The Official Newsletter of the IAFC EMS Section

EMS CHIEF ADVISOR

THE LEADERSHIP VOICE OF FIRE SERVICE-BASED EMS | Summer 2009 | Vol. 4 No. 2

THIS ISSUE

LETTER FROM THE CHAIR

How Do We Communicate With Our Membership? Let Me Count The Ways

By Chief Gary Ludwig

Anne Morrow Lindbergh said, "Good communication is as stimulating as black coffee, and just as hard to sleep after."

With that thought in mind, the EMS Section wants to stimulate you with multiple forms of good communication and information you can use in your career and department.

The EMS Section communicates with our membership in a myriad of different ways – and we have just added four more forms of communication. To accommodate all the different ways we now communicate with our membership, and to make sure we are coordinated with all our different forms of communications, I have formed a Communications Committee made up of members of the EMS Section, chaired by Chief Norris Croom, our director-at-large.

When I became chair of the EMS Section, we were already communicating to our membership with this quarterly newsletter, our column which appears in the IAFC's *On Scene* newsletter, EMSclosecalls.com, and our website at www.IAFC.org/emsSection.

Since then, I have added a monthly e-mail blast from the chair to our membership detailing happenings within the EMS Section, items of importance that you may need to know, and a link to minutes from the executive board's last conference call. Other e-mail blasts occasionally are also sent to the membership giving such information as when our business meetings are occurring.

Hoping to communicate with our membership more, I have added four more forms of communication.

First, we have formed a Google group. The Google group is exclusively for EMS Section members. Non-members are not allowed to join. The Google group is an opportunity for all of us to be linked together through e-mail. EMS Section members can communicate with everyone at the same time to share information or ask for information, such as, if you need a sample copy of an SOP or a medical director's contract, or you want to talk about issues such as the latest H1N1 pandemic scare, etc. To sign up for the Google

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FRI REGISTRATION IS STILL OPEN!

FRI 2009
Fire-Rescue International
August 25-29, 2009 • Dallas Texas
www.iafc.org/fri

See you at the EMS Section Meeting, Thursday, August 27, 1-3 pm!
Hear federal and other guests discuss emerging EMS topics for today's Fire Chief.

And be sure to attend:

SE53: Chief - Do You Know About This? Current and Emerging EMS Topics for the Fire Chief
Wednesday, August 26 • 8:30 am - 4:30 pm

Fire service-based EMS is constantly changing and impacted by new trends, laws, best practices and current issues. Since one of the major functions most fire departments perform is EMS in one form or another, not being aware of all that can impact you and your department significantly. Join Chief Gary Ludwig, Deputy Fire Chief, Memphis Fire Department, and other leaders in EMS, as they provide you with the latest information regarding hot topics in fire service-based EMS.

Register now at www.iafc.org/fri

TREASURER'S REPORT

Prepared 26 June 2009

EMS SECTION CONSOLIDATED FINANCIAL REPORT
May 2009

	EMS Section 60500	Fire Rescue Med Conference 81000	Total
Carryover Prior Years	$235,968		$235,968
Income			
	---	---	---
Total Income	$13,600	$300,104	$313,704
Expenses			
	---	---	---
Total Expenses	$63,164	$104,959	$168,123
Total Change In Net Assets	($49,564)	$195,145	$145,581
	---	---	---
Current Balance	**$186,404**	**$195,145**	**$381,549**

Submitted by: Rob Brown, EMS Section Treasurer

EVENTS, LEGISLATION, NEWS & NOTES

THIS SPOT IS RESERVED for best practices, news, events and legislative activities. Send us a brief description of any of the above and we'll feature them in the newsletter. If you think your organization is doing something we all need to know about, let us know so we can get the information out and help your peers. This is a conduit and flows both ways; it's most effective if you contribute. Send an e-mail to dsbeckermo@msn.com.

SECTION ANNOUNCEMENTS:
UPCOMING EVENTS FOR THE EMS SECTION

The **EMS Section Business Meeting** will be held at FRI on Thursday, August 27 at 1 pm at the Dallas Convention Center

The EMS Section will be attending the following meetings this fall:

National EMS Educators Conference in Orlando, FL

Fire Rescue International, (FRI) in Dallas, TX

National Association of State EMS Officials meeting in Little Rock, AR

Look for information on FRM 2010 Save the Dates: May 1-5, 2010

Go to www.iafc.org/frm

EMS CHIEF ADVISOR

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The IAFC EMS Section promotes fire-based EMS by providing a forum for addressing fire-service EMS issues, providing guidance and direction to the IAFC board and membership on fire-service EMS issues and representing fire-based EMS issues before the federal government and other EMS interest groups.

EMS CHIEF ADVISOR is published quarterly by the International Association of Fire Chiefs on behalf of the EMS Section.

HOW TO SUBSCRIBE

Subscriptions are free for EMS Section members. To see if you qualify, contact Member Services at membership@iafc.org or by phone at 866-385-9110.

Send address changes to IAFC, 4025 Fair Ridge Dr, Suite 300, Fairfax, VA 22033.

EDITORIAL COMMENTS

Contact Chief David Becker, Ret., via email at dsbeckermo@msn.com.

Chief Paul Berlin

Member Profile

CHIEF PAUL BERLIN

By Courtney McCain

One IAFC EMS Section member brings a combination of cutting-edge technology to his own department, while bringing emergency medical expertise to one of the world's most intense tests of physical fitness and endurance.

Since 1991, Paul Berlin has been medical division chief of Pierce County Fire District No. 5, based in Gig Harbor, WA. The combination ALS service transports around 3,500 patients annually in and around Gig Harbor, which is located just across Puget Sound from Tacoma and Seattle.

The Science/EMS guy

A Michigan native, Berlin was encouraged by his mother, an emergency department nursing director at a local hospital, to get an ambulance attendant's license at the dawn of the 1970s, when many states (including Michigan) had no EMT or paramedic curriculums.

Berlin later took and then taught his own EMT classes. In addition to working as an ambulance attendant, he also ran a planetarium in Sault St. Marie while working his way through Lake Superior State University, where he obtained a bachelor's in environmental science in 1976.

"After I graduated, I couldn't find any environmental science jobs other than those at sewer plants," Berlin said. "But every time I went on an ambulance call, it seemed like I was doing what I was meant to do."

He became a paramedic in 1977 and ran calls out of Midland Hospital Center in Midland, MI. He briefly worked as Midland's EMS education coordinator before moving across the country in 1984 to Tacoma, WA, where he was the EMS program director at Tacoma Community College until 1988.

In the midst of his TCC tenure, Berlin joined Pierce County Fire District #5 as a firefighter in 1988 and helped to develop its ALS program in 1989. By 1991, he was the medical division chief, and he has held that post ever since.

His accomplishments within the EMS realm are just as wide-ranging. Berlin has had articles published in the Journal of Emergency Medical Services (JEMS), is a contributor to multiple ACLS and PALS publications through the American Heart Association, and also is a member of the International Liaison Committee on Resuscitation (ILCOR), participating in guidelines processes for 2000, 2005, and the pending update next year.

> "Every time I went on an ambulance call, it seemed like I was doing what I was meant to do."

An active member of multiple committees within Washington State and Seattle area EMS circles, Berlin also obtained a Master's in Health, Physical Education, and Recreation through Central Washington University in 1990, penning his thesis on designing an EMS system based on a community's specific needs.

Ironman Medical Coordinator, Athlete

Berlin's interest in triathlons was spurred by his wish to bring his career to different heights while working as a medic in Michigan. A longtime skier (he won a varsity letter four consecutive years in college), Berlin's athletic instincts were challenged by what he heard from a local air ambulance service in the mid-1970s.

"I wanted to work on the helicopter, but was told I was too heavy," he said. "So I started to run to lose weight. Not being much of a runner but a strong biker and swimmer, this new sport of triathlon seemed a better fit for me."

He soon merged both interests in the mid-1990s when he began volunteering as a medic at the Ironman World Championship Triathlon in Kona, HI. His involvement with the triathlon intensified when he realized that he could help supply the event with AEDs, monitors, and other medical supplies through various EMS vendors willing to step up and help supply this world-caliber event.

"It was easier for me to get AEDs from the Seattle area than it was to obtain them in Hawaii," Berlin said.

After serving as a medical volunteer for the Ironman for three years, he was named one of the event's visiting medical coordinators in 1999. As a medical coordinator, Berlin arrives at least one week before for set-up, assists with training more than 350 medical volunteers (who have paid their own way to Kona), and helps coordinate various medical stations during the race.

The qualification-only event brings an average of 1,650 highly trained athletes from all over the world to an area laden with high humidity and heat. In spite of the triathlon's demands (2.4-mile ocean swim, 112-mile bicycle and 26.2-mile run), Hawaiian environmental extremes tend to send participants to the medical tent after finishing, Berlin said.

"At a race of this caliber, athletes are very well prepared," Berlin said. "They know what conditions to expect, and they know how to read themselves and how they're doing."

In 1991, 38 percent of starters visited the medical tent during and after the race. By 2007, that number had dropped to 13 percent, a drop that Berlin credits to improved training methods, endurance sport research, and overall fitness. Evaluations of athletes follow basic rules (similar to fire rehab guidelines) that the medical volunteers are briefed on before the race begins. Each athlete also is informed about what to expect—and what not to expect—from medical personnel at the Ironman.

"Sometimes they show up at the medical tent wanting an IV, knowing that they'll recover faster with a fluid infusion," Berlin said. "They know ahead of time that we're going to be stingy with who gets an IV."

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In the Spotlight

UNIVERSAL PRECAUTIONS THROUGH ULTRAVIOLET TECHNOLOGY

By Courtney McCain

The latest weapon in prehospital infection control harnesses an extraterrestrial resource.

The ultraviolet "C-band" of light, which has been used for years to sanitize hospitals, research labs, and other areas where high levels of disease may be present, is now being used in ambulances.

"The C-band of ultraviolet light is not naturally occurring in our environment," said Chief Paul Berlin, of the Pierce County Fire Protection District No. 5 in Gig Harbor, WA. "It's filtered by the atmosphere, for the most part."

Gig Harbor, located just across Puget Sound from Seattle, is among the pioneering communities whose fire/EMS personnel use UVC to disinfect the ambulance fleet. So far, five of the department's seven ambulances have been outfitted with the lights, and Berlin anticipates wiring the sixth with the lights next year.

"One of my medics mentioned it and I asked him to research it," Berlin said. As Gig Harbor's infection control officer, Berlin was curious about the UVC light from that standpoint.

After learning more about UVC and other options for infection control, Berlin opted for UVC light fixtures from Lumalier that are installed directly into the ambulance's overhead light system.

The UVC lamps, which hold "hard glass" quartz bulbs rated in the thousands of hours, washes a bluish-toned light over every surface within the patient compartment. The light band also spills into open equipment cabinets and various crevices that are notoriously difficult to clean and disinfect.

The UVC light rays need to contact to eradicate microbes, Berlin said. Personnel at Gig Harbor run the light for half an hour, which is longer than the recommended time for such an enclosed space.

"When the light is on, anything within a direct line of sight will be affected," Berlin said. "But since UVC band light also bounces, it will penetrate areas that still wouldn't have a direct contact with the light, so those areas also can be treated."

The universe's zap-light

Since ultraviolet-C band lights can be artificially harnessed for the purposes of microbe control, they have been used for years within the science, medical, and environmental industries. More recently, some school districts are considering portable UVC lights to disinfect classrooms after students depart for the day, especially in the wake of various illness breakouts and an increasing movement against the use of potentially toxic cleaning agents.

"We also looked at bigger agencies that use UVC light to disinfect surfaces," Berlin said, mentioning that hospitals often use large UVC set-ups in operating suites during overnight hours, before surgeries begin the next morning.

Various light bands already are used throughout the healthcare system to prevent the spread of some droplet and airborne-spread diseases (such as neutralizing airborne tuberculosis droplets with UV lights). Outside the health care industry, UVC lights have been used in water purification, and are especially effective against such potentially harmful microbes as E. coli.

The UVC light doesn't simply target the microbe: It goes for genetic material within, altering its composition and rendering the microbe incapable of reproduction. The microbe itself isn't "killed" in the traditional sense, but eradicates a potential spread by ensuring that the DNA cannot replicate itself

Viruses (relatively fragile microbes that wage hostile takeovers on living cells) are relatively easy to kill once they are outside the human body. But some bacteria and other microbes can live for extended periods, incubating until conditions become ripe for their spread, either through contact with an immunosuppressed patient, or through a seemingly innocuous scrape on the uncovered arm of a care provider.

Microbe life span has become especially relevant in the age of medication-resistant strains of bacteria (such as MRSA) and super-virulent influenza viruses (H1N1). The UVC light also is effective against notoriously hard-to-eradicate microbes that are fungal in nature, such as Clostridium difficile (C. diff) overgrowth spores that can overtake the digestive tracts of patients who are taking antibiotics.

"Viruses take very little exposure to UVC light," Berlin said. "Spores take longer, but the effect is the same. The UVC light has to hit the organism, and it renders it harmless by impacting its ability to reproduce."

Elbow grease required for truck check

Berlin said that regardless of the microbe-neutralizing potential of the UVC light, medics won't be able to bid their mops and cleaning materials goodbye. The UVC light will kill most microbes; it won't clean the truck of fingerprints, blood and grime.

Every morning, Gig Harbor crews not only clean their rigs the traditional way, but they also activate an onboard UVC light twice (both with the stretcher inside the unit and out).

"The lights only operate when the truck is plugged into the shoreline," Berlin said. "The way we've got them wired, the doors of the patient compartment have to be closed, the shoreline has to be plugged in, and the lights need to be activated. If they go on a call and unplug the shoreline, the lights automatically turn off."

Berlin said when their first ambulance received its chassis-fit UVC light, they "paid about $600 for the light fixture, and $600 for the wiring from the ambulance manufacturer. Today, for a built-in UVC set-up, $2,000 would about cover it."

Also available are portable UV-C units, which could be used in the station as well as response units.

"It's pretty small," Berlin said of the portable UVC units, also available through Lumalier. "It's a little bigger than a lantern you would use on a camping trip. They're designed to be hung up or set on a table or on the floor. The portables are plugged in to activate the timer and then you've got so long to exit the room before the light activates."

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NEW REALITIES FOR INFECTION CONTROL IN THE FIRE SERVICE

By Cindy Brown, Twink Dalton, Mary Makris, and Mary Mast

On September 2, 2008, the Front Range Fire Consortium (FRFC) began its 14-week Fall Academy. The Consortium utilized five major training sites, two of which had dormitory facilities. The recruits, which totaled 15, came from six different departments ranging from Laramie, WY to Boulder, CO.

During the third week of the academy, one recruit developed a swollen, red rash on his upper arm. This recruit enlisted the aid of a fellow classmate to apply ointment to his upper arm. Later that day, the classmate who had applied the ointment also applied ointment to an abrasion on his leg, (which resulted from his rubber boots rubbing against his calf). Two days later, he developed a fever, was hospitalized, and eventually required two surgeries with deep tissue and muscle debridement.

The Colorado Department of Health was immediately contacted for assistance,

Despite the immediate intervention and counseling from the State of Colorado Epidemiology Doctor, an official from the CDC, and a representative from the local health department, 10 additional recruits out of the 15 enrolled were evaluated and sent to Occupational Health for further evaluation and treatment. Five of those recruits were diagnosed with MRSA (methicillin resistant staphylococcus aureus) from three different strains, and two more recruits were hospitalized before the outbreak was under control.

There probably isn't a fire academy in the country where at least one recruit has not experienced a rash, pimple, or small abscess somewhere on his or her body. Most of those infections were relatively simple and were easily managed by either keeping the lesion clean and dry or by an oral antibiotic. So the question remains, why were so many recruits affected during this academy and why was the outbreak so serious? The answers to these questions are relevant for all fire departments as well as all facilities where groups of people are trained.

Staphylococcus Aureus

To begin to answer these questions, it's helpful if we look at what we know about staphylococcus aureus, otherwise known as "staph" or SA. SA is normally occurring bacteria on our skin or in our nasal passages. There are two types of staph associated with our body: staph epidermis and staph aureus. Staph epidermis normally resides on skin in most of the population and has a protective function. Staph aureus, however, is present in the mucous membranes of the nose or nasopharynx. According to the CDC (2008), this type of staph is present in 25% to 30% of the population. Normally these bacteria are asymptomatic and, in the case of staph epidermis, its presence is thought to help keep other, more harmful bacteria and viruses in check and may even prevent them from gaining further entry into the body. As long as the skin or mucous membranes stay intact, neither type of staph causes a problem.

Staph is very hardy. It can be carried from one place to another on hands, clothing, towels, tissues, etc. Despite this, staph can be removed by simple hand washing. However, when hands aren't washed, or personal items such as bar soap, razors, or articles of clothing are shared or when towels remain wet, the staph organism lives longer. Through these secondary means, staph can be carried from one person to another. The most common method of spread, however, is skin-to-skin contact.

Despite its hardiness, SA, including MRSA, can be destroyed by simple cleaning with a dilution of 1:100 bleach and water. A dilution of 1:10 is frequently used for any equipment that comes into regular contact with patients. In the event that a manufacturer recommends not using bleach, several over-the-counter cleaning products will destroy staph and MRSA.

MRSA

Staph is incredibly resilient, adaptable and easily spread. Among hospitalized patients who have had extensive antibiotic therapy, staph has adapted to the antibiotic and become resistant. The first case of methicillin resistant staph was identified in Seattle, WA in 1968. This type is staph was termed "hospital acquired" (HA) and is known by its resistance to the particular antibiotic. This is how MRSA and vancomycin resistant staph aureus (VRSA), came to be. Because methicillin resistant staph was found in hospitals, i.e. "hospital acquired," it was called HA-MRSA.

In recent years, the MRSA bacteria strain has mutated and is now being found in individuals who have not had any healthcare contact. This type of MRSA is known as "community acquired" or CA-MRSA. Community acquired MRSA has been found in community gyms, exercise centers, and locker rooms. Victims have been members of professional sports teams, college and university teams, high school football and wrestling teams, etc. Because the presence of MRSA in the general public is around 30% (CDC, 2008), it is easy to see how so many areas of the community can be affected. It is important to remember that not all infections are caused by staph and not all staph infections are methicillin resistant.

Infection

When a laceration or abrasion occurs, simple cleaning with soap and water is usually enough to remove any organisms that may cause problems. If bacteria does enter the body, the body's immune system will often destroy the organism. However, if the organism is able to bypass or inhibit the body's normal protective mechanisms, infection may occur. Once staph has gained access within the skin or further in the body, it can cause infection. Some are very serious and can even be life threatening. The most common infections from SA are: boils, folliculitis (infection of hair follicles) and cellulitis. However, staph has been implicated in everything from impetigo to toxic shock, scalded skin syndrome, urinary tract infections, food poisoning, and sepsis.

Staph Infections within the FRFC Fire Academy

Small pimples, abrasions, and lacerations which occur during an academy are not cause for alarm and are considered commonplace. When these are noticed by the instructors, the department's infection control officers are usually not notified. However, admission to the hospital is an exception.

In the FRFC case, the agency's Infection Control Officer was notified only after the first recruit entered the hospital. A confirmed diagnosis of MRSA was not immediately made. When MRSA was identified, the Infection Control Officers of the participating agencies, the county health department (who was busy containing an outbreak of E. coli), and the state health department were notified. The state health department immediately conducted

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Infection Control, continued from page 5

an investigation and inspection at one of the training sites that also had dormitory facilities. This investigation and subsequent inspection produced some interesting facts.

PT was a daily part of the academy, usually held first thing in the morning. Although the academy provided PT attire, each recruit was responsible for providing his or her own towel and hygiene products. After completing PT, many of the recruits did not shower ,or showers were not available. If the recruits did shower, bar soap and towels were shared (in the event a recruit forgot his or her towel). The towels were not hung up to dry nor were they washed daily. Damp towels were discovered lying on top of damp t-shirts or shorts and bar soap was present in showers.

Other regular practices involved pinching "pimples" and applying antibiotic ointment to any rash or skin lesion. Skin lesions were not always covered. If dressings were applied, they were not changed, even if sweat or water left the area moist. Simple hand washing was not routine.

To manage the outbreak, a cleaning protocol was implemented along with hygiene practices that included: providing access to shower facilities during days with extreme exercise; prohibiting sharing of washcloths, towels, clothing, or razors; avoiding bare skin contact by using scrubs under bunker gear; wearing knee pads over scrubs/ bunker gear; washing PT apparel every day; thoroughly drying towels and clothing in a dryer; conducting daily skin checks in the morning prior to PT; conducting live burns every other day instead of every day for one full week; providing liquid soap; and cleaning desks and bathroom facilities, etc. daily. After these measures were implemented, the outbreaks stopped. No new cases of staph infection after October 6, the fifth week of the academy. However, two re-infections did occur even after appropriate treatment was administered.

Normal academy activities promote sweating and contribute to skin abrasions. Those normal activities, along with the lack of showers and washing facilities at several of the training sites, all contributed to the outbreak that occurred. The fact that so many were affected is most likely a result of the communal living arrangements in combination with the lack of daily washing of clothes and towels, sharing of towels and personal items, and a lack of regular hand washing and other basic cleaning practices. Of the three strains of staph, the health department was able to trace the spread of each strain throughout the academy. As for where the staph originated, that was never known.

Lessons Learned

As the infection control officers from all departments met and reviewed this event, we realized that we encountered some things we did not expect.

First, we did not expect the widespread use of an over-the-counter antibiotic ointment by the recruits. They were under the impression that it should be used on any and every skin lesion. That one practice prevented healing of many skin lesions and probably contributed to ongoing infection. It is important to avoid self-treating with any topical over-the-counter antibiotic ointment or cream.

Second, we also did not expect that many of the agency's occupational medicine physicians were not aware that cultures of the lesions needed to be taken. We now have a prepared letter to send with any recruit who is referred to their agency's occupational medicine physician.

Lastly, we did not expect the issues with workman's comp that occurred. By careful documentation, help from the state department of health, and the infectious disease physician we consulted, many of those issues were resolved.

Prevention Plan

As a result of this event, all six departments came together for a common cause. Education was provided to both recruits and their concerned families. A plan was developed and implemented to mitigate any further outbreaks, which was successful. An Infection Control Policy was developed and adopted for the next academy. This policy recommended policies and procedures which included education at the beginning of each academy for both the recruits and the faculty, and ongoing skin inspections. This policy was implemented in March with the new Spring Academy, 2009.

Summary

The transmission of infection through breaks in the skin and/or use of poor hygiene practices make infection control issues especially pertinent to the fire service. In a profession where communal living conditions prevail, coupled with job requirements that predispose to breaks in the skin and skin irritations, fire departments and fire academies are now faced with upgrading department policies on infection control. Developing and enforcing more stringent cleaning and hygiene practices including regular cleaning of stethoscopes, radios, pagers, and other commonly used equipment is the key to prevention and can be successful in preventing such an outbreak in any environment.

If your department has had similar experiences or you would like more information on the policies and procedures developed by the EMS Coordinators for the Front Range Fire Consortium Academy, please contact us at NCEMSCordinators@g.com.

For a complete list of references used in this article, please visit our website.

Cindy Brown, NREMTP, is ICO of the Mountain View Fire Protection District; Twink Dalton, RN, MS, CNS, NREMTP, is director of EMS for the Mountain View Fire Protection District; Mary Makris, MPH, NREMTP, is EMS Coordinator and ICO of the Poudre Fire Authority; and Mary Mast, RN, AGS is EMS Coordinator, ICO for the Union Colony Fire Rescue Authority.

UVC Technology

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Berlin is especially enthusiastic that the lights don't seem to damage anything in the interior of the patient compartment, nor do they seem to bother any delicate electronic equipment that also may be "washed" with the lights, such as the cardiac monitors.

"We haven't noticed any damage to the unit's interior," Berlin said. "Especially when UVC is compared to other cleaning products like bleach or harsh chemical products that are used for cleaning. Those probably cause more damage than ultraviolet lights."

Ultraviolet-C band light is potentially hazardous to people, Berlin said, but in a minor way. "It's not like you're going to die if you're exposed (to UVC light) for a short period," Berlin said. "Prolonged exposure can give you skin irritation or eye irritation. It's not a tanning booth as some of the medics initially joked."

For more information about Lumalier's UVC light, see their product line, at www.lumalier.com.

TWO NEW WAYS THE EMS SECTION KEEPS YOU INFORMED

EMS SECTION COMMUNICATIONS PODCASTS

The inaugural monthly podcast sponsored by the IAFC EMS Section for fire and EMS professionals has been released. Posted on the section's website (Resources > Podcasts), the *Fully Involved* monthly podcast brings together leading professionals in the EMS field to discuss timely hot topics, news, and current events affecting the fire and EMS service. The monthly *Fully Involved* podcasts are a new benefit to Section members and people thinking of joining IAFC. Podcasts from May and June are already posted to the website. Visit www.iafc.org or JEMS Connect (**http://connect.jems.com/profile/IAFCEMSSection**), or download it on ITUNES podcasts.

Thanks!

The EMS Section thanks the section's Communications Committee and its members:

EMS Chief Michael Carter, Currituck County, NC
Assistant Chief Michael Deckard, Cecil County (MD) Department of Emergency Services
EMS Coordinator Mike McEvoy, Saratoga County, NY
Assistant Fire Chief Mark Correira, Edmonds (WA) Fire Department, Washington State Fire Chiefs Association EMS Section Chair
Battalion Chief Timothy Heiser, Fort Lauderdale (FL) Fire Rescue
Also: DJ Travis Dylan from WCDG Cool 92.1 FM, Norfolk, VA, for his work on *Fully Involved*

GOOGLE GROUP

To share information and resources among members of the IAFC EMS Section, a Google Group has been established at **http://groups.google.com/group/iafcems**. An invitation to join the group was sent to all 1,298 members of the Section, and over 130 have joined. Posts have informed members of meetings at the National EMS Advisory Council (NEMSAC), the Federal Intra-agency Committee on Emergency Services (FICEMS), and the NFPA Ambulance Design Committee. If you are not a member, we encourage you to join and take advantage of this opportunity to obtain and share information not available elsewhere. The group is not a public forum, so individuals need to accept the membership invite or visit the site and request a membership in the group. Our hope is to get as many members as possible to join, so we can maximize our ability to keep Section members informed and promote continued dialog between members about topics of importance to fire service EMS. If you haven't joined, please consider it.

Letter from the Chair continued from page 1

group, contact emssection@iafc.org. The group is coordinated by Chief Mike McEvoy.

Our second new form of communication is our podcasts. Our podcast is called "Fully Involved." It is produced monthly and is designed to turn out information for EMS Section members on current and hot topics from industry leaders affecting fire-based EMS. Our premier first edition of "Fully Involved" had me interviewing EMS author and educator Dr. Bryan Bledsoe and Randy Mantooth, the actor who played the firefighter/paramedic Johnny Gage on the 1970s television show "Emergency!". The interview focused on carbon monoxide and the new 2008 NFPA 1584 standard for rehabilitation and medical monitoring of firefighters during operations. "Fully Involved" is professionally done, thanks to the producer, Chief Michael Carter.

"Fully Involved" can be found on our website at www.IAFC.org/emsSection. If you have any suggestions for topics or would like to comment on the podcasts, you can e-mail Chief Carter at mcarter@co.currituck.nc.us.

Our third new method of communication is our Facebook page. If you are a member of Facebook, I invite you to join the group so you can share information with others, and get periodic updates.

The fourth new method of communication is our group page on JEMSConnect. You can find it at http://connect.jems.com/group/iafcemssection. Again, share information with others and get periodic updates.

In summary, we communicate with our membership in 10 different ways; the Chief Advisor newsletter, the On Scene column, EMSclosecalls.com, the IAFC website, the EMS Section website, monthly e-mail blasts, the Google group, Facebook, JEMSConnect, and podcasts.

As our podcast title says, we want to keep you "Fully Involved."

Member Profile continued from page 3

That familiarity spurred Berlin to compete in the 2003 Ironman Triathlon in Kona. "I finished the race, and that was my goal," Berlin said, adding that in years since it has greatly helped his understanding of what Ironman athletes go through during the race.

Ever the innovator, Berlin also aided research. "I knew I wasn't going to win that race, but I did finish, had fun, and participated in a study during the race that required stops for collection of blood and other bodily fluids designed to measure sweat rate and electrolyte status."

Berlin's wife, Jennifer, works as a surgical tech. Son Dustin lives in San Diego, where he works with information technology at an area hospital. Daughter Ashleigh is a flight attendant, and recently got engaged, coincidentally enough, when her boyfriend popped the question after finishing an Ironman qualifier. "She thought he was collapsing," Berlin said, "but he was going down on one knee to propose."

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