

On the Line



Our Core Values: Pride, Respect, Duty, Unity, Integrity and Compassion.

In This Issue...

Chief's Corner.....	2
The Beat Goes On—Fire Marshal Jon Rech...	3
Protecting Staff from Staph—A/C Light.....	4
Chief's Thanks.....	5
Around the Department.....	5
Other Programs.....	6
You've Been Caught Letters.....	6
Member Profile: Ross Frank.....	7
Protocol Review.....	8
Picture This.....	7, 9

Upcoming Events

National Registry Basic & Paramedic Refresher

Mercy College of Health Sciences

Basic: **February 13-15, 2009**—Advanced: **March 6-8, 2009**

February 16th

Annual Safety Pancake Breakfast—Senior Center 7:30 AM—8:30 am

Be sure to check the pub-ed calendars for upcoming events!

Types of Fire Calls

The 51 fire calls we had in January fall into the following categories:

Fire / Explosion:	10
Hazardous Condition:	3
Service Calls:	6
Good Intent Calls:	12
False Calls:	20



Home Fire Sprinklers Save lives & property!



UFD statistics for January

Calls for service: 188

Avg. response Time – All incidents: **7 minutes and 22 seconds**

Avg. response Time – **Emergency** incidents: **7 minutes and 18 seconds**

Emergency Medical Service calls: 137

Avg. Response Time EMS: 6 minutes and 39 seconds

Emergency: 6 minutes and 28 seconds

Non-Emergency: 6 minutes and 51 seconds

Fire related calls: 51

Avg. Response Time Fire: 8 minutes and 58 seconds

Average turnout per fire incident: 6 people

We **received mutual aid four times** – twice for EMS calls and twice for fire calls.

We **gave mutual aid three times** – all for a fire calls.



Birthdays Feb./March:



Cory Macumber	Feb 10 th	Brennan Burke	March 7 th
Rob Zahnd	Feb 11 th	Craig Jensen	March 10 th
Julie Stuckle	Feb 22 nd	Rod Silvers	March 19 th
Ross Frank	March 2 nd	Paula Merfeld	March 26 th
Laura Lyons	March 5 th	Demir Miljkovic	March 26 th
Jacob Beach	March 6 th		

Happy Birthday!



Chief's Corner—Chief Jerry Holt



Change – a word that brings out the worst images in some people's minds. It seems like we are always changing something around here – there are an awful lot of changes happening in our department and that will likely continue in to the future as we try to make things as good as they can be...change is just a way of life for our department...and a way to make sure we are getting it right. One change I wanted to share with you is how we report injuries. We are moving away from the old forms that were supposed to be taken with you to the doctor following an on the job injury.

Beginning this month, we will be starting a new process when there are injuries. Your supervisor (the Supervisor on duty) will place a phone call to "Company Nurse On Call" and you should be with the supervisor when the call is made to answer questions that the supervisor might not be able to answer about your injury. This is a new system for us that is mandated by our Worker's Comp carrier. This process will help determine the best course of action for an injury. They will advise if a visit to the Doctor's office is the best course of action and here's the good part – they will complete almost all of our paper work! They are to be contacted even when you don't think a visit to the Doctor is necessary.

The "Company Nurse On Call" program is the method by which we will report all injuries and even if you think the injury is insignificant, this will be the process that provides you the protection that you need. The "Company Nurse On Call" program provides the documentation so that if your "insignificant" injury later becomes more significant, you will have the proper documentation to assure that the Worker's Comp carrier has documentation of the injury as soon as possible after the occurrence. Remember, this documentation is for your protection.

If an injury is so severe that it requires immediate ER treatment, the report to the "Company Nurse On Call" program still needs to occur at a later time. Again, this is the process for which the documentation for our Worker's Comp carrier is started however, transportation to the Clinic or the ER should never be delayed for an emergency. If the discussion with the nurse results in the recommendation that the employee does go to our clinic, the "Company Nurse On Call" nurse will call ahead and let the clinic know that the employee is on the way. Our clinic will remain as the Iowa Occupational Medicine clinic located at 6000 University and Methodist ER (or other ER as appropriate to the injury). Two forms will still need to be completed; the release of medical records form and the internal City Safety Incident form. The reporting supervisor will have access to

those forms. We will continue the process of requiring the City's Safety Incident form to be completed on all incidents that result in damaged property.

I hope this change will make the process of reporting a on the job injury a little easier. My hope is that we don't have to use this system, but if we do, I hope that the process is a little easier for you!

Frequently Asked Questions

Q. When should I call Company Nurse?

A. Company Nurse must be called within 24-hours of seeking medical attention for a work related injury (1-877-740-5017). You can utilize the medical triage services of Company Nurse prior to seeking medical attention if you want.

Q. What about obvious emergency situations for severe injuries?

A. In all life- or limb- threatening situations, **call 911 or transport directly to the ER immediately**. Call Company Nurse with any information that you have once the situation has stabilized.

Q. How can Company Nurse diagnose an injury over the telephone?

A. We do not diagnose injuries. We perform a triage process that will guide the employee to the appropriate level of care for treatment given the information we are able to gather during the call.

Q. What about medical advice from the current treating physician?

A. Once a patient is under a physician's care, we cannot contradict the treating physician's advice; the Nurse will remind the employee to follow the physician's instructions and answer any questions they may have.

Q. Will I get a call confirmation number when I speak to the Nurse?

A. Yes, the protocol is to provide a call confirmation number and the Nurse's name to each caller. This is not the same as the claim number assigned by IMWCA.

Q. What will I hear when I call Company Nurse?

A. After the 911 message, you will have the following options:

Option 1 for English or Option 2 for Spanish...

THEN **Option 1** for administrative questions – you will be given the administrative phone number

2 to report a previous injury where care advice from a Nurse is not needed

3 to speak to a Nurse about a current injury for care advice or a medical referral

Q. What happens if the Nurses are flooded with calls? I don't want to be on hold forever.

A. The protocol is to answer every call that comes in – there is no voicemail box on the line. During unexpected high volume time periods, a medical clerk will take your call. The clerk will take your phone number and have a Nurse call you back **within a few minutes**.

The Beat Goes On...and On...and On - Fire Marshal Jon Rech

I've always been amazed how the public can surprise us at times. We try hard to educate people on the dangers of fire and how to prevent them. But somewhere along the way, something seems to happen. It's as if something just seems to drain their heads of any fire safety education they have, rendering them incapable of doing the right thing. So far in 2009, we have had two fire incidents called into our Stations. Why call 911 when I can dial seven numbers instead!! The most notable so far was an electric blanket fire in an apartment. The lady had already put the fire out and tossed the blanket in the dumpster (yikes!) but wanted to call and let us know about it. In fact, her biggest concern was that the hallway smoke detector didn't activate as she carried the smoking blanket outside. Did I also mention that the first thing she did when she saw the blanket on fire on the couch was to pour water on it? Now for the million dollar question – Do you think she unplugged the blanket before she threw water on it?

Although humorous, this type of scenario is played out every day across the country. But how? Don't people remember anything they learned as a kid? Don't they know the true dangers of fire? The sad reality is that they don't. Need some more proof? Let's look at some numbers. In 2008, there were a total of 46 fire deaths in the State. This is pretty impressive considering there were only 30 in all of 2007. Worse yet, in the first 47 days of 2009, there have already been 18 fire deaths.

If you look at the leading causes of the fires, you will find that it's the same things we've been talking about for years. So what can be done to improve things? For starters, we can continue to remind people of the realities of fire. We have recently purchased some new videos for kids that do a great job of covering everything from the different types of fire trucks to fire safety tips. We will also be distributing a new, interactive fire safety DVD to all our elementary schools in the near future. These were provided by the State Fire Marshal's Office and can be used on more than one computer at the schools. We are also starting the process of streamlining our fire prevention materials to make it easier for everyone to find the resources they need.

This will take some time, but I think it will make things easier for us.

Another positive aspect is the start of the new Fire Safe Cigarette (FSC) law. Many of the State deaths in 2007 were caused by the improper discarding of smoking materials. So how can you tell what a FSC is? The easy way is to ask a smoker. They will tell you that the cigarettes taste different and they won't stay lit. Why the cigarette won't stay lit is due to the paper that is used with the FSC. The paper is thicker in diameter in various locations, which causes it to extinguish unless the individual takes a drag on the cigarette. You will also find the letters "FSC" on the bottom of the cigarette package. It will be interesting to see what affect this will have on fires, and associated injuries and deaths.

October 1, 2009 will also be the start of an important fire safety device. This is when the new requirement for dual-sensor smoke detectors starts for residential occupancies. Hopefully you have a good understanding of how this detector operates. Because I can probably guarantee that as the media starts to cover this, you will be asked by one of our customers to explain the difference between the dual-sensor and what they currently have in their home. How would you explain this to them? What about a fire extinguisher? If asked, could you tell someone about the "powder" that's inside the extinguisher?

Fire safety is everyone's responsibility. While there continues to be many challenges, here are a few things you can do the next time you are on calls:

1. On residential alarms, test all the smoke detectors before you leave and ask the occupants if they know how old their detectors are.
2. On commercial alarms, check to see if the fire alarm panel has a current inspection tag. Do the extinguishers? Advise the responsible party.
3. On residential alarms, if you see multi-plug adaptors being used or extension cords being improperly used, suggest safer alternatives for the occupants.

4. On commercial alarms, check to see if sprinkler heads or other life safety equipment is blocked. Advise the responsibility party.

This may sound like a lot of work, but it's really not. Like I tried to illustrate at the beginning, most people tend to forget about the safety stuff they learned as a kid. Or worse, they have the attitude that a fire won't happen to them. Remember, most people's view of fire is based on the movies and TV they watch. We need to take a proactive approach to make sure our customers don't forget about all the little things. Hopefully, we can prolong a fire death from occurring in Urbandale.

The future holds many promising things to improve home safety. From residential sprinklers to the requirement of CO detectors in homes, technology will certainly play its part. But the technology cannot be effective if people don't understand how it works or why it is important. This is where we come in. I'll have some additional information on these items during training in February. But during this training, I'll be asking you for some answers as well!



A WINNING COMBINATION!



PROTECTING OUR STAFF FROM STAPH - AC Rob Light

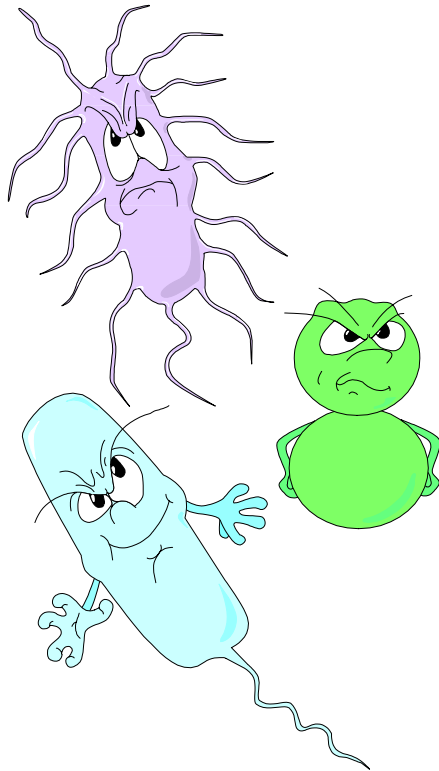
I was having a tough time coming up with a topic for my article this time and then, like always, a series of events gave me the idea of this article on staph infections. One was a text asking me about MRSA, another was the duty of cleaning the ambulance while working FTE so here we go...

Staph is short for staphylococcus, which is a type of bacteria. There are more than 30 types of staph bacteria. A very common type of these bacteria is called staphylococcus aureus and is found on many healthy people. These bacteria may be commonly found to live harmlessly on the skin, nose, mouth, genitals and anus. For a healthy person, this doesn't present a problem. The problems begin when this bacteria has a deeper access to the body like through broken skin or a laceration and an ensuing infection results.

Although staph can cause a whole host of issues in the body, we are going to focus on an area that we can control. Staph bacteria cause most skin infections. Remember when I said staph bacteria are common? The infection from staph bacteria can begin as just a red area of skin and as the infection progresses, the infected area may feel warm, the area may feel tender, and a boil may develop. A fever may begin also. Although most people are successfully treated for staph infections, this is where things can go bad. If the infection progresses, it can get into the blood stream and even affect organs such as the heart and lungs.

Okay, so you got a little cut on your finger, no big deal right? Most times, it isn't a big deal. Thankfully, most people's own immune system can fight these minor infections (potential or actual) with proper care. But if this becomes infected, and the infection enters the bloodstream, we may have a big deal.

MRSA is a term we probably have all heard in the news but some may not know what it is. MRSA stands for methicillin-resistant staphylococcus aureus. There is also a relatively new version of MRSA called CA-MRSA (community associated MRSA) that began in the 1990's and was once contained to hospitals but is now believed to be carried by millions of healthy people in their noses. The term "methicillin resistant" means that the bacteria have built immunity to most forms of antibiotics, making it hard to treat. In 1974, MRSA accounted for 2% of all staph infections. In 2004, 60% of all staph infections were drug resistant. The antibiotic vancomycin (a very powerful antibiotic) was the cure for MRSA for a while but because these bacteria adapt themselves to survive against



antibiotics, there are now versions of MRSA that don't respond to vancomycin either. I know doctors used to give out antibiotics like candy but they don't any more for this same reason. But there is hope for new treatments because the guys and gals with the big brains are always trying to come up with new antibiotics to fight these bacteria.

So how can we protect ourselves? Take care of ourselves to keep our immune system strong by eating properly and getting enough sleep. I am my own worst enemy as far as these go but am trying to do better. We need to keep our work areas clean. When we clean, we aren't just cleaning what we see; more importantly, we are actually cleaning what we can't see, like killing these staph bacteria which can live for 10-14 days on dry surfaces. We need to always wear our gloves. Then there is another topic I keep bringing up, hand washing. Soap is cheap, so is hand sanitizer, and by keeping your hands clean at work or at home, you are greatly reducing your chances of getting sick or infected. Remember, these simple measures could literally save your life.

HAVE A NICE DAY!

Safety Tip - Look Before You Drive

Be sure to look before you drive. Did you do a 360 around the vehicle, checking to see if all doors are secured, nothing is on the bumpers (despite we aren't suppose to put anything there), nothing is connected to the truck that shouldn't be, and everything is clear around the truck? Did you look to make sure that when you start the truck – the auto-connectors disconnected? Did you make sure that if disconnected and laying on the ground – that they are clear of your vehicle. We have had a lot of damage done to the vehicles – hose attached to the vehicles when pulling out, doors open, radios left on bumpers, auto-connects did not disconnect, tearing the cord or pipe out, or driving over the power plugs. Please watch what you are doing – all of these are preventable.

Chief's thanks...

Many thanks to all of you who worked so hard last year—our busiest year ever. This year started off better with the slowest month in several months but we quickly picked back up at as of the writing of the newsletter, we are back on pace and are slightly ahead of where we were at this time last year. As fate would have it, I think we have had more working fires in the last six months than we have had in most years. I know it is a tough balance between covering calls for the fire department and all of the other things that demand your time...I really appreciate your contribution to the department and to our customers.

Thank you for what you do!

WHAT'S HAPPENING AROUND THE DEPARTMENT...

- The installation of the new washer/extractor at Station 42 is complete. The old washer/extractor has been relocated to Station 41 giving us the ability to laundry turnout gear at both stations. The turnout gear dryers have been placed in service at both stations. Both of these items have greatly reduced the amount of time it takes to maintain your turnout gear in the best possible shape and lessen the time it takes to do that.
- The annual report is being finalized and should be published the week of February 16th. The plans are for the report to be released to the City Council and City Manager that week.
- The bid for the replacement extrication equipment for Station 41 should be sent out in February. This will be a sealed bid process and we hope to have the new equipment ordered in March and in place sometime in April.
- The hot water heater is being replaced at Station 42.
- There is apparently a breach in the lining causing water to come in contact with the metal of the tank leading to rusty water. We hope to have this project completed as soon as possible.
- We have hired an Engineering firm to evaluate the H/VAC system at Station 42 and recommend a course of action that will allow us to have control over the temperature in the building.
- The Capital Improvement Program and 09/10 budget will be presented to the City Council on Feb. 24th. We should have a direction on the renovation to Station 41 and all of our budget details for the upcoming FY at that time.
- The new FTE signup procedure went into effect in February. We hope that this process will make it easier to signup for shifts. Senior staff continues to explore all options of our scheduling process to make it easier for you and ultimately, providing better coverage for our customers.

If you think 99.9% is good enough, read this...

- 12 newborns would be given to the wrong parents each day.
- 114,500 mismatched pairs of shoes would be shipped each year.
- 18,322 pieces of mail would be mishandled every hour!
- 2,000,000 documents would be lost by the IRS each year.
- 2 planes landing at Chicago's O'Hare airport would be unsafe every day.
- 315 entries in Webster's Dictionary would be misspelled.
- 20,000 incorrect drug prescriptions would be written each day.
- 880,000 credit cards in circulation would turn out to have incorrect cardholder information on their magnetic strip.
- 291 pacemaker operations would be performed incorrectly.
- 5.5 million cases of soft drinks produced would be flat.

Last Safety Incident:

As of Feb. 1, 2009

70 days without a safety incident

175 days without a lost time injury

I thought this was interesting to see how not giving 100% could really alter the results of the items listed above, how do you think our lives or the lives of the people we encounter every day would be altered if we did not give 100% with each of them... Food for thought. Have a great day everyone, Captain Malloy...

Other programs/training/projects completed by UFD in January:

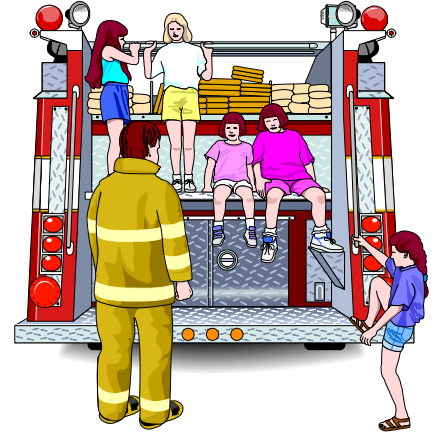
Training Report: 687 hours of training were completed in January.

Fire Training: 584 hours

EMS Training: 103 hours

Prevention & Inspection Activities:

- Completed 11 Inspections
- Completed 7 re-inspections
- Completed 2 preplans
- Conducted 7 plan reviews
- Conducted 3 Car Seat check
- Conducted 1 home safety inspection
- Conducted CPR classes for 8 people
- Conducted public education for 136 people



“YOU’VE BEEN CAUGHT DOING AN OUTSTANDING JOB” LETTERS...

We continue to recognize your efforts. Whenever we receive a thank you letter, card or a phone call, we pass that along to the people involved in the form of a “You’ve Been Caught Doing An Outstanding Job” letter. As of Feb. 16th, we have sent 18 letters to our personnel. The following people received “You’ve Been Caught” letters since our last newsletter:

1/6/09: We received a holiday card that included a \$50 donation thanking us for what we do. This was following a tour provided by Kyle Bissell, Josh Olsen and Ross Frank. Great job on the tour!

1/7/09: We received a thank you letter regarding a “fall” call at Long John Silvers on Jan. 3, 2009. The writer states that the crew that responded were very concerned and thoughtful. (C409 – Stuckle & Karsjen and 423 – Macumber & Miljkovic)

1/28/09: We received a thank you note for an EMS call back in November. The writer wanted the 2 EMTs to know that she thought they were very friendly and helpful and that everything was done very professionally. (A413 – Cody Thorne & Kyle Bissell)

1/29/09: We received a thank you note with the payment for services that stated that the “team was very professional”. (Macumber & Karsjen)

1/29/09: We received a thank you note for a “grand tour” provide by C-Shift. (Thorne, Macumber, Gentosi & Miljkovic)

2/4/09: Lt. Birkett received a thank you card for an “extrication” call Dec. 15, 2008. The call was a child with his head stuck through some supports in a chair. In addition to worrying about her child, the mom was also concerned that the crew was going to have to destroy her chair in the removal process. Dan and his crew were able to disassemble the chair to get the boy out and put the chair back together for her. She was very appreciative! (418 Birkett & Miljkovic – 423 – Jackson & Ouverson).

Thanks to all of you for providing outstanding service!!

Member Profile...

Member Profile: Ross Lee Frank (Yep. Three first names)

Length of time with UFD: Since September 2008.

Level: PT EMT-B/FF

Why I became interested in the UFD: I have always wanted to be in the fire service and I figured all the experience I could get would help me down the road. I also wanted another job for my days off, so I figured why not spend them in a fire station.

Previous EMS experience: Paullina Ambulance Service-3 years. Ankeny Fire Dept.- 2 years

Previous Fire experience: Paullina Fire Department-4 years. Ankeny Fire Dept-2 years

Personal life: Girlfriend - Danielle Crannell, and no pets, just my roommates.



Current Profession: Firefighting between here and Ankeny is all I do as of right now. Starting in February I start a job at plasma clinic in Des Moines as a Physicians Sub. I will be doing assessments on people and evaluating them to see if they are able to donate plasma.

Activities or hobbies I enjoy: Fishing, hunting, doing construction work, building things, and going to concerts

Most memorable moment: Kicking the winning field goal in the closing seconds of the homecoming football game my junior year of high school. Receiving all district football awards my junior and senior years as quarterback.

Favorite TV programs: South Park, King of the Hill, Chapelle Show, King of Queens.

Favorite movies: Varsity Blues, Walk the Line, Talladega Nights, Ladder 49, Backdraft, Dumb and Dumber, Superbad, The Ringer.

Last book that I read: EMT text book.

Personal goals: To make a career being a firefighter.

What I enjoy about the Urbandale Fire Dept: The friendly staff and the learning of new and different techniques through training and working.

I would like to thank everyone who helped me in my orientation and clearance process and I look forward to working with everyone at the UFD.



Picture this...



Ice rescue training in January—conducted at the pool and then in the frigid conditions in a pond!

ON THE LINE

Protocol: Pain Management

Indications

Painful conditions requiring pain medication intervention such as the following (but not exclusively limited to):

- Abdominal Pain related to possible kidney stones.
- Burns
- Fractures
- Cardiovascular Emergencies
- Traumatic Injuries without neurological involvement.
- Acute and Chronic Back Pain

Contraindications

- Systolic BP less than 90 mmHg (call Medical Control)
- Known sensitivity to medication
- Respiratory Depression
- Major trauma to head, chest, abdomen, or pelvis. (Follow Appropriate Protocol)

Precautions

- Hypotension
- Respiratory Depression
- CNS depression

Procedure

- Perform thorough assessment to rule out major trauma or serious medical problem.
- Administer oxygen unless patient condition warrants otherwise.
- Continuously monitor vital signs, pulse oximetry, cardiac rhythm and mental status for changes.
- Establish IV access, infuse as patient condition warrants.
- Consider fentanyl 50-100mcg slow IV push or IN.
- Consider MORPHINE SULFATE 2-5 mg IVP initial dose. Titrate to effect with 2-5 mg increments every 3-5 minutes until one of the following occurs:
 - Relief of pain
 - Hypotension develops
 - Respiratory depression occurs
 - CNS depression occurs
 - 20 mg total has been administered
- May administer 5-10mg MSO4 IM if unable to obtain IV access.
- Consider use of VALIUM 1-5 mg for muscle spasms that may be present with fractures, dislocations or strains.

Picture this...

More training photos...

