



The Page-Out

Official Newsletter of Glacier County EMS



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Published by Kyle Starr, CCEMT/P

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Stat Pack Evaluation Underway

We recently received the Stat Pack bag that we requested for demonstration. If we choose to adopt the new bag, it will replace the ALS and BLS bags and hold all our initial "scene" equipment in one bag. Advocates of the bag cite the simplicity of only having to grab one bag, the backpack straps that enable for easy hands-free transport, and the hi-viz color and ample reflective striping for visibility. Some concerns that have been voiced regarding the bags mainly revolve around the fact that the amount of equipment that we have immediately available to us on-scene is reduced. It is currently in service on A2. Please check it out and give any feedback to Chief Laidlaw. Once the bag has been evaluated on actual calls for a reasonable time, it will be decided whether or not to implement them system-wide.

Personnel to Attend Lead Instructor Class

On February 15-17th, Paramedic Kyle Starr and Paramedic Student/EMT-B Angela Eppinger will attend the lead instructor program in Havre, MT. Upon completion of the program, Glacier County EMS will have five lead instructors on staff. Members currently holding LI certification include James Laidlaw, Brian Williams and Cliff Wevley.

Website Receives Major Revision

Just as The Page-Out has received a facelift for the new year, the website received it's own revision. The new version has received rave reviews. A black background was found to be easier on the eyes and allows the viewer to focus more on the content than the background. The content was updated, but was mostly unchanged. New features were added to the staff-only section. Now, employees can find a staff seniority list, certification expiration dates, desktop backgrounds, our exposure control plan, a list of county holidays, the paramedic's schedule, a link to the MPERS website, the dept. safety manual, the policy manual, the shift schedule, commonly-used forms, and more. Many aesthetic changes were made as well. The site features new buttons, a new main page header, and new color schemes.

The website has proven a popular asset to our department. With visitors from around the globe. Here are some quick website statistics from 2007:

Total visitors:	8,104
First-time visitors:	4,846
Pages viewed on the site	29,986
Search engine hits:	254,070

So far in 2008, the most popular pages on our website have been, in this order: Employment, News, Photo Gallery, Staff, Staff-Only Section, Chief, Newsletters, and Dept. Profile. We hope 2008 will bring even more visitors to the site.



Glucometer Operation

I know it may seem pretty simple to take a capillary blood glucose using a glucometer, but there are some things to remember that can affect the accuracy of the reading.

When using alcohol to disinfect a patient's finger prior to using the lancet, be sure that the alcohol is allowed to dry before performing the stick. Alcohol on the skin can cause an erroneous reading. The preferred method of cleaning a test site is with a chlorhexidine wipe. If a provider handles a test strip with bare hands that have any kind of waterless hand sanitizer residue or food residue on them, accuracy of the reading can be affected as well.

There is controversy on what type of sample is most accurate; venous, capillary, arterial. In EMS we deal with only venous and capillary, but for infor-

mation's sake, it is generally accepted that the difference in readings from source to source are as low as 5 mg/dl.

Tips for use:

- Glucose strips may be handled with clean, bare hands by either end without risk of erroneous readings.
- Prepare the test strip and meter prior to inserting an IV or performing a finger stick.
- Retest during transport, glucose levels can change rapidly.
- Be sure to use caution with used lancets, they are sharps and need to be disposed of in a sharps container.
- "Milking" a fingertip to get better blood flow can result in lower

readings. This is not recommended. If a site doesn't flow well, find another site.

- To enhance blood-flow, if a patient's fingers are cold, put a hot pack on them for a minute before performing the finger stick.
- Test strips utilize chemical reagents that degrade with time. Be sure your test strips are not expired.

There are some exciting new prototypes of glucometers being developed. Second generation meters that utilize interstitial fluid in the skin and third generation ones that utilize infrared light or radiation and do not require any body fluid are being developed. The new, non-invasive techniques would be a welcome relief to countless who hate multiple fingersticks daily.



Chief's Corner by James T. Laidlaw IV

In trying to figure out how I want to use my "little corner" this month I was searching for a specific article when I stumbled across one by David Becker entitled "Are you Professional?" Upon reading the article I reflected upon some of the problems that have plagued EMS and more specifically plagued our organization. I see a lot of stuff that gets jumbled up in HR issues or Racism, and even Sexism. The bottom line is this. Are we professional? Professional doesn't mean you're paid vs. not paid. Professionalism stems from some basic virtues. I challenge each and every one of you to look towards yourself and ask these questions about yourself. The first is **Integrity** which is probably the toughest. This is your words and actions demonstrating

your beliefs and principles. **Ethics** is another one that comes to mind. This is deeper than just right vs. wrong. This is our moral code. Another one is **Respect**. Not just for yourself, but for your co-workers, your patients, your family and friends. It's the common courtesies that display our attitude towards others day in and day out. **Commitment**: When you're here, or "out there" for your patients, do you commit yourself to an excellent performance? This means consistent attempts to make yourself better: learning from mistakes or failures. Lastly, is **Vision**. Can we see the overall picture? Can we see how things should be rather than playing the "blame game?" One attorney recently joked with me that to solve some of our "personnel differ-

ences" I should just put a play pen in my office and have a doll for the playpen. Each person who "behaves badly" or act's childish gets their name put on the doll and stuck in the playpen for a period of time. This obviously wouldn't work and would probably carry with it legal ramifications but my point is this. If you're out there backbiting, complaining, talking or acting negatively, you're not doing your part in following the virtues I listed above. Without each and every one of us asking ourselves those questions, we'll continue to well in conflict. The answer is "us." One last quote that I am reminded of is "When looking for faults, use a mirror, not a telescope." We all can make a difference, but it takes a team, and there's no "I" in TEAM.

Military Medicine

I thought it would be interesting to include an article that focuses on our counterparts providing emergency medical care in our armed forces. EMS owes much of it's very existence to military medicine.

In the US Army, medics are officially known by the title of Health Care Specialist, specialty code 68W. Soldiers who are assigned or volunteer for the MOS (military occupational specialty) of medic undergo training lasting 16 weeks in duration.

The first six weeks is focused on obtaining NREMT certification as EMT-basics. The following 10 weeks builds upon their foundation as EMT/B's and teaches them additional skills necessary to function as a combat medic. Military medics usually have a much larger scope of practice than their civilian counterparts due to having to perform a variety of skills while in remote areas with little support. The US Army 68W program is the second largest MOS

training program in the Army. The medics receive their training at Fort Sam Houston in Texas.

After the initial training, most branches of the armed forces allows medics to further their training, oftentimes allowing them to take the NREMT paramedic exam upon completion.

EMS is stressful enough at times without worrying about losing your own life in the process. We salute our military EMS peers.



Humor is the Best Medicine

No, these are not for actual use, but for your enjoyment, here are some of the secret "11-Codes" . . .

- 11-1 Ambulance is stuck, send a wrecker STAT.
- 11-2 Send the entire FD to help lift.
- 11-3 Pt has enough ETOH onboard to sedate an elephant.
- 11-4 I think I just blew a vertebrae.
- 11-6 Bladder is at capacity and we are stopping for relief.
- 11-29 We're about to vomit.
- 11-30 Cluster #@\$ in progress.
- 11-32 We're totally lost out here.
- 11-33 Need police, sheriff, military to respond to our location.

I know we have included the 'ol "you might work in EMS if. . ." before. Here are some that we have not included before. . .

You may work in EMS if. . .

- The food you eat at work has gone through more processing than a computer program.
- You play poker by betting ectopics on an EKG strip.
- You have seen someone stop a seizure when offered food.
- You have used an IV and warmed saline to prep a holiday turkey.
- You don't take offense to being called a dirty name and even keep a list of ones you've been called.

Upcoming Training Opportunities

EMS Live at Nite (Spinal Immobilization)
Lead Instructor
Lead Instructor
EMT/B Refresher
Child Passenger Safety Technician

Feb 12, 1945 hrs at NRMCC
Feb 15,16,17 in Havre
Feb 29, Mar 1,2 in Butte
Feb 8-10 in Missoula
May 7-10 in Great Falls

**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



**Fiscal Year 2008
Responses**

July	84
August	75
September	51
October	50
November	51
December	46
January	78

Total: 435



"Neighbors Helping Neighbors"

Staff News

Paramedic Kyle Starr just found out that his stepfather, Command Sergeant-Major (CSM) Joe Romans, is to be deployed to Iraq in February as part of a special operations group. It should be noted that in addition to serving in the armed forces for most of his life, he also worked the streets of Indianapolis as a paramedic for five years. Your thoughts and prayers for a safe return are appreciated.

Department Profile—Chicago Fire/EMS Department

From time to time, The Page-Out will profile another department just for fun. This month we will take a glimpse at the EMS side of the Chicago Fire Department.

The Chicago Fire Department is staffed by more than 4,000 uniformed firefighters and paramedics that respond to over 500,000 calls annually. The department operates 99 firehouses scattered throughout the city. Their EMS fleet consists of 60 ALS ambulances and 15 BLS ambulances that operate with an average response time of 4-6 minutes from time of dispatch. The CFD also utilizes ALS engine companies to get paramedics on-scene even faster.

Their EMS Support and Logistics Unit is a specialized unit that is responsible for the accountability of the city's EMS providers, restocking and re-supplying stations and vehicles with medical supplies, operating special events ambulances, carts, trailers and other vehicles. The unit also performs preventative maintenance on vital medical equipment, ensures licensure of ambulances and performs inspections of EMS equipment and vehicles.

The CFD also utilizes a Humvee and Segway transporters to accomplish their missions.

