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Official Newsletter of Glacier County EMS



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Published by Kyle Starr, CCEMT/P

New Ambulance Boasts New Features

The specifications have been drawn up on the next ambulance to be purchased by the department. While it will retain much of the characteristics that maintain our department's individuality (graphics, etc) closer inspection will set it apart from any other in our fleet. It will be larger, safer, and will be laid out differently. The patient compartment will have a camera so that the driver can keep a visual of what is going on in the back via a small monitor in the cab. There will be LED indicator lights on the back headboard so the technician in the back will be able to see if the vehicle is going to be turning or when the brake is applied. The full captain's chair in the back will mean a safer, more comfortable place to sit when not performing patient care, which will be especially nice on transfers. The chair will also feature an integrated child seat as well. A pull-out tray will allow the person at the airway seat to use it as desk when using the laptop. The LED emergency lighting will present a lesser demand on the electrical system, will be highly visible in all lighting conditions, and will not have any bulbs to have to replace. If you would like to see the blueprints, stop in

Federal Appropriations Applied For

February was a busy month. The application period opened (and closed) to apply for congressional appropriations to construct a new headquarters station in Cut Bank. We have been working closely with Congressman Denny Rehberg's office in Washington, D.C. to ensure that all our "ducks are in a row". We were able to enlist the services of a grant expert who works for the grants division of Chief Supply. He reviewed our application, made some slight changes and recommendations, and left us with a very strong case for a new station. We are requesting \$750,000 to construct the new station. The month has been busy gathering data, contacting community leaders to rally support, completing the appropriations request, communicating with Representative Rehberg's office and double and triple checking our data and project summary.

The application was submitted electronically on February 26th. We can expect to hear something around June-July and will be in contact with Congressman Rehberg and Senator Tester's offices in the meantime. There are form letters at the report desk that interested staff (or members of the public) can sign if interested. If you wish to do so, just fill in the blanks at the bottom of the page and place in Kyle's mailbox so they can be faxed to their respective recipients. The more constituents they hear from the better.

While we wait to hear the outcome of our application, we are continuing to research more exact figures on how much it will cost to construct and furnish a new station. For more information on how the process is going, see Kyle or James.

Members Complete Lead Instructor

EMS 27 and 36 have completed the lead instructor training that was held in Havre, MT on February 15-17. The course not only supplied a great deal of information on EMS instruction, but also of state EMS as a whole. Both agreed that it was an excellent program and they were glad to have been able to attend. GCEMS now has 5 lead instructors onboard.

www.glacierems.com

New EMS License Plate



Many of you probably know that developing a state license plate as another means to recognize EMS providers was something that we looking into in the past, even developing a prototype design. Well, someone beat us to it. Recently when Chief Laidlaw was making deposits at the County Treasurer's Office he noticed an EMS plate on the wall beside the other specialized EMS plates available. It is nice that EMS has a state license plate now, as the law enforcement community has a crime stoppers plate, Mercy Flight has a plate, volunteer and professional firefighters have a plate, etc. The plate was developed by Richland County Ambulance Service in eastern Montana. The extra revenue the plate generates goes to Richland County EMS. The plate is \$35 plus a \$15 first-time plate fee.

Department Tidbits

With the winter temperatures still upon us, please be cautious of using water on the apron if the temperature is below freezing or will be soon. We have already had one employee fall on the ice, and we don't want to see anyone injured. We have purchased a large bag of ice melt so that it can be used at the first sign of ice as well.

Just a quick clarification on what fuel additive to use in

what vehicle. The red "Thermo-Aid is for use in every vehicle except for A2. The Ford/Motorcraft additive is the additive (and only additive) that is to be used in A2.

Stephanie Williams, EMT/B resigned from the department on Feb 22. We thank her for her service to the department and wish her luck in her future endeavors.

Senator Jon Tester was in Cut Bank on February 21st to have a dinner meeting with the county commissioners. They used the opportunity to brief him on our efforts to secure funds for a new station.

The EMT/B class will be wrapping up on March 8th. Good luck with boards everyone!

The construction on sta-

tion 2 is going well. The building is enclosed and work is being done framing in the interior at this time. Electrical work is also underway.



Chief's Corner by Chief James T. Laidlaw IV

As we look towards future improvements, I am often asking myself where we're lacking as an organization. One thing that I think everybody needs to pay more attention to is customer care and service. We provide medical care on scene, but what else do we really do? I think the question can be answered in the following questions:

- Did the ambulance arrive in a timely manner?
- How clean was the ambulance?
- Comfort of the ride?

- Did the crew show genuine care?
- Did you take the patient's problem seriously?
- Degree to which the crew listened to the family/pt?
- Skill of the crew?
- Did you keep the patient informed about your treatment?
- Did you care for the patient as a person?
- Did you show concern for the patient's privacy?

These are just a few sample questions taken from a recent survey of patients. All of us can improve in the area of interpersonal communication. If you have difficulties, try looking at the situation from the patient's perspective and see how they perceive the things we do. Remember: Treat each patient as they were your own family member and you'll never go wrong!

Train Information

With the high number of freight and passenger trains that come through our community and region, it is good for all emergency responders to know a little bit about the trains and some safety tips for operating around them.

Here are some facts regarding trains:

- Trains have the right-of-way 100% of the time over fire engines, ambulances, cars, police and pedestrians.
- Train tracks are private property.
- The typical locomotive

weighs 400,000 pounds or 200 tons. When 100 railcars are attached, the train can weigh 6,000 tons. The weight ratio of a car to a train is proportional to a soda can and an automobile.

- A railcar may extend three feet or more outside the steel rail, greatly extending the safety zone around the rail.
- A 100-car train traveling at 55 mph will require more than one mile to stop. That is about 18 football fields in length.
- New locomotives are quieter,

so you can't always use sound to detect a coming train.

- Only cross the tracks at a road/rail grade crossing. Never attempt to cross a track at a non-designated crossing.

-If you come upon a stalled vehicle on the tracks, inform dispatch immediately so that BNSF can be advised. Get everyone out of the vehicle and far from the tracks. If a train is coming, move in the direction of the oncoming train to avoid debris that will be spread downline.



Infection Control - RSV Facts

Information from the US Centers for Disease Control and Prevention

Well, 'tis the season for RSV. Many of you who have been to IHS recently have seen the signs posted regarding the RSV epidemic they are experiencing. To help everyone better understand what RSV is, here is some information.

What is it?

RSV stands for respiratory syncytial virus. It is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. About 0.5-2% of infected children will require hospitalization, most of those being under 6 months of age. Most patients recover within 8-15 days. In adults, it can cause moderate to severe cold-like symptoms. It most commonly occurs in late fall, winter and early spring.

How is it spread?

It is spread from respiratory secre-

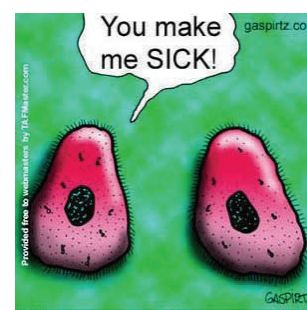
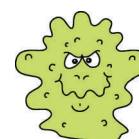
tions through close contact with infected persons or contaminated surfaces. Infection can occur when infectious materials contact the mucous membranes, eyes, nose, mouth and by inhalation of droplets from a cough or sneeze.

Treatment

No specific treatment is normally required, other than treatment of symptoms. Children with severe respiratory symptoms may require oxygen and mechanical ventilation in severe cases.

Prevention

Wearing PPE and following good infection control measures such as hand washing is the best prevention measure. When working in health-care facilities around patients with RSV, gloves, gowns and masks should be utilized.



When germ relationships go bad

Upcoming Training Opportunities

Child Passenger Safety Technician
 EMS Live at Nite - Packaging
 PALS
 AMLS
 PALS

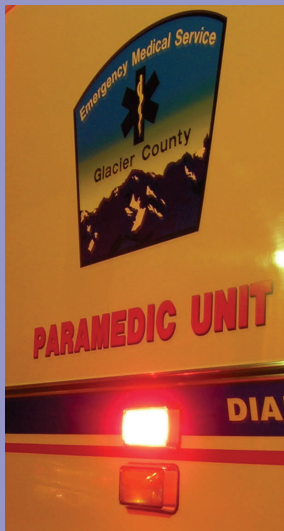
May 7-10 in Great Falls
 March 11, 1945 hrs at NRMC
 April 1-2, Benefis Healthcare
 March 4th & 18th, GCEMS
 Coming soon to Cut Bank!

"Neighbors Helping Neighbors"

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
February	65

Total: **500**



New Printer is in Service

You may have noticed that there is a new printer at the report desk. EMS 27 recently did some research and submitted a proposal to Chief Laidlaw for review. The proposal showed that by switching to a laser printer, we could save at least 58% on the cost of printing. With the inkjet printer we were using, it was costing about \$0.07 per page to print. With the laser printer, the cost per page was reduced to \$0.03 per page. Downtime should be reduced as well, as it was estimated that we were going through 35 black and 10 ink cartridges per year, which results in print jobs having to be delayed until new cartridges can be pur-

chased. The laser printer should only have to have it's toner replaced about 4-5 times per year. Laser printers are usually better suited for heavier-duty use and enjoy about double the service life of inkjet printers.

It performs the fax functions just as the previous one did. Next time you are in the station, take a minute to familiarize yourself with it's operation. The new printer is monochrome only. The old printer will still be kept in service in the station for special print jobs that need to be done in color.

Staff News

Stephanie Hotchkiss; daughter of EMT/B Sharon Hotchkiss, will be one of four young women competing in the Cut Bank Junior Miss competition on April 13th. Good luck Stephanie!

Humor



A2's Eastern European cousin



Montana all-terrain ambulance

Backbiting - By Ralph W. Knapp

To backbite is: to speak maliciously about (an absent person); slander¹.

The purpose of backbiting is to harm the victim, and to control or manipulate others by intimidation. It is subterfuge, subterranean management, mutiny. It makes the backbiter feel superior. It is the tactic of one who does not have legitimacy. Backbiting is sneaky. Backbiters do not accomplish their goals in the open by legitimate process. A backbiter feels self-righteous.

Do not confuse backbiting with gossip, idle talk, despite the known harms of gossip. Backbiting is malicious: meant to intimidate, control, get even, harm. Even when true, it is unfair. The victim cannot face charges or offer defense. The effect is felt and punishment is inflicted, but the victim may never understand

why or what. Harm that is done cannot be undone. There is never restitution. Backbiting is vicious, poisonous, and infectious. It polarizes, stratifies, and stresses rather than unifies an organization. Such a place is unhappy. Rather than cooperative, it becomes competitive.

Blacklisting is associated with backbiting. Blacklisting is: censure and discrimination without due process, accomplished by harming the victim's reputation and status. It is wrong.

Backbiting is an incivility that exists only where permitted and tolerated. We might think: that's the way things are around here. Let's change the way things are. Be aware and sensitive. Do not permit backbiting. Do not trust he who speaks ill of others. Respect and support the team, and expect others to do likewise. Above all, check yourself. Blacklist backbiting.