

WHEN STAFFING MATTERS

FROM THE PRESIDENT

Get the door it's- Domino's??

Where else than in America can we demand and expect to be able to get a pizza delivered in under 20 minutes? Yet it's OK to tolerate waiting the same amount of time, or longer, for an Ambulance to arrive. Shouldn't we be demanding more for the health and safety of ourselves and our family? Shouldn't we as providers and Administrators be striving and demanding more of ourselves and our system? Wouldn't you like to be able to hang up the phone after calling 911 and say, "get the door it's-the Ambulance?" I know I'm preaching to the choir, but I also don't hear the choir singing loud enough for everyone to hear. Why isn't anyone demanding from OEMS their guidance and support to help fix this frail system?

It's a sad testimony to how things *really are* when a member of a local service realizes he's having a heart attack, has a friend get his oxygen out of the back of his car, and then tells his friend to hurry and get him to the Hospital. The friend suggests 911 and the technician says, "I can't afford to wait that long, hurry up". This technician makes it to the Hospital, only to be flown to Hartford for immediate by-pass surgery. A true story of 3 weeks ago.

If we have no faith in our own system, how then do we expect others to trust us as well? Don't think for a second people aren't talking. Don't think for a second people aren't listening to their scanners.

Sooner or later, as has happened, *we* will be victimized by our own system and service. Who then do we yell too? If we're able to yell at all!



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We're on the Web!

www.ERManagement.com



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Emergencies do not stop at 5:00 PM. ERM is available on 24 hour call. No matter what the problem, leave a voicemail and a on call administrator will immediately contact you.

When Staffing Matter's

Let EMT's Take Care of Patients, Let Others Take Care of the Organization!

While recently lecturing at the Connecticut EMS Conference, myself and Jason Perillo were discussing team building and working through others. The common response from the audience was that our ideas and theories were great but not practical since they only have volunteers. And, these volunteers are already tapped out with other duties in the organization. The administrators have prioritized what truly needs to be done and put everything else on the back burner because of manpower shortages.

Then I asked the group of their members, who had non-clinical members? Not one person raised their hands. When we look at civic groups such as the Lions Club, Rotary Clubs or Parent Teacher Organizations there are no membership restrictions. Members join these organizations not because they have a special certification; they join because of the organizational mission.

EMS should not be any different. Often times our organizational missions mirror that of other community groups. Volunteers without EMS certification or backgrounds have tremendous value. One bonus is that their time will not be consumed by training, shift coverage and emergency responses.

You need to know what areas these outsiders will be most helpful in before you start your search. Don't bring folks on board, just to get them in the door. They will lose interest and you will too. Look around your community, who will have value to your organization. Banker's, financial planners, lawyers, business professionals, marketing firms, catering folks, administrative assistants, senior citizens and stay at home parents.

I am aware of several organizations doing great things because of their non-clinical volunteers. One shoreline EMS agency operates its entire billing operation with senior citizens. Another has a fulltime Financial Planner serving as the organizations Treasurer. I have even seen one town recruit a mechanic who volunteers as the groups fleet officer.

There are many people willing to help your organization, they are just waiting for someone to ask. Your local Chamber of Commerce is a great place to start. Sign your organization up for a membership. Start attending meetings, and social events and network with these professionals. You would be surprised what you can accomplish by meeting with someone new over a cup of coffee.

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Upcoming Courses....

◆ EMT/MRT Re-certification Course

Dates: May 19-22, 2005
Time: varies
Location: Marlborough Fire Dept Co #2
Marlborough, CT

◆ MRT Initial Certification Course

Dates: April 26 to May 22, 2005
Time: Varied
Location: Haddam Neck Fire Dept
Haddam Neck, CT

EMT Initial Certification Course

Dates: Sept 6 to Dec 18, 2005
Time: Varied
Location: East Hampton Ambulance Assn
East Hampton, CT

Check Our Website for Additional Class Information and Registration Forms

www.ERManagement.com

Looking for an Administrator's Tool Box Training Session?, or an Annual OSHA Compliance in-service? Then give ERM a call today. One of our Instructors will tailor a course to meet your exact needs.

ERM Is also working with OEMS to provide an EMS Instructor's Course by September 2005

May 16th is EMS Week!

So what are you doing to celebrate? How are you getting the word out? Are you getting the word out? We are missing a tremendous opportunity to not only re-ward our members internally for a Job Well Done, but enhance our image and self promote ourselves. Plan an Open House, show off all your equipment and do so in your best dress. Plan a recruitment drive. Provide free CPR Courses. Let the community know who you are! It's not to late and it could really pay off.

And let me be the first to say, Thank You for all you do!!!

You may have heard or read recent news reports about the outbreaks of viral gastrointestinal illness (GI) in at least two Connecticut healthcare facilities.

If you treat a patient with ANY GI symptoms, gowns/gloves/mask should be used by you and many other providers. Please remember to decontaminate your service's equipment, stretcher and all exposed surfaces in your ambulances after they have been exposed to a patient that has had any GI symptoms.

R1 services - please remember that the exposed surface of your equipment can become contaminated and, in turn, contaminate your apparatus if you place it back in its storage compartment without decontaminating it.

Meticulous hand hygiene is critically important in preventing the spread of viral gastroenteritis (and most other infections). Remember to clean your hands before and after all patient contacts, after contact with medical equipment or surfaces that may be contaminated, and after glove removal.

Healthcare workers who may be ill with viral gastroenteritis should really remain out of work until 48 hours after vomiting and diarrhea cease.

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Compliance Reminders

In case you weren't aware or forgot, you should still have your 2004 OSHA 300A Injury and Illness Form posted. This is required to be posted from Feb 1 to April 30, 2005. The actual 300 Log itself does not have to be posted. By the way, these are entirely brand new forms which replace the old 200 forms. If you haven't yet completed or posted the form and would like some assistance, give us a call today.

I recently was on a call with a potential meningitis patient where the Ambulance crew were going to put an N95 Respirator on the pt. For reverse isolation precautions. This is Absolutely not allowed! We all need to be sure that our Airborne Pathogens Exposure Control Plans are current and up-to-date, and address all of the potential airborne diseases. Remember too that all your personnel are required to be fit tested annually for their N95 respirators. If you need any assistance with this training or fit testing, don't hesitate to give us a call.

Looking to Stay in the Know?

Sign up today for ERM's regular Email Alerts / Notices. Stay in touch with current regulatory changes, notices, events, etc. Send us your name, services and e mail address and we'll keep you in the Know!

Clarifying the Drug Controversy

You may have recently heard allot of commotion about Aspirin being taken off-line. Well, the fact of the matter is, for the moment, it was the right thing to do. Apparently way back when the new (current) Curriculum came out introducing the capabilities of EMT's administering medications, it never actually was changed in regulations, which by the way, are our governing law's. The very same law's which protect us from liability when we perform in the field, and prevent us from freelancing. Well, not only were the new med's not put into law, but advanced airways were also not introduced and Ipecac was never taken out. This is why when you read Dr.Zanker's letter, it mentioned Ipecac. Fact of the matter is, Aspirin is never really mentioned at all. It's a local med control item, which by the way, had some conflicting research recently about its true efficacy in the field anyways, much like the MAST/PASG issue. Stay tuned and stay calm, the system is not falling apart!

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