



Staying Current:

AHSEMS:

The following modules have just been released or updated, please visit

AHSEMS.com to review at your earliest convenience:

- Cyanide Poisoning Module
- Automated Patch Lines
- MCI/ Triage annual review

Alberta College of Paramedics:

Good Luck to all that are writing this summer!!

Its your move Certification

We have completed all of our scheduled training sessions and would love to hear how these new tools are working out for you!



Photo courtesy of Jaleesa Elford

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In Memory of: Dwayne Halabut October 27, 1966-June 10, 2015

An EMS Prayer:

As I perform my duty, Lord. Whatever be the call.
 Help to guide and keep me safe from dangers big and small.
 I want to serve and do my best, no matter what the scene.
 I pledge to keep my skills refined, my judgment quick and keen.
 This calling to give of myself, most don't understand.
 But I stand ready all the time to help my fellow man.
 To have the chance to help a child, restore his laugh with glee.
 A word of thanks I might not hear, but knowing is enough for me.
 The praise of men is fine for some, but I feel truly blessed.
 That you, Oh Lord, have chosen me to serve in EMS.

~Author Unknown~

Rest easy our friend, we will take it from here.....



What are Core Values and why are they important?

Within any organization there exists a set of fundamental beliefs or "Values" by which everything we say and do is based. Core values are not descriptions of the work we do or the strategies we employ to accomplish this work but rather, they are the values that underlie our work, how interact with each other, and which strategies we employ to fulfill our common goal.

Associated Ambulance has four Core Values that guide us:

- **Leading by Example**
- **Innovative Thinking**
- **Family Principles**
- **Excellence in Care**



"We're here for Life"

It's 1550, and we are called to a 29 Delta on a busy highway for 2 vehicle MVC (Motor Vehicle Collision), with 3 patients. My regular partner is going off shift early so I am with a casual EMT. Two ALS (Advanced Life Support) Ambulances and STARS were dispatched to the call. Information from the Fire Department on scene states 1 red patient (critical), one yellow patient (urgent but stable) both still trapped in their vehicle as well as one green (stable) who is out of the vehicle.

Upon arrival we notice a small car in the middle of the highway with massive front end damage, driver and passenger still in the vehicle. Walking up to the vehicle we are unsure as to why the Fire Department is not extricating the patients as they were already on scene, that is when I noticed a huge bullmastiff dog sitting between the patients and barking aggressively towards anyone who got near. He was protecting his people and wasn't letting anyone close. I walked around the car and noticed the driver was semi-conscious with facial trauma. The passenger had multiple compound fractures and massive head trauma, was unconscious with respiratory disconfirmed third patient as green. Rescue team so he could assist

I spoke to the RCMP on scene to been trying to get the dog out but one member had already been will be there soon as well as a dog to assist in getting him out of



figure out a game plan. They had the dog kept attacking them and bitten, they said Fish and Wildlife family member that knows the the vehicle.

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I decided to attempt treatment on the passenger who was the most critical patient. I was able to break the side window and pull out his right arm. I got a set of vitals and had 2 large bore IV's going, all while RCMP were still working on getting the dog out. The patients SpO2 suddenly dropped to low 70's and he needed to be suctioned. Very carefully we were able to suction his airway, insert an OPA and bag him; through the window, all while the dog barking furiously at us but thankfully being slightly distracted by the RCMP who were still trying to get him out.

Once I completed all that I could, I went for another briefing with the RCMP who stated they were out of options. The dog was getting more and more aggressive, hurting the patients by moving every time they attempted to get him out. I asked about tasing or perhaps shooting the dog. We decided it was too dangerous to shoot him and if we tased him we could get him even more angry and possibly put the patients in more danger. We were out of options and time was running out for my patient!!



It was at that time I decided I could attempt to sedate the dog. Obviously I have no clue as to how much Versed to administer to a dog, but recalled recently giving a patient 5mg IM of versed to an elderly gentleman. So I decided on 10 mg of versed! I had the medication drawn up, now I had to figure out how to give it without getting bitten... The RCMP smashed out the back window and I had my partner sling a backboard into the front of the car between the dog and the passenger. I was able to inject the Versed into his hind leg. The dog went crazy and started attacking the back board to get to me, I ran back. It didn't take long for the effects of the medication to start working. We were able to pull him out after about 8 minutes; he was still awake and walking, but had very little fight left in him.

From there we were able to extricate both patients and stabilize them. STARS took the critical male and ground ALS took another. Before leaving take the dog straight to the vet to that had happened.

I remember after the call, I called opened and get some guidance as tion of a controlled substance to “OMG, did you kill him!?!?” hadn't even crossed my mind. I ried about the dog! First thing in Clinic and confirmed that the fami- although groggy; walked in, only The Vet disclosed to me that a an even larger dose of versed,



scene I directed the family member to get checked out and to tell them all my manager to explain what had hap- to how to document the administra- an animal on scene...Her reply was My heart stopped. That possibility barely slept that night, I was so wor- the morning I called the Local Vet ly had brought in the dog. The dog, minor injuries were found. dog of his size could have tolerated up to 25mg to be sedated fully.

I was then able to relax then knowing I did not kill the dog.

Lesson Learned: There's not a protocol for every call, sometimes you have to think outside the box!

Dallas Martin, EMT-P, Operations Supervisor

I am very pleased to announce that Max is alive, well and was reunited with his owners shortly after the described inci- dent. His family has provided these recent pictures to us and we thank them for their permission to post his story in the Associated Ambulance Gazette!!

Dallas Martin, EMT-P has since received commendation from Both the RCMP and Associated Ambulance for her bravery on this difficult call.

Great job Dallas for stepping up to the plate when you needed to the most.

Nichole Fisher, EMT-P, Operations Manager



Associated Ambulances First Fitness Challenge

Brought to you by: Jarrett Chisholm, Rocky Mountain House

The May 2015 Associated Ambulance Fitness Challenge ended May 31.
Thank you to everyone who participated in this fun & simple fitness event!!



The goal was to get everyone moving, and I believe we all achieved that. The challenge wasn't heavy on rules about dead batteries, MatchUp sync errors, lost trackers, and injuries through this competition. People that had errors syncing sent me screenshots of their apps, which worked. For the next challenge, I'll make simple outlined rules for some of the problems we all encountered with this competition.

It was a fun month, and a great learning experience for running another competition with more people.
I hope all of our participants had a fun time and discovered how easy it is to move 10,000 steps !!



Congratulations to Sylvan Lake!!

Megan Lawn and Bridgett Catton accomplished a perfect score of **31!!!**



Top 5 Overall Steppers

5. Nichole Fisher.....484, 883
4. Chrystal Morfitt.....493,353
3. Justin Harrison.....500, 027
2. Megan Lawn.....511,446
1. Belle Clark.....635,317



Its your move update

By: Jeff Steinwand

Ohhh, my aching back! How many times have you heard or said this yourself. We've come a long way from the days of two person stretchers, where every patient had to be lowered to the ground and lifted into the ambulance and then the same in reverse when off loading a patient. From the introduction of loading wheels on stretchers to power cots, the industry has finally made huge strides forward in the preservation of our own well being, especially where our backs are concerned.



Along with the implementation of power cots over the past few months, we have also adopted the It's Your Move program... a back saver for EMS personnel. Statistics have shown that implementation of this program within organizations have significantly reduced back injuries! This past May, we rolled out the It's Your Move program by delivering the training directly to our employees at the stations. It's Your Move not only advocates the use of stair chairs and scoop stretchers but it also incorporates equipment such as transfer belts, slider sheets, and multi-handled patient carry sheets that we have added to every unit with the implementation of this program. From assessing the potential hazards to our own well being prior to moving any patient, to the body mechanics we utilize, we must change our way of thinking regarding getting a patient from where they are found to our stretchers.

I would like to thank the four individuals who were our It's Your Move trainers!!

- Jessie Osborn, Edson
- Tim Keppy, Westlock
- Derick Galipeau, Boyle and,
- Jeff Black, Edson

Great job on delivering this program at all of our stations!!!

Payroll is going Paperless

This has been a very busy quarter for the Payroll and H.R Department. As we told you in the last newsletter, Payroll is going Paperless! As of June 30th, all but 2 of our stations are now active in the new system, enter all their overtime, extra time (for things like paid court time on a day off) and their Acting supervisor premium claims thru EMSM. This has been a pretty steep learning curve for us all but once this project is completed, timesheets will be a thing of the past. While timesheets are becoming a thing of the past, please remember that you must continue to complete your duty log as this is an operational requirement. The other big change this quarter has been our change in group benefit providers. While we may be still working out a few kinks, we want to applaud all of our full time staff for getting their enrollment completed quickly so that they could be sent in to the new provider, Manulife. We have placed the new forms, booklets other information in the library in EMSM. Thanks to everyone for your cooperation, input and support!



Calling Lake Reception Center

On May 25th Associated Ambulance was asked by AHS to assist with staffing an Ambulance at the Reception Center in Calling Lake as a result of the Wabasca Wild Fires. We

were pleased to help our EMS partners with the relief effort for the displaced residents and was able to staff a BLS unit in Calling Lake for 3 nights. AHS was able to deploy their new disaster trailer as well as a North Supervisor.

On the Second night of the operation we were asked to house a Wabasca EMS unit as well as the Supervisor who was down from Peace River. The staff in Athabasca went above and beyond to assist the AHS staff while they stayed at our station. If the Supervisor was able to tow the Athabasca station back to Peace River he would have. The AHS staff were more than pleased with the hospitality shown by Associated Ambulance and we were glad to be able to assist.

Rob Merchant, Senior Manager of Operations



Around town... Thank you so much for remaining active in your communities!!

I am contacting you all today to provide a quick "wrap up" on the 2015 PARTY Program, here in Hinton.

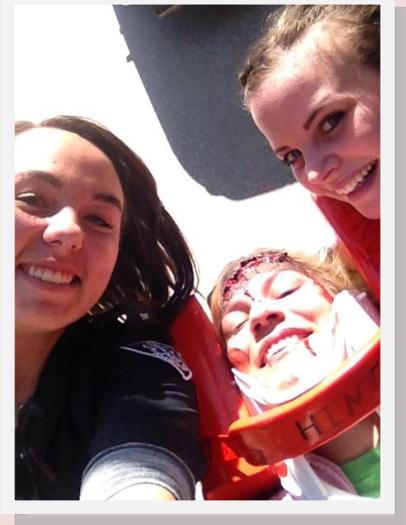
As always, the program was a success! Between the RCMP/Peace Officers, Fire, Hospital Staff, and ourselves, I truly believe we made an impact on the kids and showed them the reality of their choices if they choose to drink and drive, or participate in risk related activities.

This program has always been near and dear to my heart and I am so very thankful I was given the opportunity to partake in the activities as an EMS Representative.

The program ran on April 9th, 16th, 23rd, and on May 7th, 14th, and 21st. Although we didn't have any kids faint, there were certainly a few who turned an undesirable shade of green. For each of the presentations we were lucky enough to have the on duty staff participate with minimal calls during the morning; the program would not be able to achieve its full potential without this much needed participation of the staff, and for that, I am also grateful.

In Hinton, our program is very intense and goes in to great detail to really hammer home to the kids that these activities can lead to bodily harm or death. Along with a powerpoint presentation from a member of the RCMP, EMS, and Fire, we show the kids a "real life" accident scene, complete with actors and fake blood. RCMP arrests the drunk driver, Fire extricates the pt. and EMS provides treatment and transport of the pt. to the hospital and also helps extricate the body of the "deceased" pt. Once we arrive at the hospital, we demonstrate how a real call would play out in the ER. We bring the pt. in to the trauma room in full SMR precautions, IV's, a Foley (they don't understand our scope of our practice) and full of fake vomit and blood. Once in the trauma room we assist the doctor with the exam, chest tubes, intubation, and finally CPR. After the time of death is called we take the kids down for a visit to the morgue (don't worry, it is always body free). After this, the children head back to the fire hall and have a "Disability Lunch". From there they get to learn about the reality of living with a debilitating disability from the rehabilitation group. They speak with individuals who have suffered traumas from risk related activities; its a full day of learning and hopefully is an experience these kids will take with them into adulthood.

Taylor Barilla, EMT-A, Hinton



Tim Keppy, EMT-A, Westlock volunteering his first aid skills at one of the many events put on by:



In the next issue:

Do you have a suggestion for upcoming issues of the Gazette?

We want to hear from you.

Please email your suggestions to nfisher@associatedambulance.com

DID YOU RETRIEVE AN ALBERTA HEALTHCARE NUMBER FROM YOUR PATIENT??

If not, all staff are able to request this information by calling the **Registration Research Line @ 780-415-2288**.

If by chance your pt does not have an active Alberta Health Care Number they may advise you of this as well.

Please be sure to identify yourself as an employee of Associated Ambulance when calling.

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Associated Ambulance proudly supports the
[Paramedic Pay It Forward Award](#)

Do you have a question for us??

Maybe there is other staff members
wondering the same thing....

Please feel free to email the group and
we just might post your question in our next edition.

Or simply send us a pic and we may post that as well!!



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