



New York State Volunteer Ambulance & Rescue Association Inc.



THE BLANKET 2018 Issue #1 February

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WWW.NYSVARA.ORG

www.PulseCheckConference.org

THE BLANKET

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MEMBERSHIP

If you are not a member, please join NYSVA&RA today and help increase the voice of the community / volunteer / non-profit EMS / First Responder Sector in New York State.

How can you or your squad become a member of NYSVARA? Visit our membership page at www.nysvara.wildapricot.org

Already a member? Forget how to access your information? Contact our membership secretary for information on your login/password. He can be reached at membership@nysvara.org

Dear Colleagues,

First let me extend best wishes for a happy and healthy 2018.

I was surprised and somewhat encouraged by Governor Andrew Cuomo's inclusion on EMS in his 2018 policy agenda (Annual **State of the State** proposals). This is the first time, in recent history, that I can recall EMS issues being included in a Governor's State of the State proposals. Over the last several months stakeholders in the EMS community, including NYSVARA representatives, have been meeting with the Department of Health and the Governor's office to raise awareness of the challenges facing EMS providers and systems in NYS.

In his Annual **State of the State** proposals the Governor included proposals to "Strengthen the Rural Emergency Medical Services System". The proposals call for promoting careers in EMS, authorizing Community Paramedicine, increasing the availability of EMS training programs in diverse settings outside of the traditional paradigm, and advancing materials to enhance leadership training for leaders in emergency medical services. The inclusion of these would seem to be an indication that the Governor and his policymaking team were listening and are interested and concerned about the EMS system in NYS.

While the initial focus of these EMS proposals is on rural New York, they can potentially have statewide implications. Over the next several months the details of these proposals will likely become available as implementation plans are developed. We will continue engaging policymakers and legislators as things develop.

A few things to keep in mind:

Pulse Check 2018 – Mark Your Calendars and Save the Date - the Association's Annual Educational Conference and Trade Show is set for September 20th-23rd, 2018 at the Albany Marriott on Wolf Road.

Legislative Day 2018 – On Monday May 7th, 2018 join us in Albany at the State Capitol and help the NYS Legislature understand EMS. It is important to educate legislators and their staff members so they understand EMS to create legislation that supports our profession and improves patient care and, sometimes more importantly, to avoid legislation that could be detrimental. If interested in participating please e-mail Mike Mastrianni, Legislative Chair at: legislative@nysvara.org

Regards to all and please be safe.

Henry A. Ehrhardt, President



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ALBANY COUNTY SHERIFF EMS
BINGHAMPTON UNIVERSITY, HARPUR'S FERRY VAS, Broome County
DAEMEN COLLEGE RESCUE SQUAD, Erie County
HATZALAH VOLUNTEER AMBULANCE, New York City
LIFENET of NY, Steuben County
MOHAWK AMBULANCE SERVICE, Schenectady County
NASSAU COUNTY ALS AGENCIES
NEW WINDSOR VOLUNTEER AMBULANCE CORPS, Orange County
NORTHWELL HEALTH CENTER FOR EMS, Nassau County
NYC REGIONAL EMS COUNCIL/MEDICAL ADVISORY COMMITTEE
PANYNJ PD AMBULANCE - JAMAICA HOSPITAL EMS, Queens County
R.B. LAWRENCE AMBULANCE COMPANY, St. Lawrence County
ROCKLAND PARAMEDIC SERVICES
STEBEN COUNTY SHERIFF
SUFFOLK COUNTY'S ALS PROTOCOL UPDATE

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PULSE CHECK 2017 & NYSVA&RA ANNUAL MEETING

Concurrent with PULSE CHECK the Association conducts an annual meeting and election for officers. The 2017-2018 officers are:

President - **Henry Ehrhardt**, president@nysvara.org

Executive Vice President - **Teresa A. Hamilton**, execvicepresident@nysvara.org

Vice President - **Roland "Rolly" Churchill**, vicepresident@nysvara.org

Secretary - **Brenda M. Morrissey**, secretary@nysvara.org

Treasurer - **Robert Franz**, treasurer@nysvara.org

Membership Secretary - **Adrian Pezzica**, membership@nysvara.org

Note: Mr. Churchill stepped down from the Vice President position in February due to personal reasons and James B. Downey was elected by the Board of Directors to fill the remaining term.

ADULT DRILL COMPETITION TROPHY WINNERS

Medical Drill

Placement	Team	EMS Agency
1 st Place	Station 51-K	Haverstraw Ambulance Corps
2 nd Place	Devil Dogs Echo	Forest Hills Volunteer Ambulance
3 rd Place	Devil Dogs Delta	Forest Hills Volunteer Ambulance

Trauma Drill

Placement	Team	EMS Agency
1 st Place	Station 51-K	Haverstraw Ambulance Corps
2 nd Place	Devil Dogs Echo	Forest Hills Volunteer Ambulance
3 rd Place	Devil Dogs Delta	Forest Hills Volunteer Ambulance

OVERALL ADULT TEAM WINNER: HAVERSTRAW AMBULANCE CORPS "STATION 51-K"

YOUTH DRILL COMPETITION TROPHY WINNERS

Medical Drill

Placement	Team	EMS Agency
1 st Place	Trauma Mamas	BayShore-Brightwaters Rescue Ambulance
2 nd Place	Heroes In Disguise	Glen Oaks Volunteer Ambulance
3 rd Place	Trauma Hawks Too	Haverstraw Ambulance Corps

Trauma Drill

Placement	Team	EMS Agency
1 st Place	Squad Goals	Wantagh-Levittown Ambulance
2 nd Place	Heroes In Disguise	Glen Oaks Volunteer Ambulance
3 rd Place	Devil Dogs Beta	Forest Hills Volunteer Ambulance

OVERALL YOUTH TEAM WINNER: GLEN OAKS VOLUNTEER AMBULANCE "HEROES IN DISGUISE"

SCHOLARSHIP WINNERS:

DISTRICT 4: **Jessica P. Rambao**, Forest Hills Volunteer Ambulance Corps.

Member for 2 years. Volunteers approximately 30 hours a month. Currently certified as a NYS EMT.

Planning to attend City College of New York. Anticipated Occupation/career: Trauma Surgeon

District 7: **Kei Ara M. Solomon**, Wyandanch Wheatley Heights Ambulance Corps.

Member for 2 years. Volunteering approximately 24 hours a month. Currently CPR Certified. Planning to attend Bernard M. Baruch College. Anticipated Occupation/Career: Political Science

Region 3: **Daniel T. Mackey**, Westerio Rescue Squad

Member for 2 years. Volunteering approximately 25 hours a week. Currently CPR Certified. Planning to attend Sage College of Albany. Anticipated Occupation/Career: Physical Therapist

SPECIAL AWARD WINNERS:

Youth Squad Member of Excellence - **Jessica Rambao**, Forest Hills Volunteer Ambulance Corps.

BLS Provider of Excellence - **Mitchell Barashy**, Glen Oaks Volunteer Ambulance Corps.

ALS Provider of Excellence - **Henley Wu**, Glen Oaks Volunteer Ambulance Corps.

Communications Specialist of Excellence - **Joseph Delucia**, Rockland County Sheriff's Department

EMS Unit Citation - **Sloatsburg Volunteer Ambulance Corps**.

Registered Nurse of Excellence - **Christine Nugent**, Nyack Hospital

Licensed Medical Provider of Excellence - **Jeffrey Rabrich**, MD, Nyack Hospital

EMS Leadership of Excellence - **Peter Lantin**, Forest Hills Volunteer Ambulance Corps.
EMS Educator of Excellence: Special Project Involving:

- **Rockland County Division of EMS**
- **Rockland County Police Academy**
- **Rockland Paramedic Services**

This year the Association added 3 additional awards to deserving individuals:

The President's Award - **Teresa A. Hamilton**, District 1

Special Recognition for Years of Service to EMS - **Lee Burns**, Director of EMS, NYS DOH

The Richard Beebe Exemplary Educator Award 2017 - **Kim Lippes**, District 1

A SPECIAL THANK YOU TO THE PULSE CHECK 2017 SPONSORS

Platinum:

Northwell Health Center for EMS, Syosset

<https://www.northwell.edu/find-care/services-we-offer/center-emergency-medical-services>

Gold:

Bon Secours Charity Health System

<http://www.bschs.org/>

Good Samaritan Hospital, Suffern

St. Anthony Community Hospital, Warwick

Bon Secours Community Hospital, Port Jervis

Silver:

NYU Winthrop Hospital, Mineola

<http://www.bschs.org/>

Bronze:

Rockland Mobile Care & Rockland Paramedic Services, Chestnut Ridge

<http://rocklandmobilecare.com/>

<http://www.rocklandparamedics.org/>

ProClaim, Inc., Tarrytown

<http://proclaimservices.com/>

VCI Emergency Vehicle Specialists, Holbrook

<https://www.vciambulances.com/>

Hubbinette-Cowell Associates – VFIS of NY, Massapequa Park

<http://www.hubbinettecowell.com/>

LEGISLATIVE DIRECTOR REPORT, Michael J. Mastrianni, Jr.

Director of The Bureau of EMS and Trauma Services, Lee Burns, has retired. As of this writing, her replacement has not been named. In the interim, Andy Johnson, has been named the Acting Director. Henry Ehrhardt, President, Teri Hamilton, Executive Vice President, Jim Downey, BLANKET Newsletter and I attended Lee's retirement party along with about 150 of her colleagues. We presented her the gift of a collage that Teri put together remembering her leadership in making The EMS Memorial a reality.

Subsequent to Ms. Burns announcing her planned retirement a group got together and felt this was an opportunity to provide input into the selection of her successor, as well, as to express to the Department of Health our concerns about the future of EMS in NYS. The group included myself representing NYSVA&RA, Steven Kroll, Chairman of SEMSCO, Mike Murphy from NYS Association of Fire Chiefs, members of our partners at UNYAN, and physicians Mike Dailey, MD and Jeremy Cushman, MD from SEMAC. The group decided that it was important to create a document that would express our concerns. After much discussion, the document "Challenges Facing EMS in New York State" was developed. In October, a meeting was arranged with the administration of the Department of Health. It was a very productive meeting. With the help of Mr. Kroll, our document made its way to the Governor's Office. They are very interested in meeting with us to discuss our concerns. We are waiting to hear from his Office for the date of the meeting. I think it is important to emphasize the important role NYSVARA plays and the respect that we have in Albany.

NYSVA&RA Legislative Day in Albany is scheduled for Monday, May 7, 2018. I am asking that anyone who would like to meet with their legislator to please contact me, as soon as possible, so I can make appointments. I want to ask the Association's District Directors to encourage their members to attend this very important day. This is an opportunity for our members to advocate for issues that are important to volunteer and non-for-profit EMS.

The 2018 Legislative Agenda will be up on the www.nysvara.org website. There are 2 changes from last year. First, the Essential Services item has been removed. Recently, I had a conversation with the Counsel from the Association of Towns. She advised me that according to NYS Law, police and fire

are not defined as an Essential Service. As a result, we are reevaluating the goals that we hoped to have achieved with this legislation. Second, this year, the issue of Community Paramedicine was included in the Fiscal Year 2018-2019 Executive Budget. The proposed language authorizes Community Paramedicine. It addresses most of our concerns. If this remains in the Executive Budget, it will become law. If it is pulled out, a standalone bill will be introduced.

It appears that The Supplemental Medical Assistance of \$3,000,000 has NOT been extended in the Executive Budget. We will continue to advocate for an extension.

The recent SEMSCO meeting was cancelled due to a lack of a quorum. As a result, no business was conducted. The next meeting will be held May 8-9, 2018.

As the legislative session moves forward, we will continue to monitor legislation that affects volunteer and not-for profit EMS.

If there is anyone who would be interested in working on legislative affairs, or if you have any questions or comments, please feel free to contact me.

Respectfully submitted,

Michael J. Mastrianni, Jr., legislative@nysvara.org

Immediate Past President and Director of Legislative Affairs

TAX REFORM LEGISLATION AFFECTS NON-PROFIT ORGANIZATIONS & LOSAP

President Trump on 12/22/17 signed into law comprehensive tax reform legislation (the "Law"). In addition to raising the standard deduction which may alter individuals' decisions on itemized charitable contributions there are a number of provisions that non-profit organizations should be aware of.

A report by the law firm of Simpson, Thacher, & Bartlett, LLP summarizes the changes under the Law to the Internal Revenue Code of 1986, as amended (the "Code"), that will affect tax-exempt organizations and donors to tax-exempt organizations. Some of the provisions that may be pertinent to volunteer ambulance services and/or their donors are:

Unrelated Business Taxable Income Will be Determined Using Modified Computation Rules

- **Offsetting Gains & Losses** - Under new Code section 512(a)(6), a tax-exempt organization must compute UBTI separately for each unrelated trade or business. This is a material change from current law, where a tax-exempt organization may aggregate income and deductions (including deductions for net operating losses) from its various unrelated trades and businesses, thereby allowing the tax-exempt organization to use a deduction from one unrelated trade or business to offset income from another and hence reduce its UBTI.

- **Fringe Benefits** - New Code section 512(a)(7) provides that a tax-exempt organization's UBTI will be increased by certain amounts paid or incurred for certain fringe benefits. Specifically, a tax-exempt organization's UBTI will be increased by any amount paid or incurred and for which a deduction under Code section 274 is not allowable, for any qualified transportation fringe (as defined in Code section 132(f)), any parking facility used in connection with qualified parking (as defined in Code section 132(f)(5)(C)), and any on-premises athletic facility (as defined in Code section 132(j)(4)(B)), in each case, that is not directly connected to an unrelated trade or business that is regularly carried on by the tax-exempt organization.

Certain Charitable Contribution Deduction Rules Will Change

- **Increased Adjusted Gross Income (AGI) Limitation for Certain Charitable Contributions** - Under the Law, an individual taxpayer may now claim a charitable contribution deduction for cash contributions to public charities, private operating foundations, flow-through foundations and certain governmental units in any given year of up to 60% (rather than 50%) of his or her AGI.

- **Elimination of the Contemporaneous Written Acknowledgment Exception** - no charitable contribution deduction will be allowed under Code section 170 for a charitable contribution of \$250 or more to a tax-exempt organization unless the taxpayer (whether an individual or corporation) obtains a contemporaneous written acknowledgment of the contribution from the recipient tax-exempt organization. Under current law, Code section 170 provides an exception to the contemporaneous written acknowledgment requirement if the recipient organization files a return (e.g., IRS Form 990 or Form 990-PF) that includes the same information required in a contemporaneous written acknowledgment

The National Association of EMT (NAEMT) advises H.R. 1720/S. 1239, the LOSAP Cap Adjustment Priority Act, was included in the final version of the tax bill which passed. The LOSAP Cap Act will double the limit on annual contributions into an individual's length of service award program (LOSAP) from \$3,000 to \$6,000. It will also establish a mechanism tied to inflation whereby the contribution limit can be increased in the future. LOSAP is a retirement account for volunteer emergency responders. Many communities provide modest financial incentives to their volunteer EMS personnel to boost recruitment and retention and LOSAP is one of the most popular benefits.

BIPARTISAN BUDGET ACT OF 2018 – COST REPORTING & MEDICARE RATE CHANGES

Page, Wolfberg & Wirth, a national EMS industry law firm, issued a new release advising that on 2/9/18 the President signed into law the HR 1892 - Bipartisan Budget Act of 2018, containing 3 key changes (some good, some not so good) for the ambulance industry. They are:

- An extension of the Medicare 2% urban, 3% rural, and 22.6% super-rural add-on payments, retroactive to 1/1/18. The add-ons were extended for 5 years.
- A new Health & Human Services initiative to collect ambulance cost data that contains a 10% Medicare penalty for ambulance services that do not report this data when requested.
- An additional 13% reduction in Medicare reimbursement for transports of End Stage Renal Disease (ESRD) patients, bringing the total reduction to 23% starting 10/1/18.

A National Association of EMTs (NAEMT) Advocacy Alert explained that ambulance services will need to begin the process of cost reporting in 2019. Reporting the actual costs that we incur in serving our patients and communities, including day-to-day patient care, as well as the cost of preparedness in the event of a disaster, will provide the data that is needed for future modifications to the ambulance fee schedule. NAEMT will partner with other stakeholders to work with HHS to help create an appropriate methodology and system for collecting this cost data.

Additional information can be found at https://www.pwwemslaw.com/news/blog/congress-extends-ambulance-add-ons-cuts-esrd-transport-reimbursement-and-requires-cost?utm_source=PWW&utm_campaign=62547da428-EMAIL_CAMPAIGN_2017_12_05&utm_medium=email&utm_term=0_8e5d81ee7c-62547da428-92419781

SMARTPHONE APPLICATIONS FOR HOSPITAL NOTIFICATIONS GAINING FAVOR

Developed over the last several years are several smartphone-iPad-tablet applications (APPs) for use by ambulance crews to directly notify hospitals of incoming patients. The APPs enable on-scene and/or in-route ambulance crews to send data about patients including videos, photos, voice memos and text messages. Hospitals can send information back to crews about ER bed assignments getting patients through triage and registration faster and reducing turnaround time from 15 to 20 minutes down to 5 minutes. The business model usually involves hospitals buying the service and the company supplying access and training to local EMS agency personnel.

- TWIAGE is being implemented by NYACK HOSPITAL, Rockland County, which has partnered with 14 volunteer ambulance squads and Rockland Paramedic Services (RPA), a commercial service, to implement a smartphone application (APP) called Twiage, for pre-hospital notification of income. The Twiage system was funded as part of a larger \$275,000 grant awarded to the hospital by the Montefiore Hudson Valley Collaborative (MHVC), a group of providers, community-based organizations and government officials whose goal is to improve the quality of life of Hudson Valley residents. Nyack Hospital is the first hospital in New York State to deploy the Twiage system which is already in use by 14 hospitals and 70 EMS agencies across the country.
- BRYX911 is a product being used in a partnership between SOUTH FARMINGDALE FD, Nassau County and St. Joseph's Hospital in Bethpage. BRYX911 is already being used in Monroe County and has 130 agencies and 3,500 active users nationwide. It can also be used to provide dispatch information about agency assignments to authorized users in messaging groups.
- Several Northwell Health hospitals have an electronic display to notify triage about incoming NYC 911 system patients but not all calls are entered.
- Pulsara is another application being looked at in at least 1 region.

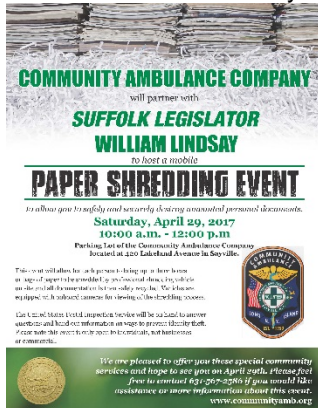
While pre-arrival notifications to hospital EDs of incoming critical patients such as stroke, STEMI and major trauma is the norm, there have been concerns expressed about the proliferation of different applications in a region and the information processing implications this could have.

MAINTAINING HIGH NAME RECOGNITION IN THE COMMUNITY

In an emergency people normally dial 911, the national emergency number, and expect an ambulance or fire vehicle to show up in minutes. Often the responding agency to expect is unknown. In some localities a 10 digit number on a telephone sticker supplied by the local ambulance or fire company is dialed and people know who will be coming to help them. At other times throughout the year there is little thought given to local emergency services by residents. Nevertheless, volunteer ambulance and fire agencies need to remind residents of their existence and create awareness of their vital services so that there is support for donation requests and municipal budget allocations.

COMMUNITY AMBULANCE COMPANY in Sayville, Suffolk County, has for years offered events and training to residents of the areas it serves. Earlier this year it partnered with its county legislator to offer a series of events including:

- Paper shredding event
- Prom and banquet transportation
- Child seat safety check, ID card and Child/Infant CPR training

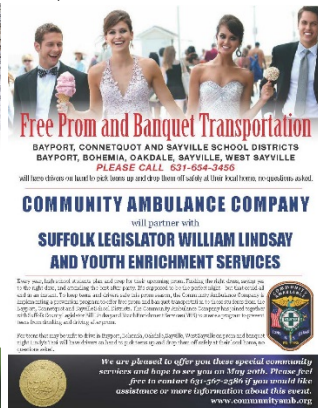


COMMUNITY AMBULANCE COMPANY
will partner with
SUFFOLK LEGISLATOR
WILLIAM LINDSAY
to host a mobile
PAPER SHREDDING EVENT
to allow you to safely and securely dispose of unwanted personal documents.
Saturday, April 29, 2017
10:00 a.m. - 12:00 p.m.
Parking lot of the Community Ambulance Company
located at 420 Lakeland Avenue in Sayville.

FREE to all attendees. All persons bringing up to three boxes of paper to be shredded. To receive a complimentary shredding service, you will be required to arrive on time. We have a limited number of shredding stations for shredding services. We will have a limited number of shredding stations. We will have a limited number of shredding stations. We will have a limited number of shredding stations.

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PLEASE CALL: 631-564-2450
will have drivers on hand to pick them up and drop them off at their locations, no questions asked.

COMMUNITY AMBULANCE COMPANY
will partner with
SUFFOLK LEGISLATOR WILLIAM LINDSAY
and **YOUTH ENRICHMENT SERVICES**

They are both local organizations that are dedicated to providing services to the youth of Suffolk County. They are both local organizations that are dedicated to providing services to the youth of Suffolk County. They are both local organizations that are dedicated to providing services to the youth of Suffolk County.

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COMMUNITY AMBULANCE COMPANY
will partner with
SUFFOLK LEGISLATOR WILLIAM LINDSAY AND
THE SUFFOLK COUNTY SHERIFF'S OFFICE
to perform

- Child seat safety checks
- Child identification cards
- Learn infant & child CPR

Saturday, May 20, 2017
9:00 a.m. - 12:00 p.m.
Community Ambulance Company
located at 420 Lakeland Avenue in Sayville.

They are both local organizations that are dedicated to providing services to the youth of Suffolk County. They are both local organizations that are dedicated to providing services to the youth of Suffolk County. They are both local organizations that are dedicated to providing services to the youth of Suffolk County.

QUEENS VILLAGE-HOLLIS-BELLEROSE VAC (BELLEROSE RESCUE) in Queens, has for 3 decades



had a first aid booth at an annual 10 night local church festival. On opening night there is a short parade through the community. At the squad's large booth area blood pressure readings are offered, minor incidents treated with a band aid are a nightly occurrence and an ambulance is on standby for the occasional real emergency, T-shirts and challenge coins are sold. In recent years the squad has brought in up to 3 kiddie rides which have included an ambulance, fire truck, rescue helicopter and steam engine – all marked with the squad's logo. In addition, kids are provided plastic helmets marked with the squad's logo.

There is no charge for the rides but there is a box with a ringing bell triggered by a donation. An iPad was raffled off on the last night of the festival with the local NYS State Senator being invited to pull the winning ticket. When the squad's annual mailing goes out residents hopefully will have good feelings about the organization.

BENSONHURST VOLUNTEER AMBULANCE CORPS in Brooklyn along with a local church and the



Knights of Columbus hosted a 1 day community fair in May. The squad distributed coloring books, flyers and plastic helmets to over 325 children. There were several NYC and federal agencies along with community organizations in attendance that allowed for networking.



FREE EVENT
EAST BROOKLYN COMMUNITY VOLUNTEER AMBULANCE CORPS
2nd ANNUAL
BACK TO SCHOOL
EXTRAVAGANZA
SATURDAY AUGUST 26TH, 2017
FROM 12:PM TO 6:00PM
LOCATION: OSBORN ST AND LINDEN BLVD
FREE FOOD, BEVERAGES AND ENTERTAINMENT
FREE BOOKBAG FOR THE FIRST 250 KIDS
FOR MORE INFORMATION ABOUT THE EVENT OR TO BECOME A SPONSOR OR VENDOR PLEASE CALL 917-924-2500



9/11 MOTORCYCLE RUN
In Memory of Richard Allen Pearlman
SUNDAY SEPTEMBER 10, 2017
Registration opens at 11:30am
Kicksstarts @ 1:00pm
Starts at Resorts World Casino
110-00 Rockaway Blvd, Ozono Park, NY
Ends at Indian Larry Motorcycles
70 N. 15th Street, Brooklyn, NY 11222
Early Bird Online Registration: \$25 (Rider)
Day of Registration: \$30 (Rider)
Passengers: \$10
www.NYCPunishersEMC.com
PUNISHERS: LEMC
New York City Chapter
4000+ RUN
First 411 Registered Riders will Receive
A Commemorative Challenge Coin
In Memory of All Police, Fire, EMS who Lost that Day.
Proceeds to benefit the
Forest Hills Volunteer Ambulance Corps



REGISTER TODAY!
www.allstate.com/CVACKS

6TH ANNUAL COMMACK AMBULANCE RUN FOR YOUR LIFE 5K
2017

Saturday, August 12
Sawmill Intermediate School
103 New Highway, Commack, NY 11725
Registration begins at 8:00 am - Run/Walk starts at 9:00 am

\$25 Registration Fee
(\$30 on Race Day)
\$20 Fire/EMS/Police

T-Shirts guaranteed to the first 200 pre-registered participants, major awards on-site, post-race refreshments, prizes awarded, coffee, snacks, music and more!

TERRY BISOGNIO
Professional Firefighter
Terry Bisognio is a professional firefighter and a member of the Fire Department in Commack, NY.

Visit www.CommackAmbulance.org or EMC@CommackAmbulance.org More Information



COMMUNITY SAFETY NIGHT!
Meet & Greet with
Dryden's First Responder!
WEDNESDAY, AUG. 30
6:30 PM - 8:00 PM
Montgomery Park in Dryden

Visit with
• Dryden Ambulance
• Dryden Fire Department
• Dryden Police Department

GET SAFETY TIPS
ASK THE PROFESSIONALS!
HOT DOGS & REFRESHMENTS!

SEE HOW YOU CAN HELP
IN YOUR COMMUNITY &
LEARN WHAT WE DO!

Check Out Our Vehicles & Safety Gear!

PROTECTING PATIENT ACCESS TO EMERGENCY MEDS ACT SIGNED BY PRESIDENT

On 11/17/17 President Donald Trump signed off on the Protecting Patient Access to Emergency Medications Act of 2017, HR-304 legislation (Public Law 115-83), amending the Controlled Substances Act to ensure EMS personnel may use standing orders to administer a controlled substance in cases in which a delay in treatment could result in harm or death to the patient. The new law was seen as necessary because despite longstanding practice in EMS care that has allowed medical directors of EMS agencies to write standing orders for the administration of controlled substances, such as pain narcotics or anti-seizure medications, the US Drug Enforcement Administration previously indicated it would prohibit the continued use of standing orders for EMS personnel barring any new legislation.

The new law amends the Controlled Substances Act (CSA) to enable paramedics and other EMS professionals to continue to administer controlled substances to patients pursuant to standing orders issued by their EMS agency's medical director. This law amends the CSA to direct the Drug Enforcement Administration (DEA) to register an EMS agency to administer controlled substances if the agency submits an application demonstrating that it is authorized to do so in the state in which the agency practices.

An EMS agency may obtain a single registration in each state instead of a separate registration for each location. A registered EMS agency may deliver, store, and receive controlled substances, subject to specified conditions. An EMS professional of a registered EMS agency may administer controlled substances in schedules II, III, IV, or V outside the physical presence of a medical director if such administration is authorized under state law and pursuant to a standing or verbal order, subject to specified conditions. The law specifies that a hospital-based EMS agency (i.e., an EMS agency owned or operated by a hospital) may continue to administer controlled substances under the hospital's DEA registration.

Read more at <https://www.congress.gov/bill/115th-congress/house-bill/304>

HIGH BLOOD PRESSURE REDEFINED

A report released 11/20/17 by the American Heart Association and American College of Cardiology provided guidelines for the prevention, detection, evaluation and management of high blood pressure in adults. People with a systolic blood pressure reading of 130 and/or a diastolic reading of 80 will now be considered to have high blood pressure, down from the previous standard of 140/90. 46% of American adults now fit the definition of having hypertension vs, 32 percent under the old numbers.

Normal blood pressure readings have not changed and it is normal to have a systolic blood pressure reading below 120 and a diastolic reading under 80.

However, blood pressure of 120/80 or above is considered elevated; 130/80 to 139/89 is now considered Stage 1 hypertension. Instead of recommending drug treatment right away, it is recommended that people with stage 1 hypertension try lifestyle changes first: exercising more, eating less salt, and eating more fruit, vegetables and whole grains.

Anything 140/90 or above will be considered stage 2 hypertension and patients may be prescribed diuretics, beta-blockers and ACE inhibitors, which attack blood pressure from different directions.

If blood pressure reaches 180/120 or higher — and either number in the blood pressure reading counts — people will be classified as in hypertensive crisis with need for immediate treatment or hospitalization.

For more information go to: <http://www.cnn.com/2017/11/13/health/new-blood-pressure-guidelines/index.html>

ANTHEM BLUE CROSS BLUE SHIELD TO PAY FOR TREATMENT WITHOUT TRANSPORT

EMS World magazine reports that starting 1/1/18 Anthem BC-BS will pay reimbursement for HCPCS A0998 coded 911 responses in New York and 13 other states. The company hopes to include its Medicare and Medicaid plans as well, though there are varying state requirements to navigate first that may delay implementation state by state. Anthem is the first major insurer to take such a global approach to compensating care that doesn't culminate at the ED. In the future that might involve things like Community Paramedicine non-911 home visits, medication checks and more, but for now the hope is a modest reduction in unnecessary ED transports.

NEW MEDICARE “LOCALITY RULE” MAY LEAD TO DENIED MILEAGE CLAIMS

Page, Wolfberg & Wirth, a leading national EMS industry law firm, reports that the Center for Medicare & Medicaid Services (CMS) announced a new change to its guidelines

regarding the so-called “locality rule.” Effective 9/18/17, Medicare Administrative Contractors (MACs), private companies that initially process Medicare claims in assigned areas, will have the discretion to define “locality” in their service areas. This means that some MACs may not recognize any “localities” in their jurisdictions and others may provide specific locality determinations for ambulance coverage. It is also possible that MACs will simply continue to process claims as they have been under the current provisions of the Medicare Benefit Policy Manual. For NYS and the New England region the MAC is National Government Services, Inc. which is based in Indianapolis, IN.

CMS Regulations state that ambulance transports are covered to the “nearest hospital, Critical Access Hospital or Skilled Nursing Facility that is capable of furnishing the required level and type of care for the beneficiary’s illness or injury.” (42 CFR 410.40(e)). This is often referred to as the “nearest appropriate facility” requirement (see section 10.3 of the Medicare Benefit Policy Manual). However, most MACs when processing ambulance claims have not strictly limited mileage claims to the nearest facility when a community is served by multiple facilities and any one of them could adequately treat the beneficiary’s condition. For instance, if an area is served by multiple hospitals and one is 5 miles from the point of pickup and one is 8 miles away, Medicare has generally paid the full mileage to either of the facilities that normally serve that community.

Some MACs may elect not to define any “localities” and instead may strictly apply the “nearest appropriate facility” requirement from the CMS regulations. This means that some ambulance services may face denied mileage claims for any covered mileage that exceeds the geographically closest facility that can appropriately treat the beneficiary. In this event, ambulance services will be required to bill the beneficiary for the excess mileage that the MAC determines exceeds the nearest appropriate facility.

Hospital destination decisions supported by regional protocols, such as transporting trauma, STEMI, stroke patients, burns, etc. to designated specialty hospitals rather than a closer community hospital, should not be affected by the new CMS guidance.

The full CMS Manual issuance is on the web at <https://www.pwwemslaw.com/sites/default/files/R236BPJune%20162017MACsHaveDiscretiontoDefine%20Locality.pdf>

NY PRESBYTERIAN MOBILE STROKE TREATMENT UNIT – UPDATE & CHANGES

In 2016 the Regional Medical Advisory Committee of NYC approved a 2 year Pilot Project for a Mobile Stroke Treatment Unit (MSTU) ambulance. Two feet longer than a regular NYC ambulance, the MSTU houses a Samsung portable computer tomography (CT) scanner, a point-of-care laboratory, a complete mobile EHR station with super-fast Wi-Fi and a Cisco tele-presence system. The unit operates in Manhattan (New York County) on an alternating basis out of NY Presbyterian-Cornell on West 68 Street and NY Presbyterian-Columbia on West 168 Street. The MSTU is dual-dispatched with a NYC 911 system BLS unit by FDNY EMS to CVA assignments in the catchment area. Total dispatches in the 1st year of operation was over 400.

At the 9/12/17 NYC REMAC meeting hospital officials gave an update on the project from its implementation on 10/3/16 through 8/15/17. 31 patients meeting established ischemic stroke criteria were transported by the MSTU. Of these, 28 received tPA in the field and 3 received it after arrival in the hospital. 4 of the 31 patients received a subsequent thrombectomy. Onset to 911 arrival time was 5 minutes. Last Known Well (LKW) time to tPA administration was 81 minutes for MSTU patients vs. 130 minutes for LKW to tPA administration in a hospital. There were cases of rapid patient recovery in-route to the hospital. There was only 1 hemorrhagic complication reported and no medical problems related to t-PA being administered on an ambulance. Good outcome, meaning the patient was discharged to home or a rehab facility, was reported as 80% but the sample size was only 25 patients. Normal 3 month good outcome is 66% to 75%. It should be noted that patients not meeting project criteria were also transported by the MSTU if ALS level care by the EMT-Ps were needed. REMAC welcomed the report but also looks forward receiving additional information to compare MSTU outcomes vs. normal 911 ambulance transports.

NYP plans to expand the Pilot Project with 2 additional ambulances. 1 will operate in Queens around NYP-Queens in Flushing and the 3rd, worked out in consultation with FDNY EMS and other interested parties, will be in the Park Slope area of Brooklyn around NYP-Brooklyn Methodist Hospital. Funding for the project comes from foundation grants.

MSTU staffing changed. Originally staffed by a neurologist, radiology technician and 2 EMT-Ps, the neurologist on board is being replaced by a Telemedicine Neurologist at the hospital. An advanced care practitioner, either Nurse Practitioner (NP) or Physician Assistant (PA), will be on board the ambulance to interact with the neurologist and mix and administer tPA in the field.

NYP job postings for Staff Nurse-RN-Mobile Stroke Unit-Days and Nurse Practitioner-NP-Stroke/Neurology Service Line-Days were advertised. Work schedules were listed as Monday-Friday 9:00 AM to 5:00 PM although the original Pilot Project operating hours were given to be from 7:00 AM to 3:00 PM.

Preferred Criteria for RN and NP:

- Current training or experience as an Emergency Medical Technician (Basic or Paramedic)
- Stroke Certified Registered Nurse Certification (SCRN) is preferred
- Acute care RN experience in stroke, critical care, and/or emergency medicine
- Prior experience in research or clinical trials

Required Criteria for RN and NP:

- At least 2 years of acute care RN experience, preferably in a Neuro ICU
- Bachelor's Degree in Nursing
- Current New York State RN License (or willingness to obtain)
- BCLS & ACLS certifications

NP also require:

- Master's Degree in specialty of practice
- Current New York State License as Nurse Practitioner in area of practice
- National Certification as Nurse Practitioner in specialty of service

NYC REMAC at its 2/20/18 meeting modified its protocol/policy to specify that if the MSTU detects a cerebral bleed the patient is to be transported to a trauma center rather than a primary or comprehensive stroke unit. The reason being that trauma centers have 24/7 neurosurgery capability. There was also a discussion on the capability of the CT scanner in the MSTU to detect small bleeds.

SEPTEMBER 11TH VICTIM COMPENSATION FUND REGISTRATION & CLAIMS

The September 11th Victim Compensation Fund (VCF) was created to provide compensation for any individual (or a personal representative of a deceased individual) who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts that took place in the immediate aftermath of those crashes. There have been a number of extensions and current law allows individuals meeting certain criteria to file claims until 12/18/20.

Eligible victim's conditions include:

- Non-cancer conditions including traumatic injury
- Cancer including prostate cancer and rare cancers
- New-onset chronic obstructive pulmonary disease

Persons may be eligible for compensation for:

- Past and future lost wages
- Compensation for non-economic loss – “pain and suffering”
- Reimbursement for past out-of-pocket medical expenses greater than \$2,000
- Replacement services – the VCF may compensate for household related services that the victim regularly performed and can no longer perform as a result of an eligible condition

To be eligible to file a claim you must register with the Victims Compensation Fund by the applicable deadline. Registration deadlines vary and are based on individual circumstances. There is a chart at www.vcf.gov/pdf/RegisterChart.pdf Registration can be done online at www.vcf.gov/register.html or by calling (855) 885-1555.

The VCF is a separate program from the WTC Health Program. It is managed by the US Department of Justice and does not provide healthcare. Enrollment in the WTC Health program does not automatically enroll someone in the VCF.

NALOXONE REBATE PROGRAM

Amphastar Pharmaceuticals, Inc. executed an agreement with various State Attorney Generals, including NYS AG Eric Schneiderman, wherein the drug manufacturer agreed to provide a \$6 rebate for each Amphastar manufactured Naloxone Luer-Jet syringe purchased by non-federal government agencies from 9/30/15 through 6/30/18. These entities include, but are not limited to, state agencies, municipal governments, state and municipal law enforcement agencies, emergency medical service agencies and nonprofit community-based programs.

Amphastar shall make a payment ('Payment') in the amount of \$6.00 (the 'Payment Amount') for each Amphastar Naloxone Syringe (a 'Syringe') where either (a) the purchase price of the Syringe was reimbursed by a government or public entity In New York ('NY Agency'), Including but not limited to NYAG, DOH, or NYC; or (b) an NY Agency purchased the Syringe and where that NY Agency will receive no reimbursement for the costs of that Syringe from any other NY Agency. Amphastar shall pay the Payment Amount associated with a given Syringe regardless of whether the Syringe was purchased directly from Amphastar or from a third party.

A NY Agency seeking payments under this agreement shall submit to Amphastar a written accounting certifying the number of Naloxone Syringes purchased or reimbursed by the NY Agency during a given quarter, i.e., a three (3) month time period (a 'Certified Request'), within sixty (60) business days of the conclusion at the quarter. The Certified Request shall include paid invoices or other reasonably adequate documentation of the number of Syringes purchased. Amphastar shall pay the total accrued Payment Amounts to the submitting NY Agency within ninety (90) business days of receipt of a Certified Request.

Rebate requests should be sent to: Amphastar Pharmaceuticals, Inc., 11570 Sixth Street, Rancho Cucamonga, CA 91730

For additional information go to: <https://ag.ny.gov/press-release/ag-schneiderman-negotiates-deal-cut-price-heroin-antidote-across-new-york-state> A link to the actual agreement is in the press release.

5 THINGS TO KNOW ABOUT EMS CHAPLAINS

Here's an overview of what EMS chaplains do and how you can become one.

By Sarah Calams, Associate Editor, EMS1.com. Reprinted with permission.

It's no secret that EMS providers have a dangerous job. While we want every responder to return home safely after a shift, sadly it doesn't always happen. In the event of a sudden death, seriously injured responder or line of duty death, an EMS chaplain provides both counseling to responders and other department members. EMS providers often help people on the worst day of their life. In the same way, EMS chaplains provide a service to EMS departments through the worst of times. And much like EMS – chaplains are available 24/7, including weekends and holidays. Here's an overview of what EMS chaplains do and how you can become one.

1. WHAT DOES AN EMS CHAPLAIN DO? - An EMS chaplain's job is not an easy one. Their main purpose is to help EMS providers and other department members in the event of an injured or killed responder. They're also available to personnel for grief counseling. They lend an ear for those who need to talk about something that is bothering them, such as physical or emotional stress. An EMS chaplain's goal is to aid, comfort and help responders and their families, according to the Federation of Fire Chaplains.

2. EMS CHAPLAINS AND RELIGION - EMS chaplains, while bound in religious tradition, can also serve as non-denominational and non-sectarian in his or her chaplaincy. An EMS chaplain will usually find out a responder's or family of a responder's religious preference and notify a nearby church.

3. ARE EMS CHAPLAINS PAID? - Most EMS chaplains are volunteers. However, some may be employed either part-time or full-time by a department or outside agency and receive compensation.

4. WHO SERVES AS AN EMS CHAPLAIN? - An EMS chaplain can be appointed by his or her department and must be endorsed by their religious organization. In rural areas, an EMS chaplain can be a local pastor who volunteers their time to help a department. There are also responders who have ministry experience that volunteer their time when off-duty to do chaplain work.

5. HOW TO BECOME AN EMS CHAPLAIN - Every department has different needs, depending on where you live. While a large department may have five EMS chaplains, a volunteer department would most likely rely on area pastors for their EMS chaplain needs. Reach out to your local department and set up a meeting to speak to the EMS chief about their chaplain needs. Basic requirements to become an EMS chaplain include five years of ministry experience, a clean criminal record and you must be ecclesiastically certified or endorsed by a recognized religious body. The selection process usually includes individual and panel interviews; background, fingerprint and reference checks are also part of the process.



NYSVA&RA members who want more information about EMS chaplain services can contact Robert H. Ruston through Facebook or RRuston@aol.com Bob is Director of NYSVA&RA Region 2 and is also active in NYS, regional and county EMS and fire organizations. He is a Board member of the NYS Association of Fire Chaplains.

NEWS FROM THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS

EPIPEN FAILURES CITED IN 7 DEATHS IN 2017

EpiPens, which contain the hormone epinephrine, are used to stave off allergic reactions that in some cases kill those with allergies. Failure of EpiPens to deploy correctly have been cited in seven deaths in 2017 through mid-September, according to reports by patients and physicians made to the U.S. Food and Drug Administration and obtained by Bloomberg News. The FDA received a total of 228 reports of EpiPen or EpiPen Jr. failures during the same time period, according to documents made available as a result of a Freedom of Information Act request. In addition to the deaths, 35 people were hospitalized, according to the reports. Read more at <https://www.bloomberg.com/news/articles/2017-11-02/epipen-failures-cited-in-seven-deaths-this-year-fda-files-show>

FDA APPROVES EPINEPHRINE AUTO-INJECTOR FOR SMALL CHILDREN

The Food and Drug Administration (FDA) has approved Kaleo's AUVI-Q 0.1 mg device, an epinephrine auto-injector for the treatment of life-threatening allergic reactions with a needle length and dose specifically designed for infants and small children weighing between 16.5 and 33 lbs. AUVI-Q 0.1 mg includes the innovative AUVI-Q electronic voice instruction system as well as visual cues to help guide users step-by-step through the administration. The AUVI-Q 0.1 mg Auto-injector is projected to be available for patients in the first half of 2018. Read more at https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/201739s008s009lbl.pdf

NYS DOH & BUREAU OF EMS & TRAUMA SYSTEMS INFORMATION

SEMAC & SEMSCO MEETINGS

The Bureau has completed negotiations with the Hilton Garden Inn-Troy NY, for the upcoming 2018-2019 Council Meetings. The dates are as follows:

- May 15-16, 2018
- September 25-26, 2018
- January 15-16, 2019

Meetings are open to the public. Those who do not want to travel to Troy to attend the meetings can go to the DOH web page at <http://www.health.ny.gov/events/webcasts/> and view live webcasts or archived recordings of the meetings.

CANDIDA AURIS (C AURIS) INFECTIONS

BEMS&TS disseminated information on Candida Auris (C Auris) to the EMS community. Candida auris (C. auris) is an emerging multidrug-resistant yeast. It has been reported that C. auris has caused severe illness in hospitalized patients. Infections caused by C. auris often do not respond to commonly used antifungal drugs, making them difficult to treat. Also, C. auris can persist on surfaces in healthcare environments, including ambulances and spread between patients and staff in the healthcare setting. Patients who have a long stay in an intensive care unit, have serious medical conditions, and who have previously received antibiotics or antifungal medications, appear to be at highest risk of infection. These are also the types of patients that are being transferred by EMS agencies.

There is a lot of useful information on the Department's website at the following URL: https://www.health.ny.gov/diseases/communicable/c_auris/providers/

TRAUMA CENTER VERIFICATIONS & DESIGNATIONS

At the 10/17/17 State Trauma Advisory Committee (STAC) meeting an update on was given. There are 44 trauma centers 39 have been verified by the American College of Surgeons (ACS). The ACS does not designate trauma centers but verifies the presence of resources.

	Level 1	Level 2	Level 3	Level 4
Adult	19	7	3	
Pediatric	6	4		

There are 7 "provisional" centers and 5 hospitals are schedule for ACS verification visits through March 2018.

STOP THE BLEED CAMPAIGN



Launched in October of 2015 by the White House, Stop the Bleed is a national awareness campaign and a call to action. Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

NYS has 478 instructors who have given 278 courses training 2,000 people. There is movement to place Stop the Bleed supplies at locations similar to the placement of public access AEDs.

The New York City Police Department (NYPD) is reportedly training and equipping all officers with tourniquets and QuikClot over the next 2 years to deal with potential mass casualties from terror attacks. Money for the “bleed kits” and instruction is being provided by the US Department of Homeland Security and funneled to the NYPD through NYS. The NY Post has reported several instances when the kits have been used by NYPD officers.

National Stop the Bleed Day is set for 3/31/18 to recognize that everyone has the power to stop life-threatening bleeding caused by injuries in the home, industrial settings or mass-casualty events.

The NYS Coordinator is Andrew Tarasoff, EMT-P, and he is coordinating efforts statewide and looking for information on the training momentum. He has individuals and whole communities within the state looking for sources of training and if he can in any way assist please don't hesitate to ask him. He can be contacted at a.b.tarasoff@gmail.com

ENFORCEMENT ACTIONS AGAINST EMS PROVIDERS

- EMT 365407 revoked effective 8/16/17 for violations of 10 NYCRR Part 800.16(a)(8).
- EMT 387165 revoked effective 10/9/17 for violations of 10 NYCRR Part 800.16(a)(8).
- EMT 364843 revoked 11/7/17 for violations of 10 NYCRR Part 800.16(a)(8)
- Woodhaven-Richmond Hill Volunteer Ambulance Corps, Inc., Agency 7374, revoked 8/16/17 for violations of PHL Article 3012(1)(f), 10 NYCRR Part 800.21(f) and 800.21(c).
- Richmond Medical Center, Agency 0802, 11/22/17 assessed a civil penalty of \$5,000 for violations of 10 NYCRR Part 800.21(b), 800.23(a) and 800.23(b)

NEW YORK STATE NEWS

AMERICAN COLLEGE OF SURGEONS TRAUMA CENTER ACTIONS

The NYS DOH stopped designating Trauma Centers several years ago leaving the American College of Surgeons (ACS) the task of verifying if hospitals meet it's criteria for level 1 through 4 status. Recent ACS actions include:

Verifications:

- Bassett Medical Center - extended as Level II trauma center
- Golisano Children's Hospital (at Upstate) - verified as Level I pediatric trauma center
- Huntington Hospital, Northwell Health - verified as Level III trauma center
- Kings County Hospital, NYC Health & Hospitals - verified as Level I trauma center
- Nassau University Medical Center - verified as Level I trauma center



- Southside Hospital, Northwell Health - re-verified as Level II trauma center
- St. Elizabeth Medical Center - extended as Level III trauma center
- Upstate University Hospital - re-verified as Level I trauma center
- Wilson Medical Center, UHS - verified as Level II trauma center

Consultative visits scheduled or conducted:

- Orange Regional Medical Center for Level II
- Harlem Hospital, NYC Health & Hospitals for Level II pediatric

NYU Winthrop University Hospital announced in November that it would not seek designation as a Level II pediatric trauma center.

EMS RESPONDERS COMPLETE NEW NYS DHSES “RESCUE TASK FORCE FOR EMS” COURSE



New York State Division of Homeland Security and Emergency Services announced that 18 EMS responders from across the state recently completed a new 2 day ‘Rescue Task Force for EMS’ pilot course at the State Preparedness Training Center in Oriskany. The course provided EMS responders with tools and techniques to save civilian lives through the use of rescue task force and tactical emergency casualty care principles. Taught by a team of instructors from the State Preparedness Training Center, and the National Center for Security & Preparedness, students learned how to form a rescue task force with law

enforcement to enable responders to treat and evacuate victims as quickly as possible in an emergency situation.

During course, students applied concepts discussed in the classroom to skill lanes, including rescue task force movement, hemorrhage control and triage. Students also discussed and applied concepts related to on-scene command, decision-making and peer leadership. Utilizing the extensive training venues at the State Preparedness Training Center, the course culminates with scenario-based situations where responders have to integrate skills and concepts into responses to simulated attacks.

Additional presentations of the course will be scheduled and announced on the DHSES website.

COMMUNITY PARAMEDICINE IN NYS LEGISLATIVE AND REGULATORY UPDATE

This past year, the NY Mobile Integrated Healthcare Association (NYMIHA) board was engaged with a large group of stakeholders from around the state regarding Community Paramedicine legislation. While legislation was not passed, they are grateful to Assemblymen Gottfried and Senators Hannon, Little and Valesky for sponsoring bills during the legislative session. The NYMIHA considered the proposals as imperfect, they were an important step towards building consensus around enabling legislation for community paramedicine.

One of the best outcomes out of the effort was that the EMS community developed a stronger degree of solidarity and coordination around the issue of community paramedicine. The NYMIHA board has representation from fire, hospital, volunteer, and commercial EMS, and is working closely with other EMS organizations and other stakeholder groups. There is an extremely broad coalition in support of Community Paramedicine and NYMIHA hopes over the next few months to arrive at language that is agreeable to all parties, including those that have expressed reservations in the past.

Meanwhile, NYS DOH is undertaking a regulatory modernization effort that includes seeking to address the issue of community paramedicine. That effort includes proposed changes to the Public Health Law to add Section 2085-z Community Paramedicine Collaboratives which would allow individuals certified under Section 3002 to perform community paramedicine services in residential settings other than initial emergency medical care and transportation of sick and injured...The providers would have to be employees or volunteers of an EMS agency that participates in a collaborative and working under medical control. The collaborative would have to include at least 1 hospital, at least 1 physician and at least 1 home care services agency. If behavioral health conditions or developmental disabilities are involved other specialty providers need to be included. Collaboratives can include additional participants such as payors and local health departments.

NYMIHA plans to monitor and participate in this process to the extent possible. You can read more about this process at https://www.health.ny.gov/regulations/regulatory_modernization_initiative/ Comments are being received at RegulatoryModernization@health.ny.gov

EMS INDUSTRY – NEWS, NEW PRODUCTS, RECALLS & SHORTAGES

BRAUN INDUSTRIES AND DEMERS AMBULANCES ANNOUNCE MERGER

Beloil, Quebec, and Van Wert, Ohio, February 2, 2018 – Demers Ambulances, a Quebec-based leader in the design, manufacturing, and distribution of ambulances in Canada, is merging with Braun Industries, Inc., a leader in custom ambulance manufacturing based in Ohio. For Demers, this merger

helps the company realize its ambition of dramatically increasing its North American market share and competing on a global scale. The merger with Braun creates the second largest ambulance manufacturer in North America and provides greater scale to pursue innovation and international growth.

EMSWORLD reports the companies will continue as two distinct brands, with Demers president Alain Brunelle serving as CEO of the combined entity. Braun owner and president Kim Braun will continue leading her company. Braun will continue producing its Type I and Type III vehicles at its facility in Van Wert, Ohio and Demers the same at its base in Beloeil, Quebec. Demers will move production of its Type II's for the U.S. market to Van Wert but they'll continue to be badged as Demers. Type II's for Canada and elsewhere will still be made in Quebec as Braun doesn't make a Type II.

The merger was made possible by Clearspring Capital Partners, a Canadian private equity firm focused on growing mid-market companies, who led the transaction alongside Caisse de dépôt et placement du Québec (CDPQ), a global, long-term institutional investor.

ZIAMATIC CORPORATION UPGRADES ITS ZICO O2 CYLINDER MOUNTING BRACKET



The company upgraded its QR-MV and powered QR-OTS air cylinder storage systems to meet the new SAE-J3043 standard, adding an additional strap and backing plate to make sure EMS crews stay safe in the event of an accident or rollover event. Model QR-MV consists of two separate ends (base and retainer) plus two center strap brackets. These components can be adjusted to accommodate M, G, H, K, and T cylinders. Four heavy-duty web straps hold the cylinder securely in place.

Ziamatic manufactures a full line of mounting brackets for EMS, fire and rescue vehicles. For more information go to www.ziamatic.com

FORD TRANSIT CHASSIS RECALL - DRIVESHAFT FLEXIBLE COUPLING



Ford issued a safety recall 6/28/17 on all Transit chassis that were built between 1/17/14 and 6/15/17 at the Kansas City Plant including medium, long and extended wheelbase chassis used for Type II van and Type III ambulance conversions. Ford advises "In the affected vehicles, continuing to operate a vehicle with a cracked flexible coupling may cause separation of the driveshaft, resulting in a loss of motive power while driving or unintended vehicle movement in park without the parking brake applied. In addition, separation of the driveshaft from the transmission can result in secondary damage to surrounding components, including brake and fuel

lines. A driveshaft separation may increase the risk of injury or crash".

Based on the field data, Ford does not expect the current flexible couplings to deteriorate sufficiently to result in driveline separation in vehicles with less than 30,000 miles. For vehicles with more than 30,000 miles, bring your vehicle to a Ford dealership to replace the driveshaft flexible coupling. For vehicles with less than 30,000 miles, bring the vehicle to a Ford dealership when the vehicle's mileage approaches 30,000 miles. These repairs are an interim solution, replacing driveshaft flexible couplings at every 30,000 miles, until Ford announces a permanent repair of the issue, at which time vehicle owners will be advised. For reference, the recall number is 17V408000 and the manufacturer's campaign number is 17S15.

NYSVA&RA DISTRICT NEWS ABOUT SQUADS AND MEMBERS

DISTRICT 1 – ROCKLAND COUNTY

HAVERSTRAW AMBULANCE CORPS.INC. On the 27th of December presented the Town of Haverstraw Police Department and Rockland Paramedic Services/North Rockland ALS unit Medic 1 with K-9 first aid kits. The following was a statement from the Town Supervisor Howard T. Phillips: "We cannot begin to thank Haverstraw Ambulance Corps, Inc. enough for always being there for our community. This morning, Captain Teresa Hamilton and the HVAC held a press conference announcing pre-hospital medical services now available for HTPD K9 Officer Chase. Haverstraw EMS will now be carrying specialized K-9 first response kits in all three ambulances as well as donating a kit to our local paramedic services and one for the K-9 unit. Haverstraw Ambulance also announced they made a donation of supplies, collected from members of the community as well as a small check to the Hi-Tor Animal Shelter.

Pictured: President William Stone (HVAC), Lt. John J. Gould (HTPD), Det. Greg Gaynor (HTPD) and K-9 Officer Chase, Capt. Teri Hamilton (HVAC), Chief Peter Murphy (HTPD), Paramedic Julie Zimmerman (Medic-1), Lt. Laura Gluck (Medic-1), Supervisor Howard T. Phillips (Town of Haverstraw), Councilman John J. Gould Sr. (Town Haverstraw)



NANUET COMMUNITY AMBULANCE members are reaching out to their community to offer community CPR classes and basic first aid classes.

NYACK COMMUNITY AMBULANCE hosted their 5th annual SNOWFLAKE 5K RUN/WALK on December 31, 2017. This event has been very successful each year and has grown in size. It is held on the main road in front of their building and community involvement has been increasing. Everyone gets recognized for their participation and a GREAT time is held by all. Another event they are very proud of was handing out toys to over 30 underprivileged children this past holiday season.

SOUTH ORANGETOWN AMBULANCE members continue to promote the mission of Pre Hospital services by hosting various classes for CPR and basic first aid as well as numerous community outreach programs.

SPRING HILL COMMUNITY AMBULANCE celebrated their 50th year of service by launching a program called 500FOR50. Their plan is to certify 500 members of the community in CPR to honor the agencies 50 years of service. In addition to this program, the agency also does a weekly "helpful hints" on their Face Book page and they host blood drives throughout the year.

ROCKLAND COUNTY EMS/ROCKLAND PARAMEDIC SERVICES/ROCKLAND COUNTY POLICE ACADEMY is hosting a 7 hour CME for EMS throughout the year, Practice Warm Zone Rescue Task Force Training with local law enforcement (LE) and first responder agencies will give EMS and LE an opportunity to work together.

PEARL RIVER ALUMNI AMBULANCE CORPORATION, *New York's First Chartered Volunteer Ambulance Corps, Celebrates Over 80 Years of EMS*

The Pearl River Alumni Ambulance Corporation was established in 1936 by a group of Pearl River High School Alumni, after several alumni had witnessed a terrible train vs. car accident that occurred at the railroad crossing at Washington Avenue. The automobile occupants consisting of four mothers returning home from St. Margaret's Church were severely injured.



The alumni formed a committee to raise the funds necessary to purchase Pearl River's first ambulance, a 1937 Cadillac LaSalle, and become a State Chartered Ambulance service. The corps used a garage behind Dexter Folder and local merchants, workers and residents volunteered their time and would drive the ambulance and respond to calls in the community. The volunteers received their initial training from on ambulances that were used in the Jersey City Hospitals.

During and after World War II many of the returning veterans with valuable First Aid experience joined the corps and bolstered its ranks. The Alumni conducted annual fund drives to purchase property

and in the early 1950s constructed a new ambulance building on North Pearl Street. All of the members became certified and trained in American Red Cross First Aid. The volunteers would respond to local emergencies and transport patients to local hospitals. The members also helped train members in other towns in Rockland County to start ambulance services in their communities. In the late 1960s the corps built an addition to the building to house a second or standby ambulance for ever increasing emergency calls.

In the early 1970s as the county became more populated and technology advanced the Pearl River volunteers in conjunction with local physicians and Nyack Hospital were trained in advanced life support procedures and many members were certified as coronary care technicians. Two state of the art ambulances in Pearl River could send cardiograms via radio directly to the Nyack Hospital Emergency Room. The volunteers took additional training provided by Nyack Hospital and became Paramedics in the early 1980s. The corps provided volunteer Paramedic services and transportation until 1991 when the Town of Orangetown contracted Rockland Paramedic Services to provide paramedic service to the entire town.

In 1990s Pearl River continued to upgrade equipment and vehicles and work hand in hand with Rockland Paramedic Services to maintain and improve the ambulance service to the residents of Pearl River. September 1999 rolled in with hurricane Floyd and the ambulance building was inundated with 4 feet of flood waters. Except for the two ambulances most of the supplies and equipment was damaged or destroyed. A second floor was added to the ambulance building in 2000 to prevent future damage to supplies and expand operations and training.

September 11, 2001 changed the nation forever. The Pearl River Ambulance was activated shortly thereafter to send one staffed ambulance (along with other ambulances from Rockland County) to New York City for short periods of time to maintain the cities ambulance coverage. During the next year The Pearl River Ambulance building was used as a staging area for replacement ambulances prior to delivery to FDNY. The Pearl River Alumni Ambulance Corporation received a Service Commendation from the New York City Fire Department and the People of the City on New York.

The squad continued expanding its facilities, replacing and upgrading equipment and purchasing state of the art ambulances. In 2003 the corps added two electric vehicles to its fleet to provide rapid response for large events held in Pearl River. All Pearl River ambulances purchased during the past 15 years have a common design feature which facilitates equipment positioning. This simple feature allows the members to quickly locate medical equipment and supplies on any ambulance.

Today the Pearl River Alumni Ambulance Corporation to maintain and improve its service to the community. New uniforms, new radio equipment, automatic defibrillators on all vehicles, all members as well as EMTs are trained to defibrillate. The squad is a New York State Certified Ambulance Service and has been since 1978. In May 2011 the squad was awarded the Rockland County EMS Agency of The Year Award. The Pearl River Alumni Ambulance Corporation has provided tax free ambulance service to the residents of the community for since inception in 1936. It receives no monies from local, state or federal agencies. It is and continues to be New York's First Chartered volunteer ambulance corps.

DISTRICT 1 YOUTH SQUAD TRAINING DAY.

DATE: Sunday April 22, 2018 TIME: 9:00 AM to 5:00 PM

LOCATION: Rockland County EMS-Fire Training Center

35 Firemens Memorial Drive, Pomona, NY 10970

The committee has been doing a huge amount of work to make this day happen. Contacts have been made for participation from: K-9 unit, Arson/Bomb squads, Marine Unit, Aviation Unit & Stat Flight, Communications Division, Medical Examiner's Office, RC Technical Rescue Team, RC HAZ-MAT Team, Critical Stress Team, Mounted Unit, fire departments and ambulance corps to name a few.

They have also asked a few dignitaries from the County of Rockland to be guest speakers including, County Executive Ed Day, RC Sheriff Louis Falco as well as NYSVA&RA President Henry Ehrhardt. Each has responded with some very positive comments about this day. To date, the committee has secured a great donation from Stop and Shop headquarters for food for the day and they are still working on other items such as a T-shirt for each participant and have designed a Challenge Coin for the event potentially for fund raising purposes so we can continue to host events like these through District 1.

DISTRICT 4 – QUEENS COUNTY, NYC REGION



District 4 mourns the passing of Charles Hummel on February 15, 2018 at the age of 72. Over the years he served as President, Chief and Chairperson of Glendale VAC; Administrator, CIC and EMT instructor for the West Queens Emergency Medical Training Institute; Director of District 4, NYS Volunteer Ambulance & Rescue Association; Chair of the PULSE CHECK conference Drills Committee and Member of NYC Regional EMS Council. He received an EMS Educator of Excellence from NYSVA&RA. Charles had a PhD degree and was a chemistry professor at the New York Institute of Technology, Chair of the Department of Life Sciences and was also involved in research in orthopedic surgery, rheumatology and physiotherapy. Charlie was active at his local church parish and the priest officiating at his funeral commented that for many years whenever Dr. Hummel was there they always felt safe should a medical emergency come up not realizing he was a PhD and not an MD. Nevertheless, he was always able to handle any situations that arose.

DISTRICT 7 – SUFFOLK COUNTY

HUNTINGTON COMMUNITY FIRST AID SQUAD (HCFAS) marked 50 years of service to the community in December 2017. Prior to the squad's formation private ambulances answered calls but the service was sporadic and depended on which private ambulance got to the scene first. After a request by the Town of Huntington for a study, one was taken on by concerned citizens, police and fire coordinators. It was decided to form an emergency ambulance service that would be available for emergencies 24 hours a day, 7 days a week, 365 days a year. In order to provide daytime coverage it was decided to recruit women to serve in daytime operation. Using a borrowed building that was slated to be torn down for renewal HCFAS started operations with a used ambulance that was purchased for \$500.00 with a \$100.00 donation from each of the founding fathers. Although the emergency service was to begin on January 1st 1968 a call was received on December 27th and the ambulance responded. By the end of that night three calls were answered and HCFAS was in business. In the first year of operation 1,064 calls were answered. In 2017 6,212 were answered by the dedicated men and women of HCFAS. Over the years the Huntington Community First Aid Squad has also responded to major events that have occurred. Some examples are the 1984 fire at the Walt Whitman Mall, which took over 4 hours to bring under control, a second fire at the Mall occurred in 1991 with 1 fatality. HCFAS responded to a LIRR train and tractor trailer collision in 1988, Avianca Flight 52 in 1990, Pine Barrens Wild Fires in 1995 and the September 11 attack at the World Trade Center. HCFAS also sponsors an Explorer Post to offer our youth the opportunity to explore the field of EMS and give them a path to membership.

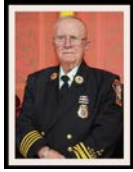
MASTIC VOLUNTEER AMBULANCE CORPS, Suffolk County, was presented in August with a plaque from Brookhaven Memorial Hospital Medical Center in Patchogue containing 2 of the sprinkler heads that helped put out an ambulance fire in the hospital's ambulance bay. The incident occurred 6/2/17 about 8:30 AM shortly after a patient was delivered to the ED. Smoke was observed coming from the vehicle, a Chevy Type III modular, and then it was engulfed in fire. Responding agencies included Hagerman Fire Department with mutual aid assistance from the Bellport, Brookhaven, Blue Point, Holbrook, Mastic, Medford, North Patchogue and Shirley Fire Departments and South Country Ambulance. Damage from the fire was contained to the ambulance and the ambulance bay overhang. No damage was done to the hospital building but there was a minor smoke condition in the emergency room screening area and the main emergency room. The hospital remained open and all patients were continually cared for until given the all clear to operate normal by 10:00 AM.

SOUTH COUNTRY AMBULANCE, Suffolk County, won Brookhaven Town approval on 12/19/17 by a vote of 6 to 1 for additional funds and amended bond resolution for its new headquarters. The new building was originally approved in 2015 for \$13 million for a 30,000 square foot structure. However, delays for various reasons resulted in an increased cost estimate and an additional \$2.73 million was needed for a scaled back 26,000 square foot structure. The new amount includes a \$1.3 million contingency allowance. Traffic and tax increases were concerns raised by some residents. The new HQ is set back 75 feet to allow ambulances to back into bays without disrupting traffic. Town documents show that taxes for "typical property" owners in the area would rise from \$89.46 to \$107.67 per year, and from \$96.15 to \$115.08 per year for "residential" property owners in the district. South Country Ambulance, officially Brookhaven Ambulance Company, operates 5 ambulances at the EMT-P level and also has 4 ATVs, 4 fly cars, bike unit, Special Operations truck and marine unit. The agency serves the

communities of Bellport, Bellport Village, Brookhaven, Hagerman, East Patchogue, Fire Island, Southaven, South Yaphank, and the Great South Bay since 1940. Annual call volume is over 3,000.

DISTRICT 12 – NASSAU COUNTY

District 12 mourns the death in January at age 89 of former Vice Chair William G. Stockdale, Sr. Bill,



NYS DOH EMT #3705, was the original dispatcher #1 for Nassau County Fire Com and an instructor at the Nassau County Fire-Police-EMS Academy. He was a proud veteran of the USMC, 2 time Ex-Chief and longtime member of the Roosevelt FD, life member of the Nassau County Parade and Drill Teams Association and co-owner of DS Penn Trophies. Before retirement Bill was an

employee of the NYS Department of Parks and Recreation assigned to Jones Beach and worked in the title of Assistant Park and Recreation Aide Specialist. He was instrumental in the formation of the Jones Beach EMS Unit. His racing career driving for DS Racing at the old Freeport track spanned the mid 1950's to 1967 driving a 1938 Plymouth Business Coupe or a 1947 Mercury finishing in the top 10 every year.

MALVERNE VOLUNTEER AMBULANCE CORPS, Nassau County, will now have backup provided by Northwell Health Center for EMS rather than Nassau County Police Department Emergency Ambulance Bureau (NCPD EAB). The new partnership will run for a trial period that began 7/8/17. The arrangement is seen as a benefit for the village in reduced police overtime and a higher level of EMS service. NCPD EAB's response model is for the responding ambulance to be staffed by an EMT-CC, AEMT or EMT-P and if patient transport is necessary the ambulance is driven to the hospital by a police officer from the local department if there is one or NCPD, taking that officer away from police work. Residents are not billed when the VAC transports, however, NCPD EAB billed and Northwell will be billing for patient transports including mileage. As part of the new arrangement Northwell will also be providing BLS training for Malverne VAC members and host community training seminars at Malverne's quarters. Malverne VAC operates 2 ambulances at the ALS level and responded to 131 calls in the 1st 6 months of 2017. The village's budget for the Ambulance Department in fiscal year 2017 was \$60,000 going up to \$62,000 in 2018. The squad also has an annual fund drive and other revenue sources.

BITS FROM AROUND THE STATE

(Collected from blogs, forums, news articles, web sites, meeting minutes, etc.)

ALBANY COUNTY SHERIFF took over for Rensselaerville Volunteer Ambulance which closed this past summer. Local new media reports the Albany County Sheriff's Office has stationed an emergency medical technician in the Hilltowns, and will be charging Rensselaerville \$60,000 in 2018. The charge is set to increase exponentially over the next four years in order to cover the cost of the new EMT service. The town will also be paying \$57,000 for the sheriff's paramedic service, a slight increase from last year's \$54,500. In previous years the town had paid \$20,000 to the volunteer ambulance and had received between \$30,000 to \$45,000 annually in patient insurance billing receipts. Insurance billing receipts now go to county coffers.

BINGHAMPTON UNIVERSITY, Broome County, received a \$25,000 grant through the efforts of NYS Senator Fred Akshar to fund a Stop-the-Bleed program. The funds will go toward training students, faculty and staff in the use of the 160 Stop-the-Bleed kits at 160 locations around campus which share space with AEDs. The kits contain medical gloves, gauze, combat tourniquet and shears. 15 additional kits have been placed at large venues around the community. HARPUR'S FERRY VAS, Binghamton University's student run volunteer ambulance squad, will host weekly training classes to teach people how to use the kits.

DAEMEN COLLEGE RESCUE SQUAD, Erie County, is a new student run BLS level 1st Responder service covering the school's 2,760 student campus in Amherst near Buffalo. Created under the Division of Student Affairs, DCRS is made up of a core group of undergraduate and graduate students, including a majority in health sciences and human services majors, who are trained and certified as basic emergency medical technicians. The squad was issued Agency Code 0413 by the NYS DOH. When a call comes in to



Public Safety the crew chief and available responders are dispatched by the smartphone application IamResponding. Backup BLS 1st Response is from Snyder Fire & Rescue and transporting ambulance service is from ALS level Twin Cities Ambulance. Current staffing includes 12 EMTs and 1 paramedic with another 7 in EMT training.

HATZALAH VOLUNTEER AMBULANCE, New York City, is slated to receive \$1 million in state funding to upgrade its communication system. Although it has 23 radio towers throughout the city and in Orange, Rockland, Sullivan and Ulster counties the agency can only point-to-point broadcast from 1 at a time which can result in dead spots where transmissions are not received by dispatchers or mobile units. The funding was received through the efforts of NYS Assemblyman Dov Hikind (D-Brooklyn). This is the second large grant by NYS to fund Hatzalah VAC communications. In 2010 the organization received a \$445,000 NYS Assembly capital grant to upgrade and overhaul its central communication facility in Brooklyn including new radio systems, a voice-over-Internet protocol backup system and a backup auxiliary facility to be used in case the main dispatch center is out of service for any reason.

LIFENET OF NY, Steuben County announced a new billing policy. Air medical costs are significant and can result in a bill of \$50,000 to \$60,000 causing "sticker shock" for patients and their families. LifeNet of NY, an Air Methods/Guthrie Air Company, is revamping the way it handles bills. The company's Hornell base handles calls from Monroe County south to Tioga County and from Olean and Watkins Glen. Most transports are to Rochester general, a Level 1 Trauma Center. The company is now focusing on patient advocacy and patients will no longer get bills prior to closed insurance cases. The average cost of a medivac is \$10,200 with Medicaid reimbursing \$3,500 on average, Medicare paying \$6,000 and private insurance covering up to \$26,000. In 2017 43 of 80 Hornell area patients saw no out-of-pocket expenses while those that did paid an average of \$320 after third party payments were made. The only cases sent to collections are when someone pockets the insurance check. Air Methods/Guthrie Air has 10 other LifeNet of NY bases that serve NY areas and it is unknown if the new billing policy is being extended to those areas.

MOHAWK AMBULANCE SERVICE, Schenectady County, announced on 7/21/17 its acquisition of CAPITAL DISTRICT AMBULANCE SERVICE and DOCTOR'S AMBULANCE SERVICE. A local news outlet reported "one of the co-owners became paralyzed after an accident and the family-owned business just wasn't what it used to be". The closing of the companies was not unexpected but the suddenness of the closing caught employees off guard. Mohawk encouraged the 35 former employees of Capital & Doctor's to file applications with Mohawk. The NYS DOH EMS web site lists the same address for both Capital & Doctor's with the first company having 2 EMT-P level ambulances and the second 1 EMT level ambulance. Mohawk's website indicates the company has over 40 ambulances, 250 employees and bases in Albany, Brunswick, Schenectady and Troy.

NASSAU COUNTY ALS AGENCIES are being inspected by the NYS DOH and a number have been downgraded to BLS status because their ambulances do not carry narcotics required by EMS Policy Statement 13-07 *Controlled Substance Requirement for EMT-CC/P Agencies* and Part 800.5 Regulations. All ALS ambulances in NYS need to have a Narcotics License and carry at least 1 opioid such as morphine, at least 1 regionally endorsed benzodiazepine such as diazepam (Valium®), midazolam (Versed®) and other medications and, with DOH approval, fentanyl and ketamine. At the beginning of 2018 there were 20 agencies of approximately 70 that were found lacking and over the month of January a number complied while others were added to the list of those receiving downgrade notices from Nassau REMAC and/or Notice of Deficiency from NYS DOH. The Long Island Herald carried an article on 1/25/18 that put the number downgraded at 19. As of 2/7/18 the number receiving suspension notices had risen to 26, however, 13 subsequently received reinstatement notices. Cost is one reason cited for not carrying narcotics as it can amount to \$8,000 or more for temperature controlled lock boxes for several ambulances plus the cost of the drugs. Infrequent use of a controlled narcotic is another reason while the difficulty of finding a physician to take on the responsibilities of a Medical Director is another. Staffing is a problem for some as 1 agency is down to a single ALS provider while another has no ALS level personnel. Drug shortages are also having an impact. Agencies that need ALS backup on a call have several options. Rockville Centre FD calls on Northwell Health Center for EMS while others call on NCPD's Emergency Ambulance Bureau or a mutual aid agency. While many FDs do not bill, both NCPD EAB and Northwell bill patients when transported in their ambulances.

NEW WINDSOR VOLUNTEER AMBULANCE CORPS, Orange County, had a 3 person crew attacked by a patient who also tried to drive away the ambulance. News reports indicate the incident occurred Sunday evening 7/16/17 about 9:00 PM when the squad responded to a call to take a woman who had been assaulted and was threatening to hurt herself to St. Luke's Cornwall Hospital for a mental-health

evaluation. During the ride, the woman became agitated and punched one of the two EMTs riding with her in the back of the ambulance. She then pepper-sprayed them both as well as the driver. While the crew was blinded by the spray, she moved to the front and tried to drive the ambulance. The crew members were able to wrestle the woman out of the driver's seat and City of Newburgh police arrived shortly after and placed the woman in restraints. The crew suffered from the effects of the pepper spray plus the back of the ambulance was coated in pepper spray and some equipment, including an oxygen tank, had to be disposed of with damages estimated at \$5,000. The ambulance corps indicated it would be pressing charges. Under the NYS penal code, assaulting an EMT is a felony. On 8/25/17 the 33 year old Newburgh resident was indicted on felony counts of attempted second-degree robbery and second-degree assault and misdemeanor counts of third-degree assault and attempted third-degree assault. She was being held at Orange County jail on \$3,500 bail or \$7,000 bond. In May, the state Senate passed a bill that would make assaulting an EMS provider a hate crime. The bill has not been voted on in the Assembly.

NORTHWELL HEALTH CENTER FOR EMS, Nassau County, is reported by the LI Herald to have changed its business model. In the past, it required municipalities seeking its coverage to guarantee a minimum number of calls, but that is no longer true. They will now accept whatever calls are received in a municipality. A Northwell news release indicates in the spring of 2014 Northwell's VP for the Center for EMS met with the 75 Nassau County mayors and village administrators to discuss public-private partnerships. Early in 2017 Northwell met with the mayors of 8 of the 9 villages on the Great Neck Peninsula in the Town of North Hempstead to give a presentation on the capabilities and services of Northwell Health's Center for EMS. The shortage of volunteer fire, emergency and medical personnel, especially during daytime hours and the skyrocketing costs of hiring EMS professionals have become difficult problems for local governments and fire districts throughout Long Island. Slowly, some of those municipalities have been addressing local EMS costs and service levels through contracts with Northwell that either replace local primary 911 providers or supplement them. In Nassau County it provides primary 911 service to the villages of Hempstead, Lake Success, Lynbrook and Rockville Centre. In NYC it has multiple NYC 911 System units serving parts of Manhattan, Queens and Staten Island. A large number of ambulances are devoted to an interfacility transport division and the Skyhealth helicopter program can provide fast transfer from outlying hospitals to specialty care facilities in the Northwell system. A new ground level helipad has been set up in Lake Success only 9/10 of a mile from the Cohen Pediatric Trauma Center ED entrance with plans to eventually construct one on top of the Cohen building.

NYC REGIONAL EMS COUNCIL/MEDICAL ADVISORY COMMITTEE revised its Altered Mental State and Seizures protocols effective 9/1/17 to provide for EMTs to do finger sticks to obtain blood glucose levels via Glucometers, if available, and withhold hypoglycemia treatment if the reading is above 60mg/dl. Diabetic patients with readings of 60 to 80 and displaying signs and symptoms of hypoglycemia may "be treated accordingly".



The NYC Department of Health & Mental Hygiene provided grant funding to enable distribution of Glucometers and Pulse Oximeters to all non-municipal EMS agencies operating in NYC. In late August the following were distributed (1 set each per ambulance)

- McKesson True Metrix Pro Blood Glucose Meter for multi patient use (with 3-volt battery, carrying case, user's manual)
- McKesson True Metrix Pro Glucose Test Strips, 06-R3051P-05, (100 strips)
- McKesson True Metrix Pro Control Solution, 06-R5051-1 (for calibrating Glucometer)
- McKesson Push-Button Safety Lancets, 16-PBSL23G, 1.8mm, 23G needle (100 lancets)
- McKesson Fingertip Pulse Oximeter (2 AAA batteries, lanyard, instruction manual)
- Blue zippered pouch bag, 8"x2"x5" with NYC REMSCO logo

The manual that comes with the device provides interesting information. Page 3 – "Perform Control Tests with more than one level of control solution". Level 1 (31-61 mg/dl) was supplied to squads but McKesson has 2 other levels (87-117 and 247-335) that may need to be purchased to ensure the meter is accurate at several ranges. Page 4 – "Multiple patient use devices such as blood glucose meters should be used on only one patient and not shared. If dedicating blood glucose meters to a single patient is not possible, the meters must be properly cleaned and disinfected after every use following the guidelines". Page 5 - The device "has not been validated for use in the critically ill". Page 14 – "Do not drink the control solution". Page 37 – "The use life of the meter is 3 years".

PANYNJ PD STAFFED AMBULANCE AT JFK AIRPORT REPLACED BY JAMAICA HOSPITAL EMS

On 11/15/17 the Port Authority of NY & NJ (PANYNJ) discontinued the sworn police officer staffed BLS ambulance service at John F. Kennedy (JFK) airport in Queens. Jamaica Hospital Medical Center (JHMC) signed a Memorandum of Understanding with the PANYNJ Aviation Department to be the primary EMS provider and provide and staff 2 ALS level dedicated non-NYC 911 System ambulances to serve the airport. The JHMC crews operate out of a pre-fab installation located directly across the Van Wyck Expressway from Building 269, the PANYNJ police HQ building. A nearby overpass provides access to Building 269 and high security areas of the airport such as runways, taxiways and airside ramps and terminal gates. The facility has heat/AC, kitchen, supply, M/F locker rooms and a crew area with TV. Shore lines are provided for the ambulances.

With 37,000 employees, thousands of travelers and hundreds of taxi and other transportation providers the population at the airport can easily top 100,000. The JHMC crews are busy and during a short visit to the airport were observed responding to a nearby motor vehicle crash on the outbound Van Wyck and would shortly be sent to meet and incoming Delta Airlines flight with a flyer suffering a diabetic emergency and be attended to by a cardiologist. Foreign language patients are normally helped with translation by airline cabin crews who speak their languages.

For several decades the PANYNJ police operated 2 BLS level ambulances, transporting most patients to Jamaica Hospital. There was also a period when an organization called JFK Medics provided an ALS fly car service to back up the EMTs on the PD ambulances. Local media cited a PA official saying the move was to reduce costs and repurpose the police officers who were on the medical unit to their core mission. The NY Post reported that in 2015 1 in 10 Port Authority officers - a total of 170 out of 1,649 - was paid more than \$200,000, including overtime, according to figures compiled by the Empire Center for Public Policy. A current web source puts average PA police salary at \$125,000 annually.

Those opposed to the change in responders expressed concern about delays caused by the PAPD requirement to have outside ambulances report to Building 269 and be escorted to incidents in controlled areas of the airport. This has always be the case with the NYC 911 System ambulances being sent there on regular basis when the lone PAPD ambulance on duty was unavailable for any reason. Another concern expressed is that while the PAPD ambulance did not charge patients, Jamaica Hospital will be billing patients - their health insurance, travel insurance or in some instances the airline that transported the patient.

The other 2 major airports serving NYC, LaGuardia in Queens and Newark across the Hudson River in New Jersey are also run by the PANYNJ but have never had the service of a police run ambulance. In 2012 Northwell Health Center for EMS signed a Memorandum of Understanding to provided 2 dedicated ALS and BLS ambulances at LaGuardia operating out of hangar 7S but the arrangement has been dropped and that airport is again covered by NYC 911 System ambulances which may be FDNY EMS or a voluntary hospital such as a Northwell or Flushing Hospital.

There is no information on what the PANYNJ plans to do with the 2 ambulances or its DOH issued municipal Ambulance Operating Certificate #0157 which expires 6/30/18.

R.B. LAWRENCE AMBULANCE COMPANY, St. Lawrence County, lost 3 employees in an on duty auto accident on 7/5/17. The 3 were killed when the car they were in collided with a milk tanker. The incident occurred about 11:30 PM on Interstate 81 between Pulaski and Sandy Creek in Oswego County. The



tanker had jackknifed to avoid hitting several deer on the highway. It was blocking both northbound lanes and the trailer light and been severed. According to news reports, a 2002 Mercury Sable, operated by Corey E. Moore, Lawrence's head mechanic, aged 50 from Canton, was unable to avoid striking the tanker, passing under the trailer and coming to rest in a ditch on the east shoulder of the roadway. Mr. Moore, along with Gregg P. Williams, EMT, aged 58 from DeKalb Junction and Roderick C. Cota, EMT-CC, aged 63 from Norwood, were all

pronounced dead at the scene. Shortly thereafter, a 2011 Subaru, operated by Moon John Kim, MD, 52, of Ellicott City, Md., was also traveling north on I-81 when he struck the same tanker, passed under the trailer and traveled more than 150 feet off the west shoulder of the roadway before coming to rest in the median. Dr. Kim, an interventional radiologist at Samaritan Medical Center in Watertown, was pronounced dead at the scene as well. The tanker driver was uninjured.

According to the ambulance company, the three employees were headed back to Canton after transporting a patient. "We had a call to take a patient to Syracuse and the [EMT] driver and the critical care tech had taken the patient down and on the way back, one of the rigs malfunctioned in Pulaski," he said. "(Mr. Moore) picked them up, they started back up 81". RB Lawrence is a family owned commercial service with 5 ambulances operated at the EMT-CC level.



NYSVA&RA was represented at the funeral services by Vice President Rolly Churchill. The Association would like to extend a sincere thanks and appreciation to The FDNY EMS PIPES AND DRUMS and the FDNY EMS members staffing the FDNY EMS 20th Anniversary Ambulance who traveled the long road from NYC to the Canton area of NYS to lay to rest two of the members of the RB Lawrence Ambulance company who tragically lost their lives. Rod Cota was also a member of Potsdam Rescue Squad. In the picture at left is also the Cornwall, Ontario, Canada Color Guard. Over 60

ambulances, EMS response vehicle and over 30 fire apparatus participated in nearly 1/2 mile processions.

ROCKLAND PARAMEDIC SERVICES, Rockland County, received a \$350,000 grant from the Montefiore Hudson Valley Collaborative (MHVC), a group of providers, community-based organizations and government officials whose goal is to improve the quality of life of Hudson Valley residents. The funds will be used to train paramedics in order to expand their role to post-hospital visits. As part of a Mobile Integrated Healthcare initiative the paramedics will visit the patients in their homes to help with discharge and medication instructions. The funding is part of New York State's \$8 billion investment to advance care for patients receiving Medicaid as well as help decrease hospital readmissions.

STEBEN COUNTY SHERIFF announced in July that all deputies will become EMTs within the next 2 years. Sherriff Jim Allard made the announcement to the county's Legislature's Public Safety and Corrections committee July 10. "It only makes sense to have them be certified EMTs." Deputies now receive annual training in Cardio-Pulmonary Resuscitation and the use of automated external defibrillators. They also are certified in administering Narcan®, a medication used to block the effects of opioids, especially in overdoses. In recent years, deputies have been credited with saving lives through those certifications. "I believe that our volunteer ambulance services are awesome, but are in a recruitment crisis," Allard said, later. "I also believe that our function as a Sheriff's Office is to save lives in any capacity which we can." Later in July the Sherriff announced that the Bethesda Foundation awarded a \$4,000 grant to equip Sheriff's vehicles with emergency bags to enable deputies to provide medical care at the scene of an emergency until other emergency personnel arrive.

SUFFOLK COUNTY'S ALS PROTOCOL UPDATE process may result in some providers losing their ALS provider status. On 1/3/18, Robert Delagi, Director, EMS and PHEP, posted the following notice to the Suffolk EMS Facebook page: "Happy New Year, and best wishes for a safe and healthy 2018. As we approach our January 18, 2018 deadline for the ALS Provider Protocol Update, we are pleased to report progress thus far, as of this writing, 553 of 592 (93%) of the ALS Providers who have registered for the update have successfully passed the update. There is a remaining balance of about one-half (~50%) of our ALS providers have not yet registered. The system continues to operate as designed. Based on ongoing and uninterrupted system functionality, and successes thus far, please accept this reminder that the deadline for successful completion of the update is 9:00 AM on Thursday, January 18, 2018. Those providers that cannot meet this deadline will lose their ALS operating privileges until such time as the protocol update is complete. Suffolk County Medical Control receives updates regularly, however, in the unlikely event that a properly credentialed provider contacts Medical Control, and is not on the update list, the provider will receive orders for that call only and instructed to contact the EMS Division to address the paperwork trail. This allows us to provide good patient care while at the same time ensuring our providers are properly credentialed. Stay safe, thank you for your continued support and for all that you do for patients throughout the Suffolk County."

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