

# The Monitor



July/August/September 2010

Illinois EMT Association • P.O. Box 3151 • Springfield, IL 62708

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## Watch Out!

A plastic bottle bomb (also called a "works" or "Drano" bomb) is described as Drano and foil mixed inside a plastic bottle. The chemical reaction makes a volatile build-up of gases and subsequently detonates the bottle with a great amount of force, with the chemical substance in the bottle becoming a boiling or hazardous liquid. The explosion can be severe enough to cause second- or third-degree burns or blindness.

According to reports, these bottles bombs may appear to be slightly swollen, with a dark colored liquid inside. The liquid could have easily been mistaken for leftover soda.

Washtenaw County (Michigan) Sheriff's Deputy Keith Mansell, who distributed an email regarding encounters with these bottle bombs, urged residents to watch for bottles in their yards and

offered the following advice:

- If you find a soda bottle or any other bottles, examine it carefully before you touch it or get near it. If it shows signs of swelling or melting in any way, do not touch it. Call 911.
- If you find a soda bottle that has any liquid in it, don't touch it and call 911

More information, including dramatic video clips, may be found at <http://www.snopes.com/crime/warnings/bottlebomb.asp> or [www.digitaljournal.com/article/291710](http://www.digitaljournal.com/article/291710).

## Could Have Been Worse!

Think you had a bad day. Check out this patient who was playing golf on a Desert Golf Course in Phoenix. He fell backwards into the cactus, trying to hit a shot. It took paramedics over 3 hours to pull cactus out before he could go in the ambulance to the hospital. Note the expressions on the responders' faces.



## President's Message

It is with a heavy heart that I write the President's Message for this newsletter. In the span of one month McLean County has lost four of the Best and the Brightest in Emergency Services. Eric Tapley, OSF St. Joseph Medical Center Emergency Room RN died of a heart attack at age 50. Chief Richard Brucker of the Cropsey Fire Department was killed in an accident on the family farm. John Longman, El Paso EMT-P, CC-P, IEMTA member, was killed in a motorcycle accident last weekend. Deputy Chief David Sessions, a firefighter with the Randolph Township Fire Protection District for 28 years, passed away on Friday June 25<sup>th</sup>.

As I sat through — yet another — service today, the question was put forth: These men, so talented, so respected in their fields, so respected by their peers; The Legends. Are we following the examples set by these men, who set the bar so high? Are we the best we can be? If not, why not? It has given me much to think about. Am I the best I can be? Have I become a little complacent, a little too set in the daily grind? When was the last time I attended a seminar, read a textbook, learned a new skill, practiced up on an old one that maybe I don't use often. Am I considerate of my co-workers? Do I treat my patients the way I would want my family treated? Not just on good days, not just when I'm not tired or stressed or frustrated, but EVERY patient, EVERY day?

This is my challenge to myself, and to you, raise your own bar. We owe it to our patients, our co-workers, and to ourselves.

Rest in Peace, Eric, Richard, John, and David...you were taken from us too soon. We'll remember them always as men who dedicated their lives to Emergency Services. You were our Heroes, Teachers, Mentors, and Friends who always had a smile and a kind word; we are better EMTs and better people for having known you. While we struggle to understand, we honor your memory by striving to be the best that we can be.

Please, be careful out there.

*Tina Meadows  
President*

## Under Construction Update

We share your frustrations over the IEMTA website. Director Rick Zuffa has been working with our web hosting service to provide you with the website you deserve and the Board wants to provide. Keep checking our website, [www.iemta.org](http://www.iemta.org), regularly as changes take place.

## Legislative Update

Two pieces of legislation affecting EMS have passed both the Illinois House and Illinois Senate. Following are the synopsis, including amendments. Additional information on the status of these and other legislation may be found on the Illinois General Assembly website at <http://www.ilga.gov/>.

**HB5183**

As of May 26, 2010, had passed both Houses, as amended.

**As Introduced**

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Illinois Department of Public Health shall have the authority to promulgate minimum standards for critical care transport through rules adopted by the Department. Defines "critical care transport" to mean an advanced level of Pre-hospital and Inter-hospital care utilizing specially trained paramedics, specially trained nurses, and other specialized healthcare providers to deliver advanced or highly specialized care above or beyond the level of current paramedic practice. Establishes minimum standards for critical care transport programs. Grants the Department the authority to suspend, revoke, or refuse to issue or renew (rather than suspend, revoke, or refuse to renew) the license of any EMT that has been convicted by any lawful court of a felony criminal offense involving unlawful physical injury to a child under the age of 13 or an adult over the age of 65. Contains provisions concerning application, testing, certification, and licensing fees for First Responders, EMS Lead Instructors, Emergency Medical Dispatchers, Trauma Nurse Specialists, Pre-Hospital Register Nurses, and Emergency Communication Register Nurses. Makes other changes. Effective January 1, 2011.

**House Floor Amendment No. 1**

Adds reference to: 210 ILCS 50/3.160

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill, but with the following changes: Changes the definition of "critical care transport". Provides that the Department of Public Health shall have the authority to promulgate minimum standards for critical care transport providers (rather than minimum standards for critical care transport) through rules adopted pursuant to the Emergency Medical Services (EMS) Systems Act, and that nothing in Department rules shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider. Adds reserve ambulances to the list of vehicles that must be specified by level and type on all provider licenses issued by the Department. Provides that no employer shall permit any employee to perform any services for which a license, certificate, or other authorization is required under this Act, unless the employer first makes a good faith attempt to verify that the employee possesses all necessary and valid licenses, certificates, and authorizations required under the Act. Provides that the Department shall have the authority to prohibit any Vehicle Service Provider, whether municipal, private, or hospital-owned, from advertising itself as a critical care transport provider unless it participates in a Department-approved EMS System critical care transport plan. Provides that a Vehicle Service Provider may be charged a fee per transport vehicle to be submitted with an application for licensure and renewal and that the fee shall be set by administrative rule and shall not exceed 100 vehicles per provider. Eliminates language providing that the Department shall have the authority to license, inspect, and promulgate rules governing the use and service placement of reserve ambulances. Makes other changes. Effective January 1, 2011.

**Senate Floor Amendment No. 2**

Adds language providing that the Department of Public Health shall have the authority to suspend, revoke, or refuse to issue or renew the license of any EMT licensee, after an opportunity for an impartial hearing before a neutral administrative law judge appointed by the Director of the Department of Public Health; and that the Department shall have the authority to suspend, revoke, or refuse to issue or renew the license of any EMT licensee where the preponderance of evidence presented at the hearing shows that the licensee has been convicted (or entered a plea of guilty or nolo-contendere) by a court of competent jurisdiction of

a Class X, Class 1, or Class 2 felony in this State or an out-of-state equivalent offense (rather than had been convicted (or entered a plea of guilty or nolo-contendere) by a law court of a felony offense, which, upon conviction, subjects the convicted licensee to a minimum imprisonment of 2 years or more). Provides that a First Responder who exclusively serves as a volunteer for units of local government or a not-for-profit organization with a population base of less than 5,000 may submit an application to the Department for a waiver of specified fees. Provides that the Department shall have the authority and responsibility to (i) charge each candidate for EMS Lead Instructor a fee to be submitted with an application for an examination, an application for certification, and an application for recertification (rather than an application for renewal); and (ii) charge each Pre-Hospital RN applicant and ECRN applicant a fee for certification and recertification (rather than certification, licensure, and license renewal).

### **HB5430**

As of May 26, 2010, had passed both Houses, as amended, and was sent to the Governor.

#### **Synopsis As Introduced**

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#### **IEMTA PLATINUM SPONSORS**

*Dan & Vicki Gallaher*

#### **IEMTA GOLD SPONSORS**

*Arch Air Medical Service*

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*Steve Dinolfo*

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Amends the Emergency Medical Services (EMS) Systems Act. Provides that any Emergency Medical Technician whose license expired September 30, 2009, and who reapplies for licensure by January 1, 2011 shall have the license renewed once the individual completes the continuing education requirement and pays the licensure fee. Effective immediately.

#### **House Floor Amendment No. 1**

Replaces everything after the enacting clause. Reinserts provisions of the introduced bill, but with the following changes: Provides that an Illinois licensed Emergency Medical Technician whose license has been expired for less than 96 months may apply for reinstatement by the Department of Public Health (rather than, any Emergency Medical Technician whose license expired September 30, 2009, and who reapplies for licensure by January 1, 2011 shall have the license renewed once the individual completes the continuing education requirement and pays the licensure fee). Further provides that reinstatement shall require that the applicant (i) submit satisfactory proof of completion of continuing medical education and clinical requirements to be prescribed by the Department in an administrative rule; (ii) submit a positive recommendation from an Illinois EMS Medical Director attesting to the applicant's qualifications for retesting; and (iii) pass a Department approved test for the level of EMT license sought to be reinstated. Effective immediately.

#### **House Floor Amendment No. 2**

Provides that an Illinois licensed Emergency Medical Technician whose license has been expired for less than 36 months (rather than 96 months) may apply for reinstatement by the Department of Public Health.

Information on pending legislation may be found at the Illinois General Assembly website <http://www.ilga.gov/legislation/default.asp>

## Do You Feel Lucky?

The volunteer firefighters of the Shumway Fire Protection District are raffling a Kubota RTV 500. Only 1000 tickets will be sold, and the cost is only \$20.00 per ticket.

- Must be 18 to purchase a ticket.
- Raffle is good for a new Kubota RTV-500 , with a manufacturer's suggested retail price of \$9,199.00 from Bahns Equipment. See dealer for details.
- Drawing will be held on or about September 19, 2010 at the Shumway Fall Festival, Shumway, IL.
- All tickets must sell.
- Need not be present to win.
- Tickets are available from any Shumway Firefighter.
- Winner will pay sales tax, title, license fees.
- Winner will be responsible for all applicable income taxes, please consult your tax advisor.
- Complete contest rules at [www.shumwayfire.com](http://www.shumwayfire.com).



## How to Change the Public's Mindset About CPR

*The following is an excerpt from an article by Art Hsish, EMS1 Editorial Advisor, on improving survival from sudden cardiac arrest (SCA). For the complete article, go to [www.ems1.com](http://www.ems1.com).*

Nationwide, (the SCA) survival rate continues to be dismal despite the untold millions or even billions of dollars that we have invested in the system since the 1970s. Nine percent is the current estimate. It essentially hasn't changed in several decades.

(Given this) you might conclude that we're throwing good money after bad; perhaps the logistics of reversing sudden cardiac arrest is just too great to overcome. To me, it's the opposite — we're not spending enough, in the right places and at the right times.

Clearly there are systems in this country that have demonstrated survival rates to near 50 percent. Estimates are that closer to 70 percent of SCA victims can return to a productive life. We have seen advances in our understanding of bodily functions during low- and no-flow states, and have developed effective approaches to supporting life when death is at its doorstep.

Folks, we haven't figured out how to distort the time-space continuum. Best as I can tell, we haven't been able to slow or stop the clock of anoxia and tissue death at the moment of collapse.

Science fiction transporter technology is still a ways off. Result: except for the very rare occurrence of witnessing the SCA event, the response system must depend upon the kindness of strangers for their assistance in preserving the potential for life prior to the arrival of professional responders.

This is our charge. If we are to expect any change in the current state of cardiac arrest survival, we must be the agents of that change. Not just to provide the access to training, although that can be a very effective first step.

In systems where resuscitation rates are high, EMS systems have encouraged their communities to participate in the response by providing high quality training prior to arrival of the rescue unit. Rather, it's about changing mindsets. This must occur at several levels.

First, our mindset must change. In SCA we are not the key to survival. The public is. The sooner chest compressions begin, then higher the likelihood of resuscitation. It's that simple. We must drive this change.

Second, the community mindset must change. For SCA outcomes to improve, bystanders must be willing and prepared to assist when called upon. Pre-arrival instructions have been useful in getting people to perform effective CPR. If we could encourage our friends and neighbors that CPR is simply a life skill that can be learned in middle school, we could see a dramatic change in save rates.

Third, our society mindset must change. To me, this means enabling laws that require citizens to learn CPR. We've done this with seat belts, helmets, fire alarms, sprinklers...each has been demonstrated to reduce death and disability. Immediate CPR has the same effect. The training can be delivered very easily in a middle or high school health curriculum. No hoopla, no fuss, just the simple explanation of how and when to perform.

Having been a student of resuscitation care for nearly 30 years, the time to make these changes is now. Our understanding of SCA has never been so complete. Response systems have matured and are not likely to increase in size and scope any time soon. Let's make the effort to reduce the number one cause of death in the United States, once and for all.

*This is "YOUR" newsletter. If you have an EMS event or article for The Monitor, please email your information to:*

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*We value your input!*