

2014

HAPPY NEW YEAR
FROM BSBRA

BSBRA SIGNAL 19

“and the following messages”



Fresh HOPES, Fresh PLANS, Fresh EFFORTS,
Fresh FEELINGS, Fresh COMMITMENT.

Welcome 2014 with a fresh ATTITUDE.

This new year take a new plunge into the ocean of hope and optimism and free yourself from all your grudges, sadness.

Cheers to 2014!!!

Chief William Froehlich # 30



Dear Members:

HAPPY NEW YEAR from the Chief's Office; I would like to start by congratulating the entire membership for another successful year. 2013 brought a lot of obstacles for us, but it also showed the true color of the members. With each and every call that was activated, the membership was able to handle anything that came their way, and in a professional manner at that. According to SCFRES, we answered 3843 alarms, and had a mutual aid rate of 1.69%! Outstanding work by all.

I would like to thank all of the members that stepped up and helped out over the past week in regards to the snow standby. The Town of Islip saw the highest snow falls on Long Island during the storm they affectionately called "Hercules". With that, our members came down and answered the alarms, placing their personal safety at risk. The 26 members that helped during this time period waited for "the big one" that thankfully never came. Your selflessness and your dedication to your communities are always greatly appreciated.

With the New Year, comes a new beginning. On January 1, we re-instituted our Narcotics program after about 9 months. Special thanks to Brian Derrick for working diligently on this and getting things up and running again. As far as future endeavors, on February 1 of this year, we are looking to roll out a virtual duty roster on the program When to Work. For those of you that have never used this program before, it is a scheduling program that we can use to post open duty slots, as well as help fill those duty slots that have been dropped by regular rolling members. Essentially, those of you on a duty slot will have that duty slot for as long as you want it. The schedules will roll over month to month without any action needed by the member. However, those of you who DO NOT have a duty slot (ie. Call in, any probationary or members that 'slip' through the cracks) will be required to place your name on an open slot each month. There is no reason for any member not to be accounted for on the duty roster, and this will be a better gauge as to keeping those members accountable. Now, each member will be able to log onto a computer (home or at the building) and see where we need help. Rest assured, the Officers are fully committed to holding all members accountable for time, and will do so each and every month. This does not take away from signing in on the cards, so please remember to sign in. We will have a small training on this by next month's meeting.

This month's training will be on the use of 3-24-1, our MCI unit. Over the past year, the Chiefs have noticed several issues that need to be addressed to all members in regards to the operation of the truck, the tent and the heating unit. Over the past year, our MCI unit has been utilized several times (more than ever before), therefore, we have decided to hold quarterly trainings on it. All members are highly recommended to attend these trainings. As noted at the last Brentwood Fire, the entire organization should be proficient in its use and operation. Please make every attempt to be present for these trainings, the first which will be held this coming Saturday (January 11) @ noontime.

In the coming months, the Line Officers will be cracking down on the current Crew Chiefs, as well as any member that is intending on putting in for Crew Chief status. We are finding that we have flooded the organization with Crew Chiefs, most of which do not function as such due to multiple Crew Chiefs on any given slot, or just don't do the duties in which they have been given. All Crew Chiefs are asked to attach themselves to a crew (preferably one that does not have a Crew Chief). There is a possibility that we will be asking some Crew Chiefs to move their duty slots around to accommodate our needs.

**** WARNING**** The expected delivery date of our new OSHA gear is towards the end of February. The Chiefs would like to give fair warning in regards to our current SOP's and future enforcement of such when the gear arrives. **WE WILL BE ENFORCING THE SOP** in regards to OSHA gear. For those of you not familiar, please take a look at the SOP's that were just sent out. Each member (regardless of who you are) will be required to wear the gear. Again, this is about 2 months worth of warning, so please start getting into the habit of wearing it. There will be another "warning" of such next month. Remember, the Board of Directors invested a lot of money into this gear, and expects it to be worn.

Once again, thank you to all of who have helped to make 2013 a great year, and as Chief, I look forward to working with all of you to help make 2014 even better. Should anyone have any concerns or questions, please feel free to contact me.

Respectfully, Bill Froehlich Chief of Department @ BSBRA



1st Assistant Chief Gerald Guszack # 31

NO report submitted



2nd Assistant Chief Brian Stevens # 32

Hey all,
Hope everybody enjoyed their holiday season. This month's training will be on the MCI truck. We will be setting up the tent with the heat. If anyone has received any new certifications or re-certified any certifications then a copy needs to be placed in the chiefs mailbox. Keep up the good work and keep getting the calls out.

This month's training will be on the MCI truck and will be taught by Gerald. Unfortunately I will not be able to keep to the usual Saturday and Tuesday schedule due to Gerald and myself going on vacation. The dates are as follows. Saturday January 11th at noon and Wednesday January 29th at 7pm. Please make every effort to attend this training. We will be setting up the tent and this is very valuable knowledge to have. Thanks.

-Brian Stevens 2nd Assistant Chief @ BSBRA



3rd Assistant Chief Felix Rodriguez # 33

Thanks you all for a great job this month.
It was nice to see the membership come together for the holidays.
Just want reminder everyone the importance of doing rig checks and restocking the rigs after EACH call.
Rigs must be kept clean all the time, let's take pride in what we do.
I want to wish everyone and their family a very happy and blessed New Year.

-Felix Rodriguez 3rd Assistant Chief @ BSBRA

Captain's Reports

SUNDAY Brian Dufour #50

Hello bsbra members,
First off I will like to thank people that was help me through out this month, it was a little crazy but we got it jobs done. Couple key things, we are going to through changes within the ambulance and I know it was mention in the General meeting. therefore please be aware of the changes in the next couple of months, ambulance 20 does not have working cabinet 2 and they is a new bag which we should be working out of in every jobs. Winter has officially started on dec 21, is cold and sometimes it even freezing so please do our patients a favor and cover them with the blue blankets. I will be looking for a driving/ emt soon for my overnight due to one of my driver will be leaving for boot camp. From 6am-noon full crew or emt-b and I'm good for the rest of day.

Thanks again for those who helped me out and I hope for another smooth month.....happy holiday and happy new year!!!

MONDAY Robie Dean #51

Hey All, Mondays need help during the 0600-1800 hours. If you need a duty slot and are available sign on up. Thank you all that continually help me out. Mondays wouldn't survive without you.

Everyone needs to be on a duty slot. There are too many people who float under the radar with out a duty slot. You will eventually have to pick one.

If you are injured while on Bsbra time like in the building, on a call, at a stand by, you MUST notify an officer immediately.

Everyone is doing a great job, just please if anyone is around between the hours of 0600-1800 on any day of the week, come on down for a few hours. Even if it's only one or two hours it's a big help. And keep those pagers/radios on. A lot of us understandably work days and that's why the day hours are a little rough most days so if you find yourself free listen up.

I will be on vacation Jan 12-22. Anyone that can pull some extra duty on those two Mondays it will be greatly appreciated.

Let's continue to keep the building and rigs clean as well as doing our rig checks. Wishing you all a happy and healthy New Year. And looking forward to another successful year with BSBRA!!

"The strength of the team is each individual member. The strength of each member is the team." Phil Jackson.

TUESDAY Kerri Paoletti #52

Happy New Year to my BSBRA family!!! I wish every single one of you nothing but the best in health, wealth & prosperity for 2014!!!!

Thank you all for your endless support and help; not only on Tuesdays, but every day you give your time to our department. It is at times frustrating to be a Captain, worrying if we're going to get that second or third alarm out...but you ladies and gentlemen, you ALWAYS come through! I don't think there is any adequate way to show you how much all of us officers appreciate that.

I also want to thank everyone that came out for our Holiday Party. It was a great success and all that attended had a really great time!! Keep up the tremendous work!!!

WEDNESDAY John Martinez #53

I want to thank all those members that have showed up on this past Holiday Tours, your unselfishness and eagerness to help will be rewarded, you have been a relieve to me and the rest of my crews.

I am still looking to set up a crews on the overnight 0000-0600 hours and from 0600-1200 hours, if you can help just come down and you will have riding time, if you need precepts or drive training, I will be more than happy to assist you!!

In reference to building and rig cleanup, If you go out on a call and you are in charge of the crew on that call, you must do or delegate you crew to restock the ambulance and leave it ready for the next call, same thing is if you are eating please pick up your trash and clean the tables you've used, remember if you clean when you are done, the next person could also clean before you seat down to eat and be comfortable

I hope you, and your love ones have a year full of blessings and prosperity in this new 2014!!

THURSDAY David Kwok #54

Thursday's are going well, I would like to thank all those who have been coming down and helping out. With that being said I need help during my overnights and during the day.

Ambulances need to be cleaner and made sure that it is checked at the start of every shift. If the garbage are full in the ambulances or even the building please just take it out and replace the bag.

We need to start taking the initiative and take pride of our organization as a whole. We do an excellent job for the town and surrounding towns for ems alarms now lets show that same enthusiasm towards a building that most of us call a 2nd home. Overall keep up the good work!!

FRIDAY April Kunz #55

A special thanks to all who helped out with washing the ambulances for the Santa Run. I know it was sprung on us last minute, but it was great how you all stepped up. Don't forget it is our responsibility to wash and keep clean 3-24-80 and the Van. If you are not able to come down for your duty slot, remember it is your responsibility to get coverage and you need to give 6 hours notice. If you get sick last minute it is understandable, but not every week.

Stay safe and thank you.

SATURDAY John Messing #56

I would like to thank everyone once again for another great month as appointed captain.

Driving habits everyone that is a driver needs to keep in mind safe driving habits it has been brought to my attention that there has been some unsafe driving habits by drivers, as a driver we are supposed to pass to the left of stopped vehicles, to many times drivers of other vehicles tend to go to the right to move over for us when our drivers go to the right of other drivers it puts not only the public at risk of an accident but also us and the crew that is riding with us. Another safety issue is that some drivers are not going through intersections with due care which again puts both the public and our crews at risk of injury or even death not mention the corp. Can be sued for negligence.

Also I would like to thank everyone that has helped me as my time in a captain's position. Also I would like to say thank you for everyone that helped out the whole day on Saturday the 21st it was definitely a trying day with the magnitude of calls and nature of the calls great job by everyone.

Have a great day!!!



Common courtesy call to your captain of the day

We are seeing a rash of last minute call in's, no show-no calls, and members who consistently run late to their duty tours without any notifications to the Captain of the Day. We would like to remind the membership that a call just to give the Captain a heads up would be appreciated as they would be able to help cover that portion of the tour.

For the last minute call in's, it would be common courtesy to give your Captain an ample amount of time to assist in finding coverage. You might be asking yourselves, "What is an ample amount of time?" We are asking that you give a minimum of SIX (6) hours notice. Most people know (in the working world) that they will be calling in within at least that amount of time whether they be sick or just need a mental health day. We feel that the same applies for the volunteer world. We understand that things happen, however, calling in 15-20 minutes after your tour does not help us. We can't even find paid coverage in that time, let alone volunteer coverage. Please have the common courtesy to help the organization.

As far as no show-no calls, we can advise that this is totally unacceptable and it is spoken about way to often in meetings.

Members are also reminded that if you have a regular duty slot and you can not make it, you are to contact the Captain and try to fill your spot. (As per the SOP's). You are responsible for your duty slot, regardless if you are a probationary member, dispatcher, EMT or Driver.

These situations apply to all members, probationary and badge, call-in to interim. When you commit to a slot or to help out someone, please do it. You are giving your word that you will help them out.

Should there be any questions in regards to these requests, please see a Chief.

On behalf of the Chiefs Office, Bill Froehlich Chief @ bsbra

BSBRA LOSAP

January issue for LOSAP? I just want to ask members to please turn in any sign-in sheets left over from 2013 no later than January 15. Sign-in sheets are very important because the Town of Islip will not allow me to take the information from the back of timecards. The Town requires that I have sign-in sheets for everything, including committee work, trainings, drills, events, and anything that is corps related that you would like to get credit for. Sheets should be placed in the LOSAP box outside the committee office.

Thanks for your help,

Barbara D. Spiegel Human Resources / Corresponding Secretary @ BSBRA

BSBRA Youth Squad



The day I joined BSBRA Youth Squad was on September 21, 2013. On my first day I was scared that I wouldn't fit in, and I was totally wrong. Everyone in the Youth Squad is extremely nice. They are all my best friends.

I joined the Youth Squad because I like helping people, and just in case something happens at home I could help the person. I love being in Youth Squad because it's a lot of fun. The members who are in the Youth Squad are like my second family. I really enjoy being in there. Everyone on the team has helped me, whether it was my first day in Squad or the first time I was doing my first problem, the team helped me by showing me what to do. I'd like to thank all the captain's, chief's and member's in the Youth Squad for welcoming me into their family.

~Samantha Jones

BSBRA January 2014 Calendar

01/01/14 HOLIDAY TOUR HAPPY NEW YEAR!!	Wednesday / Jan. 1st / 2014	@: HQ	@ All Day
01/05/14 MANDATORY MEMBERS PHYSICALS All members welcome	Sunday / Jan. 5th / 2014	@: Farmingdale FD	@ 0800 hours
01/06/14 GENERAL MEETING	Monday / Jan. 6th / 2014	@: HQ	@ 2000 hours
01/08/14 MANDATORY MEMBERS PHYSICALS All members welcome	Wednesday / Jan. 8th / 2014	@: Huntington FD	@ 1900 hours
01/10/14 OFFICERS MEETING	Friday / Jan. 10th / 2014	@: HQ	@ 1900 hours
01/13/14 SUPPLEMENTARY SESSION 1 EMT-B & CC Preparatory, Anatomy, Physiology Life Span, Public Health	Monday / Jan. 13th / 2014	@: BLA	@ 1830 hours
01/15/14 MANDATORY MEMBERS PHYSICALS All members welcome	Wednesday / Jan. 15th / 2014	@: HQ	@ 1900 hours
01/26/14 MANDATORY MEMBERS PHYSICALS All members welcome	Sunday / Jan. 26th / 2014	@: Locus Valley FD	@ 0800 hours
01/27/14 MANDATORY MEMBERS PHYSICALS All members welcome	Monday / Jan. 27th / 2014	@: Locus Valley FD	@ 1830 hours
01/13/14 SUPPLEMENTARY SESSION 2 EMT-B & CC Airway, Pt. Assessment, Monitoring Devices Pharm, Med. Admin, Emerg. Meds Respiratory, Cardiology	Monday / Jan. 27th / 2014	@: BLA	@ 1830 hours

BSBRA Announcements



Suffolk
COUNTY COMMUNITY COLLEGE



EMERGENCY MEDICAL CARE PROGRAM

Spring 2014 EMT-B COURSES

AMMERMAN CAMPUS

Tues/Thurs 8am-1230pm

Tues/Thurs 6pm-1030pm

EASTERN CAMPUS

Mon/Wed 5:30pm-1000pm

GRANT CAMPUS

Mon/Wed 6pm-1030pm

- DO YOU WANT TO BECOME CERTIFIED AS AN EMT?
- DO YOU WANT TO MAKE A DIFFERENCE IN YOUR COMMUNITY?
- AS A VOLUNTEER EMS/FIRE PROVIDER YOU MAY QUALIFY FOR TUITION ASSISTANCE
- *LEARN AND TRAIN WITH EXCELLENT INSTRUCTORS!!*
- *TAKE THE NYS CERTIFICATION EXAM IN MAY, 2014*
- *SEATS ARE LIMITED SO REGISTER EARLY!!!!*

REGISTRATION AT [HTTP://WWW.SUNYSUFFOLK.EDU](http://www.sunysuffolk.edu)

OR CONTACT:

Matt Zukosky, MA, NREMT-P
Emergency Medical Care Program Coordinator
631-451-4678
zukoskm@sunysuffolk.edu

MEETING YOUR EMS EDUCATION AND TRAINING NEEDS



Suffolk
COUNTY COMMUNITY COLLEGE



EMERGENCY MEDICAL CARE PROGRAM

Spring 2014

Vehicle Extrication Course

AMMERMAN CAMPUS ONLY

Monday Nights
6pm to 8:50pm

- *LEARN AND TRAIN WITH EXCELLENT INSTRUCTORS!!*
- *HANDS ON SESSIONS WILL BE CONDUCTED OFF SITE*
- *SEATS ARE LIMITED SO REGISTER EARLY!!!!*

REGISTRATION AT [HTTP://WWW.SUNYSUFFOLK.EDU](http://www.sunysuffolk.edu)

OR CONTACT:

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MEETING YOUR EMS EDUCATION AND TRAINING NEEDS

SUFFOLK COUNTY DEPARTMENT OF FIRE RESCUE AND EMERGENCY SERVICES

NO RESPONSE REPORT FOR 2013

DIVISION 03	AGENCY	DISPATCHED	NO RESPONSE	% OF CALLS N/R
	BAY SHORE AMB	3843	65	1.69%
	BRENTWOOD AMB	7232	597	8.25%
	CENTRAL ISLIP AMB	5270	390	7.40%
	EAST BRENTWOOD FD	740	16	2.16%
	EAST ISLIP FD	480	11	2.29%
	EXCHANGE AMB	1879	107	5.69%
	FAIR HARBOR FD	31	0	0.00%
	HOLBROOK FD	1658	16	0.97%
	ISLIP FD	568	70	12.32%
	ISLIP TERRACE FD	559	54	9.66%
	LAKELAND FD	1448	148	10.22%
	MAC ARTHUR AIRPORT CFR	108	0	0.00%
	NORTH SHORE PARAMEDICS	0	0	0.00%
	OCEAN BEACH FD	151	0	0.00%
	SALTAIRE FD	36	1	2.78%
	SAYVILLE AMB	3865	73	1.89%
	WEST ISLIP FD	1833	13	0.71%
TOTALS:		29701	1561	5.26%
DIVISION 04	AGENCY	DISPATCHED	NO RESPONSE	% OF CALLS N/R
	KINGS PARK FD	1261	46	3.65%
	NESCONSET FD	1243	37	2.98%
	NISSEQUOGUE FD	84	6	7.14%
	SAINT JAMES FD	796	12	1.51%
	SMITHTOWN FD	2397	76	3.17%
TOTALS:		5781	177	3.06%

GREAT JOB By all!
Keep it up
- Bill

Bay Shore Brightwaters Ambulance	Health & Wellness	Medical Transportation Co.	1st Place
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Happy Holidays and Congratulations!

Bay Shore Brightwaters Ambulance is a **First Place Winner** in Best of Long Island 2014 Program:

Throughout the nomination process and over two and a half months of voting against the top 15-18 nominees in your category and you or your business prevailed as a winner!

Now, it's time to THANK the people who voted for you in the three upcoming issues of the new Best of LI 2014 Publications!

We are presenting the Best of LI 2014 results in a 3-part series.

January 9, 2014 – Best of LI **Part 1** featuring top level categories: Shopping, Services, Health & Wellness, Home & Garden, Education, Pets, and Clothing.

January 16, 2014 – Best of LI **Part 2** featuring: Food & Drink, Sports & Activities, Restaurants, Nightlife & Spirits, Arts & Entertainment, and Automotive.

January 23, 2014 – **Best of the Best** featuring: The top 20 vote receivers in the entire contest plus the results of the Best of LI Weddings categories.

Your Official winner's letter and information packet is on the link below for all of the information you need, [CLICK THIS LINK:](#)

http://www.longislandpress.com/pdf/BestofLI2014/Bestof2014_1st_Place_Winner.pdf

- Decide what size "Thank You" ad you would like to run.
- Order an Official Best of LI 2014 Banner or Plaque from our Best of LI online store.
- Consider an online cube ad sponsorship of the results web pages.
- Reserve a sponsorship display table at the Awards Celebration on February 3rd at Chateau La Mer . . . The BEST PARTY OF THE YEAR!

If you should have any other questions or needs, please don't hesitate to contact me at anytime.

Congratulations again and thank you for participating in the 9th Annual Best of LI Awards Program.

Best wishes for a Happy New Year!

Thank you.

Scott W. Evans Sales Director

Morey Publishing, LLC 990 Stewart Ave Suite 450 Garden City, NY 11530
(516) 284-3319 - Work (516) 284-3310 - Fax (516) 492-5358 - Cell

Good & Welfare



Condolences

- 1-) The Chiefs Office Regrets with heavy hearts the announcement of the passing Vincent Ragone, grandfather of Capt. Robert Dean.
 - 2-) The Chiefs and Board of Directors share regret and Heavy hearts with the Officers and members of the Bay Shore Fire Department with the announcement of the passing of Ex-Chief Raymond Fifield.
-



Celebrating

Austin Eckhoff for his engagement to his fiancé Emily 12/6/2013. Best of luck to both of them.

Congratulations

The chiefs office would like to congratulate the following members:

Tina Mercado on becoming a cleared EMT-B within the department. Congrats Tina!!

Bill Lutz on becoming a cleared EMT. Within the department. Congratulations!!!

Andrew Papadimitropoulous on becoming a cleared EMT within the department. Congratulations Andrew!!

Mary Dolan on becoming a cleared EMT and a clear Driver within the department. Congratulations Mary!!

Andrea Gomez on becoming a cleared EMT within the department. Congrats Andrea!!!!

Abby Ayden on becoming a cleared EMT within the department. Congrats Abby!!!



North Shore LIJ Announcements



Upcoming Courses - 2014

AHA COURSES:

PALS (Refresher)	Jan. 16, 2014	Thursday	8am-4pm
	Feb. 3, 2014	Monday	8am-4pm
	Mar. 20, 2014	Thursday	8am-4pm
	Apr. 14, 2014	Monday	8am-4pm
	May 15, 2014	Thursday	8am-4pm
	June 2, 2014	Monday	8am-4pm

BCLS (Refresher)	Jan. 13, 2014	Monday	8am-12pm
	Jan. 23, 2014	Thursday	8am-12pm
	Feb. 10, 2014	Monday	8am-12pm
	Feb. 27, 2014	Thursday	8am-12pm
	Mar. 3, 2014	Monday	8am-12pm
	Mar. 27, 2014	Thursday	8am-12pm
	Apr. 10, 2014	Thursday	8am-12pm
	Apr. 28, 2014	Monday	8am-12pm
	May 19, 2014	Monday	8am-12pm
	May 29, 2014	Thursday	8am-12pm
	June 9, 2014	Monday	8am-12pm
	June 19, 2014	Thursday	8am-12pm

BLS Credentialing occurs after each BCLS Refresher from 12pm-4pm.

ACLS (Refresher)	Jan. 6, 2014	Monday	8am-4pm
	Feb. 13, 2014	Thursday	8am-4pm
	Mar. 24, 2014	Monday	8am-4pm
	Apr. 24, 2014	Thursday	8am-4pm
	May 5, 2014	Monday	8am-4pm
	June 12, 2014	Thursday	8am-4pm

Other CME Courses: 2014

PHTLS (Combined Provider Course)	Feb. 8, 15	Saturday (2 consecutive)	8am - 5pm
PHTLS (Combined Provider Course)	May 6,13,20,27,Jun.3	Tuesdays (5 consecutive)	630pm - 1030pm
EPC (Pediatric)	Jan. 22, 29	Wednesday (2 consecutive)	8am - 5pm
AMLS (Advanced Medical Life Support)	Mar.5,12,19,26,Apr.2	Wednesday (5 consecutive)	630pm - 1030pm
AMLS (Advanced Medical Life Support)	June 4,11,18,25, July 2	Wednesday (5 consecutive)	630pm - 1030pm
PEPP (Pediatric)	Apr. 5, 12	Saturday (2 consecutive)	8am - 5pm
GEMS (Geriatric)	May 5, 12	Monday (2 consecutive)	8am - 3pm

You must attend all dates listed for each class in order to receive a completion certificate for the course.

Course Locations:

All courses will be held at Center for EMS-15 Burke Lane, Syosset, NY 11791

TO REGISTER for: PHTLS, AMLS, EPC - please go to <http://www.naemt.org> and register online

TO REGISTER for: PEPP - please go to <http://www.peppsite.com/>

TO REGISTER for: GEMS - please go to <http://www.gemssite.com/>

A deposit may be required for some of these courses in order to secure your registration.

TO REGISTER FOR AHA COURSES: Please Contact Sue Bouse.

If you have any questions please contact Sue Bouse: Email sbouse@nchs.edu or phone (516) 719-5065.



Presents:

Bob Page

Nationally Renowned Presenter of Rapid 12-Lead Interpretation



Saturday, March 15 2014

8am – 5pm

12 Lead ECG Interpretation Workshop

A Nationally acclaimed course adopted by the Critical Care Paramedic Course curriculum at the University of Maryland, Baltimore County.

Topics covered in this Course include:

- Proper Lead Placement
- Axis and Hemiblock determination
- Bundle Branch Blocks
- Differentiating Wide Complex Tachycardia
- Myocardial Infarction recognition
- 15 lead ECG

The course includes a workbook with practice problems and handy charts for rapid use in the field.

Participants in the program will read about 200 12 lead ECG's gaining both experience and confidence in their newly learned skill.

Sunday, March 16 2014

8am – 5pm

Slap the Cap: The Role of Capnography in EMS

You will be participating in one of the first nationally presented courses on capnography in emergency medicine. This comprehensive course is designed to supply you with the knowledge background necessary to understand the full spectrum use of capnography as a diagnostic tool. Just as the 12 Lead ECG is a diagnostic tool for acute coronary syndromes, capnography is a diagnostic tool for ventilation and perfusion. It is an objective, fast, and accurate way to triage, assess and monitor the ABC's in almost all aspects of the emergency medicine. This handout, while informative alone, is designed as a supplement to Bob Page's Course: Slap the Cap, which offers far more extensive practice, case presentations and explanations.

Topics covered in this Course include:

- The principles behind CO₂ measurement.
- The various methods of EtCO₂ measurement
- Technology of EtCO₂ measurement
- Identify the components of a normal and abnormal capnogram waveform.
- Clinical applications of capnography.

COST:

The cost for the course is **\$50.00 per day**
Credit cards accepted

COURSE LOCATION:

North Shore University Hospital
Rust Auditorium
300 Community Dr,
Manhasset, NY 11030

Visit: www.LearnEMT.org for registration and payment

Pre-Registration Required

COUNTY OF SUFFOLK



JOSEPH F. WILLIAMS
COMMISSIONER

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

EDWARD K. SPRINGER
CHIEF FIRE MARSHAL

JOHN G. JORDAN SR.
DEPUTY COMMISSIONER

EDWARD C. SCHNEYER
DIRECTOR OF EMERGENCY PREPAREDNESS

DEPARTMENT OF FIRE, RESCUE AND EMERGENCY SERVICES**MEMORANDUM**

TO: All Fire/EMS Agencies

FROM: Joseph P Williams
Commissioner

DATE: December 30th 2013

Re: Hospital Diversionary notice

Effective immediately MedCom will disseminate hospital diversion information directly to Fire/EMS stations, and providers, through CAD.

Those agencies and members that currently subscribe for fire station printing and text paging of alarms will receive a standardized notification indicating a diversion status, the hospital, the reason for the diversion, and the anticipated length of the diversion. Unless a page is received continuing, or prematurely cancelling the diversion, the hospital will be considered off diversion at the time indicated. A sample text is provided below.

Those agencies that use mobile data will continue to receive the information on their terminals when they enter a "transport" status.

In an effort to provide true situational awareness, personnel will receive notifications for all hospitals in the Suffolk County catchment area.

Agencies not currently receiving alarm data electronically and interested in doing so should contact Greg Miniutti at 631-852-4818 or Gregory.miniutti@suffolkcountyny.gov

TYPE-DIVERT, LOC: @BMH 101 HOSPITAL RD INFO=
TRAUMA UNTIL 16:00 NOT#123 TIME: 20130504152232ED



North Shore-Long Island Jewish Health System

2014 Emergency Management Course Schedule

NOTE: ALL COURSES WILL NOW BE OFFERED AT THE CENTER FOR LEARNING AND INNOVATION – 1979 MARCUS AVE. LAKE SUCCESS, NY 11042 EXCEPT WHERE NOTED

HazMat for Healthcare Employees– Awareness/Operations Level – Original and Refresher Classes

This course, geared to the hospital decontamination team member and Disaster Response Team members teaches students to use reference books to identify both internal and external hazardous materials and also helps students understand various decontamination procedures based on incident type. All levels of protective clothing are discussed and exercises including donning and doffing procedures, PPE selection, and managing and working in decontamination line. Note; Refresher Courses are now a stand-alone one day course. This course meets OSHA 1910.120 competencies for First Responder Awareness & Operations.

Audience: Hospital decontamination teams

Class Size: 20-30 students

Class Duration: Original Class – 16 Hours, Refresher Class – 8 Hours

Prerequisites: None

CEU's: available for RN's

Course Name	Course Start Date	Course End Date	Time	Days
HazMat for Healthcare Employees - Original	01/14/14	01/15/14	0800-1600	Tuesday / Wednesday
HazMat for Healthcare Employees - Original	03/03/14	03/04/14	0800-1600	Monday / Tuesday
HazMat for Healthcare Employees - Original	05/06/14	05/07/14	0800-1600	Tuesday / Wednesday
HazMat for Healthcare Employees - Original	09/09/14	09/10/14	0800-1600	Tuesday / Wednesday
HazMat for Healthcare Employees - Original	11/10/14	11/11/14	0800-1600	Monday / Tuesday

Course Name	Course Start Date	Time	Days
HazMat for Healthcare Employees – Refresher	02/05/14	0800-1600	Wednesday
HazMat for Healthcare Employees – Refresher	04/08/14	0800-1600	Tuesday
HazMat for Healthcare Employees – Refresher	06/20/14	0800-1600	Friday
HazMat for Healthcare Employees – Refresher	10/07/14	0800-1600	Tuesday
HazMat for Healthcare Employees – Refresher	12/09/14	0800-1600	Tuesday

MGT341 - Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure

This two day 16 hour course introduces the various natural, technological, and civil hazards, to which hospitals and healthcare organizations may be vulnerable, and the potential impacts of those hazards. Federal guidelines and legislation that serve to aid in the preparedness for, and response to, incidents involving these hazards are discussed, as are current emergency management standards for the hospital community. Participants review response and recovery issues that should be addressed by medical facilities and organizations in preparation for a large-scale incident, including identification of critical resources necessary for response and recovery. Topics include What are We Preparing For? Fundamentals of Preparedness, Preparing the Response, Preparing the Recovery, Are We Prepared?

Audience: Hospital and healthcare managers, Department heads, directors, assistant directors, and senior medical staff, Personnel responsible for, or contributing to, emergency preparedness planning, Regulatory personnel, Public health/health department personnel, Local emergency management directors/managers, Emergency services managers/administrators

Class Size: 20-30 students

Class Duration: 16 Hours

Prerequisites: ICS 100, ICS 200, ICS 300, IS 700, IS 800

CEU's: available for RN's through Texas A & M

Course Name	Course Start Date	Course End Date	Time	Days
MGT 341	04/02/14	04/03/14	0800-1600	Wednesday / Thursday
MGT 341	11/19/14	11/20/14	0800-1600	Wednesday / Thursday

Weapons of Mass Destruction Radiological/Nuclear Operations Course

The Operations Level course instructs first responders to mitigate radiological risks to themselves and the public while performing agency specific missions in response to a radiological or nuclear weapons of mass destruction (WMD) incidents, such as improvised Nuclear devices (IND), Radiological Dispersal devices (RDD or "Dirty Bomb"), or Radiation Exposure Device (RED). This course is delivered throughout the nation to jurisdictions approved by DHS/Domestic Nuclear Detection Office (DHS/DNDO) and FEMA/National Preparedness Directorate (FEMA/NPD), and the centralized Scheduling and Information Desk.

Audience: First Responders and First Receivers

Class Size: 20-30 students

Class Duration: 32 Hours

Prerequisites: None

CEU's: None

Course Name	Course Start Date	Course End Date	Time	Days
Radiation Awareness / Operations	03/10/14	03/13/14	0800-1600	Monday - Thursday

Framework for Healthcare Emergency Management (FRAME) NEW

Framework for Healthcare Emergency Management (FRAME) is a four-day course that provides healthcare personnel fundamental knowledge in healthcare emergency management. The course includes lectures and guided discussions on a variety of topics including: integration of government agencies and stakeholders; disaster preparedness planning; emergency management issues for healthcare; personal protective equipment; decontamination; evacuation, isolation and quarantine; and ethical issues.

Small-group practical applications are conducted in hazard vulnerability assessment, managing medical surge, and developing social consciousness (SOCO) entities. The final exercise provides an opportunity to apply a majority of the fundamental principles learned in the course.

Below are some, but not all, of the critical skill sets learned during this training program:

- Identify the important regulatory, accrediting, and standard-setting organizations/agencies for healthcare emergency management
- Assess a healthcare facility's threats, risks, and vulnerabilities, both internal and external, and complete a Hazard Vulnerability Analysis (HVA)
- Identify ethical issues healthcare personnel may face in a disaster, including treatment, tracking and disclosure of patient information, patient diversion, alternate care facilities, and mass fatality management
- Illustrate strategies that can be used to manage surge during a disaster response
- Recognize the four levels of personal protective equipment (PPE) and selection factors associated with each level
- Describe a comprehensive exercise program

Audience: Emergency Management, Emergency Medical Services, Healthcare, Public Health

Class Size: 20-30 students

Class Duration: 32 hours

Prerequisites: ICS 100, ICS 200, IS 700

CEU's: available for RN's

Course Name	Course Start Date	Course End Date	Time	Days
FRAME	02/10/14	02/13/14	0800-1600	Monday – Thursday
FRAME	03/24/14	03/27/14	0800-1600	Monday – Thursday
FRAME	11/03/14	11/06/14	0800-1600	Monday – Thursday

Incident Command System 300 & 400

ICS 300 is a three-day program that delivers ICS curricula for the expanding incident. It will address a review of NIMS; ICS introduction; ICS single resource; unified command; assessment; planning; resource management; demobilization; complex incidents; incident area command and multi agency coordination. The program combines lecture and interactive exercises. Participants will be provided with the necessary information to develop and implement a command structure that will help manage any emergency or event. This course, a course reference manual, and support materials are provided to each participant.

ICS 400 is a two-day program that covers Advanced ICS Command and General Staff complex incidents. This course is offered to Managers and Senior Leadership who may hold a position as Incident Commander, Command Staff or General Staff.

Audience: First Responders and First Receivers who are in management and Senior Leadership positions who would be involved in multi-operational period incidents.

Class Size: 20-30 students

Class Duration: ICS-300 – 24 Hours

ICS-400 – 16 Hours

Prerequisites: ICS-100, ICS-200, IS-700, IS-800

CEU's: None

Course Name	Course Start Date	Course End Date	Time	Days
ICS 300	03/05/14	03/07/14	0800-1600	Wednesday – Friday
ICS 300	10/08/14	10/10/14	0800-1600	Wednesday – Friday
ICS 400	03/20/14	03/21/14	0800-1600	Thursday / Friday
ICS 400	10/30/14	10/31/14	0800-1600	Thursday / Friday

Hospital Emergency Response Training for Mass Casualty Incidents (HERT) NEW!

Hospital Emergency Response Training for Mass Casualty Incidents (HERT) is a three-day course designed to provide medical operation guidance to hospitals, emergency medical services (EMS), healthcare facility personnel, and others who may become involved in a mass casualty incident (MCI). The course provides the healthcare emergency receiver with an understanding of the relationship between a Hospital Incident Command System (HICS), a scene Incident Command System (ICS), and other incident management systems used by municipal Emergency Operations Centers (EOC). The course also provides guidance for Hospital Emergency Response Team design, development, and training. This is a hands-on course which culminates with small and large groups practical applications. Therefore, participants must be physically and psychologically fit to wear personal protective equipment (PPE) during the training. Below are some, but not all, of the critical skill sets learned during this training program:

- Analyze the need for, composition of, and use of a Hospital Emergency Response Team during an emergency, MCI, or disaster situation
- Recognize the step-by-step procedures for ambulatory and nonambulatory decontamination performed in response to an MCI.
- Select and use the appropriate level of PPE as hospital first receivers in response to a disaster involving patient contamination
- Apply the proper techniques for monitoring or surveying patients for chemical, biological, or radiological contamination
- Conduct appropriate cut-out and decontamination operations for victims and staff during response to an MCI involving contamination

Audience: Emergency Medical Services, Healthcare, Public Health

Class Size: 20-30 students

Class Duration: 24 hours

Prerequisites: ICS 100, ICS 200, IS 700. It is recommended to have successfully completed CBRNE or HAZMAT training at the operations level as specified in 29 CFR 1910.120(g)(6)(ii), at a minimum.

CEU's: available for RN's

Course Name	Course Start Date	Course End Date	Time	Days
HERT	04/23/14	04/25/14	0800-1600	Wednesday - Friday
HERT	05/12/14	05/14/14	0800-1600	Monday – Wednesday
HERT	09/15/14	09/17/14	0800-1600	Monday – Wednesday

Healthcare Incident Commander Development

This course offering will expand on the principles of the HICS System, with a strong emphasis on the roles and responsibilities of the Incident Commander. Site senior leadership will learn when and how to activate the HICS System. Critical decision making, interacting within a multi-agency command structure, and the execution of hospital pre-plans as well as managing the available on-duty personnel effectively will be included. A tabletop exercise of an incident is also included in this course.

Audience: All healthcare administrators and managers

Class Size: 12-25 students

Class Duration: 8 hours

Prerequisites: ICS 100, ICS 200, IS 700, IS 800

CEU's: None

Course Name	Course Start Date	Time	Days
Healthcare Incident Commander Development	Scheduled upon request thru Emergency Management		

Non Violent Crisis Intervention Course – **NEW!**

Nonviolent Crisis Intervention training, considered the worldwide standard for crisis prevention and intervention training, focuses on prevention and offers proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.

Audience: Physicians, Nurses, PA's, EMTs, Paramedics, Pharmacists, Allied Health Professionals and Medical students.

Class Size: 20-30 students

Class Duration: 8 Hours

Prerequisites: None

CEU's: North Shore LI Jewish Health System (NSLIJHS) is an approved provider of continuing nursing education by the New York State Nurses Association, which is accredited as an approver of continuing education by the American Nurses Credentialing Center's Commission on Accreditation. 8.00 hours. It has been assigned code TVFPND-PRV-09-25.

MD's please call before applying for the class.

Course Name	Course Start Date	Time	Days
Non Violent Crisis Intervention	01/24/14	0800-1600	Friday
Non Violent Crisis Intervention	02/27/14	0800-1600	Thursday
Non Violent Crisis Intervention	03/21/14	0800-1600	Friday
Non-Violent Crisis Intervention	04/10/14	0800-1600	Thursday
Non-Violent Crisis Intervention	06/06/14	0800-1600	Friday
Non Violent Crisis Intervention	10/16/14	0800-1600	Thursday
Non Violent Crisis Intervention	11/13/14	0800-1600	Thursday
Non Violent Crisis Intervention	12/11/14	0800-1600	Thursday
Non-Violent Crisis intervention – Instructor	Starts 04/30/14	Ends 05/02/14	0800-1600
Non-Violent Crisis Intervention – Instructor	Starts 05/05/14	Ends 05/07/14	0800-1600

Hospital Security 8 hour Refresher Training

The 8-hour course satisfies the annual refresher for hospital security officers and the 16-hour course is an "On The Job" class for hospital security officers.

Audience: Hospital Security Officers.

Class Size: 20-30 students

Class Duration: Original Class 16-Hours, Refresher Class 8-Hours

Prerequisites: None

CEU's: None

Course Name	Course Start Date	Time	Days
8-Hour Refresher Course	01/06/14	1600-2400	Monday
8-Hour Refresher Course	01/07/14	0800-1600	Tuesday
8-Hour Refresher Course	02/03/14	1600-2400	Monday
8-Hour Refresher Course	02/04/14	0800-1600	Tuesday
8-Hour Refresher Course	03/24/14	1600-2400	Monday
8-Hour Refresher Course	03/25/14	0800-1600	Tuesday
8-Hour Refresher Course	04/28/14	1600-2400	Monday
8-Hour Refresher Course	04/29/14	0800-1600	Tuesday
8-Hour Refresher Course – See Note Below	05/05/14	1600-2400	Monday
8-Hour Refresher Course – See Note Below	05/06/14	0800-1600	Tuesday
8-Hour Refresher Course	06/09/14	1600-2400	Monday
8-Hour Refresher Course	06/10/14	0800-1600	Tuesday
8-Hour Refresher Course	07/21/14	1600-2400	Monday
8-Hour Refresher Course	07/22/14	0800-1600	Tuesday
8-Hour Refresher Course	08/21/14	1600-2400	Thursday
8-Hour Refresher Course	08/22/14	0800-1600	Friday
8-Hour Refresher Course	09/15/14	1600-2400	Monday
8-Hour Refresher Course	09/16/14	0800-1600	Tuesday
8-Hour Refresher Course	10/13/14	1600-2400	Monday
8-Hour Refresher Course	10/14/14	0800-1600	Tuesday
8-Hour Refresher Course	11/24/14	1600-2400	Monday
8-Hour Refresher Course	11/25/14	0800-1600	Tuesday
8-Hour Refresher Course	12/08/14	1600-2400	Monday
8-Hour Refresher Course	12/09/14	0800-1600	Tuesday

Security Guard Refresher Training will be held at the Center for EMS (15 Burke Lane, Syosset) on 05/05/14 and 05/06/14.

Hospital Security 16-Hour "On the Job" Training

Course Name	Course Start Date	Course End Date	Time	Days
16-Hour Original Course	01/23/14	01/24/14	0800-1600	Thursday / Friday
16-Hour Original Course	03/12/14	03/13/14	0800-1600	Wednesday / Thursday
16-Hour Original Course	05/29/14	05/30/14	0800-1600	Thursday / Friday
16-Hour Original Course	07/17/14	07/18/14	0800-1600	Thursday / Friday
16-Hour Original Course	09/25/14	09/26/14	0800-1600	Thursday / Friday
16-Hour Original Course	11/13/14	11/14/14	0800-1600	Thursday / Friday

Critical Employee Emergency Planning (CEEP) – NEW!

This is a training program to provide planning tools for agencies and corporations to better provide for the safety and security of their first responder employees and their families. The eight-hour training provides key information that employers, employees and their families must have to prepare for any of the 15 Department of Homeland Security planning scenarios which include natural disasters and nuclear, biological, chemical, radiological, and cyber attacks. The training will include: Preparing first responders to care for their families (food, water, medication, documents, and other essentials) while remaining "on the job" through evacuation, quarantine, and other critical incidents; Developing a personal communications plan and procedures so that families and first responders can maintain or resume contact as soon as possible during or after an emergency; Identifying and entering into mutual aid relationships with "sister" agencies to facilitate communication, support family members, back-up data, share manpower, equipment, and other resources; and Providing information on federal and non-profit sector support services available for prevention, protection, response and recovery of the critical infrastructure and first responder families, employees, agencies, and corporations.

Audience: All hospital employees

Class Size: 10-30 students

Class Duration: 8 hours

Prerequisites: None

CEU's: None

Course Name	Course Start Date	Time	Days
Critical Employee Emergency Planning (CEEP)	Scheduled upon request thru Emergency Management		

To Register:

For Health System Employees, go to I-Learn

For External Users, please click on the link below::

<http://lsglm.learnsoft.com/LSGLM/Login/nslijlogin.aspx?cid=60&sreg=1&enc=1&encu=sregister&encp=56CB2393E9197CEF3CD8D3EB77587B09>

If you have any difficulties in registering, please contact Anthony Egan (516) 719-5047 or Glenn Schaefering at (516) 719-5043.

MIGHT YOU HELP US!



Quality CPR given immediately after cardiac arrest can double, even triple, the chance of survival but this can only happen if citizens understand Compression Only CPR and/or CPR trained people nearby know that someone needs their help. That is the exact problem that PulsePoint Foundation and Suffolk County is working to remedy.

Suffolk County Department of Fire, Rescue and Emergency Services – 911 Communication Center is preparing to launch the PulsePoint Application and we need your help to save lives.

PulsePoint is an enterprise-class, software-as-a-service (SaaS) pre-arrival solution designed to support public safety agencies working to improve cardiac arrest survival rates through improved bystander performance and active citizenship. When launched, the PulsePoint app empowers everyday citizens to provide life-saving assistance to victims of Sudden Cardiac Arrest (SCA). Application users who have indicated they are trained in cardiopulmonary resuscitation (CPR) and willing to assist in case of an emergency can now be notified if someone nearby is having a cardiac emergency and may require CPR. If the cardiac emergency is in a public place, the location-aware application will alert trained citizens in the vicinity of the need for bystander CPR simultaneous with the dispatch of advanced medical care. The application also directs these citizen rescuers to the exact location of the closest publicly accessible Automated External Defibrillator (AED).

One of the hallmark capabilities of the PulsePoint app is its ability to improve the frequency and speed of AED deployment by providing precise mapping of nearby devices to citizen rescuers in context with their present location.

Publicly available AEDs are rarely retrieved and used because bystanders generally cannot see them and have no way to know if one is even available nearby. Statistics from the CARES (Cardiac Arrest Registry to Enhance Survival) Registry indicate that publicly available AEDs are used less than 3% of the time when needed and available.

Accurate and complete public AED location information is required to realize the potential of this feature. Collecting this information and inputting it to the County CAD and Pulse Point system is an essential component of our implementation process and we need your help.

Please email joel.vetter@suffolkcountyny.gov the below minimal, but critical, amount of information for each device in your community, building or institution.

§ PHYSICAL ADDRESS of Location:

§ LOCATION NAME: The name of the AED location (e.g. “24 Hour Fitness”).

§ DETAILED LOCATION TEXT: A textual description of the AED location. This should be brief and written to be understandable by citizen responders using clear text and well understood abbreviations (e.g. “Hallway – Between Bathrooms”).

§ AED LATITUDE/LONGITUDE: The exact latitude and longitude coordinates for the actual device location (don’t worry, we have simple web-based tools to help you with this).

Interested in helping check one of the more than 1180+ locations with AED’s. Call or email Joel Vetter. We can send you the known PAD data within your community.

To learn more about PulsePoint visit <http://pulsepoint.org/app/>

Pulsepoint Suffolk County PSA <http://vimeo.com/74887693>



Recommendation on CBRNE AWARENESS

This policy was developed to assist EMS providers and agencies in adopting policies and procedures that will address all-hazards awareness to incidents that include acts of terrorism involving Weapons of Mass Destruction (WMD) specifically chemical & biological agents, radiological, nuclear and explosive (CBRNE) incidents. The intention is for responders to have a keen understanding on how to recognize the unfamiliar risks they may encounter at the scene of a CBRNE event.

Background

The use of terrorism is not a new phenomenon; however, since the early 1970's terrorist attacks on U.S. interests and citizens has grown in popularity as a strategy or tactic to elicit change. There are many definitions for terrorism, but all contain factors that use force or fear to further an objective. Terrorism is about the fear of violence. The availability of CBRNE elements allows for a variety of weapons. Additionally, there is increased concern that arson and firearms may also be used as a tactic. History shows that explosives are overwhelmingly the weapon of choice, yet all forms of terrorism have the potential to impact all responders. Although the probability of a significant CBRNE incident is low, the consequences are too severe to ignore. A CBRNE incident can happen anywhere, anytime! EMS providers must be alert and recognize what they may confront when responding to an act of terrorism involving CBRNE.

FBI Definition of Domestic Terrorism

Activities that involve acts dangerous to human life that are a violation of criminal laws of the United States or of any state; appear to be intended to intimidate or coerce a civilian population; to influence the policy of a government by mass destruction, assassination, or kidnapping; and occur primarily within the territorial jurisdiction of the United States. (U.S. Congress, par. 3)

Policy

EMS responders will operate within the Incident Command System (ICS). ICS is one element of the National Incident Management System (NIMS). During a CBRNE response, EMS shall follow ICS as the New York State standard for command and management system.] Department of Homeland Security maintains a two tiered terrorism alert, non-credible & credible threat. EMS agencies should maintain a working relationship with other local and regional responding agencies i.e. law enforcement, fire, county emergency management office, local & county elected officials. When a credible threat has been determined, these disciplines, including EMS, should meet to be briefed and discuss a mitigation strategy. Consideration should also be given to information and intelligence products which are available to the emergency services community. Maintaining an awareness of events which may impact your community, such as severe weather or mass-gatherings, is a good way to be better prepared for potential incidents.

EMS responders must play a role in the prevention and anticipation of a terrorist attack. The threat of a terrorist attack is real and responders need to understand what makes up the components of such aggression. These factors include:

- Element of surprise. Few people may have prior knowledge of the attack. The suddenness of an attack has much shock value.
- Means of the attack. Attacks can be conducted using a range of CBRNE elements, with improvised explosive devices (IEDs) being the most common. Arson and firearms may be used as well.
- Foreknowledge of a response. Terrorists will gather intelligence by conducting surveillance of potential targets to understand first responder's response and resource capabilities.
- EMS is in a unique position to observe things. We are invited into areas to provide care. During this response we may see things that are not right. Be observant when doing the Scene Safety Survey. "IF YOU SEE SOMETHING, SAY SOMETHING", report any suspicious activity to the NYS Terrorism Tips Line at 1-866-SAFE-NYS (866 723-3697). Or call your dispatch; do not transmit over the radio.
- Significant dates. Terrorist attacks may occur on noteworthy dates i.e. April 19th, September 11th.
- Target of the attack. Targets can include: responders (secondary device/ambush), the public, critical infrastructures and other potential targets such as schools, sports arenas, malls, places of worship and mass gathering special events.

Scene Awareness:

Scene awareness begins well before any response to a CBRNE incident. Each community should conduct a collaborative effort among emergency responder disciplines and their regional Office of Emergency Management to conduct a threat and vulnerability analysis. Pre planning and preparedness should include assessing resource capabilities, potential terrorist targets, training and exercising together, and knowing each agency's roles and responsibilities. Responders need to be familiar with their community, existing violence from gangs, protests, union/labor/political issues, nearby military bases, nuclear plants, VIP visits, pharmaceutical plants, interstate commerce, railways, federal buildings and mass gathering events. Terrorists will plan their impending attacks by acquiring CBRNE materials necessary for their attacks. As responders, we need to maintain a situational awareness when approaching and on scenes. Are there suspicious materials or supplies that indicate preparation of a weapon? For example:

- nitrogen-based fertilizer
- fuel containers/drums
- bomb making materials
- pipes with caps
- propane tanks
- strong chemical smells
- large quantities of fire strike match books
- unknown powder
- castor beans or plants, which could be used to make Ricin
- bottles of hydrogen peroxide
- containers filled with urine
- fireworks, gun powder
- spraying equipment for dissemination
- blueprints of a facility to gain illicit entry
- books or literature on bombing making, etc.
- extremist materials, such as flags, posters, literature, and websites
- the presence of potentially hazardous materials (especially high concentrations are present)
- the unusual presence of equipment which could be used to manufacture CBRNE materials (such as grinders, blenders, mixers, glassware, ice bath, distillers, filters, hot plates, and/or safety equipment to provide protection from hazardous materials)
- quantities of an item, which is unusual for the context in which it is found (such as the presence of several GPS devices, cell phones, backpacks, or other items which could be used to construct an explosive device or aid in an attack)

Be aware of:

- suspicious persons who exhibit apprehensive behavior, improperly dressed for the location or season
- vehicles abandoned with multiple parking tickets, unattended or appear to be out of place
- abandoned packages, luggage or mail left unattended in a crowded place
- mail packages with excessive postage and signage alerts i.e. fragile or handle with care, no return address, oil stains and wires protruding
- chemical fires or toxic odors
- unusual explosions in rural or wooded areas
- the theft or attempted theft of gear, equipment, or vehicles, which could be used to gain access into secure areas, or aid in criminal or terrorist activity
- statements by individuals that they may engage in violent acts
- individual(s) posing unusual questions related to staffing levels, security, and response plans related to your facility or a location where you may respond
- any unusual activity or circumstance in your community or workplace.

A CBRNE incident can be violent. While en route, listen to the radio traffic and ask for informational updates. The scene will be the hot zone, and may include CBRNE hazards, weapons being fired, secondary devices, partially exploded devices, booby traps, blood from arterial bleeds, body parts, debris, collapsed structures, fire, smoke, and injured victims screaming for assistance. Know your wind direction!

Responders need to recognize the hazard/threat and make a mental assessment. Avoid the hazard by not getting contaminated or injured. Stay away from liquids, unknown powders, clouds or vapors. Remain alert for suspicious objects/packages/vehicles, and persons who appear to be acting unusual for the circumstances (such as not panicked or surprised by an explosion). If a hazard is detected, isolate or remove yourself from the threat, remove others from the contaminated zone and keep civilians/people from going into the contaminated zone. Encourage anyone within the danger zone to self-evacuate if possible. Notify your dispatch. Ask or find the command post (CP) or establish a CP. Identify the kill zone. Practice the concept of time, distance and shielding. Keep victims within the CBRNE hot zone.

General scene precautions to protect providers include:

- Take protective actions to preserve health and safety i.e. retreat. Have a verbal (code) phrase with your partner to initiate retreat. Understand the first in responders may be in the hot zone and become a victim of the attack. At this time, the exposed responder can still be a resource in providing intelligence i.e. description of the firearm, signs & symptoms, etc.
 - Stage in an area upwind, uphill and upstream from the incident.
 - Isolation involves preventing others from entering the affected area.
 - Shelter in place if evacuation is not possible or is not appropriate i.e. when evacuation would put others at greater risk. This means shelter inside a building and remain there until the danger passes.
- If providers have exited their vehicles and are ambushed, hide behind your wheels to prevent being struck by ricochet bullets fired under your vehicle.
- Try to recognize by sight the following: visible corrosion, chemical reactions, pooling of liquids, condensation on pressure tanks, dead animal, insects, plants, fire or vapor clouds, injured victims or casualties. Multiple victims with same signs & symptoms may indicate a WMD release i.e. seizures, excess salivation, lacrimation, loss of bladder (urination) & bowel control (defecation), gastro-intestinal cramping, emesis, mitosis, better known as SLUDGEM of an organophosphate poisoning/nerve agent.
 - Listen for sounds i.e. hissing indicative of a pressure release.
 - BE AWARE AND SUSPECT SECONDARY EXPLOSIVE SCENE DEVICES.
 - Smell is a good initial indicator, but the sense of smell can be overwhelmed and cause the responder to think the odor has gone away, for the presence of hazardous materials. If an odor is smelled, you are too close.
 - Do not touch or taste any substance that has not been identified!
 - Use PPE that includes: gloves, goggles/face shields, masks/positive pressure, full tyvek suits with hoods & booties.

Taking note of the appearance of smoke, sounds, odors at the scene and on patients, and the image of the scene in general can aid law enforcement in the investigation.

Use your Emergency Response Guidebook (ERG). This is an aid to identify a hazardous material and should be used during the initial phase of arriving on an incident. Refer to guide 111 of the orange pages if the hazard is unknown.

Chemical Agents:

Terrorists may use a toxic warfare chemical i.e. choking, blood, blister or nerve agent, but more likely a more readily available source for WMD will be a toxic industrial chemical (TIC). TICs are within many communities i.e. chlorine, hydrogen cyanide and anhydrous ammonia. Chemical agents can exist in a solid, liquid or gaseous state. Chemical incidents have a rapid onset of symptoms (minutes to hours) and reveal easily seen observations i.e. dead foliage, pungent odor, dead animals/insects and colored residue.

Biological Agents:

A biological agent includes: bacteria, virus or a toxin. These agents cause the same symptoms as a naturally occurring disease. Exposures to a biological agent will begin with flu-like symptoms. There may be delayed onset of symptoms (incubation period) making the initial diagnosis difficult and the actual location of infection difficult to determine. Diseases from a biological attack may be contagious.

Public health will be the first to detect such an outbreak.

Radiological Materials and Nuclear Weapons:

Radiological materials emit invisible, unstable energy in the forms of: alpha particles, beta particles, gamma rays and/or neutrons. All forms of radiation are odorless and colorless, thus radiation detectors must be utilized to detect decaying radioactive isotopes. Dependent on the type and dose of energy, radiation can travel in all directions exposing or penetrating individuals causing radiation sickness (ARS). ARS includes: nausea, diarrhea, burns and possible death. Like biological attacks, radiation incidents will take several days to weeks to appear.

A nuclear weapon incident has a low probability of use, but if detonated can produce devastating large scale damage, much larger than a conventional high explosive. A nuclear weapon detonation may not have a mushroom shaped cloud. Remember time, distance and shielding.

Explosives Devices:

Explosive materials have two categories: low and high. Seventy percent of all terrorist incidents involve explosives and can present as an Improvised Explosive Device (IED). IEDs can be deployed in any shape, form or size including: package-type, vehicle-type or suicide (human-borne). When responding, think secondary device!

References:

www.FirstResponderTraining.gov - FEMA /DHS funded training courses

www.NDPCC.US – National Domestic Preparedness Consortium

www.cdp.dhs.gov - Center of Domestic Preparedness, Alabama

- National Center for Biomedical Research & Training, Louisiana

www.teex.com/nerrtc - National Emergency Response & Rescue Center, Texas

www.emrtc.nmt.edu - Energetic Materials Research & Testing Center, New Mexico

www.dhss.ny.gov/training - NYS Division of Homeland Security and Emergency Services, New York

www.dhss.ny.gov/oct/safeguardNY/ - NYS Division of Homeland Security and Emergency

Services www.bt.cdc.gov/masscasualties/index.asp - Centers for Disease Control and Prevention

Understanding Terrorism and Managing the Consequences, Paul Maniscalco, and Hank Christen

Hazardous Waste Operations and Emergency Response, 29 C.F.R. 1910.120 (2010)

U.S. Department of Transportation. (2012). 2012 Emerge

BIRTHDAYS



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

JANUARY'S BIRTHDAYS

- ▶ 01/04 Steve Fishman
- ▶ 01/07 William Lutz
- ▶ 01/09 Christine Monteleone
- ▶ 01/10 Luis Portillo
- ▶ 01/11 Anthony Seymore
- ▶ 01/15 Matt Phillips
- ▶ 01/17 April Johnson
- ▶ 01/18 Bryan Dalba
- ▶ 01/18 James Guilliland
- ▶ 01/19 Richard Cousin
- ▶ 01/20 Jared Kelbick
- ▶ 01/21 Marci Young
- ▶ 01/24 Michelle Miller
- ▶ 01/26 Janelle Hopkins
- ▶ 01/27 Jason Hoffman

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-John & Julie Martinez, editors of Signal19 @ BSBRA