FRANKLIN RESCUE

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Proudly serving the community since 1966!

Franklin Rescue Service is primarily a volunteer organization; proudly serving the Town of Franklin since 1966.

Originally established as part of the Franklin Fire Department, patients were transported to the hospital in a hearse. Technology has changed and the service now has a new ambulance, eleven certified members and numerous drivers who answer the radio 24 hours a day, 7 days a week.

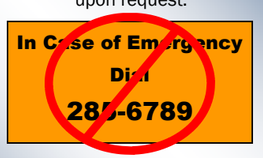
For more information about Franklin Rescue Service, to volunteer, submit ideas or to be added to the email or hardcopy mailing list for upcoming newsletters, or to contribute to the Squad's general fund, please contact David Rood, Squad Leader.

The Pulse is published by Franklin Rescue Services for informational purposes only. The information contained herein is not intended to diagnose, treat, cure any disease or in any way replace the information provided by your physician. This newsletter was compiled and written by Jennifer Mullen Wright and edited by the officers of Franklin Rescue, David Rood, Squad Leader; Polly Gadbois, Assistant Squad Leader/Treasurer; and John Burley, Training Officer. Any questions, comments or concerns should be directed to Franklin Rescue Service at the numbers or addresses listed above.

Dial 9-1-1

if you have a medical emergency:

New stickers for your telephone are available upon request.



This past year we converted our dispatch services to St. Albans Central dispatch. Franklin Rescue would like to take this opportunity to thank the Franklin Telephone Company who maintained the "red phone" system" and the many dispatchers who over the years manned that system used by our emergency services.

Volunteer Opportunities

Franklin Rescue is always looking for volunteers willing to commit the time and training to assist our neighbors in the Town of Franklin. There are also opportunities to help with fund-raising, marketing and more. We would love to hear from you.

Here are just a few of the wonderful words of thanks that Franklin Rescue receives on a regular basis. All of us are proud to serve on this squad and happy we can help!

"Thank you all for your devoted service to the people of Franklin and to we "suntaners." We do appreciate you! - R. R.

"Our household remains eternally grateful for the presence of willing neighbors to help in an emergency" - D.G.

"Thanks for being there in [our] time of need!" - JGBGB. C

"I just wanted to thank-you for the care and ease of mind you gave our daughter last May. Whenever we've talked about that day the first thing [she] will say is how glad and comforted she was to see familiar faces... We're very fortunate to have such dedicated people in our community." RGC. G.

Franklin Rescue Service

The Pulse

Making Your Health and Wellness Our Top Priority

Volume 1, Issue 1 March 2008

Spring Into Exercise!

Source: ABC News

Our six more weeks of winter are almost up, our neighbors are tapping their maples and the first evidence of spring is emerging with the cows from the barns. The promise of warmer weather awakens our slumbering motivation and we are eager to head outside and start our spring chores or that new exercise program.

Remember that it is very important to ease back into our outdoor activities with caution and a little preparation. Our bodies have been resting throughout the winter and that marathon day of raking the driveway gravel off the lawn is a sure-fire way to aggravate your muscles or injure your body.

Here are a few tips to ease back into those outdoor chores and into new exercise programs. Be sure to consult your physician if you are attempting a new exercise program, chores that you have never done before, or if you have any kind of health condition.

- Plan ahead : Stretch before any strenuous activity or exercise and cool down after each.
- Add work/exercises in modest increments allowing your body time to recharge between tasks.
- Stay motivated—remember that muscles are going to be weaker and possibly sore from months of less activity—don't get discouraged.
- Safety: Outdoor chores may require eye, ear, face, body or hand protection. If walking or exercising outdoors, especially around dusk, wear bright colors. Watch out for the sand and salt that has yet to be cleaned off the roads and sidewalks, it can be very slippery.

Spring chores and exercises can be very rewarding, not to mention great for your health. A little pre-planning can help you avoid injuries which could curtail your outdoor fun for the whole summer.

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Thirty One-derful Years of Service!

On Friday, January 25, 2008 the Franklin Rescue Service said Thank You to Monique Rainville at the Felco Room at the Homestead. For 31 years she has selflessly served the residents, visitors, campers, friends and families of the Town of Franklin.

David Rood, Squad Leader, presents Monique with a gift

Kind words were offered from fellow members of the squad and Monique was presented with a retirement gift.

Being "officially" retired Monique took off for Florida for some R&R, however we know that she hasn't run her last run with Franklin Rescue.

All of us at Franklin Rescue wish her the best in all her future endeavors.

Polly Gadbois, Assistant Squad Leader, presents Monique with a gift;

The Cake

Do You Know the Signs of a Heart Attack?

Chest pain? Back pain? Blurred vision? Dizziness? Shortness of Breath? Which one of these is not a symptom of a heart attack? If you don't know, don't feel so bad. Only 31% of Americans know all five major signs of a heart attack.

Heart attacks are scary and no one wants to admit that they might be having an attack, let alone "THE BIG ONE." Don't wait to call 9-1-1. The faster the patient receives access to pre-hospital care, emergency services, transport and advanced hospital based care, the greater chance for their survival.

If you answered Blurred Vision in the first sentence, you are one of the better informed folks in the U.S.

The five major warning signs of a heart attack are:

- Chest pain or discomfort including uncomfortable pressure, squeezing, pain or fullness
- Pain or discomfort in the arms or shoulder
- Feeling weak, lightheaded, or faint including becoming nauseated or breaking out in a cold sweat
- Shortness of breath can occur with or without chest pain
- Pain or discomfort in the jaw, neck or back

Often people experiencing heart attacks have a very slow on set of symptoms which come and go. Rarely do heart attacks occur like in the movies where the patient grabs their chest and falls dramatically to the floor. Those experiencing second heart attacks often wait too long to see medical attention because "it felt completely different from last time."

Don't second guess any of the above symptoms. If you aren't sure, call 9-1-1 and seek medical attention immediately!

Sources:
American Heart Association, US Department of Health

Aa-aa-aah-Chooooooo!!!

Stock up on the tissues, change the oil in the lawn mower, get out the weed whacker – Spring is almost here and that means that our children's seasonal allergies will return. As the trees, grasses and weeds bud our kids will come to us with puffy eyes and a red nose asking us to make it all better.

Symptoms may include a runny nose, sore throat, mild congestion, sneezing, itchy eyes and nighttime coughing. Breathing through their mouths is often easier and sometimes they will even end up with dark circles under their eyes from the puffiness and rubbing.

A few things we can do to help our kids breathe easier include keeping windows closed during times of high pollen levels. Playing indoors and avoiding outdoor activities during days of with high pollen forecast or when concentration of allergens is high. In the spring, tree pollens are at their highest in the early morning. Hang clothes indoors or dry them in the dryer.

If your child takes a regular allergy medication, speak with your pediatrician about starting the medication early and continuing it through their worst allergy periods. Keep the tissues handy and if the allergies are not coming under control, contact your pediatrician.

State of Emergency Medical Services in Vermont

How long is too long to wait for emergency medical care after you call 9-1-1? Imagine that you are having significant trouble breathing, you call for help and the ambulance doesn't arrive for 20 minutes? 45 minutes? 90 minutes? Many communities are facing longer and longer waits after calling 9-1-1 with a medical emergency due to the closing down of ambulance and first responder services. Increasing operating costs, decreasing reimbursement and difficulty finding and retaining qualified personnel are just a few of the increasing challenges faced by ambulance and first responder services in the State of Vermont. Franklin Rescue Service is an intermediate level ambulance service licensed by the Vermont Department of Health. For this reason, we will focus primarily on the challenges faced by ambulance services in the state, mentioning first responder services when appropriate.

Operating costs of an ambulance service are very similar to that of any other business. Personnel, benefits, insurance, facilities, equipment, supplies, vehicles, and training are the major categories. Heating oil and fuel costs have doubled in the past few years. Equipment costs have increased drastically as have the requirements for an increased variety advanced lifesaving and types of accident responses. Trainings must take place frequently, not only to ensure appropriate quality care but also because retention of volunteers and qualified medical personnel is dropping. Operating costs as a whole are increasing at a rate of over seven percent per year. Regardless of the number of patients treated in a day, month or year, these costs remain fixed except for the actual supplies used for treatment. Each time the ambulance leaves the garage, the cost to the ambulance service exceeds $400.

Reimbursement for ambulance service and medical services as a whole has declined significantly. Medicaid reimburses less than 30 cents of every dollar and has not changed this level for the past ten years. Medicare reimbursements for emergency medical services (EMS) have decreased between 6% and 17% year over year. If a patient does not have insurance and cannot afford to pay the bill for their service, the ambulance service must absorb this cost. Furthermore, when the ambulance is called for a medical emergency and the patient is not transported to the hospital, the ambulance is not reimbursed for those services. Community support, in the form of local property taxes, is provided for many ambulance services. Donations, fundraising, and subscription programs also help to cover some costs. Grants are available for special projects and equipment, however, do not cover the costs of patient treatment and transport.

Franklin Rescue Service 2007 Statistics	
Total Calls	145
Advanced Life Support	84
Basic Life Support	53
No Transport	8
Medical/Trauma	104
Accidents—MVA, ATV, or other	15
Non-emergency transport, fire backup or other	21

A recent airing of Vermont Edition on Vermont Public Radio addressed some of the challenges facing EMS providers in the state and the legislation proposed to improve reimbursement for these services. Patty O'Donnell, State Representative from Vernon, discussed four pieces of legislation, the first which will require health insurance companies to reimburse ambulance services for treatment provided when a patient is not transported. Requiring a co-payment from Medicaid when the ambulance is called for a non-emergent situation and the establishment of a grant providing a 50/50 match to be used for capital improvements is the basis for the second and third pieces of legislation. Finally, allowing ambulance services to bring civil action against a defendant in a situation of criminal intent. For example, if an ambulance has to respond to a fire and is on scene for eight hours and it is later determined that the fire was the result of arson, currently only the fire department can prosecute to recoup their costs. This legislation would allow the ambulance service to file suit as well. Dan Manz, Director of Emergency Services, who was interviewed for this same piece indicated that this was a great beginning of a conversation between government, local officials and the EMS system to address some of the challenges that they face.

Recruitment and retention of qualified personnel to staff the ambulance is one of the most difficult problems faced by EMS today. In order for the ambulance to leave the garage and respond to a call there must be two licensed crew members, one of which must be certified as an Emergency Medical Technician (EMT) – Basic level or above. The second member must hold certification as an Emergency Care Attendant (ECA) or higher. Coverage for 24 hours per day, seven days a week, 365 days a year requires certified personnel for 17,520 hours. Training for an ECA is 40 hours of basic education, 20 additional hours of required skills plus 12 hours every two years of continuing education. Certification as an EMT Basic requires an additional 120 hours of training plus 24 hours of continuing education over a two year period and the EMT Intermediate level certification requires yet another 120 hours of training, 20 hours of clinical observation plus 40 hours of continuing education every two years. These training hours are above and beyond the time the hours listed above. Drivers who volunteer their time to Franklin Rescue also add over 7,000 hours of volunteer time. Further challenges are presented by the hiring of paid staff to manage the service and per-diem staff to cover shifts where there aren't sufficient volunteers.

With the "graying" of the residents of Vermont, the number of calls is only going to increase. Fuel prices and insurance prices are not going to decrease in the near future. Legislation has been proposed to help defray some of the costs incurred by ambulance services; however, it is not enough to be THE solution to the reimbursement challenges facing EMS today. Lack of additional volunteers will result in staff shortages and there will not be enough staff for the ambulance. If we re-visit the original question – how long is too long to wait for an ambulance? Without immediate action at the local, state and federal level, the wait may be fatal.

Sources: Vermont Public Radio, Vermont Department of Health