



Inside this issue:

<i>IV Tips, Tricks and Perspectives</i>	1,4,5
<i>Service of the Quarter: Cabot Ambulance</i>	2
<i>Social Services available to District 6 ER patients</i>	3
<i>Barre Town EMS offer I-03 Refresher Training</i>	3
<i>District 6 Educational Opportunities</i>	5
<i>District 6 Certifiers Trainers</i>	5
<i>Training Corner</i>	6
<i>Communication and the District 6 website</i>	7
<i>District 6 Test Dates for 2007 posted</i>	8
<i>The District 6 Board</i>	10

IV Tips, Tricks, & Perspectives by Mike Morgan EMS Liaison

Of the various procedures performed by EMS personnel at all levels, placing IV lines is the one with the highest failure rate. When was the last time you tried to backboard, splint, give oxygen, or any of the other things we commonly do for patients - and not be able to do it? Yet everyone who starts IV's has patients that they can't get an IV in. Even specialist IV team nurses who start IV's all day long under ideal conditions in the hospital have patients they can't get a line into. It's not surprising that under field conditions, we often have some trouble with IV's. It's not difficult to get discouraged when you've missed a few IV attempts in a row. When you're hitting every one you try for a while, you begin to think

you can get a line into anyone. However, the time will always come when you go into a slump and miss a few in a row. It can be hard not to start thinking: "I suck at this!" and start stepping back instead of forward when there's an IV to be done. This becomes a self-fulfilling prophecy - because you don't want to try IV's, you do fewer and fewer of them. You let other people start them, and when there's nobody else to do it, you think, "Well, this patient doesn't really need an IV; I'll hold off and let the ER do it." After a while you've gone so long without starting an IV that you are reluctant to try when a patient really does need one! If this seems familiar to you - don't worry - we've all felt

that way. Everybody who starts IV's misses. How can you improve your IV success rate? Lots of people have tips and tricks that work for them. Ask people on your squad and in the ER for their tricks. At a squad training, go around the room and have everyone that starts IV's suggest one. Here are a few that I've had good results with:

- Start a lot of them! Practice makes perfect. Even if you don't get that many chances to try, take advantage of the opportunities you do get. Even if you miss, each attempt is a learning experience.
- Set up conditions for success - as much as you can. Try to place yourself and the patient so that you're in a comfortable position.

Change in First Responder-ECA Re-certification and Transition Testing

Since 2003, the Department of Health has used a National Registry of EMT's assessment exam as our state First Responder-ECA re-certification test. On January 1, 2007, the National Registry switched all of its exams, including the Assessment exam, from the paper and pencil format to a computer-based test.

We remain committed to retaining the FR-ECA certification as an easily deliverable and attainable entry level for EMS personnel. After more than two months with computer based testing, we have determined that it is not the best way to **renew or transition** to First Responder-ECA certifications. While computer based testing has many advantages, there are cost and access issues which have led us to an alternative only

Service of the Quarter: Cabot Ambulance Service, Inc. By Marcy Martin

Cabot Ambulance Service, Inc., an all volunteer group celebrates its 40th year of operation this year. Our service became operational in early 1967 with its first emergency call and held our first official meeting and election of officers on February 18, 1967. We actually got our start in early 1966 when a local funeral home director donated a second hand hearse to Dr. Frank (Doc) and Virginia Caffin, our primary organizers of the all-volunteer crew and ambulance service.

Things were done a lot differently back then. There were no specific dispatchers back then. Many of the crew's phones were hooked up so when you got a constant ringing of the phone you knew that it was time to get your gear and go. "Swoop and Scoop" was the term often used to describe emergency medical response techniques during the 1960's, when hearses with no special equipment beyond lots of space in the back were routinely used to transport accident victims to emergency care facilities.

The initial levels of training for volunteers have become much more detailed and stringent over the years. "Volunteer" has a whole new meaning these days. Training and more training is the key to high quality emergency medical response, and Cabot is a highly trained squad. We no longer have the hearse and have updated our vehicle to a fully equipped 2003. We no longer have to sit around waiting for the phone, we now have modern day pagers and radios.

Cabot Ambulance serves a wide area, including Cabot, Marshfield, parts of Plainfield and Walden. There is overlapping where town lines often have little relation to road distance from one point to another, so it sometimes creates a situation where real cooperation is needed among ambulance services in other areas, too. Our dedicated crew consists of 4 EMT I-03's, 3 EMT I-03 students, 9 EMT Basics, 2 EMT Basic students, and 2 drivers/CPR certified people, as well as out secretary M who has been on this service for 24 years.

I, myself, have been around the Cabot Ambulance since it started those many years ago a I have a total of 24 years with the service. At one point in time 9 members of my family were all "volunteered" (by Virginia Caffin), trained and on the squad here in Cabot. I am the only family member left on the squad, and I no longer go out on calls, but have been "volunteered" (by Virginia Caffin) to remain as their dedicated Secretary.

Just to quote an article I read-----"Volunteer members give many, many hours each year to their ambulance services. The training is rigorous and ongoing, the standards high and the emotional impact can be very hard. And, the rewards ---if you're interested in helping people when they most need help---are immense."

Thank you to all the Volunteers!!!!!!



Social Services for District 6 patients

Dear EMS Providers,

My name is Melissa Lee and I am a social worker at Central Vermont Medical Center. I have been working in the Emergency Department as the ER/outpatient social worker for 7 years.

My work load consists of providing social service assistance to a wide variety of patients that come to the ER and other outpatient departments within the hospital.

Some examples of situations that I often get involved with are elderly or disabled people who need assistance whether that be home based services or the need for nursing homes. I consult on cases of abuse, neglect, and

domestic violence issues of all populations and serve as a resource to ER staff when these situations arise. Other problems such as mental health, grief and loss, and substance abuse referrals are also within my scope of practice.

Another area that I work on is case management of patients who frequent the ER. We all know there are a myriad of reasons why patients frequent the emergency room and in some instances they are socially related. I work closely with ER staff to coordinate care on some of these patients and explore the social problem that may be contributing to their high usage of emergency services.

In the past, I have consulted with EMS staff on many occasions regarding patients that are impacted by their social problems and I want to continue to serve as a resource to all EMS providers.

Please don't ever hesitate to contact me if you ever have a question or would like me to consult on a case.

Melissa M. Lee, BSW, MA
Social Work Care Coordinator for ER/
Outpatient
Care Management Department
Central Vermont Medical Center
802-371-4466
802-461-1216 (pager)

Subject Experts Wanted

Are you highly trained in a specific EMS area? Do you want to share this knowledge with others? Are you comfortable in front of groups?

If you answered yes to all of these than we want to talk to you. Subject experts are needed for the Basic and Intermediate classes as well as district training and the 2008 District Conference.

Contact Mark Podgwaite at
nflr31@trans-video.net for more information.



Barre Town EMS offers I-03 Refresher training

During the month of May Barre Town Ambulance will be offering an EMT Intermediate refresher Course. The course will be held on Thursdays throughout the month. Mike Morgan is the instructor. Cost for the course is \$40.00/person. Call 476-3147 for details. The course schedule runs as follows:

Thursday, May 3, 1900-200 @ East Barre FD
Thursday, May 10, 1900-2200 @ Community Nat. Bank
Thursday, May 17, 1900-2200 @ Community Nat. Bank
Thursday, May 24, 1900-2200 @ CNB
Thursday, May 31, 1900-2200 @ CNB

IV Tips, Tricks, & Perspectives

Cont'd part 1

Turn on the lights. Move a floor lamp to where it'll illuminate what you need to see. Pull up a chair and sit down instead of squat. If you're outdoors, move the patient to the ambulance where it's warmer and well lit. A good tactic if you have help enough is to set up your IV stuff in the ambulance while the rest of your crew is packaging and moving the patient - then you can load, poke, and be en route without delay. During transport, stop the ambulance if you need to - this doesn't take much time if you are all set up ready to poke as soon as the ambulance stops, and you get moving again as soon as you've got the IV taped. At least ask the driver to tell you when he's coming to a smoother stretch of road. Have someone help hold the arm steady. Don't rush - the way to get things done fast is to be smooth and organized, not rushed and hasty. Taking one or two minutes to get set up will improve your success rate.

- Warm 'em up! The warmer a patient is, the more prominent his veins will be. Turn up the heat. Wrap up his arms in blankets with hot packs. Cold people are hard to get IV's into.

- Look at both arms. Lots of times, people will look at one arm, not see much in the way of veins, and try to do what they can with what they see. Look at the other arm! Go prospecting! Often the veins on one arm will be better than the other. How will you know if you don't look?

- Let the arm hang down for a while, and have the patient make a fist, squeeze and relax repeatedly to pump things up. This works especially well in conjunction with warming.

- Feel for veins as well as look. Most experienced IV starters work more by feel than by sight. Often you can feel a nice fat vein that barely shows at the surface of the skin. Try to feel where the vein goes as well - is it straight? Bent? Wriggly? Feel above and below

where you find the vein and make your poke at the distal portion of the straight section, so that you have straight vein to thread the catheter into.

- Often the right light will show up a vein that you don't see with direct overhead lighting. Try shining a light from the side so that the vein casts a shadow.

- Most veins are more or less in the same places on most people. Learn where they are and look there first, but don't miss the odd veins in odd places. Some patients can tell you - "They always start my IV or draw my blood here."

- When you're ready to poke, pull a little traction on the skin and poke through the skin quickly. This hurts a lot less than "easing" the needle through the skin. If you don't get right into the vein, hold the needle still, feel the vein and where it goes, adjust your approach and try to hit it again. It's usually going through the skin that hurts, so don't be bashful about "fishing" for the vein. Just feel where the vein is and "fish" purposefully rather than blindly. And don't fish for too long.

- When you get into the vein and blood flashes back up the needle, pause for a moment. Advancing the catheter is where most people blow IV's. When you get blood, lower the needle to align with the vein. Advance the needle just a little further, to be sure that the end of the plastic catheter is in the vein. Then freeze the needle - don't advance it any further. Advance the catheter off the needle into the vein. This way you're advancing the soft, flexible, blunt-ended catheter up the vein instead of the sharp, rigid needle. Sometimes it helps to have someone else advance the catheter for you while you maintain skin traction and hold the needle steady.

- If the catheter won't advance

all the way, it may just be below a valve. Sometimes a little rotation and gentle pressure will help, or you can pull out the needle and try to "float" the catheter in by running some fluid in while you advance it. It's certainly best if you can advance it to the hub. If you can't, but you can get it at least half way in and it runs OK without infiltrating, tape it down and call it good enough!

- If at first you don't succeed... try again! It's a judgment call how many times to poke somebody. I'll usually try twice. In the field, if you've tried once without success and the patient has more than one decent site, go ahead and try again. If a patient has lousy veins and you've missed once, you may want to save what's left for the ER to try under better conditions. Use your judgment.

- The ER would like to be able to send patients with pre-hospital IV's to the OR, DSCU, and other inpatient units without having to change the IV or dressing. Those of you who have been around for a while may remember when pre-hospital IV's were routinely replaced in the ER - this is still the case in some hospitals. In order for the hospital to use them, IV sites need to be clean, not bloody, properly dressed, and securely taped. In an emergency, this is not always possible. When you're in a desperate hurry, you do what you have time and help enough to do. In most cases, however, it doesn't take much longer to wipe up the blood and do a taping job that won't have to be replaced by the ER staff. (I can start an IV from scratch much faster than I can tear down a dressing, clean the site, and redress it.) See me or look at the IV mock-up in the EMT Room if you have questions about how to properly dress and secure an IV. Some things to think about are:

IV Tips, Tricks, & Perspectives

Cont'd part 2

1) Blood wiped up around site. Tegaderm over site & hub; tape over Tegaderm & hub. No gauze or tape under Tegaderm. This is CVH policy for all IV's.

2) Label the IV with gauge, date, time, and your initials. In the hospital, the tubing is changed on a regular schedule for infection control purposes, so they need to know when it was started.

3) Avoid the AC area unless you don't have any other choices. If you need a big line and the only decent vein is in the AC, go ahead, but the AC shouldn't be your first choice on most patients. Stay distal if you can. The

only exception is a patient in rapid SVT who is likely to be getting Adenosine, in which case the IV site should be in the AC. Adenosine is very rapidly metabolized (30 seconds), and so needs to be given as close to the central circulation as possible.

4) Tape neatly and securely. Tape down loops of tubing - don't leave loose loops to catch on things and pull your IV out. I like tape - I've pulled more than one IV out by accident.

5) If you're running fluid, use a long extension tubing. We need the extra length, the extra IV ports, and the ability to change tubing without un-taping and re-taping.

- If you're wondering about whether or not a patient needs an IV, err on the side of starting one. There are some patients where you might decide to wait and let the ER do it, such as an elderly diabetic dialysis patient with no veins and who is not acutely deteriorating, but in most cases, if you're wondering whether or not an IV would be appropriate, it probably is. Follow protocol or call for medical control if you have questions.

Happy Venipuncturing!

Certified Evaluators

Several district providers recently completed the Vermont EMT Evaluator course. They are:

Mark Podgwaite
Doug Jasman
Lawton Rutter
Alana Richard
Doug Hanson
Matt Bergeron
Tim Sears
Dahnyell Caslow
Paul Laferrere

Jennifer Miner
Charles Miner
Michelle Pike
Elizabeth Fortman
Ruth Goodrich
Sheila Brown
Lynn Doney
Annie Dolan
Dick Dolan
Jen Russell
Jeff Koonz
Mike Morgan

Robin Kinsella
Ken Yearman

In an effort to increase the credibility of the EMT testing process, VT EMS District 6 is in the process of instituting a policy, which will require all EMT test evaluators in District 6 to complete the State of Vermont Evaluator Training Course by the end of 2008. We will be holding another evaluator training course in the fall.

Upcoming District 6 Education Opportunities

2 April – Mid July Intermediate-03 Mondays and Thursdays 1900 - 2200 Occasional Saturdays 0900-1500. For a syllabus email nfldr31@trans-video.net

17 April Train the Trainer
1900 – 2200 NERSA

Geared toward the squad training officer but open to anyone, this training will cover such things as PowerPoint presentation construction, Web based training, effective evaluation and

more.

30 May Non Abusive Psychological Emergency Care 1900-2200 NERSA **and how to get yourself out of a bad situation.**

Training Corner

Change. We ask for it, we resist it, we embrace it, we hate it, but yet we are in a constant state of change. We change our certification level, our knowledge, our clothes, our outlook all the time yet anytime a change occurs which we don't have a choice in; we ask the question "why".

Why do we need to change the way we do this or that; wasn't the "old way" good enough? Sure it was, for the time. But as things change either as a result of research, study, or as a means of improving credibility, we must realize that in order to be on the cutting edge so to speak we must embrace this change, work through it and help it and ourselves to make whatever this change is, successful.

We must be prepared to accept the fact that the best laid plans may not always work completely. We must be ready to travel that "rocky road". Just because a plan did not work entirely as laid-out, does that mean the while concept should be junked? Absolutely not! Part of change working is everyone's input. We in EMS are in a constant state of change; we all know this. We now have computer based testing and Vermont Intermediate 03 to name a couple. These two items alone have forced us to change the way we educate our folks.

For example: no longer does training work with a person lecturing to a PowerPoint presentation. Was there anything wrong with that "back in the day"? No! However we now know that

people learn much better by listening AND doing at the same time. We must involve folks both cognitively as well as physically when teaching a new and/or different skill.

So how do we evaluate how well our training was? We test the participants.

We used to use a tremendous amount of what I call fact-based questions.

For example:

The respiratory rate for a healthy adult is:

- A) 8-16
- B) 12-20
- C) 15-30
- D) 25-50

We now have changed to using many or scenario-based questions. The test-taker is given a scenario similar to a situation they will have on the street. One or more questions are based on the scenario. This style of test item forces the test-taker to THINK; to process the information and come up with the most suitable answer.

Paul Werfel recently completed a study on the HOBET as a Success Indicator on the NREMT Written Exam. The HOBET is the Health Occupations Basic Entrance Test many paramedic programs require incoming student to take.

The results of Paul's study are pretty enlightening. The study can be found Here:

<http://www.jems.com/columnists/Werfel/articles/278341/>

Until next quarter...

District 6 Yahoo Training Group Resurrected

- The Yahoo training group has been restarted. This is a great way for training folks in the district to communicate! There is a message section, a calendar section a file section and a bunch more stuff. Communicating via this group will elevate the email issues we have been having as of late.
- This group is "Invitation Only" meaning I have to send you an invitation to join. The group was setup this way so non-district people cannot join. This ensures no spam, unsolicited emails etc.
- So, if you are a squad training officer or a member of the district with an interest in training, just fire off an email to me at nfldr31@trans-video.net and I will sign you up.

Mark



Vermont EMS District 6

Now on the web at:

www.vermontemsdistrictsix.org

The Way we can all get connected!!

•

Communication and the District Six Web Sight

By Jim Baraw

Over the past several years the Vermont EMS District Six board has contemplated and suffered though issues of dissemination of information to departments and members within the departments and the district. Recently we resurrected the district six news letter "Test Tones." Over the years we have relied on word of mouth, mail outs, and message tones amongst other things.

In past years departments and their personal have undergone many changes. Years ago people had more time to give to their personal schedules, and that met more time to give to the department. Overall, people could spend more time with the department

and each other. Unfortunately, the cost of living has gone up, inflation has taken its toll, and people are not as dedicated to their volunteer time as they used to be. Second jobs and school function have taken the place of the weekly meeting attendance and trainings.

Well, today, we have adapted to the need to send out information faster and to more people then ever before. Email has become one of the highest rated tools for communications in business. Web sights are now quickly becoming a way for organizations to disseminate information to its members or potential recruits.

Vermont EMS District Six is no differ-

ent, over the past several months we have been working on the new district six web sight, www.vtmsdistrictsix.org. This sight is slated to be up and operational by mid March 2007. The sight will encompass several pages, Departments, Officers, Education, Protocols, Committees, Photos, Links, By-Laws, Board Minutes, and potentially other pages people would like to see. Officers, on this page, we will list the current officers of the district and departments. It will list addresses, phone numbers and email addresses to contact them.

Change in First Responder-ECA Re-certification and Transition Testing Cont'd

for FR-ECA re-certifications. Because of the improved human measurement characteristics of computer based testing and the importance of meeting a nationally recognized standard, we will continue use of the National Registry of EMTs First Responder and EMT-Basic exams for initial certifications.

We are developing a Vermont paper-and-pencil examination, but it will not be available for a few months. **Therefore, effective immediately, any FR-ECA or ECA85 with a current certification that is due to expire before September 2007 and who continues to meet other requirements for certification (e.g., affiliation with a Vermont licensed EMS agency) is authorized by this memo to continue functioning at the FR-ECA or ECA85 level until September 30, 2007.** Certification dates will not be affected by this extension. For example, a FR-ECA certification with an April 2007 expiration date will be renewed for April 2009, regardless of when the person completes the re-certification (as long as it's by September 2007).

The practical examination process will not change: it will be coordinated at the squad or district level, just as it is today. The written exam, previously offered at the squad level, will now only be offered at re-certification exam sites proctored by Vermont EMS personnel (i.e., EMT re-certification exam sites).

Please retain a copy of this memo and include it in the personnel files of all your current First Responder-ECAs and ECA 85s. It will serve as official notice that their certifications will remain valid through September 30, 2007.

If you have any questions, please feel free to contact Ray Walker at 802-863-7274.

NREMT Board Approves New Option

In November 2006, the NREMT Board of Directors approved the option to validate continued, cognitive competency by passing the newly introduced computer based test established by NREMT. Nationally Registered EMTs (Basic, Intermediate and Paramedic) can take the NREMT Computer Based Test (CBT) in lieu of completing a refresher and the additional continuing education hours prescribed in the NREMT re-certification requirements.

For an NREMT due to re-register on March 31, 2007, if he/she chooses to use passing the test to demonstrate competency, he/she must:

Establish an NREMT account on the NREMT website

Complete a re-registration examination application, (after validating

eligibility with your NREMT number) and pay the fee on the website.

Receive an Authorization to TEST (ATT) Letter from the NREMT

Follow the directions contained in the AT Letter to schedule an exam

Pass the examination

Receive an abbreviated re-registration form from the NREMT

Return the form by March 31, 2007

Only one attempt of the examination is permissible. If a person fails the examination he/she will be required by the NREMT to complete all refresher and continuing education requirements by March 31 in order to re-certify. Taking the examination is an option and not a requirement at this time.

NREMTs who expire in 2008 may challenge the examination (in lieu of completing a refresher and additional continuing education) beginning October 1, 2007.

If the employer or state requires an NREMT to possess their National Registry card before March 31, he/she will need to successfully complete the exam process by February 15th of the expiring year.

Please keep informed about this process by checking out our website.



Upcoming Exams

Initial and/or re-cert exams will be held on the following dates in District 6 in 2007.

4 April: Basic re-cert and I-03 transition

21 July: Basic practical, Basic re-cert and initial I-03

13 Oct: Basic re-cert

These will be the only exams held in the District this year so plan accordingly

Coming Soon!!!!

Watch for more information in the EMT room regarding what and when you can get your treats for

Upcoming Training offered by Barre Town EMS

Tuesday, April 10, 2007, 1800 Hours @ Community National Bank, Barre - Congestive Heart Failure with Dr. Dan Wilson, DO, CVMC Emergency Room

Monday, May 7, 2007, 1830 Hours @ Community National Bank, Barre - Prehospital Care of Burn Patients with Dr. Peter Igeneri, PA from Fletcher Allen Healthcare Trauma Services.

Please pass this information on to your training officers and crew.

the service you do to your communities. During EMS week 2007.

First Responder Test Clarification

Just so that everyone is on the same page when it comes to the First Responder **AND** the First Responder Re-Certification exam; both are computer based tests. At this point in time the EMT Basic re-certification exams remain a paper test.

VERMONT EMS DISTRICT 6
THE TEST TONE
LOOK FOR US ON THE WEB AT:
WWW.VTEMSDISTRICTSIX.ORG

LOOK FOR US ONE THE WEB AT:
WWW.VTEMSDISTRICTSIX.ORG



THE TEST TONE

The District 6 Board:

Medical Director: Dr. Phil Brown

Chairman: Chris Gringa

Assistant Chair: James Baraw

Secretary: Sheila Brown

Treasurer: Susan Barnes

Training Coordinator: Mark Podgewaite

District 6 EMS Liaison: Mike Morgan

This publication is for anyone in the District to contribute to and enjoy.

We are currently producing the TEST TONE on a quarterly basis. If there is anything that you would like to see in the future please feel free to contact the editor or one of the members, so that we can know how to better serve you.

Communication and the District Six Web Sight By Jim Baraw cont'd

Education, this page lists your contact information for the districts training coordinator and department training officers. I also list upcoming training for the district, along with a department by department, and month to month listing of training.

Protocols, this page will list current district protocols, and upcoming protocol committee feedback.

Committees, this will be a page for the various sub committees to feed back to the district and to get feed back on projects the district board is working on. It will also list vacancies on committees for people to participate in.

Photos, this is a sharing place, department can submit photos of activities, and have them posted with a description of the activity. This can be a really good means of sharing ideas and assisting departments in PR activities.

We are avoiding posting accident and call photos, as this is not the place to post that information.

We will have a links page; this will assist users in speeding up the process of looking for information, and even finding forms.

Bylaws, this page will be similar to the protocol page, informative to what the current standards are for the district.

Boards Minutes, this will simply be a place to view the current board meeting minutes for all to see. One of the biggest issues we face, is people being uninformed as to the districts activities.

If anyone has an idea for a page, of information to add to a page, you can contact me (Jim Baraw "Web Master") in several ways, you can call me at the Northfield Ambulance at 485-8550, at home at 485-3275, or better yet, email me the information at vtemsdistrictsix@trans-video.net (will be active by March 20th.) I hope this web sight help everyone in gaining access to information, and spreading the word.

Editor: Jennifer Miner

You can reach me at one of the email addresses below if you have questions or concerns regarding the production of The Test Tone, or if you have something you wish to contribute.

Jennifer.Miner@hitchcock.org, or Mooseslayer9711@hotmail.com

The deadline for the next edition is June 15th for the July issue