

St. Paul-Ramsey Medical Center.

Hospital and Medical Center Records.

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QUARTERLY MEDIA REPORT

(Mar. 1, 1983 - June 1, 1983)

submitted by Becky Haas

QUARTERLY MEDIA REPORT

March 1 - June 1, 1983

I. MEDIA CALLS -- March 1, 1983 to June 1, 1983

TOTAL: 194

Newspaper: 68 TV: 82 Radio: 44

II. TOTAL NUMBER OF NEWSCLIPS: 210

Feature stories -- 38 SPRMC-mention stories -- 132 Soundclips (mentioning SPRMC) -- 31

III. TOTAL NUMBER OF NEWS RELEASES: 20

Minnesota Poison Control System = 4 Other = 16

IV. WHERE NEWS RELEASES WERE SENT AND WHERE THEY WERE USED.

TOPICS			SPRMC	SPRMC-
	Feature stories	Feature Soundclips	Mention	Mention Soundclips
Budget				1
Burn Center			4	
Chemical Dependency			1	
Courses	2			
Emergency Med. Services	6		10	
Hospital Reports	2	2	10	
Coronary Care			9	
Health Topics		3	3	
Misc.	3	1	16	
Neonatal Int. Care		1	1	
Poisons		1	17	8
Minnesota Poison Control System	22	1	27	12
Promotions/Appts.			4	
Patients brought to SPRMC (accidents, etc.)			34	

TITLE/AUTHOR:	DATE	SENT TO:	RELEASE USED IN:
"Poison prevention week, March 20-26", Becky Haas	3-3-83	144 newspapers	Foley News Thief River Falls Times Preston Republican The Laker, Mound Bemidji-The Pioneer Wash. Cnty. Bulletin Willmar Tribune Montevideo Am. News Fergus Falls Daily Journal Alexandria Press Pine River Journal
"Baldwin Community Hospital/ RCA", Robin Rainford	3-7-83	Baldwin	
"Talk show guest ideas: MPCS", Becky Haas	3-14-83	34 talk shows	(Dr. Samuel Hall or Dr. Richard Kingston) WCCO-FM, 60 sec. Allen Searle, (aired 20x) KNSP-Staples; KSTP-FM, Peter May WCCO-AM KSTP-TV KSJN-AM WTCN-TV
"Be prepared to save a life is Minnesota's theme for national poison prevention week, Mar. 20-26", Becky Haas	3-14-83	144 newspapers	Hibbing Daily Tribune Thief River Falls Times Hayfield Herald Lindstrom-Chisago County Press Caledonia Argus
"ReadyCare opens as cost- effective alternative", Robin Rainford	3-14-83	Maplewood Review Ramsey County Re	

TITLE/AUTHOR	DATE:	SENT TO:	RELEASE USED IN:
"SPRMC expands 24 hour med- ical care efforts", Robin Rainford	3-16-83	Community Newspa	Cottage Grove- Washington Cnty. pers Bulletin
"Room 10", Robin Rainford	3-24-83	Major Twin City TV & news media	
"AWARE plan has gap in burn care, trauma, according to SPRMC", Robin Rainford	3-24-83	St. Paul Dispatch	h St. Paul Dispatch
"SPRMC selected for new parenting program", Mike Adair			St. Anthony Bulletin Shoreview Bulletin New Brighton Bulletin
	3-31-83	Twin City commun newspapers	ity
"Seniors' activities scheduled at SPRMC", Becky Haas	4-25-83	East Metro Newspa	
"Coordinated health care names Sundgaard consultant", Mike Adair	4-29-83	Ramsey County Med Society Bulletin	dical
"St. Paul-Ramsey's Room 10 opens with increased efficiency", Mike Adair	4-27-83	Ramsey County Med Society Bulletin	
"Kuni joins St. Paul-Ramsey Radiology Dept.", Mike Adair	4-26-83	Ramsey County Med Society Bulletin	dical printed in May/June issue

TITLE/AUTHOR	DATE	SENT TO:	RELEASE USED IN:
"Medical care '83 for the unemployed", Robin Rainford	4-29-83	Maplewood Review Eagan Chronicle Hastings Star Ga	
"State poison center notes			
increase in petroleum poisoning in spring", Becky Haas	ngs 5-10-83	144 newspapers	Montevideo News Elbow Lake Record Thief River Falls Times
"Erickson joins SPRMC psychiatry dept.", Mike Adair	5-13-83	Ramsey County Me Society Bulletin	
"Minnesota's chemical abuse treatment registry is one-of-a-kind and proves the program effective", Becky Haas	5-16-83	144 newspapers	
"Talk show guest: Norm Hoffmann, Ph.D., director,			KSJN - Morning Ed KMSP - TC FOCUS
Chem. Abuse/Addiction treatment outcome registry (CATOR) Becky Haas	5-18-83	34 talk shows	
"Physicians for Baldwin community memorial hospital", Robin Rainford	5-23-83	Baldwin	Baldwin, Woodville Hammond
"SPRMC volunteers award scholarships", Mike Adair	5-25-83	Columbia Heights Fridley Sun Maplewood Review	No. St. Paul Rev.

EXECUTIVE SUMMARY

The enclosed report is the second of ongoing quarterly media reports published by the Public Relations Department. These reports are part of the department's effort to monitor and interpret media relations.

Good media relations are an essential part of St. Paul-Ramsey Medical Center's (SPRMC) overall public relations/marketing goals and objectives. As demonstrated in this report, SPRMC has a larger share of consistent news media coverage than any other hospital in the Twin Cities. This certainly reflects the intense efforts of medical center staff and the Public Relations Department.

There were 194 media telephone calls to the Public Relations Department during the last quarter (March 1 to June 1, 1983) which is a slight increase over the previous quarter. Telephone calls from television reporters represented the biggest increase while calls from newspapers decreased somewhat and calls from radio reporters remained constant. The Public Relations Department receives an average of two calls per working day.

Media telephone calls fall into three categories: patient condition reports, spot news information and feature story requests.

Patient condition reports continue to consitute the largest volume and are coordinated through the Public Relations Department and Nursing

Admnistration. This service (providing one-word condition reports on patients involved in accidents, fires, crimes, etc.) builds positive relationships with reporters and provides an opportunity for the Public Relations staff to share other news story possibilities with the caller.

Spot news information telephone requests (accidents, crimes, fires, explosions) require 24-hour on-call service by the Public Relations Department and quick action by hospital staff to maximize SPRMC's image as a critical care center. A series of accidents in May which generated a great deal of public interest (Wickstrom accident and the Houston and Becker shootings) created media interest in SPRMC's critical care capabilities (Room 10, etc.) and is represented this quarter with an increase in the number of stories about caring for the critically injuried.

Feature story requests provide the greatest potential for quality in-depth coverage of comprehensive and varied services provided at SPRMC, including teaching and research. Feature stories continued to show the greatest growth during the past quarter.

A daily log is kept of all media telephone calls, requests, inquiries and/or visits to the Public Relations Department. The log indicates the caller's name, affiliations, to whom they spoke with and the outcome of the call. The Public Relations Department also monitors SPRMC and other hospital media coverage through two outside services: the Minnesota Newspaper Association newspaper clipping service and Soundclips (a service which provides a transcription of the audio portion of a radio or television broadcast). These are kept on file in the Public Relations Department.

Also this quarter, there were two professional publications produced by the Public Relations Department. Robin Rainford, director, Public Relations, has submitted and been accepted for upcoming publication in the American Society of Hospital Public Relations bulletin on marketing of ReadyCare; and Becky Haas, assistant director, Public Relations, had an article published on the opening of the Minnesota Poison Control System in Profiles of Hospital Marketing.

The number of news releases sent out by the Public Relations Department more than doubled during the last quarter. Twenty news releases were written and sent out. The distribution varied from immediate East Metro area to the entire state.

Included in this report:

- 1. Media calls data summary sheet
- 2. News release copies, summary of reprints
- 3. Newspaper clips and Soundclips with analyses.

Crisis Management #1 Using the Unexpected to Good Advantage



News people always want a local angle when there's a national story, and that's what worked for us," St. Paul-Ramsey Medical Center (St. Paul, Minnesota) Assistant PR Director Becky Haas told PROFILES. The local story involved the announcement of St. Paul-Ramsey's designation as the Minnesota Poison Control System; breaking right behind this important but conventional release was the story of the Chicago Tylenol poisonings. The activity that followed called for the best resources of the Medical Center/Minnesota Poison Control System shared staff.

Events began with a traditional morning news conference to present St. Paul-Ramsey as the designated poison control center and to offer details of the new program. By afternoon, the news media had rushed back to the hospital to focus on the Tylenol tragedies and to get the hometown response.

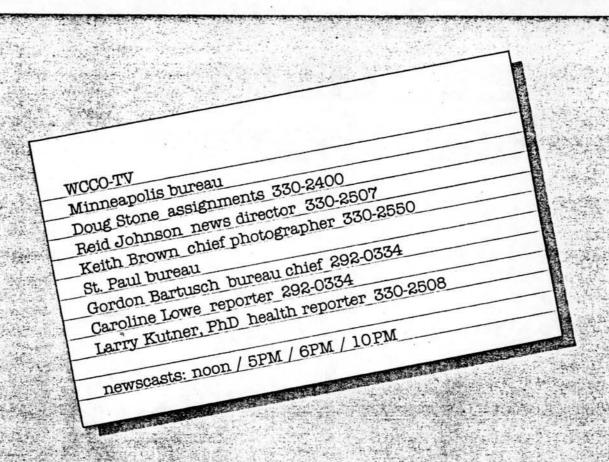
"The telephones were literally ringing continuously," Becky said, "with staffers fielding thousands of calls from concerned Minnesota residents." Prior to St. Paul-Ramsey's designation, the poison center received between five and ten calls a day. Information and whatever legitimate reassurances were appropriate were given, however, and in spite of indications to the contrary, the staff survived.

Today the MPCS receives about 50 calls a day. Becky believes that the Tylenol situation has made people far more aware of poisons and the need to use products safely. The media, of course, particularly appreciates the center. MPCS always takes their calls and, furthermore, they've got answers.



For the bospital:
Becky Haas
Assistant Director of Public Relations
St. Paul-Ramsey Medical Center
640 Jackson Street
St. Paul, MN 55101
(612) 221-2028





Media Contact Guidelines for Crisis Situations

Always have phone numbers readily available, listing direct dials to newsroom, city editor's desk or assignments editor. Always have after hours number—most newspapers have direct lines to night city editor and so forth. You don't want to waste time going through a switchboard.

2 Know all deadlines and have them written down along with phone numbers.

3 Know all names.

In most crisis situations, contact wire services first. Once you get your story on the wire and everyone has the basic facts, you're there to be contacted for specifics. Using the wire services avoids giving anyone a scoop.

5 Be prepared to provide print reporters with lots of information, television reporters with visuals they can photograph, and radio station journalists with spokespeople for taped interviews. In other words, selectively meet the media needs.

What helped Becky manage her crisis was a list of guidelines, and a small index card, carried with her at all times.



A skull cum telepbone logo, along with a new state-wide, toll-free number, belped call the news conference that announced the designation and opening of the poison center, situated at St. Paul-Ramsey Medical Center.



NEWS ADVISORY Sept. 28, 1982

NEWS CONFERENCE TO ANNOUNCE
DESIGNATION OF NEW STATE POISON CENTER

A news conference to announce the designation of St. Paul-Ramsey Medical Center as the state poison information center will be Sept. 30 at 10 a.m. in room 381 at the medical center, 640 Jackson Street, St. Paul.

Speaking at the news conference will be Dr. Samuel Hall, Jr.,
co-director of the poison information center, and an official
from the Minneanta Benartment of Mealth.

The conference will inform the media about the awarding of the state designation and the new system which will provide poison information to all of Minnesota. (News release and fact sheet enclosed for additional information.)

Also present at the conference will be Dr. Kusum Saxena, co-director of the poison information center, and Dr. Richard Kingston, managing director of the poison information center.

Questions regarding the news conference can be answered by calling Becky Heas at 221-2028.

Minnesota Polson Control System St. Paul-Ramsey Medical Center 640 Jacobon Street St. Paul, Menesota 55101

Minnesota
Poison
Control
System

PUBLIC SERVICE ADVISORY Contact: Becky Hass, 221-2028 Oct. 22, 1982 FOR INMEDIATE RELEASE

> MINNESOTA POISON CONTROL SYSTEM OFFERS GUIDELINES FOR CHILDREN TRICK OR TREATING

Five million children are treated for poisonings each year in the U.S.; 80 percent of those children are under the age of five.

Over the past decade, there has been a significant increase in the incidence of children who are poisoned on Halloween.

"Mith the recent publicity of poisons being placed in over-the-counter medication, we are concerned about the safety of childran who will be Trick or Treating this year," said Dr. Rusum Saxena, co-medical director of the Minnesota Poison Control

"Me don't want to over slars anyone," added Dr. Sam Hall, cc-medical director of the Minnesota Poison Control System. "but we want to remind adults, especially parents, about some common sense quidelines for ensuring the children's safety."

Minnesota Polson Control System St. Paul-Ramsey Medical Center 640 Judson Street St. Paul Annesota 55101 Halloween followed fast upon the beels of the Tylenol poisonings. MPCS made sure that little trick-ortreaters, and their parents, were aware of safety guidelines.





NEWS RELEASE Contact: Becky Haas, 221-2026 Nov. 17, 1982 For Immediate Release

> Risk of food poisoning higher during holiday season; state poison system offers guidelines

It is estimated that every year a significant number of people suffer from mild cases of food polsoning and don't know it.

"That's because the symptoms are very similiar to the flu," mid Samuel Mall, M.D., Rinnesota Poison Control System (MCS), co-medical director. "The symptoms are headache, nauses, voniting and diarrhee and usually develop within an hour after the patient's eaten the contaminated food."

For most people food poisoning is not severe and the symptoma disappear within 24 hours, Mall said. However, Mall warmed that for senior citisens, children or persons with other illnesses as well as certain types of bacteria, food poisoning can be fetal.

According to MPCS staff there is a lighter incidence of food potenting around the holidays because people tend to est more foods that they did not prepare themselves, food is kept at from temperature for a longer-than-morsel period or foods are served that tend to be more prome to bacteria such as majornals—based mal-do, egging or momed fish.

- 1004

Minnesota Polson Control System St. Paul-Ramsey Medical Center 640 action Street St. Paul Minnesota 35101 Watch out for contaminated food during bolidays. MPCS tells their market population bow.

Please don't eat the daisies or berries. Plants are to look at and enjoy—not to taste!



NEWS RELEASE CONTACT: Becky Haam, 221-2028 Dec. 1), 1982 For Immediate Release

> Warning: the holdieye can be hazardous to your health

The holidays are here and with this time of year comes beautiful plants, Orristnas trees all trummed and spartling, good times with family and friends and children antiously semiting Santa's arrival.

But swidet all this hustle and bustle, some of these holiday decorations can be poisonous.

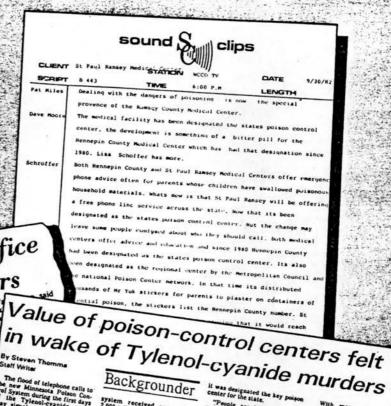
Most people do not realise that just one or two mistleton berries can be fetal if diperted by a child or that one-half to one ounce of alcohol can cause a child to become unconscious, have convulsions and possibly stop

"Me do not want to alarm people unnecessarily. Rowever, it is important to know that more holding items have the potential for creating a serious poisoning. By taking a few simutes to become more of which items can be problems and taking the necessary precautions; everyone can have a safe holding meson," said Sammel Hall, M.D., co-medical director of the Minnesota Poison Control System at St. Paul-Rameny Hedical Contert.

Nm 11 offers the following guidelines for ensuring safety during the holidays:

Minnesots Polson Control System St. Poul-Remsey Medical Center 640 Jackson Street St. Paul Menseots 35101





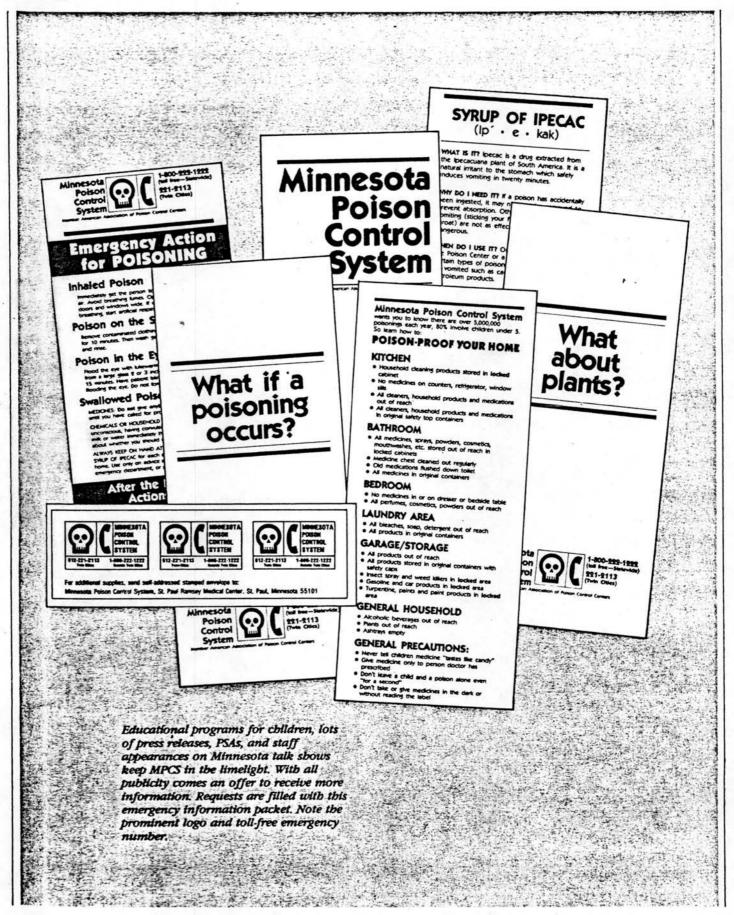
State poison office busy with callers

Backgrounder it was designated the key po



Within a two-week period, directors of the poison center were interviewed sixty times by the various media. To date, the MPCS bas occupied over 600 inches of newspaper space and about one-balf bour of broadcast time.





6A ☆

Wednesday, March 30, 1983

AWARE health plan rapped for leaving coverage 'gaps'

By Don Ahern Staff Writer

A St. Paul-Ramsey Medical Center administrator today said the recently announced Blue Cross and Blue Shield AWARE health plan has "serious gaps in its coverage of burn care and multiple trauma treatment."

The hospital, which contains the metropolitan-area Regional Burn Center, wants to become an AWARE-designated hospital, ac-

multiple trauma unit among several categories exempted from the AWARE average rate. They include open heart surgery, kidney transplants, spinal fusion, hemodialysis and others. Culbertson said the insurance carrier refused, leaving St. Paul-Ramsey little option but to decline to join the program.

Culbertson said St. Paul-Ramsey also objects to a stipulation in the program that AWARE covers emergency care at non-AWARE hospitals until the patient is "stabiman for Blue Cross and Blue Shield, said some of Culbertson's interpretations of the plan are inaccurate. "Ordinarily, on any emergency case a patient could be treated (at a non-AWARE hospital) without being moved. We would require that only for extended care in special circumstances. No way would we require a patient to be moved if it causes medical stress."

Dut Hashall admitted that he



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ST. PAUL-RAMSEY

Christopher C. Kuni, M.D., recently joined the full-time staff in the Department of Radiology. He was most recently chief of nuclear medicine at the Veterans Administration Medical Center in Denver, Colo., and assistant professor of radiology at the University of Colorado Health Sciences Center. He performs general diagnostic radiology services and supervises the nuclear medicine section. His residency was in anatomic pathology and radiology. He is board-certified in both diagnostic radiology and nuclear medicine and has authored several publications on the subject.

* * * * *

Room 10, for patients coming to the hospital's emergency room with severely life-threatening situations, recently reopened. Closed for remodeling since last October, Room 10 offers sophisticated new equipment to make it even more efficient in handling severely injured patients. It now has better lighting, a new operating table and an overhead x-ray machine. The newly installed equipment allows the surgery staff to perform many special procedures without moving patients from the operating room.

St. Paul Dispatch

We shall strive to report the news accurately and fairly and will express opinion leaving no doubt as to our position.

BERNARD H. RIDDER, 1883-1975

BERNARD H. RIDDER JR., Chairman THOMAS L. CARLIN, President/Publisher JOHN R. FINNEGAN, Vice President/Editor IDDER, 1883-1975
DAVID HALL, Executive Editor
W. F. CENTO, Managing Editor
RONALD D. CLARK, Editorial Page Editor

Changes at medical center

There's no longer any doubt that some drastic changes in the management of St. Paul-Ramsey Medical Center are coming. The only real questions are how drastic? and when?

Pressure for change began building a year ago with County Commissioner Hal Norgard leading the way. Mr. Norgard proposed that the county get out

Editorials

paying for construction of the center and also pay for care of welfare recipients and indigent patients. The total is close to \$7 million a year. Changes in federal and state social programs have had an impact on the hospital. More-



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Officials in Foley Minnesota are still baffled by a mysterious illness

an illness that prompted the closing of the towns elementary school

CLIENT St Paul Ramsey Me STATION OF KMSP TV

Tony

Burden

DATE 3/21/83 LENGTH 4:01

CLIENT SCRIPT St Paul Ramsey Medstanow'r

D 160

TIME

9:30 P.M.

She took son Danny and the rest of her children home today, Principal

LENGTH

SCRIPT D 160 TIME 9:30 P.M.

N

Enbloom

last Friday. Children there have complained of headaches and nosebleed Administrators there say they closed the school in order to give residents a little peace of mind while they ran some tests on the air quality. But today as the school reopened there are still no

clues and parents are still worried. Debbie Embloom has more. Parents may have had peace of mind last Friday when Foley elementary

Carl Berlin says the Twin Cities testing lab, Northern States Power Company and Braun Engineering have conducted tests for gas or pollutants in the air, but so far the results are negative. Traces of volitile solvents were detected in the air but amounts were determined too small to effect the children. Two doctors from the Occupational Health Department of the St Paul Ramsey Medical

Center were brought into the school today to interview students and

Enbloom was closed but today many parents were worried and came to the school to ask questions. - For 2 and a half months now dozens of

parents about symptoms.

Spokesman

Dr Johnson and Dr Gregg are going to be here we wanted to give them



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CriticalCare Bulletin

Diagnosis and Assessment of the Acutely Poisoned Patient

Richard L. Kingston, Pharm. D. Managing Director Minnesota Poison Control System St. Paul-Ramsey Medical Center

Kusum Saxena, M.D. A.B.M.T. Co-Medical Director Minnesota Poison Control System St. Paul-Ramsey Medical Center An estimated 5-8 million poisoning incidents occur annually in the United States. The major percentage of poisoning incidents occur in the pediatric population (71%). Greater than 95% of these pediatric exposures can be safely managed at home with appropriate Poison Control Center services. The remaining 5% of pediatric cases are referred to Medical Centers and physician's offices for assessment and treatment resulting in hospitalization of less than 1%.

The adult intentional poisoning results in a greater degree of morbidity and mortality. At St. Paul-Ramsey Medical Center, approximately 25% of admissions to the Medical Intensive Care Unit are for drug or poison related intoxications. Not all poisoned victims are immediately diagnosed. A delay in diagnosis increases morbidity and mortality. The clinician should consider poisoning in all of the following situations:

- Patient demonstrating any stage of coma
- 2. Sudden onset of sensorium changes
- 3. Abnormal or unusual behavior

- 4. Child abuse or neglect
- 5. Single car motor vehicle accidents
- Clinical presentation inconsistent with diagnosed disease process
- 7. Unexplained seizures

When evaluating patients with suspected poisoning, the clinician should keep in mind the following points:

- Early diagnosis and immediate treatment determines patient outcome.
- 2. Accidental poisoning is the norm for children under 5 years of age. Intentional poisoning is the norm for patients 6 years of age and
- Intentional poisonings involve two or more substances 66% of the time. Alcohol is the second substance 60% of the time.
- Concurrent medical illness and injury must be considered in all suspected poisoned victims (i.e., CNS trauma, drug withdrawal, diabetes mellitus, cardiovascular disease, meningitis and encephalitis).

continued

- 5. Although a complete history may not be readily available, a drug or toxic substance can be identified in 90% of poisoned patients.
- 6. Toxicology laboratory analysis is a valuable adjunct, but not always mandatory for initial care. Common intoxications where laboratory support is essential include:
 - a. salicylates
 - b. acetaminophen
 - c. iron
 - d. barbiturates
 - e. carbon monoxide
 - volatiles (ETOH, methanol, isopropyl alcohol)
 - theophylline
 - h. lithium
 - digoxin
- 7. Consider drug abuse, tolerance, and drug interactions.

When initiating treatment for poisoned victims consider the following:

- 1. Treat the patient not the poison. Stabilize and support vitals with conventional therapy.
- 2. Prevention of absorption
 - a. Emesis should be induced when indicated. Emetic of choice is Syrup of Ipecac.
 - b. Lavage should be carried out using a large bore tube (34-40 F) with prior nasal/endotrachael intubation.
- 3. Decontamination of eyes and skin should be carried out immediately when indicated. Use cool tap water for eyes and mild soap and water for skin.
- Activated charcoal is indicated in the majority of patients ingesting a poison.

- 5. Saline cathartics counteract the constipating effects of charcoal and enhance the elimination of poison from the Cl tract.
- 6. Enhanced systemic elimination using diuresis, pH manipulation, dialysis or pharmacologically activated excretion is used in select poisonings. Consult the Poison Center for indications and methodology.
- 7. Antidotes Few antidotes exist. Be familiar with the following agents:
 - a. Naloxone
 - b. Cyanide antidote kit
 - c. Atropine
 - d. Deferoxamine
 - e. Methylene blue
 - Alcohol
 - **OXYGEN** g. OXYGEN h. GLUCOSE

Toxicology evaluation involves knowing what clinical manifestations to expect with a given poison and what resources are available to facilitate patient care. The Minnesota Poison Control System located at St. Paul-Ramsey Medical Center provides emergency poison information 24-hours a day. Clinical toxicology staff members are on call at all times through the Center for professional consultation.

For a complete protocol on patient management contact:

Minnesota Poison Control System St. Paul-Ramsey Medical Center 640 Jackson Street St. Paul, Minnesota 55101 Twin Cities - 221-2113 Toll-free - 1-800-222-1222

References

Saxena, K., Kingston, R., Acute Poisoning. Postgraduate Medicine 71: 67-77, 1982

Lovejoy F. Jr., Priorities in poisoning. Emergency Medicine 11:1 265-277, 1979

Goldfrank L, Flomenbaum N., Weisman R., General Management of the Poisoned and Overdosed Patient. Hospital Physician 7/81

Critical Care Conference

CriticalCare Bulletin

The Critical Care Bulletin is published by the office of Emergency Medical & Critical Care Services, St. Paul-Ramsey Medical Center. 640 Jackson Street, St. Paul, Minnesota 55101 612-221-3991. S t. Paul-Ramsey Medical Center will hold a conference titled Treatment of the Critically III Patient: An Interdisciplinary Approach, June 9-11. The conference will cover practical aspects of trauma management and life support: updates in the management of specific problems; "hands on" specialty sessions in intravascular pressure monitoring and mechanical ventilation; and a laboratory session for physicians on common emergency surgical procedures.

T he course meets the criteria for a maximum of 16 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. It is also acceptable for a maximum of 16 prescribed hours by the American Academy of Family Physicians.

o register or for more information contact the St. Paul-Ramsey Office of Continuing Medical Education at 612-221-3992.



MAR 3 1 1953

Farm safety precautions benefit the entire family

ST. PAUL - Learning the basics - something as simple as how to shut off a motor - should be a safety must for even the younger members of a farm family.

Safety looms large in spring jobs such as pumping out manure pits and repairing machinery, too.

"Shutting down a motor at the right moment could save a life," according to Bob Aherin, safety program specialist with the University of Minnesota's Extension Service.

This kind of instruction should accompany each -piece of equipment.

"Know how to raise and lower the hydraulic system and how toshut off the power takeoff," Aherin said.

Panic is somthing to avoid in any crisis situation. Often it helps to imagine -- what if.

Have your family members run through a possible accident situation. Plan how you should react and what each person's responsibility would be. Have an emergency plan

Medical Center in St. Paul is the new state Poison Control Center. Call them toll free from out in the state at: 1-800-222-1222.

"Tell them the name of the poison, giving the brand and chemicals involved. This information should be on the label of the container. They may refer you to a local poison control center or they may want to contact your local poison treatment center.'

He emphasized the Center in St. Paul is the place to start. Its staff keeps up with the latest information and also could work with counties on educational programs.

Long hours of work added to physical and emotional strain often lead to farm accidents. If someone's job calls for working alone, as jobs often do, then someone should check on that person every half hour or hourly if he or she is out of sight.

Spring is probably the time when manure pits in livestock confinement systems will be pumped out,

Aherin noted. There are time binds of site Out

waste. Pit agitation is the time of greatest danger.

This is done only a few times each year, but it is when most human illnesses or death occur. Humans and animals should leave the building while agitation is in progress.

The building's ventilation system should have a built-in warning system to alert the farmer of ventilation failure. This is most likely to happen when the power fails. Animal deaths are most apt to occur during power outages, when the ventilation system fails and gases are allowed to build up in the building.

It is best to avoid entering a manure pit even if the pit has been emptied, because it still may be laoded with toxic gases which have driven out the oxygen.

Never smoke or allow any fire sources in the area of a manure pit. Methane could be present in just the right amounts to trigger an explosion or fire.

Keep one foot of space between



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Minnesota Poison Control System

Gives Emergency

The following article was contributed by the Minnesota Poison Control System (MPCS) staff to inform CHC members about the system and how it works. Co-Medical Director Sam Hall Jr., M.D., will speak at the CHC annual meeting in April. CHC encourages all of its members to keep MPCS phone numbers handy and to keep syrup of ipecac on hand.

Emergency! A poisoning has occurred! A 3-year-old is found drinking windshield washer solution in the garage. What should you do? Who should you call?

Help is as close as your telephone. Minnesota now has a statewide poison control system, available 24 hours a day, to assist with poison emergencies. Every resident of Minnesota should be aware of this important emergency phone service, how to use the service, and the other programs available through the Minnesota Poison Control System (MPCS).

Many people are not aware of the dimensions and seriousness of accidental and intentional poisonings. Even more importantly, people are not aware of the services available to assist in dealing with poison emergencies or that preventive information is available. Coordinated Health Care (CHC) and the Minnesota Poi-

Aid

son Control System (MPCS) are working together to inform each CHC member of this important service.

The Minnesota Poison Control System (MPCS) officially opened September 30, 1982. The most visible function is the phone service available to provide emergency information if a poisoning has occurred. In addition to the phone service, the MPCS is very

Minnesota Poison Control System



1-800-222-1222 (toll free-Statewide)

221-2113

active with education and poison prevention programs.

The MPCS has a 24-hour, 7-day-a-week phone service, staffed by pharmacists who are specially trained in the management of a poisoned patient. MPCS is under the direction of three toxicologists, two physicians, and one pharmacy doctor. The co-medical directors are: Samuel Hail Jr., M.D., and Kusum Saxena, M.D. Both Hall and Saxena are board certified in toxicology. The managing directions of the same of the same

tor of the program is Richard Kingston, Pharm. D.

MPCS has adopted the new poison logo of the American Association of Poison Control Centers, a skull next to a phone. This logo was designed to encourage people to call for assistance when a poisoning occurs. This logo has become the international symbol for poison awareness.

In addition to emergency poison information phone services, MPCS has made a major commitment to professional and public education. There are community poison awareness programs available for adults and school age and pre-school age children. These programs emphasize poison prevention and teach what should be done if a poisoning does occur. Printed materials and phone stickers are also available.

If you suspect a poisoning may have occurred, the poison center staff recommends you call the poison center immediately. Don't wait to see if the person develops symptoms. When you call the poison center, the poison information specialist will ask the caller many questions. This is necessary in order to get a clear picture of the situation. If you need to call the poison center, be prepared to answer the following questions: name, age, and weight

of person poisoned, phone number, what the poison is, how much poison is missing, when did this poisoning occur, is the person having any problems, and what first aid measures have been taken. The number to call in the Twin Cities is 221-2113. Outside the metro area, the toll-tree number is 1-800-222-1222.

The poison information specialist will determine if the situation is a serious poison exposure and if it warrants treatment in the home or in the emergency room.

In some cases, when a poison has been ingested and it is determined that the person's stomach should be emptied, syrup of ipecac is given to induce vomiting. Syrup of ipecac is a non-prescription, liquid drug that should be kept in every household in case the poison center or your physician should want it given in the home. Syrup of ipecae is available at CHC participating pharmacies. DO NOT ever give syrup of ipecae unless instructed to do so by the poison center or your physician. Many times it is noi necessary to induce vomiting, as in the case of a minor poisoning, and in some cases it would cause more harm to the person if vomiting were induced.

The syrup of ipecae that is available through CHC and MPCS has the MPCS phone number written on the label for easy reference.

Anyone interested in receiving the printed poison awareness materials and phone stickers may pick them up at her or his CHC clinic or send a stamped, self-addressed, business-size envelope to: Minnesota Poison Control System, St. Paul Ramsey Medical Center, 640 Jackson Street, St. Paul, MN 55101

MNA Clipping Bureau BONANZA VALLEY VOICE, BROOTEN

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Karen R. Thompson Pope County Extension Agent Karen's Korner

Family Communications

Good family communications is one of the guideposts of strong families. Why is this so and how can it happen? This will be the emphasis of a seminar to be held Wednesday, April 6 at First Lutheran Church in Morris.

"Strengthening Families ... Talking and Listening" is a family communications program to be held in Morris from 5:30 p.m. to 9:30 p.m. Cost for this program is \$5.00 per couple and \$3.00 for single. Registration forms are available at the Pope County Extension Office.

Ron Pitzer, Extension Family Life Specialist, University

tion for Poisoning," and "Poison-Proof Your Home." Write for these publications today.

- What if a Poisoning Occurs? 1. First of all, remain calm.
- . 2. Call the Poison Center (1-800-222-1222) or your physi-Have the following cian. information ready: age and sex of patient, your name and,, phone number, name of product, amount involved, time poisoning occurred, any symptoms.
- 3. The Poison Center or your physician will give you instructions on what to do next.
- 4. Be sure you know how to give first aid if a poisoning occurs. For further information, see our "Emergency Ac-

food containers.

- Never take drugs in front of children. They may imitate you.
- Never call medicine candy.
- 5. Use products with safety
- 6. Read and follow label directions on all products before using them.
- 7. Keep the phone number of the Poison Center attached to your telephone. Don't hesitate to call if you have a problem or a question.



"Be Prepared To Save Life" Is March Theme

Nineural eighty-two is the year that will be remembered for poisonings. Minnesota poison control system (MPCS) wants 1983 to be remembered as the year for preventing such tragedies.

Syrup of Ipecac is a drug extracted Ipecacuana plant of South America and is available without a prescription. It is a



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