

RANDOLPH FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REPORT

As 2009 comes to a close, I would like to thank you all for your support of our Fire Department and its Emergency Medical Services (EMS). With your support I believe we are one of the best equipped and trained Fire / EMS services in the State. In 2009 the Department took delivery of our New Rescue Pumper, Engine 3. This engine has been certified as a Class 5 Non Transporting Advanced Life Support Ambulance. In keeping with years past, each of our two fire districts have a Non Transporting Paramedic engine.

We continue to train our EMT Basics to the Paramedic Level. We currently have a total of 23 EMT Paramedics with one additional member taking state certification in January 2010. Two additional members will be completing the didactic and clinical portions of Paramedic School in early January 2010. Two other EMT's have been in school since October 2009 and two more will begin school in February 2010. These numbers should allow us to maintain Paramedic level care on both of our Transporting Ambulances, as well as our Non transporting Engines.

In addition to upgrading our EMT Basics to EMT Paramedics additional Training and advancements continue at the Randolph Fire Department. Our EMT Basic Refresher course was completed in November 2009. This mandatory 24 hour course is required every other year for our EMT Basics. We are preparing now for our EMT Paramedic Refresher course in the fall of 2010. This 48 hour course is mandatory training for our Paramedics in order for them to maintain their certifications. Additionally, we have conducted an additional 30 hours of EMS continuing education training to each of our 4 shifts / groups. This training varies from patient care, Mass Casualty Incident (MCI) training to our Quality Assurance / Quality Improvement (QA / QI) program. Our QA / QI are four separate classes conducted quarterly with our service medical director Dr. James RiFino. The QA/QI program is required by the States Office of Emergency Medical Services (OEMS) for our ambulance license. This assures a high level of quality patient care. Dr. James Rifino attends these classes and offers his insight, knowledge and expertise in the field of Emergency Medicine to better prepare our members to treat the sick and injured within our town. We would like to Thank Dr. RiFino for his assistance in our ambulance service and our QA / QI program.

A new treatment we began in Randolph this past year is called CPAP (Continuous Positive Airway Pressure). This is an effective treatment for those patients who are in congestive heart failure. Rather than waiting for this therapy to become mandatory by OEMS in 2011, we implemented its use in August of 2009. This effective pre-hospital treatment has been used several times with good results.

As I look onto 2010, there are changes in OEMS statewide treatment protocols set to begin January 1st. These guidelines are for the treatment we provide during a medical emergency. They allow us to do more for our patients in their time of need. As with any new advancement, there will be costs associated to these new life saving therapies and technologies. Be assured, monies spent will be beneficial to those we serve.

The Semi Automatic External Defibrillator (SAED) continues to be a link in the chain of survival for cardiac arrest victims. This year, I am pleased to mention that there have been several additional locations within our town that have made the investment in these life saving machines. Saint Mary's church and Temple Beth Am have both purchased and trained persons to operate these defibrillators. They have also notified the Fire Department of the presence of these devices. Other locations within the town include the Town Hall, all Randolph Public Schools, the Board of Health, Work Out World, Sudbury Farms and Emmerson Cummings corporation. If any other facility would like assistance in setting up a Public Access Defibrillation (PAD) program, feel free to contact the Fire Department.

This year, for the first time in several years, our ambulance responses have decreased from 4,242 to 4,176. Revenue generating ambulance transports (bringing a patient to the hospital), have increased again this year. I believe that this boost is partly due to the increased staffing and funding which allows the second ambulance the ability to respond to our calls. Previously, we needed to call in mutual aid ambulances for transports.

With the New Year upon us, there is a need to replace our 2006 ambulance (Ambulance 1) as a primary response unit. As of the date of this report, Ambulance 1 had over 86,000 miles. Replacing Ambulance 1 with a more reliable and technologically advanced unit would allow us to keep this unit as a reserve. This would prove invaluable in the event of vehicle maintenance and repairs. Currently, if one of our transporting ambulances is out of service we are forced use a multi town ambulance. If the multi town ambulance is being used by another town, that leaves us with only one transporting ambulance and no second ambulance or reserve unit. There are also short term periods of "out of service" or minor maintenance where we have only one transporting ambulance. During these times we have to rely on mutual aid ambulances from surrounding communities for transports. That could possibly result in a delay in transporting the patient into a hospital setting for further care. Our own Semi Automatic External Defibrillators will need replacement in the near future. Some of our current SAED's are approaching 10 years of age.

Again I would like to thank you for your past support and ask for your continued support in the future.

Respectfully submitted

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