

DPM NEWS

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MLREMS Awards

Peruse down to *page 7* and see if you know any of the 2022 MLREMS EMS Award winners! I'm sure they would appreciate an "attaboy" from you.

EZ-IO Battery Indicator?

Did you know EZ-IO drivers have a battery life indicator? I didn't! See where also on *page 7*.

Body Worn Cameras

If you haven't seen them on police officers at your EMS calls, you might not be paying attention. Answering some questions on BWCs on *page 8*.

We are well into the swing of summer with events, vacations, and trauma packing our schedules. There will be many large scale events we in EMS will be planning for throughout the summer and Jonathan Smith and I hope his article on *page 1* here discussing the PGA Championship at Oak Hill will help you with similar events in your jurisdiction. As always, if you have important information that would benefit the local EMS community consider sharing it here in the DPM News.

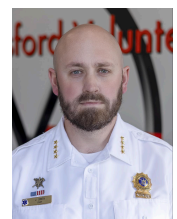
Also, a big congratulations to all of the 2022 MLREMS award winners!

Eric Rathfelder
Editor-In-Chief

Shooting for Par at the PGA Championship

Jonathan Smith EMT-P
Chief, Pittsford Volunteer Ambulance

For the majority of our EMS services, our business focuses on unscheduled, emergent responses. Hence, a majority of our structure and doctrine is based on readiness, preparedness, response and transport. A much smaller portion of our headspace is allocated to the scheduled, non-emergent work that often brings new opportunities, and unique challenges. Mass-gathering events fall in this category, providing an opportunity to put our profession and your agency on display, often while testing our capabilities and resilience. I suggest in this



case, different can be good.

Most recently Pittsford Volunteer Ambulance had the opportunity to lead the medical branch for the 2023 PGA Championship at Oak Hill Country Club. Over the course of the week-long event more than 198,000 spectators attended, with a peak daily attendance of more than 33,000 attendees on four of the seven days. EMS made an average of 25 medical responses each day, and in total the Medical Branch (EMS and First Aid) served 435 patients with various needs. An estimated 140 additional persons were assisted for non-medical customer-service-related causes. To accomplish this, my team at PVA, and our

exceptional EMS partners who assisted in providing service throughout the event committed an estimated 1,200 hours of planning and coordinated preparation, 450 hours of individual study and group training, and more than 2,100 service hours in direct service at the Championship event. The cumulative committed hours in preparation and on-course service is the equivalent of two full-time employees working for a full year – and this doesn't account for the Law Enforcement and Fire Service hours overlapping the same medical mission.

And to be clear, this was all in support of a few guys playing golf...

So it might seem like a logical step to now explore PHL Section 225, Volume A, Title 10 CRR-NY §18.1 – 18.6 ('Part 18' standards for Mass Public Gatherings) and review the intricacies and interpretive opportunities included within the NY Sanitary Code. I have the scars to prove this can be a dangerous exercise, even if only intended as a self-remedy for insomnia. Instead, I want to share some insight on the application of these statutes in practical terms, and how your organization can use a Part 18 event as an iterative process to strengthen your team's capabilities and resilience.



Start at the Ground Level

A vast majority of public gathering events are developed and coordinated by someone other than the local EMS service provider. Public gatherings are established with a purpose, and the EMS mission (in coordination with our public safety partners) is to ensure the health and safety of all who attend. We know the intentions and statutory expectations defined in Part 18 don't always naturally align with the social and political desires of the event, and we also know there are limitations to what level of service we can reasonably provide. Up front, there is a potential for problems.

Recognizing the potential for discordance, we need to be proactive. Develop a list of public events in your town, identify and confirm which meet Part 18 requirements, and share an overview of all known events with your team. Let your team know what to expect for each event; no matter the scope or purpose, some demand your attention and all have the potential to require your response. For all that meet the Part 18 threshold, make yourself a part of the planning process as early as possible. Your involvement should help event planners understand and include provisions to meet statutory expectations. You will identify some synergies, and also limitations such as resource availability, unreasonably high expectation for services, and the costs associated with meeting desired and required service levels (etc.). Use this discovery to guide planning discussions, so that realistic and achievable objectives are defined early in the process.



Empower Your Team

As noted above, our headspace is often focused to emergent, on-ambulance operations. Moving EMTs and Paramedics into an unusual operating environment introduces new challenges that must be solved before deployment. We frequently rely on providers who are accustomed to being unexpectedly dropped on a problem and asked to solve it with significant autonomy. A public event in your community is only different because it is expected; once you announce your agency will be serving a major event in your territory, your team will start thinking about what this means for them. This can be a very good thing.

Your opportunity is to take advantage of your team's strengths, and empower them to solve problems. Identify key stakeholders who will support the event (schedulers, logisticians, operations management, command and control personnel), and give them the details of the event you will serve. Share your objectives, concerns and limitations, and let the team recommend solutions. With this approach communication becomes very important. The whole team may not be involved in planning, but needs to know what your organization is doing as soon as appropriate. Let everyone know how you will manage the planning and execution phases of the event, and update everyone regularly as information evolves. Keeping everyone informed of your progress is essential to securing buy-in, while also avoiding freelancing and frustration.

Plans, Objectives, Training, and Successful Operational Autonomy

Planning should be a thought-exercise to elucidate challenges and potential solutions. We get into trouble when plans become a specified or highly-detailed order of operations that we intend to impose on a situation. This inevitably doesn't match the reality we experience, in large part because we can't control many variables we might want to. Each event is dynamic and our plans must be adaptive without compromising our objectives. Use the Part 18 requirements as a basis for your operational objectives, and expand as appropriate to meet the needs of the venue.

Consider how you can adapt your normal operating practice to meet your objectives, and do this as often as possible. Using known and familiar tools in an adaptive manner creates the lowest burden on your team, and improves their opportunity for success. New strategies may still be needed to supplement your normal operating practices, and feedback from your team will be invaluable.

After you've developed a broad plan for your event, and have defined the strategies you'll use to operate in this environment, you need to train your team. Everyone needs to know what the event will entail, the operating structure you will use, the realistic responses your crews will be asked to make, and the threat potentials that may disrupt your operation. Outline the operational objectives, how your strategies will be used to meet the objectives and your intents, how you will mitigate threats, and what autonomy or discretion crews have to address unique in-field issues. Take time to allow for discussion, and be ready to make changes when your team suggests superior alternatives. Armed with an understanding of the expectations of leadership, detailed collaborative plans, and the 'rules of engagement,' your crews will deliver superior results.

As you are building up your team, coordinate and integrate with all public safety partners you'll work with. Make sure you share a common understanding of the event hierarchy and objectives, your statutory obligations, and any intelligence or information you have on challenges and threats, and what EMS brings to the table. Share plans you'll use and identify the in-field autonomy (and limitations) your teams have, so your partners know what to expect. EMS is rarely the lead at a public gathering, so set realistic expectations for yourself and all of your partners. Be prepared to coordinate your team in support of the overall operation, and don't let a supporting role discourage you. Each operating environment has a pace and flow that is a unique baseline. Pay attention: when you feel like this baseline is disrupted, get in position to help your partners. In other sectors this is referred to as "looking for work." Because EMS has a unique mission and is often not in the lead role, we can partner available time / headspace with our operational acumen and empowered crews to quickly support our Fire and Law Enforcement colleagues while they execute their missions (and simultaneously achieve our objectives). I guarantee they will be happy to see you keeping pace as you stand with them, and will reciprocate when the time comes.

Finish Strong

When the event is finished, you still need to bring all of your people and your kit back to the station, sort it all out, debrief, and get everyone home. After you recover, you have two more tasks. First, gather feedback from everyone, and dump all of your notes and thoughts on paper for later reference. You'll notice some of this is immediately actionable to support your normal operating needs. Use the momentum from the event to carry these tasks to quick resolution. Second, take a moment to thank everyone who helped along the way. Remember way back at the beginning where you identified stakeholders to help you plan and execute? I guarantee the list of stakeholders has grown. Your opportunity in thanking everyone is to acknowledge personal and professional contributions, solidify the relationships you have built, and strengthen your capabilities and resilience in any environment.



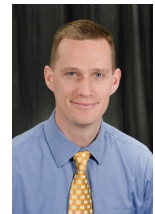
Which brings me back to PGA 2023. 2,100 hours of service sounds big, but hides the best part of what we experienced. Much more impactful is the coordination and flight hours put in by NYSP Technical Sergeant Zakris and Mercy Flight Central Director of Operations Scott Armstrong, who dedicated time and resources to ensure a multi-aircraft fly over of the venue in recognition US Military veterans, along with Law Enforcement and EMS professionals as part of the PGA HOPE Secretary's Cup event. And Lt. Andrew Soike, Assistant Fire Coordinator Derek Hardy, and Dr. Jeremy Cushman, who worked with us for over a year to develop and extensively train co-deployment of EMS and MCSO Deputies as a way to immediately confront in-field dynamic threats. Also Chief Frank Manzo from CHS, who volunteered weeks of time to support our operation in all ways possible. And the opportunity to coordinate with our special teams partners for use of drones to monitor and guide EMS responses in a crowd of 30,000 people (how often do we get to request a drone launch specifically for an EMS mission?).

Final point: these events are a lot of work, and the process can be daunting. Public gatherings can be very unfamiliar territory, both in terms of operating environment and statutory expectation. When you need help, remember there are many in our community that have experience. Reach out to your neighbors for advise and support, and undoubtedly you'll be surprised by all you receive. If I can be of assistance, reach out at your convenience.

Reporting of Child Abuse and Maltreatment

Jeremy Cushman MD, MS, EMT -P

All EMS Providers in New York State are considered mandated reporters in the setting of a concern for child abuse and/or maltreatment. Here are some important considerations and pearls when deciding when to, and subsequently reporting an event.



What proof do I need and do I need to report or will someone else?

Mandated reporting does not require proof of abuse/maltreatment occurring, just a reasonable suspicion that a child is in danger. Reporting to Child Protective Services (CPS) does not require patient, family, or caregiver consent. A report is expected to be filed by any mandated reporter witnessing or having reason to believe Child Abuse or Maltreatment has or is occurring. It is never acceptable to rely on the another entity (fire department, ambulance, law enforcement, or the emergency department) to make the report. Reporting concerns to another mandated reporter is never sufficient, the mandated reporter with the concern must make the report themselves.

What constitutes abuse or neglect?

Child Abuse - A child, less than 18 years of age whose parent or other person legally responsible for the child's care:

1. Inflicts or allows to be inflicted upon the child serious physical injury; or
2. Creates or allows to be created a substantial risk of physical injury; or
3. Commits sexual abuse against the child or allows sexual abuse to be committed.

Child Maltreatment - A child, under 18 years of age, is physically, mentally or emotionally impaired or in danger of becoming impaired as a result of the parent or other person legally responsible for their care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education, medical/surgical care, though financially able to do so or offered reasonable means to do so; or
2. In providing the child with proper supervision or guardianship; or
3. By unreasonable inflicting or allowing to be inflicted harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
4. By misusing a drug or drugs; or
5. By misusing alcoholic beverages to the extent that he loses self-control of his actions; or
6. By any other acts of a similarly serious nature requiring the aid of the Family Court; or
7. By abandoning the child.

How do I report?

A CPS Report must be made immediately by telephone and in writing within 48 hours after the encounter. To file the report, the lead provider must:

1. Call the 24 hour reporting number after completing all patient care: 1(800) 635-1522. Helpful information on reporting can be found at: <https://ocfs.ny.gov/publications/Pub1159/OCFS-Pub1159.pdf>
2. Complete NYS form LDSS-2221A <https://ocfs.ny.gov/forms/ldss/LDSS-2221/OCFS-LDSS-2221A.docx> within 48 hours and submit as directed by the mandated reporter hotline.
3. Attach the completed LDSS-2221A form to the medical record associated with the incident.

What do I say when I call CPS?

As mandated reporters, we are reporting our concern for abuse and/or maltreatment. When calling CPS, it's important to be clear what you are reporting and why. State the obvious as the person answering the call may not have specialized training. This may seem silly, but this is crucial. Start with "I am calling in this concern for abuse (or maltreatment)" and then provide specific details such as "this child appears to be suffering abuse because babies shouldn't have a bruise" or "the neglect shown by the parent by leaving out her THC gummies harmed the child because she needed care in the emergency department." The more explicit you can be about what your concern is and why, the better the CPS hotline can classify the report.

What if they say they are not assigning a case number or completing a report?

This does not mean you were incorrect in reporting. There are a number of factors that may have led to the CPS hotline classifying it in this way. You should still always call. For example, a CPS consideration for investigation may be whether the individual alleged to be perpetrating the abuse or neglect is legally responsible and/or in regular direct contact with the child. Concerns of child abuse, maltreatment, or neglect should always be reported to the Emergency Department Team in addition to filing a report with Child Protective Services – but this does not negate the importance of filing a report with CPS.

If the practitioner(s) remains highly concerned for the child's safety, and the CPS hotline is indicating that the concern does not rise to the level of a report, callers to the hotline can also ask for a review by a supervisor. That will likely need a second phone call or a call back, but if a person asks for a supervisor to review the call, they can then ask for that supervisor's ruling to be reviewed as well. Keep in mind, even if a case is not accepted by the hotline, they do usually create a police referral. Although there is often a large delay in when the police actually respond to the referral, this is another line of defense in followup for a case that may not meet specific criteria, but is still concerning by the caller.

MLREMS Award Winners

MLREMS PIER Committee

Congratulations to all of the deserving award winners this year and thank you to all who attended the very successful ceremony!

ALS Provider of the Year – **Jonathan Lindskoog & Dave Thomas**

BLS Provider of the Year – **Howard Smith**

EMS Communication Specialist of the Year – **Mark Deisenroth**

EMS Educator of Excellence – **LeeAnne Dann**

Physician of Excellence – **Jeremy Cushman, MD**

Harriet C. Weber EMS Leadership Award – **Jonathan Smith**

Paramedic Rookie of the Year – **Edwin Munoz**

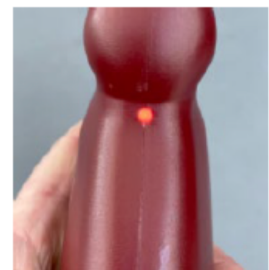
Excellence in EMS Quality and Safety – **Laura Cook**

EMS Agency of the Year – **American Medical Response - Rochester**

EZ-IO Driver Information

Jeremy Cushman MD, MS, EMT-P

I recently had an EZ-IO driver fail while working a code. Fortunately, I was able to obtain an IO via manual insertion without delay. Something I learned from this experience that I did not know during the past twenty years of using this device is that there is a light on the back of the handle that indicates the battery life. Green means good while flashing red means there is <10% battery life left. Depressing the trigger illuminates the light which is usually obscured by your hand (see photo).



Body Worn Cameras - Q&A

Eric Rathfelder MS, EMT-P, Police Sergeant



Does every law enforcement officer use a Body Worn Camera (BWC)?

No. In our region, the majority of large police departments such as the Rochester Police Department, the Monroe County Sheriff's Office, and the New York State Police utilize BWCs in some form. There are some agencies that do not. For agencies that do use them, it does not mean every individual who works there is issued one. For example, supervisors, investigators, or crime scene technicians might be sworn law enforcement officers but may not be issued or expected to use a BWC.

Is there a consistent policy or guideline for the use of BWCs across agencies? Do they all use the same device?

No. BWC policy is agency-dependent as is the choice of which manufacturer and model they use. For some agencies, the video management or storage system could play into their hardware choice.

Are BWC recordings governed by HIPAA?

No. In general, law enforcement agencies are not covered entities under HIPAA. Most agencies have policies related to maintaining confidentiality of sensitive material but not based upon HIPAA. In fact, there are competing interests between providing transparency to the public and maintaining confidentiality for citizens. BWC footage is usually available upon request via the Freedom of Information Law (FOIL) and will be published online for public access after appropriate redactions are made. These redactions could include blurring faces, muting voices, or blurring exceptionally graphic injuries. It is very important for EMS providers to understand that their words and actions while in the presence of a law enforcement officer wearing a BWC could be evidence for court proceedings or published on YouTube several months later if the incident is subject to a FOIL request.

Are BWCs always recording?

Sometimes. How BWCs are activated depends on the camera model and in what situations their use is required depends on an agency's policy. Typically, recording is initiated by pressing a button on the camera. There is technology on some cameras that initiates a recording based on a trigger such as: the officer's firearm or TASER is removed from its holster or the police car's emergency lights are activated. Many BWCs are continuously buffering, meaning the camera is recording (often without audio) continuously, preserving the previous 30 seconds (or some defined length of time) of video at the time the camera was manually triggered to record. There isn't an industry standard indicator for when a camera is recording so some cameras may have a red LED, some a green LED, some a periodic beep or vibration, and most have a feature where the LED can be turned off entirely for officer safety purposes. If you want to know if a camera is recording the best thing to do is ask the officer to whom the camera is attached.