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HUDSON VALLEY REGIONAL EMS COUNCIL

CORPORATE MEETING

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MINUTES OF MEETING, held at Hudson
Valley Regional EMS Council, 103 Executive Drive,
New Windsor, New York, on Wednesday, October 22,
2014, at 7:00 p.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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A P P E A R A N C E S :

- MIKE WITKOWSKI, EMT-P
President
- RICHARD PARRISH, NREMT-P,
Vice-President
- DR. ERIC STUTT, M.D.,
Medical Director
- WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

- JEFFREY CRUTCHER, QI Coordinator
- KAREN DELAUNAY, Administrative Assistant

DUTCHESS COUNTY

- DAVE VIOLANTE
- JOAN SIEBERT
- JENNIFER MANZI
- MARYANN BAKER

ORANGE COUNTY

- JOANN CHENEY
- BEN CONQUES
- ANDY LAMARCA
- KELLY MAKUEN
- ISRAEL KNOBLOCH

PUTNAM COUNTY

- ROBERT CUOMO
- DAVID JACOBSEN

1 A P P E A R A N C E S : (Continued)

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ROCKLAND COUNTY

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MICHAEL MURPHY
4 NEIL DAHAN
5 RON LEVI

6 SULLIVAN COUNTY

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ALBEE BOCKMAN
8 GREG TAVORMINA
HEIDI STACK
9 MATT GOLDSMITH

10 ULSTER COUNTY

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KELLY NELSON
12 DOT BAILIN

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MR. WITKOWSKI: We are going to get started here. We are just going to do roll call as Desiree is not here. Go ahead.

MR. PARRISH: Me?

MR. WITKOWSKI: All you.

MR. PARRISH: Dutchess.

Mike Witkowski.

MR. WITKOWSKI: Here.

MR. PARRISH: Dave Violante?

MR. VIOLANTE: Here.

MR. PARRISH: Joan Siebert?

MS. SIEBERT: Here.

MR. PARRISH: Cathi Tegtmeir?

Jennifer Manzi?

Cathy Greiner?

Maryann Baker?

Dee Sagendorph?

Orange County.

Joann Cheney?

MS. CHENEY: Here.

MR. PARRISH: Ben Conques?

MR. CONQUES: Here.

MR. PARRISH: Rebecca Stage?

Andy LaMarca?

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MR. LAMARCA: Here.

MR. PARRISH: Kelly Makuen?

MS. MAKUEN: Here.

MR. PARRISH: Israel Knobloch?

MR. KNOBLOCH: Here.

MR. PARRISH: Frank Cassanite?
Dawn Marshall?
Putnam.
Robert Cuomo?

MR. CUOMO: Here.

MR. PARRISH: David Jacobsen?

MR. JACOBSEN: Here.

MR. PARRISH: Matthew Bondi?
And one, two, three open.
And Rockland.
Kitty Rooney Koch?
Kim Lippes?
Nick Rusiecki?
Mike Murphy?

MR. MURPHY: Here.

MR. PARRISH: Desiree Leone?
Neil Dahan?
Bernice Garatti?
Ron Levi?

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Sullivan County.
Albee Bockman?
MR. BOCKMAN: Here.
MR. PARRISH: Greg Tavormina?
MR. TAVORMINA: Here.
MR. PARRISH: Neil Meddaugh?
Heidi Stack?
MS. STACK: Here.
MR. PARRISH: Karri Jara?
Matt Goldsmith?
MR. GOLDSMITH: Here.
Ulster County.
Myself.
Gary Horowitz?
Richard Muellerleile?
Kelly Nelson?
MS. NELSON: Here.
MR. PARRISH: I've got one, two, three,
four, five, six, seven, eight, nine, ten,
eleven, twelve, thirteen, fourteen, fifteen,
sixteen, seventeen.
MR. WITKOWSKI: We have a quorum --
MR. PARRISH: He is not on the list. I
know him.

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MR. WITKOWSKI: Okay, just for purposes of the recording anybody that speaks in the back just please stand up and state your name so we make sure we have it in the record.

Minutes of the previous meeting, they were distributed.

Any corrections?

Can I have a motion on the minutes?

MS. SIEBERT: Motion.

MR. WITKOWSKI: A second?

MR. LAMARCA: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed? Carried.

President's report. I have a few letters. From the Orange County EMS Council, Andy LaMarca will remain as delegate for Orange County for another term. Kelly Makuen signed that.

Okay mit's a letter from Greg Tavormina wanting to continue as the Chair of the bylaws committee --

MR. TAVORMINA: Policies and procedures.

MR. HUGHES: Policies and procedures.

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MR. VIOLANTE: Good try --

MR. WITKOWSKI: That's a good idea. Kim would like to continue as the SEMCO representative as well as Chair of the Transportation Committee. And that is all I have.

We do have openings on committees. At one time -- and it's going back some period -- there used to be a requirement being on the Council that you are active as participants in the Council and as part of committees, not necessarily chairs of committees, but being part of them. So getting back to the spirit of that requirement, I guess we would like to, you know, let everybody know there are several committees that need assistance and need participation on them. So if you are -- you can help out in anyway, shape, or form we would like to have that.

Otherwise I'm going to be calling you up and asking you to participate in specific committees that we need some assistance with. So, you know, if you are willing to help out

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anywhere, please let us know.

Another topic and it's a big topic and some people in the room have been dealing with it for many weeks obviously in the news, we have the Ebola crisis going on. We have been Ebola'd out, many of us, for the past couple of weeks and then some of us for the past day, but -- so what I'm going to do is I'm by far not the person that is the expert on this here so I'm going to have Dr. Stutt start the conversation. There has been several people on the council that have been participating on the different committees that we have been addressing issues from protocol policy to system responses and et cetera. And basically we want everybody to understand we are working from a regional perspective as well as with county coordinators of each county to come up with a good system plan to be able to respond in the event that this should -- you know -- rear its head up here in the Hudson Valley.

DR. STUTT: Actually, I'm going to ask Bill to lead the discussion because he has

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been much more involved than I from the very beginning.

MR. HUGHES: Sure.

MR. WITKOWSKI: I tried to give it up --

MR. HUGHES: We have been working closely with the counties to try to at least point everybody in the right direction. And one of the things that as a region and as a group of counties we run into issues is we can't dictate to a county what they can and can't do. So what we have done is talked with some of the counties and Dutchess was a lead in the -- where they have put together a bunch of protocol, policy and things that they want to do that they think would be really good to handle Ebola if it does exist in their area.

And their County Commissioner -- Department of Health Commissioner is contacting other Department of Health Commissioners and trying to put the six counties commissioners together to try and make an approach to the State Department of Health Commissioners to talk to them. What

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that means is they have been having conference calls, we have been having conference calls and everybody is updating each other back and forth. But we here as the council will look at it from the protocol and from the treatment of the patient and protection of the provider, that's really what our mainstay is. They are going to look at it from operational point to find out who should respond, when they should respond and who they need there at the scene and they control that scene.

We have worked -- today we went through and have a pretty good draft of a protocol that will be coming out hopefully by Friday that will say you have to have your PPE on when you go into the call. It will rely a lot on our dispatch so if everybody is involved in dispatch, please work with them and try and make sure dispatch is telling you if you have a case where it could be Ebola exposure. Make sure your crews are going in with the PPE required for that and make sure they are reporting it to the right people.

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And if it is make sure your local Health Department is aware of it and that they have a response team that will be working with you, or coming to you depending on what the county decision is on that.

From a county -- anybody want to speak on the county level?

Dave, you want to talk on that, what you guys are doing?

MR. VIOLANTE: You are doing such a great job, Bill.

MR. WITKOWSKI: This is getting bigger and bigger here --

MR. PARRISH: At Ulster -- and it's pretty much the same with Dutchess -- we have or I have been meeting with the Commissioner of Health and Ulster County OEM, we instituted that our dispatch center will ask the questions and when they get dispatched if the questioner has any of the indications you will be advised to wear BSI. Dr. Smith has reached out to -- Dr. Reiber is it?

MR. VIOLANTE: Correct.

MR. PARRISH: Dr. Reiber and they are

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working together develop the six county resource and moving forward some of the things we are looking at, you know, again, is operations level. So hopefully we will get them worked out. The conference calls today with the State, with CDC -- folks, you got to go onto the CDC website and Ebola and public health -- was it P-H-E -- publichealth.gov website I think it's -- I got it written right down here -- phe.gov/ebola, and that's got a lot of information on it and it should be the most current.

There is still a lot of discussion on what the right PPE to wear. I overheard something about Tyvek back here, right now Tyvek is okay. Tychem gives you another level of protection. For some reason they are saying you should not wear any of the things with hoods on it because they feel that once you get the mask on and the visor that it's going to block your vision with a hood on, so that type of stuff. Other folks are going with PAPRs -- powered air purifying respirators. And that does give you a higher

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level of protection, but that device is \$1,000.00. It's a power pack that sits on your hip, the benefit is you do not have to be fit tested, where the other N95s you have to have a fit test. And if you go with the APR, the air purifying respirator, that's the full mask, same thing you have to be fit tested for that. So it's a tossup which way you go.

MR. LAMARCA: I think to put it into perspective, it's based upon your level of involvement. Most of EMS will not be involved in the transport of these patients, it will be hold the line at the scene, limit contamination, stay away from the patient three to six feet, do the questioning, screening, and by some, time to call county Health Department and/or a contact person at the county level. They may decide to contact CDC and decide if indeed the patient should be housed where they are, if they are to be transported to the hospital, and if there is a transport to hospital if a special unit will come in to do that. And whether or not

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they will stay local or go to the five facilities in New York City that are designated to treat Ebola patients. So I wouldn't everybody run out and buy PAPRs --

(The speaker cannot be heard.)

MR. LAMARCA: -- usually the N95 and limited contact is going to be fine with other precautions. Read it in the standard. We are, for instance, going with the PAPRs if we have the specialty vehicle because they are to be with the patient like two and a half hours, they will need the powered air packs. So don't get in a panic. However, if you haven't ordered supplies you are going to find out there probably are none. So we are relying on each of the counties to cut loose some stock to the hands on providers that are doing some of the work.

MR. WITKOWSKI: The region -- and today on the conference call with the county coordinators -- is going to be drafting a letter to the State Health Department and then the county coordinators are going to sign onto that letter basically putting this

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backup to the State Health Department and saying we have a shortage of this equipment. It's our understanding the government has shut the vendors down and is not releasing the equipment to us to get, so therefore you need to supply us with the equipment and put it back on them. So we are going to be drafting that letter from the regional perspective as well as the county coordinators are going to follow that up, I believe, with their meetings that they have as well as with the State Health Department.

MR. PARRISH: Well, we are going to bring it up at the county coordinators meeting at vital signs, but the EMS coordinators can't request the equipment. We have to go to our county OEM and say we have got this issue, you have got to take it up the food chain and see if they can get us stuff through the State.

MR. WITKOWSKI: Apparently the State has a stockpile -- or supposedly has a stockpile.

DR. STUTT: Andy, in reference to what you said about getting to a scene, high

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suspicion, does every county Health Department have an access number 24/7?

MR. TAVORMINA: Yes.

MR. LAMARCA: -- whether or not it's manned, like Dutchess, their Health Department will continue the screening from 9-1-1 standard. If there is more questions to be asked they will have 24 hour, but others may not have that. We have tried to unite all the EMS coordinators and county Health Departments to standardize their approach so there will be resources when we need them and if not maybe they can share the phone number, Dutchess has an 800 line.

MR. WITKOWSKI: Or somebody's cell --

MR. VIOLANTE: At the very least this has been a very eye-opening experience for agencies to realize how inadequate their infection control plans, equipment supplies and training are and they need to be ramped up at the very least for any other infection control. And that's been a big eye opener for a lot of people.

DR. STUTT: Common theme at the

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discussion this afternoon on the phone was the perception many first responders and BLS do not have PPE --

MR. PARRISH: They do not have blood born or airborne pathogen equipment on their units. Doing a survey, talking to the different agencies I deal with, they want to know who is going to buy it, who is providing the training -- blood born pathogen, airborne pathogen training, you should have that.

MR. LAMARCA: I'll cover two things at once. The only thing I take exception to is that many of us do indeed have the equipment aboard for blood born pathogens. The issue is they have not used it. And they have the plans, but have not used the plans -- present company included. I polled some of the people when is the last time you used your Tyvek, it is there? They almost all have the capacity to do the standard screening.

I would also caution in the letter that goes out, do not make it sound like everyone doesn't have it because we have services complete with level A stuff. PAPRs -- those

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are the jalapeno thing -- I just don't want somebody coming back and saying, well, these services don't have a problem. We know they have it.

The last thing is, some of the counties are going to try and get more supplies. I think Mr. Cherry from Orange County did bring up a point. I don't think Dan responded to directly the issue, trying to approach the federal government for funds, funds are bioterrorism, this is not bioterrorism, this is kind of like blowing the side of the house. They may not release funds for that. I think everybody should probably be aware your investment will probably not be returned. We are going to do it for public health, but if you are sitting there saying I can buy the stuff and wait the 90 days for money from the Feds -- no.

MR. HUGHES: I think the important thing is what Dave was saying are the basics. Let's go back to basics, make sure we have the standard PPE in place and our people know how to use it, because it's been years since

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people put that stuff on. And take a look and see what stuff you do have and make sure you do have enough in the rig. If you have two people the same size make sure one is not wearing a small one and one a tremendous one, take a look at inventory and take stock of what you have so you know people can be protected.

MR. WITKOWSKI: And please respond to the county coordinators when they are asking questions, that is the largest thing. If you are asking the question, they are being asked for the question. So they are not going to be able to get access to supplies if they don't know the supplies are needed. So it's important you relay that back to them.

DR. STUTT: I would look to address another aspect, it's based on Dr. Kari Reiber, who is the Dutchess County Health Commissioner, and she had thrown out a proposal -- I'm not sure who it went to initially, who in the State or EMS it went to, but basically her concept was there should be strike teams, response teams to

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handle these calls. Given the shortage of equipment, the lack of training, the lack of experience and the cost involved to get everybody up to par in a very short time and the huge number of people that need to be trained there is something very attractive about her concept, she referred to as a strike team or maybe response team at best. That there would be various teams situated throughout the region and those would be the teams that would respond when 9-1-1 identify a potential case, or EMS identify a potential case to make sure equipment was there, personnel were there, training had been done and there was a plan of action everybody understood. At this point now the information is not disseminated, it's not extensively known throughout the BLS and ALS communities either how to respond to this. And she put together a training program, I believe -- is that correct, Dave?

MR. VIOLANTE: Yes.

DR. STUTT: Training program that people in Dutchess have been exposed to that could

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be extended and having a centralized response team. I don't mean centralized there would be one, but a variety of these response teams through the region that could respond to these emergencies, to these calls, who had the expert training and equipment.

MR. HUGHES: And I believe that is what Andy was referring to in a similar fashion. But I think as the agencies that are here and the agencies out on the street initially they might be walking into that situation right from the street and they have to be aware of it. They might be walking into a situation that the dispatch didn't pick it up, or the right questions weren't asked, or the right answers weren't given because of fear of EMS not responding. So I think what we have to do here is make sure everybody is aware of it and as they walk into those scenes they know that they stop, they look, they evaluate. And if it's a situation where they feel that they need their personal protection equipment they go out and get it, come back in, and then they deal with the patient as best as

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they can, they call the right people and they get the help they need. And I really think that is what the region is looking to do.

MR. LAMARCA: I think a lot of the concept Dutchess had is good, Mike. I think they are using it in Rockland, we will be using it in Orange. The problem we had is the public health emergency doesn't extend the privileges of the commissioners to mandate certain things across the geographic lines, doesn't effect ambulance services so there are things to watch for. Nothing that this region puts out can in anyway controvert the commissioner's orders. Dr. Reiber is leading an effort to try and get the commissioner to reconsider reasonable training time and equipment issues. But if anybody looks and says, we can't do this or shouldn't do this, commissioner's orders stand.

The strike team concept is good, maybe response team better. We will participate in different counties -- I'll tell you my recommendation right now is -- I have to be

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responsible for training my team and the liability of that team functioning as a unit is something I have to worry about. We have a miscue with this, it could be tragic. I think conceptionally agency response units specially trained make sense. And the plan Dutchess has, not all elements might work in other counties, but it could be a template.

MR. WITKOWSKI: It's definitely a good starting point. Again, the thing being is be aware, that's the key. Make sure your people are aware and you have a high level of suspicion, that's the most you can take from it. And, again, we will keep you guys updated by REMAC advisories. And as things progress the county coordinators will be sending out information down from the county at the county level because, again, this will propagate from the county level, maybe some will come out of the State, but it will definitely be given at the county level so keep an ear open for it.

Anybody else have anything else on that?

That's a week's worth of synopsis in 10

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minutes so that's good.

Moving on, treasurer's report.

MR. HUGHES: Matt is not here, he asked me to give the treasurer's report.

In our Council account we have \$40,666.00; payroll, \$53,581.00; program agency we have \$54,989.00. At this point in time the State is paid up on everything that they owe us for any of our deliverables that we sent out and all our educational effort.

We do have a voucher we sent in this week -- we are going to send it and that will be the only thing that is outstanding.

We will be getting ready for our audit very shortly.

If anybody needs details on the treasurer's report, let me know or let Matt know.

MR. WITKOWSKI: Can I have a motion on the treasurer's report?

MR. TAVORMINA: So moved.

MR. WITKOWSKI: Second?

MS. SIEBERT: Second.

MR. WITKOWSKI: All in favor?

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ALL: Aye.

MR. WITKOWSKI: Opposed? Carried.

Motion to pay bills?

MR. LAMARCA: Motion.

MR. TAVORMINA: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

Regional Office Staff report?

MR. HUGHES: There a couple things
happening here other than Ebola.

We have met with the data base developer
and we are in the final stages of our picture
behind us, which is the data base with
providers that will allow them to be able to
look at recertification classes they have
taken and also allows them to look at when
their cards are expiring and it will notify
them when that is happening. There is also a
hospital module that we will be able to get
all the information for physicians and they
will be able to update that information
themselves and we also have a class offering
module. So when the classes come in it will

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be listed there and we will be able to see what classes are being offered so you can keep up with your credentials. We looked -- the data base looks solid. We are looking now for them to put the face on it and to continue giving some of the reports. Hopefully we'll be implementing around the first of the year.

The second thing that will be of interest to a lot of BLS crews, we have been working in the lock zone at a BLS level and the Department of Health where we are expected very shortly to get some supply of Naloxone that we will be able to distribute to BLS if they use what they have, if they are already on the program. If they are not on the program and they sign up we should be able to give them the initial kits they need for the number of rigs that they have at each agency. We haven't gotten the final contract on that, but it looks like that's what it will be. It will be a six month contract, so it's going to be June when we are able to do that. We are not sure what happens after

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June, I guess that's the end of fiscal year.
We might get --

MR. PARRISH: Is it going to cover BLS
and first response agencies?

MR. HUGHES: Yes, BLS, BLFRs. But I
believe it will also cover some of the police
departments.

MS. MANZI: So will it be enough to
cover each agency's one year shelf life.
What is the quantity fee and will it be a
regular renewal amount for an agency? How
does --

MR. HUGHES: I'm not sure yet because I
haven't seen the contract. What we have to
give them is the number of vehicles we have
in the region and they said they should be
able to supply us with one for each vehicle.

MS. MANZI: Will it be fee based for
each agency or exchange?

MR. HUGHES: I believe the initial is
free and replacement as you report usage or
breakage or whatever. Again, we don't have
the exact details because we don't have a
contract yet --

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MS. MANZI: And you don't know if it
it's fee based or not?

MR. HUGHES: From whom?

MS. MANZI: Will the agencies pay you
for it?

MR. HUGHES: No.

MR. DAHAN: Is that one per vehicle?

MR. HUGHES: I believe one kit per
vehicle.

MR. DAHAN: Also for EASV?

MR. HUGHES: Yes. If they are state
certified, yes. But we have to know how many
vehicles there are --

DR. STUTT: Is each region getting --

MR. HUGHES: Each region has to sign up
for it and agree to the contract. There is
obviously an inventory process and record
keeping and there is reporting and stuff like
that that needs to be done with it, but
that's part of the contract that will come
in.

MS. MANZI: So to understand for
clarity, it's one kit per vehicle on an
exchange, breakage, or expiration --

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MR. HUGHES: Or usage.

MS. MANZI: Exchange means usage, breakage or expiration, if that is what the contract says?

MR. HUGHES: Right.

MS. MANZI: With no fee to the agency?

MR. HUGHES: Correct.

MS. MANZI: Rock on -- that's huge for volunteer agencies. This is a huge argument even for agencies that haven't signed up for Narcan yet.

MR. HUGHES: Part of it is to entice them to sign up. You have to have an understanding that says we will do that for you if you do this for us and part of what you have to do is report.

MS. MANZI: Super.

MR. HUGHES: There has been a lot of stuff going on lately about HCS and agencies have to sign up and get their people in there. You have to go through a process with that and fill out the information in HCS and you get a certification from that, you have to mail that certification to us with a copy

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of who your 24/7 Ebola person is with a copy of their license that is readable -- because I get them and they are just blobs and we have no idea and we have to contact people. You send them to us, we'll take care of them here. You send them to -- I guess anybody that is here and we will process it.

MR. PARRISH: And it's not just for the Ebola. Once you get onto the health care system and they disseminate information electronically you'll get it. And EMS has been asked to sign on for this for quite a while and now the State is forcing it. Saying, hey, you have to sign on so we can get the information to you and you have to give them an e-mail address, cell phone, all that. I'm the coordinator for the hospital so I know where it's coming from with that, so it's not just to be notified for Ebola.

MR. HUGHES: I found out yesterday I'm the coordinator for the region because everybody called me about it and we --

MR. VIOLANTE: Congratulations, Bill.

MR. PARRISH: I called Ed Burns and said

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I'll be the coordinator for Ulster County. I said, all right, call Bill.

MR. LAMARCA: Just a caution that goes on the Commissioner's orders, if you got it electronically it looks like there is a link there you can use, apparently the link either underlines something or put a period somewhere so when you go to it it's a dead link so people have been having problems getting on it to.

MR. PARRISH: They sent out a correction today.

MR. LAMARCA: There is another page, people are banging away at the link and it's not taking them to --

MR. HUGHES: If you do get there and get the first piece filled out and you send us the information we will get the second piece filled out for you.

The other thing, probably at our next meeting we will have an Article 30 new CON for Watchtower coming out of Orange County --

DR. STUTT: Tuxedo.

MR. HUGHES: Tuxedo area, the world

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headquarters there. The FNCs have gone to the State and we are expecting them back shortly. Once they come back the transportation committee will finish up the review and they will submit it to the Council, so we are working on that also.

And that's about it right now.

MR. WITKOWSKI: Okay, any questions for the office?

MR. HUGHES: One quick thing, we have completed the lease for the new building. We are moving to 33 Airport Center Drive, which is right down the street. You make a right about a mile down and you go into the Stewart Airport and there is a left-hand turn Airport Center Drive and at the top of the hill is the building. We are in Suite 2 -- I don't remember the Suite number. But we will be in that building.

MR. LAMARCA: Buy your refreshments before you go up there because there is nothing close.

MR. PARRISH: Do we have a date?

MR. HUGHES: We are looking to move the

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first week of December. The lease here is over at the end of December and that one starts in January. We were able to talk to the new landlord, who is nicer than the old landlord -- and they will let us move into the building before the lease -- they are in the process now of building out an office or two for us and finishing up the room.

MR. WITKOWSKI: The new building has an office space, but the meeting room is not contiguous to that. There is a large meeting room, it's a shared meeting room so we have already sent out our requests for the meeting room for all the meetings there. But the space is much -- I think it's larger than this?

MR. HUGHES: The meeting room, yes.

MR. WITKOWSKI: So it will be much more comfortable. So --

MR. HUGHES: We will have a smaller conference room in our section, which will seat about 12 or 14 people so we can have small meetings, but the larger meeting will go into the --

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MR. WITKOWSKI: Medical Director's report?

DR. STUTT: At the May meeting we discussed that we were entertaining an application from the Town of Wallkill Volunteer Ambulance Corp. to become ALS agency. And just as some quick background to understand where we are going with this, in 2012/2013 as we were preparing to join the collaborative protocols, in line with the collaborative protocols, which were sort of handed to us as a done deal, we recognized we needed to revise our policies and procedures, medical control plan in the region to make it integrate better, things we recognized needed to be changed in the medical control plan policies and procedures. And among those were those issues that we were changing is how an agency would come to us to become an ALS agency. And part of that that we -- in our revisions we said they were going to require fitness and competency and a public review, a public hearing after the application was completed. So in May I told

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you we would be going through that. The TAG met several times in person and on the phone to review the application from the Town of Wallkill, it appeared to be complete. We reviewed the fitness and competency and we were planning to bring that to the September 8th REMAC. On September 5th the Regional Office received notice from the State that we had overstepped our authority by requiring them to complete an F and C, as well as we had no authority to request them to go through a public hearing. Apparently, all of that is included in the BLS application they had successfully done that they did not have to provide that information to us. However, what that meant was we could not bring their application to the REMAC because they withdrew it at our request because it was not going to be acceptable to the State. They did withdraw it and they reapplied and their application has since been reviewed once again by the TAG. And basically it's the same application less the F and C and the public hearing requirements.

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They have been approved and it's anticipated that they are going to be come before the next REMAC, which is November 3rd --

MR. HUGHES: Um, um.

DR. STUTT: -- for a vote to be accepted as ALS agency in our region.

Any other comments on that?

MR. WITKOWSKI: It was a long road to get there, but we got there. I want to thank you, Dr. Stutt, and the TAG members because they did a lot of work on a lot of changes that had to go with a lot of moving parts to get that done. I really appreciate that. Anything else?

DR. STUTT: I'll go on the regular -- in addition to what Bill was telling you about the nasal naloxone program for BLS and supplies coming to the region, it's an economic benefit to us I trust with that. Another program has also been in place that -- and this is a coalition between the Department of Justice Criminal Services as well as the AIDS Institute to New York to develop a program to provide naloxone on the

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street -- they have actually been doing this for many years. Where individuals could get trained primarily by the AIDS Institute -- until recently a family could get -- family member, friend, or oneself could have naloxone prescribed to them after they went through a brief course training program. More recently the State has opened this up to the police. As you may recall, back in December of 2013 the State said BLS can carry naloxone -- ALS always had it. The follow-up to that expanded who could get it and they expanded to police departments, whether or not they are BLS, first responders, or have no EMS background. Police departments could train for the DCJS and become an approved provider providing they had a physician who was an affiliated prescriber, meaning that physician had the ability to prescribe for that police department. What the region has done has become an organization that can approve affiliated providers. Bill worked on this in the spring and in early summer and completed the application so now the REMSCO

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is a certified CBO --

MR. HUGHES: Citizen based organization.

DR. STUTT: Community based organization -- we brought that to the REMAC in September and told the physicians there if they wished to be the prescribers for the police department in their neighbors they would need to sign on as affiliated prescriber and they could start to do that. So Bill had a couple questions from some physicians and I'm sure that will grow as more police departments want more support.

MR. HUGHES: We'll solicit them again at the next REMAC meeting.

DR. STUTT: What makes it exciting, I know, Murph, there is activity down in Rockland -- almost as soon as the police are given the naloxone there are saves happening repeatedly. It is a narcotic epidemic that is growing faster than the Ebola epidemic. In June of 2014 there were more narcotic interdictions in New York City than in all of 2013, so we are doubling it. So this is a well-timed intervention.

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So any of you have contact with police departments that want to participate Bill can provide them with a --

MR. MURPHY: Do we have a tally of BLS agencies when they upgrade to naloxone? Do you get anything?

MR. HUGHES: Yes.

MR. MURPHY: Do we have a tally.

MR. CRUTCHER: Currently forty agencies on-line.

MR. HUGHES: We are about 50 percent of our BLS agencies.

DR. STUTT: Are they not required to?

MR. HUGHES: No. It's optional program and we are hoping that the free cost of naloxone will make that much higher.

MR. MURPHY: Because we have like 500 officers, most of the departments in Rockland are on.

MR. HUGHES: I got a list from Mark Hammer -- I don't know if you deal with Mark Hammer because I know Clarkstown was not on that list.

MR. MURPHY: They were the first ones.

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MR. HUGHES: And Rockland County Sheriff's Department was the only one on the Rockland County Police department list.

MR. MURPHY: They are all done except for Spring Valley --

(Everyone is speaking at once.)

MR. MURPHY: I'll e-mail Mark and give him an update because we were even discussing -- it's funny because we had a discussion back and forth about the latest Clarkstown safe, Mark and I so -- it was unusual because the BLS unit was there first and they are not a Narcan agency so the cops came and gave them the Narcan.

DR. STUTT: Interesting aspect --

MR. MURPHY: He did two bags in the local Wendy's restroom.

DR. STUTT: Interesting about the police administer, when the police arrive at the scene there cannot be a criminal case if they are there to give Narcan. They can make it a criminal case if there is an unusual amount of supply, suggesting it was for sale and not personal use, otherwise nobody has anything

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to fear.

MR. MURPHY: We have to touch on that in training. Again, if they walk in and there is bricks all over the place it's a different story, but that covers the caller. In other words, if there is a caller and user in the same room and the cops come and paraphernalia is around nobody can be arrested. Again, if there is a scales and bricks it's a different story.

DR. STUTT: Changes the whole dynamic of what police do.

MR. WITKOWSKI: Anything else? Okay, thank you.

Any questions for Dr. Stutt?

Committee reports.

David, training committee?

MR. VIOLANTE: I would first like to introduce a colleague of mine from across the pond, Bethuel Aliwa from Kenya. A lot of the agencies around this table have been instrumental in assisting East Africa and Bethuel in developing EMT paramedic and fire training academies that have delivered a

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number of students and additional instructors to that area and really developed a system. Bethuel has been with us about a week shadowing us and looking at different agencies. And I, unfortunately, dragged him to board meetings, REMAC and REMO -- I apologize for that in advance, but he is with us today. So I welcome Bethuel and I hope he learned a lot. And thank you guys for all your support in helping EMS and fire around the world really, not just in this area.

Secondly, there is a CIU scheduled for November 5th and 19th at the Rockland County Fire Training Center from 7:00 p.m. to 10:00 p.m. both days.

And, thirdly, we have in front of us -- we need to vote on the Ulster County Ambulance Association. I'm going to take a few minutes to go through this so everybody completely understands the scope and the charge in front of us for the State.

Ulster County Ambulance Association was a course sponsor in this region and closed for a variety of reasons. They requested a

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renewal and the State required them to submit an entire new application for their sponsorship. As a function of that then it went to training and education where training put together a TAG to review the application, make recommendation to the training and ed committee to vote, that committee then sends a recommendation to this body at the REMSCO that then votes and sends recommendation to the State. So for clarity of the whole process of TAG, training and ed and this body can only make recommendation based on the capability of the course sponsor to meet the requirements of the application because we ourselves are a course sponsor so we couldn't consider the impact of the student pool or the course sponsors, all those kind of issues, those would be considered a conflict of interest and that is something evaluated by the State at their level once this body makes recommendation.

So the TAG made recommendation to training and ed, there are three potential possible recommendations. The first is to

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approve without reservation, the second is to approve with contingencies, and the third is to disapprove or not recommend.

So the recommendation by the TAG to training and ed was to approve with contingencies. There were a total of seven contingencies related to facility, schedule, documented entity, didactic and practical sessions, equipment, instructors and policies. And then three additional recommendations -- not necessarily contingencies -- related to policy and procedure, registration, funding and dress code. On that recommendation training and education voted, the vote was to approve with contingencies as well. The vote was three to approve, zero no votes, and eight abstentions for fiduciary reasons.

So as of today this is in front of the REMSCO to make a vote on this and take this to -- then a letter from this body to the State.

MR. WITKOWSKI: Okay.

MR. HUGHES: Is this a roll call vote?

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MR. VIOLANTE: I believe this is a roll call vote.

MR. WITKOWSKI: Okay.

MR. HUGHES: Use the last column on the right.

MR. PARRISH: Okay.

MR. WITKOWSKI: Well, it's a seconded motion out of the committee so is there any discussion before we take a vote?

MR. VIOLANTE: It's already a seconded motion so there could be discussion and there will be a call for the vote and then a roll call vote.

MR. WITKOWSKI: Is there any discussion? Any questions?

MS. NELSON: I just have one question, Dot tried to talk to me earlier -- who is the President of UCAA --

MS. BAILIN: And the administrator.

MS. NELSON: -- and it came up prior, I think, about a year ago when the certification was lost to UCAA and outstanding payrolls and that has come about and numerous people have called on this to

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Dot and up to the hierarchies and seems to be a dead-end, as far as we are being told it's under investigation and there is large payrolls out that have been unpaid. And there seems to be some concern about that --

MS. BAILIN: You want me to address it?

MS. NELSON: Sure.

MS. BAILIN: In speaking with the State with Jean Taylor, Lee Burns, the finances will be addressed and as it's been told to me they are working on a reimbursement of those funds for those instructors. Apparently when things got shutdown that was a moot point until we kept working at it and we have come to an agreement that there will be reimbursement for all the instructors.

MS. NELSON: Because the tally is high, that's why I'm asking.

MS. BAILIN: Well, yeah. It's a significant amount of money that needs to be reimbursed and -- it was a 15 day deal you had to have it sent in that got kind of lost in the mud and now it's brought to their attention. I've been told -- I don't know

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how long it's going to take, okay? The wheels of the State, if anybody ever dealt with the State you know it takes a little while. But that's what I've been told. I'm not letting the issue go. I mean, they are being reminded. So that's the only answer I can give you right now.

MR. VIOLANTE: Additionally, for clarification purposes, we are not allowed to request any changes to the application or anything like that, it stands as is. We can only ask for clarification of any points and make recommendation based on the application as it stands -- just for clarity.

MR. MURPHY: Just to clear that up, as far as the approval with contingency, is the contingency that somebody look at the policies because the policies were haphazard to say the least?

MR. VIOLANTE: We won't be able to look at them, it would have to be at the State level. I imagine if the agency was granted the ability to be a course sponsor they would fall under our purview for followup, as any

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other agency. But as far as that goes, it would be a recommendation to the State with a contingency and we could include that contingency.

MR. MURPHY: I think it was in there.

MR. VIOLANTE: It's in there, that's correct.

MR. MURPHY: Because we had looked at that, some of the stuff had been --

(The speaker cannot be heard.)

MR. MURPHY: -- place of other agencies, cost policies, which were fine, but they weren't cleaned up. There were other agency names in there, there was intermediate course policy, intermediate practice exam listed in BLS course policy, so they were quite -- haphazard is a light term.

MR. VIOLANTE: That particular contingency that Mike is talking about is the course sponsor certificate requested to be training at the EMT basic original and refresher and the EMR original and refresher, but the document indicated training for the EMT intermediate and AEMT training levels and

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didactic standards against the old BLS standards for AEMT didactic and AEMT practical sessions. So that was the contingency, that they update that particular session to what they were actually requesting to do.

MR. LAMARCA: Just for point of clarification, if the State doesn't make the revisions or changes, but approves the application to be approved for AEMT level because of what is on that application --

MR. VIOLANTE: If there is a contingency I imagine the State would have to address it with the association directly.

MR. MURPHY: The application as requested was okay the course policies --

(The speaker cannot be heard.)

MR. MURPHY: -- with other institution's course policies and obviously weren't proofread because they didn't match.

MS. NELSON: So all seven contingencies have to be addressed prior to tonight, or it's something to open up the door?

MR. VIOLANTE: We can only make

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recommendation to the State based on contingencies, or just complete approval or disapproval and it's not up to us to have the agency come back with revision or changes.

MS. NELSON: To us?

MR. VIOLANTE: To us, correct.

MS. NELSON: But they are to the State --

MR. VIOLANTE: They would have to at the State level, correct.

MR. WITKOWSKI: Does that clarify it or --

Any other questions?

MS. MAKUEN: Can you give us a little bit of history as to why without going into detail? Because I have no idea what I'm voting on --

MR. VIOLANTE: Ulster County Ambulance Association was a course sponsor in the region closed by the State with a list of state deficiencies. The State indicated that they hadn't received a renewal in time and the timing of the State in the deficiency, they were not addressed. The Congressman's

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office became involved in it and convinced the State to reconsider their position. And the State said they would reconsider the position as long as Ulster County Ambulance Association submitted a new application versus a renewal application -- Dot, is that correct?

MS. BAILIN: That's correct. And there is a change of staffing. In other words, the old administrator is no longer there, there is a new administrator -- myself. So that hopefully things will run smoother up-to-date and take care of all the points of interest that everybody was dealing with. I did try to correct those -- contingencies? Is that the word you were using?

MR. VIOLANTE: Correct.

MS. BAILIN: And was told by the State through conversation with them that it's been corrected. I had asked if I could submit some of that paperwork to you and your reply to me was it wasn't necessary at that point in time. And when I talked to Lee and when I talked to -- not Lee -- Jean Taylor,

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everything had been changed.

The wrong agency number was my fault. I inadvertently threw a piece of paper in there that was a packet and shouldn't have gone through -- but I take blame for that. It went in without my knowledge. The other stuff has all been addressed.

MR. WITKOWSKI: Okay, any other questions, concerns?

MS. MANZI: So can I clarify then? What you read off as the approval with contingencies you are clarifying has been in the interim corrected and according to the State approved, but can we go on that word and --

MR. VIOLANTE: We can only go on the information that we have. We don't have anything by the State and it would be unfair to Dot or to the State to take it either direction --

MS. MANZI: So that that is strike it from what we have heard. So we are voting on what you have read off as your report?

MR. VIOLANTE: Correct.

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MS. MANZI: Okay, but the behind the scenes is what you read and know?

MR. VIOLANTE: Absolutely. And that information is -- was present for the TAG for training and ed. Dot was present for all of those and agreed that those were all of the conditions and situations.

MS. MANZI: And as far as the turnover and administration and everything we can vote based on that information also?

MR. VIOLANTE: All I can say is the information in the packet was complete to that point.

MS. MANZI: Okay, it's hard not knowing anything.

MR. WITKOWSKI: Okay. Any other questions? Roll call --

MS. MANZI: Can we abstain if we are not comfortable voting?

MR. WITKOWSKI: Yes --

MR. VIOLANTE: If you are not comfortable voting you can abstain, but you have to have a reason --

MR. PARRISH: Insufficient information.

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MS. MANZI: Okay.

MR. PARRISH: Mike Witkowski?

MR. WITKOWSKI: Do I actually vote or --

MR. HUGHES: No.

MR. PARRISH: That's the first on the list. Dave Violante?

MR. VIOLANTE: I have to abstain.

MR. PARRISH: Joan Siebert?

MS. SIEBERT: Yes.

MR. PARRISH: Jennifer Manzi?

MS. MANZI: I'm going to abstain, just insufficient information. I don't know enough of the situation.

MR. PARRISH: Okay. Joanne Cheney?

MS. CHENEY: Yes.

MR. PARRISH: Ben Conques?

MR. CONQUES: Yes.

MR. PARRISH: Andy LaMarca.

MR. LAMARCA: Abstain -- conflict.

MR. PARRISH: Kelly Makuen?

MS. MAKUEN: Abstain, not enough information.

MR. PARRISH: Israel Knobloch?

MR. KNOBLOCH: Yes.

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MR. PARRISH: Bob Cuomo?

MR. CUOMO: Yes.

MR. PARRISH: David Jacobsen?

MR. JACOBSEN: Yes.

MR. PARRISH: Mike Murphy?

MR. MURPHY: No.

MR. PARRISH: Albee Bockman?

MR. BOCKMAN: Abstain -- confused.

MR. PARRISH: Greg Tavormina?

MR. TAVORMINA: Abstain for more information.

MR. PARRISH: Heidi Stack?

MS. STACK: Abstain for more information.

MR. PARRISH: I need clarification on how many from a county can vote.

MR. HUGHES: All the delegates can vote. If there is a delegate missing than the first alternate votes, if there is two delegates the first two vote.

MR. PARRISH: In this case Sullivan has two delegates and two alternates so the first alternate has the vote. So Goldsmith doesn't get a vote.

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Myself -- abstain.

Kelly Nelson?

MS. NELSON: I have to abstain. I have a fiduciary interest.

MR. WITKOWSKI: Dutchess County, can you call Maryann Baker? Because she came in after since you called roll.

MR. PARRISH: That's a full -- how many votes does Dutchess get? I've got four that voted for Dutchess not counting you.

MR. HUGHES: They get six.

MR. PARRISH: They get six votes?

MR. WITKOWSKI: Yes.

MR. PARRISH: Who came in? Maryann Baker? I'll change that.

Maryann?

MS. BAKER: I'll abstain, not enough information.

MR. PARRISH: One, two, three, four, five, six -- I got six for, one against. One, two, three, four, five, six, seven, eight, nine, ten, abstain.

MR. WITKOWSKI: Those that came in late -- who was it -- Ron Levi and Neil?

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Can you stand up so we know they came in after?

MR. PARRISH: So then Rockland County looks like they get one, two, three, four --

MR. HUGHES: They get six.

MR. PARRISH: Well, this says they only get five so both of them can vote.

Neil?

MR. DAHAN: Abstain, don't know enough.

MR. PARRISH: Ron Levi?

MR. LEVI: Abstain.

MR. PARRISH: Six for, one no, 12 abstentions.

MR. WITKOWSKI: And we just send the results to the State, correct?

MR. VIOLANTE: That's an affirmative. It gets sent to the State with the contingencies by training and education.

MR. WITKOWSKI: Okay. Anything else?

MR. VIOLANTE: The only thing I would suggest then for those individuals that don't have enough information is perhaps if you want to get more information that you elect to find it.

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MS. MANZI: Is there a more adequate report that we can read from the training and ed?

MR. VIOLANTE: This is what it is.

MR. LAMARCA: I think that the thing that probably frustrates people is the previous sponsorship is kind of sealed, nothing to do with that action is looking at this new application. But yet the application has so many contingencies that we are not used to dealing with that, that has to be decided by the State. It kind of is, I understand, the difficult position. So my suggestion is maybe to accompany the vote to -- the vote with a letter that states that many were unable to reach a decision, I believe, because they felt they did not have enough information to intelligently vote --

MS. MANZI: I'll support that.

MR. LAMARCA: The State has to know that it's just because you want to cast your vote intelligently and if you can't because you don't feel you have the information we hope the State will alleviate the concerns. And

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those of us with fiduciary issues, that's a different story.

MS. MANZI: Is that something we can make a motion?

MR. VIOLANTE: We can just send that --
(Everyone is speaking at once.)

MR. LAMARCA: It is moved onto the State, so it's not being held.

MR. VIOLANTE: Again, it's a recommendation by this committee -- this body.

MR. WITKOWSKI: It's not actually being voted one-way or the other by this body?

MR. VIOLANTE: Correct. It gives this body the ability to make a recommendation.

MR. WITKOWSKI: Anything else on training?

MR. LAMARCA: You've done enough, David.

MR. VIOLANTE: The BLS collaborative protocols rollout has been ongoing throughout the counties. If you haven't received one and want more information, please contact this body so we can get a doc out to you -- more information to you. Just remember,

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again, that agencies and providers fall under the collaborative protocols under the BLS sections and in the near future, you know, some of the components of those sections will be on BLS providers. And those are the areas of the BLS Narcan -- I have to remember these -- the albuterol, epinephrine -- what am I missing?

MR. CRUTCHER: Glucometry and AED.

MR. VIOLANTE: All of those will end up incumbent on BLS providers at some point. The REMAC has been very open to providing as much assistance and help as possible in training and education.

MR. LAMARCA: I want to add, I think we are starting to see -- because these were kept elective, like use of Narcan by BLS units and within your right to accept it or not, but I think what you have to start looking at is the standard of care around you has increased and you'll now be below the prevailing standard of care -- which may or may not mean anything to some people, but in legal circles that means a lot.

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MR. VIOLANTE: To back that up, by example, is some agencies have indicated that they will treat asthma patients with epinephrine because it's in the protocols without first giving a required nebulizer because they don't want to carry the nebulizer for cost. And the REMAC -- that's a bad idea.

(Everyone is speaking at once.)

MR. VIOLANTE: REMAC is taking the perspective of clinical judgment and clinical care into account as well. I suggest agencies talk to their local hospitals and pharmacies to see if they can collaborate on carrying some stock in their formulary and come up with an agreement with the hospital where they can purchase the equipment at a lower cost because of volume. That maybe helpful as well.

Anything else, Mike?

MR. WITKOWSKI: I'm waiting for you to finish.

MR. LAMARCA: We are not going anywhere tonight.

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MR. WITKOWSKI: Dr. Stutt? Anymore on REMAC?

DR. STUTT: No.

MR. WITKOWSKI: Transportation?

MR. HUGHES: Nothing outstanding at this point in time. They are reviewing the Watchtower Article 30 action.

MR. WITKOWSKI: Public information and education? Desiree is not here.

Policy and procedure?

MR. TAVORMINA: Beginning a review of all REMSCO policy and procedures to bring them up to the electronic age as to opposed to publish in the New York Times and that type of thing -- and San Francisco is up one, I think, top of the first.

MR. WITKOWSKI: Legislative and bylaws? Albee?

MR. BOCKMAN: Before I speak -- I haven't been approved to do it.

MR. WITKOWSKI: That is true, that is under new business -- I'm jumping to new business quick to approve the changes on that. Albee Bockman has agreed to chair the

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legislative and bylaw committee.

Can I have a motion?

MR. TAVORMINA: So moved.

MR. LAMARCA: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed? Carried.

MR. BOCKMAN: We have one bylaw addition. But before I do that I just want to bring to your attention to two bills that we shall follow over the next, I'd say, good year.

A bill number A644A of 2013, also in the Senate as Senate bill number S6254A, that if we are summoned to a building that is under construction and a permit was not properly issued and a firefighter, first responder, EMT goes into the building and is injured that the construction company that is in contract for that construction site can and will be held in reckless endangerment in the first and second degree. So that's protection for us, we will be watching that.

The next bill to watch is in the

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Assembly, it's bill number A4457 2013. That authorizes the Commissioner of Health to extend the certification of emergency medical technicians and first responders that cannot recertify due to illness, so that protects us as well.

Those are two things I'm following for you over the next year.

Now, for the addition to the bylaws, this is the first time so it's going to be read.

Presently under Section 1, Executive Committee, this is a proposed bylaw addition to Article 4. Present, it says, the Executive Committee shall consist of the following members: One, the elected Council officers; two, Chairpersons of all standing committees; three, the Council's delegate to the New York State EMS Council; and four, each County Council shall have representation on the Executive Committee.

This addition reads as follows -- this will be a fifth contingency of the Executive Committee section: We hereby add the

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departing Council President for a period of one year, respectfully submitted.

I'll hand this to the Chair when I'm done --

MR. CUOMO: -- don't want to get rid of me just yet.

MR. BOCKMAN: Does that address what we discussed?

MR. WITKOWSKI: It does address what we discussed, but -- you are doing a great job -- but I think one of the things we want to do is get the Medical Director as part of the Executive Committee, which we were under -- there was some assumption that existed already, but apparently it's not because I know you would have done that so --

MR. BOCKMAN: Okay, with that proviso I'll add that as a 6th -- that the Medical Director shall serve on the Executive Committee. With that, it's hereby read.

MR. WITKOWSKI: So that's now --

MR. BOCKMAN: Victor's shoes are very difficult to fill.

MR. WITKOWSKI: -- that's 30 days, or

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the next council meeting, or --

MR. HUGHES: It's quick. The bylaws maybe amended at any regular meeting of the Council by two-thirds vote of the members present. Voting shall -- and -- voting -- provided that the proposed amendments have been submitted in writing to the Secretary and have been read at the previous meeting -- so they have been read at the previous meeting and will be provided to the secretary. A copy of the proposed amendment shall be provided to each member at least 10 days prior to the meeting at which it will be voted upon.

MR. BOCKMAN: With your permission, Mr. President, I'll retype that with addition of the Medical Control Officer and submit it to the Executive Director so he can submit it 10 days before the next meeting.

MR. WITKOWSKI: So done. Thank you very much.

Any questions for the legislative and bylaw committee?

MR. MURPHY: I want to add -- I won't

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take-up too much time --

MR. WITKOWSKI: I want to say, since I've taken over the presidency of this organization, it's been quite an interesting ride that President Cuomo didn't tell me was anywhere near the fun it has been.

MR. CUOMO: I had this crystal ball --
(Everyone is speaking at once.)

MR. WITKOWSKI: Sorry, Mike.

MR. MURPHY: Just briefly, the State Council and SEMAC ratified a position paper from the Mobile Integrated Health Care TAG, which basically recommends -- it's an information paper for Legislators to recommend Article 30 changes. The Article 30 changes -- to keep it very simplistic -- are to add the term out of hospital in conjunction with emergency. Because right now our actions in regulation and in law are only relevant to an emergency as opposed to a nonemergency. So there was verbiage that was placed in the white paper to include out of hospital. And then the subsequently the SEMAC and SEMSCO representatives have been

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told to go out to the individual Legislators and seek them out. And also the associations, which are all in line with this --

(The speaker cannot be understood.)

MR. MURPHY: -- NYS VARA, State Fire Chiefs Districts, et cetera. So if you happen to get a question from maybe one of the legislators about this, the short version is that there is some very fine verbiage that has to be changed in Article 30 to include the term out of hospital. And what that would do that would enable Mobile Integrated Health Care, which is where we are probably going in the next century to be enabled. And that is the short version.

MR. LAMARCA: Is it also nonemergency in the verbiage?

MR. MURPHY: There is a mix of emergency and nonemergency out of hospital. So basically what it deals with -- it deals with the -- let's say, an EMT now would be able to go -- if a patient was discharged an EMT could go the next day and assess the patient

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and check for safety issues and do they get their prescriptions filled, et cetera, et cetera, et cetera. Right now regulatory wise that can't be done to the fine point of the law, so that's what that is.

DR. STUTT: Mike, so that addresses the regulatory aspects, what about the reimbursement aspects, which are certainly --

MR. LAMARCA: That will be the following century --

MR. MURPHY: The reimbursement aspects nobody has an answer to. There has been money coming out of HHS for pilot programs like Oklahoma and Texas pilot programs. Also hospitals engaging with local EMS providers to prevent readmissions and -- the hospitals are actually -- because they are paying less penalties distributing that to the EMS agencies that are doing that work for them. We haven't dealt with right now you go pickup the patient and take him to the hospital, you bill and get reimbursed, the ER bills and gets reimbursed, suppose you take the ambulance and they don't need the ER, they

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are going to a doc-in-the-box for lack of a better term, or whatever, that reimbursement formula has not been -- again, with the way the ACA is thief of service maybe gone anyway. So who knows?

MR. WITKOWSKI: Any questions? State -- I guess was there anything else from State Council.

MR. MURPHY: We are on that?

MR. WITKOWSKI: We are on that.

MR. MURPHY: I was trying to speed you along. I'm looking at him and he is going like this --

MR. LAMARCA: There are a number of things from State Council. In no particular order, CPAP for BLS provider will be the next thing that will transition here as -- I don't want to say elective use of the term kind of like with Narcan. But a very small study done Upstate, but still positive findings, CPAP can be BLS skill and beneficial. We expect to see that.

The issue of blood being run during transfers for paramedic services was supposed

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to be delivered already. It would probably allow us to transport patients with blood already running, but not to initiate the blood transfusion.

We also -- there was some talk -- somebody mentioned, I think Joanne, about the cost of the Epipens, still some consideration of, you know, allowing perhaps EMT with special training to draw epinephrine and administer, but that is just in discussion.

And other big thing, I think, the caution -- I think even the training and education at the State -- is about the CME program recertifications and abuses in that system. Again, some people are not really taking the appropriate CME, some are not documented properly, some have had their certificates denied. And there are currently investigations in our region of fraudulent CME being put in. So anybody involved in the CME program -- a word to the wise -- make sure the I's are dotted and T's are crossed. They were looking at the possibility of having another level of instructor that would

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handle the CME programs and pretty much it was shot down at committee. It should be the responsibility of CIC and CIC should be working with the agency and it should not be random CIC's signing off on people's sheets as they finish the CME somewhere. That's all I have.

MR. HUGHES: Just to interject, the collaborative protocols have presented to the SEMAC at the last meeting with a new group of protocols. The basic change in the protocol is to eliminate the I and add the AEMT in there. It also makes naloxone for -- well, a basic. It changed some of the -- changed the glucose level to 60 on all of the protocols that were outstanding. Nitrous oxide was added to our standard protocol -- what is it?

MR. TAVORMINA: Neuro epinephrine.

MR. HUGHES: -- was added as a basal pressure. And Haloperidol was added for sedation. And they changed the return to spontaneous circulation protocols to remove chill --

DR. STUTT: Hyperthermia --

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MR. HUGHES: -- it's been a long week.

MR. LAMARCA: Ironically after that you -- they found it could be detrimental so anybody that wants to buy any small Igloo coolers, they will make them available.

MR. HUGHES: The only other thing is Ketamine was added to MFI agencies as option. Those were accepted for REMO, they will -- as REMO's protocols, they will be presented to our MAC next week as protocols from the Hudson Valley. They will be voted on there and it will just be a matter of a letter being sent to the State saying that we will be operating under these protocols.

MR. VIOLANTE: That's as of January?

MR. HUGHES: That would be as of January 1st, yes. From what I understand the 2016 -- which they are working on already -- will be a lot more elaborate than that. The big push here was to get rid of the I and the A -- to make sure the A was done correctly.

MR. LAMARCA: And the T was crossed and the I was dotted.

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MR. DAHAN: Anything on the Kings
airway?

MR. LAMARCA: No.

MR. MURPHY: Let me add a comment from
medical standards. As you know, back boards
are going to be going by the wayside. The
comment made at medical standards -- and we
will put this in the record -- is they feel
anybody that does a standing take down should
be convicted of a misdemeanor.

MS. STACK: Standing takedowns?

MS. CHENEY: Has anybody passed that on?

MR. MURPHY: No. What is happening is
it's being dealt with on medical standards
and SEMAC and training to discuss what many
aspects of the country have already enveloped
based on the current literature and current
science. So when you do see it and do see
discussion of it, it's basically the short
version. And, again, until a protocol comes
down, consensus from the State, there are
organizations throughout the country, systems
that have removed their backboards from their
ambulances because they actually are

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detrimental to the patient and placing a patient on a rigid collar and on a matted stretcher is perfectly acceptable way of immobilizing them -- this is from American College of Emergency Physicians, American College of Surgeons, et cetera. So they are trying to push that, but as anything in life there is always push back and difficulty in particular, more in New York State than other areas. But if you see this coming down the pipe, don't be surprised. And if you want to expand your horizons take a look at some of the literature, basically it's saying backboards are a no no.

MR. LAMARCA: They did put in a letter of recommendation that no service be held deficient if they do not immobilize someone on a backboard. What is the physician's name from New York City?

MR. MURPHY: He is from Buffalo.

MR. LAMARCA: And then just please tell the nurses to stop yelling at us when we come without the backboard. It's something we discussed for years, it was recommended

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almost the same thing, it's back here and I hope it doesn't get shoved back.

MR. MURPHY: The problem is what was a spinal immobilization TAG and a spinal immobilization protocol to try and make less people be immobilized, actually more people are being immobilized by it. That's Number 1. Number 2, the whole concept of immobilization is being drastically looked at so don't be surprised. That was a comical comment about the standing take down, but --

MR. LAMARCA: But they wanted the backboard classified as a transportation device.

MR. MURPHY: Extraction device --
(Everyone is speaking at once.)

MR. LAMARCA: So those of you that still have the scoop stretcher in your closet, you can bring it back out.

MR. WITKOWSKI: And probably don't throw the backboards away because I'm sure it will roll around again.

Okay, anything else from State Council?
Any old business?

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TAG, mutual aid?

MR. PARRISH: Nothing.

MR. WITKOWSKI: Expired delegates and alternates.

I have a letter from Orange County reappointing Andy LaMarca.

Can I have a motion?

MR. TAVORMINA: So moved.

MR. MURPHY: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

MS. DELAUNAY: Sullivan County has expired people.

MR. WITKOWSKI: Well, I'm in Dutchess County right now with their --

MS. DELAUNAY: I'm telling Bill to make sure you say Sullivan County.

MR. WITKOWSKI: Sullivan County, can we please get a letter of your expired delegates?

MR. TAVORMINA: Yes.

MR. WITKOWSKI: Dutchess is reappointing Dave Violante, Maryann Baker, Mike Witkowski,

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Jennifer Manzi and Tim Murphy as delegates;
Dee Sagendorph, Michael Murphy and Joan
Siebert as alternates.

MS. SIEBERT: No. We said as delegate
at the last meeting, Jennifer --

MS. MANZI: What?

MR. LAMARCA: Is there a second Michael
Murphy?

MR. WITKOWSKI: Yes, there is a second
Michael Murphy.

MS. MANZI: Joan, where did we --

MS. SIEBERT: You told me I expired --

MS. MANZI: Do we have six delegates?

MS. SIEBERT: Six --

MS. MANZI: And no -- I know the
correction. Joan is a delegate, we have an
absent alternate, that was the error. Sorry.
We were trying to figure this out and I was
like wait -- what? Got it.

MR. WITKOWSKI: Hold everything --

MS. MANZI: Is this valid?

MR. WITKOWSKI: Yes.

MR. LAMARCA: Just a suggestion that we
do a review of the changes to the delegate

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list. I know we did make initial changes, but it seems like we might be a little bit off. I'm not sure.

MR. WITKOWSKI: Well, what we will do is get this and we will go through the delegate list and make sure. So --

MS. MANZI: That's now correct. Joan is actually a delegate --

MR. WITKOWSKI: Dutchess County, the new delegates are Dave Violante, Maryann Baker, Mike Witkowski, Jennifer Manzi, Tim Murphy and Joan Siebert.

MS. MANZI: Correct.

MR. WITKOWSKI: With alternates Dee Sagendorph and Michael Murphy and one absent open position.

Can I have a motion?

MR. TAVORMINA: Motion.

MR. WITKOWSKI: Can I have a second?

MS. CHENEY: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed? Carried.

Kim has requested to continue as the

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SEMSCO representative and Chairman of the
Transportation Committee.

Can I get --

MR. TAVORMINA: Motion.

MR. WITKOWSKI: Second?

MR. CUOMO: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

And Greg requested to stay as the
Chairman of policies and procedures.

Can I have a --

MR. MURPHY: Motion.

MR. WITKOWSKI: Second.

MS. SIEBERT: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed? Carried.

New business the only thing I have right
now is the dates for the next Council
meetings for 2015: Wednesday, February 18th;
Wednesday, May 13th; Wednesday,
September 9th; Wednesday, December 16th. All
meetings will start at 7:00 p.m., they will

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be at the new building. These dates we went through and confirmed that they were outside of the holidays taking into account all the different things that were going on, so including EMS week. So we maneuvered around, that's why you'll see it won't be the third, it maybe the second. So just be aware these are the dates.

MR. HUGHES: It just might be a little harder for us to change dates so make sure everybody is comfortable. If they need a change or have a reason, they should bring it up shortly. They have to go into the new landlord so we have the new room for those times, otherwise we will be very very cramped.

MR. WITKOWSKI: Any other new business?

MS. NELSON: Our meeting in December is still the same date?

MR. WITKOWSKI: This December will be the same, but it will be at the new location. Right?

MR. HUGHES: Yes.

It's five and three, so five alternates

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and --

MR. WITKOWSKI: Do we need to correct anything?

MR. HUGHES: I don't know. I don't have any paperwork with that on there.

MR. WITKOWSKI: Five and -- so what she had here originally -- five and three. What you had originally -- we'll look at Dutchess County.

MS. MANZI: That's what I thought.

MR. WITKOWSKI: We will have to adjust Dutchess County. I'll give it back.

Okay, any other new business?

MS. MAKUEN: I know this out of order as far as business is concerned -- I'm not sure if I'm able to ask this -- but I was wondering if we could have a moment of silence for Dan Brady, the paramedic that died in Rockland?

MR. WITKOWSKI: Yep. Certainly. Okay.

MS. MAKUEN: Thank you.

MR. WITKOWSKI: Any other new business?

MR. TAVORMINA: Motion for adjournment.

MS. SIEBERT: Second.

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MR. MURPHY: Noting it's 8:43 --

MR. WITKOWSKI: I have a motion and
second. All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

Thank you.

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THE FOREGOING IS CERTIFIED to be a true
and correct transcription of the original
Stenographic minutes to the best of my ability.



Yvette Arnold

