

# Rochester Fire Protection District

## INTERVIEW WITH FIREFIGHTER SPURGEON

Keith Spurgeon has been a probationary member of the RFPD for a year and a half, and recently became a full member.

Keith and his wife, Valerie, have two children, Ryan 8 and Kimberly 12. They reside in Rochester.

Keith attended elementary school in Springfield and junior high through high school in

Rochester.

He is a Computer Tech with the State of Illinois. Keith enjoys attending church, chasing his kids, firefighting, birding, and gardening.

He chose to become a member of the RFPD to serve his community.



## November Birthdays

Kyle Fritchman—November 3  
Tracy Gustafson—November 3  
John Faloon—November 17  
Mark Rentschler—November 18  
Joey Fidler—November 20  
John Fox—November 27  
Mike Weaver—November 27

## December Birthdays

Dustin Bramer—December 14  
Stephen Bellinger—December 17  
Larry Kaiser—December 19

## SAFETY FIRST ALERT

RANDY ROMADKA, DEPUTY CHIEF

Consistent with our increasing frequency and severity of requests for emergency medical services we have to continue to move forward in educating ourselves and developing our skills related to patient care. We have two members making the difficult journey towards becoming paramedics and we have several new EMTBs. So we have some people transitioning into new roles and we have some veterans that are continuing to find new ways to do old things. I ran into this article related to safety and starting intravenous access in the most recent issue of JEMS. Thank you to EMS columnist Thom Dick for this safety consideration related to controlling bubbles in IV lines.

“Next time you open a drip

set, uncoil the tubing to its full length. Grab that little roller valve you use to regulate the flow rate, and run it up the tube until its right at the drip chamber. Now close the valve, spike the bag, and pinch the drip chamber to put a fluid level in it. Finally, open the valve and clear the line. You won't see one bubble, even if you squeeze the bag. The only waiting you'll have to do will be the time it takes for the fluid to get to the open end. A side benefit of this technique is, you'll never have to look for the valve. It'll be right there at the drip chamber, where you can always find it... “

*Dick, Thom, Bubbles, Air-proofing your IV lines---pronto, Journal of Emergency **Medical Services, February, 2009.***

One general comment related to this safety tip from Thom Dick, if you are not reading about EMS in one of the monthly Journals, but would like to start, see me. We receive multiple copies of EMS journals (and fire service journals) every month. I hold them for one year and then dispose of the journals. They are here for you to use. I would appreciate any and all comments related to how we could make the journals more available to you. Don't forget, I love feedback!

## HOW CAN I BE OF SERVICE RANDY ROMADKA, DEPUTY CHIEF

We are in the business of providing care for sick and injured patients. Approximately seventy four percent of our requests for emergency service are related to emergency medical service type calls. It is a face to face, customer service centered, heavy lifting, at all hours of the day and night, 365 days of the year job. It is serious work. People, citizens, our customers if you will, depend on us to provide patient care when they need it most.

Lots of effort goes into providing patient care. This month I want to talk about one part of the process of providing patient care. Documentation, patient care reports, run reports, paperwork, are all names related to the process of providing proof that we provided care to a patient who requests our service. No matter how you name it paperwork is a vital component of patient care. Like many of the things we do, paperwork is not glamorous or exciting. In fact, I think we all can agree, that paperwork is one of the more tedious, monotonous, and never ending processes that we are tasked with completing. Paperwork serves to help us meet several requirements of being in the business of providing emergency medical services.

Our policies and procedures manual include the following sections titled Completing Run Reports. Rochester Fire Protection District members should complete the system non-transport patient care report form for each patient care interaction. Additionally, a Rochester Fire Protection District Activity report should also be completed. It is the incident commander's responsibility to assure that appropriate paperwork is completed. The completed System-approved patient care report should be submitted to Memorial Medical Center's Emergency Medical Services office as soon as possible after the call. The first copy is for Rochester Fire Protection District records.

The highest licensed Rochester Fire Protection District Emergency Medical Technician responsible for patient care is responsible for completing the patient care report. The Rochester Fire Protection District Emergency Medical Technician responsible for patient care should sign the patient care report on the signature line indicated as signature line number one (the top signature line). The Rochester Fire Protection District Emergency Medical Technician responsible for patient care is responsible for assuring that everyone involved in patient care signs the patient care report.

All patient care reports should be reviewed by the Incident Commander or the Officer-in-charge to assure appropriate completion prior to submission.

Paperwork provides proof that medical care was provided to a patient in the prehospital setting. Our paperwork is a part of the patient's medical record. Every part of our patient assessment becomes a baseline of the patient's condition allowing the transporting paramedics to continue care enroute to the hospital. Vitals, ECG, pulse oximetry readings, our initial assessment and our on-going narrative are vital to patient care and safety throughout the continuum of care.

As a part of a medical record, our paperwork also services an important legal function. Certainly we all should be aware that medical care is a business open to litigation. The boiler plate issues you learned in your first EMT course, related to abandonment, transfer of care, consent, and negligence still apply to every request for emergency medical services. According to Mike Smith, nationally known EMS writer in his article "Troubles with Bubbles," the time from a patient care opportunity to the actual trial is long. Frequently, years pass before legal ac-

tion is initiated, and the likelihood of retrieving the details of your performance from any given call diminishes with every passing day. In the end, a Xeroxed copy of the PCR you filled out 5 ½ years ago is all that remains to bring you mentally up to speed on a call you must testify about.

And now it is time to remind you of an old EMS chestnut, and adage if you will. If you didn't document it you didn't do it. This is a short but memorable saying that holds some important facts related to experience that is considered true by most people in EMS. It certainly is an interesting observation, is ethical and practical and is consistent across time.

If you go to court and the complainant's attorney finds out you did not document oxygen by non-rebreather mask, then in the eye of the court, you may be found negligent for any damages that could have resulted from poor patient oxygenation. So it is important that our patient care reports be thorough related to our interventions. Additionally, our narrative offers the opportunity for us to document our patient condition over time while in our care. To serve as an appropriate legal document, the patient care report must be legible, i.e. they (the complainant's attorney, your attorney, the judge...) have to be able to read it. We will go to computerized charting in the future, but until that time we must endeavor to persevere to write clearly and in a legible manner.

There is another function of documentation that is not impacting us at this time, but is still important to mention because of future considerations. How ambulance transportation and treatment is reimbursed is based on documentation. While we do not transport now, some time in the future we will initiate care and provide transport of patients from the Rochester Fire Protection District to local

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hospitals. So regardless of care provided, and how the patient feels about the emergency services provided, if the documentation isn't consistent with the rules of the reimbursing agency payment may not be forthcoming. According to Mike Hamilton, Captain and Training Officer with the Rochester Fire Protection District and a paramedic with America Ambulance Services Inc. based in Springfield, the narrative has to clearly indicate why the patient needs ambulance transport or payment could be withheld. "You must prove medical necessity for ambulance transport or payment could be jeopardized. If the patient has stomach pain, and the narrative indicates they walked to the ambulance the payment could be withheld. However, if the narrative indicates that patient has severe abdominal pain, is unable to walk related to weakness, and is passing blood, the likelihood of payment improves."

So I hope you will agree with me that what we write about our patient care is just as

important as the care we provide to our patients. Properly completed paperwork is important to safe and effective patient treatment across the prehospital continuum of care. Neat, orderly and readable narration related to the patient care over time is also important to providing protection from costly legal actions. Remember if it isn't written down you didn't do it. Finally, someday, out on the horizon, we will be getting paid for transporting and treating patients. When that day arrives, our financial well being will be a function of our ability to appropriately document our patient care based on the rules established by the paying organization.

Thanks for your attention to the details of this important part of our service delivery. There will be lots more information next month when, once again, I ask the question, "How can I be of service?"

R2

*Thank you to all  
the firefighters,  
EMTs and members  
for the fall clean  
up of the bays and  
apparatus  
washing! —R2*

## SAFETY FIRST ALERT—REPRISE

RANDY ROMADKA, DEPUTY CHIEF



We are approaching the flu season, so I must bring up the issue of health and well being of our members. As per Dr. Damon T. Arnold, State Public Health Director of the Illinois Department of Public Health:

"Get your seasonal flu shot and get your H1N1 vaccination when it's available. And remember the three Cs:

1. Clean-wash your hands frequently to prevent the spread of germs
2. Cover-your cough and sneeze with a tissue or sleeve, not your hand
3. Contain-contain your germs. Stay at home if you are sick.

More information related to flu preparedness is available at

[www.ready.illinois.gov](http://www.ready.illinois.gov) and [www.flu.gov](http://www.flu.gov). For non-medical questions, you can call the Illinois Flu Hotline at telephone number 866-848-2094.

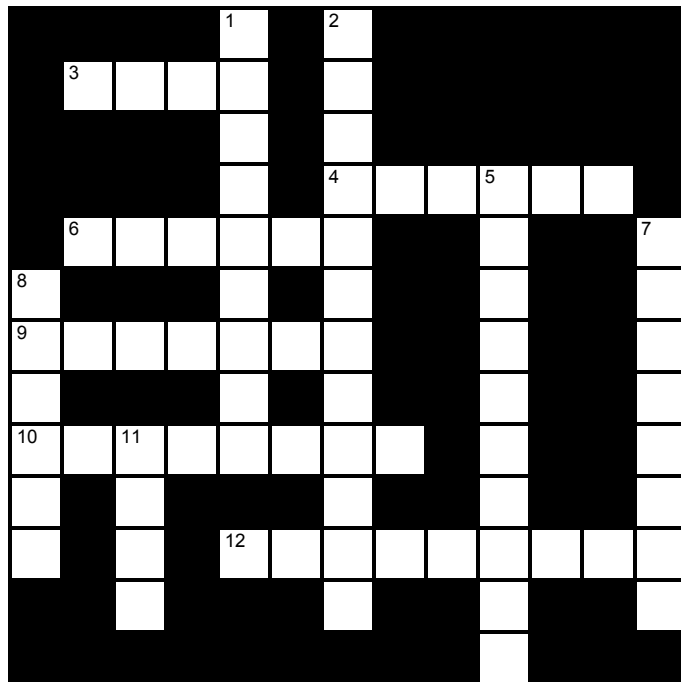
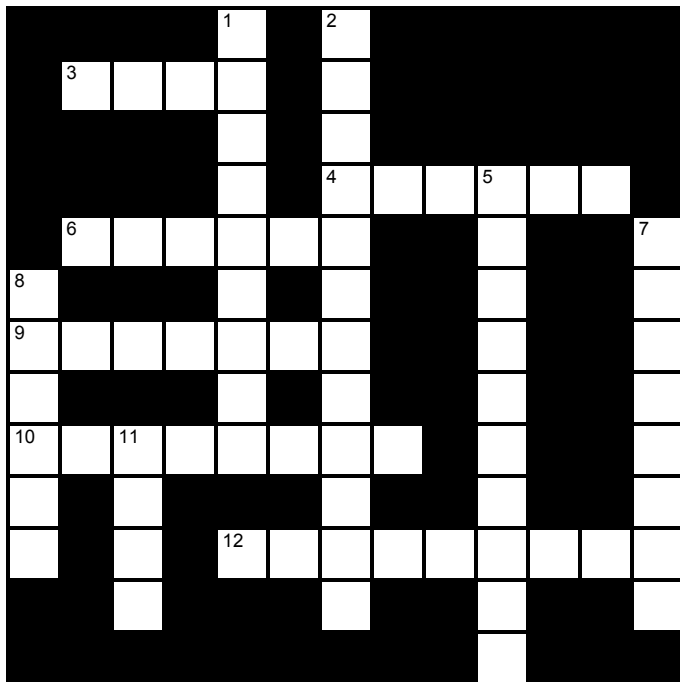
John Brennan, EMS Coordinator for Memorial Medical Center, says, "the plan is to release H1N1 vaccinations through the Sangamon County Department of Public Health. Healthcare workers, including EMTs and paramedics, are in the first phase of people to receive the vaccine." Emergency Services organizations and their employees will not be charged for the vaccine.

If you have questions, please contact the chief or myself. You can also contact your health care provider or local health department.

# Henry: EMT Prehospital Care, Revised 3<sup>rd</sup> Edition

## Crossword Puzzles

### Chapter 1: Introduction to Emergency Medical Care

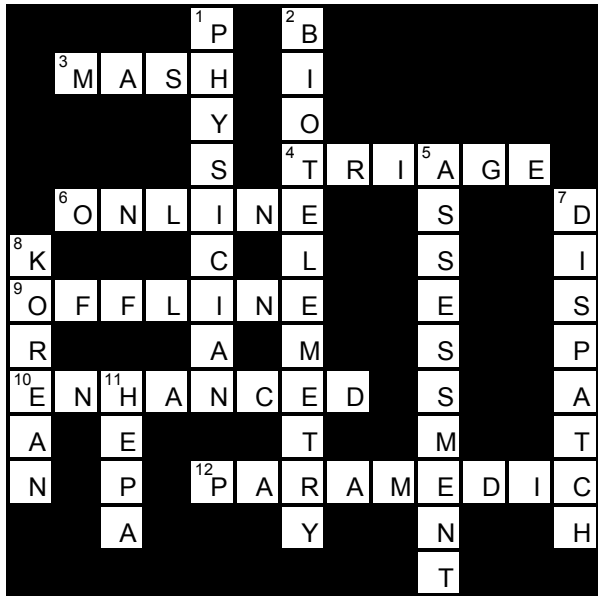


#### Across

3. Military hospitals are referred to as \_\_\_\_\_ units
4. Sorting according to medical need
6. \_\_\_\_\_ medical direction involves real-time contact with a physician
9. \_\_\_\_\_ medical direction is medical guidance in the form of written protocols
10. \_\_\_\_\_ 911 allows the dispatcher to track the caller's exact location
12. Highest level of training for EMS workers

#### Down

1. Serves as team leader for in hospital and prehospital personnel
2. Transmission of the patient data via radio or telephone
5. Systematic collection and analysis of information obtained by a through history and examination
7. System through which emergency vehicles are summoned to respond
8. Helicopters were first used to evacuate the wounded during this war
11. Type of mask worn when treating a patient with suspected tuberculosis



# SAFETY FIRST ALERT—SLIGHT RETURN

RANDY ROMADKA, DEPUTY CHIEF

I feel it must forward this article on to the members of the RFPD with my editorial comments. The article speaks volumes about safety issues that I feel are very important. This article is from Chief Billy Goldfelder's TheSecretList@FirefighterCloseCalls.com [thesecretlist@firefighterclosecalls.ccs end.com, October 7, 2009]

As you will recall, a responding Phoenix (AZ) FD engine company (E910) was involved in a serious crash where, among others, the Captain was very seriously injured after being ejected. The facts related to the August 10, 2009 crash are as follows:

- The Driver/Engineer of E910 **did** stop at the red light on the west side of the intersection, clearing all southbound lanes of travel before proceeding.
- The Driver/Engineer of E910 **did not** clear all of the northbound lanes of travel before proceeding through the intersection. (They drove against the red light)
- The Captain of E910 **wasn't** wearing her seatbelt at the time of the crash.
- The civilian driver of the vehicle that struck E910 **wasn't** wearing a seatbelt at the time of the crash.
- No police citations will be issued to the Engineer of E910 but the driver of the vehicle that struck the engine will be cited for a **suspended driver's license and driving without insurance.**

While there was much speculation on the crash, the above are now the facts.

**Lessons? Nothing new.**

- **All apparatus must stop first before going thru controlled intersections. All members must be belted in before the rig moves. Nothing new.**
- **Officers must not only set the example, but also must insure their members "get it". Enforce and follow the law or policy. Nothing new.**

**If not, Firefighters and Fire Officers get hurt, ejected and or killed. Nothing new.**

I strongly support Chief Goldfelder's comments that "All apparatus must stop before going through controlled intersections and that everyone must be belted in before the rig moves". To me this seems intuitive, appropriate and an example of forward thinking. However, this is not the culture of everyone in the fire service. In fact, many fire apparatus are designed to allow firefighters to ride outside of the cab without any type of safety restraining device. And in some departments, blowing through traffic is part of strange ethos that says people will respond appropriately and stop whenever we have our red lights on and sirens blaring. I will make this policy whenever I am the officer in charge of an apparatus. We will not drive through an intersection when a traffic control device says we must stop (Red Light!). And I will work to make sure that everyone recognizes the hazards of crossing intersections. We will move through all intersections with safety as our first consideration. I will work to move towards the day when every firefighter will be seated inside the cab and be belted in, before the rig moves. This means new ways of doing old things, which will mean a change in our affective approach to doing our jobs. I know change will be challenging, but I believe we are obligated to consider the safety of our firefighters first on every call for emergency service.

I am open to your comments, and would be glad to discuss apparatus safety with you at any time. Don't forget I love feedback. Remember, safety first at all times.

