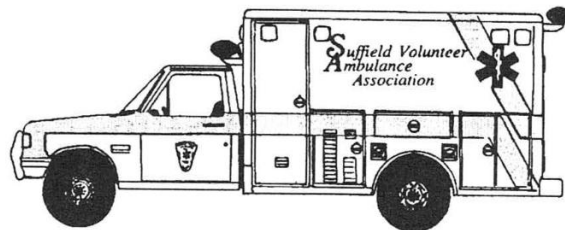


The Responder

The Newsletter of the
Suffield Volunteer Ambulance Association



Spring 1992

Volume 2 Number 1

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911

Suffield's Emergency Number

**Police
Fire
Ambulance**

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Chris Schmeck, Chief of Service

Responding on a Red

Riding with the Suffield Ambulance on a typical night

Most of us have never been on an ambulance crew, but have often wondered what it is like. Follow along as one crew starts their shift at the SVAA's ambulance garage.

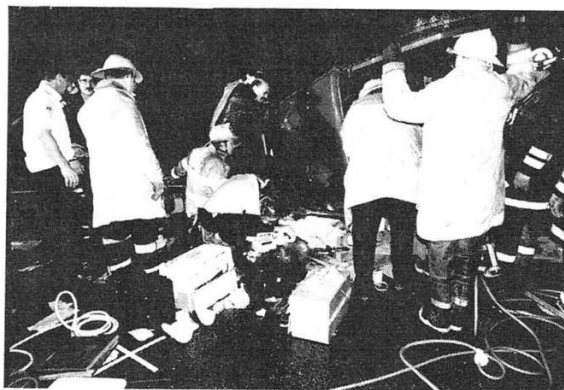
The night crew comes on at 6 p.m. Tonight's ambulance driver, who is so designated because he has passed a special driving course in addition to his EMT training, checks out the ambulance at the start of the 12-hour shift to ensure it has all the required medical supplies, stretchers, full oxygen tanks and, of course, fuel.

Since there is no bunkroom, and no place to sit and wait for calls, the driver checks to make sure his pager is working and then heads home.

calls in to let the dispatcher know they are on the way, and off they head through a rainstorm to the Annex to get the ambulance. On with the driver tonight are two other EMTs who will take care of the patient in the back of the ambulance.

As they climb into the ambulance and sign on the air, the dispatcher advises them to respond "on a red", indicating a fast response. The crew hears the Bradley paramedics and the Suffield Fire department being called out, confirming their premonition that it is a bad accident requiring extrication.

Arrival on the scene is a quick three minutes, and the crew helps the driver navigate through the blinding strobe



It's just after nightfall when the pager beeps and the police dispatcher announces "Ambulance personnel, call police headquarters, motor vehicle accident!"

Each of the crew races to a phone and

lights of the police cruisers and the fire trucks that just arrived. After parking in a place which will allow a fast departure, the crew jumps out and approaches the smashed cars at opposite sides of the street.

Continued on page 3

Signs and Symptoms:

Heart Attack!

A heart attack can be life-threatening. It requires immediate action to get the patient to a hospital as soon as possible. But how do you know if it is really a heart attack?

Only a doctor conducting a series of medical tests can truly determine whether a patient is having or has had a heart attack. However, the signs and symptoms accompanying a heart attack give even a lay person enough warning to seek medical help in time. Someone experiencing a heart attack may have one or more of the following symptoms:

- chest pain, especially radiating to the back, arms and neck
- shortness of breath
- anxiety
- denial ("it's just indigestion . . .")
- nausea or vomiting
- profuse perspiration
- weakness
- cold, clammy, pale skin
- loss of consciousness

What should you do if you or someone else is experiencing these symptoms? *Call 911 right away!* Don't feel that you shouldn't bother the police and ambulance volunteers—that's why we're here. It bothers us a lot more if you don't call promptly and we can't get there in time. In fact, nearly 50% of those who die from heart attacks each year could be saved if only they'd call for help early enough.

If a friend or loved one has a heart condition, why not consider taking a CPR course? The first steps in the EMS system for treating heart attacks—recognizing the symptoms, calling 911 and starting CPR if necessary—are the most important ones.

One October evening an area resident in his 60s stepped off an airplane at Bradley International Airport and collapsed into cardiac arrest. Five doctors who were standing nearby waiting for their luggage witnessed the man's fall and, after a quick check of his condition, began CPR.

Paramedics from the Bradley Fire Department were called and responded immediately, as did several airport police officers. Since it was obvious that the man would need to get to a hospital, the paramedics radioed in a request for an ambulance (Bradley typically does not transport because it would leave the airport uncovered.) Windsor Locks Lions Ambulance was called but was unable to respond, so Suffield Ambulance was summoned to the scene as a mutual aid provider.

With all the confusion and delays in trying to locate an ambulance to respond, coupled with the enroute time, nearly 30 minutes had passed before our ambulance arrived at the scene. In that time, the Bradley paramedics had tried unsuccessfully several times to defibrillate the patient, started two intravenous lines and administered cardiac drugs to restart the patient's heart. Upon our arrival, there were more than 20 emergency workers involved, not counting the crowd that had gathered.

None of the doctors were ACLS-certified (Advanced Cardiac Life Support), and as such were not trained to deal with such an emergency in the field. Meanwhile, the patient was not responding to the paramedics' resuscitation attempts, so CPR was continued.

Now 35 to 40 minutes after his collapse, the patient was in our ambulance and enroute to the hospital. CPR was still being performed, with one of our EMTs using a bag-mask "ambu-bag" over the patient's mouth to breathe for him.

Halfway to the hospital, the EMT suddenly noticed positive back-pressure on the bag. He looked down to see the patient looking up at him! He was revived, and none too happy about the tube the paramedics placed down his throat to help him breathe!

When our crew left the emergency room that night, the patient, who had been "out" for at least 45 minutes, was sitting up and talking. His recovery is due to the doctors who acted quickly to start CPR, the Bradley paramedics who assessed his condition and initiated ACLS emergency care, and our SVAA crew who continued the CPR and basic patient care enroute to the hospital.

The lesson learned from this call was simple: Even with all the advanced emergency care available to the public, basic CPR, when immediately and properly initiated, can sometimes be the difference between life and death. And CPR is something that you can learn in just two evenings. Why not learn it?

Responding on a Red

With all the people around it is nearly impossible to tell how many victims there are—and *which ones* they are. The police officers on the scene point out the injured, one of which is a young man obviously trapped in a car, and a woman from the second car who is up and walking around in shock.

Realizing they have more patients than they can handle, the EMTs and the SVAA's duty officer who has just arrived confer and radio in for the second ambulance to respond. They discuss with the police officer and the fire chief whether LIFE STAR should be called as well. The mechanism of injury and condition of the car warn of serious internal injury, and so the request is made.

The Bradley paramedics arrive on-scene and begin administering intravenous medications to counter the effects of shock on the entrapped patient. It also helps give him the maximum benefit of the "golden hour". This advanced life support becomes even more necessary as the crew is notified that LIFE STAR cannot fly because of the bad weather.

The second ambulance has arrived and

taken over treatment of the woman patient, and is first to head to the hospital.

The incessant noise of the portable generators powering the extrication equipment and the loud diesel engines of the fire trucks make it nearly impossible to talk on the radios or even ask for neck collars, bandages or splits. Hand signals replace the verbal communication.

After a lengthy extrication, the entrapped man is freed and rushed to the hospital. While enroute, the two EMTs in the back keep the hospital advised of the patient's condition over the CMED radio and continue patient care alongside one paramedic.

Once the ambulance arrives at the emergency room, there is an exchange of information with the triage nurse and relaying the man's vital signs and medical history. A bit of teamwork is required to lift the patient over onto a hospital gurney without tangling any IV lines or causing more pain.

Soon the stretcher and all the other equipment used to treat the patient will be gathered together and dropped at the back of the ambulance. Now the tedious clean-up begins, which takes a half-hour.

Besides the blood everywhere—on the stretcher, the floor and on some of the equipment—the ambulance is littered with bandage wrappers, needle caps and glass shards and dirt from the accident scene. Everything must be cleaned and disinfected thoroughly, and the stretcher linens replaced and readied for the next patient.

On the return trip to town the crew talks about the call and trades facts that the hurried scene time did not reveal—"and did you see that windshield? Did you know the car was smoking the whole time? I think I lost my beeper there!"

Three hours have elapsed from the time of the call until the paramedic is dropped off at Bradley. A well-deserved cup of coffee is picked-up on the way back to the Annex. After a quick wash, the ambulance is backed carefully into its shoebox garage and plugged into the charger. The crew tackles another 20 minutes of paperwork before locking up and heading home.

Fortunately for the tired crew, that is the only call during the shift. A typical night's work in the SVAA ends as the day shift comes on.

About Those Ambulance Calls

When we say "ambulance call", most townspeople envision the SVAA rushing to the scene of a car accident, or to someone having a heart attack. While these are two familiar types of calls, we respond to many others as well.

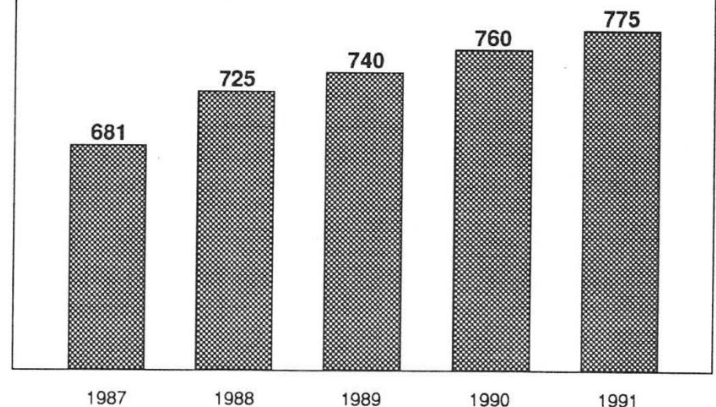
Only about one-fifth of our calls are motor vehicle accidents. Over half our calls are "medicals", and include heart attacks, difficulty breathing, stroke and diabetic reactions.

Many calls involve trauma. Sometimes the trauma is caused by a fall or a fight. Occasionally calls can have a mixture, such as when someone has an accident, gets into a fight with the other driver and suffers a heart attack. (This is *very rare*, however.)

We call LIFE STAR about 10 times a year. About that same number of times we stand by at fire scenes. And 70 times each year we get cancelled, or the patient refuses treatment. We don't mind that nearly as much as the 5 or 6 times a year we get called too late.

How many ambulance calls does the SVAA do each year?

The number of calls is steadily increasing. Since 1990 we have used two ambulances to keep up with the demand for our services.



Financial Topics

Facts about our billing and our budget

After nearly a year and a half of study and deliberation, the Suffield Volunteer Ambulance Association began charging for its services on January 1, 1991. There were three main factors that led to the decision:

- In most cases Medicare or an individual's health insurance will pay for ambulance service;
- Donations from the community, generous as they are, were not keeping up with the rising costs of operating the ambulance; and,
- An in-depth survey of Suffield residents showed strong support for charging; that is, those that use the ambulance should help support it.

In Connecticut, ambulance service coverage is required by law to be included on all health insurance policies. According to the State Office of Emergency Medical Services (OEMS), approximately 95% of all people in Connecticut are covered by some sort of private or government insurance policy. Estimates of insurance coverage in Suffield put it at nearly 100%. Since it is a required coverage, residents or their employers are already paying for the service in their premiums.

In the last several years, the level of costs not covered by the Town's contribution has increased significantly while the donations have remained steady. The Town's taxpayers seemed unlikely or unwilling to increase their level of funding. The SVAA Board of Directors faced the difficult decision to either significantly curtail services or find an additional source of revenue.

In order to see what the community thought, the Board commissioned a survey of the SVAA's standing in the community. The people polled unanimously expressed the opinion that the organization should be charging.

The amount that the SVAA can charge for an ambulance call is set by OEMS, the agency which regulates all ambulance services in Connecticut.

Each year detailed financial statements must be filed and a rate setting processed to ensure that the charges are fair and reasonable.

The SVAA 1992-1993 Budget

Many people in town take the ambulance for granted and don't consider how much money it takes to operate our service. Each year the SVAA Board of Directors spends several meetings solely devoted to arriving at the most sensible budget possible.

Perhaps the largest cost of operating an ambulance service is staffing. Fortunately, our volunteers donate this time, valued at about \$200,000 per year.

Costs paid by the SVAA

Supplies	\$12,950
Includes medical supplies, drugs, oxygen; training, office, janitorial supplies.	
Gear and Uniforms	\$6,572
Includes uniforms for members and cleaning of linens.	
Repair and Maintenance	\$15,615
Equipment Purchases	\$30,298
Primarily reserving \$25,000 toward the overhaul of the older ambulance.	
Administrative Costs	\$7,690
Includes postage, dues and subscriptions, telephone, printing of forms, etc.	
Professional Fees	\$3,350
Accounting fees for annual audit, legal services, Hepatitis B vaccine	
Fund Raising	\$10,550
Costs of soliciting donations, town-wide newsletter, awards banquet, etc.	
Members' Training	\$9,490
Reimbursement for cost of required courses to maintain and improve skills	
Fuel for Ambulances	\$4,103
Insurance (portion not paid by town)	\$27,646
Billing Costs	\$10,098
Costs of billing patients and dealing with insurance companies	
Other Costs	\$6,650
Total paid by the SVAA	<u>\$145,192</u>

Costs paid by the Town of Suffield

Insurance	\$11,799
\$7,800 for Worker's Compensation coverage on paid staff (required by law)	
CMED	\$3,828
Regional medical dispatch system that allows the ambulance crews to talk to doctors and hospitals; allocation of cost to towns is based on population.	
Salaries	\$61,881
Salaries of the two paid staff people who are town employees.	
Total amount paid by town	<u>\$77,508</u>
Total cost to operate the ambulance service	<u>\$222,700</u>

Because you asked

Here are some of the questions we get about billing — and the answers

Is a trip to the hospital by the Suffield Ambulance covered by insurance?

In almost all cases, the answer is yes. Some insurance policies only pay if you are admitted to the hospital, but most will pay if ambulance service is determined to be medically necessary. Some insurance companies have deductibles or co-payments, but ambulance coverage is mandated by the State of Connecticut for all health insurance policies.

If your trip to the hospital is the result of an automobile accident, your auto insurance policy would pay for the ambulance service.

Does Medicare cover ambulance runs?

Yes. Medicare will cover 80% of the cost as long as it is determined to be medically necessary. Additionally, most supplemental policies will pick up the other 20%.

A recent letter from Medicare advised us that we must bill patients for the entire amount to avoid being charged with fraud. That is why we seek the additional amount from patients, even after Medicare has paid their 80%.

Do I submit ambulance-related insurance claims myself?

The SVAA will submit claims for you if you are covered by any of the following:

- CHN
- ConnectiCare
- Medicare
- Medicaid

If you use another insurance company, you can submit them yourself or give us a call. If there is no special form required, we will be pleased to submit the claims for you. We just need the name and address of your insurance company and any ID or policy numbers.

What if I have a question about the bill?

We have a hotline number to call — 668-5132 to get in touch with our billing person, Lisa Shelanskas. Or, you can write to her at P.O. Box 62, W. Suffield, CT 06093-0062. Remember, all inquiries are treated as confidential.

What if I can't pay it all right away?

Give us a call. We'll help you work out a payment plan. After all, we're your neighbors and friends, and willing to help you with the payment aspects as much as we do with the ambulance service itself.

I thought you were a volunteer service.

How can you be charging?

Volunteer does not necessarily mean "free", although for the first 14 years the SVAA was able to provide ambulance service free of charge. Today, there are very few volunteer ambulance groups that do not charge a fee. Several other towns, including Windsor, Bloomfield and Vernon have also begun charging.

Because we are volunteers, we eliminate a substantial part of the cost of running an ambulance—the labor. Other costs, including insurance and medical supplies, have made it such that even supplying the labor is not enough to break even.

While no longer "free", the SVAA is still non-profit. Our State-approved fee schedule simply allows us to make up the deficit and plan for expansion to meet the demands of the ever rising number of ambulance calls.

Some people think you shouldn't be charging. They say they're not going to pay your bill. How are you going to handle that?

Sooner or later, if someone won't cooperate with us, we'll probably have no choice but to turn them over for some sort of legal action or other collection process. Otherwise, it isn't fair to all the people who do pay.

Do you charge people in other towns that you serve through mutual aid?

Absolutely. They aren't necessarily happy about it, but the state rules are very specific: we must charge every patient who uses our ambulance.

Why can't you just take what the insurance will pay or write off the rest? That's what a lot of doctors do.

Doctor's rates aren't regulated by the state, so they can do lots of things we can't. Besides, the insurance companies aren't too thrilled about this idea. They've taken several other ambulance services to court over that practice.

I work for the Town of Suffield. Why should I have to pay?

Remember several things:

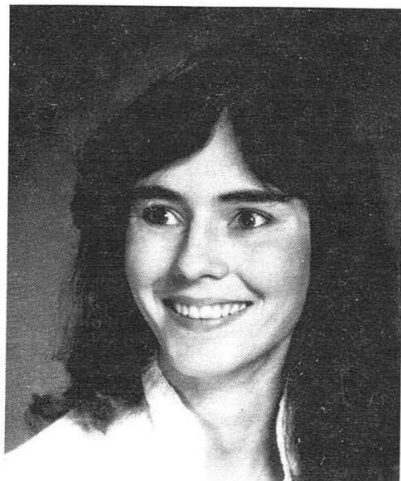
- First, the State says we must charge everyone that we take to a hospital. (We even have to charge our own members if they are patients.)
- We are not a town agency, but a private, independent organization that serves the Town of Suffield.
- If you get hurt on the job as a town employee, the town's Worker's Compensation insurance will pay.

One senior citizen I know is worried that if she doesn't pay your bill promptly, you won't come if she calls you again. Is that true?

Not true. We'll always answer any emergency call, without regard to ability or pay, past payment history or insurance coverage. Besides that, our members don't see the billing records. They have no idea who pays and who doesn't.

Profiles In Service

The most important part of our service is our many volunteers who devote their time and energy on a regular basis. These are your neighbors — residents of Suffield and surrounding towns. Here are just three of them.



Lisa Shelanskas

Lisa Shelanskas wears several hats for the SVAA. As Deputy Chief, she is the third ranking operational officer in the organization after the Chief and the Assistant Chief. As a duty officer, she makes herself available one night a week and every sixth weekend to help manage complex scenes such as a serious automobile accident.

A member since 1985, Lisa is also the SVAA's Training officer, and puts on a monthly drill to keep members' skills up to date. She is one of two active emergency medical service instructors in the SVAA and a CPR instructor-teacher for the American Heart Association as well.

If that isn't enough, Lisa acts as the SVAA's billing consultant, handling all the billing and insurance matters related to our service.

Lisa is married to Suffield native John Shelanskas, who is himself a 7-year veteran of the SVAA. They have two children, Aaron, 4, and David, 18 months. Both Lisa and John are also members of the Suffield Fire Department and John is a member of the Suffield Police Commission.

Before she retired to motherhood, Lisa was employed by Combustion Engineering as a computer programmer managing one of their engineering databases. She holds a Bachelor's Degree in Chemical Engineering from the University of Connecticut.

At one time Nick Mickelson considered joining the SVAA as an ambulance driver but was persuaded that he could make a more significant contribution by lending his management expertise. Since being elected President of the SVAA Board of Directors in 1988, Nick has spent up to 20 hours a week helping guide the SVAA through its evolution.

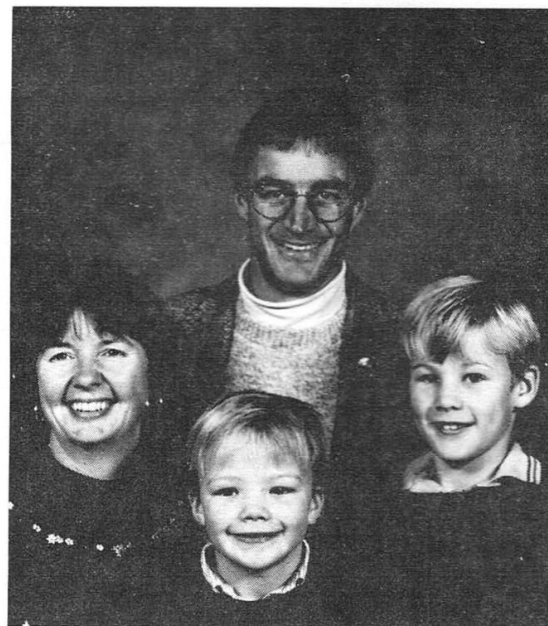
Nick became active in the Suffield community when he and his wife, Dr. Ann Huntington, purchased the Suffield Veterinary Hospital. In addition to his duties there as administrator for the animal hospital, Nick is active in the Suffield Rotary Club and is a Fire Commissioner in town.

Nick is a partner in the management consulting firm Poole-Mountain Associates. Prior to this he owned a professional photography business specializing in aerial photography, and was a paid firefighter and fire officer in his hometown of Longmeadow.

His interest in animals dates back to age 8 when he began showing dogs with his uncle. He worked with Labrador retrievers shortly after graduation from the University of Massachusetts and quickly moved from showing and training into breeding and later into genetic research on the breed. He is a member, director and past secretary of the National Labrador Club.

His genetic work caught the attention of Guiding Eyes for the Blind, one of the largest and best known of the organizations that breed and train Labradors for use as guide dogs. He is presently a member of their executive committee and chairman of the personnel committee.

"The Suffield Volunteer Ambulance Association is a terrific organization with some of the most dedicated and compassionate people I've ever had the privilege to know", Mickelson comments. "I'm just pleased to be able to share in advancing their objectives." We're glad, too.



Nick Mickelson



Kevin Bates

Inspired by the example of his EMT mother Ruth, Kevin Bates took the first chance he had to take an advanced first aid course in 1989. He became certified as a Medical Response Technician and joined the SVAA at age 15, and took the more advanced Emergency Medical Technical course less than one year later.

Kevin's dedication to emergency care has paid off. Last year Kevin won the SVAA's highest honor, the Perrault Award for Outstanding Service. He also happens to have worked 1,884 hours of ambulance shifts, more than any other member.

Pursuing additional medical training is high on Kevin's priority list. He is presently enrolled in Manchester Community College's respiratory therapy program and plans to become an EMS instructor, another opportunity to teach others about emergency care in addition to his work as a CPR instructor today.

Kevin was active in the Future Farmers of America program at Suffield High School and the Windsor Police Explorer program.

His long shift experience has dealt Kevin some memorable calls, including the noteworthy rescue of a fallen construction worker on the Route 140 bridge in Windsor Locks last winter. Kevin braved some daring heights to reach the worker, not a scary experience for someone who has already made some lofty achievements for the service to his community and its people.

What does it take to join the SVAA?

The SVAA is always in need of new members. Here is an explanation of who we are how you can join us.

What is the SVAA?

The Suffield Volunteer Ambulance Association is a private, non-profit organization of volunteers who provide emergency ambulance service to the Town of Suffield. We are not a town agency, but have two paid town employees who provide coverage during the day when most volunteers are working out of town.

Organized in 1976, the SVAA today has over 80 members, two ambulances and office space in the Town Hall Annex.

Who can work on the ambulance?

The State of Connecticut sets forth rules concerning the medical certification one must have to work on an ambulance. The SVAA uses four types of ambulance crew members which meet those rules:

- **CPR-Driver** - requiring only a valid CPR card and completion of the SVAA's ambulance driver's training course, CPR-Drivers are always needed. They do not get involved

with patient care, but drive the ambulance on calls.

- **MRT**
(Medical Response Technician)
MRTs take a 40-hour course and become skilled in advanced first aid and basic emergency care.
- **EMT**
(Emergency Medical Technician)
EMTs take a 120-hour course which is more extensive than the MRT course. EMTs, and EMT-Ds (defibrillation technicians) make up the majority of our members.
- **EMT-I**
(EMT-Intravenous or IV-Technician)
IV-technicians train beyond the basic EMT level to use intravenous fluids in the treatment of critical patients.

The next higher level of training, EMT-P or Paramedic, requires over 700 hours of training, and is not maintained by the SVAA. We utilize the services of the Bradley paramedics for this level of patient care.

The SVAA reimburses active members for their training, and provides uniforms and pagers or radios for on-duty crews.

How much time is involved for shifts?

Active members work a total of 24 hours each month. This equates to two 12-hour shifts or four 6-hour shifts. Members sign up in advance for times that match their work and family schedules. Shifts start and end at 6 a.m., noon, 6 p.m. and midnight. Partial shifts are acceptable.

What about non-medical involvement?

People who want to help the SVAA but prefer to stay away from ambulance runs and patient care can help in these areas:

- **SVAA Board of Directors**
The Board is the governing body for the SVAA and utilizes "at large" members from the community for some of its seats.
- **SVAA Board of Trustees**
The Trustees are a newly formed arm of the SVAA responsible for our fundraising effort.
- **Non-provider members**
We have many tasks that you can help us with, including organizing town events for the ambulance, and doing the newsletter.

Call us at 668-5249 to get started!

Building Update

Here's the latest on the SVAA's struggle to get a proper facility

When we last reported to you our building progress over one year ago, we had high hopes that by now we'd have a facility big enough to house our two ambulances, our equipment and our crews.

We're sorry to say that hasn't happened. In fact, things have gotten worse. But we still have high hopes that this year we can get into some new space. Here is a look at the space we need:

- **Two bays** — We have two ambulances, and we cannot always store the second one at the Fire Department because they need their bays, especially in brush-fire season.
- **Crew quarters** — Like the Fire Department, we need bunkroom space to allow the overnight crews to respond immediately. Presently, fire codes (and space) prohibit bunks and overnight stays, so members respond from home, losing precious time. And, it is difficult to keep our staffing up with 40% of our members from out-of-town, since they are greatly inconvenienced finding a place to sleep in town while on call.
- **Training classrooms** — Our members must attend an average of 36 hours per year of training to keep their medical certifications. We need space to do this training where our equipment (CPR mannequins, etc.) is readily accessible. Presently, classes are held in members' homes, where, by the way, much of the training equipment is stored.
- **Operating space and storage** — Our crews and staff need office space to do paperwork after runs, a ready room to wait for calls, and storage room for the medical supplies we buy in cost-effective bulk quantities.

The Town is obligated to provide the SVAA with quarters as a part of the contract we have. We're hoping this time around the Town will really come through for us in the spirit of the agreement.

How long has this been going on?

We've compiled a summary on all the formally presented proposals which the SVAA has made to the Town, researched from newspaper clippings, minutes, SVAA records and Town officials. As you can see, the SVAA has been led down quite a long, circular path in search of a facility since we began in 1976!

Year	Proposal	Outcome	Reason
1976	House ambulance at the Main Fire Station pending construction of a permanent ambulance headquarters	Done	Used available space until bays needed for fire trucks.
1978	SVAA office moved to Town Hall	Done	Fire and Ambulance activity warranted it.
1980	Renovate Town Hall Annex to house the SVAA office and ambulance until a permanent solution is found	Done	Town unwilling to commit to build facility for ambulance alone.
1981	Total renovation of Annex	Rejected	Cost. Town officials preferred to consider large-scale project to address more issues. SVAA told to redesign on smaller scale as an interim, short-term measure.
1981	Partial renovation of Annex	Rejected	Cost. Town officials unwilling to invest in short-term project.
1982	Total renovation of Annex	Rejected	Cost to renovate not acceptable to town officials. Town proposes Safety Complex plan for all emergency services.
1983	Safety Complex Plan	Rejected	Cost. Scale of project beyond officials' willingness to fund. SVAA told to consider expanding Annex.
1984	Annex Expansion Plan	Rejected	PBC ¹ unwilling to endorse expansion because of cost to correct code violations
1985	Build new ambulance facility on 11 acres behind current Annex.	Rejected	Town wants to save 11 acres for industrial park or Safety Complex

¹PBC — Permanent Building Commission

1986	Laureno offers property on Fyler Place.	Rejected	New proposal anticipated for Police/Ambulance facility.
1987	Police/Ambulance facility.	Ambulance part cut and facility to be new police station only.	Ambulance space cut to meet price satisfactory for Board of Finance. Promise to address ambulance space in another plan.
1988	Expand Annex and parking into the rear 11 acres behind Annex.	Rejected	Costs and PBC unwilling to support expansion due to code correction costs.
1989	Build separate ambulance facility behind new police station on Mountain Rd.	Rejected	Police opposition and costs. Proposal made to use same building design at different location.
1989	West Suffield School site. Raze building, combine efforts with Fire Department to replace W. Suffield Center station.	Rejected	Officials' fear of political implications in tearing down old school.
1990	Build ambulance facility right of W. Suffield School.	Rejected	Not practical.
1990	Build facility to left of West Suffield School.	Rejected	Not practical.
1990	Build west of the school on same property.	Rejected	Not practical, wetlands, septic problems.
1990	Purchase and build Fire/Ambulance facility on property across from West Suffield Cemetery.	Rejected	Offer to purchase land was too low for seller to consider.
1991	Build new Fire Headquarters on property across from cemetery, SVAA to occupy vacant main fire station.	Rejected	Offer to purchase land was too low for seller to consider, no support from town officials to pursue.
1991	Build ambulance facility on property at Bridge St. School.	Town never presented to School Board.	1st Selectman realized impossibility of request.
1991	Build ambulance facility on property at South St. School.	Town never presented to School Board.	Campaign for re-election beginning. No enthusiasm for proposal.
1991	Annex renovation again.	Rejected	PBC resistance.
1991	Lease space for ambulance facility.	Rejected	No reason given.
1991	Fisher & Daley offer 1 acre of land for new facility	Rejected	Officials unwilling to relinquish project management to SVAA.
1991	Vacate and renovate Annex, move other agencies to leased space, use entire Annex for ambulance headquarters.	Rejected	Costs. Officials prefer to reconsider Fisher & Daley proposal. New town administration elected at year end. Proposal re-submitted.

What do other towns provide for their ambulance headquarters?

Just to make sure our request for a proper ambulance facility was not out of line, we checked with similar towns to see what they provide for their volunteers. This is what we found, listed by size of facility:

Windsor - New 7,000 sq. ft. steel building (1990), 3 bays, kitchen, ready room, training room, conference room.

Bloomfield - Recently built 5,000 sq. ft. facility with 2 bays (expanding to 3), showers, bunkroom, kitchen, classroom.

South Windsor - 3,500 sq. ft. quarters in recently built public safety complex, 2 bays, training room.

East Granby - Renovated 2,500 sq. ft. brick building with 2 bays, bunkroom, kitchen and training room.

Granby - 2,400 sq. ft. building with 2 bays, office, bunkroom, kitchen and training room.

East Windsor - Newly renovated (1990) 2,400 sq. ft. facility with 2 bays, office, ready room.

Windsor Locks - 1,200 sq. ft. facility with 2 bays, office, equipment storage room.

Enfield - not a volunteer service. Two ambulances are housed in the police complex and staffed by the police.

Suffield Volunteer Ambulance has only 640 sq. ft. of space, with one bay, an office, and no other rooms or storage areas.

We have to park the second ambulance outside when the Fire Department needs all their bays.

At press time, the SVAA was awaiting word on our proposal to use grant money to renovate the Annex. The new Town administration has made progress in this endeavor. Watch the papers for the latest!

Letters of support from the community

From: Ann Estes, Principal
McAlister Middle School

Date: March 23, 1992

Re: Fundraiser Donation

Each year McAlister Middle School students hold one major fundraiser that enables students to direct their energies towards helping others and making a contribution to society.

For many years, McAlister students made a yearly contribution to the St. Jude Childrens' Foundation. Last year, the middle school decided to focus on community and make a local contribution. The Suffield Volunteer Ambulance Association became the recipient on one-half of the school's fundraising project and students donated \$3,500 to this community organization. The other half of fundraising profits went into a student activity fund to defer the cost of student field trips and activities lost through budget restraints.

McAlister students once again will make a contribution in support of the Suffield Volunteer Ambulance Association. When all monies are finally collected, it is anticipated that the donation will be in the \$3,000 range again this year.

Students are well aware of the community's needs and are pleased that in some small way they can make a contribution that will benefit the residents of Suffield.

Thanks, kids, for a great job!

*The Members
of the SVAA*

Local Cub Scouts Contribute Results of Hard Work to SVAA

The Cub Scouts from Suffield's Den #1 Pack 209 have collected bottles and cans for the past *two years* so they could use the redemption money as a donation to the Suffield Volunteer Ambulance Association. Their efforts have culminated in a contribution of \$80!

The boys who made this possible are Scot Braun, Kevin Goff, Brian Hamedy, John Lacross, Bryce Johnstone, Calleen MacKinnon, Tommy Modzelesky, Jason Periroth and Ryan Wesche.

The SVAA Board of Trustees gratefully acknowledges not only this monetary gift but also the spirit of support and teamwork shown by this fine group of scouts.

Thank you, all!

Dr. Markowski Fundraiser Benefits the SVAA Again!

We are happy to report that Dr. Eugene Markowski's 3rd Annual "Care to Share" day on May 2nd raised over \$1,000 in just 4 hours to benefit the SVAA!

Dr. Markowski and his staff donated the cost of a dental cleaning to the SVAA for each person who took part in the day. The cleaning was done at no charge to the patients.

Our ambulances were showcased outside the office so the patients could visit with SVAA members and learn about the organization they were supporting.

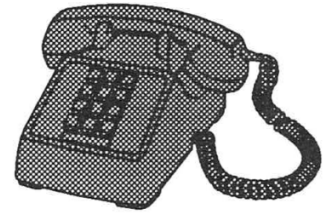
The SVAA is grateful to Dr. Markowski and staff for supporting us in this way!



Murray A. Phelps, Jr.
Chief of Police

The 911 System

How and when to use it



Whether you need police, fire department or ambulance, when you dial 911 in Suffield your call is answered by the Suffield Police Department. As the public safety answering point for the entire town, dispatchers are on-duty around the clock ready to receive your emergency call.

When 911 is dialed, the phone number, the location of the caller and resident's name is displayed on equipment at police headquarters in a matter of seconds. This information is part of the telephone company's E911 (Enhanced 911) system database, which may also include pertinent medical or handicap information. The police dispatcher confirms the address of the emergency and the name and proceeds to send the required emergency service.

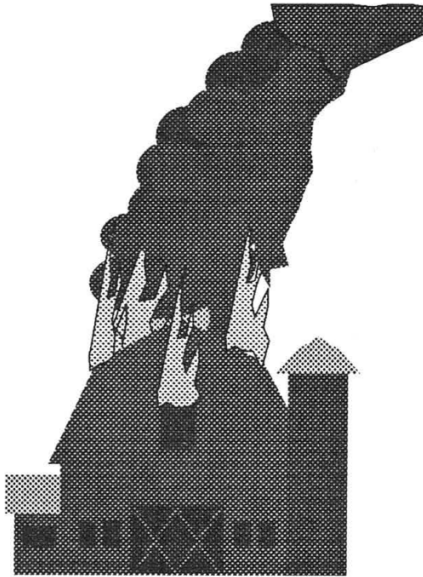
911 Hangups

With so many automatic dial ("speed dial") phones in Suffield, an inadvertent press of a button may cause you to dial 911 by mistake. If this happens, it is only polite to stay on the line until the police answer and tell them it is a mistake. If you just hang up instead, this is considered a "911 hang-up" emergency and a police officer will soon be ringing your doorbell to ascertain the problem!

Many "911 hangups" are caused by children playing with the phone. While most parents have duly instructed their children in the use of 911 and the telephone in general, attention must be paid to this problem as it ties up the available 911 lines needed for true emergencies.

Abuses of the 911 System

The 911 number is a wonderful tool because it can get help to where it is needed quickly, but it can be abused. Calls to the police on 911 inquiring about road conditions, school closings or to ask when power will be restored are inappropriate because they are not true emergencies. (We suggest you call the power company directly to report power outages, since that is what we do. The police do not know when the power will be restored.)



Non-emergencies and 911

Another frequent misuse of 911 involves being locked out of your car or house. Unlocking vehicles is still a service the Suffield Police Department provides, but to request an officer using 911 for this is inappropriate. If, however, a child is locked in a running vehicle, a call to 911 is in order, since it could soon develop into a serious incident.

Think first. If you call 911 and begin by saying, "This is not really an emergency, but...", you will generally be asked to hang up and call back on the routine police number (in Suffield that number is 668-7311).

The Bottom Line

Whenever in doubt about the seriousness of the situation at hand, **call 911**. Don't hesitate during any medical emergency, fire (or even the question of fire) or a motor vehicle accident (regardless of how minor it may appear to you.) Also, such complaints as a prowler, suspicious person, robbery, burglary, missing person or serious family dispute should be reported using 911. Sorry—missing cats and dogs do not qualify as true emergencies.

Using 911 properly requires common sense. A little bit may go a long way to saving someone's life.

Did you know?

911 has been available in all cities and towns in Connecticut since 1991, as a result of legislation to make 911 a true emergency number from anywhere in the state.

One benefit of the newer Enhanced 911 system is that residents living in different towns but having a common prefix now have their 911 calls routed to the correct police department.

Resident or Boxholder
Suffield, CT 06078
West Suffield, CT 06093

Suffield Volunteer
Ambulance
Association
97 Mountain Road, P.O. Box 642
Suffield, CT 06078

BULK MAIL
PERMIT
NO. 8

New Equipment Gives Heart Attack Victims Second Chance

Defibrillators increase the level of emergency care in Suffield

Since last July, Suffield Ambulance volunteers have been learning a better method for treating heart attack victims using a new piece of lifesaving equipment called a *defibrillator*.

This machine is used to shock the victim's heart if they succumb to a particular heart rhythm called *ventricular fibrillation*. For someone in this condition, the heart beats ineffectively without coordination ("fibrillation") preventing blood from circulating.

Cardiopulmonary resuscitation (CPR) and a prompt shock from the defibrillator machine, followed by administration of cardiac drugs, is the best possible pre-hospital treatment. If the heart's normal rhythm cannot be restored quickly, the patient could die within minutes.

Three defibrillator machines costing about \$7,000 each were purchased by the SVAA with money from a State grant. One has been placed on each of the two

ambulances, with a third used as a standby or for use by a paramedic intercept unit.

In order to operate the defibrillators, SVAA's EMTs had to take an additional

8 hours of training (EMT-D) and must maintain their skills through quarterly refreshers and an annual recertification. Nearly all the SVAA members that are qualified to take the training have done so.



Suffield's ambulances now carry defibrillators on board. These highly specialized machines can detect heart attack victims in ventricular fibrillation and shock the heart back into a normal rhythm.