

University Physicians Base Hospital Newsletter *EMS Connected*



EMS Medical Director Daniel Beskind, MD



The past few months have been an excellent opportunity for the medical students and residents to learn about triage in a mass casualty drill as well as to gain experience with extraction drills.

The mass casualty drill occurred in March, 2011. This was set up at Tucson Airport Authority using one of their old planes. The scenario was a terrorist bombing on a plane that was taxiing on the runway. There were over a hundred victims, who dressed up using full mulage to act the part. The residents and medical students were able to see how the Incident Commander triaged patients using the four different categories of illness: Immediate/Red, Delayed/Yellow, Minor/Green and Expectant/Black. A simple way for them to remember the categories is to use the "IDME" mnemonic.

The drill also helped UPH hospital prepare for a "surge" in patients and allowed the hospital to look at how it could improve its disaster plan.

Overall, these drills are very important for the community to be better prepared when a MCI occurs. It took a lot of work and preparation to put the drill together and fortunately we learned a lot from it. In Israel, they practice these types of drills monthly.

The second experience was an extrication drill that occurred out by San Manuel Fire Department on Reddington road. There were multiple agencies including Oracle Fire Department, San Manuel, Mammoth, OFD Certs, and the Pinal County Sheriff's search and rescue (SAR), LifeNet and Native Air. It was a beautifully cool morning and all of the local departments in the area gathered to train using extrication equipment like "the jaws of life" to cut the roofs off of old cars and remove patients that were trapped inside. We learned how to look for side airbags in the beams so as not to cut a pressurized object, and how to pop out windows using duct tape to prevent the glass pieces from flying all over the place. I even got a chance to play, and I couldn't believe how heavy the equipment was to hold when cutting a beam.

They then flipped a car into the ravine for a complex extrication scenario and practiced belaying down and then extracting the injured patients. It was great having the agencies interact with one another and I think it was a huge success!

We want to take the time to thank the agencies based with us and appreciate the opportunity for allowing us to participate in these drills.



Injuries ranged from the simple laceration to life threatening head injuries.



Learning the art of mulage



Multi-agency extrication drill



Instruction & practice



Too much sun can be a dangerous and painful experience



UV - NOT For Me!

Submitted By: Charles Glover, FF, EMT-B

As we begin to enter the hot months of summer, remember to take action while in the sun. Many people see a tan as being attractive. The reality, a tan is your skin trying to prevent further damage from UV radiation. Experts believe that four out of five cases of skin cancer could be prevented. And adopting simple precautions can make all the difference!

Limit time in the midday sun

The sun's UV rays are the strongest between 10 a.m. and 4 p.m. Use every means possible to limit your exposure during these hours.

Watch for the UV Index

This important resource helps you plan your outdoor activities in ways that prevent overexposure to the sun's rays.

Use shade wisely

Seek shade when UV rays are the most intense, but remember if you see your shadow seek better shade.

Wear protective clothing

A hat with a wide brim offers good sun protection for your eyes, ears, face and the back or your neck. Tightly woven but loose fitting clothes will provide additional protection from the sun.

Use sunscreen

Apply a broad-spectrum sunscreen of SPF 15+ liberally and re-apply every two hours or after working, swimming, playing or exercising outdoors.

Ground reflection

Make sure you take UV precautions when you go swimming, skiing or participate in any water sports. Strong ground reflection exposes you to high levels of UV radiation.

Mini Facts:

- The sun gives off 2 rays. UVA and UVB rays.
- Dermatologists believe these are the rays that cause tissue damage, wrinkles to form and skin cancer.
- UVA and UVB wavelengths can penetrate through almost anything therefore, protection from them is important all year round, not just during the summer months.

Sunblock vs. Sunscreen - How savvy are you?

Contrary to popular belief, sunscreen and sunblock are not the same thing:

- **Sunscreen** contains materials that act as filter to allow a certain range of UV light to be absorbed into the skin
- **Sunblock** contains metallic materials that reflect and scatter the UV light and acts as a wall between the sun and your skin

EMS Connected

From Mary's Penthouse Suite:

2011 has brought many successes this year:

The Base Hospital QA tool is moving forward closer to the first on-line report card! The first real test of the QA tool was the Departmental reports that were recently provided at the Pre-Hospital Care Committee Meeting with the UPH based agencies. As with all QA systems there were items that needed to be worked out, especially as the QA tool is tailored for the based agencies skill level. Take a peek at what is available currently on the website which will have a portal link from the UPH Base Hospital website.



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The 5th Annual Mega CE : The 2011 Mega CE sponsored by UPH Base Hospital and AirEvac Medical Services again was a day long CE of pertinent Physician & Specialty taught education. The host site Tucson Fire Central was again a crowd pleaser, as one participant stated "We are being taught by the best docs in the best possible setting". Special thank you to the wonderful speakers; Dr. Daniel Beskind, Dr. Mazda Shirazi, Dr. Spenser Greene, Dr. Gordon A Ewy, Dr. Joshua Gaither, Dr. Lawrence DeLuca and TFD Captain Darin Wallentine. A special thank you to Tucson Fire Department as the hosting site.

CE Days: 48 hours of Recertification CE allowed many EMS providers to bypass expensive recertification programs and receive specific CE's to apply to either State or National Recertification. The attending provider was able to pick and choose the CE's needed for recertification. This program was such a success that it is going to be offered again in the fall of 2011 with some exciting new changes and players, always keeping the providers needs in mind.

EMS Week: May 20th brought EMS providers to the front courtyard of UPH for the 5th Annual ED Physician sponsored EMS Appreciation BBQ. A very special thank you to Dr. Shirazi for his continued proactive stance with EMS! This event closed out the week-long recognition of a job well done for 2011 National EMS week appropriately named "Everyday Hero's". Assistance from UPH Departments for snacks Monday through Thursday were provided by Respiratory, ICU, Radiology, Cath Lab and Admitting/Registration. The BBQ brought out over 200 hungry EMS/fire personnel as well as UPH Physicians & staff. Assistance from TFD's Adrienne Hollen, SWA's Kelly Rentschler and Cook Robert Callan helped to make the event a success. Over 150 prizes were provided in raffle drawings for EMS & Fire agencies from UPH's Base Hospital and surrounding transport agencies such as TFD and Rural Metro. All the UPH Intermediaries also received gift packs for a job well done! Next years BBQ is already being planned...so stay tuned!



New Faces: I am pleased to welcome Tucson Fire to the growing list of article contributors within UPH's Base Hospital Newsletter. Take a moment to learn about the Human Services Referral Program that was initiated by TFD's Prehospital Manager Norma Battaglia and the TFD administrative team. WELCOME Tucson Fire and we all look forward to receiving and reading your quarterly articles.

EMS Connected



Great Save

EMS Medical Director Daniel Beskind, MD

I am very proud of our paramedics that work here in the ED at UPH. Frank Granillo and Travis Sutterley are paramedics that work clinically at UPH as well as for TFD in the field. They were dispatched for a code arrest recently.

This was a 48 year old male that was found down by his daughter who happened to be a medical assistant and she called 911 and initiated CPR. When Medic 14 arrived they placed pads on the patient and since CPR was already initiated and the patient was in ventricular fibrillation they shocked him. They continued the CCR algorithm and were able to place an intraosseous (IO) line quickly for access.

Needless to say the patient had a very complicated code arrest with multiple arrhythmias including asystole and torsades, and he required multiple medications like epi, magnesium and a lidocaine drip. When they were unable to intubate after multiple attempts by multiple paramedics and the patient was cyanotic and blue, Frank decided to perform a cricothyrotomy or surgical airway which he did successfully. Once they arrived to UPH the patient went to the “cath” lab. Interestingly, the “cath” did not show any evidence of blockage.

The patient then went to the ICU and received therapeutic hypothermia or cooling to 33 degrees celcius for 24 hours. Frank visited the patient in the days that followed. The patient made a fantastic recovery with completely normal neurological function. His last memory was lunch the day before until he woke up at the hospital asking his wife, "What happened?" The only abnormalities found were his potassium was low at 2.6. His past medical history included sleep apnea and hypertension for which he was not taking his medications. The patient possibly had a respiratory arrest from his sleep apnea.

If it were not for the expertise of our paramedics in the field this patient would not be alive today. The fact that he is neurologically intact is truly amazing.

The evolution of cardiac resuscitation has really undergone a major paradigm shift over the past decade and a lot of the research leading to the improvements has come out of the University of Arizona. Many people who would not have survived are getting a second chance because of these changes in the treatment of out-of-hospital-cardiac-arrest (OOHCA). The *new* chain of survival for primary cardiac arrest involves four steps: 1. Early recognition, 2. Continuous chest compressions, 3. New Cardio Cerebral Resuscitation protocol for EMS and 4. Getting the patient to a cardiac center where they can receive advanced cardiac care like catheterization and or therapeutic hypothermia.

We would like to congratulate Frank and his partner Travis for keeping their cool, during this difficult code and giving this young patient a second chance!



*TFD Paramedic
Frank Granillo*



*TFD Paramedic
Travis Sutterley*

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Arizona Drug and Poison Information Center (ADPIC)

Spencer Greene, MD, MS, FACEP
Program Director
UA/UPHK GME Consortium Toxicology Fellowship
Section of Medical Toxicology
University of Arizona College of Medicine



Critters

The warm weather has returned, which means we can expect to see a rise in the number of envenomations from all sorts of critters. Two of the most commonly encountered venomous creatures in Southern Arizona are rattlesnakes and scorpions. Both can be associated with significant toxicity, and many times the care provided in the pre-hospital environment can have a profound impact on patient outcome.

The prototypical snakebite victim is a young adult male with a beer within reach, but all ages and sexes can be affected. Common situations in which someone is envenomated includes gardening, hiking, and removing snakes from one's property. Though there are over a dozen varieties of venomous snakes in Southern Arizona, and though toxicity can vary by the age of the snake and the time of the year, pre-hospital management for all snakebites remains consistent. Gently but rapidly transport the patient to the hospital. Most hospitals have antivenom available, but only **University Medical Center and University Physicians Healthcare Hospital have toxicologists on faculty who specialize in the management of envenomations.** I recommend transporting all victims of snakebites to either of these University of Arizona hospitals unless the patient is critically unstable, in which case transport to the nearest hospital is advised. Keep the affected body part at or above heart level, because local tissue damage, which is exacerbated by keeping the affected body part below heart level, is a major concern in snakebite victims. Do not apply ice or heat to the envenomation site. Do not attempt to remove venom using the "suck and cut" method or even a commercial "venom extractor", as both techniques have been shown to increase the potential for complications and provide no benefit at all. **Do not apply any restriction to blood flow, including tourniquets, constriction bands, and compression bandages.**

The best pre-hospital treatment, beside transport to an appropriate facility, is to maintain ABCs and provide analgesia. Patients often sequester a lot of fluid in the affected extremity, and it is imperative to provide sufficient volume resuscitation to maintain perfusion and blood pressure. On rare occasions there can be airway edema and cardiovascular collapse, and these victims may require emergent intubation and resuscitation, so assess your patients frequently. Remove any constrictive clothing and jewelry. Finally, make sure you do not become a patient in the process; avoid handling the snakes unless you are specifically trained. Remember, physicians do not need to see the actual snake to manage the patient correctly!

There are several dozen scorpion species in Southern Arizona, but only the bark scorpion is associated with significant toxicity. And most patients who are stung by the bark scorpion (*remember – scorpions sting, they do not bite!*) will only have local pain. However, symptoms can range from local pain to distal muscle twitching to abnormalities involving the cranial nerves, and symptoms can peak any time within the first five hours or so. For patients with only local pain, ice packs may be sufficient treatment, though some patients may require oral or even parenteral analgesics. Children are at greatest risk for toxicity, which can manifest as laryngospasm, tongue fasciculations, hypersalivation, and other conditions that can interfere with adequate oxygenation and ventilation. Several local hospitals, including University Medical Center, are currently participating in a clinical trial of an experimental scorpion antivenom, so if a patient has significant symptoms but is otherwise stable, transport to one of these hospitals may be most appropriate. However, if the patient, typically a child, is unstable, transportation to the closest facility capable of providing definitive airway management is required.

Most victims of snake and scorpion envenomations have a good outcome, but there is the potential for serious complications and, rarely, death. If good supportive care, adequate analgesia, and transportation to the most appropriate facility can be provided in the pre-hospital environment, the patient's chance at a good recovery is maximized.

Finally, remember that the medical toxicologists and specialists in poison information at the Arizona Poison and Drug Information Center are available 24/7 to help you with victims of envenomations or other toxic exposures. **Call 1-800-222-1222 or 520-626-6016 for assistance.**

EMS Connected—Education

2011 Dates



All classes will be held at UPH Hospital LaGaleria. There is never a charge for UPH-H Based Agencies

AHA ACLS & PALS

ACLS Initial Class

January 22 & 23
April 30 & May 1
Sept 10 & 11

ACLS Renewal

February 5
April 2
May 21
July 30
September 24
November 12

PALS Initial

February 19 & 20
October 1 & 2

PALS Renewal

April 23
October 22

AHA BLS

May 24th / 8am-12pm
May 31st / 8am-12pm

June 9th / 8am-12pm
June 14th / 8am-12pm
June 21st / 8am - 12pm
June 29th / 8am-12pm

July 12th / 12pm-4pm
July 26th / 8am-12pm

August 16th / 8am-12pm
August 31st / 8am-12pm

Sept 15th / 1pm-5pm
Sept 27th / 8am-12pm

October 18th / 8am-12pm
October 27th / 8am-12pm

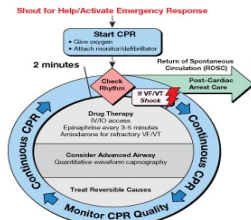
NEW AHA GUIDELINES ARE OUT

As you have all been expecting, this month the New American Heart ECC Guidelines were released. There are several changes that are coming out in the new guidelines. Probably the most significant, and thus the one that will give us all heartache and chest pains of our own, is going to be the change from managing the A-B-Cs in a patient in cardiac arrest to now managing the patient's C-A-B.

The American Heart, as always, has done great research into the order in which we manage the victim of a cardiac arrest and has solid evidence that by managing the patient's circulation as the initial focus there is a greater chance of successfully resuscitating that victim of a code arrest.

Another change that you will want to note is that the AHA has redesigned their algorithms into a form that they feel will make them easier to follow in times of stress as opposed to the flowchart style design that they have used for many years. There are many other exciting changes to look forward to with the release of the new guidelines.

UPH will be holding many courses during the next year to get you up to date and renewed with the new 2010 guidelines.



Construction Updates:

Per UPH's Emergency Department Director Ms. Jackie DeBeche the anticipated date of use for the new state of the art Emergency Department is..... (drum roll please) Wednesday, AUGUST 17th 2011 with a time of 0700. I will keep all posted as the time draws near

The Base Hospital will ensure all education related to Ambulance traffic will be appropriately Dispersed prior to the grand opening.

Base Hospital Medication Exchange Policy Changes:

UPH Based Agencies please note there are updated Medication Policies requiring a picture ID from the EMS Provider to be shown at the pharmacy when exchanging or replacing medications that is used in patient care or replenishing your Drug Boxes.

The updated policies will be made available online as soon as possible:

EMS-08 EMS Patient Care Reports, EMS-12 EMS Drug Box and PCS-466 EMS Paramedic Medication Exchange



UNIVERSITY PHYSICIANS HEALTHCARE
HOSPITAL AT RINO CAMPUS

Prehospital Programs



Monthly Continuing Education

3rd Thursday of each month.
2 Hours CE for EMS & RN's
Times: 10:00-1200

Odd Months - TFD Fire Central
Even Months - Abrahms Bldg #1108

EMS Connected



Human Services Referral Program

*Submitted By: Ms. Norma Battaglia
Pre-Hospital Manager*



What is It?

Tucson Fire Department and Northwest Fire Department EMS personnel can make a web-based, HIPAA compliant, "referral" on behalf of an individual or family with social service, public health or chronic medical issues that led to a 911 call.

How does it Work?

The referral notification auto-forwards to Pima County Public Health Nursing, VA Homeless Programs and Case Management (CM), Long-term Medicaid Case Management, and Regional Behavioral Health Member Services. If the 911 Responders find substantial Health or safety code violations, the appropriate TFD, NWF, City or county Inspectors are also notified.

If the individual is already connected with one of the health care programs mentioned, a notation is made in the system and the CM is notified. If the patient is not connected to existing services, the Public Health RN does an intake visit to determine need and begin the process of connecting the patient with the necessary services.

Results-

Over the 4 years the program has been in place, the individuals who have had a referral completed by EMS, have decreased their 911 call volume by >50%.

Local ED Case Managers and Social Workers as well as healthcare providers from the Southern Arizona Health Village for the Homeless, Van of Hope, which is a new mobile, primary care clinic for the homeless have recently been given access to the HSRP website to determine if their patients already have Case Management services in the community.

Goals-

Electronic notification of APS and CPS will be available soon.

As time and resources allow, other EMS provider agencies may be given access to HSRP so they too can decrease their patient's reliance on the 911 system for non-emergent calls.

Summary-

HSRP is part of a long-term solution that connects patients to services within our community and leads to better communication and collaboration within the health care continuum. This point of contact allows each healthcare discipline to provide the services that they are uniquely qualified for and extends the period of independence for many elderly and at-risk patients.

The HSRP has been recognized by multiple agencies and organizations, including the Agency for Healthcare Research and Quality (AHRQ Innovations Exchange June 2010) and the Journal of EMS (JEMS April 2009).

For questions, please contact:
Norma Battaglia RN MS
Pre-Hospital Manager, Medical Administration
Tucson Fire Department

EMS Connected

Protecting Your Kids When They're Home Alone

*Submitted By: Chief Randy Ogden
Mount Lemmon Fire District*



The number of latchkey children in the United States has increased to approximately 5 million. These days, children often take on more responsibility at an earlier age and as a result, feel that they are old enough to stay home alone.

Every year, nearly 4.5 million children ages 14 and under are injured in the home. The vast majority of unintentional injury-related deaths among children occurs in the evening hours when children are most likely to be out of school and unsupervised. Parents often struggle with the decision to leave their children home unsupervised as they weigh the child's ability to care for him or herself with risks that may arise from a child left home alone.

Parents need to consider many factors when leaving a child home alone. Children mature at different rates, so it is crucial to evaluate your child's individual development as well as physical capabilities. It is important to remember that the decision to leave children unattended may be subject to state law. Area child protection services can provide information on state child abuse and neglect laws that address the age children can legally be left home alone. Minimum age requirements for unattended children generally range from 12 to 13 years of age. **Mt. Lemmon Fire District** recommends that children are not left alone before the age of 12.

Parents and caregivers should begin leaving children home alone progressively – for only a short time, at first, and stay relatively close to home.

A child may exhibit sound judgment and appear ready for the responsibility. However, it is important to consider the risk of injury. Each year, more than 6,000 children died from unintentional injuries; an estimated 40 percent of these deaths occurred in and around the home. To ensure a child's safety when staying at home alone, the **Mt. Lemmon Fire District** recommends that parents and caregivers follow these safety tips:

- ◇ ***Place all emergency numbers (doctor, hospital, police department, fire department, poison control center, EMS) and the phone number of a friend or neighbor in a visible place near all phones.***
- ◇ ***Point out potential hazards in your home*** such as electrical appliances and heating equipment and teach your child how to avoid injuries from them.
- ◇ ***Make sure your child knows where the smoke alarms and carbon monoxide alarms are located and knows your fire escape plan.*** Remind your child to get out of the house immediately if the smoke alarm or carbon monoxide alarm sounds and to call the fire department from a neighbor's house.
- ◇ ***Plan and practice two escape routes out of the house and each room.*** It is important to have an alternate escape route in case one is blocked by fire.
- ◇ ***If possible, leave your beeper or cellular phone number.*** Knowing your child can reach you will help put you, and your child, more at ease.

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- ◇ **Show your child where the first aid kit is and how to use the items in it.**
- ◇ **Prepare a snack or meal for your child in advance, preferably one that does not need to be heated.** If it must be heated, remind your child to turn off the oven or stove. Remind them to never leave a pot unattended while cooking.
- ◇ **Tell the child where you will be, how you can be reached and when you will return home.**
- ◇ **Insist your child use the proper safety gear while cycling, in-line skating or skateboarding and that they always wear a helmet for these activities.** Bicycle helmets have been shown to reduce the risk of head injury by as much as 85 percent and brain injury by as much as 88 percent.
- ◇ **Place all emergency numbers (doctor, hospital, police department, fire department, poison control center, EMS) and the phone number of a friend or neighbor in a visible place near all phones.**
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SPECIAL NUMBERS

Arizona Poison and Drug Information Center - (800) 222-1222

Emergency Services & Fire Rescue- 911

EMS Connected



You Can Treat A Patient But Can You Treat Yourself

Submitted By: Eryq Hastings, FF, EMT

This is the time of year that we all begin to think about environmental emergencies and recognizing heat stroke, dehydration and exhaustion. We are all attending to the CE's to better treat our residents and visitors. The question is can you recognize the symptoms in yourself and have you taken the time and effort to prevent yourself from becoming a casualty on your own scene?

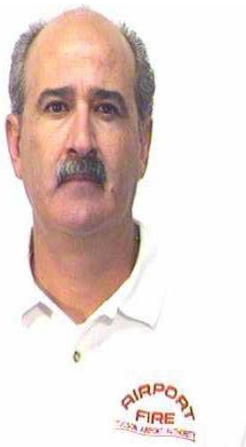
It is engrained into our being as first responders to first assess scene safety. We monitor traffic on MVC's, we wait for Law Enforcement to arrive when we respond to assaults and domestic disputes, but do you look at the weather and think about protecting yourself. Following are several things to take into consideration not just now that it is warmer but year around.

Protect yourself from sunburn. Sunburns are not only painful but they affect you in several other ways that can increase your risk to heat related emergencies, not to mention the chronic effects of exposure.

Be aware of your environment. Would you wear your ski parka to hike the Sahara? We don't have the option of wearing less when we are in hazardous environments. The protective gear we wear is necessary. So you must make sure you are paying attention to your body. Take advantage of rehab when you are on an extended scene. Once you start feeling the effects of the heat as we all know we are already behind the game.

The last thing I want to mention is wet weather. We are lucky in Southern Arizona. There are very few severe weather conditions that we need to worry about. Flash Floods is one that we do have and when they come rolling through they are dangerous. Be aware of the weather not just where you are, but also in the higher elevations. Just because it is not raining on you the rain in the higher elevations has to flow somewhere. If you are working an incident in a low lying area stay alert.

Hopefully, bringing these few topics up will help you stay healthy in the coming months and all year round.



*Captain Rick Moreno
Tucson Airport Authority
Fire Department*



University Physicians Base Hospital would like to thank Tucson Airport Authority Fire Departments Inspector Captain Rick Moreno for the 33.7 years with the Airport Fire Department. Captain Moreno will be greatly missed. Please accept the Base Hospitals thanks for a job well done!

Respectfully,

Dr. Daniel Beskind, Medical Director
&
Mary McDonald Base Hospital Manager

EMS Connected



SAFE SWIMMING

Submitted By: Chief Randy Ogden
Mount Lemmon Fire District

What better way to cool off from scorching summer temperatures than by taking a dip in the pool or a swim at the beach. Pools, oceans and water parks are packed with happy swimmers and waders in the summer, but all have the potential to become a disaster for children if proper supervision and precautions are not provided.

Drowning takes the lives of nearly 1,000 children ages 14 and under each year, ranking as the second leading cause of unintentional injury-related death to children in this age group. For every child that drowns, an additional four are hospitalized for near-drownings.

Young children are more vulnerable to potential hazards of swimming pools. Children ages 4 and under have the highest drowning death rate, a rate two to three times greater than other age groups, and account for 80 percent of home drownings. If water plays a role in your family's summertime activities, the Mt. Lemmon Fire District suggests the following tips to make sure water activities remain safe:

Pool/Spa/Whirlpool Safety

- ◇ ***Never leave children alone in or near water.*** Parents and caregivers should always watch while children are playing in or near water, even in shallow wading pools. Children can drown in as little as one inch of water — and it can happen in the short amount of time it takes to answer the telephone.
- ◇ ***Make sure pools and spas are secure. Install four-sided isolation fencing, at least five-feet high equipped with self-closing and self-latching gates. The house cannot be one of the sides. Additional precautions include pool covers, pool alarms and door alarms.***
- ◇ ***Children should learn to swim.*** Enroll children in swimming lessons taught by qualified instructors when your child is ready, usually after age 4. Community pools, recreation centers, schools and camps offer child swimming and water safety lessons.
- ◇ ***Do not assume your child is "drown-proof."*** Even though your child may have taken lessons and learned to swim, he or she still needs constant supervision.
- ◇ ***Adults and kids over age 13 should learn infant and child CPR.*** Also, adults who do not know how to swim should learn.
- ◇ ***Do not let children dive into water unless an adult is present and knows that the depth of the water is greater than nine feet.***
- ◇ ***Never allow children to swim during lightning storms or other bad weather.***
- ◇ ***Watch out for sunburn.*** Swimming safely also means protecting children's sensitive skin from the sun. Make sure children are wearing plenty of waterproof sunscreen of at least SPF 15. In addition, you can protect children's feet from hot sand and sharp objects by having them wear water-safe shoes. (See additional tips below)
- ◇ ***Make sure children have warm and dry clothes to wear after swimming.***

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Natural Water Safety

- ◇ If your family is near natural water, the Mt. Lemmon Fire District recommends you:
- ◇ ***Always supervise children in or near water.***
- ◇ ***Teach children always to swim with a buddy, never alone.***
- ◇ ***Teach children water safety habits.*** Children should not run, push others under water, jump on others, dive or jump into shallow water.
- ◇ ***Never let a child go in the water before testing the temperature.*** If the water is too cold, it may affect the child's breathing or cause cramps.
- ◇ ***Be aware of the nature of the water.*** An open body of water that looks virtually motionless may have a strong undercurrent. Be aware of undercurrents and the changing nature of waves and undertows when at the ocean or lake.
- ◇ ***Do not allow children to wade into water without protective footwear.*** There might be broken pieces of glass or sharp objects.
- ◇ ***Do not let your child dive into water unless an adult is present and knows that the depth of the water is greater than nine feet.***
- ◇ ***Make sure your child wears a U.S. Coast Guard-approved personal flotation device (PFD) when on a boat, near open bodies of water or when participating in water sports.*** Air-filled "swimming aids" are not considered safety devices and are not substitutes for PFDs.
- ◇ ***Know infant and child cardiopulmonary resuscitation (CPR).***
- ◇ ***Never allow children to swim during lightning storms or other bad weather.***
- ◇ ***Make sure children have warm and dry clothes to wear after swimming.***

SUN SAFETY

A child's skin is thinner and more sensitive than an adult's and needs ample protection from damaging sunrays. ***Apply sunscreen (SPF 15 or greater) 15 to 30 minutes before going out into the sun so it can penetrate, and apply it frequently throughout the day.*** Also, remember that harmful UV rays can still reach earth through cloudy skies.

- ◇ ***Dress your child in light-colored fabrics that cover the child's exposed skin such as the head, arms and legs***
- ◇ ***Encourage children to drink frequently to avoid overheating and/or dehydration.***
- ◇ ***Be especially careful in high altitudes where the sun's rays are stronger.***