

# Notes/Outline of EPAC Presentation on Health and Medical Topics

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## HOW ARE WE DOING at San Juan EMS and District 3 Fire?

We are better off now on the island than we have ever been, as far as staffing levels and qualifications of First Responders. We have Premium Service, even better than Seattle in some respects. The team that shows up at your house is Advanced Life Support qualified.

Most of our EMT's are also qualified as **Wilderness EMT's** - a separate and additional certification - appropriate for our rural surrounds.

Both EMS and FIRE are now staffed on a shift basis - 24/7.

All EMS calls are, by default, responded from the respective stations on a CODE RED (lights and sirens) basis until a qualified, on-scene person contacts Dispatch and downgrades the call, if warranted. Time is life....

## HOW ARE WE DOING AT THE CAPE?

### AED's

We have 7 AED 's total at the Cape 6 AED 's at individual homes and one at the Firehall. We need to publish a Cape map with the location of these AED's asap.

San Juan EMS (Lainey Volk and Ryder Cuddington) have initiated an administrative program that tracks the life cycle of privately-owned AED's and reminds owners when the AED pads and batteries might be past expiration date. A nice convenience factor....

### SOUTHENDERS:

#### HEARTSAVER TRAINING:

We are down to about 15 trained responders (American Heart Association HEARTSAVER CERTIFICATION). Our ongoing training and recertification program has suffered a disastrous slump due to the COVID issue. Everyone is rusty on how to proceed in the event of a cardiac arrest. Fixing this situation and adding new SOUTHENDERS is a priority. Both EMS and FIRE are intent upon getting their programs up and running again.

#### STOP THE BLEED TRAINING:

We have never been able to get this program underway as the COVID issue effectively stopped all EMS training for citizens. At this point neither EMS nor FIRE has an immediate plan in spite of agreeing that such a program is necessary. It is my intention to conduct citizen-level training at the CAPE as soon as possible.

### PLANNING FOR AN INTERRUPTION IN SERVICE (PIMC AND/OR EMS AND FIRE):

We are planning for possible interruptions in service in the 1-14 day range with provisions for :

- Stockpiles of first aid equipment suitable for citizen use to treat burns, fractures and lacerations. Some of these supplies are on hand and some are on order. These supplies are available at the Cape fire station to assist all Cape residents and guests.
- Local citizen-level training required asap (as noted above) to utilize these supplies effectively .
- The Firehouse has been equipped with a propane-powered generator and provision is in progress for propane heat. The thinking is that the station may have to serve as an infirmary.
- Two cots, blankets and pillows are on order for the station.
- The station has a HAM radio. We need to ramp up this program again. There are at least 7 qualified HAM radio operators in the Cape and Cattle Point Estates neighborhoods.
- Coordination preplanning required with Dispatch in the event of the need for an Airlift NW or LIFEFLIGHT evacuation from the Cattle Point Interpretive Center Landing Zone (LZ). Setting up night-time landing zones is a tricky affair.

### **AIDS TO CITIZEN RESPONDERS IN ADDITION TO TRAINING**

#### TELEPHONE APP - MERCK MANUAL, CONSUMER EDITION:

- For ANDROID PHONES - Go to GOOGLE PLAY and search for “Merck Manual Consumer”
- For APPLE PHONES - Go to APPLICATIONS (an Apple app) for “Merck Manual Consumer”

#### TELEPHONE APP - FIRST AID: AMERICAN RED CROSS:

- For ANDROID PHONES - go to “First Aid: American Red Cross”
- For APPLE PHONES - go to “First Aid: American Red Cross”

For both phone applications, make sure that you download the content to your phone/tablet so that you will have access when the WIFI or cell service is down. The Merck Manual is updated on a weekly basis, so be sure that you hit the button that says to download the info to your phone.

STUDY the FIRST AID: AMERICAN RED CROSS app in advance of needing it....

Finally, as I pointed out, make sure to wear your pants if responding to your neighbors as you are more likely to actually have your phone with you :). Rebecca and I have found that sometimes you just need something to get you through the first 2 minutes of an emergency scene. Remember, it may be 10 or more long minutes after you arrive as a citizen responder before the crews arrive. Having a quick reference in your pants pocket can be very helpful. Ask Rebecca about the time she showed up to a call with her pants on backwards....

## **WHEN IT MIGHT BE OK TO DRIVE THE PATIENT TO THE ER AND WHEN YOU SHOULD CALL 911**

### Call 911 when you see:

- Someone holding their closed fist to chest doing the Levine sign for a heart attack (usually a male). Women often have a more obscure set of symptoms - your “index of suspicion” needs to be elevated with this in mind;
- A new face droop or slurring of speech or limb weakness/numbness (possible stroke);
- Change in mental status;
- Severe allergic reaction with breathing difficulties;
- Anyone who has been observed to be unconscious and/or unresponsive;
- Significant burns - especially children;
- Anytime that moving the patient might do more damage following a fall;
- Anytime you simply cannot manage to move the patient safely;
- Multiple injuries;
- Pregnant women with problems;
- Your gut feel is that the patient needs expert help right now...
- By no means is this list a complete list of 911-level issues..(from Thomas Spiegel MD - Director of UChicago ER).

It is almost always faster for the EMS/FIRE responders to get down to the Cape than it is for a citizen to drive a patient to the Hospital when you take into account the time to get the patient into to your car, driving to the hospital, transporting the patient into the walk-in emergency entrance and getting checked in. Keep in mind that your arrival will also not have been pre-announced to the ER triage nurse as would be the case if an ambulance is involved.

Best to call 911 for the serious stuff.

## **AIR MEDEVAC**

EMS and Fire are now using an additional helicopter evac service - LIFEFLIGHT

We now have:

- ISLAND AIR (fixed wing Cessna 207 air ambulance)
- AIRLIFT NW (helicopter)
- LIFEFLIGHT (helicopter)

Each service has different weather capabilities and may be utilized accordingly.

There is some question as to the coverage that MEDICARE/MEDIGAP/ADVANTAGE plans offers for these very expensive emergency evacuations. Pending the outcome of some research on this matter, at least some Capers are paying for all three (including Smithx2) even if they are on MEDICARE/MEDIGAP/ADVANTAGE plans.

### **Personal First Aid Kits:**

While there is a first aid kit in the firehall along with extensive additional trauma care supplies (with more to come), it is still Important to have good first aid kits in your home and car. I will be forwarding some suggested kits information asap. No commercial first aid kit should be regarded as complete. I have added additional items to all of my first aid kits, including SAM splints, self-adhesive wrap, finger-tip bandaids and tweezers (!) - yes, tweezers. You would be amazed at how many times you will be called upon to remove splinters. Fish-hook removal is another skill set you will need as a part of the home medic role.

### **Conclusion:**

We have a great deal of catching up to do. The EPAC committee has talked about how best to organize the Cape for emergency situations. My first priority will be to get our SOUTHERNERS current on their HEARTSAVER training, followed by local training on STOP THE BLEED procedures for all interested parties. Additional training will follow for the more extensive first aid gear kept at the station, especially splinting methods.

We also need to ask for new volunteers for our SOUTHERNERS group. Having a core group of citizen first aid responders might be a good start.

Thank you **Jodie** for your organizational skills and for taking notes and promptly forwarding a set of minutes to me as a solid basis for this report. Outstanding work!

Best regards to all,  
Francis Smith

### **Bibliography:**

THE SURVIVAL MEDICINE HANDBOOK by Joseph Alton MD and Amy Alton ARNP  
THE PREPPER'S MEDICAL HANDBOOK by William Forget MD  
THE MEDICINE SURVIVAL GUIDE by Jacob Mathew Jr DO  
FIELD GUIDE TO WILDERNESS MEDICINE by Paul S Auerbach MD MS FACEP MFAWM FAAEM  
THE MERCK MANUAL OF MEDICAL INFORMATION - HOME EDITION. The digital edition is updated weekly.....

