



NORTHWEST AMBULANCE DISTRICT

**SERVING AUSTINGBURG TOWNSHIP, HARPERSFIELD TOWNSHIP,
GENEVA CITY AND TOWNSHIP AND TRUMBULL TOWNSHIP**

1480 SOUTH BROADWAY GENEVA, OH 44041 (440) 466-4900

From the Desk of Vincent T. Gildone

“Where’s the Beef?”

Some people think volunteering is going away. If you attended the Annual Harpersfield Volunteer Fire Department Beef Roast you would have seen a place where volunteering is alive and well.

Volunteering is the practice of people working on behalf of others or a particular cause. Volunteering is an activity intended to promote good or improve human quality of life. No finer example exists than the community of Harpersfield Township.

The Beef Roast has been around for 37 years, so many years that it is part of the community and a way of life. This year I met a former Harpersfield resident who moved away as a child and came back this year to the beef roast of his childhood and was not disappointed! It would be a nice thought that the beef roast last for another 37 years so his children could also return as adults.

The people of Harpersfield are good, decent, hard-working people and the fire department is no exception. The beef roast funds much of the equipment used by the fire department. It’s been so for 37 years. Fire department members take vacation from “regular” jobs so that they can work uninterrupted to pull off this Herculean effort. 2011 was no exception! 2011 may have been the best yet! The “fantastic” pyrotechnics that brought the 2011 Beef Roast to an end were the best I’ve ever seen; no one in attendance could have been disappointed. Of course, it’s not over until all is cleaned up and carefully stored for next year. I pray there will always be a Beef Roast because the loss of people making this kind of effort for the good of the community would be an unacceptable loss that would weaken our community and country. It is an honor to know and work with these people.

As Sam would say, “We got ‘er done!”

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The history of the ambulance begins in ancient times with the use of carts to transport the incurable patients by force. Ambulances were first used by the Spanish in 1487 and civilian variants were put into service around the 1830's.

Early forced transports of psychiatric and leprosy patients are among the earliest uses of ambulance type equipment. The first record of ambulances being used for emergency purposes was the use by Spain in 1487 by the Spanish Army.

Civilian ambulances, "transport carriages" were used to transport Cholera patients in London in 1832. This means of transport made it possible for people to choose hospitals closer or farther away.

The US Civil War brought even more advances; a "pre-hospital care system" was developed for union soldiers and every regiment had an "ambulance cart". These carts had 2 wheels and could accommodate 2 or 3 patients. These carts did not work out well and were replaced by the "Rucker" ambulance that had 4-wheel design. At this same time transport by rail was also widely used.

The first "Hospital-based" ambulance service was based out of a commercial hospital; now known as Cincinnati General, around 1865.

Early ambulances carried equipment such as splints, morphine, stomach pumps, and brandy. The service was very popular and grew rapidly. Hospital services hired Doctors as fulltime ambulance surgeons at a rate of pay around \$50.00 per month. Around 1935, Ambulances were staffed by residents who could simply be assigned to do the work.

The St. John Ambulance Brigade was established to provide first aid and ambulance service at public events. 900 years ago the St. John hospitalers traveled the Crusaders to provide services.

In the 19th Century motor units were being developed. In the early 20th century ambulance units were powered by gasoline, steam, and electricity.

Michael Reese Hospital in Chicago took delivery of the first automobile ambulance in 1899, New York City was next. The virtues included speed, faster stops, and a smoother ride.

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During World War I, the Red Cross widely used motor ambulances on the battlefield. Traction splints were also introduced around this time and were found to have a positive outcome on morbidity. Other advances included dispatch, 2 way radios, and more advanced medical equipment. Ambulances at this time were frequently “funeral cars” or hearses. Many ambulance services were run by funeral homes with hearses used as combination cars.

In 1952, a rail disaster near London resulted in a restructured ambulance moving from transporting, to life-saving mission, leading to the modern ambulance system. CPR, pharmaceuticals, and defibrillation all became part of this massive shift.

Modern ambulances are now often custom-built. Special medical equipment is now built into the units. Industry-wide improvements have made the modern ambulance more versatile and safeguard the crew and patient.

Ambulance design is still evolving largely due to the growing skills and role of the Paramedic. As an example, in today’s world Israeli ambulances are armored to protect them in a terrorist attack. Their paramedics and EMT’s are armed as well. Clearly a sign of the times we live in.

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Why Prepare for Disaster?

A disaster can strike without warning forcing you to go for days without basic necessities or to evacuate your home.

What should you do? Create a basic plan! You will need basic supplies, enough to last at a minimum of 72 hours, of food, water, clothing, blankets, toiletries and your daily medications.

Basic knowledge of how and when to shut off gas and water as well as electric services, how to turn them back on and when it is safe to do so, is of equal importance.

How to get ready information can be found by contacting the Red Cross, Emergency Management Agency, and or your local Fire Department or Emergency Medical Service.

Disasters are made worse by those whom are capable of meeting their own needs being ill-prepared to do so.

Home and office survival kits are ready made and can be found many places such as “Quake Kare” Inc. found on the internet @ www.quakekare.com.

Being ready makes us a stronger community and nation. If you’re ready, Emergency Services can tend to the true emergencies during a disaster.

In closing, I would like to add a few words about “KI” Potassium Iodide Tablets. We have had several phone calls asking for information from how many do I take to can I give them to my dog. Here is the bottom line:

DO NOT take “KI” or “Potassium Iodide” for any reason unless directed to do so by your doctor and/or the Public Health Department. If you use it before the true emergency exists, you will not have them when they are needed if that happens. Once again the disaster will be made worse by citizens doing the wrong thing!

Do the right thing, preplan your home and family for a disaster beyond this act when directed to do so.

Tune in next month for another installment on emergency preparedness.

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Evacuation? Now what?

In a disaster it may be necessary for the authorities having jurisdiction, most likely the first chief, to order you to evacuate your home. The amount of time you will need to stay away from your home will depend on the nature of the disaster.

Because disasters can strike with little or no warning, you should be prepared to “move out” in a moment’s notice. Being ready beforehand can and will make a big difference.

First of all, a decision to evacuate is not made unless it is absolutely necessary. First and most importantly, when the “authority having jurisdiction” orders evacuation you need to evacuate. If you don’t, you become part of the emergency, using vital emergency services unnecessarily.

Find out ahead of time routes, where you will go, and your school’s evacuation policy.

What should you bring? Your disaster kit.

- **Wear sturdy shoes and clothing, unplug home electronics and lock your doors and windows.**
- **Turn off utilities if instructed to do so.**
- **Let someone (friends/family) know your route and where you will stay.**
- **Most importantly, follow evacuation routes!**

Going to a public shelter, your pets can come. They will need ID and normal pet supplies such as food. Ashtabula County has a pet shelter plan in place for emergencies such as this.

Other things you will need to know:

- **No alcoholic beverages or weapons will be permitted in a public shelter.**
- **Be patient and cooperate. Sharing space with many other people will be a challenge.**
- **Do not leave the public shelter without the authorities advising you to do so.**

By choice, you can be part of the solution instead of part of the problem! Doing the right thing will make us a strong community and nation!

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How to Prepare for a Disaster

You need to be prepared. Knowing the steps to take during a disaster can greatly reduce the danger and distress your family may face.

So what do you need to put in your kit? Water, food, tools, and equipment; you will also need personal items such as your ID, birth and marriage certificates, bank account numbers, and other important documents as well as maps and extra car and house keys. Maybe most important, your prescription medications.

Battery-powered radio and cell phone charger, spare batteries, flashlights, plastic bags, toiletries, clothing and blankets.

First Aid kit or essential medical supplies to stop bleeding and do basic wound care.

If you are instructed by the authority having jurisdiction to evacuate, DO IT. Move out as quickly as possible. When you delay evacuation, emergency services now must rescue you. This is a situation that can be avoided by following directions.

You may need to know evacuation routes, where to go and what your schools evacuation policy is.

When authorities tell you to evacuate, you need your disaster kit (no time to make one now) and sturdy clothing. Lock up your house and if time permits turn off gas, electric and water. Follow evacuation routes; do not make up your own route. Stay alert to your surroundings. Patience and cooperation will be necessary for a safe evacuation.

For more information contact the Red Cross and or the emergency management agency. Your local Fire and EMS departments will also be able to assist you.

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Community Resilience

The last 15 years, floods, terrorist attacks, earthquakes, volcanic eruptions and unfortunately, anticipation of more to come have driven governments throughout the world to move attention and efforts to national resilience.

New efforts now call for increased flexibility, quicker responses by relying more on regional and local capabilities, shifting the focus to “all-hazards”.

So what is Community Resilience? Public engagement, in preparing for and responding to emergencies. Empowering communities and citizens to become a more integral part of the national strategy. Close collaboration between government, civic sector and private enterprise in a “whole community” approach to planning and response. By use of local resources and expertise to help ourselves in an emergency in a way that complements response of the emergency services. It’s the use of ordinary skills in extraordinary circumstances.

Resilient communities are capable of bouncing back from adverse situations. They can do this by actively influencing and preparing for economic, social, and environmental change. To understand resilience we need to break it down to people, organizations, resources, and community process.

“Residents”

Beliefs, attitudes and behavior in matters of leadership, initiative, education, pride, cooperation, self-reliance, and participation.

“Organizations”

Collaboration within local organizations, institutions, and groups.

“Resources”

The community builds on local resources to achieve its goals, while drawing on external resources strategically

“Community”

Nature and extent of community economic development, planning, participation, and action.

Community resilience means many things to many people. A strong and resilient community should be a priority to everyone who lives here. If our community is strong, our county will be strong.

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As another successful year has closed at Northwest Ambulance District, I am reminded of a saying, “No matter where you go, there you are”. I would like to take a moment in my first 2011 “From the Desk of” to reflect on where we are and maybe a look at where we go from here.

By any emergency medical services measures, this past year has been a successful one. As always, Northwest Ambulance touched many community projects. Our employees and auxiliary staff logged more than 2100 hours of continuing education, 70 were in-house. Our community outreach CPR program provided training to more than 1,000 citizens and we made huge strides in cardiac care and continued to invest in cutting edge equipment.

The district participated on a regional level with RMRS (Northeast Ohio Regional Medical Response System) completing our 8th year with this group. The RMRS group includes the City of Cleveland as well as Lake, Ashtabula, Geauga, Cuyahoga and Lorain counties.

In our own county, we are active members on the Ashtabula County Public Health Advisory Team and the Ashtabula County Terrorism Advisory Team.

Northwest Ambulance District took the lead in the forming the Ashtabula County Special Needs Working Group that has completed the major part of more than 2 year project to develop a mass care and shelter plan for the special needs population in our county. It is a one of a kind plan in Ohio. The team included the county’s DD board, ACEMA, Area Agency on Aging District II, CareStar, Mental Health Recovery Services board, Ashtabula County Health Dept., Adult Protective Services, Hospice of Western Reserve, Catholic Charities, Happy Hearts and many others. This team now meets 2 times per year to keep the plan up-to-date and continues to develop its future.

Another project was the Closed POD for Tier 1 First Responders and their family members. This project is the first of its kind in Ohio and had to meet approval of the County Health department. The Closed Point of Dispensing will serve Fire, Police, government officials, EMS, and funeral homes in Geneva City and Township, Trumbull, Harpersfield, GOTL, Saybrook, State Park and Austinburg Township, effectively dispensing medications to over 375 employees with a total outreach of over 1,000 people during a public health emergency.

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The future: our special needs project will now move to a regional project teaming up with other counties to share across counties lines. Our team will be working with the Northeast Ohio functional needs task force.

Our Closed POD project will be tested in 2011 as will our special needs plan. We expect both to do well and stand ready to adjust any after action items that would show up during drills.

NAD will continue its commitment to public CPR education and we hope to develop an outreach program for the hearing impaired.

We plan to continue to build on other internal con-ed efforts, place a new ambulance in service in January, and to continue to touch many other projects in the district, county and region.

None of our efforts would be possible without the commitment and support from our personnel and the people who live in the district. We are thankful for an Ambulance board that understands that we need to be more than just a ride to the hospital and that there must be value in the worth of the work as well.

It is our goal to continue to progress, serve and support the District and the people it serves. We sincerely believe that our success is a reflection of not only our dedication and commitment but also yours.

The NAD board, employees and Auxiliary members wish you a safe and prosperous 2011.

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