

The Monitor



October/November/December 2010

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

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"A-B-C" Becomes "C-A-B"

It is hard to believe that five years has already passed since the last American Heart Association Guidelines for CPR and ECC were released.

The 2010 Guidelines for CPR and ECC were released by the AHA on October 18, 2010. Following this release, the instructor network will be updated and new course materials will become available throughout 2011.

Following are two of the most frequently asked questions and answers from the AHA:

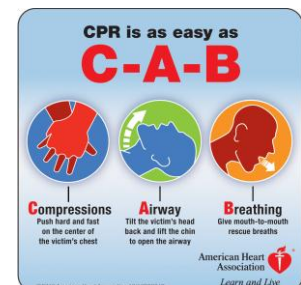
Q: If I just took a CPR or ECC course, will I need to take the class again?

A: No, anyone who took an AHA CPR, first aid or advanced cardiovascular care course prior to the release of new Guidelines does not need to take the course again until it is time for retraining. For credentialed courses, course completion cards are recognized as valid for two years by the AHA, regardless of the science changes. An employer or regulatory agency may set specific requirements for either an in-service update, or require employees to retake the course with the new Guidelines.

Q: If I don't have to take another class until my course completion card expires, should I perform PR using the "old" sequence of A-B-C versus the new sequence of C-A-B?

A: You should continue to perform CPR the way you were taught to in your CPR class by your Instructor. New recommendations do not imply that care involving the use of earlier Guidelines is either unsafe or ineffective. (From Question-and-Answer Document, 2010 AHA Guidelines for CPR & ECC, as of October 18, 2010)

Information on this Guidelines revision may be found at www.heart.org/cpr.



President's Message

As the Mamas and the Papas once sang "All the leaves are brown, and the sky is gray". This song has been running through my mind on these chilly mornings. But with the changing of the season comes a time of great joy: Thanksgiving is rapidly approaching which means Christmas is right around the corner. (What? Seriously? So soon?!) But Linda is hawking her famous homemade candy on Facebook so it must be true.

With the shopping and the wrapping and the caroling and the baking and.... Oh yeah, I still have to work! Burnout can occur so quickly this time of year when we have so many additional things to do, more fun things we'd rather be doing. But with fatigue and burnout come accidents and personal injuries. If we don't take care of ourselves we won't be able to care for those who depend on us. Take a break, take a nap, have a coffee, throw another log on the fire and put your feet up for a minute, whatever it takes to give your body and soul a rest. Take time out to recharge those batteries!

Me, I'll be taking my own advice. I'll take a break from my nap and have a coffee while I am searching the stores for two Nintendo DSs for the twins. (They still think Grammy can make anything magically appear!) Sending you warm wishes for a Blessed Holiday Season, from our home to yours.

Be careful out there!

*Tina Meadows
President*

Will we see you there?

Fall is in the air, but Spring is just around the corner, and so is the IEMTA Annual Seminar. The seminar is scheduled for March 11-13, 2011 in Springfield, Illinois. Dick Reiners, seminar committee chairperson, reports this year's seminar planning is almost complete and the "Tools for the EMT's Utility Belt" theme will be a great learning experience for all attendees. Watch your mail for the seminar brochure.

Should You Light It Up?

Whether you call it 'running hot' or going 'priority' or 'code-3' or anything else, driving with lights and sirens is serious, dangerous business.

It's tempting, I know. With the flip of a switch you can go from lumbering along in traffic to king of the road. Those lights and that siren; man, it's hard to resist...and let's face it, it's fun!

Like with almost any other decision you make as an EMS provider, you must ask yourself: "How would I explain this in court?" The trick is to consider how the answer would sound to the person who is suing you or a jury who knows nothing of your job — not to another EMS provider.

For example: "The patient was bleeding profusely. We were doing our best to control it, but what he really needed was a surgeon. His blood pressure was falling and his pulse was increasing, both signs of shock, so I knew the clock was ticking..." That is a solid reason to use lights and siren.

On the other hand, neither "I had to pee really bad!" nor "the patient was puking all over the ambulance!" (Read: and I didn't want to have to clean it all up) is going to convince a plaintiff or a jury that the lights were justified.

Trouble only has to happen once

Of course, if nothing happens then it's a non-issue. But, how many times can you run red lights or stop signs, cross into oncoming traffic, or exceed the speed limit before something does happen? I don't know and neither do you. All that is certain is that it only needs to happen once.

As an EMS provider, you have an absolute duty to act and behave as would a reasonable, prudent provider with the same level of training and experience, in the same area, and under similar circumstances. If you breach that duty and someone suffers damages as a result, you will be liable for negligence.

More simply, if you are running with your lights and siren without proper justification, and you hit something or someone, you are going to pay for it...and these days, the stakes have never been higher.

Review your agency's policies

Dispatchers, managers, and supervisors beware! Liability for unjustified lights and sirens is not limited to the driver. All too often, especially with private ambulance companies, dispatchers will direct crews to "upgrade" to lights and sirens in order to meet a quoted ETA. Surprisingly, it still is commonplace for private ambulance companies to send BLS ambulances with lights and sirens to skilled nursing facilities, urgent cares, and even hospitals in order to be there by the promised time.

More humorously, they often have ambulances respond with lights and sirens until they are a block or two away and then shut down so that they appear to arrive normally. In court, if you were telling the truth, it would sound something like this:

"Yes. I told them to run with their lights and sirens; at excessive speeds, against the flow of traffic, and through every stop sign and red light along the way... but Regional Hospital is an important contract and we promised that they would be there in thirty minutes. Yes, I realize that the patient was stable and that he was surrounded by skilled nurses and doctors. Yes, I realize he was only going back to the convalescent home. I didn't expect that they would hit that bicycle and kill that kid..."

In cases like that, the liability would likely shift from the driver, who is just following orders, to the individual dispatcher or manager or supervisor who sent them into harm's way. If your agency has such policies or procedures, I invite you to revisit them before someone gets hurt or killed and you end up homeless — or worse, in prison.

Treat lights and sirens like a tool

Whether you are the irresponsible dispatcher who sends an ambulance with lights and sirens for no good reason or you are the driver who does it on your own, liability for negligence is not limited to civil court, where all that is at stake is money.

If the act that causes the result is considered so unreasonable, so egregious, so appalling as to defy reason, then you can — and likely will — find yourself in criminal court facing charges of gross or criminal negligence for which the penalty could be time behind bars... and the loss of your money, the loss of your certification, the loss of your driver's license — and the loss of your life as you know it.

Just like a bandage, backboard, oxygen, defibrillator, and countless other items, your lights and sirens are tools intended to care for and not harm others. However, they are only as helpful (or as harmful) as your decision on how to use them.

*"The Legal Guardian" by David Givot
EMS1.com, September 20, 2010*

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5 More Ways Facebook Can Get You Fired

Remember that there are always consequences to what you post online on social media sites.

As outlined in our previous article, there have been several cases in recent months where firefighters and EMS providers have landed in trouble for posting what their employer deemed inappropriate content online.

There's a range of things you need to bear in mind when submitting images, comments or videos to social media websites. If you don't follow them, you could be at risk of serious disciplinary action.

1. Check your privacy and security settings and know their rules

Social networking blurs many of the traditional boundaries between internal and external communications. Be thoughtful about what you post — particularly on Facebook

or other external networks. You must make sure you do not disclose or use confidential patient information or proprietary information about your department in any online social network. For example, ask permission before posting someone's picture in a social network or publishing in a blog or status a conversation that was meant to be private.

2. Respect your audience and your coworkers

Your department or agency is a community service organization that is always "under the microscope." The staff members and patients reflect a diverse set of customs, values and points of view. Don't be afraid to be yourself, but do so respectfully. Avoid any ethnic slurs, personal insults, harassing comments, or obscenities. It is fine to disagree, but be careful about using your blog or Facebook page to air your differences in an inappropriate manner.

3. Don't pick fights or argue back and forth

When you see misrepresentations made about your department by the news media or by others, you may want to respond. But it might be safer to notify your agency first before you react with your own posting. If your department wants you to respond, always do so with respect, and stick to the facts and identify your affiliation with your agency. Avoid unnecessary or unproductive arguments. Online "brawls" may draw traffic and comments, but nobody wins in the end. Don't try to settle scores or goad competitors or others into inflammatory debates.

4. Correct your mistakes

If you make an error in fact or misstate information you post, be up front about your mistake and correct it quickly. In a blog or posting, if you choose to modify an earlier blog or post, make it clear that you have done so.

5. Use your best judgment and apply 'common sense'

Remember that there are always consequences to what you post. If you're about to post something that makes you feel a bit uncomfortable, review the suggestions outlined in this and our previous article and think about why you feel uncomfortable. What your gut tells you initially is often correct. If you're still unsure, and what you want to post is related to your department, you might want to discuss it with a supervisor or a trusted friend first. Ultimately you have sole responsibility for what you post to your blog or publish in any form of online social media.

References:

IBM Social Computing Guidelines,
www.ibm.com/blogs/zz/en/guidelines.html

*By Steve Wirth and Doug Wolfberg
 Page, Wolfberg & Wirth LLC
 FireRescue1.com, September 22, 2010*

Website Update

Director Rick Zuffa has been working with our web host Rich Applebee to provide you with a new and improved website. Future editions of "The Monitor" and other IEMTA information will be posted on the website. Keep checking our website, www.iemta.org, regularly as changes take place. THANKS RICK!

**MARK YOUR
 CALENDAR**

IEMTA Annual Seminar
 March 11-13, 2011
 Northfield Inn & Conference
 Center
 Springfield, Illinois

HB5183 Signed into Law

On August 28, 2010, Governor Quinn approved HB5183 as Public Act 96-1469, which goes into effective January 1, 2011. IDPH is working on the administrative rules to implement this legislation. To summarize, HB5183:

- Defines critical care transport and authorizes IDPH to establish minimum standards for providers.
- Authorizes IDPH to suspend, revoke, or refuse to issue or renew the license of any licensee who has been convicted (or entered a plea of guilty or nolo-contendere) by a court of a Class X, Class 1, or Class 2 felony in this State or an out-of-state equivalent offense.
- Authorizes IDPH to charge fees for exams, applications, renewals, etc.
 - Permits a FR or EMT who *exclusively* serves as a volunteer for units of local government with a population base of less than 5,000 to submit an application to the Department for a waiver of these fees on a form prescribed by the Department.

*The Legal Guardian by David Givot
EMS1.com, September 20, 2010*

EMT & Another Man Killed in Ambulance Crash

WEST UNION, IL — A small Valley town is in mourning as it loses two of its resident in one crash. One was an EMT.

The accident happened just after 9 central time on Illinois Route 1 at County Road 300 North just south of West Union.

Illinois State Police say 37-year-old Dotti Bright of West Union failed to stop at Route 1. She sideswiped the ambulance driven by 66 year old William Crumrim of West Union.

Both the ambulance and Bright's truck ended up overturned in a ditch.

State police say no charges have come as the result of this accident, though they are still investigating.

52-year-old Richard Poorman of West Union, an EMT who was treating a patient in the back of the ambulance, died at Crawford Memorial Hospital in Robinson.

45-year-old Stephen Daugherty of West Union was a passenger in Bright's vehicle.

He died at Carle Hospital in Champaign.

The patient in the ambulance was 52-year-old Paul Cornwell of Annapolis.

He was taken to Deconess Hospital in Evansville for serious injuries.

EMS Daily News
October 13, 2010

Man Takes Off in Ambulance with Ill Relative

CHICAGO, IL – A man who “thought he could get to the hospital quicker” jumped behind the wheel of an ambulance and took off Saturday while his ailing family member and two paramedics were inside, authorities said.

Jimmy McCoy, 27, of the 4800 block of West Superior, “probably thought he was helping” when he took the wheel as a relative was being treated for a diabetic episode, Fire Department spokesman Larry Langford said. Jimmy McCoy is accused of stealing an ambulance that had two paramedics inside who were working on his friend. McCoy was arrested and charged with felony unlawful possession of a stolen motor vehicle.

Ambulance No. 23 was stopped in the 4300 block of West Wilcox at 11:30 a.m. while paramedics were treating the relative in the back, Langford said. The male and female paramedics immediately radioed in, saying: “This is ambulance 23. Our ambulance has been stolen, and we are in the back with a patient,” according to Langford. The paramedics were “somewhat agitated” but handled the situation professionally, he said. McCoy allegedly began driving northbound on Kostner.

Fire Truck No. 26, which had gone on the medical run with ambulance No. 23, stopped the ambulance about three blocks away, Langford said. Truck No. 26 “made a U-turn and made it to the intersection of Madison and Kostner, where it blocked the ambulance,” Langford said.

Police surrounded the ambulance and arrested McCoy. Police said McCoy, who has been arrested 32 times before, allegedly told officers he “thought he could get to the hospital quicker” than the paramedics.

The patient was taken by another ambulance to the hospital, fire officials said. No one was injured, officials said.

EMS Daily News
October 13, 2010

A Nurse's Heart Attack Experience

"I had a heart attack at about 10:30 PM with NO prior exertion, NO prior emotional trauma that one would suspect might have brought it on. I was sitting all snugly and warm on a cold evening, with my purring cat in my lap, reading an interesting story my friend had sent me, and actually thinking, 'A-A-h, this is the life', all cozy and warm in my soft, cushy Lazy Boy with my feet propped up.

A moment later, I felt that awful sensation of indigestion, when you've been in a hurry and grabbed a bite of sandwich and washed it down with a dash of water, and that hurried bite seems to feel like you've swallowed a golf ball going down the esophagus in slow motion and it is most uncomfortable. You realize you shouldn't have gulped it down so fast and needed to chew it more thoroughly and this time drink a glass of water to hasten its progress down to the stomach. This was my initial sensation---the only trouble was that I hadn't taken a bite of anything since about 5:00 PM.

After it seemed to subside, the next sensation was like little squeezing motions that seemed to be racing up my SPINE (hind-sight, it was probably my aorta spasms), gaining speed as they continued racing up and under my sternum (breast bone, where one presses rhythmically when administering CPR).

This fascinating process continued on into my throat and branched out into both jaws. AHA!! NOW I stopped puzzling about what was happening. We all have read and/or heard about pain in the jaws

being one of the signals of an MI happening, haven't we? I said aloud to myself and the cat, 'Dear God, I think I'm having a heart attack'!

I lowered the foot rest dumping the cat from my lap, started to take a step and fell on the floor instead. I thought to myself, if this is a heart attack, I shouldn't be walking into the next room where the phone is or anywhere else. But, on the other hand, if I don't, nobody will know that I need help, and if I wait any longer I may not be able to get up in a moment.

I pulled myself up with the arms of the chair, walked slowly into the next room and dialed the Paramedics. I told her I thought I was having a heart attack due to the pressure building under the sternum and radiating into my jaws. I didn't feel hysterical or afraid, just stating the facts. She said she was sending the Paramedics over immediately, asked if the front door was near to me, and if so, to unbolt the door and then lie down on the floor where they could see me when they came in.

I unlocked the door and then laid down on the floor as instructed and lost consciousness, as I don't remember the medics coming in, their examination, lifting me onto a gurney or getting me into their ambulance, or hearing the call they made to St. Jude ER on the way, but I did briefly awaken when we arrived and saw that the radiologist was already there in his surgical blues and cap, helping the medics pull my stretcher out of the ambulance. He was bending over me asking questions (probably something like 'Have you taken any medications?') but I couldn't make my mind interpret what he was saying, or form an answer, and nodded off again, not waking up until the Cardiologist and his partner had already threaded the teeny angiogram balloon up my femoral artery into the aorta and into my heart where they installed two side by side stints to hold open my right coronary artery.

I know it sounds like all my thinking and actions at home must have taken at least 20-30 minutes before calling the paramedics, but actually it took perhaps 4-5 minutes before the call, and both the fire station and St. Jude are only minutes away from my home, and my Cardiologist was all ready to go to the OR in his scrubs and get going on restarting my heart (which had stopped somewhere between my arrival and the procedure) and installing the stents.

1. Be aware that something very different is happening in your body not the usual men's symptoms but inexplicable things happening (until my sternum and jaws got into the act). It is said that many more women than men die of their first (and last) MI because they didn't know they were having one and commonly mistake it as indigestion, take some Mallox or other anti-heartburn preparation and go to bed, hoping they'll feel better in the morning when they wake up...which doesn't happen. My female friends, your symptoms might not be exactly like mine, so I advise you to call the Paramedics if ANYTHING is unpleasantly happening that you've not felt before. It is better to have a 'false alarm' visitation than to risk your life guessing what it might be!

2. Note that I said 'Call the Paramedics.' And if you can take an aspirin. Ladies, TIME IS OF THE ESSENCE! Do NOT try to drive yourself to the ER - you are a hazard to others on the road. Do NOT have your panicked husband who will be speeding and looking anxiously at what's happening with you instead of the road. Do NOT call your doctor -- he doesn't know where you live and if it's at night you won't reach him anyway, and if it's daytime, his assistants (or answering service) will tell you to call the Paramedics. He doesn't carry the equipment in his car that you need to be saved! The Paramedics do, principally OXYGEN that you need ASAP. Your Dr. will be notified later.

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

tony@crystalems.com

We value your input!

3. Don't assume it couldn't be a heart attack because you have a normal cholesterol count. Research has discovered that a cholesterol elevated reading is rarely the cause of an MI (unless it's unbelievably high and/or accompanied by high blood pressure). MIs are usually caused by long-term stress and inflammation in the body, which dumps all sorts of deadly hormones into your system to sludge things up in there. Pain in the jaw can wake you from a sound sleep. Let's be careful and be aware. The more we know the better chance we could survive.

Why have I written all of this to you with so much detail? Because I want all of you who are so important in my life to know what I learned first hand."