

Off-line

Professional Care. Community Commitment.

Welcome to The Pulse [Offline]



Jean Spicer, Editor of the "Bulletin Board" and now "The Pulse - Offline" displays the first issue of the EMC newsletter from August 1997.

THIS IS AN EXCITING TIME for communications at Emergency Medical Care. The eCommunications team has completed the Amherst pilot and has launched both email and web functions at that base, the support office, medical communications centre and bases in the Central region. The implementations have been very successful.

Employees have asked what we plan to do with the Bulletin Board newsletter. That is a good question. We are committed to reducing the use of paper at Emergency Medical Care and that will eventually mean diminishing the role our newsletter plays in our corporate environment. To support this goal, we are making changes to the newsletter.

The first change you will notice is the name. We are renaming the newsletter "The Pulse - Offline". The

content will highlight articles from the on-line Pulse that is of public interest. As well, our on-line forum is called the Bulletin Board - another reason for changing the name of the newsletter.

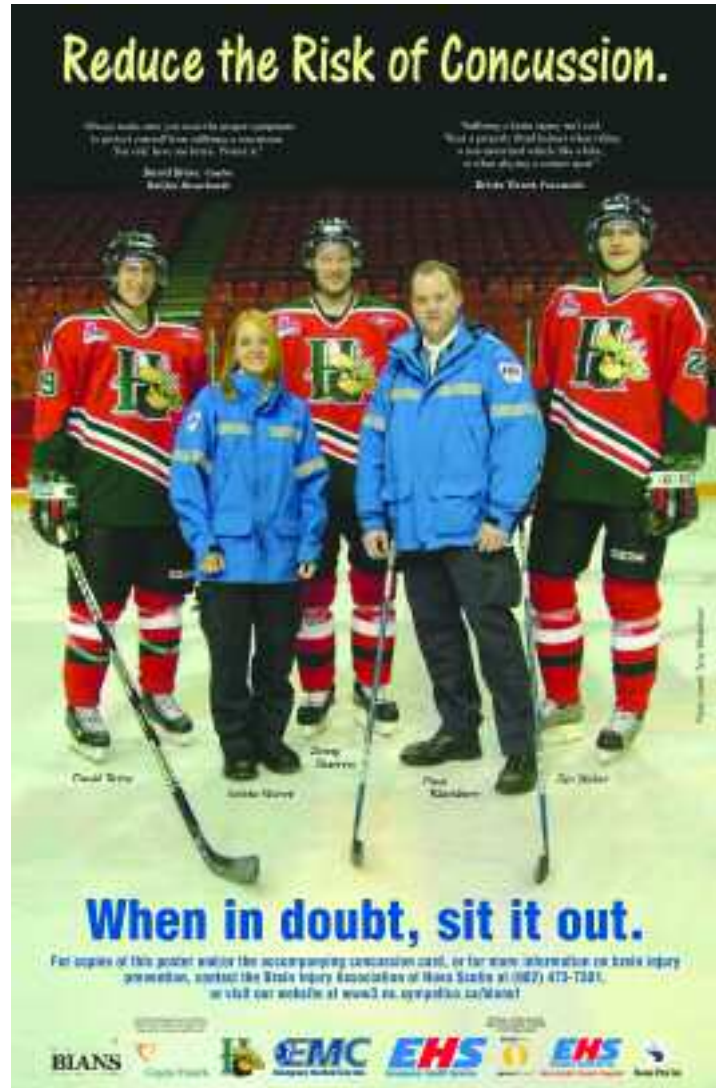
The format has changed to 8.5 inches by 11 inches to be "printer friendly". A PDF of the newsletter will be posted on our external website to download and / or print if a copy is desired. Once The Pulse on-line is available province-wide staff will no longer receive a paper copy.

The external distribution list will grow to include additional agencies such as medical first responders, health care agencies and other stakeholders. In this way even more people will know about our team and all they do to display professional care and community commitment.

In the future we will also be reviewing our printing schedule. As we all become more familiar with "The Pulse - Online" we will consider scaling-back how often we publish the off-line newsletter.

Thank you for your support of the Bulletin Board newsletter. Over the past seven years it has been successful because of the contributions from the Emergency Medical Care team. It has been a pleasure to be part of keeping the history of our organization in print.

Submitted By:
Jean Spicer
Public Relations Officer



Paramedics joined with the Halifax Mooseheads to make this poster to promote the use of helmets on and off the ice!

Paramedics Play with Moose

Central Paramedics Krista Veinot and Dave Blackburn recently took part in a photoshoot for the Brain Injury Association of Nova Scotia (BIANS). The two medics, pictured here with three of the Halifax Mooseheads, volunteered their time to help promote this important message. For copies of the poster to distribute

in your community, contact BIANs at 902-473-7301.

This is the second poster initiative paramedics have joined BIANs to create.

Submitted By:
John Bessonette
Supervisor, Operations
Central Region

Tsunami Donations

Congratulations to the EMC team. Together you raised \$750 to donate to the Canadian Red Cross in support of those who have suffered in result of the South East Asian tsunami. Thank you for your generosity - your donations were matched by EMC to make a total donation of \$1500.

Nova Scotia Paramedics Establish a National Best Practice in Collaboration with Regional Tissue Bank

Nova Scotia Paramedics have identified their beneficial role in the Tissue Donation Process. Paramedics continue to provide superior advanced resuscitation efforts.

However, in the event that paramedics attend to a situation involving a death they will now be asking family members if they or the deceased had considered tissue donation. Paramedics are simply a chain in the communication. If the family wishes to have more information on donation the paramedic will simply pass this on. The Capital Health Regional Tissue Bank makes the decision if whether or not the donation will occur. Giving this gift will not prevent your family from making funeral arrangements in the way that your loved one had wished.

It is every person's right, according to the Nova Scotia Tissue Gift Act, to be given the option of being a potential donor. Prior to paramedics recognizing the potential health benefits in their new role, families who had lost a loved one in the out of hospital setting would not have had the opportunity to hear about their tissue donation options.

Potentially those who had indicated "tissue donor" on their health card would not have had the chance to donate if they had died in an out of hospital setting.

Paramedics in their new role are now enlarging the circle of healthcare and are helping to heal people they would not have reached before. Their participation in this new initiative has led to more than 50 families being given information on tissue donation and to at least 10 individuals having received a cornea to help in restoring their vision.

Many people may ask "Why tissue donation and not organ?" After a person's heart has stopped and the body's organs are no longer receiving oxygen, tissue donation is the only option. When a body's organs suffer from a lack of oxygen they cannot be used. There are many tissues that one can donate, for example corneas, heart valves, skin, and ligaments to name just a few.

Paramedics just want to let you know that we have recognized the importance of tissue and organ donation. So, if paramedics speak with you about tissue donation know that we are caring health professionals. We're always looking for ways to improve your healthcare.

*Leith Fermin
Quality & Learning Paramedic*

Leith Fermin explains the tissue donation process to Kathleen McNally and Wade Smith.



Valentines Day News: Hearts on Ice

Valley paramedics celebrated Valentines Day by helping a good cause. On February 13, 2005 they participated in the Valley Cardiac Rehabilitation Society fundraiser "Hearts on Ice" at the Acadia Arena

It opened with a free family skate and then they entered a team in the annual broomball tournament. As always, they had a 'ball'. The Society raised approximately \$22,000 at this year's event.



Steve Connell, juggles the Clown (Greg White), Jason Stevens (organizer), Trent Perkins, Rick Fraser, Scott Hamilton.

Use Your Head, Wear a Helmet!

The National SAFE KIDS Campaign shows that 63 percent of "tweens" (ages 8-12) do not believe they could suffer a brain injury while riding on wheels, yet the reality is nearly half (47 percent) of children hospitalized for bike-related injuries suffered a traumatic brain injury.

"Brain injury is the leading killer and disabler of children," says Dr. C. Everett Koop, Sc.D., former U.S. Surgeon General and chairman of the National SAFE KIDS Campaign. "Damage to the brain from an external blow can affect one's ability to walk, talk and think... and change a child's life – suddenly and forever."

The National Safe Kids Campaign and the Tantallon Paramedics are sending a simple message – *Use Your Head, Wear a Helmet!* With the development of a new skate park in the area, staff wanted to make sure that they had a solution before there was a problem. With the help of a local McDonalds, they were able to give helmet wearers free food coupons, plus a chance to win a \$100.00 gift certificate.

Over the next few months they will visit community schools and groups with a safety presentation. This will educate youth about safety concerns, and educate parents so that they can make it family practice to wear a helmet.

"I'm faced with the awful task of telling parents that their child suffered brain damage that could have been so easily prevented with a helmet," says Dr. Martin Eichelberger, director of trauma and burn services, Children's National Medical Center. "Most parents and kids don't understand just how fragile the brain is, and that a fall from as little as 2 feet and at surprisingly low speeds can be so serious. No parent or child should have to learn such a painful lesson."

The National SAFE KIDS Campaign is the first and only national non-profit organization dedicated solely to the prevention of unintentional childhood injury — the number one killer of children ages 14 and under.

*Submitted By: John Bignell
Paramedic, Tantallon*

www.safekids.org

Bicycles are associated with more childhood injuries than any other consumer product except the automobile.

Head injury is the leading cause of death in, and the most important determinant of, bicycle-related death and permanent disability.

Bicycle helmet use among child bicyclists ranges only from 15 to 25 percent.

Nearly 60 percent of all childhood bicycle-related deaths occur on secondary roads — typically within one mile of the cyclist's home.

Children ages 4 and under are more likely to be injured in locations around the home (e.g., driveway, garage, yard) than are children ages 5 to 14.

How do you like your coffee?



Mike McKeage enjoys a cup of coffee and review of informative links to help prepare him for his day as VP Operations for EMC.

Morning Coffee, located on The Pulse on-line, has been designed to wake you up, stir you up and keep you safe and informed every day on shift and at home.

The Pulse Morning Coffee link has been designed to give you a very quick review of those things you may want to know as you begin your shift or start your day.

Starting with The Weather Network, Morning Coffee will show you where Canada's weather warnings are. A satellite link next to this warning map will show you what weather you can expect and must respect during your upcoming shift. During hurricane season (June - November) there is easy access from this site to the National Hurricane Centre in Florida. These are

the same maps reviewed daily by the Communications Centre for storm tracking.

Next, the highway camera link will show you what the current road conditions are like in several areas of the province.

Once you have had your first sips of coffee regional newspapers and links to the CBC are provided so you can keep up with local news.

To help you and your family stay healthy we hope to be adding a fitness section to your Morning Coffee so we can all carry a little bit of self awareness and self care into the work place each day.

I have used this system for years to keep "the pulse" of the province before I have gone to work each day. It has been great "one stop shopping" to prepare me for my day and for what challenges we may face.

I hope you enjoy your Morning Coffee.

Continued success and safety in your practice,
Michael McKeage, VP Operations (and a fellow coffee drinker)

EMS Chin-Wag 2005

Twenty-five paramedics attended the 2005 EMS Chin Wag held at Shelburne's Roseway Hospital.

Subjects for this year's event included:

- Pediatric Trauma
- Pharmacology
- Strokes

As with last year's Chin Wag, there was an open format and many topics were brought forward and discussed.

Each person who attended received a Steve Berry calendar supplied by Laerdal Canada and a pen supplied by EMC. EMS also supplied several prizes for those who attended - winners included Andy Williams, Chad Whynot, Chris D'arcy, Lilly Snook and Bruce Leaman.

Everyone attending received a certificate with the EHSNS registration committee recognizing this event for 1 full CEU credit. See you next year!

Submitted By:
Brian Nickerson
Paramedic, Barrington



EMS Chin-Wag organizer Brian Nickerson reported another successful event.

Fan Mail

Paramedics:

Craig Deveau, Taylor Levangie

"I am writing to compliment you on your people who transported me from my home to the hospital.

The two young men were efficient, very pleasant and considerate, and remained with me until they were sure that I had been properly attended to by the emergency room staff.

I truly appreciate their ability and concern. You are to be complimented for maintaining such capable staff."

Paramedics:

Trevor Gordon, Peter Cholock

"I want to express the appreciation of me and my family to the paramedics for the caring way and professional manner in which they carried and transported me to the QEII. Please convey our thanks."

Paramedics:

Sterling Carter, Reg Wilson

"Thank you so very much for the kindness you showed me during the early hours of December 28. Your caring manner will never be forgotten. You have become quite the part of a birthday story for our son."

Baby News



Welcome Victor Fudge. He is a son for Kerry and Leanne (EMC Fleet) and a brother for Allison (holding her new brother in this photo). He weighed 9 pounds, 7 ounces.

“Control... send police right away!”

It's 3am and you are called for an unresponsive 47-year-old male. Someone meets you on the street and leads you down an alley to a basement apartment. As you enter the living room you see two men and a woman apparently asleep. You also see empty bottles and needles lying about. In a back room, your patient is lying on his back and making infrequent and shallow snoring sounds.

Suddenly the people in the other room begin yelling and cursing. Glass is broken and the women screams. You're trapped and call for police assistance. It seems like forever until they arrive and then there are only two of them and an eternity before backup arrives and the situation is brought under control.

In the meantime, your patient has gone into respiratory arrest and you are kept busy attempting to establish an airway amidst the confusion.

Afterwards, you learn from the officers that they would have been there sooner and in force if they had been given better information. Your location was actually next door to the address originally given by the caller. They only discovered you when they heard the sounds of fighting. They also had no idea how many people were involved or if weapons may have been in use.

Thankfully, this scenario is rare and mostly avoidable with good call screening by police and EHS dispatchers. However, we have all been in situations where information

given to dispatch doesn't match what you find when you arrive.

When you want police assistance it takes more than “send police” to get them to respond with lights and siren.

So, when should you call for police assistance and what do their dispatchers want to know?

The police should be called anytime you feel your safety may be at risk. The best time to request assistance is before things get out of hand. Also, the police need to be called when you find:

- Situations involving obvious violence.
- Suspicion of domestic or intimate partner violence.
- Suspicion of child abuse or neglect.
- Suspicion of other criminal acts (i.e. impaired driving, the presence of weapons especially firearms).

Like EHS, police dispatch is priority-based. However, an “unknown trouble” call does not automatically warrant a Code 1 (lights and siren) response. To determine the correct police response, dispatch want to know the following information:

- What exactly is going on that police are required
- Exact location
- How many people are involved

- Presence of any weapons
- Is the offence ongoing or completed
- Names of those involved if possible

Police response time is affected by how busy a shift they are having. Unlike EHS, police are not in static strategic positions between calls. They can be located at any point within their assigned area. This can add minutes to their response if they happen to be at the far end of their district. Their backup can be even farther away.

Ultimately, when you call the police will come. Providing your dispatcher with the above information will go a long way to ensuring a safe and timely response.

*Submitted By:
Constable Mark Young
Halifax Regional Police*

MFR in CB



The first medical first responder session was recently held in Cape Breton. Paramedic Lawrence Briand reported that a total of 32 medical first responders and 14 paramedics attended the session - an excellent turnout even with bad weather!

The five-hour session included presentations on ambulance orientation, AED, spinal and fractures, CPR, airway and privacy. Participants provided excellent feedback and planning has already begun for the second session.

A special thanks goes out to Vicki Stevenson and Kathleen McNally for all their help and Craig Popwell and John Lewis for their support. It was a great day - lots of fun!

ABCC War Canoe Challenge

Atlantic Blue Cross Care has been organizing their War Canoe Challenge in support of the IWK Health Centre for 10 years - this will be the final year for the event and they are looking for the best of the best to come and participate.

The date for the War Canoe Challenge is Saturday, June 11th. For questions or early-bird registration call Christopher Dawson at 490-2279 or email chris.dawson@atl.bluecross.ca.



news

the **Pulse[off-line]**

If you have any ideas for our newsletter, please call **Jean Spicer** at **902.832.8336**

To submit to the newsletter by fax: **902.832.4304**

Email: jean.spicer@emci.ca

Or snail mail to:
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Susan Hazelwood, eCommunications project manager spent lots of time coaching the Redstone team on how to use The Pulse and email - pictured here with another team member, Sherri Flint.



ECommunications team members Jason Laforte and Tim Coolen worked hard to ensure implementation went smoothly at Redstone.