



## NOTES FROM NEAL

This morning, I was talking to Dawn and Gregg. They told me the story of Brice, Dawn, and Gregg delivering a baby this morning. And, this does not happen very often, but this baby was breech. They did a great job and Mom and baby are fine. Congratulations!

Dawn and I talked about how privileged we are. We take care of people throughout their life. We are there when new life begins, we are present when life ends, and the time in-between. We are called because someone is in a situation where they need help. They have a crisis. The help needed may be just our presence to advert the crisis they called for help with, or it could be a situation where we have to use our skills and work hard. Every patient needs some type of care. The care could be our presence, a touch, or just someone to listen to what their problem is. Our care could be just a non-judgmental conversation.

We want to do real EMS. What is real EMS?

We become jaded. The patients that abuse the system or patient you determine don't need your full attention or assessment do not get the care they deserve. Do you let that patient affect you? These patients are a small percentage of the patients we see. But, they need our care also. Why did they get where they are? We will never know the full context of their situation and we probably don't want to know. But they still need our care.

*Con't to pg 4*



### *New vehicle*

Donald Babb, administrator at Citizens Memorial Hospital, displays the new advanced life support ambulance which is expected

to be operational about Oct. 1. A second identical unit will arrive soon.

## CMH ambulance, license arrive

### CMH EMS Mission Statement

To provide safe, exceptional, and compassionate care to our communities  
with an emphasis on highly trained and empowered EMS staff.

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### EDUCATIONAL OPPORTUNITIES

#### CMH EDUCATION:

- 10-02 ACLS Initial  
830am—5pm
  - 10-03 ACLS Initial  
830am—5pm
  - 10-11 Basic Arrhythmias  
830am-1230pm
  - 10-12 PALS Initial  
830am—5pm
  - 10-13 PALS Initial  
830am—5pm
  - 10-24 ACLS Renewal  
830am—5pm
- \*To register, contact CMH Education Services at 328-6769

**CMH EMS Clinical Educator (FTO) classes coming up!**

**SEE PAGE 3 FOR MORE DETAILS!**

**CMH EMS Competencies in October!**

See page 11 for more details

## HICKORY/ST. CLAIR COUNTY NEWS—ALICE ROBERTS

Fall weather is moving in and with it starts the winding down of our standbys. Lucas Oil will be coming to an end this month, as well as most all of our high school football games. Thank you to everyone that has helped with coverage with these standby events.

Remember to watch out for all the kiddo's that will be roaming the streets on Halloween. Dark clothes and costumes can be hard to see. Slow down and pay extra special attention. Watch for the EMS Minions at the Hermitage Square as they do their annual passing out of candy. I am going to need someone at Osceola to hand out candy. Any volunteers for this event???

For the next several months, I want to focus on our Patient Care Reports. I have been making some notes on things that we need to see improvement. There are 12 things that I am continuously seeing that have not been documented or not being done, when I review patient care reports.

So for the month of October, I would like for everyone to work on improving the following things:

1. **Reaction times:** This is from time of dispatch to your en-route time. During the daytime hours, I want to see this become less than 1 minute on our Priority 1 calls. Ways to help get this done is to remain in your uniform during the day. 8am to 8pm. NO EXCEPTIONS!
  2. **On-scene times with a TCD less than 20 minutes:** If you are doing a scene flight, this may be longer and that is okay. If transporting by ground or to an LZ, we need to get on the road in less than 20.
  3. **All EKG's and 12 leads downloaded on your trip ticket.** Along with, in your narrative, what cardiac rhythm you are seeing.
  4. **When using Chest pain protocol 12 leads within 10 minutes of patient contact.** Best way to obtain a good solid patient contact time is to turn your monitor on when first arriving at the patient and using that time as your patient contact instead of guessing.
  4. **Blood Glucose taken on Cardiac Arrest and CVA's.**
  5. **Oxygen applied with CVA** per Oxygen protocol within 5 minutes of patient contact.
  6. **Capnography documented in your flow chart.** I am seeing this downloaded from the monitor, but we need to be including it in our treatment flow chart.
  7. **Patient and privacy signatures obtained** (unless patient is unable) **partner signature and RN signature**
  8. **Social Security, Driver's License, or Hospital registration number.**
  9. **Prior Medical History and Medical Need**
  10. **Current Medications that are actually listed.** We are still seeing List with Nurse, List with ER, etc. This is not acceptable.
  11. **2 sets of vital signs when you are with a patient longer than 15 minutes.**
  12. **Oxygen administration documented in the flow chart.** If you are assisting ventilations, have intubated a patient, then you need to have oxygen delivery also in your treatment flow chart.
- If these items above are included in your trip tickets, it not only helps with patient care when passed off to the next caregiver, but also shows that you are writing a good, solid trip ticket that in turn helps our billing department be able to bill correctly. Remember: IF YOU DO NOT HAVE IT DOCUMENTED, THEN IT WASN'T DONE.

We would like to welcome **John Frazer** to the Osceola station as our newest fulltime team member. I hope you enjoy your new home away from home. Thank you to all that have applied for this position as you made the decision hard as each of you are a valuable asset to this company.

Until next month,

Alice Roberts EMT-P  
Hickory-Osceola Ops. Manager

### Schedule

**New Schedule: Oct 15th to Nov 25th    New Schedule Out: October 6th**

**Availability Due: TODAY, Oct 1st**

**Request off: Past Submission date for this schedule. Spaces are filling up fast for the next schedule.  
Get your requests in a.s.a.p.**

**Remember: All request off should be submitted through Kronos!!**

## POLK COUNTY NEWS AARON WEAVER

I would like to start out by saying thank you to **Katie Claxton** and **John Smith** for all the extra shifts they have been working. I would also like to say thank you to a few of you that did volunteer to come in to take transfers and help the on duty crews. We do appreciate helping keep coverage in Polk county.

As I mentioned in the staff meeting, everyone needs to be picking up after themselves. Yes, we have housekeeping here but it is not their job, or that of any of your coworkers, to pick up after you! This includes doing your dishes, throwing away your trash, and picking up any linens that are left out.

We will and have been trying to put on an extra BLS truck on the days we have not had one scheduled. So far, we have only been able to get one last Monday but keep an eye out for IRIS messages. Our goal is to have the BLS truck run on Monday through Saturday. This a good way to pick a few extra hours and with the PRN staff needing hours to stay on the PRN list this will help.

By the time you all are reading this, all of our Performance Center Evaluations should be done. I would like to thank everyone that took time from their busy schedule and met up with me just so we could go over it. Overall, I think we did a really good job this year. Scores are moving up. Be sure to look at what we are going to be grading for next year's

performance center. By the way, our lowest scoring area is on the Healthstreams completed on time scores. It is very easy to get on the computer and complete our assignments before they are due. We can use the GETAC computers to get on Healthstreams as well. The second lowest is our competency scores. Again, this is an easy category to get a high score in; all you have to do is **go** to them. Also, this how we show the state bureau that we are signing off on low volume, high risk patients.

Aaron Weaver, Paramedic  
Operations Manager - Polk County  
CMH EMS



CMH EMS HQ has a new paint job AND parking lot!

## HEALTHEMS—TOM LIBERTY

I am glad we survived the summer. I am ready for the cooler temps. It has been a busy one and everyone has been working hard and covering open shifts. I know it has been a while since I put something in the newsletter. I just a few things to review.

First, with the new update, we have been having problems with downloading the EKG sometimes. The best answer I have for you is **not open the download wizard**.

- \* With or without the trip ticket open, transmit the file to the computer,
- \* Then, click on the paper clip.
- \* Select "EKG"
  - \* If it was in the last 3 hours, you will see the file.
  - \* If it has been longer, you will have to select either "6 hours" or "All" to find your file.

If you have any issues downloading this way, please message or call me. It is preferred that EMT's download the EKG file also, not just Paramedics.

Reminder: The only trip tickets that **will not** have a dispatch time on them are **scheduled events**. ALL others REQUIRE dispatch time.

Please double check your trip ticket and verify that you have all the required information on them. If it is a transfer out of a hospital, **you NEED to have a diagnosis in the narrative**. If you fly out a patient, you must have the landing zone **as the destination** along with where the landing zone was in the destination address. Then, you need to indicate **what hospital their final destination** was in the "Transferred Care" to field.

When we have new crew members present and if you have a call, fill out the trip ticket **while they are watching you**. There are things that we do without thinking, but the new staff do need to see how it is done. After the first one, let them fill out the second one while **you watch** the screen and give them pointers.

If you are having any problems or questions about HealthEMS, let me know. I will do my best to answer them.

Everyone be safe,  
Tom Liberty



You have chosen a noble profession. We are called to and allowed in a person's life at very vulnerable and private time. Not everyone can do it. It is full of rewards; it makes society better. You make a difference. As a Paramedic, I want to make a difference. We like to make big differences and make it better, but sometimes just a ride is all that is needed.

There is a bunch of craziness going on in our area, state, and county. Please keep it in perspective and remember as EMS providers, our forefather in EMS, made a pledge to respond and take care of people in their time of need. The definition of *time of need* is open ended. We are charged with a big mission and we must carry it out to the best of our abilities.

Remember our Mission Statement: To provide safe compassionate care to our communities.....

THANK YOU for all you do.

Be safe,  
Neal T.



## It's A Girl!!!

**Brice Flynn** and **Dawn Sloan** had an eventful call on Sept 25th which resulted in the birth of a baby girl in their truck!

They were called out to Next Stop in Pleasant Hope (Hwy H & Hwy 215) where they picked up "Mom" and began transporting to CMH. Around Hwy 13 & 490th road, Dawn pulled over and climbed in the back, just as Mom was saying "Have you ever delivered a baby?"

"Yes, Ma'am" was her reply. (If you didn't know, Dawn delivered a baby in the back of a NYC cab on the NYS Thruway on Sept 25, 2004.)

After a couple of good pushes, at 0255, a 4lb 4oz baby girl was delivered.... BREECH!! This was Mom's 4th delivery, the 2nd breech baby for her, and her 2nd delivery in an ambulance.

If you see them, ask them about it. Great job guys!!

Good October to you all. September has flown by and I hope it was a good month for each of you. My family and I were able to go to Silver Dollar City and enjoy a day together with a very small crowd.

On to health and safety. I think about this topic a lot and ask myself questions;

- 🚑 How can we make EMS safer?
- 🚑 What practice needs changed or stopped?
- 🚑 How can the patient's experience be as safe as possible?

I don't really wrestle with the question of "Why should we improve safety." To me, it is simple as, we need to constantly make things better so that no patient suffers harm during our care, and that each of us are no worse off from doing this job than any other job at the end of the day, or the end of our careers. This long term vision of constant improvement is what drives me to ask the "What to do?", and "How to do?" questions. I challenge you to ask these questions to yourself on a daily basis, with each patient, and with each action. CMH has a great principal in place to **Just Fix It**. With **Just Fix It** and **P.R.I.D.E.**, we have great support to improve the safety of the care we give our patients.

How do we actually do this? Here are some simple ways to improve patient safety.

- 🚑 Check your ambulance for supplies so you are ready for every call.
- 🚑 Know your response area (if you can't read a map, then ask someone to teach you!)
- 🚑 Wipe down the high touch areas after every patient to prevent cross contamination.
- 🚑 Know the updated protocols and the changes Dr. Carter wants implemented.
- 🚑 Use all the cot straps

You should all have your new road safety vests. Take care of them. I will be spending time working on our role in the Patient Safety Organization to report incidents so that we can contribute to data gathered about near misses and other unsafe acts. I encourage you all to bring thoughts for changes we need to make in practice that would keep our patient's safer, as well as us, to myself or your manager.

I know safety isn't a fun topic, but take your safety and your patient's safety seriously.

Thank you  
Brice Flynn  
NRP, I/C, AAS, BA  
Health and Safety Chief

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*"You have chosen a noble profession. We are called to and allowed in a person's life at very vulnerable and private time. Not everyone can do it. It is full of rewards; it makes society better. You make a difference."*

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# THE LIFE AND TIMES OF CEDAR COUNTY IN THE HEART OF BEAUTIFUL STOCKTON LAKE—Tom Ryan

So you ask yourself, “Self, what is going on in Cedar County these days?”

Well, let me tell you! “The Lake” season has come to an end, football season is almost over, except for the playoffs coming up soon. Winter is just around the corner as we get our trucks sealed and tagged, and now we are stocking the trucks with heat packs and thermal blankets in preparation for colder temps. Remember to get those patients covered up and off the cold ground or highway. Please remember to put a heavy blanket on the cot this time of the year. It’s getting cold in the evening and just because you are not cold, doesn’t mean that sick or injured patient you are picking up isn’t.

Watch out for the deer as deer firearms season is coming. They will be moving more and more during the daylight hours, and not just at night. If you are not driving, you should be helping your partner keep an eye out for the 4 legged creatures. MODOT has not done their last fall shoulder mowing yet, so you might not see those deer until there almost upon you, so Please Drive Safely.

**Notes from the Board:** Well, we have been working on our 2018 wish list to the Cedar County Ambulance District board and now we will wait to see what they approve for the upcoming year’s budget. We are looking at adding another ambulance to the fleet and retiring 712. We have put in for new suction units and also looking at upgrading our living room furniture (replacing our recliners and couches with more heavy duty, larger ones). If we don’t get them replaced in El Dorado prior to the end of this year. We are also looking at adding ice machines in the El Dorado station this year, but looking at adding one in the new Stockton station for next year’s budget. In doing this, we hope to help stock the coolers in the trucks during the hot summer months and standbys held in Cedar County. We are also looking at getting a larger freezer in El Dorado station. We have also asked for a John Deere Gator and trailer for MCI events. Guess we will see what happens!

**Employees:** Well, besides having some great employees with CMH and I would like to say THANK YOU for all you do. Please don’t forget to take the monitor in the house with you on **ALL EMS** calls. We have to help get the “patient contact to first 12 lead” down to below 10 minutes. Cedar County is looking a lot better in the rankings. We have decreased our times, but still have a little more improvement to do. I would again like to say **Welcome Back to Morgan Young and Jason Stroud** for all they did in St. Louis during these troubled times. Glad you both made it back safe and sound!

Flu shots for Cedar County staff are available at the Stockton station at Oct 02. Stop by and get yours as soon as possible.

Well, thanks for all you do for CMH. Be safe out there and watch your partner’s back.

**Tom Ryan,**  
Operations Manager Cedar County  
CMH EMS

## CONGRATULATIONS

### YEARS OF CMH SERVICE

**25 Years Neal Taylor**

**15 Years Alice Roberts**

**7 Years John Shaver**

**3 Years Tim Shaw**

**1 Year John Frazer**

### October Birthdays

**Carolyn Ream 21st**

**Tom Ryan 24th**

**Jay Fry 26th**

**Jeff Beasley 27th**

*“ If you are not driving, you should be helping your partner keep an eye out for the 4 legged creatures. “*

This month's article is all about protocol updates. I think all the updates and conversations are mostly done with all the changes coming due to Dr. Carter coming on board and the National Model EMS Clinical Guidelines being updated. As soon as signatures are obtained, we will print hard-copies and update the links to the PDF protocols. We will also be assigning some multiple-choice questions each month to ensure all levels from EMD to paramedic are reviewing our protocols. There are a number of small updates that cannot be covered in a short format such as this. **When the protocols are released, it will be everyone's responsibility to review what has been changed.** For your benefit, there is a change log in the back that lists every little minor detail from typo corrections to adding new medications.

We want to treat pain on all possible fractures. This does not mean analgesic medications but does mean we need to be documenting all pain control measures including splinting, ice, elevation, etc. This is a core measure for the ER that we can help them with.

The treatment threshold for hypoglycemia has been reduced from 70 to 60 in adults and 40 to 30 in pediatrics to align with National Clinical Guidelines. The requirement for glucose level below 40 to be an ALS patient has been removed.

A tool has been developed to help conduct a NIHSS and RACE stroke assessment simultaneously. The RACE tool has been approved by SWEMS committee and indicates a large vessel occlusion that requires a level 1 stroke center. Both of our stroke centers are going to require a RACE score and will want a NIHSS score during radio report for stroke patients. Please review how to conduct both tests at <http://www.nihstrokescale.org/> and <http://www.emsworld.com/video/12273513/how-to-conduct-a-race-scale-stroke-assessment>.

The no fly zone has been increased from 35-minutes travel time to 45-minutes travel time.

Several changes to the documentation protocol have been made in regards to PRCs. In general, transporting a patient is preferred to online medical control ordered PRC. Online medical control ordered PRC is preferred to ALS PRC. ALS PRC is preferred to BLS PRC. BLS PRC is preferred to NCN. ALS PRC's, BLS PRCs, and NCN's are not allowed in some situations.

Several mentions of medications we have not been carrying on ambulances have been removed from protocols. These include Ativan, Cyanokit, Dilaudid, Ipratropium, and Procainamide. The justification was to reduce possible confusion and extra information on protocols. Some medications have been removed from ambulances and protocols:

- Decadron has been removed. Dr. Merk strongly encouraged this medication but delivery on an ambulance has been difficult, and Dr. Carter agreed to remove it since we are not using it that often.
- Lasix has been removed. Mounting evidence can be found that EMS is actually causing more harm than good by giving Lasix through the country.
- All Dextrose concentrations have been reduced to only D10W. This significantly reduces the risk of extravasation and rebound hypoglycemia.

Due to pulling Valium off our trucks, there have been several dosage changes with Versed. Most of those changes are in pediatric sections. Additionally, we are changing our concentration of 1 mg / 1 ml to 5 mg / 1 ml. So, please pay attention and double-check your dosages when working with Versed over the next several months. County managers will coordinate a date when the 1:1 Versed will be replaced by 5:1 system-wide. The 5:1 will make IM and IN a viable option for seizure control, for example.

Captopril is a new medication we will be carrying and giving to CHF patients. This will be a sublingual tablet that is easy to give before putting on the CPAP mask. Captopril is an ACE inhibitor used as a vasodilator in these patients. Studies show early captopril is "associated with rapid improvements in preload, afterload, cardiac output, and dyspnea, and ... significant decrease in need for ICU and intubation." (Mattu & Lawner 2009).

Mild behavioral patients (i.e. anxiety) no longer requires medical control prior to low-levels of sedation. Severe behavioral patients still require medical control after the patient and scene has been rendered safe. Several additional medication options have been added along with requirements spelled out that restraint includes BOTH pharmacology and physical. Additionally, waveform Capnography is required on all sedated patients.

Poisoning and Overdose protocol has several new sections for different types of conditions. Most still require medical control, but they should help guide your treatment and conversation with the physician and poison control. Increased dosages of Ketamine and Rocuronium for RSI.

Added an option to switch Propfol drip transfer patients to Ketamine. Ketamine may work better on some patients to keep them sedated without blood pressure issues and external stimulation making them want to buck the tube.

This is a big list and is only the big items, so please take some time to review the detailed changes when the new protocols are released.

**Theron Becker**, MMPA, BS-FPE, NRP



# CMH EMS Staff in Action



All County Staff Meeting attendees! Several joined via WebEx as well.



Alice Roberts & Emma Igo during an Osceola Football Standby!



CMH EMS Staff **Allen Brotherton, Sean Weaver, Tom Liberty, Peter Holm, and Carolyn Ream** along with several Hickory County first responders at the Cross Country event at the Pome De Terre Dam!




**Congrats Amanda!**

Name	Registry #	City, State	Level	Expiration Date	Status
Dickover, Amanda G.	Mxxxxxxx	Dunnegan, Missouri	Paramedic	3/31/2020	Registered



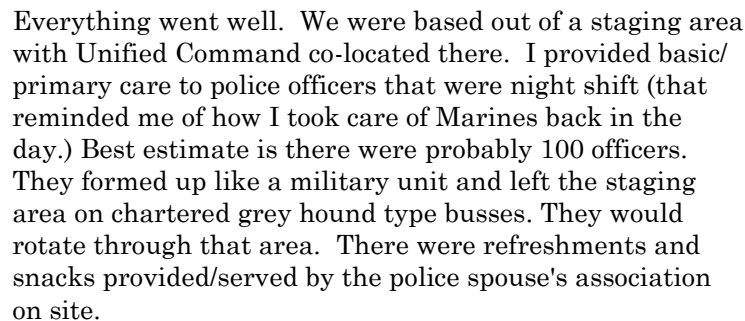


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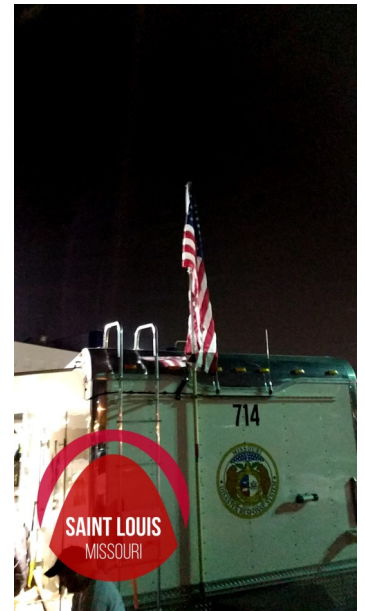
 Your CMH Family is very proud of you and thank you for your service.



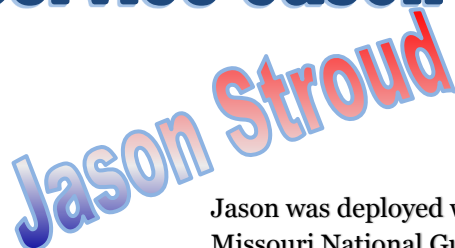
**Morgan Young**



We were two teams that included Day shift and Night shift. One board certified EM Doc with EMS fellowship along with a NP and two RN's and two medics. I was on the night shift.



Thanks for your service Jason and Morgan!



Jason was deployed with Missouri National Guard. He wasn't able to provide many details other than he was with the Quick Reaction Force and he was involved with the Troop Medical Clinic.





# Local Training Opportunities

## 2017 CMH Haz-Mat Class Dates

October 26th CMH Hospital 8am to 10am; 1 pm to 3pm

📌 Remember to register for your class in advance. If you do not attend the class you have registered for, there will be a \$30 payroll deduct from your check.

<https://www.citizensmemorial.com/1calendar/index.html>

Community Training Calendar

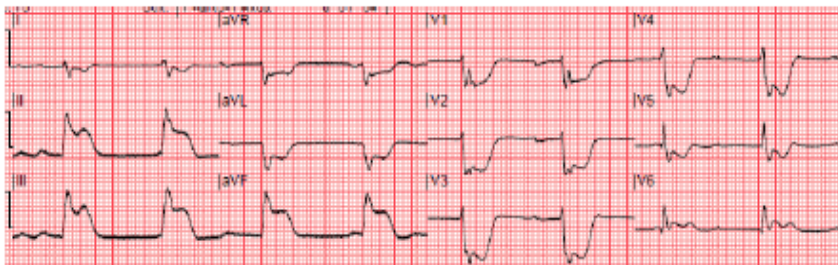
## STEMI

### STEMI Case Report – H1104728

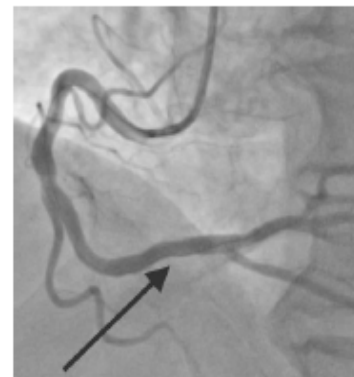
9/21/17

Patient	S/S Onset	911	FMC 2ECG	Scene Time	Transit Time	CMH Arrival	D2 Actv	ED DIDO	CCL Time	D2B	EMC2B	Dr.	Quality Measures
74 y/o	17:49	17:49	N/A Code in Progress	28 min	40 min	19:08	-24 min	Direct to CCL	9 min	16 min	84 min	Moore	N/A (Transfer)
M	Lowry City	CMH EMS	Goal <10 min	Code in Progress	Code in Progress		Goal PRE-ACTV	Goal <30		Goal <90	Goal <120	Riley	

Narrative	Chief Complaint	Diagnosis	Outcome
Witnessed cardiac arrest in patient's front yard after doing yard work. Patient's neighbor immediately called 911 – CPR initiated by EMS upon arrival 11 min later. Vfib, ACLS ensued for 20 min, intubation, ROSC at 18:20. ECG revealed STEMI. ECG transmitted & STEMI pre-activation performed. Patient lost pulse multiple times en route; ACLS continued. Upon CMH arrival, patient transported direct to CCL.	Witnessed vfib cardiac arrest	Inferior STEMI	99% distal-RCA → DES, EF = 40%; emergently transferred to Mercy by air for therapeutic hypothermia. Time from PCI to transfer = 2 hours, 45 min. While awaiting transfer in the ICU, during transfer, and through course at Mercy, patient continued to code recurrently & resuscitation efforts continued. Upon arrival to Mercy, patient was taken to the CCL for Impella placement, but became bradycardic & asystolic; a temporary pacemaker was placed. Recurrent vfib & PEA ensued, and a pulse could not be regained. Resuscitation efforts continued for over one hour, but unfortunately, the patient expired in the CCL at Mercy.



EMS – Paul D'Agostino, Cheyenne Stone | ED – Dr. Riley, Denise Rodriguez, Richard Dunlap | CCL = Dr. Moore, Rob Richardson, Bryan Inman, Jason Hopkins | Social Services = Sarah Lake | ICU = (Admit) Courtney Boland, Candice Dickey | Cox Air Care | Mercy



# Training in the Region

**Mercy Continuing Education**

**October 9th Critical Thinking**

**November 13th Artificial Ventilation & CPAP**

**December 11th Medical Assessment**

630p—930p

1407 E St. Louis St, Springfield, MO

## ***David Miller Memorial Trauma Symposium***

White River Conference Center

Thursday and Friday, October 26-27, 2017

Register online

[www.mercy.net/springfield-talent-development](http://www.mercy.net/springfield-talent-development)

**Traffic Incident Management 4-hour session (which is POST Certified) and it's**

**FREE**

**Time:** Thursday November 16, 2017 from 12:30—16:30

**Location:** Greene County Public Safety Center

**Address:** 330 West Scott St, Springfield, MO

Registration: <http://timtraining-springfield-jun15.eventbrite.com>

## **STATION SECURITY**

**We must be sure to secure our bases. All base security should be a top priority.**

\* **At night after 1700, the public doors must be locked and remain locked until someone is in the office.**

\* **At night, we need to be sure the base is secure when we are not present.**

**I would consider keeping the bay doors closed late night or when crews are in the day rooms. Someone can come into the building, hide, and then have access after we leave or cause trouble for us while we are here.**

**There are bad and crazy people out there.**

**Please take this very seriously.**

# EMS EDUCATION

## Fall Semester 2017

### EMT Academy

Sep 8, 2017 8p-10p First day of EMT Academy  
Dec 20, 2017 8p-10p Last day of EMT Academy

### Other Opportunities

Jul 6 & 7, 2017	8a-5p	PreHospital Trauma Life Support (PHTLS)
Sep 23, 2017	8a-3p	Basic Life Support CPR initial
Oct 5, 2017	8a-5p	Annual Clinical Education Specialist (FTO)
Oct 7, 2017	8a-5p	Annual Clinical Education Specialist (FTO)
Oct 9, 2017	6p-10p	Competencies (Sepsis)
Oct 13, 2017	9a-1p	Competencies (Sepsis) at Hermitage Ambulance Station
Oct 17, 2017	6p-10p	Competencies (Sepsis) at Eldorado Ambulance Station
Oct 19, 2017	9a-1p	Competencies (Sepsis) at Osceola Ambulance Station
Oct 28 & 29, 2017	8a-5p	PreHospital Trauma Life Support (PHTLS)
Nov 4, 2017	8a-12p	Traffic Incident Management (TIMS)
Nov 4 & 5, 2017	1p-5p 8a-5p	Emergency Vehicle Operator Safety (EVOS)
Dec 6, 2017	6p-10p	Intro to Incident Command System (NIMS 100) Intro to National Incident Management (NIMS 700)
Dec 9, 2017	8a-12p	Traffic Incident Management (TIMS)
Dec 9 & 10, 2017	1p-5p 8a-5p	Emergency Vehicle Operator Safety (EVOS)



**All courses require completion of a registration application. The link is at the bottom of this announcement. Application deadline is two weeks prior to the start date of the course.**

Follow our Facebook page  
([www.facebook.com/citizens.ems](http://www.facebook.com/citizens.ems))  
for all our education announcements.



**All course locations are CMH EMS Headquarters unless otherwise specified.  
All CMH EMS classes offer CEU credit through the Missouri Bureau of EMS.**

*Prehospital Trauma Life Support (PHTLS) is the continuing education program developed by the Prehospital Trauma Life Support Committee of the National Association of Emergency Medical Technicians (NAEMT) in cooperation with the American College of Surgeons Committee on Trauma (ACS-COT).*



**For more information:**

**[theron.becker@citizensmemorial.com](mailto:theron.becker@citizensmemorial.com)**

**To register:**

**[www.ozarksems.com/education-application.php](http://www.ozarksems.com/education-application.php)**





**Citizens Memorial Hospital  
Emergency Medical Services  
Organization Chart  
Updated: 08/21/2017**

**Taylor, Neal**  
Director  
FT Medic (24.8 yr)  
cell: 417-298-4418  
office: 417-328-6358  
fax: 417-328-7289

Department position totals:					
ALS Total:	30	BLS Total:	35	Total positions:	65
ALS Full-time:	22	BLS Full-time:	23	Total Full-time:	45
ALS Part-time:	2	BLS Part-time:	1	Total Part-time/PRN:	20
ALS PRN:	6	BLS PRN:	11		
ALS Open:	10	BLS Open:	8	Total Open:	18

