

## Ronni Sullivan Steps Down Sue Hecks New Southern Region EMS Council Executive Director

Ronni Sullivan is leaving the region after nearly 30 years in EMS. Her career started in Unalaska in 1977 with an EMT I class. From there she went to work in emergency services in Unalaska and Dutch Harbor. She came to work at Southern Region in 1984. After serving as Assistant Training Coordinator and Training Coordinator, she became Executive Director of the regional system in 1990.

Her outstanding service has been recognized in awards throughout the years, culminating at the 2006 EMS Symposium with the **Friend of EMS** award in recognition for, "her long career in EMS and the grace, diplomacy, tenacity, and humor that characterize her unwavering dedication to the people of Alaska and the State EMS system."

Ronni has always had an unerring ability to stay focused and not be sidetracked from the ultimate work of the Southern Region EMS Council – the strengthening and support of all EMS services in the region. She's never forgotten the importance of supporting EMS personnel in the field, and of the vital work of training skilled instructors.

In late February Ronni handed off this responsibility to someone who also has a long history with EMS in Alaska – Sue Hecks.

Sue says, "I literally grew up in the Alaska EMS system. I started in 1978 as an EMT I, worked my way up within the system and I still love the challenges."

Sue Hecks was born and raised in Seahurst, Washington, now the City of Burien in



Ronni and Sue put their heads together for a smooth transition.

South Seattle. She came to Alaska in 1977 on a working vacation, fell in love with the people and community of Seldovia and never left. At that time, Seldovia had Dr. Reynolds, who lived there full time, an RN, two former corpsmen, and one man who had taken EMT I training at the trooper academy in Sitka, but there was no organized EMS.

In 1978, Dan Hecks, the man Sue would later marry, had a serious high speed snow machine crash. The doctor was across the bay in Homer delivering a baby. The two men who had been corpsmen just happened to be there. They couldn't get the 1960's ambulance started, but they grabbed the gurney threw it in the back of a police car, loaded Dan on the gurney, and headed for the airport to medevac him out of Seldovia.

Three months after Dan's crash, Sue be-

came an EMT and those from Seldovia's first EMT class began organizing an EMS squad. The Fire Department was well established, but organized EMS was something new. Dr. Reynolds became the Seldovia EMS Medical Director, and still holds that position today.

After they married, Dan also became an EMT. He was the Harbormaster in Seldovia for 16 years until he was injured on the job. They raised two children there and are the proud grandparents of three.

In 1980 Sue accepted her first paid position in EMS. She went to work for the Cook Inlet Native Association through the Seldovia Native Association as the EMS Coordinator. Her first assignment was to go to the first ever SREMESC EMT Instructor class in Seward.

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## point of view



Sue Hecks  
Executive Director

I've been tasked with writing my first Point of View article as the new Executive Director of SREMSC. With so many topics to choose from, this seemed like such an easy task. As I stared at the blank screen before me and kept thinking of all the possibilities, I kept coming back to what drew me into EMS in the first place, what has kept me here, and how far the journey has taken me since my first EMT class 28 years ago in Seldovia.

To some of you I'm a familiar face. Many of you I haven't yet met. To all of you I'd like to say a warm hello, because you are what have kept me involved for so many years.

We can provide all the best equipment, funding and resources, but without people the rest is worthless. It doesn't matter whether you are from a small first responder service, a rural ambulance service

or a large urban system. It doesn't matter whether you are a volunteer or a full-time paid responder. Each of you drop what you are doing when the call comes in and rush to provide the best patient care possible. You leave family dinners, you miss birthday parties, special events and get up in the middle of the night to answer those calls. Each and every one of you provide a critical piece of our unique Alaska EMS system. Without all of you, there would be no system.

One of the biggest challenges facing most departments is recruitment and retention of personnel. You all work very hard to draw more people into the fold and keep those you have. Some services are more successful than others and it's important to share those challenges and successes and learn from each other. Each system is unique and what works for one doesn't always work for the next, but there are some common threads to success. One of the strongest of these threads is leadership.

Many of you don't see yourself in the leadership role, but in fact each of you has become a leader in your community. As an EMS responder, you have become a leader whether you realize it or not. People look up to you because of your training, skills and commitment, and you provide a critical service to those around you. You provide calm in the middle of their crisis, even though you may be shaking inside.

So, I challenge each one of you to step up into your leadership role a little farther. Take on a few more duties within your department. These don't have to be huge tasks but something to help share the workload. Work with one of your peers who needs a little extra help. Plan a training night. Learn more about EMS management, the administrative side, and what you can do to help your service. Provide or help with injury prevention training within your community. Become a CPR, first aid, or EMT Instructor. Get more involved with EMS outside of your community at the subarea, regional or state levels. Leadership is built on the little things you do on an everyday basis.

The EMS system encompasses so much more than responding when the tones go off, even though that is a critical component. You are already a leader, so step up to the challenge a little farther. You'll be amazed where the path may lead you, not just in EMS but in your life.

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Her roommate turned out to be Ronni Sullivan from the fishing town of Dutch Harbor. Sue says that after that rigorous course, “We went back to our communities and started bringing others into the fold. The rest is history. . .for both of us.”

Sue stayed in the position of EMS Coordinator in Seldovia from 1980 to 1997 and was also the EMS Chief for the Seldovia Volunteer Fire and Rescue. In 1998 she came to work for Southern Region EMS Council as the Kenai Peninsula EMS Coordinator and was able to continue living in Seldovia until she moved to Anchor Point in 2004.

Ronni is off to wonderful adventures. We’ll miss her and thank her for so many things. Sue is starting an adventure of her own, and we’re happy to have her here, full of energy and ready to go.

## HOMER VOLUNTEER FIRE DEPARTMENT HONORED WITH AWARD

Bob Painter, Homer Volunteer Fire Department Chief, recently accepted an award from the National Fresh Water Fishing Hall of Fame in Hayward, Wisconsin, for his department’s work in developing the Kids Don’t Float program. Elmer Guerri, on the Board of Governors for the Hall of Fame, presented the award at the Captain Cook Hotel in Anchorage.

In 1993 Bob was at a conference in Anchorage discussing injury prevention strategies. He had heard of a program on the east coast called “Kids Can’t Fly”, to combat kids falling out of high story windows. He thought, “Well, kids don’t

float, either.”

In 1994 he was awarded a \$20,000 state grant to develop the Kids Don’t Float program. At the time, the Kenai Peninsula had the highest rate of drowning in the state for children 5 and under.

Homer started with five loaner stations, big signs placed in the Homer harbor, as well as the Jakolof and Seldovia harbors on the southside of Kachemak Bay. Each sign had pegs with loaner personal flotation devices (PFDs) for children. The program grew to a statewide effort and parents everywhere paid more attention to having kids in PFDs when they were on water.

This year, Safe Kids Worldwide is exploring the possibility of taking this program nationwide.



## It’s Your Call . . .

by Brian Webb  
Assistant Training  
Coordinator

“It’s Your Call” is a regular column in LifeLines, presenting patient care scenarios for you to resolve. Test your skill at assessing and providing the proper patient care for the situation.

At 0800, EMS responds to a residence for a 56-year old female with a severe headache, nausea, vomiting, and neck pain. You recall that last week a child was put on a medevac flight to Anchorage for meningitis. You and your partner don appropriate PPE prior to entering. This is your patient:

**AVPU:** She is sleepy, and responds to verbal stimuli, but is slow to respond verbally to your questions.

**Pulse:** 110, **Resp:** 18, **BP:** 190/100, **Skin:** Pink, warm, dry

**SAMPLE:**

•**Signs & Symptoms:** Sleepiness, vomiting, and neck pain

•**Allergies:** Penicillin

•**Medications:** Acebutolol, Disulfiram, Fosamax (all taken on time, and in proper doses)

•**Past History:** ETOH abuse, osteoporosis,

high blood pressure, Type II diabetes controlled by diet, upper respiratory infection for last week

•**Last Oral Intake:** 2300 the last evening

•**Events Prior:** Had an episode of severe coughing just prior to signs and symptoms

**OPQRST:** **Onset:** Pain came on suddenly during coughing **Provokes/Palliates:** Any movement, any light provokes pain, and cannot lay supine **Quality of pain:** Throbbing in nature, describes it as “a sheet across her head” **Radiation:** None **Severity:** 10+, worse she’s ever felt **Time:** Over two hours ago

**Focused History and Physical Exam:**

•**LOC:** Patient continues to be lethargic and slow to answer your questions, but answers them correctly

•**Head, Eyes, Ears, Nose, Throat (HEENT):** You find she is very light sensitive, and holds her hands over her eyes. No

facial droop or drainage noted. Her neck is tender to the touch, and any movement on her part aggravates the pain

•**Chest/Back:** Lung sounds clear bilaterally, further exam unremarkable

•**Abdomen:** Supple, non-tender

•**Extremities:** Pulses, movement, and sensation are intact in all extremities

You apply O2 via a non-rebreather at 12 lpm, start an IV of normal saline at a “to keep open” rate, and place her on the gurney in a semi-fowler’s position. During transport, her vital signs become alarming:

**AVPU:** She suddenly vomits again, and becomes more lethargic

**Pulse:** 58 and full. **Respirations:** 8 and irregular **BP:** 240/160

## IT’S YOUR CALL!

Solution on page 6

**Back Row left to right:**

Robbie Mattson, Joanie Behrends,  
Kevin Kimber, Penny Oswalt,  
Oscar Delpino, Toni Bocci,  
Becki Shipman, Dick Groff,  
Carolyn Roesbery

**Front Row left to right:**

Nicole Songer, Elise Bossie,  
Melanie O'Brien, Kent Thelen,  
Nicole Fulton, Andrea Whitcomb,  
Sue Farzan

**Not Pictured:**

Paul Trumblee, Angela Craig,  
Jason Groves, Dan McDaniel,  
Jerry LeMaster, Seawan Gehlbach,  
Caleb Nichols, George Mundy



## CORDOVA VOLUNTEER FIRE DEPARTMENT EMS SQUAD

For hundreds of commercial fishermen, if it's summer, it's Cordova!

Cordova is located in the Prince William Sound area and the main occupation is fishing. The population swings from 2500 in the winter, to 5000 in the summer. The summer fishing and tourist season is a busy one for the town and for the Cordova Volunteer Fire Department/EMS Squad.

The EMS Squad has been around since 1971. They consider themselves first and foremost to be members of the Cordova Volunteer Fire Department, part of a group of 39 dedicated firefighters. Of this group, 24 are medical volunteers. Joanie Behrends is the Ambulance Captain. There are seven new recruits. The oldest medic is 71, the youngest two are 18. There are currently fifteen EMT I's, four EMT II's, two EMT III's, two ETT's, and one firefighter driver. Dick Groff has been with the department longest. He joined in 1974 and it is these early leaders, including Stan Shaffer, Dewey Whetsell, and Vicki Hall, who built the foundation of today's squad.

Although there have been times that they were low on volunteers, that hasn't been the case for a number of years. Recruitment is usually by word of mouth and current squad

members often bring in new members.

Volunteers work 12 hour shifts from 6AM to 6PM and from 6PM to 6AM. They are typically on call for two weeks and off for one week. The Ambulance Captain prepares the EMS duty roster for three months at a time.

Cordova itself is about three square miles, but the squad can respond to up to 50 miles by ground ambulance.

There are two ambulances, including one of the oldest in the state. The oldest is 1980 vintage, and it's about to be retired. There is a new ambulance coming from Code Blue funding.

Squad response time is generally 4-6 minutes. During normal business hours, the two fire department employees respond immediately to any cardiac related call, and the EMS responders go directly to the scene. By having the fire department personnel respond at once, a defibrillator is on scene within 1-3 minutes of the reported call.

Last year there were 136 runs, which is typical for the area. Most of the EMS calls are either trauma or cardiac, with strokes, diabetes, and others mixed into the runs. A number are transports to and from the air-

port for medevacs.

There are two medical facilities in Cordova. The hospital is the Cordova Community Medical Center, and it is an advanced life support facility. All EMS transports are taken to the hospital ER. This hospital is also the first choice destination for the US Coast Guard Air Support Helicopter. Cordova EMS is often asked to assist in transporting Coast Guard patients, including all cardiac patients.

The clinic in town is the Ilanka Health Center, a native corporation with one doctor and two PAs. Dr. Murray Buttner is the squad's EMS Medical Director.

Dr. Buttner is a family practitioner, attended medical school at Columbia in New York City, and split his residency between NYC and New Mexico. In his first Alaskan job, he worked in Klawock on Prince of Wales Island. He went from there to SEARHC in Juneau and from Juneau to Cordova.

Dr. Buttner has been in Cordova 2 1/2 years. He was sailing across the Gulf of Alaska and the engine broke down, requiring a tow into Cordova. He fell in love with the community and has been there ever since! Today he is the only doctor in town.

## NEW SOUTHERN REGION EMS COUNCIL BOARD CHAIRMAN



Soren Orley loves Alaska's outdoors, particularly mountaineering and ice climbing. He's been here for 25 years. After he graduated from Montana State with a Bachelor's degree in Accounting, he came to Alaska and stayed.

He started with an international accounting firm, and went on to be the Chief Financial Officer with the Anchorage Municipality

and later the University of Alaska's Associate Vice Chancellor of Budget and Finance. Along the way, he received an MBA from UAA. As a CPA, his career has taken him in a variety of directions. He is still an adjunct professor at UAA and teaches one course a semester. His classes vary from Auditing to Governmental Accounting and other accounting specialties.

Soren joined the Mountain Rescue Group 20 years ago, and through his involvement with this, he received his Wilderness EMT in 1994.

He has been surrounded by medicine his whole life. His father was a physician. His wife of 27 years, Tara, is a critical care certified RN at Providence.

The whole family is active in Alaska's outdoor sports. He has three girls. His oldest daughter Shannon will graduate in May from UAA with a degree in journalism and public communications. She is joining the Peace Corps and will be serving in Central Asia. His middle daughter, Andrea, is spending a year at the University of Stavanger in Norway, studying the Norwegian language and culture. His youngest daughter Hilary is a junior at South High School.

In 1998, one of the members of Mountain Rescue was leaving the Southern Region Board of Directors and asked Soren if he would be interested in joining the Board. He has been an active and enthusiastic Board member since, and also serves on the Executive Committee. He was recently elected Southern Region EMS Board Chair.



## TEACHING MOMENT

BY KATHY GRIFFIN  
TRAINING COORDINATOR

### AHA Instructors:

Have you purchased or borrowed/begged/acquired an AHA DVD, only to find that it would not run on your computer? It may be just a bit frustrating, especially if you are sitting in front of a class full of impatient students when it happens.

Take heart. You are not alone! Even better, since we have been helping lots of instructors through these challenges, WE HAVE SOLUTIONS!

1) It is usually easier to run DVD technology on lower tech devices. So, before you throw that expensive laptop out the window because it won't play your DVD, take the DVD out and try it in an old fashioned DVD player. We have found the cheap \$40-\$80 players are not smart enough to reject them, and some of them are even small and cheap enough you can travel from class to class with them in your CPR bag of tricks.

2) If you insist on using your computer set your CD ROM drive to AutoPlay.

3) Just remember, if you insist on taking it out on your laptop...open the window first! Windows are expensive when they break, and laptops leave a large hole. Just don't ask how I know.

And remember, always test your AHA DVD before the morning of class, in the audiovisual player you plan on using, so you are not faced with these decisions, and a ram-paging pack of CPR students.

### EMT Instructors:

Time to check our SREMSC web site out again. The greatest stuff keeps popping up there.

Have you seen the new optional Vacuum Mattress skills sheet? (Brought to you by the SREMSC January 2007 military and AFD Methods of Instruction class and the State EMS Training Committee). How about the optional AED 2005 Guidelines skill sheet?

Anjela Johnston (Juneau) had a great idea for those students who just can't sit and listen without doing something, consider supplying party sized Play-doh. Each kinesthetic learner gets a small tub of their own to play with while sitting in class. You may be amazed how well this helps them focus and absorb the material. It sounds silly, but it works.

Teaching anatomy? Start with cards labeled with each of the body parts they need to know. Have your class clown (You know there is one in every class!) stand in front of the class while the rest of the students apply their labels. Add a little blue painter's tape and you can add the planes of the body and topographical anatomy as well. Right before the dreaded anatomy test, use this as a review game, with teams racing to correctly label their team's model.

Before you put that blue painter's tape away, you might also want to use it to make a large quadranted square on the floor. The painter's tape is easy to get off the carpet, and the square can be used to help your

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## RESOURCE CORNER

BY LINCOLN GARRICK  
RESOURCE COORDINATOR

Are you ready for summer and all the changes that will come with it?

According to the Alaska Trauma Registry, over the last five years during March to August, the most seriously injured adult EMS patients in Alaska's Southern Region were involved in the following accidents: falls (32% / 2012 accidents), motor vehicle accidents (16.4% / 1032 accidents), suicidal (12.1% / 761 illnesses), and assaults (6.6% / 418 incidents). SREMSC has training tools to help you stay sharp when treating these injuries and illnesses.

To prepare for treating falls and MVAs we

recommend the January 2005 Pulse video (VHS) *Spinal Injuries: An Unstable Situation* and the June 2001 Pulse video (VHS) *Motor Vehicle Collisions*.

For addressing suicide and assault there are two different training options. From the patient care side we recommend the Fall 2004 24-7 EMS video (VHS & DVD) *Patient Refusal*, and the May 2006 EMS Live @ Night DVD *The Agitated Patient* to remind the EMT of their role in this difficult circumstance. From the rescuer care side we recommend the Critical Incident Stress Debriefing (CISD) series consisting of 18 VHS tapes with areas of concentration that include *Debriefing the Community*, *Burnout*, and *Spousal Support*. Each video rents for \$3 per week or \$5 for 2 weeks plus shipping. Continuing medical education (CME) training hours are available for many of these.

The new State of Alaska EMT skill sheets will include optional skill sheets on the use of a vacuum board and scoop stretcher. If your service does not have one yet and want to try one out, let us know. SREMSC has a range of unique immobilization boards (pediatric, scoop stretcher) and vacuum boards available for rental.

SREMSC's friendly Resource Coordinator is glad to match a training tool with your needs and recommend new textbooks or online EMT CME websites. Visit [www.sremsc.org](http://www.sremsc.org) for a complete list of gear, videos and books available and how to earn CME training hours.

**MAKE A NOMINATION NOW  
FOR THE 2007 EMS AWARDS  
GO ON-LINE TO:  
[www.chems.alaska.gov/EMS/  
Awards.htm](http://www.chems.alaska.gov/EMS/Awards.htm)**

### It's Your Call . . . Solution

Sorry, but I purposely distracted you with the meningitis thingy...

The patient suffers from a hemorrhagic stroke, specifically, within the subarachnoid space of the three meningeal membranes of the brain and spinal cord (dura mater, arachnoid membrane, pia mater).

A sudden onset headache while performing a Valsalva's maneuver (lifting a heavy object, sexual intercourse, or coughing violently) is suggestive of this type of stroke due to a ruptured cerebral aneurysm. Unlike the other strokes, this one typically does not produce the focal signs normally seen with strokes (facial droop, speech problems, and unilateral motor weakness). It presents as "the worst headache of my life", and often is described as a "spreading sheet" across the top of the patient's head. Photophobia and neck pain are also present.

This patient is being treated for chronic hypertension and ETOH abuse, but it is not

the cause of the impressive blood pressure. Perfusion to the brain during rising intracranial pressures requires the body's initiation of Cushing's reflex (comatose, elevated BP, slow-strong pulse). Interestingly, although the pulse will be slow, the force of cardiac contractions will be greater than normal to perfuse the brain. A basic rule for the potential stroke patient is to not attempt to lower the BP in the field. It is a protective mechanism for the brain.

Recognition of the signs of stroke is important, as the window for treatment closes rapidly. Try to find out the last time the patient was seen without symptoms. Our patient is not a candidate for thrombolytics because of bleeding, but occlusive stroke patients may be. Basic management should be aimed at supporting the ABC's, elevation of the patient's head to a 30° angle to prevent aspiration, and transport to an appropriate facility that can provide definitive care. Giving IV glucose to the stroke patient should be avoided (especially with our patient!), unless the blood glucose level is below 50 (please check with your medical director).

When assessing the stroke patient, look for certain patterns. These patterns can be found by performing a stroke assessment such as with the Cincinnati Prehospital Stroke Scale (CPSS). It is broken down into three areas:

•**Speech:** Have them repeat "you can't teach an old dog new tricks." Our patient can repeat without slurring words, but will be slow to respond. Other types of stroke patients may slur, not make sense, or be silent.

•**Facial Droop:** Have them show teeth/smile and/or stick out their tongue. Our patient typically will not show these focal signs.

•**Motor-Arm Drift:** Have them close eyes, hold out arms palms up. Our patient typically will not have a weak side. Grip strength is a poorly interpreted procedure in general.

Although hemorrhagic strokes only account for approximately 15% of all strokes, they do cause between 50%-80% of all stroke deaths.

**TIME IS BRAIN!**

## 670 EXPANDED SCOPE ISSUES

State Training Committee has been looking carefully at the “670” expanded scope applications that have been processed over the last few years. We have seen trends that indicate that some of these should possibly be included in the future core curricula we are developing. Skills/medications proposed to be included in the next EMT curricula include: epi 1:1,000 auto-injector for anaphylaxis and glucometry for EMT-1s; albuterol or other short acting B-agonists, epi 1:1,000 IM for anaphylaxis only and glucagon for EMT-2s; adding synchronized cardioversion and pacing to the EMT-3 curriculum.

If this passes public comment and goes into regulations, instructors would be required to include these topics in EMT classes and they would become part of the standard scope of practice. Medical directors could still limit scope of practice just as some do now. Example: Some EMT-2s are currently not allowed to intubate using an endotra-

cheal tube.

Expanded scope options would be made available on the state website. Medical directors could then pick from the approved 670 menu, add them to their standing orders, agree to ensure that their curriculum is taught to all providers, and notify IPEMS that they would be doing so. Menu items might include: C-Spine clearance for all levels; albuterol or other short acting B-agonists and combi-tube for EMT-1s; diphenhydramine and epi 1:1,000 IM (non-anaphylaxis) for EMT-2s; and adenosine, diazepam, furosemide, and NTG for EMT-3s.

These changes are just at the proposal stage now. We want to know what you think. Now is the time when you can make a difference. Do not wait until things are set in regulations. Tell us now or voice your thoughts when it comes time for public commen-

tary. Either e-mail Kathy Griffin at Southern Region EMS Council or Mike Branum at IPEMS, or come in person to the State Training Committee meeting April 23-25 in Juneau.

We also decided that several items currently being seen as 670 issues are not really expanded scope. Training EMT-1s and 2s in ECG electrode placement is fine because it is a non-invasive assessment skill and not a treatment. These EMTs are not interpreting rhythms. It can be considered ALS assist, like teaching EMT-1s to set up IV bags and tubing or put together the laryngoscope for the EMT-2s. Diphenhydramine pills and aspirin are not 670 because they are over the counter medications. All IOs whether adult or child for EMT-2s will be treated the same.

**VISIT [WWW.SREMSC.ORG](http://WWW.SREMSC.ORG)**

## JANUARY 2007 STATE TRAINING COMMITTEE UPDATE

### National Registry Testing

- Testing locations can be found on [www.nremt.org](http://www.nremt.org)
- Instructors must register their classes on-line before they can test
- When you register your site and yourself as an instructor for the first time, call Mike Branum so he knows to go on-line and approve both for National Registry

### Regulations Revisions Proposals

- Closing up loopholes for barrier crimes
- Working on 670 menu of choices. If it is not on the menu, it would not be allowed
- On-line classes may be proposed based on a provision in regulations that allows classes to be reduced in hours on a case by case basis
- EMT-3s teaching 2s is being written into proposed regulations. Issue is experience may require proof of intubations
- EMT-2 pediatric section would add 4 hours

to the curriculum

- Adding EMT-1 objectives including: Albuterol and glucometry to EMT-1 scope of practice. Length based resuscitation tape and blue light laws information
- After regulation change EMT-1 may run EMT-2/3 Trauma Assessment station during practical exams

### Legislative Update

- HB 36: Bill to allow nurses to precept paramedics and EMTs in statute
- Working on a bill to create a seat for a paramedic on the Medical Licensing Board
- New releases: Trauma Guidelines for EMTs and MICPs and Vacuum Mattress skill sheet. Download them from [www.chems.alaska.gov](http://www.chems.alaska.gov)
- EMS Certification software
- Hoped that IPEMS division will be linked with the “My Alaska” website/ login, that would allow instructors access to their

classes both present and past, as well as results on the number of pass/fail students

- Instructor numbers would go away since statistics will be tracked by class number
- Multiple instructors may be attached to a single course number
- Written exams: Multiple versions possible. Survey questions may be added

### CME Approval

- Central Mat-Su Rescue Technician Course-16 hours
- Emergency First Response and National Safety Council EMT level CPR card
- Management classes up to 12 hours in a two year period
- FEMA NIMS 700 and 800: 4 hours each
- Target Safety on-line CMEs: EMS Series Infectious Disease Control – 1 hour. Medical, Ethical, and Legal Issues in Emergency - 1 hour

**TEACHING MOMENTS**

Continued from page 5

students walk through anatomy, electrical and blood flow through the heart, and abdominal anatomy. EMT-3 students can even be taught about heart failure if you add passing balloons through the heart to the mix. Hmm. Just think about this one and it will come to you. If not, you can check it out on our website.

EMT-2/3 Instructors: Have you tried the great eggsperiment for teaching your students about osmosis and diffusion? Clear syrup, white vinegar, two eggs, and a little food dye is all you need.

Also, see if this quote helps your students remember the acid/base balance concept: "Low/slow Acid. High Alkali." It refers to pH and respiratory rate, and has helped my students realize that patients in respiratory depression need to be sped up (ventilated) to fix their acidotic state.

That's all for now. Check our web site for more. If you have your own ideas you'd love to share, please send them to me. You might see them in the next edition or maybe even on ... [www.sremsc.org](http://www.sremsc.org)!

**EVENT CALENDAR**

4/11 - 4/12/07	IREMS Pre-Symposium Fairbanks
4/13 - 4/14/07	IREMS Symposium Fairbanks
4/19 - 4/20/07	ACEMS, Juneau
4/23 - 4/25/07	State Training Committee Juneau
6/1 - 6/2/07	AFD Resuscitation Anchorage
6/28/07	SREMSC Committee Mtgs. Anchorage
6/29/07	SREMSC Board Mtg. Anchorage
11/8 - 11/10/07	Alaska EMS Symposium Anchorage

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