



The Lancaster EMS *Monitor*

Fifth Issue, Winter 2008

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Gustav Deployment



My Take On Gustav, By Julie Rutt, EMT P

To tell you of my experiences in Louisiana in a 1-2 paragraph article is quite impossible. But I can try to get the basics across to you. After hearing news stories of this huge hurricane that was preparing to bombard the coast, and proclamations from the governor advising Louisianans to “run for their lives,” I was preparing myself for Katrina-like destruction. I was preparing for large search and rescue opportunities, treating people however you can, to get by with the supplies you had, death and destruction. As we now know the storm did not end up being nearly as bad as expected. Our primary mission before the storm was transportation of patients from hospitals who were expecting to get hit hard. We were initially sent out on several missions which were either cancelled, or produced no patients. Then, after the storm hit, we evacuated hospitals that were hit harder than expected and couldn’t keep their patients. We also returned previously evacuated patients back to their original hospital. After finally settling down to a permanent base a few days into the deployment, we had more stability and predictability in our missions. No more “ghost” missions. However, with 60 trucks from the Strike Team to utilize, we weren’t constantly busy. We tried to stay busy by helping Ernie, our regional leader, or cleaning up debris for the church and neighboring places.

One of my highlights was when we were driving from a staging area at a school to a nearby Hospital that needed assistance. While driving we passed through a town. People were outside cleaning up their yards. As our convoy of 60 ambulances drove past, they stopped cleaning up to watch. Some applauded, some waved, some gave thumbs up, and others just watched and smiled. It reminded me why we were there; to help out in whatever way possible. These people didn’t know any detail of our mission other than we were there to help them and that was enough for them to appreciate us being there. I had realized that just because we didn’t have many patient transports under our belt yet, or because our mission wasn’t quite as dramatic as what I was anticipating, didn’t mean that we weren’t successful. It certainly helped to reaffirm our (well, at least mine!) confidence in our decision to go down. I am very grateful for the experience, and am glad I was able to go. I would certainly volunteer to go again, and would encourage anyone who has not had an opportunity to serve in this way to take it if the opportunity ever presented itself again.

More on Gustav on pages 6,7,8



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Letter from the Editor

What an exciting time to be an American. History was made this year when our nation elected the first African American President and for the second time in US history we had a female running as Vice President on a major ticket. Whether you voted for President elect Obama or Senator McCain your vote counted. That is what makes this country so great. You have the power to change history and strengthen the resolve of the American people.

Our economy is on shaky ground and needs a lot of tender loving care. I personally do not envy the President elect with the choices he will have to make. In life it is the choices we make that affect our lives and the people around us. EMS is no different. We all made the choice to serve our fellow man, mostly in the worst moments of their lives. Some will choose to further their career goals by becoming paramedics, nurses, or even doctors. This profession is not an easy one mentally or physically. It is long hours, low pay, and many hours of continuing education. We can never learn enough in this job. I think that is part of what makes this profession so exciting and fulfilling. We do not do it for the money or what little prestige we receive. We do it because we love it. It is in our blood, mind, and souls.

In the future we will see EMS change. Some for the good and some for the bad. EMS is a constantly changing entity. We never know what direction it will travel but I do know I plan on being there to see it change and progress. Many of you that I see on a daily basis have been doing this for many years and have adapted to the changes and I expect will continue to adapt to the changes of the future. The future holds many exciting challenges and changes. The one thing we need to keep in mind is that change is not always a bad thing. The world will continue to rotate and life will go on.

Soon 2009 will be upon us. The changes and choices we make will affect the world we live in. Not only ours, but our loved ones and the people that surround us. I wish you all a safe and happy holiday season and a safe and very happy New Year.

Bill Conrad, EMT B



The **Star of Life** is a blue, six-pointed star, outlined with a white border which features the Rod of Asclepius in the center, originally designed and governed by the U.S. National Highway Traffic Safety Administration (NHTSA) (under the United States Department of Transportation, DOT). Traditionally in the United States the logo was used as a stamp of authentication or certification for ambulances, paramedics or other EMS personnel. Internationally, it represents emergency medical services (EMS) units and personnel. A similar orange star is used for search and rescue personnel and yet another version is used for Wilderness emergency medical technician.

From Wikipedia, the free encyclopedia



Stroke Review

Katrina Maule RN, BSN, CMSRN

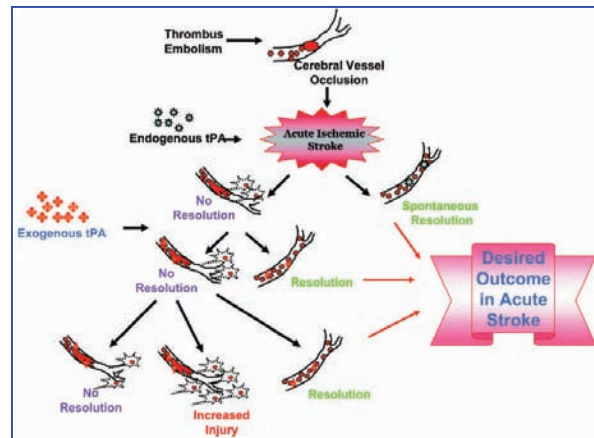
Researchers say too few stroke victims make it to the hospital in time to benefit from a medication that can minimize permanent brain damage. Improving the situation can be complicated. Some victims are simply unaware they are having a stroke, and others are rendered unable to communicate.

Stroke is the third leading cause of death in the United States and the leading cause of adult disability. A stroke occurs when something happens to interrupt the steady flow of blood to the brain, like a clot or a burst in a blood vessel. Brain cells quickly begin to die. Disabilities can be prevented or limited, but the patient must go to the emergency room immediately.

Some hospitals are not well-equipped to get patients the key drug, called tPA, within three hours of the onset of symptoms, experts say. If it's not delivered by then, the clot-busting medicine can do more harm than good.

Some hospitals have been designated as primary stroke centers to ensure stroke patients get the best care possible. Lancaster General Hospital was just reaccredited in October 2008 by TJC as a primary stroke center.

Again, stroke is an emergency and should be treated as such. Time lost is brain lost. . **The key to effective stroke care is early recognition and treatment.**



Learn the signs of a stroke the FAST way

Face - facial droop present,

OR

Arm - upper extremity arm drift present (arms extended/ palms up),

OR

Speech - inability to say, "The sky is blue in Pennsylvania" normally,

AND

Time - time of symptom onset definitely < 3 hours

Attempt to identify the precise time of the onset of the patient's first symptoms. The time of onset is extremely important information, and patient care may be different if patient can be delivered to a receiving hospital capable of treating acute strokes within 3 hours from onset of symptoms. Time is based upon the last time that the patient was witnessed to be at his/her neurologic baseline.

Other stroke symptoms include sudden weakness on one side of the body, sudden confusion, trouble speaking or understanding, sudden trouble seeing, sudden trouble walking or loss of balance or sudden severe headache.

Katrina Maule RN, BSN, CMSRN serves as the Stroke Program Coordinator at Lancaster General Hospital. In her current role she collaborates with other health professionals in neurosurgery, emergency departments, radiology, intensive care, rehabilitation and the stroke units.

Ronald D Baier EMT-P, EMS / Communications Center Manager, Lancaster General Hospital.



Good Nutrition

By Jerry Schramm, EMT P

Hello everyone. I'm back! It's LEMSAs's own Jerry Schwarzenegger. Well...maybe not Schwarzenegger but I am definitely a motivated individual when it comes to exercise. As I explained in the previous publication, exercise and weight training have been integral in shaping my life. I made the decision in my teens to get off of the sofa and I have been better for it. Although I have been intermittent in my commitment to weight-training, I am currently waist deep in it and I feel great. This is the type of exercise I enjoy but any type of physical activity will benefit an individual. Whether it is a 15 minute session of pushups, sit-ups, and jumping jacks in the morning or a half hour of aerobic exercise after your shift, each employee should make a commitment to incorporate daily exercise.



With that being said, I would now like to talk about nutrition. This is a very unpopular subject. I will in no way claim to be an expert but I may be able to offer a little bit of information that may go a long way. How many people can honestly say they know what their daily calorie intake should be? How many people care? Well... that was me. I knew very little about calorie intake and I never wanted to be a calorie counter. In fact, I'm still not. However, a nutrition course helped open my eyes to the importance of a daily calorie intake. Just give me a few minutes and I'll explain how important it actually can be.

I would like to start by explaining calories. Basically, calories are our energy. A person, depending on size and daily activity, has a recommended daily calorie allowance. To find out your specific calorie allotment, simply go onto www.mypyramid.gov. Scroll down on the right side to the selection My Pyramid Plan and fill in the appropriate information. It will then give you both your daily calorie allowance and a guideline to how you should achieve those calories.

The food guide pyramid did wonders for me. I didn't become a calorie counter but I did start reading labels. For instance, a coworker had started to try to eat healthy. He began incorporating foods like salads and low-fat lunches. One night, he stopped at Tom's and picked-up a snack pack of cookies. There were 11 cookies in the pack that he proceeded to devour. I made mention of how this was unhealthy. When we looked at the label, we noticed that he had eaten nearly 900 calories in just that pack of cookies. Well that pretty much destroyed his calorie allowance for the day. I am not trying to put you on a diet but I do want you to understand how important it is to notice what you are eating.

Now that I have pointed out the calorie content of junk food, I want to describe the selections you should be making. Carbohydrates are our principle form of sugar or energy. Without carbohydrates, the body's energy would dwindle. Both proteins and fats can be used as an energy source when necessary but not without issue. Proteins are necessary to help the body grow, rebuild, and repair itself. By forcing the body to break down proteins into energy, the body leaves itself unable to perform other vital functions. Fat provides very little glucose to fuel the brain. It is also worth noting that the body uses more energy to convert dietary carbohydrates into body fat than it does to convert dietary fat into body fat. Hence, the body doesn't want to store carbohydrates as fat because it wastes energy to do so. Carbohydrates, proteins, and fats are all important and it is important to base your calorie intake on a balanced combination of all three.

It is important to know what your daily calorie amount is so that you can properly make meal decisions. You should select meals that would provide for reasonable amounts of calories that collectively add up to your daily calorie allowance at the end of the day. For example, a person with a daily calorie amount of 2400 would know that each meal should be broken down to a specific calorie amount that would be no more than 2400 total calories at days end. Now, there are several tips to help achieve that calorie limit. It will be difficult initially to change the way you eat but believe me when I tell you that it sounds harder than it is.

Continued on page 5



Good Nutrition (continued)

Remember that carbohydrates typically give a lot of energy for a little bit of calories. The trouble with carbohydrates is that they are typically bland and this is where people get into trouble. It is not the pasta that hurts people but the sauce that helps push your calorie intake over the limit. Take a look at a jar of pasta sauce and see the amount of calories it delivers and the portion size. It might say it is only 80 calories but its serving size may be 2 tablespoons (probably much less than most of us would actually use). So instead of sauce try mixing in some olive oil with basil and garlic. Spices add a minuscule amount of calories. In this way, you can have a healthy and tasty meal.

Another important point to mention about carbohydrates is that they are typically a good source of fiber. Fiber is beneficial as both soluble and insoluble. Soluble fiber helps lower blood cholesterol by binding with bile acids, forcing the liver to use its cholesterol to make new bile acids. It also slows the passage of nutrients through the intestine allowing for a slow rise in blood sugar and a lasting full feeling. The insoluble fiber helps keep a healthy colon. So, by incorporating more carbs, you will feel full on fewer calories as well as lend health to your blood vessels and colon.

Proteins are also important when making meal selections. Your body needs these nutrients. As I stated before, a body needs protein to grow and repair itself. Since it yields a lot of calories in a small package, it is important to eat protein with carbohydrates. By achieving a balanced meal, you will have given your body the energy it needs while delivering protein to help repair itself for just a mild amount of calories. After doing the math, I found I can eat a tuna sandwich and a $\frac{1}{2}$ cup of rice mixed with a $\frac{1}{4}$ cup of lima beans and it will only cost me 275 calories. And I will be full. I will have also eaten 6 g of fiber. Now, I don't typically look at this everyday and I don't measure out my food but I attempt to achieve balanced meals like this throughout the day. It isn't hard and it makes sense. It only took me two weeks to apply this concept and a bit more until I found what works best for me. And don't forget the vegetables. They give you vitamins and minerals while providing carbohydrates, proteins, and fiber for a small calorie total.

People...nutrition is important. Obesity is an epidemic. I'm not trying to take away your favorite foods but I do want you to limit how much you eat. With proper eating you will be able to add or lose weight simply by adjusting your total daily calories. Well, you will also need some old-fashioned exercise too. Like I said, I am no expert, but I have really embraced this. I preach it to everyone who will listen. Work with me one day and you will quickly learn that I practice what I preach. Hinkle might call it rabbit-food but I am full after my rice and vegetables, and I keep my daily calories within my limits. I still eat cheese steaks (my favorite food) as well as pasta with sauce but I limit the portions. I take half of the pasta I used to take. It is not an easy road but one we should all take. You are not alone. There are many riders on this highway I call nutrition. Just drop me an email if you want more information and I'll be happy to help.

Jerry Schramm





In Their Own Words

Employees Talk About The Gustav Deployment

My Gustav Experience, by Don Hackman, EMT B

First allow me to say that it was an honor to be chosen to represent Lancaster EMS as part of the Pennsylvania EMS Task Force deployed to Louisiana for hurricane Gustov. It was a rewarding and fulfilling experience, but it was also a huge learning experience. As far as the learning experience goes, WOW it's easy to sit at a computer, study the NIMS courses, and take the online test and think you know how it works. It's completely different to experience it and put it into practice during a disaster. I can't stress how important it is to understand the system and follow the Incident Management System. Without it there would be mass confusion and chaos in an already chaotic situation. Everyone has their role and things just fall together. Another important thing I learned is to expect the worst and don't count on anything. You are going to a disaster within a disaster for the first several hours, but after everything is set up, the command structure takes over and things get worked out. Patches come off shirts; you're no longer Lancaster EMS, SVEMS, First Aid and Safety, Upper Dauphin or Life Team. You are now "Bravo" team of the Pennsylvania EMS Task Force and rivals become friends and co-workers. Your equipment is now theirs and vice-versa all for the common good. It is a good feeling.

Personal satisfaction is defined

as: "contentment or happiness as a result of personal work, initiative, or talent". As an EMS provider I experienced a great deal of *personal satisfaction* while in Louisiana. It didn't matter what the mission was, whether the task was mundane or exciting. Every little thing we did was appreciated by those we were there to serve, whether it was evacuating patients to a safe location, a kind word to an overworked and stressed out nurse, treating patients, or cleaning up a church property. Just putting a smile on someone's face or making them laugh during a frustrating time all brought me a huge sense of *personal satisfaction*.



After you have been in the "disaster zone" for a few days, you soon begin to realize that the people you are there to help are giving you just as much as you are trying to give them. Don't ask me how they did it. Not one, but two churches without water, electric or other necessities somehow managed to take in our team, house us and feed us three meals a day. This all done out of the goodness of their hearts and appreciation for our efforts. These people all had their own damage and personal "disasters" to deal with, but instead they took care of us. We have all used the phrase "it's a small world". Let me share with you how small it really is. While being served a great meal at one of the churches a woman said to me, "So where are you from?" I answered, "I'm from a tiny little town in Pennsylvania that you most likely have never heard of. I'm from a town in Lancaster County called Lititz". To my surprise she said, "Oh, I know Lititz. I've been to Wilber Chocolate and the Pretzel House, Lititz is a very nice town". Well, as it turns out, she has a niece who lives in Lititz, not far from me, whom she visited often. But the story doesn't end there. I asked her what her niece does for a living and was told that she is a school teacher at John Beck Elementary School, the very same little school that my seven year old son attends. Within the next few years she will probably be one of his teachers and I have already told her how kind, giving and special her aunt was and is. It really is a small world. We are all a part of one small worldwide community. Under the guise of a disaster, I realized that your every interaction with those around you is important, whether doing a routine transport between a nursing home and a doctor's appointment here at home, or traveling thousands of miles to a disaster. While it was nice to be recognized by the County Commissioners and receiving a nice certificate from the Lancaster County EMS Council, they failed to recognize a very important group, the citizens of the State of Louisiana who selflessly gave of themselves to take care of us. I will always remember their giving spirit, kindness and of course the great food they kept in our tired stomachs. I would never hesitate to volunteer for another deploy-



In Their Own Words

By Sean Fitzgerald, EMT B

We went down with the goal to help people and make a difference while we ourselves got to experience working in a different and challenging environment; we met this goal head on. There were several times where we all got frustrated with the miscommunication that occurred, which had caused us to unpack/re-pack our personal gear as well as the team gear. Often times this was done in unbearable heat and humidity or pouring rain and high winds. Bottom line is, this is going to happen any time you have an operation of this size.



Emotions were high as everyone, not just our team, was getting little sleep and in constant close quarters with each other for days on end. The weather was hot and very humid causing the clothes you were wearing, often for days, to stay soaking wet with sweat, even if you spread them out to dry before putting it in a dirty linen bag. The only relief you had was the A.C. in the trucks when you were on missions and even the trucks were fighting to cool the air, after all, very few places had power, and those that did were on generators, and many of those were quickly failing. Several of us developed blisters from wearing our boots for extended periods of time. Our boots remained wet from water and sweat. Some of us along with some of our team members suffered from chigger and fire ant bites.

When we were able to take showers, they were with cold water only and usually by flashlight. Most meals consisted of MRE's (Meals Ready to Eat). This is a brief over view of some of the things we got to experience on this deployment. Would I do it again? In a heartbeat! As far as I am concerned, it was challenging and fun! Even though things were tough at times, we were there to help people that were experiencing the same things or worse than what we were. They were aware of what we were going through and were very appreciative of our efforts. Southern hospitality was blooming even in the worst possible conditions. We were accomplishing our goal and overcoming tons of obstacles and challenges with very limited resources and pure ingenuity. Though many people on all of the teams had their differences, everyone still pulled together, there were no separate agencies; we were all PA Task force 36. I would encourage anyone who has any interest in being deployed to a disaster in the future to get as much training as you can. Make sure that you will be prepared to take care of yourself in the worst possible conditions on short notice. Expect the unexpected and use common sense. Look at some of the things we mentioned in this article and make sure that you are prepared for it, our team was and overall we had a great time. If you want help or would like pointers please talk to any of us or any of those that went to Katrina prior to us. I am sure no one will have a problem guiding you to be better prepared.



Thank you to everyone that helped cover our shifts while we were gone, and to those of you who called or texted us while we were down there to check on us or give us your best wishes. Thank you to the LEMSA management who helped take care of us in every way that they could. It was all greatly appreciated.



In Their Own Words

Pat Osborne, EMT P

Hurricane Gustav may not have brought the widespread devastation that Katrina brought two years earlier, but to many living in Louisiana's Gulf Coast, it reopened emotional wounds that still had not fully healed.

One night while working a rotation at a field hospital in LSU's P.M.A.C., I took care of an elderly woman who was complaining of chest pain. The patient was in uncontrolled A-fib and had to be transported to a hospital several miles away.

As we prepared to transport the patient, she became very upset and refused to leave without her oxygen concentrator. "It's mine" she cried, "I'm not going without it, it's mine". I found it hard to believe that someone would have such a strong emotional attachment to a medical device but then I realized that, the oxygen concentrator was one of the only personal belongings that she had left. This was the second time she had been displaced from her home and belongings in as many years.

Although we did not execute any dramatic rescues from Blackhawk helicopters, or save any abandoned puppies, our presence served to remind the residents affected by Gustav, that someone was there to care for them. And I know that meant everything, especially to those that had nothing.



Chris Strippel, EMT P

Being deployed for Hurricane Gustav was definitely an eye opening experience. Although we did not see large areas of horrible damage, almost all areas had trees down and days without electricity.

The thing that I found amazing was the residents' good spirits. They would frequently smile and wave. The graciousness in which they welcomed us into their churches was heart warming. And the food the parishioners made for us was indescribably good.

Chris Strippel, EMT-P



New Chief Operating Officer



Lancaster EMS is very pleased to announce the appointment of Ted Goldman to the position of Chief Operating Officer. Ted started with the company on December 1.

With 24 years of career EMS experience, Ted is a Nationally Registered Paramedic, a New Jersey Certified Mobile Intensive Care Paramedic and a Flight Certified Paramedic. During his ten year career in the City of Philadelphia Fire Department, he served as a Fire Service Paramedic and was as an Acting Lieutenant. He also served as a Field Supervisor and was detailed to the Fire Academy where he worked as an instructor for three cadet classes. He was also stationed at Philadelphia International Airport where he served on the Aircraft Crash Rescue Team. He most recently served as Director of Operations for Star Technical Institute's EMS Training Center where he has spent the last 10 years. During his tenure at Star, he developed Em-Star Ambulance, a Pennsylvania and New Jersey certified BLS, ALS, SCTU transport service. In addition to his numerous instructor certifications, he has assisted in editing Brady's Essentials of Paramedic Care and was published in the ANNALS of Emergency Medicine. He was the Pennsylvania Emergency Health Service Council's Paramedic Instructor of the Year. Ted also works part-time as a Flight Paramedic for Hahnemann University Hospital and a Fire-Fighter Paramedic for the Downingtown Fire Department. He resides in southern Chester County with his wife and young son, (and one on the way). Ted has two English bulldogs and is a serious Pittsburgh Steelers fan.

Please help us welcome Ted to our family.

Employee Spotlight

Kathy Wiley

What is your birth name? Kathy Mae Eshleman

Where were you born? Lancaster, PA

Where do you live now? New Providence, PA

Are you married? No.

Do you have children? Yes, 1 son.

When did you start your career with Lancaster EMS? Did you work in EMS prior to working here? I started with LEMSA in March of 1996. I worked in EMS prior to LEMSA at East Lampeter Ambulance and LGH Ambulance, volunteered with Strasburg Ambulance and New Providence Ambulance and worked for a while with Quarryville Ambulance.

Do you work anywhere else? Not presently.

What would you say has been the biggest change in your job since you started? EMS has so much more education to offer.

What would you say has been the worst change in you job since you started? I don't know if there is any bad change; I try to think change is usually a good thing.

What has been your most memorable experience during your time with Lancaster EMS? Running on the trucks, the contact with the patients, trying to make whatever they're going through at the time a little easier.

What hobbies/interests do you have outside of your job? Going to my grandkids soccer and baseball games, traveling.

Do you have any advice for new employees starting the same job? Enjoy it, it's a wonderful profession to be in and you could not have made a better choice than LEMSA as your employer. And never forget why you're in this line of work.



JOINT ANNUAL REVIEW 2009

Date	Day of the Week	Platoon
2/28/2009	Saturday (Week 1)	
3/20/2009	Friday	Carr
4/13/2009	Monday	
5/19/2009	Tuesday	Hinkle
6/9/2009	Tuesday	Holbriiter
7/17/2009	Friday	Deck/Arntz
8/10/2009	Monday	
9/3/2009	Thursday	
10/2/2009	Friday	Parrish
10/31/2009	Saturday (Week 2)	

Employee Spotlight

Tom Shaw, EMT, Maintenance Coordinator, EMT Instructor

What is your birth name? My birth name was and is Thomas G. Shaw.

Where were you born? I was born in Wellsboro, Pa. at the Soldiers and Sailors Memorial Hospital.

Where do you live now? I live on Windy Hill road off of Strasburg Pike.

Are you married? I am married. My wife's name is Paula and we have been married for ten years. We met teaching EMT classes at what used to be called Hempfield Ambulance Building.

Do you have children? We don't have any children but we do have two sphinx cats (no fur on them) and two horses.



When did you start your career with Lancaster EMS? Did you work in EMS prior to working here? I came with the East Station. I was Operations Chief of East Lampeter Ambulance and was instrumental in the merger between ELAA and LEMSA.

Do you work anywhere else?

I started my EMS activities in Wellsboro with the Wellsboro Fireman's Ambulance Association in 1975 with four Cadillac ambulances. I spent some time with Whitehall Ambulance in Allentown while in school for electronics, and then when I moved to Lancaster I was a member of both Willow Street Ambulance and Strasburg Ambulance.

What would you say has been the biggest change in your job since you started?

The biggest change in EMS has been the disappearance of the volunteer EMS program. I could be available for second due calls and run from home even at night.

What would you say has been the worst change in you job since you started?

The worst change in EMS that I have seen has been the misuse of EMS system and using it for a taxi ride to the hospital. I started in a small community where you knew almost everyone you transported and you felt a sense of pride in helping the community. I still feel a sense of pride in the job I do but not the appreciation of the community.

What has been your most memorable experience during your time with Lancaster EMS?

My position as Maintenance coordinator and EMS educator has given me the chance to help the organization in a lot of different ways. I feel lucky to work for Lancaster EMS and be able to use all my skills.

What hobbies/interests do you have outside of your job?

I have my private pilot's license and flying and watching airplanes is my favorite hobby. My wife and I have a business which we rent a property in Tioga County to people from our area who like to stay in the mountains.

Do you have any advice for new employees starting the same job?

When you take the EMT class and get your certificate, you can expand it into many things. Each manufacturing facility I worked at put me on their first aide and safety team. The EMT is a life long knowledge base. You have started down the path of EMS and where it leads is up to you. Just remember to be the best you can at what you do and your reward is personal satisfaction.



Relay for Life Team Raises Over \$2,500

By Lee Ann Haas, EMT P



We are in a business where we see almost everyday those who have been touched by cancer. It is in our jobs, our families and our friendships. We are all touched in one way or another.

On July 18th and 19th, 2008 Lancaster EMS pulled together and participated in The Relay for Life held in Southern Lancaster County. A group of employees and their families supported each other in the 24 hour walk that started at 4pm on Friday night the 18th and ended at 4pm on the 19th. The heat was sweltering and we all were tired but we kept the vigil. We saw some old friends and made some new ones at the walk, but mostly remembered those who have touched our lives and battled one of life's hardest diseases, cancer. Some won the battle and some became too tired and could not keep up the fight, but each and every one made a difference. The Lancaster EMS Lifesavers had a strong team and we raised over \$2500 dollars. Captains this year were Lee Ann Haas and Diane Ray. Our team was made up of Dawn Ray, Laura Lash, Amanda Justice, Suzanne Reiley, Barney Reiley, Don Hackman, Julie Rutt and Cynthia Zonka. We got help from some family members with our big new hit this year "The Dunk Tank"! It was manned by anyone who wanted to get wet and take a break from the heat. The donations came from walkers that wanted to dunk or be dunked! It was a great addition and a lot of fun.

Lancaster EMS Lifesavers also made Cancer Bracelets that were made out of multiple colored Swarovski Crystals, each colored crystal represents a different type of cancer and are absolutely beautiful. They make a great gift for that special someone or just a gift for yourself to support or remember the cancer fight. If you are interested in getting a bracelet contact Amanda Justice, Laura Lash, or Diane Ray. We still have some and all proceeds will go toward the 2009 Relay for Life Walk. The next Relay for Life Walk of Southern Lancaster County will be on July 17th and 18th, 2009. Come on out and have fun with the Lancaster EMS Lifesavers and support a great cause.

We are already signed up for 2009 and there will definitely be a team. More info to come!





Fallen Firefighters Dodgeball Tournament

By Mandie Martz, EMT B



Lancaster EMS took part in the Fourth Annual Fallen Firefighter Benefit Barbeque and Concert which took place on Saturday, September 27th at Your Place Restaurant in East Lampeter Twp. Lancaster EMS actually had enough players to enter two teams in the event and although we didn't take home the trophy, most would say we were at least the most *memorable* team to participate. According to Jason Greer, event organizer, Lancaster EMS was "the talk of the town", not only for sporting the most groovy uniforms, but also because we were the first EMS organization to ever participate in the event.



Fourteen teams withstood the dismal and very wet weather to compete in this year's tournament which raised roughly \$17,000 for the National Fallen Firefighters Foundation. The House of Pizza team claimed this year's trophy.

Lancaster EMS is planning on taking part in next year's tournament. All are encouraged to join in on the fun. We could use a few good players as well as plenty of cheerleaders for the sidelines. An email will go out in the summer/fall when it's time to recruit new teams!





Carbon Monoxide Poisoning

Julie Rutt, NREMT-P

It is getting to be that time of year. Fall has ended, the temperatures are dropping and some have enjoyed the excitement of the seasons first snowfall! Yes, winter has arrived. Like each season, winter also has its common illness and injuries such as flu, frostbite or hypothermia. If you need to review treatments on such illnesses, make sure you do so before you encounter it and are unsure of what to do.

Whenever the cold comes, so does the need to find a way to stay warm. Be it by log fire, gas stove, coal stove or kerosene heater. A common denominator in these different heat sources is the potential release of carbon monoxide. Carbon monoxide (CO) is a potentially deadly gas produced by the incomplete burning of various types of fuels. This could include wood, coal, charcoal, oil, kerosene, propane and natural gas. An unfortunate property of CO is that it is a colorless, odorless gas. Unless one owns a CO detector, there is no way to recognize an exposure until symptoms begin to be exhibited.

A study was recently published by the Center for Disease Control and Prevention in August of 2008 examining nonfatal, unintentional, non-fire related cases of CO exposure in the US from 2004-2006. There was an average of 20,636 exposures of CO annually. Carbon monoxide exposures were highest in the winter, with December, January and February respectively, having the highest exposure rates.

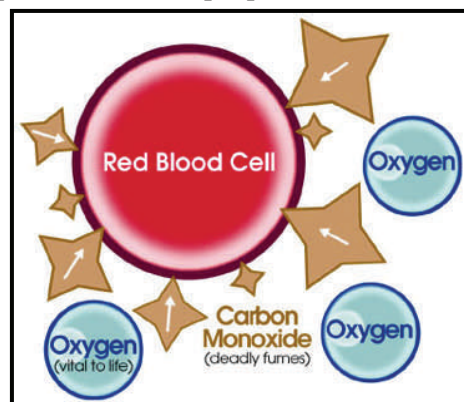
Ninety seven percent of the oxygen (O₂) in the body is transported by hemoglobin, an O₂ carrying protein found in red blood cells. Hemoglobin has an affinity for carbon monoxide 200 times that of oxygen. CO poisoning occurs after carbon monoxide molecules displace O₂ and attach to receptor sites on hemoglobin, forming carboxyhemoglobin. The hemoglobin may be 100% saturated but that does not mean that it is oxygen occupying those sites. For this reason, pulse-oximetry is not reliable in a patient with suspected or confirmed CO poisoning. Carboxyhemoglobin levels should be checked to diagnose CO poisoning. When hemoglobin is saturated with something other than O₂, an obvious problem has occurred.

How will you know if your patient is a victim of CO poisoning? Symptoms will vary depending on the length and severity of exposure. Signs and symptoms of low to moderate levels of poisoning include headache, fatigue, shortness of breath, nausea and dizziness. Symptoms of more severe CO poisoning can result in mental confusion, vomiting, loss of muscular coordination, loss of consciousness and death. Most patients will report feeling better after they are out of the exposure area. Be suspicious if you are called to a household for a sick person and find an unremarkable exam. Also be suspicious if several people from the same building share complaints of generalized illness.

The initial treatment in suspected CO poisoning is to remove the patient and all occupants out of the area and to fresh air. Carbon monoxide has a half life of four hours with room air. If provided 100% O₂, the half live decreases to one hour. Treatment for a mild to moderate CO exposure is high flow O₂ until all signs and symptoms resolve. In more severe cases hyperbaric oxygen therapy may be necessary. For any pregnant patient, be aware that fetal carboxyhemoglobin levels could be 10-15% greater than the maternal carboxyhemoglobin level.

Employees at Lancaster EMS hopefully have taken notice to the small devices attached to the oxygen caddy found on the trucks. ToxiLtd carbon monoxide detectors have been placed on the trucks to avoid accidental exposure to the crews, and detection of unknown exposures for the patients. There are two different hazardous levels of CO that will set off the detector. The ToxiLtd is set to warn at two levels of carbon monoxide exposure; warning (indicating a potentially hazardous situation which, if not avoided, could result in death or serious injury) and danger (indicating an imminently hazardous situation which, if not avoided, will result in death or serious injury). The LCD screen will display “warning” or “danger” when indicating an exposure. The warning alarm is activated by levels of 35 PPM and the danger alarm will go off at 100 PPM. While the O₂ should be carried in on every call, it is a known fact that does not always occur. Be aware of this extra piece of equipment to utilize. The use of it may prevent a patient from continuous accidental exposure if CO is not suspected by the provider but is sensed by the detector.

Be aware of CO poisoning. While it is more prevalent this time of year, it is a possibility all year long. By knowing signs and symptoms to watch for patients can be more rapidly and appropriately treated.



Faces of Lancaster EMS





Covering the Presidential Rallies



As with the last several presidential visits, Lancaster EMS was called upon once again to provide emergency medical coverage during all presidential candidate visits to Lancaster County during the recent campaign. Lancaster EMS is the United States Secret Service's EMS agency of choice in this area. We are always proud to serve when VIPs come to town.



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