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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, May 17, 2017, 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 :

RICHARD PARRISH, NREMT-P
President

ROBERT CUOMO, EMT-P
Vice-President

DR. MARK PAPISH, M.D.,
Medical Director

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Office Manager

DUTCHESS COUNTY

NICHOLAS TRIO
TIM MURPHY
MATT NOLAN
DEE SAGENDORPH
GUY CARPICO

ORANGE COUNTY

BEN CONQUES
ANDREW LAMARCA
ISRAEL KNOBLOCH

PUTNAM COUNTY

ROBERT CUOMO
DAVID JACOBSEN
MATTHEW BONDI

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

ROCKLAND COUNTY

KIM LIPPES
GLEN ALBIN

SULLIVAN COUNTY

ALBEE BOCKMAN
NEIL MEDDAUGH

ULSTER COUNTY

RICHARD PARRISH
KELLY NELSON
DOROTHY BALIN

ALSO PRESENT

JOHN MAHONEY
T.J. OLTZ
SHARON FRAZIER

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MR. PARRISH: We will call this to order. And please project, we have got the air-conditioning drowning out everything up here.

So, okay, Bob, call the roll call.

MR. CUOMO: Dutchess County.

Nicholas Trio?

MR. TRIO: Here.

MR. CUOMO: Dave Violante?

Joan Siebert?

Tim Murphy?

MR. TIM MURPHY: Here.

MR. CUOMO: Matt Nolan?

MR. NOLAN: Here.

MR. CUOMO: Pete Schinella?

Dee Sagendorph?

MS. SAGENDORPH: I'm here.

MR. CUOMO: Guy Carpico?

MR. CARPICO: Here.

MR. CUOMO: Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MR. CUOMO: Eileen Mancuso?

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Andy LaMarca?

MR. LAMARCA: Here.

MR. CUOMO: Israel Knobloch?

MR. KNOBLOCH: Here.

MR. CUOMO: Terri Barbi?

Frank Cassanite?

Dawn Marshall?

Putnam County.

Bob Cuomo -- here -- I had to look up.

Dave Jacobsen?

MR. JACOBSEN: Here.

MR. CUOMO: Matt Bondi?

MR. BONDI: Here.

MR. CUOMO: Albert Jacobs?

Rockland County.

Kim Lippes?

MS. LIPPES: Here.

MR. CUOMO: Nick Rusiecki? Nick? Going once, going twice --

MR. HUGHES: Haven't seen him.

MR. CUOMO: Mike Murphy?

Desiree Leone?

Glen Albin?

MR. ALBIN: Here.

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MR. CUOMO: Debra Stewart?

Bernice Garatti?

B.J. Leidner?

Sullivan County.

Albee Bockman?

MR. BOCKMAN: Here.

MR. CUOMO: Greg Tavormina?

Neil Meddaugh -- Neil Meddaugh?

MR. MEDDAUGH: Here.

MR. CUOMO: Okay.

Heidi Stack?

Karri Jara?

Matt Goldsmith?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MR. CUOMO: Kelly Nelson?

MS. NELSON: Here.

MR. CUOMO: Richard --

MR. PARRISH: He is not here.

MR. CUOMO: Dorothy Balin?

MS. BALIN: Here.

MR. CUOMO: Chad Burkhart?

We have a quorum.

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MR. PARRISH: Good. All right, minutes were distributed. Any additions or corrections to the minutes as distributed? If not, motion is in order.

MR. LAMARCA: Motion to approve.

MR. PARRISH: Andy.

MR. TRIO: Second.

MR. PARRISH: Nick.

I have a couple of letters. Putnam County, Hudson Valley Regional EMS Council.

To Whom to May Concern, this is to inform you that the following individuals are being resubmitted for delegate for positions on Hudson Valley Region EMS Council: Dave Jacobsen, term expires 6/30/21. Robert Cuomo, Vice-President.

MR. CUOMO: Sorry, Dave -- kidding.

MR. PARRISH: Dutchess County EMS. Greetings, at the last meeting of Dutchess County EMS Council the following changes were made to our REMSCO delegates and alternates: Tim Murphy was reappointed as a delegate; Matt Nolan was reappointed as a delegate. Any questions, Tim Murphy, President,

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Dutchess County EMS. That's it.

All right, treasurer's report. Who has that?

MR. HUGHES: I have it.

MR. LAMARCA: Do we need a motion to accept?

MR. PARRISH: We do.

MR. LAMARCA: I'll make a motion to accept.

MR. PARRISH: All right. Andy. Second?

MR. CUOMO: I'll second.

MR. PARRISH: Any discussion?

All in favor?

ALL: Aye.

MR. PARRISH: Thanks, Andy, keep me honest.

All right, treasurer's report?

MR. HUGHES: Since the last meeting, which was February 15th to now, the treasurer wrote 33 checks for $49,000.00. Most of the checks went to rent and health care benefits, all other individual bills, none of them exceeded 500 so there is no detail on them. If anybody wants to see them, we have that.

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And there was a $30,000.00 quarterly transfer to payroll.

As far as deposits, we had the third quarter program agency payment for $54,596.00 and that's what we billed. And we received $54,614.00 because we got $18.20 in interest because they were late on their billing because the State was closed. The fourth quarter council, we billed $8,799.00 and that's what we were paid.

In this time frame we also received $7,500.00 from amfAR for the Naloxone program. And on the payroll account we received in the $30,000.00 that we transferred.

And that's it, any questions?

MR. LAMARCA: At the hearing at State Council about the cutbacks or budget issues, we were not in any danger are we? As far as the --

MR. HUGHES: No. The program agency and council are in a different part of the EMS budget for the Bureau of EMS and what they cutback with the local services of EMS of the

bureau. So all the money in the educational part and the program agency account is protected.

There was a substantial cut in budget, almost $500,000.00, at the Bureau of EMS this year and it all came out of the other side.

MS. SAGENDORPH: How is that going to impact EMS with that much of a --

MR. PARRISH: They are shelving a lot of programs. One of the things that they talked about and I was going to talk about it at the State report, but education and training, there was no report about regional faculty so I was like, what is going on with it? And Andy said it's dead. They were planning on pulling all regional faculty in and making them contractors for the State. So we could go out and do audits and things like that, be an assistant to their staff, and they have no funding, that program right now. And they said the word dead, but afterwards somebody said it's on the shelf, but it doesn't look very healthy.

MR. ALBIN: It's in need of life

support.

MR. PARRISH: All right -- so, yeah, cutting back on a lot of stuff, they can't fill a lot of positions. So it doesn't look good for them -- one comment was made to me there that they are waiting for their furlough letters.

MS. SAGENDORPH: And there is no recourse as far as final --

MR. PARRISH: Nope.

MR. LAMARCA: That's the budget.

MS. SAGENDORPH: Well, the governor now --

MR. LAMARCA: It's the governor's budget that --

MR. PARRISH: That's typical of what everybody in government thinks of EMS, we don't need them.

MS. SAGENDORPH: Until they need us --

MR. HUGHES: If you look at the details back -- I think it was about 2008 maybe -- it was a $20 million budget and now it's down to about a $15 million. So almost a 25 percent cut in budget over the last --

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MR. LAMARCA: We used to work on budget in state. What would happen is that 50 percent of the budget was education and training so we would know if we had $10 million education and training that the department would be funded for 20 million. And the problem was we were starting to see with the education side the way funding went for courses, a lot of the funds were never expended because people didn't pass exams or get reimbursed so that side kept going down like to say 8 million from 16 million for the whole department. And now the budget is run different, but the rest is for the --

MS. LIPPES: It goes to EMS is not essential service in the eyes of the governor and that piece of legislation has to be pushed forward and passed because if not --

MS. SAGENDORPH: I guess we should be contacting people.

MS. LIPPES: There is a Senate bill. I don't have it on me. EMS is an essential service in -- is the wording of it.

MR. PARRISH: Yep.

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MS. SAGENDORPH: We have a really proactive lady over in Dutchess County, Senator in Dutchess County, by the name of Sue Serino so anybody in Dutchess County and the district should be contacting her as far as EMS goes and see what we can get done, see what she can do for us.

MR. MAHONEY: That bill was referred to the local government committee three times before and it's died there --

MR. PARRISH: I believe the number is -- and I don't have the acronym before -- but 2770 is the mandated --

MR. LAMARCA: I'm pretty sure some agencies will lobby against it.

MR. PARRISH: Yep. So past that, any other questions on the treasurer's report?

If not, a motion to accept it?

MS. SAGENDORPH: Motion.

MR. LAMARCA: Second.

MR. PARRISH: No further discussion?

All in favor?

ALL: Aye.

MR. PARRISH: All right, regional staff

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report?

MR. HUGHES: We have had kind of a busy time. We still have some pediatric cards if anybody still needs them, or is interested in them. I think Karen put them outside, you can pickup a couple of them if you want. It's new and improved from EMS.

We spent a lot of time doing the 2017 collaborative protocols rollout. We completed all the providers in the region, approximately 700 in the Hudson Valley, and assisted Westchester with their 300 so we did over a thousand ALS upgrade -- ALS provider upgrades on our website. We are still working on the medical control physicians now. We -- they have gone a little slower, about 60 percent of them done so we keep working with them.

We also had to create a new testing process -- a new test for all the people coming in that are becoming paramedics now. So we created all new tests, created the retest and we have also created the new MFI test because MFI is now changed to RSI -- is

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back to RSI again. We still need to create an AEMT exam because that is a level that is going to be brought into our region shortly.

The check and inject instruction materials were released last week. They were on the website for instructors on the Bureau of EMS, it's a little different than the original pilot program. The original pilot program was an injection into the thigh, the instructors video that they have there actually gives it in the deltoid muscle so it's a little different from what it was. And the syringe was a metered syringe with only two lines for filling. And the syringe it can be any syringe now as per the check and inject program as it passed with the Bureau.

There was a new stroke protocol discussed at SEMAC, but there was not a quorum, it was lost before they were able to vote so that's not something we will be involved with yet. It's only a change in time.

As you know, Chevra Hatzolah of Rockland

submitted a new course sponsorship application and applied to conduct AEMT classes there.

RTAC met last week and we had a Stop the Bleed instructor class after that. Stop the Bleed is program supported by the American College of Surgeons to put tourniquets and quick clot next to the AED that is hanging in your supermarket, or gym, or whatever it is. So they are working towards that.

RTAC also produced and presented the final report on door to decision time for the performance improvement project of last year and working on one for patient transportation with O2 for the next up and coming year.

The collaborative protocols that we talked about before actually separated the clinical care from policy and procedures at the region. Now we are working on creating a new comprehensive policy manual that will incorporate everything taken out of the collaborative protocols and put into a separate policy manual. We expect that to be ready to go and reviewed at the next protocol

committee meeting and it should be made available to everybody shortly after that.

MR. ALBIN: Will that be an electronic version?

MR. HUGHES: It will not be an app, if that's what you are asking. It will be available electronically as a pdf, but we don't have the facilities to create it as an app. It might be in the future, I don't know. It might be something we can look in to, at this point it's only a pdf you can download.

Most of you know we are hosting a CIU class here for CIC and CLIs, it will be June 7th and then the 14th. It will be right in this room from 7:00 to 10:00.

We have two new agencies in the region we talked about last meeting and Ambulance II has only submitted one PCR that I'm aware of and the Town of Patterson, which has submitted 84 PCRs. So they are up and running as far as I know -- I don't know if Bob has any update on that.

We received 300 doses of Narcan to be

distributed throughout the region. The day after we got them we were down to 150 doses because of the back orders that were outstanding so we have begun using quite a few of them.

All the deliverables were sent to the State in March -- the end of March, like I said from the treasurer's report, it was vouchered and paid.

The regional training budget for '18/'19 was submitted. I don't really get it formally accepted, but we submitted what we think would be needed.

At our April protocol meeting we used a utility called Zoom, which is like electronic conference call over the internet. It worked very well so it might be something we will look at to do some other meetings with.

Our course -- our regional course sponsorship that is here is going to be -- we are due for renewal and inspection in June so we are getting that ready to go.

And there was a change in the distribution of the on-site testing. On-site

testing used to give you a temporary status as -- and being able to practice. New York State has changed the statement on the on-site test so if you go for on-site testing now you cannot come in and take a map test and it's not a certification. It's only a notification that you -- what grade you got on the test. So when we heard that I did send out a message saying that at the New York State SEMAC meeting held on May 9th, it was brought to our attention that the regional directors that the on-site scoring certificate has changed. And the letter now states, this report is for your written examination scores and does not represent an official EMS certification. So from that point on any provider that only has on-site scoring will not be allowed to complete the Hudson Valley Regional MAC exam until they have gotten their official paramedic card. There seemed to be a timing issue from when they took the on-site scoring and whether the paperwork from the course sponsor training them caught up. And they had issues where

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they hadn't completed the course correctly and, therefore, they had someone practicing that wasn't actually certified to do it.

MR. LAMARCA: I think we did entertain some discussion up in Albany, but if you think about it whoever does do the on-site scoring if they're alleging that the course sponsor didn't do all the paperwork at the same time he is taking it there, his class is taking it at the regular site so it doesn't really matter, they would all be at the same risk so there is absolutely no reason to go to on-site scoring because you can't use it.

DR. PAPISH: Peace of mine for 12 days.

MR. LAMARCA: It's a personal gratification if you pass or not. Bottom line, they now turned it into -- they told no one about this and we heard it for the first time up there in Albany. And we called back and one or two of the people had taken the on-site and gotten a new letter and luckily not been working as a primary, but -- you know, the region was put on notice too.

MS. NELSON: What is the time frame when

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they take that to getting cards?

MR. LAMARCA: Twelve days.

MR. PARRISH: Right now, twelve business days to turn it around.

MR. LAMARCA: Their contractor or vendor they have to have the stuff back in nine days and they turnaround and get it back to you in twelve.

MR. HUGHES: It used to be six to eight weeks sometimes, so it's much faster --

MR. LAMARCA: If anybody has people going to on-site and they want to cancel now because of this, let the department know because they ship the exact amount of tests for the whole class roster.

MS. SAGENDORPH: Not for extras?

MR. LAMARCA: No. If you are sending five people, five people's books are at the site so they need to know about --

MR. BOCKMAN: And you still have to pay for on-site score when you go?

MR. PARRISH: Yes, 25 bucks.

MR. BOCKMAN: Do you --

MS. FRAZIER: Sharon Frazier. I'm

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wondering if there is a reason explained as to why they wouldn't allow this?

MR. LAMARCA: Legal has told them they are at risk because apparently they have found some people that sit for the exam who shouldn't have, either they didn't have the clinical done or something else wasn't done. And that's what I'm saying it sounds kind of bogus because at the same time that person sits for the exam the 25 other students in the class are sitting it the same night so --

MR. PARRISH: The reason they gave us -- like Andy was saying -- is when the paperwork from the end of course get up there, all right, it's all supposed to be in order. And when they started going through it they found things missing, people getting their blue cards and they mentioned one or two showed up with blue cards, but never took a practical exam so it's not just the State's issue. The course sponsors out there aren't doing their job and they were issuing cards and people were out there doing their thing and they had to recall cards from people.

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MR. LAMARCA: Which they still may have to do because if you take it right in the classroom and you still didn't meet the -- they are still giving you the test.

MR. HUGHES: Right, but they are not issuing the card for six days and hopefully the paperwork catches up.

All ALS providers should be live on the portal now, they have access and should be able to see and change their demographics and verify the information that is there.

The tree of life ceremony will be in Albany on May 23rd -- Tuesday, May 23rd, 11:00 a.m. It's on the Empire State Plaza in Albany. There is two line of duties deaths that will be added to the tree this year and Bureau of EMS is welcoming all participating and all vehicles if anybody wants to bring vehicles up there.

Vital signs this year, 2017, will be held October 25th through the 29th and it's at Rochester Riverside Convention Center. They have a website up.

That's all I have.

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MR. PARRISH: Jeff, you were going to do some stuff on the Narcan list of providers by county --

MR. HUGHES: We have a question.

MR. TRIO: What is the current percentage of BLS agencies not participating in the Narcan program?

MR. PARRISH: That's what I just --

MR. CRUTCHER: About 70 percent of BLS carrying Narcan. Some of the agencies that we don't really see are the BLSFR attached to the fire departments, simply because they do have the ability to get Narcan elsewhere and if they haven't filed adjunct paperwork with us we don't know if they are carrying it or not. But as far as the transporting agencies, we do have a firm handle on that.

Just Narcan distribution, we distributed 400 doses this year. Last year we only sent out 569 so we are going to more than double what we sent out last year.

We have been working with the Counter Drug Task Force that was setup by the New York State Air National Guard and Army

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National Guard, and they have within their coalition Catholic Charities, couple other agencies. We have been supplying them with data specifically from Orange County, that is the target that they are working with right now. And we do have a monthly meeting last Monday of every month to go over whatever updates they have for us and whatever we have for them. They are beginning to supply us now with things that would relate to scene safety as far as gang activity and we will be passing that down to agency leadership just to make them a little bit more aware of what is going on and where it's going on within the districts, hopefully keep our providers a little bit more safe.

I think that pretty much covers the Narcan --

MR. HUGHES: The only thing with the Narcan, if there is an agency that is certified New York State agency they should be registered with us if they are carrying Narcan. Even if they -- some of them got them from the local Health Departments and

they get restocked that way, but they still need the adjunct paperwork from the region to give them the authority to carry that.

MR. PARRISH: And that's the BSLFRs also?

MR. HUGHES: Yes, anybody certified.

MR. CRUTCHER: And there still does appear to be some confusion with that. If you get it through your local Health Department as an individual you cannot carry that Narcan on the ambulance and use it on your ambulance. You just can't do that. New York State really does frown upon that even though they created this whole debacle with you can get it just about anyplace. It's good it's out there, it's bad that they did not really come up with a concise plan of how to distribute and track as well, they don't really track the usages. And what they did find out is EMS maybe the stepchild, but we have the best statistics and we do keep better stats than Health Departments --

MS. SAGENDORPH: I want to clarify what you said, Jeff, that if we get it from a

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Health Department we can't use it on the ambulance?

MR. CRUTCHER: If you are registered with us and had to get your replacement from the Health Department, that's fine, but as long as you are registered with us, because shortages do occur --

MS. SAGENDORPH: I wanted that clarified only because I'm that stepchild --

MR. CRUTCHER: Exactly. Moving on to EPCRs this -- the MAC meeting June 5th, ESO will be here after the MAC meeting at 12:30 to do a short presentation. And they will also be at Mid Hudson Regional on the 6th from 10:00 a.m. to 12 in the atrium.

Again, going through what you can do with EPCRs, also discussing the hospital hub and discussing ways that eventually EMS data will be back and forth with the hospitals that also covers the EPCR TAG.

Last month, probably six weeks ago, we had Image Trend here for a similar meeting, fairly well-attended at both sites, and anybody that has questions about EPCRs, it

doesn't necessarily have to be specific to ESO, they are taking more a vendor neutral approach and answering pretty much general questions on how to get it established and how to make things work, or if you're an agency that wants to compare and shop vendors, it would be a good opportunity to show up.

MR. BONDI: What time are those?

MR. CRUTCHER: 12:30 here on June 5th. And June 6th at 10:00 a.m. to noon at Mid Hudson Regional in the atrium conference room.

Anything else, Bill?

MR. HUGHES: Regional bridge.

MR. CRUTCHER: Regional bridge or actually the implementation of the long awaited ELITE Bridge in New York State. According to Mike Taylor, he said last week it will be up and running in 30 days, so maybe by the end of summer we will actually see it. I know that all the data dictionary updates have been done, all the vendors have been given the data dictionary and whatever

time to make whatever changes they need to make in their mapping.

One of the topics that came up at mutual aid TAG last week was tracking the use of mutual aid and that will actually be a mandatory field. So as a State they will be able to track how much mutual aid is being used and, more importantly, as a region we'll be able to take better look at that and hopefully address and fix some of the situations.

MR. ALBIN: Jeff, I know I had a conversation with you the other day, and I also spoke to Mike in Albany, now the move towards Nemesis 3.0, that's supposed to be -- they said the data dictionary is supposed to be done --

MR. CRUTCHER: It has been out to the vendors and according to Mike that will be up and running end of June time frame. So the big step from there will be transitioning the agency platforms and I don't think that there is an agency within the Hudson Valley Region whose vendor is already not Nemesis 3

compliant. And what they have been waiting for to pull the trigger on that was for Image Trend to fix the quirks that have been happening with New York.

MR. PARRISH: Anything on the dispatch center diversion program from Westchester?

MR. CRUTCHER: I've got another draft to him back to Dr. Papish later on and we can probably finalize that before the next MAC meeting.

MR. PARRISH: What are we attempting to try and do with that?

MR. CRUTCHER: Base 3 just established a concise policy so that the hospitals are notifying the dispatch centers and the dispatch centers are going to notify upon dispatch whether a facility is on diversion.

MR. PARRISH: Are they going to have access to the Westchester site or you expect --

MR. CRUTCHER: Yes, we have access to the Westchester site --

MR. PARRISH: -- or county OEM having access?

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DR. PAPISH: Everybody has access.

MR. PARRISH: So they will get it, they will know?

MR. CRUTCHER: Yep.

DR. PAPISH: The plan is really to get rid of diversion, it's best practice. I mean -- well --

MR. PARRISH: All right, any questions of the staff for the QA/QI committee?

Medical director's report?

DR. PAPISH: Diversion. What I was going to suggest -- maybe I'll go with the REMAC report.

MR. PARRISH: Put it together, go for it.

DR. PAPISH: From the medical director report standpoint I would like to echo what Jeff is talking about getting everybody onto EPCR. I mean, this is -- I say this repeatedly -- but the only way you can know what is going on in the region is if we have good data. The only way -- Dutchess County just came out with a report about how often ambulances are not getting out or getting

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out. The only way to know the extent of mutual aid in our region is by having the data. Obviously some agencies have something to hide, but the vast majority of agencies are well-intended and productive, without big data we can't really analyze our situation. And so far in my conversations with BLS agencies that are not on it, the majority of explanations are cost, but the cost is really pretty trivial.

What is the cost for PCR, like a dollar?

MR. CRUTCHER: Between 50 and 75 cents --

DR. PAPISH: Plus an iPad or --

MR. CRUTCHER: -- or Android tablet.

DR. PAPISH: For agencies that can afford an ambulance it would seem self-explanatory this is something affordable.

Now, with regards to the REMAC, the last meeting was in -- was it March that we had the last -- the meeting? About 50 percent of the discussion was about diversion. And we came very close, we had motions on the floor

to actually eliminate diversion. I think most people at this table would probably agree is great and it's really a best practice across the country because if we eliminate it, everybody manages to take care of the patients. That being said, at the last minute we sort of tabled it pending an effort to make a more collaborative approach with hospitals so we would get buy in. Thinking about that, I'm not positive we will get buy in, but -- you know, where things stand is we have a draft letter we are going to send out and try and get all the players involved and hopefully make that motion and vote on it at the next meeting.

One of the other topics that was the majority of the big chunk of the REMAC meeting, the other things we talked about -- well, there was a report from the RTAC about pediatric patients, which I know the BLS -- the EMS official protocol is secondary signs to -- the issue was what defines, you know, pediatric patient as opposed to an adult patient? And the trauma organizations, their

general rule is age 14 up until the cut off of age 15 is a pediatric patient, which is a discrepancy with our protocols. That being said, I think it makes the most sense. And the discussion ensued, basically the people concluded that there is -- obviously has to be regional variation, but one of the issues that arises is when a pediatric patient, say a 14 year old brought to level two trauma center that doesn't have a pediatric trauma center, their surgeons can't operate on somebody under 18 years of age -- usually for malpractice issues as a result of liability. And so recognizing that, you know, I think the decision was -- or there wasn't really any kind of motion made, but we discussed and agreed that the majority of patients 15 and under and pediatrics recognizing that -- knowing your system is really the most important thing and knowing where you can bring patients so they can get care at that facility.

The other big issues, also from the RTAC -- you touched on this -- there was, I

guess, some feedback from the RTAC about trauma patients not being brought in on oxygen. And there was a concern among the trauma surgeons that were brought especially patient with TBI, any patients with potential head trauma really at risk for head injury, should really be on oxygen. And I guess they are going to start a quality program about that, so we will see what transpires there.

The only other two things that we discussed -- well, we discussed potentially sending a draft letter to the Commissioner of Health about non Article 28 facilities being able to receive EMS patients. You know, there is where things are trending nationwide, Manhattan in New York, and I don't know if we have actually sent that letter out, but to find out more information about where things stand with regards to that.

And the last thing, I guess it was sort of timely, was a brief discussion about EMS cyber security, which given events that have recently transpired -- Dr. Arshad was talking

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about the fact one third of all digital health care has been hacked, it's estimated mainly due to one giant hack, but the fact that occurs we should all be cognizant in this day and age of software and hardware at our facility because all your data is, you know, potentially at risk and there is agency level software available if you purchase it and if anybody needs information we can provide it. And we were talking about getting passwords, everybody should have a password manager these days, if not for cyber security purposes because how do you remember your passwords?

I think that was pretty much it.

MR. PARRISH: Any questions?

MR. ALBIN: I would like to reiterate what Dr. Papish said about data. I look at data, that's dollars to me. If you have good data and you can make arguments to the State Legislature, we are doing things positive, reducing Medicaid costs because EMS is out there doing what we are doing. I think the State will look at that and throw some

funding towards us as EMS. Does that trickle down to the local provider? You hope it does -- but without data you cannot make arguments and that's really what I think. For those agencies that are not due to their claim of cost, in a way it would be helpful to get on board, capture the data we need to make arguments, more funds. I don't think if --

(The speaker cannot be heard.)

DR. PAPISH: The implications, I mean, financially are huge, medically it's even bigger. If you look at the software coming out in the health care arena regarding big data, analytics is going to be significant over the next couple years and there is really no reason we shouldn't be on that band wagon. And we may find some of the things we are doing are stupid and we don't need to do them. How many years have you guys broken your backs putting people on backboards? There are researchers trying to establish we weren't doing much in that area and probably stuff we don't need to be doing and other

things we do and we won't find out unless we have the information. If you guys could, encourage any of the agencies that still are not on EPCR to attend the seminars so we can get them on board.

MR. PARRISH: Anything else?

If not, training committee? Anybody have a report from them? No report. All right. Public information, Desiree? Nothing.

MR. HUGHES: The last meeting was cancelled so they haven't had a meeting. The next meeting is June 20th, I believe.

Transportation? Glen, you got anything?

MR. ALBIN: Nothing. Nothing out there is pending.

MR. PARRISH: Public information? Nothing. Legislative and bylaws?

MR. BOCKMAN: Okay, I'm ready.

Legislation and bylaws, we have nothing pending as far as any changes, additions, or amendments.

Legislatively I just want to bring a couple things to your attention. We just

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spoke about the Senate bill on making EMS an essential service. That is Senate bill number S, as in Sam, 2770, and that was put in by Patty Richey from the 48th Senate District. Right now it's sitting in the Senate Committee since the 17th of January so there is nothing from the Assembly at this time, it's just a Senate bill. So we won't hear from them for a solid six months, I'm sure, but it's in. We haven't been an essential service for over 50 years -- do not hold your breath.

Something in the Assembly right now, Assembly bill 01669, it's not in the Senate yet. It is to provide tax credit to certain volunteer firefighters, ambulance workers and volunteer emergency medical personnel of up to $1,100.00 for qualifying service. And the bill does define what a qualifying service is, we are a qualifying service. Right now it's been referred to the Ways and Means Committee on the 12th of January, easy six months before you see it go anyplace.

Another interesting bill in the Senate

provides for the use of glucagon emergency injection kits by persons other than licensed health care professionals -- which we are. It provides for expanded use of epinephrine auto injector devices in schools in emergency circumstances. Again, no action from the Senate, this was put in by Rosenthal who was an active Assembly member. It's been referred to the health committee on the 9th of January.

And we do know that federally FASO just put in a bill -- I read it today, but my age, I'm forgetting what the hell it said -- I'll do it on my next report because I have to report on the TAC committee --

MR. PARRISH: You'll remember it.

MR. BOCKMAN: I'll ponder it -- that's my report at this time.

MR. PARRISH: I skipped over policy and procedure committee. Nothing from Greg?

MR. HUGHES: No, he is not here.

MR. PARRISH: EPCR we covered.

Community para medicine? Anything from, Mike? Anything on that?

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MR. LAMARCA: I think there have been meetings in Albany last week just to see if we can get the nurse's home care support. I didn't hear how the meeting went --

DR. PAPISH: They were supportive --

MR. LAMARCA: Home health care is supportive. The nurses they don't -- I'll see a second coming before I expect -- again, there is legislation, a bill, and it puts physicians, hospitals, health care -- home health care and EMS in there, so it's hopeful.

MR. PARRISH: All right.

MR. BOCKMAN: Mr. Parrish, before we get too far, so that the Reporter can put it into my report, FASO put in a bill to expand the amount of emergency medication that can be on all airports. For those of you that don't know, all airports have advance life support equipment, all medications that we are familiar with, but does not have medications for pediatrics. So they put in a bill supported by both houses, bipartisan, that they will expand for all airlines pediatric

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medication for airlines. Thank you.

MR. PARRISH: All right, Dee, nominating committee?

MS. SAGENDORPH: We have written confirmation from people who will be running for President, Vice-President and Treasurer. And we also have a person who is present tonight who will run for secretary.

So we have Rich Parrish for President, Robert Cuomo for Vice-President, Nicholas Rusiecki for Treasurer and Nicholas trio for Secretary.

So are there any nominations from the floor for any of these offices?

MR. PARRISH: Don't be bashful, folks.

MS. SAGENDORPH: Anybody can jump up any time.

If not, I entertain a -- I'll say it three times.

Any further nominations for these offices other than what has been already read?

Number three, any further nominations for any of the offices which I've read?

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If not, I entertain a motion to accept these four officers from the floor.

MR. ALBIN: Second.

MR. PARRISH: All right, any discussion on the motion?

MR. CARPICO: Second.

MR. PARRISH: All right, all in favor?

ALL: Aye.

MR. PARRISH: Opposed?

MS. SAGENDORPH: Thank you all very much.

MR. PARRISH: We are here again.

All right, State EMS, Kim?

MS. LIPPES: I'll defer to Andy because I was on vacation.

MR. LAMARCA: The topic du jour of the meeting was the EPPC level of care. Those who are not that familiar with it, just I guess the way to summarize are, the new educational from the peds there is no comparison to EPPC. So New York State has outdated curriculum, outdated exam series, and a level that doesn't qualify federally for funds and whatnot. So the choices really

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were, what to do with it? Many people have urged current CCs to upgrade to paramedic level or drop back to the AEMT level. The TAG did a lot of work on a very lengthy report and had looked at some hot bed areas, actually Nassau and Suffolk have a lot of CC services, as do some of the Upstate regions. They would be very hard hit if it was to be taken out of the certification modules. The committee or TAG reported back they should do four things. Number one, they stop all new CC courses from occurring after September of this year. Two, they sudden eliminate the exam -- excuse me -- the refresher classes for CC 18 months after that. Third, they should continue to allow CCs to refresh underneath the CME refresher basis. And, four, that the department should construct or facilitate a distance learning program that all CCs would be eligible to take and upgrade to a paramedic level. They do take that course on-line, actually work with course sponsors locally for the skills, et cetera. Well, obviously people busted for the meeting

and as somebody mentioned earlier, the medical standards had actually 12 representatives or physicians, that would be the quorum, and this thing got delayed so long that one had to leave. So they could not accept the recommendation of the committee so it carried over to SEMAC and State Council and with some negotiations it actually was revised so that they would stop the CC exam -- stop any new CC courses as of January of 2018, they would allow refresher through the CME process. They would curtail the actual refresher for CCs -- and that's where I don't remember exactly what they finally decided.

MR. PARRISH: I thought 18 months after --

MR. LAMARCA: After the January date -- and they will urge the State to put together this program. A lot of emotions back and forth, but it does seem this will be the best alternative. The survey showed some people wanted to move up but couldn't because of the distance of travel and cost. Others said

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they would not move up because a lot were volunteers and had no interest in going back to additional training and responsibility. So it's still a little better than it was when we went up there, but it's still a very sore spot among many people.

I think other than that we appointed -- some of the discussions were on education concerning the on-site scoring, concerning the fact with the budget cuts instructors will no longer be notified their certification is expired, so we are probably presuming there will be a lot of instructors that forget they have to update. So course sponsors, be advised that the department is pretty much laying it at your feet, you have to make sure you keep tabs on your instructors and make sure they stay current.

As Rich pointed out, the faculty committee program is dead. They don't know what they are going to do, they just don't have the money or staff to do anything they said. The staff meantime were looking over their shoulder like --

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(The speaker cannot be heard.)

MR. LAMARCA: -- in the car, drive to Albany and do some work. So it's not going to be nice or good or -- I think other than that -- I'm trying to think, the significant part of the committees --

MR. PARRISH: What I got is SEMAC advisory 9703, they sunset that, that's traumatic brain injury. But listening to the REMAC about not giving oxygen, they are putting a TAG together to review the BLS protocols. Dr. Dailey out of Albany is chairing that. There was some issues about us using the regional protocols, 800.15 says regions can adopt protocols. So we are moving forward with that.

Sponsor renewals due June 30th, the fast track instructor program is tapering off and that's where you have to take a NAEMSE course then do the New York State update, which is module -- or a noodle -- or moodle --

MR. LAMARCA: -- a moodle site, it's a learning platform.

MR. PARRISH: All right, so you do that,

then you have to go do your CLI CIC. The instructor exam right now is about 80 percent CLI, 70 percent of CICs are passing it.

MR. LAMARCA: Except for two, two guys can't pass they keep taking it --

MR. PARRISH: -- with a lot of remediation.

Check and inject is one cc syringe, they had to take out the custom that was made for adult and pediatric. So when you are training them, it's the one cc, there was a discussion about changing the deltoid back to the thigh.

That's dead -- but budget constraints, we talked about it's down. It was 6.3 last year for the office, it was 5. -- the budget is 5.7, but they have been capped at 4.9, so it's tick, tick, tick.

We talked about -- and I've talked about this here before, the Regional Health Emergency Preparedness Coalition. This is a program that all the hospitals were mandated to be involved in and they have always been trying to pull EMS into it. Now according to

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Lee, the regions have to be involved in it. And they said that the chair or program director -- I haven't heard anything, have you?

MR. HUGHES: (Shaking.)

MR. PARRISH: There is a big push in the feds to do away with funding hospital grant programs for preparedness, they want to go to coalitions. So what they are looking at is it's like Westchester Med and all their hospitals are a coalition. It is like Health Quest, all their hospitals, that is considered a coalition. That type -- but again, there is no grant money in there for EMS involvement. So stay tuned for that --

MR. CUOMO: Nonessential --

MR. PARRISH: Yeah. They would like the regions to start tracking Epipen usage where we are going with that.

They are reviewing the statewide mobilization plan, mergers and transfers, seven people closed, seven that transferred their operating certificates, six BLS first responder agencies closed, and there are five

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new ones.

The next meeting is September 26th and 27th. Anything else? All right, that's the State.

All right, TAG mutual aid?

MR. BOCKMAN: TAG mutual aid. The TAG committee met on the 11th of this month here at the regional office. And we had very good attendance, of the six counties in our region five attended. The one that did not was Putnam -- because Bob Cuomo knew that I was running the meeting.

MR. CUOMO: That's a vicious lie.

MR. BOCKMAN: Present -- strike that -- not present were most of the 9-1-1 centers who are also involved in the mutual aid policy set down by the State. One that did attend was Sullivan County, he was on the air, but did not say a word. I do meet with him this coming week, the beginning of next week to discuss it. The whole thing about the TAG committee revolves around New York State Policy 12-06. For those of you that are not familiar with it, you must go

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on-line, look it up and print it out and get very familiar with it. It was designed to review how mutual aid is handled in all counties in the State of New York. No secret -- as was mentioned by Jeff a little while ago -- that the State is monitoring how much mutual aid is being utilized. And is it being utilized properly?

Policy 12-06 defines mutual aid very clearly and how it's supposed to work for volunteer services and commercial services based on their licensure. It is not being followed right now. It's a sensitive issue because both commercial and volunteer services have allegiance to many of their neighboring squads. And this policy is telling you strictly that you must follow first those agencies that possess the licensure -- the license to operate in that area. For instance, you may have a relationship with a neighboring volunteer squad, but they do not have a license for the next neighboring area in case they need mutual aid. The one that does maybe a

commercial service. Statute -- not only this policy, but statute states it's the licensed provider that must serve.

Now, question comes, what happens if that license provider that is going to go might be 45 minutes away? Logic dictates you will have arrangements made with those neighboring squads to answer mutual aid at the approval of those that possess the operating certificate.

9-1-1 needs to participate, but they are not here and they have all been notified to come to the meetings. We invited Rich Robinson from the State Department EMS Division Senior Representative to attend and he was here. Discussion by him was, although policy is not statute, it is policy. The policy is coming from the department and it must be followed. Example is, we have the Constitution of the United States and when things must be adjusted, Congressman to bill, that's basically what policy is.

So I urge you all to download 12-06, read it thoroughly, again to understand that

that is the job of this TAG committee, to educate all of the counties to get on board and straighten out the mutual aid problem that we have.

All county EMS coordinators that were there spoke of their representative response issues, there isn't a county in our region that doesn't have mutual aid problem, the corps are not getting out. We are leaning on mutual aid and commercial services. We are not getting out and those that do not recognize it are not facing the truth. We must be truthful with ourselves to recognize the problem. And Andy LaMarca, who is the chair, we both urged everybody to start talking to their squads and get these problems spoken and rectified. Rich Robinson offered his services to come to council meetings to discuss and he also offered his services to go before county executives to discuss the mutual aid problem in the region and make them aware that they must be involved in their county to get the problem rectified.

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Another discussion was taking patients to alternative designations like urgent cares. We know we cannot deliver patients to that, but somewhere along the line we must talk to our patients. We must educate the community on what is an emergency room call and what is an urgent care call. And that should reduce not only overflow in the emergency room but overflow of unnecessary transports by our agencies.

Retention and recruitment -- blah, blah blah. How many years have we been talking about it? It continues to be an issue. If you get a member that says I can only be with you, I'm going to college, I'll be with you for two years. Take them for two years. A lot of agencies say, well, they are only temporary. Why should we invest the time and invest the money? It's a human being. It's a body that is willing to take the training and maybe with us for just a short period of time, but continues to build our ranks.

In Orange County Pine Bush seemed to be a problem, that was discussed at great

length.

Everybody participated, which we were all happy about. We told them that, look around the room, this TAG committee, you EMS coordinators are the leaders in the region, if all of us in the room cannot come up with some suggestions then we are doomed. So we all are committed to meet again after this meeting and in-between the next and to come up with some way to approach the services in our region to get on board with 12-06, understand the ramifications, and understand the difficulties that we are having getting crews out.

In summation, I did mention that Rich said he would speak to county leaders if need be. He did urge us as the leaders in our community and agencies to speak to our county leaders and let them know there is an issue. If they don't know, they can't help. And he'll make himself available to attend local council meetings. They did speak of also, incentives for volunteers, old hat, low sap, tax relief, we know there is a bill in the

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Assembly for tax relief to expend a little more money. That takes time, we need to address the issues now.

With that, any questions from anybody for Andy or myself?

MR. PARRISH: Kim?

MS. LIPPES: 12-06, first of all, Rockland does have their mutual aid plan in place. We revisited notice sent to all the captains in July because most change offices in June. So hopefully they will look at it if they want to makes changes or modifications.

12-06, if you look at it, you have to scan down to page eight because the last six pages of that policy statement -- it's a very simple template to follow. The first 2 pages -- the six page attachment, the first two pages are to be completed by the agency, the second two pages are by the EMS coordinator, and the last two pages have to come to the region for signature or approval. So it's really not that bad. I actually went so far as to fill out the first two pages,

send to the corps, said, modify how you want. I did the research, found out what agencies were authorized to operate in their territory for them. Rockland has a -- it's not unique we have 0a similar problem with five or six agencies with operating territory and only one domicile. The other five agencies are not on the communication system, they don't have -- it would be ridiculous for me to call Empress to see if they'll come over the bridge when there is somebody five miles down the road.

So everybody doesn't have to think they are -- it's just a matter of documenting. We will put on because of geographic location, we do give the opportunity to local provider or anybody we happen to know is in town.

But the piece that is missing -- one of my agencies had this problem -- if you have a disaster and you claim funding from FEMA or whatever the funding source is, the State, in their fine print you have to have mutual aid agreement. One of my agencies that was no, no, no, they weren't interested in

participating, came running to me as we are doing it, I need a mutual aid agreement now. Well, you missed the first six meetings. If you want to sign now, but I won't falsify information. So should you decide after tomorrow, but should you unfortunately have a disaster and look for reimbursement funding, you need that plan, doesn't matter what anybody thinks. Our county executive could tell all 16 agencies what to do, he doesn't run them, they are independent, we don't have a municipal agency in our county.

But, again, just to go back to the beginning, we have one in place, came to the region two, three years ago. Is it perfect? I won't tell you it is, but it meets the policy statement and all our agencies do participate.

MR. LAMARCA: We have -- sorry --

MS. NELSON: So the mutual aid policy that is in the certification and inspection packet in the ambulance, why is that not acceptable when there is one already in there?

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MR. BOCKMAN: Sorry? Say that again?

MS. NELSON: When the ambulance is inspected and certified there is mutual aid -- part of that paperwork is setup mutual aid policy in there, which ours is filed with 9-1-1 and is part of our inspection package. Why isn't that acceptable?

MR. LAMARCA: We have never actually -- I chaired the committee that rewrote 12-06 and basically doing that it was to prevent the abuse of mutual aid. And so it was just meant to take an existing policy -- not talking about the reserve packet, we had a lot of problems and basically services who could not crew, which is automatically bang out mutual aid and use it in place of staff. And so that's an issue because not just what Kim had mentioned, but if you are a billing service right now and you are responding into another area you are not licensed to be in its not part of a recognized mutual aid plan, you can't bill Medicare. You are committing Medicare fraud. Some services have been well over the edge, they have been doing it for

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years, if they had an audit, they will be in trouble.

What we looked at -- what -- actually just to put together a document, you know, six to eight pages which would allow a service to not have to count on commercial or county for service, but to identify, particularly to a communication center, who they would be using from neighbors when they needed mutual aid. We looked at from north territory, south, east, west, whatever it happens to be. We did 12-06 to interface with the recertification packet so I can't answer why they -- but 12-06 --

MS. LIPPES: In Part 800 in the list of policies you have to have, one was always mutual aid, you just never could find it.

MR. LAMARCA: But the thought behind 12-06 and template was to give everybody an opportunity who their best responder would be and we even discussed the fact if their neighbor, if they don't crew at their building, but somebody two towns away has a crew in their building, they maybe the more

appropriate choice because they get out quicker. But we wanted to get it on paper, put it in front of the EMS coordinator who would look and say, this makes sense, or hold on, they are pulling someone from three towns away, which makes no sense at all, that was the process. The Board decides what they think is the best -- if it's kosher with EMS coordinator, they approve. And the region, you know, is the person or agency that is supposed to make sure all of this is --

MS. LIPPES: It's to get everybody's eyes on the document so everybody has -- at the operations meeting at the state level -- correct me if I'm wrong -- get care to the patient, stop with the who exactly put a brick wall up, take care of the patient, hash it out later, the patient needs care.

MS. NELSON: I think that because we are fire department based ours is up-to-date. So I think maybe that issue why you are not getting them from the fire departments, because they are already on file and up-to-date so they are not doing additional

paperwork on the EMS side.

MR. BOCKMAN: So to close out my report, Kim's county has been the first one to submit the plan, it's already a couple years. She is compliant -- that's Kim. We have two other counties that are compliant, Orange and Ulster. So three of six.

MR. PARRISH: Ulster is compliant?

MR. BOCKMAN: Ulster is compliant.

MR. PARRISH: When did that happen?

MR. BOCKMAN: I spoke to -- his name is Rick or Rich also --

MR. PARRISH: Rich --

MR. BOCKMAN: I had communication from Rich, telephonic, and at the meeting he said he is compliant with 12-06.

MR. PARRISH: That's news to us.

MR. BOCKMAN: Well, I'll find out. This is what -- again, the discussion was telephonically and at our TAG meeting, are they compliant? I do have your mutual aid plan. So maybe you as in your position, sir, reach out to Rich and talk about it. But the TAG committee is active and we will pursue

getting everybody on board. Thank you.

MR. CUOMO: I wanted to add that Putnam is in the process of revising their mutual aid plan, so as it's being revised I'll make sure that it complies with 12-06.

MR. BOCKMAN: Thank you. We will have a meeting before the next council meeting and I'll let everybody know.

MR. PARRISH: Great. Any questions? Thank you for your effort in that area.

Collaborative protocols update?

I don't have a name alongside that, who is --

MR. HUGHES: I did that before, they are all up -- as far as the providers, everybody is up and running on new collaborative protocols, the apps are up and running on Android and iPhones. And we are just waiting trying to get our physician -- medical control physician to catch up.

MR. PARRISH: I have the regional EMS task force, I sent out e-mails to the coordinators and asked them to take a look at what is going on in their counties. Similar

to what John has had in Dutchess County, not a lot of feedback. The only one that called me is Frank about what is going on there. And something I want to bring out here to tag onto what Albee is saying, is the mutual aid and this task force really, how do we get the BLS agencies involved in the region? They are out there. They are standalone agencies, they don't think they report or respond to anybody.

Bill and I had a conversation prior to the meeting and we used to do an EMS conference, we used to do an awards dinner, people knew who we were, now we are not doing an awful lot of things. How do we get the EMS community back involved and we become a system? We are not a system. I don't have the answers -- yeah, Dee?

MS. SAGENDORPH: Well, Tim is our county President, but the thing is we have a hard time just getting agencies to come to council meetings. We have told them over and over again it's an ideal way to catch up on a lot of information that is going on, not only in

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Dutchess county, but in the State. So the thing is, if we can't get them to come to the meeting -- we told them the captains don't have to come, just send a delegate who can get the information and bring it back to them. Will they will be -- some of the agencies will be the first ones to complain nobody is doing anything for them in Dutchess County, but yet we are having meetings, we do our awards, we do a recognition, we just can't get them out. Whether there is so few members in some of these agencies and they are just worn out, or they just have too much on their plate, they just can't get to a meeting.

MR. NOLAN: Remote access the meetings. That's not really helped a lot, but in general that's a great advantage to be able to have remote access for the meeting. We probably have it better than most counties, we do have large participation --

MR. PARRISH: Sharon?

MS. FRAZIER: We had three or four agencies that called in on-line our last EMS

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meeting -- council meeting so it does help.

MR. PARRISH: Albee?

MR. BOCKMAN: At the TAG committee, the mutual aid TAG committee meeting this was discussed. It's a universal problem, it's not to you alone. It's not only universal to our region, it's universal to the State of New York. As I said to the leaders in the TAG committee meeting, I'm looking around this room right here and we are the leaders of the region. And if we can't -- I know that we all have an idea in our minds to improve one facet somewhere inside our own system to make it better. We have to start discussing it here.

I know if we went around to everybody in the room someone has one thought how to make it better. And if we put it together conglomerately then that's a start to improve, to make the system that you are talking about Rich. All I know is I can only speak for my county, but yet I'm hearing from all other counties that is a universal issue and we are dying. We are dying.

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MR. PARRISH: Last year New York State lost 20 something agencies, year-to-date they have lost 17 already. It's not getting better out there.

MR. BOCKMAN: Unless we do exert our energy as leaders in the room to come up with a thought and put it all together and maybe have -- add another hour and bring out these ideas. I'm just -- I'm concerned about Sullivan County for we are the most rural that you have, maybe Putnam, but ours is bigger and we are dying up there and I'm feeling it as a commercial service, my fellow volunteers are feeling it and it's not getting better.

So I just urge everyone to start thinking of ways, just come up with one thought. They may overlap with the same thought, but get the energy flowing, get it going. Because, Rich, you are right, we don't have a system, it's not like it was 20 years ago.

MR. PARRISH: Yeah. It's fractured, yep. Well, I'm not going to put you on the

spot tonight to say give me your thoughts, but you got to come back with some thoughts, you know, what do we do to move EMS forward in the region.

MR. BOCKMAN: A suggestion for you, Mr. Chair, is perhaps you direct everybody in the room at the next council meeting to come up with one thought -- one thought only, if it overlaps so be it. But I'm sure we will come up with some different thoughts and you can set another TAG, just make it part of the EMS task force or mutual aid TAG to move forward with these ideas. And then whether we have a big forum for all of the coordinators, 9-1-1 people, to invite them to talk about it, something, come up with some thought. If we don't start moving it's going to be -- get more difficult to rectify the problem we are facing today.

MR. PARRISH: You mentioned about the county executives, I have my opinion --

MR. BOCKMAN: I'm meeting Friday morning --

MR. PARRISH: -- our county exec, how do

you get them involved? They don't want to know anything about EMS, that's the impression I get --

MR. BOCKMAN: -- very fortunate for this rural county of ours that the Legislative Chairman in Sullivan County is an EMT for 30 years. And I have his ear, I meet with him Friday morning and I've been meeting with him, our council President has met with the two of us. We have things moving there, I know there can be change in our county so that's one-way.

So maybe you can direct everybody next time come back with one thought and pass those thoughts onto the TAG or task force and move things along.

MR. PARRISH: Tim?

MR. TIM MURPHY: I think some of this has to come from the physicians and it should be brought up at the REMAC. Everybody has to get their recertification package signed and some of the doctors sign and next time they see the squad again it's three years when it's time to sign again. If you want the

squads to start falling into line and complying with things I think the physicians are in a position to put some pressure on. If you know if you are not going to follow protocols and work with the regional protocols I'm not going to sign your recert so I think it should go to the REMAC too and be brought up.

MR. PARRISH: That's my one idea, I think we need a medical directors meeting, not just the REMAC, but all the medical directors from the agencies need to be involved.

MR. TIM MURPHY: These people are signing their sheets and the next time they see them again, like I said, is three years.

MR. BOCKMAN: Direct everybody to come up -- all the delegates to come up with one idea and get the ball rolling, just a suggestion.

MR. PARRISH: No, and it -- there is a lot of people, a lot of you have been around, there are new faces here and we need ideas. We have got to look at how we move this

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forward.

Dot, you had something?

MS. BALIN: Dot Balin, Ulster County. We are talking about leaders and delegates and physicians and all the chiefs, nobody is concentrating on the Indians that you need. You are talking about complying for licensures, why can't every agency be a licensed agency? Why does it only have to be one or two or the others --

MR. BOCKMAN: -- the statute we change --

MS. BALIN: Hold on -- you are talking about mutual aid when I know in my town we have had mutual aid well over 30 years with our surrounding agencies. We never had to get permission, or okays, or anything else to -- because we are all volunteers so that we are all able to service each other. Our problem is we don't have enough Indians to do the work. How do you get people to want to volunteer to come into these agencies? And also some of our volunteers are being recruited out of our volunteer agencies

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because they need a paycheck to support their families. Okay? So why can't we start -- you said 20 years ago. What did we do 20 years ago that we are not doing today?

MR. BOCKMAN: My opinion is --

MS. BALIN: Less bureaucracy is one of them and a lot less having to run meeting to meeting, four nights a week at meetings. I don't know how much more you want people to do. Unless you get more people interested in volunteering and becoming part of an EMS system. You got to start at the bottom, you can't start at the top. Start at the bottom, that's where you need your people. Sorry --

MR. PARRISH: No, don't be sorry about it. Bob?

MR. CUOMO: I agree with you. But I also think it comes from the top because and I've actually spoken about this at seminars to talk about recruitment and retention. The leaders of our volunteer agencies need to take a big gulp and take a good hard look at how they operate that agency. And they need to ask themselves what are we doing right?

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What are we wrong? What are we doing that is turning people away? Are people leaving our ranks because of problems within? I bet you -- I'll bet you could sit down and think about that, your own agency, and you could probably think of a few things that could be, you know, contributing to losing members. Because you know what? If you don't solve those issues, it will keep happening and getting worse.

I'll give you an example of an agency who I know very well -- who is unnamed. There was a husband and wife team who were both active EMTs, who were very enthusiastic about doing -- you know, doing their volunteer work and they were very active. Well, the wife got sick. The wife got cancer and the husband had to take care of her and also had to take care of his job and everything else and because of that his level of activity diminished. Well, the agency that he was a member of threw him out. Okay? With no opportunity for appeal, or recourse, or anything. Okay, now, if you were that guy

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would you want to join up again? If you were a friend of that person would you want to be a member of that agency? We have to look at that and if we don't look at that it's not going to get any better.

MR. BOCKMAN: To move the meeting along -- we can get so many -- to move it along get that one thing coming in at the next meeting and then we have a starting point.

MR. PARRISH: All right. Thank you for your input.

New business. BLSFR Cragsmoor F.D.

MR. HUGHES: Information purposes, they have applied for BLSFR.

MR. PARRISH: Letters for expiring delegates, only two counties responded.

Kim, anything on awards?

MS. LIPPES: Awards were selected. We are not going to announce names because some will be given out by counties in the next week. We don't do the dinner anymore, we allowed the counties to arrange it. So maybe after maybe the June 1st we can send an

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e-mail and tell everybody who the winners were, if that's --

MR. PARRISH: Yep.

MS. LIPPES: And the State will be selected on Friday so you'll probably get a letter whoever wins that.

MR. PARRISH: Good.

MS. LIPPES: Once again, we need more applications for awards, it's like everything else -- it's free.

MR. PARRISH: Yeah, it's free at the region -- or I mean at the State, they have like three regions, didn't do anything.

MS. LIPPES: Can you write it up now? If something happens in your county write it up, keep it in the folder, submit it in to who is going to be reviewing it. And next year at this time if you decide you want to change it or something, tell them you are going to swap it out. I try and put a folder together and keep track of some of the stuff --

MR. PARRISH: I get them by e-mail and put them in the file, but it's still begging

people to send in their nominations and it's last minute. And we are seeing things out there, we should be writing them up and, again, recognizing the people on the street. We are not doing that. We don't do a good job of that.

MS. LIPPES: Not only on the regional or county level, on state level I'll be reviewing them. Now the youth category has five applications for statewide, that's sad. I think the most we have is eight in a category, that's sad. Out of sixteen regions, that's sad.

MR. PARRISH: All right, we have taken care of election of officers.

Anything else? Anybody in the back chairs have anything they need to say?

Sharon, go ahead.

MS. FRAZIER: Can we have a contact person to submit ideas we come up with for our improving EMS?

MR. PARRISH: Yep.

MR. HUGHES: We'd be more than happy.

MR. PARRISH: Copy Bill on it.

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MS. FRAZIER: Sorry? Send it to who?

MR. PARRISH: To Bill.

Anything else to come before the council?

Remember your charge, think up at least one thing for the next meeting.

Motion to adjourn is in order.

MR. CARPICO: Motion.

MR. BONDI: Second.

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

Yvette Arnold