

*LifeLines

Southern Region Emergency Medical Services Council, Inc.

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“What I Did on My Summer Vacation!”

Medic Far, Far Away

by Brian Webb, FF2, MICP, FP-C

Why would an Alaskan give up his precious Spring and Summer to spend it surrounded by more ice and arctic temperatures? Well, if given the chance to travel to the ice cap of Greenland, and live at 10,500 feet elevation wasn't enough, toss in the experience of supporting a multi-national earth sciences camp with a clinic and a request to develop a tower rescue team. Only a medic in a persistent vegetative state wouldn't raise a hand to volunteer! I used both just for good measure...



It was a project to support the National Science Foundation's Summit Station on the summit of Greenland's ice cap. Summit has been around since the early 1960's and even has the checkered past of involvement with the Cold War years. Pop Quiz: Who's old enough to recall the Gregory Peck movie, "Ice Station Zebra?"

In today's world, Summit is a pretty astounding collection of environmental and earth studies, some conducted via satellite back to universities in Wisconsin, California, and Georgia. Some studies being conducted there are pretty hush-hush as to their climate-related findings, and in 3-4 more years, the results can be published. I'll be like a kid waiting for Christmas Day to arrive.

I couldn't have worked with better folks. Without a doubt, the Summer crew was a family, and the environment there showed. We all took turns as the "House Mouse", and never in my wildest dreams could I have imagined seeing PhD's working in the scullery (pot washing) of a kitchen. It was refreshing and made the camp pretty equal.

The medical side should be the meat of my article, not all the fun I had and how I can't wait to go back again ... I walked into my clinic for the first time and found myself surrounded by a fully stocked pharmacy and many advanced surgical intervention capabilities. I had to do a quick look in the mirror to make sure I wasn't wearing BDU's as an Air Force Independent Duty Medical Technician again! Having satisfied myself that I wasn't delusional, I pinched myself for good measure to ensure I wasn't dreaming either.

Here I was, in a foreign country, with my medical control being a nebulous company called "Medical Assistance Service", a worldwide company that mainly supports freighters, tankers, and other civilian ships at sea. I had every medication & toy at my

disposal, and every medical specialty at my beck-and-call. I had the opportunity to use that service on numerous occasions, and never found myself lacking the tools to safely practice in that austere environment.

It was fortunate that the military saw fit to train me in altitude medicine, as that was my bread and butter as far as care goes (if the AMS was my bread & butter, then all the URIs were my SPAM...) The incidents ran the gamut from simple headaches, malaise, and anorexia, to High Altitude Cerebral Edema (HACE). Oh, and as usual, no such thing as a speedy medevac. I guess they were trying to make me feel at home. You know your life sucks as a medic, if a possible medevac bird is coming from Norway! Well, unless you get to be on the plane too!



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Safety Spot

Driving the roads can be dangerous and never more so than to EMS responders in dismal, treacherous weather with poor visibility and dark roads. It's easy to feel safe inside your own ambulance or PTV. Someone once called it the "Magic Box Syndrome" where too many EMS personnel feel that "it can't happen to them."

In today's world, driver training for emergency vehicles should be part of every EMS provider's experience. Not only does this help protect the personnel, it can have a monetary value in reducing insurance and liability rates.

There are all kinds of EMS response vehicles. The federal government has established national standards for EMS vehicles,

which must be met by all vehicles purchased with federal dollars.

The weight of a vehicle has a bearing on its safe use. Once loaded with medical gear, EMS personnel and patient, it can be harder to control when braking and turning. All accidents aren't in bad weather. Some are a direct result of other drivers on the road, and depending upon the time of day or night, a high percentage may be intoxicated or distracted.

When you're in the cab. . .

- Always wear the lap and shoulder belts: It's your best chance of surviving and reducing injury in a crash

- Don't leave loose items on the dash: In a crash anything on the dash can become a deadly missile
- Be careful when exiting the unit: Don't focus so intently on the patient that you ignore traffic
- Both occupants of the cab should watch the road:

The distribution of gear in the cab is an important consideration. All of this should be set up with the user in mind. Hands-free radio technology is now available, and emergency response equipment, such as siren and lights should be within easy reach of the driver.

Information from USFS "EMS Safety"

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LifeLines Editor is Emily McKenzie,
Public Information & Education Coordinator. Email address is:
emckenzie@sremsc.org

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We did a lot of good training out there, as we established our emergency response teams, and worked out protocols. The tower training was just delightful, with grad students from Georgia who readily volunteered that they had not been any higher in elevation than the bunk beds at their parent's house. That made for some sporty adventures with some of the towers.

Everyone has done medevacs on snow machines in Alaska, but the ultimate cool was the electric snow machines & four wheelers. Summit is doing everything possible to limit carbon emissions, so the science going on isn't tainted by daily camp life. Pretty neat, pretty quiet, and pretty fast!!!! The icing on my polar cake had to be the 1000 mile CAT traverse from tidewater at Thule, to Summit Station. An annual

adventure that brings the next year's fuel & equipment overland. A tip of my hat to whoever invented ground-penetrating radar... a godsend in locating crevasses before a crew drives in! Very cool.

All in all, this has been the pinnacle of my medical career. That is unless Polar Services gets me into Antarctica... Cross your fingers for a very remote science site for me! I am hoping for the mountain-top observatory, but that's another adventure yet to unfold. Semper Gumby, Brian!

Editor's Note:

The author was on a project for Beacon Occupational Health & Safety Services, CH2M Hill Polar Services that only manage the logistics and the camp.



Recruitment and Then Retention

By George Keeney, Fire Chief/EMT 3/EMT Instructor
Valdez Fire Department

nician 1 course which in Valdez is 180 hours of classroom instruction and reality-based scenarios.

There are two types of firefighters; Exterior and Interior. The Exterior recruits spend approximately forty hours learning the basics of how to stay safe and put out fires without going into a structure. The Interior firefighter follows IFSAC standards and completes a further 200 hours of training. Once both groups finish the instruction we can feed them to the fire gods!

Keeping your new volunteers engaged during these initial classes, before they've had a chance to "catch the bug" and feel the satisfaction of being a first responder, is a challenge. Few things will dampen their enthusiasm faster than an instructor who stands at the front of a classroom and quotes from Powerpoint presentations all night. There are three types of adult learners – Auditory, Visual and Kinesthetic (these are easy to spot, they're the ones who immediately start taking apart equipment the moment it's put in front of them!). A well-staged class with different activities wrapped around a common teachable theme will engage all types of learners and greatly enhance their

retention of the material.

Utilizing actors, moulage, realistic settings and actual response equipment will engage not only the new volunteers but you will probably find your veterans joining in to play too. Occasionally, if you use a public place, your local citizens will think it's a real emergency and jump into the fray not realizing that it's a training scenario. Get out and play, use the toys and watch the smiles appear on the faces of your students and volunteers. They will retain so much more material and take away experience they would never have gotten just sitting at a desk. Listen to the chatter at the end of the class and you'll see just how much of a difference there is between "being talked at" and "getting up and doing".

Coming into a new department can be scary. We use a volunteer coordinator to bring both our new career and volunteer staff into the organization. The volunteer coordinator must be someone who is friendly and easy to talk with. Their job is to make the new volunteer quit shaking in their boots and help them get through orientation and onward so that they can become a contributing member of the department.

Whether the motivation is to save lives, fight fires, be a hero or just pitch in and give back to their community, today's volunteer is expected to be trained and to perform at a professional level.

To begin, there is a daunting list of required training; CPR, first aid, blood borne pathogens, ICS 100, 200, 300, 400, 700 and 800 and all just so that they can touch a patient or help a neighbor.

The Emergency Trauma Technician (ETT) course is the first of the EMS classes we offer the new volunteers and it takes just over 40 hours to complete. A few good calls later and we can see the EMS spark ignited. The next jump is the Emergency Medical Tech-

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After a potential candidate fills out an application, they are contacted and brought in for a brief orientation (and yes, we even use a Powerpoint for the highlights). Applicants are shown the history and organizational structure of the department and then are introduced to the on-duty staff. Tours of the fire station and opening up of the equipment cabinets follow. This process gives the applicant a chance to ask questions and receive information they may not have thought to ask previously.

Soon afterwards the candidates are brought into the Thursday night training sessions. Within a month, the new volunteers are familiar with the career staff and most of the members. One of the most important goals with getting the new members involved is to make the station as comfortable as possible. All our volunteers are welcome to come to the station and watch TV or use the computers or just sit around and chat. If they want training at any time the staff will try to accommodate their requests.

Retention

So, now that we've got these great volunteers trained and responding to alarms, how do we keep them engaged and wanting to stay? I have tried lots of different approaches and found only a few that work well.

Good ideas to try:

1. On the last Thursday of a month, we have a potluck. All of the members bring a side dish and the Chief and duty crew provide the main course.

2. One inexpensive item I've found very rewarding for the volunteers and career staff is business cards. I print out a sheet of cards for each volunteer as soon as they pass the level book and are active. This boosts their moral and it's a nice thing for the member to be able to produce a business card with their name on it at training sessions and conferences.

3. When the volunteer finishes the first level book, they are issued a pager. This acknowledges them as a responding member of the department and few items will make them feel more like a member of the team.

4. Tee shirt, sweat pants, shirt and hat all with department logos should be earned. I suggest you hold them out at arm's length and allow them to earn them when they can answer some history questions during orientation.

5. Do not differentiate the appearance between career and volunteer staff. If a work uniform is issued, it should be the same for all members of the department.

6. If a volunteer remains on the active list for a second year, they are issued a three season jacket with the department's embroidered logo.

7. If they remain active for three years they will receive a Class A dress uniform.

8. Award Ceremony – I conduct an annual Awards Banquet where we have a good dinner (even prime rib and crab sometimes) for the members and their families and it is a dress-up occasion.

- Awards are given for "EMT of the Year" and "Firefighter of the Year"

- 200 Club for having over 200 hours of training during the year

- Prizes from local business owners are given to those that have the most responses of the year (volunteers, not paid staff)

- Length of service awards (3, 5, 10, 15, 20, 25, 30+ or lifetime)

9. Stipends are given to help offset the cost of fuel and clothing. It will vary from department to department.

10. Training opportunities paid by the department, State of Alaska, National Fire Academy or Emergency Management Institute.

11. Gift certificates for local businesses given for exceptional performance.

12. Scott Davis from Tongass Fire Department came up with giving a "Gall Stone" awarded to members that attend training or do good deeds for the community. Each stone is worth five dollars on a

Galls order.

What did not work:

1. Awards for the most hours per month/quarter. "Seems it always went to the same four or five folks".

2. Giving jackets right away. Soon everyone in town has a fire department jacket!

Burn Out:

We can burn out the volunteer if we have too many required classes, too many call hours or too many Powerpoints but we also need to watch that they are not getting too involved. An example is one of my firefighters. He joined to help his son by going through an exterior firefighting class. He finished the exterior class and then ETT. After that he found out that he could teach classes and became the department's education lead. From there he wanted to be an EMT, fire inspector, fire investigator..... Soon I noticed he was getting into burn out mode and I pulled him in for a heart to heart "Chief Talk". The number one question I asked was "what does your wife and family think of all this class work and department volunteering". I told him to go home, sit down and really ask her what she thought and talk with his children about it. It resulted in him slowing down to a better pace, his family is happier and we saved a good volunteer from falling into that pit of darkness. He still teaches fire prevention, does his firefighting and EMS and is loved by all.

My Personal View:

As a firefighter or medic you have to love the work. I started in 1975 when my Coast Guard Chief asked if I wanted to go to an EMT class put on by the State Troopers. I accepted and have loved my training ever since. By loving it so much I constantly want more and more. I volunteered because I love helping people in their time of need and my folks taught me to follow the Golden Rule "Do unto others as you would have them do unto you!" I do not do this job for the money or the awards. I do this job for the thanks from those I help.

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Comfort One Program

By Rachel Morrison
Comfort One Coordinator

Was the last time you came across **Comfort One** in your initial or refresher class? Maybe you had a **Comfort One** patient years ago when the program first started... Are you needing a little refresher? Here are the basics:

The **Comfort One** program is a pre-hospital "Do Not Resuscitate" order. It is designed to insure the wishes of terminally ill patients, who have decided no life-sustaining procedures be performed on them by health care providers. Patients enroll in **Comfort One** through their primary care physician who order the forms through the Regional EMS offices.

A **Comfort One** identification card is provided to enrollees. It is suggested that these remain on the enrollee at all times for confirmation that they are enrolled in the program. There is also a **Comfort One** identification bracelet available for purchase that can help identify a **Comfort One** enrollee.

Health care providers who encounter a **Comfort One** patient should:

- Determine the **Comfort One** patient's identify by:
 - Communicate with the patient
 - Examine patient's hospital or institutional arm band
 - Verify patient is personally known to physician or health care provider
 - Examine patient's driver's

license or credit card

- Communication with another person who identifies the patient
- Confirm their **Comfort One** status by the following:
 - **Comfort One** wallet card, form or bracelet
 - A **Comfort One** type order/DNR issued from another state is presumed valid and in compliance with Alaska Law if actual notice to the contrary is absent. If you have questions, check with your local medical control.

What care CAN you do for a **Comfort One** patient?

Providing comfort care (palliative) is allowed:

- Suctioning the airway
- Administering oxygen
- Assisting the patient to a comfortable position
- Providing emotional support
- Contacting hospice, a home health agency, or attending physician
- Providing pain medication if allowed in your standing orders /scope of practice

What care CAN'T you provide a **Comfort One** patient?

*Resuscitation measures are **Not** allowed:*

- Use of advance airway devices



- Initiate cardiac monitoring
- Administer cardiac resuscitation drugs
- Defibrillate
- Provide ventilatory assistance

Who can revoke/ reverse a patient's **Comfort One** status?

The patient, their physician or the parent / guardian of a minor can revoke the **Comfort One** at any time.

If you or bystanders have begun CPR, stop as soon as a confirmation of a **Comfort One has been determined. The penalty for violation of a **Comfort One**, according to Alaska Statute, is \$10,000.

If you have further questions, contact your local Regional EMS office or Shelley Owens, State EMS Unit Manager, at shelley.owens@alaska.gov Additional **Comfort One** information can be found at www.ems.alaska.gov/ems/programs/comfort_one.htm

36th Alaska EMS Symposium

Egan Center
Anchorage

November 9 - 12, 2011

For current Symposium information go to
www.sremsc.org

Facebook at <http://www.facebook.com/#!/pages/Southern-Region-EMS-Council-Inc/113411762025006>



Introducing Southern Region's New Regional Training Coordinator Thomas Meyer

to Albuquerque and spent the next couple of years getting my BS EMS from the EMS Academy at the University of New Mexico.

During my time in New Mexico, I worked at Presbyterian Hospital as an ER Tech both as an EMT – Intermediate and Paramedic. After two years at Presbyterian ER, I transferred to Albuquerque Ambulance Service. Albuquerque Ambulance runs between 110,000 and 130,000 calls per year. After nine years on the ambulance, I moved to the University of New Mexico Hospital (Level 1 Trauma Center) and worked on the Rapid Response Team. The RRT is a group of all paramedics responding to and treating in-house medical emergencies. My career thus far has afforded me the opportunity to see EMS patients from the call to 911, through field treatment and transport, their stay in the ER, on to admission and stay in the hospital.

For the last several years I have been teaching EMS around New Mexico. Serendipity struck when I came to Anchorage to try out for Anchorage Fire Department. I lucked out and found the Southern Region EMS Council was hiring. I have been working

here at Southern Region since April 4th and hope to stay here for quite some time. I cannot express how happy I am to have floatplanes (and mosquitos) flying overhead and Alaska under my feet again. It has been far too long. I hope that I can do my position justice and provide excellent service to you and your community.

I feel profoundly lucky. I am working with a fantastic crew of dedicated people. Sue, Rachael, Nadine, Emily, Karen, Vlada, Jane, Elizabeth and David have welcomed me, helped me and educated me. I hope to repay them and Southern Region. (That's you!)

Despite this long article, I really don't like talking about myself this much. I do, however, look forward to hearing about all of you. Please don't hesitate to call and chat; tell me about you and the service you work or volunteer for.

You can contact me at 562-6449 or email at tmeyer@sremsc.org.

From the desk of the Regional Training Coordinator, I say thank you and here's to the future.

By now, I hope, most of you have heard there is a new RTC here at Southern Region. I would like to take a few minutes to introduce myself to everyone in the Region and around the State. So, here it goes...

Hi, my name's Tom and I am a Paramedic. Well, since that is out of the way, I would really like to get to know each other. Since you are reading this in LifeLines right now, I guess this will have to be a one sided process for now. I am returning to Alaska after several years in New Mexico. I grew up in Kodiak, Anchorage and Juneau; graduating from JDHS. I took my first EMT 1 class in Juneau.

My time in New Mexico was spent obtaining my AA (Pre-Med focus) from the New Mexico Military Institute in "lovely" Roswell, New Mexico. From there I moved on



Congratulations Seldovia!



**The Seldovia Volunteer Fire and EMS Department
will celebrate
their 75th anniversary
October 2011!**

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Whether that person is under the influence or had a little too much to drink, it is that moment when a mother or father looks you in the eye and says “Thank you” that is the main reason that keeps me here, working lots of hours being a medic and fireman.

Most of us that are in this profession are volunteers. We love our job. We love being able to help. To make someone smile and say thank you. We take pride in our fellow

members and make sure we spend the time getting the rigs back in shape and stocked. Even as a Chief I still go out and load hoses or mop out the ambulance. To be a career fireman/medic I am lucky to be paid for doing what I love. For thirty years I did this as a volunteer. During my career I had times when I wanted to stay home and not be a volunteer but then either the tones would go off or a neighbor would come running to tell me I was needed and I was back on

the job.

I have taught a lot of new medics the trade and I have seen new firefighters go into their first fire and come out smiling. It is that desire to help that started the process but once hooked, it is the love of the job that takes us into the future.

It's Symposium Time Again!

This year's schedule at Pre-Symposium & Symposium is impressive. Here are a few of the highlights:

“**Medevac Escort**” will be returning, as well as a new course, “**Medevac Escort: Train the Trainer**”. Dave Potashnick, PA-C, FP-C will be teaching the course off site. If you're interested it's important to register early. There is limited space and it's a popular topic.

Also at Pre-Symposium, Dr. BJ Coopes will be presenting a two day “**Advanced Pediatric Life Support**” (APLS) for advanced providers (EMT 3, MICP, RN, PA, MD).

The Office of the State Medical Examiner and Deborah Hull-Jilly, SPH, CLS from DHSS will be presenting “**Forensics 101**” during Pre-Symposium. This is an opportunity to learn about the process of death investigation and what happens behind the scenes.

Dr. Bernd Jilly, Chief, Alaska State Public Health Laboratories, is presenting “**Infectious Disease Primer**”. This will be held off-site at the Public Health labs. Space is limited and early registration is a must.

Dr. Mike Casey from Las Vegas, Nevada is our keynote speaker. His topic is “**Bariatric Trauma Tactics**” and in addition to this, he will be presenting two sessions of the Clinical Track. “**Bariatric Trauma Tactics**” is a particularly relevant topic, given the growing increase in the weight of

the entire population.

Dr. Casey received his Trauma Critical Care Fellowship at the University of Nevada School of Medicine where he works as a General and Trauma Surgeon at the third busiest Level 1 Trauma Center in the U.S.

The Clinical Track has some outstanding presentations. Speakers include Mike Casey, MD, Las Vegas, Nevada; Jessica Pierog, DO, Palo Alto, CA; BJ Cooper, MD, Anchorage, AK.; Brent Roatan, MD, Anchorage, AK; Elizabeth Galloway, MD, Anchorage, AK; Deborah Lerner, MD, Anchorage, AK; Anne Zink, MD, Wasilla, AK.

Other visting presenters include Jill Swope, RN, BSN, CEN, CFRN, CCRN from Flagstaff Arizona; Dave Gurchiek, BS, MS, PhD(c), NREMT-P from Billings, Montana; Ray Barishansky MPH, EMT-B from Silver Spring, Maryland

We have a full calendar through Saturday afternoon.

On Saturday Morning Seth McMillan, MICP in Anchorage, will present “**Street Drug Culture of Alaska**”, instructing students in the response, recognition, and reaction for the first responder. This program is a candid look into the current world of illegal street drugs, specifically the most current trends in Alaska, including slang terminology, prices and dosing. Both urban and rural providers will benefit from this session designed to refresh your knowl-

edge of patient presentations on single and poly-substance use.

Brian Reiselbara will present “**ALS for EMTs and ETTs**” on Saturday afternoon.

Southern Region's new Regional Training Coordinator, Thomas Meyer, MICP, will be presenting an Instructor Track “**Trading Post**” Saturday morning and “**Sepsis - the P.E.S.T.R. Model**”, a BLS/ALS Track offering, in the afternoon. “**Trading Post**” is a powerful opportunity to share information, lectures and experience among the instructors of Alaska. Each participant is asked to bring two of their best electronic assets to the session. Participants can share tips and tricks for content creation. At the end of the session you walk away with everything that everyone brought on a new USB thumb drive. Stop by, enjoy the class and have a chance to meet Thomas.

Also on Saturday afternoon is the **34th Annual All-Alaska EMT Skills Competition**. This year it will be sponsored and facilitated by the University of Alaska Anchorage Paramedic Program, Mat-Su and Kenai Colleges.

Forms and other Symposium information can be found at www.sremsc.org/Pages/Symposium.html We hope to see you all in November!

For the latest Symposium information go online to www.sremsc.org



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***Southern Region EMS Council
List of Available Courses
August - December 2011***

BLS Providers	Aug 31	BLS Provider	Nov 16
BLS Provider	Sept 14	EMT 1 & BLS Refresher	Nov 18 - 21
PALS Provider Refresher	Sept 21	ACLS Provider Refresher	Nov 30
BLS Provider	Sept 24	PALS Provider	Dec 5 & 6
ACLS Provider Refresher	Sept 26	EMT 1 & BLS Refresher	Dec 9 - 12
ACLS Provider	Oct 10 & 11	BLS Provider	Dec 14
BLS Provider	Oct 12	ACLS Provider	Dec 15 & 16
EMT 1 & BLS Refresher	Oct 14 - 17	<i>Notes:</i>	
BLS Provider	Oct 22	EMT 2/3 Refreshers January, February, March, and April, exact dates TBA.	
		EMT Instructor Class planned for May 2012.	