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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, September 27, 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

NICHOLAS RUSIECKI, EMT
Treasurer

NICHOLAS TRIO, EMT
Secretary

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

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator

DUTCHESS COUNTY

NICHOLAS TRIO
DAVE VIOLANTE
JOAN SIEBERT
TIM MURPHY
DEE SAGENDORPH

ORANGE COUNTY

JOANN CHENEY
ISRAEL KNOBLOCH

PUTNAM COUNTY

ROBERT CUOMO
DAVID JACOBSEN
MATTHEW BONDI

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

ROCKLAND COUNTY

NICK RUSIECKI
GLEN ALBIN
BERNICE GARATTI
BJ LEIDNER

SULLIVAN COUNTY

ALBEE BOCKMAN
NEIL MEDDAUGH

ULSTER COUNTY

RICHARD PARRISH
KELLY NELSON
RICHARD MUELLERLEILE
DOROTHY BALIN

ALSO PRESENT

DENISE E. MONTANA

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MR. PARRISH: All right, call the meeting to order. And roll call? Nick?

MR. TRIO: Okay, thank you.

Dutchess County.

Nicholas Trio? Present.

Dave Violante?

MR. VIOLANTE: Here.

MR. TRIO: Joan Siebert?

MS. SIEBERT: Here.

MR. TRIO: Tim Murphy?

MR. TIM MURPHY: Here.

MR. TRIO: Matthew Nolan?

Pete Schinella?

Dee Sagendorph?

MS. SAGENDORPH: Present.

MR. TRIO: Guy Carpico?

Orange County.

Joann Cheney?

MS. CHENEY: Here.

Ben Conques?

Eileen Mancuso?

Andrew LaMarca?

Israel Knobloch?

MR. KNOBLOCH: Here.

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MR. TRIO: Teri Barbee?

Frank Cassanite?

Michael Bigg?

Putnam County.

Robert Cuomo?

MR. CUOMO: Here.

MR. TRIO: Dave Jacobsen?

MR. JACOBSEN: Here.

MR. TRIO: Matt Bondi?

MR. BONDI: Here.

MR. TRIO: Albert Jacobs?

Rockland County.

Kim Lippes?

Nick Rusiecki?

MR. RUSIECKI: Here.

MR. TRIO: Michael Murphy?

Desiree Leone?

Glen Albin?

MR. ALBIN: Here.

MR. TRIO: Debra Stewart?

Bernice Garatti?

B.J. Leidner?

MR. LEIDNER: Here.

MR. TRIO: Sullivan County.

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Albee Bockman?

MR. BOCKMAN: Here.

MR. TRIO: Greg Tavormina?

Neil Meddaugh?

MR. MEDDAUGH: Here.

MR. TRIO: Heidi Stack?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MR. TRIO: Kelly Nelson?

MS. NELSON: Here.

MR. TRIO: Dorothy Balin?

Seventeen present.

MR. PARRISH: Seventeen, thank you.

All right, I have some communications.

Dear Karen, I'm writing this letter to inform that you on May 23, 2017 at the Orange County EMS Services Council regular meeting the below were voted on or approved to renew or replace their terms on the REMSCO: Israel Knobloch, delegate; Michael Bigg, replaced Dawn Marshall, alternate.

And from Rockland County EMS, please let this letter serve as the confirmation of

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renewal of Desiree Leone Stoll for her current REMSCO seat.

And that is it. We need a motion to --

MR. HUGHES: Accept those.

MS. SIEBERT: Motion.

MR. CUOMO: Second.

MR. PARRISH: Bob. All right -- treasurer report?

MR. RUSIECKI: Last quarter we wrote 65 checks totals $67,228.00 representing health care and technology, computer expenses, the top of the list. We got our program agency voucher -- or the PA voucher was billed and paid. Quarterly council ending in June was, I guess, billed and paid as well. We got the payment from amfAR, the program which is the naloxone program.

And that was basically the major expenses. Program agency and our other accounts totaled $219,873.00.

If you have any questions, see me after the meeting or -- unless Bill has something to add.

MR. HUGHES: Nope -- well, I do have one

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thing I wanted to mention on that. We were reimbursed $3,306.00 for Karen who was out on workman's comp so it was reimbursed on payroll from workman's comp.

MR. RUSIECKI: Motion to accept?

MR. PARRISH: Motion.

MR. TRIO: Second.

MR. PARRISH: Any discussion? Approved? All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Passed.

All right, office staff?

MR. HUGHES: Okay, Karen is still out with her elbow surgery. She came by to visit us last week and she stayed for about a half hour. She is healing, but she still has a lot of pain in her elbow. She is doing physical therapy and she will be at the doctor I think tomorrow to let us know when she will be coming back.

We've had -- two BLS course sponsors have been dissolved this year. One was ours at the REMSCO because we had no activity in the last four years they did not renew our

basic course sponsorship. We do have a specialty course sponsorship and met all the criteria for that and that has been renewed. The second course sponsorship is Sullivan BOCES where they have chosen to dissolve their course sponsorship. So they will -- their last day is November 20, 2017. They have put together a program, submitted it to the State. The State has accepted the program, they have paid back all of the finances to the State that they owed from the balance of what they got from education and didn't spend on education. And that's all squared away, we got that letter today.

And since we are discussing course sponsorships, Hatzolah EMS of Rockland has been granted a provisionary course sponsorship to conduct CFR EMT basic -- CFR EMT original and refresher courses along with AEMT original and refresher course. So we will see some courses coming out of there and I know they are planning some EMT courses also.

Naloxone shipments are up-to-date, but

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the amfAR and Department of Health changed the entire operating procedure -- ordering procedure so I'm going through that process to get cleared for that. They have also changed the device that they are going to be delivering us. They are no longer going to deliver us the nasal atomizer, it's going to be the single plunge type -- I don't even know what you call it. It's an atomizer, but it's a single plunger they will give. Instead of being .2 milliliters it's going to be .4 milliliter dose.

MR. PARRISH: What is -- four milligrams in two -- I thought --

MR. BOCKMAN: Two and four.

MR. PARRISH: Yeah, two and four, that's the new one --

MR. BOCKMAN: -- 4, two in each --

MR. LEIDNER: No, one --

MR. HUGHES: It's one. From what I understand what they have done is they put it .4 over 1 versus .2 over 2.

MS. SAGENDORPH: In other words, we are supposed to use the .4 --

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MR. HUGHES: One four is the dose. It's a single spray, it's a much thinner spray, very easy.

MR. CUOMO: What is the total number of milligrams the patient gets?

MR. HUGHES: I think it's one four.

MR. ALBIN: That won't wake them up --

MR. PARRISH: I think it's four milligrams and two ml, because that's what it is. But that was the discussion at the State, they approved it, it was FDA approved --

MR. HUGHES: It's been in our protocol for a while --

MR. PARRISH: Yeah, 4 milligrams, 2 ml, all right.

And following up on Glen's, we're finding that the single dose Narcan just isn't cutting it with what is out there on the street now.

MR. HUGHES: Okay, the collaborative protocols update. Everybody is -- all of our providers are completed. We still have a couple of physicians that are straggling, but

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we are getting them done.

We are going to be creating an AEMT exam for our certification, the new AEMTs that are going to be going through the class.

And the SEMAC yesterday reviewed and accepted a good part of the BLS protocols. So what they have done is the collaborative protocols group have taken the BLS protocols out of the collaborative protocols and have presented that to the State for BLS protocols. Now, it went through the SEMAC yesterday for discussion. It was now going to go through -- and there was some small minor changes to it. Now it's going to go through EMS for kids and for the trauma system. And they're going to get their comments and feedback from there, make the adjustments, and hopefully in January we will be able to vote on accepting the BLS protocols that are submitted that are -- are almost identical to what we have in the collaborative protocols now, which doesn't change anything where we are. We are going to use the New York State BLS or

collaborative protocols, both are accepted in New York State and both have been voted and accepted by SEMAC.

MR. ALBIN: I'm curious how you can have two standards of care regarding oxygen therapy. Again, it gets to education, teaching the newer kids coming up, the EMTs, we look at using parameters above 95 hyper oxygen isn't good for people, two different standards written for protocols. I'm hoping they are going to come up with a final answer.

MR. HUGHES: They -- that was a major topic of discussion, they will and they have that's why they want to combine those two.

MR. ALBIN: But it needs to filter into the education because if you are not --

MR. HUGHES: In the education committee that was discussed, the changing of the test and the questions and the actual education process. It's going to have to happen with these new protocols, so that's been a topic that's hot on the discussion. Right now we are trying to get protocols to catch up to

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the --

MR. ALBIN: I know the instructors are confused what they have to do and teach --

MR. PARRISH: Instructors should be teaching New York State BLS protocols because that's what the exam is written against. And just like people going through a medic program you have to learn protocols and you go through the collaborative. And then when they are out on the street if their agency has elected to follow the collaborative, they have to have in-service on collaboratives. But, hopefully, as Bill said, in January all the updates will be in and accepted, then the training committee or education at the State then has to tweak the exam to make sure it's got the current stuff in it. But, hopefully, we will have one protocol instead of collaboratives versus -- Dr. Dailey, who pushed the collaborative, is chair of the BLS so -- and it's pretty much going to be the collaborative BLS protocol, all right? But we will see what happens in January.

MR. HUGHES: Our protocol committee did

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take a hiatus over the summer so we have nothing to report.

We have been doing a little work on policy and procedures that have to come out that we are taking from the collaborative protocols now to become regional policies.

Our last SEMAC and SEMSCO meeting was yesterday and today so that will come under there.

New York State has expanded the availability of epinephrine auto injectors to a lot of people so don't be surprised if you go on a call and see somebody already using an EpiPen, either at a sports center, or food place, or someplace else.

There has been a push on AHA called Mission Lifeline and it's kind of an interesting thing. We've been invited to -- as EMS and we are starting to participate in some of their meetings, but their goal in AHA has always been ER door to balloon time. Well, now they are including EMS into that. So now it's going to be first medical contact to balloon time. And that's -- they are

asking us to participate in that. We have also talked about from dispatch to balloon time, which could be very different than first medical contact to balloon time. So you will probably be getting questions and seeing surveys and we'll looking at PCRs and trying to capture some --

MS. SAGENDORPH: Did you say Mission Lifeline?

MR. HUGHES: Yes. AHA Mission Lifeline it's called. They have -- it's kind of like this is what they are submitting now and it's, you know, onset of symptom, 9-1-1 dispatch and then the EMS transport time so it's how long before you get to the hospital. They have worked on from ER to balloon time and reduced that substantially by processes and procedures within the ER. So now they are looking to address the next big number, which is the transportation from the house to the ER.

New York State vital signs conference will be held in Rochester, October 25th to the 29th. You can check their website, it's

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called vitalsignsconference.com.

The NYSVARA pulse check was this week in Albany. I don't know if anybody was there or wants to report on what happened at that?

And the Bureau of EMS has created a new EPCR form that they are going to ask all agencies on EPCRs to fill out and submit. It's a little bit more comprehensive. It's a single form for everybody, I think. Was that draft or finalized?

MR. CRUTCHER: It's finalized.

MR. HUGHES: I have one copy of it and I think it's available on their website. But it's a multi-page form that has information on there that will aid us in the use of the EPCRs. I guess that's all.

MR. PARRISH: Any questions? Bill?

Jeff?

MR. CRUTCHER: Early in the summer, mid June, we had a supply problem with Narcan. We were not able to get any and we ran pretty short coming up on the 4th of July weekend. Through our work with the Counter Drug Task Force we were actually contacted by one of

our local politicians, who managed to pull a couple of strings and get 300 doses drop shipped to us within a couple of days and that probably has spurred the other change that Bill was talking about, but at this point in time we have plenty of Narcan.

Usage has actually dropped off slightly in the past month -- which is probably a good thing. We have distributed just over a thousand doses so far this year, which is up about 40 percent over last year, which is still a significant number of doses being provided.

EPCRs, as Bill mentioned, we did get another form. Town of Patterson EMS was actually the first agency to send us the form and that was actually shipped up to the State yesterday. So we are waiting on their approval on that. The form did cover a lot more than what we had been asking. They were looking for billing information, Medicaid Medicare numbers, mostly demographics that the State requires at some point in time. So instead of going back and forth they just put

it in one place. EPCR applications are still kind of trickling in, but not fast enough. We still are looking at some of the bigger ALS agencies that are not electronic yet, which is a problem when we are looking at doing something with data. We cannot -- there is not a way to physically go through all the paper PCRs from these agencies and gather all the data points that we need for any studies that we do. So we really need to pressure these agencies a little bit more to come on board with electronics.

Nemesis 3, New York State was telling us end of June. They did not, however, specify what year so we are still waiting on that. And that's about it.

MR. HUGHES: Michael Taylor was also at the State. He said you will have it within the next three weeks, so the end of June is near.

I would also like to mention Jeff was talking about Narcan. And I'm just going through our file right now and see that we still have a fair amount of agencies on the

BLS side that do not carry Narcan, or have not been -- have not processed the paperwork to carry Narcan. So if you are one of those agencies it is a standard of care and it is used quite frequently by a lot of services. So I think you really need to really push and get the paperwork in. It's easy paperwork, we give you everything you need. All you have to do is change the name on the form and change the name on the training program and sign it.

MR. ALBIN: And get a medical director to sign it.

DR. PAPISH: What is the -- I mean, does anyone know -- I'm curious what the rationale for not getting is it? Is it cost?

MR. RUSIECKI: It's not the cost. So one agency in our area that I talked to the person about or the person in charge, all the police officers carry it, multiple doses, it's one less thing they have to deal with, everyone else and their mother has it. Usually the patients, people around the patient has it.

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MR. BOCKMAN: And including the mothers --

MR. ALBIN: The problem is that one call you are going to show up on and either the police officer hasn't gotten there yet, or the mother doesn't have it and you are the one they are looking to wake this guy up -- or this girl up. So it's, you know, you are kind of held to a standard of care if everybody is -- this is the standard of care in the State of New York.

DR. PAPISH: Reality is, police all have oxygen in their car too, but we wouldn't say don't keep oxygen in the ambulance.

MR. PARRISH: Rich?

MR. MUELLERLEILE: Is there a lot of communication it would be the Office of Fire Preparation and Control, teachers in the class and Regional EMS Council?

MR. CRUTCHER: No.

MR. MUELLERLEILE: For fire based EMS agencies those members that are EMS providers could technically be trained by OFPC instructors as well as the fire department.

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MR. CRUTCHER: Correct.

MR. MUELLERLEILE: And there would be no way for you guys to know whether or not they did or not.

MR. HUGHES: Right, but if they are EMS agency and using Narcan they need to apply for the use of the adjunct by the agency. We are not looking at training issue, we are looking at whether they are authorized by the Bureau of EMS. Because what happens is they submit the adjunct to us and we approve that and it goes to Bureau of EMS, so if there is a question later on and they are using it then they are going to ask the Bureau of EMS if they are certified to use it and the answer will be no because they have no paperwork. If there is somebody we need to talk to, we could do that.

MR. MUELLERLEILE: I think it would behoove the region to reach out to county fire coordinators and just see if there could be a conduit made, you know -- and it's more data, which is good.

MR. HUGHES: Actually your region is in

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pretty good shape except for two fire departments.

MR. MUELLERLEILE: I know.

MR. PARRISH: Who are they?

MR. HUGHES: West Hurley and Hurley.

MR. PARRISH: I thought they were addressed?

MR. HUGHES: I don't have any paperwork on them.

MR. PARRISH: I know the medical director of both of them. He told me he addressed it.

MR. HUGHES: Maybe he signed it, but they haven't submitted it. We can look at each county, there is a few in every county and the majority are not fire, most of them are volunteer ambulance corporations.

MR. PARRISH: Jeff, they are supposed to report to you their usage?

MR. CRUTCHER: Absolutely.

MR. PARRISH: Do you get that on a regular basis?

MR. CRUTCHER: If not daily, at least monthly.

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MR. PARRISH: Do you develop a report off of that, what counties you are using it in and quantities and stuff like that?

MR. CRUTCHER: Yes.

MR. HUGHES: Plus, we belong to the Addiction Coalition where we supply them with other information from other agencies and we get a -- on the usage of Narcan. And there is a program going on right now with St. Luke's Hospital with the Addiction Coalition keeping track of the other side after they get to the hospital what happened to those patients.

MR. PARRISH: Yes, Albee?

MR. BOCKMAN: I'm gathering -- I'm on the Sullivan County Opiate Task Force and a coroner in the county is keeping track, of course, of the opiate issues and Narcan issues. I'm gathering there is no real coordinated effort of these agencies to get accurate data. I hear all these different organizations that say that they are submitting, the county does it, EMS is doing it, fire is doing it. They are just so many

saying they are doing it and there is not an accurate list of data on the use of Narcan and especially in our area. So I think that's something that we should really look at, Jeff.

MR. CRUTCHER: We actually have been working on that. And when the task force first came to us to ask if we could help the data that we were able to provide them with was by far the most accurate data they had gotten.

MR. BOCKMAN: Are you getting reports from Sullivan County Health Department?

MR. CRUTCHER: No.

MR. BOCKMAN: Because our coroner's office is now keeping track of the deaths and we were reporting that to the Health Department, who says they are reporting to the State of New York. I just -- from our office alone we just do not see a collaborative effort of good data.

MR. CRUTCHER: No, there is not a single repository for all this data. Everything is chunked and we don't know what WAA (phonetic)

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does unless they are under us as a CVO, if they are, they do report to us. We have some fire based agencies that are very good about reporting to us, City of Poughkeepsie, Kingston Fire, we get reports from them pretty consistently because they need our stock. The other EMS agencies that are still on paper PCR do send us the reports when they use them so they can get restocked, everything else I can just pull off the electronic data. So we have as accurate data as we can get.

MR. HUGHES: And one of the big things that we don't know is what happens before we get there, you know, the police using it, the civilian use.

MR. BOCKMAN: On EPCRs it doesn't show it was given by police or other first responder --

MR. RUSIECKI: There is a part prior to arrival.

MR. CRUTCHER: There is, but that isn't a Nemesis required field, that's where the other problem is. We can't see that data and

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we don't get the whole narrative so we can't read what was in there.

MS. SAGENDORPH: The police agencies are not required to submit any data?

MR. HUGHES: Depends where they get their Narcan from.

MR. BOCKMAN: Point well-taken, data is not really accurate and --

DR. PAPISH: The reality is you can buy Narcan for your son or daughter so the number of administrations that are happening without the public, you know, response system being activated is probably --

MR. RUSIECKI: There is probably a bunch slipping under anyone's radar.

DR. PAPISH: Unless you go through the pharmacy, but even that's difficult. There is really no way to tabulate it, but we know it's tremendous. What is going on now is something I don't think anybody has ever -- there is really no precedent for the amount of people that are getting Narcan, but overdosing in general, you know, it's epidemic. In my emergency department we are

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seeing -- we have assigned -- we have a cape team that is somebody designed, they sit in the ER waiting for the overdoses to come in and then they try to partner with them to prevent them from -- you know, because invariably once they are in the emergency department, as I'm sure that data will show up, most of them want to leave shortly after. And they try and partner to get them into detox and rehab. The numbers are kind of staggering, cardiac arrests. Looking at my sites, cardiac arrest from August, the majority of them were not old people. And that's the first time we had seen that, it's usually elderly cardiac arrests, medical arrests, they are all young heroin guys, you know. It's written -- it's in all the papers, it's certainly more than I've ever seen. That being said, I mean, the data that we were talking about before, I guess, it's -- I always say the same thing you say, right? Getting everything on EPCR is really the only way to get good data about what we do know, which is pretty much everything else

we gather and try and tabulate. And with the Mission Lifeline and the real step is for STEMI care, the only way to accurately track patient onset of symptoms to balloon times is if we have accurate EMS data that goes through Nemesis 3, which means EPCRs. So I know the barriers are always financial, but it's so -- everybody says the barriers to going to EPCR are financial, but what was the cost we specked out last time?

MR. CRUTCHER: For BLS PCR it's under a dollar, for ALS it could be two to two fifty a PCR. But you are adding a lot of data to that, you are adding your EKGs, adding other specialties in there.

DR. PAPISH: It's still less than the price of an ambulance battery.

MR. CRUTCHER: Pretty much. And the hardware is not prohibitively expensive because you can do it with a tablet. And the thing you have to get with a tablet is a really good hard shell for it, it's literally worth its weight in gold.

MR. PARRISH: Okay, any other questions?

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All right. Dr. Papish?

DR. PAPISH: That was my spiel.

MR. PARRISH: Okay, all right. Training committee?

MR. VIOLANTE: So we are currently running and finishing a CLI class thanks to our training committee for putting that on and Rich, and the Orange County Department of Emergency Services for hosting us. We got 22 students in there doing pretty well so we are happy with that.

From the training committee, we have a seconded motion to come to the floor to make myself and Sal Maura (phonetic) program coordinators and Bernadette Chucudo (phonetic) and Nelson Machado regional faculty. We have had several program coordinators leave and are down on regional faculty. We would like to move those personnel forward and some others to the state. I'll make that motion here.

MR. PARRISH: It's a seconded motion. Do we need a roll call on that, or just --

MR. HUGHES: No.

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MR. PARRISH: It's a seconded motion, any questions on the motion?

MR. HUGHES: Does everybody know what --

MR. PARRISH: Good question, does everybody know what a program coordinator does?

MR. VIOLANTE: So program coordinator is the individual that will actually run a CLI program, a CIC program, any other deliverables for the region. And they are in charge of the whole program, all the paperwork, everything that way. Regional faculty are personnel that will then carry out the educational component in concert with the program coordinators so we need program coordinators for classes and regional faculty as educators.

MR. HUGHES: And they have to be CLIs and CICs to become regional faculty and they teach the instructors, all the instructor level courses.

MR. PARRISH: Any other discussion on the motion?

Is if not, all in favor? All in favor?

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ALL: Aye.

MR. PARRISH: Opposed? Abstained? Motion carried. Thank you, David.

MR. VIOLANTE: I would like to remind everybody to continue to use the regional website for CME. If you are having a CME at all send it to the region so they can put it up and post it, that's been going pretty well.

There is continuing discussion and rollout of distance education for med control contact and for other kinds of courses, that's going well also.

And I would just like to send out a thanks to Deb Theisen (phonetic) and Sullivan County BOCES for all the work they have done with their program sponsorship up to this point.

And that's all I have unless there is any questions.

MR. PARRISH: Any questions of Dave? REMAC?

DR. PAPISH: The REMAC was a pretty quick meeting, there wasn't much over the

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summer big events. There were really three things we sort of had on the -- there is a little -- is the summary in everybody's --

MR. HUGHES: Nope.

DR. PAPISH: Oh, it's just me. He trusts me so much he wrote in --

MR. HUGHES: I didn't know you were coming so I was going to do it.

DR. PAPISH: The big things, one we talked about diversion, at a previous meeting it was an issue that had come up. Over the summer there was really no sort of -- nothing done about it. At end of the meeting we decided to send out a draft advisory to all the stakeholders recommending that we essentially eliminate diversion in the region, that's the goal. Benefits pretty everybody except, you know, frustrated people in hospitals. But what they don't understand is it really doesn't change their lives that much either. So we are going to be sending out a draft letter to all the CEOs, ER directors, talking about our forward plans to eliminate diversion and also to start using

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Westchester diversion software, which incorporates all of the Hudson Valley Region hospitals as a means to look up when somebody is on diversion and kind of use that as the standard for everybody for reporting diversion. That was one.

The second thing, within Ulster County the -- a lot of fire departments through grant money are starting to carry Cyanokits. And there was discussion that ensued when somebody from -- it was one of the Ulster County attorneys had recommended that we write a letter explicitly endorsing the Cyanokit usage. We talked about it, our protocols, the collaborative protocols lists a protocol that allows Cyanokit to be used for smoke inhalation and cyanide poisoning. There was discussion about just setting up some training activities, you know, throughout the region to talk about the protocol in general because there is some other areas that do carry it right now and there is lot of areas that don't. It's kind of a good thing to be carried.

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And, lastly, we talked about Mission Lifeline and -- just the State level BLS protocols, which we talked about.

MR. MUELLERLEILE: Just to elaborate on that Ulster County thing, the confusion existed in the verbiage of the actual protocol for smoke inhalation from the collaboratives. It reads -- it reads hydroxocobalamin is not available in all ambulances and may not be available in all regions. It maybe available for response to scenes through county fire, EMS coordinators, or as regionally established. Key phrase being regionally established. Because when my county attorney saw it she went crazy when she thought that regionally established was defined as Regional EMS Council established. So the protocol -- which, you know, again, you can tell the attorney until you're blue in the face, you know, it doesn't mean --

(Inaudible.)

MR. MUELLERLEILE: -- so that's why Ulster had come to the region for approval because in the protocol the verbiage had said

regionally approved, when in reality it meant authority having jurisdiction so.

DR. PAPISH: Right. I mean, I think we replied to her, right? And just said it's in the protocol?

MR. HUGHES: Yeah.

DR. PAPISH: It is what it is.

MR. MUELLERLEILE: It is.

MR. HUGHES: But it's been accepted the way it is now and we are good.

MR. MUELLERLEILE: Absolutely.

DR. PAPISH: The third one was the BLS, we already did that.

MR. PARRISH: All right, transportation committee, Glen, anything?

MR. ALBIN: We have one motion today from Wassaic and the other one is kind of on hold.

MR. HUGHES: Right, it's been --

MR. ALBIN: They are having some difficulties with the state to approve certain things. So what we are looking for, I'm going to make a motion to approve Wassaic BLS first responder application.

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MR. PARRISH: Second?

MS. SIEBERT: Second.

MR. PARRISH: Any discussion on the motion to approve Wassaic --

MR. ALBIN: BLS first responder.

MR. PARRISH: -- BLS first responder. No discussion? All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstained? Passed.

Anything else?

MR. ALBIN: No, that is it.

MR. HUGHES: The other one Glen was talking about is Gardiner Fire -- Fire Rescue was looking to transfer their ownership over to the fire district, but there was some issues. There is some legal issues with them that they are trying to workout with the State because there is nobody left of Gardiner Rescue that can create or dissolve the service or sell it. So they have to workout some details with the State so that's why it was on the list for tonight, but it didn't have enough effort to get everything

passed by the State. So they are still working on that, we may see that soon. The option to that might be that they do a media CON and do that as their -- to get their agency up and running correctly. They have been -- they are still operating under the certificate that they have. They have been operating under that certificate for 30 years or 35 years, it's just a matter of changing over the ownership and getting the paperwork straight, so it's being worked on.

MR. PARRISH: All right, so any questions of Glen? Anything else?

All right public information. Desiree? Nothing?

MR. HUGHES: Nothing.

MR. PARRISH: No report. All right, policy and procedures. Greg? Nothing?

MR. HUGHES: No.

MR. PARRISH: Legislative bylaws, Albee?

MR. BOCKMAN: Okay.

MR. PARRISH: Go ahead, do it.

MR. BOCKMAN: I'm happy to say no one has submitted any proposed change to our

bylaws, they are nice and secure. Since the last council meeting the bills that I brought before you that are before the Assembly Senate are still in the committee. And, as you know, the Legislature is not active right now because there are many seats up in both the Assembly and Senate and they are concentrating on trying to get themselves reelected, so there is no movement on any of those bills that I mentioned to you last time.

There is one legal action I would like to bring to your attention and it's of interest to all volunteer services, hybrid services and commercial services. An organization known as Downstate New York Ambulance Association, it is somewhat of a sister/brother organization to the United New York Ambulance Network, which is a group that represents all of the commercial services in the State of New York and meet monthly. And also, New York State Volunteer Ambulance and Rescue Association is on top of this legal action as well. This deals with Medicare --

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excuse me, correction -- Medicaid reimbursement from the State of New York. We all know that Medicaid reimbursement is far lower than the cost of what it is to run our ambulances. It has been moving for several years now to lift Medicaid reimbursement rates, which we have not seen increased in approximately 12 years. Medicare has increased itself by $2.00 to $4.00 over the last couple years --

MS. SAGENDORPH: At least.

MR. BOCKMAN: So it's been a serious matter. UNYANA, the United New York Ambulance Network Association, has not joined in the legal action because this group has made significant headway with the Medicaid office in the State. As you know, we get supplemental checks from the State because they know that our reimbursement rate is low. So because we have had success in dealing with Medicaid of the State of New York, the administration -- the Board of Directors of UNYANA has decided not to join in on this argument, as well as New York State Volunteer

Ambulance and Rescue Association because our two organizations work together on this issue. But it is a legal action filed in the Supreme Court against Governor Andrew Cuomo and Howard Zucker, our commissioner. It's being heard, but we wouldn't see any action probably for years. Henceforth, the reason why UNYANA has not and NYSVARA has not participated in this action because we continue to get results when we sit down with that office and we continue to get the supplemental checks, which Downstate is not happy with. So just thought I would let you know there is an action out there, you know how the court system works. It's filed, but we wouldn't see any results probably for three, four, maybe five years on that. But we at UNYANA and the volunteer organization continues to sit with the Medicaid office and get results. That's my report.

MR. PARRISH: Okay, any questions?

EPCR committee?

MR. CUOMO: I have no report because I'm not the Chair.

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MR. PARRISH: Oh, who is the chair?

DR. PAPISH: Me. I gave my report earlier.

MR. CUOMO: We repeat that report.

MR. PARRISH: All right, well, should we still carry it as a committee?

MR. HUGHES: Yes.

DR. PAPISH: I mean, at some point I think it will become mandatory to operate in New York State, it can't not. It's just there is really no reason not to do it anyway --

MR. PARRISH: All right. Nominating committee, is that --

MR. HUGHES: No.

MR. PARRISH: Then why did you have it on?

All right, community paramedicine, Mike, anything from him? No?

At the State Council, nothing to talk about there.

State EMS, interesting two days. Bill and I were there. I'll give you a quick overview what happened.

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They -- yesterday during SEMAC they got called out of the meeting about 10:30, never came back. They were called to a meeting with the Commissioner of Health. And they felt that the meeting was very positive, talked about work force, the hospitals, and local governments and we've all talked about this need to really get-together and work with EMS. Talked about financial sustainability, Medicaid issues were brought up, Medicare, future of EMS, definitely EMS belongs as part of the health care system and not happening. The district program, which is the Healthier New York, EMS is not part of that and it's all a goal to keep people out of the hospitals and who better to get into people's homes than EMS? And that's community paramedicine, but community paramedicine didn't even get discussed at this meeting. Cooperation, they talked about the Berger Commission, how they forced hospitals to merge together and something like that for EMS to work together. Recommended a statewide medical director so

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that they -- they have a direct link into the legislature. Nominations were brought up Patty Baschuer (phonetic) Chair, Mark Philippe, first, and Steve Kane were the nominated seconds. Lee Burns' report on the status of the Bureau, the Bureau is hurting. Tom Mahonna -- Mahammad --

MR. HUGHES: Mahoma --

MR. PARRISH: He's second in command, he stepped down, moved over to Homeland Security. Donna Johnson, who was the driving force behind vital signs, she resigned, moving over into private sector. And Lee announced her retirement effective December 31st. They are no plans to -- to backfill any of these positions. Their budget, they took another three million dollar hit so they are not getting any funds and the discussion is where is Bureau going? So that type of stuff.

Lee did talk about the meeting with the Commissioner and they talked about the problems that were going on in Essex County that it got so bad that the Board of

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Supervisors called a meeting with all EMS folks, the governor's office was there, the governor's office committed to generating some PSAs starting in the Albany area and filtering out through the State. They talked about the Medicaid rate, looking at something for that, specially in the rural areas. Talked about doing something in the BOCES areas to start school-age kids, get them involved in first response, that type of stuff.

And out of that -- we will talk about it right now -- there is a change coming to our Part 800.6, they are going -- the proposal is to lower the age to 17 to complete an EMT course. And that will not be effective -- this is just, hey, guys, this is where it's going, but don't go back and say, hey, now you can be 17. It has to go through the legislative hearing process and all, but they are changing that. So hopefully sometime next year we will be able to admit 17 year olds into EMT classes. All right?

They talked about consolidation of

services and they mentioned something called ASK, do you know what that means? ASK? I wrote that down. Looking at tier responses and again this is all in Essex County, training alternatives, what to do with that. Again, we need to make noise. We do not do a good job of keeping the public and press advised what we do.

MS. SAGENDORPH: I spoke with Sue Serino (phonetic) about the cuts to the training part of the EMS budget at the State. And she said they were blind-sided with that whole thing when the cuts came through. And she didn't have -- she tried to get some information, but the thing of it was, she feels that the people who are involved with EMS should have come en mass to support getting the funds which -- I don't think we did.

MR. PARRISH: We are not doing a good job of it.

MS. SAGENDORPH: No, we have to sell ourselves.

MR. PARRISH: So this is one county and

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there's 61 other counties in the State that we need to look at.

All right, again, Bill mentioned vital signs.

The 18/19 budget. I walked in on that, one of the committees I was involved in ended early, and they were talking about it. And the rep from the State says the only way that the budget process is going to get fixed is if some catastrophe happens and we are not going to be prepared for it and that's going to be --

MR. ALBIN: The next hurricane.

MR. PARRISH: Yep, something like that, all right? They did talk about when they submit the budget to put in there how -- like what was the budget last year, 18, 19 million dollars?

MR. HUGHES: It was 19 million last year.

MR. PARRISH: So 19 million and they 6 million from there and now they cut another 3 million and somebody in the budget office decides, this is your cap, you can only spend

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up to this. And the legislature is not aware this is happening.

MS. SAGENDORPH: They were not aware of any of that so when we find out we need to bombard our legislators so they are prepared.

MR. PARRISH: We need to do a better job and we used to have a good legislative day and we need to look into doing that again.

All right, med standards, like Bill said, the BLS protocols, EMS children and the STAC. And some ambulance service down in Nassau lost their ALS I believe it's because they didn't have the narcotics.

They are looking -- they are working actively on the CC to paramedic bridge.

At vital signs, if -- you should go to it. Four of our people are being recognized, Mike Murphy, Educator of the Year for the State; Andy LaMarca, Leadership of the Year, the Harriet Weber Leadership Award. A communicator from -- Scott -- what is the last name? Anyway, communicator from Ulster County is Dispatcher of the Year.

(Inaudible.)

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MR. PARRISH: Yeah. And it was announced today, Kim Lippes is co-recipient of the Commissioner's Award. And Bob Deloggi out of Suffolk County was the other one. Both were submitted to the commissioner and he read them both and he says, both of these people should be recognized. Lee's comment was, it's your award, do what you want with it. And they are giving out two, Kim is one them. Four of our people are being recognized, be there to support them.

The CME program, this is education and training, the CME program is under review. Some of the things -- and for some reason Andy Johnson is very talkative about stuff, but he didn't want to preannounce stuff. He said, well, we are looking at cutting out some requirements and changing the form and stuff. It's supposed to be announced at vital signs during educational updates, that's in two weeks, we will see what happens there. The instructor exam, the CIC started out 45 percent, it's up to 69 percent passing, the CLI is about 85 percent.

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They are looking to increase course sponsor for specialty items. This region we do a pretty good job of it, but some there are some regions out there that have not held any course sponsor classes CLI, CIC, instructor updates. SO they are looking at -- all right, get away from the region and appoint some other people to it.

Everybody should have gotten a notification about a Boodle (phonetic) survey about computer-based testing. They are looking at is that the way to go? So if you have seen the survey, respond back to it. They want to try and update that type of stuff.

Finance, we talked about that.

System committee, they had three CONs that were appealed and all three appeals were upheld. The 17 to 18, we discussed.

EMSC, there is some work going on with pediatrics and hospital regulations. A lot of hospitals don't do a real good job of pediatrics.

And that's pretty much it, anything

else?

MR. HUGHES: Yeah. I had a few more -- I attended a couple other meetings Rich didn't. One of them is the program agencies, which is what we are, and all the directors of program agencies get-together and we discuss a lot of the same stuff. But one of the things we did discuss that wasn't mentioned is the EMS for children survey is coming out again. Now, that's for a federal grant in New York State. And what the federal government arbitrarily picks so many agencies within the State, it's usually about three or four hundred agencies within the State, our region will get some of them. And we will get a list of who is going to get that survey and we ask that you return it as soon as you get it as quickly as possible. It will be an electronic survey. And what it does is give money to New York State for EMS for kids and it's the overall pediatric programs that they run. And they needed 80 percent participation and last year it was right down to the wire, they got the 80th

percentile on the last day. So they'd like to get it a little bit sooner so they are a little quicker getting the grants.

The app for the collaborative protocols should have been updated so everybody should have received it -- if they use the app should have received the update. It updated all the information about the hospitals within every specific region. So we had two or three hospitals that had misinformation in it and we got that corrected. So that should be updated and you should be able to see that.

MR. PARRISH: Point of -- on that app it's got the phone numbers for different hospitals, be careful when you hit the button on what hospital. An incident happened last week -- two weeks ago, EMS thought they were going -- giving the report to a particular hospital and they were giving it to a different hospital. And the hospital started calling around saying, where's the patient? Where's the patient? And the patient went to another hospital. The wrong number was used,

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all right, so make sure you are calling the right hospital.

MR. HUGHES: As your agencies start renewing the EPCR form that I told you about will be included in your renewal packet so you will have to fill that out if you are an EPCR agent. Nemesis 3 will be -- hopefully we will see it in the next few weeks.

Now, the Susquehanna region, I don't know if this is anything we are interested in, but I was kind of wanting to see if there is a need. Susquehanna region has an EMS language line so if there is a problem in speaking with a patient you can call into this phone number and they have a multitude of languages. I don't know if that is something we want to think about installing, or using, or have available. So if anybody sees a need on that, please let me know what you think about it.

MR. ALBIN: Why don't we piggy back off of them?

MR. HUGHES: Well, I assume they paid, so I don't know if they want you to do that.

And they wouldn't share the number, they will share the information, but not the number. So I'll be getting that information.

The other meeting I went to is the collaborative protocols meeting. And we talked there about the collaborative protocols and the rollout. So we except that sometime in early 2018 we will be doing a BLS rollout and we are going to combine some of the smaller changes that we are talking about in the collaborative protocols with that rollout so it will be a single rollout. And then three years there will be a full rollout of collaborative protocols and every year there will be a small update as to just the fixes out there. So we want to make sure that we get it more organized in releases and that the education is capable of keeping up with it.

And one of the other things that was mentioned and they are going to generate a protocol on it, I know there is a protocol out there for the LVAD, but now they are talking about the artificial heart. And we

have some patients in New York that are on the artificial heart and they handle that very different than an LVAD and there is going to be a protocol released shortly on that. It will probably be informational at first and then be added to the collaborative protocols. And that's all.

MR. PARRISH: All right, so it was an interesting two days in Albany.

Any update on the mutual aid TAG, Albee.

MR. BOCKMAN: You betcha ya. The mutual aid TAG committee has not met since its last meeting for good reason. In-between the period of the last meeting and now, two of our counties have met to discuss the mutual aid difficulty that the EMS providers in those counties are encountering. Those counties are Orange, which I attended, it was an invite to all ALS providers -- not BLS at this time -- and the purpose of which is the ALS providers are the ones doing the majority of the mutual aid work. And they discussed the difficulty of getting crews out in particular areas in Orange County. Sullivan

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County also met recently to discuss the mutual aid difficulty in its county. We are fortunate to have stolen -- if you will -- a very bright gentleman by the name of Dan Depew who came from Orange County, Town of Wallkill, I believe he was on the Orange County Legislature, who is now part of Sullivan County government. And he was the lead person in this meeting of the entire EMS community in Sullivan County.

There is a problem in our region. It is no secret. Every county is having difficulty with agencies getting out in the proper time. The committee has not met at my doing because I have one county out of the six that is refusing to participate in the mutual aid plan that was put forth by policy 12-06. I don't want to name the county right now because we are hoping to rectify that with continued meetings of each county to discuss the mutual aid problem.

I reached out to house counsel, house counsel is the legal body for the commission, not just EMS legal division. I went to house

counsel and got a verbal opinion. I do not want to move forward with the committee until we have the -- the committee has -- to remind everybody, the committee is made up of EMS coordinators, 9-1-1 coordinators and others. I do not want to move forward with the committee until I get that written opinion because that will be -- that will facilitate us to be on board in the region to follow the policy of the commissioner.

Basically the verbal opinion from house counsel is, although it is not part of Article 30 it is from the office of the Commissioner of Public Health of the State of New York EMS, that this is what he wants and what he wants is policy. So when we get that written opinion before us then the committee will meet once again and to make sure that all counties are abiding by the policy of the commissioner, 12-06.

I presume and hope that that opinion would be forthcoming very soon. By next meeting we will surely have it because it's been very frustrating for Andy and myself to

move forward when we don't have compliance -- and actual resistance. So when that comes forward I think that we will be able to have something accomplished.

MR. PARRISH: Any questions of Albee? No? All right.

On the regional task force, no update on that.

Expiring delegates. Ulster, I need to SEND them a letter -- and there was one other county.

MR. TRIO: Sullivan.

MR. PARRISH: Sullivan, yeah. They have two delegates.

MR. HUGHES: Yeah, one is Ulster and two in Sullivan.

MR. PARRISH: All right, outside on the table you should have picked up the 2018 REMSCO meeting dates, February 21st of '18, May 16th, September 19th and 18th is Yom Kippur. We need to reschedule that. Any recommendations? Week before or after? The thing you have to be careful because that's what happened with this meeting, usually this

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meeting would have been last week before the council. And after seeing what happened, hopefully when we get the schedule for next year's council meetings our meetings are after them so we can discuss what happened at them. But, again, what is your pleasure with the September 19th, leave it there, or --

MR. ALBIN: Why don't we wait until we find out when council will be?

MR. PARRISH: Closer to it? Okay --

MR. HUGHES: Council, unfortunately doesn't give us a lot of lead time on when they schedule them at the State level. And in our situation, to get the room and get what we need the sooner we get that information to our landlord, the better.

MR. ALBIN: Do they typically do it a month before or what?

MR. HUGHES: It's usually the meeting before. And maybe, you know, a little before that, but not like years before, not like it used to be.

MR. PARRISH: Yeah, the next state meeting is January 8th and 9th and that's

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when they would announce the next one and they do three a year.

MR. HUGHES: Yeah. And what it is is they don't have a contract yet for the hotel and the conference rooms, that's why they haven't announced it. And the woman that does that is one of the women retiring in December so we are a little concerned about all of that.

MR. PARRISH: All right, so you want to just play it by ear and see what happens?

MR. ALBIN: Yeah, until you know what is going on.

MS. SAGENDORPH: Yeah, maybe by February --

MR. PARRISH: Yeah, hopefully by February, hold that and do it. Our next meeting here is the 29th of November. Any old business need to come forward?

MR. BOCKMAN: Can I just take the floor one more time? I apologize, I talk so much -- imagine if I had a microphone?

You mentioned before -- talking about Narcan -- and as you mentioned, Rich, Narcan

is not touching on a lot of what we are seeing. I'm talking from the corner's perspective, what we are finding when we get the toxicology reports back, it's not just heroin. We have many cases in our county that are straight Fentanyl. And now we just got word from Pennsylvania of course, there is Carfentanil, Acro-fentanyl and these drug dealers are just one step ahead of us all the time.

I did a case a few weeks ago, 10 milligrams, and brought the patient around, kind of sort of. And it's really an epidemic. And from EMS perspective when you get somebody and they are not coming around, it's probably not just heroin. And make sure you are gloved up because we can absorb it. We just don't know what the hell is out there and it's a serious serious matter, it's getting worse and worse. Now, we haven't spoken about it -- and, Rich, I got to share with you because there is no cure for this thing, there is no answer to it and it's only getting worse.

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The State of New York has granted to the counties of -- they recognized Ulster and Sullivan County as two counties that they are giving 2.1 million dollars to address the issue through Catholic Charities. Catholic Charities is developing a mobile unit -- units out of their Monticello office and it's going to affect you as well -- or benefit you, not affect you, I should say. When we get on the scene, it's us, we are the first ones addressing this issue and I sit amongst you, professionals that are counselors, that are police and everything else, they talk about these scenes, but we are the ones that are there and seeing it firsthand. But these patients that we see -- without having exact numbers -- eight out of ten are not being transported by us and the police have nothing to do with it, they are not arresting these people. What do we do with them? Because we see them probably three or four days later, they are repeat offenders. So this mobile unit will actually come to the scenes to speak to these people because that is where

we can get the help for them because there is no answer. Therapy ain't helping, it's not there yet. But if we can reach them outside of police presence -- and what we are doing, we develop cards with an emergency number on it that when we are at the scene and they are not going with us by ambulance and everyone is leaving, we speak to them. We just give them this card, put in it in your pocket, just look at, no police. We are paramedics. We are here for you. Take this card, give it call. We are here for you. And we have gotten calls, the central number has gotten calls from the people that we have seen. So that might be the first step to getting people to at least talk about it. Because when we are here, police are there, everyone is there, it's it's very excited, they don't want to go, leave me alone, I'm fine, the family says leave them alone. The point I'm trying to raise is we are getting more and more of these calls. And our county alone we have 21 deaths since the first of the year. I have over -- on the ALS provider along with

Jeffersonville and Jeffersonville reports with me to the state -- over a hundred -- Sullivan County, population 73,000, over a hundred Narcan administrations since the first of the year. It's bad. And I had another overdose death yesterday afternoon. It continues, it's not going to stop because we are not talking about.

I just want you to be aware -- as you are, I'm sure -- it's not just heroin anymore. Make sure you glove up and perhaps even mask because we can absorb this stuff. It will affect us to a certain extent. So just paramedically speaking, please be aware of what is going on out there. Thank you.

MR. PARRISH: And the gloves it is recommended they are colored gloves so you can see the powder on them.

MS. SAGENDORPH: That's right, the orange or black.

MR. PARRISH: Yep. And the other thing, as EMS providers we know to ventilate, but a lot of the folks give the Narcan and think that's the magic drug and they'll just sit

there and it's going to be take effect. Un, un, they have to be trained they have to start ventilating to get that stuff in there, all right?

So any other new business that needs to be -- yes, Dave?

MR. VIOLANTE: I just wanted to make a comment about Albee's position earlier with the mutual aid. And I think that you know we are finding this issue where mutual aid ends up being a tool whereby a lot of organizations now are using that to cover their usual call volume instead of mutual aid. And I think that is just showing us these agencies are tapped out and can't do it on their own. So maybe a good positive way forward would be recommendations to have these agencies consider combining in some way, shape, or form on broader levels than the smaller township, cities and villages where they are larger organizations that could pool resources and maybe do a better job in communities, not because they don't want to but because they just don't have the

resources. It's understandable. I think that would help with some of the mutual aid ideas as well and it would help to bring care out to the community sort of in a better way. So maybe that is something we can push out there in some way, shape, or form.

MR. BOCKMAN: That has been discussed, as we know it's the governor's initiative to do consolidations and it has trickled down to the counties, not only for EMS, but for fire and highway departments as well. So that has been discussed -- I can just speak for Sullivan County that just had that open forum and that was discussed as well about consolidation so we can push that absolutely, one of the answers --

MR. VIOLANTE: It's happening in Dutchess and our grant was just approved to several communities to do this.

MR. BOCKMAN: And as the community moves forward to make suggestions when we get this thing going on how to make it work, that would be one of them, I'm sure.

MS. CHENEY: Also, with the committee

from Orange County looking at this, to -- we all know on a state level, because New York State's home rule, we are not in a central service. So one of the things the Orange County committee is looking at is maybe even at our Orange County level getting the declaration of essential service. It's so important because then comes the financial. So some of these organizations, all the same thing, is if we are like fire and police an essential service -- or roads -- you know, the basic stuff in the communities, we don't do a good job of letting our communities know, nobody is looking out for you, you are not an essential service, your health, life emergency is not an essentially service.

MR. BOCKMAN: Doing it perhaps at a county level, Neal just said from bottom up at county level get the declarations and the nearest state association of county managers, or whatever that association is, then bring it to the State of New York to push it for, that's a great idea.

MS. CHENEY: This is money, we know

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that --

MS. SAGENDORPH: We are the bastard child in New York State --

MS. CHENEY: -- what we are working at is coming up with a plan, we know the problems. Getting all the heads together, everybody. What -- how can we fix this? From consolidating, which was also brought up and just all kinds of ramifications for that, of course, in volunteer agencies, et cetera. We need to get all the heads together. But one of the things and recent state conferences and things it's been talked about, we are not an essential service. And I know legislatively we tried that, maybe that's the number one thing we need to go and go to the public and say, look, we know it's costing money but you can't -- they assume we are going to show up like the fire shows up and we know that's not happening.

MR. BOCKMAN: I'm volunteering my time again, but -- I'm such a rebel at times -- I would be honored if you would like me to look into the New York State Association of

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Counties and I would be honored to present this plan before that meeting -- wherever it is. I would present to you what I would say and I would be honored to do that. That's up, of course, to the body, but I would take it upon myself to do that --

MR. PARRISH: We have got to find a way to get the message out and if it starts with them --

MR. BOCKMAN: -- a resolution from each county and the county association bring it to the State of New York, I love it.

MR. MEDDAUGH: And say why --

MR. BOCKMAN: Or why not. So if you like, I will just look into when the next state meeting is, where it will be, you can set a TAG to go, I'll go. I would be honored to speak. I'll tell you what I'll speak, give you a copy of it --

MR. PARRISH: Keep me in the loop and, yeah, I'll go with you. I don't have a problem with that.

It was -- Bill talked about this Mission Lifeline -- and I'm trying to remember -- I

guess it happened after the May meeting that we had here. But the report -- we were there and they started -- they did two scenarios, one was in hospital and then out of hospital. And they talked about how they had to wait for ambulances and all and they talked about how ambulances are coming and you have to call and I -- whoa, whoa, whoa, time-out, are you aware that we are not an essential service? You could have heard a pin drop. The doctors and they stopped -- you were there right, Joann?

MS. CHENEY: Yeah.

MR. PARRISH: And they go, what do you mean you are not an essential service? We are not an essential service. And we talked about it, Dr. Murphy talked about it, doctor -- from White Plains Hospital --

DR. PAPISH: Dr. Larsen.

MR. PARRISH: Dr. Larsen got up and tagged right on to what I was saying. And then two girls came running up to me and say, we've got a legislative branch, we can help push that legislation. Never heard from them

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again. Yeah, yeah, they want EMS involved but -- yeah, we've got to move it forward.

MS. CHENEY: That lifeline, Good Sam held a captain's meeting and it was brought out they were going to work on getting us a form and things so we are then -- they talked about all that, both STEMI and strokes to -- from our initial time -- in fact to the point they were getting so specific they wanted us to use our cell phones so we had accurate time to that. And ORMC is talking about it, also being part of this where they are bumping it back from ER door to medical contact.

MR. PARRISH: Getting a lot of attention along the same lines stroke got attention, now they are bringing to the cardiac.

Anything else that needs to be discussed?

MS. SAGENDORPH: I have a question. I don't know if anybody else goes to nursing homes? I have a question because are they required to have AEDs? Evidently not, okay. I would think that they would be required to

have AEDs, okay? Our local one has decided to get one because we have had so many cardiac arrests over there. Anyway but the thing is they are going to be AED in and they are asking me to help them as far as setting up a crash cart so they can have it in a central location, it's a ground floor, first floor and second floor and keep it in the middle, have a crew for each shift dedicated to that crash cart.

MR. ALBIN: They are skilled nursing facility I believe they are required to --

MS. SAGENDORPH: They are skilled nursing facility but they are not required by law to have AEDs.

I also question who teaches them CPR because some of their CPR is absolutely astonishing. But I just wanted to know, other people if you are going into nursing homes with these cardiac arrests we have to bring -- we bring our AED in because until they get that and I get notified they have an AED on-site.

MR. ALBIN: Rockland I don't know if

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they have them.

MR. RUSIECKI: I have no idea, but seeing some of their other equipment, I bring my own. The oxygen tanks are empty --

MS. SAGENDORPH: The other thing is they have gauges on the oxygen tanks that don't go above five liters. I said if we are using BVM or nonrebreathing mask we need to have a better gauge on them so check these things.

MS. NELSON: A lot of the places we go to the aides wouldn't even help them off the floor so I'm surprised they would be willing to get an AED, or do CPR training and begin CPR --

MS. SAGENDORPH: They have CPR training, but I question some of the techniques they were being taught.

(Everyone is speaking at once.)

MS. SAGENDORPH: -- there are other nursing homes I have gone in and done the training for, okay, so they have called MVPs training group in to do the training rather than in-house, but some are doing in-house and it's very inadequate. I don't know who

the instructors are but I would yank their cards. The other thing too is time of is of essence and we do have some delays in response because of limited manpower. So the thing is if they can start compression, but they are not using a BVM and they are not getting any oxygen in there, that's another thing.

But the other thing too is have you ever seen what they use as a backboard on a hospital bed? It's usually a piece of wood about that big and the whole bed -- and they actually had a bed break during CPR.

So the thing of it is, it can be a real cluster but the thing is I just want you to know and when you go into your nursing homes just kind of ask questions and if you -- before you put a loved one in a nursing home, ask questions. Do you have an AED? Is the staff trained in CPR? The last lady that we talked -- we had for a code had been in the nursing home all of four hours and twenty minutes.

MR. PARRISH: Dot, you got something?

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MS. BALIN: Yeah. Historically nursing homes have never had AED. Years ago it was a liability issue. Some of these nursing homes are privately owned and they thought having AED would force their membership or employees to use it and may not use it properly -- I'm talking years ago. Today, every now and again if you go -- and I had an experience with my own father in a nursing home where when he was placed into the nursing home one of the questions we asked is, are you using AED? No. No. No. We don't want any liability issues. And I said, well, how big is the liability issue going to be if this person goes into cardiac arrest and the family just might sue you since you've got a nurse on staff, which is supposedly trained in CPR? So it's kind of like catch if you can, some nursing homes are better than others, some have equipment better than others, some of them are so severely understaffed that you are lucky your loved one gets fed or gets clean sheets. Now, this is like third world country care. If we are

not in there advocating for these patients as well -- I walked into a room where you got knocked over from the ammonia smell. And I went into the room, into the closet, I stripped the bed down and I started -- they are looking at me like I have two heads. I said, listen, either you get it done, or I'll have the Board of Health in here. Now, I don't know if the Board of Health is going to walk into something like that, but I tell you what there was a few people moving around real quick making sure everything is good. If we are going in there and checking as EMS and we are walking into it, we are supposed to be obligated to report abuse. If we perceive that this is an abusive situation with a patient that we taking now to the hospital, this should be reported. We are reporting everything else in this world, why are we not making that a mandated report that some of these facilities are not up to par. And they are getting paid to do this, by the way, they are not in there free, they are not volunteers. But I feel bad for the ones that

are working three straight days, with no breaks because of the lack of people that are there to help out and take care of these patients. So they are all understaffed as far as I can see.

MR. PARRISH: Thank you.

MS. BALIN: It's not excuse, but maybe as EMS as we are going into these places, make it known.

MR. BOCKMAN: Not enough AEDs, a lot of ADDs.

MR. PARRISH: Yeah, attention deficit.

All right, anything else? If not, motion is in order -- motion to accept the May minutes?

MR. MUELLERLEILE: Second.

MR. PARRISH: Now, motion to adjourn?

MR. ALBIN: Motion to adjourn.

MR. CUOMO: 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