



**Public Safety
Medical
Services**

Public Safety Health and Wellness

Serving Those Who Protect Our Cities, Homes, and Lives®

By the numbers...

1789

Year the oldest federal law enforcement agency was created: the U.S. Marshals

1878

First firehouse pole installed (New York City)

1895

The year future president Teddy Roosevelt began a 3-year term as police commissioner in New York City

1911

First Fire Prevention Day—The day marks the end of the two-day Great Chicago Fire of 1871

Sources:
NLEOMF and NFPA

Featured Department

Indiana State Police Clan Lab and Dive Teams Protect Statewide

by Christopher M. Costlow, M.S.

Indianapolis, Indiana –

The inner-city neighborhoods have given way to small-town America in regards to the fight against the most prevalent synthetic drug made in the U.S.—methamphetamine or meth. This highly addictive, illegal drug, also known as “poor man’s cocaine”, can easily be

manufactured in clandestine laboratories using store bought materials. The drug causes paranoid, aggressive, agitated and unpredictable behavior in its users. Indiana ranks within the top five states for meth lab prevalence. Knox County, where Vincennes is the county seat, is considered the heart of a Hoosier “meth corridor” that stretches along the Wabash River from Terre Haute to the Evansville area. More meth labs have been busted along this corridor than anywhere else in the state thanks to a state task force of 125 Indiana State Police (ISP) officers and chemists who are specially trained to battle meth.

Vincennes is the county seat, is considered the heart of a Hoosier “meth corridor” that stretches along the Wabash River from Terre Haute to the Evansville area. More meth labs have been busted along this corridor than anywhere else in the state thanks to a state task force of 125 Indiana State Police (ISP) officers and chemists who are specially trained to battle meth.

Clan Team Cleans up Meth

The ISP Clandestine Response Team is led by **First Sergeant Lori Petro**. Not only does the team dismantle meth labs across the state (nearly 1000 in 2005), but it also provides the private sector with methamphetamine education training and awareness. According to F/Sgt. Petro, dismantling these labs is critical for more than one reason. “If the meth cook makes one slight mistake, the lab can explode and burn which happens

20% of the time.” Government agencies receive training on proper investigation methods, reporting issues, clean-up procedures and cost factors. The prevalence of meth labs has led to drug stores removing certain medications from their shelves and requiring customers to “sign out” products that could be used to manufacture meth.

Divers Protect Our Waterways

The ISP dive team was created to provide search and recovery of evidence and the rescue of victims. The 35 divers are all volunteers and have passed a rigorous pre-screening program, as well as dive school and a one year probationary period. Led by **Sergeant E.H. Sunier**, their services include both top water and underwater capabilities. ISP divers are not just scuba divers, but underwater investigators who photograph and videotape underwater crime scenes. One of the largest community problems they face is the increased development along waterways, rivers and retention ponds. This leads to more people gaining access to these waterways and ultimately more water-related incidents. According to Sergeant Sunier, diving in Indiana waters is similar to trying to brush your teeth in the dark. “You could probably accomplish the task of finding your way to the bathroom and locating your toothbrush and paste, but try this in your neighbor’s home. You would have

a hard time finding the bathroom, much less the brush and toothpaste,” he explains. His point is that most waterways in Indiana provide zero visibility, but divers must put themselves in stressful, dangerous situations so that criminals can be arrested and jailed. All divers are certified Master Divers and hold specialties including Search & Recovery, Dry Suit, Ice, Zero Visibility, River, and Underwater Investigator. In fact, the ISP dive team is one of a few in the country that has 4 Instructors and a Course Director in-house.

Healthcare Provides Needed Protection

Both the Clan Lab and Dive Team emphasize the importance of a medical evaluation program for their personnel. OSHA has specific guidelines regarding hazardous working environments. “Medical monitoring and wellness programs are a simple step to ensure all employees are protected,” states F/Sgt. Petro. Sergeant Sunier concurs, “a medical evaluation is paramount for the diver’s safety. Diving is dangerous and every diver knows and accepts that.”



Inside this issue...

Fitness for Duty: to Refer or not Refer	2
An Ounce of Prevention Can Keep You Injury Free	2
TB Skin Testing Can Lead to Early Diagnosis	3
PSMS Staff & Services Continue to Grow	3
Kudos and Accolades & Calendar of Events	4

Fast Facts on the Indiana State Police Dive & Clan Teams

Dive Team	
Dive Commander:	Sgt. E.H. Sunier
Area Protected:	State of Indiana
# of Personnel:	35
Average Age:	39
Cost to Outfit:	\$4,400
Clan Team	
Clan Commander:	F/Sgt. Lori Petro
Area Protected:	State of Indiana
# of Personnel:	125
Cost to Outfit:	\$2,500



Public Safety Psychology News

Fitness For Duty: To Refer or Not to Refer?

by Jeffrey C. Savitsky, Ph.D., JD

I have received many calls over the years from public safety administrators regarding the advisability of referring a police officer, correction officer, telecommunicator or a firefighter for a psychological fitness for duty evaluation.

Many times the callers are surprised when I discourage them from making the fitness for duty referral. They assume that a psychologist will automatically feel that a psychological evaluation cannot hurt and is always a good thing. In fact, there are a variety of positive consequences that may result from a psychological fitness for duty evaluation, but there are also some potential problems.

A psychological fitness for duty evaluation can generate a lot of positive consequences. For instance, it may provide information that will allow better decisions about an individual department member. Also, it may provide a measure of legal protection if there are subsequent lawsuits brought by the department member or by others. However, any form of evaluation, whether it is psychological or medical, can also have negative side effects for the person being tested (emotional upset, embarrassment, etc.) and for an organization (morale problems, law suits, etc.) Therefore, the decision to refer someone for a fitness for duty evaluation must reflect a careful balancing of the positive and negative consequences that may result.

Let me offer a few suggestions about when to refer and when not to refer a department member for a fitness for duty evaluation:

When to Refer:

- When the member displays behavior that raises concern about their ability to perform their job.
- When the concerns are current, not issues from the long distant past.
- When there is a question about whether or not they should continue on the job.
- When they are scheduled to return to work after a suspension.
- When the member has been involved in a traumatic or unusual event (a police action shooting, a long absence from duty).

- When the member will be involved in an upcoming unusual event such as a change in their assignment (transfer to SWAT or other high risk assignment) if this is routine.

When Not to Refer:

- When there are vague issues or issues that cannot be articulated.
- If it is not a routine part of disciplinary procedures.
- If trying to correct a member's behavior by referring them for a fit for duty evaluation.
- If the member has been successfully doing their job in the recent past.
- If they are going to be suspended from work anyway.

Dr. Savitsky is director of the Institute for Public Safety Personnel, Inc.



Your Health and Fitness

An Ounce of Prevention Can Keep You Injury Free

by Paul K. Walnum, ATC/L, CSCS

Many of you have heard the phrase "an ounce of prevention is worth a pound of cure." The message here is to be PROACTIVE. In regards to your health, expending a little time, effort and energy up front can potentially save you from spending a lot more time, effort and energy down the road. Or, possibly prevent or reduce the effects of a serious illness or injury. Prevention is all about being proactive, and is a key educational concept and focal point within the public safety community (i.e. fire prevention, crime prevention, etc.). The question is are you employing the same proactive and preventive strategies when it comes to your own personal health and fitness?

Whatever your position as an emergency responder, employment longevity often depends upon your consistent physical and mental readiness to perform your duties. Your

physical and psychological demands exceed that of the average citizen, so take "above average" preventive measures to help insure your health and safety.

Consider the following "basic" preventive measures:

Medical Basics

- Don't wait until the last minute to get an injury checked out. If the condition is causing pain, a limp, or altered/limited use of an extremity, have the injury looked at before your next shift.
- Maintain your annual physical exam schedule, any age specific/preventive diagnostic testing and job required/recommended vaccinations.
- Maintain an appropriate body weight and body fat %; be aware of your blood pressure, blood glucose, cholesterol, and

Hemoglobin A1C levels; if currently smoking or chewing tobacco, make efforts to quit.

- **Maintain a regular and consistent exercise schedule that includes flexibility, strength and cardiovascular exercise (minimum of 2-3x/wk.).**

Equipment Basics

- Don't skip on performing your scheduled equipment checks at the beginning of each shift (i.e. personal protective equipment, etc.). Report and replace any equipment that is not functioning properly.
- Wear the appropriate shoes for specific activities (e.g. basketball shoes for basketball); make sure exercise shoes match your foot type (flat feet, normal feet, high-arched feet); replace shoes with obvious signs of wear or breakdown.
- Use exercise equipment for its intended purpose, as it may be unsafe to attempt exercises not

designed for a particular piece.

- Avoid utilizing equipment or performing procedures that you are not familiar with.

Exercise Training Basics

- Start exercise gradually, and with a logical progression. Avoid the too much, too fast, too soon syndrome.
- Don't wait until the last minute to prepare for your department's PT test or for an athletic event. Prepare four to five months out.
- Watch your back! Try to maintain a neutral spine (posture) and constant tension in your abdominals while weight training or lifting.
- Know your target heart rate or use the RPE scale to determine your appropriate exercise intensity levels.

Paul is the Athletic Training Services Coordinator for Public Safety Medical Services.



Public Safety Medical News

TB Skin Testing Can Lead to Early Diagnosis of Tuberculosis

by Ellen K. Walsh, P.A.-C

During 2004, there were 128 new cases of tuberculosis (TB) reported to the Indiana State Department of Health. TB was reported by 34 of the 92 counties. Marion, Lake and Allen Counties, the three most populous counties in Indiana, accounted for 53% of all new cases. A tuberculosis outbreak continued in Allen County in 2004, where 22 new cases were reported. Under the new guidelines outlined by the Centers for Disease Control and Prevention, public safety personnel are considered at low to moderate risk for contracting TB. However, **it is recommended by NFPA Standard 1582-7.11 that fire fighters receive a TB skin test annually.**

TB Causes and Symptoms

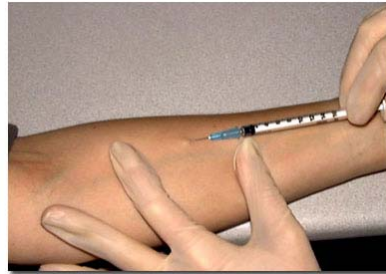
Tuberculosis is an airborne disease caused by a group of bacteria that is collectively referred to as the *Mycobacterium tuberculosis* (MTB) complex. General symptoms may include a prolonged productive cough,

blood-tinged sputum, night sweats, fever, fatigue, and weight loss. TB usually affects the lungs, but can also affect other parts of the body like the brain, kidneys, and spine. TB bacteria are aerosolized, or released into the air when a person who has TB of the lungs or larynx coughs, sneezes, laughs, or sings. Another person inhales the droplets containing the TB bacteria. Individuals who become infected but do not become ill are considered to have latent TB infection and cannot transmit the infection to others. They do not feel sick, but may become sick if the bacteria become active in his or her body. Of all those infected with TB, it is estimated that only 10% of infected individuals will progress to active disease at some point in their lives. Only those with

active TB can spread it. Those with latent TB are non-infectious, and usually have a positive reaction to TB testing. Some underlying conditions increase the risk that latent TB will progress to active TB disease. For example, a person with diabetes has three times the risk of developing active TB disease and a person with HIV has 100 times the risk.

TB Skin Testing

The simplest way to find out if you have a TB infection is to get a TB skin test. The purified protein derivative (PPD) is the



most commonly used skin test for tuberculosis. A small amount of testing material is injected under the very top layers of skin on the forearm. It is

imperative that the test be read within 48 to 72 hours to see if a bump (induration) has developed at the site of the injection.

Whether the test is positive depends on the person's risk factors and the size of the induration. If the size of the induration is significant and the person is presumed to have been exposed to TB, they will be referred to their doctor. The doctor may order more tests, such as a chest x-ray, to determine whether there is active TB disease. Medications might be prescribed to prevent activation of the disease.

TB Training Available at PSMS

In order to ensure greater accuracy in testing and reporting, **PSMS has instructors who can train your personnel to become validated for TB testing** through the American Lung Association. Working together we can insure that should you become exposed to TB, early diagnosis and treatment can protect you from this debilitating and deadly disease.

Ellen is director of clinical services and travel medicine.



Odds and Ends

PSMS Staff and Services Continue to Grow

by Christopher M. Costlow, M.S.

We are pleased to announce the creation and hiring of several new positions to better serve our clients:



Dr. Frank Walton, comes to us from the Healthplex

musculoskeletal problems related to work and non-work-related conditions. He is Board Certified in occupational medicine, family practice, osteopathic manipulative medicine, as a Medical Review Officer (MRO), and an Independent Medical Examiner (IME).

include injury prevention and functional training programs. Services he will help introduce include: recruit training programs, reconditioning and retraining programs, on-site injury evaluation and training, functional training and movement screening.

We would also like to welcome back to our staff health/fitness specialist **Nolan Bastien**. Nolan is a certified strength and conditioning specialist and helped get our Cincinnati location up and running in 2004.

Occupational Medical Clinic at Westview Hospital in Indianapolis. His services will include medical examinations and services to public safety personnel and employees with work-related injuries. He has experience and expertise in osteopathic manipulative treatment in managing



Paul Walnum will serve as our Athletic Training Services Coordinator.

He is a certified, licensed athletic trainer and a certified strength and conditioning specialist. He will add a new dimension of services to PSMS that will



Linda Gaskins joins Public Safety Medical Services as the

Communications and Marketing Assistant and will be assisting with departmental examination scheduling, the preparation of pre-exam paperwork, reporting, and mailings.

Additionally, we welcome **Brandi Roland** to the team as a health/fitness specialist. Brandi previously served as a student intern and is a recent exercise science graduate of IUPUI.

Chris is the director of communications and marketing.

Quotable

“Problems are only opportunities in work clothes.”

— Henry Kaiser

Our Mission

Public Safety Medical Services seeks to provide public safety agencies and municipalities with expert medical, psychological, and fitness evaluations.

We inspire healthier and more productive lives through innovative programs delivered with pride, integrity, and dedication.

Serving Those Who Protect Our Cities, Homes, and Lives®

Kudos and Accolades Public Safety Awards & Acknowledgments

Indiana Task Force One, Indiana's FEMA Urban Search and Rescue Task Force was activated for Hurricane Katrina on August 27, 2005. The team waited out the hurricane at a Mississippi Naval Air Station prior to being deployed to southern Mississippi. They were assigned Biloxi, Mississippi and arrived a day after the hurricane struck. The next four days, Task Force One performed search and rescue missions in approximately 1500 homes, hotels, and debris piles. They rescued 2 persons from storm-damaged areas. They returned to Indiana on September 5. This was the busiest hurricane season for the team, being activated and deployed a record 4 times for Hurricanes Dennis, Katrina, Ophelia, and Rita between June and November. *Contact Bill Brown at 317.327.6762 for more.*



The **Indianapolis Police Dept. Scuba Team** answered 298 calls for service in 2005. The 22-man team responded to 19 calls in one day during the summer floods. They also trained 80 Indianapolis police officers with rope bags to assist those struggling in the water before the SCUBA team arrived. **Training Officer Jim Albin** received the **Medal of Merit** for his work with getting supplies to officers helping out on the Gulf Coast. *Contact Dive Commander, Sergeant Terry Hall at 317.327.3464 with questions.*



2005 FEMA Wellness-Fitness Grant Award Recipients Last Quarter of '05

- | Indiana | Ohio |
|------------------------|---------------------------|
| • Columbus | • Chardon Vol. |
| • New Haven Adams Twp. | • Crane Twp. Cecil |
| | • Dayton |
| | • Harrison Twp. |
| | • Hebron |
| | • North College Hill Fire |
| | • Painesville |
| | • Rome Vol. |
| | • Willoughby |



One of Many Cars the Dive Team Recovered

What's Happening Public Safety Calendar of Events

LAW ENFORCEMENT

February 8-10
Event: Indiana Association of Chiefs of Police Mid-Winter Conference
Location: Crowne Plaza at Union Station, Indianapolis
Contact: IACP, 317.816.1619



FIRE and EMS SERVICE

February 6
Event: 15th Annual Indiana Fire and Emergency Services Dinner
Location: Hyatt Regency Hotel, Indianapolis, IN
Contact: Chief Dale Henson, 317.856.5400



June 14-17
Event: Indiana State FOP Conference
Location: Evansville, IN
Contact: FOP, Lodge #86 317.637.1195



April 24-29
Event: Fire Department Instructor's Conference (FDIC)
Location: Indiana Convention Center, Indianapolis, IN
Contact: FDIC, 888.299.8016

June 17-21
Event: National Sheriffs' Association Annual Conference
Location: Orange County Convention Center, Orlando, FL
Contact: 888.221.9425

February 15-18
Event: SPAAMFAA Annual Meeting and Convention
Location: Union Township, Cincinnati, OH
Contact: Bill Strite, 513.231.9728



OTHER NEWS

Welcome New Wellness Clients!

Greenfield Fire Dept.
Hamilton (OH) Fire Dept.
Pike Twp. Fire Dept.
Pittsboro Fire Dept.
Wayne Twp. Fire Dept.

2006 National Health Observances

January is National Blood Donor Month
Visit www.aabb.org for more.

February is National Heart Month
Visit www.americanheart.org for more.

Public Safety Health and Wellness, a bi-monthly publication of Public Safety Medical Services, is committed to enhancing the well-being of public safety professionals.

Editor

Christopher M. Costlow, M.S.

Send Your Feedback or Article Ideas to:

Public Safety Medical Services,
324 E. New York Street, Suite 300,
Indianapolis, IN 46204

Toll-Free Phone: 877.972.1180

FAX: 317.972.1190

E-mail:

comments@publicsafetymed.com

Web site:

www.publicsafetymed.com