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## Notes from the Director's Desk

Polk County is in the process of moving into the space vacated by Education Services. It will be a slow process as education will continue to use Classroom C for several months until they get approval from the state to move the nurse aid training to the new building. It has been nice to have Classroom B available for meetings and using Classroom A for the refresher classes. Cody Liccardi has taught two LEFR classes as well.

Tom Liberty is now our IS Technology Officer. He will continue to transition to this role while training with Morgan and Katie. Tom brings many years of EMS experience and technology understanding to the job. Please begin calling him for Health EMS problems and questions. (See his HealthEMS section on page 3).

In Polk County, we have stopped using the EMD 33 card for Hospital transfers. The 33 card was not prioritizing patients well. We have gone to 3 priority levels 1, 3 and 4.

- Priority 1 are life threats, TCD, transfers to ICUs, Cath Lab transfers, patients being transferred for immediate surgery or interventions, and Urgent OB transfers.
- Priority 4 patients are very stable patients and psych transfers.
- All other patients fall into the Priority 3 category, which will be handled by unit by order: ER, OB, ICU, and then M/S.

When receiving calls for transfer, Polk County Dispatch will ask the caller 7 questions and the priority. As we move forward, we will monitor how the priority system is working and will make changes if needed. If you have a concern with the way a patient was prioritized, please email Aaron W or me and we will review the transfer. We plan to implement this system for Cedar County Memorial Hospital as well.

I have added a folder in the Pre-Hospital Folder titled FOUO (For Official Use Only.) I will be putting in information from the NYFD Watch Line, KCETW Briefings, and other news releases from intelligence sources. This is good information to review. **Do not print and post!** This information is meant to be used by Public Safety Personal and is not for public dissemination.

Way to go team! Our EMS STEMI pre-activation rate is **71%** which is the highest in Southwest Missouri. I am very proud of our accomplishment and know we will improve with experience. CMH's Door to Balloon time average is **52 minutes**. Our fastest Door to Balloon time has been **23 minutes** which was EMS pre-activated! You make a difference with the strong work you do!

The time has come for me to have back surgery. I will be on Medical Leave beginning February 10<sup>th</sup>. I plan to be off work between 4 to 6 weeks. In that time, each Manager will take care of their base and Jeff will oversee the department. We will maintain our on call supervisor schedule. As time gets closer, we will define roles more clearly.

We hope to have all our EMT positions filled very soon and we continue to look for Paramedics. Please keep your ear to the ground and help us recruit.

I want to thank you all for the work you do. Many staff members continue to step up and help us fill shifts. I appreciate you. You help us be a successful department and deliver exceptional, compassionate care.

Neal

## Hickory County Chatter: Alice Roberts

Nothing upsets us more than when we run a call where we see the patient or a family member physically, sexually, verbally, or emotionally abused. We want to see it handled immediately by Law Enforcement, Department of Aging, or Department of Family Services.

Our job is hard on us, physically and emotionally. The longer we are in EMS, the more aches and pains our bodies develop. In recent months, it has come to the forefront nation-wide that we also have a high percentage of PTSD and depression in our field. You can't hardly open an EMS magazine or go on Facebook without seeing something written about this subject. This is a real problem that EMS, on a whole, deals with.

At what point will someone address the verbal and emotional abuse that we as a group tend to transfer off on each other? Do we even realize that our actions, the tone and words we say to each other can fall into the category and be considered verbal and emotional abuse? Why is it that we feel it is okay to verbally and emotionally abuse each other and why do we allow it to continue? Are we burnt out? Do we need some time off and away from work? Do we even realize what we do to each other and that we might be an added cause to that PTSD or depression another co-worker is suffering and struggling with?

When it comes to our patients we want someone/anyone to stand-up and fight for them and help make life easier for them. Why don't we stand up for each other? When do we say "Enough is Enough!" We all should take a step back and take a hard look at the situation. Are you the problem? If so, are you willing to change? Are you willing to be part of the solution? It's time to change the EMS culture nationwide. I encourage everyone to take the first step right here at CMH EMS.

ON A LIGHTER NOTE:

What a great group of people to work with in Hickory County!

I want to say THANK YOU to the Hickory staff for getting 707 ready for our state inspection. Our January staff meeting was short and became a small work session as we double checked and made sure nothing was over looked or missed.

Please come in dressed and prepared for the cooler winter weather. Wind chills have been frightful and if you are cold, just imagine how cold your patients could be.

MVA's can be dangerous but more so when there is snow and ice. We get a lot of gawkers as they drive by who are not paying attention. So it's up to us to be aware of your surroundings and "watch your back and watch your partners back."

Until next month,  
Alice

*"The will to win, the desire to succeed, the urge to reach your full potential....these are the keys that will unlock the door to personal excellence."*

**Deadline for request off: PAST DUE (1/31/16)**

**Availability Emailed to Staff: Feb 1<sup>st</sup>**

**Availability Emailed back to Alice: Feb 12<sup>th</sup>**

**New Schedule Published: Feb 19<sup>th</sup>**

## HealthEMS: Tom Liberty

Hello everyone,

As I am trying to learn this new position, I realize it is more complicated than I thought it would be. I am ready for the challenge! The best way for me to learn is to start dealing with HealthEMS issues people experience. I have had my first training lesson with HealthEMS and I still have a lot more to learn.

I believe I have successfully learned how to add a new location. So, if you are going to a facility that is not currently in HealthEMS and you will be leaving before 22:00, you can text or email me the information on where you are going and I will try to get it added before you arrive. That will allow you to finish your trip ticket sooner. If you just have the name and a phone number when you depart, I will try to find out more information while you are en route and get it entered.

Thank you all in advance for your patience while I continue to learn.

Tom Liberty

## Happy Birthday!

Allen Brotherton	Feb 16 <sup>th</sup>
Josh Ward	Feb 17 <sup>th</sup>
James (Ryan) Carroll	Feb 18 <sup>th</sup>
Peter Holm	Feb 19 <sup>th</sup>
Don Stockton	Feb 19 <sup>th</sup>
Dawn Sloan	Feb 28 <sup>th</sup>

## Polk County News: Aaron Weaver

Happy February everyone,

Education has moved to the new BTC building. Well, for the most part. We will still have CNA classes in Classroom C until they can find the space at the new building. We also will be hosting ACLS and PALS in our classrooms. With the extra space we now have, we are rearranging a few things. In case you don't know:

- 📌 Neal's office is now in the education portion of the building. He will be located pretty close to the front clerk area by Classroom A.
- 📌 I have moved into Neal's old office.
- 📌 Theron is back over here with EMS. His office is by Classroom B and he shares that office with Tom Liberty and Morgan Young.
- 📌 Alice, Tom, and Don are sharing the office that is next door to me.

We had one round of icy weather so far in 2016. We got very busy very quickly. The crews that were on shift did a great job. They took their time and drove with caution and we really had no incidents! GREAT JOB making sure safety was our #1 priority.

Everyone is still helping get shifts covered and being pretty unselfish with picking up extra shifts and picking up odd shifts for them. Tom and Alice came over a couple of times this month and picked up some extra shifts. I would like to also thank Tom L, Allen B, and William W, for coming to Polk and filling open shifts.

We had several long distant transfers lately. I am thankful for those that volunteered to come in and take the transfers so we could keep the duty cars running emergency calls. We appreciate the help to keep coverage in Polk County.

I would like to remind everyone that we ask that **all charts be exported within 24 hours**. Here lately, there have been several charts that are well past the 24 hour timeframe. I would like to see a better effort made in getting the charts completed and exported. The why: This will help with the coding and billing process. Occasionally, other circumstances arise (like insurance companies looking for the documentation) and we need to be able to provide that information to them quickly.

Be safe!  
Aaron Weaver

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

**Congratulations - Years of Service**

**CAROLYN REAM 22 YRS!**

**TAMMI CLARK 3 YRS**

**BRYAN ALBRIGHT 1 YR**

★ ★ ★ ★ ★ ★ ★ ★ ★ ★



## Upcoming Events for February

<b>Feb 1<sup>st</sup> 9a-Noon</b>	<b>Traffic Incident Management Competency</b>	<b>Bolivar CMH EMS HQ Classroom A</b>
<b>Feb 4<sup>th</sup> 9a-Noon</b>	<b>Traffic Incident Management Competency</b>	<b>Appleton City Ellett Mem. Classroom</b>
<b>Feb 9<sup>th</sup> 630p-930p</b>	<b>Traffic Incident Management Competency</b>	<b>El Dorado Springs EMS Station</b>
Feb 11 <sup>th</sup> 830a-5p	PALS Renewal	CMH Education (417) 328-6769
Feb 22 <sup>nd</sup> 7a-9p	*Guardians of the Heart Conference (Free)	Downstream Casino, West of Joplin
Feb 23 <sup>rd</sup> 830a-5p	*Guardians of the Heart Conference (Free)	Downstream Casino, West of Joplin
Feb 23 <sup>rd</sup> TBA	**Trauma Seminar	Mercy, 100 Mercy Way, Joplin, MO
Feb 24 <sup>th</sup> 8a-5p	***Mental Health First Aid for Youth (Free)	SBU McClelland Hall, Bolivar, MO
Feb 26 <sup>th</sup> 8a-4:30p	****Advanced Burn Life Support (ABLS)	Mercy, Springfield, MO
Feb 26 <sup>th</sup> 830a-5p	ACLS Renewal	CMH Education (417) 328-6769

\*Register at Guardians of the Heart Facebook page or Newton Co Ambulance webpage [www.4944.net](http://www.4944.net)

\*\* Register by calling (417) 556-2303 or emailing [joan.wilson@mercy.net](mailto:joan.wilson@mercy.net) Please indicate which date (Feb 23 or March 3)

\*\*\*Register by emailing [zanabs@lpha.mopublic.org](mailto:zanabs@lpha.mopublic.org) Seating is Limited. Lunch is Free.

\*\*\*\*Register at <https://www.onlineregistrationcenter.com/SpringfieldABLS>

Find additional training info at: <http://www.citizensmemorial.com/1calendar/index.html>

### Emergency Mgmt/HazMat: Morgan Young

Hello CMH EMS,

I hope you are staying warm. The station in El Do is still quite warm. Too bad none of us seem to get to enjoy it much though.

Tom Liberty is now your HealthEMS contact. He has had several days of intensive training concerning the back end of HealthEMS. As some of you know, he is already adding facilities to the pre-existing available list.

Regarding the new dispatch policy that Neal emailed on 1-21-2016: Polk County will have dispatch codes that come across from the CAD. It will simply say Priority 1: Interfacility transfer, Priority 3: Routine transfer and Priority 4: Non-urgent/routine transfer.

I continue to help Neal with the CMH system Emergency/Disaster Preparedness. Within that area, I am working on communication drills between hospitals, healthcare systems, health departments, amateur radio operators, local emergency management, state emergency management, and the state department of health.

Another project I have going on is working with Kermit Hargis of the Polk County CERT team. CERT stands for Community Emergency Response Team. It is a program started/sponsored by FEMA. You can read more about them at <http://www.fema.gov/community-emergency-response-teams>.

Kermit would like to set up a practice scenario for his CERT volunteers. In this scenario, they would get to triage multiple victims at a scene in an instance where the EMS system would be overwhelmed. I believe Kermit is hoping for 60 different scenarios for triage practice. He has invited our staff to come out and practice as well. I am excited about this opportunity for us and our local fire departments and first responders. I might even be able to talk to Theron into getting a CEU or two for us if we complete it. Please watch for upcoming emails with further details about this opportunity to interact in a training atmosphere with our voluntary responders.

Stay safe,  
Morgan

## St. Clair County/Osceola: Don Stockton

Hello from the Northern Tundra aka St. Clair County or Osceola station!

Not too much to report this month other than we completed our state inspection for re-licensure.

We are happy to announce that **Tina** wrapped up her 90 day probationary period recently. All of us at CMH EMS Osceola are happy to have her join our little family.

We have two big improvements at the station: New lighting in the ambulance bays and new garage door remotes!

Short and sweet this month, be safe out there!

Don

## Education/Clinical News: Theron Becker

Competency schedule for 2016 has been built and released. February competency is Traffic Incident Management on the 1st in Bolivar, the 4th in Appleton City, and the 9th in El Dorado Springs. This is a great class to help us be safer on the highways. If you can produce a certificate of attending this class within the past two years, I will give you credit for attending this competency.

Monthly quality meetings continue to improve. Cedar County dispatch has joined us to bring caller and radio recordings. I encourage you to attend at least one of these meetings every now and then. It is a great tool to understand the why and the background of the way things happen from 9-1-1 call through hospital discharge to make our patient care better. These meetings are held every second Tuesday at 1400 in EMS classroom B.

Ketamine will start showing up in the narcotic boxes on your ambulances this month. Three protocols reference the use of Ketamine.

- 🚒 4-040 (Behavioral) allows the use of Ketamine (IV/IO/IM) for the severe adult patient requiring physical restraints. This is primarily geared for the bath salts or other substance abuser posing a safety risk that may not respond to other sedation medications. Medical control does not need to be contacted until after the patient has been sedated and is safe.
- 🚒 6-050 (Control of Pain) allows the use of Ketamine (IV/IO/IM) for severe pain or painful procedures of short duration. This is primarily for patients that would benefit from pain control while taking advantage Ketamine side benefits (like smooth muscle relaxant and improving blood pressure). An example might be a patient trapped in some machinery that removal from that equipment will cause more pain.
- 🚒 6-110 (RSI) allows the use of Ketamine (IV/IO) for sedation and is preferred over Etomidate except in patients with increased ICP or hypertension.

- \* Remember, if the patient is over 65 years old, use half of the adult dose of Ketamine.
- \* The addition of Fentanyl when you give Ketamine can help reduce emergence phenomena.

RSI Update: Two intubations in the surgery department per year are required by all paramedics. Your deadline for 2016 is to have it done before your birthday and every 12 months after that. There is a form to provide instructions on how to schedule your intubations and to document your success. Check your email for my message regarding this subject. Basically, call the surgery department, have a supervisor add you to the Google calendar, show up, and send me the completed form. This process will help ensure our RSI protocol is a success, which will be live in the next month or so when we add Rocuronium on the trucks. Each year, current paramedics and, during orientation for new hire paramedics, two intubations in the surgery department will be required just like driver license, ACLS, etc. If you can provide similar documentation of intubations in another setting, I will consider those on a case-by-case basis (for example: clinical rotations during paramedic school, or your other job). The intent of this requirement is to document live intubations in a learning environment, not as part of your regular duties.

Theron Becker



**Welcome from the Great Stockton Lake**

As another month has come and gone, we are still trying to remember to write 2016 and not 2015. Ha! We are thinking: "What does 2016 have in store for me and you?" "What type of calls can we expect during 2016?" We are already seeing the Norovirus in schools, nursing homes, friends & family and maybe ourselves (Oh, lucky us!) Just remember to WASH, WASH, WASH your hands, and keep those gloves on! This bug can hang around on peoples skin, bedding, clothing, just to name a few, and it spreads like wild fire. The other types of calls we are seeing an increase in Cedar County are respiratory (Asthma) calls.

*What is asthma and what can I do for a patient with it?*

Asthma is a chronic inflammatory airway disease with varying levels of severity characterized by intermittent functional lower airway obstruction and frequent symptom exacerbations. The disease causes constriction of the bronchial tree and small airway inflammatory changes that prevents full exhalation.

Asthma affects all ages but most often begins during childhood and is more prevalent in females. Most children under the age of 18 with respiratory issues have been diagnosed with asthma at some point in their lifetime.

Common triggers for an asthma attack may include irritants such as aerosol sprays, perfumes, and **smoke**. In addition, allergens such as animal dander, mold, mildew, and pollens can trigger an attack. Environmental and physical conditions such as weather changes, emotional events, and viral infections can also promote asthma symptom exacerbations.

The classic findings in patients with an asthma exacerbation are diffuse expiratory wheezing, a prolonged expiratory phase and an increased respiratory rate.

However, other signs that may be noticed in pediatric patients include intercostal retractions and nasal flaring. In severe cases, exam of the lungs may show a "quiet" chest, resulting from such profound constriction of the bronchial tree that the wheezing sound cannot be produced. The key to the pediatric lung exam is to not only listen to the lungs, but look at the chest wall and work of breathing.

Treatment includes the use of short-acting bronchodilators such as Albuterol and/or Ipratropium which offers the patient a more sustained period of adequate air exchange. Young children often resist a mask or any type of equipment near their face, therefore, keeping the child calm with distraction from a toy and allowing the parent to hold the child can make our assessments and treatment easier. In other words, if you keep them happy and distracted it will be much easier to put the mask near their face. Creativity is the key!

Continuous nebulization of bronchodilator medication is often utilized. Intubation of these patients should be avoided at all costs unless signs of impending respiratory failure are present. These signs include inability to speak, decreased mental status, and worsening fatigue.

The goals for treating asthma exacerbations include correction of hypoxemia and increased airflow. Interventions include the administration of oxygen (O<sub>2</sub>) to keep O<sub>2</sub> saturations greater than or equal to 94%, administration of Albuterol, Ipratropium or Xopenex by nebulizer along with oral administration of corticosteroids for mild to moderate management of acute asthma.

**From the Board:**

In the January board meeting, the decision to purchase new equipment was tabled. We have turned in our wish list for 2016 and should know by February's meeting what we are looking at in Cedar County. CCAD did decide to sell 711 to CMH for training and as soon as we get the title signed and sent, we will be sending it over to Bolivar so it can be stocked and used in training by Spring.

We are losing our Board President Dennis Winston as he has elected not to file for a 2<sup>nd</sup> term. Someone has signed up to run in his spot, but James Reynolds also has decided not to run again. Unfortunately, we didn't have anyone sign up for his spot, which is for the Jerico Springs area.

*"Go to Cedar County and work out of a New Ambulance!"* Well, that's not happening currently. Unit 710 with <8,200 miles had the transmission go out and is waiting on a new one for it. Unit 715 was involved in an accident (no one was hurt or injured thankfully) but it is O.O.S while waiting on a new mirror. We have been told **3-5 wks** since it's a special order mirror and not standard GMC parts. Be careful when meeting another vehicle on bridges and narrow roadways because the wait time on a side mirror is longer than one would think.

THANK YOU! I want to personally thank those that came in, as well as those that tried, during the ICE event we had in January! Great Job to the crews that ran call after call or were stuck on icy roadways and still managed to respond. Also, thanks to those who stayed over to cover the next shift due to their relief not being able to make it in.