



FLIGHT ROUNDS

FALL/WINTER 2013

CASE STUDY: Penetrating Neck Injury

by Dan Schroeder, FP-C, CCEMT-P
FLIGHT FOR LIFE – Waukesha Base

Introduction

Surely those of us in EMS and the medical field alike find excitement in our jobs, perhaps not every single day, but it is those calls that demand our fine-tuned critical thinking skills that keep us coming back day in and day out. That being said, some of the most exciting and challenging calls we may encounter are those requiring airway management. The challenge is only heightened when it is a traumatic airway and we rely on skills outside of the “norm.” In this article, we will explore a case of the assessment and management of a penetrating neck injury.

Penetrating Neck Injuries

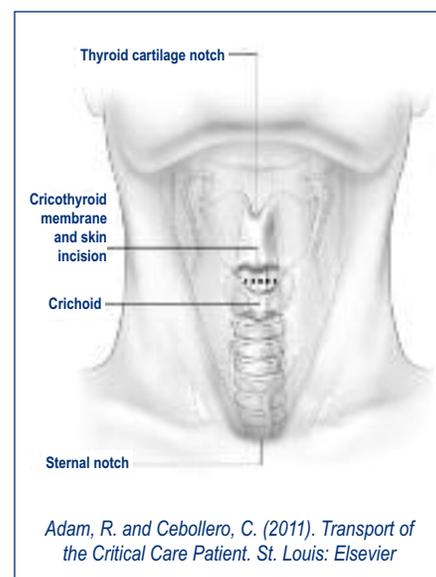
Approximately 5-10% of all traumas are penetrating neck trauma. Multiple structures are injured in 30% of patients¹ with overall mortality being as high as 11%¹. This accounts for just a small amount of the traumatic injuries we encounter but a very critical area of injury for management purposes. Our management will mainly focus on the ABC's, with airway being the most immediate priority. Essential to our assessment is a clear understanding of the vital structures at risk with penetrating trauma to the neck, such as the trachea, major vessels, nerves, and esophagus. For assessment of injury, the neck is sectioned into Zones 1-3. Zone 1 is defined inferiorly by the clavicle/sternal notch and superiorly by the cricoid cartilage. Zone 2 is between the cricoid cartilage and passing through the angle of the mandible. Zone 3 lies between the angle of the mandible and the skull base².

Case Presentation

Flight For Life was requested to standby at our hangar for a patient with a self-inflicted knife wound to the neck. The fire department paramedics transported the patient to the Waukesha FFL hangar. Fire department paramedics reported law enforcement found the patient lying

face down in the kitchen, conscious but combative with a large amount of blood loss observed. The weapon used was a kitchen knife, which was found at the scene. On fire department paramedics arrival, initial vital signs were B/P 165/82, P 70, R 12 (assisted) and O₂ sat 81%. The patient was noted to have an approximate six inch laceration extending to the angles of the mandible on both sides of the neck, above the level of the thyroid cartilage. Paramedics again reported a significant amount of blood loss noted at the scene.

At the time of the patient's arrival, the bleeding was minimal for a wound this significant. The patient was still somewhat combative and was making weak attempts at moving from the cot and still attempting to breathe on his own, but due to the injury, the breaths were ineffective. Paramedics had placed an endotracheal tube through the wound in the neck, which appeared to be in the trachea and reported increased difficulty to ventilate.



One peripheral IV was established and the patient had received 1,000 ml of normal saline. No medications had been administered prior to arrival and the paramedics were unaware of any previous medical history, medica-

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Penetrating Neck Injury

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tions, or medication allergies. Flight For Life crew found no additional injuries.

Assessment of airway revealed a 6.0 endotracheal tube protruding from the wound, with ventilations via bag valve mask. There was a small amount of subcutaneous emphysema noted around the right side of the patient's neck. Auscultation of the chest revealed absent lung sounds bilaterally and no chest rise, and there were no sounds heard over the epigastrium. The position of the endotracheal tube was not able to be verified as being in the trachea; attempts at repositioning were unsuccessful. The pilot balloon was deflated and attempts were made to reposition the tube. The balloon was re-inflated and ventilations attempted again without any positive changes in lung sounds or chest rise. End-tidal capnography was attached with no waveform or value that would suggest tracheal intubation. The endotracheal tube was assumed to be in the esophagus. At that time, the crew noticed the patient was no longer agitated and bradycardia was observed on the monitor (50s down to 40s). Radial pulse matched the electrical heart rate. Pulse oximetry was 84%. Preliminary diagnosis was hypoxia secondary to respiratory failure caused by tracheal injury.

Management and Outcome

Considering the location and extent of the neck injury, oral-tracheal intubation was anticipated to be very difficult. Coupled with significant hypoxia and inability to ventilate, the flight crew quickly concluded the best option to secure a definitive airway was a surgical cricothyroidotomy. Supplies gathered were a scalpel and a 6.5 endotracheal tube. Suction was confirmed to be working and a bag valve mask was prepared. Simultaneously O-negative packed red blood cells were initiated IV based on multiple reports of significant blood loss. The fire department paramedic established a second IV and hung another 1,000 ml of normal saline.

The patient was given sedation for the procedure. Landmarks were readily located, an incision was made and the endotracheal tube was placed successfully. The patient had clear lung sounds and equal chest rise. And end-tidal capnography was also used to confirm and showed a good waveform and value in the 50s mm Hg. The crew noticed an almost immediate increase in heart rate and SpO₂ measurements.

With these improvements in his vitals, we decided to begin the process of packaging the patient for transfer. The patient was then transferred to Flight For Life's cot and moved to the awaiting helicopter. We flew to Froedtert, about a seven minute flight. While en route, the patient received pain management and vital signs were monitored with no observed changes. A report was

given and the patient was then transferred over to the care of the trauma/surgical teams at Froedtert.

Patient Follow Up, Injuries, and Hospital Course

- C2-3 ligament injury with underlying spinal cord contusion
- Received three units of blood in the OR
- Underwent surgical repair of blood vessels and ligaments in his neck
- Two day ICU stay
- Psych consult
- Weaned from the tracheostomy and breathing on own by day 14
- Failed multiple swallow studies
- Feeding tube placed
- Transferred to inpatient psych on day 16
- Discharged home a few weeks later on tube feedings

Discussion and Lessons Learned

This patient presented a unique challenge to the crew due to the condition upon arrival and the magnitude of the injury. In regard to the patient's airway, we did not see chest rise or hear lung sounds with bag valve ventilations using the endotracheal tube protruding from the neck. O₂ sats were in the very low 80's. The need for emergent intervention led us down the decision tree of performing the surgical airway. A needle cricothyroidomy was discussed briefly, however it was felt to be inadequate for the patient's needs given the injury location and size. The flight team decided a surgical airway would be a more definitive airway and provide better clinical results.

What we learned was to continually remain competent with the skills you use infrequently. The second you think "I'll never use that," you will need to use it. Preparation is key and our patients challenge us to use our critical thinking skills when we least suspect it. In cases where injuries are so catastrophic and complex, we can find ourselves distracted and form tunnel vision. We must keep in mind that we have a job to perform and our patient management needs to encompass the whole patient condition.

From beginning to end, this call challenged our assessment and critical thinking skills, as well as our skill performance. This case is one example of the excellent teamwork we experience in the EMS environment, all focused on patient outcome.

References:

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- 2 Salinas MD, Captain, MC, USA, Brennan, Nathan L., and Brennan MD, Colonel, MC, USAF, Joseph A. *Resident Manual of Trauma to the Face, Head and Neck*. 1.1 Alexandria, VA: American Academy of Otolaryngology-Head and Neck Surgery, (2012), pgs. 164-173.

HIGHLIGHTING A WISCONSIN DISPATCH CENTER: Jefferson County Sheriff's Department

by Claire Rayford RN, Professional Relations/Marketing
Manager, Waukesha Base

(Using Information Supplied by Todd Lindert, Communications
Supervisor, Jefferson County Sheriff's Office)

The Jefferson County 911 Communications Center is included as part of the Sheriff's Department and operates as a component of the Patrol Division. The communications center is comprised of nine full-time and three part-time dispatchers, overseen by one Communications Supervisor - Todd Lindert. The center is staffed 24 hours per day, 7 days a week, with two dispatchers on duty at all times. The dispatchers are responsible for answering a total of 25 phone lines consisting of nonemergency, emergency, landline 911, and wireless (cell phone) 911 phone calls for all of Jefferson County, with the exception of non-emergency and landline 911 calls from within the



Jefferson County Sheriff's Department Dispatch Center

city limits of Watertown, Whitewater, and Fort Atkinson. Besides answering telephones, the two dispatchers on duty are responsible for dispatching 16 emergency medical services (EMS), 14 fire departments, and up to 22 law enforcement agencies. Flight For Life is also an integral part of the Jefferson County EMS tiered response system and contacted by the communication center to assist as needed for those patients that require air medical transport.

In 2012, the communications center processed a total of 75,911 calls for service (or "entries"). The center also processed a total of 116,686 telephone calls, both emergency and non-emergency, from landlines and cell phones.

In addition to answering telephone calls, dispatching units, and handling walk-in traffic when office support personnel are absent, the dispatchers perform numerous other duties. The communications center is responsible

for maintaining all warrants, restraining orders, and injunctions issued by the Circuit Courts of Jefferson County, as well as various municipal court warrants. Some dispatchers serve as validation officers who double check the entries after they are recorded and maintain entry information to keep all records current. Most dispatchers have various other tasks as well. These tasks include: training new dispatchers, entering reports, maintaining accurate geographic files in their computer system, maintaining the landline 911 database, and assisting with scheduling.

With all of the upgrades, continued improvements, and education taking place, the communications center continues to strive to provide the level of service the citizens of Jefferson County expect and deserve.

Flight For Life has enjoyed having Todd on its Customer Service Advisory Board for the past five years. Todd acts as a liaison between Flight For Life and the Jefferson County Communications Center. Todd's ability to provide unique insight and ideas from the dispatch/communications center point of view increases Flight For Life's efficiency of service to all 911 agencies throughout our region.

LifeSource Honors Top Donor Groups

This fall LifeSource's top 20 blood donor groups were honored for the units of blood they collected at their blood drives. The Firefighter Blood Donor Challenge, of which FFL-McHenry is a part due to our blood drive partnerships with McHenry and Fox River Grove fire departments, came in at number two. As usual we were second to the Department of Defense (Naval Station Great Lakes), ending the fiscal year with 3,055 units (touching 9,164 lives) by our group.

Many of our crew in McHenry and the firefighters at the departments worked hard to help reach our goals at each blood drive. Thanks to all who helped out at the blood drives and/or donated blood! We should all be proud of the work we do in helping to meet the needs of patients requiring blood transfusions.



MEDICAL DIRECTOR'S CORNER:

FLIGHT FOR LIFE Now Has Pediatric Medical Director

by Patrick Drayna, MD
Pediatric Medical Director

FLIGHT FOR LIFE Transport System

Dr. Patrick Drayna is now serving as Pediatric Medical Director for Flight For Life. He is an Assistant Professor of Pediatrics in the Division of Emergency Medicine at



the Medical College of Wisconsin, and is a fellowship-trained, board-certified pediatric emergency medicine physician who provides patient care at the Children's Hospital of Wisconsin Emergency Department and Trauma Center. He is a member of the American Academy of Pediatrics (AAP) Section on Emergency Medicine and candidate member of National Association of EMS Physicians

(NAEMSP). He has past experience working with the Nashville Fire Department, Vanderbilt University Medical Center's LifeFlight air transport program, and the Vanderbilt Children's Hospital Transport Team by providing pre-hospital patient transport, provider education, and quality assurance. He also served as a member of the Tennessee State Emergency Medical Services for Children (EMSC) Comprehensive Regional Pediatric Center educational team at Vanderbilt Children's Hospital.

Dr. Drayna currently serves as an EMS section member at the Medical College of Wisconsin's Department of Emergency Medicine and has been invited to serve as a member of the Wisconsin EMS Physicians Advisory and Wisconsin state EMSC committees. He has given both local and invited regional lectures and educational workshop sessions to EMS and pre-hospital providers in both Tennessee and Wisconsin. His current academic interests are focused on pre-hospital care of critically ill and injured children and quality improvement processes.

Flight For Life Central App Receives Kudos



We recently received notification from the Association of Public-Safety Communications Officials (APCO) that they were impressed with our **Flight For Life Central App** and they have included it on their website, the Application Community (www.AppComm.org), with links to our website and download locations.

They describe their organization as "...a nonprofit organization and the world's largest association of public safety communications professionals - meaning those state and local government employees who answer 9-1-1 calls and dispatch emergency responders across the country. With its unique expertise, APCO seeks to play a major leadership role in supporting the development of a diverse, practitioner-driven public safety app ecosystem."

Newport Township's Newly Remodeled Station Dedicated



After more than six months of dust and inconvenience, Newport Fire Protection District has a newly remodeled station! The department hosted a dedication and open house on November 16. Other fire department personnel as well as the community came out to tour the newly remodeled station and watch the dedication ceremony. Congratulations to Chief Mark Kirschhoffer and his staff and crew!



Flight For Life Celebrates with 2012 Scene Call of the Year Award Winners

Waukesha Base

On Wednesday, June 19th, the **Burlington Rescue Squad** was presented with one of Flight For Life's 19th Annual Scene Call of the Year Awards for 2012.

The scene call chosen occurred in September 2012, when the rescue squad responded to an incident at a farm. Two men were reported to be trapped under heavy equipment. While en route to the scene, they requested the first of two Flight For Life helicopters. Because there were potentially two seriously injured patients, the Town of Burlington Fire Department asked for a second Flight For Life (FFL) helicopter, as well as mutual aid assistance from surrounding agencies.



A rapid assessment of both victims, pinned under a combine head weighing over 5,000 pounds, was completed. Unfortunately, one patient had already suffered injuries incompatible with life, so rescue efforts were focused on the second trapped patient.

Careful operational procedures took place to stabilize and secure the combine head prior to extricating the patient – which took about an hour. As soon as it was safe to engage in aggressive resuscitation of the surviving victim, Burlington Rescue Squad personnel coordinated care with FFL crew who had arrived during the extrication process. As rapidly as possible, the patient was transported to the Level I Trauma Center at Froedtert Hospital. The patient has since returned to his family and community and is gradually returning to his normal life.

The award presentation took place during the department's regular training night at their station. Members from the Burlington Rescue Squad Board were in attendance, as well as many other assisting agencies. This challenging scene response highlights the outstanding collaborative teamwork that occurred among all departments who took part in this call: City of Burlington Fire Department, Kansasville Fire/Rescue, Paratech Ambulance, Rochester Fire Department, Town of Burlington Fire Department, City of Burlington Fire Department Dispatch, Racine County Sheriff's Department, Racine

County Dispatch, Flight For Life, and Twin Lakes Rescue and Medix Ambulance (both for change of quarters).

Congratulations also to **Somers Fire and Rescue**, the other recipient of Flight For Life's 19th Annual Scene Call of the Year Award. The presentation took place on Tuesday, June 25, at the fire station on their regular departmental meeting night. Members of the Somers Town Board were in attendance, as well as other agencies that assisted with this call: Kenosha County Sheriff's Department, Kenosha County Joint Services Dispatch, and University of Parkside Police Department.

One late evening, mid-August 2012, a motorcycle crash occurred on a busy highway in the area covered by the department. Initial dispatch information stated that the extent of the driver's injuries was unknown. Somers Fire and Rescue responded and discovered that the cyclist had been ejected approximately 150 feet from his bike. Early on in their assessment, the caregivers recognized the victim had potentially serious injuries and called for Flight For Life.

Due to congestion of pedestrian and vehicular traffic at the scene, Somers FD personnel chose to meet the helicopter a short distance away at UW Parkside. Parkside police were notified, and a safe landing zone was established in a parking lot. The patient received excellent initial stabilization and treatment by rescue squad personnel, which enabled the flight crew to rapidly prepare him for transport to Froedtert Hospital's Level I Trauma Center.



It was a delight for everyone that the patient and his young family were able to attend the presentation. He personally thanked the agencies who helped him not only to survive but to return to his loved ones.

Fond du Lac Base

Congratulations to the **Town of Calumet Fire Department** and **Mt. Calvary Ambulance** for winning the 19th annual Scene Call of the Year award from the Fond du Lac Base. Each were presented with the award on August 18 during the Town of Calumet "Pork Chop Dinner" in Pipe, Wisconsin.

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2012 Scene Call of the Year Awards

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During the afternoon of May 31, 2012, twelve motorcyclists from Muskegon, Michigan were traveling from Milwaukee on their way to Upper Michigan. Around 3 pm, a car struck the group, claiming the lives of two riders and severely injuring many more. First responders at the scene were faced with a daunting challenge; there were a dozen patients, several in critical condition, debris was scattered all over the roadway, and an entire stretch of highway needed to be shut down.

EMS professionals from the Town of Calumet Fire Department and Mt. Calvary Ambulance were the first to respond, followed quickly by the City of Fond du Lac Fire Department, North Fond du Lac Fire Department, and Plymouth Ambulance. Law enforcement officers from Fond du Lac and Calumet Sherriff's Departments, along with the Wisconsin State Patrol, worked to control traffic and assist at the scene.

Medical helicopters from Flight For Life's Fond du Lac and Waukesha bases, along with ThedaStar, were utilized to transport four patients to Theda Clark Medical Center in Neenah. Five patients were transported to St. Agnes Hospital in Fond du Lac.



This call illustrates the importance of excellent training, collaboration, and communication – all while keeping safety as the number one priority. It also highlights the outstanding partnership that exists among dispatch centers, EMS, fire departments, law enforcement, hospitals, and air medical services as they work together to provide patients the best opportunity for a positive outcome.

Flight For Life-Fond du Lac Base presented **Orange Cross Ambulance** and **the Road America Safety Team** with the 2012 Scene Call of the Year award during two separate awards ceremonies in September.

As an EMS agency who provides emergency services to a nationally renowned race track, the Road America Safety team and Orange Cross Ambulance are no strangers to difficult situations. With speeds reaching over 100 miles per hour, Road America has seen its share of complicated motor vehicle crashes. The afternoon of August 31, 2012, was no exception.

While traveling at a relatively low speed (under 50 mph), one of the drivers suffered a crash going around turn number three. Unlike many previous crashes at the track in which EMS has responded, this one was caused by a medical condition and the driver, aside from the injuries sustained from the crash, was found unresponsive due to a medical emergency. Initial responders worked quickly to determine what was wrong with the driver, began CPR, and arranged for emergent transportation via a Flight For Life helicopter.



Thanks to the rapid, life-saving action taken by the Road America Safety Team and the crew of Orange Cross, the driver has gone on to make a complete recovery. Carson Wilkinson, Director of the Road America Safety Team, credits his team's ability to "expect the unexpected" and cites the level of teamwork exhibited by all of the EMS agencies involved in this call as the biggest contributing factors to the successful outcome.

McHenry Base

On Wednesday, May 22th, the Flight For Life-McHenry Base presented the **Woodstock Fire/Rescue District** with its 19th Annual Scene Call of the Year Award (Combination department) for 2012. The event was held at the Woodstock Fire/Rescue District Station #3 with Woodstock Fire/Rescue personnel, McHenry County Sheriff's Deputies, dispatchers from Woodstock Police 911 Communications, and Flight For Life personnel who participated on this call in attendance.



The winning call was for a motorcycle crash with multiple patients. Flight For Life (FFL) was placed on standby based upon the information given to them by dispatch prior to the fire department's arrival to the scene. This decision facilitated an earlier arrival of FFL; resulting in a dispatch of fire/EMS to arrival time of less than twenty minutes. A shorter on-scene time means the patient gets

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2012 Scene Call of the Year Awards

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to the definitive care they need more rapidly. Critical thinking and rapid decision-making by the department personnel on scene made a difference for this patient.

Congratulations to Woodstock Fire/Rescue for a job well done!

FFL-McHenry was honored to present the **Barrington-Countryside Fire Protection District** with the 19th Annual Scene Call of the Year Award (Full-time department) on July 15th at their fire district meeting. Barrington Fire and FFL-McHenry personnel who were on the call were present as well as Kirk Breneisen, the patient and Kristine, his mother. It was an emotional moment when Kirk stood up and shared his thanks and shook the hands of those who made this day possible.



The call occurred on April 11, 2012, during rush hour at Route 14 and Cuba Road. It involved two vehicles with heavy damage and patient entrapment requiring extrication. Flight For Life was requested as soon as the fire personnel arrived on scene and quickly assessed the patient's condition. Lake County Sheriff, Fox River Grove Fire, Barrington Police and CenCom 911 Dispatch assisted in the call.

Since the crash happened during rush hour, getting Kirk to a Level I facility would have been delayed due to heavy traffic. Further evaluation of the patient revealed bilateral, open pelvic and other orthopedic fractures as well as a head injury. Getting him to Advocate Condell, the closest Level I trauma center as soon as possible was critical if he were to have a chance at survival.

This call illustrates the importance of teamwork, communication, training, scene coordination and management. The actions of all involved gave Kirk the chance, albeit slim, to survive and ultimately recover from his injuries. Because of all the right things that fell into place that morning, Kirk is well on his way to making a full recovery! He is an outstanding example of getting the right patient, to the right facility, in the right amount of time by the right mode of transport.



Congratulations to Barrington-Countryside Fire on making a great call for this patient, in essence giving him a chance at survival. And also to Kirk for all the hard work involved to not just recover but to move forward into the next chapter of his life!

COMMUNICATORS' CORNER: Need Flight For Life? We've Got an App for That!



by Chris Forncrook, CFC, OCS, EMT-I
FLIGHT FOR LIFE Lead Communication Specialist

Need **FLIGHT FOR LIFE?** We've got an App for that! Earlier this year, FFL rolled out a new piece of technology that has put us on the forefront of innovation in the field of emergency services. The FFL Central App, available for free on the iTunes and Google Play stores, has positively changed the way we dispatch aircraft.

Since January, we have had 40 activations in both the hospital and pre-hospital settings. While the majority of these activations have been scenes, we have had five activations by our hospital customers as well. Of the 40 activations, 28 have been completed missions, two have been aborted, five were missed for weather, two were missed for on another flight and the rest were cancelled prior to lift-off. We are currently in the middle of conducting a large time study, but from all indications by our customers in the field, they are realizing a general consensus of a 3 to 5 minute time savings. This time savings means your critically ill or injured patients are getting earlier access to advanced care and treatment, which could make all the difference in patient outcome.

We are continually brainstorming new ways to expand the use of the FFL Central App to make it more of a benefit to you, our customers. If you have any suggestions on improvement or additions to the App, we would welcome those ideas and feedback. The FFL Central App roll out has been very successful and has thus far proven to reduce access time, in turn reducing the time it takes for your patients to reach definitive care centers.

Tough Times Do Not Last; Tough People Do...

by Gary Hicks, EMT-P, Flight Paramedic
McHenry Base

Some people only have one family; I, on the other hand, have three families: my immediate family, the Evanston Fire Department/Local 742 (along with other departments from Northern Illinois, Southern Wisconsin, and Seaside California), and my Flight For Life family. Basically, I am blessed to have numerous people in my life whom I need to thank for helping my family and me battle my testicular cancer for the second time. Before I begin, I just want to say another big **THANK YOU** to everyone who assisted me and my family through this battle.



"My side hurts" is all I could really explain to my wife that Saturday in March, so I figured I pulled a muscle, or worse, I may be getting a kidney stone. I thought with just some over the counter pain meds and fluids I would be fine. That evening the pain began getting worse and my wife finally talked me into going to the ER. I arrived at Advocate Condell's Emergency Department for my side pain, thinking the last thing the ER needs is a side pain on a Saturday night. The nurses (who are friends of mine) and the ER doctor gave me some pain meds. I felt great. I was taken to CT, then Ultrasound, where I was told I have tumors in my remaining testicle and a tumor in my lymph node sitting next to my Aorta. **AWESOME!!!!** I guess the nurses, doctors, and my wife wanted to admit me. I told them no, I would just call my doctors on Monday and get an appointment. Well, Monday came and I could not get an appointment with any of my doctors, so back to the ER we went and I was admitted within an hour (note to self: always listen to wife, nurses, and doctors).

So I am told that I have cancer and it has spread from my testicle to a lymph node in my abdomen. I was absolutely stunned to have testicular cancer once again because in 2005, I had my left testicle removed due to cancer. The cancer in 2013 was not as aggressive as 2005,



but it was able to spread, so chemotherapy would be included in the treatment regimen. A port was placed in the right side of my chest and chemotherapy was started within two weeks of my diagnosis. The chemo would consist of three rounds with the first round of each cycle being five, 8 hour days. The second and third round would only consist of getting chemotherapy every Tuesday for about four hours. Chemotherapy was not fun, and in addition to this, I became septic and contracted MRSA (again - **AWESOME**) after my second round. So I was admitted to the hospital again for antibiotics and fluid. My port-a-cath was removed and I got a PICC. The procedure for placing the PICC line was pretty cool, I will say. I was sent home with a PICC line, a home health nurse (MAR) who was fantastic and 25 days' worth of antibiotics that my wife was able to infuse. Two weeks later I restarted my chemotherapy.



During this time, I was blessed to be a part of three different blood drives through LifeSource as part of their **6th Annual Fire-fighter Donor Challenge**. This is how I met Betty Ganschow, whom I will never forget. Thank You Betty for everything. I, along with my family, was only able to make an appearance at the McHenry Blood Drive. I just did not have the energy to make it to the blood drives at Palatine Fire and Rolling Meadows Fire, or I was receiving treatment. My mother and father, who live in Missouri, were able to attend the blood drive and were so impressed with the outpouring of support for my family.

So many things go through your mind when you are being treated for cancer. "How will I support my family?" is one of the biggest things I dwelled upon, but not for long. I would like to thank the **Evanston Fire Fighters Benevolence Fund** who donated money to us to help with unexpected and ongoing costs. Thank you Brothers and Sisters. Also during this time, one of my friends, Mike Spillane, from the Evanston Fire Department, ran into a friend of his who had heard about my, along with my friend Captain Ronald Shulga's (also of the Evanston Fire Department), battle with cancer. This friend is Tricia Ordaz, founder of **Buddas Brotherhood Foundation**, a charitable organization created in memory of her husband, Marco Ordaz, who lost his life to cancer. I had the pleasure of meeting Tricia when she presented a monetary gift to me, as well as Captain Shulga's family during a lunch at Evanston Fire Station #2. Thank you Tricia for everything you continue to do for the foundation and have done for my family. Along with the above,

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Flight For Life Pilot Honored with 2013 NEMSPA Pilot of the Year Award

by Claire Rayford RN, Professional Relations/Marketing Manager, Waukesha Base

At the Flight For Life (FFL) Combined Bases Safety Meeting on September 26th, Program Aviation Manager Vince Freeborn gave a short introduction about the National EMS Pilot's Association (NEMSPA) award. He said he was thrilled and honored to announce that the recipient of this honor was a dear colleague and friend of his - and announced Janis Sierra's name. Everyone should have been there to see the look of complete surprise and astonishment on her face – truly "priceless!"

This prestigious award is presented by NEMSPA to a pilot who exhibits not only technical expertise in flying aircraft, but who is also very much



a part of their own air medical transport team. The recipient of this award is someone who is a mentor to their peers, concerned with the quality of all aspects of services provided by their organization, and who, above all, is committed to advocating for and practicing safety in all flight operations.

Janis has been a helicopter pilot for 38 years, joining Flight For Life in May 1987, at the McHenry base. She was the very first female EMS helicopter pilot in the U.S. Janis truly blazed a trail as a female pilot in a primarily male dominated profession, beginning with her career in the Army as a helicopter pilot in 1976. She held a variety of aviation positions during her time with the military – one of which included flying the large CH-54 Sky Crane helicopters.

Currently Lead Pilot at FFL's Waukesha Base, Janis brings calm professionalism, experience and leadership to the job every day. She freely shares her knowledge and expertise with colleagues inside and outside of the organization, as well as the many hospitals and EMS agencies she interacts with on a daily basis. An unexpected delight for Janis during the course of her work was to meet and marry Pat Sierra – who is now retired from the Milwaukee Fire Department; they have two young adult sons, Jesse and Nicholas, of whom they are very proud.

Janis' caring attitude and dedication to air medical patient transport is only superseded by her devotion to safety as her number one priority. Jim Singer, Transport System Director, remarked, "Flight For Life has truly

been blessed to have Janis as one of our pilots for all these years. Her exceptional skill and commitment to safety has made her an extraordinary team member."

On Monday night, October 21, 2013, at the Air Medical Transport Conference in Virginia Beach, Virginia, the NEMSPA Board announced Janis as the recipient of the 2013 NEMSPA Pilot of the Year Award to a room packed with her colleagues and peers as well as her husband Pat and son Jesse.



Flight For Life has flown over 32,000 patients – and will be celebrating its 30th anniversary in 2014. Janis is part of the fabric that forms the foundation of Flight For Life. We could not be more proud of Janis winning this award – a pinnacle of achievement that recognizes all that she gives to Flight For Life, its patients, and the communities we serve.

ON THE BOARD: Working to Improve Communications Through Education

by Chris Forncrook, CFC, OCS, EMT-I
FLIGHT FOR LIFE Lead Communication Specialist

I was elected to the National Association of Air Medical Communication Specialists (NAACS) Board of Directors in October of 2012. NAACS is a not-for-profit professional organization whose mission is to represent the air medical communication specialists on a national level through education, standardization and recognition.

I am currently serving in the role of chairperson of the Education Committee and am responsible for scheduling as well as coordinating all Certified Flight Communicator (CFC) courses across the county. I am extremely proud to be able to represent Flight For Life on this very prestigious Board and be able to help shape the future of our profession.



Germantown Fire Department Now Prints Report for Flight Crew

by Rich David, CCEMT-P, Flight Paramedic, Waukesha Base

Flight For Life was recently requested to a scene call in Germantown, Wisconsin, and we had the opportunity to work with the Germantown Fire Department. The flight crew found the patient being treated by three EMTs, including Captain Matt Karpinski who was recording information on a laptop computer. Captain Karpinski offered to print a copy of his EMS report for us and sent the file to a wireless printer. Within a minute, we had a



printed report with patient demographics, history, vitals, interventions, and a narrative. This report was invaluable to the flight crew and also

provided vital information to the Trauma Center as soon as we arrived.

I recently met with Captain Karpinski and computer guru/firefighter Tim Harris who showed me their equipment. Germantown Fire Department has a Toughbook

computer in each of its four ambulances and uses *Firehouse Mobile* software. This software not only generates an approved



EMS report, it also has fire department EMS protocols loaded with prompts to ensure compliance. With Bluetooth technology, the EMS report is sent to an HP Officejet 100 Mobile printer which costs approximately \$200.

Each Germantown ambulance also has a Heartstart MRX which sends defib, NIBP, EKG and SpO₂ information to the Toughbook to be included in the EMS report. Captain Karpinski states that this technology helps them comply with DHS 110.34 which requires a hard copy EMS report for each patient transport or patient transfer. If you have any questions about this technology, please call Captain Karpinski at the Germantown Fire Department at (262) 502-4701.

Tough Times Do Not Last

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I would like to thank Chief Frank Slazes and Captain Brock Milsop of the Lake Villa Volunteer Fire Department for your kind donation to my family.

I would be mad at myself if I did not mention my brother Jason's fire department, Seaside Fire Department/Local 1218, which provided me a trip to California so that I could have some family time with my brother, his wife Kim, and my nieces Riley (Moose) and Cadence (Turtle). On a side note, my brother's current Chief, Brian Dempsey, was a member of Rolling Meadows Fire Department. Small world.

I would also like to thank the members of the Evanston Fire Department/Local 742 for all the meals that were dropped off for my family during my treatment. The meals were great and my boys loved all the deserts and sweets dropped off as well. These members also worked numerous 24 hour shifts for me so that I would not have to use all of my sick time, which is a gift I hope to pay forward one day.

To Flight For Life. Tammy, for the numerous visits while I was in the hospital and at home. The boys loved the treats and pictures. Patty Mitchell, RN, who visited me numerous times at home, helped to keep my spirits up and answered all my questions (along with bringing me awesome cookies that I had to hide from my three boys). Stu and Sharon, sorry I was sleeping on your visit. To everyone who called or emailed me, thank you for your support and well wishes.

Once again, I, along with my wife Dawnette (who is the toughest person I know), my son Jaxon and my twin sons Connyr and Austyn, want to give a heartfelt thank you to everyone for helping, supporting, and caring for us throughout this journey. Thank you.



FLIGHT FOR LIFE's Customer Service Advisory Board met in November at our Waukesha Base

Tactical EMS: Bringing Good Medicine to Bad Places?

by John Schindler, CCEMT-P, Tactical Medic, Flight Paramedic, Waukesha Base and Greg Whalen/NIPAS

Recent high profile shooting events at the Sikh Temple in Milwaukee and the Azana Spa in Brookfield, Wisconsin, have made clear that mass shootings can happen anywhere. According to a database compiled by *USA Today*, there have been 17 mass killings in our country since January 1 of this year. The FBI defines a mass killing as four or more people killed in a short period of time. Many in law enforcement consider these types of incidents to be the “new normal” in our society. While these incidents are happening, and until the scene is cleared by the police, EMS cannot enter the scene. Meanwhile, many severely injured people are possibly not getting the medical care they desperately need.



Due to these types of incidents, and many more around the country, a nationwide movement has begun to closely integrate EMS and law enforcement when responding to violent incidents. Using guidelines derived from years of lessons learned by the US Military in Iraq and Afghanistan and modified for the civilian sector, a Tactical Emergency Medical Support (TEMS) program is now recommended for all EMS and Police agencies. Just a few of the many groups endorsing TEMS are the American College of Surgeons, the National Association of EMTs, and the International Association of Chiefs of Police. One way to look at TEMS is that life-saving medical interventions are taught to law enforcement



personnel, and police tactics are taught to medical personnel so that they can work together as a team. In Wisconsin and Illinois, the most common method of starting a TEMS team is to take seasoned EMTs and Paramedics and train them in police tactics. They are armed with the knowledge and equipment to allow them to operate alongside police agencies, in the most dangerous areas. These TEMS operators are then trained and equipped to enter high threat areas that would not normally be accessible to

EMS. Patients are treated and evacuated tactically by TEMS teams to a casualty collection point where local EMS can then take over care of the patient

The use of TEMS teams has expanded greatly in our service area. In Wisconsin, as of November of 2012, there were eleven state licensed TEMS services. Now there are more than twenty. There are several in Illinois, including one based in McHenry County and one covering the northwest suburbs through the Northern Illinois Police Alarm System (NIPAS). TEMS teams and Flight For Life share a common goal – to get medical help to the people who need it WHEN they need it. When Flight For Life responds to a serious incident to rapidly transport victims to definitive trauma care, there are some special considerations that must be addressed.



First and foremost is the safety of all response personnel. TEMS teams, EMS, and law enforcement must not expose themselves unnecessarily to any danger when setting up casualty collection points or landing zones despite the urgency of the situation.

On the initial call to Flight For Life, the following information should be provided to Flight Communications:

- Where is the incident/shooting?
- Is this an active shooting incident?
- Is the shooter in custody?
- Where is the Landing Zone (LZ) in relationship to the incident?
- Will there be security at the LZ?

Once in the air, the flight crew will establish contact with the LZ coordinator. The flight crew will then confirm the location of the incident and the LZ to assure the LZ is safe and the approach does not overfly an active incident. Incident command should also consider how patients will be brought to the landing zone if it is not safe for routine ambulance transport. Law enforcement agencies may have access to specially armored vehicles which may be used in extreme circumstances.



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Instrument Flying: The Evolution of Flight

by Mike Anderson, EMT-P, Flight Paramedic,
McHenry Base, Safety Officer

Many of you have heard the phrase “flying on instruments.” What is that exactly and where did it come from? One hundred ten years ago this December, the Wright brothers conducted the first heavier than air flight. That first flight at Kitty Hawk was straight and level; no turns. Having just been invented, controlling an aircraft had yet to be worked out. The Wrights returned to Dayton, Ohio, and rented a cow pasture near their home and spent the better part of the next year teaching themselves to fly, stretching the length of their flights and learning to turn. On September 20, 1904, Wilbur flew the first full circle. Five years later, the Wrights convinced the U.S. Army that they had to have flying machines. The Army took delivery of their first airplane in 1909. Horses were still very much the rage!

World War I changed all that forever. With advances in larger, more powerful engines, stronger airframes, and more lethal firepower, the airplane’s potential for destruction was realized. Pilots were seen as chivalrous, “Knights of the sky,” or so the deluded romantic view of the air war was portrayed, especially when compared with the horrors and annihilation that the stalemate of trench warfare produced. Pilots learned to fly with confidence and relied upon the myth of “instinct” to survive. Flying, even during wartime, was rarely conducted in bad weather or at night.

At the end of the war, regular airmail service began in Europe and the United States. In the twenties, airplanes became useful to the general public for the first time and showed potential for speeding travel with the birth of the airlines. Commercialization made operating on and keeping schedules a financial necessity. Pilots were suddenly pressured to fly in conditions they had not previously encountered or had successfully avoided up until then.

Flying in open cockpit biplanes with no routes or regulations, pilots used rivers and roads to navigate. Often flying at extremely low altitudes in an attempt to get under bad weather literally dodging steeples, tall buildings and other geographic features, many pilots were killed.

Rudimentary instruments existed, including altimeters, airspeed gauges and compasses. Flying under visual conditions requires a frame of reference outside of the aircraft. The horizon is usually utilized to fulfill that orientation need. This key element of flight can be lost in darkness, clouds or bad weather. Additional instruments were needed to determine when and at what angle a

plane was banking while turning using an artificial horizon. The gyroscope was available for years before it was recognized as a viable solution to remain oriented in the clouds and darkness.

In his article *The Turn*, William Langewiesche explains: “A gyroscope is a spinning wheel, like a child’s top, mounted in gimbals that allow it freedom of movement. It has two important traits: left alone, it maintains a fixed orientation in space (in relation to the stars); and when tilted it reacts in an odd but predictable way.”

Elmer Sperry, an American inventor, had developed gyro-compasses and stabilizers for the U.S. Navy. Airplanes intrigued him and in 1910 he built a gyroscopic auto pilot to help stabilize the flight of early flying machines. In 1918, he was able to make the first gyroscopic turn indicator, an instrument still in use today.

In the 1920s, a few postal pilots began to fly on instruments, choosing not to rely on just the “seat of their pants” or “dead reckoning,” as they plied their routes. A notable achievement of the use of instruments was the flight of Charles Lindbergh across the Atlantic in 1927. He credited a turn indicator for preventing him from “spiraling into the sea” when he met fog. Also, the Spirit of St. Louis did not have a windshield per se, because the front of the airplane was all gas tank behind its radial engine. Lindbergh had windows on his left and right to look out of so technically, most of his flight was performed on instruments.

I digress...

In 1929, Jimmy Doolittle made a complete circuit of an airport in a biplane that had been modified with a domed cockpit which prevented him from seeing outside. He was able to make this trip because the plane was equipped with navigational radios, an airspeed indicator, an improved altimeter, a turn indicator and two new instruments from Sperry, a gyroscopic compass and an artificial horizon. The above combination proved to be so effective that it still forms the core of instrument panels today.

Things have come a long way since 1929. Remember, however, these advances were made after the first twenty-six years of aviation. Today, global positioning satellites (GPS) for navigation, glass cockpits (instrumentation displayed and augmented on screens), terrain avoidance (also known as a Ground Proximity Warning System or GPWS), and redundant auto pilot are just a few of the ever changing instrumentation technological advances seen on aircraft today.

Instruments and technology remain merely tools that a pilot has at his or her disposal to supplement training and experience as they strive to master the art of flying.

We have some pretty good artists!

Safety Day at Flight For Life

by Mike Anderson, EMT-P, Flight Paramedic,
McHenry Base, Safety Officer

Safety Day is an annual event at Flight For Life. The idea sprang from the practice in the armed forces to set aside at least one day (or more) a year to focus on safety. The idea is to not engage in any other activities on that day. For those of you who have served in the armed forces, you know that a "safety day" is pretty much a necessity and not just a day to goof off. Life on post, being part of a unit, on board ship or deployed overseas, not to mention combat, presents plenty of reminders of the need to embrace safety. The same holds true with Flight For Life.

This year, Safety Day at Flight For Life was held on Thursday, September 26, 2013.

Our day started at 8:30 as everyone gathered for a group picture to commemorate the 30th anniversary of Flight For Life next year. Medical crew members, pilots, mechanics, communication specialists, administrative personnel, as well as representatives from Children's Hospital of Wisconsin participated in the day's events. Greg Poirier, AirLife Denver Lead Pilot-Firestone Base, Air Methods Field Safety Representative, was the first presenter of the day. Greg's presentation on Air Medical Resource Management (AMRM) was both informative and entertaining.

Hazardous material safety with symbol review and OSHA changes was covered before lunch. This was then followed by an awards presentation for participants in our first ever physical activity challenge.

The afternoon featured breakout skill stations. Everyone was assigned a group which then rotated around to the various stations, learning skills that ranged from use of fire extinguishers, life vests, and signal flares to a review of survival kits located on our aircraft.

Hands-on demonstrations were provided as well, including loading and unloading of Isolettes, along with emergency shutdown procedures for the BK117 and the EC145.

The Aircraft Training Simulator (ATS), a decommissioned BK-117 modified to simulate emergencies like in-flight smoke and fire in the crew cabin and cockpit, was used to demonstrate emergency egress procedures.

Safety Day was a success because of the avid, enthusiastic and diverse group of people that participated with the goal of promoting safety in our industry!

Tactical EMS

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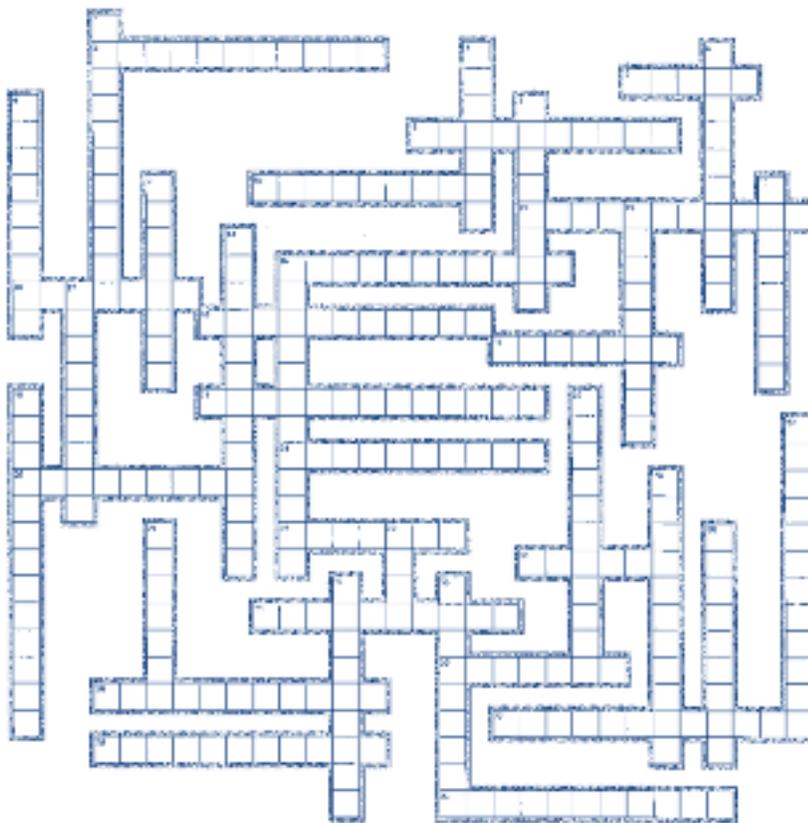
A final consideration is flights over the incident by media or curious onlookers in aircraft that could endanger law enforcement or EMS operations. In Wisconsin, an Incident Commander does have the authority to request a Temporary Flight Restriction (TFR) over the incident. This TFR will close the airspace above the incident up to a height of 3,000 feet above the ground and for a radius of up to three miles around the site. A request for a TFR is coordinated with the Watch Supervisor of the appropriate FFA Air Route Traffic Control Center (ARTCC) having jurisdiction above the requested location. For incidents south of an East-West line that runs from approximately LaCrosse, to Manitowoc, Wisconsin, the Watch Supervisor at Chicago Center should be contacted at (630) 801-9232. For any incidents north of that line, Minneapolis Center can be contacted at (651) 463-5580. In Illinois, law enforcement handle these requests.

Flight For Life does have an Air Traffic Control designation as a "Life Guard" flight, which is the aircraft equivalent of lights and sirens and allows the FFL helicopter to enter these TFRs. If a law enforcement officer is injured and requires FFL transport, any weapons or aerosols (pepper spray, mace, etc) must be removed from the officer before transport. All Flight For Life aircraft carry O-negative blood that can be infused prior to liftoff or in flight, which can be critical to the survival of a shooting/stabbing victim.



While many incidents are unplanned and occur without warning, planned law enforcement operations such as high risk warrant service or searches should have a medical threat assessment element to the preplanning. This assessment should pre-designate landing zones, ingress and egress routes for ambulances and can include putting area hospitals and Flight For Life on standby. Lastly, the equipment and protocols used in Tactical EMS differ from those used in "traditional" EMS. Responding EMS agencies should make it a practice to regularly meet with TEMS teams in their area as well as medical staff at receiving hospitals so all involved are familiar with each other's protocols and practices and will know what to expect from each other when the time comes to work as links in the chain of patient survival.

Chest Trauma Crossword Puzzle



ACROSS

2. Oxygen moving into the lungs is called ____.
5. Segment of the chest that becomes free to move with pressure changes of respiration.
8. CO₂ is moved out of the lungs during ____.
10. It is important to ____ the flail segment.
12. Low blood pressure is known as ____.
15. Flail segment movement of the chest wall is known as ____.
16. This type of pneumothorax is due to a buildup of air under pressure in the thorax.
18. Gunshots and stab wounds are two types of this chest trauma.
19. This type of chest wound will usually show blood going in and out of the area of the chest.
21. To assist in the removal of built up air due to a tension pneumothorax, you should perform a needle ____.
24. When blood accumulates in the pleural space.
25. A force strong enough to cause the heart to hit the chest wall can cause a myocardial ____.
28. The tiny air pockets at the end of the airways.
31. Flail chests usually result in the patient reducing their ____ of respiration.
34. The heart muscle is known as the ____.
35. The area between the lung and the chest wall is known as the ____ space.
36. The sac that surrounds the heart is known as the ____.
37. This type of emphysema is possible with air being forced into the tissues.
38. When alveoli collapse it is known as ____.
39. If a needle for a tension pneumothorax has to be inserted into the side chest wall, it is said to be in the line ____.

DOWN

1. This is what is known as sweaty skin.
3. Shortness of breath due to chest injuries is called ____.
4. A pneumothorax will cause this type of lung sounds.
6. Chest injuries such as pericardial tamponade have a very high ____ rate.
7. This type of shift or deviation is very rarely seen unless on x-ray.
9. Patients in respiratory distress tend to turn this skin color.
11. Pericardial tamponade results from a tear in the ____ artery or penetration of the myocardium.
13. Restriction of cardiac filling caused by blood or other fluid within the pericardium is known as a pericardial ____.
14. Percussion of the chest wall of a patient with a tension pneumothorax will be ____.
15. Occurs when lung tissue is disrupted and air leaks into the pleural space.
17. A tamponade can cause hypotension or a ____ pulse pressure.
20. When performing needle decompression into the anterior chest, we call the imaginary line the ____ line.
22. A person that is bleeding into the chest and has a low B/P is most likely suffering from ____.
23. Always assess your patient's breathing status and determine if you need to assist their ____.
26. To perform a needle decompression, the needle is inserted into the second or third ____ space.
27. This vein can become distended due to a tension pneumothorax.
29. When placing a needle into the chest wall for pleural decompression, you must make sure the needle goes ____ the rib.
30. Rapid breathing is known as ____.
32. When you have a patient with an open chest injury, you should cover the wound with an ____ dressing.
33. Respiration is caused by the contraction and relaxation of the ____.

see answers on page 16

Remembrances

Fire Fighter/Paramedic Danny Gonzalez

On August 1, Lake Zurich Fire/Rescue Department suffered the sudden and unexpected death of Firefighter/Paramedic Danny Gonzalez.

Danny was a member of the department for thirteen years and also a member of the High Angle Rescue Specialized Response Team for Lake and McHenry Counties. He began his career in the fire service with the South Elgin and Countryside Fire Departments.



Danny was a husband, father, brother, grandfather, friend, colleague and mentor. He was respected by his colleagues and loved by his family and friends. In the words of his fellow firefighters, "Danny had a strong personality and an amazingly huge heart. That about sums it up.... Danny was a gift."

Godspeed Danny. You will be missed by many.

Firefighter Josh Tauscher

It was on Sunday, September 29 that Town of Lyons (Wisconsin) Firefighter Josh "Tausch" Tauscher was involved in a serious motorcycle versus truck crash. Lyons Fire and the Walworth County Sheriff responded to the scene. Upon arrival, the fire department experienced what every first responder dreads; the crash involved one of their own.

Putting their shock and emotions aside, they transported Josh to Aurora Memorial Hospital of Burlington where he was immediately flown by FFL-McHenry to Froedtert Hospital in Milwaukee. Despite the efforts by the many skilled caregivers, his injuries were so severe he did not survive. On October 2 surrounded by those family and friends who loved him, he lost his battle.



Though there is nothing that can change the outcome of that day, Tausch, as he was lovingly called, was a registered organ donor. He chose to give a final gift of life to those in need by donating his organs. Josh was known for his desire to make life better for others and in his death he did just that.

Josh lived in the community he served and had been a firefighter on the department for the past six years. He had many friends on the fire department and in the community who will miss him and never forget their times together. Thanks for the memories Tausch.

Firefighter Jordan Vogel

On August 24, a motorcycle accident in Lake Mills took the life of Jefferson Firefighter Jordan Vogel. Jordan had been with Jefferson Fire Department since April of 2009. His chief said Jordan "was a dedicated firefighter as well as a caring and fun-loving man who devoted himself to serving others."

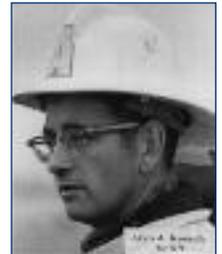


Retired EMT/Firefighter Daniel Kenevan

Retired Beaver Dam Captain Daniel C. Kenevan passed away November 24 at his hunting camp in Humbird, Wisconsin. Captain Kenevan served as a member of the Beaver Dam Fire Department for over 40 years as an EMT and Firefighter. He loved golf, hunting up north, and was a very active member of the Beaver Dam community, serving as a past president of the Beaver Dam Hockey Association and as a member fo the Kiwanis Club and Beaver Dam Jaycees.

Retired Fire Chief Allen Konrath

Former Allenton Fire Chief Allen A. Konrath passed away Saturday, November 23. Chief Konrath served as Allenton's Fire Chief for 17 years from 1962-1979. A veteran of the Korean War, Chief Konrath was able to participate in the Stars and Stripes Honor Flight several weeks before his passing.



FLIGHT FOR LIFE Comm Center Offers "CCOE" Program

Did you know that FFL's Flight Communication Center offers a "**Communication Center Observational Experience**" (CCOE)? You can schedule a day to come and observe our Communication Specialists in action. It gives great insight to 9-1-1 dispatch personnel about what is going on on the other end of the phone when they call us. **To schedule, call Chris at (414) 778-5443.**



Mark Your Calendar!

- Visit us at our booth at the Wisconsin EMS Association Conference (WEMSA) at the Wisconsin Center in Milwaukee from January 30 through February 1, 2014
- Blood Drives (watch our website & Facebook for the date of our Fond du Lac drive and details on all)
 - ◆ Saturday, April 12, 2014, our McHenry Base at Fox River Grove FPD
 - ◆ Tuesday, May 20, 2014, our Waukesha Base at Lisbon FD
 - ◆ Saturday, June 21, 2014, our McHenry Base at McHenry FPD

2014 is Flight For Life's 30th Anniversary!

Watch our website and Facebook page for details of celebrations at our bases.

Go to www.flightforlife.org for the latest news and information on events. And check out our Facebook page: www.facebook.com/flightforlifetransportsystem

Schedule Your Spring Safety Inservice Now

Flight For Life (FFL) encourages you to include us in your training plans for spring and summer. Our CAMTS accreditation requires that we do safety inservices for our referring fire/EMS agencies at least every other year. Because things are always changing, and you probably have new staff since we were there last for training, we would like to schedule a safety inservice with you. This inservice will bring your department up-to-date on the latest FFL safety items including information on setting up and securing landing zones, when to call us, and our Flight For Life Central App, among other things. It's a great time to review, learn new things and talk with our crew and you'll hear the latest safety tips about being near the helicopter from FFL personnel.

We also have Safety Inservices for Dispatch, Law Enforcement, Hospital Security and ED/ICU Nurses.

To schedule your inservice or ask questions, please call the closest FFL Base. The numbers are:

Waukesha Base (Kathy)(414) 778-5435
 McHenry Base (crew)(815) 759-1620
 Fond du Lac Base (crew)(920) 924-0062

Congratulations to...

the following people who were randomly selected to win a fabulous prize from those who completed **FLIGHT FOR LIFE** Online Customer Satisfaction Surveys.

Month	Name & Affiliation
June	Laurie Fox, Jefferson EMS
July	Kristin Pokrandt, Berlin Memorial Hospital
August	Ann Le Sage, City of Menomonee Falls (Dispatch)
September	Tammy Stadler, Marengo FPD

Thanks for Supporting Blood Drives

FFL-McHenry Base and McHenry FPD held a Black Friday Blood Drive again this year. We were thrilled that Gary Hicks and family were able to join us!



FFL-Waukesha Base and Lisbon FD held a blood drive at Lisbon's fire station during EMS Week this year. It was Waukesha base's most successful drive yet!

FFL-Fond du Lac Base held a blood drive during the Fond du Lac County Fair this year. Many fairgoers donated.

The grand total collected at blood drives where Flight For Life bases were involved in 2013 is 496 units. This means 1,488 lives were touched! Thanks to all who donated. Please continue to support this effort in 2014!

Chest Trauma Crossword Puzzle ANSWERS

