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HUDSON VALLEY REGIONAL EMERGENCY

MEDICAL ADVISORY COMMITTEE  
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MINUTES OF MEETING, held at the offices  
of Hudson Valley Regional EMS, 33 Airport Center  
Drive, New Windsor, New York, on Monday,  
September 18, 2017, at 9:30 a.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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

DR. PAMELA MURPHY,  
Committee Chair

DR. MARK PAPISH,  
Medical Director

DR. ARSHAD,  
Evaluation Subcommittee

WILLIAM HUGHES, EMT  
HVREMSCO Executive Director

JEFFREY CRUTCHER,  
QI Coordinator

GOOD SAMARITAN HOSPITAL

DR. DENNIS MAO,  
Director

HEALTH ALLIANCE OF THE HUDSON VALLEY

DR. GUTMAN,  
Physician Representative

NORTHERN DUTCHESS HOSPITAL

DR. WILSON,  
Director

ORANGE REGIONAL MEDICAL CENTER

DR. VOHRA,  
Director

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PUTNAM HOSPITAL CENTER

DR. BUTTERFASS,  
Director

MID HUDSON REGIONAL HOSPITAL OF WMC

DR. PAPISH,  
Director

VASSAR BROTHERS MEDICAL CENTER

DR. ARSHAD,  
Physician Representative

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

DAVID VIOLANTE  
MIKE BENENATI  
ISRAEL KNOBLOCH  
MATT NOLAN  
TIM MURPHY  
JOE SOLDA  
DAVID GRASS  
MICHAEL MURPHY  
ANDY LAMARCA  
JOHN MAHONEY  
TIM MURPHY  
BOB SZLI  
SHARON FRAZIER

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DR. MURPHY: Good morning, everybody.  
Thank you for coming.

So this morning -- I filled out the sheet for you for roll call -- we have the minutes that were distributed from our June 5th meeting -- it seems so far away. And if anybody has any additions, deletions, or corrections, let me know.

Otherwise, I'll ask for a motion of acceptance.

DR. MAO: Motion.

DR. MURPHY: And second?

DR. GUTMAN: Second.

DR. MURPHY: Thank you. So since we were off all summer and today is still September -- September 18th, I would like to take a moment just for September 11th remembrance. We had amazing remembrance ceremonies around the State and across the country actually, a lot of other states were involved and did amazing programs to, you know, remember everybody from 9/11. So I would like to just take a moment of silence.

(A moment of silence was observed.)

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DR. MURPHY: Thank you very much.

Anyone that would like to comment or  
make any announcements?

Thank you.

We have a ton of old business to get  
through today and a bunch of new things going  
on around the region.

First, we will start with the  
collaborative protocols rollout update.  
Michael?

MR. BENENATI: The protocol committee  
took the summer off as well so we have --  
then we have a conflict with the meeting for  
next week because of the SEMSCO meeting. So  
we will resume in October and pickup with the  
policy and procedure manual from the New York  
State BLS protocol perspective -- which I'm  
also on that -- and is moving forward at the  
State level. And we should be hearing more  
about that and the status of that next week,  
but it will look exactly like the  
collaborative protocols, same format except  
designed for BLS providers --

DR. MURPHY: And also the policy

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material you sent out I reviewed, it looked really good.

MR. BENENATI: So we need to talk about that, clean that up a little bit, there is another, you know, hole that Jeff found. So that's what we are working on, there is not sweeping changes, just stuff we need to cleanup a bit.

DR. MURPHY: It's really also an reorganization and to put certain things in that manual. So we'll submit it to everyone on the committee once protocol is finished, but the first pass looked really good. And organizationally wise taking out the stuff that doesn't need to be in the collaboratives, but belongs to our region that we will keep separate.

Narcan update. Bill?

MR. HUGHES: Well, we have it available. We had some shortages and it was hard to get, but now we have a substantial amount in the office and we have been using it. Jeff will give you an idea how many --

DR. MURPHY: You have the usages and

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stuff?

MR. CRUTCHER: We have the usages. We are running probably 40 percent over last year's totals. So far this year we have distributed just over a thousand doses, last year we didn't make it to a thousand doses. We have seen it slow down a little bit in the past couple of weeks, but summer use was pretty much as we anticipated, high usage.

We do have four agencies that are applying for Narcan -- you want to take care of that now?

DR. MURPHY: Well, we can. We can do it here or under new business -- but why don't we do it now, that's fine.

MR. CRUTCHER: Lenape VAC is applying, New Hamburg, Pine Bush and Upper Delaware.

DR. MURPHY: And Pine Bush VAC?

MR. CRUTCHER: Yes.

DR. MURPHY: That's great three -- four more. During that time that the resources were low what did they tell you to do? They just said we just have to hold on?

MR. CRUTCHER: Pretty much.



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MR. HUGHES: But we did -- we belong to a coalition group that they were able to go out to different places and get us a supply. So over the Labor Day weekend we had none available for us here to distribute so they went and I believe Dutchess County was one of the counties that really clipped in and gave us a bunch to have available. So although the agency didn't have anything for us, the coalition group did come through and get some for us too so we could distribute it to the agencies that needed it for that weekend.

DR. MURPHY: All right, thanks.

Hospital diversion. Do you have anything more on that, right now?

DR. PAPISH: Not since we were last here --

DR. MURPHY: Any other issues?

MR. BENENATI: We were going to rollout that manual and stuff, did that occur?

MR. HUGHES: No. Because the way we left it -- at the last meeting we had a very long discussion about it and the way we left it was we weren't sure as to whether we

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should go to the CEO or emergency room and where do we need to send that letter? So we did have it, we didn't rollout the manual at all so we are kind of -- still kind of just --

DR. PAPISH: So why don't we just send out the letter to everybody, like to the CEOs -- our current -- when we send out the advisory to REMAC it goes to CEO and everybody.

DR. MURPHY: Yeah. I think it applies to everybody. I agree with Dr. Papish that the CEO has to definitely be on there because they are the last straw for diversion. But I think everybody on the front line needs to know and everybody needs to announce at department meetings and that this is where we stand. So I think it's important for everybody.

DR. PAPISH: Yeah.

MR. HUGHES: Okay.

DR. PAPISH: So should we do that as the next step in this endeavor?

DR. MURPHY: Yeah. When does Karen come

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back?

MR. HUGHES: We will get it done.

DR. MURPHY: I'm teasing.

Psychiatric patients and disposition issues. I've had nothing else come to our attention or our committee.

Anybody have any issues?

Boy, you guys are making this easy this morning.

BLS protocols. Mike, you already spoke a bit about that. I don't think there is anything else more on that. The only thing is, it's going to be a long process, right? It's not going --

MR. BENENATI: We will find that out next week. I know Dr. Daily has been in frequent contact with Lee Burns and I don't see this process going very slow. I mean, it seems to be on a fast track by what I've seen and been participating in so I think we will hear something next week and that will give us a good indication. His goal was to have it out before the end of the year so we will see, obviously it will depend on

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representation across the State so we will know more next week.

DR. MURPHY: And I think that now one of the things that happens is, you know, you have to abide by everything, the kind of the fences they have up, but he is moving it along.

MR. BENENATI: Right, it seems to be moving.

DR. MURPHY: Okay. Evaluation subcommittee report -- no -- no service upgrade, sorry.

Arshad --

MR. HUGHES: We have two.

DR. MURPHY: We did? No, those are the programs --

DR. ARSHAD: Quiet summer, thankfully.

DR. MURPHY: I don't think there were any cases.

DR. ARSHAD: Just a reminder to everyone, we exist. If there are any cases that warrant attention, or some additional eyes, or you just want feedback for the providers, we are happy to review any case

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you think merits the attention of the region.

DR. MURPHY: Helicopter committee. Dr. Berkowitz is not here.

MR. HUGHES: They have their Westchester meeting today also.

DR. MURPHY: So that might be where they are.

MR. HUGHES: No. They sent an e-mail saying they would not be here, but there was no change in helicopter --

DR. MURPHY: All right, QI. Jeff?

Oh, I skipped over RTAC -- sorry.

MR. CRUTCHER: New York State is still talking about releasing the Elite Bridge soon, it's the same conversation we have had for the last 18 months. The additions to the data dictionary that are New York State specific were pushed out to the vendors about 30 days ago and push back to the State came about 29 days ago. So they are still trying to figure out what they are going to do with some of the things that Mike Taylor wanted added.

DR. MURPHY: Okay, so it's still a work

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in progress.

MR. CRUTCHER: Yes.

DR. MURPHY: Kind of like our whole meeting this morning. Protocol committee?

MR. BENENATI: Post summer, you know --

DR. MURPHY: But usually we have some things we have to do, usually September meetings are a little bit more.

MR. BENENATI: Nothing else from the protocol committee at this point.

DR. MURPHY: Holy moly, we are flying.

Under new business, so did everybody get these up front?

MR. HUGHES: No.

DR. MURPHY: So we have to talk about the meetings for 2018. And what I'll do -- you know, the next one here is November 6th, but for 2018 the one conflict we see -- we have January 8th, March 5th, June 4th, but to have it even out to be that specific Monday it falls on September 10th, which is Rosh Hashana so I think we have to change that one meeting and then the next one being November 5th. So everybody look at their

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schedules over the next week or so and try and get back to the office where you think we should go. Because Labor Day is in the beginning of the month we probably have to move it back to the 17th like we did this month. We can't go too far because we will run into SEMAC again because generally there is a September meeting, which happens next week.

So I've got nothing to report on SEMAC either.

MR. BENENATI: Just a quick -- as I looked at my calendar the Operation Lifeline has really taken up speed in the region. And, you know, it maybe good to get some representation from them involved in the group. I know there has been a lot of action that aspect --

DR. MURPHY: Lifeline meaning the guys that fall --

MR. BENENATI: The America Heart Association initiative --

DR. MURPHY: Mission Lifeline --

MR. BENENATI: -- maybe we should make

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sure they get invited to this, it's a good format. I believe there is a meeting later this week, a teleconference meeting.

DR. MURPHY: We could send an e-mail to that lady -- I can't think of her name right now -- but she was the one that headed that thing up at West Point.

MR. BENENATI: Maybe that would be something smart to do, Bill?

MR. HUGHES: Okay.

DR. MURPHY: Forward that e-mail to him, that's the woman who directs all the scheduling with them.

A few announcements, few new business.

Putnam Hospital and Northern Dutchess Hospital under Health Quest have -- have submitted an application to New York State to provide cardiac cath lab and become PCI center for both, and we have both Dr. Butterfass and Dr. Wilson here if anybody has any questions, but they are putting forth an application to New York State to become a PCI center.

Anything you guys need to add?



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DR. WILSON: It's true -- you want to add --

DR. PAPISH: What was the rationale?

DR. WILSON: For not only PCI, but elective cases and Health Quest to provide that type of service line that extends up north in the Hudson Valley --

DR. MURPHY: So we will have the guys from Vassar and then go up?

DR. WILSON: Yes. And we will have a call team and we have established a protocol. And we also have an educational rollout for EMS with physician directors if this were to be approved, but we are in the very beginning stages of the process, there is a good chance we might not even get approved. So we are at that stage, due diligence, make sure we get it in the minutes.

DR. MURPHY: I think it's good everybody is aware what is coming down the pike, so it's all good then.

I was approached by the Ulster County Department of Health, who had put forth a plan with their local officials in the Ulster

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County EMS or EMO, Emergency Management Office, they submitted a grant and were awarded Cyanokits and a whole operational plan was setup. So they sent it to us for us to -- just to announce, they initially wanted us to sign off on it. I said, we don't need to. We have the protocol and they will follow the protocol. Initially they had a couple things that were different and we pointed out that they have to follow the protocol. But it's a very elaborate plan that they have set up between all the fire coordinators, emergency management personnel and all the fire officers in the area and any kind of high volume agencies to provide and carry Cyanokits. So just an FYI there and kudos to them. It's a great program, they really set it up well. And I told them we don't really need to sign off on that, it's more informational.

MR. MAHONEY: Dr. Murphy, since they came up with that it ended up across Dutchess County desk, which came to my attention. Some of the concerns that we have are, who is

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responsible for that medication? If I'm a paramedic on the ambulance and I've never seen that medication before and I show up on the scene and a fireman comes up and hands me medication and I have no idea what it is and tells me I'm supposed to be administering it, I have no idea. I'm not going to do it. And when they file the complaint saying we had a patient that needed this medication and the paramedic refused to administer, what is going to happen to that paramedic?

DR. MURPHY: Well, it's part of our protocols, included in the fire inhalation -- the smoke inhalation protocol so people should probably have an educational processes on it if you're not comfortable with it through your medical director because it is something that is out there. Granted most fire companies carry it, not a lot of EMS agencies that have it. However --

MR. MAHONEY: Only two in my county and both of them have paramedics with them so --

DR. MURPHY: Yeah, that's what most of the fire companies do, except that it's

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changing in someplaces. But it is under our protocol so it's something we expect people that if they feel comfortable with it, again, it's not something you are going to do something outside of your comfort level, but it's covered by our protocols.

MR. MAHONEY: Okay, but now are those going to be temperature controlled compartments that the fire departments have the medication in?

DR. MURPHY: They have to, that's their responsibility if they are going to carry it. They are not governed by -- you know -- us. They are really governed by what they have there in the auspices if they are going to take it from the protocols it's under the formulary, otherwise it's not going to work.

MR. HUGHES: Their operational plan does say it will be temperature controlled --

DR. MURPHY: However, I don't boss them, I don't regulate them, but they have to follow the protocol --

MR. MAHONEY: So we don't have an issue of medication that is out of control of a

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paramedic being administered by a paramedic, this medication is not in the paramedic control. They will never see it until the moment it needs to be administered.

DR. MURPHY: Well, the paramedic has to feel comfortable administering just like anybody else with any other medication they have, if they're not, they say that.

MR. MAHONEY: That's if they have the medication, the paramedics aren't going to have it, that's why I'm concerned. This is going to be scattered throughout an area and the paramedics have no control until the firemen comes over and says, you need to have this. I'll use Dutchess as an example, we follow what Ulster is doing and I have a call in the middle of the county, which is a volunteer fire department, with a volunteer ambulance, depending on time of day and everything else it could be a totally different agency that they normally are used to dealing with in response to the call. Paramedics showing up have no idea who these people are and getting told you need to go

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give this to somebody and having no idea where that medication has been for the last 18 months.

DR. MURPHY: True. I think that if somebody hands you something out of the med box you still don't know.

DR. PAPISH: When is the last time you traced every bottle of epinephrine --

MR. MAHONEY: But it's in my drug box and I checked it that morning. I know it's not brown, or at an accident scene freezing for the next four hours.

MR. VIOLANTE: So maybe we can just throw some education out there. Paramedics have to check expiration dates of meditation, if they are comfortable, great, if not, great.

DR. MURPHY: And I think just like anything, we put the protocols out there to guide people, to help people, but I can't force anybody's hand to do anything. However, a Cyanokit is an intact entity, it's not going to be -- hopefully broken open so they are handed an intact kit. Two, like

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Michael is saying, there is an expiration date on it. And I believe it has a temperature sensitive colored thing, no?

MR. BENENATI: No, I don't think so. There is a range, but I'm not aware of them.

DR. MURPHY: So that's just what we are going to have to go with. I think that it is lifesaving. It's like, how do we know when a family member walks up with a bottle of Narcan or nasal aspiration device where it's been and what has it's been doing? But if we can save somebody's life, we will. However, if somebody is uncomfortable I can't force their hand to do anything. They have to be able to do what they feel is right and feel comfortable with. But since it's in the protocols I expect people to kind of have an idea what it is as a paramedic.

I think in emergency medicine I don't do every single procedure every day, but I pretty much feel comfortable what walks through the door I'll try and handle as best I can.

DR. PAPISH: I think the default of

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calling medical control is a fallback that is very easy, a fireman handed me this orange box, I'm not so familiar, this is what I have.

MR. LAMARCA: With REMAC advisory since this is, you know, a new program just a REMAC authorizes any paramedic to administer, you know, Cyanokit provided by a fire department that is in the program.

DR. MURPHY: Yes.

MR. LAMARCA: So REMAC gives them permission to use it as long as it's intact and it's covered by their protocols.

DR. MURPHY: As long as everybody is following the protocols --

(Everyone is speaking at once.)

DR. MURPHY: -- that's pretty much what I said to Ulster too, they have to make sure they follow the protocol. Michael?

MR. MURPHY: I'm chair of the EMS committee and fire committee. And the design of this is that it was fiscally improbable to put Cyanokits on every ambulance and since hydrogen cyanide and smoke inhalation is



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prevalent in the fire service, the idea was to have the fire department have the kit with them. Therefore, when the EMS unit responds, be it standby unit, or all of sudden develops an issue with the firefighter, et cetera, that Cyanokit is available. The idea is not that a fireman is going to hand it to you and say you need to give this, or give it to this guy. It is the idea that the paramedic will make an assessment of the smoke inhalation individual and if in their belief under the circumstances there is a high probability that cyanide could be involved, the Cyanokit would be readily available to them because it would be on the fire apparatus.

DR. MURPHY: And it's in concert too, because I think there is nobody better than a fire person to tell me what is burning and what is the risk of the gas right there and the flammable substances that were there. I mean, that's the other thing where I think that it makes sense that fire --

MR. MURPHY: -- and that interaction between the fire ground safety officer and

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EMS unit.

DR. ARSHAD: I hear what everybody is saying and I certainly see and view this as an opportunity not only to save potential firefighters that maybe down, but it's an excellent educational opportunity for EMS providers as well.

But, firstly, congratulations to Ulster County for going out and securing that grant because this is an excellent medication we should have for our firefighters --

DR. MURPHY: It's a good title for a podcast.

DR. ARSHAD: -- so, John, I also appreciate your concerns --

DR. WILSON: No.

DR. ARSHAD: -- specially in regards to preparation the Cyanokit for delivery or administration, it's not a straightforward process that's just drawing a medication out of a vial and administering. I do appreciate there is some concern from the EMS perspective, I've never actually trained on this, I'm not sure. Am I supposed to use D5

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water or normal saline? Can I use lactated ringers to do 250 cc reconstitution? So for fire providers or rather fire services that normally respond to large alarm structural fires and there is EMS unit or agency tasked doing the firefighter rehabilitation should it be necessary, I think it's a great opportunity to reach out and say, an extension or part of the fire rehab process we may have extreme cases where either carbon monoxide or hydroxycobalamin are involved and endangering the life of a firefighter. It's a very high stress situation and ideally we would want that medication to be administered as quickly as possible. So I definitely encourage Ulster County to reach out to EMS services in their backyard who may potentially respond to a firefighter down or on more regular basis provide firefighter rehabilitation services to help as best practice for the administration should we need it in a critical situation.

MR. BENENATI: I spoke with both the Director of Emergency Management and EMS

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coordinator after the packet of information came out. I provided them with some training tools as well as implementation tools, like a cheat sheet that we use, as well as what our kits look like and how they are built. And so, you know, I certainly understand, you know, John's concern looking at this. And I think that the other point that we made to Ulster County as well is that it's the region's responsibility to ensure that it is protocol driven. We approve the protocols for a paramedic to administer. It's approved. It's already approved. We don't do the regulatory side of this, that's the responsibility of the Bureau. And so they have been encouraged to make sure they communicate with the Bureau on those topics to make sure everything is within the regulatory guidelines. And so that's where we left it with them, I sent them a bunch of material.

MR. HUGHES: I have received a letter from Lee Burns that she is aware of it and she supports them in doing this, so the

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Bureau is aware of it.

DR. MURPHY: Yeah, that was attached --

MR. BENENATI: There are some logistical challenges that they have, they are aware of those logistical challenges, like temperature control.

DR. MURPHY: Thank you, Michael.

Any other questions or concerns?

Thank you, John.

So SEMAC is next week, I don't know -- Arshad? Anybody has anything they want to talk about?

This is like the quickest meeting we are ever going to have.

MR. BENENATI: Next time will be long --

DR. MURPHY: I have no Pad, EpiPen, Albuterol, or glucometer to -- well, you did the people that are applying --

MR. CRUTCHER: Um, um.

DR. MURPHY: I do have a bunch of announcements, we were busy with that.

MR. HUGHES: Can I do one more before you go?

DR. MURPHY: Yeah.

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MR. HUGHES: I'm not sure if we mentioned this, but the check and inject, BLS epi inject program is available to all BLS providers now so you might see BLS providers doing the injection of epi, so everybody is aware of it.

DR. MURPHY: I think we did it the last time, we talked about they finally got approved and we announced it, Lee's letter --

MR. HUGHES: I wanted to make sure everybody is aware they could be seeing patients.

DR. MURPHY: Under Department of Health notifications we have -- the first one is Jeffery Ruminisky (phonetic) from Holland, New York. He's been suspended for one year and assessed a civil penalty of \$2,000.00 for violations of Part 800.

Again, we have for the same violation, David Manachevrov (phonetic), out of Brooklyn, New York. He has -- his certification has been revoked as of August. Matthew Argona (phonetic) out of Buffalo, New York, suspended for two years and assessed a

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civil penalty of \$1,000.00 for violations under Article -- Part 800.

And, lastly, Woodhaven Richmond Hill Volunteer Ambulance Corp out of Ozone Park, New York had their certification revoked effective August 16th for violations of the Public Health Law Part 800 and that was effective August 16, 2017. And that's under notifications.

That brings us to open forum? Oh, my goodness.

Anything anyone wants to talk about? Any issues? Things that have come to your attention?

Wow. This is going to be a record meeting, 35 minutes.

Anything else? Motion to adjourn?

MR. BENENATI: If anybody cares to see what the BLS protocols look like, I have a copy after --

DR. WILSON: Motion.

DR. ARSHAD: Second.

DR. WILSON: But I do want to look at them.

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MR. BENENATI: You are welcome to come  
and take a peek if you want to see it.

DR. MURPHY: Thanks, everybody.



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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.

  
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Yvette Arnold

