



Bringing important information to emergency service organizations

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We welcome comments, suggestions and questions from our readers.

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Resistant Bacteria and Ambulances

Bill Niehenke, EMT/Paramedic
VFIS Education & Training Specialist

During transports, do we unknowingly spread resistant bacteria to our patients and ourselves? As first responders, do we even know the basics about MRSA (methicillin-resistant Staphylococcus aureus)? These questions are among those that we should be asking.



By way of background, there are three main causes of infection in the human body: viral, bacterial, and fungal. Viral infections are not stopped by antibiotics; bacterial and fungal infections can be cured with antibiotics. Many people carry small numbers of bacteria on their bodies without noticing them. This is called "colonization," and causes no harm to the carrier but does make the carrier contagious!

Staphylococcus aureus is a type of bacteria that lives on the surface of human skin and inside the human nose. *Staph* is mostly harmless, and the carriers of this bacteria are unaware they are carrying it around. The problem today is that certain strains of the common bacterium *Staphylococcus aureus* have developed resistance to many of today's antibiotics: we call these strains methicillin-resistant *Staphylococcus aureus*, or MRSA for short. Normally these strains are resistant to just one or two antibiotics, but in the case of MRSA they can be resistant to many more.

Currently several factors are causing an increased incidence of MRSA. First, doctors are prescribing antibiotics for infections that may turn out to be viral. This does nothing for the sick person; however, the bacteria the patient is carrying begin to mutate and become resistant to certain antibiotics. The once powerful antibiotic that was sufficient to treat the common infection is no longer strong enough. The mutation of these germs has stemmed from human error. Second, when an antibiotic is prescribed as a ten-day dose and the infected patient begins to feel better after three doses, sometimes he or she stops taking the prescription. Although the symptoms appear to be cured, the reality is that the virus has run its course (as it would have done with or without antibiotics), and the bacteria are spurred to mutate.

Through genetic selection, over time, the two causes mentioned above have resulted in a genetic change in bacteria. Because of this, doctors are encouraging patients to finish any course of prescribed antibiotics in its entirety.

Some strains of MRSA are curable by only two antibiotics: Vancomycin, which can be given only by IV, and Linezolid, a new and very expensive alternative. Seventy percent of the MRSA we are seeing are lesions on the skin that may be draining. Thus we see most cases of MRSA through

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EDUCATION & TRAINING



Emergency Service Trailer Use Increasing — ARE YOU PREPARED?

Dennis Mitterer
MS, CSP, ARM, NREMT-P
VFIS Education &
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Responding to calls continues to challenge emergency service organizations (ESOs). Each call has the potential to exceed the available resources. ESOs realize and understand the need to have the right equipment delivered safely and in a timely manner. The difficulty is finding room on the apparatus for the equipment. Even if there is room, is there a need for this equipment on every call?



A properly designed and equipped trailer can solve many organizational issues for ESOs. Trailers are used to supplement ESOs in haz-mat, multi-casualty emergencies, and trench rescues, and with lighting, foam applications, communications, and more. Often, funding is available for buying trailers, and their use has grown exponentially. However, with so many ESOs adding trailers into their arsenals of tools and equipment, who is driving this equipment to the scene, and what type of training are they receiving?

Just as we would not expect an untrained person to jump into the driver's seat of a tiller or have an inexperienced medic perform a complicated technique, we should not expect individuals to tow a trailer without proper training. In fact, each

year, based on a five year data history, there are more than 68,000 incidents involving passenger vehicles towing trailers (National Highway Traffic Safety Association). This data also shows that incidents involving trailers resulted in the deaths of more than 440 people, more than 24,000 injuries, and 43,000+ reported cases of property damage.

Further, in a study conducted by Master Lock, 71% of people who use trailers admitted to being only "somewhat knowledgeable" to "not knowledgeable" about proper towing practices and safety, and 75% admitted that a main source of information was past experience. Interestingly, only approximately 20% of all trailer owners received any instruction on proper towing and safety procedures.

Although only one-third of trailer owners felt they were "very knowledgeable," nearly 63% felt they did not need help or further information. This disconnect reveals a significant lack of understanding of the risks of towing a trailer. Furthermore, the experience of towing trailers with personally owned vehicles may not be adequate training or experience for towing emergency response trailers. Considering the number of incidents involving trailers and the lack of training for towing trailers in general, crashes involving emergency response trailers will occur, and proper training is prudent.

NFPA has recently released the 1901 Standard for Automotive Fire Apparatus, which includes trailer operations. Based on this new standard and the increase in the number of trailers being utilized by ESOs, VFIS is developing a new program entitled "Emergency Service Trailer Operations and Safety Program." A notice of availability will be featured in the VFIS News when this program is completed. 🌟

PART 1 Data to the Rescue: Articulating Your Department/Community's Objectives

Paul Rottenberg, MBA, Firefighter/EMT / FireStats, LLC, President / FireStats Instructor

It has become increasingly common for fire departments to establish performance objectives. These goals take different forms, depending on the engine company, EMS resources, and personnel, but often look something like this:

- ✓ Respond to 80 percent of calls within six minutes
- ✓ Respond to calls in an average of seven minutes
- ✓ Deliver an effective firefighting force within 10 minutes

Such measures set expectations for your department, serving as critical markers of success or failure. Unfortunately, many departments undertake the important task of establishing goals without first evaluating an objective's feasibility. Is it really within your reach to have an average call response time of seven minutes? Too many fire service organizations really have no idea.

In this series, we will focus on how to use measurable data to clearly articulate the best departmental or community objectives for fire and EMS response. As we will see, charting a successful path depends as much on understanding the past as it does on envisioning the future.

Start with Self-Examination

Setting performance objectives begins with articulating priorities. Today, many departments identify what's important to them through a strategic plan, a master plan, Standards of Response Coverage, or accreditation. These detailed documents describe the department's performance, objectives, abilities, deployment, concentration, exposures, strengths and weaknesses, and other operational factors.

Fire departments usually put significant time, energy, and expense into these plans. Based on the

organization's abilities and resources, these documents articulate the organization's current and future role in the community. While every fire chief can tell you what's important to his or her department and community, putting these issues in writing is a journey of self-examination.

Departments lacking these documents rarely go through a formal process of self-analysis. Consequently, performance objectives are often established without the organization ever having actually measured its real performance. Such oversight can have debilitating repercussions. A department that sets unrealistic goals will consistently fall short, whereas one that doesn't aim high enough will stagnate.

Clearly, before setting objectives for the future, you need to understand what's happened in the past. For example, if you know that you've historically responded to 90% of calls within eight minutes, that the average response time is six minutes, and that half of response times are below five minutes, then you can start to talk in an informed way about making deployment changes that improve performance and lead to faster call response.

Knowing past performance also helps you determine how far you must go to meet certain objectives. If, for example, you're running 300 calls per year in a 200-square mile area with one all-volunteer engine company, you're unlikely to achieve an average response time of six minutes or get to 80 percent of your calls in seven minutes or less. If that's your goal, you need to seriously consider whether there's enough money, personnel, and/or community support to make it a reality. 🔄

This article is the first in a series about data analysis for the emergency services.

Paul Rottenberg is the President of FireStats, LLC, and has been working for over 20 years as a consultant to business and government, providing analysis and public policy support to cities, special districts, and public contractors throughout the United States. Paul is a paid-call firefighter/apparatus operator/EMT with a small municipal combination fire department in the Northern California Sierra foothills.

In the table below, the department's response times are examined in a cumulative frequency table. Note that 95 percent of responses are nine minutes and five seconds or less and that the department responded in seven minutes or less to 80 percent of its calls.

Cumulative Frequency	Duration
100%	4:50:37
99%	0:13:17
98%	0:11:18
97%	0:10:03
96%	0:09:30
95%	0:09:05
90%	0:07:41
85%	0:07:00
80%	0:06:22
75%	0:05:59
70%	0:05:37
60%	0:05:00
50%	0:04:33
40%	0:04:04
30%	0:03:36
20%	0:02:59
10%	0:01:54

XYZ Fire Department Response Times (1st At-scene, Code 3, Non-staged, In-district Responses)

In the table below, the department's response times are examined in a statistical table that includes the year, call count, average response time, and the five distribution thresholds of minimum, maximum, 25th, 50th, and 75th percentiles. The 25th percentile for 2006 is three minutes and thirty-seven seconds, which means that 25 percent of the department's response times for 2006 are below 3:37. The median, or 50th percentile and the 75th percentile are read the same way, and the highest value is the longest response time of the year. According to this table, there is no degradation in service over the three years examined in spite of an increase in call volume.

YEAR	Total Calls	Average	Standard Deviation	Lowest	25th Percentile	Median	75th Percentile	Highest
2006	1,005	0:05:31	0:03:12	0:00:00	0:03:37	0:05:00	0:06:55	0:24:45
2007	1,120	0:05:29	0:03:06	0:00:00	0:03:38	0:04:59	0:06:56	0:24:03
2008	1,245	0:05:32	0:03:03	0:00:00	0:03:43	0:05:03	0:06:58	0:24:56

Leadership, researched

By Chief Bill Jenaway, PhD, CFOD, CFPS
Executive Vice President, VFIS Education and Training Services

In the opening article of this series, we discussed the definition of leadership, or at least what various sources believe it is. There was one consistent message from those sources—the true definition of leadership is in the eye of the beholder. That is why I thought it would be refreshing to look at some current research on fire service leadership to properly frame the concept, the expectation and the performance of what might be considered exemplary leadership in our field today.

Dr. William F. Jenaway, CSP, CFO, CFPS, is Executive Vice President of VFIS Education and Training Services and has over 30 years of experience in safety and risk management in the insurance industry. Bill is also an adjunct professor in Risk Analysis at the Graduate School of Saint Joseph's University in Philadelphia. He was named "Volunteer Fire Chief of the Year" as Chief of the King of Prussia (PA) Volunteer Fire Company, and is the author of the text, "Emergency Service Risk Management".

I also raised the issue of situational leadership and its relationship to how our predecessors developed as leaders versus how leadership is developed today. It can be argued that "leaders are born not made," "leaders are made, not taught," or "leadership is taught." But one thing is certain: leadership is learned on the job, and the opportunity to learn skill sets or how others have dealt with similar scenarios is a powerful developmental tool. I would argue that all of these are "situation-based".

In 40 years in the fire service, with over 30 of those years as an officer, I have observed the following: while leadership may be fundamentally similar in all situations, actual leadership techniques that are implemented vary from situation to situation, whether they regard administrative or operational issues. Since there is little empirical or anecdotal research on leadership in the fire service, it makes sense to capitalize on research when it is completed.

A few years ago, a doctoral student at Colorado State University, Warren Jones, contacted me to discuss his approach to a doctoral dissertation entitled, "The Role of Developmental Experience in the Career Development of Fire Chiefs". He indicated a desire to focus upon experience that produced change in the leadership style and management behavior of chiefs,

thus analyzing the impact of developmental experiences.

Dr. Jones defines "developmental experiences" as an experiential learning strategy that improves a leader's ability to adapt to and positively influence organizational success under conditions of change. In his treatise of the topic, he stressed that positive changes in leadership and management behavior are derived from challenging on-the-job experiences.

In reviewing his work, I find Dr. Jones provides many sobering points about the structured system(s) the fire service uses to develop its leaders. Whereas the business world and even municipal executives may have studied management and leadership strategies a decade or more earlier, these tools are just now being introduced to the fire service. (Has our rich heritage and tradition actually stymied our development as true leaders?) In addition, leadership techniques that would be effective may very well differ in a large city vs. a small city, in a suburban vs. a rural fire district, or in a combination or totally volunteer fire

company. Each type of agency has different rules, regulations, and situations that affect leadership decision-making. However, we tend to develop leaders as "fire chiefs," not focusing the necessary resources that drive what Jones called the developmental experience model (see list below) of creating leaders for tomorrow. We only need to look at the recently published fire service training and development hierarchy to see that leadership issues are not addressed until well into a fire chief's career.

Dr. Jones' research found nine common themes that met the definition of developmental experiences, in association with the Center for Creative Leadership's model. These included:

- the experience as a fire chief/chief executive officer
- early experience in leading
- relationship development
- political involvement
- hardship
- observation of leaders
- experience as an assistant chief/manager
- new program involvement
- experience working without authority

This led to findings that defined 26 examples of personal learning in seven developmental experiences and 23 examples of changes in leadership and management behavior,¹ —too much to discuss in this article.



Leadership, researched


Continued from page 4

However, looking deeper into Dr. Jones' findings and conclusion, I can't help but focus on what I have seen as real-world success stories in leadership development. Leadership, in my view, is driven by:

- experiencing various scenarios (including making mistakes and figuring out how to correct them)
- being educated in the fundamentals of leadership skills, knowledge, and techniques
- following a decision-making process
- negotiating when needed

Each of these must be balanced by reacting to the situation at hand.

Dr. Jones' findings further challenge the status quo of leadership development in our industry by stating that, for chiefs to be truly effective, more opportunities must be provided for them to learn political skills outside the confines of the internally focused world of fire service.²

What do you think? Send me an email at wjenaway@vfis.com. As we wrestle with the leadership performance of tomorrow's emergency service officers, you may agree, have a great idea, or disagree entirely. Let's advance leadership by challenging each other to define it and make it a "station-wide word".


¹ Jones, page 112; ² Ibid, page iv

NEW

New Communiqués Out on Management & Employment Practices

VFIS is offering four new communiqués, our technical reference bulletins for ESOs, developed by the Risk Control Services department of Glatfelter Insurance Group. The new communiqués focus on management liability and risk management for employment practices and address:

- The Uniformed Services Employment and Reemployment Rights Act (USERRA)/Military Leave
- The Family and Medical Leave Act
- Title VII of the Civil Rights Act of 1964
- The Americans with Disabilities Act

To download these risk management aids, please visit www.vfis.com/resources.htm. At the bottom of the page, locate the "Other Resources and Downloads" area, then select Risk Control Communiqué - Management & Employment Practices Liability.

A GLOBAL BROTHERHOOD: Firefighters Reach Out

Chief Bob Beckett, City of Langford, B.C.


The communities of Fresno, California, and Langford, British Columbia, are unlikely partners. Stranger still is how they unite, half a world away, in a common cause: helping Afghanistan firefighters. Project CAN S.A.F.E. (Canadians Sending Afghanistan Firefighting Equipment) is the union of two groups with a long history of humanitarian work. Firefighters from Brotherhood of the Badge in Fresno, and those in Langford, had been working independently, gathering firefighting equipment and various other supplies for the people of Afghanistan since 2003.

After discovering each other via the Internet in 2008, a connection was forged, and, together, they have determined to partner in a massive joint effort for 2009. The synergies from this partnership are tremendous, and create a greater opportunity to provide much-needed assistance to our fellow firefighters in Afghanistan. Some milestones they have reached include:

- Providing over \$720,000 in firefighting equipment to Kandahar and Kabul to date
- Hosting Kabul's District Fire Chief Attiqulah for two weeks in 2006 so he could observe our training programs and our community could meet him and learn more about his culture and religion
- Hosting a delegation of Afghan Fire Officers in 2008 for training



The situation for Afghan firefighters is still dire. Although the previous training and donations have helped in the capital of Kabul, outside regions are still without any equipment. Fresno and Langford have been designing a training program for five Afghan fire officials to be held in Fresno's state-of-the-art training center for later this year. Along with this training, we are able to donate additional equipment that fits the needs of the firefighters and their Afghan environment. We have been working with the Afghan Minister of Interior, local politicians and international officials (ambassadors and governors), local aid agencies, and firefighters directly in Kabul and Kandahar.

These projects stem from seeing an opportunity to help colleagues in need on the other side of the globe. Each visit by Afghans to Canada has rewarded our community. School children have been able to learn firsthand about the real lives of people they usually only see in the news. Though very different, these firefighters help their communities in the same way we do, and we found them to be gracious guests and hosts, extremely capable firefighters, and passionate about helping their war-torn communities.

For more information on Project CAN S.A.F.E., please visit www.cityoflangford.ca/fire/afghanistan.html or www.brotherhoodofthebadgeint.org/, or email Chief Beckett at bbeckett@cityoflangford.ca

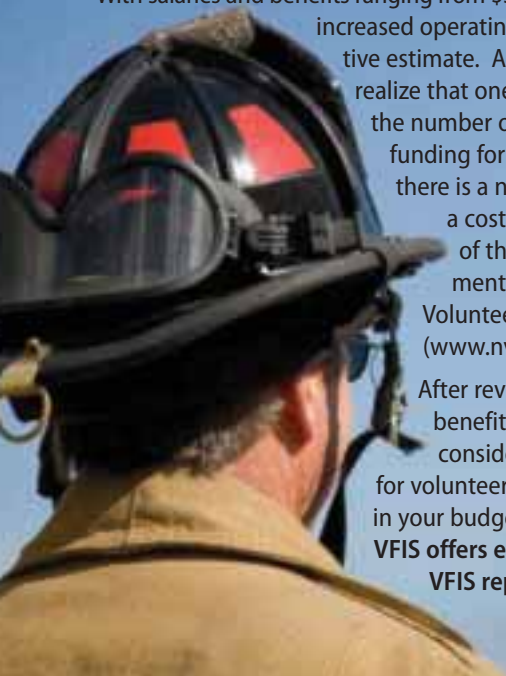
COST CUTTING?

Remember, Volunteers Are A Valuable Asset

Few would disagree with the often-repeated statement, "Volunteers are a community's most valuable asset". In fact, many studies identify how much money volunteer emergency service organization (ESO) personnel save local communities. Yet when budget time arrives, ESOs are often put in the position of having to justify even modest budget increases to retain their current level of support for volunteers. When reviewing expenses for possible cutbacks, benefit programs provided to volunteers are at times considered non-essential items.

If these volunteers were suddenly gone, however, and had to be replaced with career personnel, communities would see dramatic tax increases. Consider this simple example: to staff one full-time, 24-hour ESO position, you would need three or four personnel. With salaries and benefits ranging from \$30,000 to \$50,000 depending on the community, increased operating costs skyrocket to \$100,000+ in a conservative estimate. As communities go down this path, they often realize that one full-time position is insufficient, increasing the number of career personnel. If the community plans on funding for one vehicle to be manned around the clock, there is a need for at least nine to twelve personnel, a cost in excess of \$500,000. For a fair representation of the cost to convert from a full volunteer department to a career department, look at the National Volunteer Fire Council's cost savings calculator (www.nvfc.com).

After reviewing the career costs, it is easy to see that benefits for volunteer responders should not be considered non-essential expenses. In fact, benefits for volunteers should be considered the most essential item in your budget. **For more information on the benefits that VFIS offers emergency responders, please contact your VFIS representative.** 🌟



INSURANCE INSIDER



As many of you are aware, VFIS is celebrating our 40th anniversary of insuring emergency service organizations across the U.S. With that milestone comes the responsibility to continually provide insurance coverage that is important yet affordable.

In 1969, VFIS began by introducing our Accident & Sickness product into the marketplace. Throughout the years we have improved our offerings in this area. In 2009, we have enhanced our A&S product yet again in order to provide you with even more benefits. The timing of these enhancements may vary by state approval and implementation.

With the Accident & Sickness coverage enhancements listed at right, VFIS endeavors to provide more to those who need it the most—America's emergency responders. We look forward to the opportunity to discuss these new enhancements with you. 🌟

NEWS YOU CAN USE

VFIS Recognizes Metro West, 25-Year Client

Metro West Fire Protection District (MO) is one of the largest fire protection districts that VFIS insures. Founded in 1934, it bases operations out of five stations, and services a 57.5-square-mile district. The VFIS Risk Control Department works closely with Metro West's staff in analyzing their operational exposures, both in the vehicle and the professional health care area. In fact, VFIS consultants visit the client multiple times during the year to evaluate areas of operational exposure. Metro West and VFIS are working together to limit liability risk and enabling them to continue to provide first-class and timely service to their customers. 🌟



Pictured (left to right):
Ralph Starck - Treasurer;
Bob Reboulet - Chairman;
Steve Sagehorn - Asst. Chief Administration; John D. Wittenberg, Broker, C.J. Thomas Company;
Dave Anderson - VFIS Sales Executive; Tim Flora - Secretary



Illinois Regional Director Gerry Grupe Retires

In May of this year, Gerry Grupe of Ideal Insurance in Lombard, Illinois, retired after more than 35 years of service to the Illinois Fire Service and affiliation with VFIS. Gerry is known throughout the state for his focused leadership and drive. His energy and enthusiasm in support of the Fire Service is boundless.

Gerry, a staunch supporter of VFIS and the fire service, helped start the Illinois Fire Safety Alliance Burn Camp for children. In addition, he has made innumerable contributions to Illinois Fire Training Scholarship programs. Gerry was a true pioneer for VFIS and we wish him well. 🌟

Here are some of our new Accident & Sickness features:

1. Permanent Impairment Benefits

a. Injury Permanent Benefit

VFIS will pay a benefit from 1% -100% of the degree of impairment. With the enhancement, if the Permanent Impairment rating reaches 90%, VFIS will pay the Insured Person 125% of the benefit limit.

b. Heart Permanent Impairment Benefit

This new coverage will pay once an Insured Person has received our Total Disability weekly income for 26 weeks due to a heart impairment. VFIS will pay between 12.5-125% of the benefit limit based on the Heart Impairment benefit schedule, which includes NY Heart Association Functional Classification, Left Ventricular Ejection Fraction values, and the age of the Insured Person.

c. Illness Permanent Impairment Benefit

VFIS will pay a Permanent Impairment benefit once an Insured Person receives 5 years of Total Disability benefits. After 5 years, if the Insured Person cannot return to his or her own occupation, he or she will receive 50% of the benefit level. If unable to return to any gainful occupation, the Insured Person will receive 75% of the benefit limit and, if approved for or meet the criteria for Social Security benefits, will receive 125% of the benefit limit.

2. Extended Total Disability Benefit (for volunteers only)

The maximum benefit period for Illness and Injury Total Disability payments can be increased from 5 to 10 years.

3. Transition Disability Benefit (for volunteers only)

Should an employer terminate an employee, even though the employee is no longer disabled and the treating physician has released him or her to return to work, VFIS will provide the equivalent of the last Total Disability Weekly Benefit. VFIS will pay during the time between when the Insured Person is released back to work or finds gainful employment, or up to 26 weeks, whichever is first.

4. Weekly Hospital Indemnity Benefit

VFIS will double the benefit limit if an Insured Person is hospitalized in a critical care unit or ICU.

5. Continuation of Health Insurance Premium Benefit (for volunteers only)

VFIS will reimburse any health group insurance premiums paid by an Insured Person up to \$12,000 if he or she is disabled for 6 weeks and becomes responsible for maintaining his or her own employer-provided health insurance.

6. Seat Belt Benefit

We have increased the benefit from 10% of the Accidental Death and Dismemberment (AD&D) benefit to 25% of the AD&D benefit.

This is only a brief description of the coverage available. The policy will contain reductions, limitations, exclusions and termination provisions. For costs and complete details of coverage, please contact VFIS or your insurance agent.

New Education Standards Now Available

The National Highway Traffic Safety Administration's Office of EMS recently announced the final National EMS Education Standards (NEMSES) and corresponding Instructional Guidelines for Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), and Paramedics. These standards are set to replace the current U.S. Department of Transportation National Standard Curricula and will be used to assist EMS educators and program managers and to help develop instructional materials.

The new standards were designed around the National EMS Scope of Practice Model and will provide base-level learning objectives. They are meant to increase program flexibility, encourage creativity, and advance alternative delivery methods. The NEMSES documents are available at www.ems.gov.

Jenaway Named Vice Chair of CFAI

Dr. William F. Jenaway, CFO, CFPS, and Executive Vice President of VFIS, was recently named Vice Chair of the Commission on Fire Service Accreditation (CFAI) of the Center for Public Safety Excellence. A six-year member of the commission, Bill was elevated to the position of Vice Chair at its annual meeting earlier this month. The organization is responsible for accrediting fire departments internationally. The CFAI focuses on self-assessment, peer assessment, best practices, continuous improvement, and research. Bill represents communities under 25,000 on the board as the Chair of the Upper Merion Township Fire & Rescue Services Board of King of Prussia, PA. In 2000, the King of Prussia Volunteer Fire Company, under Bill's guidance as Fire Chief, was the first all-volunteer fire department accredited.

Pictured (left to right): Bill Jenaway; Chief Randy Bruegman of the Fresno, CA, Fire Department who serves as the Chairman of the Board of CPSE; Ernst Percy, Fire Chief, US Air Force Academy and Chair of CFAI; and Paul Brooks, Executive Director of CPSE.



President Obama Nominates Former Volunteer as FEMA Administrator

President Obama has chosen Craig Fugate, the Director of the Florida Division of Emergency Management, to be the new Administrator for the Federal Emergency Management Agency (FEMA). Fugate began his career as a volunteer firefighter and paramedic and has held several emergency management positions throughout his career. For more information, please visit www.nvfc.org/page/626/show_item/943/News.htm.

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Please route to your local emergency service organization

Resistant Bacteria and Ambulances, *Continued from page 1*

transfer from one person's lesion to another's skin. The other 30% is spread through the air.

You may be wondering why this should be a concern. MRSA is able to enter the body through a laceration, wound or any break in the skin. People with healthy immune systems will be able to effectively fight off this infection and will only exhibit mild symptoms or simply be colonized without symptoms. However, those with weakened immune systems could develop serious, even life-threatening, infections.

So how do we, as first responders, recognize, treat, and control infections such as MRSA? First of all, we need to wear gloves during every encounter with patients. Second, we need to assess our patients thoroughly and look for exposed lesions and cover them with dry bandages. If a patient has a recognized or suspected MRSA infection, we need to transfer this information to our fellow crew members and also to the health care facility to which we are transporting the patient.

As we all know, first responders travel everywhere within their communities. From the streets to doctors' offices to prisons and nursing homes, there is nowhere first responders do not go. If we cannot effectively treat patients, then we cannot save lives. We must protect ourselves with gloves prior to every patient encounter. After we have delivered our patients to the proper facilities we must dispose of the gloves, wash our hands, and clean all surfaces our patients may have touched. Our cabinets, doors, radio handset, and hand rails should be disinfected. MRSA bacteria are very easy to kill if we properly sanitize surfaces: a simple cleaning of all equipment with bleach and water will do. As first responders, we must remain vigilant for these bacteria so we can provide the patients—and ourselves—with a safe and clean environment. 

Special thanks to Dr. Daniel Bledsoe M.D., HP, FACEP, Medical Director Manchester Twp. Fire Services; Associate Medical Director Medic 97, Prehospital Care and Disaster Medicine, York Hospital (PA), for his help with this article.

References:

Lysol. Germ Information Center - Staphylococcus. Article retrieved May 1, 2009 from <http://lysol.com/germ-information-center/germ-basics/index-of-germs/staphylococcus>

National Collegiate Emergency Medical Services Foundation, www.ncemsf.org

Nordqvist, Christian. "What is MRSA? Why is MRSA a Concern? How is MRSA Treated?". Medical News Today. Article retrieved May 1, 2009 from <http://www.medicalnewstoday.com/articles/10634.php>

