



NEWSLETTER / ISSUE 4

# MCLEAN COUNTY AREA EMS OCTOBER 2010

Featured Agency

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### **LE ROY EMERGENCY AMBULANCE SERVICE**

Written By: Mark Doty

Le Roy Emergency Ambulance Service Inc. was established in 1977 by a community led effort and a public outcry for a local ambulance service. In the first several years of operation, the service was funded by private donations and staffed by an all volunteer force of EMT-As and drivers. Much has changed since then, both in pre-hospital emergency medicine and for Le Roy Ambulance Service.

In 2002 LEAS upgraded its then 2 ambulance fleet, to the ILS level with Gail Rafferty as the administrator. The crew was made up of 15-20 EMT-Basics, Intermediates, and drivers.

By mid 2006 LEAS provided BLS and ILS service for Le Roy fire protection district, part of Downs Fire Protection District, and all of Ellsworth fire protection district. At that time LEAS was staffed by paid volunteers with a call volume of 400-450 calls per year.

In July of 2006 LEAS hired Mark Doty CC-EMT-P to serve as the administrator and bring the LEAS service up to the advanced life support level. In October 2006 LEAS advanced from Intermediate life support to advanced life support. The rapid growth of LEAS did not stop there. By the end of October of 2006 LEAS had hired 2 more full-time paramedics and has provided 24/7 ALS service since that time. LEAS still provides ALS upgrades for part of Downs Fire Protection District and primary service for all of Ellsworth Fire Protection District. The author is particularly proud, that thus far, LEAS increased its level of service without an increase in taxes, and is currently getting approximately 17 cents per \$100 EAV to operate the emergency side of LEAS.

Leading up to the planned closing of Lifeline Mobile Medics, LEAS entered into negotiations with Advocate BroMenn Hospital and OSF St. Joseph Medical Center to provide BLS non-emergency ambulance service in Bloomington/Normal. When Lifeline closed its doors September 1, 2007, LEAS was prepared to provide non-emergency ambulance service in the Bloomington-Normal area. The organization has grown continually since then.

Today, LEAS is one of the largest employers in Le Roy. LEAS employs about 50 people and are staffed by critical care paramedics, paramedics, intermediates, EMT basics, first responders, and drivers. LEAS has a fleet of 4 ambulances (two in Le Roy and two in Bloomington-Normal) and ran over 2000 calls in 2009.

LEAS strives to stay on the cutting edge of pre-hospital emergent health care and continues to make advancements in technology and training.

For more information about LEAS visit our web site at [www.leroyambulance.org](http://www.leroyambulance.org).

# TAKING CARE OF YOURSELF AND YOUR FAMILY

Written by: Greg Scott

A study released in the Annals of Emergency Medicine, "Occupational Fatalities in Emergency Medical Services: A Hidden Crisis," reported that there were 114 EMTs and Paramedics killed on the job between 1992 and 1997, with more than half of them in ambulance crashes (Oriole, *n.d.*). This study also indicated that this death rate, 12.7 fatalities per 100,000 EMS workers, makes it close to firefighters and police officers (Oriole). This same report revealed that the EMS workers death rate is more than twice the national average for all workers and revealed that the majority of the deaths were from ground transportation collisions and that less than 50% EMS workers report that they wear seat belts while in the patient compartment of an ambulance (Oriole). The remaining causes of line of duty deaths reported during this time period were air ambulance crashes, heart attacks, strokes, homicides, needle-sticks, electrocution, and drowning (Oriole).

A study published in the American Journal of Industrial Medicine (December 2007) indicates that nearly 10% of all EMTs and Paramedics in the country at any given time are missing work due to on the job-related injury or illness (Brouhard, 2008). This report indicates that EMS workers in urban areas are three times more likely than other professions to suffer an on-the-job injury or illness (Brouhard). The most common illnesses/injuries were exposure to pathogens from needle sticks, injuries from lifting/moving patients, wounds inflicted by violent patients, and ambulance involved crashes (Brouhard).

On September 27, 2010, the National Highway Traffic Safety Administration's (NHTSA) Office of EMS (OEMS) entered into a cooperative agreement with the American College of Emergency Physicians to work on a three-year project to create an agenda document that will identify opportunities and challenges in developing and promoting a "Culture of Safety" for EMS personnel and the patients they care for every day (NHTSA, 2010). In 2007, the NHTSA OEMS released a feasibility study that indicated it was essential to capture information regarding EMS injuries and illnesses through an EMS Workforce Illness and Injury Surveillance Program (NHTSA, 2007).

With all the attention being placed on the safety of EMS providers, it is important that we take a moment at the local level and assess how we're doing taking care of ourselves. There have been a number of duty related injuries within the McLean County Area EMS System over the past few years. There are many things that can be done to minimize the risks of duty related illnesses and injuries that include:

- Implement a department wellness program to encourage EMS providers to eat healthier, exercise, and practice strengthening techniques
- Learn stress coping mechanisms to minimize the risks associated with stress
- Always assess scene safety and look for potential hazards prior to entering every situation
- Always wear appropriate personal protective equipment to protect against pathogen exposure
- Always wear roadside reflective gear to protect against being struck by a vehicle
- Practice proper body mechanics while lifting and moving patients and equipment
- Minimize tripping hazards during EMS runs
- Evaluate new ambulance and rescue vehicle designs for personnel safety during the vehicle bid process
- Evaluate new EMS equipment and gear with personnel safety in mind
- Evaluate the ambulance or fire station for potential personnel hazards
  - Always keep smoke detectors in working order and check them frequently
  - Always keep a carbon monoxide detector in sleeping quarters
  - Reduce tripping hazards and mark slip hazards
  - Minimize risks associated with vehicle exhausts

You can find additional information about creating a safety program within your department at <http://www.osha.gov/dsg/topics/safetyhealth/index.html>

As emergency responders, you never know when you will be called into action for a disaster situation. It is important that you have an established family disaster preparedness plan. This plan should include: designated meeting locations for your family members, a designated out-of-state contact person that all your family members know to contact in case of disaster, create an emergency supply kit and a "Go Bag" for each family member to self-sustain for 72 hours, conduct a home safety check and emergency evacuation plan, and keep copies of all important paperwork in a safe location. More information about developing a family disaster preparedness plan can be obtained at <http://www.ready.illinois.gov/before/familyplan.htm>

## QUICK HALLOWEEN RECIPE



### INGREDIENTS

- 1 pound white candy coating, coarsely chopped
- 1 package (1 pound) Nutter Butter peanut butter cookies
- Miniature semisweet chocolate chips

### DIRECTIONS

- In a microwave-safe bowl, melt candy coating, stirring occasionally. Dip cookies into coating, covering completely. Place on waxed paper.
- Brush ends with a pastry brush dipped in coating where fingers touched cookies. While coating is still warm, place two chips on each cookie for eyes. Let stand until set. Store in an airtight container.
- **Yield:** about 3 dozen.

## TAKING CARE OF YOURSELF AND YOUR FAMILY (Continued)

Since October 3 – 9, 2010 is designated as Fire Prevention Week, please take a moment to evaluate your own homes and stations for potential fire hazards. Check all your smoke detector locations and change the batteries. According to the National Fire Protection Association, in 2008 there were 2,755 people killed and 13,160 people injured from residential fires (NFPA, 2010). From 2003-2006, roughly 2/3 of home fire deaths occurred in homes without a working smoke detector (NFPA). It is important that we practice safety at home first.

Please take this opportunity to evaluate you and your family's safety. Without you, the EMS profession will not be the same!

### Resources:

Brouhard, R. (2008). *EMS Injuries: Paramedics and EMTs Get Hurt More than Others*. Retrieved October 4, 2010 from [http://firstaid.about.com/od/emergencymedicalservices/qt/08\\_EMS\\_Injuries.htm](http://firstaid.about.com/od/emergencymedicalservices/qt/08_EMS_Injuries.htm)

National Fire Protection Association (NFPA). (2010). *Fast Facts About Smoke Alarms and Fire*. Retrieved October 4, 2010 from <http://www.nfpa.org/itemDetail.asp?categoryID=2022&itemID=47397&URL=Safety%20Information/Fire%20Prevention%20Week%202010/Fast%20facts%20about%20smoke%20alarms%20and%20fire>

National Highway Traffic Safety Office of EMS. (2007). *Feasibility for an EMS Workforce Safety and Health Surveillance System*. Retrieved October 4, 2010 from <http://www.ems.gov/pdf/EMSWorkforceFeasibility3.pdf>

National Highway Traffic Safety Office of EMS. (2010). *National Culture of Safety Project Awarded*. Retrieved October 4, 2010 from <http://www.ems.gov/>

Oriole, K. (n.d.). *Fatality Study: EMS Is a Dangerous Profession*. Retrieved October 4, 2010 from [http://www.emsedsem.org/Prior%20Articles/EMS\\_Fatalities%20from%20EMS.pdf](http://www.emsedsem.org/Prior%20Articles/EMS_Fatalities%20from%20EMS.pdf)

# YOU GOT SCHOOLED

WRITTEN BY: MICHAEL CRABTREE

You and your partner are about to call it a night when the tones drop again. It's been a long day and the calls have been coming in steady all day. You're starting to come to the realization that you and sleep won't be meeting anytime soon tonight.

*Medic 3 respond to 1313 Hightower for a 18 year old female patient in police custody, needing to be checked out.*

"Great. Another intoxicated kid keeping me awake," you grumble as your partner begins the drive to the scene. You recognize the neighborhood as one that often is the scene of house parties when the parents are out of town. As you pull up, you notice an obviously agitated female patient in handcuffs.

- *After ensuring the scene is safe, what is your next priority?*

*While you approach the scene, gather information from the responders on scene. In this case, law enforcement.*

The officer states he was on routine patrol when he found the patient walking down the middle of the road yelling. When he approached her, she became very agitated and he placed her in handcuffs for her own safety. As you attempt to approach the patient, she immediately screams and becomes more agitated.

- *What are your treatment priorities at this time?*

*Consider immobilization of the c-spine if any suspicion of trauma is present. Ensure an adequate airway and breathing. Administer oxygen as tolerated by the patient. Verify no life threatening bleeds are present and distal circulation is intact.*

- *What special considerations does this situation present?*

*The patient does not meet the typical presentation for acute alcohol intoxication. This patient will likely not accept oxygen or hands on assessment due to her extremely agitated state. Methods of ensuring the ABCs will have to be modified, such as making note of the skin condition from where you stand and making note of any visible retractions during respiration. It's not the best answer, but it is the best for this situation. Asking the officer how much force was needed to handcuff the patient may help your c-spine decision making.*

You note the patient is tachypneic and showing some clavicular retractions as she breathes. Her skin appears diaphoretic and slightly flushed. You also note the patient seems to be having muscle twitching sporadically throughout her extremities. After attempting to calm the patient through verbal communication and non-threatening gestures, you realize that there is no talking this patient down.

- *What is your field impression at this point?*

*Given that the patient was wandering down the street yelling, her extreme agitation, and her medical signs and symptoms, there is a high suspicion this patient is under the influence of some sort of drug.*

- *What should be the next course of action?*

*Consult with police and medical control. It is obvious this patient is in need of medical care. However, we cannot guarantee safety of the patient and rescue personnel with the patient in her current state. Verbal calming techniques have already failed. Utilizing a Tazer will likely only agitate the patient more and will not eliminate or mitigate the underlying cause of the agitation. Medical control will likely order benzodiazepine administration for ALS providers or recommend an intercept for BLS agencies.*

Medical control orders 2 mg lorazepam IM to be repeated in 10 minutes if necessary. You consult with law enforcement and your partner to distract the patient while you attempt to administer the drug IM. You wait until your partners have sufficiently distracted the patient. You administer the drug into her leg and immediately retreat. You note her skin to be extremely warm to the touch. After 5 minutes, the patient becomes noticeably drowsy.

- *What are your primary concerns at this point?*

*The patient is obviously experiencing some sort of medical crisis. In an attempt to rule out any other medical issues, you apply the cardiac monitor, check blood glucose, establish baseline vitals, determine oxygen saturation, and perform a physical assessment. Little history will be obtainable in this patient due to the circumstances. Also, we need to worry about maintaining control of the airway and breathing like in any other patient that we have administered benzodiazepines.*

The patient is transported to the local hospital without incident. Supplemental oxygen is administered via NC at 4L. She remains drowsy throughout transport and vital signs remain stable. Upon arrival at the ER blood is drawn. A toxicology screen comes back positive for MDMA, or Ecstasy. The patient remains in the hospital overnight to allow the drug to clear and is discharged in two days with a referral to social services.

Ecstasy remains one of the most commonly abused drugs on the market. Its popularity among teens and young adults has only grown in recent years. Patients under the influence of Ecstasy pose many unique challenges to the EMS provider. Chief among these is scene and patient safety issues, sedation considerations, and eliminating other medical issues.

# TEEN DRUG ABUSE

WRITTEN BY: BARB HUMER

As your child returns to school or is just beginning his 12 year journey through school do you ever wonder about his/her safety? Did you know that drugs and alcohol have become so common in the nation's middle and high schools that for many students, "school days have become school haze". Drugs have no rightful place anywhere in society; however, they have even less of a place in academic environments where teens are living in their most formative years. Parents and teachers need to wake up to the reality of increasingly drug-infested schools, where drug use, sale, and possession are as much a part of the curriculum as math or English.

Four in five teens in high school told researchers at Columbia University's National Center on Addiction and Substance Abuse that they have witnessed the use, sale or possession of illegal drugs on high school grounds or seen someone who was drunk or high on campus. Here are a few things to look for that could help you head off a drug problem with your child.

- Loss of interest in family activities, stays in his room a lot, not as happy as he/she used to be
- Disrespect for family rules, often misses curfew
- Withdrawal from responsibilities, gives excuses for everything
- Verbally or physically abusive
- Overreacts to everything he/she perceives as criticism, mood swings
- Sudden increase or decrease in appetite, overly tired or hyperactive, forgetful
- Needs more money, disappearance of valuable items or money
- Not taking care of his/her personal hygiene or appearance
- Not telling you where they are going, lies about activities
- Change in friends, grades have dropped
- Found any paraphernalia in his/her room, hiding things from you

When is it time to take action, and what should you do? [www.intervene.drugfree.org](http://www.intervene.drugfree.org) is an interesting site for concerned parents like you.



# GOT THE BLUES? YOU ARE NOT ALONE

WRITTEN BY: BECKY ALTIC

National Depression Screening Day is October 7<sup>th</sup>. Ever feel like you are the only one who is sad in a world of happy people? Everyone experiences stress, sadness and anxiety from time to time – it's part of life. These feelings often happen when you lose a job, children move away from home, during divorce, with a death in the family, or during retirement. But when changes in mood and behavior interfere with one's ability to work, sleep, eat, and enjoy once pleasurable activities, it could be a sign of depression. *National Depression Screening Day (NDS)* gives people the opportunity to take a free, anonymous questionnaire assessing their risk for mood and anxiety disorders and provides referral information for treatment. Visit [www.HelpYourSelfHelpOthers.org](http://www.HelpYourSelfHelpOthers.org) to find a local organization offering depression and anxiety screenings or take a screening online today.

