From The Desk of the Medical Director
James Mitchell, MD

In this edition of our newsletter, I'd like to reemphasize a few issues that have been brought to my attention over the past month. Please avoid delays with completion of EMAIS reports. They should be completed within 24 hours. If a BLS unit feels uncomfortable transporting a patient, and they feel that the patient is better suited to ALS care, the ALS unit should assume the care of the patient.

One of the most important tools available to you in your patient assessment is the patient's history, including past medical history. As often as possible please obtain complete histories on patients, including medications, allergies, and past medical problems.

James Mitchell, MD

Congratulations!

NREMT-P Mycka
Photo courtesy Chief Filer

While Michelle Mycka was busy on maternity leave….she passed her National Registry and is now Paramedic Mycka! We are proud of you, Michelle!

HAPPY BIRTHDAY!
- To everyone with a November birthday or anniversary, happy day!
Any astute person can take a look at the duty schedule and see that there has been a critical shortage of people power recently. Many of you have asked what ever happened to "so and so" or does "so and so" still work here? It is true that we have numerous holes to be filled in the schedule which has caused an increase in overtime and part-time shifts/ availability. The fact of the matter is that the Department currently has two full-time Paramedic positions to be filled, two Paramedic positions temporarily open due to FMLA as well as two more EMT-B position temporarily vacant for the same reason and let us not forget our brother Jonathan serving overseas in Iraq. If you do the math you can easily determine where "so and so" went to. Due to this critical shortage in people power we have had to make some changes in both the schedule and operational procedures that affect us all.

For starters, the BLS Unit which was normally staffed from 0700-1700 Monday through Thursday at Station 3 has been temporarily taken out of service until staffing is at adequate levels. The next thing you might notice is that Medic 609 is rarely in service; this is because all of our "Float" medics have been sent out to numerous other assignments in order to cover the myriad of open shifts. Having these services down affects our Department in numerous ways, the first being a reduction in service delivery by having both of our float units out of service. Another adverse affect and the one that probably hits closer to home for most of you is that since there are no more "Float" medics left it has gotten harder to use your leave hours. I ask that you please be patient, just like many of life's other journeys that are filled with hills and valleys we too have found ourselves in a valley at this particular time. Fortunately for us it is not a deep valley and there is light.

We are in the process of bringing on more part-time staff and filling the two vacant full-time Paramedic positions. Once staffing is back up to an acceptable level you should start to see our dedicated "Float" medics migrate back to their old assignments as well as the eventual return of the day time BLS crew at Co. 03. If all goes as planned we should be back up to speed by February (keep your fingers crossed). I would like to express a great deal of gratitude to the "Floats" whom have been more then understanding and flexible with their schedule. Many of them have not only been changed to different Stations from time to time but also shift to shift without too much protest. Thank you for your understanding and professionalism while we pass through this valley together for it is not unnoticed and greatly appreciated. Keep up the good work!

Maryland Fire Dispatch
Watch for us in the upcoming issue of the Maryland Fire Dispatch (December). From now on, Charles County Emergency Services will have a dedicated page!
TOTAL EMS RESPONSES IN COUNTY: 5609
TOTAL RESPONSES BY CCEMS: 3353
59.76%

- Total calls for EMS 51: 683
  Responses for CCEMS: 68.83%
- Total calls for EMS 60: 370
  Responses for CCEMS: 47.03%
- Total calls for EMS 3: 1602
  Responses for CCEMS: 56.80%
- Total calls for EMS 12: 764
  Responses for CCEMS: 65.71%
- Total calls for EMS 8: 251
  Responses for CCEMS: 87.46%
- Total calls for EMS 14: 232
  Responses for CCEMS: 80.86%
- Total calls for EMS 2: 416
  Responses for CCEMS: 75.67%
- Total calls for EMS 11: 395
  Responses for CCEMS: 91.70%
New Tricks from an Old Dog
Vol. III
By Pete Wild

I have had the pleasure of working a couple of challenging calls with some of you, and on each call I needed something that was not readily available, but was able to acquire it quickly because I was actually carrying said item in one of my pockets. This seemed to surprise the people I was working with at the time, so I got to thinking; do I carry stuff that the average provider doesn’t carry, and how did I come to start carrying it?

If I had to write a standard guideline as to what to have on your person at all times, I would use the following criteria:

- Is the item small enough to carry comfortably?
- Is the item something that when needed, if not readily available, would greatly impact patient care?
- If at the moment the item is needed, is it most likely to fall to the floor, roll directly under the stretcher, and become completely invisible until the patient is delivered to the ED?

I emptied my pockets and took this picture:

![Image of medical supplies]

Starting at the top is the protocol manual. Now I do not think it is a good idea to pull this out consistently in the middle of every call as it probably will not instill confidence in your patient, however using it occasionally with the nod to the patient that you are simply verifying or having it available for in between calls to catch up on things you may have forgotten is a great idea.

Next to the protocol manual is a stack of cards that I made up that contains all of the medications we carry and the dosages. I have found that taking a quick peak at cheat card is far less unsettling than pulling out the entire protocol manual.

A pad of paper, a couple of pens, and a sharpie are pretty self explanatory, although I cannot completely express the importance of a sharpie. This news letter is simply not long enough to list the many uses of a sharpie!

The upper right hand corner is my IV and medication administration items. I carry every kind of adaptor there is, needle-less to needle and vise versa, and a set of sharp-less medication draw up kits. Although the mini mag-light is simply a good source of light, it is also a great way to help locate veins that aren’t easily seen, but that is another topic for another news letter.

*New Tricks* continued on page 5
Old dog (continued from page 4)
The middle section contains two types of scissors and a pair of hemostats. Neither myself or the protocol manual condones taking a pair of hemostats and clamping off a bleeder, but anyone who ever was bagging a patient who has been nasally intubated, and felt the bag and tube adapter separate from the tube, only to find that the tube has now slipped into the nare, hemostats are a great tool to help get the tube back out. Preventing this from happening in the first place is yet another trick for another newsletter. They also make great IV bag holders, simply clamp it to a near by curtain or furniture cover.

Next is an O2 bottle wrench; having O2 is not helpful if you can not turn the bottle on. Calipers to assist in determining a cardiac rhythm and a leather-man tool is a good all purpose item to have. Considering the shape of some of the vehicles we have to use, it may be the only way you have to get home.

The lower left hand corner is my airway section. A 10cc syringe is handy for inflating ET Tube cuffs and in a pinch, can also be used for the Combi-tube. A length of IV tubing is great for securing the tube, and the BAMM is just one of those items that seem to disappear right when you are getting ready to use it.

Finally, I carry two cravats. Besides the normal uses that they come in handy for, I like to use them to “secure” a patients hands when ever I do an intubation. Notice I didn’t say “restraint”. Patients that we intubate who are not coded most likely became unresponsive secondary to a hypoxic condition. Once tubed and ventilated, their first instinct is to reach up and grab the tube. Securing the patients hands will prevent this, therefore preventing any airway complications during transport.

Keep one thing in mind; during times of stress we revert back to our training. If you decide today to start carrying all of these items, but you do not practice using them, do not be surprised that when the next time you need something you will not remember that you have it with you. Case in point; a police officer was involved in a gun fight when his issued firearm jammed. He crawled back to his patrol car to get his shotgun and was shot twice in the attempt. When they got him to the hospital, they found that he was carrying a backup handgun in an ankle holster. He had carried it there for years, but never trained himself to go for it when needed, and in this case, he got shot trying to get another gun, when he had one with him the entire time, but forgot about it. That’s a bad day. Please, don’t have a bad day! Train, practice, because in our case, the bad day we are having, is felt most by our patients.

Till next time, be safe.

Pete Wild, NREMT-P, AAS-EMS
THE PULSE

In good holiday cheer we would like to remember those that can't be with their families for the holidays because they are serving overseas with the Armed Forces. Steve and I would like to collect donations on behalf of the Department for the Jefferson Family so that we can buy Thanksgiving Dinner and some Christmas presents for the kids. Our goal is to present the Jefferson Family with a $150.00 gift card to Safeway for Thanksgiving and a $500.00 Visa gift card for Christmas. Please give what you can. Sandy Lockrow will be collecting all donations. Thank you.

TRAINING NOTES

Office of the
Jurisdictional Medical Director of Charles County, Maryland

Naval Surface Weapons Center-Indian Head
Charles County Department of Emergency Services
Charles County Association of Emergency Medical Services

James Mitchell, MD, Medical Director, 301-703-231-4425
Kristian Larsen, PA, Assistant to the Medical Director, 301-642-6764

November 4, 2007

Announcement

IV Tech Course Class

November 28, December 5 & 12
Wednesday Evenings
1900-2200

Location EMS 3
Contact/Registration: Gus Bowling, IV Tech Coordinator
301-399-3218(M)
301-744-4370(W)
301-744-4334(W)
roaddoc2020@yahoo.com

Kris Larsen, PA
301-642-6764
Riverbirch88@juno.com
Charles County Employee Discounts

Did you know that you are entitled to many discounts and specials as an employee of Charles County? Because the discounts sometimes change, you should contact the person or number listed for details

The Body Shop  Lani: 301 843-6936
Cingular Wireless  Mike Hayden: 301 266-4457
Dell Computers  Suri Durvasula: 301 585-0515
           surya_durvalula@dell.com
           www.dell.com/epp/offer
Hewlett-Packard  www. HpsShopping.com/epp
Holiday Inn Express  Special Government rates, contact hotel where you will be staying. NOTE: this applies to many hotel/motel chains
LENOVO  1 877 338-4465 sales@directlenovo.com
(formerly IBM Laptops)
NAPA Auto Parts  Show your county ID card
Sprint  PC paging 301 870-4160, fax 301 638-0819
Total Fitness For Women  Front desk personnel 301 392-0707
Waldorf Sport and Health  301 870-7859

CCEMS Personnel (on duty-in uniform)
Panera Bread  50%
Chick Fil A  Free drink
3 Brothers  10%
California Tortilla  10%

From the Office of Health and Safety
Extracted from Lt. Higgins’ Oct. 18 safety brief

Short and sweet, it speaks for itself
Remember PPE...you don’t want what they’ve got!
THE PULSE

Pyramid 2007

GALLERY

Pyramid 2007

Pyramid 2007

Pyramid 2007

Photos courtesy Chief Filer
The following uniform items are available and in stock at two of our vendors (Southern Police Supply and Safeware). see attached pictures

Thorogood EMS Boot: Composite Safety Toe, Slip Resistant, Blood Born Pathogen, Waterproof, Puncture Proof

Thorogood Slip-On Station Boot: Composite Safety Toe, Slip Resistant


North Face Cold Weather Jacket: The Force Jacket by The North Face is the ideal piece of outerwear for all season work use. Designed with the latest in material and construction technology, the jacket is the outcome of input from working professionals and hard core field testers. Our exclusive Acclimate Zip-in system provide for absolute climate control and the versatility and flexibility of a 3-in-1 jacket system. Features and benefits taken from years of experience in building outdoor products make this garment ideal for the demands of the field. Zip-out Primaloft Acclimate Jacket can be worn alone as a light thermal layer or zipped in for use as an insulated shell. Hood storage pocket provides access to jacket for custom logo and sealing. Pit zips for ventilation and climate control detachable, tuck-away hood side zip access to utility belt.

Note: All uniform items available with approved uniform voucher.
FOCUS POINTS:

A vital component of an effective QA/QI program is the random review; something that is done daily in CCEMS. Do you ever wonder what we are looking for?

I am going to touch on a few things that we will be addressing in detail over the next few months:

1. **Assessments:** Maryland Medical Protocols (p.32; H.1.,2) states, “unstable patients are to be reassessed frequently (recommended every 5 minutes), and stable patients at a minimum of every 15 minutes. As an organization we strive to be compliant with this statement, and even more attentive.
   
   a. **Mental, Respiratory, and Circulatory Assessments:** there must be a minimum of two on every patient; which would include initial and destination delivery. Any intervention should be followed by a complete reassessment. Trends are vital to quality medical healthcare.

   b. **Medical History:** with the exception of the unstable, unconscious, and alone patient, a complete medical history (as dictated on EMAIS) should be obtained. This includes: who the information was obtained from; whether the patient lost consciousness; allergies (foods and meds); current medications; Pre-existing conditions; other special needs; signs/symptoms; and illness, hospitalization, and surgery within the last 2 months.

2. **Interventions:** If you attempt or perform an intervention (i.e., I.V. access, EKG, Accucheck, Intubation, Medication administration, etc.,) you must document each attempt/success in the drop down boxes on EMAIS. You may comment on contributing factors in your narrative, but the actual statistical information needs to be entered within the designated areas.

   a. **Interventions and Assessments must be documented under the identification number of the provider that actually performed the task.** If you did not do it, do not document it under your provider ID number.

   b. **Destination Information:**

   Consultations: Maryland Medical Protocols (p. 31; G.1,2,3) specify:

   “**All priority 1 patients require on-line medical consultation**”

   “**All priority 2 patients who have persistent symptoms OR need further therapeutic intervention(s) require on-line medical consultation.**”

   “Notification (“information only call” that can be made through EOC or EMS communication system following local standard operating procedures) should be made to the receiving hospital for Priority 2 and 3 patients, whose symptoms have resolved and whose vital signs are within normal limits.

Make sure you are marking the Communications EMS Radio section:

EMS Radio – this is the dispatch system

Cell Phone – if you call communications or EMRC/SYSCOM

Land Line – patient’s home phone or other land-phone

Integrated System - the med-radio for med-patches.

**MOST IMPORTANTLY – if you have any questions regarding EMAIS – send me and email and we will figure out the answer!**

QUIZ OF THE MONTH:
Does CCEMS take direct admit patients?
THE PULSE

CAUGHT IN THE ACT!

….of doing the right thing

Photo Courtesy Lt. Summers

I SPY

Welcome to “I Spy”, a regular column where you can recognize your coworkers for a job well done. This month, your supervisors have submitted names, but we really want YOU, the eyes and ears on the street to be the ones to run this column. Send your nominations to CampbellE@charlescounty.org.

<table>
<thead>
<tr>
<th>NAME (S)</th>
<th>DATE</th>
<th>EVENT</th>
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<tbody>
<tr>
<td>Martin, J, Bryant, A</td>
<td>9-2-2007</td>
<td>41 y/o male in cardiac arrest “save”</td>
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<td>Fillman, T</td>
<td>10-02-2007</td>
<td>flew on Eagle with her narcs on her person.</td>
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<td>Rasmussen, C, Bowie, E,</td>
<td>10-13-2007</td>
<td>52 y/o male in cardiac arrest “save”</td>
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<td>Woolfson, L, Lesko, J</td>
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<tr>
<td>Berry, R, Powers, M, M.</td>
<td>11-01-2007</td>
<td>witnessed arrest at a restaurant “save”</td>
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<tr>
<td>608</td>
<td></td>
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</tr>
<tr>
<td>Lesko, J</td>
<td>11-11-2007</td>
<td>off duty, came into bay @ stn. 11 to “back up” amb. into bay</td>
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Mark Your Calendars....

**November 2007**

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<td>10 EMT refresher MFRI LaPlata</td>
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<td>14 Flu Shots 9-12 and 1:30</td>
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<td>17 Critical Issues in Trauma: Suburban Hospital 9a-12p</td>
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<td>29 CC CELL PHONE DAY</td>
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**December 2007**

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<td>Pearl Harbor Day</td>
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<td>26Kwanzaa</td>
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**Mission Statement**

The mission of Charles County Government is to provide our citizens the highest quality service possible in a timely, efficient, and courteous manner. To achieve this goal, our government must be operated in an open and accessible atmosphere, be based on comprehensive long- and short-term planning, and have an appropriate managerial organization tempered by fiscal responsibility.

**Vision Statement**

Charles County is a place where all people thrive and businesses grow and prosper; where the preservation of our heritage and environment is paramount; where government services to its citizens are provided at the highest level of excellence; and where the quality of life is the best in the nation.

**Commissioners of Charles County:**

Wayne Cooper, *President*
Edith J. Cooper, *Vice President*
Samuel N. Graves Jr.
Reuben B. Collins II
Gary V. Hodge

**Charles County Department of Emergency Services**
P.O. Box 2150
LaPlata, MD 20646

Questions or Newsletter Submissions:
E. Campbell, EMS Lt.
Phone: 301-399-8156
E-mail: CampbellE@charlescounty.org

**Mission Statement CCEMS**

It is the mission of the Charles County Department of Emergency Services, EMS Division to provide superior quality emergency medical support to the citizens of Charles County, Maryland and requesting jurisdictions.

**Vision Statement CCEMS**

With well-trained, capable and professional personnel; The Charles County Department of Emergency Services, EMS Division will provide the best premium quality of preventative and emergency care in the fastest, most efficient and cost effective manner possible to the citizens of Charles County, Maryland and requesting jurisdictions. It is the goal of the Charles County Emergency Services, EMS Division to be at the vanguard of pre-hospital emergency care.

**ANSWER TO QUIZ:** Per SOG OPS-32, we do not do routine transports or take direct admit patients except in the case of an intensive care patient or a labor and delivery patient. All others should be taken to the ER.