

# Bureau of EMS

**F**DNY EMS manages the City-wide EMS system, comprised of both FDNY ambulances and ambulances operated either directly by private hospitals (also known as “voluntary” hospitals) or for private hospitals by (third party) private ambulance providers. EMS has five Divisions, corresponding to the five boroughs of the City, each with a Division Commander supported by EMS Deputy Chiefs. Within each Division are several EMS stations. Each EMS station is under the direction of an EMS Captain and operates Basic Life Support (BLS) and Advanced Life Support (ALS) ambulances.

BLS ambulances are staffed by two EMTs and ALS ambulances are staffed by two Paramedics. ALS and BLS ambulances have different skills and capabilities and offer different levels of pre-hospital emergency medical care. Currently, the City operates 1010 ambulance tours in a 24-hour period, of which 654 tours are operated by the FDNY. Typically, an ambulance tour is eight hours.

EMS and hospital ambulances are strategically deployed throughout the City to specific cross-street locations where they await assignments from Emergency Medical Dispatch.

In calendar year 2012, EMS responded to 1,299,594 emergency medical assignments. For those incidents classified as life-threatening or potentially life-threatening, the average EMS response time was six minutes and 30 seconds. The average EMS response time to all incidents was eight minutes and 28 seconds.

## Key issues and initiatives

To manage demand for service and emergency room turnaround, the Bureau of EMS has implemented the following initiatives, increasing efficiency and effectiveness:

**Increased Demand for Service**--Call volume reached its highest level in fiscal year 2012, with 1.3 million ambulance runs, of which 448,812 (40 percent) were in response to life-threatening emergencies (segment 1-3). EMS ambulances responded in six minutes, 30 seconds, to these life-threatening emergencies.

**Emergency Room Turnaround**--As call volumes for ambulance

requests through the 911 system continue to increase, turnaround times at 911 receiving emergency departments also begin to increase, limiting the number of ambulances available at any given time for the next response.

On November 17, 2013, a pilot program was begun to implement *Best Practices* for the triage of ambulance patients arriving at several selected emergency departments in the New York City 911 system. The purpose of this program is to decrease ambulance turnaround times at New York City emergency departments. Patients who have been deemed “stable” by pre-hospital personnel and meet certain inclusion criteria and no exclusion criteria may be brought to the Fast Track Ambulance Triage Areas during the operating hours of these triage locations.

**Cardio Pulmonary Resuscitation (CPR) Training**--In partnership with the Mayor’s Office and NYCService, the FDNY is expanding its community-based CPR program, which offers a free, hour-long class that teaches civilians how to save the life of an adult or child. “CPR-to-Go” demonstrates how to provide primary emergency response to sudden cardiac arrest (SCA), should the need arise.

FDNY courses are available to the public at both Fire Department facilities and the New York Sports Clubs (NYSC) throughout the five boroughs. Everyone who completes the training receives a free, transferable, week-long pass to NYSC. As part of the class, FDNY asks these trainees to “pledge to give back,” by sharing newly learned CPR knowledge with up to five other people.

**EMS Patient Tracking System (PTS)**--Given the potential threats to the City, the development of a computerized Patient Tracking System is an essential tool when responding to numerous victims of a multiple-casualty incident (MCI) that may take place anywhere in the City.

In 2011, FDNY piloted a portable, field-tested device that electronically tracks the location and movement of a patient through three stages of his/her condition assessment and treatment:

- Initial contact with FDNY personnel
- Transport to an emergency room and
- Transfer of patient care to hospital personnel.

Additionally, the electronic tracking system also will allow the wireless transfer of critical patient data to centralized operational lo-



CPR-To-Go Program provides hands-on training to members of the public. They learn how to provide primary emergency care to someone suffering sudden cardiac arrest.



Medics provide patient treatment during a mass-casualty incident drill.

cations, such as the Fire Department Operation Center (FDOC), Office of Medical Affairs and Bureau of EMS at FDNY Headquarters.

Tracking and identifying patients at large-scale incidents with multiple casualties is a challenge for EMS. EMS has identified new and improved technological devices that use a rugged wireless tablet to connect to the Mobile Electronic Patient Care Report (E-PCR). This innovative wireless technology retrieves on-scene triage and PCR data to the PTS tablet. This real-time patient tracking system provides many Officers in the field, as well as the FDOC, important patient information, such as patient name, severity of injury and hospital destination.

**Joint Training**--The Department is responding to the increased need for management training for its EMS Officers by creating a formal leadership training curriculum for newly appointed EMS Deputy Chiefs. This training will enhance competency in areas such as on-scene command and control, management of multiple-casualty incidents, performance as a Medical Branch Officer, administrative tasks and communication skills. This training will equip these Officers with the leadership skills and management expertise to successfully perform their duties.

Similarly, the transition from a direct patient-care provider (EMT and Paramedic) to the rank of EMS Officer (Lieutenant and Captain) requires development of new skills in the areas of supervision, interpersonal communication, adherence to procedures/protocols and team building. FDNY recognizes the need for training and mentoring to help improve decision-making under stressful conditions.

The Department also is facilitating in-service training for EMTs and Paramedics on-site at EMS stations, using state-of-the-art videos, training materials and subject matter experts such as Office of Medical Affairs physicians providing continued medical education.

In addition to conducting joint Fire and EMS training to improve coordination of Fire and EMS operations, the Department has designed specific courses--such as the Emergency Response Plan (ERP) and Medical Branch Director (MBD)--workshops and exercises to further develop members' communication, teamwork and understanding of Fire and EMS members' respective roles and responsibilities.

#### EMS facilities

The FDNY has 35 EMS stations throughout New York City, with several new facilities recently opened and others in various stages of construction or near completion:

**EMS Station 3, Soundview**--This Bronx station is a state-of-the-art environmental facility that features a green roof. It opened December 9, 2013.

**EMS Station 10, Yorkville**--This station is located on the grounds

## Haz-Tac and Rescue Medic Units

The FDNY has 35 EMS 911 units trained and equipped to operate at the Haz-Mat Technician level, with the specific mission to provide medical management to patients contaminated with hazardous materials or affected by a weapon of mass destruction (WMD). Haz-Tac members receive an 80-hour Hazardous Materials Technician course, where they are trained to operate in all levels of respiratory protection and Chemical Protective Clothing (CPC). The Haz-Tac members can operate in all zones of a hazardous materials or WMD incident and they are trained and equipped to provide emergency patient decontamination if needed.

Eleven of the 35 Haz-Tac units are trained as Rescue Medic units. Members assigned to these units have additional training as Rescue Technicians, with a concentration on the medical management of patients in the technical rescue environment. This includes the use of specialty medical equipment and medications through advanced patient care protocols.

The primary mission of the Haz-Tac units is that of a 911 EMS resource. Under normal circumstances, they remain available through the 911 system. However, when operating at assignments involving hazardous materials and technical rescue, Haz-Tac-trained units fall under the direction of the Haz-Mat and Rescue Group.



(Above) Haz-Tac-trained units come under the direction of the Haz-Mat and Rescue Group when operating at hazardous materials and technical rescue incidents. (Right) Eleven of the Haz-Tac units are trained as Rescue Medics.

of Metropolitan Hospital in the Yorkville "El Barrio" section of Manhattan. It was rendered uninhabitable after Hurricane Sandy last year. Many renovations have been completed and a re-opening is anticipated in February 2014.

**EMS Station 49, Astoria**--This Queens station is located in the basement of New York Hospital of Queens. The hospital is in the midst of a large construction project and EMS Station 49 will require relocation. The proposed relocation site has been identified in the proximity of the Triboro Bridge. The regulatory paperwork, agreements and funding are in the completion phase and a temporary structure will be designed, built and occupied by the spring of 2014. This is a critical station that serves many communities in the borough of Queens.

**EMS Station 50, Hillcrest**--Approximately eight years ago, EMS Station 50 was relocated from a building to temporary trailers located on the grounds of Queens General Hospital. The new EMS Station 50 will house Basic and Advanced Life Support ambulances, specialty units--such as the Medical Emergency Response Vehicle (MERV) and Medical Evacuation Transportation Unit (METU)--and the EMS Division 4 offices. This new facility will provide a large number of residents with pre-hospital care.

**EMS Station 59, Spring Creek**--This new station will be in an existing structure on East 102nd Street and Foster Avenue in Brooklyn. As a result of the discontinuation of 911 ambulance service from Brookdale Medical Center, FDNY EMS has increased ALS and BLS staffing to ensure adequate response times to those communities in Brooklyn. This facility will house the additional ambulances within the areas they serve. Seven 24-hour ambulances will start and end their tour at the Spring Creek EMS Station.

Although this is just a brief summary of initiatives and enhancements undertaken since 9/11, these improvements--which make FDNY emergency medical service more effective and more efficient--are indicative of how EMS has managed change to meet always increasing demand.

