All Staff Meeting
January 17th
@ Station 1

Special points of interest:

- **New Look to Newsletter**
- **Always Keep three points of contact at all times on the ground during winter**
- **Always sign narcotics log with the relieving party or Captain on shift**
- **Stay Safe and always be a professional with a personal touch!!!**

Inside this issue:

As the Ambulance Rolls

Caught In Action

Below and to the Right: Vent class that was held on December 12th and 13th. Both Paramedics and EMT's participated in the class.

Just another reason why GCEMS is amazing!

Training Saves Lives!!!

Vent Class

High School EMT CLASS

Disaster Relief Team

Captain Brian Gourdin is putting together a

disaster relief team . This team will combine a Wildland Fire EMS team and an

Ambulance Task Force for FEMA Style

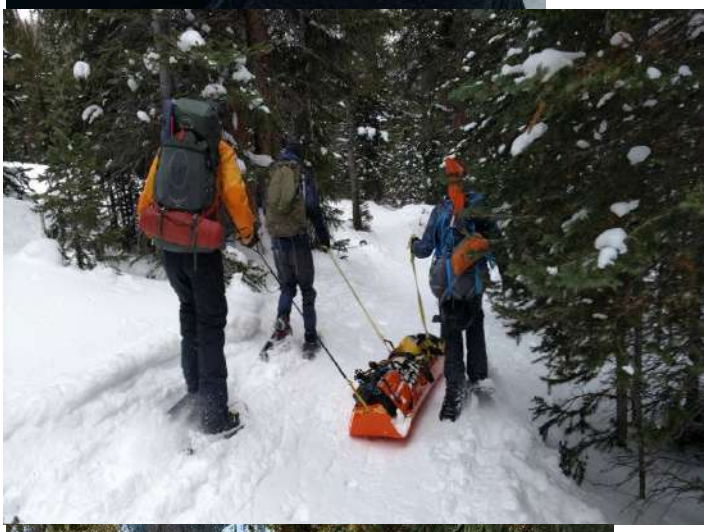
responses.

If you are interested please reach out to Brian Gourdin at

bgourdin@co.grand.co.us

MMRT

Below: Andy Hayes and Logan Price



MMRT Grand County's mountain medical response team.

Below is as follow: Training at the Hut! Right to Left: Dustin Sanchez, Dan Worden, Cooper, Blake (North Colorado Med Evac), Barber, and Steven Kentfield.

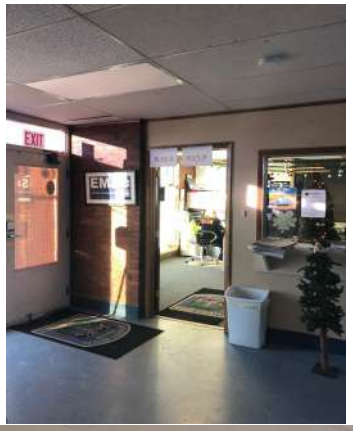
Thanks for making GCEMS a respected organization out in our community! If you have any pictures and stories that you would like highlighted in the MONTHLY Newsletter, please email them (high resolution) to Tara at tgourdin@co.grand.co.us along with a brief description.

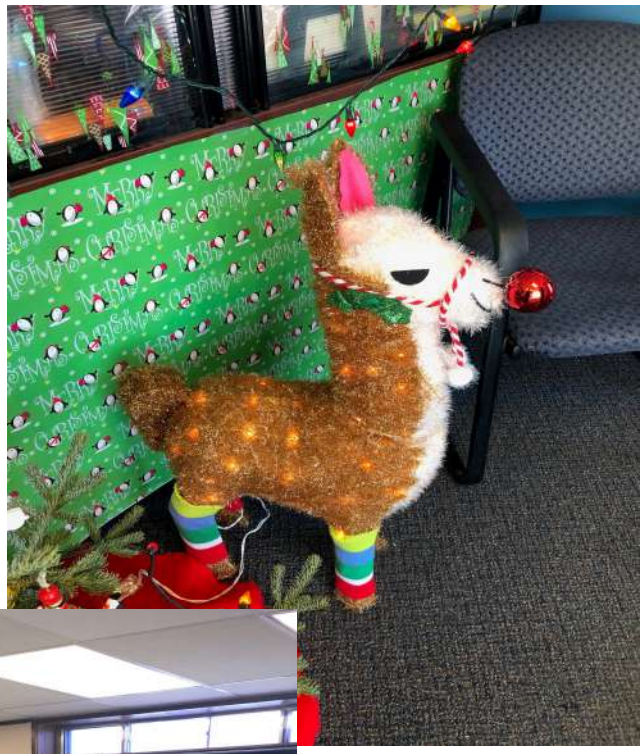
The more pictures the better!

Thank you for all that you do !!!!

HAPPY NEW YEAR

Fun Christmas Decorations!!





Captain Lewis' Desk was decorated so well. EMS sharing the Christmas Cheer.

Below: Is the County Christmas Party. There was a gift drawing, amazing food and of course Santa was there!!!

Mission Statement

It is the mission of Grand County Emergency Medical Services to provide life saving point of care services, emergency pre-hospital care during transport, and emergent & non-emergency medical transportation, with the highest standard of professionalism, the most advanced training, and a deep sense of caring for our patients and their families.

Consistent with a commitment to excellence, Grand County EMS focuses a strong emphasis on quality emergency medical care, treating the professional EMS staff with dignity and respect as well as the citizens we serve.

Grand County Emergency Medical Services continually works to maintain excellence by investing in training and technology that enhances our professional EMS staff ability to provide the highest quality of emergency patient care, increase community awareness, and increase the value of our service.

Grand County Emergency Medical Service is Committed to the Community today and for the changing future.

WHAT 2019 WILL BRING

NEW EMT's

Please welcome our new EMT's to the GCEMS family.

Eric Goldberger, Matt Kaye, Garrett Sullivan, and Andrew Smythe.

9Health
OWN YOUR HEALTH

Volunteer Kick-off Breakfast

As an important leadership volunteer, you are invited to help us kick-off our 40th year!

Friday, January 11, 2019

Downtown Aquarium

700 Water Street, Denver

8:00-9:30 a.m.

Free parking and all-access to the aquarium

RSVP by December 31st to secure your spot!

Lin.susnshine@9healthfair.org

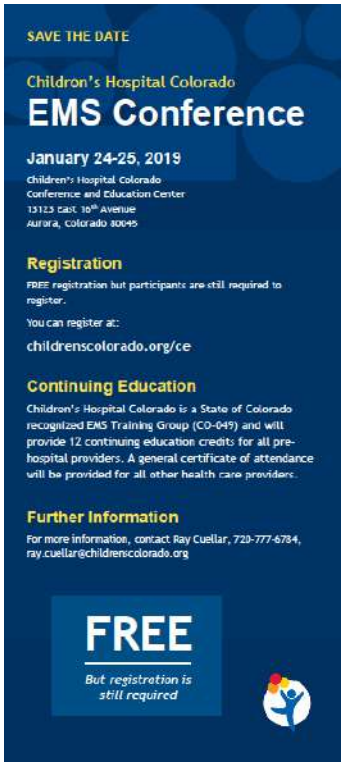
303-996-2123

Important Driving INFO

When the Medic Units are operated in the emergent mode, driving emergent, driving code 3, driving lights and sirens, use all of the available audible warning sirens. The purpose of multiple sirens is to provide as much warning sound to the motoring public as possible.

Thank you and have a great evening and be safe,

Chief



Schedule Change

Remember On January 6th 4 Ambulances are 48-96 and 2 ambulances are 48-120.

Lieutenants

Reminder that Chief was approved in his budget for 3 Lieutenants slots.

If you have thoughts or comments on what should be expected from our Lieutenants please contact me on my email tgourdin@co.grand.co.us

Or leave comments in the mail box at station one.

Examples are at least 3 years of basic EMT,

Senority, and exceeded education.

EMS

"Your job is not to judge. Your job is not to figure out if someone deserves something. Your job is to lift the fallen, to restore the broken, and to heal the hurting"

01/10

Dustin Sanchez

01/15

John Nichols

01/17

Brad Holzwarth

INFORMATION

FLU INFORMATION

Colorado Influenza Update Surveillance for the 2018-2019 influenza season officially began on September 30, 2018, and will run through May 18, 2019. All hospitalized influenza cases with a positive flu test after September 30 are considered confirmed cases. The geographic spread of influenza activity in the state of Colorado is local. Twelve additional influenza-associated hospitalizations were reported during the week ending December 1, 2018. The total number of hospitalizations since the beginning of the 2018-19 season is now 57. Influenza-like illness patient visits reported by outpatient clinics has increased from 4.0% to 4.5%. This includes data from Kaiser Permanente and Primary Care Partners clinics located in the North Central, Northeast, Northwest, South and South Central regions of the state. Syndromic surveillance of influenza-like illness patient visits in emergency departments in the Denver-metro area increased from 1.49% to 2.06%. This is the first week of the season it has surpassed the seasonal baseline level. Sentinel hospital labs (21 of 23 reporting) tested 1,245 specimens, and 38 (3.1%) were positive for influenza. There has been one outbreak associated with influenza reported for the 2018-19 influenza season. Mortality due to pneumonia and influenza in Colorado is below the U.S. epidemic threshold, and increased from 4.3% to 4.7%. This is below the national level of 5.8%. No influenza-associated pediatric deaths have been reported thus far. To view Colorado's weekly influenza surveillance report, go to: https://www.colorado.gov/pacific/cdphe/influenza To view the weekly CDC influenza surveillance Reports, go to: https://www.cdc.gov/flu/weekly/index.htm

Ambulance Relay Changes

Some of you may have noticed that we have been moving Medic 1 (or whichever ambulance the 5th crew is using on Fri and Sat) to station 2. We have been doing this to help keep as much of the ambulances indoors as we can. This makes it easier for people parking at station 1 and also helps prevent freezing.

With this come some changes. If you are working the 5th ambulance Friday and Saturday or the 2nd ambulance at station 2; you will need to grab one of the utility vehicles such as the black stallion and take that to station 2. By doing this we can help keep the parking spaces at station 1 open and also all the equipment inside from damage. I know this will take some time to get use to and I appreciate everyone cooperation in this change.

Thank you very much for every ones flexibility,

Training Opportunity

Handtevy Pre-Hospital Pediatric Instructor Course
with Handtevy Founder, Dr. Peter Antevy
Wednesday, January 9th, 2019
8:00 AM - 5:00 PM
[Prior to the NAEMSP conference]
Austin Travis County EMS Training Center
4201 Ed Bluestein Blvd.
Austin, TX 78721
CAPCE / CAMTS Accredited, 8 CEUs Available
Fee: $295 per instructor candidate

I Sent out an email on 12/28/2018 Check your email if you would like to register. If it is during your regular shift you must find your own coverage

"Its midnight and I want a freaking steak"

Garlic-Butter Steak

INGREDIENTS

- Thawed sirloin steak
- 1 tablespoon olive oil
- 2 tablespoons butter
- 2 teaspoons minced garlic

salt and pepper to taste

INSTRUCTIONS

Heat the olive oil in a large pan over high heat. Season the steak with salt and pepper to taste.

2. Place the steak in the pan. Cook for 3-4 minutes, stirring occasionally, until golden brown. Turn and Repeat until desired doneness. Remove from pan and rest (the steak, not you)

3. Add the butter and garlic to the pan; cook for 1-2 minutes, stirring until the garlic is cooked and crisp.

Pour garlic butter over steak and serve.

Case Study

"Pt is severely hypothermic her temp is 85.6 F with Osborne waves present in her EKG. Place pt on high flow oxygen NRB with entidal cannula will reassess and change treatment if needed. Immediate rewarming is indicated (Warm IV fluids bilateral large bore IV's, hot packs and warm blankets, heat up in the truck), her BGL is slightly low and would likely decrease during the rewarming would start a D5 infusion. Also concerned with possible compartment syndrome and rhabdo due to unknown and significant down time. Would draw labs and istat. Have defib pads on pt (Just in case). Vitals every 5 min."

Hypothermia

Hypothermia is a condition in which the patient's core body temperature drops below 35.0°C. It can be further sub-divided into 3 categories (JRCALC, 2006)

1. Mild Hypothermia (>34°C)
2. Moderate Hypothermia (30-34°C)
3. Severe Hypothermia (<30°C)
a. Profound Hypothermia (<20°C)

Hypothermia results in a gradual drop in basal metabolic and oxygen demand. It can also result in lethargy, confusion, tiredness, pupil dilation. As core temperature reduces, respiratory effort becomes depressed, resulting in acidosis due to carbon dioxide retention. It can also be due to increased lactic acid production caused by impaired perfusion of skeletal muscle.

ECG changes may be seen during hypothermia. The patient may present in AFib or Sinus Bradycardia, and there may be prolonged PQ, QRS and QT intervals (Sisko & Peckler, 2008)

The ECG shows severe sinus bradycardia with prolonged PR, prolonged QRS complex, prolonged QT interval, and an extra deflection at the end of the QRS complex (Osborn waves)

In the initial stages of hypothermia, a sinus tachycardia develops as part of the general stress reaction. As the temperature drops below 90°F, a sinus bradycardia supervenes, associated with progressive prolongation of the PR interval, QRS complex, and QT interval. With temperature approaching 86°F, atrial ectopic activity is often noted and can progress to atrial fibrillation. At this level of hypothermia, 80% of patients have Osborn waves that consist of an extra deflection at the end of the QRS complex. Osborn waves, also known as J waves, camel-hump waves, and hypothermic waves, are best seen the inferior and lateral precordial leads. They become more prominent as the body temperature drops, and they regress gradually with rewarming. With temperature,86°F, a progressive widening of the QRS complex increases the risk of ventricular fibrillation. When the temperature drops to '60°F, asystole supervenes.

Hypothermia affects all systemic organs, and can result in a myriad of unwanted consequences. These include diuresis and volume depletion, hyperglycaemia, increased plasma viscosity, coagulopathy (DIC common), renal impairment and electrolyte imbalances, which may all result in increased morbidity and mortality. (AAOS, 2005; Elling et al.,2007; Melhuish, 2009; Yoon et al., 2014; Singh & Hallows, 2013)

Those at risk include the elderly, poor (Romero-Ortuno et al., 2013), trauma patients (Wang et al, 2005; Waibel, 2012; Lapostelle et al., 2012), young children, and submersion/immersion incidents.

EMS STRONG

December Case Study Winners:

Erica and Karla

Case Study Continued

Prehospital management of hypothermia

The management of hypothermia contains passive and active re-warming elements. Warmed, humidified oxygen is a recommended intervention for all hypothermic patients, allowing for a degree of internal re-warming.

Fluids must be warmed to approximately 40°C. It is administered in aliquots of 250ml to a max of 1 litre (adult).

Misdiagnosis of cardiac arrest in the pre-hospital setting is a hazard, and it is recommended that care providers perform a pulse check for a minimum of 30-45 seconds to prevent misdiagnosis of same (JRCALC, 2006). Commencing CPR on a hypothermic patient mistakenly diagnosed as being in cardiac arrest will almost certainly result in them arresting.

Disseminated Intravascular Coagulopathy (DIC)

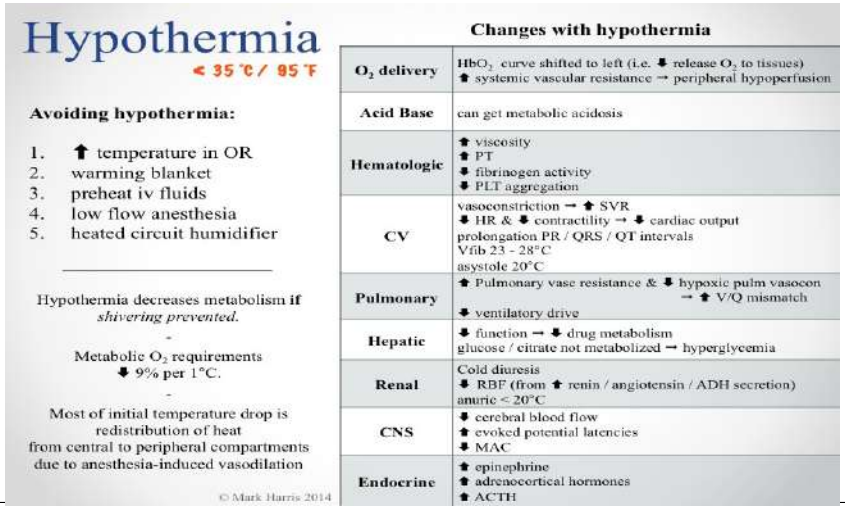
DIC is a process whereby there is an abnormal activation of clotting factors within the blood vessel, resulting in clotting, with small clots forming in vessels. Once these clots have consumed all available clotting factors, normal clotting processes are abnormally affected, and the patient may begin to bleed from sites such as venepuncture sites, GI tract, respiratory tract, mouth and nose. The small clots that are formed may also interfere with the blood supply to critical organs.

The only effective treatment for DIC is reversal of the cause. Infusion of fresh frozen plasma, platelets or clotting factors is sometimes attempted. However, these still result in an extremely poor prognosis for the patient with DIC. The moniker "Death Is Coming" has been used colloquially to describe the lack of treatment options for the patient with DIC, and the ultimately worsening prognosis of the condition.

(Porter, 2006; Scharbert et al., 2009; Staikou et al., 2009; Maegele et al., 2013)

http://prehospitalresearch.eu/?p=1735

https://www.semanticscholar.org/paper/Osborn-waves-of-hypothermia.-Alhaddad-Khalil/3b1c0506d2bef053b27cf58c47419c8c11669170



Station Rotation Sunday January 6th

Medic 10 at Station 3

Medic 3 at Station 2

Medic 2 at Station 1

Medic 4 at Station 4

Leave the radios, pagers, and garage door openers at the station. Computers stay with the trucks. Take your personal items with you.

Have a great day!

P SCHOOL

Now accepting applications for our 2019 Yearlong and Accelerated Paramedic School programs! Applications due by March 1, 2019. Yearlong program begins June 2019, Accelerated begins September 2019.

Prerequisites:

A&P I & II (or its equivalent)
IV
ECG (recommended)
1-2 years EMT experience preferred

More information and application: https://www.denverhealthparamedics.org/education/paramedic-school

Please contact Susan Taylor at Susan.Taylor@dhha.org with any questions.

January's Case Study

As usual, the first paramedic and EMT to respond with the most accurate diagnosis and treatment plan per our protocols wins a prize. Email me your differential diagnosis and treatment plan. Prizes will be changing this month. – Melissa

Dispatched to: Rural private residence for a 10-year-old female with headache.

U/A: Pt is found left lateral on the couch in the living room, dimly lit and curtains drawn. There is a trash can with bile vomit on the floor next to the pt and a bottle of Gatorade and children's Tylenol on end table. Pt complains of 10/10 headache and nausea. She says it's hard to see and that she's never felt like this before. Pt's grandmother says pt awoke at 6:45 this morning with a severe headache, followed by nausea and vomiting after she was given an appropriate dose of acetaminophen. She was not noted at any time to have a fever or skin rash. As pt's mother had to go to work, the patient moved into the living room and went back to sleep. She awoke approximately 1.5 hours later, and told her grandmother that she "couldn't see." Her grandmother led her by the hand into another room, where she stated that her vision returned. A few minutes later, she complained to her grandmother that she once again could not see and was returned to the living room while 911 was dialed. Three days prior the patient was noted by family members to have facial swelling or puffiness, and dark, tea-colored urine. Her facial swelling appeared to resolve over the next day, but her anorexia and fatigue persisted. On the evening prior the patient was excessively fatigued, and went to bed early without eating dinner. That evening, she also complained of headache, but this did not provoke immediate concern, as she was known to have frequent headaches due to chronic sinus problems.

Assessment:

The patient is somnolent but easily arousable, interactive appropriate her age, she keeps her eyes closed while talking and is soft spoken. Airway-Clear and patent Skin – warm pink dry Slight periorbital edema noted. Conjunctiva mildly injected. Dried blood was seen in the right naris. Mucous membranes moist. Sinuses non-tender to palpation. Neck supple, with no meningeal signs. Lungs were clear to auscultation bilaterally. Heart rate was tachycardic with regular rhythm; no murmurs were heard. Abdomen: Soft, nontender, nondistended, bowel sounds present. Extremities: No clubbing, cyanosis or edema. No lesions or rashes on skin exam.

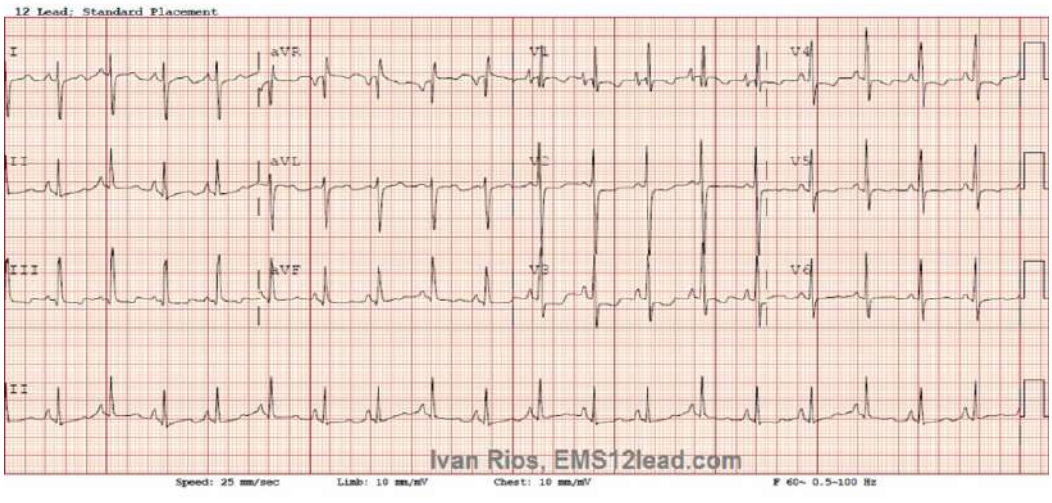
Initial Vitals: RR 30 normal; HR 140; 166/108; 97% @ RA; BGL 78;

History: Chronic sinus problems, affecting both maxillary sinuses and reactive airways disease.

Medications: Unknown steroid inhaler and liquid asthma inhaler (PRN usage); nonprescription sinus medications. Allergies: No known drug allergies.

During transport: Patient develops a blank stare and becomes extremely quiet, with muscle contractions noted on the right side of her face. She begins to have myoclonus of her arms and legs.

Repeat vital signs: HR 122, 172/110, RR 26, 96%, 12 lead EKG below.



EMPLOYEE OF THE MONTH

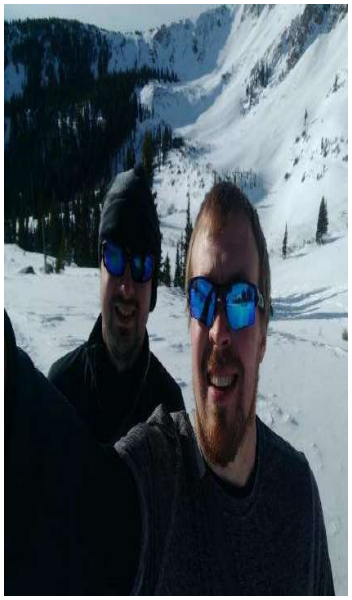
Logan Price has been selected this month for employee of the month. Yay!!!!!

Logan always does what is asked of him not only as a friend but as an employee here at GCEMS.

Logan also is apart of MMRT and always goes above and beyond to help others.

Congratulations

Logan Price



BOOK CLUB

Grand County EMS Book Club! Each month a new book will be suggested. As you read it come to the group and share your thoughts! Please keep all conversations appropriate and professional (professional-ish at least). If you've read a good book (any genre) suggest it for the following months reading. You can also sign up with your personal email if you

prefer. This months

suggestion is one of my favorite books. The gift of fear by Gavin de

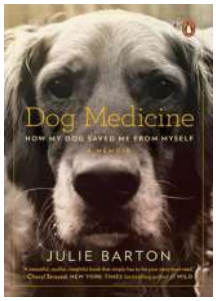
Becker. It's available on Amazon paperback starting at 7.19, kindle 6.39 and on audible (price unknown). Depending on the response and everyone's thoughts I'd like to have a new book started by Dec 10th.

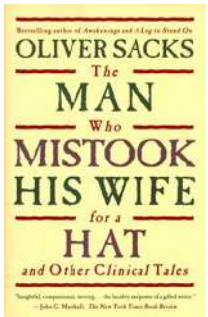
"The more that you read, The more things you will know. The more that you learn, The more

places you'll go." Dr Seuss Every month a book will be suggested. You can read paper, kindle, audible, or have your partner read to you before bed. Whatever makes you happy. Then talk about the book here.

Click the Link Below to Join or email Melissa if you need help.

https://groups.google.com/forum/#!forum/gcems-book-club





GRAND COUNTY EMERGENCY MEDICAL SERVICES

Reminders

Winter is coming! Be prepared with extra travel time for you shift.

CRC

Next meeting 01/10 @ 01:30 at station 1

Reviewing recommendations and coming up with a plan to implement changes.

INFORMATION

Insurance Information

- County Employees,

We wanted to share some information with you in regard to insurance. CIGNA is currently in process of updating their records and implementing insurance changes that were submitted during open enrollment. Please see below for further information:

*If you made a change to your medical insurance plan for 2019, you should be issued new card(s).

*If you did not make any changes to your medical insurance plan for 2019, you will not be issued new card(s).

*If you have not yet received your new card, you can use the attached information on a temporary basis. There are two documents attached (one for the High Deductible Health Plan and one for the PPO Plan).

*Your member ID number will not change for 2019.

*If you are enrolled in the High Deductible Health Plan, please let your provider know that you are now enrolled in a High Deductible Health Plan. HUB/CIGNA has advised that members should not pay their provider until they have received an Explanation of Benefits that defines the allowed amount and patient responsibility. If the provider insists on some payment, the member should pay a minimal amount to avoid an overpayment to the provider which could take several weeks to recover.

Dr. Nichols

Don't forget GCEMS is commemorating Dr. John Nichols for his service here at GCEMS. He has allowed us to practice medicine to our highest ability! He listens to how we perform our patient care and helps support better patient care. He also does on site training with our staff as well as participating by responding to calls. He has also trained as EMS 20 and supported our command staff. Please if you have any ideas about how we can show Dr. John Nichols that he is a great asset to GCEMS drop them off at station one in the comment mail box or Email me at tgourdin@co.grand.co.us lets all come up with some amazing ideas to Thank and honor Dr. Nichols!

A big thank you to our County Manager Lee Staab and the County Commissioners for our pay rates changing! I am sure everyone is excited for some extra income! Remember to thank those responsible in making this

happen!

Happy NEW Year

Have an amazing 2019

Weekly CE's

Station 1 @ 9:00

GCSAR

6:00 PM - 8:00 PM

Grand County Search and Rescue

GCSAR Rescue Base, Fraser, CO, 80442

CPR

01/14

06:00-10:00 PM

Station 1

ALL STAFF MEETING

11/17

4:00 PM

Station 1