

Government Services Center
601 Westtown Road | Suite 012
West Chester PA 19380

Public Safety Training Campus

137 Modena Road
Coatesville, PA 19320



The Responder

An informational source for the Emergency Responders of Chester County

July 2015

Another Successful Junior Camp

DES held the annual camp cadet program for 26 junior firefighters. This program continues to be successful at attracting the younger generation to the fire service – the graduation on Friday was well attended by parents, fire chiefs and mentors.





From the Director....

Project Updates & Monthly Stats

JUNE 2015 Stats

854 Per Day	9-1-1, VoIP, 10 Digit Calls
1,163	Fire Incidents
3,216	EMS Incidents
1 Minute 32 Seconds	Fire/EMS Average Dispatch
28,926	Police Incidents
1 Minute 33 Seconds	Average Police Dispatch
98%	Average of Quality Reviews



TO RESERVE A ROOM PLEASE CONTACT:

Chester County Public Safety Training Campus
137 Modena Road
Coatesville, PA 19320
Phone: 610-344-4100

Computer-Aided-Dispatch System (CADS):

- Acceptance Testing took place the week of 7 June. All issues identified were expected.
- After discussions with the Pennsylvania State Police, it was determined there was a CJIS compliance problem with the Informer interface which allows users to make CLEAN and NCIC inquiries. There may be impacts to the schedule due to this issue.
- Cutover is scheduled for September 2015 with final project completion estimated for May 2016 although the schedule is being evaluated to account for delays caused by the Informer interface issue.

Voice Radio Project:

- The legal and financial process has been completed at all 27 sites. Construction has been completed at 25 sites. King Ranch and Upper Uwchlan construction is underway.
- Twenty-four of the 27 sites have been fully installed and brought online. Equipment has been delivered to the Caln site and King Ranch and Upper Uwchlan are awaiting construction completion. Cutover is scheduled for 1 January 2016 with Final System Acceptance scheduled for 21 April 2016.
- We are 28 months (74%) into the 38 month Implementation Phase. About 87% of the project implementation tasks have been completed. So far we have spent \$26,997,566 (60%) of the \$45,000,000 total project budget.

Training Facility:

- The fiber installation between the Academic Building and the Tactical Village is complete; IT equipment has been ordered and we should have IT connectivity mid-July. The plumber is installing piping and pumps for the propane fields. Pump control panels will arrive this week. We are still on schedule for late July early August testing of the propane props.
- The civil engineers are finalizing the storm water management design for the Law Enforcement Firing Range. We anticipate being able to put construction out for bid in September.

New Employees

Liz Schew as our new Training Systems Specialist. She is responsible for coordinating the training systems for the Public Safety Training Campus. Liz is a recent graduate of the University of New Haven with degrees in Fire Service Administration and Fire/Arson Investigation. She's been involved in the emergency services in Chester County since 2009 as a Firefighter/EMT with the Berwyn Fire Company, and completed an internship with the Chester County Fire Marshal's Office in 2013. She has also served as a Live-In Firefighter and Company Secretary for the Trumbull Volunteer Fire Company in Connecticut.



John Gillespie as our Public Safety Training Specialist. John received his Bachelor of Arts in Sociology/Criminal Justice with minor in Business Management from Villanova University in 1992. While at Villanova John was a founding member of Villanova Emergency Medical Services. He later served for 6 years as the VEMS advisor. John graduated from Saint Joseph's University with a Master of Science in Public Safety Management and Environmental Health in 2009. John is currently a PA State Non-Suppression Instructor. He has been teaching fire, rescue and EMS classes as part-time instructor at the Montgomery County Fire Academy since 2006. John is a twenty year member of the Radnor Fire Company in Wayne where he currently holds the position of Chief Engineer. John holds numerous fire and EMS certifications including FFI, FFII, Instructor I, Fire Officer I, and BVR Instructor. John is also a certified EMS Cyclist instructor for the International Police Mountain Bike Association (IMPBA)



Fred Wurster as our new Advanced Life Support Coordinator. Fred brings a wealth of knowledge and a very diverse background to the table, including many years of Chester County EMS system experience.



NOW HIRING

Assistant Deputy Director for 911 Center

Assistant Deputy Director for the 911 Center oversees the scheduling, staffing and training of 911 Center personnel. This position also assists the Deputy Director for Operations of the 911 Communications Center, ensuring requests for emergency assistance are handled in a professional and timely manner.

Oversee 911 Center operations to ensure all calls are handled accurately, timely and in a professional manner; Provide leadership for platoon leaders and staff; Maintain the development of good working relationships with emergency responders.

Handle personnel matters (discipline, payroll, attendance, interviewing, etc.); Ensuring training exceeds PEMA, APCO and Pennsylvania DOH standards and guidelines along with compliance with local, state and federal regulations regarding emergency communications. Oversee 911 telecommunications training; Oversee the public education team; Oversee Comm-1 operations. Assist with Emergency Operations Center (EOC) activations and drills; Available 24/7/365

More Information and How To Apply:

www.chesco.org/jobs

New Statewide BLS Protocols

Effective July 1, 2015, there are new Statewide BLS Protocols that all EMS providers and EMS agencies in Pennsylvania must follow when providing care. Pennsylvania typically revises their Statewide protocols (both BLS and ALS) every two years, and the 2015 revision replaces the 2013 revision.

The most significant change in the 2015 revision is in spinal care, which will require a culture change for all EMS system stakeholders. We are moving away from the term and process of spinal “immobilization”, and moving to the term and process of spinal motion restriction. Since all of us can remember, we have been taught to immobilize the spine in any patient with a significant mechanism of injury and/or positive physical exam findings. We have done this for 40 years despite there being little to no clinical research or evidence to support that process. Thanks to new evidence-based medicine, we are shifting that thought process to more appropriately care for our patients. We needlessly immobilize far too many patients currently, and evidence has now demonstrated that we are in fact causing harm by immobilizing some of those patients, while providing no clinical benefit. Included in that group are patients who suffer penetrating trauma to the head, neck, or torso with no evidence of spinal injury – for whom spinal precautions are not indicated. Mechanism of injury will still rule patients “in” for a clinical examination, and that five criteria clinical examination (see table t1), not the mechanism of injury, will determine if spinal motion restriction is indicated. Ambulatory patients who are ruled “in” via the clinical criteria should now simply be assisted to a comfortable position on the EMS stretcher mattress (while still restricting spinal motion) and have a rigid cervical collar applied – without utilizing a long spine board. When possible, for non-ambulatory patients who rule “in”, after application of a rigid cervical collar the long spine board should be utilized as a lifting and moving or sliding device, and not necessarily used for transport. A scoop litter may be the preferred lifting and moving device as it can be removed once the patient is placed on the EMS stretcher without further patient movement. Don’t pack all of your backboards away with your MAST trousers yet though, as long spine boards, and full spinal precautions should still be used in cases where the patient shows positive signs of a possible spinal injury. This shift means that the majority of the patients who are currently being transported strapped on a long spine board with a CID may now simply be transported with a rigid cervical collar on the stretcher mattress. As with the changes away from routine use of lights and siren, and administration of oxygen at 15 lpm for all patients, these changes will take time to become second nature.

5 Clinical Criteria for Spinal Motion Restriction_{t1}

- | |
|--|
| • Spine Pain or Tenderness or Anatomical Deformity to Neck or Back |
| • Altered Mental Status
(Including Language Barrier or Inability to Otherwise Communicate with Patient) |
| • Signs of Intoxication with Alcohol or Drugs
(Closely Tied to Level of Consciousness) |
| • Presence of a Painful Distracting Injury
(May Mask Spine Pain) |
| • Any Neurological Deficit
(i.e. Extreme Numbness or Weakness) |

Patients with a “yes” to any of these five criteria should receive Spinal Motion Restriction. Patients with a “no” to all five of these criteria, regardless of mechanism of injury, should not receive Spinal Motion Restriction.

Continued next page

New Statewide BLS Protocols Continued

Other key changes in this revision include the requirement for all BLS ambulances to carry a pulse oximeter as oxygen administration in most patients now is titrated to an SpO2 level between 95 and 99%; and to carry 81 mg baby aspirin for administration to patients with chest pain of suspected cardiac origin.

Additional Changes

Guideline #123	EMS Vehicle Operations/Safety: Upgraded to a Protocol
Guideline #124	Outlining Safe Ground Transportation of Children: Inclusion of an electronic method for reporting suspected child abuse
Protocol #831	Poisoning & Toxin Exposure: To include EMR and EMT use of Naloxone (must have the 2015 protocol update and the LMS naloxone class)
Protocol #601	Addition of hemostatic impregnated gauze as an option in bleeding control.
"New" Protocol #170	Outlining Patient Destination – Ground Transportation

It is the EMS agency medical director's responsibility to ensure that all of the EMS agency's personnel have been appropriately updated on the 2015 revisions, and that they are implemented by July 1, 2015. We have held multiple in-person rollout sessions, and the rollout program is available on the LMS platform as well (course #007692). Course # 007692 (either in person or on LMS) is a Core requirement for re-registration of all EMS certifications after 7/1/15.

For More information on

New Statewide BLS Protocols please visit:

www.health.pa.gov

CLICK: My Health → Emergency Medical Services → EMS Statewide Protocols

Chemical Suicides: Risks to First Responders!

This was the headline in the IAFC Emergency Management and Response-Information Sharing and Analysis Center weekly newsletter recently. The article goes on to report on several recent incidents where first responders were indeed injured responding to incidents that involved a chemical suicide. Though Chester County has not seen one of these cases in recent months we have seen them in the past. These incidents continue to occur around the country and locally in the region as several have occurred in Montgomery; Bucks and Delaware counties over the last year. These types of incidents can occur in vehicles as well as occupied structures. They will produce sufficient chemical vapors that will injure first responders if not recognized and approached properly. Take 10 seconds to walk around a vehicle or looking at the surroundings in a structure looking for the indicators of a possible chemical suicide such as warning signs placed by the actor; empty containers; buckets; strange odors. These indicators could reduce the likelihood of you becoming part of the problem and not the solution. Remember; everyone goes home. Be Safe!



REGISTER: <http://destraining.chesco.org>



CERT Course

September 24—November 7, 2015

CERT Basic Training is designed to prepare you to help yourself and to help others in the event of a catastrophic disaster. Because emergency services personnel will not be able to help everyone immediately, you can make a difference by using your CERT training to save lives and protect property.

There is no cost for attendance at this course. You must attend all days and participate in all modules to receive your certificate.

Registration ends on September 15, 2015

Class is limited to 30 participants.

More Information: Heather Morgan hmorgan@chesco.org or
(610) 344-5540

Chester County HazMat

Chester County HazMat team trains twice monthly to maintain their skills. Technical decontamination is one task they take seriously. Proper decon is needed so the responder can safely return home leaving the bad stuff at the scene. Here a member of the team is practicing going through the decon line set up.



Leadership Training for MRC & Citizen Corps

Do you believe in neighbors helping neighbors?
If so, consider joining Citizen Corps or Medical Reserve Corps.

Please visit: <http://www.ready.gov/citizen-corps>
or email: jzeis@chesco.org



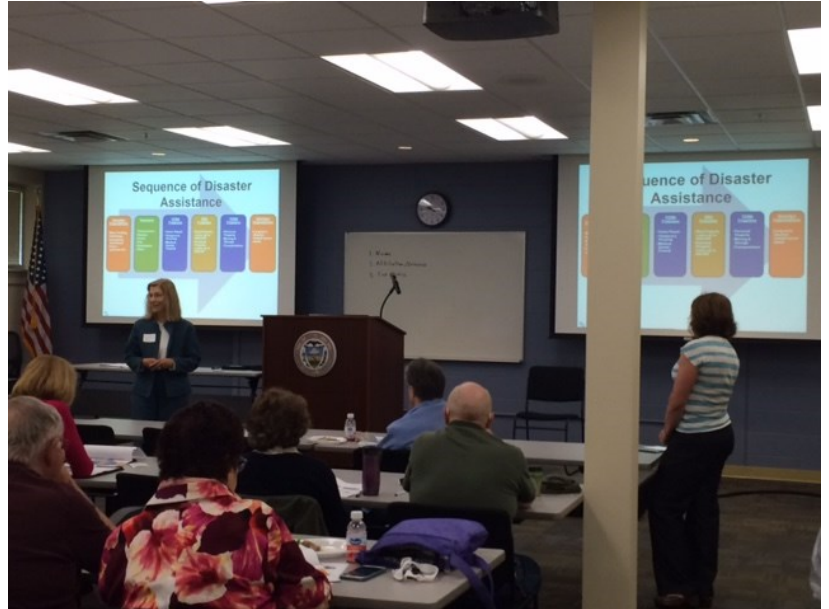
Disaster Case Management

On June 5th, Lutheran Disaster Response- Eastern Pennsylvania partnered with the Chester County Department of Emergency Services to offer a Disaster Case Management Course. While Disaster Case Managers are usually trained after a large-scale event, Chester County continues to be proactive in planning for long-term recovery. While everyone receives help during and immediately following a disaster (response phase and early recovery), the goal for long-term recovery is to aid individuals in the community who are the most vulnerable with disaster related resources.

Recognizing that all events are local, plans need to build on the strengths of existing organizations.

As a result of the weather events that have occurred over the past couple of years including Hurricane Irene (2011), Super Storm Sandy (2012), and Ice Storm Niko (2014), there is strong awareness that individual needs often exceed resources. This is true whether or not the threshold is met for a federal declaration. Some survivors will need assistance navigating the process to determine what gaps can be filled with personal resources (including insurance), existing community resources, and disaster specific resources. By

coordinating with the Department of Human Services, local human service agencies, and Voluntary Organizations Active in Disasters (VOAD) partners, this course highlighted the roles each partner plays throughout all phases of disaster. This will help to avoid redundancy, utilize resources efficiently, and distribute them in the most equitable fashion to the individuals who otherwise would not be able to recover on their own.



National
Voluntary Organizations
Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

<http://www.nvoad.org/>

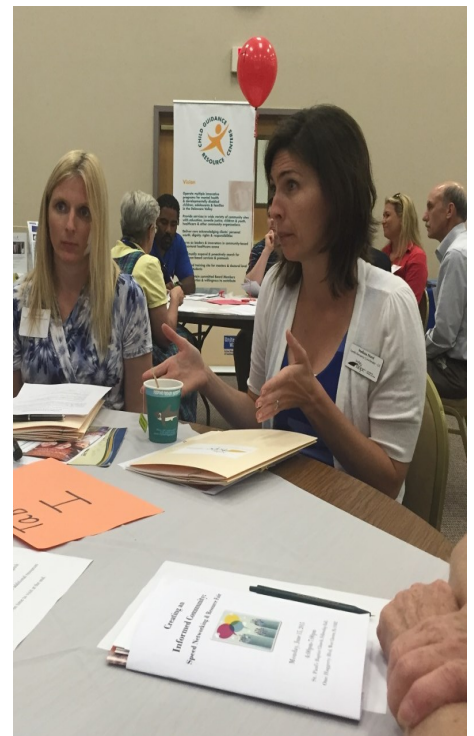


Creating an Informed Community: Speed Networking and Resource Fair

On the evening of June 15th 2015, the Chester County Department of Emergency Services, along with the Faith Leaders Gathering to end Hunger, Homelessness and Poverty, held an event called Creating an Informed Community- Speed Networking and Resource Fair. We wanted County Departments (like the Health Department and the Department of Community Development) to meet with Community and Faith-based organizations to discuss resources and needs that each group might have, and ways to work together.



Over 40 agencies attended, and even within a tight timeframe, participants were able to “speed network” with many of the other partners in the room. Our evening was wrapped up by Dave Haradon from Family Promise of Southern Chester County, who spoke about taking the connections that were developed that evening to promote collaboration and as a result, a more resilient community. He suggested that we can create new alliances simply by listening to what another person has to say and committing to action, however small. Dave ended by asking the audience to “consider the possibility of new ideas and new partnerships.”



Does ReadyChesCo Alert you?

The ReadyChesCo emergency notification system was launched. There have been 7,070 enrollments in the first 30 days.