

The Central Line

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CISM Submitted By Carol Pillsbury

Critical Incident Stress Management: What does this mean to you as a provider?

Oftentimes EMS providers, Fire Fighters, Law Enforcement cringe at the phrase. Oftentimes, only going to an actual debriefing dragging their heels because they “are made to attend”.

Why? Do people really understand the process? Does it have value? When do you need a debriefing?

The whole process starts with “the call”. Debriefings are truly not designed for the average call. Debriefings are meant for the out of the ordinary call. Examples would be: Death of a child, Death of a coworker, etc.

Debriefings are not counseling sessions. They are intended for all of the providers involved and only those involved.

The process creates a total picture of the event. (Ever been at a call and not even realize that another car was involved, that fire fighters were doing something.) It is impossible to see all that is going on at a scene when you’re involved with the scene. Debriefings also demonstrate through the process that your initial thoughts, your thoughts after the event, and your reactions are more likely than not the same as those of others involved. You are experiencing normal reaction to an extraordinary situation. Providers will often say “I don’t need to go but I will go for “Carol”.

Being a part of the process will in some way, more than likely, help you as well.

The team is made up of peers of the public safety profession as well as a mental health professional.

There are rules involved. Most importantly what is said at a debriefing stays at a debriefing. People MUST feel free to talk or the process is not effective and people will not attend. We keep any debriefing that is about to happen or did happen quiet. No reports, no notes and no discussions with anyone else except them. If you chose to say you were involved in a debriefing you can, but not repeat anything other than your own statements.

There is another shorter application of the CISM process which is a defusing, This is more of a fact based session to clear up any questions or “I wonder ifs”.

Here at NorthStar we have three providers who are part of the Tri-County Debriefing team. Judi Wills, Lee Ireland, and Carol Pillsbury. We all learned from the master himself.

Happy Birthday!!!

January

- *David Robie*
- *Sandra Botka*
- *Wade Browne*
- *Zak Winship*
- *Blaine Rackliff*
- *Stan Wilcox*
- *Cory Morse*

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MEMS Facts

Submitted by Carol Pillsbury

1) Why doesn't MEMS take "John Does" license away?

Actually taking away a providers license is not as easy as one might think, First, all providers have legal rights.

MEMS has no authority to take away a license. An emergency revocation can be done. However, the Attorney General must file a complaint in the District Court. This, in general, is under unusual circumstances. All providers have the right to an informal conference with the Investigations

committee which is a subcommittee of the board. This conference is an opportunity for the licensee to present his/her case. This committee can recommend a license suspension ONLY for up to 90 days per violation and a monetary fine of up to \$1,500 per violation. There also has to be a MEMS rules violation. This, however, must be agreed upon by the licensee and approved by the full board. If the provider does not agree to the proposal they may request a hearing before the full board. This entails attorneys and a hearing officer. If the provider is still unwilling to come to an agreement, the situa-

tion must be adjudicated in the court room environment

Oftentimes providers will be offered a consent agreement. This is when the committee has recommended conditions to a provider's license for a specified period of time. Again this must be accepted by the provider and the entire board.

The other issue is MEMS is only allowed a ten year look back on criminal convictions. This means ten years after final discharge from the corrections system. Things such as rehabilitation, any further crimes or incidents, and recommendations all have to be taken into consideration.

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Director's Notes

Submitted by David Robie



'Tis a new year. Time for resolutions to be made (and broken). Did you make yours? I don't make personal "resolutions" anymore. I am steadily losing the battle of the bulge, I don't smoke, and I've already found my soulmate. Nevertheless, reflecting on the year past and making goals for the new one is always a healthy exercise. We should all take a few minutes and consider our "successes" of 2006 – both in our personal life and in our business life.

We're doing that now for NorthStar and off the top of my head, I can think of about 50 or 60 very positive things that we accomplished last year. From three new ambulances (and a bike team

trailer) to a successful WEMT class (we now have 45 EMTs – over 1/2 of NorthStar - who are wilderness certified). We were first in the state with electronic run reporting. We were, for all intents, at 100% PIFT, AVOC, NetLearning, and IS-700. We saw 10 EMTs increase license level; three bases got renovated; we saw a changes in management; had a great EMS Week, WMEMS Conference, Push for the Cure, Keep ME Warm, Operations Santa Claus, and 9-11 Honor Ceremony. Meanwhile, NorthStar staff did 49,200 hours of scheduled crew time and 1,000s of additional hours of community service and training. While running a record 4,326 billable calls. And main-

taining a 4-Star Avatar rating. And that's just touching the surface. I'm sure you can add several (let me know what you come up with!)

So, goals or "resolutions"? Personally, I'm trying to start up a B&B in beautiful Madrid, Maine! But for NorthStar: How about getting more people at training programs – or different methods of delivering training? How about a Mock OUI at Jay/Livermore Falls and Rangeley? How about more participation in "disaster drills"? Or continuing and strengthening the committees we have that give you a voice in the running of NorthStar? Perhaps a new CQI project that focuses on improving patient care? And, of course, con-

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Understanding Sugarloaf Ski Patrol

Submitted by Justin Hurlburt

Now that winter has finally arrived on the ground and not just on the calendar the call volume at the Sugarloaf Ski Patrol clinic continues to climb. It can be very confusing upon arrival as to where the patient came from, who has assessed the patient, and what level of care needs to be continued. I think the best way to attack this confusing path of patient care is to give you an example of how a patient flows through our on-hill protocols.

Sugarloaf Ski Patrol is always stationed at the top of the highest lift for that day. Wind, weather, and terrain can vary greatly from hour to hour on Maine's second highest peak so we never know where we will be at any given point in our day. There are a couple of factors that do not change. We will always be above the skiing public, we will always have access to rescue equipment from our high station or various strategically placed caches located around the mountain, and all Patrollers will act un-

Director, (cont.)

der National Ski Patrol's Outdoor Emergency Care Technician protocols despite his/her medical training.

We employ our own dispatcher located in the First Aid room. Requests for Patrol responses come from a variety of sources but most originate from a skier reporting an accident to a mountain employee or from a member of the skiing public with a cell phone. Once the call is received, the closest appropriate patroller with access to equipment responds with a toboggan. Once on scene, the Patroller determines the severity of the call and request additional equipment as needed. Our on-hill protocols require us to have access to backboards, Hare traction splints, and Trauma Bags [BLS airway/O2/bandaging/splinting]. If the Patroller thinks that the injury requires immediate transfer to the hospital via ground transport we will request an ambulance from the hill. This request is made by our dispatcher notifying Carrabassett Communications Center. Our protocol regarding Life Flight is simply "if you believe

Continuing the great things we've started over the past couple of years.

What have you accomplished in the past year? What are your goals for 2007? And what goals would you recommend for your NorthStar in the coming year? Let me know.

And be safe.



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Operations Manager's Corner

Submitted by Mike Senecal

Good communication seems a simple enough concept to most of us. Someone tells you something, sometimes in the form of written communication and sometimes in the form of verbal communication. You read it or hear it and, wha-la, you are "informed". Simple enough. However, the NorthStar management team is tasked with disseminating a great deal of information to more than 90 employees in the NorthStar system. This takes a simple concept to a new level of difficulty. To assist in the flow of information from management to employees we use several different avenues. The most important taking the form of memos, the NorthStar web-site, crew to crew updates at shift change, and crew meetings. Even so, we still receive complaints of insufficient communication.

It amazes me how fast and how slow information travels from one base to another. It seems that some of the less pertinent information, and dare I say gossip, is passed on from person to person, then base to base at almost lightning speed. Other times I have been led to believe that NorthStar employees are completely oblivious to the more important items of interest. A strange phenomenon indeed. Especially given the various methods we consistently utilize to keep our employees informed. I have asked myself many times why this happens. I am puzzled when someone approaches me claiming not to have been informed of something, or when I approach them and they claim that "no one told me". I find this especially

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Facts (cont.)

What can always be considered however, is the underlying conduct.

Each case is handled on an individual basis.

Next: How are investigations done.



Ops Mgr. (cont.)

puzzling because I know that the management team has made every conceivable effort to communicate that information to all staff members at NorthStar. The fact is, communication is a two-way street; you can be given information and still not receive it. Let's look at the various ways we attempt to disseminate information to NorthStar employees.

Memos are used for addressing operational issues, changes, new policies, etc around the system. Memos are both emailed to our employees and posted at each of the bases for employees to review. If an employee does not choose to read through the memos they receive in their email or look at them at the base they will miss out on this vital information. At our crew meetings I spend a few minutes going over the past couple of months of memos. If an employee needs any part of a memo clarified they need to seek that clarification from a base supervisor, a shift leader, or an operations manager.

The NorthStar web-site is full of useful information that is updated

CISM (cont.)

Jeff Mitchell. Jeff is world known for this process with public safety people. Please feel free to call any of us if you feel the need to arrange a debriefing. We will help decide if a debriefing or defusing is needed and arrange to make it happen, As a word of caution, be careful of people who say they are part of a debriefing team. Debriefing public safety providers is much

different than debriefing high school kids, or the local social group. We are a unique group.

Debriefings are positive. The three of us have been involved in numerous debriefings and have never had anyone tell us it was a waste of their time and they call us back!

We are here anytime. The process helps. Lets hope we never have an event that warrants a debriefing



almost daily. The home page contains information on everything from subsidies to marriages and births. The members' page contains NorthStar polices, various committee minutes, and committee meeting dates. If you need CEHs the training page contains a list of available trainings being held throughout the area. If you have any information you feel needs to be posted on the web-site you may submit it to an operations manager or the Director.

Crew shift-change is often a quick "good morning, see ya later" exchange. All outgoing and oncoming crews should take a few minutes and give a brief run down of information from the previous shift. This information should include any vehicle or equipment issues, pending transfers and other pertinent information.

Crew meetings are a chance for employees and management to get to

gether and interface. This is our opportunity to discuss information and they take place at regularly scheduled times so that employees can plan ahead to attend. Employees may attend any of the crew meetings scheduled at any given the base in order to receive the latest information in the system.

The items above are just some of the ways we use to get information out to the employees of NorthStar. Good communication can only exist if management *and* staff make the effort to insure that the information flows in both directions. Do you truly read the memos, read what is on the website, talk to the oncoming and outgoing crews, and attend crew meetings. If so, you should be a well-informed employee. I would like to strongly encourage all NorthStar personnel to check the web-site daily, read the memos, and attend crew meetings to stay informed. If you have questions or feel uninformed it is ultimately your responsibility to

Sugarloaf (cont.)

that the patient has experienced injuries that warrant air transportation you are to report that to the Sugarloaf Ski Patrol Dispatcher”. If the Patroller does not feel that the injury requires an ambulance, or that further assessment is needed before the decision is made, we transport the patient via toboggan to the First Aid Room where the Patroller who is responsible for the patient will continue care.

Once we have completed our assessment in the First Aid room we can choose to release the patient, suggest that the patient see the PA on duty at the Carrabassett Valley Clinic, or turn them over to EMS. The patient does not need to be seen by the Carrabassett Valley Clinic before being turned over to EMS. The Carrabassett Valley Clinic is a fee-for-service clinic owned and operated by FMH that requires pre-payment for services. The clinic offers PA level care overseen by their Medical Control Dr. Nancy Cummings. Services offered include, but are not limited to x-ray, split-

ting, and casting. If there is any question regarding the best option for the patient or an obvious life threatening injury has occurred the PA on duty will often consult with the Patroller to determine whether the injury can be best dealt with at the Clinic or requires EMS transport.

In closing, my best suggestion is the next time you are dispatched to the Sugarloaf Ski Patrol Clinic is to speak directly to the Patroller who offered initial care on-hill and remember that the patient may or may not have seen the PA on duty at the Carrabassett Valley Clinic. Most importantly, please take into consideration that your patient is under a great deal of stress after being injured on the side of a freezing snow covered slope then transported in a toboggan to a mysterious “First Aid” station in the basement of a church?

Thanks,
Sugarloaf Ski Patrol Unit #111



Ops Mgr. (cont.)

seek out the information you feel you are lacking. We will continue to look for ways to improve communication as we continuously seek to improve our overall operations. If you have any questions do not hesitate to call, page, or email a base supervisor, an operations manager or the Director. Let us all work together to keep the lines of communication open.



NorthStar
111 Franklin Health Commons
Farmington, Maine 04938



The Back Page

Last but not Least...

**We're on the web! Check us out
at www.fchn.org/NorthStar**

2 for 1

Transport by Ambulance



***Certain Restrictions Apply

NorthStar EMS

Expiration Date: **01/05/07**

*** Coupon must be used before the expiration date. Void on the following days: Monday, Tuesday, Wednesday and Saturday. Void between the hours of midnight and 1130PM on Thursday, Friday and Sunday. Void if snowing, therapies used are difficult or include the following: patient assessment, vital signs (to include gathering pulse, respira-

raining or dark outside. The 2 for 1 deal cannot be used by two people at the same time. This offer void if skills or tions and blood pressure). Void if you are intoxicated or vomiting. Offer null if crews are sleeping, preparing for sleep, thinking about sleep or within 56 feet of a bed or couch. Offer void if the Patriots or other popular sports teams are playing. Crew need not be watching the sporting event. Offer void if dispatcher's times are wrong or if they dispatch using a disgruntled tone of voice. Still other restrictions may apply. See store for details. ❄️

B.S., Remember? Happy New Year!