

# THE BRIGHTON BUGLE

The Official Publication of Brighton Volunteer Ambulance - 12/01/2023

***"Reliable, Professional, Always Ready"***

## ON CALL CHIEF

Date(s)	Officer	Phone
Friday (12/08) - Friday (12/15)	3M-10 - J. Tomaschko 3M-30 - T.Brown	(585) 474-5225 (707) 888-8945

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Shift(s)	All set	All set	18-23	All set	18-06	08-18,18-23	07-17,18-23, 18-06

## OPERATIONS DEPARTMENT

### ***Gear Checks***

While going through the rig checks, I am noticing discrepancies between what is written on seals vs monthly check sheets vs equipment inside of the vehicle.

I understand that mistakes happen but I would just like to remind everyone that trying to save yourself a few seconds on monthly checks creates a **LOT** more work for myself and Brandon which is going to result in more stringent requirements for check sheets. I am trying to do what I can to make the process less painful for everyone but that also requires some cooperation.

If call volume is excessive, I'd rather an unchecked truck than a poorly checked truck.

**Captain Sondhi**

Brighton Volunteer Ambulance | 1551 Winton Rd S Rochester, NY 14618

p: 585.271.2718 | f: 585.442.9198 | w: [www.brightonambulance.org](http://www.brightonambulance.org)

BVA Suggestion box: <https://survey.alchemer.com/s3/6999428/BVA-Suggestion-Box>

Monroe County Peer Support - 585.310.1661

**BVA is committed to following an effective compliance program and preventing issues, errors, fraud, waste and abuse.**

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## ***Clinical Care***

### **Vital signs:**

Please remember that we need to have a complete set of vitals in the chart, every 5 minutes for unstable patients and 15 for stable patients. Complete set of vitals consist of HR with rate, RR with rate, BP, SPO2, Pain scale and BGL if GCS is under 15. We are seeing a lot of calls with no Pain scale and 1 set of complete vitals.

### **Pain Medications:**

Please consider giving patients pain medications to control their pain. There are a number of studies that show adverse patient outcomes for patients that do not receive pain medications prehospital. We have seen a lot of calls that patients are having pain and no medication is provided with no documented reason for why not.

### **Disposition codes:**

Transported ALS should only be used if a ALS interventions is performed  
Transported BLS Should be used for BLS transports, or if an ALS provider is in the back and performs no ALS interventions.  
Transported BLS after ALS assessment. Should be used only if a call is dispatched as ALS and ALS transfers care to the BLS provider. ALS assessment must be done. ALS needs to be documented extremely well. There should be a reason why the call was handed down to a BLS Provider. **NO ALS complaints or issues are not an acceptable ALS assessment.**

### **QA Flags:**

Moving forward if there are multiple flags for a chart they will go in 1 flag. This will cut down on the multiple flags. If there are multiple issues with charts you MUST document the changes to each issue in the flag. OK is not an appropriate response to QA flags.

### **Documentation:**

Remember if it's not documented in the chart then it did not happen. Charts are legal documents, if you go to court the chart will help you remember what happened on the call and what care was provided.

If you have concerns with QA flags please see me so we can talk.

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## ***Logistic-***

We are currently looking at a different bag and setting up for the flycars. Simplifying to a single als/bls bag. More to come. We will be switching out the King airways with iGels in the near future.

## **Lieutenant’s Lit Bits**

### ***MyWayfinder - For the Somewhat Less-Emergent Situations***

[MyWayfinder](#) is a platform that makes finding services like home-health aid, day programs, mental health counseling, transportation, and more, easier and more effective in this age of tech. Put together by the local non-profit TogetherNow, it has a search function to locate providers in the region, even by zip code. Highly recommend saving the link in your phone as occasionally we’re asked where patients can find help outside of the hospital.

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## ***Sense the Disturbance in the Pulse Ox***

When the SpO2 just isn't showing that sweet, sawtooth pleth we love, there's a couple things we can do. 1) Readjust the pulse ox. 2) Try a different finger. 3) Change its sensitivity. If you click the screen where it's showing the SpO2, it'll display 3 pages of "Pulse Oximeter Settings." Use the arrows to scroll to the 2nd page and select a new "Sensitivity mode" at the top. According to [Massimo's whitepaper on "Adaptive Probe-Off Detection" \(APOD\) Technology](#):

- APOD is a suite of complex and powerful signal processing algorithms that carefully analyze the incoming signal to determine if the pulse oximeter sensor is on or off the patient.

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- APOD is the least sensitive in picking up a reading on patients with low perfusion.
- Normal Sensitivity provides the best combination of sensitivity and probe-off detection performance and is recommended for the majority of patients.
- Max Sensitivity is reserved for the sickest patients, where obtaining a reading is most difficult. Max sensitivity is designed to interpret and display data for even the weakest of signals, and is recommended during procedures and when clinician and patient contact is continuous.

## ***Title***

## ***Fleet***

FLEET STATUS BOARD Dec 7th thru Dec 17		
Unit	Assigned to:	Note:
3049	Crew 2 / 7	
3059	Crew 3	
3069	Reserve	
3079	Crew 1 / 6	
3089	Crew 4 / 5	No Gurney
Medic 30	Primary	
Medic 31	Secondary	
<b>Hey Folks : Friendly reminder to unplug all rigs before washing</b>		
<b>Quick reminder : Plug in portables and Tempus at your EOS</b>		
<b>Thanks for all you do</b>		

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## TRAINING DEPARTMENT

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### **MAKEUP CEVO DIDACTIC THIS WEEK 12/14 @1600**

Please sign up for the didactic portion with the following link.

<https://www.signupgenius.com/go/10C0844ACAE2CA1FBCF8-45881042-cevo#/>

Class should run about 4 hours. This class is mandatory, we will have to take you offline if you do not attend. I have sent individual email notifications to those who did not sign up.

i-Gels are in service. All training is complete for our providers.

If anyone needs **ACLS** shoot me an email or a text. We can now take care of this in house!

State required training was sent out to everyone this week over **Target Solutions**. Please log in and get started on this when you have downtime so you're not crushed at the deadline.

Thanks for all you do everyday!

-Chief Brown

## BUSINESS MANAGER/HR

### ***BVA Holiday Party!***

Our annual holiday party will be held December 8th here at the base. You and your immediate families are invited to have some holiday cheer! The sign-up sheet is in the kitchen. Please sign up so we know how many will be in attendance and can order food appropriately. We will have catered hors d'oeuvres along with some sweets!

### ***COVID***

Per the recommendation of our HR Group Bene-Care, we will now require any positive COVID test to have a date stamped picture. In other words, if you contract COVID, when you take a picture of the test results, it needs to have the date stamped on the picture or the test itself. If you have any questions, please see either Julieray or Laura.

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## ***Year-End Information***

Please take some time to verify all your payroll information is correct. Look at name, address & social security number. Having this information correct will reduce errors (and potential monetary fines) from the IRS when the year end tax documents are created.



Bill Huckleberry	3-Nov
Abigail Biggs	9-Nov
Dr. Antonios Katsetos	9-Nov
Marc Cohen	18-Nov
Abigail Hentschke	22-Nov
Daniel McCue	28-Nov
Patrick Hodgson	29-Nov

Xanthia Garcia November 29,2015  
(started as a volunteer 8/2013)



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## **Words From The Board**

***No News***

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