

The Page-out

Glacier County EMS Newsletter

March 2007



Are You Prepared?

Even though our department has offered ALS care with paramedics for 7 years now, it is important for all EMT's to realize the importance of their roles in the department. We all know that anything can happen in this field, and it is not uncommon to find EMT's covering 911 response while all available medics are on the road. Sometimes when discussing calls and what they would do, the reply is "I don't know, it would be ALS and I would be driving". It is important to keep in mind that you very well may be required to be the primary provider on these calls, and you should be aware of what would be required of you. Oftentimes, EMS personnel will "drill" themselves in their minds, preparing themselves for whatever the "EMS gods" throw their way. It is a good practice, and can help keep you from thrown off guard in the event that you find yourself responding BLS to a normally ALS call. Remember, BLS is the backbone of EMS, ALS is optional. From time-to-time, a "what would you do" section will be featured in this newsletter to help BLS providers know what would be expected of them in the event they are the sole responders on a call.

Training Opportunities Abound

Have you been seeking some new challenges, or just wanting to help stay sharp? There are some exciting training opportunities posted on the bulletin board. While it cannot be guaranteed that you will be sent to all courses that you apply for, effort will be made to accommodate as many personnel as possible. Some of the courses include, but are not limited to:

STABLE, ACLS-EP, Lead Instructor, Child Passenger Safety Tech, Wilderness First Responder, Swiftwater Rescue Tech, Cardiac STABLE, NRP.

Some of the training to be offered here at GCEMS include PEPP, GEMS, AMLS, PHTLS, ACLS, and PALS. Dates to be announced. Check the bulletin board for a complete list and with Training Officer Williams for updates.

Radio Communications

We have been working with dispatch regarding whether or not they have been communicating with us on the old local channel and not the new repeater. It may be a computer issue and is being looked into. Another radio note, if you are out of town and need to communicate with another truck or person, the repeater channel will not work if you are some distance away from town, as it won't reach the repeater, so you will need to switch to our local channel to talk to them.

A2 Back In-Service

After spending some time out of service for repairs, A2 has been cleared for full service once again. It was recently found to have a cracked head, causing a fuel and oil leak, as well as loss of power. It did not appear to be a result of neglect or driving habits, as that engine model has been plagued with problems, but it still serves as a reminder of how much we depend on our trucks and how important good driving habits are to ensure that our fleet stays in top shape.

Radio Head

The rear radio control has been installed in A1, allowing the person performing patient care to give radio reports easier. It is highly recommended that all GCEMS personnel start giving radio reports rather than phone reports when possible, as it is becoming the standard across the nation and all our personnel need to be proficient in it. If it helps, jot down a quick note on a glove of all the points you need to cover and it will help your radio reports flow smoothly until you become more experienced at them.

Station 2 Update

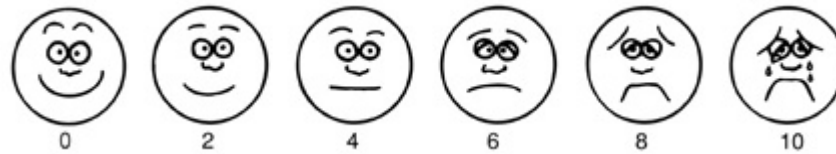
Some recent improvements have come to station 2 in Babb. They have recently received a new desktop computer and fax/printer combo (identical to those here at station 1). A4 has also received a GPS, which will be placed in service in the near future. Preliminary plans have been drawn up for a new station building in Babb, since at present we are housing our vehicles in the fire station. The plans will feature living quarters for a small crew, allowing for personnel to be stationed up there on rotations during the busy tourist season off and on.



A3 in the mountains

Our Department "Family"

Just as normal families fight, our family that is our department is no exception. The key to our family is that we are adults and should conduct ourselves as such. It's common for people to take the easy approach of "running to mommy" rather than dealing directly with someone with whom you have a conflict with. This can take up a large portion of a supervisor's time if they have to entertain every little gripe. To help people determine to what level the conflict needs to be taken for resolution. To help visualize the scale, which has been dubbed the management pain scale, the Wong-Baker faces have been adopted for this scale as well. Many of you know the Wong-Baker faces from working in areas where there is commonly a language barrier. Gripes such as someone leaving the toilet seat down or up would be considered a 1, where someone who is a dangerous driver and crashes (or risks crashing) the rig would be a 10. Items that are lower on the scale, like 1-3, should be handled between the parties involved, and conflicts or incidents that are 4-6 may require supervisor notification, but may still be directed to the individuals for resolution, or require a sit-down between the two parties with a supervisor mediating. An incident rating 7-10 is considered a major incident, such as a physical assault by a department member, or something that may cause harm to another such as a major safety violation. These should be reported to a supervisor immediately and may have to be handled immediately, where lesser incidents may only need monitored until things "cool down" or are resolved. Before getting angry and storming up to the chief or an OIC, take a minute to see where your conflict fits into the scale. If it is minor, try to resolve it on your own with the other party. The supervisor will probably direct you to do so anyway if it is indeed minor. Sometimes little things like this can make for a better work environment and better relations between personnel, as can remembering that we are all different, may do things differently, and understanding that we are going to have conflicts every once in awhile. Families are not exempt from conflict, nor are we, but together we can help keep them to a minimum, and keep them toned down.



Wong-Baker Faces For Pain Scale

Please do not clean or store backboards in the shower, people use it.

Humor in Medicine

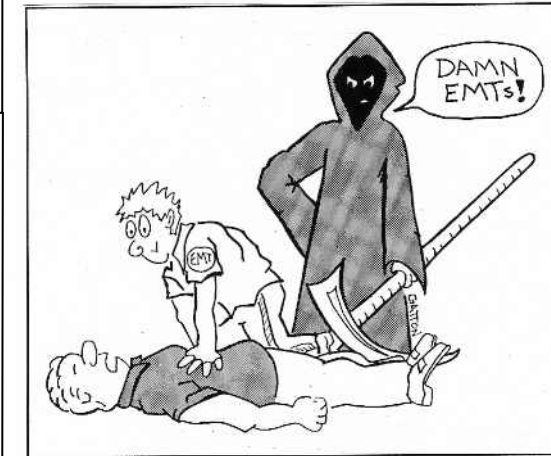
Things you do not want to hear during surgery:

- What the heck is that?
- Dang, my contact lens fell out
- Has anyone ever survived this procedure?
- Save that, I want it for my collection
- OOPPS
- Call maintenance, we're going to need a mop
- Who turned the lights out?
- Watch this, I can make their leg twitch
- Dang, I can't remember where these went
- Nobody just saw that
- Well, who's up for an experiment
- Hey newbie, wanna try something cool



Tidbits

- The practical examination for the EMT-B class will be held March 17th at 0900.
- When washing a rig, please be sure to dry it with a towel afterwards, with our hard water, it will leave spots if not done. When windows are spotty, it can really affect visibility.
- The GPS units have proven their worth, especially with all our PT and PRN medics who are not from the area, it has played a great role in locating areas in the county as well as in the city limits. If you have not been trained in their operation, please talk to one of the medics ASAP.
- EMT/B Steph Williams is due to have her baby at the end of the month. Good luck!!



- Thank you to all department personnel who took time to represent the department at the memorial services for the Mercy Flight crew.
- EMT/P Brian Williams will be taking his maternity leave in the near future, so we'll be seeing a lot of PRN and PT medics.