



SWORBHP LINKS

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Paramedic Recognition Awards

In 2015 SWORBHP celebrated 70 Prehospital Saves and 13 Newborn Deliveries throughout our region. In addition, two paramedics were honored with the Medical Directors Award of Excellence and 39 paramedics received the Medical Director's Commendation Award. Truly an outstanding accomplishment. SWORBHP is pleased to have the opportunity to recognize each of you for the vital role you play in serving your communities. Congratulations everyone!

For a complete list of Recognition Award recipients, please click on the link below.

http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/OpsLogistics/ParamedicRecogAwards.htm



Colin Evans (Middlesex-London EMS) received the Medical Directors Award of Excellence "For his contribution to building a culture within Middlesex-London EMS (and area) that engages its members in continuing education and improving patient care".

L to R...Dr. Michael Peddle, Colin Evans, Dr. Michael Lewell

Donna Moss (Essex-Windsor EMS) received the Medical Directors Award of Excellence "In recognition of outstanding clinical judgment and actions during a difficult and complicated clinical scenario".

L to R...Dr. Paul Bradford, Donna Moss, Justin Lammers, Dr. Michael Lewell



The following paramedics received the **Medical Director's Commendation Award** in 2015:

Medavie EMS Chatham-Kent

Ali Ataellahi, Bob Belleghem, Murray Dawson, Vic Dimitriu, Aaron Downey, Joe Drew, Beth Durocher, Paul Fontaine, Robert France, Matthew Gaudette, Darrin Haskell, Stephane Hebert, Jeff MacTavish, Grant Martin, Tony Metayer, David Mireault, Dwayne Purdy, Julie Riggs, Saskia Sanford, Mark Shaw, David Shea, Paul St. Germain, Mike Stinson, Ron Thomson, Paul Tremblay, Ian Warren

Essex-Windsor EMS

Tyson Brohman, Michael Filiault, Robert Injic, Don Theriault, Joel Wiczorek

Middlesex-London EMS

Jodi Brenndorfer, John Clarke, Danielle Demers, Chris Marshall, Gary Pinnell, Wayne Renkema, Richard West, Vanessa Zietsma

Cathy Prowd, CQIA
Operations & Logistics Specialist

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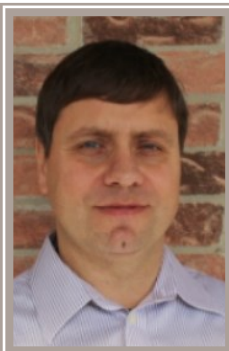


A Warm Winter Hug !

Introducing our New SWORBHP Staff



Cindy Harrison joined SWORBHP in October 2015 as a Prehospital Care Specialist (PHCS). Her clinical experience includes 19 years as an Ontario PCP/ACP (Mississauga, Halton, 799, Guelph) and three years (and counting) as an ACP at the Halifax Infirmary ER. She was professor and program coordinator of the PCP and ACP programs at Conestoga College for six years and more recently has been helping implement high fidelity simulation programs for Dalhousie medical students and staff at the Halifax ER. Cindy holds an interdisciplinary MA (Education), a BA (Psychology), and is working towards becoming a Nationally Certified Investigator and Inspector. As a PHCS, Cindy supports the Central Region of SWORBHP (London, Elgin, Oxford, Oneida and Lambton).



John Gyuran joined SWORBHP in January 2016 as the Interim Education Coordinator. John is an ACP having worked as a Forestry and Industrial EMT-Paramedic in Alberta (2013-15). Prior to that he spent ten years with Waterloo Paramedic Services and five years with Peel Paramedic Services. He has also worked at CEPR as a Paramedic Instructor and Peer Auditor. John holds a Bachelor of Physical and Health Education from the University of Toronto and completed his paramedic training at Humber College and the Michener Institute.



Mike Rumble joined SWORBHP in January 2016 as a part-time Prehospital Care Specialist. He completed the PCP program at Loyalist College and began his paramedic career with Huron County and Oneida EMS. He completed Advanced and Critical Care Paramedic programs with Ornge while working on aircraft based out of Thunder Bay and Toronto. Mike currently works full-time as a Critical Care Paramedic in London. Prior to becoming a paramedic, Mike spent several years working as a nurse in Chatham, Stratford and London. He has an Honors Bachelor of Arts in Adult Education and Digital Technology from the University of Ontario Institute of Technology. Mike is working toward becoming a Nationally Certified EMS Educator and Nationally Certified Investigator and Inspector.

A Good-bye Message From Dr. Mike Peddle

"Life moves pretty fast. If you don't stop and look around once in a while, you could miss it." Ferris Bueller

As many may have heard by now, on March 1, 2016 I will be stepping down as the Local Medical Director - Central Region to pursue a new career opportunity as an Associate Medical Director with Ornge. I have enjoyed my last five years at the Base Hospital immensely. I have learned a great deal during my time with SWORBHP and when reflecting on our recent accomplishments it is obvious that it is an organization that truly believes in paramedic practice and promoting optimal prehospital care for our entire region.

In the interim, Dr. Matt Davis will be taking over as the acting LMD until a permanent replacement is selected. Matt is likely well known to you and your service as he completed an EMS fellowship at SWORBHP and is the current Medical Director of Education. We will send out more information regarding the transition as we get closer to the date. I look forward to my continued involvement in the prehospital system locally and with SWORBHP in my new role.

Mike Peddle, M.D., FRCP(C), Dip. Sport Med.
Local Medical Director
Medavie Elgin, Middlesex-London, Oneida, Oxford

Update From the OBHG MAC

A new year is upon us and with that I thought it might be a good time to provide a brief overview of some of the changes anticipated to be coming from the MOHLTC in 2016. It is an exciting time!

First and foremost, a lot of work has been happening with input from front line paramedics, Paramedic Service leaders, Base Hospital staff and medical directors, as well as the MOHLTC related to new and revised Basic Life Support Patient Care Standards (BLS-PCS). The changes are quite exciting! Look for a less prescriptive and “point by point” approach to the BLS-PCS as well as new approaches to spinal motion restriction, titrated oxygen administration, child birth, and changes to nearly every other Standard in between. It is our hope that this less prescriptive edition of the Standards supports paramedic autonomy and decision making on scene: you are the operational day to day experts after all!

In a similar fashion, with the release of the new 2015 American Heart Association Guidelines Update for CPR and ECC, look for an updated release of the Advanced Life Support Patient Care Standards (ALS-PCS). As a result of a number of new Guideline recommendations, some minor changes are required to certain medical directives.

The Cardiac Care Network (CCN) has released an Ontario STEMI Protocol developed with input from all prehospital care stakeholders as a result of recommendations from the Auditor General of Ontario report. In the Southwest, this will mean minor changes to our various STEMI protocols and your Base Hospital Medical Directors are collaborating with our interventional cardiology partners ahead of implementation.

Finally and perhaps most exciting, we are beginning work with the MOHTLC and your operational leaders to explore “Treat and Release” medical directives so that not every patient requires transport to the emergency department (as you have known for years!). The challenge is to keep this new approach safe for everyone.

Together, we are working to align your practice to be more patient focused, results driven, integrated and sustainable. What a way to begin 2016!

Michael Lewell, B.Sc., M.D., FRCP(C)
Regional Medical Director

SWORBHP Provincial Representation

We are very fortunate in the Southwest to have a strong voice on provincial committees. Dr. Mike Lewell is the current Chair of the Ontario Base Hospital Group (OBHG) Medical Advisory Committee (MAC) and Sue Kriening is the new Chair of the OBHG Executive Committee. Dr. Matt Davis represents SWORBHP on the MAC and Stephanie Romano represents us on the Executive Committee. Dr. Paul Bradford is a Physician at Large on the Executive Committee and Mike Kennedy is an ACP representative on the Executive Committee. Stephanie Romano represents us on the Education Subcommittee and Pete Morassutti represents us on the Data and Quality Management Subcommittee. Please contact us if you have any questions regarding provincial topics or initiatives.

In addition to our representation on OBHG committees, Dr. Mike Lewell also sits on the Ontario Trauma Advisory Committee as well as the Ornge Medical Advisory Committee (MAC). It was through his work on these various committees that he led the update on the Field Trauma Triage and Air Ambulance Utilization Standard.

Susan Kriening, RN, BScN, MHS, ENC(C)
Regional Program Manager

Signalling “Talk Turns” During Paramedic-Physician Patching

In my last newsletter article, I discussed the results of a SWORBHP pilot study that indicated 95% of paramedic-physician patches contained some form of miscommunication. One of the most common causes for miscommunication starts when one person does not understand when the other has finished talking and they start talking before their ‘turn’. This results in both people talking simultaneously and neither person is able to hear what the other is saying.

In normal conversation a person who is speaking uses a series of signals to indicate when they have finished speaking. These are called “talk turn signals” and they indicate to the other person that it is their turn to speak. People are normally unaware that they use them when talking to others. Talk turn signals are sometimes obvious, such as when one person just stops talking. However, talk turns are often subtle signals such as a rising inflection in the voice that indicates a question is being asked. In face to face conversation people also use visual cues such as facial expressions to indicate they are finished with their thought and expect the other person to reply.

The process of having a conversation on a cell phone or a radio is very different from having a conversation face to face. Use of cell phone and radio technology for communication does not allow for understandable simultaneous talk to occur.

The quality of cell phone and radio reception is often so poor that talk turn signals used by paramedics and physicians in normal conversation are lost. This results in both people talking simultaneously, loss of comprehension, misunderstanding, and the need to “repair” the conversation to be able to continue the communication.

Although there has been a drift away from the use of radio “10 codes” (such as 10-4 – I understand), their use and the use of expressions such as “over” to signal a talk turn should be considered when patch communication is difficult.

Don Eby, M.D., Ph.D., CCFP(EM), FCFP
Local Medical Director
Grey, Bruce, Huron, Perth

SWORBHP Research and Abstracts

As most readers of this newsletter know SWORBHP actively works to answer prehospital research questions. The questions come from a variety of sources including medics, patients, physicians, nurses, students, residents and base hospital staff. The SWORBHP Evidence of Practice (EOP) group currently has over 30 research projects at various stages of development and completion. Regular attendees at EOP include Base Hospital Docs, Emergency Medicine Residents, Base Hospital Staff, EMS Service Chiefs and Deputy Chiefs, College representatives and research assistants from the Western's Division of Emergency Medicine. Many other individuals attend on an ad hoc basis including community docs, medical students, dispatch representatives and front line medics. The list below highlights some of the questions we are currently trying to answer as well as some research that has been presented or accepted for presentation.

Abstracts presented at the Canadian Association of Emergency Physicians (CAEP) Conference in June 2015

- A retrospective evaluation of the implementation of a rule for termination of resuscitation in out-of-hospital cardiac arrest
Natalie Cram, Shelley McLeod, Adam Dukelow
- Morbidity and mortality associated with pre-hospital lift assist calls
Lauren Shephard, Michelle Klingel, Shelley McLeod, Adam Dukelow, Mike Lewell, Mike Peddle, Matt Davis
- First-responder Accuracy Using SALT During Mass-Casualty Incident Simulation
Chris Lee, Michelle Klingel, Shelley McLeod, Jeff Franc, Dugg Steary, Jason Arns, Mike Peddle
- Can Paramedics Safely Transport Patients with ST-segment Myocardial Infarction (STEMI) to a PCI-Capable Centre Within a 45-minute Transport Window?
Kate Hayman, Adam Dukelow, Michelle Klingel, Shelley McLeod, Mike Lewell

Abstracts that will be presented at the National Association of EMS Physicians (NAEMSP) Conference in Jan 2016

- Emergency Medical Services (EMS) Assist-Requiring Hypoglycemia and Type 1 Diabetes in Southwest Ontario
Michael Peddle, Selina Liu, Heather Reid, Melanie Columbus, Jeffrey Mahon, Adam Dukelow, Tamara Spaic
- Stress and Safety in EMS: How work-related stresses and fatigue relate to safety outcomes
Paul Bradford, Elizabeth Donnelly
- Factors predicting morbidity and mortality associated with pre-hospital "lift assist" calls
Lauren Leggatt, Matthew Davis, Melanie Columbus

Adam Dukelow, M.D., FRCP(C), MHSC, CHE
Medical Director of Innovation & Research

OAPC Annual Conference - Award Recipients

At the Ontario Association of Paramedic Chiefs (OAPC) annual conference held in September 2015, 38 SWORBHP paramedics received the EMS Services Exemplary Service Medal at the 15th Annual Awards Gala. In addition, 13 paramedics received their first bar and 5 paramedics received their second bar. Congratulations everyone!

EMS Services Exemplary Service Medal - 20 years

Essex-Windsor EMS

Robert Beaudoin
Mary Lou Beneteau
Andy Closs
Kevin Cornwall
Mike Gobet
David Jacobs
Michael Jacobs
Anthony Jaroszewicz
Daniel Metcalfe
Grace Morneau
Mechelle Murphy
Daniel Pickel
Kim Schroeder

Grey County Paramedic Services

David Seeley
Scott Luce

Lambton County EMS

Jon Cann
Blake Smith
Brian Wigboldus

Middlesex-London EMS

Ron Hawkins
Kelli Matous

Oxford Paramedic Services

Michael Maycock
James McDonald
Ted Sanders

Medavie EMS Chatham-Kent

Robert Belleghem
Jacqueline Dath
Robert France
Mike Goncalves
Matthew Gaudette
Kenneth Langlois
Kevin Langlois
Kenneth Lewis
Jeffrey MacTavish
Ron McGregor
Tom Millard
Kerry Nantais
Dwayne Purdy
James Sinclair
Joseph Vancoillie

First Bar - 30 years

Bruce County Paramedic Services

Kent Padfield

Essex-Windsor EMS

Bruce Krauter
Cathie Hedges
Pete Hilliker
William Jaques

Grey County Paramedic Services

Bruce Fidler
Marsha Graham
Ian Graham

Huron County EMS

Greg Gordon
Mario Oliveira

Medavie EMS Chatham-Kent

Mike Gazo
Kenneth MacEachern
Jodie Wolfe

Middlesex-London EMS

Dale Blanchard
Kevin Coffin
David McLean
Jeff Siderius
Daniel Tyo

Second Bar - 40 years

Essex-Windsor EMS

John Rutgers

Grey County Paramedic Services

Bruce Smart

Huron County EMS

Gary Renaud

Medavie EMS Chatham-Kent

James Christie

Middlesex-London EMS

Chris Darby

The Emergency Medical Services Exemplary Service Medal was created in 1994 by the late Governor General Romeo LeBlanc, as a component of the Canadian Honours System. The Award is more than a long service medal, rather an exemplary service award presented to those eligible members of the prehospital emergency medical service who have served for at least twenty years in a meritorious manner, characterized by the highest standards of good conduct, industry and efficiency. To qualify, at least ten of these years of service must have been street (or air) level duty involving potential risk to the individual. Nominees must have been employees on or after October 31, 1991, but may now be active, retired or deceased.

OAPC Awards - cont'd.

In addition to the Exemplary Service Award winners, SWORBHP would like to acknowledge and congratulate the following recipients of three very prestigious awards.

The McNally Award

The N.H. McNally Award was established in 1976 in honour of Dr. Norman McNally, the father of Ontario's ambulance system. Dr. McNally was hired by the provincial government in 1966 to oversee the development of a balanced and integrated system of ambulance services throughout Ontario.

- ◆ Jordy Terry and Robert Villeneuve, Middlesex-London EMS received the award for their actions on December 28, 2014.

OAPC Humanitarian Award

This very special award was established in 2012. It recognizes an act or acts of unselfish donation of time and/or money to relieve the suffering of humanity somewhere in the world.

- ◆ Julie Colgan, Middlesex-London EMS was the 2015 award recipient.

R.J. Armstrong Leadership Award

The Richard J. Armstrong Leadership Award was established in 2008. It is awarded annually to an individual recognized for both outstanding leadership and significant contributions to EMS in Ontario.

- ◆ Chief Linda Rockword, Perth County EMS was the 2015 award recipient.

Congratulations everyone on your remarkable accomplishments.

Cathy Prowd, CQIA
Operations & Logistics Specialist

College Student Policies

At SWORBHP, we are very proud of the relationship we have with our three affiliated Paramedic Colleges: St. Clair, Lambton and Fanshawe. From inception, we have been advocates of ensuring that paramedic students are able to provide direct ALS PCS care to patients, prior to graduating from their program. Under the supervision of paramedic preceptors, we believe that this model allows for the training of safer, stronger and more confident paramedics and is yet another avenue to ensure that a graduating paramedic has the ability to utilize ALS PCS medical directives in actual real world scenarios, under the guidance of their preceptor. We believe that this is one of the best ways to gain the proper experience before independent paramedic practice.

Over the last year, members of the SWORBHP team have been revising our College Student Policies to reflect the current practice with students who are working in our region. With the revision of these policies, there will be some minor changes to the way we currently undertake our quality assurance processes and for the most part, there will be no changes to the method by which we provide educational certification. We have condensed the previous five policies into two in order to avoid confusion and redundancy. These policies came into effect January 2016. I encourage all students and paramedics involved in student education and training to review these policies and familiarize yourself with the student educational certification process as well as the planned process for student Quality Assurance. A link to the SWORBHP Policy and Procedure manual on our website is below.

Link: http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/OpsLogistics/policy_manual.htm

Matthew Davis, M.D., M.Sc., FRCP(C)
Medical Director of Education

EMS Fellow Fun

I can't believe it's been six months since I started this EMS "fellowship". I've been having a phenomenal time getting to know this world of prehospital medicine: both the medicine and the incredible people. Thank you all for being so welcoming!

As I've been learning what you all do on a daily basis, and some of what goes on behind the scenes, I thought I would share what I've been up to and what I hope to do this year as the "fellow". Essentially, this year I am immersed in all things prehospital with the goal of learning about this complex world. At the same time, I'm completing my emergency medicine residency training, with the added role of being chief resident: so half my time is spent in EMS and half in-hospital/academia.

I've had a very diverse experience so far in the domains of: education, research, policy, special exercises and ride-outs.

Education is my passion and I've been lucky to be involved in a number of teaching opportunities. I had a great time going to as many recerts as I could. It's been fun to travel around to Oneida, Windsor, Chatham, Lambton, London and Owen Sound. The questions and input that came from these experiences were phenomenal and really helped me appreciate a deeper understanding of the prehospital world. Specifically, the intricacies in working with directives, "unique" environments and the truly wild-and-crazy things that you just can't make up. I've also enjoyed helping answer some of the Ask MAC questions – it's been fun and rewarding to explore in-depth the evidence behind what we do. Looking forward I'll be working on some webinars, as well as some other teaching seminars. Specifically, I was hoping to get a live in-person rounds/seminar series going. After auditing a great real-time CME session at Sunnybrook this past month, my hopes are we can do something similar.

To improve upon my teaching skills and education training, I'm concurrently working on a teaching certificate through Western. I have also been fortunate enough to attend a fantastic EMS Fellowship course through NREMT, in Atlanta, and completed the National Association of EMS Physician (NAEMSP)'s medical director's course in January. These international courses are a wealth of information and the diversity of prehospital medicine abroad never ceases to amaze me. Spoiler alert: we have a pretty great balance of cutting-edge, but proven medicine going on here.



I've also been busy with research, with my ongoing lift assist project as well as collecting data for the educational needs assessment. Thank you to those that have filled out the surveys. This information will help us target future educational activities.

Policy is something that has been completely new to me: sitting in on the Ontario Base Hospital Group (OBHG) meetings as well as the Medical Council meetings at SWORBHP to learn where and how decisions are made. One thing I've noticed is the phenomenal job that our Regional Medical Director, Mike Lewell and Regional Program Manager, Sue Kriening, have been doing at a provincial level. There has never been a more efficient effort, based on feedback from the other Base Hospitals, than with our leaders at the helm.

I've been able to jump into a whole ton of fun exercises this year: from drills with the Windsor tactical EMS team to running through simulated febrile-return-traveler policies: starting at a prehospital contact and working through to their admission to the ICU. I was also lucky enough to be involved with Fashawe's trauma treatment day this fall, which is always a good time. Similar to previous years, it was filled with inventive and educational cases. New this year was a real-life gigantic boa constrictor. All these days were incredibly fun, educational and clearly took a lot of preparation and effort to create and implement: congrats to all those involved.

However, I would say with all the fun things I've been able to do, my favourite memories from the past six months have been ride-outs, and that's due to the adventures I've had with great people. The food: Schwarma at 3 am when we finally got a break, the discovery of Stobies free-pizza-days (Sonia + Adam day: what are the chances it's both partners on the same day!) The surroundings: Dougall base, the vent outside of the Holiday Inn on Dundas, apartments that the tenant hasn't paid for utilities...and it's at night...and it's Boulee. The cases: Excited delirium, arrests en-route, my first real-life "lift assist" and hoarder. I continue to be impressed with the amazing care you provide and what you're able to do in such daunting circumstances.

In summary: thank you for showing me all the incredible stuff you do these past six months. Hopefully you've enjoyed reading about what I've been doing. Looking forward to the next six!

Lauren Leggatt, BSc., M.D.
SWORBHP EMS Fellow

What is a Just Culture?

A just culture can be defined as the promotion of a culture of safety by understanding where the gaps and risks are in our system and processes. Identifying these gaps assists us in improving the quality of the care we provide and the safety of our patients and ourselves.

It is important to identify and understand the gaps in our systems and processes to enable quality improvements. We need to ask ourselves:

- What happened?
- What factors led to this event occurring?
- What can we do to prevent a reoccurrence?
- What can we do to redesign our systems to improve quality and safety?

A just culture supports a systems approach where near misses are captured and errors are prevented, where we learn from events when they occur and move away from “shame and blame” and focus on systems issues.

James Reason has extensively studied this field. He proposed that although we cannot change the human condition, we can change the conditions under which humans work. Reason looked at the context in which we work: what leads to error and what makes us successful. Reason’s work helped develop the study of Human Factors which is the study of how people interact physically and psychologically with products, tools, procedures, and processes. Have any of these changes occurred in your Services or practice to reduce the risk of making an error? For example, dimenhydrinate and diphenhydramine sound and look alike. In some areas, error proofing processes have been put into place to ensure these medications are separated to ensure that the wrong one isn’t chosen accidentally.

SWORBHP is moving towards more of a just culture in everything we do. We have already begun this work with the move away from formal testing towards team based scenario demonstrations. We currently endorse the use of our SWORBHP Communication Line to report great jobs, near misses, good catches and variances. We will be looking at our auditing practices and making changes to this realm of our work in the new year in addition to beginning to look at variances from a systems approach. This will enable us to identify trends where a system improvement may make a significant impact on the reduction of variances.

Susan Kriening, RN, BScN, MHS, ENC(C)
Regional Program Manager

2015 - 2016 Recert Season FAQs

As we come to the end of the 2015-2016 recert season, I’d like to take the time to thank the SWORBHP paramedics for your positive and supportive feedback, as well as for your ideas and constructivism for years to come. There were a few frequently asked questions that came up this year, and I would like to recap them here, along with our Medical Council approved answers.

Q1: With the recent focus on sepsis, can I patch to the BHP for acetaminophen administration for patients with a fever?

A1: Paramedics are encouraged to contact the BHP for advice for life and limb threatening circumstances when within your scope and not already covered within the ALS PCS. Generally speaking, administering acetaminophen in the setting of fever is not an immediate life-saving treatment. Also, refer to the May 13, 2014 Q&A in AskMAC on the topic.

Q2: Can dimenhydrinate and diphenhydramine both be administered to the same patient?

A2: No, dimenhydrinate and diphenhydramine should not be administered to the same patient. The main concern here is the cumulative effect of the medications resulting in an anticholinergic excess clinical toxidrome: dry mouth, mild hyperthermia, tachycardia, dilated pupils and CNS changes. Also, refer to the Nov 22, 2013 Q&A in AskMAC on the topic.

Q3: Is BVM ventilation appropriate for a patient who has a valid DNR?

A3: No, BVM ventilation is contraindicated in DNR patients as this represents artificial ventilations, as listed in section 1 of the DNR form. Also, refer to the Nov 4, 2013 Q&Q in AskMAC on the topic.

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Recert Season FAQ's - cont'd.

Q4: How are witnessed vs. unwitnessed traumatic cardiac arrests treated differently?

A4: It is not explicitly stated in the ALS PCS, however our teaching has been that the Trauma TOR only be considered in the case of an unwitnessed traumatic cardiac arrest. There is a higher likelihood of survivability in the case of a witnessed traumatic cardiac arrest. Also, be sure to refer to the Field Trauma Triage Standard for transport guidelines for those trauma patients who are transported. Also, refer to the Nov 22, 2013 and Mar 1, 2012 Q&As in AskMAC on the topic.

Q5: What energy (Joule) setting is to be used when defibrillating a VSA patient who has already been shocked by a PAD program or Fire Department?

A5: The OBHG Companion Document for the ALS PCS, April 2015 v3.1 pg 7 states: As a general rule, Paramedics do NOT count pre-arrival interventions into their patient care. Care delivered prior to arrival can be "considered" and documented. As such, medical council recommends that paramedics begin their defibrillation at 200 J and follow the prescribed dosing guidelines for the ongoing care of the patient.

Stephanie Romano, MScEd., HBSoc., AEMCA
Education Coordinator

Paul Bradford...The Man, The Myth, The Legend

In the early 2000's Paul Bradford parachuted into the lives of paramedics and never looked back. A towering man of knowledge; he struck fear into some and instilled confidence into others.

A former air cadet, whose family medicine skills were honed in northwestern Ontario's outstanding residency program in Sudbury. A committed military man, he signed on with the Medical Officer Training Plan in 1989. During four years of full-time duty, Bradford posted to the country's busiest army base and completed a tour in Bosnia, provided five weeks of emergency relief in Honduras and spent a month in Winnipeg during the 1997 flood. He also answered the call during Ontario's 1998 ice storm and Toronto's 1999 blizzard, and participated in several military exercises.

After leaving the military full-time, he completed his ER training at the University of Western Ontario and quite recently completed his Masters in Trauma System Design from the Royal Military College. Through all of this Bradford still remained active in the Canadian Military as he felt committed to serve his Country as well as his community.

Lieutenant Colonel Paul Bradford provided countless years of service to the Canadian Military and inspired many in the field of EMS. He was the Commanding Officer of 23 Field Ambulance for five years. Upon parachuting into the life of EMS in the early 2000's, he began to train and become involved in the lives of not only local paramedics under the guise of the Essex-Kent Base Hospital but also provincially. His military experience encouraged paramedics to push the envelope and think outside the box...even to this day. He pushes the envelope provincially and champions paramedic involvement in research. Education is his approach. "Teach them and they will remember. Educate them and they will perform. Support them and they will lead."

Lieutenant Colonel Paul Bradford, congratulations on your retirement from the Canadian Armed Forces. Your years of service and dedication to your Country have brought great strength to the military and to the paramedics of this region. The entire SWORBHP team is extremely proud of your accomplishments!

"A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent." - Douglas MacArthur

It is truly an honor to work beside you!

Pete Morassutti, BSc., ACP, CMMII, NCEE, NCI, CPSO
Prehospital Care Specialist



Evan's Journey - Perth County EMS Junior Paramedic

The story of seven year old Evan Leversage, a little boy from St. George, Ontario touched the lives of thousands of people around the world. Shortly before his second birthday, Evan was diagnosed with a brain tumor.

Five years ago, Perth County EMS was approached by Evan's family to help with Evan's Touch a Truck Event which is held each September. The event raises money for ChildCan, a childhood cancer organization that helps families cope with the daily struggles they face when a child is diagnosed with cancer. Since Evan's diagnosis in 2010, EMS, Fire, OPP, and big trucks of all sorts have participated in the event.

Last year Perth County EMS was represented on the committee for the Stratford Air Show. We brought Evan and his cousins to the airfield in Stratford a few days before the Touch a Truck Event to have a private tour with the Snowbirds and to have a one-on-one with pilot Steve MacDonald a "touch a plane" event.

In February 2015, the *Perth County Paramedic Community Care Fund* was created. Evan and his brothers became the first recipients of this fund. We surprised the boys with gifts and money, and made each of them official Perth County Junior Paramedics, complete with their own County identification badges, blue uniform shirts and a stethoscope. More information about this fund can be found at: http://www.perthcounty.ca/Paramedic_Community_Care_Fund

The fifth annual Touch a Truck Event was held in September 2015. Perth County EMS wanted to do something extra special to surprise Evan. After much coordination and paperwork, we flew ORNGE into the event and they landed their helicopter right smack dab in the middle...not only once, but twice, as they were called away after only 20 minutes on-site. Watching Evan give the pilots the thumbs up for takeoff as he sat on our knee with his Ambulance helmet on, was truly inspirational.



That September Evan started Grade 2 and two weeks into classes, less than a week after the Touch a Truck Event, Evan suffered a stroke. He was hospitalized at McMaster in Hamilton and the Doctors told his mother they had run out of treatment options and they could not stop the cancer that was growing in his brain. Evan was not expected to live much longer. The news devastated us all.



The last week of September Evan returned home and with the help of his family created a "bucket list". At the top of his list was Christmas. Evan loved everything about Christmas - Santa, the lights, decorations, the Christmas tree, and dinner with his family. With the help of Perth County EMS and a team of volunteers, we set out to give Evan one last Christmas. On October 19th, we celebrated Christmas early, complete with Christmas trees, gingerbread decorating, a photo booth, a piñata, and of course, Santa who brought presents for the 24 children who attended. One team cooked the turkey with all the trimmings that fed 75 people, another team decorated the hall, and a third team went to Evans house while they were at the party and decorated his entire home inside and out, with each boys bedroom having their very own special theme.

This act was the catalyst to the #lightsonforevan campaign to have Christmas lights put up in Evans neighbourhood to make it look more like Christmas for Evan. This all snowballed when the local merchants started to get involved. Evan had his very own Christmas parade on October 24th.

Evan entered hospice care a week following the parade with his bucket list now empty.

On December 6, 2015 Evan received his "Angel" wings. Ironically this was the patriot day of St. Nicholas. We were not only honoured to take part in the funeral as a Pallbearer but to speak at his service, as his Perth County EMS Junior Paramedic shirt lay at the front of the church next to his other honorary emergency services uniforms. We presented Logan, Evan's oldest brother with the Governor of Canada Emergency Medical Services Exemplary Service Medal during the service (permission granted by the office of the Chancellor of Medals for the Governor General). Gold balloons were launched to complete the cemetery interment, on behalf of Evan's Legacy, and brain tumour research for children.

...continued on page 11

Evan's Journey - cont'd.

One of Evan's Aunts reported to the media, "to list the generosity and support of the businesses, companies and individuals would take an entire page to mention but there is one group that sits at the top of the pile. They have been Evan's personal cheerleaders for four years. They adopted him as their own and have become Angels who have touched our hearts and brought countless smiles to Evan and his brothers, Logan and Tyson. They are Perth County EMS."

Evan's mother said to me, "thank you, thank you, for shining the light of love on one little boy that is radiating around the world and illuminating the goodness of kind hearts everywhere. Perth County EMS gave us their consistent and enthusiastic support with magical and memorable moments we will forever cherish".

In September 2016 Evan's Touch a Truck Event will live on in memory of Evan and his courageous fight. Perth County EMS will continue to support Nicole and her family with making 2016 and the years to come lighthearted, as Evan smiles from above.

For its not good-bye our little buddy, it's until we meet again.

Respectfully,

Cliff Eggleton
Deputy Chief
Perth Paramedic Service

Jeff Sager
Platoon Commander
Perth Paramedic Service



Taser and Conducted Energy Weapons

It is a real pleasure for me to highlight the recent publishing of a paramedic led manuscript - Taser and Conducted Energy Weapons. Thomas LeClair has a very strong background in Tactical Medicine Education which includes his military roots, police, SWAT team medic work, street experience as an ACP in Windsor Essex, and international teaching experience in special operations and tactical combat casualty care.

Thomas co-authored the manuscript with Dr. Tony Meriano, an ER physician, trauma team leader, base hospital patch physician and senior military medical officer. Together they have outlined a comprehensive look at conducted energy weapons atypical injury presentations in patients and have provided a summary of care controversies outlining their use in the literature. Every paramedic may be called upon to assist in these situations and should be familiar with patient care challenges in these types of scenarios.

We would like to thank the Journal of Special Operations Medicine (JSOM) for permission to reprint this article for front line paramedics who receive educational support from SWORBHP. For those paramedics interested in tactical medicine, the authors strongly encourage readership of JSOM.

Please access the reprinted article on our website using the link below.

Link: http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/Research/ARTICLEtaserAndConductedEnergyWeaponsLeClairMeriano2015.pdf

Paul Bradford, B.Sc., M.D., CCFP(EM), FCFP, CD
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SWORBHP MedList - Statins

Statins are medications used to lower low density lipoprotein (LDL) cholesterol (the bad cholesterol), and have modest triglyceride-lowering and high density lipoprotein (HDL) cholesterol raising effects at higher doses. Here are the most common statins you'll see in the prehospital setting.

Brand Name	Generic / Chemical Name
Lipitor	Atorvastatin
Lescol	Fluvastatin
Mevacor	Lovastatin
Pravachol	Pravastatin
Crestor	Rosuvastatin
Zocor	Simvastatin

Matthew Davis, M.D., M.Sc., FRCP(C)
Medical Director of Education

Upcoming CME Opportunities

- **Bicarb & Lasix (Long Overdue Review) - February 2016**
- **Ethics in EMS - March 2016**
- **AHA Update - March 2016**
- **Variances - April/May 2016**

[Click here](#) to visit our website and view the page dedicated to Continuing Education.

Comments?

If you have comments or feedback on the newsletter, or have an article you would like to have considered for publication in a future edition of **LINKS**, please send to:

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