

The Blanket

ISSUE 1 - 2010



New York State Volunteer Ambulance & Rescue Association, Inc.

PRESIDENT'S MESSAGE

Michael J. Mastrianni, Jr.
President

It looks like winter is finally behind us and the warm weather is here. I want to bring everyone up to date on the recent happenings with NYSVARA.

- It was with deep regret that I accepted the resignation of Christy Hubbard as the Secretary and Chaplain of the Association. Christy resigned due to health and personal reasons. Christy was a great asset to the Association and she will be missed. Please keep Christy in your thoughts and prayers.
- Plans for **Pulse Check 2010 Educational Conference and Trade Show** are well under way. It will be held September 30 – October 3, 2010 at the Holiday Inn Wolf Road Albany, New York. This year, we are honoring Huntington Community First Aid Squad for their dedication and outstanding service to the residents of their community and their contributions to NYSVARA. Once again, Mike McEvoy and Rich Beebe will be coordinating the Educational Seminars. They are putting together an outstanding series of seminars with nationally recognized presenters. As we started last year, this year we will be holding a pre conference workshop consisting of core content CMEs for the CME based EMT Refresher Program on Thursday September 30, 2010. Friday night we will hold our Drill Competition and Saturday night is our Annual Awards Banquet and Memorial Service. Please visit our web site, www.nysvara.org for more information.
- Sadly the addition of 3 leaves to the NYS EMS Memorial Tree of Life, located on the Plaza in Albany, NY, was necessary. Our 3 fallen colleagues, who lost their lives in the line of duty, are: Mark B. Vincent (Cape Vincent VFD), Louis J. Flury (Union Fire Company), and Richard F. Quigley (Hudson Valley Paramedics). May 19, 2010 marks the addition. Please keep these 3 men as well as all the others who have passed in your thoughts.
- On April 29, 2010, NYSVARA held its annual Legislative Day in Albany. It provided us with the opportunity to meet with our legislators to discuss issues that are extremely important to the volunteer EMS community. I want to thank everyone who attended and met with their local representatives. I would especially like to thank Chris Bitner, our Chairman of Legislative Affairs, for all his work in preparing our agenda ensuring that we had such a successful day. At the end of the

day, we had the opportunity to meet with Lee Burns, Acting Director of the Bureau of EMS. Ms. Burns gave us an update on the status of the Bureau as well as updated us on issues related to volunteer EMS. I want to thank her for taking the time to meet with us.

- As I am sure you are aware, there has been a dramatic increase in the cost of VAWBL (Workers Compensation Insurance) for volunteer ambulance services. This is extremely distressing and has caused a severe hardship for many of our members. We are working extremely hard to try and find a remedy for this situation. Mike Moore (Director from District 17) has agreed to head a Task Force that will be addressing this issue. I would like to urge anyone who has comments, suggestions, or who would be willing to work on the issue to please contact Mike at MSM53@aol.com.
- I, along with several of my colleagues, have finally been vetted and formally appointed to the NYS Emergency Medical Services Council. I will be serving on the Legislative and Systems Subcommittees. I am also a member of the Systems Committee TAG (Technical Action Group) dealing with Mutual aid. The TAG is focusing on the issue of Mutual Aid vs. routine coverage when ambulance services are unable to staff ambulances. This is an issue that has wide ranging implications. The TAG consists of members from all sectors of EMS, volunteer, proprietary, Regional Councils, County EMS Coordinators, etc. We have had several meetings via conference call in an effort to address this issue. I will have more information as this group continues its work. I also serve on the NYS Medical Advisory Committee (SEMAC). I continue to work with our colleagues in EMS on the NYS EMS Consortium. As you will recall, this is a group with representation from all of the EMS providers in the State, working on issues that affect all of us.
- Our participation continues in the NCEMS Cooperative. Every squad that is a member of our Association is a member of the Cooperative. I encourage you to visit the web site at



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No Capes.
No Masks.
No Super Powers.

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The Quarterly Newsletter
of the NYS Volunteer Ambulance
& Rescue Association

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REMINDER

Pulse Check 2010
September 30 – October 3

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NYSVARA Officers 2009-2010

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Christy Hubbard, Secretary

Robert Franz, Treasurer

Michael Wilhelm, Financial Secretary

NYSVARA Membership Information

If you are not a member, please join NYSVARA today and help increase the voice of the community/volunteer/non-profit EMS/First Responder Sector in New York State. For information on NYSVARA membership go to our web site at www.nysvara.org.

PRESIDENT'S MESSAGE

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www.ncemsc.org for more information about the goods and services that are available. If you have any questions, please contact Cindy Sobania at office@ncemsc.org or call her at 888.603.4426. I want to remind everyone, that this member benefit is a great value in these difficult economic times, not only in saving money for your squad, but can also provide income for our Association.

- I would like to remind everyone that Sprint Nextel is able to offer the members of squads that belong to **NYSVARA and their families** a 22% discount on monthly service from Sprint Nextel on up to 5 lines per account. This discount applies to **new as well as existing accounts**. All that is required is that you visit the web site that has been created especially for us, www.sprint.bz/nysvara. Use the discount code: **HCANT_FRG_NY_ZZZ**. You can also visit any Sprint Nextel store. The only requirement is that you use the discount code when you order. There are also special discount packages on cell phone accessories and customer service. This is a great opportunity for our members who currently have Sprint Nextel service or are looking to save money on their cell phone service to take advantage of this great new member benefit. If you have any questions, please contact Guy Lister at guy.lister@sprint.com.
- In the near future, our web site will have a new look. Working with our Web Master, John Hussar from GreyGoose Graphics, Inc. we will be repainting our site. When it is complete, it will have a fresh look and have features that will allow us to serve our members better. Shortly, individual districts will have the ability to have their own page to promote the vital work that they do. Until the work is complete, our site will continue to provide our members with information about NYSVARA.

Lastly, these are very trying times for all of us in EMS. Our Association is the voice of volunteer EMS in New York State. I am asking for your help in the State Association as well as urging you to participate in your local District. If you are interested in working with us, know someone interested in becoming an individual member of the association or have any questions comments or concerns, please feel free to contact me. Thank you for your continued contributions to EMS and your community and I look forward to seeing all of you at **Pulse Check 2010** in Albany.

Be safe!

Michael J. Mastrianni, Jr.

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ROCKLAND 911 DISPATCHERS ASSOCIATION JOINS NYSVA&RA

The Rockland 911 Dispatchers Association (R911DA) has recently partnered with the New York State Volunteer Ambulance and Rescue Association as a sustaining member. R911DA was formed in October of 2003 and its members represent the lower Hudson Valley towns of Clarkstown, Haverstraw, Orangetown, Ramapo, Stony Point as well as the Villages of Piermont, Spring Valley and Suffern.

According to a press release the R911DA's "original intent was to form a fraternal organization where members could bond and discuss issues facing the Public Safety Dispatcher. While maintaining that core objective we have made it a goal of the organization to advance the "25 Year Retirement" legislation for Public Safety Dispatchers. The bill was passed by the NY State Senate in 2007, however it died in committee. Fortunately, NY State Assemblyman Ken Zebrowski has resubmitted the bill (A08198) and Assemblywoman Ellen Jaffee has agreed to co-sponsor. We understand that getting this legislation passed in tough economic times will be an uphill battle, but the bill is written to give each municipality the option to provide this additional benefit to its employees. There is also an anticipated additional contribution by the employee to offset the burden on the employer. We would like to offer to speak to other dispatcher groups or meet with individual communications centers and attempt to organize a concerted effort to push this beneficial legislation forward."

If anyone has any questions they are welcome to attend one of the regular monthly meetings which are posted on the internet at WWW.R911DA.ORG

The Rockland 911 Dispatch Association's mailing address is 35 Fireman's Memorial Drive, Pomona, NY 10970 and they can be contacted through e-mail at the online web form. 2009-2010 President is Eileen Maschak, Radio Operator, Town of Ramapo Police Department.

NYS DOH ACTIONS AND NOTICES

Executive Order 29, which declared a State disaster emergency and authorized suspension and modification of specified laws and regulations for the purpose of facilitating the timely distribution and administration of 2009 H1N1 influenza and seasonal influenza vaccine expired April 17, 2010.

Beginning on April 18, 2010, all modifications and suspensions of laws and regulations under the Executive Order are no longer in effect, and affected parties must fully comply with existing New York State law. Advanced emergency medical technicians are no longer permitted to administer 2009 H1N1 or seasonal influenza vaccine.

The Bureau of EMS has resumed shipments of Prehospital Care Reports (PCRs) in January, the PCR serial number at the top of the form has been eliminated to save costs. The number had been useful for inventory and determining duplicate data records but it has been discontinued to save costs.

State EMS Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMACE) meetings in Albany have again been reduced in number due to budget considerations. In 2010 there will be three meetings, down from four in 2009 and five in 2008.

RECENTLY ISSUED NYS DOH BUREAU OF EMS POLICY STATEMENTS

10-01 DEFIBRILLATORS AND EPINEPHRINE REQUIREMENTS: At their December 2009 meetings, the New York State Emergency Medical Services Council (SEMSCO) and the State Medical Advisory Committee (SEMACE) voted to amend Title 10 of the New York Codes, Rules and Regulations – Part 800 to require that all patients transported by EMS in the State of New York, have access to certain life saving equipment. The amendment will require that all in service ambulances be equipped with defibrillators and epinephrine. During the regulatory approval process, SEMSCO and SEMACE are strongly encouraging all ambulance agencies to equip their ambulances with defibrillators and epinephrine administration devices. Some Regional Medical Advisory Committees (REMACEs) have already taken a questionable "back door" approach to equipment requirements by establishing treatment protocols that can only be followed if an ambulance is carrying equipment needed to follow the protocol.

10-02 DISTRIBUTIVE LEARNING EMS CERTIFICATION COURSES: The Bureau of EMS (BEMS) strives to assure that each Course Sponsor offers the highest quality EMS education possible. To continue the success of EMS education in New York State it is imperative that we find new ways to deliver EMS education to the people who need it, while maintaining the quality of the education. Distributive learning can play an important role in the delivery of quality EMS education. The Policy Statement covers Course Sponsor Requirements including the Application Process, Distributive Learning Course Requirements, Interactive Video/Television/Computer Based programs and Equipment and Supplies.

10-03 EMS AGENCY AND VEHICLE SURVEILLANCE AND INSPECTIONS: In an effort to ensure compliance with New York State Public Health Law and the associated Codes, Rules and Regulations and Policy Statements, the Department of Health is authorized to conduct full service inspections/surveys as well as individual vehicle inspections. The Department may inquire into the operation of ambulance services and advanced life support first response services and conduct periodic inspections of facilities, communication services, vehicles, methods, procedures, materials, staff and equipment.

OPERATING AREA AND BILLING ISSUES RAISED BY MEDICAID

Agencies across the state, from NYC where some voluntary hospitals in the 911 system have operating territories of only a couple police precincts to rural agencies that utilize frequent mutual aid, took notice of a NYS DOH Office of Health Insurance Programs letter issued 2/1/10.

The letter reminded agencies that participation as Medicaid transportation providers they must abide by Bureau of EMS as well as Medicaid policies, rules and regulations including Article 30 of the Public Health Law and Title 18 of the NY Code of Rules and Regulations. These requirements include:

- Operating within a NYS DOH authorized operating territory. There are currently four exceptions – return trip of a patient agency originally transported out, regionally

approved mutual aid agreement, DOH approved 60 day emergency period and a religious based service may serve adjacent areas within a region.

- Billing considerations. Fire departments and districts cannot bill but municipalities can contract with them and bill, BLS services cannot bill for ALS level care, paramedic intercept may call for two bills, billing services must be enrolled in Medicaid as Service Bureaus and Medicaid provider records must maintain accurate address and phone numbers.

Concern has been raised about existing mutual aid agreements as these do not always take into consideration overlapping NYS DOH authorized operating areas of other providers such as commercial operators. Frequent operation outside an operating territory may jeopardize Medicaid reimbursement. There are also concerns about how Medicare and third party insurers may react to the issues since they have been raised.

The NYS EMS Council appointed a Technical Advisory Group (TAG) to examine mutual aid issues and definitions and the group has met several times. One knowledgeable source indicated "It's difficult to say where this is going except to note that considerable work is needed. Clarification of the meaning of mutual aid versus routine coverage during staffing shortages, as well as the terms reciprocal, occasional, repetitious, and predictable seem to be high on the "to do" list. A poignant letter from the Ogdensburg Volunteer Rescue Squad to the Bureau provided a neat snapshot of the issues at hand. Solutions, however, do not appear immediately evident".

One response has been bill A11002 submitted in May by NYS Assemblyman Kenneth Zebrowski who represents the 9th AD covering Haverstraw, Clarkstown and part of Ramapo in Rockland County. If it progresses and is signed into law it would amend Section 3010 of Article 30 to add another exemption – when an ambulance service is unable to respond to an emergency in their specified territory due to lack of resources, a surrounding ambulance service shall be authorized to operate outside their primary territory based on the organization's proximity to the emergency. The bill was referred to the Health Committee for consideration. It should be noted that that many if not most bills die in committees.

OSHA ADVICE ON ADHESIVE STICKERS OR PAINTS ON PROTECTIVE HELMETS

In a letter dated October 27, 2009 OSHA responded to a question about protective helmets. Federal regulations do not contain provisions that explicitly prohibit painting or the placement of adhesive stickers on helmet shells. However, the ability to comply with the existing requirements of these standards may be adversely affected by the painting or placement of adhesive stickers on the helmet's shell. To ensure a helmet is and remains in a "reliable" condition, the helmet must be inspected prior to use for signs of dents, cracks, penetration, and any damage due to impact, rough treatment, or wear that might reduce the degree of protection originally provided and used and maintained in accordance with the manufacturer's instructions. Paints and stickers may eliminate electrical resistance and – depending on the location and quantity – conceal defects, cracks, penetration, and any damage that would be otherwise readily identifiable during the employee's inspection to ensure reliability. Another concern is that paints, thinners, and solvents can also attack or damage the shell of a helmet and reduce protection. For these reasons, painting or applying stickers must be performed in accordance with the manufacturer's instructions, unless the employer can demonstrate that the altered protective helmet is equally as effective

and protective as those meeting federal requirements. Protective helmet manufacturers usually provide very specific instructions regarding paints, stickers, or decals that will not negatively affect the performance of a protective helmet. The full letter is online at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27272

NYS RATES HIGH ON H1N1 PREPAREDNESS

The H1N1 influenza outbreak exposed many gaps in the nation's ability to respond to a public health emergency according to a report released by the Trust for America's Health and the Robert Wood Johnson Foundation. The study measures 10 indicators of public health preparedness. 20 states scored six or less with Montana the worst at three. On the high end, New York was one of eight states meeting nine indicators. The full report is online at www.rwif.org/files/research/20091215tfahreadyornot-3.pdf

NYS TAX REFUND CHECK OFF TO AID VOLUNTEER EMERGENCY SERVICES FUND

Governor Paterson on October 28, 2009 signed into law Chapter 490 of the Laws of 2009 establishing the Volunteer Firefighting and Volunteer Emergency Services Recruitment and Retention Fund. Assemblyman Robert Sweeney (D-Lindenhurst) was the author of the legislation and Senator Brian Foley (D-Hauppauge) sponsored the legislation in the New York State Senate.

The law authorizes taxpayers to make gifts to the fund through a state income tax check off. It is estimated the fund could raise \$1 million per year. The fund will be used to offer grants to volunteer firefighters and emergency service organizations for the purpose of encouraging the recruitment and retention of volunteers.

Funds raised through the check off will be in the joint custody of the Commissioner of Tax and Finance and the Comptroller. To the extent possible, the Secretary of State is directed to ensure that all monies received during a fiscal year are expended prior to the end of that fiscal year. The act takes effect 180 days after it become law.

In a new release from the Assemblyman's office, Michael Mastrianni, President of New York State Volunteer Ambulance and Rescue Association, is quoted "On behalf of New York State's volunteer emergency medical services providers, I want to thank Governor Paterson for signing this bill and Senator Foley and Assemblyman Sweeney for their leadership and support on this critical issue; recruitment and retention of volunteers. This is probably the most daunting task all of us face. By creating the Volunteer Firefighter and EMS Recruitment Fund, and providing a funding mechanism in statute, much needed assistance can be provided to local volunteer emergency services departments as they struggle to provide the highest quality service to their communities throughout New York."

ITEMS OF INTEREST FROM THE NONPROFIT COORDINATING COMMITTEE OF NY

CLOSING NONPROFIT ORGANIZATIONS - The US Internal Revenue Service has a fact sheet explaining the steps that nonprofit organizations must follow to notify the federal government if they end operations by shutting down, transferring their assets or merging with another organization. Its available at www.irs.gov/pub/irs-pdf/p4779.pdf

FORM 990-N FOR SMALL GROUPS - If your organization is not required to file IRS Form 990 returns, it is mostly likely required to annually file Form 990-N for tax periods beginning after December 31, 2006. Most small tax-exempt organizations that previously were not required to file the Form 990 will be required to electronically file Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ. Those that fail to do so will risk losing their tax-exempt status if they do not file the notice for three consecutive years. To read more about the 990-N, go to www.irs.ustreas.gov/charities/article/0,,id=169250,00.html.

RETIRED CPAS ON NON PROFIT BOARDS - The NYS Board of Regents had been considering a rule which, among other things, would have required retired CPAs serving on finance-related committees of nonprofit boards, such as audit and finance committees, to take continuing education courses and maintain registration as CPAs. A number of organizations including the Non Profit Coordinating Committee of NY (NPC-CNY) weighed in on the issue, urging the Regents not to implement such requirements, noting that it might deter retired CPAs from board service. NPCCNY noted that board member service on finance-related committees is an oversight role and that a retired CPA is not functioning in an auditor's role. An interpretation of the statute governing accountants was recently made by the Board of Regents stating that a retired CPA serving on a nonprofit board does not have to maintain his CPA registration or take continuing education. Inactive CPAs must disclose to the board, and to any third parties with whom they communicate on behalf of the board, that they are not actively registered as CPAs or required to take continuing education courses. The interpretation can be found at www.op.nysed.gov/prof/cpa/cpa-retired.htm.

IRS BOARD COMPLIANCE CHECK SHEET - The IRS has released a check sheet that will be used by its examination agents to gather data about governance practices and the related internal controls of organizations being examined. According to the IRS, the data will be included in a long-term study to "gain a better understanding of the intersection between governance practices and tax compliance." The check sheet reports on organizations' governance structure including bylaw provisions, board meetings, and relationships between directors; board practices for compensation decisions; adoption of written conflict of interest and document retention policies; and financial oversight practices. It can be found at www.irs.gov/pub/irs-tege/governance_check_sheet.pdf or at www.irs.gov/charities/article/0,,id=216068,00.html.

RYAN WHITE ACT EXTENSION SIGNED BY PRESIDENT OBAMA

President Obama signed the Ryan White HIV/AIDS Treatment Extension Act of 2009 on October 30, 2009 extending the act four years through September 30, 2013.

This federal law protects volunteer emergency responders by establishing notification requirements when responders may have been exposed to infectious diseases. The original law became effective in 1994 but a major provision of it protecting emergency responders was omitted in a 2006 reauthorization bill. Under new provisions of the law, if a medical facility determines that a patient has an infectious disease, then the medical facility must notify the emergency responder who transported the patient within 48 hours. This notification would be done through the emergency response organization's designated

Infection Control Officer. Also, the new law allows emergency responders through their agency's Infection Control Officer to request a determination as to whether a patient they have treated has an infectious disease.

Other parts of the law provides continued funding to cities, states and public and nonprofit entities to assist in core medical and support services for people living with HIV/AIDS. A new section ended a 22-year ban on travel and immigration by HIV-positive individuals.

A summary of the Ryan White HIV/AIDS Treatment Extension Act of 2009 can be found online at <http://www.nasemso.org/documents/RyanWhiteSummaryOct2009.pdf> and the full text is at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:s1793enr.txt.pdf

In a different but related issue, the NYS Legislature is considering legislation that addresses notification of exposure to HIV in situations where an emergency responder is exposed to blood or bodily fluid. As this legislation progresses, the NYSVA&RA and other organizations including the Firemen's Association of the State of NY (FASNY) and the NYS Association of Fire Chiefs will be meeting with state officials to determine how any NYS law would work together with the new federal requirements.

NEWS ITEMS FROM THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS

FIRST AMBULANCE-BASED WIRELESS MEDICAL RECORDS SYSTEM COMES TO INDIANAPOLIS

Health specialists in Indianapolis have established the nation's first ambulance-based information system that allows paramedics and emergency medical personnel immediate access to the statewide electronic health records (EHRs) of patients. The Regenstrief Institute and Wishard Health Services set up the system in 2009 with grants from the US Health and Human Services and Homeland Security departments. The goal is to help the medics provide more effective emergency care to patients by having real-time access to a digital record of the patients' pre-existing medical conditions, previous treatments, allergies, current medications and other information. For additional information go to <http://fcw.com/articles/2009/10/21/indianapolis-ambulances-accessing-wireless-ehr-system.aspx>

NIOSH POCKET GUIDE NOW AVAILABLE FOR THE iPhone

The NIOSH Pocket Guide to Chemical Hazards (NPG) is now available as a mobile application for the iPhone and iPod touch. The information found in the NPG helps users recognize and control chemical hazards. All 667 chemicals in the NPG, including resources, are now immediately accessible for safety professionals in the application, NIOSH Pocket Guide 1.0, at <http://www.dangerousdecisions.com/apps.html>. For more information go to <http://press-releases.techwhack.com/42232-dangerous-decisions> or contact Mike Barsan (MBarsan@cdc.gov).

WISER UPDATE AVAILABLE

The National Library of Medicine announces that an update for "Wireless Info System for Emergency Responders" (WISER) for Windows 4.3 is now available. Most importantly, this fixes the recent Protective Distance mapping issue that has surfaced. Users of WISER for Windows are encouraged to update to the very latest version of the application (4.3.208 - Nov. 10, 2009). WISER for Windows can be downloaded from the WISER web site at <http://wiser.nlm.nih.gov/>

OBAMA DECLARATION OF PUBLIC HEALTH EMERGENCY RAISED EMS TRANSPORT ISSUE

The NASEMSO proposed the following question to the US Centers for Medicare and Medicaid Service: In emergency/disaster situations how does CMS define an “approved destination” for ambulance transports and would it include alternate care centers, field hospitals and other facilities set up to provide patient care in response to the emergency/disaster? The answer: CMS defines “approved destination” in the Code of Federal Regulations (CFR), 42 CFR § 410.40(e), Origin and Destination requirements. Medicare can only pay for ambulance transportation when it meets the Origin and Destination Requirements and all other coverage requirements in Medicare regulations and manuals. These requirements specify that an appropriate destination is one of the following for all beneficiaries covered under either Medicare Part A or Part B:

- Hospital
- Critical Access Hospital (CAH)
- Skilled Nursing Facility (SNF)
- Beneficiary’s home
- Dialysis facility for End Stage Renal Disease (ESRD) patient who requires dialysis.

Medicare payment for an ambulance transport to an alternative care site may be available if the alternative care site is determined to be part of an institutional provider (hospital, CAH or SNF) that is an approved destination for an ambulance transport. A physician’s office is not a covered destination. CMS has developed the “Hospital Alternate Care Site Fact Sheet”, which provides detailed information regarding permitted actions. This Fact Sheet can be accessed at <http://www.cms.hhs.gov/H1N1/> or <http://www.cms.hhs.gov/H1N1/Downloads/AlternativeCareSiteFactSheet.pdf>

ISSUE BRIEF ON N-95 RESPIRATORS AND FIT TESTING REQUIREMENTS FOR EMS PERSONNEL

Conflicting information promulgated by national organizations, the scientific community, and the news media about the use of masks, respirators, and the utility of fit-testing diminishes the ability of the health care community, including Emergency Medical Services (EMS) to promote consistent practice among its practitioners. A new NASEMSO Issue Brief on N-95 Respirators and Fit-Testing Requirements for EMS Personnel is now available at <http://www.nasemso.org/Advocacy/Positions/Resolutions/IssueBriefs.asp>.

NEW CLUB DRUG IDENTIFIED

A new club drug, referred to as “Molly”, has recently been identified. This narcotic is predominately being sold to high school and college-age students at “rave” parties. According to the Drug Enforcement Administration (DEA), “Molly” is an off-white powder sold in a gelatin capsule, which is clandestinely manufactured and marketed in “rave clubs” as a more intense version of Ecstasy. The drug has properties similar to the stimulant effects of Ecstasy, but taken in larger doses it promotes hallucinogenic reactions. Young adults who have previously taken Ecstasy can accidentally overdose by trying to achieve the same hallucinogenic effects. Chemically, “Molly” is 1-(3-Trifluoromethylphenyl) piperazine, known as TFMPP, which is rarely used by itself, and commonly administered with benzylpiperazine (BZP). DEA has given TFMPP and BZP an emergency Schedule I status, meaning it has a high potential for abuse and no accepted medical use. TFMPP also goes by the names “legal E”, “legal X”, or “A2”. This drug can cause increased heart rate, blood pressure and body temperature. Other side effects

include migraine headaches, muscle aches, nausea, vomiting, insomnia, and loss of appetite. DEA is currently conducting “Operation X-Out”, a nationwide initiative aimed at increasing education and enforcement operations involving club drugs.

OIG IDENTIFIES STATE CONCERNS WITH CHEMPACK STORAGE

In 2004, CDC established the CHEMPACK project as part of an approximately \$3.5-billion Federal Strategic National Stockpile of drugs and medical supplies to assist States in protecting communities against the potentially deadly effects of chemical agents that attack the human nervous system (i.e., nerve agents). While nerve agent antidotes in the CHEMPACK project are part of the Strategic National Stockpile, they are not located with other federally stockpiled drugs. When States elect to participate in the CHEMPACK project, they sign a memorandum of agreement with CDC that outlines Federal and State roles and responsibilities. During a recent audit, federal investigators found that 9% of selected Chempack containers were stored incorrectly for at least 1 of 12 months.

FREE RESPIRATOR TRAINING VIDEOS AVAILABLE

NIOSH and OSHA have produced two 5-minute videos on respirator training: The Difference Between Respirators and Surgical Masks and Respirator Safety, which includes instructions on donning (putting on) and doffing (taking off) and user seal checks. These videos are available in both English and Spanish and are available for download at <http://www.osha.gov/SLTC/respiratoryprotection/index.html>. In related news, NIOSH Publication No. 2010-131: How to Properly Put on and Take off a Disposable Respirator is now available at <http://www.cdc.gov/niosh/docs/2010-131/>

EMSC ANNOUNCES CHANGES TO PEDIATRIC EQUIPMENT LIST

The EMS for Children Program has updated an item on the Recommended Pediatric Equipment list for BLS and ALS ambulances. After a survey and lengthy discussion among experts, States and Territories will now be allowed to carry uncuffed and/or cuffed Endotracheal (ET) Tubes for sizes 2.5 to 8.0. This change affects EMSC Performance Measure 73, which requires that all States and Territories have essential pediatric equipment and supplies as outlined in national guidelines. Grantees should have recently received an electronic copy of the updated equipment list via email. A hard copy of the document, intended for inclusion in implementation manuals, has also been distributed by mail. For more information go to http://www.childrensnational.org/files/PDF/EMSC/ForGrantees/Equipment_Checklist_for_PMs.pdf

FDA ANNOUNCES VOLUNTARY RECALL OF CARDIAC SCIENCE AUTOMATED EXTERNAL DEFIBRILLATORS

Cardiac Science Corporation and FDA notified healthcare professionals and consumers of a recall because the automated external defibrillator (AED) may not be able to deliver therapy during a cardiac resuscitation attempt, which may lead to serious adverse events or death.

Read the complete MedWatch 2010 Safety summary, including a link to the firm press release here. This issue is separate from the Company’s November 13 announcement regarding a voluntary medical device correction. Each of the approximately 12,200 devices affected in this recall can be confirmed at the Cardiac Science Web site at <http://www.cardiacscience.com>

/AED1951. Cardiac Science detected this issue through its internal quality systems and has received no complaints or reports of this problem in the field.

VOLVO TESTING PEDESTRIAN SAFETY SYSTEM

Swedish car company Volvo, noted for its driver and occupant safety systems, is testing an automatic pedestrian crash prevention system. It may be introduced on the 2011 Volvo S60. In 2008 over 4,300 pedestrians were killed and 69,000 injured in traffic accidents.

The system, being jointly developed with a company called Mobileye, identifies bipod objects including pedestrians and bicycles in front of a vehicle using a video camera similar to those of lane-departure warning systems. The camera sits at the top of the windshield and scans up to 160 feet ahead with a 45 degree viewing angle. There is also a radar unit mounted behind the grille looking up to 640 feet ahead with a 60 degree field of vision. Together with computer programming the system assesses the collision probability based on direction of travel and expected path of pedestrians and will automatically engage the brakes to stop a car's forward travel. With those parameters, Volvo says the system can prevent a pedestrian collision at speeds up to 15.5 mph although testing has been effective up to 25 mph. Above those speeds at least the car would be slowed a bit so as to mitigate the force of the collision on the pedestrian. Nighttime effectiveness drops to as far as the car's headlights reach. Unfortunately, most pedestrian accidents happen during the hours of darkness. Hitting the gas pedal and swerving apparently override the system. It is not set up to work in reverse and does not detect four legged animals such as deer on the roadway.

This system joins other collision avoidance systems such as the night vision infrared driver warning system available on the BMW 7 Series that can detect people in the dark three times further than headlights illuminate and Volvo's City Safety system intended to prevent low speed fender benders. Other research involves external airbags and softer crumple zones to lessen the severity of pedestrian injuries.

Going on the assumption that for every action there is a reaction, emergency response organizations and hospitals probably need not worry about future customers as the number of rear end collisions with complaints of neck and back pains caused by abrupt braking may offset a reduced number of multi trauma patients.

MERCY FLIGHT GAINS WHEELS TO GO WITH ITS WINGS (ROTORS)

MERCY EMS, Genesee County, began service September 1, 2009 as the countywide ground ambulance provider. The company is an offshoot of Mercy Flight, Inc., a not-for-profit EMS helicopter service. Mercy Flight was not authorized by the NYS DOH as either a BLS or ALS ambulance provider and had to apply to the appropriate Regional EMS Council and go through a Transfer of Operating Authority to take over the Ambulance Operating Certificate from the City of Batavia Fire Department. The fire department will continue a BLS level First Responder service. The NYS DOH web site lists nine other ambulance services in the county plus nine fire department run BLS first responder agencies.

Earlier this year Batavia's City Council voted to end its fire department municipal ambulance service at the end of August and go with a county provider. Mercy Flight was among four that responded to a Request for Proposals issued by an eight member

Ambulance Task Force established to study the provision of ambulance service in the county. The others responders to the RFP were Monroe Ambulance, Rural-Metro Medical Services and TLC Emergency Medical Service. Batavia had provided ambulance service since 1986 when it purchased the Batavia Fire Department's first ambulance to operate as a back up rescue squad.

The changeover is not without controversy. The BFD fire-fighters' union has filed an "improper practices claim" against the city for an alleged Taylor Law violation in deciding without negotiations to discontinue the city-backed ambulance service. The claim is the city has taken steps to "subcontract" the ambulance jobs by discontinuing the city service. The city response is that it is not signing a contract with Mercy EMS but rather just going with who ever the county selected. However, the county position seems to be that it is up to each municipality to decide whether or not it wants to contract with Mercy EMS as they would receive the service in any event but a contract would hold the organization to specified response times and equipment availability. Response times are estimated to be from five to 15 minutes depending upon where the patient is located. As of late August the local news media is reporting 11 municipalities have signed contracts and another 10 local governments are expected to do so. The three fire protection districts that comprise the county had yet to sign.

Interestingly, at a City Council meeting in on May 26, 2009 the Council President raised the stakes in a discussion of money saving measures by suggesting converting the Batavia Fire Department from fully paid to a combination paid/volunteer department. Consideration of removing the fire chief's car allowance and a \$4,000 stipend became a discussion of eliminating a good part of the department's annual \$2.5 million payroll and benefit costs. The Council agreed to pursue a study and gave the City Manager the permission to authorize a study to move the FD from completely paid to mostly volunteer.

EMERGENCY VEHICLE CHASSIS NEWS

The newest round of US Department of Environmental Protection (EPA) emissions standards hit the vehicle manufacturing industry on January 1, 2010. These new standards lower all the measurements of emissions like never before and complying with the new Federal regulations will be expensive. As a result, some engine manufacturers decided not to invest in attempting to meet these new stringent standards. About the only large diesel engine manufacturers left will be Cummins and Detroit Diesel. Cummins will be producing several medium and big block engines that use exhaust gas recirculation (EGR) technology which has been used in the automobile business for some time now to achieve EPA compliance. Detroit Diesel will have a new DD-13 engine available for sale once testing has been completed. The DD-13 will be equipped with Selective Catalytic Reduction (SCR) technology which the company has been using for over 4 years. SCR is a process that inserts a reactive agent - urea, referred to as diesel exhaust fluid - into a catalytic converter. Both technologies have their own costs, maintenance and installation issues.

The new standards have reached into the ambulance chassis industry. Ford discontinued the 6.0 liter Power Stroke diesel engine for the Super Duty ambulance prep package. Navistar International Corp. stopped supplying the diesel engines to Ford as a result of dispute settlement between the two companies. Final orders for the 2010 model year needed to be placed by December 2009. Ford startled the ambulance world with the

announcement of a new 6.8 liter, Triton 10 cylinder gasoline engine for the very popular E series van and cutaway Type II and III ambulance chassis reversing a 22 year company mandate of a diesel engine in their ambulance prep package since the days in the mid 1980s when there was a rash of ambulance fires in the news. The last time Types II and III Ford gas ambulances were produced was in 1987 and, contrary to rumor, there has never been a Federal or New York State ban on gasoline engine ambulances. There is no indication on the horizon of Ford producing a compliant diesel engine for the E series. Looks like the F series Type I chassis will have a new diesel engine available after 2010 as Ford also uses Navistar diesel engines in its Super Duty pickup trucks and chassis cabs. Ford made a point of noting that its Blue Diamond joint venture with Navistar for F-650 and F-750 trucks would continue. The 2010 model-year F-650 and F-750 trucks are available with emissions-compliant Cummins diesel engines. For the 2011 model year, 2010 emissions-compliant versions of the same engine will be offered beginning in the second quarter of 2010.

As we all well know and hear on the evening news, the issues with the Ford and GM are changing often. After four years of working with multiple potential buyers, General Motors announced that it had decided to wind-down its medium-duty truck operations and production of the Chevy Kodiak and GMC Topkick medium duty trucks ceased last year. We all know about the financial conditions of the big 3 auto makers and this will mean higher prices and fewer models to pick from in the future.

DICK FERNEAU, EMS INNOVATOR, CELEBRATES HIS 90TH BIRTHDAY

Richard (Dick) Ferneau has celebrated his 90th birthday in his hometown of Washington Court House, Ohio. Mr. Ferneau started Ferno Manufacturing Company in 1955, and, along with El Bourgraf, grew it into a leader in the manufacture of emergency patient-handling equipment. Dick devoted his entire working life to the development of ambulance cots and emergency response equipment, and was always concerned with the physical strain to EMT's and Paramedics in transporting patients. Due to that concern, he developed the first all-aluminum cot, the model 21, decreasing the weight of the cot and making it easier to transport patients.

Dick has had a tremendous impact on the field of EMS and has been awarded the National Association of Emergency Technician's highest honor, the Rocco V. Morando Lifetime Achievement award. Happy Birthday, Dick and heartfelt wishes for many more!

BACKGROUND CHECK SERVICE

Through the Non Profit Coordinating Committee of New York's (NPCCNY) membership in the National Council of Nonprofits, NPCCNY members are eligible to take advantage of a low-cost background check service from MyBackgroundCheck.com. The service offers a comprehensive and cost effective volunteer and employee tracking system that exceeds typical background screening programs to provide volunteer and community protection and valuable risk management features. NPCCNY members can have access to standard volunteer screening services for \$6.95 per screen. The service includes a Social Security trace, U.S. criminal search, and national sex offender registry search. This price is 72% less than the regular rate and 13% off the nonprofit rate. Standard employment screenings are available for \$20.95, 53% off regular rates and

16% off nonprofit rates, and include all features of the volunteer screening, plus previous employment verification and education verification. For more information, go to www.mybackgroundcheck.com/ncn or contact Shaun Brackett at 866 945-0888 or sbrackett@mybackgroundcheck.com. Or contact Craig Weinrich at NPCC at 212 502-4191 or cweinrich@npccny.org.

Effective February 1, 2009 New York employers must post New York State Correction Law Article 23-A in a "visually conspicuous manner" and must provide an individual subject to a background check a copy of Article 23-A. The statute requires public and private employers to consider a number of factors before taking an adverse action against or denying employment to an individual who has been convicted of a crime. Article 23-A is available at http://www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20_4_.pdf

For information on becoming a member of the NPCCNY go to www.npccny.org. Annual dues are based on a sliding scale relative to an organization's operating budget starting at \$35 a year for budgets under \$125,000. At least on District of the NYS Volunteer Ambulance & Rescue Association is a member.

FDA NOTIFICATION - GLUCOSE MONITOR DEVICE ACCURACY QUESTIONED

The rise in the use of home glucose monitors by hospitals and ambulance services is causing concern by the US Food and Drug Administration (FDA) because current international standards allow for up to a 20% error rate. Such a wide error rate can leave patients vulnerable to severe problems, including seizures, unconsciousness and coma. Basically, every blood glucose monitor on the market has some limitation or interferences.

On August 13, 2009 the FDA issued a Public Health Notification: Potentially Fatal Errors with GDH-PQQ (glucose dehydrogenase pyrroloquinoline quinine) Glucose Monitoring Technology. GDH-PQQ glucose monitoring measures a patient's blood glucose value using methodology that cannot distinguish between glucose and other sugars. Additional information and a list of brands and glucometer models involved is available at <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm176992.htm#attachment>

EMERGENCY VEHICLE VISIBILITY AND CONSPICUITY STUDY

The US Fire Administration in partnership with the International Fire Service Training Association (IFSTA), supported by the U.S. Department of Justice, National Institute of Justice (NIJ), produced a study on emergency vehicle visibility and conspicuity to enhance emergency vehicle and roadway operations safety for firefighters, law enforcement officers, EMS and other emergency responders. Areas such as retroreflective striping and chevrons, high-visibility paint, built-in passive light, and other reflectors for law enforcement patrol vehicles, fire apparatus, ambulances and other EMS vehicles, and motorcycles were examined. Best practices in emergency vehicle conspicuity, including cutting edge international efforts, were reviewed. IFSTA researched new technologies in the area of emergency vehicle conspicuity and visibility and collaborated on current USFA studies and projects in the areas of emergency warning lighting, traffic incident management, and roadway operations safety. To review the full study report go to http://www.usfa.dhs.gov/downloads/pdf/publications/fa_323.pdf

MEDIVAC SAFETY RECOMMENDATIONS ISSUED BY NTSB

The National Transportation Safety Board adopted a broad set of safety recommendations on September 1, 2009 covering medical helicopters and surprising many by expanding beyond equipment and technology matters to address the business models of the \$2.5 billion industry operating about 830 aircraft. The recommendations come after the industry's deadliest year, with 23 crew members and five patients killed in seven accidents in 2008.

Recommendations included requiring terrain warning systems, flight data recorders, night vision systems, use of autopilot to help single pilots, enhanced pilot training, national guidelines for when to transport a patient by helicopter and annual data collection of flight hours and trips to improve analysis of safety records. The board also recommended extending federal oversight to government helicopter operations such as the NYS Police and proposed that Medicare, the nation's largest insurer, pay only for flights conducted by medical helicopter programs that abide by safety and performance standards that the Medicare program would develop. In 2002, Medicare boosted reimbursements for medical helicopter transports, fueling growth and saturating some regions with bases.

The NTSB has no regulatory authority but can make safety recommendations to other agencies to remedy problems it uncovers during accident investigations. Three of four improvements for medical helicopters that NTSB suggested in 2006 to the Federal Aviation Administration have yet to be required, however, the FAA announced this spring that rules requiring terrain warning systems could be in place by 2011.

PALISADES INTERSTATE PARKWAY POLICE AND HATZALAH

Hatzalah responses from bases in New York onto the Palisades Interstate Parkway (PIP) in Bergen County, New Jersey sometimes wind up as confrontations with the Palisades Interstate Parkway Police. The PIP Police Department viewpoint is that the agency is not licensed to operate in New Jersey. One news source indicated that the confrontation situations became so bad approximately five years ago, that Kiryas Joel Hatzolah stopped using the PIP to transport patients to NYC and instead took a longer route using NJ Route 17.

A confrontation occurred Monday evening September 7, 2009 when a Hatzalah ambulance from New Square, NY was supposedly detained for over an hour at an accident scene and an individual responder in a private vehicle received two summons, one reportedly for blocking the flow of traffic and the other for going off the paved road. Four patients were transported by other ambulances to Nyack Hospital in stable condition. A PIP police source indicates the ambulance from New York arrived 35 minutes after the accident and was only detained 20 minutes, that a local crew had already treated the patients and that Hatzalah dispatchers had been told additional ambulances were not needed.

The Palisades Parkway is a 42-mile stretch of road that runs alongside the cliffs bordering the west side of the Hudson River, from the George Washington Bridge north to Bear Mountain. In New York, the road is patrolled by the New York State Police, but in New Jersey, the highway is not patrolled by the state or county police but by the PIP Police Department, a small agency of 24 employees created about 1910. The parkway police patrol not just the highway but also the 2,500 acres of Palisades Interstate Park in New Jersey. The agency has its own court sys-

tem to handle fines and penalties. The number of motor vehicle summonses issued by the PIP police increased to nearly 20,000 a year over the last several years from 7,388 in 2003. The number of arrests have also increased to nearly 621 last year, from 60 in 2003.

The NJ Department of Health and Senior Services website lists licensed agencies by county and no Hatzalah division is listed for Bergen County which has a border with Rockland County, NY. The web page is at http://www.state.nj.us/health/ems/documents/ems_agencies_by_county.pdf The last page lists out of state EMS agencies authorized to provide service in the state and only Kiryas Joel (listed as Kairus Joel) is shown.

To support its authorization to operate on the PIP a letter dated 3/19/96 from the then Director of the NJ Division of Highway Traffic Safety is sometimes cited. It is a general letter to mayors about pedestrian safety that then goes into "another matter that is of priority concern". While the letter indicates Chevra Hatzalah, is "legal, fully qualified and licensed to provide first aid and transport" it is from a police official and not the NJ state agency that actually issues the necessary license. Chevra Hatzalah is based in Brooklyn and authorized by the NYS DOH to serve the five Boroughs of NYC. In addition, the letter is somewhat dated in that New Jersey has changed its regulations over the years to include two year licensing of BLS ambulance agencies with a \$1,500 biennial fee. Specifically, pursuant to N.J.A.C. 8:40-2.4(a), no person, institution, agency or business concern shall provide mobility assistance vehicle or ambulance services within the State of New Jersey until a license to operate has been issued by the New Jersey Department of Health and Senior Services.

Despite lack of appropriate licensing, in May 2007 there was a protocol agreed to the PIP police and Hatzalah.

With a history of recurring confrontations it is interesting to note that although the NJ DOH&SS has in the past issued Orders to Cease and Desist Operation of an Unlicensed Ambulance Service to out of state ambulance services there is no listing of such an order being issued to a Hatzalah division in New York.

VFIS SAFE TRAILER PROGRAM

Volunteer Firefighters Insurance Service (VFIS) has developed an "Emergency Services Trailer Operations and Safety Program" to educate responders on safe trailer operations. VFIS customers can order the new CD-Rom program (C10:296) by going to www.vfis.com or calling (800) 233-1957 ext 7961.

NY TIMES ARTICLE - FIREFIGHTERS BECOME MEDICS TO THE POOR

An article published in the *NY Times* recognized the shift in some big city fire departments from fighting fires to responding to medical calls. Cited was the idea that among the hidden costs of the recession and health care crisis is a burden that fire departments across the country are facing, much like emergency departments, of increasing serving as primary care providers. The article points out that in 2008 fire departments nationwide responded to more than three times as many calls for medical help as they did in 1980.

However, that shift has come during an extended period of decreasing fire responses because of advances in consumer protection rules and fireproofing technology have led to a drop in the frequency of fires. Medical emergencies have helped keep firefighters employed or occupied and some departments have

looked to medical calls as a revenue source. There has also been a push in paid departments to get more productivity. Why let well paid personnel sit around for hours on end waiting for a fire when they can get some additional training and do something useful such as building inspections or medical calls. So while fire responses declined from about 2.5 million to 1.5 million, medical responses rose from about 5.0 to 15.8 million over the last 29 years. Inspections and other activities have also been added to the workload.

In NYC the fire department, FDNY, took over municipal NYC*EMS ambulance service from the Health and Hospitals Corporation in 1996. Firefighters were trained to the CFR level, ambulances are now red/white with distinctive FDNY striping and organization is along battalion lines. About 55% of the 473,335 firefighter responses in a recent year were medical in nature, normally in the life threatening category. Yearly 911 ambulance call volume is about 1.2 million and is rising.

Firefighters may complain about all the medical calls but its work and for some overtime. Plus the public benefits from getting trained help to the scene quickly.

INDIAN POINT AREA SAFETY RESPONDERS GRANTS

The Entergy company, operator of the Indian Point Energy Center in Buchanan, Westchester County, has established a \$500,000 Safety Responders Fund grant program designed to help fund training and equipment purchases for first responders in the vicinity of the nuclear power plant. Indian Point partners with these organizations on a regular basis and indicated it is looking to broaden that and help support first responders and the agencies and non-profits that serve the area where its employees live and work.

In considering Safety Responders Fund grant requests, priority is placed first, on applicants who are directly involved in aspects of Indian Point Energy Center's Emergency Response Plan and second, on applicants who support emergency response roles and functions within the ten-mile Emergency Planning Zone (EPZ) surrounding Indian Point Energy Center.

Direct questions to: Jerry Nappi, Manager, Communications, Indian Point Energy Center by e-mail at jnappi@entergy.com or phone at (914) 271-7132. For more information or to access an application form, go to www.safesecurevital.com and click on the "Community" tab.

ARC-GNY COURSE PAPERWORK CHANGES

The American Red Cross Greater NY Chapter notified independent Authorized Provider instructors of paperwork processing changes Health & Safety Services of the ARC-GNY Chapter will process Course Records and Addendum for base level (non-Professional, non-Lifeguarding and non-Instructor courses) courses without typing students names on the Certification Card. The cards will still be printed with the course name and instructor names on them but the instructor will need to write the names of students on the Certification Cards before distributing them. The names of students still need to be submitted on the Course Record and Addendum which will be scanned so that the names of participants will be recorded in Red Cross database system. This is an interim step until Phase 2 of an Enhanced Service Program becomes operational.

The ARC-GNY Chapter covers the five Boroughs of NYC plus Orange, Putnam, Rockland and Sullivan Counties. If anyone has any questions or requires further information about the changes please contact: Matt Conley at conleym@nyredcross.org

or (212) 875-2435 or Linda Sue Sutherland at sutherlandl@nyredcross.org or (212) 875-2213.

DHS ANNOUNCES REVISED NATIONAL INCIDENT MANAGEMENT SYSTEM

The U.S. Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA) has released a revised National Incident Management System (NIMS) - the national standard for incident management. NIMS establishes standardized incident management processes, protocols, and procedures that all federal, state, tribal and local responders will use to coordinate and conduct response actions. NIMS expands on the original version released in March 2004 by clarifying existing NIMS concepts, better incorporating preparedness and planning and improving the overall readability of the document. The revised document also differentiates between the purposes of NIMS and the National Response Framework (NRF) by identifying how NIMS provides the action template for the management of incidents, while the NRF provides the policy structure and mechanisms for national level policy for incident management. The basic tenets of NIMS remain the same. There have been several improvements to the revised NIMS document which will aid in readability and usefulness of preparing, preventing, and responding to incidents. To view and download the new NIMS and companion documents, visit the NIMS Resource Center at <http://www.fema.gov/emergency/nims/#>.

95% OF AMERICANS RESIDE IN AREAS COVERED BY PHASE II WIRELESS E911

Ninety-five percent of Americans now reside in areas where wireless 9-1-1 service includes the delivery of the user's callback number and estimated caller location to the appropriate Public Safety Answering Point (PSAP), a capability known as Phase II Wireless Enhanced 9-1-1 (E9-1-1) service. This number represents a five percent increase from a year ago. Another positive development is that more than ninety percent of individual PSAPs are now Phase II capable, over an eight percent increase from a year ago. While this progress is certainly welcome, almost twenty percent of the nation's 3,135 counties, primarily located in rural areas, still cannot provide this critical service to their residents and visitors. The Wireless E9-1-1 statistics, published on the National Emergency Number Association (NENA) website measure the number of counties, individual PSAPs, and total population covered by Phase I and Phase II wireless location technology. Phase I includes delivery of the caller's phone number and identification of the cell tower receiving the 9-1-1 call. Phase II includes delivery of the caller's phone number and estimated caller location. The US Department of Transportation Wireless Implementation Project has been completed but NENA continues to compile up-to-date statistics. Detailed statistics for counties in New York State can be found on the wireless deployment section of the NENA web site at <http://nena.ddti.net>

ZOLL AED PLUS NOTIFICATION

ZOLL Medical Corporation has issued a recommendation that all AED Plus defibrillator users whose units have serial numbers with the last six digits below X__ _200000 replace the 123A Lithium batteries in their unit every three years instead of every five years to prevent potential battery failures in attempted rescues. In addition, ZOLL recommends that a label be applied to all such units indicating when batteries need to be replaced.

The notification followed reports that following a long period without use (typically greater than four years), a ZOLL AED Plus defibrillator may prompt “change batteries” during use and fail to deliver therapy. Turning the device off completely, waiting ten seconds for the unit to re-set and then turning it back on is necessary to resume proper operation. ZOLL’s investigation of this problem determined that some batteries may develop high internal resistance that interferes with the batteries expected performance, lengthening charging time beyond specified and clinically acceptable limits. Units above serial number X_ _200000 are not affected by this corrective action as they contain software that can detect this battery condition and identify when batteries require replacement.

In lieu of adding the battery replacement label users may obtain new software for their AEDs at no cost at www.ZOLLAEDPlusbatteryhelp.com. To update software users will need a computer with an IrDa port to line up with the AED’s IrDa port. A USB IrDa port can be ordered from ZOLL. The company website provides other technical information and support concerning this corrective action, such as help in determining battery age and ordering of replacement batteries and extra labels. ZOLL has arranged special pricing of \$39.95 per set of ten batteries inclusive of shipping that can be ordered by credit card at this site. It is offering this special pricing for customers affected currently as well as for future replacements to mitigate the cost associated with a shorter than expected battery life.

ZOLL has notified the US Food and Drug Administration and other regulatory agencies of this corrective action and expect it to be classified as a recall. ZOLL’s 24/7 technical support numbers (800) 348-9011 or (978) 421-9460 are available to assist users with any aspect of this issue.

UPDATE TO IS-700 NOW AVAILABLE

The EMI Independent Study Program is pleased to announce the launch of the revised and updated course, IS-700.a NIMS: An Introduction. This course replaces the existing IS-700 NIMS: An Introduction. After February 13, 2009, the IS-700 exam will no longer be available. You may complete your exam online by going to the IS-700.a course page (<http://training.fema.gov/emiweb/is/is700a.asp>) and choosing the IS-700 exam from the box at the bottom right of the screen. If you are completing your final exam for IS-700 via OpScan bubble sheets, they must be postmarked no later than Friday, February 13, 2009. At this time there are no downloadable materials for IS 700.a but they are forthcoming. If you have any questions, please contact the Independent Study Office via email at Independent.Study@dhs.gov or by phone at (301) 447-1200.

NYS DIVISION OF HOMELAND SECURITY & EMERGENCY SERVICES PROPOSED

One of seven proposals in the 2010-11 Executive Budget Governor David A. Paterson announced on January 12 is the merger of the Office of Homeland Security, the State Emergency Management Office, the State 911 Board, the Office of Cyber Security and Critical Infrastructure Coordination and the Office of Fire Prevention and Control into a single state agency. The purpose is to streamline NYS government and save taxpayer dollars.

The new agency would be called the Division of Homeland Security and Emergency Services and will provide greater support to local first-responders, improve coordination of a wide array of State and Federal grant programs, and advance the

vision of a county-driven statewide communication network, delivering efficiency savings of \$1.5 million annually. In addition, the consolidated agency will award new grants from the cellular surcharge to county consortiums to assist in the development of regional interoperable communication networks for use by both state and local first responder agencies.

SEMO will retain its identity and responsibility for providing staff support to the Disaster Preparedness Commission and coordinating the state’s comprehensive emergency management programs. In fact, the emergency management office is being recognized in State law for the first time. The bill that shapes the consolidation also contains a number of updates and revisions to Article 2-B that SEMO has long advocated including the establishment of an intrastate mutual aid program. The new Division would be in place 180 days after the bill is passed.

RESOURCES FOR RADIOLOGICAL DISPERSAL DEVICES

The Conference of Radiation Control Program Directors (CRCPD) offers a state-by-state listing of radiation protection programs with appropriate contact information, links to federal programs involved in radiation issues, a grant-funding handbook geared to state and local emergency management partners, and a matrix of key grant programs from numerous federal departments and agencies under which state and local governments and first responders are eligible to receive planning, training, equipment, and exercise assistance. Among many other resources at the CRCPD site is the downloadable “*Radiological Dispersal Device (RDD) *Dirty Bomb+ First Responder’s Guide—The First 12 Hours*” at <http://www.crcpd.org/default.aspx> (102 pp., 4 MB).

The American Society for Testing and Materials (now known as ASTM International) developed, and in August 2008, published “Standard Practice for Radiological Emergency Response” (ASTM E2601-08) to provide guidance for responses to incidents that involve the intentional release of radioactive materials. The standard also applies guidance for general radiological emergency response, and decision-making considerations jurisdictions can use to respond to radioactive materials incidents. It conveys a consistent set of practices that can be incorporated into the development, planning, training, and implementation of guidelines for radiological emergency response, but does not incorporate long-term recovery or mitigation considerations, or provisions for improvised nuclear devices (INDs). A brief summary is available at <http://www.astm.org/Standards/E2601.htm>.

HOT WEATHER AWARENESS RESOURCES FOR EMERGENCY RESPONDERS

Emergency responder experiences substantiate the possibility of diminished individual performance and potential for degraded organizational effectiveness caused by intense summer heat. Accepting this fact, the Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) acknowledges that incident scene emergency responder rehabilitation (rehab) is imperative, but never more so than during periods of hot weather. Medical personnel with a transport unit are recommended to be on site throughout training evolutions, medical monitoring of participating personnel and emergency medical treatment in accordance with local protocol are suggested. The full article can be seen at <http://www.firerescue1.com/firerehab/articles/402316-Firefighter-Safety-During-Extreme-Hot-Weather-Part-2>. A ready-to-use rehabilitation

guideline training aid (29-slide PowerPoint presentation) is available at <http://www.firefighterclosecalls.com/downloads/RehabShowFinal.ppt>. The 2008 Federal Emergency Management Agency/U.S. Fire Administration document, "Emergency Incident Rehabilitation," can be downloaded at https://www.usfa.dhs.gov/downloads/pdf/publications/fa_314.pdf.

BITS FROM AROUND THE STATE

DISTRICT 1

ORANGETOWN HISTORICAL MUSEUM & ARCHIVES, Rockland County, is hosting an exhibit titled "Our lives in Their Hands", covering the history of the town's fire, police and emergency services. EMS is in the county is considered relatively new, having began with the Pearl River Alumni Ambulance Corps, which is referred to as the first chartered volunteer ambulance service in NYS. It was founded in 1936 by a group of Pearl River High School alumni. The exhibition runs April 18 through November 7, 2010, Tuesdays 10 to 2 and Sundays 1 to 4 at 196 Blaisdell Road, Orangetown, NY 10962. For more info call (845) 398-1302.

RAMAPO, Rockland County, plans to install traffic preemption devices at 92 intersections to speed emergency responses by fire, EMS and police vehicles. Funds will be raised through bonds to cover the estimated \$10,000 cost per simple two-way intersection. Costs would be higher if four-way lights need the devices. Devices also have to be installed on each emergency vehicle. Hillcrest Fire District equipped 19 traffic lights with Opticom System controllers about five years ago but only four are operational due to lack of funding. The Tallman Fire District also uses the system. The Opticom system, designed by Global Traffic Technologies is a traffic control system that provides a green light - and therefore intersection right-of-way - to emergency vehicles. Equipped vehicles have an emitter, which broadcasts a visible light at 10 to 15 flashes per second and/or an invisible coded infrared signal to a receiver mounted on or near the traffic signal. The receiver is connected to a circuit card which is located inside of the traffic control cabinet. When the circuit card determines that the signal is valid it will activate an output which will request the green light from the traffic controller for the approaching emergency vehicle. The traffic controller can also activate the confirmation light if the intersection is so equipped (for example, a floodlight mounted on or near the traffic signal). There are a number of other companies that offer similar systems

DISTRICT 5

CIRCLEVILLE FIRE DISTRICT, Orange County, which operates as an EMT level First Response agency, announced it would no longer provide automatic response to medical calls. The Chief indicated that there are two ambulance companies in town and that many times they arrived on scene before the firefighters and it was "just not a prudent use of resources". The district's 2010 budget is \$600,000 and the chief said the move away from medical calls is a logical way to control expenses. In 2008 Circleville Fire District responded to 176 medical calls which was about 1/3 of its total calls. Personnel resources, however, seem the bigger problem than finances. The district is operating with about eight EMTs and medical training

requirements was cited as a concern. Circleville will still respond to medical calls if requested by an ambulance service or if none is available at the time.

DISTRICT 6

LIBERTY VOLUNTEER AMBULANCE CORPS, Sullivan County, had an ambulance stolen by a patient on November 30, 2009. According to the Times-Herald Record, the squad picked up the 46 year old female patient about 11:30 AM at her home in Livingston Manor and brought her to Catskill Regional Medical Center in Harris. Police said she had been processed into the emergency department, issued a hospital bracelet and had put on a hospital gown. Just before noon, impatient, she walked outside, jumped in the Liberty ambulance which had been parked unattended with the engine running, and drove away. As she exited the hospital, police said, she passed an inbound Mobilemedic ambulance. The Mobilemedic crew realized she wasn't an EMT - possibly because of the hospital gown - and alerted the Liberty EMTs, who called 911 to report the theft. A State Trooper stopped the ambulance about 5 miles away on Old Route 17 in Ferndale. Police said she was taken into custody without incident, and was returned to the hospital where she was admitted for a mental health evaluation. Police said the ambulance was undamaged, nothing was missing from it and it was returned to the ambulance corps. The patient was charged with felony criminal possession of stolen property.

DISTRICT 7

HUNTINGTON COMMUNITY FIRST AID SQUAD, Suffolk County, has several members of Haitian descent. The feeling of helplessness of one whose family was in Port Au Prince when the earthquake struck led to his asking what could be done by his fellow Squad members to help. From the limited contact he had with his family, it was learned that there was a severe shortage of medical supplies. It seemed natural that an EMS agency could step up to the plate. Since Doctors Without Borders was already in the area and providing medical assistance it was decided Huntington Community First Aid Squad would set up a fund raiser to provide them with further assistance. The Huntington Community Ambulance District covers the Huntington Manor Fire Dept. and the Huntington Fire Dept. and so they were invited to join in the effort. On Sunday, January 24, 2010 the Huntington Community First Aid Squad, HCFAS Post 215, Huntington Manor FD, Huntington FD and their junior squads braved the drizzle and cold weather to take part in the "Fill the Boot" campaign to raise donations for the Doctors Without Borders Haiti Relief Fund. One hundred men, women, and youth squad members and 23 vehicles were at prime intersections in the Huntington Community Ambulance District to ask motorists to help the victims of the devastation in Haiti. Despite the weather, the volunteers were enthused by the response of the motorists that gave so generously. A total of \$35,393.95 was collected and sent to Doctors Without Borders to further their efforts to provide medical assistance in Haiti.

EASTERN LONG ISLAND HOSPITAL MEDICAL COVERAGE OFF AND ON. Ambulance services on the eastern end of Long Island that were facing longer transports for some patients requesting transport to an "in-network" hospital are relieved that several big hospital-third part insurer disputes have been settled.

East End Health Alliance, a three-hospital system comprising Peconic Bay Medical Center, Eastern Long Island Hospital and Southampton Hospital, announced in early February that it had reached an agreement with Aetna Health, Inc. to renew their contract and keep the hospitals in Aetna's network for both its commercial and Medicare products. The agreement also includes the physicians employed at each of the system's hospitals.

East End Health Alliance announced on 4/1/10 that it had reached an agreement with Empire Blue Cross-Blue Shield on a contract renewal. The prior contract had expired in 2009 and that situation had been looking dire.

Stony Brook University Hospital (SBUH) announced in March the renewal of its in-network participating provider status with Aetna Health. It was only in February that SBUH issued a press release indicating that after extended negotiations and both parties' best efforts the hospital was no longer an in-network provider for Aetna Health, Inc. member services. The situation at SBUH was complicated by an exception to the change in coverage in that Stony Brook University Student Health Insurance Plan (SHIP) would maintain the existing Aetna in-network benefits at SBUH until August 2010, when a new SHIP provider will be determined.

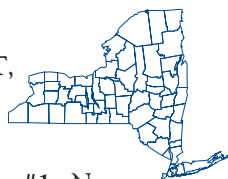
Details of the contract negotiations at the East End Health Alliance and SBUH were never publically disclosed but normally involve terms covering reimbursement amounts and other issues that are negotiated between insurance providers and individual hospitals or networks with each jockeying for terms that benefit their respective bottom lines. Unfortunately, they seem to be becoming more frequent. It is not known if patients' ambulance destination decisions in any cases were influenced by in-network vs. out-of-network coverage by Aetna, BC-BS and other insurance providers but the potential did exist.

SUFFOLK COUNTY USAR; An Urban Rescue Task Force was formed to take part in an exercise held in Buffalo on November 4, 2009. The exercise simulated a 5.9 Richter scale earthquake striking the Buffalo-Niagara Falls area with 358 fatalities and thousands injured. The 38 members were recruited and trained by the Suffolk County Fire Academy. Future plans call for recruiting a cadre of medical specialists including physicians, physician assistants and paramedics. These specialists will need supplemental certifications in subjects such as ACLS, PHTLS, etc.

SUFFOLK REMSCO allocated \$2,400 for a Street Survival Skills train-the-trainer program for a cadre of 24 actively teaching senior Instructor Coordinators. The 10 hour course covering scene safety will probably be held at the police academy.

DISTRICT 12

OCEANSIDE FIRE DEPARTMENT, Nassau County has changed its level of EMS service from EMT-P to EMT-CC.



ATLANTIC STEAMER FIRE CO. #1, Nassau County, was assessed a civil penalty of \$2,000 by the NYS DOH in 2009 for violations of Article 30 Section 3005(1). That section deals with the need for a valid advanced life support first responder service operating certificate. The department covers the hamlet of Oyster Bay, as well as in the incorporated villages of Cove Neck, Oyster Bay Cove, Laurel Hollow and Mill Neck.

OYSTER BAY CONSTABLES, Nassau County, have been approved as a BLS level First Responder Agency. The Town of Oyster Bay Division of Marine Enforcement administers and supervises the operation and control of the Bay Constables who are peace officers. The Constables enforce state laws and town ordinances relating to boating operation and safety and in conjunction with the US Coast Guard and the Nassau County Marine Police, provide emergency rescue services.

ST. FRANCIS HOSPITAL, Roslyn, Nassau County, has filed for NYS DOH approval to expand its emergency department from 5,700 square feet to 12,100 square feet. If the \$12.7 million project is approved it will add 13 treatment rooms and new triage and fast-track areas. St. Francis is considered by many to be one of the country's outstanding cardiac hospitals and (if medical control permits) an emergency ambulance destination for patients from as far as NYC and Suffolk County.

REGION 1

MERCY FLIGHT WESTERN NEW YORK'S 2009 Annual Appeal receipts will go towards night vision goggles (NVGs), training and helicopter cockpit modifications. Expected costs include \$97,000 for nine pairs of night vision goggles, \$109,000 for FAA approved classroom training for pilots and medical crew and \$128,000 for extensive modifications to cockpit lighting. NVGs consist of a lightweight binocular that is mounted to a flight helmet and powered by a low voltage battery pack. They help pilots and medical crews see much further at night and with far greater clarity as they identify rural landing sites and avoid obstacles. Mercy Flight is an independent 501(c)(3) not-for-profit organization. It operates five medevac helicopters from bases at Genesee County Airport, Buffalo-Niagara Airport and a heliport at the Olean General Hospital. Over the last 28 years it has flown over 17,000 patient missions. For more information on Mercy Flight go to its web site at www.mercyflight.org

ORCHARD PARK FIRE DISTRICT, Erie County, transferred its CON to operate an ALS level ambulance service to the newly formed Orchard Park Fire District - EMS, Inc.

CAZENOVIA AREA VOLUNTEER AMBULANCE CORPS, Madison County, has moved into a new headquarters building at 106 Nelson Street (Route 20) on the southeast side of the village. The two story facility has a large training area on the first floor and crew quarters on the second floor with dual restrooms on each floor. Funding was provided by a mortgage, savings, donations and about \$100,000 in equipment grants. Operating funds come from an Ambulance Tax District. The squad operates at the ALS level and covers the Cazenovia School District which encompasses three townships and the Delphi Falls Fire District in Pompey.

REGION 3

BEACON VOLUNTEER AMBULANCE, Dutchess County, upgraded to ALS service effective 1/25/10. The squad has also taken delivery of two new vehicles, a 2010 Ford Explorer to be used as an ALS flycar and 2010 Polaris Ranger 6x6 ATV with a Kimtek Rescue Sled. BVAC is in its 51st year serving residents in the City of Beacon and the Town of Fishkill (in the Chelsea, Glenham and Dutchess Junction fire districts) and operates as a combination volunteer and paid service.

CROTON EMS, Westchester County, has a new home. The agency was founded a little over a year ago when ambulance service was transferred from the Croton Fire Department. The village of Croton-on-Hudson purchased a small home at 44 Wayne Street from an estate. The location is only yards from the fire station where the ambulances are parked. After renovation the EMS service will use the house as headquarters until long term plans are finalized. Squad membership is steadily increasing with members from area fire departments signing on.

GREENPORT RESCUE SQUAD, Columbia County, and the NYS Attorney General reached an agreement to settle claims that the squad was improperly billing patients for the differences between what it charged and what the patients' insurance companies paid. Under the agreement, the squad must

- Pay back at least 29 patients who were improperly billed over the course of 5 years.
- Change its billing policies to be in accordance with state law.
- Establish new procedures for claims review.
- Cease billing patients with comprehensive health care coverage for the difference between the company's charges and the insurers' payment.
- Send a letter to every patient who received ambulance services during the time period in question.

ULSTER COUNTY has distributed 2,000 cards that let volunteers with fire and rescue squads get discounts at area businesses. The move is part of an effort to attract new volunteers and keep those who are already serving. The Daily Freeman reports the program began over the summer and works through the Ulster County Chamber of Commerce. Four kickoff meetings were held for all EMS providers where they were informed on the program. The Ulster County Chamber of Commerce came up with a window sticker that they will put in the window of participating businesses. The cards that were distributed were printed out by the county, given out to individual fire and ambulance squads and have the county logo, the chamber logo and date so that participants know what year they are registered. Information on the program and participating businesses is available by clicking on the Volunteer Incentive Plan (VIP) logo at <http://ucvolunteers.org>. Online registration is available for the 76 fire departments and 22 rescue squads in the county.

WHITE PLAINS (CITY OF) DEPARTMENT OF PUBLIC SAFETY, Westchester County, was approved for an Advanced Life Support First Responder municipal Certificate of Need (CON) designation. The intent of the program is to provide ALS care in hostile or technical rescue environments.

WTC MEDICAL MONITORING PROGRAM EXPANDS LOCATIONS

Stony Brook University Medical Center's Long Island World Trade Center Medical Monitoring and Treatment Program celebrated the opening of a new facility in Islandia, Suffolk County on December 3rd 2009. Created by SBUMC shortly after 9/11, the WTC treatment program is the only one on Long Island devoted to caring for first responders who reported to Ground Zero, according to SBUMC officials. The federally funded program provides care for 5,000 first responders from across Long Island who continue to suffer from health issues related to their work beginning on 9/11.

9/11 responders can come to the program for free, confidential and regular medical monitoring examinations. People who qualify include rescue and recovery workers, clean-up workers, anyone who performed essential restoration services, morgue personnel, and those who worked on the Fresh Kills landfill and barges. To find out whether you are eligible, call 888-702-0630. Participants in the program are entitled to an extensive medical monitoring examination every 12 months

The Islandia location is at 1345 Motor Parkway, 1st Floor, Islandia, NY 11749, phone (631) 855-1200. Other centers exist in Manhattan (2), Queens, Staten Island, Nassau County (2) and New Jersey. For additional information go to <http://wtcexams.org/>

PATCHES FOR SEPTEMBER 11TH MEMORIAL QUILT NEEDED

Each year the NYS Volunteer Ambulance & Rescue Association raffles a quilt at the PULSE CHECK Educational Conference and Trade Show. The quilt contains patches from squads and emergency services organizations across New York State.

2011 will mark the 10th anniversary of the bombing of the World Trade Center. To commemorate this event, we would like to prepare a special quilt that includes patches that honors the victims, survivors and rescue workers who gave so much. We would like to begin to collect patches that relate specifically to this tragedy for the commemorative quilt. The quilt will be raffled at PULSE CHECK 2011 and a portion of the proceeds will go to a WTC related fund.

In order to make this successful, we need your help. Please take a minute and put a patch in an envelope and mail it to: Kuntree Sweet, 419 Vandenburg Point Road, Gloversville, NY 12078

ARREST OF 18 YEAR OLD RELIEVES HOMELAND SECURITY CONCERNS ON RADIO THEFTS

Suffolk County Police (SCPD) arrested Steven M. Riddle, a former cadet explorer with the Bohemia VFD, on January 8, 2010 as a suspect in a series of public safety radio thefts. News reports indicate police discovered a mountain of two-way mobile and portable radios in his Bohemia home. He is charged with three Class E Felony counts, the top charge being Grand Larceny-4 Property Valued over \$1,000.

Thefts from emergency vehicles had become so widespread in 2009 that SCPD had issued an advisory detailing thefts from marked emergency vehicles that in one week alone in December included:

- 12/26/09 – West Sayville Fire Department chief's vehicle
 - 2 portables
- 12/27/09 – Sayville Community Ambulance pickup truck
 - 2 portables
- 12/27/09 – Hauppauge Fire Department chief's vehicle
 - 2 portables
- 12/27/09 – Greenlawn Fire Department chief's vehicle
 - 1 portable
- 12/27/09 – Mastic Beach Ambulance vehicle
 - attempt to steal roof mounted lightbar

These incidents may be related to activity in Nassau County where law enforcement officials reported twenty-eight (28) sep-

arate thefts from marked chief's vehicles in 2009. There was also a NYC report about the same time concerning an East Williston VFD chief's vehicle broken into while parked in the Astoria section of Queens. Nassau County Office of Emergency Management (OEM) advised that in some thefts from General Motors vehicles (Chevy and GMC brands) a master key may have been used. Information on the internet indicates Mr. Riddle has been known to enforcement authorities for a number of years. In 2008 the FCC sent him a notice advising it had received complaints of interference to licensees authorized to operate on various frequencies assigned to public safety entities in Suffolk County and operation of portable radios on frequencies for which no license was issued. Other information indicates he may have set up his own radio on a MEDCOM channel and was also involved in jamming VFD frequencies. As of late March, Mr. Riddle's case was still in the beginning stages of working its way through the criminal justice system (Suffolk First District Court, Case #2010SU001285). No further thefts of emergency service radios have been reported.

LEGISLATIVE REMEDY SOUGHT FOR INSURANCE PAYMENTS TO AMBULANCE SERVICES

NY Senate bill S4462 was introduced last year by Senator Neil D. Breslin, SD 46 Albany County, which if enacted into law, would streamline the process by which ambulance services are reimbursed by health insurers. It would instruct insurers to send payments directly to ambulance providers without having to be channeled through the patient first.

When any New Yorker is sick or injured they dial 911 or a direct number and expect that an ambulance will respond in a timely manner, provide appropriate treatment and transport him/her to a hospital. Ambulance services are mandated responders and it is their duty to do just that regardless of one's insurance carrier or ability to pay. Currently, if a patient uses an ambulance service that is a non-participating or non-preferred service of their health insurance, the payment for ambulance service goes to the patient. It is then their responsibility to send that payment on to the ambulance service. However, far too frequently, a number of those patients keep the money and never pay the ambulance service providers. These uncollected fees can create financial problems for ambulance services potentially resulting in diminished services.

Recognizing that it is not practical to expect all services in an area to be preferred providers with every insurance company, the Senate bill provides that an insurer shall provide reimbursement for ambulance services at rates negotiated between the insurer and the provider, or in the absence of agreed upon rates, at the usual and customary charge which shall not be excessive or unreasonable. The provider would have to include a signed assignment of benefits form with the claim.

It is interesting that a similar situation exists in Pennsylvania where the Pennsylvania Ambulance Association is pursuing a federal class action case under PA's Quality Health Care Accountability Act and the federal RICO statute against a number of Blue Cross/Blue Shield companies. News reports indicate that suit alleges certain insurers have engaged in a pattern of racketeering activity designed to extort or attempt to extort, non-contract ambulance providers to enter contracts with the insurers at below market rates dictated by the insurers by routinely sending payments to unsuspecting enrollees who frequently do not understand why they are receiving payment and cash or otherwise dispose of the payments.

S4462 was referred to the Insurance Committee where it has remained. A push is now on by the NYSVA&RA as well as the United NY Ambulance Network (UNYAN), representing commercial ambulance providers, to gain NY Assembly sponsorship for a corresponding bill and move the issue forward.

IN MEMORIAM

WILLIAM H. LARKIN

Former coordinator of EMS for Suffolk's DOH and 40 year volunteer firefighter has died after a long illness. As coordinator of EMS for Suffolk County DOH he was responsible for modernizing equipment, including separating radio frequencies for Medcom, the medical side of Long Island's fire departments.

William was a longtime Holbrook Fire Department volunteer, who received many awards including Nassau-Suffolk REMSCO "EMS Leadership Award" in 1981.

GEORGE BERRY

George Berry passed away suddenly in mid April while under care at Long Island Jewish Medical Center where he worked. George was well known in the EMS community, having served as Pediatric Trauma Coordinator at LIJ's Schneider Children's Hospital. Among his many emergency service affiliations, he was a past President of Little Neck-Douglaston Community Ambulance Corps, District 18 in Queens and an ex Chief of the Bellerose Terrace VFD, Battalion 1, Nassau County. In 1988 he was instrumental in setting up a program to train and equip volunteer ambulances in eastern Queens with AEDs, well before AEDs became standard equipment on all BLS ambulances in the state. George was also a presenter at local, statewide and national EMS seminars and conferences including NYSVA&RA's PULSE CHECK.

George spent much of his clinical career serving patients in the emergency medicine setting. At LIJ he served as the Administrative Liaison in the Department of Pediatric Emergency in addition to being a Senior Physician Assistant in the same department. He served as a lecturer and clinical preceptor for PA students from a number of different programs, including SUNY Stony Brook and Touro College. George also worked as a North Shore-LIJ Employee under contract at the United States Merchant Marine Academy for 16 years. He played a key role in medically preparing Midshipman for sea duty, receiving their United States Coast Guard Licenses, receiving commissions into military service positions and keeping Midshipman fit for duty during their academic tenure at the Academy.

George was a graduate of the Touro College Physician Assistant Program and the Masters Program at The University of Nebraska. He was a founding member of the Society of Emergency Physician Assistants. In 2004 he was honored with the Physician Assistant of the Year Award by the New York State Society of Physician Assistants (NYSSPA) to recognize his commitment to the organization and profession. He was currently serving as Treasurer of the NY Chapter of the American Trauma Society. He will be missed because of his tireless dedication to the care of others and the community.



New York State Volunteer Ambulance & Rescue Association PULSE CHECK 2009

Elections, Awards, Drills and Memorial Service

NYSVA&RA OFFICERS FOR 2009-2010

President: Michael J. Mastrianni, Jr., District 1
Executive Vice President: Roy Sweet, District 19
Vice President: Henry A. Ehrhardt, District 4

Secretary: Christy Hubbard, Region 3
Treasurer: Robert Franz, District 7
Financial Secretary: Michael Wilhelm, District 4

NYSVA&RA 2009 AWARDS

EMS Meritorious Award: Martha Byrnes and Christin Byrnes, Fort Montgomery Ambulance Corps

Leadership: Maureen McCaffery, Rockland County EMS

Educator of the Year: Louis "Papa Lou" Lodato, Bay Shore-Brightwaters Rescue Ambulance

Unit Citation: Islip Ambulance Chiefs' Association

Civilian Award: Amy Muscat and Timothy Russell

Youth Award: Thomas Bair, Exchange Ambulance of the Islips

Physician of Excellence: Stuart Rasch, MD

Communications Specialist: Veronica Cummings, Rockland 911 Dispatchers Association, Jonathan Michael, Bay Shore-Brightwaters Rescue Ambulance and Chris Guszack, Bay Shore-Brightwaters Rescue Ambulance

SCHOLARSHIP AWARDS

Hannah Sherrill Booth, Black River Ambulance Squad

Rodriguens Gabriel, Huntington Community First Aid Squad

Michael M. Mueller, Stamford Fire Department

NEW YORK STATE 2009 CHAMPIONSHIP ADULT AND YOUTH CHALLENGE DRILL RESULTS

Youth

Problem #1

1st place: Bay Shore-Brightwaters Medical Marauders
2nd place: Wantagh-Levittown Haptic Hallucinations
3rd place: Exchange RH Negative

Problem #2

1st place: Wantagh-Levittown Atrial Flutter
2nd place: Bay Shore-Brightwaters Medical Marauders
3rd place: Exchange Biohazards

Overall

1st place: Bay Shore-Brightwaters Medical Marauders
2nd place: Exchange RH Negatives
3rd place: Wantagh-Levittown Atrial Flutter

Adult

1st place: Bay Shore-Brightwaters Fallen Angels
2nd place: Middle Island Trauma Hawks
3rd Place: Wantagh-Levittown Buddha Blues

1st place: Bay Shore- Brightwaters Fallen Angels
2nd place: Wantagh-Levittown Buddha Blues
3rd place: Middle Island Trauma Hawks

1st place: Bay Shore-Brightwaters Fallen Angels
2nd place: Wantagh-Levittown Buddha Blues
3rd place: Middle Island Trauma Hawks

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