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### Response Guideline

Effective immediately, the following guideline shall be followed in regards to the order in which apparatus respond to a fire.

1. Command 71 or Medic 71
2. Engine 71
3. Tender 71
4. Rescue 71

### Fire Cache

The gear in the fire cache room has been laundered and organized. Lt. Sarah Ewald has been hard at work at this task. Thank you to Sarah for all her hard work keeping the fire cache organized and cared for!

### T73 is Back

The new Tender 73 is back from having been painted and decals applied in Billings and looks great. Thank you to Don Williams and Lee Hauge, who donated considerable time readying it for service, and to everyone else who helped with the tender project.

### Station Update

We are currently in the process of having a fire sprinkler system installed in the Red Lodge station. Big Sky Fire Protection Systems was the winning bidder on the project and has been doing an excellent job. The sprinkler system will protect all areas of the station, including the apparatus floor. Not only does the system provide protection for our personnel in the station, it protects the department's vital fire-fighting equipment, apparatus and sets a good fire safety example.

Once the Sprinkler system is complete we can begin working on a renovation to the top floor. This renovation will add valuable space to the station, and will include locker rooms, a gym, sleeping quarters, kitchen/dining and a day room. Also included in the project is a new HVAC system for the station. We are hoping that with this year's fundraising drive will have enough to begin the renovation.



### New Equipment



We have 2 sets of Thomas handles in service now. The set of 4 handles attaches quickly to backboards and reduces the amount

of bending by adding about 12 inches to the lifting point. This lessons back strain, avoids awkward lifting angles and prevents abrasions to hands and knuckles. This small investment is worth it's weight in gold if it prevents one of our members from obtaining a lifting injury.

A solution has been found for storing our medications used on the ambulances. Till recently, extra meds were stored in a cabinet in the deputy chief's office. This took up valuable space and was not an ideal location. A 3 shelf safe has been purchased and was installed in the medical supply room. It has a push-button lock with key override, so our ALS providers don't have to worry about carrying a key. Even though we do not



store narcotics in-station, as open as our station is to the public, it was thought to be a good idea to keep our meds secured.

### Congratulations

Melissa Rickbeil recently passed her National Registry EMT-B examination. Congratulations Melissa!

### Trivia

When was the first city ambulance service formed in the United States?

Answer on page 4

## From the Top - Asst. Chief Jim Avent



Tis' the season!

Gives new meaning to "digging for water".

### Question of the Month . . .

*"If a Smurf is choking, what color will their face turn?"*

### Quote of the Month . . .

*"The best way to find yourself is to lose yourself in the service of others"*

Gandhi



Just in case you hadn't noticed, winter is upon us. As I am writing this article, we are predicted to have some of the coldest temperatures in recent years over the course of the next week. What better time to talk about winter emergency response.

It is 2 o'clock in the morning as we come stumbling out of that warm bed to answer the call of those pager tones. While trying to remember where you put those snow boots last night, don't forget to also find warm gloves, a pullover hat, and maybe some extra clothes as you're rummaging through the jacket pockets for the car keys. Found Them!!

Remember to call in to lamresponding as you run out the door.

Now if you were so lucky as to have put the car in the garage last night, don't worry about scraping off more than a six inch peephole on the frosted windshield. Extension chords also work wonders as a tether dragging behind the car as you slide toward the fire station. Remember to SLOW DOWN and take a few deep breaths so as to not slide off the road and get stuck

before even making it to the station. Whew! Made it without skating through too many intersections.

Now that you are at the station, check the computer screen to see if anyone else is responding before leaving without a full crew. Take a few more deep breaths to keep that adrenaline in check, especially if you are behind the wheel of a 15 to 25 ton vehicle about to go traveling on a large ice skating rink.

As we all know, stopping distances increase dramatically on slick roads so keep the speed down and plan ahead as you are driving. Do not use cruise control or engine retarders. If you do start to skid, steer in the direction you want to go, let off the gas, and don't panic. I know, easier said than done.

Once on scene, use the vehicles as traffic blocks to help protect the scene and personnel. Keep vehicles running, but turn off headlights at night to reduce glare. Watch your step, keep exposed skin to a minimum, and be aware of your surroundings at all times. Monitor yourself and others for signs of fatigue or hypothermia on extended scene times.

We all volunteer because we want to help others, but we won't be of any service if we can't arrive on scene safely. Keep that in the back of your mind as you hear those tones go off this winter. Thank you for all you do for the citizens of this community.

## Benefits of CAFS

We are fortunate to have CAFS (compressed air foam system) on some of our apparatus. Studies have shown that CAFS systems are much more effective at extinguishing fires than plain water streams.

A study performed at the National Interagency Fire Center in Boise found that using plain water in fire streams is only about 10% effective. They found that the simple addition of class A foam increased the waters cooling ability by 300% and it's ability to soak into a surface by over 1,000 times.

Another benefit of CAFS is the minimal water usage. Typically, about 1/5 the water is used to extinguish a fire when CAFS is utilized. This not only reduces water damage to unburned portions of a structure, but also helps with the fireground issue of water supply.

With CAFS, a room-and-contents fire can often be brought under control and extinguished with under 100 gallons of water. CAFS also allows firefighters to "paint rooms" since the foam will adhere to surfaces and will remain effective far longer than water. This is nice for protecting your egress and preventing fire spread.

Class A is the most commonly utilized foam for CAFS operation, though as ethanol becomes more common, class B foams may have more of a use. The only problem is that class A and B foams are completely different and it would be critical for firefighter safety that the apparatus operator to switch on the correct foam for the fire.

CAFS is a major asset to the fire service, and we are fortunate to have it.

## Welcome

We would like to welcome EMS Recruit Sarah Childs to the department. Sarah joined up in November and is currently going through her recruit checklist. Welcome aboard Sarah!

## Stretch & Strength

All department members are invited to attend the Stretch and Strength classes held every Tuesday 1715-1815 hrs in the high school (room 16). The classes are free to our members and their spouses. There are about 25 classes remaining, so don't miss out. For further information, contact Lindsey at 425-2082.

## Congratulations

Congratulations to FF/EMT Tammy Rice and FF/EMT Don Rice on their marriage December 5th. Best wishes for the future.

The Cincinnati Fire Department was the first to use a rubber hose reinforced with cotton ply, developed by B.F. Goodrich. The year was 1871. Until then, most fire hoses were made of leather.



## November 2008 Alarms



### Fire Responses

11/5	Mutual Aid to Roberts FD for a wood pile fire.
11/8	Smoldering power pole with line down.
11/12	Natural gas leak in a city residence.
11/12	MVA on Meteetsee Trail. Traffic control and assist EMS personnel.
11/18	Equipment overheated at electrical facility. Provided light for power company.
11/19	MVA on Hwy 212.
11/22	MVA on Hwy 308.
11/24	MVA on Lower Luther Rd.

### Medical Responses

11/1	EMS Standby	Sporting event standby
11/4	Interfacility	Cardiac pt with chest pain taken from BHHC to SV
11/8	Cardiac Arrest	Resuscitation attempted. Ceased efforts per MD
11/8	Cardiac Arrest	Pt deceased on-arrival. No resuscitation attempted
11/11	Trauma	Fall pt transported to BHHC with a possible hip fracture
11/11	Trauma	Pt with a major laceration transported to BHHC
11/11	Interfacility	Pt with hip fracture taken from BHHC to Billings Clinic
11/11	Interfacility	Pt with major laceration taken from BHHC to SV
11/11	Medical Alarm	Cancelled, accidental activation
11/12	Interfacility	Cardiac pt with chest pain transported from MVC to SV
11/12	Interfacility	Cardiac pt with chest pain taken from BHHC to BC
11/12	MVA	Trauma pt transported to BHHC
11/13	Interfacility	Pt with flank pain taken from BHHC to Billings Clinic
11/14	Interfacility	Pt with a hip fracture taken to BHHC from Billings Clinic
11/15	Medical	Unresponsive pt transported to BHHC
11/17	Interfacility	Pediatric pt with seizures taken from BHHC to SV
11/19	MVA	Pt with neck pain transported to BHHC
11/22	MVA	2 ejected trauma patients transported to BHHC.
11/22	Interfacility	Pt with multiple crushed vertebrae transported to BC
11/22	Cardiac	Pt having an active heart attack transported to BHHC
11/22	Interfacility	Pt with confirmed heart attack taken from BHHC to SV
11/22	Interfacility	Trauma pt from MVA taken from BHHC to SV
11/24	Deceased	Called for possible deceased pt. Cancelled enroute
11/24	MVA	2 patients examined. Both refused treatment/transport
11/27	Interfacility	Stroke pt transported from BHHC to Billings Clinic
11/28	Medical	Pt with breathing difficulty transported to BHHC
11/28	Interfacility	Pt with infection brought to BHHC from Billings
11/29	Interfacility	Pt with abdominal pain taken from BHHC to SV

### 2008 Totals

Total EMS responses:	389
Interfacility transports:	114
911 emergency calls & other:	273
Total fire responses:	120
Fires:	30
Explosions/overheat:	3
Rescue/EMS assist:	32
Hazardous condition:	14
Public assist:	2
False alarms:	11
Good intent calls:	23
Contract fires (wildland)	5

## Medical Corner - Frostbite

Frostbite occurs when tissues freeze. The oldest documented case of frostbite was found on a 5,000 year old mummy found in the Chilean Mountains. The physiology of frostbite was first documented by Napoleon's surgeon, as at that time soldiers were the majority of frostbite victims.



Frostbite occurs most often on the distal extremities, nose and ears. During prolonged exposure to cold, your brain sends a signal to the blood vessels in your extremities to constrict, allowing more blood for the vital organs and helping to prevent further heat loss by keeping blood in the body's core.

The next process has been termed the "hunters response". As your extremities grow colder and colder, the blood vessels in the extremities start a dilation and contraction cycle. This is meant to retain as much function in the extremities as possible while still keeping retaining blood in the core as much as possible. When your brain senses that hypothermia has begun, the vessels in the extremities are kept constricted. This is the point at which frostbite begins.

Two different factors play a role in frostbite: death at the time of exposure and further cell deterioration and death because of

lack of oxygen to cells. When tissue freezes, ice crystals form in the space outside the cells. This causes water to be drawn out of the cell, causing death of the cell by dehydration. The other major factor involves damage to the blood vessels. As blood flow returns to the extremities upon rewarming, it finds that the blood vessels themselves are injured by the cold. Holes appear in vessel walls and blood leaks out into the tissues. Flow is impeded and causes small clots to form in the smallest vessels of the extremities. Because of these blood flow problems, complicated interactions occur, and inflammation causes further tissue damage.

The Montana EMS protocols for pre-hospital treatment includes:

- Be alert for shock
- Assess patient for hypothermia
- Protect injured areas from pressure and friction.
- Remove wet clothing from injured parts.
- Do not break blisters or rub injured areas.
- Start peripheral IV (if within your scope)
- Do not attempt to thaw limb, leave it for the hospital setting.
- Pain management (if within your scope). Morphine 2-5 mg q 5 minutes as needed up to 15 mg if BP is > 100 systolic.
- Attach cardiac monitor.

Be sure to handle hypothermic patients gently, as they can easily be put into a cardiac dysrhythmia with rough handling.

# Fire Safety

**Safety Note** - No apparatus crew-member shall exit the apparatus until the parking brake has been activated.

## Check Your PPE

Though personal protective clothing cannot guarantee firefighter safety, a large number of firefighters continue to be injured due to them not wearing their protective equipment or not wearing it properly.

Hand injuries are most common, and research has shown that this is in part due to improper gloves being worn or not wearing gloves at all. Gloves tend to be the easiest piece of PPE to misplace, leaving firefighters to find they have no gloves when they arrive at a call. Every time you do a rig check, check your gear. Check your gear after every call as well.

## Overhaul Safety

Even when the fire is out and we are taking up, hazards exist and safety must be on the mind. Here are some things to keep in mind during overhaul.

1. Before dropping anything out a window, ensure it is clear below, and give a signal before dropping.
2. Be keen to the structural integrity of the building you are inside, and watch for weakened floors and ceilings. Always have full PPE with helmet visor down.
3. If working around the perimeter of the building, beware of falling objects. Wear all PPE.
4. When removing glass shards from a window, knock the glass shard inside, not outside.
5. Even though the fire is out, beware of toxic gasses still inside the structure, especially in basements. Wear SCBA.
6. The fire may be out, but don't let your guard down. Keep your eyes and ears open and remember to never work by yourself. Look after one another.

# EMS Safety *Being Seen Means Being Safer*



We have discussed in meetings recently the new federal guidelines for emergency personnel operating on federally-funded highways, which includes a majority of paved highways. The requirement (federal law 23 CFR Part 634) requires all workers (emergency services included) working on federally-funded highways to wear a traffic vest that is either ANSI 2 or 3 compliant.

Some departments are utilizing the catch phrase "if your feet are on the street, your

vest is on your chest" to remind their personnel to vest up anytime they are around traffic. Compliant vests will have a factory-attached tag in them certifying them as ANSI 2 or 3 compliant. If it does not have a tag, it is NOT compliant. Let's all do our best to remember to put our vests on, and make sure your crewmembers do the same.

While we are discussing safety and visibility, as we look at starting the process to bid a new ambulance, the idea of reflective chevrons on the rear of the vehicle has come up. While no decision have been made yet, it is being considered. The trend is growing nationwide,

and the facts are there that they greatly improve visibility, and visibility = safety. The apparatus committee welcomes your feedback on the chevrons.



What it could look like on an ambulance

## Upcoming Events

12/1	Fire Association Meeting	1900-2200
12/8	Fire Training	1900-2200
12/9	EMS Live at Nite - BHHC Hypothermia	1945-2115
12/17	EMS recruit interviews	1600-1800
12/17	EMS holiday party	1900-?
12/31	New Years Eve Party Hanks Place	1800-?
1/13	EMS Live at Nite - BHHC Mental Illness	1945-2115
TBA	PALS class - BHHC	TBA
2/10	EMS Live at Nite - BHHC Disaster Preparedness	1945-2115
3/10	EMS Live at Nite - BHHC Shock	1945-2115

## Trivia Answer

1869. It was formed by Bellevue Hospital in New York City.

## Tailboard

- Just a quick reminder to not place dirty or contaminated equipment in the medical supply room. It should be cleaned immediately after the call if possible, or placed back by the decon sink to await decon.
- If there are Thomas handles on a backboard that you are utilizing to transport a patient, please remember to take them off when delivering the patient to the hospital. They can be removed in seconds.
- Our website now features a donation page where people can donate online via credit card.
- Please be sure to sign up ASAP if you plan on attending the New Years Eve party at Hanks Place.
- This time of year there is often standing water on the apparatus floor, be sure to use caution to avoid slips and falls.



***Have a safe and happy holidays!  
From your friends at Red Lodge Fire Rescue***



Note: The command vehicle numbers have been reassigned. The truck is now C71 and the Expedition is now C72. They will be re-stickered soon.

***The Kitchen Table (Humor Section)***



Dispatch, we're going to be slightly delayed.

***From the Red Lodge Fire Rescue Photo Archive***



Red Lodge Firefighters work a vehicle fire on US 212 on the South end of Red Lodge.

***Red Lodge Fire Rescue***

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

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

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***Red Lodge Fire/EMS  
P.O. Box 9  
Red Lodge, MT 59068***

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