

The All Hands

It takes all of us working together, to get the job done!

December 2013

Volume 1, Issue 12



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Deputy Chief's Message

By **DARREL DONATTO**

Deputy Chief

This time of year is meant to be one of joy, celebration, family, memories, and thanks. For some of us, life may be at a really good place right now; for others, there may be some struggles and difficulties. Each of us is in a unique place in life right now – with no two of us experiencing the same set of circumstances. It is that diversity of experience that makes us so much stronger as a team. The more we come together the stronger we become – as a team and individually.

I am personally extremely thankful for the opportunity to work in the fire service. I have been a firefighter for almost 33 years now. I think back and I can remember the very first day I started. I remember all of the calls I ran that first day. I remember meeting my Lieutenant for the very first time. I remember checking out my gear and my truck and how foreign all of it was to me. That first year was an incredible experience.

Over the next 32 years, there were some extremely good times and a few tough years thrown in as well. But – I was still a firefighter, I was still doing what I had dreamed of doing as a child and what I love doing as an adult. This job allowed me to buy the vehicles I needed, buy my first house, to have a family, to get an education, to grow. It brought me together with so many new friends. It allowed me to develop incredible professional relationships. In so many more ways than I can ever express – the fire service has brought me incredible joy.

That is what I wish for each of you. Joy. Joy in your professional life, joy in your personal life, and joy in the relationships you have and will have in the future, joy in your successes, joy in your challenges, and true joy in your heart.

This job is not perfect. There are challenges you face in the fire service in general and here at Palm Beach Fire Rescue. But, it is still the best job in the world – and you get to be a part of it. You have to accept that life's circumstance is not ALWAYS within our control; however, what is within our control is how we respond – our attitude – and that attitude determines so much more about where life takes us. There can be challenges at home, challenges with family, and challenges with finances. But you can and will overcome them.

I encourage each of you to take stock of what you have, not what you do not have; to see the positive in today and look forward to the positive that comes tomorrow. Being positive creates a sense of joy in your life.

This holiday season, give yourself the gift of joy, and give your family the gift of joy. 🎄



What's Happening

By **BRODIE ATWATER**

Assistant Chief

It's been another busy month here at Palm Beach Fire Rescue. The following information has been compiled in an effort to keep everyone up to date on what's been happening in the Department over the past month (or so):

- A Bi Directional Amplifier (BDA) was installed by Citation Communications at Station 2 to improve radios coverage in and around the station.
- Confined Space training was conducted for shift personnel using the underground training prop behind Station 3.
- A very successful Toy Drive was conducted in conjunction with the Palm Beach Daily News. All three stations were drop off point for toys and monetary donations. This year's drive exceeded the donations received in last year's successful event.
- Hydrant testing continued this month, thanks to everyone who worked so hard to complete this important task.
- Annual tree lighting events were held At Bradley Park, The Memorial Fountain and Worth Avenue. PBFR participated by delivering Santa to the Memorial Fountain and Bradley Park. Engine 1 also participated in the Worth Avenue Christmas Parade.
- Doors were added to the Bunker Room storage area at Station 1. This installation was accomplished by on duty personnel. Thanks to Lt. Dudley and Station 1 "A" shift for taking this project on.
- Past Fire Chief Arthur (Blackie) Kitts stopped by North Station for a tour and to share some stories about PBFR from past years. Chief Kitts was very impressed with the Department's equipment and the station. He served as Fire Chief from 1973 through 1977.
- The Town is investigating the installation of an additional Opticom traffic management receiver at the exit ramp from the Flagler Memorial Bridge onto N. Flagler Dr. This device would assist in moving traffic stopped at the red light at this intersection.
- Deputy Chief Donatto was elected President of the Palm Beach County Fire Chiefs Association for a two year period. He has been acting president for approx. the last year after the post was vacated by the previous president.
- The Department collected donations to help a local family that has recently experienced some hard times. Clothing, toys and grocery gift cards were purchased for this family of six. Personnel voluntarily donated to help this family enjoy a bright holiday season. Thanks to all who assisted in this worthy endeavor.
- Engine 3 provided station coverage for Boynton Beach Fire Rescue so that their on duty members could attend the funeral for Firefighter Jeffrey Kinbacher, who passed away due to an ongoing illness. Several Departments from around the area came together to provide units for coverage so that all Boynton personnel could participate in this on duty firefighter funeral.
- Ocean Rescue Supervisor Craig Pollock and D/E Frank Mavigliano attended a 40 hour USLA Surf Lifesaving Training Officers academy. Information gained from this training will enhance the capabilities of both Ocean Rescue and Fire Rescue personnel when dealing with water emergencies. 🔥

What Ethical Leaders Believe: The Leading in Context Manifesto

By **Linda Fisher Thornton** Published Nov. 20, 2013

"Aristotle said 'We are what we repeatedly do.' He was right. Our daily choices define us. They show just how far beyond ourselves we're thinking, how broadly we imagine our constituents, and how we see ourselves in the world. As we navigate the turbulence of today's workplace, there is power in asking ourselves, 'What is it that I repeatedly do?' [...]"

We would like to think that we are making the most responsible choices that we can under the circumstances. But then, in a typical challenging, chaotic day, what really determines what we do?"

About Linda Fisher Thornton | Linda Fisher Thornton is CEO of Leading in Context LLC, www.leadingcontext.com

Sepsis

By **KENNETH A SCHEPPKE**

MD, FAAEM

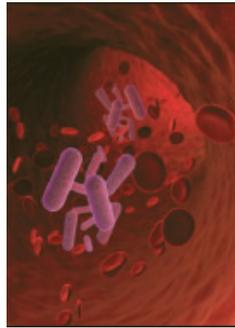
Medical Director

Sepsis is a severe problem in the United States and one we will soon be addressing with a new protocol. We constantly hear about the major killers in our country including heart disease and stroke but little is said about sepsis.

Sepsis is actually one of the country's leading causes of death. It kills approximately 200,000 Americans each year. In contrast stroke kills approximately 130,000 and heart disease kills about 600,000.

Sepsis is defined as two or more of the following abnormal physiological conditions occurring in response to an infection: abnormal body temperature, heart rate, respiratory rate, elevated white blood cell count or abnormal arterial blood gas results. There are different severities of this illness including basic sepsis defined above, severe sepsis which is when sepsis is bad enough to cause organ dysfunction or hypoperfusion (this can be identified with a lactic acid meter – see below), and finally septic shock which is severe sepsis with persistently low blood pressure despite treatment with fluids. As expected, the mortality rates rise with each stepwise worsening of sepsis.

To identify sepsis we use a combination of clinical clues, examination of vital signs, and a lactic acid level. Clinical clues to sepsis primarily include recognizing patients at high risk for sepsis. This includes a number of patient populations that are typically debilitated, run down, very young or very elderly, those with weakened immune systems either due to HIV, chemotherapy or organ transplantation medication, or who have



SEPSIS is a life-threatening illness usually caused by the body's response to a bacterial infection. To fight it, the body's immune system goes into overdrive. As a result, small blood clots form, blocking blood flow to vital organs, which can lead to organ failure.

Babies, the elderly and those with weakened immune systems are most likely to get sepsis. One third of people who get sepsis die from it, making quick diagnosis and treatment crucial.

had recent medical procedures including indwelling catheters and other medical devices inserted. Those at high risk often reside at nursing homes or rehabilitation centers. They may have feeding tubes, picc lines, nephrostomy tubes or other obvious medical foreign bodies implanted. Recent surgery is a risk as is anyone taking an antibiotic since they already have been diagnosed with an infection.

Vital sign analysis often helps identify these patients. Clearly if a fever is present, sepsis should be suspected. However, many patients do not have a fever either because they are too ill to mount a fever response or because they had a fever and it is currently cycling down (think last time you had the flu you did not have a fever 24/7 it comes and goes). Absence of a fever should not dissuade you from thinking about sepsis in an otherwise high risk patient. Pulse rate is usually high (relatively high for those on beta blockers), respiratory rate is usually elevated as the body tries to blow off more CO₂ to compensate for the developing lactic acidosis, and blood pressure typically shows diastolic hypotension. A BP of 105/45 is hugely abnormal. While 105 is in the normal systolic, diastolic BP is determined by vascular tones. Types of shock that cause a patient to have poor vascular tone include spinal shock, anaphylactic

shock and septic shock. If you see a low diastolic BP (normal is above 60) think sepsis even if the top number is OK.

Lactic acid levels are an important clue to sepsis and the severity of sepsis. As the body goes into shock, perfusion and oxygenation of the tissues becomes inadequate. The cells begin to use anaerobic metabolism. The result of this metabolism which takes place when tissue oxygenation is poor is that lactic acid levels rise in the blood and the body tries to compensate for this build-up of acid by blowing off CO₂. A simple lactic acid monitor, which works very similarly to an accucheck, can both help us diagnose severe sepsis and give us an estimate of mortality rate. In one study a lactate level of greater than 4 mmol/L was associated with a 40% mortality rate. Less than 2mmol/L had a death rate below 15%. Standard definitions use this level of 4 as the cutoff for defining severe sepsis.

Once sepsis is identified what can we do about it? In a study done in 2001, early goal directed therapy (EGDT) beginning in the emergency department was evaluated compared to standard therapy of treating patients in the ICU. In addition to antibiotics, central venous oxygen monitoring, urine output monitoring and vasopressors, one of the

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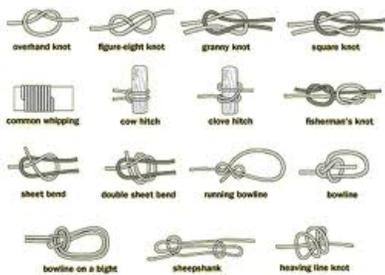
Training and Safety Division

By **JIM DUANE**

Division Chief

The Department members had a busy month of training during November and into December. Thanks Lt. Dudley, Lt. Bassford and FF Dorcas, everyone completed bailout training with no reported injuries. As new Firefighters are hired, they will also participate in this important training.

The second segment of back to basics training was ropes and knots. For many, the knots were probably very familiar, however, some of us do not get a chance to practice such basic skills, which is something needed in our profession. The next segment on the agen-



da will be search and rescue. Officers

should use each of these opportunities to check off segments in the probationer's manual.



Earlier in December began confined space rescue training. Lt. Bassford developed a PowerPoint presentation and equipment familiarization segment followed by practical evolutions in the afternoon. This type of call, though rarely requested has the potential to pose significant hazards to the victim, as well as the rescuer. The Town's Water Resource Department enters confined spaces every day, therefore, we owe to them to be trained and ready in a moment's notice in the event they require our assistance.

There was a dramatic increase in training hours this month as compared to the previous months. Many thanks to the

Lieutenants and Field Training Officers for documenting everything the crews participate in. Every hour spent training must be documented, whether it was part of company training or on your own. New employees should submit any self-initiated training to their Officers so as to properly document what was done. This ensures you receive the credit you deserve for preparing so well.

Starting the second week of January, seven more new Firefighters are set to begin. With that, all but one Officer will be assigned a probationary Firefighter. Crews would benefit by communicating their calendars with each other in order to train together on a topic that is common among employees with similar time on the job. This group will be working two weeks of days, most of which will be in the field. This will require the assistance of many personnel. A schedule will be forthcoming outlining each day's events and who will be involved. 🔥

Sepsis

FROM PAGE 3

major early treatments was large fluid boluses to counteract the distributive shock caused by low vascular tone in severe sepsis and septic shock. They found when early therapy was given, mortality rates dropped from 46.5% to 30.5%. There is no reason not to initiate therapy even before the emergency department to hopefully improve these results even further.

Massive fluid resuscitation of 6 to 10 liters is often needed for these patients and directly helps to reverse much of the shock state. Our protocol will be to identify the septic patients using the criteria outlined in this article and then to start aggressive fluid resuscitation with 2 liters of saline wide open. Dopamine will be used if persistent hypotension is present despite fluids. Finally, the hospital will be alerted that we are bringing a sepsis patient so they can begin antibiotics and other time sensitive treatments to further lower mortality rates.

Sepsis is deadly just like stroke and MI, and just like stroke and MI early intervention by EMS can improve outcomes and lower mortality rates. 🙌

EMS Division

By **BRIAN FULLER**

Division Chief

I have just received a draft of the new 2014 EMS Protocols from our Medical Director, Dr. Kenneth A Schepke, MD, FAAEM. Over the next couple of weeks, the area departments that share Dr. Schepke will be meeting to finalize those protocols. Many of your suggestions during the last two years are incorporated.

Coinciding with their implementation, an electronic version will be made available that can be downloaded to your phone or tablet. This version will include hyperlinks within to make navigating through them easier.

During the month of November, we transported 73 patients with 55 of those requiring Advanced Life Support level 1

	Transports	ALS1	ALS2	ALS	BLS	Other
11/2013	73	55	0	0	18	0
SYSTEM TOTAL	73	55	0	0	18	0

The trend is more patients, are experiencing more serious emergencies, requiring advanced treatment. Moreover, more patients are requesting transport to a hospital than in the past.

I have received a larger number of requests to donate expired meds and equipment to local training facilities. The problem is, that practice is no longer allowed. We are required to dispose of medications via a reverse distributor. No longer can we box them up and allow colleges, or training programs to use them. Therefore, all expired meds need to be placed within the quarantine

bins located at each station. Moreover, expired controlled narcotics need to be collected by the EMS Division for proper documentation and disposal through the Drug Enforcement Agency (DEA).

These items are carefully cataloged and disposed of by our Police Department after the DEA has granted same. Their must be a chain of custody from the drugs creation to its destruction. 🔻

Battalion Chiefs Message - Gas Leak Emergencies

By **DAVE BURKE**

Battalion Chief A Shift

As many of you know, if you have more than six months on the job, we have changed our CAD response to gas leak emergencies. An S.O.G. for our response to these types of emergencies will be in place shortly after this newsletter printing.

We have changed our response through ProQA with reference to gas leaks by separating them into two general categories: Inside Gas Leak and Outside Gas Leak.

Inside Gas Leak: Residential & Commercial:

3 Engines, 3 Rescues, 1 Truck, BC

Outside Gas Leak: Residential & Commercial:

2 Engines, 1 Rescue, BC

Some responses in ProQA are coded as Charlie level and others are Delta, but as of now our response is the same. These changes have been made due to the catastrophic loss potential these types of emergencies have generated across North America in the last decade.

A great article written by Steven De Lisi is listed below in a link to the Fire Engineering Magazine website. Please take the time to read and research, your life may depend on it. While on the site, search "gas leaks", and follow some of the events of recent past. Some of these have the bone chilling radio accounts; it will open your eyes to the potential these calls can generate.

Remember as routine and tedious as gas leaks can sometimes be, you must stay vigilant for the sake of your fellow firefighters and those we serve. 🔥

<http://www.fireengineering.com/articles/2009/05/hazmat-survival-tips-surviving-a-response-to-a-leak-of-natural-gas.html>

How to close the Leadership Gap with Succession Planning

By WILLIAM METCALF

Fire Chief Magazine

November 13, 2013



Look at the job descriptions of CEOs in the private sector. You'll see that they have a specific responsibility to develop and implement a succession plan for their organizations. They are expected to identify leadership potential, develop it, and prepare for a smooth and orderly transition of leadership at the top. The corporate world has learned that it's a bad thing when the person at the top moves without making it a priority to close the leadership gap.

In public safety, few chiefs are responsible for planning specifically for the transition of department leadership. It's just not the way it's done in the fire service.

In general, the fire service takes a passive approach to leadership development and succession planning, especially at the top. Our promotional systems are built on the assumption that there will always be self-motivated people who are willing to seek the education, training and experiences necessary to get the promotion they so eagerly want. Unfortunately, it's just not the way it works in reality.

Instead, the chief leaves, the department spends two or three months figuring out what to do, and ultimately someone is promoted or hired from outside and moves into the chief's office. There is little or no preparation, planning or training. It just happens.

I'm not sure this has ever been an effective process, but there's certainly no denying the problem today, as we see the flight of leadership from fire departments. Shrinking budgets, growing demands, increased politics and constant public scrutiny are causing chiefs to leave at near-record rates.

The amount of knowledge and experience that is disappearing is incredible. With training budget cuts, hiring freezes and changing personal perspectives, the gaps between current leader (chief), prospective leader (company officer) and future leader (firefighters/EMTs) are getting wider.

Members no longer see the attraction of promotions. They only see the long hours, ugly politics and verbal attacks by the public, often for less pay than if they stayed on shiftwork. If we don't provide guidance, how can we be surprised when turn out for promotional exams is in the single digits, when city managers report of an increasingly shallow applicant pool, and when the media provides weekly examples of new chiefs failing or struggling because they simply weren't prepared? When these situations occur, the entire department suffers.

That's why it should be the job of every fire chief to be responsible specifically for development and implementation of a succession plan. You should have a system in place to identify potential leaders and a method to steer them down the right paths — including education and experiences — so they are prepared (and, therefore, also more willing) to move up.

The most important thing that the fire chief should do is invest some of themselves in these future leaders. Spend time with them, share your experiences, and help them learn from your successes and mistakes. Yes, I know you had to figure it out for yourself. But don't they deserve something better? Doesn't your department?

It's your job to think about who will follow you and to ensure that someone or a bunch of someone's are ready, willing and able to step in when you step out. Your community and your fire department deserve nothing less.

<http://firechief.com/officer-development/how-close-leadership-gap-succession-planning?eid=forward>

Admin Update

By **DARREL DONATTO**

Deputy Chief

The end of the year is a good time to look back on accomplishments. Over the course of 2013, we started this new newsletter, we outsourced our EMS Billing, we lost some very good employees, we interviewed over 450 firefighter candidates, we have hired some really good employees, we promoted Brian Matzen and Paul Hooper to Driver Engineer, we promoted Marc Bortot to Lieutenant.

We held an awards ceremony, we issued 35 commendations to our members, we dedicated the mobile training tower in the name of Roger Lane, two of our members received the Raymond J. Kunkel Award for heroic or meritorious service, three of our members were recognized with Fire Safety Commendation Awards by the Sons of the American Revolution, two of our members were recognized by the Palm Beach County EMS Provider's Association, with one being selected as the Paramedic of the Year for all of Palm Beach County. Ocean Rescue Supervisor Craig Pollock received the Town's Employee of the Year award.

We implemented a new performance review system, Fire Rescue has a new Web Page, we implemented a new probationary firefighter training program, we implemented the ProQA Emergency Fire (EFD) and Emergency Medical Dispatch (EMD) system, we reduced our turnout times by 20%, we reduced the number of units we send to minor emergencies, we implemented a false alarm reduction program, we received Council approval to buy new quint, we overcame the Flagler Bridge shut-down, we implemented a traffic preemption system (Opticom) to speed response and make responses safer, we put a new

hose load for the rear 1 3/4" lines on the engines, we implemented a new high-rise pack hose load, we added Dry Sprinkler Powdered Aerosol (DSPA) Devices to fire engines and police cars, and we rebuilt the compressor on the Squad.

We held a CPR Day event in our fire stations, we held an Open House event for the community, we held several community education events in the south end condos, we have registered 146 AEDs within the to date, we partnered with the Shiny Sheet on a toy drive and a school supply drive.

In our facilities we put in a patio and table behind Station 1, we replaced the gym equipment at Station 2, we replaced the ice machine at Station 2, we replaced exhaust fans in engine bays at 3, the a/c in the training room at Station 3 was replaced, the exterior lighting at Station 3 was replaced, we replaced all of the washers and dryers, we relocated the cascade system from Station 1 to Station 2, the lifeguards moved into a new Main Beach office.

In addition to our normal daily training to ensure proficiency, we conducted a lot of specialized and intensive training including live fire training at Palm Beach State College (x3), vehicle extrication training, confined space training, hazardous materials operations level training, rapid intervention (RIT) and SCBA confidence training, water rescue training, we hosted the National Fire Academy Incident Safety Officer course, bailout training, leadership development training, ethics training, diversity training, advanced ECG training (x3), advanced airway training, ACLS Recertification, we sent all of our members to the FAU Simulation Laboratory (x2), and our crews went to the Cath Lab at Good Samaritan where they shadowed the doctor

for procedures.

These are just a few of the things that YOU have accomplished, were a part of, or dealt with during the past year. I am certain there are many more that I have left out. If I left out something of significance that you were a part of – I apologize – it was not on purpose.

As you look ahead, it can become daunting to think of all that needs to be done or all that you have been asked to do. However, it is helpful to look back from time to time to account for all that you have done or accomplished. You are all working harder than ever. You are all doing an exceptional job. You are all to be commended. We are making progress, we will continue to make progress, and together – we will make Palm Beach Fire Rescue better.



Retiree Locator

By Seth Phelps

Retired

The Palm Beach Fire/Rescue department of today is light years different from the one I became a member of in 1964. The department I joined was an autocratic, "my way or the highway" organization that promoted based upon nothing more than the fire chief's whim. Demotions were also made using the same criteria. I recall one person (who shall remain nameless), being promoted and demoted within hours, simply because he had difficulty backing a truck into the building.

I was fresh off six years in the Marine Corps and certainly not accustomed to that type leadership, but the schedule made it easy to adapt to, as almost everyone had an additional, part-time job to supplement our abysmal pay.

My job interview with fire Chief Clarence Peed consisted of only three questions and I remember them vividly. He asked where I was from, why I wanted to be a fireman and if I had been in the military. Since I am originally from Alabama and he was from Georgia, he apparently assumed that a southern country boy and ex marine was worthy of hiring. The most amusing part of the interview, however, was how it ended, and I will never forget his words. He told me "go see Doc Netto and if he says your blood is good, come on back and I'll put you to work". End of job interview! I had a new job!

I promoted to driver by taking the first ever promotional exam, which only about six people showed up to take. I then spent about eight years as a driver before promoting to lieutenant, where I served for only two years before promoting to assistant chief. I served in that position until retiring in 1989.

My most stressful times in the department came when I was assistant chief and had to make decisions that held the lives and well being of friends and co-workers in my hands. Three events that come immediately to mind were fires at O'Hara's restaurant, the Everglades Club and a personnel matter that would serve no purpose in explaining. The Everglades fire in particular was stressful because four of my men were burned; including then captain Val Williams, who suffered severe burns to his hands and legs.

I enjoyed my time in Palm Beach, but in reality if I had it to do over I would never promote above driver. When you promote into officer ranks, too often you have to make decisions or carry out orders from your superiors that are not popular and often cause friction, distrust and animosities that linger forever. This part of my

career was one I hated, as I always took the job much more serious than I took myself and often felt as though I was betraying myself and my beliefs.

I retired the first day I was eligible and accepted the position of fire chief in LaGrange, Georgia. I worked there for two years before being lured by the smell of salt water back to my roots on the Gulf coast of Alabama. My retirement didn't last long, however, as I got bored and accepted the position of director of a county-wide 9-1-1 system, where I worked for ten years before again retiring.

I keep up with and visit only a few close friends from my days with the department and instead enjoy an uncomplicated life spending time with my wife Jan, our son Chad and hiking, reading, writing fiction and dabbling in real estate.

I am especially grateful to Ralph Crawford for insisting that I meet Jan, who worked with his wife at a bank and ultimately changed my life. My blessings are extended to all I served with.



Fire Prevention

By **TIMOTHY POMPOS**

Division Chief

In the month of November, the Fire Prevention and Life Safety Division completed 140 fire prevention activities with the assistance of Fire Operations shift personnel. Now that the holiday season has arrived, please utilize this opportunity while completing our Fire Company Inspections in our community to promote fire safety tips. Some of the examples may be the following: keep lit candles away from decorations and other things that can burn; replace any string of lights with worn or broken cords or loose bulbs connections, utilize no more than three strands of mini light sets and a maximum of 50 bulbs for screw-in bulbs, read the manufacturer's instructions for the number of LED stands to connect; use clips, not nails, to hang lights so the cords do not get damaged; keep decorations away from windows and doors; select a holiday tree with fresh, green needles that do not fall out when touched; make sure the tree is not blocking an exit; and be sure add water to the tree stand daily.

The Fire Prevention and Life Safety Division would like to remind all operational personnel, that the following Special Assignment Overtime are still available if you are interested in working any of the assignments below, please sign up through TeleStaff:

Wellington Equestrian Events at the Mar-a-Lago Club on January 4 and 5, 2014

Society of the Four Arts, starting January 7, every Tuesday until March 25, 2014

Marathon Petroleum Meeting at the Breakers, starting January 23 thru January 25, 2014

Four Arts Plaza in the garden area on February 21 and 22, 2014.

If you have questions in regards to the Special Assignment Overtime details, please don't hesitate contact us. 🔥



Did You Know?

Amiodarone has a propensity to foam when prepared for intravenous injection, especially if the ampule is agitated or the medication is aspirated too quickly. This can lead to inaccurate dosing and reduced efficacy. To reduce the risk, paramedics should use a large-bore needle and aspirate the medication slowly from the vial, taking care to handle the ampules gently.

To prevent these side effects, researchers developed a new formulation in which amiodarone is stabilized in an aqueous solution without the need for detergents. Drug developers hoped to retain the beneficial effects of amiodarone while reducing the toxicity profile. In a case series of 32 adult patients undergoing cardiac catheterization, aqueous amiodarone did not produce a significant reduction in blood pressure from baseline.

In a double-blind trial involving adult patients with ventricular fibrillation refractory to countershock, researchers demonstrated that aqueous amiodarone produced more cumulative conversions, more one-hour survivors, and more 24-hour survivors than did lidocaine.



Photo Ops



Above: Engine 2 at the Breakers for a choking victim. A natural gas pipe was ruptured by a fallen power line causing a fire.



Our local hero Christian.



Pictures of the recent confined space training at South Fire station.

Start Your Ambulance Checks with the Essentials

Thom Dick / July 2013 issue / JEMS Magazine

You're in another state, waiting to use a crosswalk, and you see this guy in a tired-looking '52 Chevy pickup bust a red light and broadside a minivan. In the time it takes you to size things up, approach the victims and offer your help, the local PD, fire and EMS agencies arrive. The family in the minivan seems fine, but there are no safety belts in the pickup, and its sole occupant looks pretty sick. There are plenty of responders, so you back off a little and fade into the gathering crowd.

It strikes you that the EMS crew seems a little awkward. One of them is obviously looking through his outboard compartments in search of something. He jumps into the patient compartment and soon emerges carrying some packaged rolls of Kerlix. His face is flushed, he's perspiring, and he looks really frustrated. Apparently he can't find their restraints, so the EMTs and the fire crew members use the Kerlix to restrain the truck's occupant, who has now become combative.

Have you ever worked with partners who blow off their change-of-shift equipment checks? Have you ever been one? You've heard all the excuses. You can't put everything on checklists. Nobody reads them, anyway. We know our own ambulance. And best of all, the off going crew said everything was there. I think your tendency to use those excuses—or to do careful equipment checks, instead—is largely attributable to your own ethical compass. And maybe you remember the examples set by your first field trainers.

I think it's OK to be wrong about stuff, Life-Saver. But it's not OK to be fooled. When you check your gear and you honestly miss something, you've been wrong. Even the finest professionals are only human. So they're wrong about stuff all the time. But when you assume it's OK, so you don't bother to check it, you're a freakin' amateur. And amateurs masquerading as professionals eventually make fools of themselves. They can't help it.

Every agency has its own legends about consequences. I have personally arrived for work early, jumped into a cold ambulance with the off going crew dead asleep (because they've been up all night,) responded 10 miles for a cardiac arrest, jumped out of the rig on scene, opened the compartment door to get my gear, and wondered: Hey! Where's the bed?

Life ain't easy for a trained observer. A two-person crew can check out a familiar ALS rig in 45 minutes. It's routine, so it can happen during a conversation about what you both did during your days off. It can eliminate a ton of stress (and a truckload of embarrassment) during your shift. And, come on. It's your job. You can trust your routines, Life-Saver. Your mind gets tired, and its effectiveness can vary with weather, fatigue, glucose levels and biases. But you can bet the farm on your routines.

Maybe you've noticed how, at two in the morning when you've been up a few times, the things you forget are your algorithms, flow charts, dosages and definitions. Sometimes you can't even read the dang map. But when you need 'em most, your routines are there waiting for you.

You may not think about them, but you use routines to get dressed, unlock the rig, operate the radio, pull out of the bay, switch on the warning equipment, select your routing, and size up a scene. You also use a routine to reach for your atropine, have you noticed? Right where it was when you ... um, checked your equipment. Call 'em habit, muscle memory, repertoire or whatever you like. I think it's those routines that make even the most challenging calls seem to flow, especially when you're with certain partners. It's like you don't even have to talk to one another. And you certainly don't waste any time searching for stuff, because you both know exactly where everything is. Again and again, it's the little stuff we do that defines us as professionals.

A wise man named Bob Hartson taught me to build my vehicle checks around a simple routine. He said to start with the most essential things you need to run a call, and build your repertoire around those things. Of course, in those days, we weren't EMTs or medics, so our list was simple: FLOSS (for Fuel, Linen, Oxygen, the Stretcher, and the Stuff—our major carry-in items.)

Maybe you can run a call without linen (although you can do a lot with sheets and blankets.) But I found out even as a busy medic, the primary essentials were the same.

And you know what? They still are.

<http://www.jems.com/article/vehicle-ops/start-your-ambulance-checks-essentials>

NOVEMBER DEPARTMENT STATISTICS

Training Hours

A Shift	331
B Shift	231
C Shift	409
Total	971

Fire Prevention Inspections

140

Ocean Rescue

Visitors	15,986
Town Ordinance Enforcements	199
Preventative Actions	123
Minor First-Aid/Stings	13

FIRE and EMS

FIRE Calls	109
EMS Calls	128
Transports to Hospital	73

DECEMBER BIRTHDAYS:

Michael Marx	12/4
Keith Golden	12/5
Stephanie Mavigliano	12/8
James Duane	12/14
Scott Symonette	12/15
Don Taylor	12/19

DECEMBER ANNIVERSARY CELEBRATIONS:

Michael Messner	12/5/2005	8 years
Kenneth Nordstrom	12/5/2005	8 years
Danny Gargiulo	12/6/2004	9 years
Lawrence Katz	12/17/2001	12 years
Frank Mavigliano	12/17/2001	12 years

EMPLOYEE OF THE MONTH 2013:

January	Stephanie Mavigliano	July	Frank Mavigliano
February	Jody Sronce	August	Sean Baker
March	James Weber	September	Dennis Wytrykush
April	Roger Bassett	October	Derryl Bucheck
May	Joe Sekula	November	Jill Bassford
June	Wayne Dorcas	December	

Employee of the Month— Jill Bassford

The Palm Beach Fire Rescue Awards Committee has chosen **Lieutenant Jill Bassford** as Employee of the Month for November 2013.

Lieutenant Bassford has served in the Palm Beach Fire Rescue organization for over 12 years. She is currently assigned to the North Station on "B" shift and serves as the Station Commander. Jill was previously awarded the Employee of the Month in January 2011, citing her dedication, perseverance and enthusiasm she demonstrates consistently every shift. Her passion and dedication as the Station Commander is evident when walking around her station. She recently built a display board that stores the stations accountability tags. The board is an example of her commitment to the fire service and Palm Beach.

Lieutenant Bassford is an exemplary employee, demonstrating and delivering the highest quality of service by continuously improving and always striving to be her best. Jill holds "Technician" level qualifications for all five disciplines in technical rescue operations including; Structural Collapse, Trench Rescue, Confined Space Rescue, Rope Rescue and VMR. In addition to her many certifications, Jill completed her Live Fire Trainer Instructor and Instructor 1 State certificates. She also holds an Associates of Science in Emergency Medical Services. Jill is consistently attending fire rescue training courses and professional events on her own time throughout the year to keep current on the trends in the fire service.

Lieutenant Bassford recently instructed all members of the department with the annual bailout training, where she serves as one of the Department's Instructors. Jill has played a large role in mentoring new probationary employees. She consistently volunteers her services and expertise during their initial weeks of training. Throughout the year, Jill works as a Live Fire Instructor, assisting the department with the quarterly training at Palm Beach State College. She recently developed the annual confined space rescue outline and PowerPoint presentation, which she is currently teaching to all the members of the department.

We highly commend Lieutenant Bassford for her hard work and dedication given to the Palm Beach Fire Rescue Department and the Town of Palm Beach. Jill continuously demonstrates professionalism and dependability. Her consistent job performance makes her a great asset to the Town of Palm Beach and the community, therefore, making her an outstanding recipient for the November 2013 Employee of the Month Award.

