



F-M AMBULANCE SERVICE

VITAL SIGNS



November 2005



George, Mike, Kathy and Don by Lake Livingston, Texas. The dam that makes the lake was ready to burst due to the storm surges against it, threatening around 10,000 people who live below it. They had to evacuate just after the hurricane ended.

New Video Equipment

We have started shooting on our first official "F-M Ambulance" movie! Last spring, F-M Ambulance applied for a BSC Foundation grant for video equipment. We were awarded \$6,000 for the grant which FM Ambulance matched. With these funds we purchased a near-broadcast quality digital videocamera, high quality tripod, a 64 bit desktop with 500 GB harddrive, Adobe Video Collection editing software, a studio light set-up, wireless microphone, DVD duplicator, and DVD printer.

This equipment will be used to produce teaching DVDs of practical skills stations for our EMT Basic, RN-EMT, and Paramedic programs. It will also be used to put video content on Mercy Group and our website.

In October, we started shooting scenes for a new skills video for the EMT-B class. Derrick Berg, Brandon Lee, Mike Schultz and Tessa Borkenhagen all helped by being victims or "students". Although we had many scenes that will make the blooper tape, the video is almost complete and will be used for the RN-to-EMT class in December.

F-M Ambulance EMS Citizen's Academy

F-M Ambulance will be holding an EMS Citizen's Academy starting in February. The citizen's academy will be a hands-on opportunity for community members to learn what F-M Ambulance paramedics and EMT's do every day. It will also educate participants about F-M Ambulance and emergency medical services, along with teaching them skills they can use in actual emergencies. Participants will have the opportunity to ride along with Paramedics and EMTs and go on actual emergency calls.

The academy will be focused on hands-on training, showing and teaching the skills that an ambulance crew may use. Participants will get to practice starting IV's, intubations (placing a breathing tube), defibrillation, reading heart rhythms, and doing a full "code" on our SIMMAN manikin. Participants will also have the chance to drive an ambulance with our Road Safety system in place.

We will have guest speakers talk about different EMS experiences, including paramedics who have worked in Texas after hurricanes Rita and Katrina, and a paramedic who worked in New York at the time of the World Trade Center collapse.

After the CPR and AED training, academy participants will have the opportunity to do a ride-along with an ambulance crew. We have various shift times that are available for the ride-alongs.

For more information about the F-M Ambulance EMS Citizen's Academy, please contact Todd Hockert at (701) 364-1712.

Did you know...

Our new ambulance was on display at the national AAA conference in the Las Vegas Hilton and Convention Center from November 28th – December 2nd.

Did you know...

Ron, Rick and Sherm went to the National EMS Educators Conference in San Antonio, TX in September. Here they are in front of the Alamo!



Dakota Medical Foundation Automated External Defibrillators

In October, First Line Medical was awarded the contract for the purchase and placement of 43 LP 500 A.E.D.'s through the Dakota Medical Foundation grant. The A.E.D.'s will be placed in regional law enforcement vehicles, campus police vehicles as well as area First Responders.

To date First Line Medical has assisted local businesses and organizations in the placement of over 300 A.E.D.'s in 7 different states.

Did you know...

Wade Hockert is graduating from the Ambulance Service Managers Certification Program class that he took in Kansas City in April and May. The graduation ceremony will be held during the American Ambulance Association National Convention in Las Vegas on November 28th – December 2nd. He will then drive our new truck back!

I Called the Ambulance – What Can I Do Before They Arrive?

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You see a bad car accident. Your husband fell while trimming the trees. Your grandmother feels like she may be having a heart attack. You call 911 – now what?

When you call 911, the dispatcher may ask you questions such as your address, phone number, and nature of emergency. This helps him or her determine which resources they will send to assist you in the emergency (ambulance, fire department, or police).

Unfortunately, it may take a few minutes for any help to arrive, so what can you do until someone gets there? Here are a few helpful hints that may help the emergency personnel when they arrive:

- If the person may have hurt their head, neck, or back – do not move them
- Try to find out if there is any pertinent medical history (have they ever had a heart attack, do they have asthma, diabetes, seizures, etc.)
- Does the person have any allergies?
- What happened leading up to this event?
- Are they taking any current medications? Have the medication in a bag and ready to go with to the hospital, or make a list of the medication the patient is currently taking
- Ensure there is a clear pathway into your house – the paramedics may be bringing a stretcher inside
- Remove any pets from the room

Paramedic Refresher

There are a couple of paramedic refresher classes left in 2005 – if you are interested in attending any of the upcoming refreshers, please talk to Merlee.

- OB & Peds II 12/7 & 12/8

CPR Fact

- If bystander CPR is *not* provided, a sudden cardiac arrest victim's chances of survival fall 7 percent to 10 percent for every minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are *not* provided within minutes of collapse.

EMEC Offers New Classes

The Emergency Medical Education Center at F-M Ambulance is offering new courses – the ABC's of Babysitting, an RN-to-EMT Bridge Course, and a new night Paramedic Class starting in January.

The **ABC's of Babysitting** course is a initial course for teens and pre-teens about responsible babysitting and child care. The course has been offered since July and enrollment has exceeded our expectations. Our last class was on Saturday October 29th. There were 60 kids at the station that day learning about CPR, first aid, diaper changing techniques, and fun activities for kids to do while babysitting. At the end of the course, students get a tour of the ambulance, a course completion card, and a first aid kit to bring with them while they babysit.

The **RN-to-EMT Bridge Course** is a new course for the state of North Dakota. The course is designed for the RN who has extensive emergency medicine or critical/intensive care experience who is interested in becoming a nationally registered EMT-Basic. The course is an intensive 24-hour class that will supplement previous emergency medical knowledge. This course is comprised of hands-on practical skills plus a limited amount of lecture. The course has been approved by CNE-Net for continuing nursing education credits. The first class will be held December 2 – 4 at F-M Ambulance Service.

There will also be a new **night paramedic course** offered in January. This course will cover all of the topics that are taught in our traditional day course, but will be held Tuesday and Thursday evenings from 6 – 10 and the second Saturday of each month from 8 – 4. The course will take place over 2 years instead of the traditional 11 month program. This course is designed for those who are interested in becoming a paramedic but are not available during our traditional class times. The evening paramedic program will start on January 10th, 2005 and end in August of 2007.



Don gets ready for a television interview right before the crews are deployed for Texas.

First Line Medical



First Line Medical, a service of F-M Ambulance Service, provides first aid and safety products to local businesses, ambulance services, schools and other organizations. They specialize in emergency medical supplies such as automated external defibrillators (A.E.D.), disaster shelters, respirators as well as first aid cabinets and eye and hearing protection. The First Line Medical staff consists of Sean Quinn, David Rud and Janet Crudo-Sayler.

First Line Medical has excelled due to the dedication of Dave Rud, sales associate for First Line Medical. Providing a service that is second to none has proven that F-M Ambulance has a reputation for excellence not only in the area of patient care, transport and emergency medical education, but in all aspects of the organization.



Did you know...

- *Coronary heart disease* accounts for about 550,000 of the 927,000 adults who die as a result of cardiovascular disease.
- Approximately 335,000 of all annual adult *coronary heart disease* deaths in the U.S. are due to sudden cardiac arrest, suffered outside the hospital setting and in hospital emergency departments. About 900 Americans die every day due to sudden cardiac arrest.
- Brain death starts to occur four to six minutes after someone experiences cardiac arrest if no CPR and defibrillation occurs during that time.

Get To Know...

A close up on our new F-M Ambulance Employees

Janet Crudo-Salyer Sales Support

Where are you from?

I was born in St. Cloud, Minnesota. I have relocated several times – I have lived in Minneapolis, Portland, Denver, Lake Park, and Big Lake, MN. I most recently returned to Fargo from Colorado.



What do you enjoy doing in your spare time?

I am not very familiar with spare time! I enjoy spending time with my children, Jessica and Jacquelyn. I also enjoy painting, decorating, reading, riding horses, movies, and helping others with projects.

What made you want to work at F-M Ambulance?

I wanted to work at F-M Ambulance because of the type of service we offer here – compassion and excellence!

Russian Delegation Visits F-M Ambulance Service

F-M Ambulance had a six-member Russian Delegation visit our building on Sunday November 13th. Delegates came to the U.S. to study public health and human services and had a particular interest in services for the disabled. John Breiland did a great job answering all of their questions and giving them a tour of an ambulance. They also toured the rest of the F-M Ambulance building and were very impressed with the entire EMS system. During their stay in the Fargo-Moorhead area, delegates visited with people from various health care facilities, schools, and social service providers.



American Heart Association 2006 Go Red For Women

The American Heart Association is once again launching their "Go Red For Women" public awareness campaign. This campaign will hopefully help make women more aware of the fact that heart disease is the #1 killer of American women. Many American women believe that cancer is the #1 killer. There is also a perception that heart disease only affects older people; the AHA would like to make people aware that heart disease can affect people of any age. Cardiovascular diseases claim the lives of more than half a million females annually, and half of those are under age 65. Less than 10% of women recognize heart disease as their leading cause of death. One in two women will die of heart disease, compared to 1 in 29 of breast cancer.

The "Go Red For Women" campaign would like to heighten the awareness of women ages 25 - 64. The AHA would like to help these women learn to make heart-healthy choices in their lives, and to visit their doctors and be screened according to guidelines for heart disease.

Locally, we are planning an evening banquet and style show to promote "Go Red For Women" day on February 7th, 2006. Last year we had over 250 women attend our event, and we are hoping to have more this year! For more information about this year's event, please contact Kristi.



Did you know that babies are born without kneecaps? They don't appear until the child reaches 2 - 6 years of age.



F-M Ambulance Participates in 2005 COPS Grant

In 2004 F-M Ambulance was asked to participate in a communications matching grant that the City of Fargo was applying for through the C.O.P.S. (Community Oriented Policing Services) office, a component of the Department of Justice.

The matching grant meant that agencies that participated in the grant would have to pay a portion of the cost but the rest would be paid for through the grant.

The purpose of the communications grant is interoperability of radio systems within the city, county and region. For years Fargo Police, NDSU Police and Fargo Fire Departments were the only agencies using radios in the UHF band. This meant that without special equipment someone using a VHF band radio was unable to talk directly to those on UHF band radios.

In 2003 Fargo Police received Homeland Security that they decided to use to upgrade their radio system to a VHF digital radio system. In 2004 an application was submitted to the COPS office for additional funding to complete other phases of the project.

What did the participation in the grant mean for F-M Ambulance? It became an opportunity to participate with other regional agencies in the planning and implementation of a region-wide interoperability plan and to make sure the interests of EMS were addressed. It also allowed F-M Ambulance to use its portion of the grant to enhance an already proposed paging project and voting receiver project.

There are three phases in the planning of F-M Ambulance. Phase one was the purchase and installation of new digital capable portable and mobile radios this will allow interoperability with those agencies that will be changing to a digital systems, this includes North Dakota State Radio in the future. Phase two is the purchase and installation of a primary and secondary paging system. This system will be used to notify EMS crews to calls and callback without having to rely on a separate vendor for that service. In the future F-M Ambulance will have the capability of offering this service to other first responders and ambulance services in the region. The final phase will be to enhance radio coverage of portable radios by installing voting receivers in South Fargo and West Fargo.

Agencies participating in the COPS grant are: F-M Ambulance Service, Moorhead Fire Department, Fargo Fire Department, Red River Valley SWAT, Cass County Sheriff, Cass and Clay County fire departments, Cass County ambulance services and first responders, Clay County Sheriff, Moorhead Police Department, Cass County and Fargo Emergency Management, N.D.S.U. Police, and Fargo Police Department.

Contributed by Todd Hockett

RRCAC Project

Some of our First Responder students are doing a project in which they are working with the Red River Children's Advocacy Center to gather new clothing, toys, and other needs for the children which stay at their center. If you can help by donating any items, it would be greatly appreciated. Please bring them to Kristi or Kelly by December 13th.

The Red River Children's Advocacy Center is a non-profit entity that works to better respond to child abuse cases in eastern ND and western MN. Over 200 children were referred for sexual abuse alone from at least 15 ND and MN counties in the first 10 months of 2005. The "Kids Closet" project provides immediate access to such basic items such as a warm blanket for travel, personal hygiene products, and clothing to replace those that may have been removed for evidence. The goal of the RRCAC is to provide professional, compassionate, and well-coordinated services and to be a place where all children and families in need of help can find a place where they can feel safe.



Cartoon contributed by Todd Neumann

AHA Releases New CPR Guidelines

On November 28th, the American Heart Association released the *2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. New emergency care guidelines include dramatic changes to cardiopulmonary resuscitation (CPR) and emphasis on chest compressions.

The 2005 guidelines emphasize that high-quality CPR, particularly effective chest compressions, contributes significantly to the successful resuscitation of cardiac arrest patients. Studies show that effective chest compressions create more blood flow through the heart to the rest of the body, buying a few minutes until defibrillation can be attempted or the heart can pump blood on its own. The guidelines recommend that rescuers minimize interruptions to chest compressions and suggest that rescuers “push hard and push fast” when giving chest compressions.

The most significant change to CPR is to the ratio of chest compressions to rescue breaths – from 15 compressions for every two rescue breaths in the 2000 guidelines to 30 compressions for every two rescue breaths in the 2005 guidelines. The 30-to-two ratio is the same for CPR that a single lay rescuer provides to adults, children and infants (excluding newborns). The change resulted from studies showing that blood circulation increases with each chest compression in a series and must be built back up after interruptions. The only exception to the new ratio is when two healthcare providers give CPR to a child or infant (except newborns), in which case they should provide 15 compressions for every two rescue breaths.

Another guidelines change emphasizing the importance of CPR is the sequence of rhythm analysis and CPR when using AEDs. Previously, when AED pads were applied to the chest, the device analyzed the heart rhythm, delivered a shock if necessary, and analyzed the heart rhythm again to determine whether the shock successfully stopped the abnormal rhythm. The cycle of analysis, shock and re-analysis could be repeated three times before CPR was recommended, resulting in delays of 37 seconds or more. Now, after one shock, the new guidelines recommend that rescuers provide about two minutes of CPR, beginning with chest compressions, before activating the AED to re-analyze the heart rhythm and attempt another shock. Studies have shown that the first AED shock stops the abnormal cardiac arrest rhythm more than 85 percent of the time and that a brief period of chest compressions between shocks can deliver oxygen to the heart, increasing the likelihood of successful defibrillation. The guidelines also recommend that healthcare providers minimize interruptions to chest compressions by doing heart rhythm checks, inserting airway devices, and administering of drugs without delaying CPR.

What does this mean for F-M Ambulance and people in the Fargo-Moorhead area? F-M Ambulance will be holding a BLS roll-out for the new guidelines in February of 2006 for all F-M Ambulance CTC members. After the roll-out, instructor from our CTC will be teaching the new guidelines in our area. There will most likely be changes to all CPR courses, along with ACLS and PALS courses.

Hurricane Rita

Time: 10:30 am on September 22, 2005. The sound of the pager awoke me to alert me that FEMA had placed a request for our service to be deployed to Texas in anticipation of Hurricane Rita. In my sleepy stupor, I couldn't really comprehend the events since I had just fallen to sleep one hour earlier from an overnight shift. After lying in bed and thinking about the request, I rolled over and contacted Ken Krupich as requested if anyone was interested in going. I quickly told him he could sign me up on the list. He informed me that it was a short list and that I probably would be going. He requested that the crews be ready to depart by 2:00 p.m. I looked at my clock and realized that I had a lot of planning, packing and running errands before that time. Then the news that we had to be at the station by 12 noon, this shortened the time even more. No time to wash clothes. I began calling my

immediate family and to say goodbye and a quick prayer. Then the calls turned to my finances, someone to take care of the house and lawn, someone to take care of the mail. I had to stock up on toiletries, shampoo, soap, toothpaste, tons of deodorant. I figured that items I forgot I had to have I could pick up on the way down. Quickly organizing my life for 30 days into 1.5 hours takes skill.



Trucks refueling

(Story continued below)

(Continued)

I arrived at FM Ambulance to be debriefed and given assignments of supplies, trucks, phone numbers, and maps. The air seemed to be full of excitement and joy. My emotions though were of nervousness and apprehension. Never before have I headed into a region or area and everyone else was trying to get out. We were not going into the area after the storm hit to provide aid, but instead we were going to be pre-staged directly in the path of the storm before it struck land. We loaded our belongings into the ambulances, received our last instructions, gave our last TV interviews with the media and headed south to Texas.



The trip south was fairly unremarkable. It was interrupted only for short times long enough to stop for a bathroom break, fuel or food. As the crews turned south at Dallas, Tx the extent of the evacuation was evident. Highway 45 that runs south between Dallas and Houston was the main evacuation route. The highway was littered with stalled vehicles, vehicles on fire, entire families sitting in the tree line that was along the highway. Meanwhile, the southbound lane was clear. No vehicles as far as you could see were going south with us. As we came closer to Houston, which was our staging point, we were contacted by Fergus Falls ambulance and were instructed to follow them to the town of Livingston, Tx. All of the West Central Ambulance services would be going here until released. We turned off the highway onto a small county highway system which took us to Livingston. These small highways were also blocked almost the entire way by stalled vehicles that had run out of gas. All of the fuel stations had run out of fuel and were closed. The ones that remained open were under heavy police protection. At any given station, there were at least 10-15 local police, sheriff or state patrol officers. There was a heavy police presence where ever we went which both made me feel safe but nervous as to why they were needed so much.

We finally arrived in Livingston, TX and reported to the EOC (Emergency Operations Center) for Polk County, TX. There we were given our instructions as to where we could sleep, what we would be doing, etc. All of the instructions that were given soon would be rendered useless once the storm hit. We were instructed that all emergency vehicles would be pulled from the streets by 9 pm and would not return until it was deemed safe by the EOC. No attempts were to be made to go out into the storm by order of the Governor. After 27 hours of driving straight through, a request for a cardiac patient to be transferred by ambulance to Tyler, Tx was made. Kathy Lonski and I had our names drawn out of a hat. Kathy and I had both worked the night shift prior to being deployed so we had been up for at least 40 hours. We took the transfer and were ordered to return halfway back and stay in the town of Lufkin, TX at the local Gold Star EMS ambulance station to sleep the storm off. We did as ordered. We awoke to find the storm passing just to the east and south of us. The storm resembled a strong rainstorm. There was no significant damage in Lufkin, but as we approached Livingston it was more obvious. We reported back to the EOC in Livingston and were given our orders. We soon teamed back up with our other MN Ambulance teams and took over the 911 service for Gold Star EMS in Polk County. Majority of the calls were respiratory, cardiac, and pseudo-seizures.

The area was hit after the storm ended with a heat wave. Temperatures averaged 100-110 during the day and 90's at night was severe humidity and dew. This lasted for the first week after the storm. The local hospital, Livingston Memorial, soon came to the realization that it did not have enough fuel to run its generators for that long of a time and the decision was made to evacuate. The hospital is a 42 bed facility that was completed in the year 2000, but the hospital has a surgery center, emergency center, urgent care/clinic and other specialties that were used to place patients in and be cared for after the storm. This brought the 42 beds up to around 60-75 easily. When the order to evacuate the hospital was given, the local EMS services, predominately FEMA trucks, were overwhelmed with 911 calls and were obviously unable to assist in the evacuation.

Then the call from the local nursing homes came in to evacuate their residents to other facilities due to the patients deteriorating in the heat and humidity without power and air conditioning. It was suggested to Gold Star

EMS Dispatch that a call for help be made to FEMA in Houston for more trucks. The call was answered and 15-25 ambulance was sent from around the region to help in the evacuation while our main mission to cover 911 was accomplished. Soon after the D-MAT team from North Carolina arrived and took over cares at the hospital. They would treat and care for patients whose main complaints were of dehydration or heat exhaustion. The MN teams worked 24/7 with the only breaks being in between calls to catch a shower, eat, sleep or socialize with co-workers. Slowly local restaurants and businesses began to open and return to normalcy. Shortly thereafter, the local EMS service was back at the staffing level where it felt it could take over full time once again.

(Story continued below)



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The West Central MN services were then dispatched to the town of Beaumont, TX with a population of 115,000; it's the largest city in southeast Texas. This is where ground zero was for Hurricane Rita on the Texas side. Beaumont's Ford Center was to be the new staging point for all EMS FEMA trucks in Texas. The Ford Center is the location of the state fairgrounds. Facilities were provided here by FEMA to the US Forestry Service, US National Guard, FEMA, Salvation Army and Red Cross. The Ford Pavilion was reserved for the National Guard, Salvation Army and Red Cross to set up their headquarters and sleeping area. The Ford Hockey Arena was reserved for FEMA, US Forestry Service and EMS. FEMA brought in portable showers, sinks, canteens, laundry service on semi-trailers. The operation was a very well organized operation due to the fact these people were professional service workers that held primary contracts with the government to travel around the US to provide these services. The US government placed the US Forestry Service in charge of the Ford Center. This was the first time the service was ever put in charge or IC of such a large operation. There was mandatory meetings everyday which discussed the continued missions of EMS in the area, but more and more the meetings became a "rules" meeting. The forestry service put staunch restrictions on EMS and the individuals' movement and freedoms while on the grounds. Overall majority of the crews were upset at the heavy restrictions. Many services were demobilized by FEMA due to the crews' inability to follow the forestry services rules. You learned very quickly to just follow the rules and get along.



There were diverse missions given to EMS crews. Some were deployed to serve with the US Coast Guard in Sabine Pass, TX for search and rescue operations. Some were deployed to assist in 911 services. The remaining would be utilized to transfer patients throughout the local health systems. Overall, there were a total of about 300 ambulance services housed at the Ford Center for deployment. The MN crews were stationed in Livingston, Woodville, Port Charles, Orange City, and Cleveland, Texas. Each city came with its own obstacles. We had a chance to serve with other MN ambulances from Alina, Woodbury, Perham, Fergus Falls, Crookston, Lakes Region. We also had the privilege of serving with Action Ambulance from Boston and two other services from Oklahoma. We made many friends along the way that will always be in our minds and prayers. But more importantly, the patients that we took care of and responded to in the heat of the battle. The roads, pathways, and backwoods that was traversed and hiked to get to patients and families at their darkest hours will remain in our hearts. Where ever we went, the patients and families knew right away that we were not from the local EMS and when we were questioned as to where we were from, the same response "you sure are a long ways from home" was heard. Then shortly after that, some would just say thank you. Some would shake your hand. Some would hug you and hold you for a second while others would just look at you and cry. During the trip to the south, bystanders at the gas stations or restaurants would ask where we were heading, and when they heard the location, they would reply with a blessing or a simple thank you. The response of gratitude by the public was overwhelming.

Our trip was soon over. The order to demobilize from FEMA to over half the crews came swiftly. The journey home started. The deployment was completed by a stop in Oklahoma City, OK at the Alfred P. Murrah Federal Building. This year marks the 10th Anniversary of the bombing in Oklahoma City. The crews stopped and had the opportunity to walk the mall and see the devastation. We started out on this journey to witness the destruction and wrath of nature and ended with the destruction and devastation that one man imposed on hundreds of people and thousands of families. As I walked the memorial, the past weeks' memories soon flooded my thoughts. The memories of the patients I took care of and their families, the Fireman and Law Enforcement that assisted us on scenes, the hospital's and staff, the roads, the damage, the scrounging for food, the heat and humidity, the smells at the Ford Center and swamps, the port-a-potties, and especially the friends. I soon realized as I was standing by the reflecting pool, how quiet and at peace I was. Even though we were downtown Oklahoma City, it was so peaceful and quiet at the memorial.



I am very thankful for the opportunity to have responded to the hundreds of calls for help and I would hope that in the future if the call to arms was given once again, that many others like me would answer that call.

For more information and pictures please see:
www.reliant-fordparkems.com

Contributed by Don Martin

Wade's South African Medical Mission

In November, I got the opportunity to go on a medical mission to a very poor region in South Africa. Our mission was to offer a free medical clinic for people who have never received any medical attention in their lives – we included free medications, medical support, dental work, and optical exams with glasses. The trip was organized through Bethel Evangelical Free Church so we were also able to provide a Vacation Bible School for the kids in the afternoon and Worship in the evening.

Where?

We served in two separate locations on the northeast side of South Africa. The areas were right next to Krueger National Park. One location was so close to the Park that they had a fence around where we stayed to prevent people from getting hurt from the wild animals. This included lions, leopards, hippos, and rhinos. We were told not to walk in any grass at night because the snakes would attack humans.

Why?

The need in this area is very great. Because of the poverty and civil wars in the past, many of the people we saw never have had any medical attention. The average life span for males is 36 years. Over half of all adults and 42% of all the children have AIDs. The areas we were in have no personal safety – most young girls are raped at least once before reaching the age of 16. We saw many different problems including elaphantitis, skin diseases, and eye problems from years in the intense sun. Many of the people we saw had AIDs or tuberculosis. I am sure that some of the people we had seen are not alive today because their diseases were too far along and nothing could be done medically.

How?

Our group included 32 medical people from many different medical disciplines. We set up the clinic using tents and other available buildings. Our second location, we were able to use a school. Each patient would go to triage to determine if the need was medical, dental, or optical. Next, they would next be seen by the doctors, and then as they waited for their medications they would hear the message and hope of Jesus.

Results?

The results were great. In the 5 days we ran the clinic, we saw 1601 patients. The Vacation Bible School had 2000 kids in attendance. Almost 300 pounds of medications were given out. One patient stated that this was the first day he was ever given “hope”. I have many stories to tell. If you would like to hear more, come and see me anytime.



Contributed by Wade Mitzel

Ron Lawler spent September 17th at the Dilworth Community Center at a safety event for the community. He gave ambulance tours and talked about first aid and safety to kids and adults. The Red River SWAT Team, Dilworth Fire Department and Dilworth Police Department all took part in the event also. There were over 100 families that stopped to see the emergency vehicles that day. Ron said that the ambulance tours and “Junior Paramedic” stickers were a big hit with the kids!



The Rural Roundup

Hello All! This is where you can find updated information on what's happening with the liaison program at F-M Ambulance and the training that's going on in Cass and Clay Counties.

Well, it's that time of year again. As winter closes in on us, we all need to remember the different hazards we face when driving an emergency vehicle, especially during bad weather. Those of you who attended the Emergency Vehicle Operators Course probably remember being told this, but if you can't get to the scene safely, you will be of no help to your patient. We all need to remember this as we are eager to help our patients in their time of need. When responding to calls, it is important to increase following distances, anticipate hazards, wear safety belts (when in the front AND back of the truck) and slow down. Remember, we're the professional drivers out there, let's keep up the good work!

F-M Ambulance Emergency Medical Education Center will soon be a licensed training center in the state of North Dakota. This is a new program put forth by the Division of Emergency Medical Services which will allow the licensed training centers to offer courses without having to get a course authorization prior to the course. Along with gaining the licensed training center status, we must continue to be stringent on required hours prior to recertification. Over the years, there have been some misconceptions that have developed about the liaison program and record keeping. Just as a reminder, it is the responsibility of the individual (or squad if it is set up that way) to record the training hours you have received. If you do not know the minimum requirements for first responder recertification, ask your liaison as they should have the list in their binder. These minimum requirements must be fulfilled prior to being able to take the recertification exam.

As some of you may or may not know, for reasons completely unrelated to our education department, I have accepted a position back on the streets. I have enjoyed my time in the education department and have learned much more than I would have ever imagined. It has been a pleasure getting to know more of you. I am looking forward to working with you on calls as much as I have in the classroom. The liaison program will continue to improve and grow. It is a very valuable program and F-M Ambulance is very dedicated to maintain it. Once again, it's been a pleasure working with you and I'll see you in the field!!

Contributed by Chad Mickelson



Emergency Medical Dispatching

Dispatchers at the Red River Regional Dispatch Center and F-M Ambulance Service have started using emergency medical dispatching (EMD). Emergency medical dispatching will allow dispatchers to ask pertinent questions which allow EMS dispatchers to prioritize responses. Based on national accepted medical questioning criteria, EMD will help our local dispatchers be able to ask these questions and prioritize the responses.

Dispatchers at the RRRDC will now ask specific questions in order to obtain a better idea of what is wrong when a 911 call comes in. The dispatchers then use a flip-card system to assign a code to the call. This information is then sent to F-M Ambulance dispatchers, who can then determine the safety response of an ambulance. This code gives dispatchers at F-M Ambulance a better idea of what the emergency is and how to dispatch an ambulance.

Dispatchers at the RRRDC and F-M Ambulance will also be able to give pre-arrival instructions for most medical emergencies. Whether you call 9-1-1 or direct to F-M Ambulance you will be asked these specific questions and be given pre-arrival instructions until emergency medical services arrive.

If you have any ideas, questions, or comments about "Vital Signs", please contact Kristi at (701) 364-1759, or email kristi.rasmussen@fmambulance.com.

