

The Page-out

Glacier County EMS Newsletter

October 2006



EMT Class Set to Begin

The fall 2006 EMT/Basic class being put on by GCEMS is set to begin October 17th at 1800 hours. Classes will be held at station 1 in the training room unless otherwise told. Classes will run Tuesdays and Thursdays 1800-2200 and every Saturday from 0900 to 1700.

The scheduled last day of class is January 9th, with the final exam being given on January 11th. If anyone wants help studying or has questions, don't hesitate to stop in and ask the duty medic. Many of the students are former EMT's who let their certification lapse, so much of the class will be review. We wish everyone best of luck in the program and will do everything we can to see everyone succeed.

We hope that upon completion of the class, that some of the new EMT's will be interested in joining our team.

EMS 33 To Attend Training

Paramedic Brian Williams will be attending a lead instructor training program to be held in Missoula. Upon completion of this program, Brian will be able to put on training such as EMT classes as well as module training to enhance the skills and capabilities of our EMT-basics. He hopes to provide training tailored to our paid-on-call staff's personal schedules, and will be willing to provide one-on-one training if need be. Since joining GCEMS Brian has been eager to attend all the training that he can, and is very active with online training programs. He hopes to complete the critical care paramedic program as soon as possible.

With all the fancy disinfectants on the market, did you know that a 1:100 bleach and water solution is still one of the most effective, as well as economical?

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EMS Humor

Three paramedics were visiting at a training conference one day boasting of how they've improved their response times. The first paramedic bragged how they'd cut response times by 10% by installing GPS navigation systems in their rigs. Not to be outdone, the second medic explained how they'd cut their times by 25% by using a computer traffic model to tailor their response routes during heavy traffic times. The third medic just smiled, stating "ever since my EMT driver graduated law school, we've cut our response times by 50%."



HMMM, suppose a piece of artillery counts as a scene safety issue??



Suppose there was a lot of paperwork to fill out after this?

What would you do?

In a field full of “what if’s”, lets take a look at a situation to give you a better knowledge of how the situation would be handled and what your part may be. For example, a MCI.

A MCI (mass casualty incident) is any incident that overwhelms our resources. Is there fairly good odds that we’ll see another MCI, you bet. We have a major rail line going through town, which could cause an emergency resulting from a passenger train derailment as well as from a hazardous materials spill from a freight train.

What would happen? The EMS Chief or the OIC in their absence, would activate the county incident command system. We would request mutual aid from surrounding EMS agencies, as well as flight services. Responders would be assigned tasks such as treatment, triage, logistics, etc. You might be shuttling additional equipment or medical supplies from the station to the scene, or assisting with decon.

The pickup is one of the primary vehicles that will be utilized in an MCI response. In the back, you will find bags filled with backboard straps, tape, c-collars and other MCI equipment. Also contained in the pickup are backboards, storage slots for oxygen cylinders, scene lights, extension cords, blankets, clipboards and an AED. Even with this equipment, there is still ample room to add extra backboards, medical supplies, fuel, generators, chemical suits, respirators, SCBA’s etc.

In the event of an MCI, there would be an “all call” paged out with instructions on where to meet for assignment. Hopefully we’ll never see an MCI in our community, but if it occurs, we’ll pull together to get the job done, and hopefully this gives you a better idea of what will occur in the event we do experience one.

EMS 27 will be out on maternity leave for 3 weeks coming soon.

Safety Corner – Scene Safety

We have all experienced the adrenaline rush of responding to an emergency scene. The tones, the lights and siren, and the unknown all add to the adrenaline, which is a normal physiological response that enhances our senses and gives us energy when we need it. Adrenaline can also have negative effects at the same time. Sometimes in the rush of excitement we can get caught up in the call and “loose our heads”. This can include rushing into a scene without sizing it up first, stepping out of the rig before checking for traffic, etc.

It is a good idea that when you arrive on scene, take a second and observe for anything unusual, using all your senses. Before you exit the rig, check your mirrors for traffic coming up behind you. Other drivers are oftentimes busy looking to see what is going on, and would not see someone next to the rig getting equipment. If you have to go to the side of the rig facing traffic to get something, check for traffic first. Vehicle positioning comes into play here. Always park on the side of the street where the scene is, so you do not have to cross traffic. Remember, Responder safety is the first priority!

Safety – Infection Control

New research has shown that some bloodborne pathogens have a much longer life outside the body then previously thought. Hepatitis B has now been shown to survive outside the body for up to 3-4 months, where it was previous only thought to live for around a month.

We still have room for improvement when it comes to decontaminating our patient compartments after running a call. Please take a few minutes, mix a bleach and water solution, and wipe down the cot and the patient area. It only takes a few minutes, and it can keep you and our patients safer.

Website Update

Ever since it’s revision, our website continues to see more and more visitors from around the world. Here is a comparison of some statistics before and after revision:

	<u>Feb. 2006</u>	<u>August 2006</u>
First-time visitors:	184	422
No. of visits:	350	709
“Hits”	3512	19,228

Countries (September): Germany, UK, India, China, Mongolia, France, Argentina, Switzerland, Taiwan, Saudi Arabia, Norway, Switzerland, Indonesia, Czech Republic, Canada, South Korea, European Union.

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