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Welcome

We welcome the following new members to our department.

- Dominic Phillips - EMS Recruit
- Erin Bulau - EMS Recruit
- Carole Salyer - EMS Recruit
- Dan Reid - EMS Recruit
- Dan Upton - EMS Recruit
- Sarah Childs - EMS Recruit
- Kim Schultz - EMS Recruit
- Maggi Blevins - EMS Recruit
- Theresa Lackey - EMS Recruit
- Dustin Sciaccia - EMS Recruit

And we are pleased to announce that one of our firefighters is expanding their skills and taking the training to be an EMT:

Ryan Ples - Firefighter / EMS Recruit

We are very pleased to have a large group of motivated recruits, and are sure they will be an asset to the department. Please do everything you can to make our new members feel at home and help them as they learn their new duties.



January 2009 EMS Recruit Class



EMS recruits undergo driver training

Recruit Academy - EMS

The EMS recruit academy for our newest members was held January 10th and 17th. It was a big success. The days were full of a mix of hands-on and classroom training that prepared our recruits for their new roles in our department. Topics covered included department orientation, benefits of membership, chain-of-command, department history, daily operations, incentive program, station rules, department policies/procedures, safety, infection control, utilizing the callbook and ERRS system, radio communication procedures, ambulance and equipment orientation, response procedures, GPS and map use, emergency vehicle operation, HIPPA privacy laws, and also included the EMS physical abilities test.

The EMS recruit academy underwent a major overhaul this year, and it's well-documented procedures and instructor outline will help to ensure that all future academies receive the same curriculum to ensure consistency.

The instructors for the academy were Steve Novakovich, EMS Association President, and Kyle Starr, Asst. Chief / EMS Operations.

ERRS Update

Several things to report with the ERRS system. As many of you know, we were having some issues with the monitor "freezing" and not updating as it should. The hard drive on the PC that runs the monitors has been "wiped" and reformatted. This appears to have resolved the issues. Also, there are now 2 monitors in the bay. One is between bay doors 1 and 2, the other at the west end of the bay by C71. The positioning of the monitors allows 1 screen to be readily visible by members getting ready to respond in an ambulance, as well as by officers who are making their way to the apparatus. The other is easily viewable by the incident commander leaving with C71 and by everyone heading to the apparatus after gearing up.

All members are encouraged to utilize the system anytime they are responding to a fire or medical call.

Trivia

In what year did the TV show Emergency debut?

Answer on page 4

January 2009



US Senator Max Baucus drives a Red Lodge fire engine during an open house in 2002.

Apparatus Update

- A71 recently went to Billings and had it's computer reprogrammed. This should solve the problem with the "wrench" light coming on and the engine running differently during that time.
- We are currently in the process of building specs for a new ambulance. There are still 2008 chassis available, which can shave off thousands of dollars to be used for other features. The apparatus committee is working hard on finalizing the specs.
- Ladder 71 was recently evaluated for a possible electrical problem. It started very hard recently, even when it had been plugged into the shoreline.
- Don Williams recently donated a lot of his time replacing a faulty switch on Ladder 71. The switch was the reason the rear rotator lights and side strobes were not functioning properly.
- Medic 71 recently had a new alternator installed.
- The snow plow on the Ranger has been fixed.

The Montana Trauma System Conference is being held in Red Lodge on September 16, and the Rocky Mountain Rural Trauma Symposium will be held here in Red Lodge September 17th and 18th. This is a tremendous opportunity having these events held here, please mark your calendars to attend!

A fire grant support workshop is being held in Billings at fire station 1 on Feb 10th.

Red Cards for EMT's

Asst. Chief Tim Ryan will be putting together the basic wildland firefighter training in the upcoming months. Anyone from the EMS side of the house who would like the training is encouraged to participate. Being red-carded will enable EMT's to deploy for wildland fire medical details. We encourage as many of our EMT's to take the class as possible. Contact Tim if interested. The dates will be announced as soon as they are finalized.

Question of the Month...

"How does a spy know when their pen runs out of invisible ink?"

Quote of the Month...

"Respect yourself and others will respect you"

**Confucius
551 BC - 479 BC**

Response Statistics

| December Fire Responses | | | 2008 Totals | |
|--|-------|---|------------------------------|-----|
| 12/3 | Rural | EMS Assist | Total EMS responses: | 458 |
| 12/4 | Rural | Call to RL Mountain Resort, cancelled enroute | Interfacility transports: | 137 |
| 12/5 | City | Investigate smoke odor , no fire found | 911 emergency calls & other: | 321 |
| 12/14 | City | Chimney fire | Total fire responses: | 129 |
| 12/17 | City | Fire alarm, false alarm | Structure Fires: | 17 |
| 12/21 | Rural | Structure fire | Vehicle Fires: | 1 |
| 12/23 | City | Cooking fire. Contained on arrival | Wildland Fires: | 16 |
| 12/28 | City | Fire alarm, unintentional false alarm | EMS Assist: | 3 |
| 12/28 | Rural | MVA, provided traffic control, EMS assist | Rescue / MVA: | 28 |
| 12/28 | City | Fire alarm, unintentional false alarm | Hazardous Situation: | 19 |
| 10 total fire responses in December | | | Service or Other: | 28 |
| | | | Good Intent / False Call | 17 |

Medical Corner - Hypothermia in Trauma

Some recent studies have shown that one of the most overlooked assessment item in a trauma patient is their temperature. It is easy to focus on their heart rate, blood pressure and respirations, but new studies are showing that hypothermia may greatly increase the mortality of a trauma patient.

Hypothermia is defined as heat loss that exceeds the body's ability to generate heat. It has been estimated that about 66% of trauma patients are hypothermic when they arrive in the ER. The body of a trauma patient is busy coping with the injuries that it has sustained, and is not as effectively generating body heat as it normally would.

As prehospital providers, the two big things we can do in the field are to recognize the symptoms of hypothermia and take actions to restore the patient to normothermic status.

Some of the symptoms hypothermia patients may exhibit include shivering, hyperreflexia (exaggerated reflexes), tachycardia, hypertension, tachypnea (increased breathing rate) and confusion.

The treatment for hypothermia is to *gently* restore the patient to normothermic status. This can be done by warm IV fluids, removing wet clothing, blankets, turning the heat up in the patient compartment and placing warm packs in their armpits, inner thighs and other major arterial routes.

So, next time you are transporting a trauma patient, after taking care of the ABC's and immediate life threats, take a minute to assess their temperature status. It may make a difference in their overall outcome.

By Kyle Starr, CCEMT-P, NREMT-P

Response Statistics

Medical Responses

| | | | | | |
|-------|---------------|-------|-----|-----------------|--|
| 12/1 | Interfacility | n/a | BLS | Post-surgery | Pt transported back to BHHC from Billings for further recovery. |
| 12/2 | Medical | City | ALS | Syncope | Pt experienced syncopal episode. Transported to BHHC ER. |
| 12/2 | Medical | Rural | BLS | Citizen assist | Pt required help getting up. Non-transport. |
| 12/2 | Interfacility | n/a | ALS | GI bleed | Pt transported from BHHC to Billings Clinic. |
| 12/2 | Trauma | City | BLS | Leg injury | Pt injured by a fall was transported to BHHC ER. |
| 12/3 | Interfacility | n/a | ALS | Hip injury | Pt transported from BHHC to St. Vincent's. |
| 12/3 | Medical | Rural | BLS | Respiratory | Pt with shortness of breath transported to BHHC ER. |
| 12/4 | Medical | City | BLS | Respiratory | Pt with shortness of breath transported to BHHC ER. |
| 12/4 | Interfacility | n/a | ALS | Cardiac | Pt with AML symptoms transported from BHHC to Billings Clinic. |
| 12/6 | Medical | City | ALS | Unresponsive | Called to BHHC ER to assist staff with a critical patient |
| 12/6 | Medical | Rural | ALS | Overdose | Pt driven to ER in POV. Responded to BHHC ER to assist staff |
| 12/6 | Interfacility | n/a | ALS | Overdose | Pt transported from BHHC ER to St. Vincent's. |
| 12/7 | Trauma | City | BLS | Back injury | Pt injured by a fall. Transported to BHHC ER. |
| 12/7 | Interfacility | n/a | BLS | Weakness | Pt transported from BHHC to Billings Clinic. |
| 12/7 | Trauma | Rural | BLS | Shoulder Injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/8 | Medical | City | ALS | Cardiac | Pt transported directly to St. Vincent's per medical control. |
| 12/8 | MVA | Rural | BLS | Non-transport | Motor vehicle accident. Pt refused treatment / transport. |
| 12/9 | Medical | City | BLS | Hip pain | Pt transported to BHHC ER. |
| 12/9 | Trauma | City | BLS | Hip pain | Pt injured by a fall was transported to BHHC ER. |
| 12/10 | MVA | City | BLS | Non-transport | Pt with neck pain from MVA. Pt refused treatment / transport. |
| 12/12 | Trauma | City | ALS | Trauma | Pt fell from moving vehicle, multiple injuries, taken to BHHC ER |
| 12/17 | Trauma | Rural | BLS | Back injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/17 | Medical | City | ALS | Rib pain | Pt transported to BHHC ER. |
| 12/18 | Medical | City | ALS | Cardiac | Pt with chest pain transported to BHHC ER. |
| 12/19 | Medical | City | ALS | Cardiac | Pt with chest pain transported to BHHC ER. |
| 12/19 | Interfacility | n/a | ALS | Cardiac | Pt with chest pain transported from BHHC to St. Vincent's. |
| 12/21 | Fire Standby | Rural | BLS | Standby | Structure fire response. One pt treated, not transported. |
| 12/21 | Medical | Rural | ALS | Weakness | Pt with nausea/vomiting transported to BHHC ER. |
| 12/22 | Fire Standby | City | BLS | Standby | Structure fire response. No patients. |
| 12/22 | Interfacility | n/a | ALS | Bleeding | Pt's throat bleeding d/t recent surgery. Taken to Billings Clinic. |
| 12/22 | Interfacility | n/a | BLS | Cancelled | Call cancelled at BHHC. No transport. |
| 12/24 | Medical | City | ALS | General Illness | Pt with multiple symptoms transported to BHHC ER. |
| 12/24 | Interfacility | n/a | BLS | Cancelled | Cancelled, no transport. |
| 12/24 | Interfacility | n/a | BLS | Stroke | Pt with CVA symptoms taken from BHHC to Billings Clinic. |
| 12/24 | Trauma | Rural | ALS | Back injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/25 | Trauma | Rural | ALS | Head injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/25 | Medical | Rural | ALS | Cardiac | Pt with chest pain transported to BHHC ER. |
| 12/25 | Interfacility | n/a | ALS | Stroke | Pt with CVA symptoms transported from BHHC to St. Vincent's. |
| 12/26 | Medical | City | ALS | Weakness | Pt transported from Cedarwood Villa to BHHC ER. |
| 12/26 | Medical | City | BLS | Infection | Pt transported from Cedarwood Villa to BHHC ER. |
| 12/27 | Interfacility | n/a | ALS | Cellulitis | Pt transported from BHHC to St. Vincent's. |
| 12/27 | Cardiac | City | ALS | Cardiac Arrest | Resuscitation attempted, transported to BHHC ER. |
| 12/27 | Medical | City | ALS | Unresponsive | Pt transported to BHHC ER. |
| 12/27 | Interfacility | n/a | ALS | Unresponsive | Intubated patient transported from BHHC to Billings Clinic. |
| 12/28 | Trauma | Rural | ALS | Back injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/28 | Interfacility | n/a | ALS | Hip fracture | Pt transported from BHHC to Billings Clinic. |
| 12/28 | Interfacility | n/a | ALS | Back injury | Pt transported from BHHC to Billings Clinic.. |
| 12/28 | MVA | Rural | BLS | Non-transport | All patients refused treatment / transport. |
| 12/29 | Trauma | Rural | ALS | Arm injury | Skiing accident, transported from RL Mtn. to BHHC ER. |
| 12/29 | Interfacility | n/a | ALS | Respiratory | Pt transported from BHHC to St. Vincent's. |
| 12/29 | Trauma | Rural | ALS | Hip injury | Pt injured in a fall. Transported to BHHC ER. |
| 12/29 | Cardiac | Rural | ALS | Cardiac arrest | Resuscitation attempted, transported pt to BHHC ER. |
| 12/29 | Medical | City | ALS | Decreased LOC | Pt with altered mental status transported to BHHC ER. |
| 12/29 | Interfacility | n/a | ALS | Hip injury | Pt transported from BHHC to Billings Clinic. |
| 12/30 | Transport | City | BLS | Transport | Transported a pt from BHHC to their residence. |
| 12/30 | Trauma | Rural | ALS | Knee injury | Skiing accident. Pt transported from RL Mtn. to BHHC ER. |
| 12/30 | Medical | City | ALS | Decreased LOC | Pt with altered mental status transported to BHHC ER. |

57 total medical responses in December

City: 22

Rural: 17

Interfacility: 18

911 Calls: 39

Fire Safety - Keep it Clean!

In some departments, especially in years past, it was seen as a “badge of honor” to have the dirtiest helmet and gear. While it may make the wearer appear more “experienced”, the reality of it is that the wearer was exposing themselves to toxic substances and reducing the effectiveness of their PPE.

We wear SCBA to keep from breathing toxins, so why would you want to wear a layer of toxins on your clothing, where it can still find it’s way to your skin? Studies have been done that showed that the collar of your turnout coat is one of the best places for toxins to come into contact with your skin.

Studies have also shown the firefighting can increase your risk of specific types of cancer such as skin cancer, leukemia, brain cancer, buccal cavity cancer, stomach and colon cancer.

Dirt, soot and other contaminants also break down fibers in PPE, causing them to be less effective and reducing it’s service life. In addition, reflective material on PPE will be less visible if dirty, affecting their safety. Soiled PPE does

Frostbite Safety Note

Incident command did a very good job at the structure fire on December 21st of reminding crew leaders to rotate personnel to rehab and be checked for frostbite or early warning signs of frostbite. Given the -30 wind chills that morning, the conditions were certainly right for cold-weather injuries. Fortunately, no injuries were sustained.

Anytime you are working in extreme cold and you begin to experience numbness, tingling, burning or itching, notify your crew leader and get rotated to rehab immediately. Damage caused by frostbite is usually permanent, so prevention is essential!

not provide the thermal insulation that clean PPE does, putting the wearer at higher risk for burn injuries.

Firefighters can greatly reduce the risk of illness by keeping their PPE clean and showering immediately to remove soot and other contaminants after fires. A little bit of effort can make a big difference in your safety and health, so keep it clean!

EMS Safety - The Spitting Patient

In the emergency services, we deal with people in all states of mental health as well as people experiencing the full range of human emotion. The downside is that we sometimes have to transport people in need of medical attention who may be less than cooperative and quite upset at their caregivers.

While fortunately not something we encounter often, the spitting patient is something that pre hospital providers need to be prepared for. Not only do these patients pose a risk of pathogen exposure, but they can also put the tolerance of the crew to the test.

Usually, patients who spit are already in restraints.

Spitting tends to be the “last resort” to get at the crew since they already have their hands and legs bound. Unfortunately, these patients seldom give warning before spitting and often catch the crewmembers off-guard.

If you have a patient who is in restraints, assume they are going to spit or bite. You cannot prevent a patient from spitting, but you can prevent it from hitting anything. One of the best prevention methods is to place a nonrebreather on the patient. If their hands are restrained, they cannot remove it easily. Pillowcases should not be placed over the patient’s head, as some departments have done in the past.

Anytime a patient is in restraints, law enforcement should be nearby, and they should always be notified if a patient spits at you or your crew. Spitting is a form of assault, and the patient can be charged.

Most important, it is essential that you keep your cool if you are spit at or on. We are professionals and cannot let our emotions get to us. Keep in mind that the patient may be under the influence and not acting like themselves. NEVER strike a patient, unless it is in self-defense from physical attack. Keep your cool and wear proper PPE and you will be fine.

| Upcoming Events | | | |
|-----------------|-----------------------------|----------|------|
| TBA | PALS class | BHHC | TBA |
| 1/26 | Fire officer’s meeting | RLFD | 1900 |
| 1/28 | EMS association meeting | RLFD | 1900 |
| 2/2 | Fire association meeting | RLFD | 1900 |
| 2/3 | I-300 training | RLFD | 1500 |
| 2/7-2/8 | I-300 training | Billings | 0800 |
| 2/9 | I-200 training | RLFD | 1900 |
| 2/10 | EMS Live at Nite | BHHC | 1945 |
| 2/16 | Fire training - bldg const. | RLFD | 1900 |
| 2/24 | I-400 training | RLFD | 1500 |

Tailboard

- Anytime you have linens or uniform items that are contaminated, please place them in the washer and wash immediately. If this is not possible, place them in a plastic bag and leave it on the floor by the washer. Do not place contaminated items on top of the washer or dryer.
- A lot of effort was recently spent straightening up the workbench area. Please do your best to pick up after yourself and put things back in their right spot after you use them.
- We have ordered yellow-gold t-shirts for our new recruits and EMT students. The shirts will have the new “fire rescue” logo on them and will be the first shirts purchased since we decided to do away with separate fire and EMS shirts and have one “fire rescue” logo.

Trivia Answer

1971 The show was instrumental in educating the public about modern EMS. When it debuted, there were 12 ALS services in the US. Four years later at least 50% of the US population was within 10 minutes of an ALS service.

The Kitchen Table *(Humor Section)*



Why fire inspections are necessary. . .

December 2008 in Photos



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The Page-Out



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