FLIGHT FOR LIFE says “Farewell” to Jim Singer; “Welcome Back” to Dan Burns

Flight For Life Transport System is pleased to announce that after 16 years away from the organization that has always had his heart, Dan Burns will be returning to lead the program once again as its new Executive Director. He will be replacing Program Director Jim Singer who retired in March after 31 years with Flight For Life.

Dan’s appointment is effective July 31 and comes at a critical time when air medical, as well as healthcare organizations in general, are facing significant challenges. After a thorough and deliberate selection process Milwaukee Regional Medical Center Executive Director Bob Simi stated that “Dan’s strong clinical background as well as his 26 years of experience in managing large organization operations and measurable successes in the private sector makes him an ideal candidate for leading Flight For Life into the future.”

“Flight For Life has been a part of my life for over 30 years. I had the privilege to lead the program and work with an amazing team of professionals totally dedicated to the mission of safety, clinical excellence, customer service and education 10 of those 30 years. It is with great pride and excitement that I return as its Executive Director.”

– Dan Burns

Jim Singer retired recently after a 31 year career at Flight For Life. Jim started out as a Flight Nurse, and moved up to Chief Flight Nurse when the opportunity arose. His last position was Program Director, and under his watch came the expansion to a new corporate headquarters at Waukesha County Airport, the start up our own Flight Communication Center, a new base in Fond du Lac, two new EC145 helicopters, as well as securing a dedicated backup aircraft for the program.

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Jim Singer Retires After 31 Years With FLIGHT FOR LIFE
CASE STUDY:  
**Identifying and Taming the “Storm”**

by Matthew Singer, DNP, RN, APNP, NRP  
Former Flight Nurse, Fond du Lac Base

Recently Flight For Life was called to transport a patient with a relatively uncommon health condition. Within minutes of the initial request, Flight For Life was en route to the requesting community hospital. While en route, the flight crew was advised the patient was a young female who was diagnosed with **thyroid storm**. Although thyroid storm is a relatively rare condition, the community hospital emergency department’s prompt recognition and treatment played a vital role in the successful outcome of this patient. The following is a case review to assist hospital and EMS providers in the timely identification of thyroid storm.

**Case Presentation**

Upon arriving in the emergency department, a verbal patient report was provided to the flight crew. The patient was a younger healthy female who reportedly had undergone surgery the previous day for removal of a bone tumor. The patient had been hospitalized overnight and was subsequently discharged early the following afternoon. At the time of discharge, the patient had an increased heart rate which was attributed to anxiety. While recovering at home, the patient developed a fever (greater than 105° F) and began experiencing palpitations, ultimately leading family to transport her to the community hospital’s ED.

In the ED, the patient’s heart rate was found to be elevated with a rate ranging from the 120s to 140s (sinus tachycardia). Laboratory testing was completed including the measurement of one of two hormones produced by the thyroid gland called thyroxine (T4). The result of the T4 level drawn in the ED was not immediately available for the flight crew; however, the patient’s T4 free serum level drawn the previous day was 4.43 ng/dL. The expected value of T4 free serum ranges from 0.9 – 2.4 ng/dL. Also of interest, the patient’s blood pressure was elevated with systolic blood pressures ranging from the 130s to 150s mmHg.

**Management & Outcome**

Thyroid storm, which is also known as thyroid crisis or thyrotoxic crisis, is most commonly seen in individuals with Grave’s hyperthyroidism. Individuals with untreated hyperthyroidism are at increased risk for thyroid storm. Common triggers of thyroid storm include stroke, surgery, infection, trauma, pregnancy, or diabetic ketoacidosis. In addition, thyroid storm is more common in women than in men, 10% vs. 2%, and generally occurs between the ages of 20 to 49 years. Mortality rates can reach as high as 20%, especially in patients who delay seeking medical attention.

The diagnosis of thyroid storm is frequently based on the identification of cardinal signs and symptoms, including an elevated T4 level. One of the cardinal signs of thyroid storm is the presence of a fever that is out of proportion to any apparent infection. The fever can suggest the patient’s hypothalamus is unable to effectively regulate the body’s temperature. Another cardinal sign of thyroid storm is the presence of tachycardia out of proportion to fever and gastrointestinal dysfunction. As the thyroid storm progresses, patients may also experience central nervous system dysfunction, including development of “increasing agitation and emotional lability, confusion, paranoia, psychosis, and coma.”

As previously described, the patient transported by Flight For Life exhibited the cardinal signs of thyroid storm. Patients are typically treated with a variety of medications including: antithyroid medication to stop thyroid hormone synthesis, iodine to block thyroid hormone release,
The “Storm” (continued from page 3)

administration of a β-blocker to control the heart rate, a glucocorticoid to block T4 to T3 conversion, fluids, and anti-pyretics such as acetaminophen. The community hospital consulted the endocrinologist at the tertiary medical center and the patient subsequently was treated with a glucocorticoid called methylprednisolone and the β-blocker metoprolol. A medication that inhibits thyroid hormone production called methimazole was also administered upon the patient’s arrival at the tertiary medical center.

Discussion
Staff members in the community hospital emergency department did an outstanding job in assessing and managing this patient. Based on the assessment, ED staff quickly initiated appropriate interventions. In addition, the utilization of Flight For Life significantly reduced the time it took for the patient to receive expert care at a tertiary care center. Following Flight For Life’s transport, the patient was treated with many of the medications previously described and showed dramatic improvement within 24 hours. Through the timely assessment, initiation of interventions, use of evidence-based practices, and teamwork, the patient was able to return home after a brief hospitalization.

REFERENCES

Ketamine Use Increasing

by Tim Lenz, MD, EMT-P
Assistant Professor,
Department of Emergency Medicine,
Medical College of Wisconsin
Director of Medical Services,
Flight For Life
Assistant Director of Medical Services, Milwaukee County EMS

Ketamine has been used for years in medicine, but only recently have we seen it used more frequently in the prehospital setting. Ketamine has gotten a bad rap over the years, and providers either love it or hate it. Many medical directors and providers are concerned about the possibility of an emergence reaction, and therefore have not included it in the armament of prehospital providers. Many people think of Special K and rave when ketamine is mentioned. Ketamine is a dissociative drug, blocking NMDA receptors from receiving glutamate. In turn, it selectively anesthetizes the limbic system and prevents sensory stimuli from reaching the cerebral cortex. This can simply depress the cortex or result in general anesthesia, dependent on the dose, without having significant cardiopulmonary effects.

Flight For Life has incorporated Ketamine into several guidelines, including its RSI, excited delirium, and pain management guidelines. This has been met with criticism by some agencies and receiving facilities, but the literature supports the use of Ketamine for each of these circumstances. Ketamine has received criticism when being administered for pain control. Ketamine actually has a very good safety profile, much more so than many opioid medications. Many studies reported increased intraocular and intracranial pressure with Ketamine, saying it should not be given in suspected traumatic brain injuries. Numerous occurrences, though, were overestimated. Therefore, many emergency medicine pharmacists recommend Ketamine for pain management. Furthermore, Ketamine is safer to use during shock and hypotension than opiates. Ketamine increases stroke volume and heart rate, making it an ideal medication to treat pain during shock. Opiates can cause respiratory depression, hypotension, and bradycardia, common symptoms in the traumatically injured patient.

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Ketamine

The back of the helicopter is a very tight space to treat the critically ill or injured patient. Compound that with an agitated patient, and a helicopter can become a dangerous environment for both the patient and crewmembers. The last thing we need in the back of the helicopter is a combative patient that could cause injury to the crew members, or the pilot, as this could lead to an accident. Ketamine is a fast acting medication and favored for agitated delirium. Flight For Life uses 1 mg/kg IV/IN/IO or 3 mg/kg IM for agitated delirium, but the safety profile allows for up to 5 mg/kg IM. One advantage of Ketamine is that subsequent doses do not deepen the sedation or dissociation, unlike benzodiazepines, where there is always a risk of respiratory arrest with large doses and subsequent doses. Administration of Ketamine can quickly control a patient, preventing self-harm and potentially devastating harm to the flight crew.

With its ability to provide both sedation and analgesia, Ketamine has long been used for rapid sequence intubation (RSI). Just like with any of the other indications for Ketamine, care should be used when the patient is hypertensive or tachycardic, but this is not an absolute contraindication to its use. The patient should always be on ETCO₂ monitoring when Ketamine, or any induction agent, is used for intubation. Ketamine has been widely used for RSI, and if it is not currently a medication in your drug box, you should consider adding it.

Many people have concerns for emergence reaction when using Ketamine. Emergence reaction is a well-documented side effect of Ketamine when used for procedural sedation. Patients emerging from sedation experience agitation, restlessness, euphoria, dysphoria, nightmares, and outright hallucinations. This can be prevented by keeping the patient in a low-stimulus environment, which can be very difficult in the prehospital setting. Therefore, benzodiazepines can be administered prior to Ketamine as a means of averting emergence reaction. Emergence reaction can be scary, but if proper measures are taken, you may never see a patient experience it.

Ketamine has a very strong safety profile, is efficacious, and is a very reliable drug. Not only can Ketamine be used for RSI, it should be used for agitated delirium and pain control. Opioids have dominated medical practices, both prehospital and inpatient, for decades, but Ketamine offers a more effective form of analgesia than any opioid medication. The military and many emergency departments are using Ketamine more liberally, and it is time prehospital services incorporate its use into their protocols and receiving facilities accept its use openly. Its use is evidence-based and many organizations, including NAEMSP, support its use. As prehospital providers, we find ourselves in unique situations with unique patients, and this unique drug is important to have on hand for these circumstances.

Congratulations to the 2016 Scene Call of the Year Award Winners!

Each Flight For Life Base can have one Full Time Department and one Combination Department winner from the applications that came in. Congratulations to these winners:

Waukesha Base:
Combination Department: ★ Johnson Creek Fire & EMS Dept.
Full Time Department:
No Full Time Departments applied

McHenry Base:
Combination Department: ★ Sharon Fire & Rescue
Full Time Department:
★ Elk Grove Village Fire Dept.

Fond du Lac Base:
Combination Department: ★ Beaver Dam Fire-Rescue Dept.
Full Time Department:
★ Orange Cross Ambulance Service
**Focus On Safety: Helipad Safety**

by Matt Reinhart, EMT-P, FP-C
Flight Paramedic/Safety Officer
Fond du Lac Base

One of the most dangerous areas of a hospital facility is the helipad, but with due diligence we can work together to make this area safe.

From the early beginnings of helicopter medical evacuation during the Vietnam War the helicopter’s main advantage was to land without a runway. With a helicopter producing near hurricane force winds when taking off or landing, it is important to make sure the landing zone is free of obstructions. Some of the daily inspections that we would recommend for your hospital or pre-designated landing zone (PDLZ) would be:

- Remove or secure all loose objects
- Objects as small as a screw can cause serious harm to people along with damage to equipment around the landing zone. This object can also damage the aircraft causing a mechanical failure. These items are referred to as FOD (Foreign Object Debris).
- Clear snow or ice
- Use only non-corrosive ice melt
- Check if windsock, beacon, perimeter and floodlights are operational
- Inspect the surrounding areas for new hazards
- Any new construction
- Increase in bird activity
- Check fire suppression systems and escapes

Not all of these inspections will relate to your current situation but will serve as general guidelines to a daily helipad inspection. Please remember that rotor wash can be hazardous.

When an aircraft is en route to your helipad there are some things that could be done as well:
- Insure the helipad is clear.
- Perform another foreign object debris walk
- Secure all loose clothing: caps, scarves, etc.
- On ground level helipads, restrict pedestrian and/or vehicle traffic

When you hear the helicopter in the air, this is when the landing zone should be considered secure. Some things to consider after the aircraft has landed:
- At night, keep flood lights off until aircraft has landed
- Less light is best with our Night Vision Goggles
- Do not approach the aircraft until the helicopter rotor blades have stopped
- Always walk, do not run, while on the helipad
- The painted surfaces of the helipad can be extremely slippery, so please use caution
- Allow flight crew to open and close all doors and only assist as directed by a flight crew member

Be familiar with your helipad’s safety systems. The fire suppression, communication and escape systems functioning properly might not only save a life but also minimize damage after an incident.

During any type of helicopter operations, eye and ear protection must be worn.

Air medical transport is a valuable tool to get sick or injured patients to a tertiary medical facility, but it does come with risks. With everyone working together, we can mitigate these risks for all people involved.
FLIGHT FOR LIFE Celebrates with 2015 Scene Call of the Year Award (SCYA) Winners

Fond du Lac Base

On Sunday, June 16, 2016, Flight For Life-Fond du Lac Base presented the Town of Sheboygan Falls Fire Department and Orange Cross Ambulance with the 2015 Scene Call of the Year Award. This award winning call centered around a 17-year-old boy whose leg became trapped in an auger 50 feet up in a 100 foot silo. The Wisconsin State Patrol was first on the scene, followed closely by the Sheboygan County Sheriff's Department. As luck would have it, just a few weeks earlier the Sheriff's Department was given tourniquets to keep in all of their vehicles. The quick thinking deputy utilized his new tourniquet to control the patient's bleeding.

The Town of Sheboygan Falls FD were next on the scene and assumed incident command. They utilized the MABAS Division 113 Technical Rescue Team (TRT), made of individuals from the Town of Sheboygan Falls, the City of Sheboygan Falls, and Cedar Grove Fire Departments, as well as the Town of Sheboygan Falls First Responders. The TRT conducted a high-angle rescue to extricate the patient from the 100 foot silo. Orange Cross arrived on scene and assumed EMS command. They were able to reach the patient in the silo before extrication, perform a patient assessment, and help stabilize the patient for extrication. The Sheboygan County Sheriff's Dispatch Center was also crucial throughout the call, coordinating the many departments and specialty teams on scene.

This call highlights the importance of resource utilization and teamwork, as well as the value of years of dedicated training. According to Town of Sheboygan Falls Chief Bob Kroeplien, “It's impossible for one single department to handle a similar event alone. The need for joint department training is critical.”

Waukesha Base

March 24, 2015 marked the first time all three Flight For Life helicopters responded to the same scene, and on May 16, 2016, the Germantown Fire Department (GFD) was awarded for their extraordinary efforts that day. They were called to the scene of a multiple vehicle accident involving four patients, three of whom were critically injured. What made this call even more challenging was that it occurred on Interstate 41. The Germantown Dispatch Center dispatched GFD, Germantown Police Department (GPD), Wisconsin State Patrol (WSP), and Washington County Sheriff's Department to the scene. Once on scene, GFD quickly triaged the injured individuals, continued on page 8.
recognized the need for rapid transport to a trauma center, and while utilizing the Flight For Life mobile app – requested all three Flight For Life helicopters. This left GPD and WSP with the daunting task of closing all traffic on the Interstate. The Richfield Volunteer Fire Company was called in to assist with the landing zones.

Thanks to great communication, years of inter-departmental training, and extremely quick thinking from all of the parties involved, the challenging task of landing three aircraft went quickly and efficiently. As GFD Chief Gary L. Weiss puts it, “This incident showed all involved that the use of the Incident Command system, training, and communications is extremely important for a safe operation. By having landing zone training with FFL, multiple drills, and policies of how to operate at an incident where FFL is landing made the operation run very smoothly.”

Flight For Life-Waukesha Base presented the City of Cudahy Fire Department with the 2015 Scene Call of the Year Award on July 12, 2016 at the city’s Common Council meeting. In October of 2015, Cudahy Fire was dispatched to Sheridan Park in Cudahy to treat a patient who had suffered severe head trauma after falling while running down a large hill. The location of the injured person meant that not only did Cudahy Fire need to treat the injury, they’d have to transport the patient back up the hill to the Flight For Life landing zone.

It took several departments working together to complete this difficult task. The Cudahy Police Department utilized their all-terrain vehicle to help in the transport, but not being an EMS equipped vehicle brought its own set of difficulties. Additionally, there were dozens of individuals enjoying the park that day, posing some safety risks for the aircraft and Fire/EMS workers on scene. The South Milwaukee Fire Department was called in to assist by the Cudahy Police Department Dispatch to control the crowd and setup a landing zone.

After transporting the patient up the hill, all the while working to stabilize the patient, transfer of care to Flight For Life was made and the patient was rapidly transported to a trauma center. Cudahy Fire Chief Dan Meyer believes that had it not been for the training and teamwork between all of the departments involved, things may have not gone as smoothly. “The Cudahy Fire Department, South Milwaukee Fire Department, and crew of Flight For Life worked seamlessly together. But just as important to this call was the teamwork with the Cudahy Police Department and Dispatch who assisted in every facet of the call.”

McHenry Base

On Monday, May 23, 2016 Flight For Life-McHenry Base presented North Chicago Fire Department with its 23rd Annual Scene Call of the Year Award for 2015.

North Chicago Fire and representatives from Naval Station Great Lakes Fire Department, Knollwood Fire Department, Libertyville Fire Department, North Chicago Police Department, North Chicago Police Dispatch, Lake County Sheriff’s Department and Advocate Condell Medical Center and Flight For Life personnel who participated on the call attended.
This call involved a semi-truck versus small SUV. Extrication of the patient from the vehicle took nearly 1½ hours and was extremely complicated due to the extensive damage her vehicle sustained. Because of the location of the crash, Skokie Hwy/Route 41, was closed ensuring the safety of the responding personnel as they worked and the FFL aircraft, was critical and challenging. Libertyville Fire did an outstanding job of circling the scene with apparatus to maintain the safety and security of the area. As they worked to remove the patient from the vehicle, medically managing the patient during this process required a great deal of teamwork and expertise.

This call clearly illustrates the importance of outside-the-box critical thinking and decision-making, teamwork, communication, use of mutual aid resources, scene coordination and management. Ongoing training and education for all personnel is essential when faced with these types of incidents; 24/7 readiness for whatever you may face is key. The actions of all involved gave this patient the best chance for survival and a positive outcome.

This call highlights the teamwork that exists among EMS, fire departments, law enforcement agencies, dispatchers, hospital and air medical services as they work together to provide the best possible patient outcome. The personnel from North Chicago Fire displayed the teamwork, professionalism and decision-making skills that were necessary to make a difference for this patient. It is their ongoing training and expertise that enabled them to recognize the patient’s injuries required air medical transport.

On Monday, May 31, 2016 Flight For Life-McHenry Base presented the Town of Salem Fire-Rescue with its 23rd Annual Scene Call of the Year Award for 2015.

Town of Salem Fire-Rescue personnel and representatives from Kenosha County Joint Services Dispatch, Kenosha County Sheriff’s Department and Flight For Life personnel who participated on the call attended.

The winning call involved a patient who in the initial report, suffered burns from gasoline. Due to the potential critical nature of this type of injury, Flight For Life was immediately requested to be placed on standby. While en route further information was provided that it was a pediatric patient that had been burned but no cause was given and it was unclear if it was a
2015 SCYA Winners
McHenry Base (continued from page 9)

thermal or chemical burn despite repeated attempts to obtain that information by dispatch. Upon arrival it was determined that the young patient had attempted to pour gasoline on a fire in the backyard and been severely burned. It was at this time that the burn was determined to be thermal in nature. The patient had a preexisting medical condition which further complicated the on-scene treatment.

The care and treatment of pediatric patients on-scene can create heightened anxiety for the EMS crews who respond no matter how experienced they are. This is why ongoing education and training related to the management of the pediatric patient is essential for all EMS personnel. This call clearly illustrates the importance of critical thinking and decision-making, teamwork, communication, and how critical it is to refrain from developing tunnel vision in the treatment of any patient. 24/7 readiness and preparation for whatever you may face is key to the reduction of anxiety and increasing confidence in situations like this. The actions of all involved gave this patient the best chance for survival and a positive outcome.

This call highlights the teamwork that exists among EMS, fire departments, law enforcement agencies, dispatchers, hospital and air medical services as they work together to provide the best possible patient outcome. The personnel from Town of Salem Fire-Rescue displayed the teamwork, professionalism and decision-making skills that were necessary to make a difference for this patient. It is their ongoing training and expertise that enabled them to recognize the patient’s injuries required air medical transport.

Congratulations to the Staff at SEECOM!
by Jason Kern, Executive Director, SEECOM

Southeast Emergency Communications (SEECOM) has successfully received Agency Training Program Certification from the Association of Public-Safety Communications Officials (APCO) International.

This national certification is a formal process which ensures that SEECOM has a training program that meets or exceeds national standards as specified in APCO American National Standards (ANS).

SEECOM submitted the training manual, policies and supporting documentation which underwent a thorough review from APCO. On March 9, 2015, APCO confirmed that their evaluation found the program “provides trainees with both the required content and focuses on the demonstration of decision and psychomotor skills cited within the standards.”

“I am extremely proud of the hard work and commitment from our training team and staff members. Their efforts solidified this national certification,” stated Executive Director Jason Kern.

SEECOM has a commitment to excellence and provides a high quality of service in order to assist public safety for the agencies and communities served.

SEECOM is the 5th Public Safety Answering Point (PSAP) in Illinois to have their training program nationally certified and one of less than 100 across the country.

Later in 2016, SEECOM earned the distinction as an Accredited Center of Excellence (ACE) for their Emergency Medical Dispatch program through the International Academies of Emergency Medical Dispatch (IAED). This means that all SEECOM staff is trained and certified, performs consistently at a high level through established metrics; and has implemented regular reviews and quality assurance of emergency medical calls. SEECOM joins an elite group as the world’s 225th agency to be awarded the Medical ACE and the 4th agency in Illinois to receive this distinction.

All of the award applications were evaluated by a panel of judges based on the guidelines developed by the American College of Surgeons for using air medical transport. The submissions were also examined for the following: scene safety, triage decisions, critical thinking, complex planning, and accident scene management, integration of the helicopter into the call, and use of skills that went beyond the “call of duty” to treat the patient.
Video Laryngoscopy Retrospective Review

by Leif Erickson, BA, CCEMTP, NRP, FP-C
Clinical Education Coordinator, Waukesha Base

Flight Rounds Summer of 2013 issue featured an article titled “Video Laryngoscopes Now at Flight For Life.” At the time, video laryngoscopy (VL) was a new addition to compliment the airway management devices onboard all FFL aircraft. The article also provided information pertaining to VL, including:

- The history of VL
- The intended use by FFL clinical teams
- The reasoning and process utilized to identify which product would be purchased
- The advantages of the Storz CMAC Pocket Monitor and device components

The article contained questions that could not be answered at that time, which included:

- What is the durability of the Storz CMAC Pocket Monitor?
- Can the device be utilized differently in the prehospital setting?
- Is it beneficial to use VL for patients with traumatic airways, or when visibility is jeopardized due to vomiting or significant active bleeding in the airway?
- How will VL enhance first attempt success rates?

Three years after implementation and significant use of VL by the FFL clinical staff, these unanswered questions have credible answers.

The Karl Storz Endoskope Corporation produces the Storz CMAC Pocket monitor. No different than most Storz products, the CMAC Pocket monitor has proven itself to be a durable device for FFL. Over the last three years FFL encountered one instance where one device needed to be taken out of service and sent to the manufacture for repairs. FFL uses the device in variable environments and temperatures while not having the luxury of keeping them in a controlled secure environment similar to the hospital setting. Despite a more challenging environment and difficulties storing medical equipment the Pocket Monitor has been a durable and trustworthy device.

Additionally the Pocket Monitor has been used for applications beyond facilitating intubation by FFL clinical staff. The device has also been used to assist placing oral gastric tubes, assess the oral pharyngeal area for traumatic injuries, verify oral tracheal intubation placement performed prior to the arrival of FFL, and assist during extubation and re-intubation in cases where tube size is not appropriate or an uncuffed tube has been exchanged for a cuffed tube. These examples do not offer substantial differences pertaining to hospital versus prehospital use. While a traumatic airway is challenging, visibility, anatomical changes, and the potential for ongoing suctioning can be the biggest factors affecting the clinician during a traumatic airway intubation. VL relies on the camera lens remaining clear to facilitate visibility and intubation.

FFL crew members have found that once the camera lens becomes covered with fluids in the airway VL is nearly impossible. At this point the attempt is aborted or continued using direct laryngoscopy (DL), if patient conditions permit. One of the main reasons FFL chose the CMAC Pocket monitor was the clinician did not need to alter their technique when using VL and could immediately switch to DL during the same attempt with no operational, equipment or technique re-configurations made. The clinician can simply use the camera or “VL” and switch to DL during their attempt if needed. Although this is a benefit, it does not afford the clinician an option to prolong the attempt.

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Video Laryngoscopy  
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Since the implementation of VL by FFL, the Storz Corporation has designed and now offers a soft suction catheter that secures along the lateral aspect of the laryngoscope blade and attaches to the distal end of the blade. This allows for active suctioning distal or "in front of" the camera during intubation and affords the probability that the camera will not become obscured from fluids during the intubation attempt. This also reduces the chance for aspiration during the attempt. If suction is not needed the soft suction catheter can be attached to oxygen and provide continued or added oxygenation during the attempt.

The biggest advantage to VL that FFL has identified is the increased percentage in first attempt intubation success rates. FFL maintains an in-depth quality assurance-quality improvement process. Each advanced airway placed by FFL clinicians is reviewed on a monthly basis. An attempt is defined as each time the laryngoscope blade crosses the teeth. Prior to 2013 FFL utilized only the DL approach for intubation using either the malleable stylet or the gum elastic bougie to facilitate intubation. Prior to 2013, the average first attempt DL intubation success rate for FFL clinical staff averaged 73%. Since 2013, using VL, the first attempt success rate has averaged just over 90%. The increased percentage of first attempt success rate was the intended outcome. FFL had predicted a decrease in first attempt success rate during the months immediately following VL implementation. Despite this prediction, the first attempt success rates increased immediately and have not declined since the implementation. In some months since 2013, higher than 90% first attempt success rates have been appreciated, some as high as 94%. These differences are based on many factors including number of intubations.

Retrospectively, the financial investment to implement VL is supported by the data, has improved airway management and patient care. In the history of FFL, we feel VL has been one of the biggest clinical changes and enhancements to patient care. FFL will continue to monitor VL utilization, published research pertaining to VL, airway management and best practices. This will ensure FFL clinicians provide research-validated, best-care practices to our patients.

Send In Your SCYA Applications... Anytime!

Every January we send out a letter to all departments who have called us over the past calendar year, with a list of the calls we did together. We invite them to consider submitting a SCYA application for some of those calls. But did you know that you don't have to wait until then?

If you have recently called us to transport your patient, and feel that the call is a good candidate for a Scene Call of the Year Award, please go ahead and complete the application while all the details are easy to remember! You may either use the online, fillable form or print the PDF form (also on our website) fill it out and mail it in.

Applications are evaluated based on the guidelines developed by the American College of Surgeons for using air medical transport. The submissions are also examined for the following: scene safety, triage decisions, critical thinking, complex planning, and accident scene management, integration of the helicopter into the call, and use of skills that went beyond the “call of duty” to treat the patient.

Each of our bases has the opportunity to award one full-time and one combination department each year. So please, submit your calls!
Rotor Review Events

In 2016 we decided to hold small group EMS night out events at different locations within our service areas, inviting local firefighters/EMS, dispatch, and hospital personnel to attend in lieu of our fall conference.

On Wednesday, June 29, 2016, Flight For Life conducted our first event, which we called our Rotor Review (formerly called “EMS Night Out” events) at the Fond du Lac base. Topics included pediatric trauma, MVC trauma, high-angle rescues, and complicated illness. The highlight of the night was an appearance by the young girl involved in our pediatric trauma case.

Here is what one of our attendees had to say:

- Just wanted to let you know how much I and my assistant EMS Chief enjoyed the Rotor Review on June 29. Both Nettie and Matt did an outstanding job presenting the cases which provided a great review on disease processes as well as trauma treatment.

  Having a patient and her family there was extremely gratifying and certainly added that personal touch all of us in EMS strive to achieve.

  I certainly hope you can continue this program and look forward to another edition this fall.

On Thursday, November 3, 2016 a Rotor Review event was held at the Waukesha base. It included reviewing a couple of cases and one of the patients was able to be there.

Comments from the evaluations included:

- Great information, it was good to see everything from a different view
- Very informative, great to see what occurs after we transfer care
- Great... thank you
- Awesome that each case had different focus
- Very thorough analysis

On Monday, November 14, 2016, the McHenry base held a Rotor Review event at Northwestern Medicine Grayslake. It included case study reviews with a former patient sharing her story of survival and recovery. Here are some of the comments on the evaluations:

- Great stuff!
- All speakers knew what they were talking about and were very knowledgeable.
- I like hearing real life scenarios and hearing good outcomes

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Thanks to a Friend of FFL!

by Tammy Chatman, CMTE
Professional Relations/PIO
McHenry and Waukesha Bases

There are not enough words to properly thank Pam Manning, sister of former FFL-McHenry patient Tony Rogers, for all she has done to support FFL as well as advocate and raise awareness of Traumatic Brain Injuries. To say she has worked tirelessly is an understatement! Recently Pam came by the McHenry base and presented us with a $2,000 check from their Traumatic Brain Injury Bowling Event that she hosts every year with the young ladies of the Northern Illinois Scholarship Program! We are so grateful for all the work that Pam has done to support FFL since her brother’s accident (hit by someone texting and driving while he was walking) in 2008. His crew was Patty Mitchell, Tom Bradtke and Don Kent.

FFL-Waukesha Base Now Has IABP

The Flight For Life Waukesha base now has a Maquet CardioSave Intra-Aortic Balloon Pump (IABP) which can be loaded onto the helicopter and used for patients needing an IABP. This means that our Waukesha and Fond du Lac service area customers will now have faster response on IABP calls.

We currently have five cardiac assist devices approved for use in the aircraft:

- Cardiohelp
- Freedom Driver (Total Artificial Heart),
- Heartmate II
- Heartware
- Impella Device

Rotor Review

(continued from page 13)

- Excellent event, thank you. The event was well received! Do it again!
- Always a good presentation!
- Good night, liked the case study reviewed. Everything well explained.

More Rotor Review events are being planned by each base for 2017. Watch your e-mail for details as they are planned in your area.
Levi Beistle

On Saturday, April 16, 2016 six year old Levi Beistle visited the Waukesha base to meet the crew who flew him on September 3, 2013. Rich David, Shelley Flasch, and Clark Richards were all able to come in and meet Levi, who was joined by his sister, his parents, and two grandparents.

Levi learned map reading from Clark, got to wear a Flight For Life helmet, received his “wings” pin from Rich, and received a Flight For Life t-shirt. He also presented his three crew members with their own trophy that read “Thank you for being my hero.”

Tay Ford

On Wednesday, August 17, 2016, three year old Tay Ford visited our Fond du Lac base with his mother and grandmother to meet Katy Norgel and Marty Morris, his flight nurse and flight paramedic. Tay was fascinated by the helicopter, but even more fascinated by our radios and Marty’s hair! Tay received his “wings” pin, a Flight For Life teddy bear, and many hugs from Katy and Marty.

Alexis Malison

In December 2016, the Waukesha base was visited by Alexis Malison. She brought brownies as a thank you to her crew.

She was in an accident on I-94 and SS on July 19, 2016. She was 18 and the driver at the time of the accident and her grandmother was with her in the car. Her grandma did not survive the accident.

Alexis was flown by Fond du Lac crew Nettie, Marty, and Jeff to Froedtert Hospital.

www.flightforlife.org
www.facebook.com/flightforlifetransportsystem
Every year, the phone rings in the Kenosha Joint Services (KJS) Communications Center almost 325,000 times. Those who call need one thing – help. Each time the phone rings, the telecommunicator answering the call doesn’t know what they will encounter.

The job of a public safety telecommunicator is not easy. Calls range from the mundane to the dangerous and unpredictable. A telecommunicator can be talking with a citizen about a stolen bike one moment and then find themselves talking someone through giving CPR to a loved one the next. Not only do telecommunicators take calls, they send help out to those that need it as well. It’s the job of the telecommunicator to help orchestrate and organize those responses and to do everything within their power to help their responders stay safe while getting help to those who need it in a timely fashion. It’s a job they take seriously because they know lives are on the line.

The KJS Communications Center is the primary Public Safety Answering Point for the entire County of Kenosha. All 911 calls placed within Kenosha County are answered by our communications center staff. Our staff also answers non-emergency calls for two law enforcement agencies. Additionally, KJS serves as the primary dispatch center for eight fire and rescue agencies and is the MABAS Division 101 communications center. We also serve as the EMD processing agency for two other fire/rescue agencies within Kenosha County that have their own dispatch centers. The center is staffed by almost 40 professional telecommunicators who are all cross-trained in both radio dispatch and call taking. All of our telecommunicators are certified in Emergency Medical Dispatch by the International Academy of Emergency Dispatch. This certification allows our staff to give medical instructions that are sometimes lifesaving to callers in need.

We were pleased to have partnered with Flight For Life during their rollout of the Flight For Life Web App and to have been the first dispatch center to use the app to request a helicopter for a scene call. In the relatively short time we’ve been using the web app, it has proven to be a valuable asset for our telecommunicators. It’s very easy to use and it frees the telecommunicator (on both our end and FFL’s) from having to talk on the phone multiple times to arrange for and coordinate a response. It also decreases overall response time for the helicopter. It’s a win-win solution for everyone involved – especially the patient.

In the relatively short time we’ve been using the (FFL) web app, it has proven to be a valuable asset for our telecommunicators.
What is Broadcastify?

by Tammy Chatman, CMTE
Professional Relations/PIO
McHenry and Waukesha Bases

Broadcastify is the radio communications industry’s largest platform for streaming live audio for public safety, aircraft, rail, and marine related communications. It is a spin-off of RadioReference.com’s live audio platform. There is a Broadcastify iPhone and Android App available as well, making listening and uploading fast and easy for the users.

The site hosts different types of radio feeds. Official feeds are live audio feeds broadcast and sponsored directly by the agency or organization being broadcast. Currently there are 166 public safety agencies that provide feed to Broadcastify. Alert feeds are audio feeds with active working major incidents such as the rioting in Charlotte, North Carolina. There is also live scanner feed that is streamed by individual scanner users that is hosted thru the Broadcastify site. Most of the live scanner audio feeds are supplied by private individuals. Broadcastify requires that there be no more than a 30 second - 1 minute delay in the audio broadcast. This is solely due to the relay of the files.

The recording of scanner traffic can be done quickly and easily via a variety of methods from recording the scanner traffic directly from the scanner to a cell phone or other recording device to other more sophisticated equipment such as a dedicated 24/7 computer that’s sole function is the recording of audio feed via a specific software program.

Agencies can keep their audio traffic private by encrypting one or all channels they use. This requires the reprogramming of every radio used by the agency. It is time consuming and expensive but there are a number of public safety agencies who do this around the country.

It has become a common practice where individuals capture live audio feed of significant events via Broadcastify and then post the clips onto social media sites such as Twitter, Facebook and YouTube. This can and has created issues with family/agency/organization notifications when there has been an incident or accident involving their staff. This immediacy of on-scene communications dissemination as critical incidents unfold only adds to the emotional trauma endured by colleagues, family, and friends.

In light of these types of ongoing technological advancements, it is imperative that we all engage in conversations with our families regarding the reality of information sharing during a crisis. It is becoming increasingly difficult to think that families and staff will be notified before the news hits social media via sites like Broadcastify. The unrest and rioting in Charlotte, firefighter fatalities from a fire in Delaware and a recent air medical crash in Minnesota make this conversation a critical one to have now, not later.
The Latest Drone Update...

New Rules for Commercial Operation of an Unmanned Aircraft
by Tammy Chatman, CMTE
Professional Relations/PIO
McHenry and Waukesha Bases

On August 29, 2016 the new Part 107 rules for small UAS (drone) operation for commercial and government users went into effect. The current Section 333 Exemption with the blanket Certificate of Authorization (COA) will still be an option depending upon what the operator intends to do with their drone. The Part 107 allows the operator to apply for waivers for many parts of the rule such as flying the drone within visual sight or flying no higher than 400 ft. Government/civil operators can apply for a Certificate of Authorization specific or meet the criteria of Part 107 based upon how they intend to use their drone.

Recreational or hobbyist operators will continue to follow the same rules and guidelines as those have not changed. It is still important to note that a hospital heliport/helipad is considered an airport.

All drone operators, except hobbyists, must register their drones that are between .55 to 55 pounds prior to flight, without exception. Though not required, the FAA does recommend that the recreational user does register their drones. Currently there are over 750,000 registered drones and 25,000 registered commercial drone pilots.

Additional Information Regarding Commercial Drone Use

According to the latest report from the FAA there are more than 42,000 commercial drones in use with that number to increase to a projected 442,000 by 2021. Media companies may use a UAS, but must adhere to the requirements of their Section 333 Exemption or the Small UAS Rule (Part 107). Organizations may request a waiver under Part 107 to fly over people, and will need to provide sufficient mitigations to ensure public safety. Of concern is the use of small UAS by media outlets at accident scenes, during disaster situations and mass casualties as well as near hospital helipads (Class G airspace which under Part 107 requires no notification to the operator of the airport/helipad). There are already media outlets in the Milwaukee and Chicago markets using drones for news gathering. In an effort to be pro-active, it is highly recommended that hospitals and public safety agencies reach out to their local media outlets to work in partnership on an agreed upon means in which to maintain safety in these situations. Don’t wait until there is an incident before having these conversations.

Use of Tethered Drones By Public Safety Agencies

Tethered drones, drones that have a physical link to the ground station via a tether, are rapidly becoming the drone of choice for public safety agencies due to their increased operational safety, high speed data transfer, and increased flight duration. These drones, like their free flight counterparts, must adhere to the same operating rules. Because the drone is attached via the umbilical to the ground station, many agencies may feel that their drone is not a safety hazard to aircraft so they may not feel it necessary to land the drone until all aircraft have left the area. Unfortunately this is not the case; tethered drones can and do pose a safety risk to helicopters that are operating in close proximity to their location. It is critical that all on-scene agencies notify Flight For Life Communications and the flight crew on the aircraft (or those of any flight program that is operating in the area) of the operation of a tethered or free flight drone. Because of the concerns we have for visibility of the drone, location of the drone in relation to the approach/departure of the aircraft, and potential for the rotor wash of the aircraft to damage or disrupt the flight of the drone, we ask that any drone—tethered or free flight—be grounded until all aircraft have departed.

For more information:
- See www.flightforlife.org for many links, including this helpful chart: http://www.flightforlife.org/media/2160/DRONES/drone-operational-guidance-resource-rev-02-22-17.pdf
- Go to: www.knowbeforeyoufly.org or www.faa.gov/uas

Wisconsin UAS Advocacy Network Formed

On July 19, 2016 the first Wisconsin UAS Advocacy Network meeting was held in Madison. FFL was invited to be a part of the membership which is a first in our area as air medical seems to be left out of the discussions from a state and federal level. Membership includes representation from the DOJ, DOT, FAA, DOA, WI State Patrol, Milwaukee Fire, Waukesha PD SWAT team, the Academy of Model Aeronautics and a couple of AOPA members who are also lawyers. The organization’s goal is to promote safety and education among drone operators.
Blood Drives

McHenry Base & Fox River Grove FPD – April 15, 2017

Waukesha Base & Lisbon FD – May 23, 2017

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Blood Drives

(continued from page 19)


Fond du Lac Base – September, 16, 2016

continued on page 21
Blood Drives (continued from page 20)


Do You Have Our Updated Educational Cards?

We recently updated some of our educational cards and printed them this spring:

- Landing Zone Preparation and Safety (also in 8.5”x 11” size)
- Requesting Flight For Life & Indications for Air Medical Transport
- Pediatric Emergencies
- Preparing Your Patient For Transport (for hospitals)

All of these cards are dated 12/2016. And, as always, you can find the most recent version of ALL of our educational cards on both versions of our App: Flight For Life Central - Mobile App & Web-Based App.

Please check your Landing Zone Kit bags, your apparatus, ambulance and pediatric bags to make sure you have the most recent edition of these cards.

To request some of these cards, contact:
Tammy Chatman at tchatman@mrmrcffl.org OR Jayce Commo at jcommo@mrmrcffl.org
Citizen Soldier

by Ray Abordo, RN, Flight Nurse
McHenry Base

What compels someone at age 37 to join the military during a time of war? It was 2008, I was comfortable in my career, happy with my family life, and really had everything that I ever needed but I knew that I could do more. How could I impact others on a larger scale? What skill set did I have to offer? I don’t have any artistic or musical talent, but I have been in the service of others for the past 20 years.

I graduated nursing school in 1995 and worked in different units before going into the emergency department. I started at an inner city hospital emergency department, then to a Level I university-based trauma center, and finally settled down in a local Level II emergency department. The problem with familiarity is that it breeds complacency, which I didn’t want to happen to me. I don’t recall where I saw the brochure but it was about the Army Medical Department, and within the brochure was a two page article about Army Nursing. This article was just a broad overview of what types of missions Army medicine does besides combat operations, from peacekeeping and disaster relief, to humanitarian missions in nearly 100 countries. An interesting side note: the Army Reserve supplies over 60% of military medical manpower, which means there are doctors, nurses, physical and occupational therapists, physician assistants, and various other medical sub-specialties that live and work in our communities, applying those lessons learned from abroad, to give better patient care.

After many conversations with people in Army medicine and with the support of my family, I contacted a recruiter. February 12, 2008, I commissioned as a 1st Lieutenant and was assigned to the 909th Forward Surgical Team out of Ft. Sheridan, Illinois. My main job was to be the Officer in Charge of the trauma room, which essentially was a glorified tent stocked with medical supplies, portable medical equipment and stretchers on saw horses. Forward Surgical Teams are small mobile medical units that consist of surgeons, nurses, operating room technicians and combat medics that provide far forward surgical support in a theatre of combat operations. Well, what does that mean? Forward Surgical Teams, or FSTs, provide damage control surgery to combat casualties close to the point of injury to stop hemorrhage and limit contamination. Patients are then medevaced by rotor or fixed wing aircraft to a combat support hospital where more definitive surgery can be done. Because of terrain considerations in Afghanistan, multiple FSTs were spread across the area of operations to provide trauma care within the “Golden Hour.” Mobility is what makes an FST unique; once a team hits the ground, it can provide surgical care within 1.5 hours, break down in 2 hours and relocate to another area. Locations are fluid and dependent on mission requirements from the combat arms units that FSTs are attached to.

It sounds like a country song but I left my pregnant wife and family in January 2010 to deploy to eastern Afghanistan. My situation isn’t unique; there are thousands of other service members that have done the same if not more. I knew what I was getting into and I volunteered. I was part of the “surge,” where over 30,000 extra service members were deployed to contain the Taliban threat. With close to 100,000 service members in Afghanistan, multiple medical units were spread out across the country to provide life saving care. With a continued on page 23
small 20 person unit, each soldier will have more than one job. One of the duties I had was to collect data for the Joint Theatre Trauma Registry. The type of data collected can be a whole journal in and of itself but essentially it provided information to improve casualty survivability, and eventually these lessons learned end up in civilian practice. An example of military lessons learned that trickled down to the civilian side would be the use of tourniquets and how many lives they save when applied correctly. In 2010 the 909th FST was attached to the 173rd Airborne Brigade Combat Team and its accompanying Brigade Support Battalion. With the help of the 173rd, we saw over 1,100 casualties; 503 of which were trauma resuscitations, most with multiple amputations due to blast injuries from improvised explosive devices (IEDs). The numbers may not sound like much but the same 15 people, on call 24 hours a day 7 days a week for a year, can take its toll; not to mention new surgeons and CRNAs rotating in every 3 months. Nothing can prepare you for war and the combat casualty. I consider myself to have a good amount of life experience; like many of us in EMS, we have seen a lot, but I was woefully unprepared for what I experienced. We treated everyone, not just Americans. We cared for local nationals, coalition troops and even enemy combatants. We treated infants to the elderly with everything in between. Our team lost some friends, but we also made new lifelong friends. That year changed me forever.

Fast forward to January 2014, the 909th FST deploys again to Afghanistan with the same mission as before but now with restricted medical rules of engagement or MROE. My role is different now since I have taken command of the unit as well as maintained my job as the officer in charge of trauma. This time is opposite from 2010, not just from an operational perspective but also doctrinally. The global war on terror is changing and Operation Enduring Freedom, which is the name for combat operations in Afghanistan, is winding down. Retrograde operations have begun with US troops shrinking their footprint in Afghanistan and turning over US combat outposts and Forward Operating Bases to the Afghan National Army. My team now only treats US casualties with locals and Afghan troops being treated in their own medical system. For the past 14 years, joint service medicine has been training our Afghan partners in basic life saving measures, developing their EMS and evacuation capabilities, and training their doctors in trauma medicine for this eventuality.

Due to operational needs my team is split in half with 10 soldiers going to southern Afghanistan to provide surgical support in a coalition hospital run by Spain and Italy, and with the other half being the mobile expeditionary FST.
Citizen Soldier (continued from page 23)

I was part of the expeditionary FST that moved place to place by CH-47 “Chinook” helicopters. These are the large twin rotor, heavy lift helicopters used for troop and equipment movement. Our first mission was with 1st Special Forces Group to provide surgical support to their team members if needed.

The importance of having a surgical team with 1st Group was the amount of locations that they can maintain a presence in. Originally only able to be in 5 locations; with an FST it grew to 3 times that amount. Luckily for us, and all members involved, they sustained no casualties. Over the course of 9 months the expeditionary FST travelled over 3,000 miles by rotary aircraft, supported multiple units during retrograde operations, and even was the backup surgical team for the President of the United States during one of his visits. The other half of the team, while working with Italian and Spanish soldiers, treated multiple combat casualties. They were operating under less restrictive medical rules of engagement and were able to treat local nationals and our coalition partners. The 909th FST also started a women’s health program to address the unique challenges of being an Afghan woman and also taught basic first aid to the local populace.

There was a lot of down time during this deployment as opposed to my first one. The challenge was to keep everyone engaged, to maintain mission readiness and mitigate complacency. With that downtime I had many days of personal reflection, re-evaluating what is truly important in life. Without the support from my family, community and employer, it would be difficult for me to do my military job. There aren’t words for the random acts of kindness that my team and I have received from strangers; it restores my faith in humanity. I have a deep appreciation for the sacrifices that my family has made and for the freedoms and opportunities I have as a citizen of the United States. Hopefully this will just be memories to reminisce over years from now but if the call comes once again my brothers and sisters will be ready.

Patient Transfer Envelopes Available

Did you know that Flight For Life can provide your hospital with Patient Transfer Envelopes? We have an orange one for STEMI patients and a white one for all other patients. There is a checklist on the front of the envelope and two forms to be completed inside: Authorization and Assignment of Benefits and Medical Necessity For Critical Care Transport. We provide these to our referring hospitals free of charge – if you need some, ask Tammy or Jayce – or call Kathy at 414-778-5435 and we will get them to you.
REMEmBRANCES

Alfred C. Stiglbauer, 92 of Watertown, died at his home on January 30, 2016. He was a charter member of the Stone Bank Lions Club and was the Assistant Fire Chief of Stone Bank Volunteer Fire Department.

Marcia L. (Helleckson) Rosecky, age 41, passed away on February 27, 2016 after a long and courageous battle with leukemia. Marcia was a member of the Middleton Volunteer Fire Department from 1996 to 1997. In May of 1997 she joined the City of Brookfield Fire Department and was the only female firefighter on the Department at the time. Marcia was recognized for her work as a firefighter/paramedic receiving the City of Brookfield Distinguished Service Award in 2005 and a Retirement Award after being forced to retire following her cancer diagnosis in 2008.

Michael W. Solberg, age 34, and a proud member of the Schaumburg Fire Department passed away peacefully on May 6, 2016. Mike made a lasting impression on everyone he met, and he will be truly missed by all who knew and loved him. Mike worked tirelessly for and dedicated much of his time to the Schaumburg Firefighter’s Fighting Cancer Pink Tie Ball.

Michael Joshua “Josh” Ventura, age 32, of Mount Pleasant, passed away on July 8, 2016 following injuries sustained in an accident while on duty as a Salem Police Officer. Michael graduated from the Gateway Technical Law Enforcement Academy in May 2016, and was immediately hired by the Town of Salem Public Safety.

Steven L. Berry, 63, of Huntley passed away July 12, 2016 at Advocate Sherman Hospital, Elgin. Steve was a thirty year member of the Elgin Fire Department where he retired as a Lieutenant. He was a Captain with the Marengo Fire Protection District at the time of his death due to bile duct cancer. Steve was known for his infectious smile and positive attitude as well as being an outstanding firefighter, leader and mentor.

David Andrew Formica, age 52, a resident of Grayslake, passed away June 7, 2017 at JourneyCare in Barrington. David was a dedicated firefighter/paramedic at the Grayslake Fire Department for over 18 years. He was a loving and devoted father who never missed any of his kids’ sporting events and activities.

Jacqueline C. (nee Peterson) Sund, 61, of Richmond passed away on July 1, 2016 at Centegra Hospital-McHenry. She was a dedicated employee of Centegra Health Systems for 40 years where she worked as an intensive care unit nurse, and then Nursing Supervisor. She was also a former Flight For Life crew member.

William F. Stolte, “Bill,” age 62, died unexpectedly on September 13, 2016. Bill served as Waukesha County Emergency Management Director was always the consummate professional, and his leadership and vision are greatly missed.

Paul C. Wolf, age 49, of Allenton, passed away on December 30, 2015. Paul was the very dedicated Deputy Chief of EMS for Allenton Volunteer Fire Department where he worked alongside his wife Susan and many other relatives and friends.

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Eldorado Assistant Fire Chief Rodney Tiny Menne, 53, passed away unexpectedly on January 10, 2017. He was the Fire Chief of Eldorado Fire Department from 1996-2007 and a charter member of the Eldorado First Responders. He was involved in: County EMS Association, County Communication Committee, Fire Chief’s Association, Pickett Steam Engine Club and Eldorado Building Committee for Fire Station and Town Garage.

Craig Sandborn, age 66, of Fond du Lac passed away on January 27, 2017 after a long courageous battle with cancer. Craig was the Fire Chief of the Town of Fond du Lac Fire Department since 2008. He was also an honorary member of the Fond du Lac County Sheriff’s Department Dive Team. Craig was a generous and giving person and would always do anything he could to lend a hand when needed.

Michael Mattoon, 30, of Elgin, passed away on January 30, 2017. Michael was a proud Firefighter/Paramedic with the Village of Palatine. He had also served on the Rutland-Dundee and Algonquin Fire Departments. He was a member of the IAFF Local #4588.

Ryan Thomas Moyer, 31 of Adell, passed away on February 4, 2017 as a result of a motor vehicle crash. Ryan was a dedicated member of the Waldo and Cascade Fire Departments. He loved being a firefighter with all his heart and soul. He was named the 2014 Waldo Firefighter of the Year.

Ozaukee County Deputy Sheriff Adam Hartwig, 30, passed away unexpectedly at his home on March 18, 2016. He began his law enforcement career in August 2013, working for the Ozaukee County Sheriff’s Office in the jail. In 2014 he was promoted to patrol. Adam was kind-hearted and a dedicated law enforcement officer who truly considered his fellow deputies his second family. He was very caring and willing to help anyone he could.

Arthur (Art) Otto Peters II, 57, passed away peacefully April 9, 2017, at his home after his second courageous battle with cancer. In September 1989, he started working for the City of Kenosha Fire Department. There he was promoted to Apparatus Operator and then Paramedic. He retired from the fire department on September 5, 2013, after his first battle with cancer.

Douglas E. “Doug” Albrecht Sr., age 71, of Wonder Lake, died suddenly May 15, 2017. Doug dedicated his talents and countless hours to the Wonder Lake Fire Protection District (WLFPD) for a total of 48 years, serving 24 years in active service as Firefighter/EMT and 24 years as a member/officer of the Board of Trustees of the WLFPD. Doug’s construction knowledge was invaluable for the planning and construction of WLFPD Stations 1 and 2. In addition, he was recognized as McHenry County Fireman of the Year, with the design and build of the “Learn Not To Burn” trailer.

Todd Middendorf, 46, passed away unexpectedly on July 18, 2017. Todd was a member of Carpentersville Fire Department for 23 years, and his chief called him “one of the cornerstones of the department.” Todd was a Battalion Chief, and functioned in the role of acting deputy chief assisting in the administration of the department.
National EMS Memorial Bike Ride – Washington DC
May 20, 2017

2017 Weekend of Honor

The National EMS Memorial Bike Ride honors EMS and air medical professionals who lost their lives in the line of duty as well as EMS legacy personnel who died of natural or non-employment-related causes. This year, riders carried dog tags with names of 51 individuals they rode in honor and in memory of over the seven day, 500 mile bike trip from Boston to Arlington. Led by law enforcement and fire/EMS vehicles, the riders arrived in Arlington, and presented their dog tags to waiting families, friends or colleagues. The weekend also included a memorial service with bagpipes and Honor Guard.
Environmental Emergencies Crossword Puzzle

Across

5. Medications may also make patients more prone to heat emergencies. Patients on _____ for heart conditions or high blood pressure are part of this group.

9. _____ cooling involves removing the patient from the heat when able, placing in a cool environment, removing excess clothing, and fanning of the patient.

10. The body will always attempt to maintain its own normal parameters for vital signs, temperature, and hydration. This is collectively referred to as _____.

12. The medical term for elevated body temperature above 98.6°F is _____.

14. Temperature and humidity combined is measured as the _____.

15. A moderate form of heat emergency. The patient may be dizzy and weak, with cool clammy skin. Vital signs will be normal, body temperature may be slightly elevated, with no loss of consciousness. Heat _____.

Down

1. Heat can be transferred in a variety of fashions. _____ is heat transfer through mass movement of air or liquid.

2. Fluids are often helpful for patients suffering from a heat emergency. _____ fluids would be indicated in patients suffering heat cramps.

3. People who work in the heat or live in hotter climates are more _____ to the heat, and usually less susceptible to heat emergencies.

4. First responders must also protect themselves from heat emergencies. Avoid alcohol and _____ during high temperatures.

6. The least severe form of a heat emergency. Characterized by painful muscle spasms, normal body temperature, and occasional nausea. Heat _____.

7. Heat can be transferred in a variety of fashions. _____ is heat transfer through direct physical contact.

8. _____ cooling involves placing ice packs in the neck, axilla, and groin for moderate to severe heat emergencies.

11. A severe form of heat emergency. The patient will have changes in mental status, and possibly remain unconscious. Blood pressure will be low, pulse elevated, and body temperature will be elevated. Heat _____.

13. The _____ and very young are at greatest risk for heat emergencies.

answers on page 29

EclipseCrossword.com
Congratulations to these FFL T-Shirt Winners!

November 2015 ........ Joshua Radandt, Kenosha County Joint Services
December 2015 ............ Todd Bolton, Bayside Communications Center
January 2016 ............... Jennifer Ochs, St. Agnes Hospital
February 2016 ............. Jim Clingingsmith, McHenry Township FPD
March 2016 .................. Janice Stadler, AMC Grafton
April 2016 ................... Kelly Rehfeldt, St. Nicholas Hospital
May 2016 ..................... Kim Gordon, Cedarburg FD
June 2016 .................... Lt. Robert Kulka, Streamwood FD
July 2016 ...................... EMS Lt. Shari Pfeifer, Hartford F&R
August 2016 .................. Chad Strzyzewski, Lifestar EMS
October 2016............... Kelly Steger, Fond du Lac County Dispatch
November 2016 ............. Trisha Shepherd, UHS – Kenosha Hospital
December 2016 ............ Maribeth Barbach, Port Washington FD
January 2017 ............... Rory Beebe, St. Agnes Hospital
February 2017 ............. Lt. David Wilkinson, Pleasant Prairie F&R
March 2017 .................. Dennis Kilgore, Gold Cross Ambulance
April 2017 ................... Kyle Sadogierski, Divine Savior Healthcare EMS
May 2017 ..................... Meghan Keefer, UHS – St. Catherine’s Hospital
June 2017 .................... Amanda Kleppin, Community Memorial Hospital

IMPORTANT NOTE:
These winners were randomly selected to receive a FFL t-shirt from those who completed FLIGHT FOR LIFE’s Online Customer Satisfaction Surveys AND included their contact information.

Remember to add your name and phone number and/or e-mail address to each Satisfaction Survey you complete so that you are eligible to win one of our monthly prizes.

You can’t win if we don’t know who you are or how to contact you!

Environmental Emergencies Crossword Puzzle Answers (puzzle is on page 28)