The Pulse

July, 2010
Volume 43 • Issue 7

Volunteers since 1967

Patricia Salajka, Editor
psalajka@verizon.net

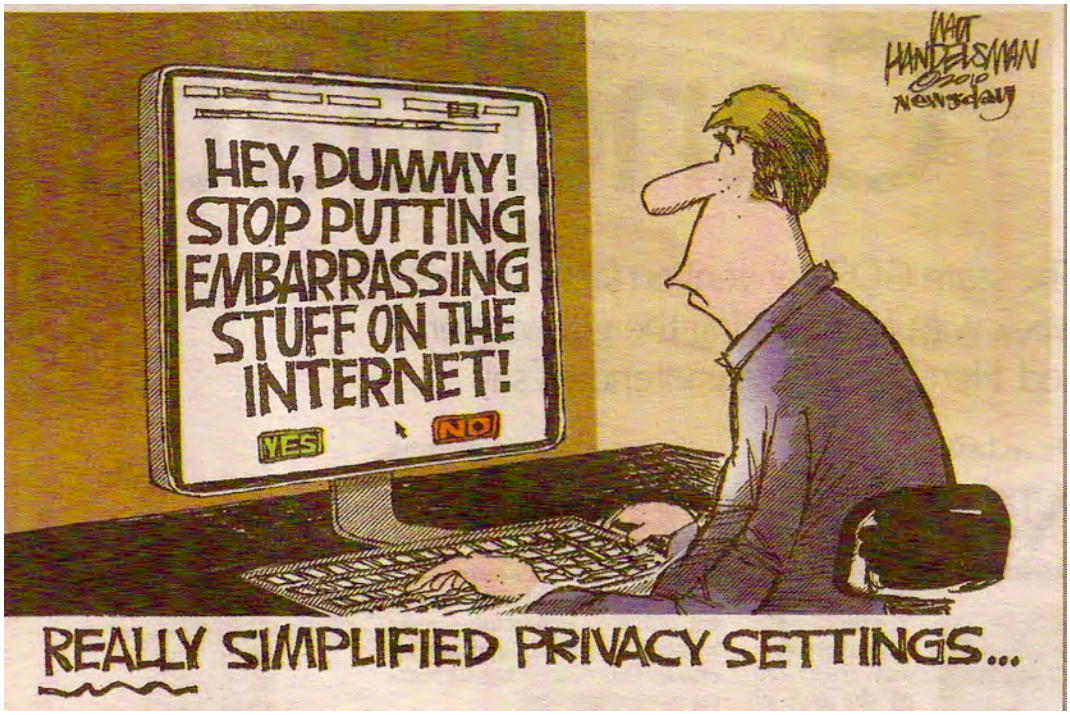
The "Heartbeat" of the Huntington Community First Aid Squad

PRESIDENTS REPORT
Roger Winter

President"s Report July 2010

July starts us thinking of summertime, parades, the Fourth of July, (Independence Day), that little know day of recognition, "Parents Day". It also signals usually an upsurge of calls because of the nice weather. So everyone if you are going on vacation to those far away places, please make sure you get a replacement of equal status if possible so we can run smoothly.

Awhile back there was an issue with a Facebook video. I guess we could make another policy to become more modern and up to date with technology. But until we have that policy in place I believe *Walt Handelsman* has the right perspective on that issue...



I will say no more.
As always my door is open.

Third Deputy Chief
David Mohr

Well as we enter the summer months what else would we have problems with but our air conditioning units. If you notice that a room is warm, please contact me immediately so I can contact Traditional and get them in to repair it. They are very busy, so the sooner we make the call, the sooner they will be here to repair the problem.

In conjunction with the summer months, we are also having our traditional problems with the batteries in the ambulances. I am working with Ace to see what we can do to try and eliminate the problems, but you can help. When you leave the ambulance, turn the A/C down or off. When you get back to Headquarters, please turn both the front and back A/C units off. If you notice a problem with the electrical load on the rig, let me know. The last thing we want is for lights to be going off in emergency mode.

We have been having a problem with the charging units in the ambulances. In fact, it wasn't the charging units, but the engine block heaters. These are used to warm a diesel engine block in the winter. Ours were hooked-up all the time. Inasmuch as we keep our vehicles inside, the units have been disconnected. This should also lower our electrical bill as well.

Below is the ambulance rotation for the next month.

Ambulance Rotation for 2010

Ambulance Rotation will occur each week on Monday at 1900hrs

Week of	First	Second	Third	Fourth	Fifth	Sixth
6/28/10	17	18	19	20	21	16
7/5/10	18	19	20	21	16	17
7/12/10	19	20	21	16	17	18
7/19/10	20	21	16	17	18	19
7/26/10	21	16	17	18	19	20
8/2/10	16	17	18	19	20	21

Projects we are working on and their status as a result of member input:

~ Rearrange the trophy cabinets and have picture and plaques hung. In progress.
~ Devise a system to have our flags hung inside during inclement weather. Completed.
~ Placing a piece of plexiglass over to the ribbon on the dedication wall to protect it.
~ Hang the pictures of our previous buildings and the old door panes along the north wall by the bar. The old door panes are tempered glass and can't be cut. We are looking at possibly having new panes cut with the HC, Map and Star of Life.
~ Have the EMS pray blanket hung. Completed.
~ Make the trophy cabinet in the lobby a history of the Squad. Have the Life Membership plaques and Charter Member plaque hung in the lobby.

Other projects completed; the Truck Room the overhead fans have been cleaned; the overhead doors have been cleaned; the slop sink has been fixed; green lights have been installed around the outside doors of the building; and the parking lot has been repaired, resurfaced and repainted.

If you have a suggestion, please put a note in my mailbox and I will look into it. Please include your name and number in case I have a question about your suggestion.

MONDAY CAPTAIN
Tim Ebert

Recently I had a friend and fellow sailor pass away. He was a Navel captain, he served as the Executive Director of US Sailing, and the first developer of the US Sailing's Safety at Sea seminar. He spent many hours volunteering for the sport that he loved. As I reviewed the many articles written about him and his life I found two quotes that I thought we all could relate to.

Having taught many Safety At Sea seminars John was a big believer of being prepared for the unexpected. This is something we all deal with every time we get into the Ambulance. Just like the sea, you never know what EMS is going to throw your way. John would say… "You gits what you inspects, not what you expects" Yes, he was a southerner. This reminds me of the many checkouts, CME's, review trainings, refreshers, Pulse basics, CPR classes, and all the extra curricular things we do to be prepared for the "Why me, why now?" call. In the end it is worth it. Just last month Jeff Brenner, Joe Frisenda, Ashley Urquhart, and Crystal Muller had a save after a patient went into respiratory arrest. This save can be contributed to all the training and predatory measures we do every week. Nice job guys! And to everyone on Monday's, keep up the great work!

As the Executive Director of US Sailing, John and many others volunteered there time to promote safe boating. John would say, " There are only two words you can say to a volunteer… Thank You".

And so THANK YOU to my Monday crews who make being a Day Captain so rewarding. And thanks to everyone who does extra shifts and answers the many Monday Backup calls.

July 2010 • Service Awards

ANDY BALL

40 YEARS

TUESDAY CAPTAIN
Martha Brenner

The call volume is so unpredictable. On Tuesday 5/25 there were 11 calls on 6/1 there were 21 calls. On the days when the volume spikes so high it is those of you who answer up to the back up pages who assure an ambulance reaches the residents of our town who are in need. Those extra calls for help this past month were answered by: J Mallilo, J Denimarck, T Ebert, A Delva, P Coyle, T. D'Antonio, L Hoffman, C Grimadeau, J Gander, A Szigethy, S Signorelli, T O'Leary, P Brenner, P, Kelly, L Bartalameo, G. Orr, T Gibbs, J Frisenda, C Castillo, T Hogan. Thanks to all of you! And, of course, thanks to the scheduled members who come in faithfully week after week after week!

On May 25th the 1500 crew responded to a "BRAVO" MVA which in fact was a head on collision with one patient in cardiac arrest and the second pinned. Huntington FD was already on scene and doing CPR with assistance of a Cold Spring Harbor FD member who had happened onto the scene, and, working on extricating the second patient. The responding ambulance was a two man crew! A call for help went out and a second crew was obtained. The time of alarm to arrival at Huntington Hospital with the second patient was 26 minutes. Both patients were admitted to the Hospital! The positive outcome of this call is because of the great teamwork between departments and, again, the dedication of our members who answer the call for help. On duty: J. Cunningham, T. Hirasawa, J. Frisenda, and dispatcher D. Tanko. Back-up P. Kelly, A. Szigethy, S. Signorelli, P. Brenner, and T. O'Leary. GREAT JOB!!!!!

I would like to congratulate Anel Vargas #1277 on her advancement to First aider and Kasuo "Spike" Ishikawa#1282 on his advancement to Aide!

Help Wanted! If there is any driver who would like to drive some extra calls please come down any Tuesday at 1500. I am currently the only driver on the shift and we average 3-4 calls a week. I would love to turn my steering wheel over to someone else for a while!

BLS Core CMEs at HCFAS
Mark Brenner

Saturday, July 17, 2010 9 am - 1 pm Medical 1 - Pharmacology/Respiratory/Cardiac
Saturday, August 14, 2010 9 am - 11 am Medical 2
Saturday, September 18, 2010 9 am - 11 am Medical 3

Section II - Protocols
Paragraph B – Operational Protocols
New sub-paragraph

5. 2-15-Gator and Special Operations Trailer Response and User Procedures

2-15-Gator is designed for use at stand-bys or other function or calls where maneuvering an ambulance to a patient would be difficult or dangerous.

a. Operating:

1.) 2-15-Gator and the Special Operations Trailer can only be signed out by HCFAS members who are certified as Drivers or First Responder Drivers, have been trained on the Gator and the trailer by the Driver Training Committee, and have the approval of the Chief for its use.

2.) Operators of the Trailer must check all the lights, brakes and securing devises prior to its use.

3.) Only HCFAS personnel are to be passengers in the Gator.

b. Contacting:

When using 2-15-Gator, the Driver must have a radio at all times.

c. Maintenance:

The Gator and the Trailer will be scheduled for regular washing, vacuuming and routine maintenance as deemed appropriate by the Third Deputy Chief and/or the Vehicle Maintenance Committee. The Gator is to be refueled using appropriate fuel. Receipts, clearly marked with the appropriate information, are to be left in the Office Manager's mailbox.

d. Dress Code

Operators will be in a duty uniform.

As is the case with all other vehicles, there will be absolutely no smoking in the Gator. Any violations involving smoking, eating, drinking or substance abuse will result in immediate loss of driving privileges and could result in further disciplinary action.

Proposed SOP Change

The following addition is proposed to Section I A of the SOPs (Chain of Command – Chief). The proposal will add a new subsection with guidelines regarding Chief's orders.

6. The Chief may issue "Chief's Orders" when a situation arises that requires immediate clarification, addition or alteration of a policy. These orders are intended to be temporary until the SOP's or By-laws, whichever is applicable, can be changed through their proscribed method. Chief's orders will remain in force for 4(four) months or until the end of the Chief's current term in office, whichever comes first. Chief's orders are not renewable. Following the issuance of the order the Chief or a person designated by the Chief must complete the appropriate SOP or By-law change. A Chief's order cannot supersede a By-Law or SOP.

(reprint from June 10 Pulse)

Lindsay Magerle received a $500 scholarship from the Huntington Chief's Council.

SOP PROPOSED CHANGE FOR: TRANSPORTS/STAND-BYS/COMPANY 8 PAPERWORK

The following proposed SOP changes are mostly being done to remove items that have long been out of our actual procedures. Transports were stopped many years ago on both an emergency and non-emergency basis. Transports are only allowed with the approval of The county and the SOP's will now clarify this. Stand-bys do not appear in the SOP's except in relation to the paper work for the request, and the Company 8 "shift completion form" was eliminated by the officers several years ago.

Emergency Transports by Helicopter reflects the rules for a time when patients were transported FROM Huntington Hospital to a more appropriate facility such as Stony Brook. This explains to those who don't remember that time why Mill Dam was designated as the landing zone. Times have changed and the SOP, if approved, will now reflect the actual procedures used for Emergency Helicopter Transports of patients from the scene.

A review of the SOP's found that Stand-bys were mentioned only once and that was in regards to how a dispatcher handles a Stand-by request. In spite of the fact that we have done Stand-bys for as long as most members can remember, there are no guidelines for them. A section has been added to govern the Stand-by process.

Lastly, the Company 8 shift completion form was eliminated by the officers several years ago. Our LOSAP paper work now provides this information to the committee who maintains Company 8 hours. The form was redundant and therefore deemed no longer necessary. However, the actual requirement and procedure for the form was never removed from the SOP's. This SOP change corrects this oversight.

Often changes are made over a period of time and evolve from outside of our operations such as helicopter transports for major trauma. It is only in a general review of our guidelines that it is realized these changes in actual operations are not reflected in our written guidelines.

The 2010 Officers ask your patience as these changes/updates are made. It is a slow process and often does not generate any comment from the members, however the guidelines for changing the SOP's require that each change be read for comment at a GMM before it is voted on by the BOD.

Proposed SOP Change

The following changes are proposed to update Section II of the SOPs (Operational Member Guidelines). Some procedures that are no longer in effect have been deleted, others have been clarified and many have been left unchanged.

II. Operational Member Guidelines

A. Member in Good Standing (unchanged)

B. Un-Duty Crews:
1. Duty Tours **(unchanged)**
2. Sign-In Roster **(unchanged)**
3. Responsibilities **(unchanged)**
4. Relief Time **(unchanged)**
5. Replacements **(unchanged)**

~~6.Two Stations~~
~~a. At Headquarters, the Station 1 Crewleader is in charge of the shift. The Captain will rotate the crews weekly when possible.~~
~~b. Emergency transports will be taken by Station 2 Except if an ALS provider is on Station 2 only. and the transport does not warrant advanced life support equipment or unless otherwise directed by the Day Captain.~~

~~7.~~ 6 Shift Change (re-numbers section only no policy change)

~~8.~~ 7. Status Change (re-numbers section only no policy change)

~~9.~~ 8. Alternating Overnights (re-numbers section only no policy change)

~~10.~~ 9. Company 8 (re-numbers) (Note: only section "f" is affected)
.....The text is unchanged until:
The following rules and regulations apply to all members granted Company 8. Any violation will result in the loss of Company 8 privileges for a minimum of ninety days and could result in permanent loss of Company 8 privileges.
a. no changes
b. no changes
c. no changes
d. no changes
e. no changes
~~f. The member on Company 8 status will be required to fill out a "company 8 Shift Completed" form. the completed form is to be placed into the mailbox of the First Deputy Chief.~~
~~g.~~ f.. no changes re-numbers section only.

~~11.~~ 10 Explorer Post Members (re-numbers section only no policy change)

Proposed SOP Change

The following changes are proposed to update Section IV of the SOPs (Crewmember Responsibilities -- Crewleader). Some procedures that are no longer in effect have been deleted, others have been added or clarified, and many have been left unchanged.

IV. Crewmember Responsibilities--Crewleader

A. Crewleader Responsibilities: (unchanged)
B. Crewleaders' Preparation of Crews and Equipment for Emergencies:(unchanged)
C. Crewleader management of the Emergency Situation: (unchanged)
D. Crewleader Post-Emergency Responsibilities: (unchanged)

~~**E. Transports:**~~
~~1. The Crewleaer doing a transport shall use a last-due rig for transports and make sure there is enough fuel in the vehicle.~~

~~2. The Crewleader shall check the transport form for any particular problems or conditions the crew should be aware of (e.g., patient's condition - is patient hard of hearing, blind, special care needed, weight, etc.).~~

~~3. The Crewleader shall have the Dispatcher notify out of district fire departments and ambulance corps if they are transporting to or from a location within their districts.~~

~~4. The Crewleader shall make sure they have directions if they are unfamiliar with the location.~~

~~5. No lights or siren (Code 2) are to be used and the Driver is to obey all traffic laws. If at any time the transport becomes an emergency - proceed on a signal 2, to the closest hospital. At this time, use lights and siren (Code 3) and notify headquarters and the hospital to which you are transporting.~~

~~6. If at any time you come upon the scene of an accident during your transport, you must stop, if emergency care is needed, stabilize and call for an on duty ambulance.~~

~~7. Upon the completion of the transport notify the Dispatcher of your status. If you are out of the district give a signal 5 only. Advise the Dispather when you are in the area-Signal 28.~~

E. Transports will only be considered in extremely unusual circumstances. Transports require the approval of the Chief or his designee **and** of the Emergency Medical Services Director of the Emergency Services Division, Suffolk County Department of Heath Services.

~~**F. Emergency Transports:**~~

1. The On-Duty Crewleader will approve or deny Emergency Transports based on the guidelines set forth below. The Day Captain and/or Chief Officer shall be notified as soon as possible after the decision has been made.

2. Emergency transports are to be handled by the on-duty crew unless there is sufficient time to call in a back-up crew. In any event, the Dispatcher must obtain in-house backup if the on-duty crew is on an emergency transport.

3. An ALS provider (EMT-CC or EMT-P) is not required for emergency transports unless the hospital requests that we use our own patient monitoring equipment; in that case, an ALS provider must ride WITH THE PATIENT (not as a Driver). If there is no ALS provider (EMT-CC or EMT-P) on board, the advanced life support equipment must be removed before the ambulance leaves Headquarters. A Registered Nurse MUST accompany the patient, regardless of whether an ALS provider is present.

4. An ALS provider (EMT-CC or EMT-P) should always contact Medical Control if the patient's condition requires additional intervention.
5. If a doctor rides with the patient, an ALS provider (EMT-CC or EMT-P) can follow the doctor's orders up to the level of Suffolk County training without contacting Medical Control.

6. Patients being transported from the Emergency Room must be in stable condition. Burn patients must be prepped as required by the receiving facility. The patient should be ready for transport before the crew leaves the building. This includes preparation of all paperwork. Very often, this will allow time for a back-up crew to be called in for the transport.

7. The sending hospital must provide the crew with the name of the receiving doctor and specific instructions as to where the patient is to be taken on arrival at the receiving facility.

8. It is the responsibility of the Crewleader in conjunction with the Driver to know the location of hospitals on the route to the receiving facility in case the patient's condition worsens en route and immediate transfer to an Emergency Room is needed. The decision to go to a nearer facility is to be made by the Crewleader and should be transmitted to the Dispatcher as soon as possible.

9. HCFAS will handle emergency transports only if they are truly emergencies. In any case, the hospital should make all possible attempts to obtain a private ambulance company for these calls and only call HCFAS if no private is available.

G. Emergency Transports Via Helicopter:

F. Patient Transport by Helicopter:
The decision to transport by helicopter is made by the HCFAS member in charge of the scene in coordination with the on-scene Police Officer(s). This request is generally made to the county by the Police on scene. If there is no officer yet on scene the request should be made to Med-com. The LZ (landing zone) location is selected by the HCFAS member in charge of the scene in coordination with the Police Department. The HCFAS member in charge must notify our dispatcherof the helicopter transport and the LZ, and the dispatcher is to immediately notify the appropriate Fire Department.

When approaching a helicopter pick-up point:
a. Stay outside the 100' perimeter.
b. Turn off emergency lights, floods etc., so that the helicopter can land without distraction.
c. Do not approach the helicopter until directed to do so by the pilot.

~~G. Emergency Transports Via Helicopter:~~

~~1. Requests may be received for an emergency transport to or from Huntington Hospital to Police, Coast Guard or National Guard Helicopters.~~

~~2. These requests are to be handled as emergency calls. If time permits, get in-house back-up at Headquarters before the on-duty crew leaves.~~

~~3. The request may come from:~~
~~a. Medcom~~
~~b. Huntington Hospital~~
~~c. Fire Coordinator~~
~~If the call does not come from Medcom, notify them via landline giving the transport information.~~

~~4. The designated pick-up point that will be used is the Mill Dam Heliport.~~

~~5. Our Dispatcher MUST notify Huntington Fire Department and advise them of the helicopter's landing.~~
~~6. If additional help or unforeseen circumstances arise that pose a problem - contact Med-Com. The Fire Coordinator (2-0-1) may also be contacted on Med-Com frequency. The Chief shall also be contacted via base radio.~~

~~7. When approaching a helicopter pick-up point:~~
~~a. Stay outside the 100' perimeter.~~
~~b. Turn off emergency lights, floods etc., so that the helicopter can land without distraction.~~
~~c. Do not approach the helicopter until directed to do so by the pilot.~~

G. Stand-bys:
All requests for stand-bys must be made no less than 30 days prior to the event. The request will be provided to the Chief who will determine if the Stand-by committee should attempt to fill the request or deny it. If the request is denied the Stand-by chair will notify the requester immediately.

The Stand-by Committee Chair will attempt to obtain a crew for all approved requests. A sign-up sheet will be put up in the appropriate area of the ready room within 3 days of the Stand-by Chairs receipt of the approved request. If the stand-by cannot be filled within two weeks of the event the Stand-by Chair will notify the requester that we have been unable to obtain the necessary personnel.

The following requests do not need pre-approval of the Chief:
1-Celebrate Huntington
2-HMFD annual Fair

3-Graduation for the 3 High Schools in our coverage area.

The Stand-by Committee Chair will submit a quarterly report to the Chief listing all requests and the outcome for all. These reports will be submitted for the first Officers Meeting of: April, July, Oct and Jan.

H. Acting Crewleader: (unchanged)

Scholarships or Tuition Assistance – Bob Franz

Information on available scholarships or tuition assistance programs sponsored by various entities will be posted on the bulletin board closest to the dispatch office as information is received or the Squad is made aware of a program.

New York State Volunteer Ambulance & Rescue Association, Inc., Scholarship Program:

The NYSVA&RA annually provides up to three scholarships to applicants who are members (youth or adult) of a member of a squad in good standing in the NYSVA&RA. These scholarships must be used by applicants to furthering their education in an accredited institution of higher education. Depending upon funding these scholarships range from $500.00 to $1,000.00. For additional information see application form on the bulletin board & on the mail folder cabinet or visit the nysvara.org website or contact Bob Franz. Applications must be received by August 15th (postmarked no later than August 12th). (nysvara.org website – click "About" then click "Association Forms" or "Member Benefits" then click "Scholarship Information / Application").

***HCFAS Scholarships** – Scholarships of $500 each were awarded to the first four names drawn at the June 14th GMM as follows: Patrick Otto, son of Sue Otto #790, Meagan Bennett, daughter of Lori Bennett #1265, Christine Principato #1268, Kenneth Lau, brother of Allison Lau #1226. Congratulations to all the winners.*

HCFAS NEW MEMBERS • Welcome!!

Elizabeth Mohr (Liz) ***#1292*** ***Sat 1100 x 1500***

- *Resides in Huntington*
- *Graduated from Huntington High School*
- *Hobby consists of playing volleyball*
- *Attending Farmingdale College with a major in Nursing with a desire to work in the ER or Pediatrics*

-Post #215 member for 4 years and attained the rank of Chief
-Currently attending EMT course
-Future goal is to become a Driver & Crewleader

Paul Terenzi, Jr ***#1295*** ***Friday 1900 x 2300***

- *Resides in Huntington*
- *Enjoys working on cars*
- *Graduated from Walt Whitman High School*
- *Joined HCFAS to help the community*
- *Future goals are to become an Electrical Engineer & EMT*
- *Former Post #215 Explorer*

Venel Grimadeau ***#1298*** ***Friday 1100 x1500***

- *Resides in Huntington*
- *Hobbies consists of reading about politics particularly issues of debate & basketball*
- *Graduated from Walt Whitman High School*
- *Currently attending Nassau Community College with a major in Liberal Arts*
- *Joined HCFAS to help the community*
- *Future goals consists of becoming a lawyer & EMT/Driver*

Jeffrey O'Neill ***#1299*** ***Friday 1500 x 1900***

- *Resides in Huntington Station*
- *Attended SUNY Cortland University with a major in business*
- *Prior Lab Technician in the Army & EMT*
- *Red Cross volunteer as a Shelter Manager*
- *Always had a desire to joined HCFAS to help the community*
- *Future goal is become a Paramedic*

BASICS - July 2010
Heat Related/Environmental
By Mark W. Brenner

I have been going through a lot of files lately, even my digital ones. I can across this series of questions which ran last August. Since we don't get a large number of calls for CO emergencies, I thought I could use the review. How about you? Stay cool.

1. You are activated for an adult male with burns. What types of burns might this patient be experiencing?
a. Chemical
b. Thermal
c. Electrical
d. Any of the above

2. You are activated for a man with chemical burns from being sprayed with insecticide. The most important consideration is:
a. Donning nitrile gloves enroute
b. Donning full EMS gear before responding
c. Having your crew bring their EMS gear on the call.
d. Having your N-95 mask within reach

3. You are dispatched to a call for a man with chemical burns from an industrial accident. You are advised that the fire department in also enroute. Upon arrival, you should:
a. Enter the industrial facility in full EMS gear to locate the patient
b. Wait in the hot zone as the fire department decontaminates the patient
c. Wait in the safe zone while the fire department decontaminates the patient.

4. Your patient was burned by a chemical. After decontamination by the fire department, you should:
a. Load the patient in the ambulance and transport
b. If possible, continue to flush the site of the burn for 10 minutes
c. Continue to flush the site of the burn for 20 minutes before transporting
d. If possible, continue to flush the site of the burn during transport for up to 20 minutes.

5. If your patient has received a chemical burn and is contaminated with a dry powder, after receiving the patient in the safe zone, you should:
a. Brush any remaining chemical off of the patient
b. Flush any remaining chemical off of the patient with.
c. A then b

6. Your patient has suffered electrical burns from coming in contact with the energized end of the extension cord he severed while cutting the hedges. According to the NYS BLS Protocols, your first action would be to:
a. Perform an initial assessment
b. Place the patient in a position of comfort
c. Assure that the scene is safe
d. Cover the burns with a dry sterile dressing

7. You respond to a male 12 year old, burned while playing with a candle and lighter fluid. After assuring that the scene is safe, your next action would be:
a. To extinguish burning clothing and stop the burning process
b. Perform an initial assessment
c. Assure that the patient's airway is open, and that breathing and circulation are adequate
d. Place the patient in a position of comfort

(Basics con'td)

8. What would you use to determine the extent of the burn on a patient's body surface area?
a. Braselow tape
b. Rule of Nines
c. Rule of Thumb

9. You respond to an adult male with burns to the front of his chest and abdomen from his shirt being ignited by a barbeque. The fire has been extinguished and the burned shirt has been removed. The patient has a patent airway and has adequate breathing and circulation. He has been placed on oxygen. You would care for his first and second degree burns by:

a. Applying moistened sterile dressings to the burned areas
b. Applying dry sterile dressings to the burned areas.

10. You respond to a man who has collapsed on the tennis court. Upon arrival you note he is maintaining his airway, is breathing rapidly, his skin is hot, red, and somewhat moist, and his mental status is altered. Your initial assessment of the patient is that he is suffering from:

a. A stroke
b. An acute myocardial infarction
c. A heat related illness

11. Treatment for this patient would include:

a. Moving him off of the tennis court into the shade or the ambulance
b. Rapid transport and requesting for ALS intercept
c. Protecting his airway/administering high flow oxygen
d. All of the above

12. You have established the rehab sector at a fire scene ensuring that you are close enough to be seen, but not be in any danger. When a fire fighter comes to your sector, your initial rehab would be:

a. Pulse for at least 30 seconds at rest
b. Blood pressure
c. Tympanic temperature

13. The fire fighter's pulse rate is 120 beats per minute. You would now:

a. Take her oral temperature
b. Begin rapid cooling
c. Have ALS start an infusion of Gatorade

14. The fire fighter's temperature is 100.2, but her pulse rate is 114 beats per minute. You would:

a. Transport the fire fighter
b. Cox her to drink more Gatorade
c. Increase (double) the amount of rehab time and then reevaluate.
d. Allow her to return to duty.

(Basics con'td)

15. During your medical evaluation of a fire fighter in rehab, while conditions would cause you to move from rehab to designating them as a patient?

a. Chest pain or shortness of breath
b. Altered mental status
c. Skin temperature and condition consistent with heat stroke
d. An irregular pulse
e. All of the above.

16. As health care providers, which substances should we refrain from when we expect to provide care during times of high heat and humidity?

a. Antihistamines
b. Caffeinated beverages
c. Room-temperature water
d. Both a & b

18. Non-invasive CO-oxymetry may be used by any EMS provider trained and authorized in its use. If you are called to a home where the CO alarm was activated, and the occupant's SpCO is greater than or equal to (>=) 12 but is not complaining or displaying any signs or symptoms consistent with Carbon Monoxide emergencies, you should:

a. Have the patient sign an RMA form as well as the PCR.
b. Treat the patient with 100% oxygen and transport to the closest emergency department.
c. Treat the patient with oxygen for 10 minutes, but release after completing an RMA
d. Contact Medical Control

19. You are called to a home where the CO alarm was activated. The occupant's SpCO reading of 8 but is complaining of a mild headache and fatigue. You should:

a. Recheck the SpCO after 5 minutes and if it is the same, RMA
b. Treat the patient with 100% oxygen and transport to the closest emergency department.
c. Have the fire department recheck the house for a CO reading, and if it's normal, you may allow the occupant to reenter.
d. Call for ALS

20. Which device is used to determine a person's SpCo?

a. Rad 57
b. Pulse oximetry
c. LifePak 12
d. A 2PAM kit.

ANSWERS:1d, 2b, 3c, 4d, 5c, 6c, 7c, 8b, 9b (reference Protocol T-4 Page1), 10c, 11d, 12a, 13a, 14c, 15e, 16d, 17a, 18b, 19b, 20a

Paul Kelly was the feature speaker for the veterans at the Town of Huntington Veterans' Wreath Ceremony on Sunday, 5/30, 2010.

l to r: Paul Kelly, Rich Gierbolini, Past President Robert Franz, Chief Dominic Heavey, Ex Chief Andrea Golinsky.

Pictures submitted by President Roger Winter

HCFAS members at a Duck's Game!

Members were guests of State Bank and were also provided tickets to their "Sky Box"

HCFAS Annual Picnic

Date: July 24, 2010 - (Rain date Sunday, July 25)

Time: 12:00 noon til 5pm (Food is served until 4pm)

21 Sweet Hollow Rd, Huntington, NY

<u>Please sign up in ready room or on the web.</u>

<u>Please read the Below protocols.</u>

IX. <u>Protocols</u>
A. Social Committee Protocols

3. Squad Picnic

The Squad Picnic is a special thank-you event for the families and loved ones from whom so much time is taken away. The following are entitled to attend.

a) Squad members may bring their children, plus their parents/guardians and any siblings if they live at home with them, and one guest.

b) Any exceptions must be approved in advance by the Social Committee and require a fee to be determined by the Social Committee Chairperson and approved by the Board of Directors to offset the additional cost to the Squad.

All Squad members must sign up prior to the deadline with the appropriate number of guests attending. Squad members and their quests below the New York State legal drinking age are not allowed to consume alcoholic beverages under any circumstances.

Red, White and Blue Strawberry Shortcake

allrecipes.com

Rated: ★★★★½

Submitted By: Tara Salerno
Photo By: Allrecipes

Prep Time: 20 Minutes
Cook Time: 30 Minutes
Ready In: 50 Minutes
Servings: 18

"A 9x13 inch cake is frosted with whipped topping and decorated with blueberries and strawberries to resemble an American flag."

INGREDIENTS:

1 (18.25 ounce) package yellow cake mix

INGREDIENTS: *(continued)*

1 (8 ounce) container frozen whipped topping, thawed
1 pint blueberries, rinsed and drained
2 pints fresh strawberries, rinsed and sliced

DIRECTIONS:

1. Prepare cake according to package directions and bake in a 9x13 inch pan. Cool completely.
2. Frost cake with whipped topping. Place blueberries in a square in the corner, and arrange sliced strawberries as stripes to make an American flag. Chill until serving.

July 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Happy Birthday! F. Rivadeneira	2 Happy Birthday! Israel Cortes	3
4 Happy Birthday! Mark Brenner Robert Franz	5 Happy Birthday! J. Cunningham Joe Frisenda	6 Happy Birthday! J. Seyfried	7 Happy Birthday! Jerry Giacomini James Harrigan Raymond Pollard Paul Terenzi	8 Happy Birthday! Thomas Curry Claire Tesoriero	9 Happy Birthday! James Mallilo	10 Happy Birthday! D. Mastropietro
11 Happy Birthday! J. Boehm Keith Tetrault	12 **GMM**	13	14 Happy Birthday! Susan Martin Bazeel Walters	15 Happy Birthday! Thomas D'Antonio	16	17
18 **Recruitment Open House 2 pm** Happy Birthday! Z. Rahimi Thomas Romano	19 Happy Birthday! Jean Anderson	20	21 Happy Birthday! Matthew Valle	22 Happy Birthday! Monique Moreno	23 Happy Birthday! Dolores Keith	24
25	26	27	28 Happy Birthday! Nimka Khanna	29	30	31 s