

THE BRIGHTON BUGLE

The Official Publication of Brighton Volunteer Ambulance - 12/15/2023

"Reliable, Professional, Always Ready"

ON CALL CHIEF

Date(s)	Officer	Phone
Friday (12/15) - Friday (12/22)	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	18-06	08-18	18-06 (19-05)	18-23 18-06	08-18, 07-17,18-23	18-23

OPERATIONS DEPARTMENT

Communications Equipment

There has been an increase in crews missing status checks from dispatch and being unreachable via radio or cell phone. As such, I'd like to take this opportunity to remind everyone of a few points:

- It is your responsibility to ensure that the phone number on file via eschedule is up-to-date and active. If for whatever reason your cellular device is temporarily unavailable, every ambulance has a rig phone whose number is on file with dispatch and the supervisors
- Checking that ALL communications equipment is in working order at the start of your shift is the crew's responsibility and will be added to the daily rig checks as soon as I have access to the platform to do so.
 - This equipment is defined as:
 - The rig's mobile radio
 - 2 portable radios
 - 1 cellular rig phone
 - If you encounter any problems with the aforementioned equipment, this must be documented and the operations supervisor notified immediately so that they can get you working equipment

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

p: 585.271.2718 | f: 585.442.9198 | w: 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.

Compliance Hotline 888.503.3997 x 23

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- It is the responsibility of the crew to have TWO forms of communication on hand (and operational) at any moment, typically radio and cellular device
- Dispatch is supposed to perform a status check if they do not hear from the crew after 10-15 minutes. Sometimes this number varies slightly and I know it is not very consistent. If you are on scene for more than 10 minutes, calling delayed over the radio is expected to extend this timer
- While there is nothing wrong with removing belt-clips or speaker mics while using a radio, you MUST replace these at the end of your shift so that the device is usable by everybody
 - There are radio straps on the door of the dispatch office to provide an additional option to carry your radio
- These expectations are part of the agency's SOPs, should this problem continue it is an issue eligible for progressive discipline.

If you encounter any major issues with any of the communications equipment that hinders your ability to adhere to these policies, it is your responsibility to reach out to the shift supervisor or myself ASAP to have this corrected.

Captain Sondhi

Clinical Care

When doing vitals on page 8, the pain scale must be filled out at least once. If the patient is having no pain then use 0. If pain medication is given then there needs to be a pain scale prior to pain medication administration and after.

- All vent transport regardless if a RT is riding, needs to have the Disposition of Transport Specialty Care.
- After a conversation with our medical director we will be adding a Blood Glucose SOC and changing the 12-lead SOC. We need to lower the threshold when we are doing 12-leads.
- Ped bags are on the trucks, please make sure you go through the bags. King tubes have been pulled from all bags and replaced with I-gel.
- Quarterly training is also the most complete. The first topics will be CPAP and Nitro.
- I am working on undating the BVA documentation standards. Once completed it will go out to all employees.

Charts must be completed prior to leaving, if not the Captain must be notified. This is per our BVA documentation policy.

Captain Hockenberry

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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.

Uploads

There has been a rash of intermittent failures in the Tempus uploads. This is an EMS charts problem, not a monitor problem. During their maintenance this past week, something had a negative effect on mapping and some uploads are not working. EMS charts is aware and they are working on it. Please create a support ticket when this happens. This can be done by clicking on the “open support” tab at the bottom of the left menu column. Once you have opened a ticket, please send me the ticket number so I can forward it to the reps we have been working with on the recent import fixes.

There are 2 ways to attach your upload information. You can either print a copy of the ECG or rhythm strip, scan and attach it to the chart, or, any officer who has Corsium access can download the full report in a PDF and attach it to the chart. This is the preferred method.

-Chief Tomaschko

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.

Fleet

FLEET STATUS BOARD Dec 17th thru Dec 23		
Unit	Assigned to:	Note:
3049	Crew 2 / 7	
3059	Crew 3	
3069	Reserve	
3079	Crew 1 / 6	
3089	Crew 4 / 5	
Medic 30	Primary	
Medic 31	Secondary	
Hey Folks : Friendly reminder to unplug all rigs before washing		
Quick reminder : Plug in portables and Tempus at your EOS		
Thanks for all you do		

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TRAINING DEPARTMENT

MAKEUP CEVO DIDACTIC THIS WEEK 12/20 @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

Updated BVA Policy Manual

I had originally stated that the latest & greatest HR Policy manual would be disseminated today. Unfortunately it won't be, Bene-Care needs a few more days to update it per the changes requested. My apologies for this; I should have confirmed the date with them prior to any commitments. Barring any additional issues, it should be out next week. I will email the careerstaff@ group in our system when it is available as well as provide each person the acknowledgement that must be signed. Meanwhile, please field any questions through either Laura or myself. Thank you for your patience!

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Hardy Schulz	December 14th
Joan Cohen	December 22 nd
Lindsay Reilly	December 29th

Words From The Board

From The President

As you may recall a Committee was formed to tackle the issues of Recruitment and Retention. The group of employees and volunteers had numerous meetings and as a result made a presentation of the issues they identified. The Board requested detail from the steering group on each of the issues and research on the costs necessary to support the recommendations. The Board review committee will be meeting again on Dec 21, 2023 to review the cost implications, finalize any loose ends, and prepare a recommendation for the January 10, 2024 Board meeting. The items not contained in our current budget would need to be paid for with other trade-offs to fund them through the end of our fiscal year which is August 31, 2024.

I ask for your support in the time it takes to complete the analysis, cost estimates and repurposing of funds as needed. These are the minimum steps necessary to proceed and I thank all of the participants for their hard work and dedication to BVA. I would also wish you and yours a Happy Holiday season and a Happy New Year. All of your contributions count to keep BVA moving forward.

Dennis J. Mietz

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