



Brian Walters, DO, FACEP
*2019 Greater Buffalo EMS Conference
Presenter Profile*

TOPIC: Damage Control Extrication: A Two-Part Case Study

Dr. Brian Walters began his medical career as a volunteer EMT, and later worked as an EMT-Intermediate for Twin City Ambulance while completing his undergraduate degree. He graduated from the New York College of Osteopathic Medicine and then completed an Emergency Medicine residency at the University of Buffalo. He is board certified in Emergency Medicine and a Fellow of the American College of Emergency Physicians and American Academy of Emergency Medicine.

Dr. Walters served as the Director of Emergency Services for the Upper Allegheny Health System overseeing local emergency departments for several years before returning to his roots and taking a more active role in EMS. He currently serves as the medical director for the Chautauqua County Office of Emergency Services' 4th Battalion, Alstar, and the Southern Tier Regional Paramedic Program. He is also the medical director for two tactical medical teams that provide medical support for area Hazmat and SWAT operations, and is active in many state and national EMS and tactical EMS organizations.

Additionally, Dr. Walters is past-Chairman of the WREMAC. Currently, he serves on the State Emergency Medical Advisory Committee (SEMAC) for NYS. He teaches and lectures frequently throughout the area, and teaches Tactical Emergency Casualty Care (TECC) for the National Center for Security and Preparedness, and the NY State Preparedness Training Center.

Kevin Mahoney, Esq., EMT
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**TOPIC: Deciphering the Alphabet Soup of Legal Documents:
DNR, MOLST, HCP, and POA**

Kevin Mahoney has been an attorney with HoganWillig in Amherst, New York for over twenty two years. He is an interior firefighter/EMT with the Bergholz Fire Company where he is currently serving as Captain. Mahoney currently serves as general counsel to several volunteer fire and ambulance companies, as well as the Wyoming Erie Regional EMS Council.

One way for an EMS call with an unconscious/unresponsive/non-communicative patient to be made more complicated is for a family member to assert some decision-making authority to influence a treatment/transport decision and, likely after rifling through a number of papers, then provides a document intended to prove it. We'll discuss the potential forms that may be provided, what each does and does not do, and what the EMS provider should do as a result.