



Safe Haven Training Kits

The Massachusetts Safe Haven Law allows a parent to legally surrender a newborn infant without criminal prosecution. The Safe Haven Law was enacted in Massachusetts in July 2004 and went into effect October 29, 2004 known as Chapter 119 MA General Law Section 39 1/2.

When this law went in to effect it was determined that newborn infants could be left at any manned fire station or police station or at a hospital. The first infant surrendered under the new law in the state of Massachusetts, was surrendered in Haverhill at the Merrimack Valley Hospital. This incident prompted paramedics in the area to look in to what training the local fire departments and police departments had when it came to treating a newborn infant.

It was discovered that many departments had very little training in the area of newborn infants. A program was developed to familiarize firefighters and police officers with

the law and provide basic training in newborn care.

In cooperation with local hospitals, Action Ambulance Service is proud to offer these training sessions to the fire and police departments in our service areas as well as provide all stations and sub stations with a Safe Haven Kit to be used if a newborn infant is surrendered to them.

The Safe Haven Kit includes a bulb syringe, umbilical cord clamps, rubber gloves, a receiving blanket and a stocking cap for the infant.

Our goal with this training program is to give the fire and police departments the education and resources they will need to provide appropriate care for an abandoned newborn until emergency medical services arrive.

If you would like more information on this training program or the Mass. Safe Haven Law, please visit our website www.actionambulance.com or contact our Community Relations Department at 978-253-2600.

Inside this issue:

Appropriate Care of Spinal Cord Injuries	2
Community Events	2
Diabetic Emergencies	3
Smoke Alarms	3
Health & Safety Observances	3
School Bus Safety	4

“The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention.... A loving silence often has far more power to heal and to connect than the most well-intentioned words.”

Rachel Naomi Remen, M.D., medical reformer and educator.



Action Ambulance employee and family softball team.

Easter Seals game 2005



Appropriate Care of the Spine Injured Athlete

Children are back to school, the temperature is cooling, the leaves are changing colors and football season is upon us. The Inter-Association Task Force suggests the following guidelines when treating injured athletes.

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing and circulation, neurological status and level of consciousness should be assessed.
- The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation.
- If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while maintaining spinal immobilization.
- When moving a suspected spine injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.

The Emergency Medical Services system should be activated.

Face Mask Removal

- The face mask should be removed prior to transportation, regardless of current respiratory status.

Those involved in the pre-hospital care of injured football players should have the tools for face mask removal readily available.

Football Helmet Removal

The athletic helmet and chin strap should only be removed...

- if the helmet and chin strap do not hold the head se-

curely, such that immobilization of the helmet does not also immobilize the head.

- if the design of the helmet and chin strap is such that even after removal of the face mask the airway can not be controlled, or ventilation be provided.
- if the face mask can not be removed after a reasonable period of time.
- if the helmet prevents immobilization for transportation in an appropriate position.

Helmet Removal

Spinal immobilization must be maintained while removing the helmet.

- Helmet removal should be frequently practiced under proper supervision.
- Specific guidelines for helmet removal need to be developed.

In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

Equipment

Appropriate spinal alignment must be maintained.

- There needs to be a realization that the helmet and shoulder pads elevate an athlete's trunk when in the supine position.
- Should either be removed, or if only one is present, appropriate spinal alignment must be maintained.

The front of the shoulder pads can be opened to allow access for CPR and defibrillation.

For more information on treatment of injured athletes, you can check out these websites -

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

Community Events

9/7 CPR Recertification
Melrose Wakefield Hosp., Melrose

9/10 Stoneham Town Day
Stoneham Town Commons

9/10 Founder's Day
Saugus Center, Saugus

9/12 CPR Recertification
Shore Collaborative, Wakefield

9/13 CPR Recertification and AED
Rosewood Nursing Home, Peabody

9/13 CPR Recertification
Jewish Rehab, Swampscott

9/14 CPR Full Certification
Shore Collaborative, Wakefield

9/14 CPR Recertification
Rosewood Nursing Home, Peabody

9/18 Melrose Victorian Fair
Main St. Melrose

9/18 Wilmington's 275th Birthday Parade
Wilmington

9/19 AED Training
Jewish Rehab, Swampscott

9/19 CPR Recertification
Shore Collaborative, Beverly

9/24 Wakefield Homecoming Harvest Fair
Wakefield Commons, Wakefield

If you would like to set up a class or community event, please contact Wayne or Stacey at 978-253-2600.

Diabetic Emergencies

Diabetes is a condition where insulin is either lacking or ineffective. Insulin is a hormone produced by the pancreas and it helps transport sugar to the body's cells for use. There are two types of Diabetic Emergencies—Hypoglycemia and Hyperglycemia.

Hypoglycemia or low blood sugar can be caused by too much insulin in the body's system, too little food, over exertion and alcohol. The following list of signs and symptoms of Hypoglycemia is produced by the American Diabetes Association:

- Sudden onset of low sugar
- Decreased coordination
- Increased anger, temper
- Paleness
- Confusion, altered mental status
- Sudden hunger
- Diaphoretic
- Trembling
- Unconsciousness

These are all signs that emergency help is needed. If the person is a known diabetic, give sugar if it is present. Try giving soda, fruit juice or candy. Only do this if the person is alert enough to swallow.

Hyperglycemia occurs when there is too much sugar in the system. This can be attributed to insufficient insulin, overeating, illness, inactivity, or stress. Signs and symptoms of Hyperglycemia are:

- Gradual onset
- Extreme thirst
- Lethargy
- Very frequent urination
- Flushed Skin
- Vomiting
- "Fruity" smelling breath
- Eventual loss of consciousness

Emergency help should be sought for patients experiencing Hyperglycemia. In either situation, call for help immediately.

Smoke Alarms

Each year, approximately 3,000 people die and tens of thousands are injured in home fires across the country. Often, people underestimate the speed at which fire grows. Don't be caught off guard. A smoke detector cuts your chances of dying in a fire by nearly 50 percent. Follow these guidelines:

- Install at least one smoke alarm on every level of your home, especially outside the bedrooms. Mount them on the ceiling or high on a wall.
- Make sure everyone can hear the alarms. Use a strobe-light version, if needed.
- Check the batteries monthly; replace them at least once a year.
- Replace a battery immediately if the alarm chirps to signal low battery power. Keep spares on hand.
- Never remove the batteries.
- Do not paint over an alarm.
- Keep the unit clear of dust and cobwebs by cleaning it according to directions at least once a year.
- If a smoke alarm is plagued by false alarms, don't disable it. Relocate it, or install an exhaust fan.
- Replace any alarm that is more than ten years old.

Health & Safety Observances

September 1st-30th

Baby Safety Awareness Month

Cholesterol Education Month

Healthy Aging Month

Menopause Awareness Month

Prostate Cancer Awareness Month

September 1st-7th

Childhood Injury Prevention Week

September 4th –10th

Suicide Prevention Week

September 18th-24th

Rehabilitation Week

October 1st-31st

Brain Injury Awareness Month

Breast Cancer Awareness Month

Children's Health Month

Crime Prevention Month

Depression and Mental Health Month

Physical Therapy Month

October 9th-15th

Fire Prevention Week

Health Care Quality Week

October 17th-21st

Infection Control Week

School Bus Safety

It's back to school time and time to remind our children of school bus safety rules. The National Safety Council recommends that parents teach their children these rules for getting on the school bus, riding safely and getting off the school bus.

- Leave home early enough to get to the bus stop on time.
- While waiting for the bus, stay away from traffic. Stand at least six feet back from the curb.
- Do no roughhouse or engage in other careless behavior.
- When the school bus approaches, line up away from the street or road.
- Wait until the bus has stopped and the door opens before you step onto the bus.
- Don't crowd your friends when getting on and off the bus.
- When you're on the bus, never put your head, hands, arms, or legs out the window.
- Before stepping off the bus, check and make sure that no cars are coming from the right.
- Take three giant steps away from the school bus after getting off, never walk next to the bus.
- Stay away from the rear wheels of the bus at all times.
- Don't pick up a dropped book or other object after exiting the bus until you get the driver's attention.
- If you have to cross the street in front of the bus, walk at least ten feet ahead of the bus along the side of the road until you turn around and see the driver. Make sure the driver can see you! Wait for a signal from the driver before you cross the street. When the driver signals, walk across the street. Watch for traffic as you walk. Do not cross the centerline of the road until the driver signals that it's safe to keep walking.

We all want to make sure our children make it to and from school safely. Please take a moment to review these simple rules with your children.



Action Ambulance Service, Inc.
844 Woburn St.
Wilmington, MA 01887

"People Helping People"

Phone: 800-281-2124

Www.actionambulance.com