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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, 33 Airport Center
Drive, New Windsor, New York, on Wednesday,
February 4, 2015, 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
- MATTHEW BONDI, EMT
Treasurer
- DESIREE LEONE, EMT
Secretary
- DR. ERIC STUTT, M.D.
Medical Director
- WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

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

ORANGE COUNTY

- BEN CONQUES
- ANDY LAMARCA
- KELLY MAKUEN

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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NICK RUSIECKI

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NEIL DAHAN

BERNICE GARATTI

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6 SULLIVAN COUNTY

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ALBEE BOCKMAN

GREG TAVORMINA

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NEIL MEDDAUGH

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ULSTER COUNTY

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GARY HOROWITZ

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KELLY NELSON

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MR. WITKOWSKI: I'm going to call the meeting to order. Roll call.

MS. LEONE: Dutchess County.
Mike Witkowski?

MR. WITKOWSKI: Here.

MS. LEONE: Dave Violante?
Joan Siebert?

Cathi Tegtmeir?

Jennifer Manzi?

Cathy Greiner?

Dee Sagendorph?

Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MS. LEONE: Rebecca Stage?

Andy LaMarca?

MR. LAMARCA: Here.

MS. LEONE: Kelly Makuen?

MS. MAKUEN: Here.

MS. LEONE: Israel Knobloch?

Frank Cassanite?

Dawn Marshall?

Putnam County.

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Robert Cuomo?
MR. CUOMO: Here.
MS. LEONE: David Jacobsen?
MR. JACOBSEN: Here.
MS. LEONE: Matthew Bondi?
Rockland County.
Kim Lippes?
Nick Rusiecki?
MR. RUSIECKI: Here.
MS. LEONE: Michael Murphy?
Desiree Leone -- here.
Neil Dahan?
MR. DAHAN: Here.
MS. LEONE: Bernice Garatti?
Ron Levi?
Sullivan County.
Albee Bockman?
MR. BOCKMAN: Here.
MS. LEONE: Greg Tavormina?
MR. TAVORMINA: Here.
MS. LEONE: Neil Meddaugh?
MR. MEDDAUGH: Here.
MS. LEONE: Heidi Stack?
Karri Jara?

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Matt Goldsmith?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MS. LEONE: Gary Horowitz?

MR. HOROWITZ: Here.

MS. LEONE: Richard Muellerleile --

MR. CUOMO: I always had trouble with
that too.

MS. LEONE: Kelly Nelson?

MS. NELSON: Here.

MS. LEONE: Fifteen.

MR. WITKOWSKI: What?

MS. LEONE: Fifteen.

MR. PARRISH: How many do we need?

MR. HUGHES: Sixteen.

MR. WITKOWSKI: Is anybody on their way?

MR. CUOMO: I thought the new quorum was
12.

MR. HUGHES: It's --

MR. CUOMO: We had that whole thing
about changing the --

MR. WITKOWSKI: Please tell me it's
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MR. CUOMO: I'm pretty sure it's 12. Remember? We went through the whole thing of taking a delegate out and adding an alternate, we went from 30 to 24 so the quorum is 12.

MR. HOROWITZ: That sounds right --

MR. WITKOWSKI: I'm okay with that. We will go with that.

MR. CUOMO: Still we have over --

MR. HUGHES: Thirteen -- twelve is half so it would be thirteen.

MR. WITKOWSKI: So we have a quorum, okay.

I would like to take a moment of silence for Kitty Rooney Koch that just passed on.

Thank you.

President's report.

One of the things that I have been asked -- and obviously most everybody got my e-mail today -- we are sending out for these meetings four and five sets of e-mails and, you know, I'm preaching probably to the converted because you guys are answering the e-mails, but your fellow county members are

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not. We need to get an answer back if they are not coming, or if they are coming because as of tonight we have an Article 30 action so we had to make sure we had a quorum in order to take care of this action. So this is business that needs to be conducted and requires a quorum so we need to make sure we get that. So please bring it back to your counties, bring it back to everybody to please answer the e-mail. Answer when Karen requests for feedback so we know whether we are going to have a quorum, whether we will have the people at the meeting or not. So we would appreciate that.

That's all I have on my report at the moment.

MR. PARRISH: Point of order? Minutes approval.

MR. WITKOWSKI: Sorry, yeah. It's right there underneath the little note thing.

Okay, could I get a motion on the minutes, previous minutes?

MR. PARRISH: An amendment first, page 27, line 12, it says lock zone. I believe it

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is supposed to Naloxone. We had been working in the Naloxone at a BLS level. That's it.

MR. WITKOWSKI: Anybody else have any other corrections?

I'll entertain --

MR. TAVORMINA: So moved.

MR. HOROWITZ: I'll second it.

MR. WITKOWSKI: Got a motion, second.

All in favor?

ALL: Aye.

MR. WITKOWSKI: Carried. Thanks, Rich, for bringing me back on track.

Treasurer's report. He's not here.

MR. HUGHES: I can fill in for him.

Okay, our last meeting was in October. Since October we have written 52 checks to the tune of 58,779 -- sorry -- to the tune of \$102,911.00, we had \$58,779.00 in deposit, 66,000 of those dollars of 102 went to payroll transfer and 3,000 was a refund on an ALS update.

The only outstanding is that we had some moving costs for moving into the building that was unanticipated, or wasn't in the

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budget. But our moving costs were \$1,200.00 for moving and then about \$2,000.00 to setup the office with everything we needed as far as the network and equipment.

That's about it right now.

MR. WITKOWSKI: Okay.

MR. HUGHES: Anybody have any questions on the treasurer's report or any other information you would like?

MR. WITKOWSKI: Can I have a motion --

MR. LAMARCA: Motion.

MR. RUSIECKI: Second.

MR. WITKOWSKI: Second. Any questions?

All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

Carried.

MR. CUOMO: Footnote, the treasurer is on his way. He is having trouble.

MR. WITKOWSKI: Can I have a motion to pay the bills?

MR. LAMARCA: So moved.

MR. RUSIECKI: Second.

MR. WITKOWSKI: All in favor?

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ALL: Aye.

MR. WITKOWSKI: Opposed?

Carried.

Regional office staff report?

MR. HUGHES: New York State, we are up-to-date. They have paid all of the vouchers that we submitted, including for December that we submitted at the end of January has already been paid -- I think that's a record for them.

We also are up-to-date with the CIU class that we ran last quarter, so that's all been paid.

The bureau wants us to do a stroke QA QI project that's talking about three different things. And it's going to be reviewing EMS performance of the stroke scale as part of the assessment, informing the hospital that we did it and what the hospital reaction is to it. We are not exactly sure how that's going to work and how it's going to be done yet. We have a call starting on March 3rd and that will be the topic of discussion for that.

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There is a new policy out from DOH, it's 1401, which is just put out in December. It's EMS provider patient care restriction, which is what medical directors can do to restrict patient care -- a provider from performing patient care, both at the ALS and BLS level. It also addresses what the REMAC can do. So it's a guidance document that has been put out from one of the committees at the SEMAC.

We have a new contract as a Council -- we have a new contract coming in. Our contract is over in June so we have a new contract from the State, which will include a whole new set of deliverables. And I have been reviewing them with the other executive directors, we have had several meetings since the last state meeting. And we have a counter proposal we are putting back to the State with some changes and eliminating some of the ambiguities they had in the contract as to we had to support certain things, plus others, and nobody could define what the others were. So we made a few changes and

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submitted that back to the State and hopefully they will come out with a good contract for us.

We started our audit today. We had auditors running around the office all day, started at 8:30 today and left at 5:00 o'clock this afternoon. It's their first day, it was quite hectic, but everything was going well. They will be back again next week and then they will do a final in probably about two weeks before they put the final paperwork together and we will submit that to the State.

I think that's it.

MR. WITKOWSKI: Just one other thing under the Regional Office Report, to the EMS coordinators in the room, tomorrow there will be an e-mail that comes out to you guys in reference to the regional approach. I've been trying to schedule the call on the EVD to make sure that we are all in compliance with it. The State is now requesting documentation of that. So we are going to in lieu of scheduling the call, try to get an

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e-mail out and get feedback from the coordinators on adoption of the regional approach for that so we can get the information back to the State. Bill will be working with me to get that out tomorrow so please respond to that e-mail and this way we can get that information back to them.

MR. PARRISH: What regional approach? Dave made suggestions, but they have not come out with any formal guidance or anything as to what we should be doing regionally.

I know in our area Dr. Rober from Dutchess County has been very aggressive with it, but Dutchess is the only one that has really done anything to formalize it. We have looked at it in Ulster County, but haven't come up with it yet, if this happens this is who we call type of thing. This is the first thing I've heard about a regional approach to it.

MR. WITKOWSKI: Well, we have been going back and forth with the -- what committee have we been working with on that?

MR. LAMARCA: For the State --

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MR. WITKOWSKI: Yeah. When we started the whole process when it came up?

MR. LAMARCA: You are talking about the Ebola side of it?

MR. WITKOWSKI: Yeah.

MR. LAMARCA: I think after the commissioner's orders I think you were talking to some of the county health officials in the conference. I don't remember a particular department. We held a couple of meetings locally and actually tried to work with whatever counties we had, Dutchess, Orange, you know, Ulster. I don't know what other committee it was.

There was discussion about this at State Council, we have talked about it and agreed there should be probably some regional planning. Also some discussion that our talks about like a strike team, you know, it might be a good concept, but also if we get overwhelmed and if it's taking away from us training providers underneath that level and additional resources, somehow that has to be included. Overwhelm the strike team and we

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are left defenseless. We'd like to share whatever we had if you need help.

MR. WITKOWSKI: Okay, what we will probably end up having to do is respond to the e-mail and then setup a conference call and probably put a TAG together because we do need to make sure all the counties are covered and they have some type of plan. Somehow this has been added to our things to coordinate, I guess, at this point.

MR. LAMARCA: One thing we brought to REMAC, Dr. Stutt, maybe Dr. Murphy, maybe the REMAC or REMSCO, foster some meetings with the County Health Department, not so much County EMS, because open up that dialog -- I don't know if REMAC -- I haven't talked to Pam if she is doing it or not.

DR. STUTT: There was a push to do that when the Ebola hit the fan and there was that -- the phone conversations, the community phone conversations where I was hoping the thrust would fall in something Dr. Rober has been doing to make a region wide plan. We haven't --

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MR. LAMARCA: I know. And I think in the last REMAC we were asking the REMAC to bring together in a separate meeting the Departments of Health, so six counties --

DR. STUTT: To coordinate activities --

MR. LAMARCA: -- start the process at least, that would probably go hand in hand.

MR. WITKOWSKI: One of the questions is has your region adopted a regional response plan? If so, provide details. Is it county based, regional based, more than one region involved? So we definitely need to do this. Unfortunately, they want an answer by Friday, February 13th on this.

MR. TAVORMINA: I know the county health directors have phone conversations, they have a group e-mail going around about Ebola.

MR. WITKOWSKI: I guess we have to setup a --

DR. STUTT: -- have the county health --

MR. TAVORMINA: -- multiple conference calls --

(Everyone is speaking at once.)

MS. LEONE: -- Dutchess, ours from

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Rockland, I thought Orange was on. I don't know if Ulster -- it's been a while. I don't remember who else.

MR. CUOMO: I don't know if Putnam was on that.

MS. LEONE: They may have been on.

MR. WITKOWSKI: So what we will do is we will try and schedule something and get everybody together and answer this and try to get some plan worked out. I think the intention, based on the conversations that were going on, that we were having was to try and take it to a more regional approach so it was not a burden to any one county and this way the resources could be shifted when necessary to where it needed to go. So we'll move forward with that and we will keep everybody in the loop on it.

That's it for the office.

MS. LEONE: If I could just ask a question? I was just at our division directors meeting for the local health department today and they are asking the health departments also as far as the

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epidemiology and the investigation part of the Ebola patients, or suspected patients, they are asking them to look at it as a regional approach as well, but the issue is that there is an executive order that mandates each Health Department and ambulance corps to do certain things. How can they expect us to start planning on a regional level when there is a legal document that requires every ambulance corps to be in compliance? They need to change the health commissioner's order so we can plan --

MR. CUOMO: Good point.

MS. LEONE: -- and take it out of the individual agencies.

MR. WITKOWSKI: Was this brought at the State --

MR. LAMARCA: We had had it at state level and I brought it to system's committee and State Council, but in essence some of the decisions that counties made, or were making were -- actually controverted the commissioner's order, which is not rescinded and which Desiree is right, a lot of the

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complaints we heard, they don't have training or PPE, was more of an awareness level, which would have been your same protection for blood born pathogens. So, again, if they are claiming they don't have this, to me that means every day they go out there unprotected to deal with basic blood born pathogens and that was made known. So the commissioner's order stands. Dr. Rober from Dutchess tried to see if they would consider it and apparently made herself a target. They are not going to change that. So the department did not, from what I understand, choose to pursue outside of New York City any service that was not compliant, but it remains in effect.

I think we all agree it's unenforceable. They can enforce whatever they want -- it's unmanageable, but it's good medicine, so we couldn't fly in the face of the fact it remains good medicine, which should be done to prevent an outbreak. Whatever had gotten here and escaped containment, we would have been in trouble. I think Desiree is right,

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we don't have the wherewithal to plan regional to controvert anything in the commissioner's orders. Make plans to share assets, you know, hopefully supply has gotten better. We have a little breathing space, maybe people can get the PPE and do the training. I don't care if they don't get to the strike team level. I think that's where the regional plans come in. They have to be at awareness level and they are not, beyond that decisions made by certain counties allowed services to step aside and say I ain't dealing with that. I might be wrong, but when we do our application for service I don't think we get the check box that says we will cover that. Ebola? No. Desiree is right, we can't adopt anything that controverts that order.

MR. WITKOWSKI: I agree. And I think from the EMS coordinators perspective I would hope they have handles on those agencies that are not at that basic awareness level and are taking the steps. But certainly I think that we need to be in a position to assist where

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we can, provide some guidance and at the same time when we get to that strike team level be able to help coordinate that. And that's I think what the State maybe looking for from this --

MR. LAMARCA: I think Lee Burns also identified the fact that in these cases they are going to allow those services designated regionally to expand outside of their normal service territory without any sort of penalty to help out. So if you are not certified in a county and they need you, they'll let you go --

MR. WITKOWSKI: Okay, we will start continuing to work on that.

Medical director's report?

DR. STUTT: I would like to make you all aware that in December as a result of the work of the office staff, of Bill and Jeff and Karen, the Hudson Valley REMSCO became a community based organization approved facility that can now provide training and equipment and medication for nasal Naloxone program. And they will use -- it is going to

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be funding, I'm not sure where that's coming from. Bill?

MR. HUGHES: The AIDS Institute.

DR. STUTT: From amfAR, the American Foundation for AIDS Research, is providing the medication and providing the Naloxone kits. But I thought there was independent funding? The funding is coming from amfAR, not just the equipment?

MR. HUGHES: Yes.

DR. STUTT: The REMAC made it available to the members of the REMAC to become affiliated prescribers and apparently most on REMAC have agreed to do so, meaning they can be the sponsoring physician for any police agencies and first responders that want to participate in the nasal Naloxone program.

From the small experience that I have with the few agencies is every agency that has adopted it has had two or three safes in the first few weeks of putting it into practice.

MR. HUGHES: We do have the Naloxone in the office. As long as you have a BLS either

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FR, or BLS agency, we can supply that to you. You need to fill out the paperwork to become a Naloxone provider. So if there is agencies that aren't or in your area, or that want to do it, give us a call or take the paperwork off the internet under Narcan, I believe, or Naloxone -- one of the two -- and fill out the paperwork and submit it to us. It's just a memorandum of understanding, your physician awareness participation agreement and we can give you Naloxone kits for your ambulances.

MR. PARRISH: Bill? What type of paperwork is in addition to what they have to do to apply to become a Narcan agency?

MR. HUGHES: Nothing.

MR. PARRISH: Once they have done that you can supply --

MR. HUGHES: Yes.

MR. PARRISH: And you have those kits available now?

MR. HUGHES: Yes, we do. And then if they use them and they need more they can request it, as long as they submit the paperwork that they used it, or if there is

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an issue with it, something broken.

DR. STUTT: Is that for all BLS first responders?

MR. HUGHES: First responders and BLS agencies and non BLS first responders, including fires departments and police departments.

MS. NELSON: Do you have a template for the fire agency or rescue squad to use or follow?

MR. HUGHES: Yes.

MR. PARRISH: Kelly, Richard Muellerleile put a whole packet together and that's out there.

MR. RUSIECKI: I'm wondering if you have stats on how many are out in each county or not out or --

MR. HUGHES: How many agencies?

MR. RUSIECKI: How many agencies or responder kits?

MR. HUGHES: We have 48 agencies in the region today out of 96, I believe is the BLS count -- that's actually -- the BLS FR is a little more. I think total is 192 if you

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count the FRs in there, but we also have quite a few police departments. I have a breakdown by county of which departments are using --

MR. RUSIECKI: Just wondering --

MR. HUGHES: There is quite a few of them out there and it's been fairly successful.

MR. DAHAN: You said you would -- if we use it you'll replace it, how about if it expires?

MR. HUGHES: Yes. We will replace if it's expired. Right now I think our stock is up until '16. I don't know if you purchased it what the expiration dates are.

MR. DAHAN: We have up in '15.

MR. HUGHES: I don't know how long that is going to last. Again, that's funded from the Department of Health and it's a program from the Department of Health funded by the agency.

DR. STUTT: That's all for the medical director. I have stuff under REMAC --

MR. WITKOWSKI: Do you want to go right

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into that?

DR. STUTT: Under the REMAC report, the collaborative protocols that the REMAC choose to join last year have been redesigned, some new policies, procedures and protocols and it's all been approved at SEMAC. And our goal is to have all of the agencies in Hudson Valley Region be up-to-date as of March 15th, all must be compliant with all the meds, procedures and teaching to all of their staff as well as testing to all their staff.

We had a test format provided to us by Northern Dutchess Paramedics, it seemed to satisfy all members of the REMAC and the protocol committee. And as of March 15th we will be operational for the 2015 collaborative rollouts and the current changes.

MR. LAMARCA: Just -- the Dr. Dailey preparation through Albany Med video is how we are going to suggest --

DR. STUTT: The training program.

MR. HUGHES: By the end of week I hope to have a memo out that will have a link to

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the original video that defines what the difference are and his video -- it's just been a hectic week and we lost a day.

MR. LAMARCA: Only thing -- I'm not sure -- but on the pharmaceutical side, I believe the levophed is already in short supply and maybe out. I don't know if all agencies will be able to stock --

DR. STUTT: We have gone through this in the past with other medications and the State told us that if it's not possible to get it there is no penalty for not carrying it, so I imagine that would apply. It applied in the past with controlled substances we couldn't get access to and I imagine the same policy will hold true.

MR. LAMARCA: I think operationally we will have to stick with dopamine in this case and not the levophed --

DR. STUTT: That's the previous choice.

MR. LAMARCA: What else do we have?

DR. STUTT: No other pressor agents for blood pressure support, as was dopamine was in the past, but probably less impressive

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than the performance of levophed, also less dangerous.

MR. LAMARCA: I don't know. I'm having flashbacks --

DR. STUTT: In the November REMAC there is a TAG that was put together to review the application of the Town of Wallkill Volunteer Ambulance Corps to become ALS. That began earlier last summer, the TAG met several times throughout the summer and fall and remediation was done on our plan. We had to go back and forth with the Town of Wallkill, they were cooperative with us in terms of meeting all the State requirements and we presented it to the November 3rd REMAC and it was unanimously approved that we would accept Town of Wallkill as an ALS agency. And perhaps Bill can --

MR. WITKOWSKI: We'll do an update under transportation on that.

DR. STUTT: Do you have any status report as of now?

MR. HUGHES: At this point in time it's been approved by the MAC, it's just really a

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notification for the people in the room that they are and will be an ALS agency very shortly. They have their controlled substance license, they have been approved by the State, they have been inspected, so everything is moving along. I believe probably within the next couple of weeks they will be at an ALS level -- they will be providing service at ALS level.

MR. WITKOWSKI: Any questions for REMAC or medical director?

Training committee? Dave is not here. Andy or Rich, do you have anything?

MR. PARRISH: No. I think the next meeting is the 17th.

MR. LAMARCA: 24th.

MR. WITKOWSKI: Transportation -- okay. Under transportation we just notified you on the ALS upgrade for Town of Wallkill.

We have this as the Article 30 action, which is Watchtower Bible and Tract Society new ambulance.

Bill, you want to give us the background on this?

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MR. HUGHES: In Tuxedo, New York, which is lower Orange County, Watchtower has been building a world headquarters, they have two sites there. They will have probably upwards of a thousand people on-site when it's finished and they are requesting an ambulance certificate to operate on premises. They do this at two other areas in our region, one in the Town of Wallkill --

MR. LAMARCA: Hamlet of Wallkill.

MR. HUGHES: -- hamlet and the other one in Patterson. So they are asking for the same type of thing. We talked to New York State and asked if they should just get an expansion of the territory or new CON, they suggested new CON. They have been through the process, submitted the application, been through the fitness and competency of New York State. We had a public hearing, several of the agencies in the area that support them now, including Greenwood Lake, EMSTAR -- and I can't remember the other agency -- Woodbury maybe -- no --

MR. LAMARCA: Warwick.

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MR. HUGHES: -- Warwick, I think it was, yes. Came and spoke, the members from Watchtower came and spoke, everybody was in support of it. And Kim was there and the transportation committee was in support of the issuing of the CON. We had a hearing judge there, Martin Cohen. He has sent us a report of his findings and it's also in the affirmative.

I'll just read the last sentence rather than the whole thing.

Based upon above findings I recommend approval of the application. I find further that there is a public need for permanent certificate permitting the service to cover the requested area and the applicant has both the means and personnel to service this area.

There is no apparent opposition to this.

So it's brought forward as a second motion from the transportation committee that we accept this as CON for Watchtower.

MR. WITKOWSKI: This is an Article 30 action, we will need a roll call vote.

MS. LEONE: Can I just ask who stepped

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in after I did the initial roll call?

MS. DELAUNAY: Bernice --

MS LEONE: Just Bernice.

Dutchess County.

Mike Witkowski?

MR. WITKOWSKI: Yes.

MS. LEONE: Orange County.

Ben Conques?

MR. CONQUES: Yes.

MS. LEONE: Andy LaMarca?

MR. LAMARCA: Yes.

MS. LEONE: Kelly Makuen?

MS. MAKUEN: Yes.

MS. LEONE: Putnam County.

Robert Cuomo?

MR. CUOMO: Yes.

MS. LEONE: David Jacobsen?

MR. JACOBSEN: Yes.

MS. LEONE: Rockland County.

Nick Rusiecki?

MR. RUSIECKI: Yes.

MS. LEONE: Desiree Leone -- yes.

Neil Dahan?

MR. DAHAN: Yes.

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MS. LEONE: Bernice Garatti?

MS. GARATTI: Yes.

MS. LEONE: Sullivan County.

Albee Bockman?

MR. BOCKMAN: Yes.

MS. LEONE: Greg Tavormina?

MR. TAVORMINA: Yes.

MS. LEONE: Neil Meddaugh?

MR. MEDDAUGH: Yes.

MS. LEONE: Ulster County.

Rich Parrish?

MR. PARRISH: Yes.

MS. LEONE: Gary Horowitz?

MR. HOROWITZ: Yes.

MS. LEONE: Kelly Nelson?

MS. NELSON: Yes.

MS. LEONE: Sixteen yes's, zero no's.

MR. WITKOWSKI: Okay, a letter will be forwarded to the State of the vote.

Public education and information.

MS. LEONE: No report. The only thing I would like to encourage all the counties, maybe we can -- years ago when I first took the position I -- all of the media

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information from the different counties, newspapers, local media, and nothing really ever happened with it. We just became like a Narcan distribution -- or whatever it's called -- it's something kind of newsworthy. I think everybody else -- it might bring attention to the offices and politicians if they knew who we are when asking for increased funding or to not abolish the region. Maybe if people can send the information for their counties? I can take care of Rockland, but --

MR. TAVORMINA: Newspapers and radio stations --

MS. LEONE: Yeah. So I can compile a list and send out things periodically.

MR. WITKOWSKI: That makes sense considering we are asking for a budget increase we haven't had in umpteen years, it would be a good time to get that out there.

So, okay, policies and procedures.

Greg?

MR. TAVORMINA: Still ongoing review of the present policy and procedures and also

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within the next six months working on the records retention policy.

MR. WITKOWSKI: Okay, legislative and bylaws? Mr. Bockman?

MR. BOCKMAN: Sir, we have tonight to vote on a proposed bylaw addition. Would you like to do that at this time, or wait for new business?

MR. WITKOWSKI: We can do it now.

MR. BOCKMAN: This is a proposed bylaw addition to Article 4, which is committees. Presently, Section 1, Executive Committee, reads as follows:

The Executive Committee shall consist of the following members: The elected Council officers, chairpersons of all standing committees, the Council's delegate to the New York State EMS Council, each county Council should have representation on the Executive Committee.

Tonight we are going to vote the addition of the Hudson Valley Region EMS Council Medical Director and the departing Council President for a period of one year.

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Respectfully submitted, me.

MR. WITKOWSKI: Okay, any questions?

Commentary? Issues?

Okay, again, as this is a bylaw change
it requires a roll call vote.

MS. LEONE: Dutchess County.

Mike Witkowski?

MR. WITKOWSKI: Yes.

MS. LEONE: Orange County.

Ben Conques?

MR. CONQUES: Yes.

MS. LEONE: Andy LaMarca?

MR. LAMARCA: Yes.

MS. LEONE: Kelly Makuen?

MS. MAKUEN: Yes.

MS. LEONE: Putnam County.

Robert Cuomo?

MR. CUOMO: Yes.

MS. LEONE: David Jacobsen?

MR. JACOBSEN: Yes.

MS. LEONE: Rockland County.

Nick Rusiecki?

MR. RUSIECKI: Yes.

MS. LEONE: Desiree Leone -- yes.

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Neil Dahan?

MR. DAHAN: Yes.

MS. LEONE: Bernice Garatti?

MS. GARATTI: Yes.

MS. LEONE: Sullivan County.

Albee Bockman?

MR. BOCKMAN: Yes.

MS. LEONE: Greg Tavormina?

MR. TAVORMINA: Yes.

MS. LEONE: Neil Meddaugh?

MR. MEDDAUGH: Yes.

MS. LEONE: Ulster County.

Rich Parrish?

MR. PARRISH: Yes.

MS. LEONE: Gary Horowitz?

MR. HOROWITZ: Yes.

MS. LEONE: Kelly Nelson?

MS. NELSON: Yes.

MS. LEONE: Sixteen yes's, zero no's.

MR. WITKOWSKI: Okay, bylaws are
changed. Thank you, Albee. I appreciate
your work and diligence on getting that done.

MR. BOCKMAN: I'm not done. I'm in
Victor Work's shoes and you know how he did

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this.

I would just like to update you on some legislative things of interest. As you know, we have been pushing diligently over the last several years on the ability of advanced EMTs to transport blood products. We have heard over time that it is in the hands of the Department of Health where it originates, but they are still just dragging their feet. I sat down with our assemblywoman from Sullivan County, she has -- and I have in my possession -- the actual bill that would push the Department of Health hopefully to get them off their sluggish feet. It was referred to the health committee on January 8, 2015, we are all familiar with what that bill says.

Next thing of interest --

MR. LAMARCA: Point of order, that is already in front of the commissioner for signature.

MR. BOCKMAN: It's been there --

MR. LAMARCA: It just came out of the commentary period and went to the

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commissioner --

(Everyone is speaking at once.)

MR. BOCKMAN: That's good news.

Next thing of interest is that sponsored by Assembly person Cahill, surprisingly, provides for toll exemption for certain ambulance services. They changed the language, it just said ambulance inside the present statute. What they did was change the language to include ambulance services, fire agencies, and other agencies that are performing emergency services at the time. That was submitted to the transportation committee on January 12th of this new year. So we will watch that.

But something even more importantly, and I like this one a lot, it affects those volunteer and commercial services, that bill. And that is as we know if we respond to a motor vehicle accident and the individual is intoxicated we will not get reimbursed for that call. This bill submitted by -- it's a multi-sponsored bill -- there are several and right now it's in the Assembly, has not gone

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to the Senate, has been referred to the transportation committee on January 12th of this year, and relates to the reimbursement of costs incurred by emergency services as a result of driving while intoxicated. When the person is convicted and disposition is rendered that the judge may impose fees upon that person to reimburse those involved in emergency services.

So these three I'm going to watch. There are others I'll give to you another time, but these perked my interest. And although I'm not a big fan of political action committees because I don't like bribing people to get things done that need to be done, it's important that we as representatives of our counties stay on top of your legislators in our district. These are good bills for us and we need to get movement and the more that you talk to them and favor what the bills are, whether it's bills that are submitted, the more it will get for them for movement.

With that, I'm now done, sir.

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MR. WITKOWSKI: Thank you very much.

MR. TAVORMINA: Can I say one other thing? Most people remember last year the State signed off on allowing fire departments to do background checks for sexual offenders for members. They kind of left out volunteer ambulance corps, they are not fire related. There is a bill being drafted right now that is sponsored by Aileen Gunther to include non fire-related volunteer ambulance services to do background checks for sex offenders.

MR. WITKOWSKI: That's logical. Great. State EMS Council. Rich or Andy?

MR. PARRISH: I got pulled out, I couldn't stay.

MR. LAMARCA: Again, there was a couple of things that came up relative to protocols and collaboratives and also for a change on how we could modify our protocols or add to our protocols. If we see another region that had their protocol approved by SEMAC and SEMSCO and we would like to use that same protocol in its entirety here, the region can ask for concessions and send a letter to the

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state and they will allow us to use that protocol as well. It happened in New York State for standing orders for midazolam and psychiatric cases where time is of the essence. In the future that will help a bit to speed up the protocols.

A lot of discussion took place about no longer using backboards. I think we had a lot of dialogue and discussion back and forth across the table and some areas are -- not necessarily in the state -- calling themselves backboard free zones. Pretty much general consensus was that if you take a look at the research and evidence based medicine we are looking at now backboards in many cases are harmful and not beneficial. Again, use of cervical collar might be all that is warranted and that includes standard take downs. And so the State -- there is a lot of resistance from the provider's standpoint to not backboard somebody. Quite honestly, in the thousands of EMT courses across the State I can tell you, some good, some bad, and some taught different, I guarantee everyone one of

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them preached the fear of God into anybody that didn't put somebody on a backboard, so it will take a while to undo. So they will approach it on the hospital side. If you roll the patient in, no collar, no backboard, the nurse --

(Everyone is speaking at once.)

MR. LAMARCA: -- and that's saying that no service or individual can be held -- cannot be held at fault if you do not backboard somebody, so it looks like the swing is going to the other way. Backboards are a transportation device, not mobilization. If you haven't thrown out the scoop stretcher take it out of the closet --

(Everyone is speaking at once.)

MR. LAMARCA: Again, going through there was some reports from education committee on the status of exams and we had some good months and not so good on the State exam. Certainly the CME program has picked up far more participates, along with that far more concerns about the fact that a lot of people are being signed off by CIC's that aren't

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looking at the curriculum when they actually audit, it doesn't meet the requirements to be recertified with the CME program, so better pay attention to detail. You can be audited for that and you can and they have stripped people of certification because they have not had the required hours, so just pay attention to that. And the program is supposed to be overseen by a CIC and there should be a CIC dedicated, not just you go to the in-service and runaround and find a CIC to sign you, so documentation, look at that.

And you want to talk about Ebola, I'm prepared or lack of same, there is a lot of jousting at the commissioner's quarters, but that -- as I said -- is not changing.

Those are the most significant issues.

MR. HUGHES: Can I just add to one of them? There was a pilot project on CPAP on the BLS side and that did pass through medical standards. I don't have a note if it passed through REMAC so I believe it did.

But -- SEMAC --

MR. LAMARCA: I'm pretty sure it did

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because they couldn't get them up on the screen, but it was the one of the resolutions passed, in essence anything medical standards does -- I don't know why they don't combine those.

MR. HUGHES: The other thing that was -- a new pilot project created by Nassau County -- Suffolk County, where they are going to use supraglottic airways for BLS skill so we might be seeing some results on that. I don't know if that is going to work or not --

MR. LAMARCA: Just in cardiac arrest --

MR. HUGHES: Just in the cardiac arrest and they have to have wave form capnography.

There was also a hemorrhage control TAG that is being created.

MR. LAMARCA: I don't think it reported much.

MR. HUGHES: No. They just created it to look at some of the hemorrhage control devices out there.

MR. LAMARCA: And packing of the --

MR. HUGHES: Yeah. The other thing was CIC and CLI certification test might be

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coming down the road, something to think about. Instead of getting an E5 on your EMT test there might have to be a separate test you would need to take. And they are also looking to revamp regional faculty. I think that's it.

MR. WITKOWSKI: Is that it?

MR. HUGHES: Yes.

MR. WITKOWSKI: Old business.

Rich, mutual aid TAG?

MR. PARRISH: That is dead on arrival. Nobody wants to get involved. I send out e-mails, I don't get any responses. The only one that did anything would be Kim in Rockland, but everybody else has been no responses on it.

MR. LAMARCA: Rich, is that just going to the EMS coordinators? Because I asked to be on it and --

MR. PARRISH: I haven't sent one lately, but I thought I had you on there.

MR. LAMARCA: No. We are overdue. I chair the committee that redid the states so I would like to make sure our region is at

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least complaint.

MR. PARRISH: The responses -- and it goes back, you know, the same thing with Ebola responses -- you go out looking for the information and nobody gets back to you. There is packets out there --

MR. WITKOWSKI: Let's wrap it into the Ebola thing because everybody will be a captive audience --

MR. PARRISH: For EMS coordinators --

MR. WITKOWSKI: Yeah, so at least remind them to stay on top of it, so we will wrap that in.

Expired delegates and alternates.

I have a letter from Sullivan County.

Please continue our present Sullivan County delegates to the Hudson Valley Regional EMS Council for the next four years: Albee Bockman, Heidi Stack, Neil Meddaugh. Thank for your time, look forward to the meeting.

So I'll entertain a motion to --

MR. TAVORMINA: So moved.

MS. NELSON: Second.

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MR. WITKOWSKI: All in favor?

ALL: Aye.

MR. WITKOWSKI: Opposed?

Carried.

Anybody else or is that it?

New business. The 2015 collaborative protocol, we need to vote on that --

DR. STUTT: No, it's just information.

MR. WITKOWSKI: Okay, it's just there, it's information. Okay.

With Kitty passing we now need a new nominating chair. Anybody interested in taking on nomination?

MS. NELSON: I will.

MR. WITKOWSKI: You'll do it, Kelly? Great.

MR. LAMARCA: You know it's a 20 year hitch, right?

MS. NELSON: I get a whole dollar a year for 20 years.

MR. LAMARCA: You get to pick the future of this organization.

MR. WITKOWSKI: So Kelly Nelson, welcome as the new nominating chair.

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There was an e-mail sent out for EPCR TAG. We got I think one response can -- what we are looking to do just so everybody is aware, we are looking to get a TAG together to go region wide with EPCR, being able to offer it out at little to no charge to all of the agencies, including hardware and software. But we need a group to get-together on this because we have found some funding sources, but we need to start planning it out.

MR. LAMARCA: Can I have funding?

MR. WITKOWSKI: So we are -- you want to change your system over?

MR. LAMARCA: Fifty tablets I might.

MR. WITKOWSKI: We are looking to try and do that region wide, but we are going to need participation from everybody in the region.

MR. CUOMO: Count me in.

MR. WITKOWSKI: Can you put out the e-mail again?

MR. CRUTCHER: Yes.

MR. WITKOWSKI: And we will try and get

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a TAG together.

MS. LEONE: Kim is definitely interested also.

MR. WITKOWSKI: I'm going to chair it again, but I'm going to quickly turn that over to somebody else. So I'll chair the first meeting and then we will get a chairperson.

MR. PARRISH: You got my response?

MR. WITKOWSKI: Yes, I believe --

MR. PARRISH: I think I'm the only one that responded.

MR. WITKOWSKI: Yeah.

2015 Hudson Valley REMSCO annual awards. It's already that time again. We need to get those out. Are they on the website sending out packages?

MR. HUGHES: No. We use the State package so the descriptions are there and the application is already available on the State website.

MR. WITKOWSKI: When are they due back for us?

MR. HUGHES: I would say May 1st would

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be okay.

MS. DELAUNAY: I don't know.

MR. HUGHES: They are due at the State June 1st so everybody has to be completed June 1st. So we could do May 1st, that would give us a couple of weeks to evaluate them and submit them to the State. Usually the evaluation is done at the committee level --

MR. WITKOWSKI: So we are going to need an awards -- do we have an awards committee?

MR. LAMARCA: You need a review panel --

MR. WITKOWSKI: It needs a review, so we need to have an awards committee and then I would say yes, the drop dead date is May 1st to get the awards back to us so we can have time for that committee to review it and get it moved onto the State for nomination out of the region.

MR. HUGHES: That doesn't mean you have to send all of those papers in on May 1st, you can send them in a little sooner.

MS. LEONE: Yeah, because a lot of times they have to be redone.

MR. HUGHES: They have to be redone and

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read and it takes time to digest it --

MR. WITKOWSKI: So if you are interested in participating on that committee, please let us know.

We have another meeting before then, right -- no. May 13th is the next meeting. So we need to get a committee together because the next meeting is not scheduled until May 13th and awards are due May 1st so we need that committee in place because by the 13th we need to get that out to the State. If you are interested in participating, let me know by the end of the meeting and we can get that done.

MS. MAKUEN: I can do that.

MR. WITKOWSKI: Great, thank you.

MS. LEONE: Kim wants to do that also -- she does -- Karen, right?

MS. DELAUNAY: Kim is always on it.

MR. WITKOWSKI: So David Violante, Kim, Kelly, Rich. We will try and get one from each of the counties is best.

MR. CUOMO: One of us will do it.

MR. WITKOWSKI: Greg, okay.

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MR. TAVORMINA: I did it the last couple years.

MR. HOROWITZ: I'll do it.

MR. WITKOWSKI: So we have people, good. Any other new business?

MR. LAMARCA: Just if anybody saw the release on the Governor's budget, there was some concern in the language of the budget that for those services that bill both volunteer and commercial providers, they were going to eliminate the crossover payment for duly eligible. For those not familiar, if you have a Medicare patient that also has Medicaid as secondary, what Medicare did not pay for in their bill Medicaid will makeup. The wording and the change was they will only make it up to the Medicaid level, which means whatever Medicaid pays. We found out today through the division of budget that this is not supposedly going to be enacted for ambulance and the hospital associations are fighting that. I'm not sure about the hospital side, but they are going to cleanup the language, but it does not apply to the

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ambulance side.

MR. WITKOWSKI: Excellent.

Any other new business?

MR. RUSIECKI: Motion to adjourn.

MR. WITKOWSKI: Hang on a second. Next meeting is Wednesday, May 13th, meeting after that will be Wednesday, May 9th -- sorry -- September 9th, and the last meeting is Wednesday, December 16th. All meetings start at 7:00 p.m.

I will now entertain the motion to adjourn.

MR. RUSIECKI: Motion to adjourn the meeting.

MR. TAVORMINA: Second.

MR. WITKOWSKI: All in favor?

ALL: Aye.

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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

