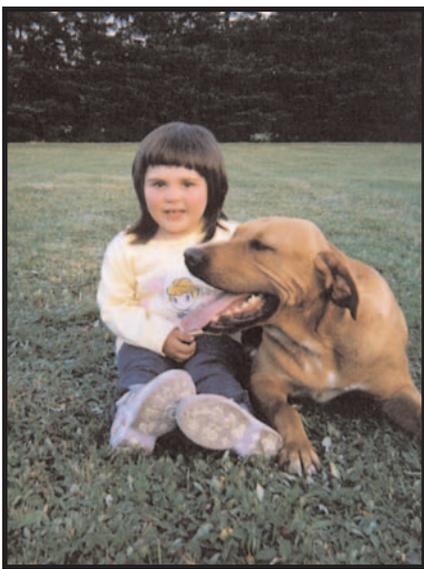


# DISPATCHES

A PUBLICATION OF THE LIFEFLIGHT FOUNDATION

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*“We have chosen to tell our story as a means of reminding parents and others how quickly a seemingly harmless children’s game can become deadly and just how important it is to know CPR,” Janis states emphatically.*



*Desiree poses for a picture with the exceptional dog that helped to save her life.*

## VIGILANT DOG, QUICK-THINKING MOM, AND FAST EMS RESPONSE SAVE LITTLE GIRL

*By Karen Sites, LifeFlight of Maine Outreach*

December 4, 2004 started out just like any normal day in the Dumais home. Desiree (4) and her sister Danika (2) were playing a game they played frequently called “walk the dog.” The girls’ mom, Janis, describes the game as the girls attaching one of the leashes they have for their two dogs to the others shirt collar. They walk each other around the house imitating the dogs. Of course every time they played this game, Janis reminded them not to put the leash around their neck.

However, something went terribly wrong on this day. Janis could hear the girls laughing and playing in the basement on a slide their dad, Randy, had built them to play on during the long winter months.

Danika was not talking yet so it was not unusual to hear Desiree be the one calling for her mother. Janis replied that she would be right there and started to finish up putting the last few Christmas decorations on the tree. The family dog, which is very protective of the girls, immediately started jumping and barking hysterically. As she went to see what was wrong with the dog she noticed little Danika coming up the stairs by herself. This was also unusual because she never goes anywhere without her sister.

Janis decided to investigate the situation further. What she saw was every parents’ worst nightmare come true. The little girl had the leash around her neck and was lying on the slide, not moving. Janis ran over to her daughter who was not responding as she yelled her name. As Janis released the leash from around her neck, she could tell Desiree was not breathing, unconscious and had started to turn blue.

Despite being panicked, Janis was able to keep her head about her and start CPR on her daughter. She had learned this lifesaving technique a few years before when she attended a local vocational school and became a certified nursing assistant.

After giving Desiree a couple of breaths, Desiree vomited and Janis turned her on her side. At this point Janis scooped the little girl up and carried her upstairs and called for help. She continued with the CPR and by the time her husband arrived, Desiree had started to breath on her own again. Randy took over caring for Desiree by turning her on her side when she vomited and made sure she was still breathing. Even though Desiree was breathing on her own, she still urgently needed medical attention.

*Continued on page 4 ...*

## MISSION STATEMENT

LifeFlight of Maine provides a statewide medical helicopter service that transports critically ill and injured patients. LifeFlight provides the highest quality of care and follows rigorous safety standards.

DISPATCHES is a publication of The LifeFlight Foundation, which provides fundraising and public relations support to LifeFlight of Maine, the state's only medical helicopter service.

The LifeFlight Foundation is a nonprofit, tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Service Tax Code. It is governed by an elected board of trustees who represent medical, business, legal, and educational fields throughout the state.

LifeFlight also aids the development, training and funding of the Maine's major air medical needs, such as trauma training statewide, construction of hospital helipads, and installation of weather reporting, navigational, and communications systems in the more remote sections of the state.

The Foundation's office is located in the Town of Union in the Thompson Community Building at the corner of Routes 17 and 131.

## LIFEFLIGHT OF MAINE

LifeFlight of Maine is a nonprofit statewide critical care medical helicopter service jointly owned by Eastern Maine Healthcare and Central Maine Healthcare. LifeFlight's two helicopters, based in Bangor and Lewiston, cover the entire state and off-shore islands. LifeFlight compliments and supports the work of local EMS and hospital personnel in caring for the critically ill or injured. Each base is staffed by a highly qualified team of pilots, mechanics, flight nurses and paramedics. Over 3,800 patients have been safely flown since LifeFlight's founding in 1998.

LifeFlight is fully accredited by the Commission on Accreditation of Medical Transport Systems.

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## Foundation News

# CIANBRO LEADS CORPORATE GIVING

By Pen Williamson, Director of Development

The Cianbro Corporation of Pittsfield, Maine, one of the largest construction companies on the East Coast has pledged the largest gift from a business the LifeFlight Foundation has received since its founding in 2003. Company President Peter Vigue, in presenting the Cianbro Foundation's \$30,000 pledge to Board President Jack May, said he hoped many other companies in the state would follow Cianbro's example.

Executive Director Tom Judge commented, "This commitment by one of Maine's most prominent companies is tremendously exciting, for it is the lead corporate gift toward the

funding of our two new helicopters. We are indeed honored by their generosity."

The Wal-Mart Store in Brewer has joined the store in Palmyra in providing generous support to LifeFlight. The Brewer store's gift of \$1,000 will help purchase neonatal isolettes for the new aircraft. These units will enable us, for the first time, to safely transport premature babies and other very young children to the two trauma centers in the state with neonatal units, Eastern Maine medical Center and Maine Medical Center.

*LIFEFLIGHT DONATION — Cathy Peterman, a representative of The First, a financial services organization with offices ranging from Damariscotta to Calais, presents a check to Tom Judge, executive director of LifeFlight of Maine.*

*Employees of the Lincoln and Knox offices of The First, through their Casual for a Cause fund, raise money for non-profit organizations that serve the entire state of Maine. In exchange for the privilege of dressing casually, participating employees contribute one dollar to the fund every Friday.*

*The employees decided to donate more than \$600 they raised to LifeFlight. The employees became aware of LifeFlight when Mrs.*

*Peterman's son, Kyle (far right), suffered a head injury in an automobile accident and was transported to Central Maine Medical Center by LifeFlight. "Within eleven minutes of his arrival at Miles Medical Center in Damariscotta, Kyle was in the helicopter to be transferred to Central Maine Medical Center in Lewiston. It took us over an hour to drive there – time that was urgently needed for traumatic brain injury treatment," said Mrs. Peterman. LifeFlight's two helicopters — located at Eastern Maine Medical Center in Bangor and at CMMC — cover the entire state and coastal islands. "LifeFlight of Maine's medical helicopters fly lifesaving equipment and medical personnel direct to critical medical emergencies in Maine, then transport patients to the closest appropriate hospital," explained Tom Judge. "Funds are used for trauma and critical care training outreach programs, helipad construction, and helicopter replacements that now allow for the transport of multiple patients." Also on hand to greet Mrs. Peterman and her son were pilot Joel Vigue (far left), flight nurse Heather Cady (left) and flight paramedic Bob Johnson (middle, back row).*



## Crew Member Profiles

Sue Shorette is a Flight Paramedic for LifeFlight. Sue took her first paramedic courses at KVTC in Fairfield, Maine and finished her degree with classes from EMMC and EMTC. In 1982

Sue began her EMS career and has worked in ambulances with Capital, Medec and Mayo during that time. Becoming a Flight

Paramedic seemed like the best fit for Sue because she loves to fly and enjoys the challenge of critical care medicine. Another passion for Sue is passing on her skills to up and coming paramedics and intermediates by teaching courses at EMCC. When Sue is not flying she works part time for MedComm. Sue continues to be enthusiastic about her work as a paramedic and loves her job.

Sandy Benton is a "county girl" and was born and raised in the Houlton area. Her passion for math and science and the strong, indepen-

dent nurse roll models in her family lead her to Eastern Maine Medical Center School of Nursing.

After graduating, she decided to become a traveling nurse. While on assignment in Florida, Sandy completed her Bachelor degree and Masters in Nursing. At that time she and her husband returned to Maine to settle down, "watch the tomatoes grow," and raise a family. Sandy spent the next ten years as a clinical nurse specialist in the ICU at EMMC.

In 1996, Sandy was recommended to assist with program development of a critical care transport. She has been with the LifeFlight program since inception.

She rarely has time to watch the tomatoes grow and describes her two boys as "LifeFlight groupies." Sandy, her husband John, and the boys enjoy camping, fishing, snow shoeing, hock-



Sue Shorette



Sandy Benton

ey, gardening and just being together as a family.

Valerie Mullens started her career as a Communications Specialist at

MedComm in April of 1999 and in August of that year she began training to work for LifeFlight as well. After

graduating from Penquis Valley High School with a degree in clerical business, she began her career in the EMS field. From 1989 to 1996 Valerie worked as a medications assistant, CNA and shift leader with elderly and handicapped people in residential care and nursing homes. In 1997 Valerie nursed to further her education and became certified in Wilderness EMS and an EMT-Intermediate. These certifications only furthered her interest in the EMS and she went on to become EMD certified and is currently attending Western International University to obtain an associates degree in Business and Social Services.



Valerie Mullens

## LIFELIGHT & RED CROSS TO LAUNCH BLOOD DRIVE CAMPAIGN

### Campaign kick-off set for June 10 at CMMC blood drive

LifeFlight of Maine and the American Red Cross will launch a regional campaign to increase blood donations at a combination media event and blood drive on June 10.

Representatives from LifeFlight and the Red Cross will be joined by former blood product recipients at a press conference set for 11 a.m. in the Chairmen's Rooms on the lower level of the 12 High Street Medical Office Building, adjacent to Central Maine Medical Center in Lewiston. The event will be held during a regularly schedule blood drive. The blood drive will begin at 6:45 a.m. and conclude at 1 p.m.

During the press conference, LifeFlight and the Red Cross will unveil "Consider Yourself Asked" – the Red

Cross Summer Blood Donor Campaign 2005.

The "Consider Yourself Asked" campaign was developed in response to research indicating that many people don't donate blood simply because they are not asked to do so. The summer 2005 public education campaign was conceived as a means of increasing blood donations during the season when the incidence of accidents and injuries increases while the volume of donated blood products decreases.

To make an appointment to donate blood at the June 10 blood drive, call 795-2470.

... *Desiree continued*

A few minutes later Ambulance Services, Inc emergency medical technicians Janice Labrie and Jackie Michaud arrived. They quickly assessed the situation and knew they needed additional assistance for the critically injured Desiree. They called Kevin Chasse, an experience paramedic who lived close by. "They were immediately in contact with the hospital, and Chasse contacted LifeFlight," said Randy. Communication between everyone involved came together so efficiently that LifeFlight was enroute before Desiree had even reached the hospital.

While being rushed to Northern Maine Medical Center in Fort Kent Desiree's condition worsened as she had a seizure.

She was met in the emergency room by Dr. David Jones and Dr. George Conover. They, along with several nurses, continued to care for Desiree and get her ready for the flight to EMMC. Although Desiree was breathing on her own, she remained unconscious with a potentially devastating brain injury. Drs. Jones and Conover started treating Desiree with medicines to induce a coma to prevent recurrence of the seizures and placed a breathing tube. Stabilized for the short term, Desiree's condition was "precarious," needing specialist physicians and nursing staff in the pediatric intensive care unit (PICU) at EMMC.

While the physicians and nurses at NMMC were stabilizing Desiree, LifeFlight 1 arrived at NMMC with Flight Nurse John Macone, RN, EMTP, CCRN, CFRN, Brian Laird CCT-Paramedic, and pilot John Marino. While information prior to arrival in scene responses is often sketchy, Valerie Mullens, the on-duty Communications Specialist at MedComm, was in constant communication with NMMC, updating the flight medical crew on Desiree's condition while organizing refueling of the aircraft and constant communication with the PICU at EMMC. John remembers his concern at the initial report they received while still in the air. "When a child has a

seizure and petechial hemorrhages following an asphyxia event, it is often an ominous sign. We were extremely concerned about the condition of this young child realizing that she would need intensive support and rapid transport as she was critically unstable."

On arrival, John and Brian joined NMMC staff in the caring for Desiree placing her on a specialized transport ventilator and multiple infusion pumps. Not long after getting to the hospital, Janis and Desiree took off with the LifeFlight crew on their 70 minute

flight to Bangor. On arrival at EMMC Desiree was transferred to the PICU and the care of Pediatric Intensivist Dr. Amy Movius.

The next few days were crucial for Desiree who remained unconscious needing further diagnostic testing including an emergency MRI in the middle of the night.

It was during this time that doctors assessed whether she would have per-

*Continued onback page ...*

## Ambulance Services, Inc. neighbors taking care of neighbors in northern Maine

Answering the call for Desiree Dumais was just one of over 1300 calls Ambulance Services, Incorporated (ASI) responded to in the last year. With bases strategically located in Fort Kent, Allagash, Eagle Lake and St. Agatha, ASI covers the "crown" of Maine along the Canadian border as well as the far reaches of the Allagash. Desiree's care team was typical of an ASI response with on-duty crew calling in another team member who lives locally.

Since the beginning of Ambulance Services, Inc. in 1972, this small organization has played a large role in the community. In a time when it is ever more difficult to recruit and staff rural EMS services, ASI is an example of neighbors, taking care of neighbors local volunteers are on call 24 hours a day, 7 days a week. ASI provides emergency response as well as inter-hospital transfers to hospitals in Aroostook County and beyond.

Calls may require ATVs, snowmobiles, and boats in addition to the easily recognizable red and white ambulances. With on-site presence at Northern Maine Medical Center in Ft. Kent, ASI is well integrated into the entire fabric of not only healthcare, but the community in northern Maine.

Typical of staff, Dennis Bouchard, RN, EMT-Paramedic has worked for ASI as a volunteer call paramedic for 18 years. Bouchard is continuously impressed with the level of commitment many of the volunteers have to maintaining their paramedic status as well as the number of people that still volunteer their time around these northern Maine towns. "We have about 25 - 30 people on staff right now," Bouchard states. Many of the volunteers not only provide lifesaving medical attention over this large geographic area but also go around to local health fairs and schools to teach. "Ambulance Services, Inc. wouldn't be what it is with out the dedicated people who volunteer their time," Bouchard proudly explains, "these people do it for the community . . . not the money."



From left to right, Jacki Michaud, EMT-B, Janis Lebrie, EMT-B, Kevin Chasse, EMT-P, and Flight RN, John Macone with Danika and Desiree Dumais

# LIFEFLIGHT SAFETY TAKES A NEXT STEP

by Dennis Small, Site Manager and Lead Pilot, Keystone Helicopters and LifeFlight of Maine.

Since inception, LifeFlight has committed to assuring the highest level of operations safety and has received national recognition through the 2003 Charlson Award for contributions to air medical safety. While LifeFlight's aircraft and pilots have been instrument flight (IFR) certified since inception, to date, LifeFlight has operated under the more restrictive visual flight regulations (VFR) of the FAA.

VFR operations are common to general aviation and emergency medical operations, but recent studies performed by the Federal Aviation Administration and the National Transportation Safety Board, have identified IFR operations to be a significant improvement in the safety of emergency helicopter operations. IFR operation is required when meteorological conditions expressed in terms of visibility, distance from cloud, and ceiling is less than the minimum specified for visual flight conditions.

"When we initiated operations, the aviation infrastructure of the state was not capable of supporting instrument flight outside of standard commercial major airport-to-airport routes. With the advent of aviation equipment upgrades, such as weather radar, precision navigation Global Positioning System (GPS), autopilots and flight directors, IFR has become the industry gold standard for safe and rapid patient transport," notes Jack Hustwit, Director of Operations for Keystone Helicopters, LifeFlight's aviation management firm. Keystone operates multiple IFR medical helicopter programs, including Boston MedFlight.

After six years of operation LifeFlight and infrastructure improvements, such as additional weather reporting stations, fuel availability, and GPS approaches funded by the 2003 Transportation Bond, transition to an IFR helicopter emergency system is the next step in enhancing safety. LifeFlight

has also worked with the Maine Department of Transportation over the past several years in the new State Aviation Master Plan which includes a section on emergency medical evacuation.

A commitment was made by LifeFlight in the purchase of two new Agusta 109E Powers, an \$8.5 million investment that is being supported by the LifeFlight Foundation. The new aircraft, placed in service in January, have full single pilot IFR capability and replace the previous leased 1991 model Agusta.

State of the art avionics include redundant GPS receivers with moving map displays, airborne weather radar, and digital flight instrument displays with dual redundancy. An autopilot system which provides for "hands off" flight in the heading, altitude, navigation tracking and approach modes. A "Flight Director" provides visual guidance to the pilot to fly specific selected lateral and vertical modes of operation. Pilots benefit from an increase in situation awareness because more information is displayed, as opposed to older mechanical style gauges. This is a major benefit in single pilot IFR operations.

While IFR enhances the reliability of flight operations, I must emphasize the major reason for IFR operations is safety. IFR operation does not mean flight in bad weather. We are still affected by the same weather phenomena as before, such as thunderstorms and icing conditions. The value of IFR is during periods of low ceilings and reduced visibility conditions that prevent us from completing missions. With IFR capability, we will be able to increase our reliability to the patients that need us and complete some flights that were previously turned down or aborted due to changing weather conditions present at the time.

IFR capability gives our pilots an option to evaluate weather forecasts

and decide if they meet visual flight rules, or if IFR flight may be the proper mode of operation. If conditions dictate IFR operations, the pilot can file an IFR flight plan, contact Air Traffic Control and obtain a clearance to climb to a safe altitude, proceed in instrument conditions and conduct an instrument approach procedure at the destination. When weather reported at the departure and destination is within VFR landing minimums, a flight may be completed even though weather enroute does not meet VFR conditions enroute. Scene flights will not be a candidate for IFR as we require an approach procedure to transition from the enroute to the landing phase.

While all of Keystone's pilots are required to be IFR certified, active IFR operations require substantial additional recurrent training and proficiency testing. LifeFlight pilots have already completed an update course of ground and flight instruction and are completing FAA proficiency "check rides" prior to a July transition to instrument operations. The instrument proficiency check consists of an oral examination and a flight check under simulated or actual IFR conditions. IFR check rides are required every six months instead of the previous twelve month intervals.

"We have been following the FAA and NTSB studies carefully over the past year and have identified that transition to an instrument system will significantly enhance safety while improving our reliability for patients that need us," notes Dr. Norm Dinerman, LifeFlight's Medical Director who is also a licensed pilot.

The transition to IFR operations was approved by Maine EMS in March and LifeFlight's IFR operational profile will gradually be implemented over the next few months and be in full effect by July 2005.



## LIFELIGHT OF MAINE

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Address Service Requested

Dispatches is published by The LifeFlight Foundation for friends, supporters, and members of the state's Emergency Medical Services community. Comments and suggestions may be directed to the Central Maine Medical Center Communications Department.

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For more information about The LifeFlight Foundation, call (207) 785-2288.

[www.lifeflightmaine.org](http://www.lifeflightmaine.org)

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... *Desire continued*

manent brain damage. After two days the doctors removed her breathing tube and waited to see how she would respond. Desiree immediately cried out for her mommy. It was music to the family's ears. Miraculously after only four days in the hospital, Desiree was discharged from EMMC.

Dr. Movius describes Desiree as "beyond fortunate, not only in that she survived, but suffered no long term impairment from her brain injury." "It is a testament to the seamless care, we strive for—from early CPR performed by her mother, to the initial stabilization by the EMT's and Paramedics from ASI, to the physicians and nursing staff at NMMC, the critical care team and rapid transport provided by LifeFlight, and finally the team at EMMC."

Today Desiree is doing "very well." She is home with her family and has no long term ramifications from this accident. She is currently going to nursery school and will go to kindergarten in the fall. Her parents are forever grateful for all the people that pulled together to help their daughter.

Dr. Norm Dinerman, Chief of Emergency Medicine at EMMC and Medical Director of LifeFlight, notes that it is each and every link in the chain of survival that makes a difference. "We audit every pediatric transport for stability prior to LifeFlight arrival, care during transport, and interventions during the first 30 minutes after arrival. Without each timely and critical intervention, Desiree would not have had such a wonderful outcome."

The one person who may have played the most important part in the health of Desiree today though is her mother. Because Janis knew CPR, she was able to give her daughter lifesaving breaths when she critically needed them. "We have chosen to tell our story as a means of reminding parents and others how quickly a seemingly harmless children's game can become deadly and just how important it is to know CPR," Janis states emphatically.

## NATIONAL AWARD FOR MAINE'S OWN



On March 17, 2005 in Alexandria, VA the Association of Air Medical Services awarded Congressman Tom Allen a Public Service Award for his "continued promotion of rural health issues and as a champion of Emergency Medical Services legislation." AAMS President Tom Judge presented the award to Congressman Allen, who has led development of a national air medical caucus. Congressman Allen addressed the Capitol Hill luncheon recognizing LifeFlight and the crucial importance of air medical service in rural Maine. Senator Charles Grassley of Iowa also received a public service award for work on improving funding for EMS in the Medicare Modernization Act.