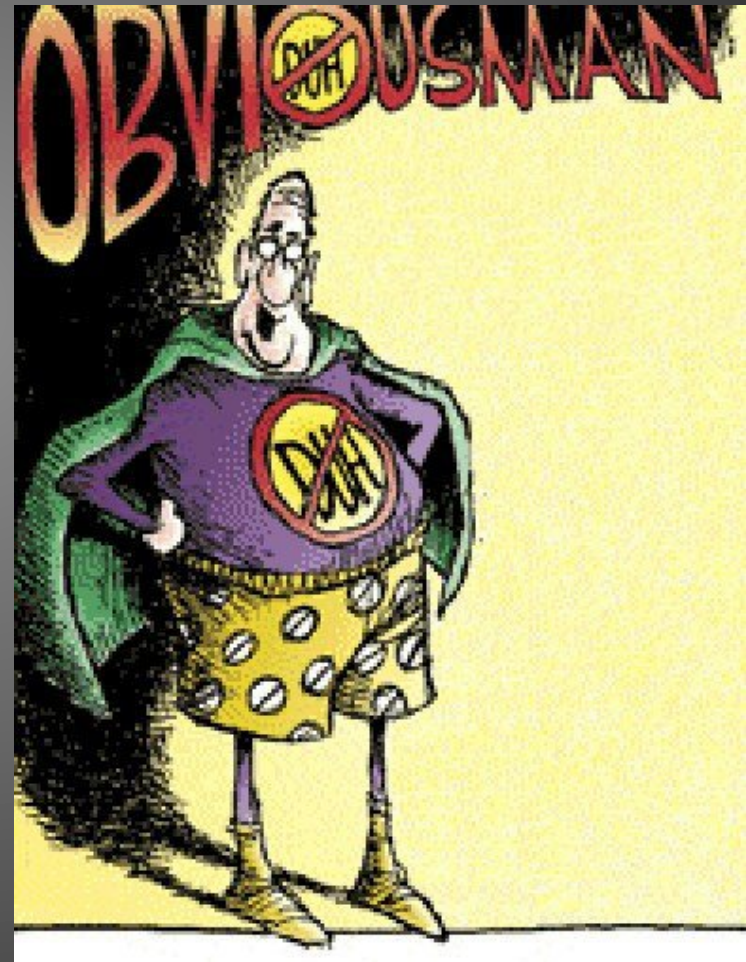
TERENCE D. VALENZUELA, M.D.,
 OUTCOMES OF RAPID DEFIBRILLATION BY SECURITY OFFICERS
 AFTER CARDIAC ARREST IN CASINOS N Engl J Med 2000;343:1206-9.

CHARACTERISTIC	ALL CARDIAC ARRESTS (N= 148)	WITNESSED ARRESTS WITH AN INITIAL RHYTHM OF VENTRICULAR FIBRILLATION (N= 90)
Age — yr	64±12	65±11
Male sex — %	80	84
CPR administered before arrival of defibrillator — no. (%)	63 (43)	49 (54)
Interval from collapse to CPR — min	—†	2.9±2.8
Initial rhythm of ventricular fibrillation — no. (%)	105 (71)	90 (100)
Interval from collapse to attachment of defibrillator — min	—†	3.5±2.9
Interval from collapse to first defibrilla- tion — min	—†	4.4±2.9
Interval from collapse to arrival of para- medics — min	—†	9.8±4.3
Survival to discharge from hospital — no. (%)	56 (38)	53 (59)



Reasons not to Implement NFPA 1710

- The evidence base for any standard must be explicit
- Improvement in any outcome cannot be estimated





Reasons not to Implement NFPA 1710

- Secular trends now permit BLS personnel to work out-of-hospital cardiac arrest and other high acuity cases
- Solutions will be determined by local conditions





Reasons not to Implement NFPA 1710

Unfortunately,
feasibility matters



Summary of Dr Fowler's position on this issue





Gratuitous Fowler Abuse:

“How can you breathe
through that little thing?”





Old Favorites

