ISSUE: 07/26/2018

CENTRAL KITSAP FIRE & RESCUE

CKFR WEEKLY

UPCOMING EVENTS

July 27-29
Whaling Days
Old Town Silverdale

August 13
BOC Meeting
Admin Office (4PM)
BADGE PINNING FOR CAREER LIEUTENANT: KARA PUTNAM

August 27
BOC Meeting
Admin Office (4PM)

August 22-26
Kitsap County Fair
KC Fairgrounds

September 3
Labor Day
Admin Office Closed

TENTATIVE DROP-DEAD DATES FOR 2018 BUDGET CYCLE:

November 22—Credit Card Purchases
December 5—Invoices

THERE IS A DIFFERENCE BETWEEN KNOWING THE BUDGET AND SPENDING THE BUDGET.

It's hard to believe, but we are more than half way through the year. Now is the time to review your planned 2018 budget expenditures and make sure they are purchased—and paid for—before year end. June variance reports are available on SharePoint to help you see what you planned in your budget line item(s), how much you've spent so far, and what's remaining.

Give yourself plenty of lead time when ordering equipment or supplies. Even if you place an order before year end, **invoices must be paid before year end in order to avoid losing your budget appropriation**. You should tentatively plan on having credit card purchases made by November 22 and normal invoices turned in for payment by December 5.

Please check with Finance if you have any questions!

HR CORNER

Is your beneficiary designation up to date?

Most of us designate a beneficiary at the time we begin with public employment. But, as life events happen over the years, it becomes necessary to make updates. Perhaps your beneficiary passes away, or you would like to add a new family member to your beneficiary information. If this happens, be sure to keep your information up to date. You can self-manage your DRS beneficiary by logging into your online account.

Annual Leave Cash-Out Requests

HR is now accepting Annual Leave Cash-Out Requests through August 1. Please forward your request to Marci Ewing (mewing@ckfr.org). The form is on the new CK Share under Form 1035.

Wildland Strike Team

Last week, Lt. Bill Green and Lt. Chris Bigelow were on a Wildland Mobilization down in Shelton at the Kings Landing Fire. They were deployed on Tuesday, July 17 as part of a Wildland strike team.

Firefighters were assisting various other crews working on the 5,100 feet of hose they put in on the fire line.

Fire Safety Education!

Last week was a busy one for fire safety education!

The PIO and TDU visited with the little ones at Childtime Daycare on Tuesday morning (7/17).

On Wednesday the PIO and TDU were joined by Ladder 51 at the Silverdale Waterfront Park to talk about fire safety with the Fit4Mom Kitsap group and other kiddos that were out enjoying the day!

KITSAP MEDICAL QUARTERLY

THE KITSAP PRE-HOSPITAL PAPER

Third Quarter 2018 Volume 1, Issue 2

UPCOMMING EMS TRAINING

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

North Puget Sound Emergency Medicine & Trauma Conference Sept 7th

2018 UW Medicine EMS & Trauma Conference Sept. 17-18, 2018

Kitsap PALS Sept 27th, 2018 SK Station 8

Kitsap ACLS Sept 28,2018 SK Station 8

Oregon EMS Conference Sept 27th-29th

Paramedic Skills LAB October 16 or 17, 2018 Location TBD

EMS World Expo Oct 29th-Nov 2nd Nashville , TN

ad·dic·tion

Noun: the fact or condition of being addicted to a particular substance, thing, or activity.

Between 1839 and 1860 China and Great Brittan fought what are known known as the Opium Wars. China attempted to stop the British from bringing opium from India into their ports. Millions of Chinese citizens had become addicts and were now unproductive. China was left with little choice but to fight, China lost these wars and Great Brittan forced China to continue importing opium. The history of opium in China shows abandoned children, emaciated humans and death from overdose. We in Kitsap are seeing the identical side effects of opium addiction. Fortunately, we have better tools.

More on page 4

What matters to you???

This quarter we meet Craig Patti. Craig is a 12 year veteran of Bermerton Fire and Cencom dispatcher.

More on page 2

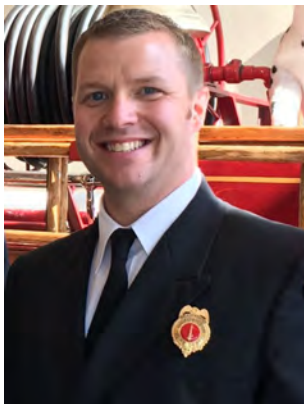
Pre-oxygenation, More is More

When a patient is crashing and intubation is Plan A, lots of oxygen is on the menu. Our goal prior to intubation is SPO2 of as close to 100% as possible. We achieve this doing a few simple things.

1. Nasal cannulas at 15 lpm (yes 15 lpm) on any patient who is struggling to breath.
2. Allow 3 minutes of bag valve mask ventilations with high flow O2 via nasal cannula prior to intubation.
3. Confirm all intubations with waveform capnography, **no intubation in Kitsap should be completed without knowing a patients ETCO2**.

Airway management is everyone's responsibility. Reconfirm tube placement on any movement and monitor SPO2 levels. SEE SOMETHING…….SAY SOMETHING!

WHAT MATTERS TO YOU?



Craig Patti, BFD fire-fighter and Cencom Dispatcher

This quarter Craig Patti gives us his insights as a dispatcher at Cencom. Craig has also served 12 years at Bremerton Fire Department.

What was your most stressful moment as a dispatcher?

Craig: One night when I was with Thurston County Dispatch I was dispatching a dual Airlift MVC and covering incoming calls. As I was just getting off the phone with Airlift, a 911 phone call came in. It was a woman reporting a burglar in her home and she was hiding under the bed, I could hear the burgler the MVC incident commander requested an additional medic unit. At this same moment, I could hear the burglar in the house from my end of the phone. When I would dispatch, I had to leave the woman alone on the phone and she was terrified. Finally, I heard Olympia PD kick in the door and arrest the burglar, I was afraid I was going to hear her get murdered. Then, suddenly the calls were over. As dispatchers, we get little to no closure.

Do dispatchers get any follow up as to how a call was completed?

Craig: No, unless the call is in the Sun or we are called into court we do not know how the call terminated. When the fire departments hold AAR's or critical debriefs please think to include dispatchers, we would appreciate it. Having no closure for these stressful events increases our stress level, any call could turn into a huge event.

What is the most important priority for a dispatcher?

Craig: Responder safety, for sure. Responder safety is ingrained in our training and culture. The EMER button activations require immediate action, responder safety is our primary concern.

What do we need to know?

Craig: We will never horde information,. Everything we know is either stated over the air or noted in the call notes on the MCT. Be patient, there could be several events occurring in the county that firefighters are unaware of. Fire talks over each other all the time. I can hear both units speaking and neither realizes the air is not clear. This happens more often when units on either end of the county are talking at the same time.

What can we do to make calls go better?

Craig: Be patient and empathetic. Treat dispatchers as you would treat another fire unit. Fire districts are customers of Cencom at the administrative level, in the field we are partners. Please speak to dispatchers just as you would speak to another fire unit, believe me snark and sarcasm come across the radio loud and clear.

Me: What can you tell us about Cencom that firefighters may not understand?

Craig: Cencom is just as policy driven as the fire departments. Cencom has many masters, we are driven by polices needed to serve City Police, KCSO, Tribal, Fire and the Coroners office.

Me: What makes for a great experience as a dispatcher?

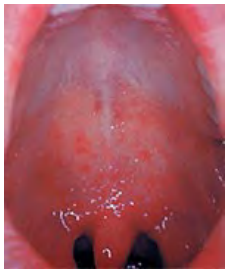
Craig: Speak like Mike Tague on the radio, don't tell Bremerton. He speaks slowly and I always understand what he is asking for. Please keep your voice at the same volume when you speak on the radio, don't let your voice trail off.

Me: Anything I missed?

Craig: Dispatching and call receiving is hard. Any call can turn into a big deal. We dispatch 23 emergency agencies. Please treat us as you would treat any other unit: we are your partners in the filed.

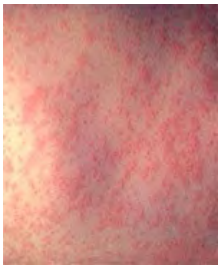
MEASLES are and MUMPS are BACK

The measles are back and sneaking around the Pacific Northwest. An increasing number of parents are not having their children vaccinated. This is causing diseases like measles and mumps to reappear, listed below are the symptoms we should be looking for.



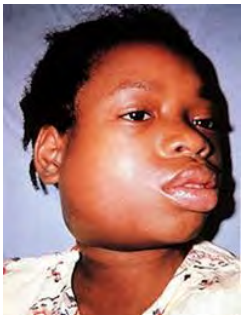
Measles

Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis -the three "C"s -, a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.



Mumps

Mumps usually involves pain, tenderness, and swelling in one or both parotid salivary glands (cheek and jaw area). Swelling is first visible in front of the lower part of the ear. It then extends downward and forward as fluid builds up in the skin and soft tissue of the face and neck. Swelling usually peaks in 1 to 3 days and then subsides during the next week. The swollen tissue pushes the angle of the ear up and out. As swelling worsens, the angle of the jawbone below the ear is no longer visible.



Opiate Blockers

Recently, I have been struck by how many of our calls have their root cause in addiction. Addiction to sugar is the basis for most diabetic calls. Addiction to cigarettes is the basis for most lung disease calls. Drugs and alcohol are involved in most calls that require law enforcement.

Fortunately, in our modern war on opium, we have tools the Qing dynasty could have never imagined. There are two drugs used to directly treat opiate abuse, Naloxone and Buprenorphine. These drugs are used individually or in combination to create Vivitrol, Suboxone, Subutex and Narcan.

- Narcan-(Naloxone)- Narcan blocks opiates from binding to opiate receptors in the brain; this drug blocks all effects of an opiate, no more high and instant withdrawal symptoms.

- Subutex -(Buprenorphine) Subutex binds to opiate receptors in the brain; this drug both blocks effects of opiates and stimulates the opiate receptor, no more high with no withdraw symptoms. This drug is almost exclusively given in a rehab center, not prescribed for take home use.

- Suboxone-(Buprenorphine + Naloxone) Suboxone binds to opiate receptors in the brain; this drug both blocks effects of opiates and stimulates the opiate receptor, almost no high with no withdraw symptoms. This drug has Narcan included to prevent abuse by crushing the pills and injecting the drug.

- Vivitrol (Naloxone)- Vivitrol comes in two forms, IV and pill. This drug is given by IV in a clinic and will block opiates for 1 month, in pill form this drug lasts 24 hours. This drug will put a patient into withdrawal

None of the drugs above solve the opiate addiction puzzle, each of these drugs only treat the symptoms of opiate withdrawal and overdose. If we find a patient who is looking for help treating addiction, here are some Kitsap Resources to help.

- Kitsap Recovery Center
(Housing provided) (360) 337-4625

- West Sound Treatment Center (360) 876-9430
(provides housing for women and their children)

- Agape Unlimited 360-373-1529
(Provides sober housing and childcare for families receiving treatment)

Shift Meeting POP quiz

1. What is the one drug we carry that makes a difference in patient outcomes?

2. What is the difference between Parkinson's Disease and Multiple Sclerosis ?

3.What is the temperature range for a fever?

4.What is the SPO2 range we are trying to achieve when bagging an intubated patient. How does this number relate to what is going on with the patient?

5. Are these 12 leads showing the same thing? Explain what these 12 leads are showing and why.