

MCLEAN COUNTY AREA EMS NEWSLETTER

NEWSLETTER / APRIL / ISSUE 3

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FEATURED AGENCY PUTNAM COUNTY EMS

Written By: Andy Jackson

PCEMS (Putnam County EMS) is the first ALS ambulance service to serve in the Illinois Valley Area. The first day of ALS began February, 2007 and is quite an accomplishment considering that Putnam County is the smallest county in the state of Illinois serving 6,000 people. It was truly a gigantic step in providing the best possible care to our residents, but it would never have been accomplished without the dedication and commitment of hundreds of volunteers and some innovative leaders.

The coverage area for PCEMS consists of 132 square miles in the three townships that lie east of the Illinois River. The fourth township, Senachwine, is west of the Illinois River and is covered by two surrounding ambulance services, but PCEMS does provide ALS-intercepts for that township and neighboring counties when requested. County residents may choose one of the four hospitals in our coverage area with the closest being St. Margaret's in Spring Valley which is 10-12 miles from our population center.

On September 1, 1979, the villages of McNabb and Hennepin began volunteer ambulance services in their respective districts. They were the ONLY all-volunteer, all-countywide ambulance protection district in the United States. Two EMT-B units provided initial care for county residents and was a huge step-up from calling the local mortuary to bring out the "station-wagon hearse," load the patient onto a cot in the back and drive like a maniac to the hospital. Today we have trained professionals who "drive like maniacs to the hospital." The Hennepin and McNabb Fire Departments each housed one of the two ambulances and while each operated under different leadership and personnel, they worked together to cover the county. ILS intercepts were available from the 10-33 and Peru volunteer ambulance services.

In 1993, a second ambulance was added to the Hennepin-Granville Fire District and was located in Granville. With a majority of the population located in Granville Township, this third ambulance in the county helped decrease response times to citizens in that area. The Putnam County Board then hired a county-wide director to oversee protocols and take care of the ever-increasing amount of paperwork required to operate an ambulance service. Some of the directives that followed were met with resistance and many of the volunteers left their respective services. Later, the county board eliminated the county-wide director's position and each service elected a director to oversee their district.

The loss of volunteers for ambulance services was becoming a nationwide trend and the Granville ambulance felt this loss the most in our county. Many times, a full staff was unavailable for service and the other units helped in covering their territory. The three agency directors decided to address this growing concern by working together in forming a county-wide ILS service.

With the unanimous support of trustees and fellow volunteers, these three directors spent countless hours compiling guidelines and protocols necessary to form such a department with a higher level of care. The IVCH system continued to be our lead EMS agency.

On April 1, 2006, the first ILS shift began for PCEMS under the direction of newly appointed director Jeannie Mekley, NREMT-P. We went from a volunteer EMT-Basic unit that was ILS-dependent to a full-time ILS unit that was now capable of providing ILS care for our county and ILS-intercept services for neighboring BLS districts. The McNabb Fire Protection District serves as the governing financial body for PCEMS and those three trustees (John Cimei, Jim Goldasich, Mike Vaskie) were joined by members of each of the other four fire protection districts in the county to form the advisory board (Larry Brown, Steve Ringenberg, John Holmbeck, and Phil Edgerley). The McNabb Fire Protection District has a contract with Putnam County to provide 24/7 ambulance care for the residents and PCEMS is a division of McNabb Fire Protection District.

Once the jump from a BLS to an ILS service was made, it seemed natural to proceed onto becoming an ALS agency and provide a higher level of care to our residents. There was an abundance of experienced paramedics in the area who were willing to join our system. PCEMS looked at different agencies that handle ALS care/protocol and the McLean County Area EMS system was chosen because of its aggressive care for pre-hospital patients. The combination of using experienced paramedics with aggressive medical protocol that McLean County Area EMS offers helped PCEMS lead the way in Paramedic care in the Illinois Valley.

Emergency Medical Services have come a long way since we first transported patients to hospitals in the back of a hearse. Countless individuals blazed a trail toward providing pre-hospital care in Putnam County. It has taken a combination of dedicated volunteers and experienced professionals to bring us to the point we are at today. And to think it all started with a \$107 donation from the Hennepin Lions Club to start an ambulance service.

Today, under the leadership of Director Andrew Jackson EMT-P, PCEMS is a leader in Paramedic pre-hospital care and we will strive to maintain this excellence in the future. The PCEMS staff consists of nine paramedics, one intermediate, fifteen basics and eight first responders. PCEMS also has eight people taking the basic class, thirteen taking the first responder class and two studying to be paramedics.

Putnam County residents have much to be thankful for:

- Thankful for the countless number of volunteers who got up in the middle of the night for many years to rush to help a neighbor.
- Thankful for the innovative and insightful leaders who took a negative situation and turned it into a positive and progressive opportunity.
- Thankful for the dedicated paramedics and EMT -B's who serve the county today to provide the most experienced and aggressive pre-hospital care for Putnam County and surrounding areas.

A final thought from the desk of PCEMS Director Andy Jackson:

Remember, EMS has come a long way in the last few decades and our primary responsibility is to use the tools and knowledge we have accumulated to provide the highest level of care for our patients. We are not in this business for the glory but for the simple satisfaction of knowing we are helping our community and its people. Thanks to my staff and our trustees for giving me the opportunity to fulfill this goal.

COORDINATORS CORNER

WRITTEN BY: GREG SCOTT

ON THE HORIZON

Do you know what changes are on the horizon? The emergency medical services are constantly evolving with new practice standards being released at the national level revealed through research and outcome measurements. When changes occur at the national level this creates opportunities for consideration of policy/procedure/protocol changes within the McLean County Area EMS System. The EMS System also considers changes based upon local input from EMS responders as well as data from the quality assurance program.

Please see the list below for changes that have been approved by IDPH for the McLean County Area EMS System over the past 12 months:

- Updated blood draw procedure
- Field spinal motion restriction protocol (ILS-ALS only)
- Updated FAST Stroke Screen form
- Change from Bone Injection Gun to EZ IO devices
- Updated Cardiac Resuscitation vs. Cease Efforts policy
- Updated Coroner Notifications policy
- Five year Strategic Plan
- Five year Strategic Plan Implementation guide
- Quality Improvement program updates
- Administration of vaccines procedure
- Administration of Diprivan protocol (Critical Care Agency Use only)

Please see the list below for changes that have been approved by the EMS Medical Directors and sent to IDPH for review:

- Updated Communicable Disease policy
- Mass Casualty Incident policy
- Updated Narrow Complex Tachycardia protocol
- Post Resuscitation Induced Hypothermia protocol
- Updated Pain protocol
- Updated Refusal policy
- Updated Interfacility Transfer policy (includes Nitro drips, Heparin drips, and Morphine drips at the advanced life support level)

- Updated protocol to allow the option of Nitro Spray or Nitro tablet
- Updated the Acute Pulmonary Edema protocol (includes the administration of Nitro paste at the advanced levels when CPAP has been applied)
- Removal of the Proparacaine eye drops from the required medication list
- Updated Wide Complex Tachycardia protocol to remove Procainamide
- Updated EMT Testing process policy
- BiPAP protocol (Critical Care Agency Use only)
- Pandemic Response plan

Items on the horizon include many pieces of state and federal legislation that may have an impact on EMS organizations. It is advisable for EMS providers to closely monitor these types of legislation and the EMS System office attempts to send this type of information to the agency contacts to distribute to members. Also on the horizon, the State of Illinois EMS Advisory Council is reviewing a set of standardized adult BLS protocols for possible statewide adoption in June 2010. The care you provide to patients is dependent on keeping updated about changes to the policies/procedures/protocols and to public safety related laws.

THE END OF THE WINTER BLUES

WRITTEN BY: BARB HUMER

Ever wonder why you gain weight and are more tired in the winter?

The sun has gotten a bad reputation due to ultra-violet radiation and skin cancers but the sun also has a host of beneficial effects on the body. Seasonal Affective Disorder (SAD) is a disorder that occurs when the lack of sunlight causes a drop in the neurotransmitter serotonin's levels in the brain. The drop in serotonin levels can affect your appetite and your mood. As the body reaches its needed calorie intake, serotonin is released, causing a feeling of fullness. With lack of sunlight and decreased serotonin levels the body seeks more calories and you eat more. Activity level plays a big role in weight loss too. People are more prone to be more active when there is more sunlight.

During the winter months people's sleep-wake cycle is thrown off, they tend to stay in bed for longer periods of time. It is much easier to get up and get moving in the morning when the sun is rising rather than getting up in the dark during the winter months. When feeling drowsy during the day most people jump to the conclusion that it's because they didn't get enough sleep. This couldn't be further than the truth. It's easy to get into a pattern of lying around more because you are tired but that is exactly what you are not supposed to do. You should **get up, get outdoors and get active.**

Studies also show there are more reported cases of depression in the winter months than there are in the summer months. Overall, summer months seems to make people happier because of the extended time in the sunlight.

On the flip side, the American Academy of Dermatology articles suggest that exposing oneself to harmful doses of ultraviolet radiation "either from natural sunlight or light sources found in tanning salons" is an unsafe practice that is not essential to

maintain an adequate supply of vitamin D. They advise the public to turn to vitamin D fortified foods and nutritional supplements.

I'm no expert so I can't tell you what to do but I can tell you that I feel so much better when I am outdoors and active. If you get anything from this article it should be to **get up, get outdoors and get active!!**



SPRING TIME RECIPE:

Strawberry Walnut Bread

INGREDIENTS

1 pint [strawberry](#), hulled and cut into 1/2-inch pieces (about 2 cups)

1 cup [sugar](#), divided

2 1/2 cups [all-purpose flour](#), fork-stirred

1 teaspoon [baking soda](#)

1/2 teaspoon [ground cinnamon](#)

1/4 teaspoon [salt](#)

3 [eggs](#)

1/3 cup vegetable oil

1 teaspoon [vanilla extract](#)

1 cup chopped [walnuts](#)

DIRECTIONS

Preheat oven to 350 degrees.

Sprinkle strawberries with 1/2 cup sugar; set aside.

Combine flour, baking soda, cinnamon and salt. Set aside.

In a large bowl, beat eggs with remaining 1/2 cup sugar until fluffy and lemon-colored. Stir in oil and vanilla. Add walnuts and reserved flour mixture. Stir only until combined.

Turn into well-greased and lightly floured 9x5x3-inch loaf pan; spread smooth. Bake until a cake tester inserted in the center comes out clean, about 45 minutes. Remove from pan and cool on a wire rack.



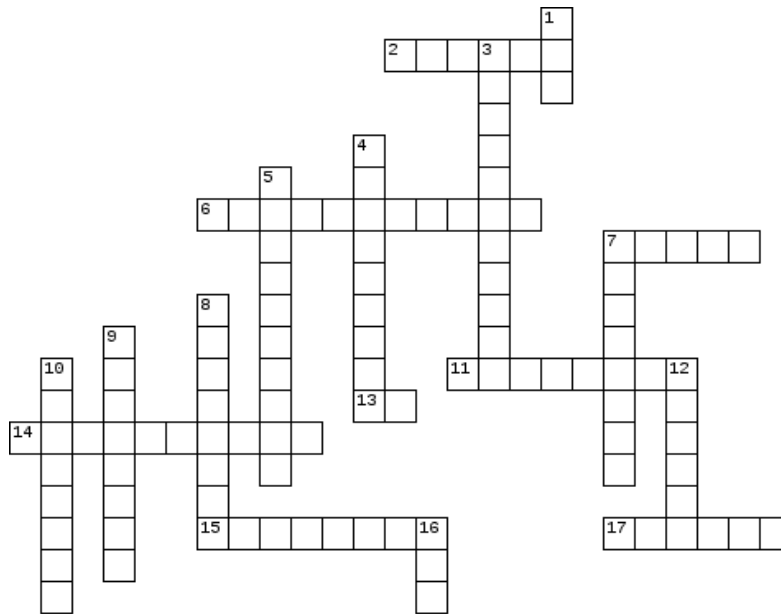
Q -TIPS

WRITTEN BY: BECKY ALTIC

I recently attended a class, and as with most classes, the discussion eventually got around to documentation. No matter how many times I hear it, I always come away from these with something useful. This time was no exception.

Most impressive was a statistic that they told us: 10% of all run reports will be subpoenaed annually. Wow! That was an eye opener for me. I thought it sounded high, till they explained that it may not be about the care provided by the EMTs, and may instead, be a part of a bigger lawsuit. But regardless of the purpose, the fact remains that you may someday have to defend what you did on a call, and it may be a year or two after the fact. So with that in mind, I'd like to offer some ideas that may help you recall what happened on your runs.

You've probably all heard that it helps to be descriptive, so use those adjectives and adverbs to paint the picture for the reader. Most of us have read a book that was turned into a movie. For me, the movie is rarely like what I pictured when I was reading the book. A word can mean one thing to me, and something different to someone else. Words are powerful and provoke images, so let yours speak for you long after the fact. Your narratives combined with the lists of vital signs, interventions and medications tell the reader what you did, why you did it, how you did it, and how the patient responded to what you did. And if you are ever called to tell what you did, the words you chose will allow you to recall the incident with clarity.



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Across Clues

2. a way of obtaining bodily substance isolation
6. a measure taken in advance to prevent bad things
7. A covering to prevent spreading diseases
11. Something that follows an accident
13. another name for tuberculosis
14. diseases that travel in blood
15. you should get plenty of this everyday to stay healthy
17. many EMTs are on this team

Down Clues

1. body substance isolation
3. a shot
4. necessary items used for a purpose
5. a meeting you go to after a difficult run
7. more than one
8. bacteria and virus are said to travel this way
9. being exposed to something
10. putting up with others
12. many professionals deal with this everyday
16. what you use to see things with

Fax the completed crossword puzzle to 309-827-2017 by April 30 and those with the correct answers will be entered in the drawing to win a prize. Be sure you include your name and phone number on the fax. Good Luck!

YOU GOT SCHOOLED

WRITTEN BY: MICHAEL CRABTREE

EMS is filled with extremes. We can sit around the station for hours, fighting off sheer boredom, and in 10 minutes be on the scene of a massive trauma. We can run a cardiac arrest call only to have the next tone be for a sore toe. We can go hours without eating if need be, but yet often the best feasts are to be had at a stationhouse. To say EMS is not a profession of extremes is quite foolish.

Perhaps because we are so accustomed to these and other extremes, we often like to view ALL things pertaining to EMS in extreme terms. This mentality frequently rules the physical exam findings of not only new EMS students, but experienced providers as well.

The signs and symptoms we process must not fall victim to this black or white state of mind. Obviously, in certain circumstances a black or white approach does work. Definitive signs of death, by their nature, are either present or absent. Remember though that a gray area can exist, and it is in this gray area where we can either be the hero or the next recipient of a crisp new subpoena.

One example that sticks out in my mind is that of "reproducible chest pain." This assessment tool is employed by all levels of providers with all levels of experience. How it works is as follows:

Your patient is complaining of chest pain. After briefly talking with the patient, you discover that he has been landscaping his yard for the past 3 days that involved some heavy lifting. He woke up with "a sore muscle in my chest" this morning. Based on this, you decide to see if the pain is reproducible. You push on the chest wall to see if placing pressure on the chest "reproduces" the pain the patient is experiencing. The pain is reproduced, so you rule that the pain is musculoskeletal in origin and you then feel confident the patient is not experiencing a serious medical emergency.

I know many of you would employ other techniques before you would rule out the seriousness of chest pain, but many do not. Time and time again I see students and providers in scenario settings use this finding alone to rule out an MI. The finding or absence of reproducible chest pain is indeed significant, but only if it is viewed in the light of other findings and history.

In the above example, the provider did not explore the gray area. The patient woke up with a sore muscle and the provider was more than willing to go down that route. The patient wanted to refuse care. After all, his wife called, not him. The provider decided since the pain was not cardiac in origin, the patient could refuse. Tragically, the patient went into cardiac arrest shortly thereafter. Although the patient was sore from all the lifting, the exercise put strain on his diseased heart. The provider didn't look into that gray area. He didn't ask himself "what if this patient is sore from all the lifting AND having a cardiac event because of that same lifting and exertion?"

Although we in EMS may be wired to think extremes, we must always explore the gray area. Frequently, it is this gray area where the true problem lurks.