



### Contents

- Agility Tests
- New Ambulance
- High Call Volume
- Kitchen Menu
- Cross-Boundary
- Electronic PCR's
- Member Update
- Apparatus News
- Guest Column
- Call Stats
- Fire Safety
- EMS Safety
- Tailboard
- Assist
- Humor



# April 2009

### Personnel Undergo Agility Tests

The work that the men and women of Red Lodge Fire Rescue perform can be physically arduous. Whether fire or EMS division, we have to ensure that our members are fit and capable of performing their duties when the time comes. To help ensure this, each March all of our members undergo a physical agility test.

In the EMS division, this test includes such tasks as carrying a weighted backboard, lifting a cot with a person's weight in it, carrying heavy equipment bags up flights of stairs, maneuvering a stair chair with a heavy training dummy in it through an obstacle course, and dragging a heavy training dummy a certain distance and back again.

In the fire division, the test includes dragging a

hoseline with nozzle a certain distance and around a pillar, carrying a ladder a certain distance and back again, hoisting a weighted bucket to the ceiling of the bay and down again twice, climbing the stairs to the upper level of the station and walking a certain distance before coming back down, and dragging a weight across the entire width of the apparatus bay and back again. All of these tasks are performed while wearing full turnout gear and breathing from an SCBA (self-contained-breathing-apparatus). This ensures realism, since a person would be wearing all of that equipment when working on a fire-ground.

This is yet another way in which Red Lodge Fire Rescue helps to ensure that we are ready and able to be there for our citizens when needed.

### New Ambulance

Work is underway to put together specifications for the department's next ambulance purchase. To ensure that we maintain a fleet of modern, dependable ambulances, we are on a 5-year replacement cycle for ambulances.

EMS Association President Steve Novakovich, Deputy Chief Aaron McDowell, and Asst. Chief Kyle Starr have been working on the specifications, which will be sent for bids in the near future. For the sake of simplicity, the interior will be kept as close as possible to the design of our current fleet, though some subtle changes will be present.

More information regarding the ambulance will be published after specifications are finalized.

### High Call Volume

We have started out 2009 with a pretty significant number of EMS calls, which has placed a heavy load on our people and our equipment. Thanks to the dedication of our members, we have been able to respond promptly to each call for service, even on those days when we have multiple calls going on simultaneously.

Some of you have logged considerable time recently on days when you weren't even in the call book. Your willingness to help at a moment's notice is GREATLY appreciated. The last few months have been a good example of why we want you to carry your pagers at all times!

### Trivia

**What was the first fire department to utilize fire poles in their fire stations?**

Answer on page 4

Effective immediately, the computers in the paid staff's office are for their use only. The computer in the training room is available at all hours for use by members needing computer or internet access.

### 2009 Totals (As of April 1)

Total EMS responses:	139
Interfacility transports:	46
911 emergency calls & other:	93
Total fire responses:	12
Structure Fires:	4
Vehicle Fires:	0
Wildland Fires:	0
EMS Assist:	2
Rescue / MVA:	6
Hazardous Situation:	5
Service or Other:	0
Good Intent / False Call	1

## Firehouse Kitchen Menu

A lot of phone calls and text messages are received every Monday with the same question. . "what's for dinner?". With the upstairs construction almost complete, we are pleased to announce that our culinary creativity will be able to run wild so that we can offer expanded menus to our members.

Currently, our menus are affected by limited kitchen appliances and space. When the new kitchen is in service, a monthly menu will be posted on the training room bulletin board. The possibilities will be endless, and we look forward to being able to keep things interesting with a varying menu. Who knows, maybe our very own culinary expert, Asst. Chief and former Chef Tim Ryan will help pick some good recipes. Hungry for change? Hang in there!

## Cross-Boundary

The Cross-Boundary Program is gearing up for another year. The program is a cooperative with the forest service and is funded by a grant. The program allows us to hire additional full and part-time personnel during the spring-fall wildland fire season. These seasonal hires keep busy maintaining the wildland fire apparatus and equipment, performing home assessments, training, and of course fighting wildland fires in the region. Some of this year's Cross-Boundary firefighters have already started work, so you will be seeing them around the station. A full list of this year's Cross-Boundary personnel will be published in next month's newsletter.

## Member Update

EMS Recruit Dan Reid has been promoted to Probationary EMT and can now function as a full crewmember.

EMS Recruit Andrew Hernandez has been promoted to Probationary EMT and can now function as a full crewmember.

## Guest Columnist - Lieutenant Tyler Rae



Kyle asked me 2 months ago to write a little piece for the newsletter, and I finally have it done. Being the training officer, I thought a good topic would be training.

We all know the importance of training to better hone our skills, not to mention that it is mandatory to remain on our department. I hope that I can make the trainings as fun and informative as possible, that being said some by nature are going to be a little dry and boring. I think that the importance of our training time together is twofold, to hone and learn new skills, and to get to know and work with everyone on our department.

The issue of skills speaks for itself. The point on teamwork is equally as important. It is very important to attend as many trainings as possible so that we can all get a better feel for working with each other. Being a volunteer department, you never know who will be on your crew with you on a given call, so the more that we work together in practice, the better we will work together when our customers are counting on us.

Thank you Kyle for letting me put my two cents in this great newsletter you have been producing.

Lieutenant Tyler Rae is our training officer and has 7 years on the job with our department.

## Electronic EMS Reports



Effective on March 25th, all our patient care reports (PCR's) that we fill out for emergency medical calls are being done electronically. Electronic PCR's have multiple advantages over hand-written paper reports, including higher security, more efficient billing, and more thorough documentation.

The software interfaces seamlessly with the software that our billing company; Montana Healthcare Consultants, utilizes. John Ungaretti, who runs Montana Healthcare Consultants, came to give a training class to our EMS providers on March 25th so that everyone knows how to use the software and what information is required in a PCR.

The department was able to purchase several Dell tablet/laptop PC's and computer hardware for use at the hospital as part of a information technology program that the City of Red Lodge has obtained funding for.

If you were unable to attend the training on the software, please come in to the station and the paid staff will be glad to help walk you through report entry. Most people agree that after learning the software, completing a report is often faster utilizing the software than hand-writing it, and without a doubt the quality of the documentation is better. See Aaron or Kyle if you have any questions.

## Apparatus Update

- Command 72 has new wheel bearings.
- Medic 71 has new brakes all-around.
- A71 was taken to Billings to have it's air ride system and backup camera worked on.
- Ladder 71 has had some electrical work done. The side strobes are now functioning.



## Question of the Month...

**"Why are there interstate highways in Hawaii?"**

## Quote of the Month...

**"Honesty is the first chapter in the book of wisdom"**

**Thomas Jefferson**

## March Response Statistics - 54 EMS, 5 Fire Calls

3/1	Interfacility	ALS	Abdominal Pain	Pt transported from BHHC to Billings Clinic.
3/1	Interfacility	ALS	Abdominal Pain	Pt transported from BHHC to Billings Clinic.
3/1	Trauma	BLS	Hip & Leg Pain	Ski accident. Transported to BHHC ER.
3/1	Interfacility	ALS	Chest Pain	Cardiac patient with chest pain taken from BHHC to Billings Clinic.
3/1	Standby	BLS	Standby for Police	Stood by while police made entry into a residence. No transport.
3/1	Trauma	ALS	Arm Injury & Laceration	Transported pt to BHHC ER.
3/1	Interfacility	ALS	Arm Injury	Pt transported from BHHC to St. Vincent's.
3/6	Interfacility	CCT	Respiratory Illness	Critical care transport. Pt taken from BHHC to Billings Clinic.
3/6	Medical	ALS	Seizures	Pediatric patient transported to BHHC ER.
3/6	Interfacility	ALS	Seizures	Pediatric patient transported from BHHC to St. Vincent's.
3/7	Interfacility	ALS	GI Bleed	Patient with a lower GI bleed transported from BHHC to St. Vincent's.
3/8	Interfacility	ALS	Accidental Overdose	Pediatric drug overdose pt transported from BHHC to St. Vincent's.
3/8	Trauma	BLS	Neck Pain	Ski accident. Transported to BHHC ER.
3/8	Trauma	BLS	Shoulder Pain	Ski accident. Transported to BHHC ER.
3/9	Interfacility	BLS	Respiratory Illness	Pediatric patient transported from BHHC to St. Vincent's.
3/10	MVA	ALS	Motor Vehicle Accident	No patient found. No transport.
3/12	Trauma	BLS	Leg Injury	Ski accident. Transported to BHHC ER.
3/12	Interfacility	ALS	Leg Fracture	Pt with multiple leg fractures transported from BHHC to St. Vincent's.
3/12	Interfacility	BLS	Suicidal Thoughts	Pt with suicidal ideation transported from BHHC to Billings Clinic.
3/13	Medical	ALS	Diabetic Emergency	Pt treated on-scene, refused transport. No transport.
3/14	Interfacility	BLS	Bowel Obstruction	Pt transported from BHHC to St. Vincent's.
3/14	Trauma	BLS	Shoulder Injury	Ski accident. Transported pt to BHHC ER.
3/14	Trauma	ALS	Shoulder Injury	Ski accident. Transported pt to BHHC ER.
3/14	Trauma	BLS	Head Injury	Ski accident. Transported pt to BHHC ER.
3/14	Standby	ALS	Fire Standby	Stood by during a gas odor call at the Senior Center.
3/14	Interfacility	ALS	Vertebral Fractures	Trauma pt transported from BHHC to Billings Clinic.
3/14	Interfacility	ALS	Vertebral Fractures	Trauma pt transported from BHHC to Billings Clinic.
3/15	Trauma	BLS	Arm Injury	Pt injured in a fall. Transported to BHHC ER.
3/16	Medical	ALS	Respiratory Distress	Pt treated on-scene, refused transport. No transport.
3/16	Interfacility	ALS	Ankle Fracture	Pt transported from BHHC to St. Vincent's.
3/16	Trauma	BLS	Shoulder Pain	Ski accident. Transported pt to BHHC ER.
3/17	Interfacility	BLS	Internal Bleeding	Pt transported from BHHC to Billings Clinic.
3/17	Medical	ALS	Syncopal Episode	Pt transported to BHHC ER.
3/17	Trauma	ALS	Leg Injury	Pt transported to BHHC ER.
3/18	Interfacility	BLS	Ankle Fracture	Pt transported from BHHC to St. Vincent's.
3/20	Medical	BLS	Vertigo	Pt feeling dizzy & weak. Transported to BHHC ER.
3/20	Trauma	BLS	Shoulder Injury	Pt transported to BHHC ER.
3/20	Trauma	BLS	Back Pain	Ski accident. Transported pt to BHHC ER.
3/21	Interfacility	ALS	Chest Pain	Pt having an AMI transported emergent from BHHC to Billings Clinic.
3/22	MVA	BLS	Abrasions	Pt from a MVA transported to BHHC ER.
3/22	MVA	BLS	Altered Mentation	Pt from a MVA transported to BHHC ER.
3/22	Trauma	BLS	Back Pain	Ski accident. Transported pt to BHHC ER.
3/23	Medical	BLS	Respiratory Distress	Pt transported to BHHC ER.
3/23	Medical	ALS	Weakness / Nausea	Pt transported to BHHC ER.
3/23	Interfacility	ALS	Abdominal Pain	Pt transported from BHHC to St. Vincent's.
3/24	Trauma	ALS	Head Injury	Pt refused transport. No transport.
3/24	Trauma	ALS	Head Injury	Ski accident. Transported pt to BHHC ER.
3/24	Interfacility	ALS	Multiple Trauma	Pt with multiple internal injuries taken from BHHC to Billings Clinic.
3/25	Medical	BLS	Altered Mentation	Pt refused transport, was not risk to self or others. No transport.
3/26	MVA	BLS	Motor Vehicle Accident	Overtaken semi. Cancelled enroute, no injuries. No transport.
3/28	Trauma	ALS	Back Pain	Ski accident. Pt transported to BHHC ER.
3/28	Medical	BLS	Assault	Pt had been assaulted. Pt refused transport.
3/29	Medical	ALS	Seizure	Pt transported to BHHC ER.
3/29	Medical	BLS	Medical	Pt transported to BHHC ER.

### March Fire Responses

3/10	Rural	MVA	No patient. Provide traffic control.
3/14	City	Investigation	Investigate gas odor at senior center. None found.
3/18	Rural	Structure Fire	Electrical fire in residence. Minimal damage.
3/20	Rural	Alarm	Automatic alarm. False alarm, no fire found.
3/22	Rural	MVA	Rollover MVA. Assist EMS / provided traffic control.
3/23	Rural	EMS Assist	Assist EMS crew with moving a pt.

### Fire / EMS Assist

On Thursday, March 26th, a tractor/trailer loaded with food items overturned on Hwy 78 near MM 7, spilling it's cargo over the roadway and surrounding area. Red Lodge Fire Rescue firefighters and EMT's along with SAR members spent numerous hours on-scene helping to pick up the items. Thank you all for your help!

## Fire Safety - Importance of Rehab

Just as important as suppression tactics on the fireground is the topic of firefighter rehab. Firefighting is by nature an arduous, physically exhausting task, and ensuring adequate rehab rotations is critical to the safety and health of the firefighters involved.

While policies and procedures for rehab vary from department vary, there are some core things that are ever-present. Some of the basics of rehab include shelter from environment, rehydration, electrolyte and caloric replacement. The time that firefighters should be on the line before coming to rehab can vary due to temperature, type of activity being performed, and the physical fitness level of the crew. A common time is 45 minutes.

Nationwide, EMS is starting to take a larger role in firefighter rehab. When firefighters come to rehab, their blood pressure and heart rate should be checked to ensure it is not dangerously high. Having medically-trained personnel involved in rehab also aids in spotting signs of heat emergencies or other emergent conditions. Personnel staffing rehab should be on the lookout for anyone complaining of shortness of breath, chest pain, altered mental status, and muscle cramping.

Sports drinks are good for electrolyte replenishment, but per-

sons should drink 2 waters for every sports drink they consume. Fluids should be consumed slowly and steadily, not chugged.

While firefighters are more prone to heat emergencies in the warmer months, rehab is just as critical in the cold months. Firefighters coming to rehab should be checked for frostbite, and SCBA regulators checked for freezing. While turnout gear does a good job of keeping the wearer warm, when physical activity stops, their sweat and the moisture in the gear's liner can quickly make them cold.

Before being allowed to rotate back onto the line, firefighters should have their vital signs documented, and nobody should ever be allowed to go back to work whose vital signs are dangerously over normal range.

While the IC has the responsibility to ensure that crews are rotating to rehab, firefighters and crew leaders have the responsibility to keep an eye on each other to ensure that everyone is well and able to perform their duties. If you or your crew need to rotate out to rest, say so. Do not overexert yourself. Don't be the tough guy. There are other firefighters on the scene who can finish what you were doing. The safety of you and your crew are priority #1.

## EMS Safety - Cot Operations / Moving Patients

Would you believe that simply moving a patient from a scene to the ambulance can be one of the most dangerous and carry some of the highest instances of EMS providers being sued by patients? Cot operations seem pretty straightforward, and usually go smooth, but it only takes one instances of dropping a patient to set yourself and the department up for a major legal headache.

When it comes to lifting and moving patients, the first hazard comes from the actual lifting and the strain it puts on your back. Patients almost always weigh more than they say, and there can sometimes

be some hesitation to call for extra help. Please, never hesitate to radio dispatch and ask for an EMS assist from the fire department. We do not want anyone to be hurt, crewmember or patient.

Cots are a tool that are utilized on almost every single call, yet are rarely the subject of training. All EMS providers need to be thoroughly familiar with the cots their service operates, and have expert knowledge in their operation. The safety devices built in are not fail-safe, so never put all your faith in them. The safety hooks do catch *most of the time*. However, there is no substitute for the person who is raising the legs to have a hand on the cot to ensure it doesn't roll out or is too close to the edge.

Using a stair chair when appropriate can be a much safer and effective means of moving a patient down flights of stairs.

Don't risk your safety and that of your patient, know your abilities and call for help if there is any doubt that you and your crew can safely move a patient. Know how to operate the cot like an expert, and always think safety!

### Upcoming Dates

4/4	Recruit Training	0800-1400
4/6	Fire Association Meeting	1900-2200
4/13	Fire Training—TBA	1900-2200
4/15	EMS Training—TBA	1900-2200
4/18	Southern Zone Exercise	
4/20	Fire Training—TBA	1900-2200
4/22	EMS Association Meeting	1900-2200
4/25	Basic Wildland Firefighter	0800-1800
4/26	Basic Wildland Firefighter	0800-1800
4/27	Fire Officer's Meeting	1900-1800

### Trivia Answer

**The Chicago Fire Department.**

**The fire pole was invented by Chicago F.D. Captain David Kenyon in 1878.**

### Tailboard

- A reminder for all EMS providers: we will continue to utilize the signature sheets for patient and receiving facility signatures, so always be sure to get these signatures. All other aspects of the PCR will be done electronically.
- Any EMS members who wish to take the basic wildland firefighter training, it will be held 4/25-4/26. Contact Tim if interested. We would love to see some of our EMS members in this class.
- A new post-call checklist has been developed for use on all EMS calls. The checklist will help ensure that all critical items have been checked after the call (oxygen levels, Zoll batteries, etc) and will have a place to jot down supplies that were used as a reminder to restock on returning to the station.

## Red Lodge Fire Rescue Photos



Members of the Red Lodge Fire Rescue Ski Team compete at the annual Winter Carnival at Red Lodge Mountain Resort.



(left to right) Recruit Kristin Merrifield, EMT Brad Hauge, Lt. Chuck Sallade, Lt. Matt Dessaro.

### Humor



Wow, these Probies keep getting younger and younger!

### Photo From Our Past



## Red Lodge Fire Rescue

P.O. Box 318  
Red Lodge, MT 59068  
(406) 446-2320

Email: [info@redlodgefire.com](mailto:info@redlodgefire.com)

A publication of Red Lodge Fire Rescue

[www.redlodgefire.com](http://www.redlodgefire.com)

*The All-Call*



*Official Department Newsletter*

*Red Lodge*  
**FIRE**  
**R E S C U E**

***Red Lodge Fire Rescue***  
***P.O. Box 318***  
***Red Lodge, MT 59068***

Postage

