

# Greene County/Greeneville EMS Employee Newsletter

## Current Projects:

Protocol App	We are currently building out an app for our use, and will need your help to get it to be what we want it to be. See Other Items for more details.
Quarterly survey results	Included after Other Items.
Different airway bags/ More user friendly truck checkoff	The new airway bags have been delivered, and the “template” bag has been stocked and is being reviewed. See Other Items for more details.
Truck 61	Truck 61 has been put into service as Med 2.
Trucks 62 and 63	Currently being stocked for inspection.
Dashcams	These are still in trial and a permanent vendor has not been selected.
New polos	We are still looking at vendors and are trying to make sure that we don't run into supply issues.
New drug boxes	These have been delivered and are being set up for review. You can come by HQ any time to see it and provide input if you'd like.
Blood and ultrasound	<b>STILL</b> awaiting grant outcome. (Yay, government shutdown!)

## Call Statistics:

In October (as of 10/27), we have run **1,116** calls:

**Red:** 302 calls  
**Blue:** 242 calls  
**Green:** 296 calls  
**12-hr Trucks:** 267 calls

**8** Air ambulance transports

### Average ER Wait Times:

**MHHS : 45 min ↑**  
**HVMC: 44 min ↑**  
**JCMC: 38 min ↑**  
**FWCH : 30 min ↑**  
**GCHE: 21 min ↑**

**Average Chute Time: 2:37 ↑**  
**Average Scene Time: 19:04 ↑**

**Average Response Time: 12:41 ↑**  
**Average Transport Time: 20:31 ↑**

### October breakdown:

Med 1: 9%  
Med 4: 7%  
Med 7: 6%

Med 2: 17%  
Med 5: 8%  
Med 8: 7%  
Med 10: 7%

Med 3: 15%  
Med 6: 15%  
Med 9: 9%

### 2025-to-date breakdown:

Med 1: 10%  
Med 4: 6%  
Med 7: 8%

Med 2: 17%  
Med 5: 9%  
Med 8: 9%  
Med 10: 2%

Med 3: 19%  
Med 6: 15%  
Med 9: 5%

### Other Items:

- Our new vehicles (61, 62, and 63) are a few inches taller than what we are used to. Please use caution with clearances. If you aren't sure if you will fit, don't try it!
- We are nearing the end of the year, and are beginning to compile the number of hours everyone has for the annual audit and training stipend. If you are unsure of how many hours you have, get in touch with Training Officer Franklin. **Outside of mandatory inservice classes, we will not be offering many makeup classes as a significant number of hours have been assigned in FOAMfrat.**
- You may download and begin to use an app called **EMS Protocols To-Go: Field Use**. This is the app logo:



When you first open in, it will ask you for a **base code: 37743. PLEASE DO NOT SHARE THIS CODE WITH NON-EMPLOYEES.** We are paying for a range of users, and this will cause us to fall in a new pricing range.

We envision this app to be a repository of every important document we have for quick and easy reference. That's where you come in: The search feature in the app (in the header of each page on the app, you will find a search button – the magnifying glass) allows you to search all of the content based on tags.

For example, if you wanted to find the treatment guideline or specific medications that could help with wheezing, the Shortness of Breath guideline, albuterol, ipratropium and methylprednisolone drug pages should all have this tag. When they do, you could search "wheezing" and all of these would pop up in your search.

**Currently, no pages have been tagged in this app. On each page, you will find a button on the bottom that says "Suggest tag." Use this feature, and I will go through and approve relevant tags as they come in so we can build out this feature together.**

This app is going to continue to grow, and any changes we make are instantaneous, meaning as long as you are connected to the internet, the app automatically updates pages live in the background. **You will find some pages/documents that are blank or incomplete.** This is because I haven't finished building them out yet. Once information

is added to them, they will populate on their own. **Because this is cloud-based, our options are essentially limitless.** For example, you will find a page under reference documents for patient care skills. We will be adding pages for procedures and assessments, such as the ones that were removed in our treatment guideline update.

- We are still working on making changes to the truck checkoffs, and for ease of completion and storage, Med 5 is completing a **trial of different cabinet organization** (shoutout to Blue shift's crew for spearheading this). See photos below for what this looks like. Note that IV fluids/drip sets moved to the trauma cabinet, which locates them closer to where they are actually used. Those trauma supplies moved to the top shelf of the back compartment where cleaning/extra supplies were. Cleaning supplies/extra suction equipment moved to where the IV supplies were.







The following is an example of a page that will be printed off, laminated, and placed in each cabinet to show what expected minimum inventory is for each item in each cabinet. On the new truck checkoff, instead of checking every single item electronically, you will simply check that the cabinet does or does not have the minimums noted, and enter what items are missing. **While this will make doing your truck checkoff faster electronically, you will still be held to the same standard if items are missing or found expired during inspections. BUT, just because a maximum is not currently listed does not mean that one cannot be added if significant overstock is found on ambulances.**

## Airway Cabinet Inventory

Item	Minimum Required
Adult Nasal Cannula	3
Adult ETCO <sub>2</sub> Cannula	2
Adult Nebulizer (Mask or T-piece)	3
Adult Non-rebreather	3
NPA (16F, 20F, 24F, 28F, 32F)	1 each size
OPA (0, 1, 2, 3, 4, 5)	1 each size
French Suction Catheter (6, 8, 10, 14, 16)	1 each size
King Airway (3, 4, 5)	1 each size
CPAP	1
ET Tube (2.5-8.5)	1 each size
ET Tube Tamer (Adult)	2

## Survey Results:

Thank you for taking the time to fill out the survey. The total number was a little less than last survey (40, down by 2), but still higher than previous ones. I remain grateful that people are taking the time to express their thoughts. Your input is appreciated, and becomes a big part of what changes we consider and work on to improve things at our service. **Your voices matter.**

Question	April	July	October
My work is satisfying to me	78%	83%	84%
I am proud to work here	76%	75%	84%
I believe that our policies and rules are fair	65%	70%	71%
I believe that our policies and rules are applied to everyone fairly	40%	30%	29%
I plan to continue working here for the next 12 months	78%	78%	84%
I feel like my opinion matters	35%	40%	42%
I feel like this is a better place to work than it was a year ago	62%	63%	63%
I have hope for the future of our service	89%	83%	87%
I would recommend working here to other providers I know	68%	73%	73%
I feel appreciated for the work I do	30%	35%	42%

Overall, we are standing our ground on improvements we have made, but again, we still have room to improve, and we will continue to try to do so. Thank you for your input and efforts to support changes that we have made and continue to make.

**There is a lot happening and changing, but as Henry Ford once said, “If you do what you have always done, you will get what you have always got.”**

For the sake of length, specific comments were not included in this summary, but know again, that the full results are being shared with the Mayor and HR. I didn’t take the time to put these together, you didn’t take the time to fill them out, and I didn’t take the time to compile the results, for anything to be swept under the rug.



## MANAGEMENT COMMUNICATION OF INFORMATION

- In January, almost a quarter (22%) of people said that management **never or rarely** communicates information.
- In April, the percentage decreased (18.5%).
- In July, the average was 22%.
- This month, the average was **down to 18%**.

## FAIR AND EQUAL TREATMENT OF EMPLOYEES

- In January, 28% of people said that management **never or rarely** treats all employees fairly.
- In April, it was 15%.
- In July, the average across management was 13%.
- This month, **it's 11%**. Progress is slow, but it is happening. We will continue to address these issues.

## MANAGERIAL GUIDANCE

- In January, 17% of employees felt like they **could not** approach management for guidance
- In April, it was 11%.
- In July, it was 15%.
- This month, **it's 10%**.

## FAIR AND TIMELY CONFLICT RESOLUTION

- In January, more than half (58%) of people **didn't think** conflict resolution was done fairly and quickly
- In April, it was below half (48%).
- In July, the average across management was 19%.
- This month, **it's 17%**. Still improving, but there's still room to change.

## PROFESSIONAL GROWTH AND DEVELOPMENT

- In January, **it was 50/50** that people felt their professional growth was supported.
- In April, it was 40%.
- In July, it was 47%
- This month, **the average is 70%**.

## MENTAL HEALTH

- In January, 89% of people did not feel that their mental health is supported.
- In April, it was 70%.
- In July, it was 22%
- This month, **it was 18%**.

## TRAINING

- In January, **two-thirds** of respondents rated training in the previous 6 months as poor or fair
- In July, it was 24%.
- This month, **it was 42%.**

## Upcoming Events:

- **October 28<sup>th</sup>** – Naloxone Leave Behind Kit Training
- **November 10<sup>th</sup>** – Naloxone Leave Behind Kit Training
- **November 14<sup>th</sup>** – Naloxone Leave Behind Kit Training

## Some Recent Articles:

[2025 AHA CPR guidelines: Changes to mechanical CPR, choking, single chain of survival](#)

[TRAUMAGEL is Revolutionizing Hemorrhage Control](#)

[Criminal Liability and Legal Challenges for EMS Providers](#)

## November birthdays:

1<sup>st</sup> – Mike Reed  
5<sup>th</sup> – Sarah Thomas  
11<sup>th</sup> – Kevin Geren

3<sup>rd</sup> – Silas Tipton  
10<sup>th</sup> – Rebecca Jeffers  
11<sup>th</sup> – Rhonda Kilday

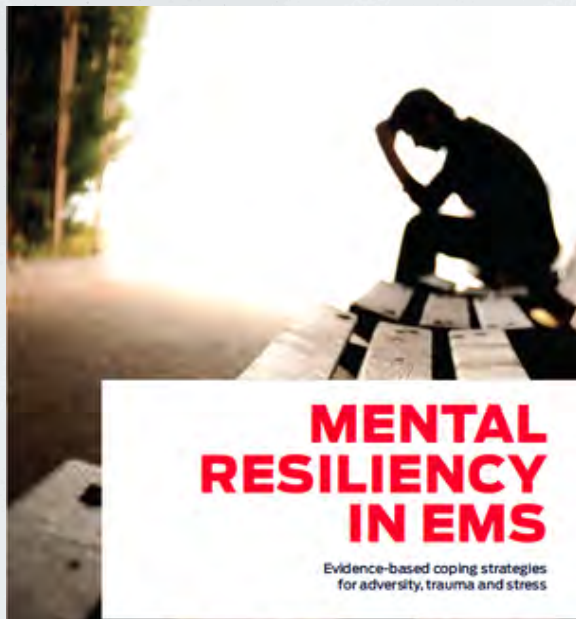


# COUNSELORS CORNER NEWSLETTER



Greeneville EMS | October 2025

Laura Nechanicky-Booth, MS, LMFT, CEC, CIT, CISM



## FALL into Resilience

As the seasons change, many first responders notice shifts in mood, motivation, and energy. Just as nature prepares for rest and renewal, we too need cycles of recovery to sustain long-term wellness.

In EMS, you're trained to run toward crises, but mental fitness also means knowing when to slow down, reflect, and reset. This month, we're focusing on building resilient routines that keep you grounded—even in the storm

## PROVIDER HEALTH & WELLNESS IN EMS

### MOTION MOJO

#### 🌀 Stretch It Out, Stress It Out! 🌀

Feeling wound tighter than your favorite pair of jeans after laundry day?

**Take 60 seconds to stretch—yes, right now!**

Reach up high like you're trying to grab the last cookie on the top shelf.

Roll your shoulders like you're brushing off bad vibes.

Take a deep breath in (pretend you're smelling fresh coffee) and exhale (like you're sighing after finding a great parking spot).

**Stretching isn't just for workout or old people—it's a mini vacation for your muscles and your mind.**

*Remember: a little daily stretch keeps the stress gremlins in check!*

Dr. Lori Monaco, DC

*"Need a crack? I got your back!"*

## QUICK TIPS

#### 🔌 Pause to Power Up

Before jumping into your next shift or call, take 10 seconds to check your internal battery.

Ask yourself: Am I calm? Alert? Tense? Exhausted?

Naming your state helps you regulate before you react and return to center.

#### ☀️ Micro-Rest Moments

You don't need a day off to reset—just three mindful minutes.

Stretch your neck, slow your breath, step outside for sunlight, or replay a positive moment from your last shift.

Think of it as "CPR for your nervous system."

#### 📦 Reflect, Don't Ruminat

Your brain replays tough calls to protect you—but it can trap you there too. Shift from "Why did that happen?" to "What did I learn?"

That subtle reframe transforms stress into wisdom.

#### 💛 Recharge with Purpose

Your off-duty hours are sacred. Guard them fiercely.

Schedule one thing each week that restores your sense of purpose—hiking, laughter, faith, family, music, or simply silence.

**Recovery isn't optional—it's part of operational readiness.**