SEQ HOSTS “Pig Parts Training”

**PIG OR NOT TO PIG**
SEQ sponsored its yearly Surgical Airway, and Anatomy lab on March 15, 2007.
I would like to thank everyone who took time to attend the training. Many of us have seen the gradual increase in training requirements over the last 5 years and get bored with the standard classroom training.
SEQ has been using the Pig part training for years at the ALS level to meet some of these requirements, and in the last few years have opened the training up to BLS and ALS providers from our region. This year we had 86 people attend the training.
I would like to thank the instructors who took the time to provide education and hands on to all providers who attended. I hope everyone found the training to be beneficial and fun.

*Julie Jordan*, Chief Paramedic Southeast Quadrant

Paul Bishop demonstrated the flow of blood through the heart while pointing out the anatomical structures of the heart.

The key part to our training is always the Pig Treacheas. Above is an example of the epiglottis and vocal chords.

Bob Breese always does an excellent job of educating everyone on the anatomy of the airway and the correct surgical cricothyrotomy procedures.
LONG TERM PITTSFORD MEMBER DON HAMMOND RECOGNIZED FOR OUTSTANDING SERVICE

Pittsford Volunteer Ambulance is extremely proud of Don Hammond who was awarded the Lloyd Leve Award at the recent STEP (Society for Total Emergency Programs) conference.

Dr. Leve, a Rochester orthopedic surgeon, was Vice President of STEP for many years and also served as a member of the Education Committee of MLREMSC.

The award is given for outstanding service to the EMS community. Don was nominated by the Southeast Quadrant MCCU where he has been a highly respected Critical Care Technician since 1986. He was cited specifically for his dedicated, professional, compassionate, high quality care for every patient and his willingness to mentor others working in EMS. At Pittsford Don has volunteered over 23,000 hours! Congratulations Don.

PVA also provides opportunities for leadership for those new to the EMS community.

Cameron Michaelree, an 18 year old Pittsford Mendon student, who entered through our Explorer Post and has progressed as a dispatcher, dispatch trainer and first medic trainee, recently organized a weekend long project to improve physical conditions at our base.

As his community service project toward his Eagle Scout badge, Cam did detailed project planning, cost estimating, sought Board approval, organized a crew of fellow scouts, friends and PVA members and then directed their efforts in painting five rooms and several hallways in our building.

His project has enhanced the quality of our lives as we spend time on duty. It should also be noted that Cam was recognized as PVA’s Dispatcher of the Year – 2006. In addition to his outstanding work he managed to recruit his Dad as a new member!

Tom Powell
Pittsford Volunteer Ambulance
The Penfield Volunteer Emergency Ambulance held its annual banquet on March 24, 2007 at the Penfield Country Club. The banquet is held annually to acknowledge those who served the administrative and operations staff, as well as to honor specific members who have gone “above and beyond” in their service to the ambulance corps.

Sue Borcyk was named 2006 Member of the Year. Sue has served over 1100 hours since joining PVEA in 2004. In addition to her duties as a Dispatcher, and Medic, Ms. Borcyk is a member of the Penfield Ambulance Board of Directors. She is also the corps uniform supervisor, an active member of the training committee and regularly participates in community blood pressure clinics.

Patricia Markovitz was selected as 2006 Auxiliary Member of the Year. Pat is a long time member who previously served Penfield Ambulance as a medic, driver and dispatcher. She is also a former Critical Care Technician with Southeast Quadrant, and currently serves on the Board of Directors for both organizations. Mrs. Markovitz currently chairs the computer committee for PVEA and has been instrumental in the modernization of our IT infrastructure.

Deputy Director of Operations Donald Behner was honored as the recipient of the Outstanding Service Award for 2006. A NYS Certified First Responder, Mr. Behner serves as a Driver for Penfield Ambulance, and also volunteers his time as a First Responder and a volunteer member of the Henderson Fire Department. Mr. Behner has served the past two years as a line officer and Rigs Maintenance Supervisor, and currently serves as Deputy Director of Operations where he oversees special projects. He is also chairman of the Rig Replacement Committee.

In addition to the awards bestowed upon them from Penfield Ambulance, Mrs. Borcyk, Mrs. Markovitz, and Mr. Behner were also recognized with proclamations from State Senator Jim Alessi, Assemblyman David Koon, and the Penfield Town Board.

Ten members were recognized for putting in the most volunteer duty hours. In order they were...

Mike St. Martin 1318 hours, Kate Mawn 1237 hours, David Gulley 856 hours, Bill Lang 835 hours, Jenelle Mocniak 781 hours, Brienne Briggs 719 hours, Bob Scheg 626 hours, Sue Borcyk 609 hours, Margaret Langdon 560 hours, Don Behner 538 hours, and Lauren Shelley 522 hours.

The following members received recognition for their years of service to Penfield Ambulance.

40 years: Bunk Bill
35 years: Sue Baglow
20 years: Beau Alexander, Trish Boccuzzi, Laurie Heise, Judy Robertson
15 years: Helena Callear
10 years: Carl Deinhardt, Diane Zelma, Janet Carter - D’Ambrose
5 years: Kim Collins, Jeff David

Tom Tracy, 3M17
Director of Operations
Penfield Volunteer Emergency Ambulance
The East Rochester Volunteer Ambulance Corps. held their annual elections in December 2006. The following people took over their Board of Director positions on January 1, 2007.

Captain: Terry Flannigan
1st Lieutenant: Robert Meisenzahl
2nd Lieutenant: Ed Frost
Secretary: Lorraine Willis
Treasurer: Mary Kay Knorr
2 Year Director: Jeff Fox
1 Year Director: Chris Knopp
Past Captain: Skip Sackrider

The East Rochester Volunteer Ambulance Corps. had their annual awards banquet on Saturday, April 28th at the Country Party House.

This year we honored the East Rochester Police Department with our Auxiliary Member award for the help they give us on calls and for their support of the East Rochester Volunteer Ambulance Corps. throughout all of these years.

Terry Burris was the recipient of the Running Member award. Terry has been a member for 2 years and in both of his years with us he has run in excess of 700 hours of duty time mostly during the day when it is hard to get coverage and he is currently the Director of Operations. He is always looking for ways to make our job easier and spends most of his free time at the base working on things to meet that end.

The Captain’s award was given to Robert Meisenzahl. Bob has been with the corps. for 7 years and on the Board of Directors for 6 of those years. He is currently the 1st Lieutenant and is doing a great job in that roll. He is very conscientious in his duties. He works very hard to keep things moving in a positive direction. He spends a great deal of his time at the base to assist with anything that is going on above and beyond his normal duties. Bob also works for the village and in that capacity he is able to leave his job to help out with day call coverage.

One of our Explorers, Marcus Price, received a Certificate of Commendation for Excellence in handling an emergency call. He was at the scene where the ambulance was needed and stayed there, called 911, then got as much info as he could. When ERVAC and the ERPD got to the scene, the car involved was gone but he had the license plate number and ERVAC had more information than the ERPD because of the actions of Marcus.

Terry Flannigan
Captain

The ERVAC will have its 70th anniversary next year and we are already working on events to celebrate that milestone.
We’ve added a new acronym to your EMS vocabulary: ALTE (Apparent Life Threatening Event). So what is it? It’s a symptom, really, not a diagnosis at all. It’s not SIDS or near SIDS, nor is it an overreacting mother or father. It’s an episode in an infant or child less than 2 years old which is frightening to the observer and is characterized by one or more of the following:

- Apnea (central or obstructive)
- Skin color change: cyanosis (blue), erythema (red), pallor (white), plethora (fluid)
- Marked change in muscle tone (“floppy”)
- Choking or gagging not associated with feeding or a witnessed foreign body aspiration
- Seizure-like activity

ALTE occurs most frequently in infants less than one year of age, although cases have been reported in children less than two, thus the criteria you see above (which also just happens to be in your new MLREMS protocols!).

So if it’s a symptom, what is it a symptom of? Well, the list is really long and includes everything from GI (volvulus, intussusception, gastroesophageal reflux, etc), Neurologic (seizure, infection, malignancy, malformations, CNS bleeding, etc), Respiratory (infection, partial airway obstruction, central apnea, etc), Cardiac (arrhythmia, congenital heart disease, cardiomyopathy, etc), Metabolic Abnormalities (endocrine disorders, inborn errors of metabolism, sepsis, etc), child abuse, and our favorite – idiopathic (meaning we just don’t know). As you can see, some of those things aren’t too big a deal (reflux) some are (congenital heart disease). How do we know which one is which? We don’t. Not in the field at least. It’s just as hard in the ED – nearly every patient that presents with an ALTE will be admitted to the hospital for lots of tests and observation because the potential for bad things is high, and there is nothing on physical exam or an EKG that will allow a pediatrician to accurately exclude some of the “bad things”.

We’ve all taken the call: “Respond for the infant not breathing.” Right? We get there and the child is happily playing in mom’s arms. We cancel ALS, mom doesn’t want the 8 month old to go to the hospital. Sure the child went floppy in her arms and started to turn blue, but shortly after she called 9-1-1 the child suddenly perked back up. Besides, the kid sure does look great now.
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We have them sign our PCR, she’ll follow up with the pediatrician, and we go back in service. Sound familiar?

Hmm, let’s take a look at the evidence. A study evaluated a region similar to ours and found about 7% of pediatric calls could be classified as an ALTE. We don’t (yet) know how many potential ALTE calls we run in this region but it’s safe to assume the percentage is similar. 83% of the time, the EMS provider got on scene and found the child to be in no acute distress and had a normal exam (sound familiar?). However, 48% of patients that had a normal exam on scene, had significant illnesses upon ED and hospital admission. Uh oh.

So what does that tell us? It tells us that no matter how good we think we are in determining who is sick and who’s not – we aren’t. Basic, paramedic or doc, it doesn’t make a difference. Therein lies the purpose of the new protocol: if an ALTE occurs (which remember, is by history, not by how the child looks when you get there) you should make every attempt to get the child to the ED for an evaluation. You are doing what is in the best interest of the child.

That means the only person that can refuse transport is a parent or legal guardian (not the babysitter) and if they are refusing transport, you must call Pediatric Medical Control. Not because we don’t think you can convince them, but to help you use every resource at your disposal to get the patient to the hospital for the evaluation they should have.

What do we do on the way to the hospital? Honestly, not much. Supportive care, ALS evaluation and transport. These patients should have an ALS evaluation, no matter how good the child looks, so please don’t cancel them once you get on scene. Sure, they can slow down, but they should still be part of the management and decision team to help ensure the infant is evaluated in the ED. Monitor if you can, IV only if you really need to give them something, don’t make it a routine part of your work up since the poor kid is sure to get poked in the ED to draw blood cultures and other tests.

ALTE is an important addition to our vocabulary, and recognizing and taking it seriously is imperative to the young infants who look to us for care. I hope you now understand why.

Jeremy Cushman
PVAC Medical Director
County Celebrates EMS Week with “Extraordinary People, Extraordinary Service”

This year, we will celebrate National EMS Week from Sunday, May 20 through Saturday, May 26, 2007. This year the theme is “Extraordinary People, Extraordinary Service”.

First, let me say that a week is not enough time to express the gratitude of the communities that you serve daily. The dedication that is shown by the entire EMS Community is immeasurable. It starts with the call received by the 911 dispatcher and the EMD information provided and continues at the scene, followed by treatment in the hospital setting. It takes an entire healthcare system to provide a quality outcome for our patients.

Secondly, while we have volunteer and career personal that serve in our communities, you are all Professionals! The measure of a person’s professionalism is not whether they are compensated for this service, but rather the service that they perform for the patient. It also is measured by how we treat each other. We are fortunate to have experienced, skilled career and volunteer EMS providers who devote many hours to their communities.

Finally, I would like to personally express my appreciation for your support of Third Battalion EMS. We are a strong group of dedicated organizations, comprised of six EMS agencies, nine fire departments and four police agencies, which function together to provide a safe community for us all.

Thank you again, to all Emergency Service Personal and please enjoy the week that is dedicated to honor you. You are extraordinary people and professionals.

Bill Evans
Third Battalion, Deputy EMS Coordinator
SO THERE I WAS...,
...sitting in my Doctor’s office waiting for the nurse to start my bi-annual physical. I was feeling fairly positive about it and quite convinced that this physical was going to be better than the last. The previous physical I had gained about 6% more weight (sorry, not pounds given) than the physical before that. This time I had lost about 7% of my weight in addition to the 6% I had gained. So I was on a high note.

The nurse called me in and the first thing we did was check my weight and height. I didn’t like what she was reading so I took my shoes off and went to take my wallet out of my pocket. She didn’t think the wallet was that important so I lost on that. We did the eye test next, O.K. with glasses my on. Then into the examining room where she checked my BP., High! What? I never have high BP, I’m wondering what’s going on here? I asked the nurse to take it again, same result.

In a few minutes my doctor comes in and we chat about all the health related issues that doctors want to know. No problems with anything, maintenance meds are working fine, reflexes are good, I got through the doctors probing tests everything is O.K. there are some normal signs of male aging. I’m really not concerned with anything so far that the doctor was saying.

He leaves the room and sends in another nurse to do the EKG. No problems, until she pulled the pads off and took half my body hair with them and then laughed about it! I’m thinking WOW She’s sadistic! I made a comment to her about it we both had a good laugh.

My doctor came back in and reviewed all the results and he was quite pleased. He gave me a slip to get my blood work done and suggested that I take off another 7% of my body weight. WOW! I wasn’t too happy about that and I find myself walking out of the office feeling like a Canary that was just swallowed by a Cat! The rest of my day I was feeling kind of low. I had to drive the ambulance in the afternoon and when I got to the base what did I do? I went to the freezer to look for some ice cream and there wasn’t any so I grabbed a handful of cookies. The medic that was riding with me stated, “You’re so typical.” “Everybody that comes in always goes to the fridge and then to the cookie jar.” There goes my Canary feelings again.

The next day I was bouncing back however and reflecting on the previous day. I knew my doctor was right but I hated what he said. He’s just trying to keep me as healthy as possible and he knew that I was able to take off some weight he

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simply challenged me to do it again. My medic
for the shift, she was right also. I don’t think
she was being rude she just made an observa-
tion.

I’m sure many of you have had a similar ex-
perience either from a doctor’s visit or from
comment made by a friend. And we all know
that we can improve our health and physical
condition. The question is” How Serious are
we about actually doing it?” This isn’t easy and
the hardest part is getting started.

I consider myself to be more than moderately
concerned about my health and my physical
condition. I work out at least four days out of
five. (Even God rested on the Seventh Day!) And I push my exercise routine to be more
aggressive regularly. I schedule regular doctor visit and watch what I eat. And keeping off the weight and
staying in good physical condition is still a chore that I wish I didn’t have to do.

In EMS we need to be concerned about our physical condition and our health. We are an extension
of the medical profession and many times we are the first representation that a patient needing our care
sees before we whisk them away in an ambulance. We’re always bending and lifting which requires our mus-
cles to be well toned.

It’s no secret that Americans lead a sedentary lifestyle. Americans gain an average 1 pound of weight
per year. We eat too much fast food, we eat too much period and we don’t get enough exercise. There are
those of us who get away with it and then there’s the rest of us.

Getting started on a program is the most difficult. It’s necessary to make the commitment and some-
times it’s beneficial to engage a friend to make the commitment with you. Physical activity programs don’t
have to involve thousands of dollars of exercise equipment and a huge room and a Personal Trainer either.
They can be simple but they are necessary.

Numerous companies today are engaging their employees in moderate physical activities by purchas-
ing Pedometers for employees and challenging them to take a certain number of steps each day. They make
it into a contest and award frequent prizes. Your agency could do the same with some coaching and willing
participants.

Take a look at the Physical Activity Hierarchy and you can see how a simple program could get you
on the way to a healthier and more physical lifestyle. Remember to always consult your physician before be-
ginning any physical activity program and start out slowly, Rome wasn’t conquered in a day either! Another
important point is, when it comes to physical stature, men and women are different, so exercise programs
need to fit both genders.

I have a number of physical programs and suggestions that are available for you or your agency if you’re interested.

_Dan Wimer_

President, DR&W Enterprises
Safety Officer, Perinton Volunteer Ambulance Corps

You can find out more on Dan’s website

www.drwenterprises.org
PHYSICAL ACTIVITY HIERARCHY

TV / Computer Sitting  
Do less of these activities

Leisure Activities  
Golf - Bowling

Strength / Flexibility  
Raking - Gardening

Increase these types of activities 2—3 times per

Aerobic Activity  
20 + Minutes  
Running  
Swimming

Recreational  
30 + Minutes  
Dancing  
Hiking

Increase these types of activities 3-5 times per

Stairs vs. Elevator  
Park Further Away

Walk the Dog  
Walk to the Mail-

Increase these types of activities every-

EVERYDAY ACTIVITIES

Additional examples of moderate activity:
- Washing/waxing car (45-60 minutes)
- Washing windows/floors (45-60 minutes)
- Playing volleyball/football (45 minutes)
- Gardening or raking leaves (30-45 minutes)
- Basketball game (15-20 minutes)
- Bike riding (30 minutes)