

November 8, 2018

1830 Meeting Start

BAC-EMS not here

Amb maintenance not here

Paul: communications: discussion of battery purchase, \$105 each

Confirmed, order 2 for inoperable radios

Jeff: RTAC 64 not working?

Paul: will test

Patti: working on ambulance radio situation – better WISCOM stations

Patti/director: working on by-laws for officers positions

Gayle = training officer

Sadie = secretary, along with Tam

Water issue in hall – sucking sand from well, cleaned for now and may need to be cleaned periodically

Training at school: work better at radio training

Grant: 5 wireless mikes to keep in mass casualty bag for better on-scene communication

Also reprogram radios for ease of stations we most commonly use

Guy: home maintenance: need paper; fixed latch for bathroom – lift door to shut effectively, will fix better; vacuum fixed

Marcia: procurement: all set?

Laurie: will be writing a grant to get AEDs from the Lions Club, lions can afford to maintain; keep updated AEDs in all three towns in places that are open 24/7 (preferably)

Patti – which AEDs are becoming obsolete/unable to get parts for anymore? Replace those?

Marcia: quality assurance: 5 runs since last meeting; focus on getting info on patient in the system so we can use the frequent patient button; always work on documentation

Total runs up to 64 for this year

Patti: secretary: paid for our WEMSA dues

Gayle: training: December training or party? Marcia – pull out items we don't know how to use well for December training? Gayle – fully updated protocols? Ambulance is updated but do individuals have updated policies and procedures? Look at book and review policies and procedures fully...

Training on radios; use of radios, esp in mass casualty situations

South Shore Fire will do a mass casualty training incident in spring, perhaps a bus accident. Date is set but will be known later. John and Paul will know by tomorrow.

Flu season: expected to be rampant and widespread. Place masks on patients suspected of having flu and on yourselves during transport. Clean entire rig before leaving after a run. Disinfect!

Marcia: for December training, pull out rarely used items like stairchair, vacuum splints, carseat, CPAP, etc.

Job Descriptions:

Look over handout and add suggestions; formulated by the focus group

Handout will be part of the by-laws

Jeff: disciplinary policy – who conducts the discipline? Director. Needs to be added under description

Gayle: training – assure that training needed is conducted and provided for if the training officer is unable to do so effectively

Jeff: change from 4 inservice trainings to 5 or 6?

Left at 4 for opportunity to hold secondary business meeting and Christmas party if desired

Patti: will type up for approval at next meeting

Jeff: ambulance maintenance officer – in charge of refueling? Why not everyone as they complete runs? Patti/Guy: anybody can refuel if needed but ambulance maintenance should always check and refuel if needed.

Active Shooter Drill:

Communications obviously an issue – too many channels to bounce between; Patti could not find any channels with EMTs. Too many on different channels.

Field Hospital – have to have people in the field hospital to work there and maintain patients  
Extricate from school and bring to fire hall/ field hospital. Need to assign specific people to stay there and help arriving patients

Cot cannot go into school/incident for each patient. Use drag blankets and quick removal items to get patients out fast.

Drop trauma kit at entrance to allow access for multiple EMTs rather than drag to each patient

Triage: lost radios while trying to carry everything else

A lot of waiting to get firefighters to go with us for patient extrication

Walking wounded left for last; some had more traumatic injuries

Make sure walking wounded are away from building and gathered together under supervision for easier identification later

Field hospital needs to be in line of sight for incident; easier communications

Not field hospital – incident command should be in line of sight

Two separate positions for field hospital and overall incident command

Medical IC with overall IC

Determine which hospital each go to and who goes first

Overall: excellent drill

Hopes to repeat drill annually if possible

Jeff wrote most of plan so he'd be happy to go over the entirety of it if we had further questions

New business?

Stryker cot - have received nothing back from them through multiple emails and phone calls

Run reviews

Transport – frequent flier Barb on White Birch Rd. On dialysis. All documentation will be on computer so you can use repeat patient button. Beware of dogs. Husband = Gary.

Ellie Jardine – drinking problem. Can go into withdrawals if not drinking for too long. Increased anxiety, hyper. Severe blood clots in history.

Jeff Nelson on Evergreen – “raccoon guy” respiratory distress. Wait for backup/law enforcement before entering. COPD but threw away his inhaler. Jeff- joking about getting a gun. TBI history. Don't enter without law enforcement. Lots of guns. Frequent flier.

River Loop Road – frequent flier. Lake side of loop. In wheelchair. Always sign a refusal of transport if not transporting

Lakeview Road – Sandy. Problem with males. PTSD and drunk. Unresponsive. Don't assume intoxication. Check blood sugar and other things. Check the scene for other clues to issues. Violently opposed to men when she's not herself. Let females in first to see if she will be able to handle men in ambulance. Plan with lady from county – if any indication she's getting hostile, call for an officer; working towards an emergency detention for recovery. Make notes of all her statements.

End of meeting