



THE SIREN

As Serious as a Heart Attack . . .

Rockland County hospitals battle over cardiac care destinations

On the night of March 22, 2012, I had to make that dreaded 911 call -- possible heart attack. While my husband swallowed antacids for his "indigestion," Nyack EMTs and Medic 5 were on their way to my home. The transport decision made by the medics -- to take him directly to Good Samaritan Hospital in Suffern, with the cardiac intervention team and catheterization lab on alert for his arrival -- was the key to his survival. I state this by way of full disclosure, as one who is convinced that our proximity (12 miles) to Good Sam and its advanced cardiac interventions, (as opposed to 32 miles to Nyack's affiliated hospital Columbia Presbyterian in upper Manhattan) makes it the logical choice for emergency heart care - for my family, in any case.

Recent articles in both the [Journal-News](#) and [Nyack Patch](#), (upon which this article is based) address the current face-off between Nyack and Good Samaritan Hospitals regarding the preferred destination for cardiac patients requiring a catheterization lab for angioplasty procedures.

Nyack Hospital has recently instituted a policy stating that cardiac patients needing angioplasty will be transferred to Columbia Presbyterian Hospital, at W. 168th St and Fort Washington Avenue in Manhattan, just across the George Washington Bridge. Nyack Hospital is affiliated with Columbia-Presbyterian Hospital, as are many of its doctors, including cardiologists.

Patients who have suffered the most serious of heart attacks, referred to as a STEMI (ST [wave] Elevated Myocardial Infarction) normally need angioplasty quickly, performed in a cardiac catheterization lab, to open blocked coronary arteries. Nyack Hospital does not have a catheterization lab, so patients in the Nyack emergency room in need of this intervention have always been transferred -- to Good Sam, to Westchester Medical Center, to Columbia-Presbyterian, or to a hospital in New Jersey with angioplasty capability. Now, under the new policy, such patients will be taken to Columbia-Presbyterian, unless there is a pressing reason for them to be taken elsewhere.

Good Samaritan Hospital in Suffern, NY, which opened their cardiac catheterization lab in 2007, maintains that patients in Rockland County are better served by being brought to the closest qualified facility at their hospital, rather than endure a longer transport out of the county, and the resulting delay in potentially lifesaving angioplasty procedures.

This change in Nyack Hospital's policy came to the attention of Rockland County Legislator John Murphy of Pearl River, head of the Legislature's Multi-services committee. He asked

representatives of both Nyack and Good Samaritan Hospital to appear before a meeting of his committee this past week, to explain the policy change, and its ramifications for cardiac patients in Rockland County. Neither this committee, nor the County Legislature, has any authority in the matter; the hearing was simply an attempt to air both sides of the issue, in hopes of a possible resolution.

Dr. Michael Rader, vice president and medical director of Nyack Hospital, defended Nyack's new policy, stating that it gave patients 24/7 access to a major academic hospital, with cardiologists who are on staff at both Nyack and Columbia-Presbyterian. He pointed to recent 22-minute ambulance transport times from Nyack to Columbia-Presbyterian. Dr. Rader also implied that the new policy would not be strictly enforced in every situation. "Certainly we would not endanger a patient," he said. "I think you have to trust that we have very experienced cardiologists, very experienced emergency room physicians -- our emergency room sees 60,000 patients a year -- and they really know who has to be treated locally and who has the ability go into the city."

"Nyack head of cardiology, Dr. David Brogno, said that patients and their families would be given the opportunity to choose a different destination for angioplasty, although, as one community leader pointed out at the hearing, the extreme stress of a cardiac emergency would not make it easy to think things over and make such a decision.

Good Samaritan Hospital was represented by Deborah Marshall, vice president of Bon Secours Charity Health System. She addressed the issue of poor outcomes for Rockland County's heart attack patients prior to the opening of their cardiac cath lab in 2007. "When we were part of the grassroots campaign to bring these cardiac services to Rockland County, one of the most important things that we recognized is that the longer it takes for you to get to a point of service where your veins can be opened up so that you can have life-saving blood flowing through your heart is detrimental." She noted that Good Sam's program has attracted top ranked surgeons and interventionists, and expressed concern that Nyack's new policy represented a step backwards -- taking patients out of the county once again, despite the fact that excellent services are now available here.

Dr. Michael Innerfield, cardiologist at both Nyack and Good Sam, called Nyack's new policy "immoral." "If you're the person writhing in pain suffering and want your symptoms relieved as soon as possible, I think it's clear that you want to go to the quickest place possible, and that's Good Samaritan," he said. ♥



Nyack Community Ambulance Corps
Current 2012
Administration and Officers

President & Safety Officer - William McDowell

Vice President - Administration - Catherine Radziemski

Vice President - Operations (Captain) - Paul Morer

Secretary -

Board Members at Large - Tim Beaudoin, Steve Borton, Susan Hellauer

Training Officer- Willie White

Lieutenants -

1st: Ivan Guerra, 2nd: Tim Beaudoin
3rd: Carissa Borton

Legal Counsel - Duncan Lee, esq.

Medical Director - Dr. Stuart G. Rasch

GIFT CARDS ----- VP Cathy Radziemski

If you want to know whether and what level of gift card you have earned in any given month, check your hours in ePro, under "My Profile." If you have earned a gift card, you may pick it up from me at any General Membership Meeting. If you have a mailbox at the corps building, I will leave your gift card there. Other cards will remain in my mailbox. I live close to the building, so you may contact me to arrange pickup, by emailing me, or by calling or texting my cell phone: 602-750-4327

Hi Everyone:

The annual **Memorial Day Parade** will be on Monday, May 28th. Meeting at the building at 10:00, with Line up at 10:30.

I would like to have all of our apparatus in the parade, with perhaps even the bikes this year.

Perhaps we could do a Bar-B-Que at the building afterwards.

Let me know if you are available.

Thanks,
-- Paul

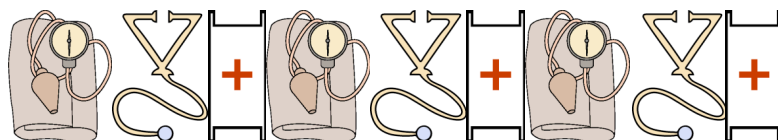
Please remember that the Good Samaritan Hospital Paramedic Scholarship deadline to submit is May 15th.

Please let me know right away if you are interested.

-- CAPT. PAUL MORER

REMINDER:

the annual Rockland County EMS dinner is on Thursday, May 24th. at the Crowne Plaza in Suffern, and we have once again purchased a table in honor of of volunteers. The sign up sheet is in the building. Please remember, this invitation is for you only. Unfortunately, you may not bring a guest.





B.O.C.E.S Students visit NCAC
-- by VP Cathy Radziemski

It was a cold winter day in January, 2012, when a group of local Boces students and their teachers gathered at the NCAC building. They came to learn about the work of Nyack's EMS personnel, and their importance to the community. After a brief tour of the building interior and an introduction by the VP, the students were invited to the ambulance bay. It was obvious by the looks on their faces and their lively conversation that this was the real object of their interest. It's a sure bet that most children are excited at the sight and sound of the lights & siren as emergency vehicles pass them in the street. But when they can actually step inside an ambulance, there is almost a sense of awe.

A big part of any successful visit is the talent of the "tour guide," and on this day the visitors were fortunate to have Willie and Morgan on duty. They answered questions about the items inside and outside the vehicle & they replied to requests to turn on the flashing lights. Due to the noise sensitivity of some of the students, the siren had to remain silent. Our on-board computer (AKA The Toughbook) was an impressive item for several of the kids. Of course, they wanted to know if we played video games on it!

After each student was allowed time inside the vehicle, and all their questions were answered, everyone received a coloring book that tells the story of EMS. The group left the building smiling and chatting as they compared the pictures in their books.





KAPTAIN'S KORNER

CAPT. PAUL MORER, NREMT-B

Some notes about protocols and procedures:

RADIO:

I'd like to remind everyone of proper radio protocols. All the corps in Clarkstown have been asked to publish this reminder.

Please use your full call sign, as in "24B1," etc, rather than just "Nyack" Also, try to avoid using "Nyack B1" etc. All of our radios transmit an identifier on the console at 201, so this helps them.

Please call 201 and wait for them to respond, before you proceed with your transmission. If you call them twice, with no response, you can then go ahead a transmit a blind transmission.

EPCRS:

Beginning immediately, I would like to ask everyone to do the following on every tour:

- 1. Please log onto the EPCR system on the computer in the crew room.

- 2. Go into the EPCR tab.
- 3. On the lower left of the screen, under Status Center, you'll see "my draft PCR's". This will tell you if you have any pcr's in draft, and allow you to go into them.

Please check DAILY and complete and lock your PCR's.

Recently, we have had several instances of a policy violation about not have a Nyack EMT ride in the back of every call that we transport on.

Please, as a reminder, we are not to drive the medic truck from the scene for them. If we are transporting, than a Nyack EMT MUST ride that job in.

Also, as a reminder, we are only to return the medic to someone in our service area (including their station). We are not to take the back to their truck in another area.....

Thanks, and let me know if you have any questions.

Paul

TRAINING NOTES

FROM WILLIE WHITE, NCAC TRAINING OFFICER

There will be an Basic EMT/Refresher class this summer:

EMT Basic-Tues May 29th-August 16th (test date). Classes will be held Mon, Tue and Thur 7:30pm-11:00 pm, and occasional Sundays

EMT Refresher-Tues June 5th-August 16th (test date). Classes will be held Tues and Sun 7:30pm-11:00 pm.

All classes will be held at the Rockland Fire Training Center. Applications are posted on the training board at headquarters. There are a few EMTs who will be expiring this year, so if you are not enrolled in our

CME program I suggest that you enroll in the summer refresher class.

Please look at the training board to see if your certifications are expired or expiring.

Training dates (4th Tuesday of every month) are posted on the website (nyackems.org). Have you registered? Please utilize the website for training/meeting dates, special events, what's happening now, etc.

If you would like to suggest any training topics, please email me.

-- Willie.white@nyackems.org



The Siren is the quarterly publication of Nyack Community Ambulance Corps

251 N. Midland Avenue, Nyack, NY 10960

Susan Hellauer, EMT-B, editor (Susan.Hellauer@NyackEMS.org)



CME and training opportunities in the area

Following are local training and CME opportunities. For more complete information, changes and additions, check the training board at the NCAC building frequently for postings of CMEs and required training for corps members.

You can also log on to www.hvremSCO.org and click on CME for last minute changes and additions to area training. Also consult www.wremSCO.org for Westchester area CMEs, training classes and conference notices.

If you know of any training opportunities that are not listed here, or on the training board, please bring them to the attention of training officer [Willie White](#).



NOTE: CHECK THE TRAINING BOARD AT THE BUILDING FREQUENTLY FOR NEW TRAINING CLASSES.

CME Calendar, revised 2/26/2012

Date	Day	Time	Location	Topic
05-03-2012	Thursday	1930	Warwick	Burn management
05-07-2012	Monday	1930	Blooming Grove	BLS Pharmacology
05-07-2012	Monday	1900	GSH	TBA
05-08-2012	Tuesday	1930	Pearl River	Burn Management
05-15-2012	Tuesday	1930	Piermont	WMD
05-21-2012	Monday	2000	Faist	Environmental
05-29-2012	Tuesday	1930	Nyack	Anaphylaxis / Epi Pen
05-31-2012	Thursday	1930	SOAC	Geriatrics

Date	Day	Time	Location	Topic
06-04-2012	Monday	1900	GSH	TBA
06-07-2012	Thursday	1930	Greenwood Lake	Spinal Immobilization
06-12-2012	Tuesday	1930	Pearl River	Airway
06-18-2012	Monday	2000	Faist	BLS Pharmacology
06-19-2012	Tuesday	1930	Piermont	Spinal Immobilization Workshop
06-26-2012	Tuesday	1930	Nyack	Paramedic Assistance Class
06-28-2012	Thursday	1930	SOAC	Weapons of Mass Destruction

Date	Day	Time	Location	Topic
07-02-2012	Monday	1930	Blooming Grove	OB-GYN / Pediatrics
07-05-2012	Thursday	1930	Warwick	Fracture Management
07-09-2013	Monday	1900	GSH	TBA
07-10-2012	Tuesday	1930	Pearl River	Cardiac update - LVADS
07-16-2012	Monday	2000	Faist	Airway
07-17-2012	Tuesday	1930	Piermont	WMD
07-26-2012	Thursday	1930	SOAC	Cardiac update - LVADS
07-31-2012	Tuesday	1930	Nyack	Patient Assessment

VITAL SIGNS - OCT 18-21, 2012, SYRACUSE NY
www.vitalsignsconference.com

For the first time, in conjunction with SUNY Upstate Medical Center a Gross Anatomy and Procedures Lab using cadavers! This will be a preconference held on Friday October 19th - Gross Anatomy in the morning for all EMT levels and the Procedures Lab in the afternoon for EMT-CC and Paramedics. Old favorites will include, BLS/ALS Core Content, Instructor Development and much, much more!

(For more information about these events, please contact:
 Donna Johnson CMP, CMM
 NYSDOH, Bureau of EMS (518) 402-0996 ext. 3

DID YOU KNOW?

that the HVREMSCO TRAINING PAGE is where you can find all upcoming EMT original and refresher courses AND CME classes, along with contact information, available in the entire Hudson Valley Region, including Rockland County (excludes Westchester).

Go to:

<http://www.hvremSCO.org/trng.htm>

AND DID YOU KNOW?

that there are numerous training opportunities just a short ride away in Westchester County, many of them at Westchester Medical Center in Valhalla.

Go to

<http://emergencyservices.westchestergov.com> and click on [Training Classes](#).

Or click on

[About Us/E-mail Sign-up](#) to receive notices of all training classes.



EMT-Basic - CME Recertification Program Checklist

- 24 hours of Refresher Training (review of core content)
 - Preparatory (1)
 - Airway (2)
 - Patient Assessment (3)
 - Medical/Behavioral (8)
 - General Pharmacology/Respiratory/Cardiac (4)
 - Diabetes/Altered Mental Status/Allergies (2)
 - Poisoning/Environmental/Behavioral (2)
 - Trauma (4)
 - Obstetrics/Gynecology (2)
 - Infants and Children (2)
 - Elective (2)

- 48 hours of additional continuing education requirements, which must include:
 - Geriatrics (minimum of 3 hours)
 - WMD/Terrorism (minimum of 3 hours)



A maximum of 12 hours for "core content" and 24 hours for additional CME hours may be credited for self-study activities through documented continuing education via publications, video and/or Internet training.

A maximum of 6 hours may be credited for teaching CPR courses and this can only be used once for each recertification period.

A CIC who teaches an original or recertification course can claim the maximum hours for the "core content" area only.

National continuing education programs like PHTLS, BTLS, PALS, ACLS, AMLS, SCOPE, PEPP, GEMS, etc. may be used towards "core content" areas or for additional CME areas. Please contact our office for guidance.

A maximum of 12 hours may be credited for any one specific topic.

See the program guidelines at the [DOH website](#) for the latest information.



**WESTCHESTER MEDICAL CENTER
MARIA FARERI CHILDREN'S HOSPITAL**

ROADSIDE TO BEDSIDE CONFERENCE

Trauma and Burn Care
at the Maria Fareri Children's Hospital Conference Center

on May 18, 2012
from 5:30p - 9:30p

Attendance and Parking are Free. Dinner will be served at 5:30p.

Pre-registration required:
call 1-877-WMC-DOCS or register online at

www.worldclassmedicine.com/conference-calendar

For more information:
Call 914-493-5911

Important Message from the Westchester Regional EMS Office:

Prehospital providers looking to apply the sessions at the Roadside to Bedside conference to their NYSDOH recertification for EMT/AEMT will need to take the information from this event to the CIC at their respective agency responsible for approving/accepting education for application to the CME Recertification Program. It is recommended that a copy of the brochure and any handouts are retained to support the awarding of credit in case of an audit from the NYSDOH BEMS to prove applicability to EMS scope of practice.

Any questions specifically regarding the CME Recertification Program should be directed to the NYSDOH BEMS Office of Education and Certification Services at 518-402-0996, x1, x2.

**EMS WEEK IS COMING RIGHT UP!
SEE THE POSTERS AT THE END OF THIS ISSUE OF THE SIREN
FOR LOCAL CELEBRATIONS AND EVENTS.**

THANK YOU FOR ALL YOU DO - DAY AND NIGHT FOR HEALTH AND LIFE



Can you say "scene safety"?

From RPS Capt. Frank Deschino:

WATCH, THINK, AND LEARN:

<http://www.ocregister.com/news/explosion-350787-officers-captain.html>

ATTENTION ALL DRIVERS!

Corps member Mike Lantz passes along this article as an important reminder that ambulance drivers, even when responding to an emergency, must drive with due regard for the safety of their passengers, pedestrians and other drivers; AND drivers will be held personally responsible for any accidents that result from reckless driving, regardless of the circumstances.

<http://www.emsworld.com/news/10711532/alabama-responder-on-trial-for-fatal-ambulance-crash>

**Air Medical Scene Operation
& Trauma/Burn Continuing Education
Sponsored by Westchester Medical
Center and LifeNet of NY**

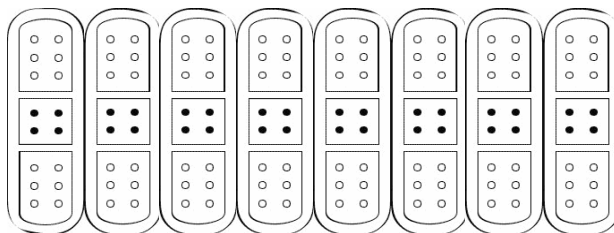
Topics will include:

- * Scene Operations and Landing Zone
- * Current Issues in Trauma
- * Current Issues in Burn
- * Lunch will served and Aircraft will be on-site for demonstration (Weather permitting)

June 2, 2012 - 9 a.m. - 1 p.m.
Dutchess County
Department of Emergency Response
392 Creek Road
Poughkeepsie, NY 12601

June 30, 2012 - 9 a.m. - 1 p.m.
Orange County Emergency Services Center
22 Wells Farm Road
Goshen NY 10924

**To register
Call: 877-WMC-DOCS**





NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 22, 2012

Dear Healthcare Provider:

The purpose of this letter is to alert you of an emerging threat to public health associated with the use of synthetic cannabinoids, which are used often by teens and young adults to mimic the effects of marijuana. Synthetic cannabinoids are marketed as “legal” and consist of plant material coated by chemicals which mimic THC, the active principle of marijuana.

Calls to New York State Poison Control Centers have increased dramatically in 2012 and severe side effects including death, acute renal failure, as well as other significant negative effects to the cardiovascular and central nervous systems have been linked to use of these products. It is important to note that these products do not show up on a urine drug screen as THC.

The products are sold as incense, herbal mixtures or potpourri, online and in convenience or smoke shops, and often carry a “not for human consumption” label in order to disguise the true purpose of the substance. Various formulations are being sold under names such as: K2, Spice, Blonde, Summit, Standard, Blaze, Red Dawn X, and Citron.

The most common route of administration of these synthetic cannabinoids is by smoking (using a pipe, a water pipe, or rolling the drug-spiked plant material in cigarette papers). Users report highs that last between 30 minutes and two hours, and at times describe out-of-body experiences. The most common symptoms that have been reported include:

- tachycardia (increased heart rate)
- paranoid behavior, agitation/irritability
- nausea and vomiting
- confusion
- drowsiness
- headache
- hypertension
- electrolyte abnormalities
- seizures
- syncope (loss of consciousness).

HEALTH.NY.GOV
facebook.com/NYSDOH
twitter.com/HealthNYGov



Due to the imminent threat to the public safety, the Drug Enforcement Administration (DEA) used its emergency powers to render these substances illegal for sale by making them Schedule I controlled substances. Should you become aware of retailers selling these products, you may report it to the DEA by calling 877-883-5789.

More information on these products may be found on the DEA website at:
http://www.deadiversion.usdoj.gov/fed_regs/rules/2012/fr0301_3.htm as well as at
the American Association of Poison Control Centers at
<http://www.aapcc.org/dnn/Portals/0/ONDCP%20Meeting.pdf>
<http://www.aapcc.org/dnn/Portals/0/Synthetic%20Marijuana%20Data%20for%20Website%202012.pdf>.

The Department of Health will continue to monitor this important issue. Calls or questions regarding these products may be directed to the Bureau of Narcotic Enforcement at 1-866-811-7957.

Sincerely,

Nirav R. Shah, M.D., M.P.H.
Commissioner of Health

REGIONAL EMS OFFICE NOTE: This trend of using "synthetic" versions of well-known illegal substances has become an epidemic around the country. In addition to the "look-alike" pot products, materials known as "bath salts" have seen wide-spread abuse as a readily available alternative to methamphetamines and cocaine. In addition to the DEA and Poison Control Center links suggested by the NYSDOH Commissioner in his letter below, visit JEMS and EMSWorld for more profiles on these latest, and devastating, methods of substance abuse.

<http://www.jems.com/article/news/new-jersey-bans-synthetic-marijuana> (March 2012)

<http://www.jems.com/article/news/fake-weed-linked-dozens-medical-emergenc> (December 2011)

<http://www.emsworld.com/news/10577520/photo-of-the-day-military-synthetic-marijuana-use> (December 2011)



Please take a moment to read this chilling account of an incident member Jeremy Griffel had at work on a recent Friday night:

Buckling Up in the truck!

After an experience on Friday night I cannot urge my fellow members and paid staff at Nyack Ambulance to buckle up enough while in the front or back of the ambulance. On Friday night I was involved in an ambulance MVA while at work. Two cars drag racing crossed the double yellow line and proceeded to head towards my ambulance head on at a high rate of speed.

While I was able to avoid the first vehicle the second vehicle came inches away from a direct head on hit. While the driver mimicked every maneuver I made to attempt to avoid a direct hit at the last second the driver of the vehicle turned outward and only hit the truck from the center of the grill outward on the passenger side. I can honestly say that because I was wearing a seatbelt while operating the vehicle I escaped with just minor muscle pain and should be cleared to return to work tomorrow. However, I can also attest to that because my partner was unrestrained he went flying into the cabinet in the rear of the ambulance which, luckily for him, was open and had a soft cushion tech bag to stop his fall. He also escaped with just minor injuries.

I feel it is important to share this with all of you because while simply driving down a residential street doing 20 mph an accident like this can occur. Recently, New York State DOH sent out an EMS Order stating that all members of any agency must be restrained in the rear of the ambulance.

However, I can also tell you that I know many EMT's including myself do not put a seatbelt on when they are in the front or back of the vehicle. I am writing this to truly bring this home and explain to everyone that the three

seconds it takes to put a seatbelt on can be the three seconds that prevent you from injury.

Had the roller door which our tech bags are stored behind been closed my partner would have slammed his head into a metal gate instead of simply hitting my PPE bag and backpack. Also, don't just assume that because you are simply going down the street an accident cannot occur – our accident occurred 1 block away from the scene in which we picked up the patient.

I know we all volunteer or work paid EMS for different reasons. Some of us do it to help others, others because we are interested in getting involved in healthcare and view this as our first window in the healthcare field, and sadly as much as we hate to believe it others simply to get a paycheck. No matter what your reason please when you are in the back of the vehicle providing patient care unless it is absolutely impossible take the two seconds and put on your seatbelt. I can attest to that from this point forward not only will I put my seatbelt on no matter where I am in the truck I will also fully ensure that all equipment is fully secured inside the vehicle.

-Jeremy Griffel

.....
: **THANK YOU, JEREMY, FOR SHARING THIS**
: **WITH US.**
:
: **IT IS ESPECIALLY TIMELY, AS IT COINCIDES**
: **WITH NEW DOH GUIDELINES ON SAFETY AND**
: **PATIENT CARE IN THE BACK OF THE**
: **AMBULANCE. WE WANT TO GIVE OUR**
: **PATIENTS THE BEST POSSIBLE CARE, WHICH**
: **ALSO MEANS PROTECTING THEM AND**
: **OURSELVES FROM COLLISIONS INSIDE THE**
: **AMBULANCE, IN THE EVENT OF A CRASH, OR**
: **EVEN A SHORT STOP.**
:
: **SEE THE NEW DOH GUIDELINES ON THE NEXT**
: **PAGE.**
:.....




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: New

No. 12 - 04

Date: February 27, 2012

**Re: Advisory on
Patient Care in a
Moving Ambulance**

Page 1 of 1

This policy was developed to assist EMS providers and agencies in adopting policies and procedures that will address issues of improved and appropriate personal safety while treating and transporting patients in the patient care compartment of the ambulance. Additionally, this policy is intended to articulate the need for provider, patient and equipment restraint in the patient compartment. It is also intended to improve the EMS agency's awareness of the inherent risks to unrestrained personnel and encourage agencies to be proactive in making this aspect of the prehospital environment safer for their personnel and patients.

Background

The patient care compartments of ambulances are not generally designed to protect people in the event of a motor vehicle crash (MVC). Most fatalities and serious injuries in ambulance crashes involve unrestrained or poorly restrained passengers in the patient care compartment. The use of seatbelts and patient care device restraints have been recommended by numerous emergency vehicle crash safety experts as a method of reducing injuries in ambulance crashes. However, many EMS providers still do not use seatbelts or restrain their equipment properly. One motivation for failing to follow this simple safety technique is the belief that EMS providers should be unrestrained in order to provide appropriate patient care. Only a very few prehospital care interventions are so essential they should be performed regardless of an EMS provider's ability to restrain themselves.

Policy

Whenever possible, EMS providers should perform patient care skills when they are appropriately restrained in a moving vehicle or done when the vehicle is stopped. As long as it is safe and appropriate to do so, the ambulance should be pulled off the road and stopped for the duration of necessary interventions and procedures. As a matter of safety, EMS providers should plan their patient care so that essential interventions are performed prior to beginning transport and have ready access to patient care equipment that might be expected to be used during a transport while maintaining provider safety restraints.

Agencies should strongly consider technological adjuncts such as automated vital signs monitors and multiple control panels that will allow providers to continue to perform essential aspects of patient care while seat belted. As an agency considers the purchase of new vehicles, or is retrofitting current vehicles, design considerations such as access to sharps containers, the ability to secure equipment, rounded corners, radio access, and padded head strike zones should be considered and adopted as appropriate. Additionally, new technology such as ventilators and automatic chest compression devices should be evaluated for use in required situations.

Conclusion

Very few patient care interventions are so essential to the preservation of a patient's life or limb that they should be performed regardless of the EMS provider's ability to restrain themselves. EMS providers should attempt to perform all patient interventions while they are appropriately restrained in a vehicle that is in motion. As with all protocols, there will be exceptions, however it should be a very rare occasion where an EMS provider is unrestrained in the back of a moving ambulance for any reason.



Boston Regional Intelligence Center



UNCLASSIFIED//FOR OFFICIAL USE ONLY

BRIC.bpd@cityofboston Phone: 617-343-4328 Fax: 617-343-5222

4/11/2012 – Medical Intelligence Bulletin 2012-03

Medical Intelligence Bulletin
Suicide Using Sodium Azide
11 April 2012

(U/FOUO) On the evening of 9 April 2012 Boston Police and EMS units responded to an apartment building for reports of a possible overdose. Responding units located a non-verbal female patient with empty prescription bottles of anti-depressant medications as well as notes indicating suicide. The patient also had contacted a family member with details about her suicide including the possible use of a chemical.

(U//FOUO) The patient presented with altered mental status; normal pupils, pale skin, rapid pulse, but normal blood pressure. The individual was transported to Boston Medical Center where she passed away a short time later.

(U/FOUO) The chemical ingested by the victim, sodium azide, was obtained at the patient’s workplace; a laboratory in the Boston area. Sodium azide is a rapidly acting, potentially deadly chemical that exists as an odorless white solid. Sodium azide is best known as the chemical found in automobile airbags; it is also used as a preservative in laboratories and for agricultural pest control.

(U//FOU) Law enforcement officers, first responders and first receivers should exercise caution when treating patients suspected of attempting suicide using chemicals such as sodium azide. Additionally, officers and first responders should be aware that in such cases bodily fluids such as vomit may contain contaminants.¹ Please note that these chemicals may also affect others (family, friends) that come in contact with victim and follow-up evaluations should considered.

¹ Chemical Assisted Suicides: Responder Information, National Hazardous Materials Fusion Center

Sodium Azide Facts:

- When it is mixed with water or an acid, sodium azide changes rapidly to a toxic gas with a pungent odor. It also changes into a toxic gas when it comes in contact with solid metals (for example, when it is poured into a drain pipe containing lead or copper).
- The odor of the gas may not be sharp enough to give people sufficient warning of the danger.
- The seriousness of poisoning caused by sodium azide depends on the amount, route, and length of time of exposure,
- Breathing the gas that is formed from sodium azide causes the most harm, but ingesting sodium azide can be toxic as well.
- The gas formed from sodium azide is less dense than air, so it will rise.
- Sodium azide prevents the cells of the body from using oxygen.
- Sodium azide is more harmful to the heart and the brain than to other organs.

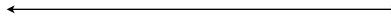
For more information regarding sodium azide please refer to <http://www.bt.cdc.gov/agent/sodiumazide/basics/facts.asp>

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Noteworthy

**General Membership Meeting, second Thursday of each month
7:30 pm at the corps building**



Officer Contact Information

Rank	Name	Radio	Cell #	Email	Duties
Captain	Paul Morer	1	917-817-1867	Paul.Morer@NyackEMS.org	
Lieutenant	Ivan Guerra	2	845 304 0246	Ivan.Guerra@NyackEMS.org	Rigs/First Aid
Lieutenant	Tim Beaudoin	3	845 499 9279	timbeaudoin25@gmail.com	Operations
Lieutenant	Carissa Borton	4	845-323-2575	carissaborton@gmail.com	Communications

A HEARTFELT THANK YOU!

**Corps member Susan Hellauer and her husband Robert Barrows wish to thank
Nyack Community Ambulance Corps and duty crew A.J. Briones and Cathy Scully,
as well as RPS Medic 5 crew Steve Doyle and Moshe Amsel,
and everyone at the Good Samaritan Hospital cardiac catheterization lab
for saving Bob's life on Thursday night, March 22, 2012.**

**Without their outstanding work, my husband wouldn't be alive today. We will never
forget that night, or the people who did their job with such skill and compassion.**

Since 1939 . . . Neighbors helping neighbors . . . Day and night . . . For health and life



EMS REGIONAL TRAUMA CONFERENCE



SAVE THE DATE

SUNDAY, MAY 20TH, 2012

9:30 AM – 4:00 PM

RANDALL'S ISLAND

FDNY TRAINING ACADEMY

Hear from National Trauma Experts

Participate in Live Action Drills

School Shooting * Mass Transit

MCI with Secondary Devices * Blast Injuries

MVA Extrications * School Bus Accident

Plus Hands-On Workshops and Skills Challenges

6 hours CME

Participants must provide safety gear: helmets, gloves
safety boots, eye protection



Share your Trauma experience
and be recognized!

RSVP ASAP

Space is limited
To register:

Visit www.fdneytraumaconference.com
(click on EMS CONF. MAY 20)

Fee: \$15

Breakfast and lunch will be provided.

For more info: Contact Dave at 718.999.2413 or salemid@fdny.nyc.gov





JUNE 5, 2012

SAVE THE DATE!



Law Enforcement★Emergency Services★Public Works

FLEET AND EQUIPMENT DEMO DAY



REGIONAL EVENT FOR POLICE, FIRE, EMS, PUBLIC WORKS,
AND MUNICIPAL LEADERS, FLEET MANAGERS AND MAINTENANCE PROFESSIONALS

Proudly featuring the next generation of police vehicles
and representatives from General Motors, Ford and
Chrysler

Please Save the Date for **DEMO DAY** where
Municipalities, Departments and Vendors
have a unique opportunity to show and
share information about their fleet,
equipment, and specialty services...

More Details Coming Soon!
Call WCDPW at 914-995-4961 to Register



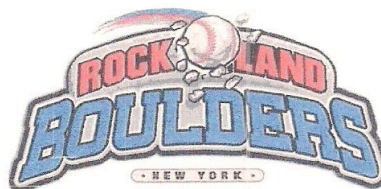
★ **NEW SITE LAYOUT PLANNED FOR 2012!** ★
Westchester County Playland Park, Rye, New York



GOOD SAMARITAN HOSPITAL
Bon Secours Charity Health System

YOU'RE INVITED!!
**GOOD SAMARITAN
HOSPITAL**
EMS RECOGNITION DAY

Opening Day – Tuesday, May 22nd, 2012
Provident Bank Park
Pomona, NY



Barbeque: 5:00 pm
Game Time: 7:00 pm
Fireworks after the game

Free to EMS Providers

For more information and tickets:

Ernie Stonick

845-368-5408

Ernie_Stonick@bshsi.org

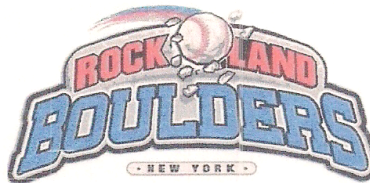
255 Lafayette Avenue, Suffern, New York 10901-4869 tel 845/368-5000 www.goodsamhosp.org **Good help to those in need.**



GOOD SAMARITAN HOSPITAL
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