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We're online!

See us at:

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Featured Agency: Bloomington Township Fire Department

Written by: Lt. Matthew Oldenburg

Chartered in 1946 as the Bloomington Township Fire Protection District under the leadership of Chief Albert Wolff, the volunteer firefighters have been serving their community as first responders until Lifeline left in 2008.

With the foresight of Chief Tom Willan, and the backing of our tax base, the membership was requested to step up and acquire their EMT- B license in 2007. At the same time we began our search for a reasonably priced ambulance. With the commitment of our thirty members and the Bloomington/ Normal areas only green and yellow badged ambulance, Bloomington Township launched into service when Lifeline exited in 2008. In late 2009 Bloomington Township acquired a second ambulance with the assistance of a state grant. Both ambulances

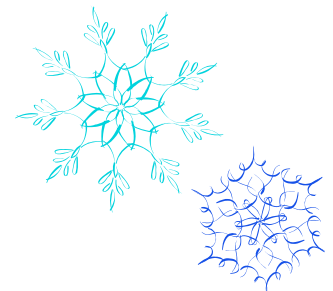
currently reside at our main station on Old Colonial Road.

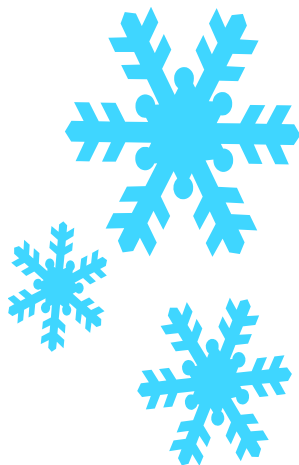
Like most other rural departments that were launched into service in 2008, we have had many learning experiences and opportunities for improvements. Improvements are achieved through a review of past practices, constant training and the educational commitment of our membership. I would like to personally thank our members who have stepped up and have continued on with their training to obtain their Intermediate and Paramedic license even though we remain a BLS service.

Bloomington Township Fire Protection District serves a permanent community of approximately 4200 people and thousands of travelers on I55 and I74. Our service averages approximately 300 calls per year. We

serve as mutual aid for Downs, Heyworth, and Dale Township. In return we also depend on the continuous commitment of our neighboring departments for mutual aid as well. ALS service is provided by the many fine medics serving on the city departments of Bloomington and Normal.

As 2011 comes to a close I would like to take the opportunity to thank all of those who read this for their service and commitment to serve the public and provide a service that often goes overlooked until the call for help goes out. From all of us here at Bloomington Township have a wonderful Holiday season. See you in 2012!





House of Representatives: EMS Task Force Update

Written by: Greg Scott

In the spring of 2011 session of the State of Illinois House of Representatives, House Resolution 230 was passed creating the EMS Task Force. The Task Force was established to “formulate practical, timely and strategic guidance on how to improve equipment, funding, training, manpower, cost savings and communications” within the state. The Chair of the Task Force is Representative Don Moffitt (R-Galesburg) and Co-Chair is Representative Lisa Dugan (D-Kankakee). This bipartisan EMS Task Force is conducting 15 hearings across the State of Illinois to gather information in order to generate a report back to the General Assembly in January 2012.

The Task Force Hearing held in Normal on November 14, 2011 was very well attended and provided for the most testimonies at any hearing agenda to date. This was very positive and many different perspectives were provided of the urgent needs that exist in order to stabilize the Emergency Medical Services across the State.

After attending hearings across the State there have been many common themes that have become evident. I will take this opportunity to summarize the themes that I have gathered from testimonies provided.

Fast Facts from the McLean County Emergency Management Agency

- A total of 44 people have died from outdoor exposure to cold temperatures in the state of Illinois since 1997. This is more than severe thunderstorms, tornadoes (26 deaths), floods (18 deaths) and lightning (12 deaths) during the same period.
- Illinois normally experiences five severe winter storms each year. During the winter of 2007-08 there were 16 severe winter storms, five of which affected one third or more of the state.
- Nearly 80 people in the United States die from winter storms and extreme cold every year.

Need for Dedicated Funding Source	Impact of proposed changes to the EMS Scope of Practice
Impact of the elimination of the EMT-I Level	Impact of Increasing Initial Training Hours for EMT level
Need to Reduce the Required 120 CEU hours	Consideration of Changing CEU Requirement to a Competency Based Model
“One Size Doesn’t Fit All” Legislation	Alternative Staffing Model for Rural Ambulance Services
State needs to take a “Do No Harm” approach	Rural Ambulances respond with one licensed personnel and meet the second EMS licensed person on scene
Mechanism to have “Loaner” Ambulances	Increased and Timely Medicaid Reimbursement
Impact of new Critical Care Ambulance Rules	Need for a Paramedic to RN Bridge program
Tax Incentives for Volunteer EMS Providers	Ability for communities to pass a 1% sales tax to support local EMS operations
Allow Paramedics to administer Influenza Vaccinations annually	Importance of EMS providers to Hospitals for interfacility transports
Costs associated with sustaining rural EMS providers	Costs of providing Advanced Life Support
Costs of Worker’s Compensation Insurance	Access to EMS education and costs associated
Need for accurate information from 911 Centers	Citizens misusing the EMS system
Cost impact of a revolving EMS workforce	Impact of an aging EMS workforce
Growing Responsibilities placed on Resource Hospitals	Domino effects when one ambulance service closes
Need for fostering EMS Career Development programs	Tax Exempt status of any Emergency Healthcare System Provider should not be questioned
Need for enhanced In-Field Upgrade Program	Need for an EMS Caucus

This is only a brief summary of the many issues that have been presented to the EMS Task Force. It will be necessary for the members of the McLean County Area EMS System to remain informed of the issues and any proposed legislative changes as they are introduced so that we can partner together to foster change when it comes to the Emergency Medical Services provided across our entire EMS System.

Newest Staff Addition

Alison Kough began working for the Mclean County EMS early this month as the part-time Secretary II. Originally from Peoria, IL, Alison gained her diploma from ISU and has recently relocated to the Bloomington-Normal area. Her favorite things about living in Mclean County are the friendly people and the fresh fruits and vegetables at the farmer's market.



Winter Storm Prep

Written by: Becky Altic

Winter weather can present us with many challenges, whether we are at home or on the road. While we can't control the weather, a little preparation on our part can at least help to minimize the effect it has on our well-being.

You can prepare your car by checking the radiator and filling the antifreeze if needed. If any of the tires need replacing, now is the time. If not, inflate them all to the recommended pressure. You can help keep the fuel lines from freezing

by keeping your fuel tank full.

Make emergency kits for your home and your vehicle. They should include such items as a shovel, salt/sand, battery powered flashlights, lanterns and radios, batteries, water, no-cook food/snacks, first aid kits, baby food/formula, prescription medications, waterproof matches, and a can opener. In addition to these items, you might find it helpful to have a cell phone charger/extra batteries, extra blankets, gloves, hats, scrapers, chains, and jumper cables in your car.

Hopefully, you won't find yourself at the mercy of the weather, but if you are proactive and a winter storm does come, you will have the supplies you need and the peace of mind knowing that you did all you could to prepare.

Induced Hypothermia

Written by: Michael Crabtree

Although a relatively new protocol for our system, therapeutic hypothermia has been practiced in some form since the beginning of medical science. Records from antiquity state physicians advocated the use of cold for various medical and traumatic maladies. Perhaps less than evidence-based, these early practitioners would cool patients for everything from severe puncture wounds to a cough. Modern therapeutic hypothermia can trace its roots to the introduction of open-heart surgeries. Beginning in the 1950's, surgeons utilized hypothermia in these surgeries to help reduce the brain's demand for oxygen. Eventually, clinicians began observing how successfully resuscitated cold-water drowning patients recovered with significantly fewer neurological deficits than did successfully resuscitated normothermic patients. Some physicians began to wonder whether a therapeutically induced hypothermic state could produce the same benefits. Thus began a research pursuit into the merits of "therapeutic" hypothermia. Decades later, therapeutic hypothermia is now becoming the standard of care in post-arrest patients.

Originally, the protective effect of therapeutic hypothermia was believed to be due to a slowing of cellular metabolism. This in turn lowered cellular demands for oxygen and nutrients while minimizing the amount of cellular waste being produced. As a result, the body would be better able to handle the acute oxygen deprived state. Newer research shows that the benefits of therapeutic hypothermia extend well beyond this.

Although still not completely understood, it is believed that therapeutic hypothermia "stabilizes" cell membranes, making them less prone to damage. Researchers have found that a significant portion of the damage associated with oxygen deprived states is done AFTER circulation is restored. This so called "reperfusion injury" occurs when highly oxygenated blood reaches oxygen deprived tissue. Ischemic tissue is highly unstable, especially in the area of the cell membrane. Sometimes, this unstable cell cannot handle the influx of oxygen and become inflamed or die. Therapeutic hypothermia, by stabilizing the cell membrane, allows cells to become reoxygenated while diminishing the risk of rupturing.

Therapeutic hypothermia is not the right treatment for certain patients. Remember the following inclusion criteria when considering therapeutic hypothermia:

- 18 years or older with an adult body habitus
- Cause of cardiac arrest is not related to blunt/penetrating trauma or hemorrhage
- Temperature after resuscitation is greater than 33° C rectally
- Pulse is present
- Persistent coma with no eye opening to pain (or GCS<9)

Do not forget about this treatment option with your post cardiac arrest patients. What takes very little effort on our part may have profound benefits for the patient.

Full protocol available on the MCAEMS System website