



The Page-Out

Official Newsletter of Glacier County EMS



April 1, 2008 Published by Kyle Starr, CCEMT/P

In This Issue

- Fuel efficiency
- Department Tidbits
- Safety Corner
- Equipment Update
- Call Volume
- Everyone Goes Home
- Photo of the Month
- Humor
- Chief's Corner
- In the News...
- ABC's of Emergency Driving
- Ambulance Update
- Upcoming Training

Fuel Efficiency

With all the miles that we put on our ambulances performing inter-facility transfers, it is no wonder that fuel expenditures adds up pretty fast. Some of the factors that affect fuel economy cannot be helped, but some can. While none of these tips are new, here they are.

- Accelerate smoothly, don't "step on it" and accelerate like a drag racer.
- Don't increase your speed when climbing a hill. Let your speed go down a little bit if necessary, because accelerating up a hill can drop fuel economy down to 2-3 mpg.
- Don't speed. Do you really have to get back 10 minutes sooner? For every 10 mph faster you drive, you sacrifice as much as 15% in

fuel economy. The time you save by speeding isn't a much as you think.

- Use the cruise control on the highway.

We all know someone who likes to be a little heavy on the gas pedal. If we can reduce this, the savings could really add up. For example, if we get 11 mpg in A2 and can increase fuel economy 10% (1 mpg) in the course of one transfer from NRMC to Benefis, we can save 1.5 gallons of fuel and \$3.24 (depending on fuel prices). If we save \$3.24 or more on each transfer, and we do over 400 transfers like we did in 2007, this can save over a thousand dollars in fuel.

Something to keep in mind as we roll down the road!

Equipment Update

After field-testing a new CPAP unit, we have decided to replace our basic CPAP units with Emergent Respiratory Product's Porto2Vent CPAP unit. We liked the fact that the unit is adjustable yet simple to operate. The fit of the mask and the seal it provided was another plus over the previous CPAP we utilized. The previous unit was not as adjustable and therefore could not be set to provide optimum airway pressure for the patient.



We have purchased enough units to equip A1, A2 and A3 with them, this way we don't have to

switch equipment around if one of the two frontline trucks is pulled from service.

While we are discussing equipment, we are happy to announce that three more Stat Pack Manager bags have been ordered. We have been field-testing one of the packs on the first-out truck since January, and feedback from our providers has been positive. While any bag is going to have its downside (weight being one of this bag's downsides), the positive aspects outweighed the negatives. One of the most common comments received was the benefit of having all our scene equipment in one bag instead of having separate ALS and BLS bags, as has been the practice in the past. The optional LED lights have been purchased to enhance the visibility of the packs, and Chief Laidlaw is looking into the option of purchasing some fiberglass/composite O2 tanks in the future to help reduce weight.



Call Volume Projected to Set New Record

While nothing is set in stone and the fiscal year isn't over, it is projected that we will be setting a new record for alarms in fiscal year 2008. If our number of alarms continues its trend, we could see 800+ alarms, breaking the record of 707 set last fiscal year. This is good news for the department, as increased call volume usually brings increased revenue.

New Ambulance Update

Med-Tec was the winning bidder, and we are going ahead with the purchase of the new ambulance.

The new truck will likely feature some changes to our graphics, albeit subtle ones. We are looking at widening the blue and red stripes down the sides to provide more reflective surface. We are also planning on putting gray chevron markings on the rear of the vehicle to provide more low-light and

nighttime visibility. The other markings will be mostly the same, as not to disturb our department's "identity" and the recognition of our vehicles.



Department Tidbits

- The EMT-basic class has wrapped up. Good luck to all the students on their board exam. We hope to see some new EMT's going through orientation on our department soon.
- Our Operation Ranger Grant application has passed the first round of eliminations.
- We have re-applied for the General Mills Hometown Helper grant program. The application is for \$2,000 for water/ice rescue equipment.
- The practical exam for the EMT students will be held on April 12th.
- We have purchased more fuel additive from Ford for use in A2. The weather has warmed enough to use the Cetane additive instead of the anti-gelling additive.
- Information on common ailments that we see (RSV, Flu, etc) has been added to the exposure control plan folder at the report desk.
- A2 continues to be problematic. It was moved to local-only status on 3/18 due to valve problems. It is hoped that it will be repaired the first week of April.
- The GPS units have undergone their annual update.
- The ALS supply cabinet was recently straightened up. Please do your part to keep it organized and neat.
- The department's mission statement is now posted for viewing in the day room.

Chief's Corner by Chief James T. Laidlaw IV

I first want to thank everybody for pulling together as a team when things have gotten so busy. There were a few bumps in the road but for the most part everybody worked hard to get the job done. I believe this is a continuing trend and I am trying to make adjustments so we don't get hit so hard staff-wise.

A little word about billing and patient report check boxes. It seems that not everybody understands what to check and when. Medicare and Medicaid have made it difficult to seek reimbursement and in most places in the country pay less than the actual operating cost putting most organizations in the red. The national average is that most ambulance services are operating at 6%-35% **BELOW** costs for these services.

We have a few different check boxes and I want to go over them. Almost everything that we do is Emergency by Medicare's

terms. That means that it is unscheduled. Very few things we do are scheduled. Nursing home returns or pre-arranged (set up days in advance) transports would be considered scheduled. Here's the choices medicare allows:
 BLS—nonemergency
 BLS—emergency
 advanced life support, level 1
 ALS1 - nonemergency
 ALS1 - emergency
 ALS, level 2 (ALS2)
 specialty care transport (SCT)
 paramedic intercept (PI) services
 fixed-wing (FW) air ambulance
 rotary-wing (RW) air ambulance.

BLS non-emergency is just that. A trip returning to a nursing home or to a clinic/office/dialysis center may fall in here. BLS Emergency could be a 911 where BLS is only available (or utilized) or some of our unscheduled psych transfers to managed care. ALS 1 means that we've provided

ALS care including ALS Assessments where the BLS provider might tech the call into the hospital. ALS 2 is for critical patients, traumas or cardiacs. A good rule of thumb is 6 or more procedures or med pushes (including assessments). Trauma codes or cardiac arrests are perfect examples of this. SCT is for anything we do under the auspice of critical care. The last three do not apply to us.

Now a word about Medicaid. We have been operating at a loss on these. If it is non-scheduled, we should have no problems however the scheduled transports are a problem. We will be moving to a pre-authorization system and crews will have to call in for pre-auth even on weekends. If you can't reach anybody, you just leave a message with name, SSN, date, receiving and sending facility, and reason for transport. Keep up the good work!

Safety Corner - Use of Medical Gloves

It scares me that I continue to hear that some of us still neglect to wear medical gloves on 911 calls. Here is some information regarding the use of medical examination gloves.

The wearing of medical examination gloves is an important step in protecting workers from contamination, infection and other risks in the healthcare setting. In 1987, the CDC began recommending that healthcare workers should wear medical gloves to protect against HIV and hepatitis.

Much research has done that proves the effectiveness of

medical gloves at preventing the spread of pathogens within the healthcare setting.

According to OSHA, medical gloves should be worn whenever users anticipate coming into contact with blood, mucous membranes, potentially infectious materials, non-intact skin, any bodily fluids and when handling or touching contaminated surfaces. We come into contact with all of the above in EMS, making use of medical gloves

a necessity.

It has been estimated that about 2 million people are affected each year by infections due to poor barrier, resulting in around 80,000 deaths.

We use nitrile gloves to avoid latex sensitivity issues. The blue color isn't just for a cool look, blue shows blood easily and makes pinholes more visible as well.



We don't only wear gloves for our protection, they also protect patients from germs that we may have on our hands. Many of our patients are already sick or have weakened immune systems, and the last thing they need is another infection.

Be sure to remember that use of medical gloves is no substitute for utilizing waterless hand sanitizer and handwashing. Combined, you can ensure that you are keeping yourself and your patients as safe as possible from pathogens.

In the News

From the Columbia (MO) Daily Tribune

A paramedic helping transport a patient to a hospital was injured when the ambulance he was in struck several deer on Highway 63 near Columbia Regional Airport.



The 2005 Ford E450 ambulance was traveling northbound at around 0100 hrs when it struck the deer.

The paramedic, Matthew Parvin, 31, of Jamestown, was not wearing a seatbelt, according to the Missouri Highway Patrol. He was transported to University Hospital, where he was treated and released. The driver of the ambulance was wearing a seatbelt and was not injured.

The ambulance sustained minor damage.

ABC's of Emergency Driving

EMS providers are well aware of ABC's in emergency medicine. Did you know that there are ABC's of emergency driving too? The following comes from Tom Mannisto, founder of TEAM Driving Concepts, an EVOC course.

A = Acceleration

Acceleration is the first vital component of driving an emergency vehicle.

Accelerating from a stop should ALWAYS be performed slowly, smoothly and steadily. "Jack rabbit" starts NEVER benefit the patient. The patient and passengers should barely know the vehicle is accelerating. The smoother the ride, the more confident and relaxed the patient is, along with better assessment, care and treatment. Sudden acceleration can cause equipment to fall onto the patient or other occupants. Your partner can also be tossed about within the patient compartment, causing injury

to them or the patient.

Any rapid vehicle movements indicate danger, excitement and the possibility of crashing. The patient then thinks "why are we in such a hurry? Does the driver think I am going to die?" Just as EMS providers convey confidence with their voice, body language and movements, so too does the emergency vehicle operator convey confidence.

"Jack Rabbit" starts indicate:

1. Poor driving skills and attitudes
2. The need to hurry or rush
3. Excitement is increasing
4. The operator is intense and highly emotional.

There are NO benefits to the patient with jack rabbit starts. Slow starts offer time to scan around the vehicle for hazards. Drag racers are focused straight ahead. Remember that ambulances are the tool used the most in EMS and trained on the least.

Upcoming Training Opportunities

Child Passenger Safety Technician
 PALS
 MT State SAR Spring Meeting
 EMS Live at Nite - Haz-Mat

May 7-10 in Great Falls
 Coming soon to Cut Bank!
 April 25-27 in Shelby
 April 8th at NRMC - 1745 hrs.



“Neighbors Helping Neighbors”

“Everyone Goes Home”

In the fire service, you hear the saying “everyone goes home” a lot. It’s not just a sentence, it’s a mindset, an attitude. It covers all aspects of safety, whether it is scene safety, vehicle operation, station duties, etc. The saying is just as suited to EMS, as there are many aspects of our job that require safety-consciousness.

Some departments have even gone as far as putting the words on their bay doors so they are seen by all responding crews on the way out the door. No, we are not a fire department, but 80+% of what fire departments do is EMS-related, and EMS can benefit just as much from the mindset “everyone goes home”. Keep this in your mind when you’re out there on the streets, ask yourself if you are doing things as safely as possible, and do your best to ensure that “everyone goes home”.



Do you think this AMR ambulance is in a good spot under a leaning pole that had just been hit?

GLACIER COUNTY EMERGENCY MEDICAL SERVICES

512 E. Main Street
Cut Bank, MT 59427

Administration: 406-873-2722
Station Line: 406-873-2727
Station No. 2: 406-732-5508
Fax: 406-873-2436



Humor



You know you’re an EMS veteran when:

- You remember the days when a doctor making a house call was “pre-hospital” care.
- Your license number is a single digit.
- You worked a significant portion of your career before medical gloves were provided.
- You don’t take offense to being called an “ambulance driver” because you started out as one.
- You remember the days when the ER was staffed by a physician 24 hrs.

Fiscal Year 2008 Responses

July	84
August	75
September	51
October	50
November	51
December	46
January	78
February	65
March	79

Total: 579

Photos of the Month



This might be a fun ambulance to work on. This is one of the EMS boats in service in Italy.



This might not be a bad unit to have in Montana in the winter. This is used in the UK.

