



New York State
Volunteer Ambulance
& Rescue Association Inc.



THE BLANKET 2017 Issue #2 - July

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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.

For information on NYSVA&RA membership go to our web site at www.nysvara.org.

Colleagues:

It's been a whirlwind time since assuming the role as NYSVA&RA President. There has been an amazing amount of work that has been going on in the background with our new Project Management Company Grey Goose Graphics. We have made substantial headway in advancing our new Membership Management System, made significant updates to our web-site and just completed a mailing for our PULSE CHECK 2017 Educational Conference and Trade Show (just a couple of the dozen plus items that have been underway). Major kudos goes to Executive Vice President Teri Hamilton who does an amazing amount of work for NYSVA&RA.

Additionally I want to extend a sincere thank you to our new officers Vice President Rolly Churchill, Secretary Brenda Morrissey and Membership Secretary AJ Pizzica for stepping forward to fill the ranks. Thanks also to Bob Franz who continued as our Treasurer and Past President and Legislative Chair Mike Mastrianni and to the members of the NYSVA&RA Board who have been supportive.

Legislative Day 2017 – Thanks to the almost two dozen members who help make scores of legislative meeting and put lots of mileage on the footwear. I am sure there were a lot of sore feet by the end of the day. As you may have seen in the special Legislative Day edition of The Blanket it was an extremely active day of legislative meetings and discussions. Thanks to all who participated for helping to maintain an active voice for community volunteer EMS in our state and to Jim Downey, Editor, The BLANKET Newsletter for keeping the communication flowing.

PULSE CHECK 2017 – Don't forget to register for Pulse Check 2017 – September 21- 24, 2017 at the Albany Marriot on Wolf Road. Dr. McEvoy has lined up another amazing array of seminars and faculty. Up for a challenge - Register a team and participate in the Drills Skill challenge! - Reminder Member Organization dues must be current for a Drill Team to be eligible to participate.

Final dues Reminder – In order to be eligible to vote at the Annual Meeting (September 21) - Member's dues must be paid at least 50 days prior. Member Organizations must also have a current (no more than 3 year old) Member Organization Report on file.

Have a happy and safe summer.

Best regards.

Henry A. Ehrhardt, President, NYSVA&RA



Pulse Check

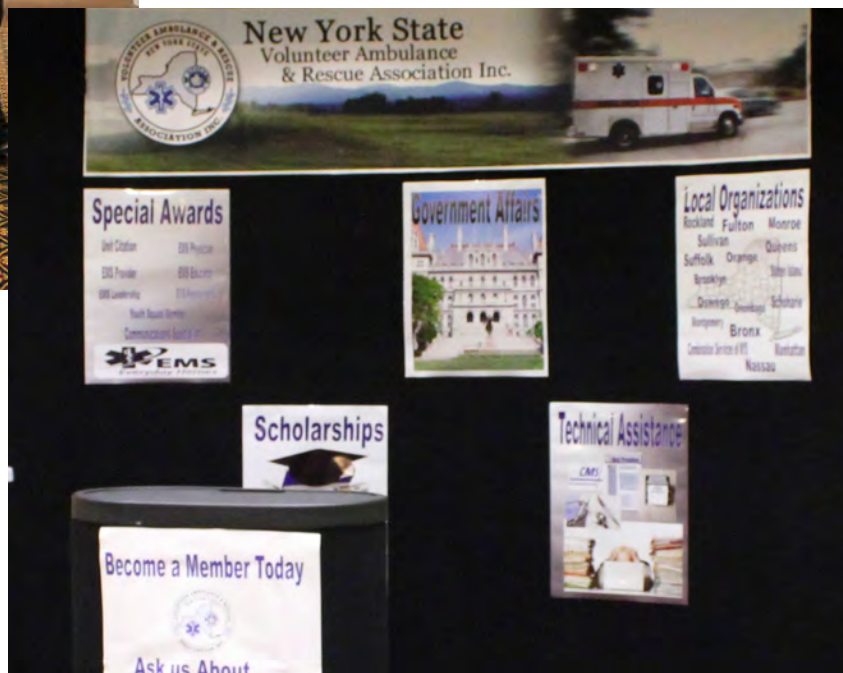
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BLANKET 2017 VOLUME 2 - ARTICLE LIST

ROCKLAND COUNTY EMS WEEK YOUTH CORPS DRILL COMPETITION
FDA EXTENDS EXPIRATION DATES FOR EMS DRUGS IN SHORT SUPPLY
DUTCHESS COUNTY EMS TASK FORCE FINAL REPORT, MARCH 2017
COVERDELL E-PCR GRANTS FOR WYOMING-ERIE REGION EMS AGENCIES
EMS AGENDA 2050 TECHNICAL EXPERT PANEL SELECTED – INCLUDES 2 FROM NYS
GUIDE FOR RESPONDING TO EMERGENCIES USING PRIVATELY OWNED VEHICLES
“CSX RAIL RESPOND” & “ASKRAIL” APPS PROVIDE CRITICAL RR FREIGHT INFO
CONSUMER REPORTS HIGHLIGHTS AIR MEDICAL COSTS

NEWS FROM THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS
TEXAS JUDGE SETS PRECEDENT IN AIR MEDICAL BILLING CASE
FAA REPORTS DECREASE IN US HELICOPTER ACCIDENTS
NHTSA WHITEPAPER HIGHLIGHTS IMPORTANCE OF EMS DATA
NAEMT PUBLISHES NATIONAL SURVEY ON EMS EPCR USABILITY
CDC HIGHLIGHTS TBI AND SCI AMONG HS AND COLLEGIATE FOOTBALL PLAYERS

NEWS FROM THE NONPROFIT COORDINATION COMMITTEE OF NEW YORK
TAX REFORM PROPOSAL INVOLVING CHARITABLE DEDUCTIONS

NYS DOH BUREAU OF EMS & TRAUMA SYSTEMS INFORMATION
SEMACE & SEMSCO MEETINGS
EMT-CC LEVEL TO BE PHASED OUT
RECENTLY ISSUED DOH BEMS&TS POLICY STATEMENTS (5)
ENFORCEMENT ACTIONS AGAINST CERTIFIED EMS PROVIDERS
EPI FOR EMTS - 2017 INSTRUCTOR UPDATE
COURSE SPONSOR ADMINISTRATOR COURSE UNDER DEVELOPMENT
COLLABORATIVE PROTOCOLS AVAILABLE IN BOOK FORM

NEW YORK STATE NEWS
EPINEPHRINE AUTO-INJECTORS AVAILABLE TO MORE PEOPLE

EMS INDUSTRY – NEWS, NEW PRODUCTS, RECALLS & SHORTAGES
LifeVac ANTI-CHOKING DEVICE
FERNO AND REV GROUP PARTNER ON NEW AMBULANCE INTERIOR DESIGN
LIFEPAK 15 SUBJECT OF NEW FDA CLASS 1 RECALL
LIFEPAK 1000 SUBJECT OF “VOLUNTARY FIELD ACTION” AND FDA CLASS 1 RECALL
PHYSIO-CONTROL TECHNICAL SUPPORT
HEARTSTART MRx MONITOR/DEFIBRILLATOR FDA CLASS 1 RECALL BY PHILLIPS
EpiPen & EpiPen Jr AUTO-INJECTOR VOLUNTARY RECALL
CLASS ACTION RICO SUIT AGAINST MYLAN

BITS FROM AROUND THE STATE
ALBANY MEDICAL CENTER, Albany County
BEDFORD-STUYVESANT VOLUNTEER AMBULANCE CORPS, Brooklyn
BRIGHTON VOLUNTEER AMBULANCE, Monroe County
BROADALBIN VOLUNTEER AMBULANCE CORPS, Fulton County
EMERGENCYCARE AMBULANCE, PA company transporting in Chautauqua County
EXCHANGE AMBULANCE OF THE ISLIPS, Suffolk County
GREAT NECK VIGILANT ENGINE AND HOOK & LADDER COMPANY, Nassau County
HUNTINGTON COMMUNITY FIRST AID SQUAD, Suffolk County
LOCKPORT FIRE DEPARTMENT, Niagara County
MANORVILLE COMMUNITY AMBULANCE, Suffolk County
MOHAWK AMBULANCE, Schenectady County
METROPOLITAN TRANSPORTATION AUTHORITY, New York City
MOHAWK VALLEY AMBULANCE CORPS, Herkimer County
NEW CITY VOLUNTEER AMBULANCE CORPS, Rockland County
NASSAU COUNTY ALS TO BLS SERVICE LEVEL CHANGES
NASSAU COUNTY POLICE DEPARTMENT EMERGENCY AMBULANCE BUREAU
RENSSELAERVILLE VOLUNTEER AMBULANCE, Albany County
RIVERHEAD VOLUNTEER AMBULANCE CORPS, Suffolk County
TUPPER LAKE VOLUNTEER AMBULANCE & RESCUE SQUAD, Franklin County
WOODHAVEN-RICHMOND HILL VOLUNTEER AMBULANCE CORPS, Queens County

ROCKLAND COUNTY EMS WEEK YOUTH CORPS DRILL COMPETITION

To start EMS Week 2017, the RCEMS Training Academy held the 7th annual youth corps Drill Competition and Awards Recognition at the RCEMS Training Academy in Pomona, NY.



This year 12 Youth Squad teams from the following 8 EMS agencies participated: Congers Valley Cottage EMS (1), Haverstraw EMS (2), Nanuet EMS (2), New City EMS (2), South Orangetown EMS (1), Spring Hill EMS (1), Stony Point EMS (2) and Tuxedo EMS (1).

Under the leadership of Kim Lippes, Rockland County EMS Coordinator and Desiree Leon-Stoll, Deputy EMS coordinator, the drills are made up of 2 scenarios - one medical and one trauma - and are designed to challenge the skills of the FUTURE OF EMS. EMT's and Paramedics from Rockland County volunteer their time to prepare the "victims" with assorted "injuries" for the drill and then volunteer in the capacity of drill evaluators.

Upon completion of each scenario, the evaluators score the teams based on accuracy, skill, punctuality and team work. Once both scenarios are complete the evaluators total the scores of both drills for each team and present the final results to Kim and Desiree who announce the winners later in the day.

At the conclusion of the drill competition, the EMS Training Academy hosts the annual EMS awards presentation. 16 EMS agencies in Rockland County (NYSVA&RA District 1) had the opportunity to nominate & recognize members of the EMS community for various award categories. Once the awards are presented to the Adult members of service the announcements are made for the winning Youth Squads for their participation in the drill competition. The trophies that are presented are sponsored and donated and in many cases are reoccurring awards that are in honor or memory of a significant person or group that has made an impact on Emergency Services.

The overall winning team is awarded an additional honor and is sponsored to attend NYSVA&RA's annual PULSE CHECK Educational Conference and Trade Show, courtesy of WMC

Health/Good Samaritan Hospital in Suffern, NY to compete on the state level.

The yearly drill competition and awards recognition allows the County of Rockland EMS agencies to celebrate the amazing work they perform every day to offer the BEST pre-hospital care available.

The 2017 Youth Corps drill competition winners are:

Medical:

- 3rd Place - Haverstraw Trauma Hawks
- 2nd Place - New City LUCAS Skywalker
- 1st Place - Haverstraw Trauma Hawks Too

Trauma:

- 3rd Place - New City LUCAS Skywalker
- 2nd Place - Congers Valley Cottage Shear Terror
- 1st Place - Haverstraw Trauma Hawks Too

Overall:

- 3rd Place - Congers Valley Cottage Shear Terror
- 2nd Place - New City LUCAS Skywalker
- 1st Place - Haverstraw Trauma Hawks Too

Additionally, during EMS week in NYSVA&RA District 1, several EMS agencies sponsored an informational booth at the Palisades Center Mall for recruitment, Nyack Hospital sponsored an EMS BBQ and Good Samaritan Hospital has arraigned for an evening at the local minor league ballpark. All in all an amazing tribute to the EMERGENCY MEDICAL SERVICES in ROCKLAND COUNTY.



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FDA EXTENDS EXPIRATION DATES FOR EMS DRUGS IN SHORT SUPPLY

Due to the ongoing critical shortages of injectable drugs used in critical care, the US Food and Drug Administration issued notice on 6/23/17 of extended use dates beyond the manufacturer's labeled expiration date for certain lot numbers. To help ensure patient safety, these products should have been - and should continue to be - stored as per labeled conditions.

- Atropine Sulfate Injection, USP 0.1 mg/mL; 10 mL Ansyr Plastic syringe (NDC 0409-1630-10)
- Atropine Sulfate Injection, USP 0.1 mg/mL; 5 mL ABBOJECT syringe (NDC 0409-4910-34)
- Atropine Sulfate Injection, USP 0.1 mg/mL; 10 mL ABBOJECT syringe (NDC 0409-4911-34)
- Dextrose injection 50% (0.5 g/mL); 25 g/50 mL Ansyr Plastic Syringe (NDC 0409-7517-16)
- Dextrose 50% Injection, USP, 50 mL ABBOJECT Syringe (NDC 0409-4902-34)
- Epinephrine Injection, USP 0.1 mg/mL; 10 mL ABBOJECT syringe (NDC 0409-4921-34)
- Sodium Bicarbonate Injection, USP 8.4% (1 mEq/mL); 50 mEq/50 mL Abboject Glass Syringe (18 G x 1 1/2" needle (NDC 0409-6637-34)

For additional FDA information including specific lot numbers and corresponding extended use date go to <https://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm563360.htm>

In New York State, EMS agencies must also adhere to NYS DOH EMS policy Statement 13-04 - Alternative Medication Formulary for Prehospital Drug Shortages which states "All medications have expiration dates that are developed by each specific manufacturer and reviewed by the FDA. When a drug shortage occurs, the FDA is able to review data from manufacturers pertaining to using a drug past its expiration date. The FDA may determine if they will approve extended expiration dating to increase supplies until new productions are available. If the FDA does allow this, it will be posted on the aforementioned FDA web site. Please be advised, that the Department must also approve the extension of medication expiration dates. Therefore, no expired medications may be administered to patients without the approval of the FDA and the NYS Department of Health" and "At no time can an EMS agency borrow, supply or sell any medication to another entity unless they possess a distributor's license. The movement of medications is strictly regulated by the Food and Drug Administration (FDA) and the Drug Enforcement Agency (DEA)".

DUTCHESS COUNTY EMS TASK FORCE FINAL REPORT, MARCH 2017

In his 2016 State of the County Address, Dutchess County Executive Marcus Molinaro announced the forming of an Emergency Medical Services Task Force to study the current state of, and to provide recommendations for improvement in, the delivery of Emergency Medical Services (EMS). He charged the Task Force specifically to identify, develop, and recommend county coordinated solutions for an EMS system with the attributes of being Patient Centered, Consistent, Reliable, Affordable, and Sustainable.

The report found EMS in the county is responding to about 32,000 calls annually, up from 27,198 in 2011, but is severely strained, as demonstrated by lengthening response times and reduced levels of care, and in some cases, has failed the community as local services no longer exist or cannot respond, even if they appear on paper that they can. When experiencing an emergency, the level of care a patient receives in the county depends upon several factors, including their location, time of day, and day of the week. A chart covering 2011 to 2015 shows average response times from time of dispatch to arrival of ambulance at scene ranges from 4:24 minutes:seconds to 18:07 minutes:seconds. Inability of an individual agency to respond to a call ranged from 1% to 74% (at no time did a call go unanswered – it was transferred to another agency). Recommendations for addressing the problem:

Coordination of EMS Provider Education and Training. Mention was made that the Hudson Valley Regional EMS Council (HVREMSCO) approved the purchase and implementation of a new region-wide calendar system available to all providers and educators. The system will allow educators to post their training programs, and give providers access to find any training throughout the Region. This solution is currently being implemented across the six-county area of the Hudson Valley Region.

Conduct Public Forums as well as Emergency Service Forums to provide an opportunity to gather the input of the public, the user of the service, and to present the findings and recommendations of the taskforce is paramount. Also recommended was a separate series of presentations with the Fire and EMS community to discuss the findings and review the recommendations. The greater Fire and EMS community needs to be engaged and support the process of establishing a centralized EMS system.

Political and Public Safety Education. The Task Force recommends that the county develop a comprehensive standardized EMS leadership educational program available for all persons involved in the delivery, decision-making, guidance, and responsibility of providing EMS.

Citizens Advisory Committee

Identify community and provider expectations for the delivery of EMS

Provide education and guidance for local leaders on current laws, regulations, mission of EMS

Identify models for the improvement of the provision of EMS that may be feasible within Dutchess County.

Provide recommendations to local and county leaders to the most appropriate method/model for EMS provision in Dutchess County

Consideration of an Emergency Services Authority. A countywide Emergency Services authority with a Board of Directors, Governance Board, Executive Officer, and employees, guided by a mission statement, would be able to set the direction for participating agencies to provide quality EMS8.

The full report is on the internet

at: <http://www.co.dutchess.ny.us/CountyGov/Departments/EmergencyResponse/EMS-Task-Force-Final-Report-March-2017.pdf>

COVERDELL E-PCR GRANTS FOR WYOMING-ERIE REGION EMS AGENCIES

The Wyoming-Erie Region has been selected to participate in a Coverdell EMS Stroke Pilot to increase electronic data collection and improve stroke care. New York State Department of Health/Health Research, Inc. is offering a reimbursement incentive for EMS agencies in the selected region to offset the startup costs for electronic PCR (ePCR) submission and data collection. EMS agencies can participate in one of two ways:

- Hardware (i.e., desktop, laptop, notebooks, tablets); hardware will be used for collection and transmission of electronic PCR data to the participating region and state repository(s);
- Programming and/or one time connection fees by third party software vendors to be used for transmission of electronic data to the regional data repository;

The EMS Agency Reimbursement Bid Proposal may be downloaded from <http://ubmdems.com/wp-content/uploads/2017/04/EMS-Agency-Reimbursement-Bid-2017.pdf> Bid proposals will be accepted until **Friday May 19, 2017**. All proposals must be sent to Martha Gohlke at Martha.gohlke@health.ny.gov AND Scott Wander, EMS Director at SRWander@buffalo.edu Only one bid per EMS Agency will be accepted. In addition, if applying for hardware reimbursement, proposals demonstrating the agency's need to go electronic for the lowest cost will be reviewed more favorably.

EMS AGENDA 2050 TECHNICAL EXPERT PANEL SELECTED – INCLUDES 2 FROM NYS

EMS Agenda 2050, a two-year project with a mission to write a new Agenda for the Future, has selected 10 members to serve as the Technical Expert Panel (TEP). The panel will take ideas and suggestions from the EMS, public safety, and healthcare communities, as well as the general public, to create a path for a comprehensive system of emergency care integrated with the broader healthcare continuum. They bring with them diverse competencies and backgrounds in public safety, healthcare, experience at local, state and national levels, a history of innovative thinking and a passion for making a difference in the lives of patients and providers. Facilitating the work of this group is Mike Taigman, an emergency medical consultant, performance improvement facilitator, and former paramedic. The members of the EMS Agenda 2050 TEP are:

- Derek Bergsten, MPA, CFO, CEMSO, MIFireE, Fire Chief, Rockford Fire Department (Rockford, IL)
- Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS, Medical Director, Los Angeles County EMS Agency (Los Angeles, CA)
- Andy Gienapp, MS, NRP, Manager, Wyoming Office of EMS, Wyoming Department of Health (Cheyenne, WY)
- Alexander Isakov, MD, MPH, FACEP, FAEMS, Professor of Emergency Medicine, Emory University School of Medicine (Atlanta, GA)
- William Leggio, EdD, NRP, Paramedic Program Coordinator and Clinical Faculty, Creighton University (Omaha, NE)
- Grace Mandel, MPH, EMT, Project Manager, Baltimore City Department of Health (Baltimore, MD)
- **Kevin G. Munjal, MD, MPH, MSCR, Assistant Professor, Department of Emergency Medicine, Icahn School of Medicine at Mount Sinai (New York, NY). Dr. Munjal is a member of the NYC Emergency Medical Advisory Committee and Medical Director for a volunteer**

ambulance service in Queens. He is one of the leading proponents in NYS of Community Paramedicine.

- **Kyra Neeley, M.Ed., EMT-P, Lieutenant, Fire Commissioner Liaison, Fire Department of New York EMS (New York, NY)**
- Ernesto Rodriguez, MA, EMT-P, Chief, Austin-Travis County Emergency Medical Services (Austin, TX)
- YiDing Yu, MD, Founder and CEO, Twiage; Instructor, Department of Population Medicine, Harvard Medical School (Boston, MA)

The TEP will serve as the core team that facilitates the development of the new Agenda, responsible for drafting a vision for the future of EMS based on stakeholder and community input. The EMS Agenda 2050 team will host multiple opportunities for the community to provide input and feedback, including in-person meetings held in four cities across the country in late 2017 and early 2018, as well as webinars, conference sessions and association meetings. Anyone with ideas for EMS Agenda 2050 is also encouraged to share them via the project website, emsagenda2050.org

GUIDE FOR RESPONDING TO EMERGENCIES USING PRIVATELY OWNED VEHICLES (POVs)

A guide released by the International Association of Fire Chiefs (IAFC) and the National Volunteer Fire Council (NVFC) aims to help departments minimize injuries and deaths from occurring while responding in privately owned vehicles (POVs). "Let's Make a Difference" provides model policies and recommended procedures for fire departments to prevent injuries and deaths from accidents involving POV response. Many volunteer departments across the country rely on POV response out of necessity, and while official apparatus has met certain safety criteria before being put into use, POVs usually only have what is required for average vehicles and the safety of their use in emergency response is questionable. The authors suggest adopting requirements and training to allow use of POVs response and suggest incorporating a driving record review as part of that. Vehicle safety checks, a strict drug and alcohol policy, policy on staging POVs and storage of PPE training are also discussed. The 14 page guide is online at <http://www.nvfc.org/files/documents/safetyhealth/POV-Best-Practices-to-Minimize-Injuries-and-Deaths.pdf>

Editor's Note: The NYS Motor Vehicle Law has provisions authorizing personally owned vehicles as Emergency Ambulance Service Vehicles (EASV).

- Section 101 defines an emergency vehicle as an emergency ambulance service vehicle...
- Section 115-d defines an Emergency Ambulance Service Vehicle as an appropriately equipped motor vehicle owned or operated by an ambulance service as defined in section 3001 of the Public Health Law and used for the purpose of transporting emergency medical personnel and equipment to sick or injured persons.
- Section 375(41)(2) authorizes red and white lights on authorized emergency vehicles which includes emergency ambulance service vehicles.
- Sections 375(41)(4) and 375(41)(5) spell out that volunteers, with authorization from their ESO, can equip their private vehicles with a blue light for firefighter responses or a green light for EMS response. This does not make them authorized emergency vehicles.

The NYS Department of Health Bureau of EMS issued Policy Statement 01-01 Authorizing Private Vehicles as EASV's (Use of Red Lights & Sirens) 4/11/01. This statement indicates authorization as an EASV involves more than just the use of red lights and a siren on a vehicle. It is expected that every EASV is in compliance with all of the provisions of 10 NYCRR Part 800.21 & .26. This includes proper agency identification, vehicle marking and patient care equipment. All vehicles authorized by the service as EASVs may be subject to inspection. In the event violations to the code are found, the violations will be charged against the service authorizing the vehicle.

"CSX RAIL RESPOND" & "ASKRAIL" APPS PROVIDE CRITICAL RR FREIGHT INFO

Those interested in wireless device app technology for rail emergencies should look at ASKRAIL and CSX RAIL RESPOND. These apps are meant to be used as a backup resource if information from the train conductor or engineer is not available. Both apps require potential users to go through a verification process to confirm they are an eligible first responder.

CSX Rail Respond is available free to emergency responders, providing real-time information on trains and cargo managed by CSX Transportation. The app is designed to help first responders identify rail cars containing hazardous materials quickly. It can be used on both iPhone or Android devices and most browsers. Through a smartphone, tablet, laptop, or other wireless device, users can access entire train contents, car sequence order, hazard classification, load/empty status, and more. If a user looks up a single car, the program offers more details including DOT car type, load status, volume, hazard class, and placard recognition. The app also provides the emergency contact information of the railroad, chemical databases, the National Emergency Response Guidebook, and CSX's own emergency

response guide. A recent upgrade added a water reactive chemical list, weather data, protective distances, and appropriate isolation zones. First responders can request access at www.csxrailrespond.com

ASKRAIL is an app that covers all Class 1 railroads in North America. That app is at www.askrail.us

CONSUMER REPORTS HIGHLIGHTS AIR MEDICAL COSTS

Taking Patients for a Ride article in the May issue of Consumer Reports (CR) reported that “For-profit air ambulance companies too often pick up people who don’t need air transport – and leave families with huge insurance bills that insurance won’t pay”. The article acknowledged that when someone is traumatically injured and far from a hospital air transport can be essential but cited a number of cases where ground ambulance transport time would have been just as effective and cheaper. One research paper concluded up to 1/3 of air transports are not medically necessary.

The main point of the article, however, was costs, which are often a major shock to patients and their families. When patients need to be airlifted to medical care in an emergency, the first priority is getting them to the right healthcare provider as quickly as possible. Patients are at a disadvantage in this urgent situation because they cannot determine whether air transport is a medical necessity, nor are they equipped to direct which air ambulance provider should pick them up. Those decisions are made by an on scene ambulance crew, On-Line Medical Control and dispatch center.

CR researchers found that the number of air ambulances spiked after Medicare raised its reimbursement rate for air transport in 2002 and has continued to rise steadily since from about 500 to 1,045 in 2016. The Medicare base rate for air ambulances is currently \$2,496.75 for metropolitan areas and \$5,245.13 in rural areas. Researchers came up with a national average cost of \$7,000. Therefore, companies make up the difference by charging insurance companies and private payers much more - an industry average of \$32,895 in 2014. Air ambulances are normally out-of-network and insurance companies are balking at paying the full bill with the result that patients and their families get balance billed from \$20,000 to \$40,000.

The largest national air ambulance company is Air Methods with about 100,000 transports annually accounting for 25% of all air ambulance revenue in the country. It’s NYS operator is Guthrie Air operating as LifeNet of NY with bases in Dexter, Glen, Harris, Hornell, Potsdam, Selkirk, Seneca Falls, Sidney, Ticonderoga, Wallkill and from Sayre in Pennsylvania. According to CR, Air Methods’ average charge rose from \$13,198 in 2007 to \$50,199 in 2016. CR says Air Methods is known in the industry for its aggressive collection tactics using debt collectors and filing lawsuits.

Charges for air ambulances are not regulated by federal entities, states or local governments due to the Airline Deregulation Act of 1978 which explicitly preempts states from regulating the “rates, routes or services of any carrier”. In NYS that means air ambulance operators do not need to go through a Certificate of Need (CON) process although the NYS DOH can issue standards on staff qualifications, medical equipment and supplies, patient environment and sanitary conditions, etc. - refer to Policy Statement 05-03 Air medical Services Protocol Approval and Credentialing of Flight Personnel and Part 800.27 Aircraft and Boats. What some jurisdictions have done is replacing a for profit operator with expanded medivac capabilities for local police or even dispatching the lowest cost operator in areas served by 2 or more companies.

Efforts to rein in excessive air-ambulance bills have rare bipartisan support in Congress. Reps. Bill Shuster (R-Pa.) and Peter A. DeFazio (D-Ore.) recently asked the Government Accountability Office to investigate pricing and competition in the industry. And Sens. Jon Tester (D-Mont.) and John Hoeven (R-N.D.) have introduced bills to give states more power to regulate how air ambulances operate and charge customers. Considering that the current Administration favors less regulation these efforts may not go very far.

For the full CR article go to <http://www.consumerreports.org/medical-transportation/air-ambulances-taking-patients-for-a-ride/> and <https://www.stori.es/share/air-ambulance>

NEWS FROM THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS

TEXAS JUDGE SETS PRECEDENT IN AIR MEDICAL BILLING CASE

A state district court judge in Austin has upheld the State of Texas’ right to regulate fees paid to air ambulances for transporting patients covered by workers’ compensation insurance. This case is the first in the recent national wave of litigation to hold that the federal Airline Deregulation Act of 1978 does not wipe out state workers’ compensation fee caps. The Airline Deregulation Act was intended to free commercial passenger airlines, whose customers can price shop in competitive markets, from rate

regulation. 345th District Court Judge Stephen Yelenosky noted that the McCarran-Ferguson Act, passed by Congress in 1945 to protect state rights to regulate the insurance industry, preempts the Airline Deregulation Act as it applies to payment in the workers' compensation system. Read more: <http://nasmso.org/Projects/AirMedical/>

FAA REPORTS DECREASE IN US HELICOPTER ACCIDENTS

The U.S. helicopter accident rate and the fatal helicopter accident rate have fallen for the third consecutive year, according to Federal Aviation Administration data. The overall accident rate fell to 3.19 accidents per 100,000 flight hours in 2016 compared with 3.67 accidents in 2015. The fatal accident rate fell slightly to 0.51 accidents per 100,000 flight hours in 2016 compared with a 0.52 rate in 2015. However, the rate is down from 0.65 in 2014 and 1.02 in 2013. In raw numbers, there were 106 helicopter accidents in 2016, including 17 fatal accidents. That is a 12 percent decrease compared to the previous year and a 27 percent decrease compared to 2013. While the data is not specific to air ambulances, the report is encouraging that safety measures implemented by the FAA in 2014 are working. Read more: <https://www.faa.gov/news/updates/?newsId=87406>

NHTSA WHITEPAPER HIGHLIGHTS IMPORTANCE OF EMS DATA

A new report highlights the importance of taking the EMS profession from one that simply collects data to one that turns those data into meaningful information that drives decision-making. Issued by the National Highway Traffic Safety Administration's (NHTSA) Office of EMS, the report, Beyond EMS Data Collection: Envisioning an Information-Driven Future outlines some of the findings from a summit convened by NHTSA earlier this year and attended by more than 30 leaders of national organizations, as well as federal officials and industry experts. The final report is not intended to serve as a consensus document, but rather a summary of the findings of the panel through its research and discussions with the EMS community. Read more: https://www.ems.gov/pdf/ems-data/Provider-Resources/812361_Beyond-EMS-DataCollections.pdf

NAEMT PUBLISHES NATIONAL SURVEY ON EMS EPCR USABILITY

Last year, the National Association of EMTs (NAEMT) published a national survey on data use, collection and exchange in EMS which looked at what data EMS collects, how agencies put it to use in assessing the quality of patient care and improving operations, and how EMS shares information. The results of that survey were published in July 2016. In a newer survey, conducted by St. Louis University College for Public Health and Social Justice on behalf of NAEMT, authors look specifically at how EMS practitioners interface with the software systems they use on a day-to-day basis to collect and store information. Read more: <http://www.naemt.org/docs/default-source/ems-data/ems-ePCR-usability-survey-16.pdf>

CDC HIGHLIGHTS TBI AND SCI AMONG HS AND COLLEGIATE FOOTBALL PLAYERS

An estimated 1.1 million high school and 75,000 college athletes participate in tackle football annually in the United States. Football is a collision sport; traumatic injuries are frequent and can be fatal. This report updates the incidence and characteristics of deaths caused by traumatic brain injury and spinal cord injury in high school and college football and presents illustrative case descriptions. Information was analyzed from the National Center for Catastrophic Sport Injury Research (NCCSIR). During 2005–2014, a total of 28 deaths (2.8 deaths per year) from traumatic brain and spinal cord injuries occurred among high school (24 deaths) and college football players (four deaths) combined. Most deaths occurred during competitions and resulted from tackling or being tackled. All four of the college deaths and 14 (58%) of the 24 high school deaths occurred during the last 5 years (2010–2014) of the 10-year study period. These findings support the need for continued surveillance and safety efforts (particularly during competition) to ensure proper tackling techniques, emergency planning for severe injuries, availability of medical care onsite during competitions, and assessment that it is safe to return to play following a concussion. Read more: https://www.cdc.gov/mmwr/volumes/65/wr/mm6552a2.htm?s_cid=mm6552a2_e

NEWS FROM THE NONPROFIT COORDINATING COMMITTEE OF NEW YORK

TAX REFORM PROPOSAL INVOLVING CHARITABLE DEDUCTIONS

On April 26, 2017 President Trump offered a one-sheet plan of tax-related proposals that include doubling the standard deduction and repealing most deductions, except for mortgage interest payments and charitable donations. Despite proposing to keep the charitable deduction, these proposals could hurt the nonprofit sector. As the National Council of Nonprofits stated, "Keeping the existing tax deduction for charitable giving create[s] the impression that the status quo would remain, but proposals to double the

standard deduction would effectively eliminate the tax incentives for millions of individuals and couples to give to support the work of charitable nonprofits in cities, towns, and rural areas across the country." As an example, nearly 1/3 of donors donate in December, an indication that they are, in part, motivated by a tax deduction; increasing the standard deduction would likely reduce the number of people itemizing their returns, and therefore reduce the incentive for charitable giving as an itemized deduction. NPCC will continue to monitor these trends and we encourage you to get involved in the conversations that most impact your organization's work.

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 2017-2018 Council Meetings. The dates are: September 26-27, 2017 and January 9-10, 2018. 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.

EMT-CC LEVEL TO BE PHASED OUT

At the May SEMSCO meeting the EMT-CC TAG Report was presented and after extended discussion it was voted (17 YES, 3 NO and 0 Abstentions) to adopt the following recommendations:

1. Continue the CC CME refresher program.
2. DOH no longer approve original CC courses starting after January 1, 2018.
3. DOH no longer approve CC refresher or CC rapid refresher courses starting 18 months from item #2.
4. DOH create an automatic advanced standing CC to Paramedic bridge program open to any currently on-line NYS CC with 3 years of continuous practice. Such a bridge program should include on-line didactic content with availability of skills and testing a local course sponsors. DOH will operate this bridge program for a minimum of 10 years from January 1, 2018.

RECENTLY ISSUED DOH BEMS&TS POLICY STATEMENT

17-02 Epinephrine Auto-Injectors (EpiPen®), Issued 3/13/17 – Updates and supersedes prior Policy Statements 00-01, 00-02, 11-08 and 14-02 due to a 3/28/17 change in NYS Public Health Law (PHL) Article 30 Section 3000c regarding epinephrine auto-injectors. The changes:

- Greatly expands the definition of "eligible person or entity."
- Adds language with regard to training that refers to "a nationally recognized organization."
- Deletes emergency health care provider and collaborative agreement.

17-03 Ketamine for Prehospital EMS Services, Issued 3/13/17 - Establishes the State Emergency Medical Advisory Committee (SEMAC) and the Department's criteria for including Ketamine in an EMS agency's controlled substance formulary.

17-04 Fentanyl for Prehospital EMS Services, Issued 3/31/17 - Updates Policy Statements 07-02 and 09-09 regarding Fentanyl for prehospital Emergency Medical Services agencies. Covers approval process, reporting requirements and required conditions.

17-05 Certified Athletic Trainers, Issued 4/13/17 - Provides EMS providers knowledge and understanding of the role, responsibility and capabilities of Certified Athletic Trainers so that when EMS is called to a sporting event, the patient will benefit from positive communication and consistent prehospital emergency medical care.

17-06 Syringe Epinephrine for Basic EMTs, Issued 5/24/17 - The intramuscular administration of 1:1000 epinephrine using a 1cc syringe, a 23 gauge, 1 inch intramuscular safety needle and a single dose 1:1000 epinephrine packaged in a 1mg/ml vial has been added to the scope of practice for an EMT and will be taught in EMT original and refresher courses.

ENFORCEMENT ACTIONS AGAINST EMS PROVIDERS

3/8/18: Westfield Fire Department, Village of, Agency # 0613 - For violations of 10 NYCRR Part 800.21(f), 800.21(k), 800.21(n), 800.21(p)(1), 800.21(p)(9), 800.21(p)(10), 800.21(p)(11), 800.21(p)(12), 800.23(a), 800.23(e), 800.24(b)(4), 800.24(f)(9), and 800.24(h)(2). Suspended for one (1) year and assessed a civil penalty of \$5,000 effective 2/8/17. Both the suspension and civil penalty are fully stayed pending no further violations for three (3) years.

3/28/17: EMT # 363713 - Violations of 10 NYCRR Part 800.16(a)(4) - Suspended for one (1) year effective June 9, 2016. Six (6) months actual suspension served concurrently with his restricted status. The remaining six (6) months are stayed. Placed on probation for one (1) year effective March 20, 2017. Assessed a civil penalty of \$2,000. Of that amount half is stayed. Required to truthfully testify at any future Department hearing.

6/6/17: EMT # 427658 - Violations of 10 NYCRR Part 800.16(a)(13) - Suspended for two (2) years effective 5/29/17. The suspension is stayed. Assessed a civil penalty of \$1,000.

6/7/17: EMT # 357004 - Violations of 10 NYCRR Part 800.16(a)(12) - Suspended for one (1) year effective 6/6/17. The suspension is stayed. Assessed a civil penalty of \$2,000.

EPI FOR EMTS - 2017 INSTRUCTOR UPDATE

The State Emergency Medical Services Council (SEMAC) has added the use of syringe and needle intramuscular injection, for anaphylaxis, to the EMT scope of practice. This is to be taught in all EMT original courses testing during and after August of 2017 and any EMT refresher course over the next 3 years or that has students enrolled who have not already received training from their EMS agency.

The Bureau of EMS & Trauma Services developed an online course to be taken by all CICs and CLIs who are currently certified and should be taken by any CIC or CIC candidate in the processes to become certified. Instructors should contact their Course Sponsor for instructions to access the course.

COURSE SPONSOR ADMINISTRATOR COURSE UNDER DEVELOPMENT

In late March Andy Johnson sent out a notice indicating he is working on developing a BEMS Course Sponsor Administrator course. The course will be for new, prospective and current course sponsor administrators. It will not be designed to teach someone how to run a business but rather to provide an overview of many of the BEMS requirements and processes as they pertain to a course sponsorship and primarily, the sponsor administrator. The course will be offered on the DOH "moodle" training site. Possible topics for inclusion have been suggested some of which may be suitable in CIC and CLI training and reference materials include:

- Introduction - explaining EMS and EMS education in NYS
- Course sponsorship, an overview, how to become one, requirements, approval process
- Renewals – long & short form
- Course activities - before, during and after
- DOH BEMS reimbursement system and vouchering
- Setting up psychomotor exam
- Equipment management & tracking
- Program evaluation
- Instructor evaluation
- File management – students, personnel, financial, course
- CIC & CLI internship requirements and effective mentoring
- Affiliation agreements
- Role of BEMS staff, Regional Faculty, Medical Director and CIC/CLI instructional staff
- Learning environment - harassment – prevention and handling complaints
- Assessment & Evaluation - item analysis - exam validity, how to read exam results
- Certification time lines - who is eligible for retests & when
- Reciprocity exams and how to register
- Budgets & course planning

COLLABORATIVE PROTOCOLS AVAILABLE IN BOOK FORM

The UBMD Emergency Medicine EMS Division is pleased to offer a printed version of the Collaborative Protocols for \$7.00 each. The book size is spiral bound, 4.25" x 5.5" and in full color. At this time they are not able to offer a full-size (8.5" x 11") book – but you do have the option of downloading the document if you need one of such size. If you are interested in ordering a hard copy of the 4.25" x 5.5" protocol book, please visit the link below at:

<https://www.surveymonkey.com/r/ProtocolBook> Please understand that the protocols published on the app and WREMAC Website serve as the most current protocols. If you purchase a printed book, you will be responsible for updating it as the protocols evolve.

NEW YORK STATE NEWS

EPINEPHRINE AUTO-INJECTORS AVAILABLE TO MORE PEOPLE

The NYS DOH issued a notice in March advising of a 3/28/17 change in NYS Public Health Law (PHL) Article 30 Section 3000c regarding epinephrine auto-injectors. The revision:

- 1) Greatly expands the definition of "eligible person or entity." Added persons or entities now include: "a sports, entertainment, amusement, education, government, day care or retail facility; an educational institution, youth organization or sports league; an establishment that serves food; or a person employed by such entity; and any other person, or entity designated or approved, or in a

category designated or approved pursuant to regulations of the commissioner in consultation with other appropriate agencies.”

- 2) Adds language with regard to training that refers to “a nationally recognized organization.” ...unless he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity or individual approved by the commissioner.” ***The Department’s approved training guidelines (link below) or “a nationally recognized organization’s” training may be used to meet the requirements of the PHL***
- 3) Deletes emergency health care provider and collaborative agreement. The following text, and more, is removed from the statute: "Emergency health care provider" means (i) a physician with knowledge and experience in the delivery of emergency care; or a hospital licensed under article twenty-eight of this chapter that provides emergency care.]” “[Collaborative agreement.]”

The URLs below to the Department’s website include: the revised policy on epinephrine auto-injectors; epinephrine auto-injector training guidelines; and the revised Article 30 PHL Section 3000c.

<https://health.ny.gov/professionals/ems/policy/17-02.htm>

<https://health.ny.gov/professionals/ems/pdf/17-02.pdf>

https://health.ny.gov/professionals/ems/pdf/epi_auto-inject_training_guidelines.pdf

<http://www.health.ny.gov/professionals/ems/art30.htm#BM3000c>

EMS INDUSTRY – NEWS, NEW PRODUCTS, RECALLS & SHORTAGES

LifeVac ANTI-CHOKING DEVICE



The LifeVac is a hand powered single patient portable suction apparatus (anti-choking device) developed for resuscitating a choking victim when the standard current choking protocol has been followed without success. The LifeVac is FDA registered and requires no prescription. It looks like a short bathroom plunger but operates differently. A clear plastic mask is placed similar to a CPR mask over the victim’s face and a hard downward stroke of the plunger is made followed by a hard and fast upstroke. Repeat attempts can be made until the airway is cleared. The negative pressure generated by the force of the upstroke suction is 3 times greater than the highest recorded choke pressure. The LifeVac generates over 300 mmhg of suction. The duration of suction is minimal so LifeVac is safe and effective according to the company.

The LifeVac comes with two mask sizes, medium and large and in comes in 2 package versions: plastic container for Velcro attachment to a wall mount at \$69.95 or an EMS version in a sealed 4 mill plastic bag at \$65.00. Quantity discounts are available.

Suffolk County REMAC issued an optional to their Adult Obstructed Airway protocol in January 2017 that incorporates provision for use of a *hand held negative pressure choking device* if 2 sequences of AHC/ARC/NSC guidelines fail or patient becomes unconscious prior to starting CPR. EMS agencies in the county would be provided a copy of the protocol after device use is approval by their Medical Director and agency purchase of the device. It would be the responsibility of agencies to train their EMS providers.

For more information contact LifeVac at 149-09 183 Street, Springfield Gardens, NY 11413, (877) LIFEVAC or go to www.lifevac.net

FERNO WASHINGTON AND REV GROUP PARTNER ON NEW AMBULANCE INTERIOR DESIGN



In February the REV Group, the owner of 8 ambulance brands, put out a new release about teaming up with Ferno, a global leader in emergency pre-hospital patient handling equipment, to introduce what they describe as “the most significant change in ambulance interiors in more than 50 years.” This crew-centric ambulance design, which will be available on AEV, McCoy Miller and Wheeled Coach in the third quarter, features the Ferno iN|TRAXX™ system. This system, exclusive to REV, utilizes a series of wall-mounted tracks and quick-release mounts that give crews the ability to choose their own plug-and-play color coded storage solutions to secure loose equipment - gone are the days of traditional cabinetry. The Ferno iN|TRAXX™ system is compliant with federal safety requirements by SAE, NFPA, CAAS and NHTSA and keeps equipment like monitors, defibrillators, supply bags and oxygen cylinders secure to the ambulance walls during 26g impacts, all configured to the way each EMT personnel prefers to work.



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LIFEPAK 15 SUBJECT OF NEW FDA CLASS 1 RECALL

The US Food & Drug Administration (FDA) in February 2017 issued a Class 1 recall, the most serious type of recall, for the Physio-Control LIFEPAK 15 Monitor/Defibrillator due to an electrical problem that may prevent the device from delivering the electrical shock needed to revive a patient in cardiac arrest. If the electrical shock is not delivered, the monitor will indicate “Abnormal Energy Delivery” on the display. Physio-Control will be conducting a voluntary Field Correction of these LIFEPAK 15 devices. Physio-Control is contacting customers with LIFEPAK 15 devices that contain the potentially affected Relay component to arrange for a device correction of all 338 devices. This correction will include the replacement of the Therapy PCBA. Read more:

<http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm540979.htm>

LIFEPAK 1000 SUBJECT OF “VOLUNTARY FIELD ACTION” AND FDA CLASS 1 RECALL

Physio-Control reported in January 2017 it had received 34 reports where customers have attempted to use their LIFEPAK 1000 defibrillator and the device has shut down unexpectedly due to an intermittent connection between the battery and device electrical contacts. The company has determined that this intermittent connection is a result of wear and subsequent oxidation formation between the battery and device electrical contacts. This condition can occur over time in LIFEPAK 1000 devices that are exposed to vibration and have a battery installed for long periods of time. This issue can potentially affect any LIFEPAK 1000 device, however customers with non-rechargeable batteries who do not routinely remove the battery for inspection, as indicated in the LIFEPAK 1000 Defibrillator Operating Instructions, are more susceptible to this issue. The company is contacting customers and advising them to immediately remove and reinstall the battery from their device(s). Customers are also being advised to implement a weekly schedule of battery removal and reinstallation for all LIFEPAK 1000 devices and to carry a spare battery. The removal and reinstallation of the battery will clean the contacts of oxidation and will reduce the likelihood of this issue from occurring. Physio-Control will be initiating a hardware device correction for all affected LIFEPAK 1000 devices and the company will contact customers to schedule device corrections once the hardware correction is ready for implementation. The company will provide customers with updated information regarding the timing for this device correction at the website URL shown below, when it is available. Information about this notice is available at:



www.physio-control.com/lifepak1000-274

Affected customers will be notified by letter. Customers with questions regarding this notification, please contact Physio-Control by calling 1-866-231-1220, 6:00 a.m. to 4:00 p.m. (Pacific) Monday – Friday, or by email to rsrecalls@physio-control.com or fax to 1-866-448-9567.

The US Food & Drug Administration in January issued a Class 1 Device Recall on the LIFEPAK 1000 Defibrillator. 50,046 devices in the US are covered. The defibrillators being recalled were manufactured from 6/30/06 to 12/20/16 and were distributed to medical facilities and medical professionals from 6/30/06 to 12/30/16.

PHYSIO-CONTROL TECHNICAL SUPPORT

Physio-Control intends to provide Technical Service Support (parts and repair) for the following products until the support termination dates noted below:

Current Products

LIFEPAK CR® Plus AED LIFEPAK EXPRESS® AED LIFEPAK 1000 defibrillator LIFEPAK 20e defibrillator/monitor LIFEPAK 15 monitor/defibrillator Battery Support System 2 Lucas 2 Chest Compression System	Factory configured useful life is 8 years after date of manufacture ¹
LIFEPAK 12 RELI Refurbished defibrillator/monitor	Factory reconditioned useful life is 3 years after date of refurbishment ¹

The following products are beyond the technical support period:

Legacy Products

LIFEPAK® 500 automated external defibrillator (Biphasic)	Jan. 31, 2015
LIFEPAK 12 defibrillator/monitor (Monophasic)	Oct. 31, 2012
LIFEPAK 500 automated external defibrillator (Monophasic)	Jan. 31, 2012
LIFEPAK 20 defibrillator/monitor LIFEPAK 12 defibrillator/monitor (Biphasic) Mobile Battery Service System Lucas 1 Chest Compression System	Factory configured useful life is 8 years after date of manufacture ¹

HEARTSTART MRx MONITOR/DEFIBRILLATOR FDA CLASS 1 RECALL BY PHILLIPS



Phillips Healthcare initiated a recall on 2/24/17 of its HeartStart MRx Monitor/Defibrillator due to electrical and battery connection issues that may prevent the device from powering up, charging, and delivering an electrical shock therapy. The device may also unexpectedly stop pacing. A delay in delivering therapy could result in serious patient injury such as permanent organ damage, brain injury, or death. The FDA identified this as a Class I recall, the most serious type of recall.

- Model numbers: M3535A (M3535ATZ) M3536A (M3536ATZ), M3536M, M3536MC, M3536M2, M3536M4, M3536M5, M3536M6, M3536M7, M3536M8, M3536M9
- Manufacturing dates: February 11, 2004 to November 4, 2016
- Distribution dates: February 12, 2004 to November 4, 2016
- Devices Recalled in the U.S.: 47,362 units nationwide

Health care professionals and consumers with questions related to this recall can contact Phillips Healthcare at 1-800-722-9377. The FDA notice is at:

https://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm548491.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

EpiPen & EpiPen Jr AUTO-INJECTOR VOLUNTARY RECALL

The US Food and Drug Administration issued a notice on 3/31/17 alerting consumers to Meridian Medical Technologies' voluntary recall of 13 lots of Mylan's EpiPen and EpiPen Jr (epinephrine injection) Auto-Injector products used for emergency treatment of severe allergic reactions. This recall is due to the potential that these devices may contain a defective part that may result in the devices' failure to activate. The recalled product was manufactured by Meridian Medical Technologies and distributed by Mylan Specialty. The 13 lots identified – distributed between Dec. 17, 2015, and July 1, 2016 – are the only EpiPen lots impacted by the US recall.

Product/Dosage	NDC Number	Lot Number	Expiration Date
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN767	April 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN773	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM631	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM640	May 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	6GN215	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM082	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM072	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM081	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM088	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM199	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM091	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM198	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM087	October 2017

Mylan has put up a web page at <http://www.mylan.com/EpiPenRecall> with instructions on returning units from the recalled lots.

CLASS ACTION RICO SUIT AGAINST MYLAN

Mylan is the subject of a Racketeering Influenced and Corrupt Organizations Act (RICO) lawsuit filed against the company on 4/3/17 in the US District Court for the Western District of Washington which accuses the company Mylan of racketeering in their dramatic price increases of the life-saving drug over

the last decade. From 2007 to 2016 the price of an EpiPen 2 pack has risen from \$90.20 to \$608.82. Under the litigation, the three named plaintiffs accuse Mylan of being the “ringleader” working with the three biggest pharmacy benefit manufacturers to keep prices high. That scheme essentially shut out other competition, including two other auto-injectors.

BITS FROM AROUND THE STATE

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

ALBANY MEDICAL CENTER, Albany County, announced in February an agreement with the Albany County Sheriff's office to dispatch an on-call fully trained member of a 5 person Pre-Hospital EMS Physician Response Team to emergency scenes that pose a high risk of serious injury or death, including mass casualty incidents, large fires, incidents involving hazardous materials, SWAT operations and car accidents where multiple passengers are entrapped in Albany County and beyond. The idea is to extend hospital resources into the field, providing additional life-saving care at the scene and thereby reducing the stress on our EMS systems and personnel. The program will not remove any existing volunteer doctors' teams, but is intended to add to their ranks, according to the sheriff's office.

BROADALBIN VOLUNTEER AMBULANCE CORPS, Fulton County, is going out of operation and 2 other EMS services are vying to become the primary 911 provider for the area. Ambulance Service of Fulton County (ASFC), was designated by the Village of Broadalbin's trustees on 5/23/17 to be the primary 911 ambulance provider for the municipality. Still to be heard from are the Towns of Broadalbin, Mayfield and Perth. ASFC had been the backup 911 provider in the area but Broadalbin VAC is turning over its Ambulance Operating Certificate to Greater Amsterdam Volunteer Ambulance Corps (GAVAC) and merging with that Montgomery County-based organization. The expectation was that GAVAC would assume responsibility for 911 emergency calls in Broadalbin's service areas. That scenario is in question even though GAVAC plans to operate from Broadalbin VAC's old station while ASFC's quarters are in Gloversville. Broadalbin VAC had an operating budget of about \$170,000 and receives between 500 and 600 emergency calls per year, which generate between \$220,000 and \$300,000 in revenue for the organization. However, it had 17 paid providers and 12 volunteers but lost volunteers, as many as 10, over the past year, preventing it from having adequate staffing to handle emergency calls in its area. GAVAC expects to trade-in Broadalbin's 2 ambulances and purchase a newer ambulance that it will maintain at Broadalbin's Center Street location.

BEDFORD-STUYVESANT VOLUNTEER AMBULANCE CORPS, Kings County (Brooklyn), on 3/23/17 joined with the Church of Scientology Harlem Community Center to host the World Civil Defense day program to encourage local residents to be prepared for whatever happens, through Volunteer Ministers and EMT (emergency medical technician) training. The program featured James “Rocky” Robinson, founder of the Bedford-Stuyvesant Volunteer Ambulance Corps (BSVAC). Those attending watched a video about the partnership between BSVAC and the Scientology Volunteer Ministers in the relief effort following the 2010 Haiti earthquake. When everyone else was telling Robinson there was no way to get to Haiti to help the victims of the earthquake, Robinson received a call from the Scientologists telling him to go to Hanger 4 at JFK Airport along with his crew. The Scientology Volunteer Ministers had chartered a plane and invited the BSVAC on board. They flew the paramedics to Haiti along with medical supplies and Volunteer Ministers to provide the logistical support they needed to save hundreds of lives. BSVAC is involved with a NYS DOH EMS Course Sponsorship and has trained more than 1,000 EMTs in the last 29 years.



BRIGHTON VOLUNTEER AMBULANCE, Monroe County, announced in March plans to expand their current base at 1551 Winton Road from 4,500 square feet to 10,594 square feet. With all offices and crew quarters located on the first floor, the second floor will be dedicated for storage. This will allow enhanced energy-efficiency in the building. The First Aid area for walk-in patients will have greater privacy. One of BVA's most popular features for town residents is our Loan Closet that includes crutches, canes and wheelchairs, which will be relocated near the Public entrance. The current four-bay garage will increase to an eight-bay garage and allow BVA to store all their vehicles inside in a secure location and within a temperature-controlled environment. Funding for the estimated



\$1,797,000 project will come from a variety of sources including dedicated funds from operations, public donations and bequests plus grants including (2) \$250,000 NYS grants recently secured by NYS Senator Joseph Robach, 56th District and NYS Assembly Majority Leader Joseph D. Morelle. Brighton operated 5 ambulances and 2 ALS 1st responder vehicles and responds to about 5,600 calls annually.

EMERGYCARE AMBULANCE, based in Erie, Pennsylvania, had one of their transport ambulances involved in a fatal accident on 2/15/17 in the Town of Dunkirk, NY. The Type III modular unit was transporting a 77 year old male patient from the University of Pittsburgh Medical Center to a nursing home in Chautauqua County, NY when the vehicle went off the road about 5:40 PM, into a ditch and struck a culvert. The patient died at the scene, the 49 year old EMT driver was treated at Brooks Memorial Hospital while the EMT attendant was transported to UPMC Hamot also with non-life threatening injuries. NYS Collision Reconstruction Unit investigated the cause of the incident. News reports indicate "there is time during the crash she [the driver] can't account for" and also reports the driver was 10 hours into a 12 hour day, the second day in a row and may have fallen asleep.

EXCHANGE AMBULANCE OF THE ISLIPS, Suffolk County, may be getting a new \$6.5 million 15,000 square foot facility to replace the current 26 year old building owned by the Town of Islip. Funds were included in the Town's \$45.7 capital budget. The squad's web site indicates the current structure has been well maintained but due to improper initial construction of the facility, which is not to code, there are excessive loads being placed on the exterior walls according to an engineer's report. The apparatus bays are structurally sound and will be reused as part of the new facility. Newsday reports, however, one resident is campaigning for the building to be renovated instead for less money. Exchange operates a fleet of 5 ambulances, 2 First Responder vehicles, a Special Operations truck for standbys, MCIs, Rehab and special events, 2 John Deere 4x6 gators a Bike Unit and utility van. 2016 call volume was 3,042.

GREAT NECK VIGILANT ENGINE AND HOOK & LADDER COMPANY, Nassau County, is urging the village mayors of Great Neck, Saddle Rock and Kings Point on the Great Neck Peninsula on Long Island's north shore to reject a possible shift to Northwell Health Center for EMS for ambulance coverage. At a 3/7/17 Great Neck Board of Trustees meeting the mayor disclosed that the mayors of the 8 of 9 villages on the Great Neck Peninsula in the Town of North Hempstead met in January to hear a presentation on the capabilities and services of Northwell Health's Center for EMS. News reports indicate Northwell would station 1 ALS ambulance nearby with backup coming from other areas in the county. Northwell would bill patients but the \$140 a year tax on residents for emergency services would not go down. Vigilant is 100% volunteer with 125 members including 39 EMTs and 18 EMT-Ps. It has 3 ambulances and 2 response vehicles and responds to almost 2,000 EMS calls annually with a 5 minute response time. A partnership with the US Merchant Marine Academy at Kings Point provides 111 EMTs as well as its ambulance as resources. In Nassau County Northwell already has contracts covering the Great Neck Village of Lake Success in the Town of North Hempstead and the Villages of Hempstead and Rockville Centre in the Town of Hempstead. The latest news reports indicate Great Neck Estates and Kensington are renewing their contracts with Vigilant while discussions are ongoing in other villages.

HUNTINGTON COMMUNITY FIRST AID SQUAD, Suffolk County, made the cover photo on the February issue of EMSWORLD magazine. The related article covered how more and more squads are mixing paid and volunteer resources to ensure 24/7/365 coverage. Until September 2016 when it hired EMT-Ps, HCFAS, with 283 members, was the last major all volunteer ambulance service remaining on Long Island, operating 6 ambulances, several first responder vehicles and had 5,496 calls in 2015. Its Youth Squad was established as an Explorer Post under the auspices of the Learning for Life Program of the Boy Scouts of America, with the HCFAS serving as its chartering organization. Another change in 2016 was implementation of third party billing to offset cuts in funding from the Town of Huntington. The Town budget for HCFAS "Contractual, Material & Supplies" line item went from \$1,865,503 in 2015 to \$1,587,503 in 2016 and a further cut for 2017 to only \$202,000. The reasoning that the Town has given is that insurance billing will make up the difference and that cash reserves in HCFAS accounts can be used to augment the financial needs of the ambulance district. The Squad provided the Town with a spend-down plan to use money in an escrow account to pay the final year of its bond on its building so a reduction in the contract fee from \$1,587,503 to \$1,000,000 was not unexpected by the squad. A separate line item for "Employee Benefits and Taxes", however, has risen from \$380,000 in 2015 to \$450,000 in 2016 and \$500,000 for 2017.

Dealings between the Squad and the Town became contentious when the Town questioned a cash balance of about \$475,000 that had been carried in the squad's operating budget for the past 4 years that is earmarked to purchase new ambulances. There was also about \$1.9 million in another account that has been raised over the years from donations and wise investing that the squad does not consider to be taxpayer funds subject to Town jurisdiction. The separate reserve funds could be used for

the construction of a substation the squad is considering to build based on a potential nearby medical building and hotel as part of Renaissance Downtown's master plan. Town officials in early 2016 requested the NYS Comptroller review the squad's financial records noting concern about the surplus. The Comptroller found no improprieties.

Mutual Aid with the 5 volunteer fire departments in the town had also become an issue when the VFDs complained about a burden being placed on them assisting HCFAS. The Town commissioned a company to review the situation and report back to the Town with recommendations. The report found that in the first 5 months of 2015 HCFAS received mutual aid on 41 instances while providing aid on 23. The VFDs operate a combined total of 14 ambulances (2 EMT and 12 EMT-P). During the period studied HCFAS would have handled about 2,290 calls on its own. The report made several suggestions including HCFAS adding a 3rd in-station crew during peak demand hours, staggered shift times and more structured use of volunteers. There was also a recommendation to employ staff to cover shifts difficult to cover with volunteers.

Overall, HCFAS is handling the multiple major cultural changes well. The EMSWORLD article reported only 1 volunteer EMT-P resigned over not being offered a paid position and member support is up to 80% from an initial 65%-70%. The Town of Huntington, however, even with the cuts to HCFAS is exceeding the NYS Tax Cap Act and may lay off some employees.

LOCKPORT FIRE DEPARTMENT, Niagara County, is back in EMS after a 2 year hiatus. NYS DOH approved a 2 year CON in January. 22 of 34 current firefighters are paramedics. A 2 year Federal grant enables 4 more firefighters to be hired of which 2 are paramedics and a 3rd is in training.

MANORVILLE COMMUNITY AMBULANCE, Suffolk County, received a Ford F350/PL Custom Classic ambulance. The vehicle is on a 4x4 Type I chassis and is the 3rd PL Custom ambulance since 2012.

METROPOLITAN TRANSPORTATION AUTHORITY, New York City is planning to hire EMTs to help reduce subway delays. MTA-NYC Transit announced on 5/15/17 a 6-point plan to restructure management of the MTA and improve system reliability and service. Item 4 deals with mitigating delays associated with sick passengers and law enforcement activity by providing faster access to EMTs. When passengers become ill on subway trains, the needed response can cause major delays. According to the MTA it can take a significant amount of time for 911 System dispatched ambulance crews to find customers who need their help. Along the A, C and E lines on the 8th Avenue corridor alone sick customer incidents occur on average 28 times per month with the average incident lasting at least 12 minutes, delaying multiple trains. In the initial phase, MTA will hire or train new EMTs, placing EMTs at five key stations to speed up response times and reduce delays. EMTs will be deployed at:

- 125th Street
- 59th Street-Columbus Circle
- 14th Street
- West 4th Street-Washington Square
- Fulton Street

Details on the plan are lacking. These include whether the EMTs will be agency employees or from a private industrial contractor, whether they will operate solo or in a 2 person team, equipment to be carried and whether or not they will have naxoline, albuterol and/or epinephrine.

While the MTA plan can address rush hour incidents at the 5 identified stations, in December 2016 the NY Post pointed out that many "sick passengers" who bring the subways to a halt are homeless or psychotic people. Incidents occur at any of the 472 stations in the subway and elevated system but end-of-line stations are more heavily impacted by 911 calls for unconscious patients who have either been sleeping and not real unconscious and unresponsive patients who have actual medical emergencies involving drugs or diabetes.

The MTA is also launching a public awareness campaign, including on-train and in-station announcements and posters to encourage use of EMTs in stations so passengers can get the help they need, as fast as possible without disrupting train service. This element of the program is slated to launch in the fall.

MOHAWK AMBULANCE, Schenectady County, had 1 of its units involved in a fatal accident on 5/24/17. The incident occurred in Duanesburg, when the ambulance went off the road and hit a tree while transporting a patient from Albany Medical Center to his home in Sloansville. News reports indicate bystanders helped get the 64 year old patient out of the ambulance, who was thrown off the stretcher, when suddenly he went into cardiac arrest. The 2 EMS personnel on board were injured, the 19 year old EMT being taken to Albany Medical Center and the 20 year old driver to Ellis Hospital in Schenectady. Both were released within 48 hours. A news picture from the scene shows a Type II Demers van upright

off the right shoulder of a rural area marked 2 lane roadway into a group of trees. Subsequent reports in the media indicate “Authorities said the driver dozed off...” and that the EMT driving the ambulance was 8 hours into a 12 hour shift and the crew was engaged in its 5th call of the day. On its web site the company advised “Mohawk Ambulance Service has fully cooperated with investigators and provided all information in its possession which has been requested by the Sheriff’s Office. In more than 50 years of serving the Capital Region, this is the first incident of this nature to occur involving one of its service vehicles.” As is often the case in emergency services, the EMT is also a volunteer Firefighter I and HAZMAT technician with Elsmere Fire Department, having come up through their explorer program designed to get high school students involved in volunteer emergency services.

MOHAWK VALLEY AMBULANCE CORPS, Herkimer County, has renewed a contract with Priority Billing,



which is owned by Priority Ambulance, which is the parent company of Kunkel Ambulance. Priority Billing and Kunkel are co-located in Utica, Oneida County. While Mohawk Valley is a non-profit agency with a volunteer Board of Directors, it has a paid staff of 14 EMTs, 19 EMT-Ps and 2 Critical Care EMT-Ps covering the town and village of Herkimer, the village of Mohawk and the town of German Flatts. The agency has 5 ambulances and in 2016 began an ALS fly car system that will allow MOVAC paramedics to respond to

emergency calls within the Frankfort Fire Department and Schuyler Volunteer Fire Company districts.

NASSAU COUNTY saw a number of its 73 EMS agencies with care level changes mainly as a result of the DOH’s enforcement of a Part 800.5(d)(4) mandate that all ALS agencies secure a controlled substance license and carry narcotics. Other local reasons such as reduced levels of ALS personnel could also have affected agencies. While there was acceptance that narcotics for pain relief was a good thing, opposition centered on the all agency requirement. Some felt that carrying and maintaining narcotics was too much of a potential liability and that backup or mutual aid agencies such as the countywide PD Emergency Ambulance Bureau could respond as needed. The mandate was effective 7/31/16 but enforcement was delayed till 1/31/17 to give agencies time to apply for a license.

3 department voluntarily downgraded to the BLS level:

- Elmont Fire District Ambulance, Battalion 7 (from EMT-CC)
- Levittown Fire Department, Battalion 6 (from EMT-P)
- Lynbrook Fire Department, Battalion 4 (from EMT-P)

The minutes of a Nassau REMAC meeting indicate in accordance with regulations, the revocation of ALS level of care for the following 7 agencies was automatic with no vote required and notices were sent to:

- Carle Place Hook, Ladder & Hose Company #1, Battalion 9 (from EMT-P)
- East Norwich Volunteer Fire Company #1, Battalion 5 (from EMT-P)
- Freeport Fire Department, Battalion 2 (from EMT-CC)
- Hempstead Fire Department Rescue Squad #1, Battalion 7 (from EMT-CC)
- Island Park Village Volunteer Fire Department, Battalion 2 (from EMT-P)
- Syosset Fire District (from EMT-P), Battalion 5 (from EMT-P)
- West Hempstead Fire District, Battalion 7 (from EMT-CC)

Agencies can always go through an upgrade process to regain ALS status. Nassau REMAC is also developing AEMT level protocols.

NASSAU COUNTY POLICE DEPARTMENT’S EMERGENCY AMBULANCE BUREAU (NCPD EAB) on 3/22/17 had an ambulance stolen from the ED bay at Nassau County Medical Center in East Meadow. News reports indicate an 83 year old male patient “checked out” of the ED and spotted the ambulance with the keys in the ignition and drove off with the vehicle. NCPD apprehended the individual, a Merrick resident, after being called to a 7-Eleven in North Merrick for a “wellness check”. The ambulance was in the 7-Eleven parking lot. The individual was taken back to the hospital for evaluation but was also charged with second degree grand larceny. NCPD EAB has an unusual response setup in that an ambulance is staffed by only 1 EMT-CC or EMT-P and is met at the scene by a NCPD police officer who then drives the ambulance to a hospital and is returned to his/her car by another NCPD officer. Unofficial information is that the ambulance involved was a spare, a second set of keys were unavailable and the vehicle did not have an ignition interlock – all contributing to the theft.

NEW CITY VOLUNTEER AMBULANCE CORPS & RESCUE SQUAD, Rockland County, to improve response times installed a Global Positioning System (GPS) street address locator. This mechanism

provides explicit road directions to the location of any accident area or medical emergency address. To enhance the GPS response device, an 'Opticon System' has been incorporated. This system can override a traffic signal light, permitting it to be changed as necessary in order to expedite movement in traffic. New City's 75 volunteers operate 4 BLS ambulances, 1 fly car and a disaster response unit.

RENSELAERVILLE VOLUNTEER AMBULANCE, Albany County, is shutting down by the end of 2017 with coverage of its area being assumed by Albany County Sheriff's Emergency Medical Services. The Altamont Times reports with membership down to an aging force of 10 to 12 members, all retired and in their 60s including only 3 EMTs, it fell to 1 EMT to do 90% of the calls. Rensselaerville is considering turning its 15 year old station into a Public Safety Building which the fire and police departments as well as the county EMS could use. The squad ambulance may go to the county and a hydraulic extrication tool to a local fire department or the county.

RIVERHEAD VOLUNTEER AMBULANCE CORPS, Suffolk County, on 5/1/17 implemented third party billing of auto insurance companies of patients involved in motor vehicle accidents. NYS No Fault coverage is expected to cover most patients but workers comp may be involved for work related injuries. Uninsured motorists would be billed directly with non-payers pursued handled on an individual basis. Calls to residences, work places, recreational places, hotels/motels, religious organizations, etc. will not be billed. Riverhead VAC covers an area at the east end of Long Island at the start of the north (Orient) and south shore (Montauk) forks, operating 4 ambulances at the EMT-P level and responded to 4,173 calls in 2016. It is the first east end squad to begin billing.

TUPPER LAKE VOLUNTEER AMBULANCE & RESCUE SQUAD, Franklin County, is moving into a new headquarters in the former Bartel Motors car dealership. The new location is a marked improvement over the old location on a side street. The new HQ at 169 Main Street provides more visibility on a main thoroughfare, a better response route, more room for supplies, storage and personnel. Each ambulance has its own bay and the Dive Team was able to move in its equipment including rescue boats. The upper floor is like a 2 bedroom apartment for the overnight crews after a large room was split into 2. Renovations are expected to be only about \$11,000. The squad appears to be doing well and purchased 2 vehicle in the last year – a new 2016 ambulance and a used 2008 ambulance with 25,000 miles. Tupper Lake operates a total of 3 ambulances at the EMT-P level.

WOODHAVEN-RICHMOND HILL VOLUNTEER AMBULANCE CORPS, Queens County, was sent a 1/17/17 notice by the NYS DOH deactivating and archiving its Ambulance Operating Certificate. The notice indicated the agency had not submitted PCRs since March 2016 and NYS Department of Motor Vehicles has no record of ambulance(s) registered and insured. A requested Plan of Correction as well as a business plan were not submitted to the DOH. No appeal was offered to the DOH action and to reestablish operations the squad must go through a new Certificate of Need process. The squad was organized in 1965 and moved into its headquarters on Jamaica Avenue in in late 1973-early 1974. The squad's problems started in April 2013 with the partial collapse of the next door 2 story commercial building which blocked an emergency exit. In February 2014 melting snow from the next door building caused water and mold damage including possible shifting of a structural wall in the squad's 1 story building making it uninhabitable for the squad and a senior center which had rented space and provided a supplemental revenue source of about \$2,500 per month according to a local news report. NYC agencies, courts and community demonstrations were ineffective in alleviating the problems. A \$13 million lawsuit against the owner of the next



door building was filed on 4/12/16 and is pending. The squad's building was quickly sold in 2016 for \$1,026,000 due to its desirable location. A local newspaper reported on 5/24/17 that after weeks of renovations, the interior of the once-dilapidated building has been fixed up and the facade has been given a facelift and it reopened as Price Less Discount Store. The NYS Attorney General's approval to sell the building indicated proceeds, in specific amounts, would be used for payment on due utility bills, vendors, closing costs on the building sale, an accountant to restore tax exempt status, interim operational costs, future down payment, purchase of an ambulance and purchase of a new building.

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