



Author to Talk About *Saving Troy*



The EMS worker's story rarely gets told. So William Patrick resolved to tell it.

Saving Troy vividly depicts the year that Patrick rode with the Troy Fire Department's 1st Platoon. The book goes beyond the five-alarm fires and emergency calls to let Troy's EMS workers tell their inside stories.

On May 18, Patrick will read from the book and share his experiences at AMC's EMS Night.

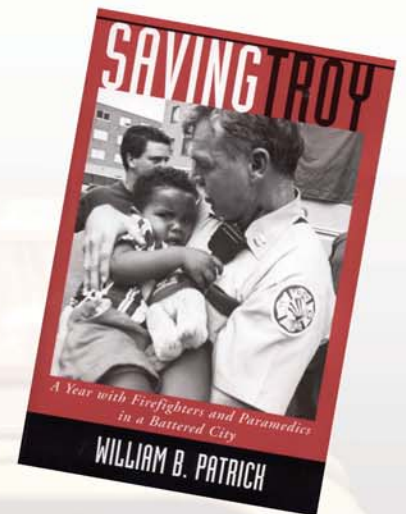
"By riding with them as an outside observer, I had the chance not only to hear the stories, but to reflect on what they do every day," Patrick said. "These people are smart, capable, really

good storytellers. It takes a different kind of bravery to show up every single day, face what they face, and treat everyone with dignity and respect. And they did."

In an informal, conversational talk, Patrick seamlessly blends readings from the book with his own perspectives and stories—including the tragedy that compelled him to write the book in the first place.

Patrick's works have been published or produced in several genres including the BBC and ABC, and his novel won the Great Lakes Colleges Fiction Award. Among his works is *Fire Ground*, a screenplay based on his experiences living and riding with professional firefighters. Besides teaching at several universities, he has served four times as writer-in-residence for the New York State Writer's Institute at the University at Albany.

EMS Night takes place on Thursday, May 18, 6:30 p.m., at The Desmond Hotel and Conference Center in Albany. Please RSVP by May 1st to Art Breault or Sarah Seiler at (518) 262-8559. Seating is limited.



An Evening of Recognition

Please join us for Albany Med's Annual EMS Night. The hard work and dedication of the EMS community makes a difference in the lives of so many.

Save the date for this year's annual event. A dinner buffet will be provided.

EMS Night

Thursday, May 18

6:30 p.m.

The Desmond Hotel and Conference Center
660 Albany-Sbaker Road, Albany

RSVP by May 1st

Please call Art Breault or Sarah Seiler at
(518) 262-8559.

When AMC Goes Code Orange

If you're on a run and hear the term "Code Orange" over the radio, pay close attention.

AMC's new Code Orange plan allows for the rapid lockdown of all entry points in the event of a major security threat, such as a biological or chemical attack. Code Orange is specifically designed for those rare threats outside the hospital that could enter the facility and compromise operations.

"If a Code Orange is called, AMC security will be deployed at major entry points to direct people to the appropriate screening entrance," explained Scott Heller, director of AMC's Regional Resource Center for Emergency and Disaster Preparedness. "Medical triage will occur at the screening entrance to identify and process patients seeking care at AMC."

EMS agencies will hear about the alert via EMS radio. Depending on the incident, arriving EMTs and paramedics may be directed to a specific area for medical screening, decontamination, or other procedures. In any event, they should adhere to all directions from the ED, AMC security, and local law enforcement.



LifeNet News

It's never too early to think about golf.

So plan now for May 15, when AMC holds the 2nd Annual LifeNet of New York Golf Tournament at Ballston Spa Country Club. This year's event will include breakfast, lunch, dinner, and a whole array of new and improved prizes. "Everybody will walk away with something," promised Shannon Martin, the tournament coordinator.

The event supports the Air Medical Education Fund, a not-for-profit that helps air medical crew members in New York State pay for required certifications and tests. To find out more, call Martin at (518) 542-6479 or email smartin@airmethods.com.

New Aircraft Call Designations

Starting in March, LifeNet will use new designations for all its aircraft:

Aircraft	Old designation	New designation
Albany	Albany 1	LifeNet 71
Glen	LifeNet 72	LifeNet 72
Westchester	Stat Air 1	LifeNet 73
Kobelt	Stat Air 2	LifeNet 74

The new designations denote the fact that New York State is the seventh state to use LifeNet.

Why Travel? View EMS Lectures Closer to Home

Before 1996, you had to trek to AMC to attend an AMC EMS lecture.

Those days are long gone.

Thanks to the tireless work of AMC staff, the Adirondack Area Network (AANet) has made these lectures available via teleconference for the last 10 years. As a result, you can access a far wider selection much closer to home - even at the station.

The lectures can come to you in a number of ways. "In the fully interactive multipoint mode, several sites participate in the same program and can hear and see each other live," said David Bonner, AANet's president and CEO. That makes for sessions with plenty of opportunity for dialogue and Q&A.

Participating in this manner requires an AANet connection and a "codec" - a compression/decompression device that controls the sig-

nals. While the equipment can be expensive, EMS units can circumvent the cost in two ways:

- Apply for a grant. AANet grants funds for this purpose, as do the Hudson Mohawk Area Health Education Center (www.hmahec.org), the USDA Rural Utilities Service (www.usda.gov/rus/telecom/dlt/dlt.htm), and FEMA through its Fire Act grants (www.firegrantsupport.com).
- Visit a nearby location with the necessary connections - like Schenectady County Community College, Wilton EMS, and Indian Lake EMS. Questar III and many hospitals offer live teleconferencing as well.

The benefits of owning a codec extend beyond EMS lectures. During the ice storm of 1998, AANet connections helped to facilitate disaster recovery efforts: "Bases" set up at var-

ious member sites enabled FEMA, the military, and local communities to coordinate their efforts in real time. Having a codec also enables you to broadcast your own programming.

If you don't want to go the teleconference route, however, other options deliver many of the same benefits. AANet streams EMS lectures live over the Internet; all you need is a Net-connected computer and a free version of RealPlayer (available at www.real.com). A live chat room enables dialogue with other attendees while the lecture is in progress. After the fact, you can also visit the AANet website for archived video programs.

To find out more about teleconferencing and other lecture options-or to scan the calendar of events-visit www.aanet.org.

Handling the Less Lethal Weapon

Quick. How do you deal with a taser wound?

It may not come up every day, but police increasingly turn to tasers and other "less lethal weapons" to apprehend suspects, control crowds, or even overcome dangerous animals. Indeed, one-third of police departments in the U.S. now possess these weapons, according to Dr. Bruce Ushkow of AMC's Emergency Department - which is why EMS workers will want to understand their impact.

"Each weapon has its own set of dos and don'ts," Ushkow explained. With its oil base, for instance, pepper spray can contaminate easily-so clothes should be removed and bagged. Give patients tetracaine in the eyes, and flush their face, eyes, and body with cool water as soon as is practical. Baby shampoo facilitates removal of the spray from the eyes without further irritation.

Tasers leave two barbed probes in the body. To begin treatment, cut the wires and immobilize the barbs in place. If they fall out, treat them as blood-borne pathogen carriers.

Ushkow emphasized how easy it is to underestimate the blunt force of certain less lethal weapons. "Many leave very few telltale signs yet can produce significant injury, such as pneumothorax, ruptured spleens and livers, and compartment syndromes," he said. "All patients who receive the business end of a blunt-force less lethal weapon need hospital evaluation and hair trigger for large-bore IV placement with saline administration, oxygen, and analgesia."

What if a call takes you into a dangerous situation? "First worry about yourself, your crew, and fellow public service agents," Ushkow recommended. "Safety is the utmost concern. Secondly, work with the peace officer in charge to advise you when the patient has been restrained so you may approach. Chemical restraint may be required to augment the use of less lethal force options and physical restraint."

Watch AMC's EMS lecture calendar for more on less lethal weapons and proper treatment.

What If Conventional IV Won't Work?

Perhaps your patient is in full cardiac arrest and needs medication fast. Maybe you're working on a drug user with damaged veins. In any event, conventional IV won't do. Now what?

Several technologies can come into play. FAST1, for example, provides rapid central vascular access when an IV in the arm would prove too slow or too difficult. This is especially critical in cardiac cases: "Drugs reach the heart in 30 seconds with a sternal intraosseous like FAST1, as opposed to two minutes by peripheral vascular access," said Richard "Doc" Clinchy of Unconventional Medical Solutions. "Plus, rather than making multiple fruitless attempts at peripheral lines, which only delays things, the FAST1 can be in place and functional in less than one minute."

The FAST1 procedure is fairly straightforward:

1. Determine whether to use FAST1 instead of conventional IV (the latter is preferred unless there are compelling reasons otherwise).
2. Prepare the area over the manubrium with an aseptic technique.
3. Put the target patch in place using the suprasternal notch as the reference landmark.
4. Uncover the FAST1 needle cluster and, using a cephalo-caudad approach, place it into the hole in the target patch. Be sure to keep the introducer perpendicular to the manubrium surface.
5. Using 30-60 pounds of force, push the introducer along that perpendicular axis until the device releases the infusion catheter. Pull back the introducer along the same axis.
6. Connect the infusion catheter to

the medial connector on the target patch.

7. Once the IV is connected, administer a modest fluid bolus to clear the catheter and check for extravasation.
8. Place the protective dome over the site. Remember to bring the removal tool, so the infusion catheter can be removed at the hospital.

With a flow rate equivalent to an 18g peripheral line, FAST1 is one of several alternatives to conventional IV. DIG is a bone-injection gun that uses a spring system to fire the IO needle directly into the tibia. Another option, EZ-IO, involves an FDA-approved drill that drives the needle into bone.

How to Cope With the Worst Cases

They're the calls no one wants to see. The ones that keep even the veterans awake at night. That's why there's Critical Incident Stress Debriefing (CISD).

"So often, you're expected to just move on to the next emergency," said Jo Flanigan with Rensselaer County's Reduce Emergency Stress Team (REST). "But some calls are going to stay with you for a while, and you have to work them through. We help you do that. We give emergency workers time to be human."

CISD involves a structured group discussion intended to mitigate symptoms and provide coping strategies after a difficult incident. The process starts when a squad chief or captain calls for a team certified in the tech-

nique. Such a team usually consists of one peer-support person for each group involved in the incident (one EMT for EMTs, etc.), along with a mental health professional.

In the initial meeting, which generally happens within 24 hours of the incident, the CISD team reviews a wide range of coping strategies: finding a good listener, physical activity, eating healthfully, and getting back to routine, among others. In most cases, one meeting is sufficient, though follow-ups can take place if needed.

At the foundation of CISD is the International Critical Incident Stress Foundation (ICISF), which is responsible for certifying CISD teams. ICISF offers training courses around the country; to find the courses nearest

you, visit www.icisf.org. People who wish to join an existing team need a professional recommendation from a peer.

Since its founding in 1987, REST has engaged in 350 CISD sessions, and according to Flanigan, "There isn't a call where we haven't made a difference. Chiefs and captains are sometimes reluctant to call-'oh, it's only one or two guys, or they just had a sleepless night'-but every time we've been called, it's been appropriate."

And the problems are perfectly normal. "Any reaction to a critical call is a normal reaction that normal people have to abnormal events," Flanigan said. "Emergency workers forget that these are abnormal events."

Say It Ain't So, Bruce

One of EMS's best friends at AMC is saying farewell.

Bruce Ushkow, M.D., will leave his distinguished career at Albany Medical Center to become director of EMS at Samaritan Hospital in Troy. Bruce has been an AMC "lifer," completing both med school and his residency here. As an attending for the last 12 years, he launched a whole host of worthy efforts: the "Physician on the Fly" program, off-site urgent care centers, the

EMS externship program and residency rotation, and "Life and Death" bloods, among many others.

After finishing clinical rotations at AMC in March, Bruce will take his new position in May. He'll continue to serve as EMS medical director for Bethlehem. Please join us in wishing Bruce a fond farewell and the best of luck. He deserves it!



Upcoming Events

March 14 & 15, 8 a - 5 p
Niskayuna FD #1
PEPP Course w/PALS Refresher-
Cost: \$125 + book

March 14, 7 p
ME 700
Abdominal Trauma-
Brett Wiesley, MD

ST Elevation MI-
David Bruce, RN
Gus Delago, MD

March 15, 7 p
ME 700
Crush Injuries /Syndrome-
Bruce Ushkow, MD

April 11, 7 p
ME 700
MCI/SMART Triage Presentation-
James Soto, Associate Director,
Disaster Preparedness

April 19 & 20, 8 a - 5 p
Niskayuna FD #1
AMLS Provider Course-
Cost \$130 + book

April 19, 7 p
ME 700
Is Our WMD Training /Assumptions Making Us Ill Prepared?
Tom Creamer, OHS Training
Director

May 9, 7 p
ME 700
Protecting Yourself from Violence-
Rebecca Jeanmonod, MD

Street Drugs - Overdoses-
Nathaneal Wood, MD

May 18, 6:30 p
The Desmond Hotel and
Conference Center
EMS Night-
William Patrick & case
presentations

June 10
Time and location TBA
OHS WMD Awareness-
Art Breault & Sarah Seiler

June 13, 7 p
Location TBA
Advanced Skills Lab

June 21, 7 p
AMC, ME 700
CHF & Pulmonary Edema
Nestor Nestor, MD

August 22 & 23, 8 a - 5 p
Location TBA
PEPP Provider Course

September 20 & 21,
8 a - 5 p
Niskayuna Fire Department #1
PHITS Provider Course
Cost: \$130 + book

Lectures will be available for viewing through the Adirondack Area Network (www.aanet.org/ems/ems1.html), which permits live, two-way video conferencing between AMCH and one of several area teleconference sites around the region. Webcast with online chat capabilities will also be broadcast live. All conferences are archived online at AAN with links to a post-conference test site. An 80% correct score will then create a certificate of completion for your records.

For more information on these or other events, please contact (518) 262-8559, or visit the NY EMT Info Website at www.NyEmtInfo.com.

In the Event of a Disaster

Hopefully, you will go through your entire EMS career without encountering weapons of mass destruction. If the situation ever arises, however, expert help is close at hand.

That help comes via the nearest Weapons of Mass Destruction Civil Support Team (WMD-CST). Working alongside civil authorities at an incident site, CST members identify WMD agents or substances, assess the consequences, and advise on appropriate response measures.

That makes the CST a valuable asset for EMS personnel in anything related to CBRNE substances (chemical, biological, radiological/ nuclear, and explosive). "During initial scene size-up, the CST medical section would work with onsite medical personnel for an update on casualty signs and symptoms," said Major Matthew Cooper, commander of the New York CST. "CST medics could advise on specific CBRNE treatment and diagnostic testing, coordinate for emergency care of downrange personnel, and provide medical management for EMTs on request."

Besides its medical expertise, the CST operates a mobile laboratory with a range of tools to identify chemical and biological agents.

Each U.S. state and territory has its own CST; New York's makes its home at the Stratton Air National Guard Base in Scotia. In the event of an incident, emergency responders should first call their county emergency management office to request the CST. But, because final approval to deploy the CST rests with the governor or adjutant general, Cooper also recommends a direct call to the CST commander, XO, or ops officer. "This will facilitate the request on both ends and expedite the response."

However, Cooper continued, you may want to get acquainted with your CST long before an incident occurs. "It is valuable for both CST members and first responders to train together. This provides a level of confidence in one another during an actual incident," he said.

Points of Interest...

www.NYEMTInfo.com

The Adirondack Rural Health Network, Hudson Mohawk Area Health Education Center, Mountain Lakes Regional EMS Council and Albany Med have joined forces to create www.NYEMTInfo.com, a website providing news and information to the New York State's EMTs.

Continuously updated, the site offers courses, news and other information in twelve New York counties to EMTs on the move. It's an easy, convenient way to get news and updates you need.

12-Lead EKG

In emergency situations, the cath lab can clear its schedule and expedite emergency care. "That's the biggest advantage of getting AMC's ED the information early. The ED can contact the folks in the cath lab, and they can be ready when the patient arrives," said ED physician Dr. Mike Dailey.

"Clearly, early EKG is very important," Dailey said. "And early notification enables our ED staff to respond with amazing speed."

