Whether it’s treating tennis players, resuscitating racers, or protecting presidential candidates, chances are if it happens in Greater Cincinnati, there’s someone from UC Emergency Medicine on the scene training or ready to serve.

Art Pancioli, MD, Richard C. Levy Chair and Professor of the UC Department of Emergency Medicine describes the department’s work in the community as far-reaching and showing up in many unexpected places in and around the region. “But you’d like us to show up, because when you need us, we’ll already be there.”
THE DIVISION of Emergency Medical Services (EMS) was created by the Department of Emergency Medicine in late 2001 following 9/11. The initial core of the division was the Special Operations Institute (SOI), created to help first responders prepare for any future attacks.

“Education, medical support and community service are the three primary missions of the Division of EMS,” says Donald Locasto, MD, associate professor and head of the EMS Medical Direction subdivision in the UC EMS Division and director of the SOI. “The division’s faculty members provide a unique teaching opportunity for EMS first responders, emergency medicine residents and medical students, all while providing an essential community service.”

UC’s Division of EMS works with 46 departments in the region, which in turn serve over 600,000 people. Across the State of Ohio, every fire department, emergency service, and EMS training organization requires a physician medical director to oversee educational offerings and the medical care provided by these entities. Last year, more than 26,000 hours were provided by UC faculty and staff as part of these community service programs.

The Division of EMS has 14 participating faculty members, 43 residents, six staff and three EMS fellows who collectively act as a well-connected extension of the Emergency Department. One of the key elements of this is the training of EMS providers and emergency medicine physicians.

“It is important that emergency medicine residents in training know and understand the role of EMS in the medical care continuum,” says Locasto. “The first three years of resident education include an important facet of EMS education.”

First-year residents are required to ride along with the Cincinnati Fire Department to see patient care being provided in the field. In the second year, the resident physician focuses on providing care in the field as a helicopter EMS flight physician. In year three, the resident provides medical control for the EMS units taking patients to the University of Cincinnati Medical Center (UCMC) Emergency Department.

WHERE ELSE CAN YOU FIND UC EM?

SWAT Support

SWAT teams are on the front lines of some of the most dangerous situations law enforcement officers face. A large number of UC EMS attending physicians and resident physicians train side-by-side with three of the region’s tactical teams, giving those teams a layer of safety and support.

“There are many advantages to having emergency room physicians attached to our SWAT Team,” says Lieutenant Mark Vennemeier, Tactical Coordination Unit/SWAT coordinator for the Cincinnati Police Department. “They accompany us on all high-risk search warrants and respond to hostage/barricaded incidents. This gives the SWAT officers peace of mind knowing that if they or a civilian suffer a life threatening injury, an emergency department doctor is literally a few seconds away. As you know, seconds count.”
From Tennis Pros to Weekend Warriors, EMS is on the Scene

ANYTIME YOU GATHER thousands of people together for an event, there will almost always be a need for medical assistance. Treatment and movement of patients at a large public event environment is much different than in a normal prehospital setting. The EMS Division has established specialized crews with paramedics and physicians to respond to these types of emergencies.

Dustin LeBlanc, MD assistant professor of emergency medicine, is the medical director for special event medicine for UC Mobile Care, which includes overseeing medical direction for the Western & Southern ATP/WTA tennis tournament in Mason, Ohio, as well as Cincinnati’s Queen Bee Half Marathon and Thanksgiving Day race among others.

“I help coordinate coverage for mass gatherings where UC Health is a sponsor or medical provider,” he says. “Our Mobile Care event medics not only cover all UC sporting events, but also US Bank Arena events and many other large events. I served on the medical direction team for the World Choir Games a few years back and have been on the medical direction team for the Flying Pig Marathon for the past several years.”

He recalls a memorable Thanksgiving Day race in 2015, “where we had a cardiac arrest at the finish line,” says LeBlanc. “Along with some helpful bystanders who happened to be medics, we ran a successful resuscitation in the field, achieving return of spontaneous circulation and normal mental function in the patient prior to transport to UC where he had additional care. That man was able to have the holidays with his family that year and run the race the following year because we were there, completely prepared.”

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WHERE ELSE CAN YOU FIND UC EM?

Dignitary Protection

Working directly with the U.S. Secret Service—Cincinnati field office, anytime a protected dignitary comes to the region, the EMS Division assigns a physician as part of the protective detail. This service provides a physician who functions within the security perimeter to deliver medical care to the dignitaries being protected and Secret Service agents as needed. This subdivision has worked over 80 missions over the last 12 years.

Pancioli says emergency medicine physicians and secret service agents have similar thought processes. “What could go wrong? What might go wrong? Where’s the threat, where could it come from?” he says. “It’s fascinating to watch the agents as they approach areas of challenge.”
Earthquakes, Wildfires, Flu: No Two Disasters are Alike

ANOTHER AREA where UC’s emergency medicine experts excel at quick response and treatment in the field is in disaster relief, as well as urban search and rescue.

“A disaster is defined as that which is negative and which overwhelms the system’s native state or capability,” says Pancioli. While some disasters like hurricanes and to a certain degree tornadoes, come with advance notice, others strike without warning. “A disaster could be as simple as an unbelievable spike in flu when you just have no capacity to see the patients.”

Since the early 1990s, Edward “Mel” Otten, MD, professor in the Department of Emergency Medicine, has been a member of the Disaster Medical Assistance Team, a group of professional medical personnel who can provide rapid response medical care during a disaster.

“Hurricane Sandy was the last big one,” says Otten. “We were taking care of people in a gymnasium. I also put up a clinic in a handball court, and we were seeing patients there. They were just so happy that we were even there helping them out.

They couldn’t believe that we came all the way from Cincinnati to help them.”

Otten says he likes the uncomplicated nature of providing medical care in disaster situations.

“I’ve been to hurricanes, earthquakes, wildfires and I’ve been to war a couple of times,” Otten says. “To me it’s really basic medicine. You’ve got a stethoscope and a flashlight and you’ve got to use your brain and there’s no MRI or CT scanners or operating rooms. In a disaster, those people are just happy to see you there.”

Public Service Campaigns: Stop the Bleed

Tourniquets are one of the oldest forms of first aid dating back to the civil war, and still one of the most effective in a trauma situation. The Department of Emergency Medicine and the Department of Surgery along with UC Health donated $15,000 to purchase 650 military grade tourniquets for Cincinnati police officers to use in reducing deaths, as part of a nationwide Stop the Bleed initiative launched by the Department of Homeland Security.

“Uncontrolled bleeding is the leading cause of preventable death in trauma cases,” says Otten.

The National Trauma Institute reports that a person can die in just minutes if bleeding is not controlled. This loss of life accounts for approximately thirty-five percent of deaths before victims arrive at a hospital.

The bleeding control kits include a tourniquet, vinyl gloves, dressing and gauze packing. UC teams offer training for first responders and others to underscore the value of early control of active bleeding while also instructing how to apply a tourniquet, and achieve proficiency through practice. The hope of UC and UC Health is that the training will extend into communities, schools, and workplaces to educate anyone who can help in an emergency while waiting for medical personnel to arrive.

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Stephanie Streit, MD, assists first responders with proper tourniquet technique during Stop the Bleed training.