



Vermont EMS District 12 Newsletter

Pens and Needles



February/March 2008

The tree always wins!

When I worked in the Emergency Department at Fletcher Allen we kept an ongoing tally. People vs. trees, people vs. deer, people vs. moose. Sometimes even skiers vs. snowboarders.

One thing always remained constant. The tree always wins! Whether you impaled yourself on it, ran into it or cut it down and it fell on your head, the tree always won.

Winter poses many additional hazards for us as EMS providers. Please remember to be safe out there this year.

Dress for success- warm clothes, layers, spare clothes incase you get wet, a hat, gloves, coat.

Watch where you walk, especially at night. Carrying a patient down slippery outside stairs can be a recipe for disaster. Wear good boots with a lug sole to better your traction.

Wear your seatbelt in the front and in the back of the ambulance. People can run into us, no matter how good we are at driving.

Ask for help when you need it. Remember, the ambulance was not designed to bring patients to the scene! (i.e don't become a patient yourself).

And, on your days off, stay away from the trees!

~Inge



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The Benefits of Oxygen Therapy

As an EMS provider the drug you administer most frequently is oxygen.

Yes, oxygen is a drug. It is administered by prescription only. Your protocols serve as the prescription for your patients.

Is there really a difference between high concentration and low concentration oxygen? Yes. Gasses cross from the lungs into the blood stream and vice-versa on a pressure

gradient. The higher the concentration of oxygen the easier it is for the oxygen to cross the alveoli and reach the blood stream.

Can high concentration oxygen be harmful to my patient? Yes. But only rarely. There are a small percentage of people in the United States who function on a true hypoxic drive (they only breathe in response to low O2 levels). Usually that drive will not kick in on a

standard transport time, and if it does, Bag them! The patient still needs the oxygen!

Who benefits from oxygen? In an emergency, nearly every patient. Any time your metabolism is increased (fever, pain, fear) or your mental status or respiratory rate is decreased (OD, hypoglycemia, trauma) it is important to provide high concentration oxygen.

From the Medical Director

With the advent of the New Year comes the inevitability of change. As many of you know, I have stepped down as medical director of the Emergency Department at SVMC but have decided to continue as District 12 Medical Advisor. This decision came for many reasons, but my specific choice to stay actively involved in EMS was easy: I have truly enjoyed the work and interactions with all of you and the progress we have made as a district over the past few years.

I foresee increasing our skill set for our district members and continuing the strong QI and educational components of our district through the assistance of our EMS coordinators and colleagues, Inge and Chris.

A frequent comment I have heard is that you would like to have regular informal access to your medical advisor and in that regard have set up "office hours" once per month at the EMS offices on campus for any of you to use for a simple "hello", specific info, run review or question/answer sessions. It is my hope that this will allow a more informal venue for all of us to meet outside of the formal education sessions. Please feel free to stop by, or if you cannot due to scheduling, write me an E-mail with any questions you may have.

Lastly, I remain open to providing any service with lectures or individual training sessions during your squad meetings - simply let me know what you need from me and we can work on scheduling something.

Happy and safe New Year to everyone, looking forward to another great year with all of you.

~Dr. Daniel Perregaux is the Vermont EMS D12 Medical Director. He can be reached at perd@phin.org



Dr. Daniel Perregaux

OFFICE HOURS:

6-7 PM The FIRST Thursday night of each month, before the DB Meeting.

BACK TO BASICS CAMPAIGN UPDATE

Well the campaign is underway and going well! The word is spreading and people are working very hard to pull together as a team and improve our District wide patient care.

GET INVOLVED!

1. Check vital signs every 5 minutes on a critical patient, and every 15 minutes on a stable patient. This helps you to establish trends and recognize changes.
2. Apply high concentration oxygen (NRB) to any patient who needs supplemental oxygen. If they cannot tolerate it, change to a NC and document why.
3. Assess all patients with neurological complaints or injuries for distal (hands and feet) pulses, sensation and mobility. Check this before and after splinting or immobilizing.

BY WORKING TOGETHER WE CAN MAKE A DIFFERENCE!

Provider Spotlight

Every issue of the District 12 newsletter will profile one of our EMS providers. This, our first profile, will be the Winhall Police and Rescue Chief, **Jeffery Whitesell**, who has been an EMT for 22 years. Jeff is a North Bennington native where he still resides with his wife, their 10 year old son, and 11 year old daughter. Jeff frequently remarks that family is the most important thing in life.

Jeff attended Norwich University where he earned a B.S. in Business Administration and he minored in economics. While at Norwich, he worked on the Norwich Rescue Department, a first response squad. He also ran with Northfield Ambulance Service from 1983 - 1985. He earned his I-tech status in 1986. In his senior year at Norwich, Jeff was the deputy commander of the Norwich Rescue Department. Jeff joined Bennington Rescue Squad in 1985 and ran calls with them as a crew chief on vacations and weekends from 1985 - 1988.



Jeff Whitesell, EMT-Basic, Winhall Police and Rescue

Before graduating from Norwich, Jeff worked as a dispatcher and part time police officer for Bennington Police Department from 05/87 until 12/87 when he took a job with the Wilmington Police Department as a full time police officer. Jeff worked for Wilmington PD from 12/87 until 04/88 when he went to work for the Manchester Police Department as a full time police officer. In 1992 Whitesell worked as a commercial Vehicle Enforcement Officer for one year, and then from 1993 until 1997 he worked as the District Inspector and Criminal Investigator for the Department of Motor Vehicles, and worked as a part time police officer for Winhall Police Department starting in 1994. In 1997 Jeff was hired as the Chief of Police for the Winhall Police Department. He served seven years during this time as the Lead Motor Vehicle Law Instructor at the Vermont Police Academy.

When Jeff took the Chief job in Winhall, the Winhall Rescue Squad (Team 24) was a division of the Winhall Fire Department. Over the years membership and enthusiasm dwindled on the Rescue Squad. The police officers did respond to rescue calls but the officers were only certified in first aid and CPR. Jeff came up with idea of having all of his full time police officers become EMTs to help out the rescue squad. In 2001 a decision was made by the Winhall Select Board and Chief Whitesell to operate the first responder program through the Winhall Police Department as a town entity, and Winhall Police & Rescue was born. Jeff outfitted all of the police cruisers with jump kits, oxygen, AEDs, Backboards, splints, portable suction, and other rescue equipment. This was a new and novel idea and Jeff still, to this day, gets calls from police departments all over the country inquiring how to set this type of system up and how well it works. In 2004 Winhall Police & Rescue received the award for first response service of the year at the Vermont State EMS conference.

Today, Jeff Whitesell still serves as Winhall's Chief of Police and Chief of the rescue squad. He is on the board of director for Bennington Rescue Squad. He is a founding member of the Southern Vermont Snowmobile Law Enforcement Task Force and a founding member of Southern Vermont Wilderness Search and Rescue. Jeff is also the president of the Norshaft Little League and the director of Bennington Youth Wrestling as well as a volunteer assistant coach for the Mount Anthony Union High School Wrestling Team. He attended and graduated from the 210th session of at FBI Academy, Is a member of the Vermont, New England, and International Association of Chiefs of Police. Jeff is a Bennington Moose Lodge member, a Master Mason at the Tucker Lodge in North Bennington, a member of Beattie Hollow Sportsman Club and a member of the Hale Mountain Fish and Game Club. All of this brings to mind the question, what does Jeff do in his spare time?

When speaking to Jeff, one can't help but be impressed with his commitment to the best quality patient care possible. He encourages his officers and volunteers to get all the continuing education they can get their hands on. Talk to him about his squad and you'll see him beam with pride over the professionalism and dedication of his people. This writer believes that these qualities are a reflection of their leader.

~Greg Gould is a full time police officer for Winhall Police and Rescue as well as their EMS Training Officer.

Provider Spotlights



My name is **Matt Granger** and I am a volunteer member of the Arlington Rescue Squad Inc. I joined ARSI in August of 2003. I have always been one to help those in need, whether I was helping a disabled motorist or simply allowing someone to use my cell phone. Joining ARSI was a natural next step for me, a way for me to give back to the community.

I work full time for Verizon communications as a Technical Support Specialist. I have been with the phone company for 18 years. My job requires me to work on-call shifts one week a month and has some travel requirements for training and meetings. During the rest of the month I enjoy spending time with my family, doing things outdoors and volunteering for ARSI.

My wife Cindy and I have been married for 11 years. We have two children, a boy who is 6 and a girl who is 3. Cindy has also had different roles as a volunteer. She was on the Arlington Rec Park board for 3 years and currently is on the board of the Martha Canfield Fisher library. While on the board of the Rec Park, she and a friend successfully started and completed a project to renovate and upgrade the children's playground area.

I find my volunteer efforts with ARSI very fulfilling. I have worked with so many great people and have had the pleasure to meet so many others that have made my experiences well worth the time. Though ARSI is currently staffed with some very dedicated people, we are in need of more volunteers. If you would like more information or are interested in joining, please call the squad house at 375-6589.



Sophia, Matt, Cindy and Cullen Granger



My name is **Amy (Mattison) Hawley**. I have been a member of Arlington Rescue since May 2002. I am currently an EMT-Basic, hoping someday, to work my way to an Intermediate.



Amy Hawley of Arlington Rescue

I first joined the squad because my whole family was involved and I was always being left behind! I soon realized that I love EMS. I love being there for people when they need you the most. The greatest feeling is going to local store and having a past patient come up to you and than you for helping to save his or her life. There isn't anything better than that. Someday I would like to make EMS my full-time career.

I currently live in Arlington with my husband, and fellow Arlington Rescue member, Brian and our 10-month-old son, Carter. I am enjoying every minute of motherhood! I work at the Bank of Bennington in our Manchester office, where I am currently the head teller. I have worked there since October 2002.

When I am not working at the bank or running squad calls I am spending as much time as I can with my family and friends. In the summer I love to go camping, go for rides on our motorcycle, and celebrate the holidays and special events at the great parties at my parents house!



Are you and your service prepared for an MCI?

While a lot of us would probably say yes, I dare say that a lot of us are ill-prepared to deal with situation that will, at best, present a tremendous amount of chaos and confusion.

Well, no need to fear, help is on the way!

Most of you probably don't know that the District has been hard at work on a District-wide MCI Plan and the related education needed to support this plan. In January of 2007 the District Board formed the MCI committee to research and develop a plan that would be utilized by all District #12 EMS services.

Since January, the MCI Committee (comprised of Chris Phelps, Inge Luce, Bobby Maynard, Kevin Mattison, Greg Gould, Bill Hathaway and Kathy Flavin) has been hard at work developing our plan. This district-wide plan is designed to contain an unbelievably large amount of information needed should an MCI occur, yet that information will be easily understood by all. In addition we have developed an educational outline to make the plan understandable and useable by all.

The education component begins with a 2.5 hour session focusing on MCI Awareness, adapted with permission from the State of Virginia's plan. Just as the title suggests, it is simply an awareness of MCI management, yet touches on quite a few areas. The emphasis of the Awareness education covers the following:

- **Overview of District 12 MCI plan**
- **Defining an MCI**
- **Overview of Incident command system (ICS)**
- **Incorporating EMS into the ICS, during an MCI**
- **START/JUMPSTART Triage system education**
- **Triage/Categorization drill**

We have had about 50 District providers attend this education thus far and the reviews have come back very positive.

We are currently working to develop the MCI Operations level education, which will expand upon some of the topics listed above, as well as incorporate more education needed for those who choose to learn more about MCI management.

In conjunction with this plan, we have secured funds that have purchased MCI kits for each ambulance and first response vehicle in the district. This will allow all providers to utilize the same system, no matter if you are in Pownal, Wilmington or Manchester. There is one catch to this however:

Your squad MUST complete the mandatory annual MCI Awareness training to obtain these kits.

To ensure that all squads are on the same page, and should an incident occur, everyone can work together as seamlessly as possible given the circumstances, we have made MCI Awareness education mandatory on an annual basis. Currently there are 2 instructors able to provide this training to your squad: Bobby Maynard and Greg Gould. Our intent is to hold a train-the-trainer class so we may expand the resources available to teach this education.

If you or your squad is interested in this education please contact one of the instructors to set this up. As well as in-squad training, the district will also be offering district sponsored classes for those individuals that need MCI Awareness training. Please stay tuned as our plan and education is a work and progress and will be constantly updated to meet the changes that come forth.

~Bobby Maynard is a member of the VT EMS D12 MCI Committee and serves as the primary educator for the MCI Awareness level curriculum. He can be reached at Deerfield Valley Rescue (802) 464-5557 or via email at bobby@dvrescue.com

Educational Events for 2008

Drowning: Accidental or Not?

We kicked off the new year with a wonderful presentation by Captain Edward Ledo of the Vermont State Police. He entertained with pictures of drowned victims, and subtle clues that suggest foul play after the 35 participants ate a delicious dinner at the Mount Anthony Country Club in Bennington. Of all of the valuable information gained that night, of particular interest was the HIPAA regulations regarding release of information by EMS providers to the police. To summarize: EMS providers can release the information listed below:

INFORMATION ABOUT VICTIM OF A CRIME when information will NOT be used against the victim; law enforcement activity will be adversely and materially affected by delay until the victim able to agree ... AND giving law enforcement the information is in the best interest of the victim, (victim is incapacitated or other emergency circumstances exist). (164.512(f)(3))

EMERGENCY HEALTH CARE WORKER CAN REPORT CRIMES/VICTIMS/PERPETRATORS (164.512(f)(6))

Please visit our website at www.vtmsd12.com to view the entire information.

PEPP: Pediatric Education for Pre-hospital Professionals

The next PEPP class will be held over 1 week in February. We are trialing this format to see if it is easier for providers to only give up one weekend day. (2/19, 2/21, 2/24- see calendar section).

PEPP is a *pre-requisite* for the EMT-Intermediate/03 class proposed for Fall 2008. If you are interested in attending the Intermediate class you will want to sign up for this PEPP class.

Although this 16 hour class includes BLS and ALS treatment of pediatric patients, it is open to providers of all levels.



From our colleagues at Village Ambulance Service:

Online Paramedic Program through Southcoast Training in Fairhaven, MA begins March 17th, 2008.

This hybrid program offers lectures online from 6-10 pm Mondays and Wednesdays and skills sessions on site 2-3 times per month on Saturdays from 9-5.

For information please contact Brad Newbury, Paramedic Program Coordinator at (508) 997-9210 or via email at brad@southcoasttraining.com



Continuing education:

We will continue to hold EMT level continuing education lectures and skills nights as well as the EMT-Intermediate skills nights.

Please join us the first Tuesday of each odd month at 7 pm in the EMS training center for BLS and ALS continuing education!

We are planning an EMT-I/03 refresher but we have not set any dates yet.

Stay tuned for more great education opportunities and don't forget to check the website!

~Inge

February 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
	7-9 pm Paramedic Training EMS Office CHF			7 pm District Board Meeting EMS Office		
10	11	12	13	14	15	16
17	18	19	20	21	22	23
		PEPP 6-10 pm EMS Office		PEPP 6-10 pm EMS Office		
24	25	26	27	28	29	
PEPP 8am-4 pm EMS Office				7 pm Training Committee EMS Office		

March 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
	7-9 pm Cardiac Emergencies EMS Office			7 pm District Board Meeting EMS Office		
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
				7 pm Training Committee EMS Office		Vermont EMS Conference So. Burlington
30	31					
Vermont EMS Conference So. Burlington						

Vermont EMS District 12

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For additions to the yearly calendar or the District Web Page
Please contact Bobby Maynard, EMT-I/O3
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We wish to dedicate this issue of Pens and Needles to all past and present members of our EMS committee who have served, or are serving, in the Armed Forces.



Kudos Corner:

Dave Messing of Mount Snow Rescue would like to thank Bobby Maynard (DVR) and Mike Linnehan (SVRA) for their help and support recertifying 45 members in CPR in one night! Also a huge thank-you to Greg Payne (SVRA) for the use of the manikins.

State Protocol Review- Amputations

General Considerations:

- Amputated parts can sometimes be reattached or portions of tissue can be reused.
- In large amputations bleeding control and shock are our priorities.
- Be diligent about bleeding control measures. Tourniquets are rarely needed.
- Be creative, blood pressure cuffs do a great job applying direct pressure, but do not inflate to the point of becoming a tourniquet.

History and Physical Exam:

- Assess and document motor and neuro function.
- What caused the injury?
- Include herbs and vitamins in the medication list since so many effect bleeding and clotting.

How to handle the amputated part.

- A tooth should be transported in milk.
- Milk is similar to saliva in terms of pH
- If milk is not available, follow the guidelines for other amputations:
- Put the amputated part in moist (not wet and not water) sterile dressing.
- Place the part and dressing in a plastic bag.
- Place the plastic bag on ice or a cold pack. Do not put the part directly on ice.

Treatment:

Basic:

- Control bleeding
- Give high concentration oxygen for any signs of shock or significant blood loss.

- Splint the injured are if needed.
- Care for the amputated part as indicated.

Intermediate:

- Secure IV access

Paramedic:

- Consider pain medication as needed.

Other thoughts:

A patient with a significant amputation will be concerned about loss of function, loss of normal activities and will need to cope with the emotional trauma of the event.

Being compassionate and reassuring will be of the utmost importance. It is not unusual for these patients to be angry or emotional. Do not take it personally, this can be a very difficult time. In some ways the patient may grieve over the lost body part.

Phantom pain is possible, treat accordingly.