

# Sticky Situations

## Tag It!

Please utilize your parking tags. This allows us to identify the cars of our employees in case the vehicle needs to be moved or is ever damaged.

## HELP!

If possible please oh please get the hospital face sheets so that we can assure the spelling of their name & their Social Security #. HOWEVER - do not wait around for them if we are busy, just double check this info please!

## PMNC

If you are not able obtain one on a discharge or heart cath please notify the dispatcher ASAP. Also please have the waivers signed when asked, they are in the ambulances. Please do not leave the facility until signed. Call if you have any problems.

## Paperwork!

Remember to give the dispatcher all of your transport paperwork if they are here, otherwise put it in the lock box along with the 911 paperwork.

## Green w/ Envy

Please remember to have the on-duty dispatcher, or supervisor if no dispatcher, sign the green time sheets. Please do not just leave them lying around.

# MedPatch

whiteRose

a newsletter for the team members of White Rose Ambulance

## The Unexpected

By: Bradley L. Anderson Jr.



On December 11, 2001 at 2340 all the White Rose crews were sitting in station having an unusually slow night (not a normal night in this business). The crews were in the lounge watching TV and Vanessa was clocking out. As she was walking away from the time clock she said "see ya, have a safe night." She continued to walk out into the bay and seconds later there was a loud bang. I thought to myself, "man she really slammed that door." I got up from the couch to make sure everything was okay. By this time I saw Vanessa running through the bay towards the southern side door. I yelled, "Hey something is up!" When I walked into the bay Vanessa and a female covered in dirt and soot were running through the bay towards the lounge. The female screams "our building exploded, it's on fire, they are trapped in there, even my brother is trapped!"

As the rest of the crews went running out of the building I went to the base station to notify York County Control. "Station 250 to York, priority." I said. York County Control 911 replied "Go ahead." I said "I need a dispatch for a building explosion with possible entrapment for the machine shop beside our station." YCC 911 advised "We are getting phone calls now."

By that time I heard, portable 250 (Bret) to York. "I have two class two to one burn patients." I then ran out and jumped into Medic 255 and advised "York, Medic 255 responding and on scene, dispatch Medic 102 and another BLS unit." As I tried to find out where everyone was at I replied "Medic 255 to portable 250, what is your location?" Portable 250 replied "Come to the side of the building." I exited the bay with Medic 255 going south on Harrison St. (wrong way).

There was fire and smoke coming out the windows of the IPG building on the southeast side. I continued to the driveway between the two buildings and was not able to locate Bret. I called once again for his location and he advised "Come to the alley on the Market St. side." as I was going between the two buildings I took notice that the bay doors on the front and side of the buildings were blown out. As I was coming back onto Harrison St. (heading the wrong direction again) I passed the front of the building.

People from the building were standing everywhere. I turned into the southern side alleyway and saw Todd covered in dirt and soot standing near a door. Along with Todd was a patient that appeared burned with his clothing still intact. A few seconds later Bret walked out of the building with a patient that was burned so badly that his pants were burned off and looked like shorts. The patient's shirt was also burned off; the only things that weren't burned on the patient were the leather boots he was wearing. The patient walked so slowly you could feel his pain. With Bret's quick triage of the patients he decided that his patient was the most severe. The litter was removed from Medic 255 and the patient was gingerly placed on the litter. After Rod had checked on the group of people at the front of the building he came to our location. Rod assumed care of Todd's patient while Todd went to get Ambulance 250. Medic 102 was Arriving on scene and was advised that their patient was with Ambu-

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An interview with an ER charge nurse

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# Inside The ER

By: Cindy Miller RN

**MP:** Tell us about yourself outside of work (family and hobbies).

**CM:** I work a lot. I work at York Hospital, Memorial Hospital, HACC as adjunct faculty, and at E-town ambulance. In my spare time I SCUBA dive and have been in Belize, Caymans, Cozumel, Turks and Caicos Islands, British Virgin Island and recently Bonaire. I also white water raft, scrapbook, rollerblade, and enjoy just getting away.

**MP:** Tell us about your educational background and why you choose nursing.

**CM:** I started in college to be a computer geek, quit to get married, and then decided that I didn't want to work at Super Shoes my entire life. I returned to Nursing school and completed my Bachelors from Millersville. I was in a bad accident when I was 16 and one of the EMT's who was at my accident went to my church and got me involved in EMS. One of my fellow volunteers talked me into going to nursing school. I ran ambulance when you could volunteer and it was not part of a community service requirement.- HA HA. I have been running ever since, 20 years.

**MP:** How long have you been at YH and Medic 102?

**CM:** I have been in York Hospital for 12 years and at Memorial for 11 years.

**MP:** What is your favorite and least favorite aspect of your work?

**CM:** The most favorite part of my job is running Pre-hospital. I enjoy the challenge of never being in the same situation twice. Least favorite part of my job occurs when I am working in the emergency department and do not have beds to put the patients in.

**MP:** Tell us about the weirdest pt or call you have experienced.

**CM:** Weirdest call- husband and wife involved in an MVA. When undressing the man, he had a cloth diaper with big diaper

pins and plastic pants. Seemed liked to role play mommy and baby.

Toughest call- caring for a 7 month fetus that was delivered in the toilet. My partner took mom and the unborn twin to the hospital and left me with a infant that was way too small for any of the equipment that I had.

**MP:** From your position as a charge nurse in the ER tell us areas we could improve upon when bringing a pt to your facility.

**CM:** In these times of high census and no beds, please bear with us until we can find you a bed. There is a hospital wide committee on bed management alone. One thing that you may see affecting you is that we are looking at bringing back the 11am discharge time for the hospital. Bear with us as we try to make it better.

**MP:** As a charge nurse what are some of the complaints your hear from your staff when dealing with EMT's or Medic's?

**CM:** I think that White Rose is at a disadvantage. Hospital medics get to see what happens to patients that they bring into the hospital. I think it can be difficult for a pre-hospital provider to understand some of the decisions we make when you don't see the outcome of these patients. For example- trauma patients. Sometimes it can be a fine line to what is a trauma team and what is not. It costs BIG BUCKS for a patient to go through that door in the trauma room. We like to make sure they absolutely need it.

**MP:** What's your feeling on the paper sheets?

**CM:** Paper sheets- hmmm. Ever been to a station that the crew beds are made with linens that are stamped Wellspan health or York Health? If paper sheets will save us money that can be used for things we really need for patients- like new cardiac monitors, EKG machines, I am all for it.

## Awards

Director's Awards as presented at A Night With The Stars

**Where's the urinal:**  
Don Sanders

**You are here:**  
Shea Riordan

**To OB or not to OB:**  
Curt Ilgenfritz and Harry Miller

**Mother May I:**  
Don Fouts

**Above and Beyond:**  
Bret Newbould and Todd Page

**The Rose of Desire:**  
John Garner and Casey Ryan

**Angel of Mercy:**  
Tina Bailey

## Upcoming Events

PHTLS class April 20<sup>th</sup>, 21<sup>st</sup>  
0800 to 1630

Breakfast staff meeting April 27<sup>th</sup> at  
the Four Point Sheraton  
0830  
sign up sheet at dispatch window

OSHA class May 11<sup>th</sup>  
0800

American Heart Walk May 19<sup>th</sup>  
1400

EMS week is May 19<sup>th</sup> to May 26<sup>th</sup>  
See John Garner for details

## Birthdays, Anniversaries & Paraphenalia

### Anniversaries

Larry R.  
04/17/1995

Kim G.  
04/29/1996

Cathy T.  
07/15/1996

Dick F.  
04/27/1998

Jane S.  
05/10/1999

Mary Jane D.  
05/20/1999

Rebecca G  
06/11/1999

Bonnie H.  
04/05/00

Chrissy H.  
04/24/00

Anne Z.  
04/24/00

### Birthdays

Jim A.  
4/30

Shonda K.  
4/4

Shannon T.  
4/5

Doug D.  
4/8

Rebecca G.  
6/1

Gene H.  
6/2

Don G.  
6/4

Casey R.  
6/5

Amar P.  
6/10

Kirk S.  
6/15

Bret N.  
6/17

Jane S.  
7/1

Sam F.  
7/5

Kim G.  
7/13

Harry M.  
7/16

Don S.  
7/18

Cindy M.  
7/19

Dane S.  
7/29



**Don Knouse Sr.**

**Hometown:** York

**Special Interests:** Golf, hosting motivational seminars, auctioneer for celebrity auctions, fashion shows, and a member of Hulks Gun Club

**Family info:** Fiancée Jodi, 47 year old son Don Jr., 45 year old daughter Bonnie Lee

**Shonda Keeley**

**Nickname:** Shon

**Level of EMS Certification:** Paramedic since Sept 2001

**Hometown:** York

**EMS History:** Volunteer for Springetts Ambulance since 1992, ECT with York hospital since 1997, Paramedic with SVEMS for a short period

**Special Interests:** Arts/crafts and reading

**Other Employment:** York Hospital ER

**Family information:** Cocker Spaniel named Midnight

## Mess Hall

### Devils Food Cake

Submitted by Jen Olsen who has lost 15 pounds since the New Year. Our next issue will include more healthy recipes and tips for losing weight.

1 ½ cup all-purpose flour

½ cup unsweetened cocoa

1 ¼ tsp. Baking soda

1 tsp. salt

1 pkg. (1.4 oz) sugar free instant chocolate pudding

1 cup fat free sour cream

½ cup unsweetened apple sauce

½ cup water

2 eggs or ½ cup egg substitute

1 pkg. (4 oz) instant fat free Jell-O- any flavor

Combine all the ingredients except for the jell-o. Pour into a greased and floured bundt pan. Cook at 375 for 30-40 minutes till a toothpick inserted in center comes out clean. While cake is cooking make Jell-O according to package directions and sit in fridge. Let cake cool about 30 minutes. Take out of pan and set on a plate. Poke holes in cake and with a baster squeeze Jell-O into cake. Put in fridge over night.

Approx. 4 Weight Watcher points

**Healthy Tip:** A safe, healthy rate of weight loss is up to an average of two pounds per week.

(Continued from page 1)

lance 250 personal at the side of the building. Ambulance 250 arrived and Rod's patient was loaded with Medic 102 onboard. Meanwhile on Medic 255, I advised YCC 911 that there were two patients that needed to go to a burn center. I requested Life Lion to land at York Hospital.

Bret's patient was screaming in pain. The patient's skin was starting to just peel off and his arms were becoming completely raw. As paramedics we knew we had to get some IV's started. Bret assessed the upper extremities for IV accesses and there was no area on the patient's arms that wasn't raw. I had suggested to Bret to give the patient 5 mg of Morphine intramuscular injection and he agreed. I gave the patient the injection in the left deltoid and.

We then heard on the radio, "York to Medic 255" so I replied. YCC 911 stated "The charge nurse at York Hospital ER said they will evaluate the patient when you get there and they will make the transport determination then."

While enroute to York Hospital ER I removed the patient's boots and there, finally, was an area that was not burned on the patient. As Bret was calling medical command I attempted to start an IV in the patient's foot. By this time the patient was shaking a lot due to his injuries that he had just received moments earlier. There was two unsuccessful IV attempt. The patient was stating that he was starting to feel really cold, but his head was hot. By this time Bret was done with he Medical command report. Bret grabbed a dry white sheet and covered the patient with it. He then grabbed another towel and soaked it in sterile water and placed it on the patient's head. "The towel feels good." the patient said.

As Bret finished making the patient feel more comfortable we arrived at York Hospital. The patient was unloaded out of Medic 255 and taken inside the emergency room. As we entered the emergency room the medical commander that had spoke to Bret on the radio met us at the door. We uncovered the patient and showed the doctor his injuries. The doctor turned around and advised the secretary, "I need Life Lion here yesterday." We proceeded to the trauma bay and Bret gave his report to the trauma team.

Closing thoughts; Going into a scene like an explosion, not knowing what exactly is happening can be quite overwhelming. On a call to a big incident like that you are normally dispatched by YCC 911, you receive information and have time to prepare mentally. Having it happen when you are there is totally different and you don't have the time to prepare.

With an explosion there are many things that can make the scene unsafe: fire, building collapse, unknown chemicals, and any unknown risk factors. Being EMS providers first on scene, it is hard to weigh out human life and safety. when you have a big incident like this one and you have a large number of people wanting you to act, you can have the unmentioned pressure of having to perform and do something for those that are injured.

Unfortunately not having the proper safety gear such as Nomex turn-out gear, Nomex gloves, helmet and air packs, having out EMS personal in that type situation such as this there is a fine line between saving lives and your own safety.

*Brad Anderson had been a paramedic since September, 1998. He is also a fire chief for Lewisberry Fire Department.*



EMPLOYEES • CUSTOMERS • PROCESS • FINANCIAL

## From the front lines

**On January 12,** Matt Hale held a meeting at the Martin Luther Library. We are all aware of the message he was trying to spread. That morning we watched as numerous police cars containing no less than four officers each drove into York City. Here are some of the thoughts and feelings of our crews working that day.

*"I was concerned for my crews. I could hear the tension in their voices over the radio."*  
Beth Shoff

*"Two blocks from where I was standing a sea of people dressed in black suddenly appeared running in all directions."*  
Chrissy Haines

*"Oh get in the truck, get in the truck we are going to die!"*  
Kyle Bates

*"Without the teamwork of the entire staff that day we would not been successful."*  
Kyle Bates

*"With all the tension and hatred I'll never forget seeing a black and white man walking down the street as friends."*  
Josie Brobeck

*"It was frustrating being so far away and hear our co-workers needed help."*  
Celia Fraticelli

*"I would have felt better if we had more help that day."*  
Tom Snyder

# Double Trouble

By: Chrissy Haines

During my short career of EMS I have had my share of partners. Some have been good and some bad, but there is one that was exceptional. The individual I'm speaking about is John Garner and because of him I can honestly say I am a better EMT. Pre-John I was under the impression that if I was a good enough EMT it wouldn't matter what type of partner I had. John not only proved me wrong, but showed me how patient care improves when partners can count on each other. What makes a good partner? Here are some areas that I found when in effect made my job easier and more enjoyable.

Communication with your partner is a must and you should never have to worry about asking a question or for advice. John and I weren't embarrassed to admit we weren't sure or didn't know. We discussed all our calls and felt comfortable pointing out areas in need of improvement. Sometimes our conversations turned into friendly debates, but they made us aware of different options. Everything always turned out okay once John admitted I was always right.

Four eyes and four ears are better than two. John and I treated each patient as our own no

matter whom was crew chief. There is so much to do in such a short time you need an extra set of eyes and ears. Your partner might know the patient and be able to offer important information. Maybe you have dealt with a similar situation and can offer advice on what you discovered to be the best course of care. Keep an eye on each other and make sure you don't forget paperwork or leave equipment behind. Not a shift would go by when refueling the rig that John made sure to ask me, "Did you pull the nozzle out?"

Respect and accepting each other's weaknesses. John and I would take patients out of turn when we felt one or the other could benefit the patient more. We could be open when someone or something made us uncomfortable. An example was a seizure call we had. I had past experience with the pt who was refusing transport. John discreetly let me know he was uncomfortable accepting a refusal from this patient. Instead of ignoring Johns concerns I explained my decision. If John had felt uncomfortable I would have taken whatever necessary steps to change that. Our decisions were made as a team including upgrading to ALS or lift assist.

Patience is a virtue. This is especially true for our BLS units who spend eight to thirteen plus hours a shift together in a rig. Who hasn't had visions of accidentally backing over your partner? Unless jail time sounds desirable you have to find a middle ground and sometimes agree to disagree. I was constantly allowing John to worship the ground I walked on as long as he agreed to stop bowing every time I entered the room. So that isn't true, but John and I was able to be open about problems and solved them through compromise

Having John as a partner taught me what a difference that can mean in this profession. Not only did I become a better provider, but also our patients received excellent care. I will never forget him for that or the experiences we shared. As I venture forward in my career I look forward to helping my new partner learn the best phrase in the English language. "Yes Chrissy, whatever it takes to make you happy."

## A Hillbilly Ponders...

*A new column that we have decided to include is "A Hillbilly Ponders...". Daronda Fletcher shares with us the culture shock of small town verses big city. Daronda is from the home of the hillbillies, West Virginia.*

As I sit in my hillbilly recliner I sit and ponder a couple of things about the differences in living in a city compared to living in a small small town. It seems odd to me that things are different but yet a lot is the same. I never imagined that the city life was so similar. For example: 2 differences I've noticed is: In the big city you call a cold refreshment a SODA, in hillbilly land it's a POP! And that doesn't mean your father! And in the city it's a creek. Hillbilly land, that's a hole of water without rocks, it's a creek just for the record, even a silly hillbilly knows that one! So ya see city slickers ain't so different from us hillbillies, it's just the way we sound and the compare everything to road

kill! For example: When city folk see road kill, it's no big deal, Hillbillies on the other hand, depending on time of death, will take their handy dandy shovel and run right out to scoop up dinner mmm mmm..squirrel stew!! And in all reality you have restaurants that may serve road kill, they just have a fancy name fer it. So what is my point? I don't have one really, just a hillbilly having a pointless thought and saying even though ya make fun of us hillbillies all in well fun, we ain't so different!

All I know is whether you're a city slicker or a redneck hillbilly the skunk smells the same no matter where he's from. Take a little advice from this ole hillbilly: Don't wind the cow's tail too know tight, ya never what you may find. You may find yourself deep in Ohio! >:) just a thought. So be kind to your hillbillies, remember, if they don't know nothin else, they know how to shoot!



**Ancient Hillbilly say'n**

*Always be happy as a pig with a corncob rollin in mud, cuz nobody likes a skunk!!*

# Put the B/P Cuff Down!

Shock: It's a pretty cool sounding word. Very short. Harsh sound at the end. It brings to mind stunning visions. And everyone always snaps to attention a litter quicker when they hear "Doctor, this patient is going into *shock!*" I never seem to get much of a response when I announce in a stuffy British accent, "Excuse me, but I do believe that this patient is suffering from a condition resulting from a depressed state of many vital body functions."

In 1852, Dr. Samuel Gross defined shock as "a rude unhooking of the machinery of life." Dr. Gross' definition is by no means a physiological one. But consider this: the three main reasons patients die from trauma are inadequate ventilation and oxygenation, massive hemorrhage and direct trauma to the head, chest or abdomen. These situations can cause deficiencies in our airway maintenance, breathing status and circulatory status. In that light, Gross' definition is a perfect description of an occurrence that violently attacks and destroys the very basics of life itself.

Once this attack occurs, the patient begins to experience shock and the clock starts ticking. Dr. R Adams Cowley believed that patients had a limited time after serious injury in which they might be saved. Through his research, he created the concept of "the golden hour." His belief was that patients who could be in surgery within an hour of their injury had the greatest chance of survival. This belief has fueled the notion that prehospital providers must strive to efficiently assess all trauma patients in order to identify those that may benefit from immediate surgical intervention. This assessment must have 3 main parameters: it must be rapid; it must focus on the ABCs of the patient; it must provide meaningful assessment information. Once such assessment is that utilized by the Pre-hospital Trauma Life Support Program.

When coming upon a trauma patient, we will want to utilize the "A-B-C-D-E" approach. The **Airway** assessment begins with maintaining C-spine alignment while simultaneously assessing the patency of the airway. If the airway is not open, we should initially open it with the modified jaw thrust maneu-

ver. If the airway is obstructed, we must work immediately to clear it with BLS or ALS maneuvers. Assessment of the **Breathing** status needs to include a chest wall exam and lung sound auscultation along with assessing the respirations. You should assess for the approximate rate ("slow", "normal", "fast") and depth of respirations. The chest

## an occurrence that violently attacks and destroys the very basics of life itself

should be exposed so that you can observe and palpate it for injuries.

Pulse rate, pulse quality, skin signs (color, temperature, moisture) and capillary refill time are all good tools to utilize when checking the **Circulation**. It is recommended that we assess the pulse at both the carotid and radial areas to recognize any differences indicating possible shock. It is also recommended that our assessment of the pulse rate be only an approximation as time ("slow", "normal", "fast"). During this time, we should also look over the patient's body for life threatening bleeding and control it if necessary.

Components of the **Disability** assessment include level of consciousness, distal neurologic function (motor and sensory), and pupils. The level of consciousness should at the minimum be assessed on the AVPU scale (Alert, Opens Eyes to Verbal Stimulation, Opens Eyes to Painful Stimulation, Unresponsive). Current trends in PHTLS are to also assess the patient's orientation and ability to follow commands/ motor response

By: Don Gerety

in order to provide a Glasgow Coma Score. (Note: York Hospital Trauma services expects us to have a prehospital GCS on all of our patients.)

Finally, the last step in this rapid trauma survey is to **Expose** the patient. We want to remove all the patient's clothing (using good judgement of course) in order to look for any additional injuries that were not immediately obvious in the initial assessment. After exposing the patient, we will want to remember to cover them back up to prevent "EMS induced hypothermia."

After performing this 5 step assessment, it is important to make a decision regarding your patient. You will need to decide if your patient has a life threatening condition that requires immediate transport to the trauma center. These conditions include, but are not limited to: airway compromise, respiratory distress/ deficiency, circulatory compromise/ shock, significantly altered LOC (GCS of 12 or lower). I would also recommend looking at the criteria established by York Hospital for their Trauma team response.

One thing you may note is that there does not appear to be a full set of vital signs in this assessment. While obtaining a full set is important in overall patient care, they are not necessary in the primary trauma survey. By utilizing the information gained from the assessment, one can make appropriate triage decisions in the initial stages of the call.

So I call on you. Go forth all ye wandering providers. Be swift on your scenes. Be accurate in your assessments. Make a decision and live with it. Don't keep an ambulance in park when the patient needs a surgeon. And for gosh sakes, when on that trauma scene, put the B/P cuff down!

*Don Gerety is a full time paramedic in Fredrick MD. At White Rose he teaches many of our classes and works part-time on the MICU.*

## From The President

As President and Chief Executive Officer of White Rose Ambulance my primary job is to manage resources: human, financial, equipment, etc. Under the newly announced "Four Star Plan" everything we do will be focused into four areas: Employees, Customers, Processes and Financial.

Today, I want to talk about one of those Four Stars, Employees, the largest and most difficult resource to manage. I was greatly disturbed about two recent e-mails that I happen to read back-to-back. One was about spreading rumors and gossip and the other was about someone throwing another employee's personal items in the trash. It made me think about respect (or lack thereof) for each other. One of the complaints that I hear regularly is "I don't get any respect." Respect is earned and then after you earn it, it has to be maintained. Gossip, spreading rumors, throwing other people's personal items in the trash will not earn respect from your peers. To the contrary, your peers will label you as vicious, malicious, untrustworthy, among just a few.

Even though both employees that authored these e-mails were disrespected, they were considerably more respectful to others than what was showed to them.

As I announced at our recent banquet, under the Employee Star, two of our goals were to "improve camaraderie and have fun at work" and "improve the focus on each other as "internal customers." Ask yourself, is what I'm about to say, or do, going to improve my relationship with others or is it going to add to poor comradely and discontentment here at work?

Under the new "Four Star Plan" some will flourish and make major contributions to the company's work environment and their co-workers. Some won't make the grade and will move on. The choice is yours, do I want to make things better or make them worse? You make the decision... As for me, I'm committed to improving relationships and the overall work environment here at White Rose Ambulance.

Peace be with you.  
Jim Arvin  
President

## Jims Gems

Part of the quality experience that TQM desires to bring White Rose is a program called Jim's G.E.M.S.

This program is being established to recognize a Provider who has gone above and beyond the call of duty, who has given exceptional service, demonstrated superior team work and outstanding professionalism. This will be a monthly award given to the

*Provider that "Goes the Extra mile" (G.E.M.)*

The TQM members will be the recommending body and the TQM team members are not eligible for recommendation. Jim will be the Grantor of the G.E.M.)

You never know who may be watching you deliver that incredible service 24 hours a day!

*Another reason to strive for perfection!*

White Rose Ambulance has initiated an award to be given for incredible customer service. This award is called the G.E.M.S. (stands for Go the Extra Mile) award and will be given monthly to an employee who demonstrates how to go the extra mile for our customers. This person will be nominated by the TQM committee and decided upon by our president Jim Arvin.



December's recipient was Annie Zarlenga. Annie displays outstanding customer service and is often willing to come in and work extra shifts. Annie was presented with a pin and a cake in thanks for her excellent work. I asked Annie how she felt about being the first G.E.M.S. award winner. She told me the award was unexpected and knowing it came from her co workers made her feel very appreciated. Great job Annie.

Keep your eyes open for more exciting things to come.

## From Chrissy

A big thank you to Deb and Jim for a wonderful Night with the stars. It was an evening filled with yummy food and great entertainment. It also gave us a chance to spend time together outside the stress of work.

Thank you to Tina Bailey for coordinating the event.

Thanks Brad for all the work you put into your article.

January babies: Jane Hoke is the proud mommy of Brittany born on the tenth and Jane Saltzgeber is the proud grandmother of Joshua born on the thirty- first.

New Years Resolutions kept: Deb, Jim, Cathy, and Beth joined weight watchers and have a combined loss of 100 pounds. Great job!

Goodbye to Marie Velez and Josie Brobeck. They will be missed and we wish them the best.

Thanks to Don and Judy for getting us out of the wheelchair van crisis. We love having you both.

### Something to think about:

I know we can't like everyone we work with, but we can try to treat each other better. Have the events of September 11th been forgotten? What if York city had been the target of a terrorist attack? Stop reading and look up from this newsletter. The person you just looked at would probably not be alive. Now think about the person you least like at this job. Imagine that person and yourself digging through debris sharing some small hope that you might find another co-worker alive. I would bet by the time the digging was done you forgot why you didn't like that person. Respect is a show of consideration and something we all need to show our coworkers more of.

By: Chrissy Haines  
Editor