



FEATURED AGENCY

HEYWORTH AMBULANCE SERVICE

**INSIDE THIS
ISSUE:**

- Featured Agency
- Coordinator's Corner By Greg Scott
- Q Tips by Becky Altic
- Winter Safe Driving Guide
- Winter Pet Care Tips
- Hypothermia By Michael Crabtree

Heyworth Ambulance was started in 1974 as a volunteer ambulance service with a small group of devoted people and a white station wagon. I truly believe the phrase "load and go" stemmed from this. The service has continued to evolve with the struggles and hardships of not enough members and never enough money as most all of the rural squads have endured. It started as a Basic service then was upgraded to an Intermediate service until a few years ago when we could no longer keep the required 24/7 EMT-I coverage. Heyworth Ambulance Service once again became a Basic service.

Again like most of our rural peers, we were a volunteer service until it became very evident we could not cover scheduling for 24/7 with the amount of personnel we had. As Lifeline's doors were closed and our neighboring mutual aid agencies being in the same position, we headed down the "tax supported" road. A referendum was placed on the February 2008 ballot and was voted in.

We became a Paid Service, June 5, 2009, Monday through Sunday, 6A – 6P, 2 Paid EMTs. Our drivers and nighttime EMTs and 2nd crew out, all are "Paid on Call". Just never enough money! The referendum being passed was a "godsend" for the Service, especially for our daytime coverage as that was our biggest void. We haven't taken on too many new folks, but extended our current members' duty time which hence, became a part-time job. Still the same devoted volunteers, but with a little compensation on the side. I can say that in these times of financial instability, that has been greatly appreciated.

We've looked at different aspects for the Service, e.g. becoming a coalition with neighboring agencies, upgrading to the Paramedic level, going part-time at one level and part-time at another.

All of these ideas "brainstormed" and "bounced off" folks knowledgeable in these situations and then we come back to what we are able to do and what we can afford to do at this time in order to take care of our Community. Down the road things will change, as they always do, and then we'll all sit down again. We have 5 young EMT-Bs that are currently in the Paramedic class in Clinton. Possibly when they are done and ready to roll, Heyworth Ambulance will be able to utilize their skills as part of our service.

As of January 1, 2010, I will be stepping down after 15+ years as Captain of the Service. I will remain an active member, going into my 25th year, taking duty and taking care of the administrative things as well, while still working closely with the officers. I am happy to announce that Kurt Flora, a 10 year member and second in command, will be taking over as Captain, with Nick Riordan, Lt. of Training, Brett Klawitter, Lt. of Supplies, and Bill Kiesling, Lt. of Buildings and Vehicles.

I want to take this time to let our neighboring agencies/mutual aid know how much we appreciate them "having our backs" and know that we have yours. Our ALS intercepts also have a good rapport and team effort. Heyworth Ambulance Service has been "mentored" by the best, though too many to name, but you know who you are and for that, we are and continue to be sincerely grateful. There are so **many** stories over the years, of combined efforts, with different levels of skills, including the ER staffs, all working toward the same result. Not always working out the way we hoped, but working still.

I miss Brian Leland tremendously!

I wish you all a Happy New Year and *please* be careful out there!

Judy Mowery

COORDINATORS CORNER

WRITTEN BY: GREG SCOTT

TARGET 2010

Do you know the mission, vision, and core values of the McLean County Area EMS System?

The mission statement:

The mission of the Mclean County Area EMS System is the provision of effective, safe, cost-beneficial, patient-focused, pre-hospital medical and trauma services to those presenting to the EMS System. This mission is accomplished by: pursuing programs focusing on quality improvement; education and training; effective healthcare delivery systems; public education and prevention programs; and developing strong working relationships with other community partners.

The vision statement:

The vision is for the McLean County Area EMS System to be viewed by other local, state and national EMS programs as visionary and trend setting in emergency medical services by demonstrating the highest level of care to citizens utilizing cutting edge technology and innovative service delivery models.

The core values:

- Advocacy
- Patient Safety
- Competency
- Loyalty
- Integrity
- Honesty
- Commitment

The Institute of Medicine (2007) listed several systemic problems with the EMS System of today that included, "Insufficient coordination, disparities in response times, uncertain quality of care, lack of readiness for disasters, divided professional identity, and limited evidence base." The McLean County Area EMS System took this information and worked closely with two separate committees over the past two years to develop a five year strategic plan and the associated implementation guide. The members of these committees have placed many hours into the development of these two documents. There have been healthy debates and "thinking outside the box" during the development process of the documents that are intended to provide guidance to the McLean County Area EMS System and affiliated organizations.

The affiliated organizations that comprise the McLean County Area EMS System should earnestly evaluate the five year strategic plan and implementation guide in order for all involved to be successful in accomplishing as many goals as possible. There are items within the strategic plan that will require collaboration by all involved entities. The EMS System and affiliated agencies should target the following items during 2010:

- EMS organizations should provide a positive working atmosphere; develop and review staff expectations; and recognize EMS providers in order to have less than 10% of staff turnover.
- The EMS System will continue to seek grant funds to develop an EMS Center for Excellence simulation center and begin work on the accreditation process to continually enhance the education of providers.
- The EMS System will continue to participate in local, regional, state, and federal activities to foster information sharing with the affiliated organizations.
- The EMS System will continue to work on the electronic patient care record system to provide quality improvement data.
- EMS organizations should require all EMS responders to complete the Incident Command System training that is part of the National Incident Management System.
- EMS organizations should participate in a disaster exercise to identify strengths and weaknesses in their disaster preparedness level.
- The EMS System will continue to share grant opportunities with affiliated organizations as they are identified.

As we all begin a new year, please take a moment to reflect on all the accomplishments that you have made personally and collectively during 2009 and look ahead for strategic mechanisms that we can improve the manners in which we provide emergency medical services to those individuals in need. Also, review ways that your organization can provide illness and injury prevention programs to your community. As always, be safe during this coming year.

Sources:

Institute of Medicine. (2007). *Future of Emergency Care: Emergency Medical Services at the Crossroads*. Washington, D.C.: The National Academies Press.

Q -TIPS

WRITTEN BY: BECKY ALTIC

DOCUMENTATION

The goal of documentation is to relay exactly what happened to the reader. Good documentation allows the reader to know what was happening, to whom, by whom, when, where and why. By keeping this in mind while documenting, you will ultimately protect yourself. Hopefully you will never be deposed, but you could be asked to recall events from a run that happened a long time ago. In that event it is crucial that your documentation allows you to mentally recreate what happened.

One of the things noticed during chart reviews is the "why" is often missing. For example, the narrative may read that the EMT was "unable to get blood pressure." It could be due to vehicle motion, or it could be indicative of the severity of the condition of the patient. When it is not charted, it brings up more questions, such as whether an intercept should have been called. The "why" is a very important component of your narrative and if omitted can cause all kinds of headaches for an EMT down the road.

Most of you probably already know that a refusal form must be completed when a patient is refusing transport, but did you know that a refusal should also be completed when a patient refuses a specific treatment that our protocol calls for. Simply stating that the patient refused something in the narrative section is not sufficient since there is a specific area on the refusal form that covers this type of instance.

There are times during quality assurance chart reviews it is found that the EMT has left information out of the narrative. By doing this, they failed to give themselves credit for the work that they did. Many times it is determined that the other EMS providers that were on the scene neglected to proof read what was written. Quite simply, if it isn't charted it didn't happen or if it is charted then that is the way it did occur. Please be sure to include as much detail as you can in your narrative, and read what your partner writes. It isn't a question of trust; it is just the benefit of having a second set of eyes look at something. In the end, it can only help each of you.

By all of us helping one another with documentation "tricks of the trade" will help improve the quality of care and the quality of patient care records in the McLean County Area EMS System.

WINTER SAFE DRIVING GUIDE

The mention of winter evokes images of sparkling snowflakes and skaters gracefully gliding across the ice. But winter can also be a time of illness and injury, if people fail to take adequate health and safety precautions.

More than 100 viruses can cause colds, the world's most common illness, so few people escape being exposed to at least one of them. In the United States, most people average about three colds every year. A cold usually lasts a week or two.

The best way to treat a cold is to take a mild pain reliever, avoid unnecessary activity, get as much bed rest as possible and drink plenty of fluids, especially fruit juices. Over-the-counter cough and cold remedies may relieve some of the symptoms, but they will not prevent, cure or even shorten the course of the illness.

While there is no vaccine to protect you from catching a cold, there are ways to lessen your chances of coming down with the illness. Keep your natural resistance through good nutrition and getting enough sleep and exercise. Turn your thermostat down and keep the humidity up in your home. Dry air dries out the mucous membranes in your nose and throat and causes them to crack, creating a place where cold viruses can enter your body. Avoid direct contact with those who have colds and wash your hands frequently.

Internet - Illinois Department of Public Health

The best advice for driving in bad weather is not to drive at all, if you can avoid it. If you must drive in snowy conditions make sure your vehicle is prepared and you are familiar with how your vehicle handles.

Safety Tips

- Always fill your tank before heading out
- Let someone know your itinerary and route
- Try not to travel alone
- If your vehicle becomes disabled stay with the vehicle, running your engine and heater for short intervals. Be sure to "crack" a window in the vehicle to avoid carbon monoxide buildup
- Carry a cell phone
- Carry a coffee can survival kit
 - 2 or 3 lb can (punch 3 holes at the top of can, equal distance apart)
 - Twine or heavy string (cut into 3 equal pieces used to suspend can)
 - 3 large safety pins (to attach to string and pin to roof of car to suspend can)
 - 1 candle (place on lid under suspended can for melting snow)
 - 1 pocket knife or scissors
 - 3 pieces of bright cloth (tie to antenna or door handle)
 - Packets of soup, hot chocolate, tea, etc (for warmth & nutrition)

- Small packages of peanuts or fruit mix (for protein)
- Extra socks and mittens
- Matches
- Sun shield blanket or 2 large green or black plastic leaf bags (to reflect body heat)
- Small flashlight and batteries

Driving tips

- Decrease your speed and leave yourself plenty of room to stop
- Brake gently to avoid skidding. If your wheels lock up ease off the break

If your rear wheels skid:

- Take your foot off the accelerator
- Steer in the direction you want the front wheels to go
- If you have standard brakes pump them, if you have anti-lock brakes do not pump them

If your front wheels skid:

- Take your foot off the gas and shift to neutral, but don't try to steer immediately
- As the wheels skid sideways, they will slow the vehicle and traction will return. As it does, steer in the direction you want to go. Put vehicle in gear and accelerate gently

If you get stuck:

- Do not spin your wheels. This will only dig you deeper.
- Turn your wheels from side to side a few times to push snow out of the way
- Use a shovel, pour kitty litter or sand behind tire if available
- Try to rock your vehicle front to back using a light touch on the gas



Source: www.weather.com

WINTER RECIPES:

To Die For Crock Pot Roast

INGREDIENTS

- 1 beef roast, any kind
- 1 (1 1/4 ounce) package brown gravy mix, dry
- 1 (1 1/4 ounce) package dried Italian salad dressing mix
- 1 (1 1/4 ounce) package ranch dressing mix, dry
- 1/2 cup water

DIRECTIONS

1. Place beef roast in crock pot.
2. Mix the dried mixes together in a bowl and sprinkle over the roast.
3. Pour the water around the roast.
4. Cook on low for 7-9 hours.

Best Ever Hot Cocoa

INGREDIENTS

- 3 cups nonfat dry milk powder
- 2 cups confectioners' sugar
- 1 1/2 cups Dutch-processed cocoa powder
- 1 1/2 cups white chocolate chips
- 1/4 teaspoon salt

DIRECTIONS

1. Combine ingredients in large bowl.
2. Working in two batches, pulse ingredients in food processor until chocolate is finely ground.
3. Store in airtight container for up to 3 months.
4. To make hot cocoa, stir 1/3 cup of the mix into 1 cup of hot (not boiling) milk.
5. Top with whipped cream or mini marshmallows and a little chocolate powder. I sometimes use cinnamon or nutmeg powder, instead.



WINTER PET CARE TIPS

Indoors/Outdoors:

While it is best to keep pets indoors, but in case this is not possible, outdoor pets must be provided with a shelter of some kind. The home should be elevated off the ground to prevent moisture and a door to keep out any snow, sleet and wind. The shelter needs to be heated or insulated. Outdoor pets require extra calories to keep warm. Feeding your pet according to its needs when the temperature drops is very important. In severely cold or inclement weather, no pet should be kept outside. Indoor pets should have sleeping quarters in a draft-free, warm area with their bed or mattress elevated slightly off the floor.

Roaming Cats:

Roaming cats, as well as house pets and wildlife, may climb onto vehicle engines for warmth during cold weather. Be sure to check under the hood before starting your vehicle and honk the horn to startle any animals seeking shelter inside.

Frostbite and snow removal salt:

Snow and salt should be removed from your pets paws immediately. Frostbitten skin is red or gray and may slough. Apply warm, moist towels to thaw out frostbitten areas slowly until the skin appears flushed. Contact your veterinarian as soon as possible for further care. Snow removal products should be stored out of the reach of pets and small children as their toxicity varies considerably.

Toxic plants and holiday/winter products:

Plants and other items associated with the winter and holiday season can be toxic to your pets. Please consult your veterinarian, animal poison control, and the manufacturer for specifics. Remember, the earlier you seek treatment, the better for your pet

Other Thoughts on Keeping Your Pets Safe:

Take your animals for a winter check-up before winter kicks in. Your veterinarian can check to make sure they don't have any medical problems that will make them more vulnerable to the cold.

Keep your pets inside as much as you can when the mercury drops. If you have to take them out, stay outside with them. When you're cold enough to go inside, they probably are too. If you absolutely must leave them outside for a significant length of time, make sure they have a warm, solid shelter against the wind, thick bedding, and plenty of non-frozen water. Try leaving out a hot water bottle, wrapped in a towel so it won't burn your pet's skin.

Some animals can remain outside safely longer in the winter than others. In some cases, it's just common sense: long-haired breeds like Huskies will do better in cold weather than short-haired breeds like Dachshunds. Cats and small dogs that have to wade shoulder-deep in the snow will feel the cold sooner than larger animals. Your pet's health will also affect how long she can stay out. Conditions like diabetes, heart disease, kidney disease, and hormonal imbalances can compromise a pet's ability to regulate her own body heat. Animals that are not generally in good health shouldn't be exposed to winter weather for a long period of time. Very young and very old animals are vulnerable to the cold as well. Regardless of their health, though, no pets should stay outside for unlimited amounts of time in freezing cold weather.

If you live near a pond or lake, be very cautious about letting your rambunctious dog off the leash. Animals can easily fall through the ice, and it is very difficult for them to escape on their own. If you must let your dogs loose near open water, stay with them at all times.

If you light a fire or plug in a space heater to keep your home toasty warm, remember that the heat will be as attractive to your pets as to you. As your dog or cat snuggles up to the warmth, keep an eye out to make sure that no tails or paws come in contact with flames, heating coils, or hot surfaces. Pets can either burn themselves or knock a heat source over and put the entire household in danger.

It's a good idea to have your furnace checked for carbon monoxide leakage before you turn it on, both for your pets' health and your own. Carbon monoxide is odorless and invisible, but it can cause problems ranging from headaches and fatigue to trouble breathing. Pets generally spend more time in the home than owners, particularly in the winter, so they are more vulnerable to monoxide poisoning than the rest of the family.

Source: www.weather.com



YOU GOT SCHOOLED

WRITTEN BY: MICHAEL CRABTREE

Conditions Leading to Hypothermia

- Cold temperatures
- Improper clothing and equipment
- Wetness
- Fatigue, exhaustion
- Dehydration
- Poor food intake
- No knowledge of hypothermia
- Alcohol intake - causes vasodilation leading to increased heat loss

What are "hypothermia" Temperatures

- Below freezing
- 40 degrees
- 60 degrees
- Any temperature less than 98.6 degrees can be linked to hypothermia (ex. hypothermia in the elderly in cold houses) or peripheral circulation problems such as trench foot and frostbite.

Signs and Symptoms of Hypothermia

Watch for the "-Umbles" - stumbles, mumbles, fumbles, and grumbles which show changes in motor coordination and levels of consciousness

Mild Hypothermia - core temperature 98.6 - 96 degrees F

- Shivering - not under voluntary control
- Can't do complex motor functions (ice climbing or skiing) can still walk & talk
- Vasoconstriction to periphery

HYPOTHERMIA

Ambulances in the MCAEMS come stocked with some of the best equipment available. We carry defibrillators to restart chaotic hearts. We have medications that can reverse life-threatening allergic reactions. We even have airway devices and bag-valve-masks to breathe for individuals who cannot. These devices are familiar to all providers and now expected by the general public. These tools are flashy, cool, and often featured in the best TV medical dramas. However, one of the most important tools we carry (and underutilized) is available without a prescription. You don't even need an EMT license or protocol to use it. In fact, this tool is found in every home. If you talk to a toddler, I'm sure they have a favorite one. What is this great thing of which I speak? A blanket.

Illinois winters are known for their harshness. This is especially true for our accident victims. If you have any doubt, go stand outside without a jacket for a half hour after the sun sets. One more requirement: don't move anything other than your arms. This is roughly equivalent to what our vehicle accident patients feel during extrications. If you really want to make it feel real, cut your sleeves and pants to imitate the exposure by EMS, bleed yourself of half a pint of blood to replicate blood loss, and give yourself an adrenaline rush to mimic the moment just prior to the accident (I suggest looking at your heating bill).

Almost all victims of MVAs in temperatures below 50° F will present to the emergency department with some form of hypothermia¹. Trauma victims with concurrent hypothermia are at an increased risk for adverse outcomes.

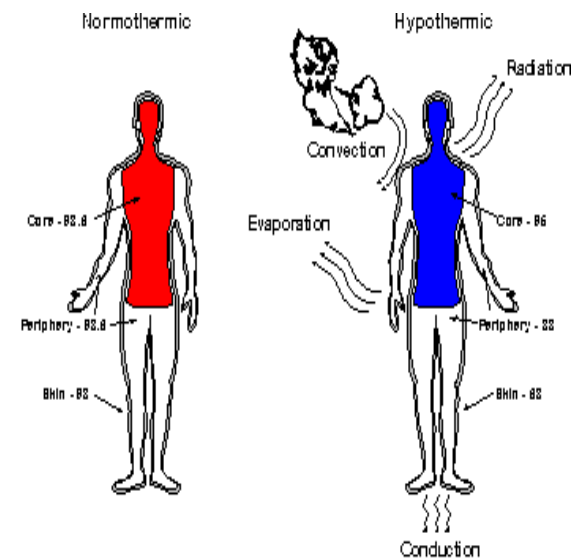
The reasons are numerous. For one, acute blood loss causes vasoconstriction in an attempt to shunt blood to the vital organs of the core. This shunting, although preserving vital function, robs the extremities of internal heat. This places fingers, toes, hands, and feet at a great risk of frostbite. Secondly, clotting of the blood is most effective in a very narrow range. If the temperature of blood drops too far below this narrow range, clotting becomes ineffective. This can lead to further blood loss, increased heat loss, and diminished organ perfusion.

Don't wait until your patient complains of the cold. Be proactive in preserving body temperature. Keep the patient covered while they are being extricated. Try to limit or block the effects of the wind if possible. If snow or rain is a factor, cover the patient with a dry blanket and place a water-resistant sheet over this. These simple tasks will go a long way in comforting your patients and improving their overall outcomes.

Despite all of our advanced tools, sometimes the simplest ones do the greatest good.

Here's to you, blanket.

(1) Source: American College of Emergency Physicians. Considerations of the Trauma Victim.



SOURCE:
OUTDOOR ACTION GUIDE TO
HYPOTHERMIA AND COLD WEATHER
INJURIES

BY RICK CURTIS