



CKFR WEEKLY

Boat Ops. Training

From: Mike Tague

Above is a picture of "B" Shift conducting Boat Ops. Training on Saturday, February 24 in preparation for the scheduled Boat Evaluations by PM Wildes and the Rescue Swimmer Awareness Training by Lt. Rhodes, scheduled for the following shift, Monday.

The only thing missing was the water....!

UPCOMING EVENTS

March 3

Fire & Ice Night
Bremerton Ice Arena (7:30pm)

March 12

BOC Regular Meeting
Admin Office (4pm)

March 17

Saint Patrick's Day 2018

March 26

BOC Regular Meeting
Admin Office (4pm)

April 3

CKFR Annual Awards Night (5pm)
President's Hall, KC Fairgrounds



CKFR

Annual Awards Night

Cheers to 75 Years!

APRIL 3, 2018

Presidents' Hall at Kitsap County Fairgrounds
5:00 – 7:00 p.m.

Bring your family!

BBQ BUFFET • RAFFLE • PHOTO AREA
OLIE & GATOR'S OYSTER BAR • DESSERT



In Loving Memory

Graham G. Kent passed away suddenly on Thursday morning, February 22nd. He was born in South Bend, Indiana to Col. Daniel W. and Chrystal Kent of Buchanan, Michigan, and was the oldest of three children. Col. Kent valued his family's history of military service, which dated back to the Revolutionary War. Known as "G.G." by his classmates, he graduated the United States Military Academy West Point in 1947. He proudly served 28 years in the Army with tours in Korea and Vietnam, and extended deployments in Europe, Pakistan, and Taiwan. He was awarded a Meritorious Service Medal, a Bronze Star, and the Joint Service and Army Commendation Medals.

**Lt. Col.
Graham Gunther Kent**

*Silverdale, WA
Dec. 25, 1923
to Feb. 22, 2018
Veteran*

Graham lived a rich and fulfilling life. As a teenager, he rode his bicycle across the Narrows Bridge at its grand opening in 1940. During his service, he drove a Bugatti around post-war Europe, endured a bayonet charge in Korea, taught the Walli of Swat valley to play bridge, and, like his father before him, gained expertise in covert operations.

After his retirement from the military, Col. Kent worked for the Department of Defense at the Pentagon before moving to Silverdale, Washington in 1975. He was an avid Ham Radio and Army Mars enthusiast, broadcasting under the call-signs W7CZL and AAR0HK, respectively. **He served as a Fire Commissioner for Central Kitsap Fire District 1 for over 20 years.** He was a member of numerous service and military organizations, serving as Worshipful Master at Masonic lodges 117 and 311 and King Lion at the Bremerton Lions Club. He was also active at the Bremerton VFW and Fleet Reserve. A long time resident of Silverdale, Col. Kent most recently resided in Bay Pointe Retirement Community in Bremerton.

He is survived by his wife of 50 years, Lt. Commander Dorothy Kent (Retired, Navy); son, Daniel W. Kent, Ph.D.; daughter-in-law, Courtney Fitzsimmons, Ph.D.; granddaughter, Penelope F. Kent; sister, Chrystal Cornew; nephews, Stuart, Frank, and Daniel Cornew and their families. He is preceded in death by his sister, Lucy Nan Kent.

In lieu flowers, please make a donation in Col. Kent's memory to the Long Grey Line Endowment through the West Point Association of Graduates.

Source: <http://www.kitsapsun.com/story/life/announcements/obituaries/2018/02/28/lt-col-graham-gunther-kent-94/110936154/>



CNRNW F&ES Region Fire Chief Selection Announcement

Frank Montone has been selected as the next Region Fire Chief for Navy Region Northwest Fire and Emergency Services!



Central Kitsap Food Bank

nourishing neighbors
since 1989



This year, CKFR will be collecting Safeway Monopoly game pieces. All proceeds will be going to the Central Kitsap Food Bank. Each Station will have a Monopoly bucket in the kitchen. The contest ends in May! The Food Bank provides food to CKFR's most disadvantaged citizens, and many of them are children. It's just a drop in the bucket for us to help!





Heidi Robnett

CKFR Accounting Specialist

Meet our new Accounting Specialist, Heidi Robnett!

I am originally from Washington, however, I moved to Arizona when I was younger and stayed there to attend University of Arizona and start out my career. I moved back to Washington about 16 years ago and started rooting for the Seahawks! I have a 17 year old daughter and a 12 year old son who keep me busy with their extracurricular activities. I like to travel when I can and get outdoors, and I especially love rooting for the Arizona Wildcats!



Heidi was sworn in on Monday at the Board meeting. Chief Weninger led her in her oath of office.

Subject: Appointment of Leads

From: Eileen McSherry

Sent: Monday, February 26, 2018 4:57 PM

We are pleased to announce the appointment of two (2) employees to lead positions effective March 1.

Joe Eberle will be our EVT 3 Lead. He has received numerous local, regional, and national awards, including the "2016 EVT of the Year", awarded by the Fire Safety Officer's Association. He spent his early career as an airplane mechanic, both in Alaska and at Boeing Company. He will have spent twenty-five (25) years with us this coming May and has graced us throughout that time with his happy spirit and "can do" attitude.

Alex Olson, our next Facilities Maintenance Technician Lead, has thirty seven (37) years in the construction industry, including twenty five (25) as a construction project manager, and five years as an apprentice instructor at Olympic College. Although Alex has only been with us five years (5), we have come to appreciate his ability to recognize underlying problems and trouble shoot challenging building maintenance issues for us.

Congratulations to Joe and Alex!

Reminder: Emergency Contact Forms

If you haven't already, please submit your completed confidential information form to our HR Generalist, Marci Ewing. You may contact her with any questions (mewing@ckfr.org).

Subject: DRS Live Webinars!

FROM: Stacy Rundle—Education & Outreach Rep, DRS

The Department of Retirement Systems Education & Outreach team will provide webinars March 6– 8. Please see the [webinar schedule](#) for the link to join the webinar, and to review the full webinar schedule for additional webinars, dates and times. It is recommended that you log into the webinar 10-15 minutes in advance to test connection and sound. Please review [how to join a DRS Webinar](#) for tips on accessing the webinar, audio, and sending questions. Please be aware the audio comes through your computer so you'll need speakers or a headset. The webinars are not recorded.

This is also a reminder that some members of PERS, SERS and TRS Plan 2 have an option to transfer to Plan 3 each January. If you have the option to transfer next January, we encourage you to attend the Plan Choice webinar on Wednesday, March 7 at 4:00pm.

[Deferred Compensation Program \(DCP\)](#)

[Plan Choice](#)

[Plan 2: PERS, TRS, SERS](#)

[Plan 2: LEOFF, WSPRS, PSERS](#)

[Plan 3: PERS, TRS, SERS](#)

[Distributions from Plan 3](#)

[Purchasing an Additional Benefit](#)

[Investment Basics](#)

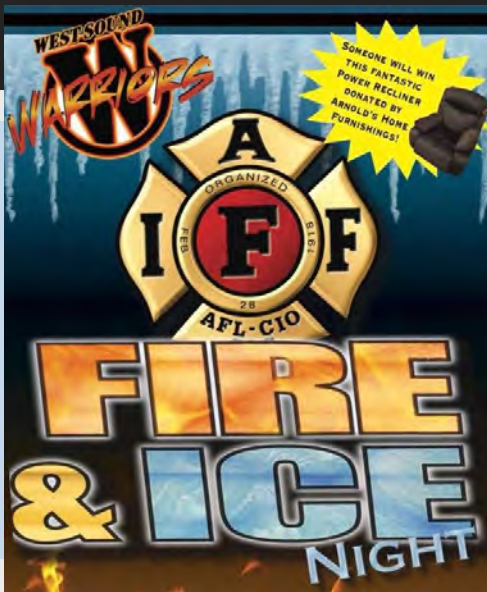
[Getting Ready for Retirement](#)

[Applying for Retirement](#)

[Benefit Payment Options at Retirement](#)

[Returning to Work After Retirement](#)

[Medicare](#)



The Kitsap Fire Fighters Benevolent Fund has once again partnered with the Bremerton Ice Arena to host **Fire & Ice Night!**

Join us on March 3rd as the West Sound Warriors take on the Bellingham Blazers! The game starts at 7:30 and tickets are sold at the door. This great family event benefits the Kitsap Fire Fighters Benevolent Fund and helps us continue to provide support in our community.

Thank you in advance and we'll see you there!

Subject: CKFR Article

From: Ileana LiMarzi

Sent: Friday, March 02, 2018 8:22 AM

We recently had an intern reporter with the Kitsap Daily News ride along with 41B. Here's his article:

<https://www.kitsapdailynews.com/life/prepared-for-anything/>





"B" Shift Rescue Swimmer Awareness Training

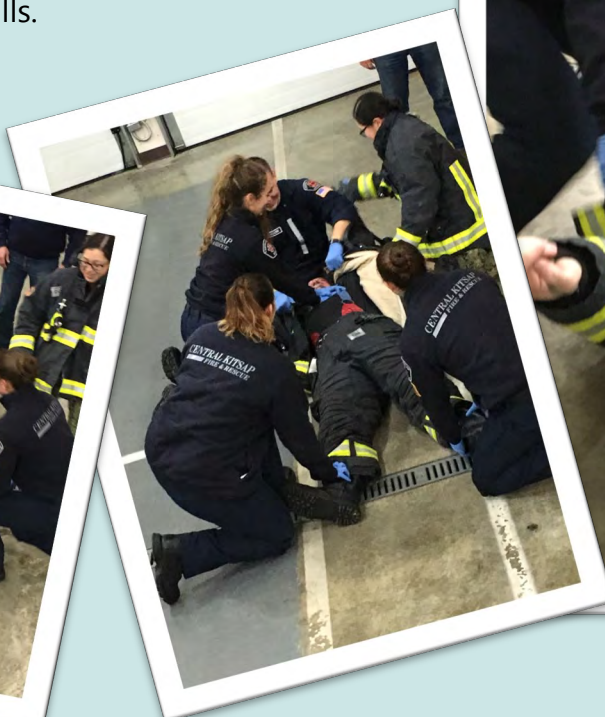
From: Mike Tague

Sent: Monday, February 26, 2018 9:38 PM

Attached are a couple of pictures of "B" Shift receiving Rescue Swimmer Awareness training and familiarization with the RDC on Monday, February 26 by Lt. Rhodes.

Volunteer Drill

This week, volunteers practiced removing a firefighter from their PPE and SCBA while performing CPR. Though this is a skill we hope to never need, it is comforting to know these crews are proficient in these skills.



John Hancock: To All Eligible Employees

February 21, 2018

Dear Participant:

This letter is to inform you of changes in the designated investment alternatives ("Funds") that will be offered under our qualified retirement plan's investment line-up. These changes are scheduled to take place in April and conclude in May 2018, subject to regulatory and other approvals. This notice is being provided to you in satisfaction of our regulatory requirement to notify you of these changes. A complete listing of these changes can be found in the chart at the end of this letter.

How to obtain additional information

You may also obtain information about the changes through the following means:

- More information about the Funds referenced below can be found on the Fund Sheets, available on our participant website. There you will find additional important information about the Fund, such as its objectives or goals, updated performance data, and fee and expense information.
- A full listing of the existing Funds, including applicable investment-related information, such as expenses, performance and redemption fees, is available on the Investment Comparative Chart that was previously provided to you. This chart is also available on the Investment Options page of John Hancock's Participant website at www.jhpensions.com
- John Hancock's interactive voice response telephone (1-800-395-1113)

Next steps

If you would like your current investment in any of the affected Funds to be invested in the new Fund shown in the chart, no action is required on your part. You may also elect to transfer your assets between Funds including any of the affected Funds at any time, using the regular transfer procedures. If you have any questions or concerns about the changes to the plan's investment line-up, please feel free to contact me.

Sincerely,

Timothy Maule
tmaule@ckfr.org
360-447-3565

Spring 2018 Platform Fund Changes

The proposed mergers will be effective April 23, 2018 and all other changes will be effective on May 7, 2018.

Current Fund	New Fund	Change of Underlying Fund / Fund Name / Share Class / Manager Name / Asset Class		Impact To Expense Ratio (as of 12/31/2017)
		From	To	
Small Cap Growth Fund	N/A	JHVIT - Small Cap Growth Trust	JHVIT - Small Cap Stock Trust	No Change

Please call 1-800-395-1113 to obtain Fund Sheets for the group annuity investment option sub-accounts and to obtain prospectuses for the sub-accounts' underlying funds, that are available on request. The prospectuses for the sub-accounts' underlying funds contain complete details on investment objectives, risks, fees, charges and expenses as well as other information about the underlying funds which should be carefully considered before investing.

UPCOMING

EMS

TRAINING

Harborview Tuesday Series, 1st Tuesday every month. Across the street from Harborview main entrance 9am

[March 16-18: Paramedic Lecture Series Leavenworth, WA](#)

[March 26-28: Northwest Rural Health Conference; Spokane, WA](#)

[PALS April 5th](#)
[ALCS April 6th](#)
[North Kitsap S81](#)

[Paramedic Skills Labs April 18 or 19, 2018 – Station 56](#)

[Summit in Coeur d'Alene April 26th-28th](#)

[UW Sepsis in Seattle June 11-12](#)

[EMS World Expo Oct 29th-Nov 2nd](#)

[2018 UW Medicine EMS & Trauma Conference Sept. 17-18, 2018](#)

[Paramedic Skills LAB October 16 or 17, 2018 Location TBD](#)

Click to link for the above trainings

THE KITSAP PRE-HOSPITAL PAPER

First Quarter 2018

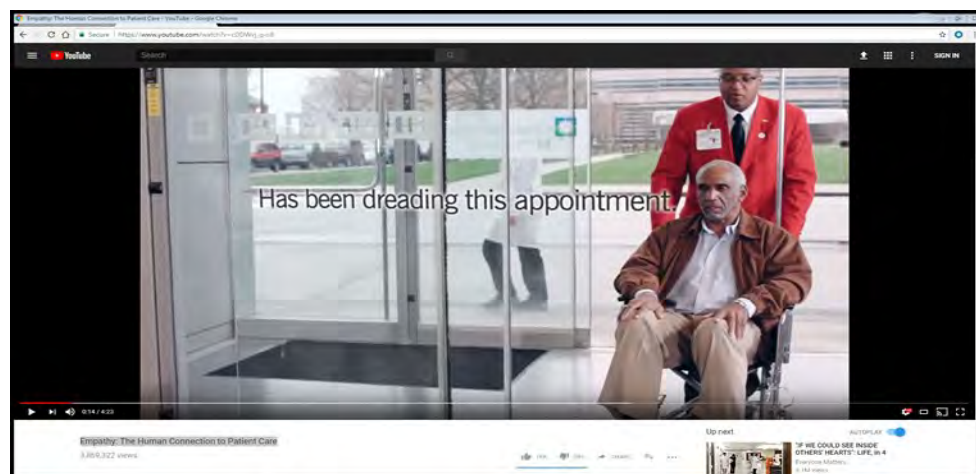
Volume 1, Issue 1

em·pa·thy

Noun:

the ability to understand and share the feelings of another.

I don't remember empathy week in fire academy, yet it is an absolute and fundamental requirement in our jobs. Below is a link to a short video produced by the Cleveland Clinic to remind providers what is going on in the lives of their patients. Our patients call us on their worst day, we must be at our best.



What matters to you?

Each newsletter we will interview someone involved in EMS and ask them how we can do our job better. This quarter Kathy Lea gives us her insights from 25 years of ER nursing at Harrison. Page 2

When is the flu dangerous?

According to research released in mid-2009, "How Flu Damages Lung Tissue", from the University of Alabama, doctors discovered a protein that helps the influenza virus to multiply will also damage the cells that line the inside of the lungs. Page 3



Kathy Lea
Harrison ER
ER nurse over 25 years

WHAT MATTERS TO YOU?

This quarter Kathy Lea gives us her insights from 25 years of ER nursing at Harrison.

Me: What is the most important information a prehospital provider can give to you as an ER nurse?

Kathy: When I am Charge Alerts are important. If you are calling in with a Trauma, STEMI, Stroke or Sepsis alert, I need specific information listed on the Blue Sheet. Name and birthdays for STEMI. You should all have a copy of the Blue Sheets. (attached Blue Sheet on back of newsletter)

Me: What is a Blue Sheet?

Kathy: Blue Sheets are the forms Charge Nurses use when EMS calls in with a new patient. These sheets have all the criteria for various alerts. I get in trouble if I don't call alerts on patients that meet these criteria. On the back of the Blue Sheets, all the alert criteria are explained.

Me: What is your most difficult prehospital provider experience.

Kathy: Occasionally, a BLS crew will not know why they are transporting or have no medical history on a patient, this is unacceptable.

Me: What is your best prehospital provider experience?

Kathy: The best is when a critical call goes well, when communication is clear and all the skills are completed. We have a lot more to do when you leave and you set the tone for critical calls.

Me: What do we not know about being an ER nurse?

Kathy: We are very busy and the majority of the nurses are traveling nurses who will be at the ER for 6-9 weeks. When the hospital is full, we have patients in ER rooms waiting days to go upstairs. This is stressful for both patient and nurse. The patient wants a real room and the nurse wants to care for an emergency patient.

Me: What are your priorities as Charge Nurse vs Triage?

Kathy: As Charge I am directing flow between Silverdale and Harrison, completing Blue Sheet check lists and receiving any gripes from overworked staff. My priority as Charge is having the most smooth flow of patients. (continued on next page)

What matters to you continued from page 2

As triage my priority is getting any patient who walks into the ER with chest pain an EKG within 5 minutes. If I don't get this done, I will hear about it. Also, I have to meet several other requirements for all sick patients. In triage, I will see every patient that goes into the ER. It is a very busy position.

Me:What will the move to Silverdale mean for nurses?

Kathy: A new facility will be fantastic, there is no increase in ER beds, the ER will be just as packed.

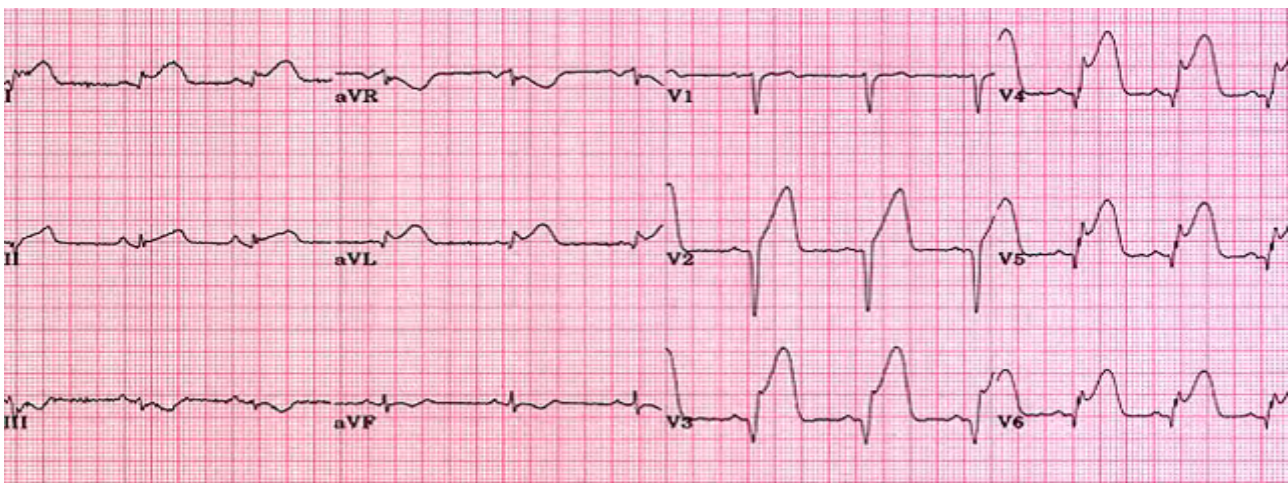
Me: What can we as prehospital providers do to help ER patient care.

Kathy: I would remind everyone to be patient. The traveling nurses are learning as fast as possible. Also, your probationary members should spend a day working triage, I think it would be helpful.

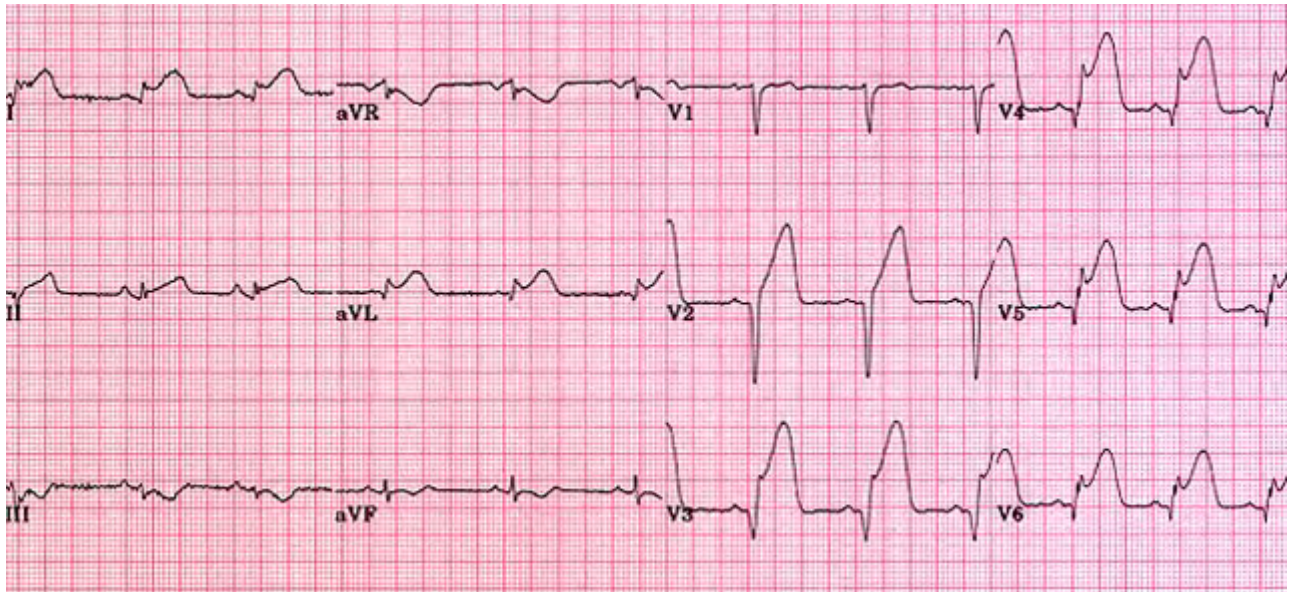
When is the flu dangerous?

“How Flu Damages Lung Tissue”, from the University of Alabama, doctors discovered a protein that helps the influenza virus to multiply will also damage the cells that line the inside of the lungs. This damage causes fluid buildup in the lungs and prevents oxygen from reaching the blood stream. The lack of oxygen results in heavy breathing as your body tries to get more oxygen. Your lips can also take on a bluish tinge because you don't have enough oxygen in the blood stream. Symptoms include.....

What can mend a broken heart?

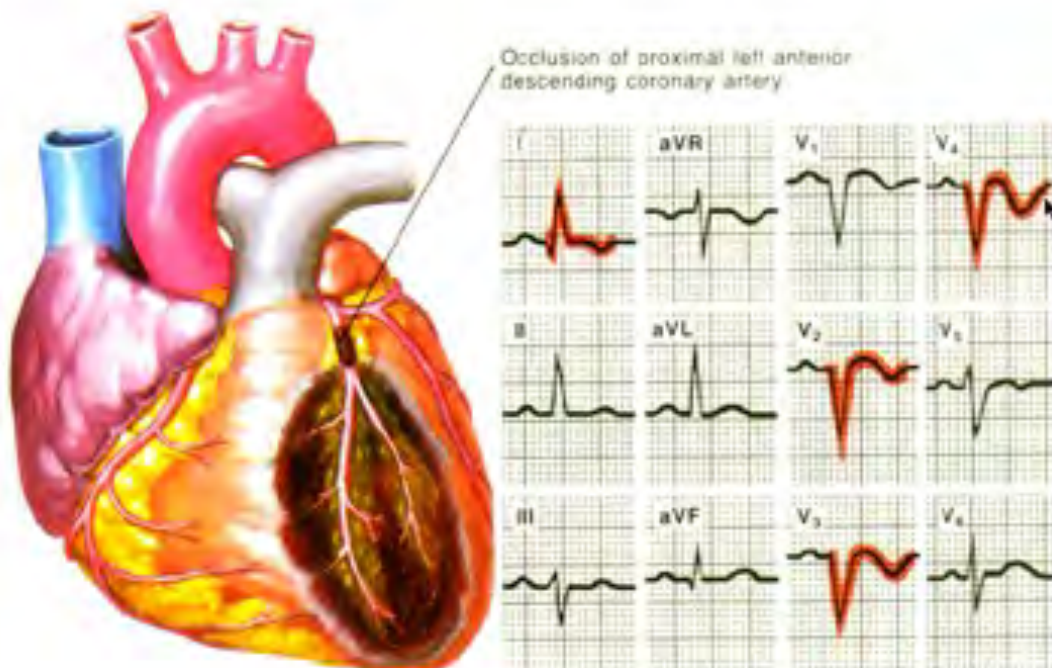


WHAT IS WRONG WITH THIS PT AND WHAT DO WE DO ABOUT IT?
ANSWER ON THE PAGE 4



Acute anterolateral MI is recognized by ST segment elevation in leads I, aVL and the precordial leads overlying the anterior and lateral surfaces of the heart (V3 - V6). Generally speaking, the more significant the ST elevation, the more severe the infarction. There is also a loss of general R wave progression across the precordial leads and there may be symmetric T wave inversion as well. Anterolateral myocardial infarctions frequently are caused by occlusion of the proximal left anterior descending coronary artery, or combined occlusions of the LAD together with the right coronary artery or left circumflex artery. Arrhythmias which commonly preclude the diagnosis of anterolateral MI on ECG and therefore possibly identify high risk patients include right and left bundle branch blocks, hemiblocks and type II second degree atrioventricular conduction blocks.

Anterior MI

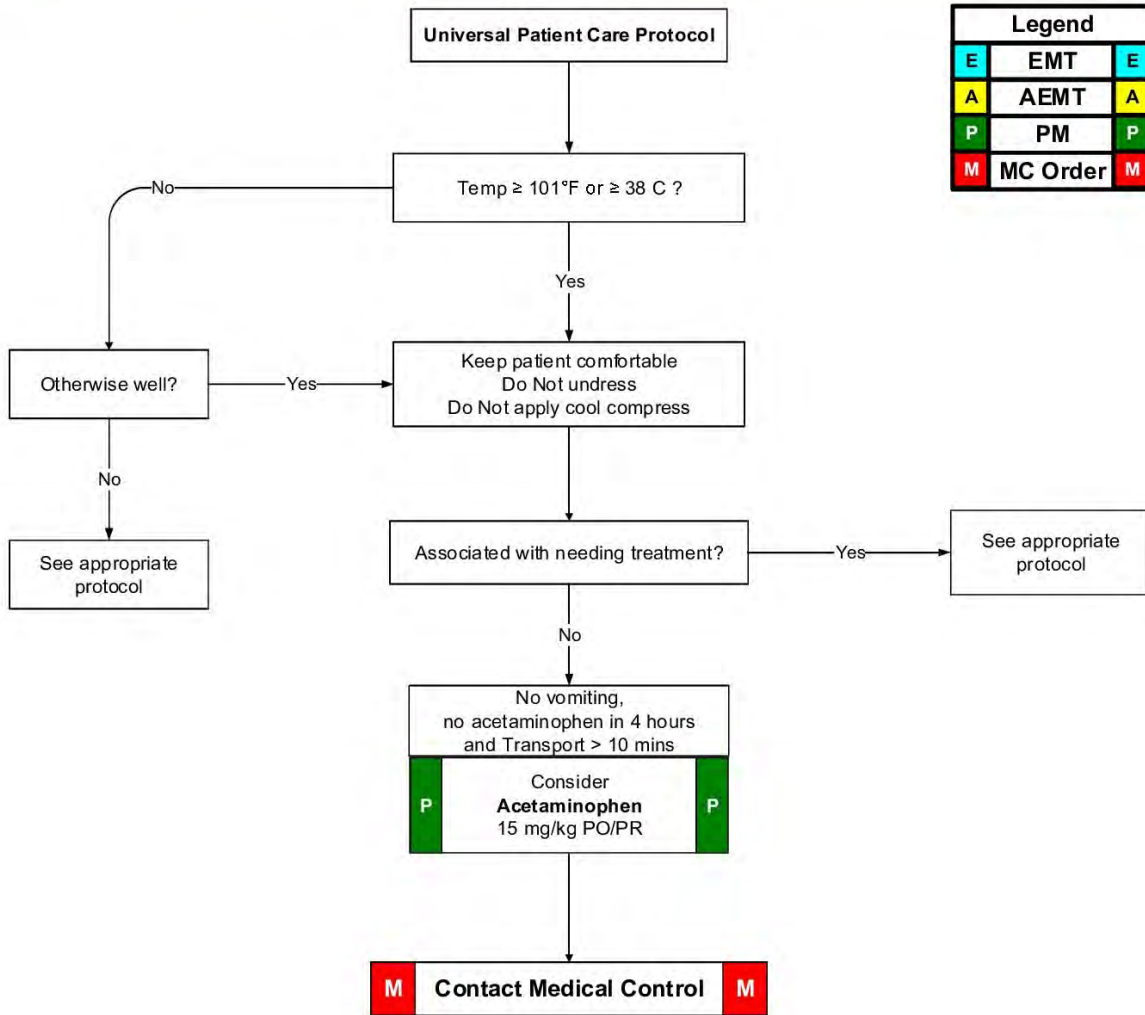


Pediatric Fever



ALS transport if available:

History: <ul style="list-style-type: none"> Fever not associated with heat injury does not require rapid temperature reduction 	Differential: <ul style="list-style-type: none"> Infections / Sepsis Medication or drug reaction Altered mental status
--	--



Legend		
E	E	E
A	A	A
P	P	P
M	M	M

Weight	4 kg <i>grey</i>	6 kg <i>pink</i>	8 kg <i>red</i>	10 kg <i>purple</i>	12 kg <i>yellow</i>	15 kg <i>white</i>	19 kg <i>blue</i>	24 kg <i>orange</i>	30 kg <i>green</i>
Acetaminophen	60 mg	90 mg	120 mg	150 mg	180 mg	225 mg	285 mg	360 mg	450 mg



**HARRISON MEDICAL CENTER
ADVANCE NOTIFICATION FORM**
For Physician Referrals or EMS Calls

- Modified Trauma Activation**
 Full Trauma Activation

ETA: _____

RADIO MESSAGE:						
Date:		Time:		Age:		Sex:
Ambulance:		From:		PCP:		
Campus Routed to: <input type="checkbox"/> Bremerton <input type="checkbox"/> Silverdale				From:		PCP:
COMPLAINT OR INJURY		TRAUMA		NEURO		SEPSIS
<input type="checkbox"/> Chest Pain <input type="checkbox"/> Abd Pain <input type="checkbox"/> Gen. Weakness <input type="checkbox"/> Back Pain		<input type="checkbox"/> MVC <input type="checkbox"/> Speed _____ <input type="checkbox"/> Airbag deployed <input type="checkbox"/> Restrained <input type="checkbox"/> Significant Damage <input type="checkbox"/> Rollover or ejected <input type="checkbox"/> Motorcycle or ATV <input type="checkbox"/> Speed _____ <input type="checkbox"/> Helmet <input type="checkbox"/> Fall <input type="checkbox"/> > 20' or 3 x pts height <input type="checkbox"/> Pt. hypotensive at any time? <i>(Activate Full Trauma)</i> See back for Trauma Activation criteria		Fast <input type="checkbox"/> Pos <input type="checkbox"/> Neg LKW Time: _____ Witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No Anticoag. <input type="checkbox"/> Yes <input type="checkbox"/> No Name: DOB: Family Contact Name / Phone:		Hypotensive <input type="checkbox"/> Yes <input type="checkbox"/> No Tachycardia <input type="checkbox"/> Yes <input type="checkbox"/> No Acutely ALOC <input type="checkbox"/> Yes <input type="checkbox"/> No Hypo/hyperthermic <input type="checkbox"/> Yes <input type="checkbox"/> No Possible Infection Source:
BP:	P:	R:	O₂ Sat:	O₂:	Blood Sugar:	Temp:
TREATMENT IN PROGRESS						
<input type="checkbox"/> IV: <input type="checkbox"/> BB/CC <input type="checkbox"/> Meds: Hx:						
ROUTING CRITERIA:						
Patients directed to Bremerton exclusively:						
<input type="checkbox"/> All intubated patients <input type="checkbox"/> Patients with hemodynamic instability at any time in the pre-hospital course <input type="checkbox"/> Behavioral emergencies including mental health, drug or alcohol intoxication <input type="checkbox"/> Patients in whom AAA (abdominal aortic aneurysm) rupture is clinically suspected <input type="checkbox"/> Patients with acute MI on 12 Lead EKG <input type="checkbox"/> Trauma patients <input type="checkbox"/> Possible Stroke Patients						
Patients directed to Silverdale preferentially						
<input type="checkbox"/> Non-injury pediatric and obstetric patients						

TRAUMA ACTIVATION RESPONSE GUIDE

	Activation Criteria	Hospital Response
Full Trauma Team Activation	<ul style="list-style-type: none"> • Hemodynamic instability at any time in the field or ED with injury mechanism: <ul style="list-style-type: none"> - Systolic BP less than 90 (age 5 years and older) - Systolic BP less than 70 or HR less than 60 (age 4 months to 5 yrs) - Systolic BP less than 50 or HR less than 60 (age 0 to 4 months) • Trauma with a GCS of less than 9 (except isolated head trauma) • Penetrating projectile injury to the neck, chest, abdomen, pelvis or groin • Airways that are unsecured in the field, managed by cricothyrotomy, or anticipated need for surgical airway • Obvious major vascular injury (active arterial hemorrhage, expanding hematoma) • Pediatric trauma (age less than 5) requiring intubation • Trauma patient requiring blood transfusion to maintain vital signs • Anticipation of 4 or more major trauma patients arriving simultaneously • Physician discretion 	<ul style="list-style-type: none"> • EDP, RN and EDT – rapid assessment and stabilization of pt • Surgeon – report to the ED • Anesthesiology - report to ED • CCD RN - assist with procedures as indicated • Blood Bank – bring 4 units O (-) blood to ED • Radiology Tech - report to ED with portable x-ray machine • Surgical staff - prepare OR suite • Respiratory Therapy - report to ED • Pharmacist – report to ED
Modified Trauma Team Activation	<ul style="list-style-type: none"> • Extremity Injury with pulse deficit • Abdominal trauma with altered mental state • Two or more proximal long bone fractures (humerus, femur) • Amputation above the ankle or wrist • Unstable pelvis with possible fracture • Suspected pneumothorax, hemothorax, or more than 3 rib fractures • Burns with other associated trauma • Pediatric non-accidental trauma • Stab wounds to the neck, chest, abdomen, pelvis or groin • Severe mechanism of injury: <ul style="list-style-type: none"> - Ejection from MVC - Death of occupant in same vehicle - Intrusion into the patient compartment of greater than 12 inches - Intrusion into any compartment of greater than 18 inches - Adult fall greater than 20 feet - Child fall greater than 10 feet or 3 times the child's height - Auto vs pedestrian or bicycle with significant impact - Motorcycle crash greater than 20 mph - Motorcycle crash with separation of rider from motorcycle 	<ul style="list-style-type: none"> • EDP, RN and EDT – rapid assessment and stabilization of patient • Further dispatch of resources as determined by EDP



Target Solutions is here and we are all becoming proficient in our new OTEP training platform.

Click onto the Kitsap EMS logo here to login.

OTEP evaluators are required to sign off the practical portions. When completing practical training select the OTEP evaluator who assisted and they will be sent a validation invite.