

The Blanket

ISSUE 1 - 2009



New York State Volunteer Ambulance & Rescue Association, Inc.

PRESIDENT'S MESSAGE

Michael J. Mastrianni, Jr.
President

I hope this message finds everyone well. As we begin our new year, I want to take a minute and look back at the past year.

In September, we held our educational conference and trade show, *Pulse Check 2008*. I want to thank all who attended. Those that attended found it both educational and enjoyable. I want to thank the entire Convention Committee for all their work in making *Pulse Check 2008* successful. I also want to congratulate all Special Award winners, Scholarship recipients and winners of the Drill Competitions.

Legislatively, we truly are the voice of volunteer EMS in New York State. We had a good year this year. With the assistance and support of Suffolk County Ambulance Chiefs Assoc., FASNY, The New York State Assoc. of Fire Chiefs and The New York State Assoc. of Fire Districts, were able to get several pieces of legislation passed by the Legislature and signed into law. They include:

- A 10764 and S 7683 makes medical orders for Life Sustaining Treatment (MOLST) Program permanent and statewide.
- A 7699A and S 4617A allows firefighters and EMS providers to participate in certain public employee health insurance plans.
- A 10590A and S 7653C amends Vehicle and Traffic Law to authorize the issuance of "OFFICIAL" license plates to fire and ambulance company's Emergency Service vehicles
- A 10499 and S 7717 allows members who have been determined to have been injured in the line of duty to continue to earn LOSAP points.

We are regularly consulted by Legislators and State government officials on matters that relate to volunteer EMS....and they listen to our issues and concerns.

Our web site was extremely active. We have received tens of thousands of "hits" and it continues to be a source that our members and non members can turn to for information about our Association as well as information about volunteer EMS. I want to thank John Hussar and his Company *Greygoose Graphics, Inc.* for the great job in maintaining the site.

The "new look" *Blanket* has been extremely well received. We have seen an increase in revenue from ads and look forward to it continuing to grow. I want to thank Jim Downey and Nancy Ehrhardt for all the hard work they do in producing such a great product.

This year, as a benefit to our member squads, we joined the *North Central EMS Cooperative*. The Cooperative offers our member squads best pricing on goods and services. It allows even the smallest squad the prices that, here to fore have been available only to large services. Our member squads pay nothing for membership. Many squads have reported that they have received substantial savings by making purchases through the Cooperative. Our Association also benefits as we receive a small percentage of the amount that that our members spend. I can't urge our members enough to take a look at this great benefit. For



Continued on Page 3

MARK YOUR CALENDAR!

New York State Volunteer Ambulance and Rescue Association Inc.

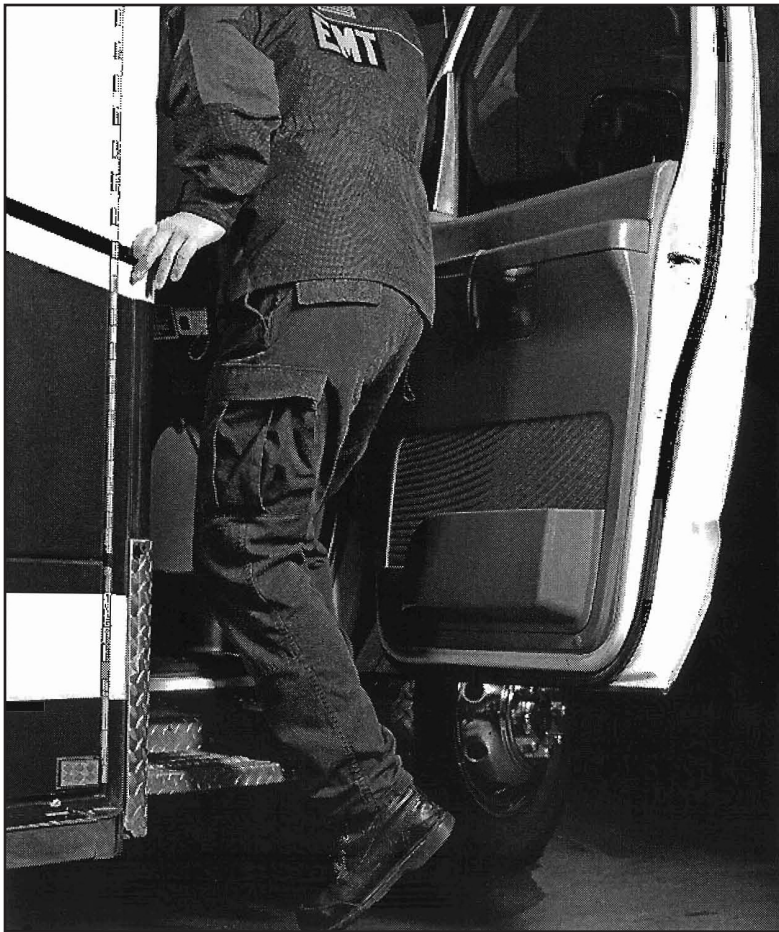
PRESENTS

Pulse Check 2009

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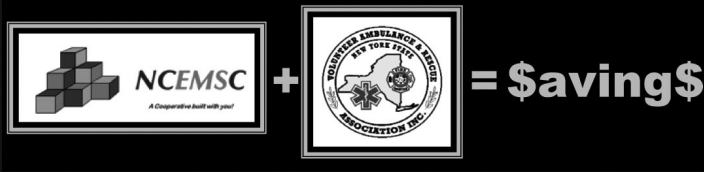
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RELATIONSHIP



The North Central EMS Cooperative (NCEMSC) is affiliated with the New York State Volunteer Ambulance and Rescue Association (NYSVA&RA)...therefore, if your squad is part of the NYSVA&RA, you are part of us! NYSVA&RA member squads automatically become members of the NCEMSC. NYSVA&RA elects to pay your squad's annual NCEMSC membership dues (a \$75 value)! Your involvement is important. We share revenue! A percentage of your purchases are returned to the NYSVA&RA, which helps NYSVA&RA recoup the annual NCEMSC membership dues and support other projects.

The NCEMSC is a group of more than 2,000 EMS organizations that have joined together to take advantage of volume pricing discounts on a wide array of EMS products and services. As a NYSVA&RA member squad, you will have the opportunity to share in these discounts.

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- Cardiac Monitors/Defibrillators
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- EMS Legal Services & Seminars
- Fleet Fuel Cards
- Medical Supplies & Equipment
- Office Equipment, Furniture & Supplies
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OCTOBER 1 – 4, 2009

The Blanket

ISSUE 1 - 2009

The Quarterly Newsletter
of the NYS Volunteer Ambulance
& Rescue Association

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NYSVARA Officers 2008-2009

Michael J. Mastrianni, Jr., President

Roy R. Sweet, Executive Vice President

Henry A. Ehrhardt, Vice President

Christy Hubbard, Secretary

Robert Franz, Treasurer

Michael Wilhelm, Financial Secretary

NYSVARA Membership Information

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

PRESIDENT'S MESSAGE

Continued from Page 1

more information, you can visit their web site at www.ncemsc.org or calling them at 888.603.4426.

Henry Ehrhardt and I continue to represent the Association at the NYS EMS Council. I continue to await final appointment. I also hold a seat on the NYS Medical Advisory Committee (SEMAC). I serve on both the Legislative and Systems Subcommittees and chair a Technical Action Group (TAG) on EMS Codes Revision. We work very closely with the representatives of both volunteer and career EMS organizations to be sure the issues and concerns of the provider are heard.

I also want to thank all the members who voted and elected the new officers for 2008-2009. In addition to myself, the officers are: Roy Sweet, Executive Vice President, Henry Ehrhardt, Vice President, Bob Franz, Treasurer, Mike Wilhelm, Financial Secretary and Christy Hubbard, Secretary.

As we begin the new year, I want to announce that there are going to be some significant changes for our Conference, **Pulse Check 2009**. First, I will be taking over as the Chairman of the Convention Committee. Kuntree Sweet, who has served as the Chairperson for the past several years, will continue to be an integral part of the Committee. Second, we have made a decision to move the location of **Pulse Check 2009** to The Holiday Inn Wolf Road in Albany. MARK YOUR CALENDARS. It will be held October 1-4, 2009. We believe that this change in venue will provide an opportunity for more people to attend the Convention. The hotel has an attractive room rate plan and, for those who wish, will be preparing a variety of meal plans as well. The Albany area also provides many attractions and Wolf Road also offers a variety of restaurants. I am also pleased to announce the Mike McEvoy, PhD, RN, CCRN, RN, REMT-P, Rich Beebe, MEd, RN, REMT-P, and Jonathan Politis, MPA, NREMT-P have agreed to serve as the Education Coordinators this year. They are looking forward to putting together a great educational program. We continue to assemble the rest of the Committee. Please visit our web site, www.nysvara.org for updates and more information as details become finalized. If you are have comments or suggestions or are interested in working with the Committee, please contact me at president@nysvara.org.

The challenge continues be trying to serve the needs and interests of our members while working with a limited budget. To help address this challenge, the Board of Directors carefully scrutinizes all expenditures. We continue to attempt to grow our membership as well as looking for other sources of revenue. I do want to take this opportunity to thank those squads who have been actively involved in recruiting their members as Individual Members of our Association. I also want to thank those Directors who continue to market our Association locally and to get our message out there.

Probably the greatest challenge we all face, at its most fundamental level, is to maintain the level of service that our community deserves despite these economic times. We must continue to look for innovative ways to ensure that we are able to continue to answer the call for help. To that end, your Association is committed to work with our colleagues in the other Emergency Services Organizations to do everything possible to support our volunteers. Attracting new members to our squads, as well as, keeping our current members of our squads is paramount. Thinking outside the box and working cooperatively with those around us is the only way we will be able to continue to serve our neighbors. While we continue to work with our State officials to enact legislation that encourages recruitment and retention, locally, we have to be sure that we are do everything possible to provide an environment that positively reinforces and encourages our current members and helps to attract new ones. This is the only way we will survive.

Finally, I want to thank everyone who has been so supportive of the Association. If you are interested in helping us on the state level to continue our mission, please contact me.

Be Safe!

SPECIFIC SAFETY VESTS REQUIRED FOR ALLROADSIDE WORKERS EFFECTIVE NOVEMBER 24, 2008

Federal Regulation 23 CFR 634 states that, by November 24, 2008 "All workers within the right-of-way of a Federal-aid highway who are exposed either to traffic or to construction equipment within the work area shall wear high-visibility safety apparel." "While this is hardly a new concept, reflecting NFPA standards for fire service EMS and OSHA intent, it does put a fine point on the requirement and better defines acceptable safety vests" says National Association of State EMS Officials (NASEMSO) Program Advisor, Kevin McGinnis, a long time EMS community liaison to national traffic incident management program development. He encourages the use of the 4 or 5 point break away public safety vests that are among those approved for this use. Even if you don't have a Federal-aid highway in your response area or do not perceive yourself subject to NFPA standards, the minimal investment in safety vests is the right thing to do for your at-risk colleagues...and any of us that respond to car crashes are at-risk. Visit the NASEMSO website to view and download an informational handout or "push" card that can be printed in unlimited quantities. You can also visit <http://www.respondersafety.com/> where you can request free cards to be sent to you for distribution in your state, region or service area. A PDF is available at <http://www.respondersafety.com/fullstory.php?61380> that can be formatted as a PowerPoint program. The respondersafety.com website also has a PowerPoint version of this program for free use a 90 second video encouraging the use of vests by police. All Responder Safety Institute training, including Frequently Asked Questions and supporting materials on high-visibility garments can be accessed at <http://www.respondersafety.com/Training/Downloads.aspx>. Please contact Kevin McGinnis (mcginnis@nasemso.org) if you have further questions.

REGIONAL PROGRAM AGENCIES LAUNCH ONLINE CME PROGRAM

Continuing education programs are now available on the FUNCMES.com web site. The site is the collaborative effort of Midstate, Finger Lakes, North Country, Central and Susquehanna Program Agencies. In the Midstate Region CME credits are awarded by reviewing the material and downloading the test, fax the test to the Program Agency and the appropriate hours will be given. Current Programs include: QA/QI Lecture - 2 ALS CME hrs ; Red Lights & Siren - 2 BLS CME hrs; Blood Glucometry - 2 ALS CME hrs. Watch the site for additional educational opportunities.

USFA RELEASES EMERGENCY INCIDENT REHABILITATION MANUAL

The US Fire Administration (USFA) has issued an updated version of the manual Emergency Incident Rehabilitation. The revised manual examines critical topics related to emergency incident rehabilitation, including operational issues, human physiology, weather issues, and technology and addresses ways to better protect firefighters and other emergency responders through the use of proper protective clothing and improved tactical procedures. With the emergence of new noninvasive moni-

toring technologies, EMS is becoming increasingly involved in fire-ground rehab through observation and monitoring, vital signs, re-hydration, nourishment, and rest for responders between assignments. The guide is available at https://www.usfa.dhs.gov/downloads/pdf/publications/fa_314.pdf

FEDS OK "ENHANCED" NY DRIVER'S LICENSE

The federal government formally approved in late May the state's "enhanced" driver's license, which can be used to cross the United States border without a passport. The optional enhanced driver's license will be available for use next summer when passports or approved driver's licenses will be required for border crossings, including entry into Canada.

New Yorkers will have to provide proof of citizenship to apply for the enhanced license at a Department of Motor Vehicles office. The new, 8-year licenses will add \$30 to the \$50 cost of reissuing a license. The license was a fallback for former Gov. Eliot Spitzer, who was stopped last year in his bid to make it easier for illegal immigrants to get driver's licenses.

Border crossing delays have become an issue because of cross-border mutual aid agreements between New York and Canadian fire departments and stat transfers of ambulance patients between border hospitals. The new licenses should help eliminate some delay situations.

2008 EMERGENCY RESPONSE GUIDEBOOK (ERG) NOW AVAILABLE

The Emergency Response Guidebook (ERG2008) was developed jointly by the US Department of Transportation (DOT), Transport Canada and the Secretariat of Communications and Transportation of Mexico (SCT) for use by firefighters, police, and other first response emergency services personnel. DOT's goal is to place one ERG2008 in each emergency service vehicle, nationwide, through distribution to state and local public safety authorities. Copies are made available free of charge to public emergency responders through state coordinators in the US. For a listing of state coordinators, go to <http://hazmat.dot.gov/pubs/erg/statecoord.htm> .



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BIPHASIC EXTERNAL DEFIBRILLATION OK DURING CPR?

Rescuers performing chest compressions during biphasic external defibrillation are exposed to low levels of leakage currently. New findings published in the May issue of *Circulation* supports the feasibility of uninterrupted chest compressions during shock delivery, which may enhance the efficacy of defibrillation and cardiocerebral resuscitation. To access the article go to <http://circ.ahajournals.org/cgi/content/abstract/117/19/2510?ck=nck>. (Subscription required.)

HFA-PROPELLED ALBUTEROL INHALERS REPLACING CHLOROFLUOROCARBON (CFC) PROPELLANTS

With a ban on the use of ozone-depleting chlorofluorocarbon (CFC) propellants now in place, the US Food and Drug Administration (FDA) requires patients to switch from the current CFC-propelled albuterol and levalbuterol inhalers to newer models with hydrofluoroalkane (HFA) propellants. CFC-propelled inhalers are no longer available in the U.S. as of December 2008. Here's links to the four HFA-propelled albuterol and levalbuterol inhalers approved by the FDA — with a focus on directions for their use, since all have different priming, cleaning, and drying instructions.

ProAir HFA site:

<http://www.proairhfa.com/UsingProAirHfa.aspx>

Proventil HFA site:

http://www.proventilhfa.com/phfa/application?namespace=main&event=content_display&event_input=using_your_inhaler

Ventolin HFA site:

<http://www.ventolin.com/howtouse.html>

Xopenex HFA site:

<http://www.xopenex.com/aboutXopenex/using-your-xopenex-inhaler.html>

NEW STATEWIDE SPINAL IMMOBILIZATION PROTOCOL ISSUED

On May 1, 2008 the NYS DOH Bureau of EMS issued a notice to all EMS providers about an update to the New York State Basic Life Support Protocols for Emergency Medical Technicians and Advanced Emergency Medical Technicians. The update was developed by the State Emergency Medical Advisory Committee and approved by the State EMS Council. Also included with the notification was a curriculum and information about access to a PowerPoint presentation to be used for training and updating EMS providers.

EMS agencies must assure that all of their EMT-B and AEMT's are updated to the new protocol. All training must have been completed by December 31, 2008. The entire protocol book as well as all updates and the PowerPoint presentations are available on the NYS DOH BEMS web site at <http://www.health.state.ny.us/nysdoh/ems/spinal> The protocol book is designed so you can remove the old version of these protocols and insert these new pages.

AMERICAN RED CROSS AND JOHNSON & JOHNSON RESOLVE TRADE MARK DISPUTE

Johnson & Johnson (J & J) and the American Red Cross have resolved a lawsuit over the use of their shared symbol – A Greek red cross on a white background. The deal was announced Tuesday 6/17/08 after a judge in the Federal District Court in Manhattan tossed out most of health-products maker J & J's lawsuit, upholding the Red Cross' right to use the emblem. The judge said the Red Cross had leeway to use the logo to promote itself and raise money for its charitable works ruling that a Congressional charter gave the Red Cross the right to use the symbol even for business purposes.

MEDICARE REIMBURSEMENT INCREASE SUPPORTED BY SENATOR SCHUMER

At the federal level, Senator Charles Schumer co-sponsored legislation to increase the rate at which EMS is reimbursed by Medicare. There exists a significant problem in EMS - it is abundantly clear that EMS is not adequately reimbursed for services. A recent US General Accountability Office (GAO) report documented that Medicare underfunds EMS service by about 6% percent. Generally, reimbursement for EMS calls are not based on what the actual cost is to provide the service, but rather it is based on what the government insurance provider feels that they are going to pay for the service. All agencies are paid the same whether they are municipal, private or volunteer. This hinders agencies from replacing equipment, addressing new requirements or adequately reimbursing the people who do this as a profession. The legislation co-sponsored by Senator Schumer involves a 5% relief package available for Medicare calls done within the EMS system. The American Ambulance Association as well as the United NY Ambulance Network (UNYAN) are behind the legislation. With more and more volunteer agencies turning to third party billing it behooves volunteer sector agencies to state their needs to their Congressional representatives

FDA CLEARS GLOVE MADE FROM NEW TYPE OF LATEX

The USFDA has cleared for marketing the first device made from a new form of natural rubber latex, guayule latex. The product, the Yulex Patient Examination Glove, is derived from the guayule bush, a desert plant native to the Southwestern United States. Traditional latex gloves are made from the milky sap of a rubber tree, *Hevea brasiliensis*. Estimates vary, but anywhere from 3 percent to 22 percent of all health care workers are sensitized to traditional latex. Available data on the new guayule latex show that even people who are highly allergic to traditional latex do not react on first exposure to guayule latex proteins. Read the FDA Press Release at <http://www.fda.gov/bbs/topics/NEWS/2008/NEW01822.html> .

SCOTT SHIELDS, "9/11 & KATRINA SEARCH AND RESCUE HERO", PLEADS GUILTY TO FRAUD

The Times of Trenton, a NJ newspaper reported that Scott Shields, a West Windsor, NJ resident and founder of the Bear

Search and Rescue Foundation, plead guilty at a federal court in New York to defrauding the federal government of Sept. 11 relief funds including charges of conspiracy to defraud the United States, theft of government funds and mail fraud. Combined, the offenses carry a penalty of up to 35 years in prison. The guilty plea, per a statement from Shields' attorney, was not attached to any deal regarding sentencing. Scott Shields gained fame with allegedly false stories about responding from Connecticut on 9/11 and searching on "the pile" with his now-dead golden retriever named Bear for victims of the World Trade Center collapse and finding the most victims at the site. Shields has been featured by a number of media outlets about his claimed activities at the World Trade Center in 2001 plus having helped emergency workers find victims in the aftermath Hurricane Katrina in 2005. Critics had accused Shields, who gave himself the title of Captain, of misrepresenting himself as a trained search-and-rescue expert and exaggerating his exploits.

NFPA...STANDARDS WE CAN LIVE WITH

By Dave Denniston -Client Training and Education Manager, McNeil & Company (ESIP)

"If you were to die today, would you be ready"? That is a sign I saw while driving down the road this afternoon. My initial thought was that I was nowhere ready to die. I know at some point in time, I will need to concentrate on the thought of dying. However for today, I would rather concentrate on how to live. There is no question that firefighters and EMTs have chosen extremely dangerous occupations. What we all must be willing to focus on is how to do our jobs effectively and safely at the same time. The good news is that we do not need to reinvent effective safety measures. NFPA standards have been around for many years. These guidelines were drawn up by our brothers and sisters in the service. They did not come from politicians, rulers or other people that know nothing about what we do. They were developed by people just like you and me that have a genuine interest in doing our jobs more effectively and safely. All we have to do is read them, understand them, and follow the rules.

As I travel the country teaching, I hear all kinds of excuses as to why organizations do not follow the NFPA standards. Some of my favorites include "they are only for the big departments", "they are only guidelines", "there is no way we could ever follow all of these". Unfortunately or fortunately depending on how you look at it, the standards are no longer viewed as just guidelines in the eyes of the law. In 2001 a young recruit in upstate New York was killed in the line of duty while participating in a training exercise. The assistant chief of the department who was in charge of the training was tried and convicted of second-degree criminally negligent homicide. NFPA 1403 was used in this trial by the district attorney to prove the case. This is the first time that I am aware of an NFPA standard being used to convict an officer in a department. This national precedent has now been used in court cases across the United States to convict both first responders and officers for failure to recognize and adopt these national consensus standards. Just this May in Kansas City, Kansas a jury awarded \$1.8 million to the family of a driver that was hit and killed in an intersection when the emergency vehicle failed to stop in compliance with NFPA standards. Again, the NFPA standards were cited as the acceptable way of emergency responders to do business. We are only seeing the tip of the iceberg in cases where emergency responders and officers will be held accountable for their actions both criminally and civilly using NFPA standards.

The sad truth is that the volume of information available can be very intimidating to most of us. My suggestion to people is that they break the standards down and concentrate on a manageable group to start. Organizations should consider standards that deal with emergency vehicle operations, incident command, and firefighter fitness as these are three areas that affect members each and every day on each and every call. After an organization has a firm grasp on the standards that relate to these fields they should look at the index of standards and find the areas that they deal with a regular basis and select the next group to tackle. By working in small segments the standards become much more palatable and easier for most organizations to understand. Care should also be given to ensure that organizational bylaws and policies are in harmony with the NFPA standards. The standards should also be considered minimum guidelines for your organization. There are areas where your organization will need to formulate and adopt much stricter standards for the safety of your membership. It is also a good idea to have a third party audit your policies and procedures to be sure that they are clear, understood and in harmony with the nationally recognized standards.

Access to the standards has been a challenge to many departments. I often ask my students if they know what NFPA even stands for. At least one student in each class would raise their hand and offer the correct answer of National Fire Protection Association. In one class a student responded "No Free Publications Allowed". While this answer got a big chuckle from the class it was also true that many of us did not have regular access to the standards when we were preparing training or writing policies and procedures. The standards are available through NFPA in several formats. Individual standards may be purchased in a written format. Or the entire set of standards may be purchased in a written, online, or CD format. I strongly encourage each organization to purchase at least one complete set of the standards for their organization. The challenge for many organizations is to make this copy available to everyone that needs it with only a single copy. At a recent training the instructor shared a way to access a complete version of each standard with an internet connection. The standards cannot be printed, cut, or copied from this format but the entire standard may be viewed online. This is extremely helpful to officers and members that need to view a standard while not having access to the purchased volume.

To access the online version, start by pointing your browser to: http://www.nfpa.org/aboutthecodes/list_of_codes_and_standards.asp. Now search for and click on the standard you want to view. Next, scroll to the bottom of the page and click on the link that reads "view the 200? edition of his document". Near the bottom of that page click on "I Agree". Follow the onscreen directions and then click on "Open NFPA.....".

NFPA 1901 CHANGES EFFECTIVE JANUARY 1, 2009

National Fire Protection Association (NFPA) standards covering some 300 subjects are followed by many departments as if they were regulations that must be complied with. In fact, in a large number of municipalities there are policies that mandate compliance with NFPA standards. NFPA 1901, the Standard for Automotive Fire Apparatus, recently went through a scheduled revision cycle resulting in several new equipment and safety requirements for fire apparatus vehicles contracted January 1, 2009 and later:

- ❖ AEDs must be carried
- ❖ Data recorders to monitor vehicle speed, acceleration, deceleration, antilock braking events, seat-occupied status, seat belt status and more
- ❖ One traffic vest for each seated position
- ❖ At least 50% of the rear of the apparatus shall be equipped with retroreflective striping that is 6" wide
- ❖ Visual indicator on each tire that monitors its pressure or a monitoring system that checks tire pressure for all
- ❖ Requirements for response trailers used in emergency operations
- ❖ Rescue, rehab and Hazmat vehicles would be covered by NFPA 1901 but it is unclear if larger fire department operated EMS ambulances would also be covered.

NFPA PROPOSES TECHNICAL COMMITTEE FOR AMBULANCE STANDARDS

The National Fire Protection Association's (NFPA) Technical Committee on Fire Department Apparatus has proposed that a new project be developed and a new technical committee be established to address ambulance standards. While NFPA is not a government agency its standards on emergency vehicles, fire, electrical and building systems are followed by many organizations by reference in contracts and regulations. The Federal Standard for Ambulances (KKK-A-1822F) may be used as a starting point to develop the new document. The NY State EMS Council (SEMSCO) also has a committee looking at Part 800 requirements as they relate to ambulances.

OFFICIAL PLATES FOR EMERGENCY AMBULANCE SERVICE RESPONSE VEHICLES

Through the legislative efforts of the NYSVA&RA and other organizations, Governor David Paterson signed into law on 7/21/08 NY Senate Bill S07653/NY Assembly Bill A10590 authorizing the issuance of official license plates to fire companies and independent volunteer ambulance companies. Section 1, Subdivision 6 of Section 401 of the Vehicle and Traffic Law is amended by adding a new paragraph b-1 to read as follows:

The provisions of this article with respect to the payment of registration fees shall not apply to (i) fire vehicles, as defined in section one hundred fifteen-a of this chapter, owned or controlled by a fire company, as defined in section three of the Volunteer Firefighters' Benefit Law, or to (ii) Emergency Ambulance Service Vehicles, as defined in section one hundred fifteen-c of this chapter, owned or controlled by an ambulance company, as defined in section three of the Volunteer Ambulance Workers' Benefit Law. Upon the filing of an application in such form and detail as the Commissioner may prescribe, the Commissioner shall issue plates for such vehicles in the same manner as plates issued to vehicles owned or controlled by fire districts pursuant to paragraph b of this subdivision. This act shall take effect on the thirtieth day after it shall have become law.

BITS FROM AROUND THE STATE & BEYOND

DISTRICT 1 – Rockland County

CLARKSTOWN, Rockland County, is offering a number of incentives to attract and retain volunteer emergency service providers and recognize the sacrifices they make in their family life by volunteering. The town has five volunteer ambulance squads (Congers-Valley Cottage, New City, Nanuet, Nyack and Spring Hill) and six volunteer fire departments (Congers, Nanuet, New City, Rockland Lake, Valley Cottage and West Nyack). Among the benefits provided are:



Children of emergency workers get 10% discounts at any of three town-sponsored, full-day summer camps. The camps cost from \$900 to \$1,050 for six weeks.

Emergency workers get free passes to town pools. A season's pool pass is worth about \$400 per family and \$215 for individuals. More than 665 volunteers and their family members have taken advantage of the free pool passes.

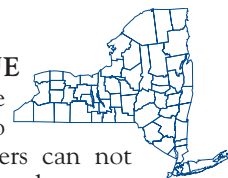
Under the Clarkstown Volunteer Incentive Program, dozens of businesses in the town offer a 10% discount to eligible emergency services volunteers.

Town park mini-golf course 50% discount on charges of \$4 for children, \$5 for seniors and \$6 for adults.

The cost of the incentives are minimal compared to the \$100 million estimate for a paid fire and EMS system in the county. A coalition of emergency service agencies has been in talks with the town for additional benefits, including finding ways to offer discounted rents on condos and apartments. Talks are also on for larger breaks on property taxes for volunteers who are homeowners.

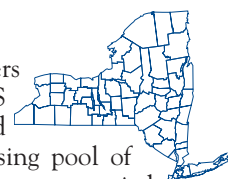
DISTRICT 5 – Orange County

FLORIDA VFD's EMS RESCUE SQUAD, Orange County, may soon be hosting a paid crew from Regional EMS to cover ALS calls plus those the volunteers can not respond to. Membership in the all volunteer department has declined from 149 to 125 in recent years and the department has just 12 EMTs. 17% of 457 calls in 2007 were turned over to mutual aid and this number risen to 22% so far in 2008. The Times Herald-Record newspaper reports there is disagreement within the department with some seeing the move as a forerunner of dissolving the EMS squad. Others say its unfair to charge patients for care when they already support the service through donations and taxes. Others, however, see it as a progressive move to ensure residents have an ambulance on the way in a timely fashion in time of need.



DISTRICT 6 – Sullivan County

SULLIVAN COUNTY, like others across the state, is seeing its volunteer EMS squads struggling to keep up with increased demands but with a stationery or decreasing pool of volunteers. The Times Herald-Record newspaper carried an article with a comment from an officer of one of the larger squads saying that there may be less than 150 people answering ambulance calls in the county. Mobilemedic, Sullivan County's lone private service, says calls are being covered by the company



plus mutual aid from the larger squads but feels the county's unpaid EMS Coordinators could be doing more training and coordination with the 16 departments in the county as well as coming to more meeting of the county's EMS Advisory Board.

DISTRICT 7 – Suffolk County

BABYLON TOWN BOARD

approved a measure in September allowing the town's 800 volunteers to buy into its health insurance plan starting in 2009. It is the first municipality in the state to extend such an offer, made possible by legislation signed into state law in July. Babylon buys its health insurance from Empire Blue Cross-Blue Shield at a cost of \$7 million a year. Volunteers will pay the full cost of their coverage but by joining the town's plan will pay the group rate, which is cheaper than buying health insurance on their own. The Town of Babylon Chiefs' Association said there is a new generation of volunteers whose paying jobs do not offer health insurance and estimated that 40% to 50% of volunteers across Long island do not have health insurance coverage. This is another incentive along with property tax breaks, pension programs (LOSAP) and tuition reimbursement to bring in new volunteers and keep those who are here.



BROOKHAVEN NATIONAL LABORITIES FIRE DEPARTMENT, Suffolk County, is exploring the feasibility, within current regulations, of using an antidote for hydrofluoric acid burns, which is a particular hazard in their response area.

EAST MARION FIRE DEPARTMENT EMS, Suffolk County, is upgrading from BLS level ambulance service to the ALS level.

HUNTER EMS has moved from Farmingdale to a new location at 299 Feldman Court, Bay Shore, NY 11706. Opening ceremonies, including a ribbon cutting by County Executive Steve Levy and a BBQ open to area EMS providers in Suffolk and Nassau Counties, were held on 8/12/08.

ISLIP TOWN AMBULANCE CHIEF'S ASSOCIATION, Suffolk County, is actively working to reduce response times and mutual aid calls in the Town of Islip. Mr. Jamie Atkinson, President of the Islip Town Chief's Association, attended 2008 Suffolk REMSCO meeting and answered questions in regards to their newly enacted program. Mr. Atkinson stated that the Association met with the Islip Town Ambulance hierarchy and drafted an MOU that since has become a SOP for each EMS agency in Islip Town. In addition to the agreement of response without borders, the association established a tactical ambulance, manned by volunteers and paid staff from the Islip Town EMS agencies to operate on a Monday-Friday basis to ease the burden of the call volume within the town. Mr. Atkinson stated that there were some initial problems with communications and response, but since then, the problems have been addressed and the program is functioning well. The tactical ambulance program will run on a 60 day trial basis and at the end of the 60 days will be evaluated and possibly will add a second ambulance to the program.

MELVILLE FIRE DISTRICT, Suffolk County, has decided to blanket the district with AEDs by placing 50 of the devices in members' personal vehicles. Already, all district fire trucks, chiefs' cars and buildings have AEDs. Funding for the \$225,000 project included \$50,000 legislative grants secured by NYS Senator Carl M. Marcellino and NYS Assemblyman James

Conte, \$45,000 from local corporate sponsors, \$25,000 from the department's budget and the remainder from annual fundraising. Some funds were also expended for advanced defibrillators for the department's ambulances.

NISSEQUOGUE FIRE DEPARTMENT EMS, Suffolk County, is downgrading from ALS level ambulance service to the BLS level. Staffing is cited as the reason.

PECONIC BAY MEDICAL CENTER in Riverhead, Suffolk County, recently opened an \$8 million, 10,000-square-foot emergency center with 17 treatment rooms. This is one part of a \$50 million expansion project underway at the hospital.

SUFFOLK COUNTY REMAC QA SUB-COMMITTEE received a report from Medical Control covering chest pain calls from January 1, 2007 through November 4, 2007. During the period there were over 2,100 cases of ischemic chest pain and of these, 65 12-leads were sent. Of these, in 43% (28 calls) of the cases Medical Control was not contacted. 792 patients had a 12-lead obtained, but "technological barriers" prevented the 12-lead from being sent. Of these, in approximately half of the cases, Medical Control was not contacted. It seems there is a small improvement in the use and application of 12-lead ECG as compared to a previous study, but there is concern over the lack of technology to transmit the 12-leads to Medical Control. It was noted that new CAREPoint consoles and the use of a Rosetta device will help get compliance up to a higher level.

SUFFOLK COUNT REMAC QI COMMITTEE released the results of an eight month (10/1/07 to 5/30/08) QA protocol compliance review for BLS level provider ASA administration for patients with chest pain. Data for 456 calls were reviewed. ASA was administered in 13% of the cases. Based on presenting symptoms ASA administration was indicated but not administered 53% of the time. Other stats gathered from the study indicate OPQRSTI information was documented as follows: Onset-57%, Provocation-22%, Quality-52%, Radiation-30%, Severity-55%, Time-24% and Interventions-62%. One county official expressed the observation that appropriate patient assessment was not being done since it is not documented on the PCR resulting in appropriate protocol driven treatment not being provided. E-PCR software being developed may have additional prompts inserted to alert prehospital providers when a patient fits into a protocol.

12-Lead EKG study results were reported with 83% of 1,354 ischemic chest pain patients having a 12-lead EKG performed. Only 13% of the 12-lead results were transmitted mainly due to digital communications technology that requires specific wireless equipment in the field and as well as at Medical Control

Tympanic membrane thermometer use was considered by Suffolk REMAC at its 7/22/08 meeting. The group received an overview of how the original protocol for rehab temperature monitoring was developed and how uncontrollable variables such as ambient temperature/climates and exposure to high heat during firefighting operations can contribute towards unreliable readings and false positive findings. Also referenced were recent studies by the Orange County FD, FEMA Rehab guidelines and NFPA1584 standards that all point to differentials in tympanic vs. oral temperature. REMAC voted to formally go on record as not approving the use of tympanic membrane thermometers by EMS providers in the region.

Blood Glucose Determination by EMTs is being considered by a Protocol Committee sub-committee.

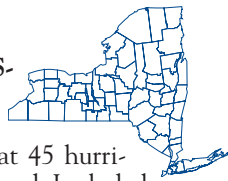
SUFFOLK COUNTY DOH EMS DIVISION took delivery in April of 6,252 Atropen auto-injectors and received requisite training from the NYS DOH. These state supplied assets have been pushed into the county, strategically placed at multiple storage sites, and will augment regional caches of chemical agent organophosphate antidote and hospital based Chempack assets.

SUFFOLK FIRE-RESCUE-EMERGENCY SERVICES COMMISSIONER announced that the Federal Emergency Management Agency agreed to pre-position 20 trailers of supplies such as generators, tents, etc. in Suffolk County. The first four 48 foot containers arrived last summer and are be stored at the Brookhaven Nation Lab.

SUFFOLK REMSCO distributed 50 Leatherman type multi-tools to CME classes given by approved course sponsors during National EMS Week in May 2008.

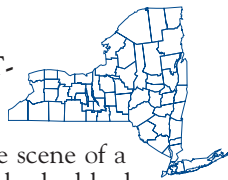
DISTRICT 7 AND 12

RED CROSS CHAPTERS IN NASSAU AND SUFFOLK COUNTIES on Long Island have stationed a total of 50 containers filled with emergency supplies at 45 hurricane evacuation shelter locations on the island. Included in the containers are cots and blankets. Other items like food, water and medical supplies would be added just ahead of any predicted storm. The idea is to shelter and feed up to 60,000 residents for approximately four days, buying time until bridges and roads are clear enough to bring in outside help. \$5 million in funding for the project was provided through a NYS Senate legislative grant. In related news, T-Mobile has partnered with the Nassau and Suffolk chapters to serve as their official wireless emergency communications provider.



DISTRICT 12 – Nassau County

FLORAL PARK FIRE DEPARTMENT EMS, Nassau County, had two department first responder vehicles damaged on 6/29/08 at 12:00 AM while on the scene of a routine medical assistance call. Both vehicles had body, drive train and chassis damage as well as having pieces of emergency equipment sheared from their mounting brackets and propelled into the front passenger area. One vehicle was pushed over a curb onto the sidewalk. The damage occurred while personnel were removing a patient down three flights of stairs. Had it occurred two or three minutes later there may have been serious injuries to personnel. Floral Park Police Department officers took the driver of the vehicle causing the damage into custody.



MALVERNE, Nassau County, officials are making plans to reconstruct the village's Department of Public Works building on Hempstead Avenue. The new structure will also be the official home of the Malverne Volunteer Ambulance Corps.

NASSAU COUNTY

Ambulance call times were the subject of a six month study conducted late 2007 through early 2008. 1,000 calls were reviewed with 50% coming from the volunteer sector (VACs & VFDs) and 50% from the Nassau County Police Department Ambulance Bureau. The findings are as follows: dispatch to on-scene - 7 minutes; on-scene - 17 minutes; transport to hospital - 11 minutes; at hospital - 26 minutes; average time to complete call - 61 minutes.

It was also found that 81% of patients received some level of ALS care. CUPS status of C decreased to 2.2% from a previous study showing 4.5% which may indicate more calls for minor injuries and medical complaints.

The Nassau County Regional EMS Council joined with a volunteer fire department to submit a grant request under the federal Assistance to Firefighters program for 50 RAD 50 Pulse-Carbon Monoxide (CO) oximeters. If approved, the government would provide 80% of the funding with 20% coming from squads purchasing the devices. Nassau REMSCO negotiated special pricing of \$3,700 per unit for the RAD 57c model for EMS agencies in the county.

A meeting with administrators of Emergency Departments was held with 50 of the county hospitals represented. Two major issues discussed were transports of emotionally disturbed/altered mental state patients and designation of specialty hospitals.

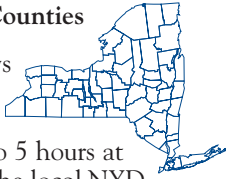
Nassau EMS agencies participated in a major drill held in neighboring Suffolk County. Originally eight organizations were to participate but four backed out. Nassau County PD was one of the participants and acted as lead for the county response which included Glen Cove EMS, Mineola VAC and one other agency. As expected, there were a number of issues with coordination and communications including negotiation a number of checkpoints. Many scheduled victims did not show up and Nassau units apparently did not have much to do during the exercise.

Nassau University Medical Center in East Meadow, Nassau County, plans to build a \$55 million emergency department that will double the size of the current emergency facilities. Newsday reports the Board of Directors of the Nassau Health Care Corp. announced in late March its approval of the project, intended as the centerpiece of the hospital's modernization efforts. The new facilities will be double the current 26,000 square feet and have 82 treatment rooms, almost double the existing 43, and a separate pediatric treatment area. It will include new radiology facilities and an expanded psychiatric emergency program. A new roof helipad, portable decontamination shower tents and isolation rooms will be in place to help personnel respond in a disaster. Officials from Nassau County Police Department Ambulance and Aviation Bureaus were included in design discussions. Construction is expected to begin next year. Funding will come, in part, from a county program that uses money from the settlement of a class-action lawsuit several years ago against large tobacco companies. The project also will rely on state Department of Health grants that help restructure health care facilities.

Long Island Regional Poison and Drug Information Center at Winthrop University Hospital in Mineola reports annual call volume from health care professionals and the general public for the period 1993 to 2007 has been in the 40,000 to 50,000 range. An issue they highlighted in a recent newsletter involved non FDA approved blocks or cubes of camphor (alcanfor in Spanish) which were purchased at a local botanica for use as a cough or cold medicine. Three children in the Bronx section of NYC were hospitalized for seizures. Symptoms commonly encountered include stomach ache, nausea, vomiting, agitation and seizures. The three patients have recovered but seven more were under investigation. Legal camphor products usually involve chest rubs to relieve congestion.

DISTRICT 16 – Monroe & Livingston Counties

MONROE COUNTY ambulance crews experienced some really extended wait times during the spring months. On one particularly bad day there were waits of 4 to 5 hours at hospitals. It was reported that at one point the local NYD DOH doctor for the region resorted to cancelling elective surgeries at the hospitals to force them to move patients through faster. Strong Memorial Hospital in Rochester was mentioned by one EMS agency to be a big problem. In its last annual report Strong reported that to ease Emergency Department overcrowding it expanded its observation unit to care for patients being evaluated for possible hospitalization, who need time for tests and medical observation. The new 6,800 square-foot area contains 20 private rooms separated by walls, each containing a bed, telephone and TV, along with a chair for a visitor.



DISTRICT 19 – Fulton & Montgomery Counties

FULTON COUNTY plans to use a Law Enforcement Terrorism Prevention Program grant for several projects. \$12,000 will go to a reverse 911 community notification system. Local residents who register could be notified of impending danger to regular phones, cell phones or text messages. The system could also be used for automated notifications to county emergency service providers. An old ambulance used as a mobile command post will be replaced with a \$10,000 purpose built command & communications trailer with a further \$3,375 expended on equipment such as radios and computers.



JOHNSTOWN AREA VOLUNTEER AMBULANCE CORPS, Fulton County, purchased three ZOLL AutoPulse Automated Chest Compression systems at a total cost of \$43,000. Funding came from Johnstown Hospital and private matching grant money. The units are able to give a more consistent chest compression without interruptions such as when EMS personnel take turns giving CPR. It is also safer to use than giving chest compressions in the back of a moving ambulance.

REGION 1 – Western New York

BROOME COUNTY WATER RESCUE DIVE RESPONSE TEAM received 16 personal flotation devices (PFDs also called life jackets in old terminology) through a \$1,200 donation from Contour Construction plus additional funding from the Broome County Firefighters Association. PFDs are required any time there is a water rescue or missing person search near water to allow personnel to operate safely.

CASSADAGA VOLUNTEER FIRE DEPARTMENT EMS AMBULANCE SQUAD, Chautauqua County, gave a presentation in June to members of the Cassadaga Valley Kiwanis Club. EMT Terry Penhollow spoke on the history of emergency services and the need for the ambulance services more than 50 years ago in the Cassadaga Valley area plus how the services have changed over the last 50 years. EMT Danna DuBois spoke about the training for each EMT and how the ambulance is bringing some of the services of the hospital to the scene of an emergency. Adding to the information was Susan W. Sipos, Cassadaga Valley Kiwanis president, who spoke of her father, Jack Washington, who became involved in helping to get the emergency service started. Donna Meder, a Kiwanis member and Red Cross volunteer, also discussed the training of the EMT personnel.

CHAUTAUQUA COUNTY has two Masimo RAD 57 pulse-carbon monoxide monitors available for use in the county. Local EMS agencies have been advised that if there are one or two patients and CO readings are already high in the house, treat and transport as appropriate. If there are large numbers of patients suspected (such as in an apartment building, school, church, business etc.) and they need to be evaluated they can call for a monitor to be brought to the scene. The dispatcher at the Sheriff's Office will send either the county HAZMAT Coordinator (south end) or county EMS Coordinator (north end) depending on location. Cost of the monitors are about \$3,300 to \$3,500 each.

CANDOR EMERGENCY SQUAD, Tioga County has been awarded a \$25,910 grant from the Mildred Faulkner Truman Foundation of Owego, NY. Grant funds will be used to purchase two Stryker Power Pro power-lift stretchers.

CORNELL UNIVERSITY EMERGENCY MEDICAL SERVICES (CUEMS), Tomkins County, has received approval from Cornell University to become an affiliated organization allowing it to represent itself as a unit or agent of the school. University-affiliated organizations are responsible for sponsoring activities that fully relate to the education, research and community-service mission of the University and to the goals or objectives of the department or unit to which they are affiliated. It also signifies that the University recognizes that CUEMS needs structural support and oversight. The university's Office of Environmental Health and Safety will oversee CUEMS and share a building with the organization. Along with this change, CUEMS expects a second BLS First Responder truck to become available, allowing it take on more calls and provide medical standby for additional events. The student run squad operates 24/7 during the academic year and has an annual call volume in the 600 to 650 range. The daytime campus population is about 40,000. Advanced Life Support, usually Bangs Ambulance, arrives on the scene to provide transport or additional care.

CORNING, Steuben County, commissioned an independent study to determine if it should start providing a municipal ambulance service vs. continuation of a contract with a private provider. The study report indicates the City of Corning shouldn't get into the ambulance business as it is getting a good deal by paying Rural Metro Medical Services \$44,000 a year to handle ambulance calls. Having the Corning Fire Department do the job, however, would cost the city \$700,000 a year with revenue of only \$400,000 for an annual deficit of \$300,000. There were a number of other recommendations in the report including:

Dispatch Rural/Metro ambulances directly by the county 911 system rather than through the company's dispatcher. Corning Fire Department should respond to more medical emergencies as a first responder.

In 2006 the department responded to 45 severe medical emergencies out of a total of 920 calls. The projected cost of getting firefighters ready for addition medical duties was projected at \$20,000 to \$40,000 with their medical call volume increasing an additional 250 calls annually.

LAURENS FIRE DISTRICT EMERGENCY SQUAD, Otsego County, received a \$10,000 NYS Legislative Grant sponsored by NYS Senator James Seward. The funds from the 2008-2009 state budget are to go toward the estimated \$170,000 to \$180,000 cost of replacing the department's 1998 ambulance.

NORTHERN OSWEGO COUNTY AMBULANCE, Oswego County, notified local municipal officials that financial considerations may cause it to downsize and reduce the number of calls it can cover. The ALS level squad, in operation since 1974, is a “combination” department with both volunteer and paid providers. It covers over 300 hundred square miles of territory which includes the seven townships of Albion, Boylston, Orwell, Richland, Redfield, Sandy Creek, and Williamstown and has a partnership with the Brewerton Ambulance service and provides EMS services to their residents as well. Call volume for the first half of 2008 was 951. The squad indicated it has been losing money the last few years and there has been a decreasing number of volunteers. Town leaders, looking at their own finances, are reluctant to raise taxes to increase support of the squad. It has even been expressed that there is no law requiring a town to provide emergency medical service to residents. Squad leaders are continuing meetings with municipal officials and presenting various options.

OTSEGO COUNTY EMS ADVISORY COUNCIL AND OTSEGO EMERGENCY SQUADS INC., recognized the county’s top emergency services providers at an annual dinner held in connection with EMS Week at the Howard Johnsons in Hartwick Seminary. With about 165 people attending from squads around the county the following were honored: Fred Lemister, who has answered 7,000 calls with the Cooperstown Fire Department since about 1970; John Kantor, a member of the newly reformed Fly Creek First Responders, received the EMS driver of the year award; Brenda Jackson, a member of the Pittsfield Ambulance Squad, was recognized as intermediate life support care provider of the year, for her 20 years of service and for being there 24 hours a day. Others receiving awards were: Lester Olmstead, Richfield Springs Fire Department - Dr. John Spoor Excellence in EMS award; Heather Eastwood, Gilbertsville Fire Department; and Art Layton, West Edmeston First Responders - provider of the year awards; Gloria Robinson of the Edmeston Ambulance Squad, Dr. James Hutchings and RN Patty Rood of Bassett Hospital Emergency Department; A.O. Fox Memorial Hospital Emergency Department staff and Otsego County 911 Dispatch Center all received service and dedication awards.

RURAL/METRO MEDICAL SERVICES is upgrading equipment and technology to speed care and improve chances of survival in cardiac cases. The \$3 million investment by the Scottsdale, Ariz.-based company, which provides ambulance services in Western New York, will include electronic patient care reports to increase accuracy and streamline data collection plus new monitor-defibrillators that provide electrocardiograms. The software and hardware improvements in computer-aided dispatch will allow transmitting information to Rural/Metro’s communications center on the East Side, which will relay it over a dedicated fax line to a hospital’s emergency department.

WAYNE COUNTY UNITED WAY approved mini-grants totaling \$20,822 to support special projects at 30 not-for-profit agencies. The grants, which range from \$500 to \$2,500, will go to support initiatives that otherwise may not have been possible. EMS agencies that received grants were:

Newark-Arcadia Volunteer Ambulance - \$2,500 for defibrillator monitors

Red Creek Volunteer Ambulance - \$2,500 for a stair chair

Ontario Volunteer Emergency Squad - \$2,500 for advanced life support training aids

Wolcott Area Volunteer Ambulance - \$2,500 for stair chair

An allocations team met to decide which agencies were awarded the grants, based on the impact the request would have on the community. The mini-grant application process was open to 501c3 human service organizations that serve residents of Wayne County.

YOUNGSTOWN VOLUNTEER FIRE COMPANY, Niagara County, canceled its long-standing annual Labor Day Parade and popular Field Days this year, including an idea of a scaled-down version, due to a lack of amusement rides available that weekend. In recent years, the field days brought in an estimated 10,000 visitors and \$15,000 to \$20,000 for the three-day event but a department official said “There aren’t as many large ride companies around here as there were 20 years ago”. The department operates on about a \$200,000 budget funded mostly by contracts with the Town of Porter and Village of Youngstown and tries to make up any shortfall with fundraisers such as a golf tournament and one day two performance circus sponsorship. The department operates a BLS level ambulance squad.

REGION 1, Districts 1 & 5

HUDSON VALLEY REMAC

The Evaluation Sub-Committee had three cases before it in 2008. One case involved a paramedic who performed a surgical procedure outside of the scope of practice. This case was closed pending the remediation report from the provider’s agency. The second case involved the transport of multiple trauma patients in one ambulance. The third case was referred by the NYS DOH Bureau of EMS and involved a transport greater than one hour to a trauma center.

RSI (Rapid Sequence Intubation) Provider Credentialing has been changed since the original re-credentialing process for RSI providers requiring completion of a clinical lab session and written exam each year had become too onerous for the Regional EMS office staff as well as providing no real tangible benefit for RSI providers. Providers will now be presented with a scenario based skills assessment process developed by Mobile Life Support Services. This skills assessment helps identify areas of weakness for the provider and remediation may be tailored and delivered on-site during the assessment. The scenario based skills assessment will be performed as a portion of the RSI agency’s internal quality improvement process.

REGION 2 – Northern New York

RAQUETTE LAKE, Hamilton County, will be receiving Enhanced 911 emergency telephone service through an agreement with Herkimer County. 911 incoming calls, the dispatch of Raquette Lake Ambulance and Raquette Lake Fire Department would be provided for a period of five years at a cost of \$1 per phone line per month, with a 3% increase per year through an inter-municipal agreement between Herkimer County and Hamilton County’s Town of Long Lake. Both counties benefit from this agreement as it brings in a little bit of money to Herkimer County and provides Hamilton County with a service they wouldn’t likely be able to have on their own. Herkimer currently provides the services to the Town of Inlet, which is adjacent to Raquette Lake. The rest of the Town of Long Lake receives its 911 services through Essex County. Fulton County also assists with 911 services to Hamilton County.

RODMAN VOLUNTEER FIRE DEPARTMENT, Jefferson County, lost a BLS first responder/air supply truck due to a fire on Saturday evening 8/2/08. An alarm was sounded for the department's fire hall on County Route 69 about 9:40 PM and when volunteers arrived smoke was coming from under the overhead doors and inside one of the department's trucks was ablaze. Firefighters from nearby departments arrived to assist the Rodman firefighters and the building and remaining trucks were saved, although the building was substantially damaged. The truck, a Ford F-250 pickup type chassis with a utility body, had been used on a call shortly before the fire started. Damage to the four bay building is estimated at \$150,000 and the truck was a total loss. There were no injuries reported and insurance was expected to cover the building and vehicle.

ROTTERDAM EMERGENCY MEDICAL SERVICES, INC., Schenectady County, due to a reported bookkeeping error, had liens imposed by the IRS in late 2007 and early 2008 for unpaid payroll taxes. The error arose, a squad official reported, after the Rotterdam EMS was created in 2003 by joining the Rotterdam Volunteer Emergency Medical Corps and the White Eagle Rescue Squad. In addition, the organization owes the Town of Rotterdam for fuel supplied over a two year period. Happily local news reports indicate the IRS issues are being resolved and the squad has made a partial payment for the fuel. The EMS organization receives no financial support from the town. A few years ago a suggestion for the town to support an annual \$25 per residence fee was turned down, but there has been recent talk of forming an Ambulance Tax District. Meanwhile, Rotterdam EMS is receiving mutual aid calls normally handled by Duanesburg Volunteer Ambulance Corps when that agency cannot respond within an allotted three minute time span. As an interesting bit of organization history, the former White Eagle Rescue Squad traces its lineage back to 1936 when 13 firefighters from the Corman Fire Department's Dare Devil Patrol competition team become concerned over the number of highway accidents in the area and the long wait before help arrived and decided to give up competition and devote their energies to first aid training and an ambulance service - "the White Eagle Patrol", utilizing a 1933 Parkard Roadster.

REGION 3 – Southern New York

LAGRANGE VFD, Dutchess County, responder was injured in mid June when struck by a motorist angry over a road closure. The department had responded to a one car MVA with an injury and had closed the road to traffic. News reports indicate the motorist was angry at being inconvenienced by the closure, argued with VFD personnel and sped past the scene striking a firefighter's arm with the side of his car causing a minor injury. The motorist was arrested by the Dutchess County Sheriff's Office and charged with obstructing governmental administration, misdemeanor assault and failure to comply with lawful order- a violation. He was released on an appearance ticket for a later court appearance. The driver of the vehicle in the MVA suffered minor injuries and was transported to Saint Francis Hospital by LaGrange Rescue.

SLEEPY HOLLOW VAC, Westchester County, took delivery in August of a new 2008 Type III Ford/Wheeled Coach ambulance with striking mural type graphics. The ambulance's lower body is red but the upper half of the patient box is black with a mural depicting Washington Irving's *Legend of Sleepy Hollow* short story character Ichabod Crane being chased by a headless horseman. Pictures of the vehicle are on the internet at

<http://www.emtbravo.net/index.php?showtopic=27002&hl=sleepy> . Sign Extreme, Inc. reportedly did the graphics and they have a web site at www.signextreme.com

TROY, Rensselaer County, city officials have been talking to Rensselaer Polytechnic Institute officials about paying a \$100 per student per semester public safety fee that could generate as much as \$1.26 million annually to cover police, fire and ambulance coverage provided to the 6,500 student campus. City officials want RPI to pay to offset additional demands placed on city emergency sources due to the school's massive \$150 million building program. The school has a security force but its members are not peace officers and they do not carry firearms. It also operates its own BLS ambulance service.

CATSKILL HATZALAH coordinated simultaneous medivacs on Friday afternoon July 18. One incident took place at the Aladdin Hotel in Woodburne, when a construction worker fell off a ladder, severely injuring himself. A medivac was requested to transport the patient across the Hudson River to Westchester County Medical Center's trauma unit in Valhalla. The chopper landed at the nearby Firemans' Park. At the same time a chopper was requested at Camp Sternberg, located about 8 miles east of Narrowsburg near Welmet Lake, for a female teenage staff member who was seriously injured after a tree fell on her. She was flown to a hospital in Pennsylvania. A second girl was also less seriously injured and was taken by ambulance to Catskill Regional Medical Center in Harris, Sullivan County.

OSSINING VAC, Westchester County, is exploring the creation of an ambulance tax district to pay for a number of full time providers to supplement its volunteers. LoHud.com reports budget shortfalls have been caused by the need to pay staff and some paramedics and EMTs on an hourly basis to cover shifts, higher general expenses and a drop in insurance reimbursements. 2008 expenses are expected to be just over \$700,000 with a deficit of about \$122,000. Without additional tax funds a deficit of \$400,000 is expected for 2009. The new district would raise about \$450,000 its first year and allow the agency to pay four paramedics and three EMTs to work full time supplementing 30 to 40 active volunteers. Ossining VAC has been in service for 50 years and started paying paramedics in the mid 1990s. The service area includes the village and unincorporated areas of the town plus New Castle which is also considering establishing a tax district to help support Ossining VAC. Call volume last year was 1,880 and this is expected to rise to 2,000 in 2008.

GREENE COUNTY Mountaintop Supervisors and Mayors Association is again discussing the formation of a countywide ambulance district to address to problem of scarce volunteer EMS resources. 10 ambulance agencies, a mix of independent, VFD and town sponsored at various provider levels, as well as eight non-transporting first responder services, six BLS and two ALS, currently cover the county. The Daily Mail newspaper reports the idea was initially discussed five years ago but dropped as some municipalities clung to the hope that their volunteer squad could survive and prosper. However, things have not gotten better and the Town of Lexington is the latest to report a growing number of calls going unanswered. Its squad is solvent with a good number of volunteers but is still stressed to get a crew out between 6:00 AM and 6:00 PM according to the Town Supervisor. The supervisor noted that efforts are underway to come up with fresh options which include going to a full time or part time paid service. The Town of Ashland has already gone to hiring EMTs and drivers for on-call 12 hour shifts. Prattsville has

entered into a contract with Ashland covering the same “blue collar” hours. Jewett, for the past few years, has contracted with the Town of Windham for EMS services which employs full time providers to staff two 24/7 ALS units. Greene County municipalities have a history of getting together to address EMS needs when eight towns banded to establish Greene County Emergency Medical Services, Inc. to provide ALS first responder services. The organization, based in Cairo, has four units covering the county. A similar effort on the BLS transport level may soon be undertaken toward establishing a shared ambulance district.

PUTNAM COUNTY selected TransCare to provide ALS ambulance services for the county’s 100,000 plus residents replacing Empire State Ambulance effective 10/1/08. TransCare was one of three companies submitting a bid after the county called for requests for proposals. The Putnam County Courier reports an Evaluation Committee consisting of the Commissioner of Emergency Services and representatives from the Putnam EMS Council, Putnam County Fire Chief’s Association, Putnam Purchasing Department set criteria for the selection with 70% for technical specifications and the remaining 30% for the finances. TransCare’s bid of \$1.1 million for next year, \$1.23 million for 2009 and \$1.27 million in the third year of the pact was \$200,000 less than the competition consisting of Empire and the Alamo Ambulance Company. Putnam paid \$945,000 this year for paramedic service through Empire State. TransCare will label each ALS ambulance with the Putnam County Bureau of Emergency Services logos and paint them red and gold colors as the county requested. TransCare is the 911 provider for White Plains, New Rochelle and Wappingers Falls plus it also provides emergency services in the NYC 911 System as operator of a number of hospital based ambulance services.

RECENTLY ISSUED NYS DOH BUREAU OF EMS POLICY STATEMENT(S)

08-04 PASSENGER RESTRAINT DEVICES IN EMERGENCY RESPONSE VEHICLES: As part of a its Culture of Safety initiative, the NYS DOH strongly recommends all EMS agencies develop internal policies for their personnel including the provision of driver training, proper driving skills and crew behaviors. While authorized emergency vehicles, including ambulances, are exempt under NYS Vehicle and Traffic Law Section 101 from the state’s seat belt laws, the Department recommends that internal agency policies (SOPs) should include requirements that all operators and passengers wear seat belts at all times when the vehicle is in motion, patients should be properly restrained and children should be in their own child protective restraining device/seat. It is also recommended that agencies follow manufacturer guidelines regarding the use of stretcher shoulder harnesses and that agencies consider the purchase of patient monitoring devices such as automated blood pressure cuffs and the positioning of equipment in the patient compartment to allow personnel to remain restrained while providing patient care.

08-05 INSTRUCTOR CERTIFICATION: Describes the entry requirements, certification requirements, processing and recertification requirements for Certified Lab Instructors (CLI) and Certified Instructor Coordinators (CIC).

08-06 FEDERAL WORKER VISIBILITY ACT: requires individuals working on or near highways to wear high visibility

vests meeting ANSI 107-2004 Standard Class 2 or Class 3 specifications while conducting operations on roadways supported by federal dollars.

08-07 MEDICAL ORDERS FOR LIFE SUSTAINING TREATMENT (MOLST): This is an alternative form and process for patients to provide their end of life care preferences to health care providers across the spectrum of the health care delivery system.

NYS-DOH-BEMS, SEMSCO, SEMAC AND OTHER STATE LEVEL ACTIONS

NYS DOH-BEMS will no longer be printing a separate 2 copy NY State PCR for BLS First Response Services. Regions are asked to exhaust their current supply, and when depleted, transition BLS FR agencies to the standard 3 copy PCR.

The 2006 PCR data is currently being massaged, and for the first time, will be linked to in-hospital data from the SPARCS registry. It is anticipated that the data will be released to REMACs by the end of summer.

SEMAC approved the use of Atropen’ Auto injectors, for use in NY State under current guidelines for Mark I kits. Since 2-PAM is not included with the Atropens, the protocol allows for the administration of Atropine only, following the same treatment algorithm, i.e. mild signs/symptoms = 1 Atropen; severe signs/symptoms = 3 Atropens.

SEMAC has approved a standardized training curriculum for CPAP by EMT-CCs. This will allow for the transition of the use of this skill, currently limited to EMT-Ps, to the CC level.

SEMSCO approved removing the requirement that a CIC be a currently active member providing care in an ambulance service from the re-certification process. This is for CICs only, and only for re-certification process. It is not applicable to CLIs, and takes into consideration, an aging (or chronically physically limited) and less active, but capable and otherwise qualified, instructor.

The Safety TAG is continuing with its work to maintain a “culture of safety” throughout the EMS community. The TAG has requested guidance from the SEMAC on what should be done in the field prior to transport and what constitutes acceptable procedures that must be done in a moving ambulance by an unrestrained technician. Additional guidance documents regarding safe driving, lifting and moving, proper hygiene in the training environment, proper orientation to clinical internships, and safety during invasive procedures are forthcoming.

Governor’s Office is holding all appointments to the SEMSCO and the SEMAC, pending a review of constituent make-up and apparent lack of diversity of the membership.

NYS DOH-BEMS, SEMAC, and the Blood & Tissue Council have developed a draft curriculum and proposed guidelines for paramedic maintenance of blood products during transportation. Final documents should be ready for release in September.

The EMS For Children Program (EMSC) is developing a “white paper” on out-of-hospital pediatric care capabilities in NY State, inclusive of emergency and interfacility capabilities. Report is due out in September.

As out-of-hospital care becomes more sophisticated, occurrences occur where hospitals could not maintain the standard of care established by the ambulance service in specific situations. The SEMAC, SEMSCO and the NYS-DOH-BEMS will be working with the DOH Hospital Preparedness Bureau to ensure that emergency departments are capable of receiving 12-lead EKGs from the field and continuing CPAP and waveform capnography one patients arrive at emergency departments.

PIONEERING AUTHOR OF POLICE CALL DIES

Gene (pen name Hughes) Costin, the author of *POLICE CALL*, passed away in July at the age of 81. Costin first started listening to emergency service radio transmissions in 1940 at the age of 13 when he was able to tune an AM radio to the LAPD frequency. In 1964 he published the first *POLICE CALL* reference directory based on his accumulated notes which was all of 16 pages with cover artwork done by his wife. 800 copies of the 1st edition were sold through a southern California radio shop. In 1973 nine regional editions were rolled out. With crystal controlled scanners being replaced by the development of programmable scanners about 1976 and distribution through the Radio Shack chain and other sources, *POLICE CALL*'s peak circulation reached 500,000 copies annually. It played a crucial role in promoting the scanning hobby to new groups including rail fans and NASCAR enthusiasts. With the proliferation of internet data bases, *POLICE CALL* ended publication about 2005. Costin was also a 10 year volunteer for the Los Angeles Police Department.

CATSKILLS HATZALAH GPS PROJECT AIDS EMERGENCY RESPONSES

The intention of the project was to allow those who respond to medical emergencies in the Catskills to utilize GPS to save time and get there safely. During the summer months there is a large increase in population in the Catskills as families get away from metropolitan urban areas. This results in increased emergency responses to temporary residents who may have minimal information on their exact location by responders who also may not live in the area year round. This new database contains information for over 665 locations in the Catskills region and additional locations are still being added. The program is compatible with Garmin, TomTom, Magellan and Mio GPS devices but there is currently no way to upload points into built-in (OEM) GPS systems.

The geographic coordinates in the files were obtained by driving to each camp or colony or other significant location. Care was taken, where possible, to map the points from within the parking lot of the location. This was done to ensure location accuracy including marking the correct side of the road. There are instances where the location may appear on the wrong side of the road and this was caused by a number of factors, including restricted access to site locations before the summer as well as sensitivity of the navigation equipment that was used. The data was cross-referenced using a number of methods including the use of satellite imagery, where available.

Information on downloading the GPS information onto GPS devices as well as additional information on the project is on the web site at www.chvac.net.

EMS PROGRAM AGENCIES AGAIN ACTIVE IN WESTERN NY

After several years of minimal or no activity the EMS providers in western NY again have active Program Agencies. These agencies are funded by the NYS Department of Health and per Section 3003.A.1 of Article 30 of the NYS Public Health Law and pursuant to agreements with their corresponding Regional EMS Councils are responsible for facilitating quality improvement of EMS within the region, staffing the Regional Emergency Medical Advisory Committees (REMAC), providing prehospital education programs approved by the NYS DOH and other activities to support and facilitate regional emergency medical services systems. The newly designated agencies are:

- Lake Plains Community Care Network EMS Program
Agency serving Genesee, Niagara and Orleans Counties
56 Harvester Avenue, 3rd Fl, Suite 1, Batavia, NY 14020
(585) 344-1692, (585) 345-7452 Fax, www.lakeplains.org
- Southern Tier Emergency Medical System EMS Program
Agency serving Allegany, Cattaraugus and Chautauqua Counties
One Blue Bird Square, Olean, NY 14760
(716) 372-0614, (716) 372-5217 FAX,
www.sthcs.org/health.asp?mod=article&actid=12&lang=1
- University Emergency Medical Services EMS Program
Agency serving Erie and Monroe Counties
Office of Pre-Hospital Car, Department of Emergency Medicine
462 Grider Street, Buffalo, NY 14215
(716) 898-3725, (716) 898-5988 FAX, www.opcems.org

HIGHWAY "HELP" TRUCK SERVICE EXPANDS IN HUDSON VALLEY

The NYS Department of Transportation has expanded the 14 year old highway HELP truck program to Orange County sections of Interstates 84 and 87 and Routes 6 and 7. Altogether, 800 miles of Hudson Valley highways in Rockland, Westchester and now Orange County are covered under a \$5 million program with 38 Ford F250 Super Duty trucks in service from 6:00 to 10:00 AM and 3:00 to 7:00 PM. The goal of the program is to identify an incident within 10 minutes of occurrence and manage it to minimize the danger and disruption it presents to drivers involved and others. HELP truck operators are employed by two contractors – Stoloski Auto of Tarrytown and AutoBase of Long Island. They are trained in highway safety, first aid and CPR, traffic management, new car technology and ICS-100. Most incidents are flat tires, followed by no gas, loose hoses, dead batteries, low fluids, dragging mufflers and lost motorists. With the truck's compressor and air gun a tire can be changed in less than five minutes. Overall, motorists are on their way again in 10 to 15 minutes. Towing contractors have 30 minutes to respond if that service is needed. For more serious incidents, HELP trucks are equipped with onboard computers and GPS to aid in determining exact locations that aid state police dispatchers in directing appropriate resources – police, fire, EMS, towing – to the scene quickly. The best part for motorists is that the HELP truck service is free (although taxes do support it). Other HELP Truck programs operate in Albany, Buffalo, Long Island, New York City and Rochester.

FERNO PROFLeXX MODEL 35-X STRETCHER SAFETY ADVISORY

The Massachusetts Office of EMS issued an Urgent Notice in 2008 advising agencies using the Ferno PRPFLeXX Model 35-X stretcher of reported instances of metal fatigue and breakage of the telescoping legs with the highest concern being the X frame axel where both telescoping legs connect. Ferno advises that the stretchers in question were manufactured between 1/17/06 and 8/16/07 and have serial numbers between 06 002156 and 07 054091.

Services using the particular stretcher model should inspect the cots for signs of metal fatigue including shavings, bent support arms and cracks and if any problems are found to immediately remove the cot from service and notify Ferno-Washington.

The Office of EMS suggested that the manufacturer and/or stretcher dealer should also be contacted to perform an inspection. In addition, ambulance crews were reminded to keep both hands on the cot at all times since at least one cot leg broke as EMTs wheeled a patient to the ambulance. Another suggestion was to wheel the patient at the lowest cot highest height. In addition, patients must be firmly secured to the cot using the over the shoulder harness, hip and leg straps.

In New York, all EMS agencies are reminded that they must report to the NYS DOH Bureau of EMS all unexpected authorized EMS response vehicle and patient care equipment failures that could have resulted in harm to a patient and the corrective actions taken. The US Food and Drug Administration must also be notified at <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm>.

NYSVA&RA DRILL RULES AND PROCEDURES REVISED

Over the summer, a team led by Winston Lee reviewed and revised the Association's Drill Rules and Procedures. A copy is posted on the Association's web site at www.nysvara.org.

The new Rules and Procedures were in effect for the August 24th Drill hosted by Exchange Ambulance of the Islips. The Drill used two evaluators per team (some were instructors and some were previous evaluators) and the teams enjoyed the critique following each problem.

The first problem started at about 12:30 PM and ended about 1:15 with a 30 minute critique and explanation and about a one hour break for lunch. The second problem began about 2:20 PM and was finished around 3:15 followed by a critique. At this time Winston explained the rationale for the actions on the skill sheets. For the first time a logical course of action was explained and clarified and there was no arguing and protests. The two problems were very unique:

- Problem 1 involved an elderly man who was hit by a train which produced multiple injuries. The interesting point was the presence of a medical alert bracelet advising to "look in the wallet" which was given to the team by the evaluator. In the wallet was a valid DNR and the patient shortly when into cardiac arrest. The focus was that the team was required to stop working and end the problem. One of six teams followed this action.

- Problem 2: the team and a very pregnant woman were trapped in an elevator. Shortly into the scenario (about 6 minutes) the woman delivered her baby. The victim had a large dress or shirt concealing a CPR baby mannequin which was delivered and went into arrest forcing the team to care for two patients.

While the new Rules and Procedures may undergo some fine tuning the system did work better. In the past, teams received the gig sheets but had no idea of what was right or wrong. The improved timing of the problems and the lack of argumentation enhanced the truly educational aspect of the Drill.

NEEDLE-FREE POWDER LIDOCAINE SYSTEM PROVIDES RAPID EFFECTIVE ANALGESIA IN CHILDREN

The results are in from an industry funded (Comfort-003) study-- a randomized, single-dose, double-blind, phase 3 study investigating whether a needle-free powder lidocaine delivery system (a sterile, prefilled, disposable system that delivers lidocaine powder into the epidermis) produces effective local analgesia within 1 to 3 minutes for venipuncture and peripheral venous cannulation procedures in children. The article is published in the current (May) issue of Pediatrics. Read the abstract at <http://pediatrics.aappublications.org/cgi/content/abstract/121/5/979>.

COALITION SENDS LETTER TO CONGRESS URGING \$20M FOR NATIONAL TRAUMA RESEARCH AGENDA

The Coalition for American Trauma Care faxed a letter to all Members of the House Subcommittee on Defense Appropriations urging inclusion of \$20 million for a national research agenda to be carried out at Level I trauma centers across the U.S. via the National Trauma Institute (NTI). The vision is to establish a Center of Excellence for trauma research that will benefit both those serving in the military as well as seriously injured civilians. For more information, go to <http://www.traumacoalition.org/>.

DISASTER PREPAREDNESS & RESPONSE COURSE ON NEEDS OF PERSONS WITH DISABILITIES

Targeting staff in county health departments and hospitals, emergency managers, disaster relief teams and professionals working with people with disabilities, "Ready, Willing and Able" addresses the needs of people with sight, mobility, hearing and cognitive disabilities and covers disability etiquette, terminology, communications and assistance techniques during disasters. The course was created in partnership with the Kansas Department of Health and Environment's Center for Public Health Preparedness and the Health Resources and Services Administration. It is available free of charge through TRAIN, an online training system for public health and safety workers. To register, go to ks.train.org (for workers in Kansas and the Kansas City metropolitan area) or www.train.org (for those in other states). The course number is 1010882.

GAO REPORT REINFORCES NEED TO REGISTER EMERGENCY RESPONDERS DURING DISASTERS

In a new report following the September 11 attack on the World Trade Center, the Government Accounting Office identified five important lessons from the experience of the WTC health programs that could help with the development of responder health programs in the event of future disasters, including the need to register emergency responders during disasters to facilitate health follow-up for potential exposures. To view the full product, including the scope and methodology, go to <http://www.gao.gov/new.items/d08610.pdf>

WEB SITE PROVIDES CAREER OPPORTUNITIES FOR RETURNING VETERANS AND PUBLIC SAFETY PROFESSIONALS

Professional Safety Training Consultants (PSTC) has established a web site that can be used to assist injured or retired EMS professionals and returning veterans find 9-1-1 careers. "Jobs In 911" is dedicated to assisting with the staffing of America's 9-1-1 and Public Safety Emergency Communications Centers by connecting quality applicants, with public safety agencies that are seeking professional, dedicated applicants possessing a strong work ethic and desire to serve the community. The service will work with vocational rehabilitation centers, the military, military support groups, public safety academies, public safety agencies, federal, state and local government entities such as ICE and DHS to identify agencies looking for qualified applicants and link them with individuals seeking employment. For more information, go to <http://www.jobsin911.com/>.

BIPARTISAN LEGISLATION TO HELP VETERANS BECOME CIVILIAN PARAMEDICS

US Senator Amy Klobuchar (MN) has introduced legislation that is designed to relieve the shortage of emergency medical personnel, especially in rural areas, by streamlining civilian paramedic training for returning veterans who already have emergency medical experience from the military. The legislation, S.2993, is called the "Veterans-to-Paramedics Transition Act." It would accelerate and streamline the transition to civilian employment for returning veterans who already have emergency medical training. When the text of S. 2993 has been received from GPO, the bill will be available at www.thomas.loc.gov.

HHS AND DHS ANNOUNCE GUIDANCE ON PANDEMIC VACCINATION ALLOCATION

The US Departments of Health and Human Services (HHS) and Homeland Security (DHS) recently released guidance on allocating and targeting pandemic influenza vaccine. The guidance provides a planning framework to help state, tribal, local and community leaders ensure that vaccine allocation and use will reduce the impact of a pandemic on public health and minimize disruption to society and the economy. As part of developing the guidance, HHS held day-long public engagement and stakeholder meetings throughout the country and received more than 200 written public comments on the goals and objec-

tives of pandemic vaccination. In all the meetings, stakeholders and the public identified the same four vaccination program objectives as the most important:

- Protect persons critical to the pandemic response and who provide care for persons with pandemic illness
 - Protect persons who provide essential community services
 - Protect persons who are at high risk of infection because of their occupation and
 - Protect children
- For further information, please see <http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>.

INFLUENZA VACCINATION TOOLKIT CREATED BY HHS

Annually, between 5 percent and 20 percent of the population become ill with influenza and on average more than 200,000 persons are hospitalized and 36,000 people die. The US Department of Health and Human Services (HHS) wants to improve vaccination rates amongst healthcare personnel with the goal of reaching the Healthy People 2010 objective of a 60% vaccination rate. They have created an influenza vaccination toolkit that is comprised of links to several websites, a presentation, journal articles, fact sheets and posters to be used for promotion and education about influenza vaccination. For more information, please visit <http://www.hhs.gov/ophs/programs/initiatives/vac toolkit/index.html>.

UNIVERSITY OF KENTUCKY LOOKS FOR PARTICIPANTS TO STUDY EMS CREW STAFFING

The University of Kentucky, Department of Emergency Medicine is conducting a research project to evaluate the effect of EMS crew staffing on scene times, cost of prehospital care and transport, and the rate of work-related injury. The participation in this survey is strictly voluntary and may be discontinued at any time. The information will be kept confidential and not be used for any purposes other than this research project. There will be no compensation for either participants or persons conducting this research. This research project has been reviewed by the University of Kentucky IRB committee. The questionnaire should take less than 20 minutes to complete. The Lead Investigator is Elizabeth Davis, MD, telephone (859) 323-5908, email Eajohn8@email.uky.edu. The study web site is at: https://www.surveymonkey.com/s.aspx?sm=IkFk6sbeRpquDYG_2bKx45BA_3d_3d



New York State Volunteer Ambulance & Rescue Association

PULSE CHECK 2008

Elections, Awards, Drills and Memorial Service

NYSVA&RA OFFICERS FOR 2008-2009

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

Treasurer: Robert Franz, District 7
 Financial Secretary: Michael Wilhelm, District 4
 Secretary: Christy Hubbard, District 14

NYSVA&RA 2008 AWARDS

Presidential Awards:

Nancy Ehrhardt, Glen Oaks VAC, District 4,
 for work on the BLANKET newsletter

Andrea Golinsky, Huntington Community FAS, District 7,
 for recruitment and publicity

EMS Person of the Year:

Lorene Nettler, Ossining VAC, District 30

Leadership:

Joseph Marcellino, Flatlands VAC, District 4

EMS Provider:

Cheryl Manasier, RN, Nyack Hospital

Educator of the Year:

Rosanne Murphy, RN, North Shore Rescue Squad, District 4

Meritorious Award:

George Lucas, Wantagh-Levittown VAC, District 12

Medical Director of Excellence:

Nadine R. Levick, MD, District 4

Unit Citation:

Huntington Community First Aid Squad, District 7

Youth Squad:

Haverstraw VAC Explorer Post 911, District 1

Civilian Award:

Elmira Scott

A Lifetime Membership Award

was given to Amanda Squillini, Spring Hill VAC, District 1

**Three scholarships to further education in the medical field,
 each in the amount of \$500, were awarded to:**

Christy Hubbard, District 30,
 who is a nursing student at SUNY Delhi

Nimka Khanna, District 7,
 a Physician's Assistant student at SUNY Stony Brook

Nathalie McCloskey, District 30,
 who is a pre-med student at Elmira College

NEW YORK STATE 2008 CHAMPIONSHIP YOUTH & ADULT CHALLENGE DRILL RESULTS

Youth

Adult

Problem #1

1st place: Bay Shore-Brightwaters O2 Therapy
 2nd place tie: Bay Shore-Brightwaters Raging Hormones
 2nd place tie: Exchange RH Negatives

1st place: Bay Shore-Brightwaters Fallen Angels
 2nd place: Wantagh-Levittown Apollo's Hooligans
 3rd place: Wantagh-Levittown Buddah Blues

Problem #2

1st place: Exchange RH Negatives
 2nd place: Wantagh-Levittown Fat Hobos
 3rd place tie: Exchange Immobilizers
 3rd place tie: Wantagh-Levittown Sterile Ferrets

1st place: Bay Shore-Brightwaters Fallen Angels
 2nd place: Wantagh-Levittown Buddah Blues
 2nd place: Wantagh-Levittown Apollo's Hooligans

Overall

1st place: Bay Shore-Brightwaters O2 Therapy
 2nd place: Exchange RH Negatives
 3rd place: Bay Shore-Brightwaters Raging Hormones

1st place: Bay Shore-Brightwaters Fallen Angels
 2nd place: Wantagh-Levittown Buddah Blues
 3rd place: Wantagh-Levittown Apollo's Hooligans

Novice trophy for 1st time competitors in Youth Drill: Mastic Beach Heartbeats

WE REMEMBER AND HONOR OUR DECEASED

NYSVA&RA MEMORIAL SERVICE

A Memorial Service was held at the Association's Pulse Check Conference on September 20 at the Hudson Valley Resort.
The following deceased members were honored and remembered:

District 1	Henry Eck	S. Orangetown VAC
	Helen Lefcourt	S. Orangetown VAC
	Helen Vilbig	S. Orangetown VAC, Life Member
	George Worth	S. Orangetown VAC, Past Chief, Life Member
District 4	Dr. Neill S. Oster	Corona VAC, Medical Director
	Jay Gottlieb	Flatlands VAC, Past Chief
	James R. Hynes	Ridgewood VAC
	John Wrede	Ridgewood VAC
	Kevin Delano	West Hamilton Beach VFD/VAC, Past Chief
District 5	Nicholas Parella	Cornwall VAC
	Christine Lynn Broekema	Ellenville Rescue Squad
	Andrew Townsend Hall	Monroe VAC, Past President NYSVA&RA
	Nancy Ann McLean	Otisville VAC
	John E. Barry	Town of Newburgh VAC
	Kevin F. Barrett	Pine Bush VAC
	Nina Pedri	Pine Bush VAC
	Donald Parker	Port Jervis VAC
	Joseph P. Schof	Port Jervis VAC
	Helen Aldridge-Drake	Wallkill VAC
	Norman Joseph Carr	Warwick VAC
	Tyler A. Etzel	Woodbury VAC
District 7	John Burke	Deer Park Fire Department
	Martin Noguier	Deer Park Fire Department
	William Schmidt	Deer Park Fire Department, Past Chief
	Patrick Sheehan	Deer Park Fire Department
	Alex Mulherin	Exchange Ambulance of the Islips
	June Carr	Huntington Community FAS
	Marc Meyer	Huntington Community FAS, Past Chief
District 10	Matthew Lamb	Carmel VAC & Empire State Ambulance, Line of Duty Death
District 18	Donald P. Radenberg	Flushing VAC, District 18 Chairperson
	Diane Biondi	Whitestone Community VAS
	Patrick Reilly	Whitestone Community VAS
District 30	Richard Nabinger	Delhi VFD & EMS
	Donald Oakley	Grand George Fire & EMS
	Spencer Oakley	Somers VFD & EMS
	Curtis "Sam" Mason	Stamford VFD & EMS, Past Chief
	Terry Pugh	Valhalla VAC, Past NYSVA&RA Director
	Christian Becker	Westchester County Vol Firemens Association

...and all volunteer ambulance personnel, firefighters and emergency service men and women who answered their final alarm since our last Memorial Service, plus our military personnel who have given their all overseas in the pursuit of freedom.

CALENDAR OF EVENTS

01-31-09 – NYSVARA Board Meeting

02-17-09 – District 7 Meeting

03-17-09 – District 7 Meeting

04-21-09 – District 7 Meeting

04-26-09 – NYSVARA Board Meeting

04-27-09 – NYSVARA Legislative Day

05-19-09 – District 7 Meeting

06-16-09 – District 7 Meeting

10/1-4/09 – Pulse Check (ALBANY)

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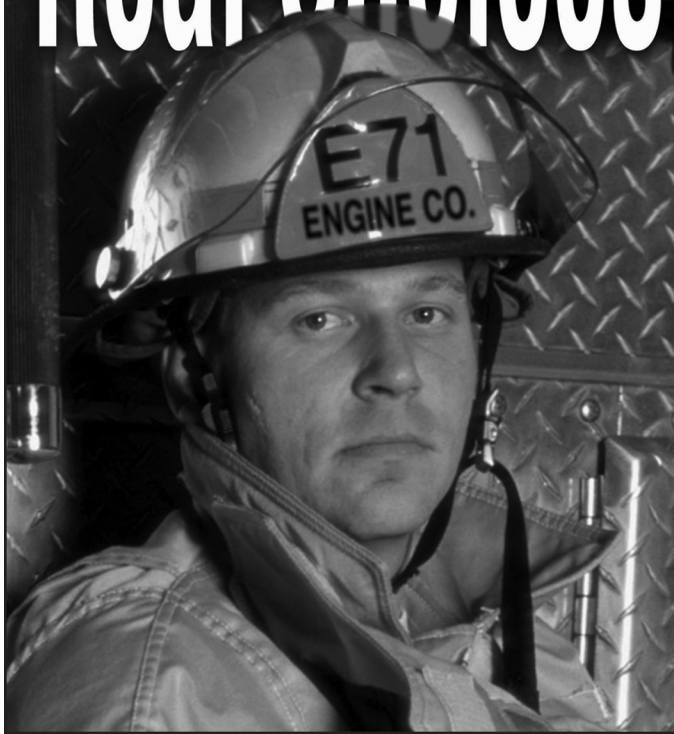
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