

April Fools



Day



April Fools Origins

A ticket to "Washing the Lions" in London. Precursors of April Fools' Day include the Roman festival of Hilaria, held March 25, and the Medieval Feast of Fools, held December 28, a day on which pranks are played in Spanish-speaking countries.

In Chaucer's *Canterbury Tales* (1392), the "Nun's Priest's Tale" is set *Syn March bigan thritty dayes and two*. Modern scholars believe that there is a copying error in the extant manuscripts and that Chaucer actually wrote, *Syn March was gone*. Thus, the passage originally meant 32 days after April, i.e. May 2, the anniversary of the engagement of King Richard II of England to Anne of Bohemia, which took place in 1381. Readers apparently misunderstood this line to mean "March 32", i.e. April 1. In Chaucer's tale, the vain cock Chauntecleer is tricked by a fox.

In 1508, French poet Eloy d'Amerval referred to a *poisson d'avril* (April fool, literally "April fish"), a possible reference to the holiday. In 1539, Flemish poet Eduard de Dene wrote of a nobleman who sent his servants on foolish errands on April 1. In 1686, John Aubrey referred to the holiday as "Fooles holy day", the first British reference. On April 1, 1698, several people were tricked into going to the Tower of London to "see the Lions washed".

In the Middle Ages, up until the late 18th century, New Year's Day was celebrated on March 25 (Feast of the Annunciation) in most European towns. In some areas of France, New Year's was a week-long holiday ending on April 1. Many writers suggest that April Fools originated because those who celebrated on January 1 made fun of those who celebrated on other dates. The use of January 1 as New Year's Day was common in France by the mid-16th century, and this date was adopted officially in 1564 by the Edict of Roussillon.

Other prank days in the world

Iranians play jokes on each other on the 13th day of the Persian new year (Nowruz) (now means new and ruz means day), which falls on April 1 or April 2. This day, celebrated as far back as 536 BC, is called Sizdah Bedar and is the oldest prank-tradition in the world still alive today; this fact has led many to believe that April Fools' Day has its origins in this tradition.

The April 1 tradition in France, Romandy and French-speaking Canada includes poisson d'avril (literally "April's fish"), attempting to attach a paper fish to the victim's back without being noticed. This is also widespread in other nations, such as Italy, where the term Pesce d'aprile (literally "April's fish") is also used to refer to any jokes done during the day. This custom also exists in certain areas of Belgium, including the province of Antwerp. The Flemish tradition is for children to lock out their parents or teachers, only letting them in if they promise to bring treats the same evening or the next day.

Under the Joseon dynasty of Korea, the royal family and courtiers were allowed to lie and fool each other, regardless of their hierarchy, on the first snowy day of the year. They would stuff snow inside bowls and send it to the victim of the prank with fake excuses. The recipient of the snow was thought to be a loser in the game and had to grant a wish of the sender. Because pranks were not deliberately planned, they were harmless and were often done as benevolence towards royal servants.^[citation needed]

In Scotland, April Fools' Day is traditionally called Hunt-the-Gowk Day ("gowk" is Scots for a cuckoo or a foolish person), although this name has fallen into disuse. The traditional prank is to ask someone to deliver a sealed message requesting help of some sort. In fact, the message reads "Dinna laugh, dinna smile. Hunt the gowk another mile". The recipient, upon reading it, will explain he can only help if he first contacts another person, and sends the victim to this person with an identical message, with the same result.

In Spain and Ibero-America, an equivalent date is December 28, Christian day of celebration of the "Day of the Holy Innocents". The Christian celebration is a holiday in its own right, a religious one, but the tradition of pranks is not, though the latter is observed yearly. After somebody plays a joke or a prank on somebody else, the joker usually cries out, in some regions of Ibero-America: "*Inocente palomita que te dejaste engañar*" ("You innocent little dove that let yourself be fooled"). In Mexico, the phrase is "*Inocente Para Siempre!*" which means "Innocent Forever!". In Spain, it is common to say just "*Inocente!*" (which in Spanish can mean "Innocent!", but also "Gullible!"). Nevertheless, on the Spanish island of Minorca, "*Dia d'enganyar*" ("Fooling day") is celebrated on April 1 because Menorca was a British possession during part of the 18th century.

WILLIAM FROEHLICH 30



Dear Members;

I would like to start out by thanking the membership for another great month. We saw March send fewer obstacles our way versus previous months, but we have seen the return of multiple alarms in a short amount of time. I ask that you all keep up the great work, and continue to listen up.

Secondly, I would like to thank Jen and Tim Davis for the help that they lent during the St. Patrick's Day parade. The corned beef was cooked to perfection, and I think that everyone enjoyed themselves to the utmost. For all of those who marched, I must say, you all looked great. We had a total of 40 members marching this year, and we were able to staff the four ambulances, Chief's Truck, ALS responder and of course "the Herc." It was a great day with lots of camaraderie, food and of course, friendships.

There are a few things that need to be addressed, that have come up over the past few weeks. One of the major issues that we have been struggling with is the topic of Social Networking. We all know that social media's such as twitter and face book, keep everyone connected though out the world. Unfortunately in our line of business, there are limitations as to what can and CAN NOT be posted. The Board of Directors recently sent out an email reminding all members of their responsibilities, as well as attaching a copy of the SOP that was approved by the Chief's Office last year in regards to Social Media/Networking. For those of you that may not have received this email, I have taken the liberty of posting a copy of the SOP in this newsletter. Please take the time to review the policy and adhere to it. Disciplinary action will be taken as necessary.

Another issue which as embattled our hallways for some time has been the constant "speaking out of line" syndrome. Understandably, not everybody will agree with the decisions that are made on a daily basis, and which are made on the best interest of the organization. But just because you disagree with a decision that the officers (including the Board of Directors) makes, doesn't mean that you speak your displeasure to other members. In the event that someone disagrees with what decisions are made, or how they are made, we (as officers) ask that you come to us. We will be more than happy to sit down and explain the reasons as necessary. We have always had an "open door" policy, and we will continue to have such.

PCR's: We are starting to get things together in regards to the PCR's, including proper numbering, and complete reports. There are several of you that are starting to become "repeat" offenders when it comes to not handing in your PCR's on a timely basis. It has always been a standing rule that the PCR should be completed before it is signed by the hospital, and should be completely filled out by the time you return to HQ. At that time, the run number is put on the sheet (if not received prior to) and the PCR is dropped in the box. Please make sure that all PCR's are dropped by the END OF YOUR TOUR. There is no reason for the PCR committee to be tracking down personnel that do not adhere to this. A PCR must be done for the following situations:

- All Calls dispatched to BSBRA, regardless if we transport or not. This includes, but is not limited to: Fires, Medical Emergencies, Traumas, Cancellations, transports, and RMA's.

Please make sure that a PCR is written, regardless. Even cancellations or RMA's can be called into the court setting.

Finally just as a simple reminder, there is NO EATING OR DRINKING IN THE DISPATCH OFFICE. NO EXCEPTIONS WILL BE MADE. Should you be in violation, disciplinary action will be taken. This stems from the recent spillage of coffee into the PCR box, which affected approximately 50 different PCR's.

All in all, this membership has been doing a great job getting the calls out and keeping crews in house. As officers, we ask that you keep the great job up, and never lose sight of what you are here for, and why you joined.

Respectfully, Bill Froehlich Chief of Department @ BSBRA

Social Media Policy Review

Please let this message serve as a reinforcement of our current department's social media policy. This policy was put forth by our Chiefs Office in May of 2012. It can be found on our web-sight but is also attached to this email.

Under NO circumstance should Protected Patient information be disclosed on Facebook or any other social medial platform.

Protected patient information includes ANY patient identifiers or detailed information regarding a call. This is a HIPPA violation and opens up significant legal ramifications for both the provider and for our agency. This will not be tolerated, and if a HIPPA complaint is made the BOD will not take it lightly.

In addition, Facebook is not an appropriate place to broadcast department politics or internal affairs. While it is understood that these webpages are personal pages of our membership, please always hold our department's image in a positive light. BSBRA has a vast process of checks and balances when dealing with the Media and our reputation is something we do not hold lightly. We ask you to do the same before posting something detrimental to the best image of our organization. While everyone is entitled to their own opinion and viewpoints, it is NEVER necessary it share internal affairs on a public web sight. By partaking in these activities, it simply discredits the hard work of every single member of our organization. This goes for both our volunteers and our paid staff.

Please read the following pages.

**SOCIAL NETWORKING, PRIVACY, PUBLIC DEMEANOR, INFORMATION REQUESTS,
PUBLIC ENGAGEMENTS**

Purpose: maintain the integrity of the Company and provide Members with guidelines for conducting themselves in a professional, courteous manner when dealing with individuals and organizations outside the Company. To ensure all members follow and adhere to the HIPPA laws governing health care confidentiality of information, privacy of sensitive information and the process for requesting information.

Policy:

A. Demeanor

1. Members are cautioned that speech on or off BSBRA time, made pursuant to official duties (professional duties and responsibilities) is not protected speech under the First Amendment. In accordance with established case law, negative comments on the internal operations of the Company, or specific conduct of supervisors or peers that impacts the public perception of the Company is not protected First Amendment speech and may form the basis for discipline if deemed detrimental to the Company.
2. Members shall not post, transmit or otherwise disseminate any information to which they have access as a result of their membership with BSBRA without permission from the Chief.
3. The personal conduct of each Member is the primary factor in promoting public trust, relations and respect. In the discharge of their duties, Members should be courteous, firm, patient, and exercise common sense. Members shall perform their duties in an efficient, professional, honest and businesslike manner.
4. Chiefs, Board of Directors and Officers shall lead by example and shall instruct subordinates in proper conduct and demeanor in dealing with the public.
5. Members shall avoid behavior that may result in adverse criticism of themselves and BSBRA. A Member's conduct, whether on, or off the ambulance, property, time, shall merit the confidence and respect of everyone with whom they come in contact.
6. Members shall answer Company telephones in a prompt and clear manner, stating, "Bay Shore Brightwaters Rescue Ambulance", and identifying by stating Members (surname).
7. When making outgoing calls, Members shall identify themselves by announcing their surname, and Bay Shore Brightwaters Rescue Ambulance.

B. Information Requests

1. Members shall give their full name and badge number to any person who requests such information.
2. Prompt, courteous, and considerate attention shall be given to every person making an inquiry, seeking information or patients, whether in person, by telephone, or by mail.
3. Members shall treat all BSBRA information as confidential, unless authorized by the Standard Operation Procedures, By-Laws of the Company, a Supervisor, applicable law. They shall not give interviews or publish or provide any information relating to the BSBRA unless authorized under the above circumstances.
4. A Member receiving communications directly from the public concerning the BSBRA shall immediately forward them to the Chief or the President of the Board of Directors.

C. Public Engagements

1. A Member who wishes to address any organization or group regarding BSBRA business shall submit a written notification to the Chief for approval. Such notification shall include the following:
 - a. Identity, address, telephone number, a general description of the business of the organization or group, and the size of the expected audience.
 - b. Copy of the speech, script, and other data to be used or distributed.
 - c. Date, time, and location of the meeting.
2. The Chief will review the above information in a timely manner and notify the Member of any concerns. The Member will be given the opportunity to address the concerns of the Chief. Upon approval, the Member may address the organization; however, the content of the Member's presentation shall be limited to the subjects stipulated.

D. Internet and Social Networking

1. Except in the performance of authorized duty, the use of company phones, computers or other electronic devices to access social networking sites (Facebook, MySpace, Twitter, etc.), blogs or bulletin boards, is prohibited.
2. Members shall not post, transmit, reproduce, and/or disseminate information (text, pictures, video, audio, etc.) to the internet or any other forum (public or private) that would tend to discredit or reflect unfavorably upon the BSBRA or any of the Company's employees or volunteer members.
3. Members should assume that their speech and related activity on social media sites reflects on their membership and the BSBRA. Engaging in prohibited speech as noted in this Section may provide grounds for undermining or impeaching a members testimony in any legal proceedings, reputation as a certified health care provider or as a member of the Company. In particular, Members are prohibited from the following:
4. Speech containing obscene or sexually explicit language, images, or acts and statements or other forms of speech that ridicule, malign, disparage, or otherwise express bias against any race, any religion, or any other protected class of individuals.
5. Speech involving the Member or other agencies personnel reflecting behavior that would reasonable be considered reckless or irresponsible.
6. Speech which could bring the BSBRA into disrepute or which impairs the mission of the BSBRA and/or the ability of Companies personnel to perform their duties.
7. Members who have personal web pages, memberships with social networking web sites or other types of internet postings, which can be accessed by the public, shall not identify themselves directly or indirectly as an employee, member or membership status of the BSBRA and engage in any type of speech, expression, or communication as prohibited in this Section and outlined in the HIPPA "Standards for Privacy of Individually Identifiable Health Information."
8. For safety and security reasons, Members are cautioned not to disclose their employment or membership status with the BSBRA and shall not post information pertaining to any other Member without the Member's permissions.
9. Members should be aware that they may be subject to civil litigation for:
 - a. Publishing or posting false information that harms the reputation of another person, group or organization (defamation).
 - b. Publishing or posting private facts and personal information about someone without their permission that has not been previously revealed to the public, is not of legitimate public concern, and would be offensive to a reasonable person.
 - c. Using someone else's name, likeness, or other personal attributes without that persons permission for an exploitative purpose.
 - d. Publishing the creative work of another, trademarks, or certain confidential business information without the permission of the owner.
10. Members should expect that any information created, transmitted, downloaded, exchanged, or discussed in a public online forum may be accessed by BSBRA at any time without prior notice or approval.

11. Any Member becoming aware of or having knowledge of a posting or of any website or web page in violation of any provision of this Section shall notify the Chief without delay by emailing 324chiefs@bsbra.org for follow-up actions.

D. Reasonable safeguards for individuals' health information:

1. Members must speak quietly when discussing a patient's condition with family members in any waiting room, apartment, residence, street or other public area;
2. By avoiding using patients' names and pedigree information in the BSBRA buildings, vehicles, public hallways, and elevators, and by posting signs to remind employees and volunteers to protect patient confidentiality;
3. By isolating or locking file cabinets or records rooms; or
4. By providing additional security, such as passwords, on computers maintaining personal information.
5. Members are advised that all Pre-hospital Care Reports and any forms, documents that contain patient information, names, addresses, pedigree information or medical conditions are to be placed into the secured "PCR Box" located at the Dispatchers Room directly after completing a call. No member shall remove any PCR or documents with patient's information out of the "PCR Box" without the approval of the Chief.
6. All Pre-hospital Care Reports and all documents containing patient information used for quality assurance, training, or issued to outside agencies for training of new EMS providers will have the patient's personal information and crew members information covered to make unreadable and unable to be identified. Stamped on the documents will be an explanation "QA/AI Purposes Only".

E. Privacy rules to be followed:

1. Disclosures of a patients name or address are prohibited without the permission of the Chief.
2. Disclosures of a patients date of birth is prohibited without the permission of the Chief.
3. Disclosures of information that could lead someone to identity, address or location of a call is prohibited without the permission of the Chief.
4. Disclosures of a patients medical condition, prior medical history is prohibited without the permission of the Chief unless transferring care of a patient to a hospital or another certified EMS provider. Members should use discretion when broadcasting a hospital presentation over the radio not to disclose communicable diseases such as AIDS, HIV, etc.
5. Forwarding BSBRA or FRES text pages containing call information, emails or correspondence containing sensitive information are prohibited without the permission of the Chief.
6. Making copies or duplication of Pre-hospital Care Reports or any documents containing patient pedigree information is prohibited without the permission of the Chief.
7. Disclosures of quality assurance reports, documents, emails and correspondences are prohibited unless approved by the Chief.

F. Exceptions to the privacy rule:

1. Disclosures that are required by law
2. Disclosures related to public health
3. Disclosures for health oversight activities
4. Disclosures for specialized government functions
5. Reports to government agencies of abuse, neglect or domestic violence
6. Disclosures made to law enforcement
7. Disclosures made for judicial and administrative proceedings
8. Disclosures made to avert imminent threat to health or safety of a person or public
9. Disclosures for Worker's Compensation
10. Disclosures for organ donation or transplantation
11. Disclosures to coroners and medical examiners

NOAH FISCH 32



Hello Members

Great Job getting all the calls out.

Please remember to stay on top of your certifications. If you are close to expiring CPR, you are able to take a refresher. If you have already expired, you need to take an original class.

Please approach me if you have any training requests.

If you would like to go over your precepts or CME paperwork, please contact me.

Noah Fisch 2nd assistant chief @ BSBRA

APRIL 2013'S CALENDAR

GENERAL MEETING

All Members

Mon. Apr. 1st 2013 HQ @ 2000 hours

CME Training "Subject TBA"

Jim Guilliland

Wed. Apr. 17th 2013 HQ @ 1900 hours

CME Training "Subject TBA"

Jim Guilliland

Sun. Apr. 14th 2013 HQ @ 1200 hours

DEFENSIVE DRIVING CLASS

Sun. Apr. 21st 2013 HQ @ 0830-1500 hours

OTHER TRAINING

for future trainings please click [HERE](#)

Description - EMS providers arriving first on the scene of an incident occasionally are encountered with a scenario different from the dispatch information received. Arriving on a scene and recognizing that the situation is beyond your scope or exceeds your capabilities can happen on every alarm. Through scenario based discussion, this program will offer tools for evaluating your available resources and assist you in formulating a plan to utilize them when appropriate.

About the Instructor:

Nicholas Barbu is a former member of Franklin Pierce University EMS in Rindge, NH serving 3 of his 4 years of undergraduate time as Chief of Department. Nick is currently a Paramedic, Firefighter and a Lieutenant for the Dix Hills Fire Department on Long Island, NY and a Medical Specialist on Suffolk County's Urban Search and Rescue Task Force 1.

DRILL @ SOUTH COUNTRY

South country ambulance will be holding a drill on April 19. The drill will commence at 1900 hrs. They are looking for a crew in an ambulance to participate in the drill. If you're interested and able, please contact me as soon as possible so I can contact South country.

CAPTAIN'S CORNER

Sunday

[#54] By Felix Rodriguez * Cell: (631) 872-7432 * E-mail:vrodriguez@bsbra.org

Monday

[#51] By Michele Virga * Cell: (631) 872-7432 * E-mail:mvirga@bsbra.org

Tuesday

[#53] By Kerri Pacchetti * Cell: (631) 872-7432 * E-mail:kpacchetti@bsbra.org

Wednesday

[#55] By Brian Stevens * Cell: (631) 682-7432 * E-mail:bstevens@bsbra.org

Thursday

[#56] By Charles Chapman * Cell: (631) 872-8150 * E-mail:cchapman@bsbra.org

Friday

[#52] By Alex Mullin * Cell: (631) 872-8152 * E-mail:amullin@bsbra.org

Saturday

[#50] By Schuyler Gazzo * Cell: (631) 374-9240 * E-mail:sgazzo@bsbra.org

NO BIRTHDAY SUBMITTERS

BSBRA NOTES

To All Members:

Due to the amount of use of the new copier machine, the Chiefs and the BOD have decided to allow all members to the machine by assigning unique codes to each member. These codes are currently up and running and all members are asked to try your code and ensure that things are working properly. The code 11706 has been permanently disabled. For the code, each member can now use the LAST FOUR DIGITS OF YOUR SSN.

All members are highly advised to not give this number out to ANYONE, nor allow anyone to use your code. This is unique to you and you alone. Should anyone have any questions, please contact a Chief or a BOD.

Respectfully,

GOOD & WELFARE



The Officers regret to announce the passing of:

Austin Eckhoff's father, Steve

Our condolences go out to Tex and his entire family.

Please make sure you update your phone, address and beneficiary forms if you haven't done so already

DISPATCH OFFICE

To All,

Due to someone's accidental spillage of coffee in the PCR box, resulting in about 45 different PCR's with coffee stains on them, it is necessary to take to following course of action.

From this point forward, there will be absolutely NO DRINKING OR EATING in the dispatch office.

THERE IS NO EXCEPTIONS TO THIS RULE.

I must remind everyone that PCR's are legal documents that are sometimes seen by Lawyers, Courts and Judges. It is not professional for us to provide these documents in which have been coffee stained and for all intense purposes, ruined.

Should there be any question on this matter, please contact a Chief.

On behalf of the Chief's Office, Bill Froehlich

LOSAP COMMITTEE

Be sure all of your hours are written on the correct timecard. If you write your hours on a card for an old month, you will not receive LOSAP or Eligibility credit for the hours in the current month. (Example: If you write 6 hours for April 1st on the March timecard, you will not get credit for those hours in April.) It is your responsibility to remember to transfer those hours onto the new timecard when it is available.

ALL committees are to use a sign-in sheet for every committee meeting held. LOSAP will not allow us to take the information from the backs of timecards. It is acceptable for very small committees to use a monthly sign-in sheet, listing the name and date that each member contributed, but you must have one month per sheet. The time-sheets insure that all members receive LOSAP points for their time.

The same sign-in sheet requirement goes for all ambulance-related events: fundraising events, stand-by's, drills, parades, community events, trainings, etc. If there is no sign-in sheet, LOSAP will not allow us to award points to you. The only sign-in exception is EMT training. Points for EMT training can only be awarded when a copy of your new card is presented to the Board of Directors for the LOSAP committee.

If you have any questions, please call Chris at (631) 831-6678, or Barbara at (631) 921-4481

ELIGIBILITY COMMITTEE

Eligibility as of March 14, 2013

If you do not see your name and believe you should be eligible contact a Chief

Suzanne Abrams	Nat Bialek	Joanne Capuano
Jenn Davis	Christine Flick	Stan Haber
Peter Klopsis	Debbie Martino	George Mayott
Bonita Mulqueen	Richard Veraldo	Estela Windsor
Linda Woods	Patrick Ayers	Christine Brosnahan
Jessica Callard	Christopher Caruso	Charles Chapman
Shivannah Chiatar	Rich Ciabattari	Amy Cooper
Brian Dalba	Robert Dean	Arthur Dejess
Bryan Dufour	Noah Fisch	Steve Fishman
Charles Flood	Alex Froehlich	Bill Froehlich
Schuyler Gazzo	Chris Guszack	Gerald Guszack
Courtney Haubrich	Beth Haubrich	Karyn Haynes
Douglas Hefter	John Henriques	Tania Herrington
Jason Hoffman	Laurie Hughes	Jared Kelbick
April Kunz	David Kwok	Stacy Marchione
John Martinez	Morgan Matthews	John Mileski
Emily Mongan	Alex Mullin	Kerri Paoletti
Matt Phillips	Tim Preisinger	Jacqueline Pysock
Pauline Restrepo	Felix Rodriguez	Daniel Rollero
AJ Seymour	Raymi Smith	Brian Stevens
Doug Tenhoopen	Michele Virga	Victoria Weis
Joe Kwok	Al Manzella	Lyn Taormina
Christi Timmers	Gerard Corsini	Eric Horn
Luis Sanchez		

70 Members



DOH
New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT
Supersedes/Updates: 09-13

No. 13 - 04

Date: March 15, 2013

**Re: Alternative
Medication Formulary For
Prehospital Drug
Shortages**

Page 1 of 8

BACKGROUND

Drug shortages, including controlled substances, are occurring frequently. Drug shortages can adversely affect patient care and may result in medication errors. According to the American Society of Health-System Pharmacists (ASHP) Guidelines on Managing Drug Product Shortages in Hospitals and Health Systems (8/1/09), pharmacy departments must take a leadership role in efforts to develop and implement appropriate strategies and processes for informing practitioners of shortages and ensuring the safe and effective use of therapeutic alternatives. EMS agencies that have contracts or MOUs with a hospital pharmacy, are considered “practitioners” and therefore should be notified by the pharmacy.

The main sources to use for the most up to date information should be your pharmacy or medication vendor as well as the Federal Drug Administration (FDA). The FDA has a web site that contains the most current information on national drug shortages. The web site is: <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm>

Planning for any type of drug shortage can be divided into three phases: identification and assessment, preparation, and contingency.

1. Identification and Assessment

Assessment requires a critical evaluation of the current situation and the potential effect the shortage may have on the healthcare system. For patients whose treatment depends on the unavailable drug product must have alternative therapies identified. EMS agencies should review their past patient data to determine the needs for their community.

2. Preparation

EMS agencies should first review their current medication inventory policies to determine if changes to those policies need to be made. For example, only stocking first line EMS units with medications and assuring those units that are out-of-service or not used for primary emergency response are not carrying any medications that may be in short supply. Sub-stocks of medications should be reviewed to determine the need for the amounts of medications in the sub-stock.



Bay Shore Union Free School District
OFFICE OF SCHOOL-COMMUNITY SERVICES
75 WEST PERKAL STREET, BAY SHORE, NEW YORK, 11706
Phone (631) 968-1251 Fax (631) 968-1298

Dr. Edmund R. Frazier
Interim Superintendent of Schools

March 14, 2013

Bay Shore Rescue Ambulance
911 Aletta Place
Bay Shore, NY 11706

Dear Mr. Bialek,

Congratulations! The Bay Shore Rescue Ambulance has been nominated as an organization who helped make a difference in the Bay Shore community after Sandy, either through outreach, financial support or volunteerism. We received many nominations and were very impressed with yours.

We are proud to announce that your organization will be acknowledged at the Annual Bay Shore-Brightwaters Community Summit, to be held on **April 11th at 7:00pm** in the High School auditorium. An award for your service to the Bay Shore community will also be presented at a ceremony to be announced.

Please RSVP by April 1st that you or a member of your group will be attending this year's community Summit by calling Sonia Bonilla at 968-1252. Also, please send a high resolution jpeg photo of yourself or your group as soon as possible to sbonilla@bayshoreschools.org with the subject line "Photo-Sandy Volunteer."

Thank you for volunteering your time to help those in need when they most needed you. We look forward to honoring you.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri Muuss". The signature is fluid and cursive, with a large initial "T" and "M".

Terri Muuss

Communications Coordinator

TRAUMA ALERT

Hello all,

Last night we hosted a CME on Trauma. The CME was lead by Dr. Richard Bagdonas who is a member of the new trauma service at Southside Hospital. Several items were discussed that we believe are important to share. Southside Hospital initiated a 24/7 "In House" trauma service in January 2013. They now have an in house trauma surgeon at all times and have upgraded procedures and equipment to handle more serious trauma patients. These resources are in place to help Southside Hospital achieve a NYS Level 1 Trauma Center designation in the near future.

Our Role

The trauma team is placing a large emphasis on EMS. We observe the scene and determine the mechanism of injury. Any information you can provide to the trauma team is valuable. Your observations can help direct the team on where to begin in their search for underlying injuries. *The trauma team will be activated based on your notification over the 800mhz "Hospital South" radio!*

What should we tell the hospital?

Call Southside Hospital over the "Hospital South" radio and start your notification with the words "**TRAUMA ALERT.**" This phrase will catch the ear of the ER staff, who will then activate the trauma team and prepare for your arrival.

What is the criteria?

Suffolk County EMS lists significant mechanism of injury as the following:

- Fall of greater than (>) twenty (20) feet (adult), or greater than (>) ten (10) feet or 2-3 times the height of the patient (child).
 - Survivor of a vehicle crash where an occupant of the same vehicle passenger compartment died.
 - Patient ejected or partially ejected from a vehicle.
 - Extended vehicle extrication
 - MVA resulting in greater than or equal to twelve (≥ 12) inches of intrusion into the passenger compartment at occupant site, or greater than (>) eighteen (18) inches any site.
 - Motorcycle crash greater than (>) twenty (20) mph.
- *Special Considerations should include elderly patients and patients on blood thinner medications.
*Vital signs indicating "shock" should also be considered.
Poor patient appearance or "a bad feeling" about the patient's condition is enough to request the trauma team! They would rather be told to "stand down" than to miss a case.

What happens when I say "Trauma Alert"?

While it's important to be assertive and "follow your instinct" and request the trauma team, we need to be aware of what happens behind the scenes.

The ER will activate the trauma team to respond based on your patient presentation. The trauma surgeon and staff will respond to the ER. The CT Scanner will be shut down and reserved for the patient. The Blood Bank will prepare a large amount of blood. Operating & ICU rooms will be cleared. The ER staff, who is notoriously swamped, will prepare for your arrival.

So, we need to be confident in our observations before we call a "Trauma Alert" over the radio. It's alright to make a request and have it turn out to be minor, but let's not make a habit of "crying wolf."

"Trauma is a concept, not a room"

Dr. Bagdonas stressed this during his lecture. You may not always be directed into the Trauma Room after requesting a "Trauma Alert." Due to obvious space limitations, the staff may direct you into one of the rooms in the main ER. This is OK as long as the trauma team was activated.

Summary

- Southside now has an in-house trauma surgeon 24/7 and the facility can handle more seriously injured patients.
- Start your radio notification with the phrase "**TRAUMA ALERT**" if you feel the patient requires advanced trauma services (injury mechanism, severe injury, etc.)
- The ER staff will activate the trauma team based on your hospital presentation.

Please notify the Chiefs if you have an issue where you called for a trauma notification and the trauma team wasn't activated. Understand that the ER staff is extremely busy, but are instructed to activate the trauma team based on your notification if done properly. We will refer all incidents to Southside Hospital's trauma services for review.

Thank you, Jamie, Chris, & James



**Free smoking support group for
Firefighters, Law Enforcement, EMS
Providers and their families**



Quitting Smoking is Possible!

North Shore-LIJ Center for Tobacco Control Can Help

**Spring Group Series Is Being Held On Monday
Evening
5pm-6pm
For Six Consecutive Weeks**

April 1, 2013

April 22, 2013

April 8, 2013**

April 29, 2013

April 15, 2013

May 6, 2013**



**Location: Southside Hospital
301 East Main Street
Bay Shore, NY 11706
Board Room 2 (first floor)**

****Location for these dates is the Library Conference Room A**

Free Nicotine Replacement for participants

For free registration call (631) 968-3587



Center for Tobacco Control
225 Community Drive (South Entrance)
Great Neck, NY 11021



UPCOMING EMS COURSES

COURSE	LOCATION	DAYS	TIMES	STARTS	TESTS
Emergency Medical Technician Summer Accelerated	Center for Learning & Innovation Lake Success, NY	Monday THROUGH Thursday	9:00 am to 12:00 noon	May 20	August 15
Emergency Medical Technician Summer Accelerated	Center for Learning & Innovation Lake Success, NY	Monday THROUGH Thursday	7:00 pm to 10:00 pm	May 20	August 15
Paramedic Challenge Refresher	Center for Learning & Innovation Lake Success, NY	Mondays & Wednesdays	7:00 pm to 10:00 pm	May 6	August 15
Emergency Medical Technician Challenge Refresher	Center for Learning & Innovation Lake Success, NY	Tuesdays & Thursdays	7:00 pm to 10:00 pm	May 21	August 15
Emergency Medical Technician Original Course	Center for Learning & Innovation Lake Success, NY	Mondays & Wednesdays	7:00 pm to 10:00 pm	June 17	December 19

For More Information or to Apply:

WEB: www.LearnEMT.org

PHONE: (516) 396-6150

Please Post

AHRC SUFFOLK FOUNDATION

2900 Veterans Memorial Highway
Bohemia, NY 11716
Phone-631-585-0100
Fax-631-585-0233
www.ahrcsuffolkfoundation.org

William J. Leonard
Chief Executive Officer

March 8, 2013

Lisa Bochner
Chief Operating Officer

Bay Shore Brightwaters Ambulance
911 Aletta Place
Bay Shore, NY 11706
Attn: Chief Bill Froelich

J. Andreassi
Director of Development

FOUNDATION BOARD

Sean Rose
President

Brian Stone
Vice President

Mark Senders
Secretary-Treasurer

Dear Chief:

On behalf of AHRC Suffolk, I would like to personally thank you and your department for your continued support and participation at our 2nd Annual Polar Bear Splash which was held on Saturday, March 2nd at the Bay Shore Marina.

BOARD MEMBERS

Marc Andreassi

Denis Bailey

Marc Blitstein

Peter Cosentino

Lawrence Davidow

Mark Fitzgerald

Robert Forster

Paul Johnston

Filomena Lombardi

Kathleen Mich

Thomas O'Neill

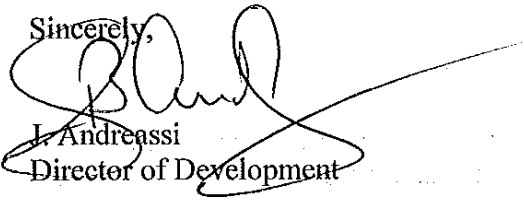
John VanVelsor

This year, AHRC Suffolk was fortunate to have nearly 300 students, friends, families and business partners in attendance at our benefit. The funds raised from this event will go directly towards enhancing and creating new programs and services, facility improvements and support for our school, the Saul and Elaine Seiff Educare Center.

The keenness and professionalism of your department to support our efforts did not go unnoticed. Please pass along our thanks to everyone who assisted.

To show our gratitude, AHRC Suffolk would like to include the Bay Shore Fire Department at our Volunteer Recognition Reception in January 2014. A formal invitation will be sent in December of 2013.

Without you and your department, our 2nd Annual Polar Bear Splash simply would not be possible. We cannot thank you enough for your commitment to our cause.

Sincerely,

J. Andreassi
Director of Development



Claim for Volunteer Firefighters' and Ambulance Workers' Credit

Tax Law-Section 606(e-1)

Submit your completed Form IT-245 with Form IT-201. See instructions on back.

Step 1 - Enter identifying information

Your name as shown on return	Your social security number
Spouse's name	Spouse's social security number

Step 2 - Determine eligibility (for lines 1 through 3, mark an X in the appropriate box)

- 1 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? 1 Yes No
If you marked an X in the No box, stop; you do not qualify for this credit.
- 2 Were you an active volunteer firefighter or ambulance worker for all of this tax year who did not receive a real property tax exemption for these services (see instructions)? 2 Yes No
If your filing status is ②, Married filing joint return, continue with line 3.
For any other filing status:
If you marked an X in the No box, stop; you do not qualify for this credit.
If you marked an X in the Yes box, continue with Step 3.
- 3 If your filing status is ②, Married filing joint return, was your spouse an active volunteer firefighter or ambulance worker for all of this tax year who did not receive a real property tax exemption for these services (see instructions)? 3 Yes No
If you marked an X in the No box at both lines 2 and 3, stop; you do not qualify for this credit.

Step 3 - Enter qualifying information (see instructions)

Name of qualifying volunteer	Volunteer fire company/department or ambulance company	Address of volunteer fire company/department or ambulance company

Step 4 - Determine credit amount

- 4 If you marked the Yes box at either line 2 or line 3, but not both enter 200.
If you marked the Yes box at both lines 2 and 3, enter 400
Enter the line 4 amount and code 354 on Form IT-201-ATT, line 12.



Annual Fundraiser Pancake Breakfast!

Sunday May, 19th 2013

9:00am - 12:00pm @ Bay Shore -Brightwaters Ambulance Rescue Building
911 Aletta Pl. Bay Shore, NY 11706

Sponsored by

BSBRA
Youth Squad

Tickets prices

*\$10 for adults
11 and up
\$8 for children.
10 and under*



For info please call John Martinez @ (631) 418 6053

UPPER EXTREM



ORTHOPEDIC SURGERY

Jeffrey Wagner, PA
Supervising Physician Assistant

Date: Thursday, April 4, 2013

Time: 7:00pm-9:00pm

Location: Commack Volunteer Ambulance
200 Burr Rd
Commack, NY 11725
(1st floor meeting room)

Dinner: Light snack will be served

RSVP: Email CME@commackambulance.org

****EMS NON-CORE CME GRANTED****

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MEMBERS BIRTHDAY

04/01 Barbara Armuelles

04/03 Sean Sawyer

04/04 Nora Klein

04/09 Anthony Garcia

04/10 Felix Rodriguez

04/14 Christine Brosnahan

04/15 Jeanne Galke

04/17 Jessica Romano

04/24 Shivanna Chiatar

04/25 john Mileski

04/27 Christopher Anderson

04/29 Kathleen McKenzie

04/29 Lynn Taormina

Have a wonderful day from all of us at
BSBRA



BAY SHORE- BRIGHTWATERS RESCUE AMBULANCE

911 Aletta Place.

Bay Shore, NY 11706

"If any officer wants to add any information in the next edition of "Signal19"

Please email us at signal19@bsbra.org

-John & Julieth Martinez, editors of Signal19 @ BSBRA