



# THE BLANKET

THE NEW YORK STATE VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.  
 P.O. BOX 893  
 NANUET, NY 10954-0893  
 PHONE: (877) NYS-VARA  
 FAX: (845) 627-8621

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The Quarterly Newsletter  
 of the NYS Volunteer  
 Ambulance  
 & Rescue Association

James B. Downey  
 249-07 87th Drive  
 Bellerose, NY 11426  
 Phone: (718) 343-5424  
 e-mail:  
 JamesBDown@aol.com

Nancy Ehrhardt  
 87-42 259 Street  
 Floral Park, NY 11001  
 Phone/Fax: (718) 347-7133  
 e-mail:  
 TheBlanket@aol.com

## A Message from Our President

It appears as though summer is upon us.

The past couple of months have been busy. I'd like to bring everyone up to date on issues I have been working on.

- We held our Legislative Day following the February Board meeting. I want to thank Mike Wilhelm, our Legislative Chairman and Henry Ehrhardt for all their work in putting the day together. As always, we were extremely well received. I also want to thank everyone who attended.
- I attended FASNY's EMS Educational Conference in Montour Falls as their guest. As well as attending seminars, I had the opportunity to meet with FASNY's President Ed Carpenter. I also met with FASNY's EMS Committee to issues that are of mutual concern. These meetings also served to lay the ground work for improving the lines of communication between our two organizations. It was extremely productive and we hope to meet on a regular basis.
- Ed Carpenter and I have been appointed New York State Assembly Speaker Sheldon Silver to serve on the Governors Task Force on Volunteer EMS and Fire Recruitment and Retention. There is a meeting scheduled for June 22 in Albany. I am looking forward to working with state leaders to address this issue.
- Roy, Kuntree and I met with the members of S.C.A.R.S.A. (Schoharie County Ambulance and Rescue Squad Association) in an attempt to reform District 14. I am pleased to announce that as a result of this meeting, District 14 has been reformed. Christy Hubbard-McCloskey has been elected their Director. I want to thank Christy for all her work in promoting our organization and making this possible.
- The Suffolk County Dispatch Protocol is now going through the appeals process within the NYS EMS Council.
- Recently, we were contacted by an individual who has expressed an interest in forming a district in the Southern Tier of New York. We hope to have more information soon.
- Plans for the Convention are progressing. This is our 50<sup>th</sup> Anniversary. It is shaping up to be the best Convention ever. Please tell your friends.

Lastly, as always, I want to thank everyone for the time and effort you dedicate to our Association. We have tremendous influence in EMS and it is through your efforts that we truly are the voice of volunteer EMS in New York State.

See you at the Convention!

Have a great summer and Be Safe!



Michael J. Mastrianni, Jr.  
 President, NYS VA&RA  
 e-mail: seamast@aol.com

Respectfully submitted,  
 Michael J. Mastrianni, Jr.  
 President

## LIFEPAK 12 Medical Device Notification - Check Joule Settings

In mid-January Medtronic voluntarily issued an urgent medical device notification to its customers owning LIFEPAK 12 defibrillator/monitors with Adaptiv biphasic technology. Devices that have undergone an operating software reinstallation or upgrade may have the default manual defibrillation reset to 125 joules instead of the energy setting originally selected. The result is inappropriate energy delivery and failure of the device to escalate energy when configured to do so. Two reports of the problem, one of which involved a death, have been received. Customers are advised to refer to their operating manual and to check their biphasic LIFEPAK 12 by printing out current factory default or user settings and matching them against their local protocol and correct any settings that are not appropriate. This does not appear to be an instance of a defect in the device but rather a notice to all to be aware of the effect a reload of software or reset can have on post factory settings. If assistance is needed call Medtronic's Technical Support staff at (877) 873-7630. A copy of the notice to customers is on-line at [http://www.medtronic-ers.com/URGENT-MEDICAL\\_DEVICE\\_NOTIFICATION.PDF](http://www.medtronic-ers.com/URGENT-MEDICAL_DEVICE_NOTIFICATION.PDF)

## PUBLIC ACCESS DEFIBRILLATION (PAD) IN NYS

Number of PAD agencies	3,352
Trained PAD providers	125,027
AED units in service	16,142
Total persons defibrillated	73

## Home AED Market Expanding

Medtronic has presented an application to the US Food and Drug Administration (FDA) for a non-prescription consumer model of its LifePak unit and hopes for approval in months. Cardiac Science plans to submit studies to the FDA for a non-prescription version of its Powerheart this spring and to gain approval well before year's end.

Currently, Philips Medical Systems is the only company with a non-prescription AED on the market and its HeartStart Home Defibrillator with a list price of \$1,995.00 is available for \$1,495.00 on the internet. 5,000 prescription units were sold from 2002 through last fall when the prescription requirement on the particular unit was dropped. The company did not have information on any confirmed sales. New York State offers a \$500.00 personal income tax credit on the purchase of AEDs.

## Defibrillator Class 1 Recalls

Class I recalls are the most serious type of recall and involve situations in which there is a reasonable probability that use of the product will cause serious injury or death.

**Laerdal Codemaster 100 HeartStart Adapter Cables**, part # 920650. Wires within the adapter cables are susceptible to breakage. Notice issued April 29, 2005. Approximately 3,000 items are involved. Additional information on the internet at <http://www.laerdal.com/binaries/AGIZLTQR.pdf>

**Medtronic LifePak 500 monophasic AEDs**. Defibrillators may continue to display a "connect electrodes" message and may not analyze the patient's heart rhythm even when the electrodes are properly connected. Recalls issued 2/25/05 and April 22, 2005 covering a total of 2,320 machines manufactured in 1997. Additional information is on the internet at [http://www.fda.gov/oc/po/firmrecalls/lifepak04\\_25.html](http://www.fda.gov/oc/po/firmrecalls/lifepak04_25.html)

**Access CardioSystems Automated External Defibrillators (AEDs)**, serial numbers 075690 to 077140 or 075180 to 084760. Notice issued November 3, 2004. Defibrillator may fail to deliver a shock due to a faulty circuit board and/or may turn on unexpectedly causing the "on/off" switch to become inoperative making the device unable to defibrillate. Approximately 10,000 devices are in distribution. Additional information is on the internet at <http://www.fda.gov/cdrh/recalls/recall-110304.html>

**MRL, Inc. AED20 Automated External Defibrillators**. Devices may display a "Defib Comm" error message during use preventing rhythm analysis and patient shocks. Problem results from an impact to the AED housing which causes a circuit board connector to perforate an insulation shield causing an electrical short between the connector and the external housing of the AED. 597 devices manufactured in 2004 and sold worldwide are involved. Letters were sent to customers May 5, 2005. For more information go to the web site at [http://www.fda.gov/oc/po/firmrecalls/mrl05\\_05.html](http://www.fda.gov/oc/po/firmrecalls/mrl05_05.html) or call the company at (800) 462-0777.

## Metal Surface Not Bar to AED USE

The American Red Cross has reversed its position and now says metal surfaces pose no shock hazard risk to either victim or rescuer. This is based on confirmation from AED manufacturers that it is safe to defibrillate as long as appropriate safety precautions are observed. Specifically, care should be taken that the defibrillation electrodes do not contact the conductive surface and that no one is touching the victim when the discharge button is pressed. This brings Red Cross guidelines on the issue into conformance with those in the Emergency Cardiac Care (ECC) 2000 Guidelines.

# EMERGENCY SERVICES SOFTWARE



## ESS/Ambulance

**A comprehensive computer database system that tracks and manages the official activities of volunteer ambulance and rescue organizations**

### **PRODUCT COMPONENTS:**

- Call Tracking
- Human Resources
- Personnel Scheduling
- Equipment Inventory
- LOSAP Monitoring
- Vehicle Maintenance
- CME Tracking

### **SUPPORTS:**

- Field Data Entry
- Local or Remote Access
- PCs or Rugged Tablets
- Wireless Data Transfer
- Onsite Call Reports
- Multi-User Configuration

*Analyzing data is a very important part of managing our service. Without good data, managers and planners cannot make good decisions. As our call volume grows year after year, utilizing a computerized data collection and reporting system is not an option, but rather a necessity. I highly recommend this system."*

— Timothy P. Egan, NREMT-P, Chief of Operations,  
Director of Information Technology, Rockland Paramedic Services

**CORPORATE TECHNOLOGIES, LLC**

Box 298 • Allendale, NJ 07401 • Voice: 201-964-0225 • Fax: 201-934-7192  
Email: [Info@EmergencyServicesSoftware.com](mailto:Info@EmergencyServicesSoftware.com) • [www.EmergencyServicesSoftware.com](http://www.EmergencyServicesSoftware.com)

## CPR Changes on the Way in 2006?

Every 5 years dozens of international organizations and experts in the field of emergency medical care get together and review and evaluate hundreds of scientific research articles and studies on CPR and cardiac care. The goal is to determine if any new discoveries affect the way CPR is delivered. The effort is led by the International Liaison Committee on Resuscitation and sponsored by the American Heart Association. Currently, we are all using Emergency Cardiac care (ECC) guidelines resulting from the 2000 conference.

The most recent conference was held Jan. 23-30, 2005

## "Blended Learning" Internet Based Courses from RED Cross

In keeping with today's fast-paced information age, the American Red Cross has developed the Blended Learning First Aid/CPR/AED Program — a new way to offer Red Cross first aid, adult CPR and automated external defibrillation (AED) training. The first portion of the training is completed online, so each course participant can take the training from any computer meeting the minimum operating system requirements and has internet access. Course-takers have the option of going through the lessons in full or abbreviated form and can test out of lessons as well. Red Cross Blended Learning is flexible, self-paced and available online 24 hours a day, seven days a week. For the second part of the training, a Red Cross instructor conducts a skills session where participants' skills are practiced and assessed.

To teach the Red Cross Blended Learning First Aid/CPR/AED Program, an eligible and current authorized instructor must orient themselves to the new program either by completing a self-orientation or by participating in a 2½ hour group orientation.

For more information on this new CPR training option go to the web site at <http://www.redcross.org/services/hss/resources/blendedlearning.html>

in Dallas, TX. Consensus documents are expected to be available in November, 2005 and new ECC guidelines may be published in December 2005. Expect new CPR training materials from the Red Cross, American Heart Association, National Safety Council and other organizations to come out in early 2006.

One big question is will the major organizations agree on one (1) or two (2) year CPR training certifications. The Red Cross is steadfastly holding to the view that studies show people do not retain CPR skills and need to recertify every year to maintain proficiency.



**Sal Eppolito**

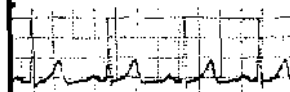
Sales Representative - NJ, PA, NYC

200 Gates Road, P.O. Box 210  
Ballentine, SC 29002

Tel: 800-843-3550  
Fax: 800-333-4793  
803-693-5294

Voice Mail: 800-872-7634 x 387  
Email: [sa.7712@matrix.com](mailto:sa.7712@matrix.com)  
Cell: 803-708-9566

### PULSE CHECK 2005



The 50th Anniversary Educational  
Conference and Trade Show  
September 22-25 at  
Hudson Valley Resort & Spa  
Kerhonkson, New York

## Pilot Recertification Projects

There are two pilot recertification projects ongoing at this time. They involve attendance at a variety of Continuing Medical Educations (CMEs) in lieu of the traditional refresher. The 3 year pilot is available statewide except for FDNY employees while 5 year pilot is limited to a maximum of 1,000 participants and is available in several mainly rural counties. Statistics available in late 2004 indicate the following participation:

	Registered participants		Completed recertification	
	3 year	5 year	3 year	5 year
EMT	10,696	181	4,233	12
EMT-I	933	8	471	1
EMT-CC	1,097	41	600	11
EMT-P	2,882	33	1,993	8

Reviews have indicated a variety of problems with the pilots and it is not definite if the state will support their continuation.

Edward J. Holohan  
President & Actuary

**PENFLEX, Inc.**

50 Century Hill Dr. #3  
Latham, N.Y. 12110



Ph: 518-783-6915  
Fax: 518-783-6915  
Email: [e-holohan@penflexinc.com](mailto:e-holohan@penflexinc.com)

[www.penflexinc.com](http://www.penflexinc.com)

## Legislative News

The NYSVARA Legislative Committee has had a busy year and would like to thank all those that have helped.

One of the high points was the New York State Assembly's second annual Volunteer Fire and Ambulance Day in Albany, NY. Roy Sweet, Executive Vice President, Bob Ruston and John M represented your Association. To celebrate the Day, Assembly Speaker Sheldon Silver and Local Governments Committee Chair Robert Sweeney announced the passage of a 15-bill package to recognize and assist the effectiveness of the state's volunteer firefighters and ambulance workers. Some of the bills acted on appear in the chart below.

The speaker also announced his appointment of Assemblyman Phillip Ramos to chair the Subcommittee on Volunteer Emergency Services. Silver said Ramos's experience as a former emergency medical technician and police officer provided him with strong insight into what needs to be done to ensure the effectiveness and stability of these volunteer rescue units.

### Bills:

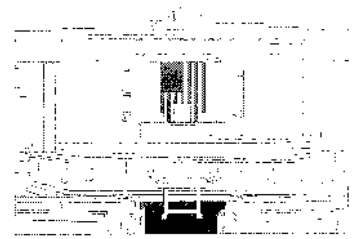
- A1994 - Allows emergency service vehicles free access to the NYS Thruway
- A4973 - Allows the un-remarried widow of an ambulance worker that died in line of duty to continue to receive certain tax exemptions
- A7598 - Require the Task Force on VAW and VF Recruitment and Retention to meet

- A7688 - Increases Death Benefits for VAW & VF Bill S3709 to allow free DMV records search by volunteer ambulance corps was passed in the Senate and forwarded to the Assembly.

However, the bill is in the Assembly Transportation Committee and we need to push to have this bill taken out of committee and voted on the floor. Once again, we urge all of our members to write, call or email their assembly members and tell them that we would like to see the Assembly version of the bill (A2714) passed in the Assembly.

We have also been working on a discount to the annual fee for VAS Plates, Assembly Bill #A1959. The Senate version passed, but the Assembly Transportation committee has decided to hold this bill for consideration. Your assistance by actively supporting this with your local NYS Assembly Member is important if this bill is to move out of committee.

We can only be successful if we all work together. Please visit the NYSVARA Web page and go to the legislative section to get a template for various legislative issues we are working on.



**Legislative Committee**  
**Michael H. Wilhelm, Chair**  
 wilhelmm@verizon.net

## Association of Towns of State of NY Issues Report Volunteer Emergency Medical System: A System in Crisis

The December 2004 report indicates "many town officials feel that the state of volunteer emergency services in their respective areas of the state is in crisis and that the level of protection is dropping drastically because of a shortage of volunteers in fire and ambulance. More importantly, they feel that a dramatic increase in real property taxes (town government's only locally-generated revenue) is looming in the near future". Statistics cited in the report show:

- There are 864 Fire Districts and 953 Fire Protection Districts among 932 towns.
- NY Office of Fire Prevention & Control figures for 1997-1998 show 46% of all FD responses were rescue and EMS calls. Using a 2001 FASNY report a start, with FD volunteers saving NY citizens \$7 billion dollars, EMS volunteers just within fire departments save taxpayers more than \$3 billion dollars annually.
- Ambulance Tax Districts are not widely used with only 93 among 61 towns. In FY2000, according the Office of the State Comptroller (OSC), town ambulance districts paid out \$25.5 million in expenses. Towns spent another \$12.1

million out of their general funds for ambulance expenses for a total in excess of \$36 million. Statewide, only \$3.4 million in ambulance charge revenue was received in 25 towns leaving a net expense to towns of more than \$32 million.

The suggested plan of action put forth by the Association of Towns includes:

- Join the effort to recruit and retain volunteers
- Identify questionable mandates and regulations
- Identify more options for producing revenue
- Share information on efficiency and creative ideas
- Conduct research and issue a report as "food for thought"
- Bring together the players - DOH, FASNY, Chiefs Association, DOS, SEMO, Comptroller, Assembly, Senate and so on - to examine the current situation and determine objectives.

The full report is on the internet at: <http://www.nytowns.org/VolunteerEmergencyServices2004-Final.htm>



## New York University Roundtable on EMS Preparedness

In December 2004, NYU's held a national roundtable that included experts from major organizations representing the EMS system. A report of the discussion has been published. Among the major findings are:

- EMS personnel make up one-third of traditional emergency responders.
- Only 4% of national first responder funding goes to EMS systems. Nationally, 58% of ambulance services receive no direct federal funding for homeland security preparedness. 68% of ambulance services receive no preparedness equipment purchased with federal funds. The number in both categories is 100% for volunteer EMS services in NYC.
- EMS specific homeland security training and equipment standards do not exist.
- EMS personnel lack vital response equipment and training. Over half of EMTs and paramedics have received

less than one (1) hour of chemical, biological or explosives hazard training. 20% have received no training at all. Only 33% of EMS personnel have participated in chemical, biological or radiological drills.

- EMS systems and agencies lack the ability to communicate with each other.

A number of recommendations have been made to improve the preparedness capabilities of EMS systems. These include increased funding, national all-hazards standards and guidelines, EMS specific education and personal protective equipment, standards for medical supplies and antidotes including specialized items for the very old and very young.

The EMS community is encouraged to use the report to communicate needs and recommendations to the general public, policy makers and elected representatives.

The full report is online at <http://www.nyu.edu/ccpr/pdf/NYUEMSreport.pdf>

## NY Statewide Adult Major Trauma Protocol Revised

On June 22, 2004 NYS DOH issued a revised Adult Trauma Protocol to meet the current standard of care within the state and to reflect national standards. Patient outcome data from the NYS Trauma Registry was used to aid in determining the trauma criteria found in the protocol.

Major trauma situations require a request for Advanced Life Support (ALS) if available, consideration of Air Medical Transport per regional protocols and transport to an appropriate hospital without delay.

For purposes of the protocol, major trauma is present if the patient's physical findings or the mechanism of injury meets any one of the following criteria:

### Physical findings:

- Glasgow Coma Scale is less than or equal to 13
- Respiratory rate is less than 10 or more than 29 breaths per minute
- Pulse rate is less than 50 or more than 120 beats per minute
- Systolic blood pressure is less than 90 mmHg
- Penetrating injuries to head, neck, torso or proximal extremities
- Two or more suspected proximal long bone fractures
- Suspected flail chest
- Suspected spinal cord injury or limb paralysis
- Amputation (except digits)
- Suspected pelvic fracture
- Open or closed skull fracture

### Mechanism of Injury

- Ejection or partial ejection from an automobile
- Death in the same passenger compartment
- Extrication time in excess of 20 minutes
- Vehicle collision resulting in 12 inches of intrusion into the passenger compartment
- Motorcycle crash >20 MPH or with separation of rider

from motorcycle

- Falls greater than 20 feet
- Vehicle rollover (90 degree vehicle rotation or more) with unrestrained passenger
- Vehicle vs. pedestrian or bicycle collision above 5 MPH

**High risk patients** – If a patient does not meet the above criteria for Major Trauma but has sustained an injury and has one or more of the following criteria they are considered a "High Risk Patient". Consider transportation to a Trauma Center and/or contacting Medical Control:

- Bleeding disorders or patients who are on anticoagulant medications
- Cardiac disease and/or respiratory disease
- Insulin dependent diabetes, cirrhosis or morbid obesity
- Immunosuppressed patients (HIV disease, transplant patients and patients on chemotherapy)
- Age >55

Agencies are required to assure that all their EMS providers have received a copy of the protocol and should use a Certified Instructor Coordinator (CIC) or Certified Lab Instructor (CLI) to train personnel. An educational and implementation presentation that can be viewed and/or downloaded and copied to suit training needs is available on the web site at <http://www.health.state.ny.us/nysdoh/ems/pdf/adultmajortraumatraining.pdf>

Regional EMS Councils may develop regional protocols to serve the needs of local or regional systems that may differ from NYS state-wide protocols. These regional protocols supercede the NYS protocol for patient treatment within that region.



## London Bombings – Volunteer Ambulances Respond

Some of the first responders in "high-vis" yellow jackets seen on TV and in pictures of the London bombings on July 7<sup>th</sup> were worn by volunteer ambulance personnel from St. John Ambulance and the British Red Cross. They responded along with city crews from the municipal London Ambulance Service and the regional National Health Service.

St. John Ambulance is the United Kingdom's leading First Aid charity. It mobilized over 100 volunteers, 37 ambulances, 20 mobile treatment centers, a Control Unit and mini-buses for operation at the four explosion sites and on standby in London. One of its units was near the Tavistock Square bus explosion and was alerted by police to get there quickly. St. John ambulances supported London Ambulance Service throughout the day at all four incidents and as well as assisting with response to 999 calls. Volunteer staffed mobile treatment units remained at all of the incident sites as part of the clear up operation to help workers who might injure themselves. During the weekend, St. John's services included assisting the London Ambulance Service in responding to 999 calls and providing First Aid cover at the WW2 Commemorations in Central London.

"The London Major Incident Plan calls for St. John Ambulance to work alongside the statutory agencies in a situation such as this" said Ian Ridgway, Chief Commissioner Operations, St. John Ambulance. "There is no doubt that the actions of so many St. John volunteers and staff justified that trust. I was proud of the way in which our people supported the city." "Yesterday's appalling events serve to underline the need to train as many people as possible in basic first aid," said Clive Harrington from St. John Ambulance Buckinghamshire – whose ambulances were on standby to help out. "Even a little knowledge to care for those in shock and administer basic First Aid to the wounded can help considerably."

Volunteers from across the South East of England came together to support St. John Ambulance London and members nationwide were on standby to help. At London District Headquarters 50 staff worked to coordinate the response

and take calls. John Stockham added: "It was great to see Londoners pulling together yesterday. A catering company donated food to our volunteers, a taxi driver took a volunteer home for free and neighbours of our London District office offered their support." Trauma support (Critical Incident Stress Management) has been offered to St. John Ambulance volunteers involved, as standard practice. "In a confined space like a crowded bus or underground train, the effects of a blast can be very, very traumatic indeed," said St. John's Commissioner Seamus Kelly. "Drivers reported back scenes of appalling injuries", he said, in particular from the bus blast.

St. John Ambulance is a modern, vigorous health care organization with members in over 40 countries worldwide, but its origins date back over 900 years to Jerusalem. For more information on St. John Ambulance go to their web site at [www.sja.org.uk](http://www.sja.org.uk).

The British Red Cross also dispatched first aid volunteers and ambulances in response to the July 7 explosions. Following a request from the London Ambulance Service, the Red Cross deployed 25 ambulances to Euston, Russell Square, St. Pancras, Marylebone and Edgware Road stations. 16 ambulances were sent to other major mainline stations as well as a shelter at the Red Cross base at Waterloo Road. 25 more ambulances were on standby.

Red Cross volunteers at King's Cross station provided psychological support to shocked commuters trying to get out of London. Other volunteers met returning commuters at railway stations throughout the suburban South East bedroom commuter area Thursday evening to provide comfort and practical support where required. In the blast areas Red Cross volunteers helped those suffering from shock and gave them some space to recover. People were treated for smoke inhalation. Others who had been provided temporary dressings for their injuries were given more formal care.

More information on the Red Cross response is on the web site at [www.redcross.org.uk](http://www.redcross.org.uk)

Chevra Hatzalah Volunteer Ambulance also has an affiliate division operating in London.

## HIPAA Security Rule Compliance Required by April 21, 2005

The Health Insurance Portability and Accountability Act (HIPAA) Security Rule was published in February 2003, became effective on April 21, 2003 and compliance with this Rule will be required by April 21, 2005.

The Security Rule legislates the means that should be used to safeguard from unwarranted disclosure of Protected Health Information (PHI). It requires that covered entities have appropriate administrative procedures, physical safeguards and technical safeguards to protect access to PHI. Examples of appropriate safeguards include but are not limited to establishment of:

1. Clear access control policies, procedures and technology to restrict who has access to PHI.
2. Restricted and locked areas where PHI is stored.

3. Appropriate data backup, disaster recovery and emergency mode operation planning.

4. Security mechanisms such as encryption to protect data that is transmitted via a network.

Volunteer EMS providers are covered entities if they bill Medicare, Medicaid, etc. through electronic means. Since most VACs do third party billing using billing services and bills to the federal government are sent electronically, most VACs are covered by the rule.

For information on the federal governments requirements on security of health information as well as requirements relating to privacy of health information go to the web sites at <http://www.hrsa.gov/hipaa.htm> and <http://www.health.state.ny.us/nysdoh/medicaid/hipaa/>

## NYSVARA Proposed By-Law Amendment

Amend Article III Section 5:

a.)--The fiscal year of the Association shall be from October 1 through September 30. Renewal membership dues shall be due October 1 and shall be paid to the State Association. The Association shall immediately remit the District dues to the designated District Financial Officer. Districts shall also remind their membership of dues renewal. The Association shall by September 1 provide to each District Director a list including the names and addresses of all organizations and individuals who will be or who have been mailed renewal notices in their district. The District Director shall immediately forward the list to the appropriate District Officers. The Association may, when requested and as funds may allow, advance to a district up to 1/3 of the anticipated district dues.

b.) -- Districts that have been organized and operating for at least two consecutive years may opt to send out their own renewal notices and collect dues renewals. The association may also send out a reminder letter to such members. Any District wishing to take advantage of this option shall notify the Board of Directors by May 30, 2006. After this date a District organized and operating for at least two consecutive years may request this status by submitting a proposal to the Board of Directors by May 30 of any subsequent year. In

such cases membership dues shall be due October 1 and shall be paid to the designated financial officer of the District in which membership is held. The District shall immediately remit the Association dues and any additional contribution to the association to the Association's designated financial officer. The designated financial officer of the District shall by September 1 provide to the Association's designated financial officer a list including the names and addresses of all organizations and individuals who will be or have been mailed renewal notices in their district.

*Explanation: The current system of membership renewal is disjointed, unnecessarily time consuming and burdensome. The state association is expected to send out renewal and reminder notices, and membership certificates but due to the current circuitous process may not know for months that an organization or individual has renewed.*

*The proposed system more closely resembles that of most statewide organizations. It streamlines the process and provides districts with an option to retain direct receipt of renewals if they wish to assume that responsibility.*

## Recently Issued NYSDOH Bureau of EMS Policy Statements

05-01 - Idling of Emergency Vehicles: Vehicles are exempt from the NYS 5 minute and NYC 3 minute idling rules covering trucks when they are engaged in emergency operations. The NYS DOH considers on-scene operations or the positioning of an ambulance/EMS response vehicle in designated locations in a community as a component of a planned emergency response system to be emergency operation. Unless in emergency operation, ambulances and first response vehicles are not exempt from provisions of environmental conservation laws which carry fines ranging from \$250 to \$15,000.

05-02 - Amendment to 10NYCRR Part 800.26 Emergency Ambulance Service Vehicles: Waivers to equipment requirements for First Responder vehicles may be requested from the NYS DOH. The request must be on agency letterhead, signed by the chief executive officer, detail what specific equipment and/or supplies are to be waived and the reason (s). A copy of the request is sent to the Regional EMS Council for review. The change is intended to allow local EMS systems and agencies an increased flexibility in determining the best and most appropriate configuration for assigning vehicles to emergency response in order to meet system, local EMS personnel, deployment and patient needs.

05-03 - Air Medical Services Protocol Approval and Credentialing of Flight Personnel: The Regional EMS Council where the air medical service maintains its New York State corporate office will be responsible for REMAC approval of agency protocols and credentialing of pre-hospital EMS providers to operate statewide. Protocols will be submitted for review and comments by other regions in which the service operates and these comments will be considered by the "primary" REMSCO/REMAC. The NYS Emergency Medical Advisory Committee (SEMAC) has final authority to approve air medical service protocols.



Vincent H. (Mickey) Favoino  
845-561-4264  
Fax 845-562-5558  
800-432-4NRS  
e-mail: newburghrescue@aol.com

56 Fifth Avenue  
Newburgh, NY 12550



## State EMS Council (SEMSCO) - May 25, 2005 Meeting

Henry A. Ehrhardt, 1st Vice Chair SEMSCO, NYSVA&RA Delegate

### Chair's Comments – Mike McEvoy

- Condolences and prayers go out to the families and EMS agencies of EMT Heidi Behr and Paramedic William Stone who were killed in a Suffolk County ambulance crash on May 3, 2005.
- A NYS EMS Memorial Service was held on Wednesday, May 18<sup>th</sup> at the Empire State Plaza in Albany. Four names were added to the EMS Memorial Tree of Life in the Plaza: William Chapin -Bangs Ambulance, Robin M. Daniels -American Legion Ambulance, Duane K. Hinkel -KODAK Office MERT Team, and Gerald C. Stalker - Castleton VAC. Next year's Memorial service is scheduled for May 17<sup>th</sup>, 2006.
- The Chair wrote a letter to the Health Commissioner highlighting the need to include PCR's in electronic medical record initiatives currently underway in NY. A polite response came back saying there is no money at present to implement electronic prehospital records but there is interest in moving toward this as funds become available. *Bureau of EMS Report – Ed Wronski, Director*
- The Governor and Legislature, to review 'rightsizing' of hospitals and health care facilities throughout the state, will soon form a Commission on --Health Care Facilities in the 21st Century--. Mr. Wronski strongly encouraged EMS providers and services to keep a watchful eye on the process and assure participation and input from EMS services at the local and regional level hearings to be conducted by this soon to be created body.
- You may recall, the Finger Lakes and Monroe/Livingston Regional EMS Councils request to trial a revised prehospital DNR form called the Medical Orders for Life Sustaining Treatment form (MOLST). After a legal review, it was determined that MOLST cannot be used in the field, without legislative amendments.
- HIPPA has put in place some new regulations for enforcement.
- The State Hospital Preparedness committee is concerned for the capability of New York's health care system to deal with large numbers of burned patients. They have allocated \$1.2 million dollars to purchase burn kits for every ambulance in NYS. Lee Burns from DOH is coordinating the effort.
- STEMI (ST Elevation Myocardial Infarction) - the DOH Cardiac Advisory Committee (CAC) gave the green light to launch one or more regional pilot program that would divert STEMI patients to DOH designated STEMI centers. SEMAC and the Bureau will need to collaborate with CAC to launch the pilot(s). SEMSCO did vote to encourage the Bureau to move ahead with the pilot as expeditiously as possible.

• The recently revised BLS stroke protocol recommends transport of suspected strokes to the closest NYS DOH designated Stroke Center (if the time from symptom onset to ED arrival is less than 2 hours). The Bureau lists Stroke Center designations on their web site at: [www.health.state.ny.us/nysdoh/ems/stroke.htm](http://www.health.state.ny.us/nysdoh/ems/stroke.htm). The first mailing of promised stroke educational CDs went out in early May. Subsequent mailings will deliver these to all EMS agencies.

### STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) – Dr. Henry

- Nassau County submitted their own extremely simplified selective spinal immobilization protocol. Essentially, any patient without LOC, neck pain, AMS, neuro symptoms, or distracting injuries could be transported without immobilization. Medical Standards voted against the proposal.
- The appeal by several Suffolk County Fire District of the Suffolk REMAC/REMSCO dispatch crew confirmation and mutual aid protocol continued in hearings before a SEMAC appeals committee. The

committee will obtain additional written testimony from appellants and plans to render an opinion on the appeal to SEMAC at their September meeting.

- Two appeals of a New York City REMAC decision that would allow FDNY to reduce ALS FR units staffing from 2 medics to an EMT and single medic have been received, and deemed properly filed. SEMAC has appointed an appeals committee to meet over the summer in hopes of delivering an opinion to SEMAC by September.
- REMO ALS protocols were approved with some amendments - the uphill battle REMO encountered submitting their newest ALS protocols for approval by Medical Standards and SEMAC. These protocols consolidate all provider levels into one protocol set and virtually eliminate common sense instruction.
- SEMAC proposed and SEMSCO revised a motion that essentially reads, All ALS systems should have 12 lead capability and waveform ETCO<sub>2</sub> monitoring capability as soon as practical with the necessary provider education.

### EDUCATION & TRAINING – Debbie Fufts-Jones

- Version 2.0 of the national EMS scope of practice came out with comments due back by June 1, 2005. Overall, the workgroup found the Version 2 document to lack cohesiveness, often contradicting itself from paragraph to paragraph. The boilerplate design does not appear to allow the flexibility in training and practice levels required by the many and diverse EMS delivery models that exist in NYS, much less the nation. A modular approach to skills that would allow progression through training levels and interchange of skills between levels to meet local needs was recommended. While Version 2 added back a level between EMT and Paramedic, the workgroup believes this level would be extremely difficult to apply in NYS – whether it represents a "super enhanced" AEMT-Intermediate or a "de-clawed" EMT-CC would need to be hashed out if NY were to use the "AEMT" level defined in Version 2. The URL for the Scope of Practice website is [www.emscopeofpractice.org](http://www.emscopeofpractice.org).
- June 2006 is the scheduled sunset date for the Pilot Re-certification Program. A report is to be prepared and made to the Legislature on the Pilot Program that will assist them in deciding whether to extend it.
- The Education and Training (E&T) committee has designed educational materials and new state exam questions for statewide implementation.

### FINANCE – Phyllis Ellis

- The Finance Committee collected Training Plans and Budget templates from each Regional Council and Program Agency in the State. The Committee expects to present a 2006/7 budget to SEMSCO for approval at the September meeting. Preliminary numbers indicate that the budget will be similar to the \$23,820,422 requested for 2005/6.

### EVALUATION – Marjory Geiger for Dr. Billitier

- Keypunching of PCR data has moved forward. The Bureau reports data through 2004 will be completed by Fall 2005 with reports ready for each Region shortly thereafter.
- Working with FDNY concerning their electronic PCR data collection system. Once all the five Boroughs on NYC, the State will look to see application to statewide usage.
- The SEMAC 11 year old OI booklet was reviewed, and the

(Continued on page 19)



## Bits from Around the State and Beyond



### DISTRICTS 1 & 5 & 6

HUDSON VALLEY REMAC issued Guidelines for ALS Utilization on 11/8/04 in part to establish a process of handing off patients from ALS to BLS providers. Regional protocol had called for ALS providers to contact Medical Control before "down triaging" a patient but there was concern that the requirement would overburden the medical control communication process. The doctors, however, were also concerned that there was an identifiable problem that PCRs routinely failed to include assessment and treatment procedures performed by ALS providers when patients are subsequently determined to need only BLS care. Now, ALS providers must complete a PCR documenting the intercept and the patient's condition. Hudson Valley protocols contain no provision at all to allow transfer of care from an EMT-P to EMT-I or EMT-CC level providers when ALS services are indicated. The full guidelines are on-line at <http://www.hvremso.org>

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### DISTRICTS 1 & 5 & 30

SUNY colleges in Ulster, Orange and Rockland may be forming a consortium to provide public safety education to the Hudson Valley area. Federal funding may be available if Homeland Security training is offered. Involved in talks have been representatives from Rockland Paramedics, County Health Commissioners and administrators from the colleges.

### DISTRICTS 1 & 30

SUNY Rockland and SUNY Ulster have announced an initiative to collaborate on their paramedic programs. A full explanation of plans, however, was apparently not communicated to all interested parties resulting in about two dozen paramedic students showing up in ambulances at Rockland Community College on 4/21/05 to protest rumored cancellation of paramedic program effective 5/31/05. The college president later explained that omission of the program from the printed summer schedule was due to personnel issues. There is a question whether or not two popular instructors would return after the spring session.

### DISTRICT 2

STAT FLIGHT HELICOPTER from Westchester County Medical Center will be managed by a company called Air Methods. The company is the same one that runs the Med Flight program in Albany and there may be some integration of the two operations.

WESTCHESTER COUNTY is continuing development of a new analog, UHF trunked two-way radio system to support its emergency responders. The purpose is to provide (1) voice communications between the Emergency Communications Center (60 Control) and vehicles being dispatched to events and (2) voice communications between units dispatched to a mutual aid request as well as to coordinate resources and share information prior to arrival at the scene. The system is not intended for on-scene ground communications nor will it replace existing agency radio systems. The County will supply and install a mobile radio in each front line EMS and fire vehicle including chief's and EMS fly

cars and also provide portable radios for command staff vehicles. Police departments, hospital emergency departments and "transportation assets" will also receive radios. The number is projected to total 600. Motorola has been selected as the vendor for equipment (MCS 2000 mobiles and MTS 2000 portables) and installation. Available functions are to include vehicle to control, vehicle to vehicle and command to control communications. The County will be divided into northern and southern zones but will be seamless to individual radio users. For the south zone 5 radio frequencies have been approved by the FCC for use and a 6<sup>th</sup> frequency is being sought. In the north the County hopes to have approval soon to operate 6 already licensed frequencies at multiple sites. Talk groups have been developed following the current battalion structure used for the county fire service. Battalion coordinators will be contacting EMS agencies to attend local informational meetings and to provide important project updates regarding such topics as agreements, installations and frequency setup.

WESTCHESTER MEDICAL CENTER held a "MAYDAY!" briefing. Financial problems at the former county hospital have been in the local news for some time and to close budget gaps, high profile programs such as the Trauma Center, Burn Center, Stat Flight helicopter program are being mentioned as being in danger of cutbacks. On Tuesday evening 3/1/05 Westchester Medical Center management and Board of Directors were joined by County management and held a briefing for area emergency service providers to drum up support for an ambitious funding plan. Citing the public benefits it provides, the hospital is asking for annual county, state and federal payments as well as funds from extending a sales tax. There are also plans for internal cost savings and union concessions. Local officials have expressed that despite the financial problems there is no way that the hospital will close.

### DISTRICT 5

TOWN OF NEW WINDSOR, Orange County, renewed its ambulance service contract with Mobile Life Support Services for another year. Until 2004, New Windsor VAC had provided 911 service but was replaced as the municipal provider. Town officials indicated that the Ambulance Tax District reduced the tax rate by 56% for 2005.

### DISTRICT 6

SULLIVAN COUNTY ALS services are seeking authorization to triage patients to EMT-CC level providers after going through medical control. Hudson Valley REMAC was asked to develop the necessary protocols, however, this runs up against Hudson Valley's wish to maintain standardized ALS care in its six county region. There is already a REMAC subcommittee currently discussing issues surrounding the three different levels of ALS care providers and the request was referred to the subcommittee.

### DISTRICT 7

EAST HAMPTON TOWN DORY RESCUE SQUAD, Amagansett, Suffolk County, has voted to disband after 27 years of service. The group was founded in 1978 to rescue fishermen, boaters, kayakers, swimmers and others who got into trouble in the coastal

*(Continued on page 11)*



*Bits from Around the State (Continued from page 10)*

waters off Long Island's east end. At their peak there were over 130 members who operated two boats equipped with basic medical supplies. After the use of sein nets for near shore fishing was banned in 1990 the pool of commercial fishermen and baymen with the expertise to launch the 20 foot open boats from trailers into the surf and operate them in sea conditions started to dwindle. With expenses such as liability insurance rising but donation income not keeping up, finances became a problem and in 2004, after paying the insurance for two years, the Town of East Hampton took on the squad to function under its Division of Public Safety. Members, however, did not feel they were being utilized sufficiently with other groups getting more and more calls. Marine rescue will continue to be handled by the US Coast Guard, Suffolk County Police Department and several volunteer fire departments who have boats. Response time to the side of a victim may suffer since a dory into the surf directly opposite a scene will no longer be a rescue option.

TOWN OF SOUTHAMPTON, Suffolk County is working on a municipal Certificate of Need application to start an ALS First Responder service.

SUFFOLK COUNTY EMS VEHICLE ACCIDENTS in 2004 totaled 18.

- Ten (10) occurred while enroute to the scene.
- Eight (8) were while enroute to a hospital.
- Seven (7) of the 18 were First Responder vehicles.
- 72% of the accidents occurred while lights and sirens were in use.
- One (1) event was reported as an Alpha or low priority response while the other incidents did not report the response level.
- One (1) event occurred after the vehicle was given a signal 4 – under control

The county's EMS division has delivered a Certified Emergency Vehicle Operators (CEVO) course to at least sixty percent (60%) of the EMS agencies in Suffolk County and plans are to reach the remainder of the agencies during 2005.

**SUFFOLK COUNTY EMS SERVICE LEVEL CHANGES**

- Suffolk County Police Department's Municipal Certificate of Need (CON) application to provide ambulance service has been approved. SCPD previously provided an ALS First Responder service.
- Fair Harbor VFD and Hauppauge VFD have received designations as BLS First Responders while Davis Park VFD and Mastic VFD have applied for designations as BLS First Responders.
- Amityville VFD, Islip Terrace VFD, Nissequogue VFD, Northport VFD and Terryville VFD have or are in the process of upgrading from BLS to ALS level ambulance service.
- Deer Park VFD and Smithtown VFD are upgrading their ambulance service to AEMT-P.
- Ocean Beach VFD is seeking to expand their EMS ambulance operating territory.

EAST MORICHES COMMUNITY AMBULANCE, Suffolk County, and eight other ambulance companies that receive funds from the Town of Brookhaven are being audited by a company hired

by the town. Newsday reports the audits will look at money handling, conflicts of interest, retirement and benevolent funds, inventories of medical supplies and other matters. The squad is slated to receive \$557,478 this fiscal year. For over the last year, East Moriches has apparently had an internal dispute with questions of benevolent funds used for a political donation, a 1999 chief's vehicle sold to a member for \$2,800 with a \$800 grant check written to the same member the same day and missing medical equipment. The two officers who raised the questions, a husband/wife EMT-P team who were 1<sup>st</sup> & 2<sup>nd</sup> Assistant Chiefs, were elected in January 2004 and have been suspended since May of 2004 and currently serve with Center Moriches VFD while the Chief did not seek reelection and ended his five year term in December.

**DISTRICT 10**

CENTRAL NY REGIONAL EMS COUNCIL has moved to Jefferson Tower, Suite LL1, 50 Presidential Plaza, Syracuse, NY 13202. New phone number is (315) 701-5702 and FAX is (315) 701-5709. Building is directly behind the SUNY Upstate ALS Training center and is accessed from Townsend Street, between Harrison and East Genesee Streets.

Springwater VFD, Livingston County which operated Springwater Ambulance Volunteer Emergency Service (S.A.V.E.S.) providing coverage to the Town of Springwater and portions of the Town of Canadice in Ontario County, has surrendered its Ambulance Operating Certificate.

HORNELL FIRE DEPARTMENT, Steuben County, and the Southern Tier Regional Emergency Medical Advisory Committee (STREMAC) were at odds over Committee mandates but the situation appears to have been settled for the time being. The FD provides ALS ambulance coverage for City of Hornell, Village of North Hornell, and the Village of Arkport with 4 ambulances staffed by 11 paramedics and 14 EMTs. The only other EMT-P level service in the county is Rural/Metro's Corning Ambulance Service. STREMAC implemented a policy requiring patients with a suspected myocardial infarction to be transported directly to a hospital capable of emergency angioplasty procedures. The FD protested as it would mean at least an hour transport time to Strong Memorial in Rochester or Arnot Ogden in Elmira vs. a few minutes to St. James Mercy Hospital located in Hornell but which only has a cardiac catheterization lab. A local paper reporting on the controversy noted that Dr. William Huffner, Chair of STREMAC is associated with Strong Memorial. The other directive at issue was a mandate to use 12 lead defibrillator monitors. The FD and City of Hornell indicated that its personnel have attended 12 lead training but the cost of acquiring the new machines could range from \$80,000 to \$100,000 – money the FD would have to take from funds set aside in the current budget to replace ambulances, one of which has over 146,000 miles. Hornell and St. James officials asked Ed Wronski, Director of the NYS DOH Bureau of EMS to intercede to provide more time to comply with the STREMAC directive as well as a review of it. On 8/26/04 the DOH issued an advisory to REMSCOs to not enact such transport protocols until the state gives the go-ahead. At a 9/8/04 face to face meeting with the Hornell mayor and fire chief the STREMAC Chair offered to loan the fire department two

*(Continued on page 14)*

## BRAUN is Changing Its Ambulances

For 2005, the Chief XL, SuperChief and Express models are all a little bigger. The body module has been widened by 2" for an overall width of 96" to give a few extra inches of outside compartment storage space. With new stair chair dimensions inching wider and departments wanting to carry more equipment like SCBA's and turnout gear, storage space requirements are at a premium. Braun also lowered the sides 3" on those models. With the popularity of the EZ Glide sliding side entry door, several customers suggested the lowered sides to help reduce the step height in that area. The lower sides are still well within the range for adequate departure angles and it provides the added benefit of reducing the height necessary to lift O2 bottles in and out of storage compartments.

Other changes are not as visible as the bigger module. The plywood subfloor has been replaced with a new wood-free composite material to respond to customer concerns about the wood possibly absorbing fluids, cleaning agents, and harboring blood borne pathogens. This material has a higher compression ratio than the plywood so it won't develop grooves or indentations from cot traffic and it has excellent machining characteristics for cutting to shape and routing out cot plate recesses. And it has excellent gluing properties for floor coverings.

Another change was made with the new SealTite doors. These new doors have the advantage of having the door seal gasket attached to the door itself instead of the door frame. This moves the latch mechanisms and striker pins inside the door seal helping protect them from the weather and prolonging their life. The door itself is pan formed with a durable .190" inch skin to stand up to rugged use. The design keeps door thickness to a minimum, so as not to rob interior

storage room, without sacrificing strength or durability. Along with the new door design, the compartments now have "sweepout" floors so that the compartment floor is level with the bottom door frame. This frequently requested feature makes it easy to pull equipment and cases out of compartments without tearing the lower gasket or straining to lift gear up over the lip. And as the name implies, it is much easier to clean out the dirt and debris that can collect in the bottom of the compartment.

MasterTech, the name given to the multiplex electrical system, has a new bolder, brighter, more attractive appearance. Font sizes are larger and "at-a-glance" color blocks turn from blue to red letting you see quickly what is on or off. The cab display screen includes system operating information, warning messages, a vehicle silhouette with door open indicators, and enhanced menus and control functions. The rear display screen now includes a digital clock and timer function, providing a seconds sweep display and pre programmed timer functions. There is a built in patient status alert function, digital climate control feature, enhanced diagnostics and much more. There is also the ability to plug in up to three digital input cables. These inlets turn the display screens into a rear view camera monitor, DVD screen, digital camera display or display screen for any digital output device. Using the monitors reduces equipment redundancy saving space and money. Display quality is exceptional and devices can be permanently installed, such as rear view cameras or easily connected as a stand alone device like a digital camera or handheld play station.

For more information about these state-of-the-art ambulances go to the web site at [www.braunambulances.com](http://www.braunambulances.com).

## FORD Not Selling Police Cars to Some Jurisdictions

1987 was the last year Ford sold a gasoline powered ambulance. The reason – a series of fires in gasoline ambulances and resulting lawsuits. In the last several years there have been at least 15 police officers killed when their Ford police package Crown Victoria model sedans were rear

ended. A large class action lawsuit was filed. Now Ford is telling departments that are part of the class action that since they think the car is unsafe they will not sell them current model cars. As a result, some departments have withdrawn from the suit while others are checking out Chevrolet sedans.

## New NYSVA&RA Member Benefit – GlobalFit Program

To help improve employee/member health and well-being, we have arranged for you and your family to take advantage of the GlobalFit Fitness Program, with access to over 1,500 fitness clubs nationwide, including select Bally Total Fitness, Gold's Gym and Ladies Workout Express locations.

The GlobalFit benefit offers:

- Guaranteed Lowest Rates – up to 60% savings on monthly dues
- Month-to-month memberships, no long-term contracts

- Ability to freeze your membership at most clubs
  - Flexibility to transfer to any club in GlobalFit's growing fitness club network
  - Additional discounts for family members
  - Referral reward program to help you save even more.
- For more information visit: [www.globalfit.com](http://www.globalfit.com) or call the GlobalFit Health Club Help Line: (800)294-1500.



## US Grant to Study Tractor-Trailer Ambulance Vehicle

Oklahoma's Emergency Medical Services Authority (EMSA) has received a \$400,000 grant through the US Department of Homeland Security (DHS) to study the feasibility of converting a tractor trailer into an ambulance. The oversized ambulance would have a carry capacity of approximately 40 patients and be used for disaster situations, such as a weapons of mass destruction incident and other mass casualty type incidents. EMSA is the exclusive ambulance provider for more than 1.1 million people in central and northeast Oklahoma including Oklahoma City and Tulsa. In 2003 EMSA responded to nearly 110,000 calls and completed nearly 73,000 patient transports. The organization's president and CEO issued a statement earlier this year pointing out that the nation's EMS sector has received only 4 percent of federal funding given out for domestic preparedness.

Large capacity patient vehicles are not new concept. During the civil war railroads converted coaches and box cars to carry patients on litters from battlefields to hospitals. This concept was again used in both world wars to transport patients from arriving hospital ships to hospitals around the country. During WW2 and continuing to today, airplanes were specially outfitted to carry up to 30 patients, a doctor and flight crew.

Problems and issues to address with the EMSA project include timely patient loading and unloading, crew needed, patient conditions to include/exclude, treatment interventions to be provided, vehicle modifications needed, etc. Hospital surge capacity to accept up to 40 patients arriving in one vehicle will also need to be considered.

## USDA Announces \$100 Million to Assist Rural Emergency Responders

Agriculture Secretary Ann M. Veneman announced July 6, 2004 that \$100 million is committed for a new USDA First Responder Initiative to support rural emergency responder efforts by prioritizing the financing for needed equipment and services.

NYS recipients include:

Hermon VFD, St. Lawrence County: \$57,900 direct loan and \$10,000 grant for an ambulance

Redfield VFD, Oswego County: \$50,000 direct loan and \$50,000 grant for a fire station

"The Bush Administration is committed to assisting rural communities prepare for emergencies and the delivery of lifesaving services," Veneman said during a visit here with Homeland Security Secretary Tom Ridge to the University of Minnesota to recognize the new Department of Homeland Security Center of Excellence for Agro Security. "The funds announced today are a major investment in the lives and security of our citizens and are part of USDA's ongoing investment in the future of rural communities and their ability to better prepare for emergency situations." Veneman said that as part of USDA's First Responder Initiative, a minimum of one dollar of every five dollars of fiscal year 2004 community facility funding available, will be dedicated to first responder type requests. USDA Rural Development provides financing of a variety of community facilities, such as: libraries, courthouses, fire and rescue facilities and equipment, police and emergency vehicles and services and other community focused facilities and services. The initiative will prioritize the funding of at least \$100 million to specifically strengthen the ability of rural communities to respond to local emergencies.

The following types of projects are emphasized through this initiative: Fire Protection Equipment, Fire Station, Fire Trucks, Rescue and Ambulance Service - Equipment,

Emergency Response Training, Physicians Clinic, Early Storm Warning System, County Health Department Office, Food Preparation Distribution Center, Animal Shelter - Veterinarians Education Facilities for Emergency, Police Station, Police Car, Civil Defense Building, Building Hospital Outpatient Care, Office Building (Health Care), Migrant Health Centers, Communications Center and Mobil Communications Center.

Veneman said that so far \$81 million has been obligated to fund 20 fire stations, 24 fire trucks, 8 police cars and other fire and rescue equipment, including \$36,500 for a fire truck and ambulance for Minnesota. In addition, funding will support over 20 health care related efforts such as hospitals and medical centers, as well as nine ambulances. In total, over 100 first responder applications have been approved for funding. Funding of selected applicants will be contingent upon meeting the conditions of the loan and/or grant agreement. A list of the individual awards can be found at <http://www.rurdev.usda.gov/rd/newsroom/2004/firstresponders2004list.html>

During the Bush Administration over \$1.5 billion has been invested by USDA Rural Development to address essential community needs that assist with public safety, education, health care, cultural, transportation, and other public needs, including: the purchase of 508 fire trucks, 103 police cars, and 156 ambulances and construction or renovation of 79 hospitals, 71 public or charter schools, and 155 child care centers. In addition, \$29 million in grant funds have been invested in 93 telemedicine grant projects to develop technologies needed to enhance medical care involving 846 health care institutions.

For more information about USDA's effort in homeland security, visit [www.usda.gov/](http://www.usda.gov/).

*Bits from Around the State (Continued from page 11)*

12 lead systems for up to a year and also agreed to allow local physicians to examine severe heart attack victims, if they so wish, prior to patient transport to an angioplasty center.

ERIE COUNTY is experiencing a budget crisis. 30% has been cut from the Department of Emergency Services, 40% from the Department of Health and \$150,000 cut from support to Mercy Flight. There will be fewer county sponsored EMS and fire courses.

HORNELL FD is considering switching to a Chevy chassis for its next ambulance as there has been more than one instance of "wheels falling off" the current Ford chassis and the department feels the manufacturer has been less than forthcoming in admitting to a problem. While Ford appears to be the only manufacturer with a standard ambulance chassis package, there are departments throughout the country that have Chevy ambulances. Standard length Chevy and GMC cutaway cabs offer increased leg room vs. standard length Ford cabs. Since a spate of gasoline engine fires in the mid 1980s Ford only certifies its diesels for EMS use. Chevy and Dodge, however, have no such restrictions and although not encouraged by US Department of Transportation KKK specs because of higher operating temperatures, there are gasoline ambulances in front line service in the NYS.

ALDEN TOWN BOARD, Erie County, approved a \$1 a year contract covering 2004-2007 with Rural/Metro Ambulance Service to provide coverage for town residents outside the village ambulance services. Rural/Metro will cover its costs through billing patients, their insurers or Medicare/Medicaid. Normal response time performance is expected to be under 14 minutes 90% of the time.

SOUTHERN TIER REGIONAL EMS COUNCIL, INC. (STREMS, Inc.) in a move to differentiate its different components, has renamed its program agency EMSTAR to reflect its functions of EMS Training, Administration and Resources. The renaming came as a surprise to many council members attending a scheduled Regional Council meeting on September 16, 2004 as there was no prior discussion or public announcement of the change. Several reported phone calls being answered EMSTAR with the caller hanging up thinking they had dialed a wrong number.

The name change was apparently prompted by a backlash to a decision by the Southern Tier Regional Medical Advisory Committee (STREMAC) and supported by STREMS to require ALS ambulance services to have 12 lead EKG machines and transport certain cardiac patients directly to hospitals capable of providing angioplasty treatment. There has also been controversy about whether or not proper due process was provided a pre-hospital provider in an ALS care case involving disagreement between STREMAC and NYS DOH over the care. Funding for the parent STREMS, Inc. corporation from some county and hospital sources was apparently cut back. Among the initiatives the program agency supported was a quarterly calibration of AEDs in the three county region.

SYRACUSE UNIVERSITY AMBULANCE, Onondaga County, was named by the NY State EMS Council as 2004 NYS EMS Agency of the Year. The squad was started in 1974 and celebrated its

30<sup>th</sup> anniversary providing 24/7 coverage to the campus and surrounding area. It has about 70 student and alumni volunteers providing BLS level service with backup ALS service is provided by Rural Metro.

There are 26 college or university based EMS services in the state. 12 provide ambulance service with 9 at the BLS level, 1 AEMT-I, 1 AEMT-CC and 1 at the AEMT-P level. 14 agencies provide BLS First Responder service.

OTSEGO COUNTY is considering available options to provide ALS coverage in the county. On 1/1/05 the city of Oneonta Fire Department stopped providing ALS intercept service to county squads headed to Fox Memorial Hospital in Oneonta. City officials felt they could no longer afford to routinely tie up their paid personnel to cover a lack of sufficient ALS coverage elsewhere in the county. Cooperstown Volunteer Fire Department's Emergency Squad has attempted to fill the void but its personnel and their employers and families are feeling the strain of calls lasting up to two hours going to Worcester and East Worcester to meet BLS crews and then to Fox Hospital. Oneonta officials are not backing down as they do not see it as a mutual aid issue because the help is going all one way. They are willing to provide additional fire and EMS coverage when needed for a major incident but will not provide baseline ALS coverage outside the municipality where none exists. Options to the county include somehow beefing up volunteer ALS coverage or bringing in a paid ALS intercept or transport service.

BUFFALO, Erie County, moved toward selecting Rural/Metro as its sole municipal ambulance service provider for the next five years. The city's EMS Board selected the company's \$350,000 franchise fee bid over Ohio based MedCorp's competing \$500,000 bid. Rural/Metro's experience, capacity, track record and understanding were cited by officials. Twin City Ambulance, which had provided joint coverage with Rural/Metro for the past eight years, dropped out of the competition in December.

SPECIAL TACTICAL OPERATIONS REGIONAL MEDICAL SUPPORT (S.T.O.R.M.) is a volunteer group of paramedics and physicians associated with Western Area Volunteer Emergency Service of Camillus, NY. Members have completed a Counter Narcotics Terrorism Operational Medical Support training and are currently supporting several law enforcement tactical teams in Onondaga County.

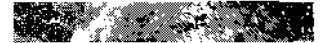
**DISTRICT 12**

WANTAGH-LEVITTOWN VAC, Nassau County celebrated 50 years of service. Peter Ryan was honored for 45 years of active duty – the squad's longest service award to date. W-L VAC is the primary 911 ALS provider for their service area.

NASSAU COUNTY legislators and the County Executive agreed on 3/21/05 to a capital budget which allocates \$700,000 for new ambulances for the Nassau County Police Department as well as \$4 million for replacement of three (3) helicopters which are also used for Medivac purposes.

**DISTRICT 16**

*(Continued on page 15)*



*Bits from Around the State (Continued from page 14)*

**PENFIELD VOLUNTEER EMERGENCY AMBULANCE SERVICE**, Monroe County, has established a Length of Service Awards Program (LOSAP) that will pay eligible members reaching 62 years of age a monthly benefit based on their years of service with the squad. The program is an effort to encourage veteran members to stay active, attract new members and encourage volunteerism in general. Credit for a year of service is calculated on points earned for volunteer hours, responses, training/drill hours, etc. The basic benefit is about \$240 a year for every year of service and the squad estimates that 80% of its 80 members will qualify for the benefit. Currently, the average member is 45 years of age and has eight years of service. Cost estimates are from \$55,000 to \$65,000 per year and are to be funded from third party billing receipts. Administration of the program is being handled by Penflex, Inc. located in Latham, NY (800) 742-1409, [www.penflexinc.com](http://www.penflexinc.com)

**GREECE FIRE DISTRICTS** in Monroe County are reviewing ambulance service providers. There are four (4) fire districts with two served by Greece Volunteer Ambulance and now two served by commercial provider Monroe Ambulance which is based in Rochester. After a 40 year relationship, Ridge Road Fire District switched providers citing lower cost of having Monroe Ambulance provide service. Monroe will station a vehicle in Greece 24 hours a day but residents will still have the option of calling Greece VAC.

**OSWEGO CITY FD EMS** is considering taking over non-emergency transports from Oswego Hospital which since the 1980s have been handled by Mentor Ambulance based in Fulton. The idea was put forward by city councilors as a way of increasing revenue. The FD EMS currently brings in about \$500,000 from handling emergency ALS and BLS calls but costs about \$1.2 million to run. It hopes to bill another \$300,000 from handling up to 1,700 interfacility and hospital to home transports. Mentor questions the numbers noting it transferred less than 600 patients from the hospital in 2004. The fire department would need another ambulance to supplement its EMS fleet which ranges in age from about 200 to 1987 and additional salaries would also be a factor.

#### **DISTRICT 20**

**SUNY GENESEO EMS FIRST RESPONSE**, Livingston County, was named 2005 Collegiate EMS Agency of the Year at the National Collegiate EMS Foundation's 12<sup>th</sup> annual conference held this past February. Across the country there are over 150 college and university EMS organizations that range in service from first responders to full ALS transporting agencies. New York State has 29 campus EMS organizations. For more information on campus EMS go to the web site at [www.ncemsf.org](http://www.ncemsf.org)

**PHELPS AMBULANCE, INC.**, Ontario County, has been established to provide EMS for town residents. Previously the Phelps VFD provided ambulance service but due to the unavailability of day-time EMS volunteers it was found that a mounting number of ambulance calls were going unanswered. It was decided that hiring paid day shift EMTs was needed. Rather than raise taxes to pay the salaries, VFD and local officials decided to bill Medicare, Medicaid and insurance companies for services. Since VFDs can't legally bill for EMS, a separate ambulance company was estab-

lished. This year the company will receive \$30,793 in tax revenues to cover insurance co-payments incurred by town and village residents. Non-residents will be charged for co-pays and residents without insurance will be billed the full cost of services.

**LITTLE FALLS HOSPITAL**, Herkimer County, closed its maternity service 10/1/04. No new maternity admissions will take place and patients arriving at the hospital will be transferred if their condition permits. Patients and ambulance services were suggested to go to community hospitals in Amsterdam, Cooperstown, Gloversville or New Hartford that still provide maternity services.

**LaFARGEVILLE VFD**, Jefferson County has surrendered its Ambulance Operating Certificate.

**UTICA FIRE DEPARTMENT**, Oneida County, has filed a Municipal Certificate of Need application with the NYS DOH to provide ambulance service in the city. Presently, the FD provides an ALS First Responder service and privately owned Kunkel Ambulance Service provides ALS level emergency and non-emergency transport services. Medicare, Medicaid and private insurance pays Kunkel's bills and there is no subsidy cost to the city. The FD proposal projects a \$345,000 profit to the city. The plan would allow 911 callers to still request a Kunkel ambulance be dispatched and envisions Kunkel as a back up to FD ambulances when needed. The 65 year old company, however, may have to reduce resources including laying off some of its 80 employees, because of a drop in calls and also questions if the option to call them was factored into the FD profit projection. If there are no snags, Utica FD ambulances could be operating by mid-summer.

#### **DISTRICT 30**

**TOWN OF WAPPINGER**, Dutchess County, terminated its contract with Alamo EMS, headquartered in Poughkeepsie and contracted with TransCare-Hudson Valley in Wappingers Falls to provide EMS for the town. The \$200,000 annual contract with Alamo had only begun in 2003 with the asset purchase transaction between Alamo and fellow commercial provider Sloper-Willen Community Ambulance Service, Inc that had been located in Wappingers Falls. News reports cited concerns over meeting response times which were to be within 9 minutes for ALS calls and 12 minutes on less serious situations as well as **NYS DOH Policy Statements** (page 8) ambulances which were supposed to be covering the town being used elsewhere. A town study showed 13% of calls had response times of over 9 minutes. Alamo's web site indicates the company is a not-for-profit charitable organization and is the largest EMS provider in the Dutchess County region. Alamo's certification from the Commission on Accreditation of Ambulance Services (CASS), which addresses delivery of patient care, the ambulance service's total operation and its relationships with other agencies, the general public and the medical community, was only recently renewed in July, 2004. TransCare-Hudson Valley is part of the larger TransCare (being "rebranded" from Metro-Care) operation with other divisions in Amityville, Brooklyn, Mount Vernon and White Plains. The Town of Wappinger is also served by the municipal Wappingers Falls FD and volunteer staffed New Hackensack Fire District, Hughsonville Fire Department and Chel-

*(Continued on page 16)*





*Bits from Around the State (Continued from page 15)*

sea Fire District which provide BLS first response service. According to town officials, the local TransCare is, so far, giving Wappinger excellent service and has made three ambulances available around the clock to the town, typically keeping emergency response time to within five to seven minutes.

**NORTHERN DUTCHESS PARAMEDICS TAKING UP DAYTIME EMS COVERAGE FROM SOME VOLUNTEER AGENCIES**

Northern Dutchess Paramedics, Inc.(NDP) was founded in 1994 as New York State's first licensed, stand alone Advanced Life Support first-response service. Since then it has expanded its services to providing Basic Life Support, Advanced Life Support, inter-facility transportation, and ambulette transportation to over 30 towns, communities, nursing homes and assisted living facilities in Dutchess, Columbia, Greene, & Ulster Counties in NY and Litchfield County, CT plus public events such as the Rhinebeck Old Aerodrome, Millbrook Equestrian Center, Gathering of the Fest, Dutchess County Fair and parades. The company has a staff of over 100 employees operating a fleet of 3 fly cars, 13 ambulances, and 6 ambulettes.

RHINEBECK VFD, Dutchess County has contracted with NDP to provide daytime ambulance service to supplement the BLS ambulance from the FD. In addition, NDP will also handle all EMS calls in the HILLSIDE FIRE DISTRICT from 6 AM to 6 PM as well as providing back-up coverage to both departments at night. All calls on the Daytop campuses will also be handled by NDP 24/7.

UNION VALE FIRE DISTRICT in Verbank, citing shortages in daytime volunteers in the district, signed a contract with NDP for coverage in the town during the day. The program began on 9/1/04 and calls for a paramedic, EMT and ambulance to be in the town from 6 AM to 6 PM Monday through Friday when local volunteers are at their full time jobs. Union Vale's Rescue Squad will continue to assist those paramedics as able during those times.

SOUTHERN COLUMBIA COUNTY AMBULANCE SQUAD, Columbia County in March 2004 turned over its ALS ambulance operating certificate for service in Livingston, Clermont, Germantown and parts of Gallatin and Taghkanic to NDP which will continue EMS service from Columbia's old headquarters in Livingston. 6 volunteer based ambulance squads remain in Columbia County. 13 volunteer fire departments plus the Village of Chatham Police Department provide BLS first responder service in the county.

AMHERST, Erie County, changed its municipal 911 EMS provider effective 1/1/05 with Twin City Ambulance taking over from Rural-Metro. One of the concerns cited was ambulance response times.

ELLENVILLE REGIONAL HOSPITAL, Ulster County, is seeking to become a medical control facility. The hospital must first purchase and install equipment capable of receiving EKG transmissions before Hudson Valley REMAC will do a site visit and grant final approval.

ALBANY FIRE DEPARTMENT broke new ground for BLS services in

the state. They presented the results of their BLS glucometer demonstration project. The six month trial involved 111 basic EMTs who after training used a glucometer to test the blood glucose of 778 patients. They were able to treat 61 of 185 hypoglycemic patients with glucose paste as well as free up ALS providers to attend to other patients care tasks with the remaining patients who required ALS level care. There were no blood exposures or sharps injuries. At the February State EMS Council (SEMSCO) meeting a motion was approved to continue the Albany BLS glucose project and to allow other regions to participate with the approval of their local Regional Medical Advisory Committees (REMACs). Albany FD will make available their training program to any region.

PUTNAM 911 became the primary Public Service Answering Point (PSAP) for Putnam County effective 3/2/05. The facility is located at the County Training and Operations Center, 112 Old Route 6, Carmel, NY. The center answers all 911 calls and dispatches all needs for emergency service under the Bureau of Emergency Services.

**ASK US**

Association officers and committee members have years of experience in EMS, a wealth of knowledge concerning NYS regulations, policies, guidelines, etc and an extensive network of contacts throughout the state. The NYSVA&RA will gladly assist member squads or members with answers to technical questions or point them to where the answers can be found. We are here to help you.



## Volunteer Statistics for New York

According to the NYS DOH:

- There are over 35,000 EMTs in New York.
- The average age for EMTs in the state is 37. Hamilton County has one of the highest average ages at 45.
- The dropout or non-recertification rate for EMTs is 16%.
- 80% of the EMS in the state is fire service delivered.

According to the Firemens Association of the State of NY

(FASNY):

- There are about 30,000 volunteer EMS personnel in the state - down from about 50,000 ten years ago.
- There are about 110,000 volunteer firefighters in the state - down from about 140,000 ten years ago.
- Volunteer emergency service providers save NYS taxpayers over \$2.9 billion in operating expenses annually.

## USDOT Emergency Response Guidebook (ERG2004) Available

The familiar orange soft covered must have HAZMAT guidebook has received its 4 year update. Developed jointly by the US Department of Transportation, Transport Canada and the Secretariat of Communications and Transportation of Mexico (SCT), it is used by EMS, fire, police and other emergency services personnel who may be the first to arrive at the scene of a transportation incident involving a hazardous material. It is primarily a guide to aid first responders in (1) quickly identifying the specific or generic classification of the material(s) involved in the incident, and (2) protecting themselves and the general public during this initial response phase of the incident. The ERG is updated every three to four years to accommodate new products and technology. The next version is scheduled for 2008.

DOT's goal is to place one ERG2004 in each emergency service vehicle, nationwide, through distribution to state and local public safety authorities. To date, nearly nine million copies have been distributed without charge to the emergency responder community. Copies are made available free of charge to public emergency responders through state coordinators. In NY that person is: Cynthia Zobel, New York State Emergency Management Office (SEMO)

1220 Washington Avenue, Bldg. 22, Suite 101, Albany NY 12226-2251

Phone: (518) 457-9987 FAX: (518) 457-9963

E-mail: [cynthia.altrock@semo.state.ny.us](mailto:cynthia.altrock@semo.state.ny.us)

For more information on the guidebook, including changes from the 2000 version, go to the web site at: <http://hazmat.dot.gov/pubs/erg2004/>

## You Can't Make This Up – Ambulance Clamped (Booted) at Dublin, Ireland Airport

On Saturday February 11, 2005 a private ambulance operated by Life Line Ambulances had one of its wheels clamped at Dublin Airport while the crew was inside the arrivals terminal picking up a patient who had been badly injured while on a skiing vacation. The vehicle was parked in an area reserved for emergency vehicles and adhering to a long standing practice. Airport police initially stated it had remained over 30 minutes in the area reserved for "life or death cases" involving immediate pickups and then added insult to the incident when they refused the ambulance company's credit card and one of the paramedics had to find an ATM and withdraw funds from his own account to pay the \$82.00 parking fine. Due to the ensuing uproar, Dublin Airport management indi-

cated it would refund the fine and review its policies to ensure that an ambulance was not clamped again.

Posts on an Irish EMS web forum give a little more background. The ambulance may have actually been more of a transport van and the time duration may have been over an hour. The officer involved is also said to be of the type "liable to clamp his own mother". The airport management is also saying that set procedure for patient pickups was not followed and for non-emergency cases the pickup vehicle should proceed to the short term car park until such time as the crew has the patient ready to be picked up at the arrivals hall. Whether this procedure is a good one is debatable.



## Suffolk County Line of Duty Deaths on May 3, 2005

Riverhead VAC lost two (2) members, Heidi Behr, EMT, aged 23 and William Stone, EMT-P, aged 30, when their ambulance went off the road and hit a tree in Aquebogue located at the beginning of Long Island's North Fork. Both were in the patient compartment caring for a cardiac patient. The accident happened about 1:30 PM, Tuesday afternoon May 3rd. The investigation is still continuing but initial news reports were that the weather was clear and two lane Route 25 was dry, the ambulance had been running lights and sirens and had come up an incline and encountered a dump truck that appeared to be pulling to the right but then turned to the left to go into a truck yard. Pictures seem to indicate that the ambulance veered to the right going only about 20 inches off the road when the right curbside of the Type III Ford/PL Custom Medallion model ambulance patient compartment struck a tree with a 3 foot diameter trunk. That side of the patient compartment box from the side door back to the rear remained against the tree while the rest of the ambulance returned to the road and remained upright. The cab and rest of the main box of the patient compartment seem for the most part to have remained intact. Behr was transported to Central Suffolk Hospital where she died. Stone was taken by helicopter to Stony Brook University Hospital where he died. Driver Eric Mass, 29, a six year squad member, was treated at Central Suffolk Hospital and released late that evening. The patient also went to Central Suffolk but was later transferred to Stony Brook University Hospital for heart surgery. Injuries sustained in the crash included fractures of the neck, hand and wrist.

Heidi Behr had been a volunteer with Riverhead VAC for three years rising to the rank of Lieutenant. Volunteering was in her family with her father being a former captain with Riverhead VFD. In 2002 she was named Corpsman of the Year and in 2002 and 2003 she received recognition as one of the most reliable responders to calls. She had recently gotten a paid job with Hunter EMS. She leaves behind Jared, her 13 month son, as well as both parents, a sister and both sets of grandparents.

William Stone has been with Riverhead VAC for a number of months and was one of about a half dozen paid paramedics brought on to help provide daytime coverage when most volunteers are unavailable. He started his emergency service career at about age 18 as a firefighter with the Stony Brook VFD, where his grandfather was with the fire police. One news story indicated his community service actually started when he was 13 and volunteered to cut lawns for senior citizens. He subsequently

joined Central Islip-Hauppauge VAC as an EMT. At the time of his death, Stone worked part-time at Riverhead, North Shore-LIJ EMS and at Brooklyn Hospital. He was a regular platelet donor and was to be married in a few months. He is survived by his mother, stepfather, father, brother and sister.

Neighboring departments in Cutchogue, East Marion, Greenport, Mattituck, Northampton, Southold, Wading River and other areas pitched in to cover calls while Riverhead mourned and recovered. Critical Incident Stress Management (CISM) personnel were provided by the Suffolk County Department of Fire, Rescue and Emergency Services to help squad members deal with the tragedy. Family members of the patient and driver were at the scene within minutes of the accident. The patient's sister had been following about four cars behind the ambulance. The driver's brother, a member of Riverhead VFD, helped carry him to another waiting ambulance.

Riverhead Town VAC is a not-for-profit organization founded in 1978 and provides 24/7 ALS level EMS coverage for a population of 24,000 spread out over 78 square miles. 100 members on its roster and operates four ambulances and two first response vehicles from a main headquarters and a sub station. Call volume is about 2,500 responses a year.

Separate funeral services for Behr and Stone were held on Saturday May 8th and both were well attended by emergency service personnel from all over Long Island, New York City and upstate NY. Out of state personnel also came from Connecticut, New Jersey, North Carolina and Virginia. On one of the evenings for the wakes over a thousand stood in the rain for a chance to pay their respects. Over 120 emergency vehicles took part in the procession from the church to the cemetery where Ms. Behr was buried. President Michael Matrianni traveled from Nanuet to represent the NYSVA&RA.

Those wishing to make memorial donations are requested to send them to:

The Jared Behr Fund  
c/o North Fork Bank (Attn: Patty)  
1080 Route 58, Riverhead, NY 11901

or

The William Anthony Stone Memorial Foundation  
c/o Central Islip-Hauppauge Volunteer Ambulance Corps  
4 Pineville Road, Central Islip, NY 11722

## EMS Component Added to NYS Trooper Swat Teams

During the summer the New York State Police (NYSP) sent letters to the Regional EMS Councils across the state notifying them that they are starting SWAT teams that will include what amounts to a medical first responder component. The medical personnel would operate at the BLS level although some of the team members may be advanced EMTs or full paramedics. At least one Regional Council has voted to recognize the NYSP as a BLS First Response Agency based on the letter, however, some other Regional Councils have a more formal application process for recognition. If the NYSP wants to operate at the ALS level they would have to go before the Regional Councils with a full Certificate of Need (CON) Application.

In 2003 after a full CON application including a public hearing, the New York City Police Department received NYC REMSCO and NYS DOH approval for incorporation of a non-transporting ALS level first response component into their SWAT teams.

Under Article 30 of the Public Health Law and the NYS DOH and REMSCOs have authority to oversee ALS first responder organizations but have no similar authority over BLS first responder organizations. Nevertheless, the DOH has been working on "guidelines" for REMSCOs to follow and an application packet for BLS first responder organizations that wish to have a DOH Agency Code and be officially "recognized" and incorporated into regional EMS systems.

*State EMS Council (Continued from page 9)*

Committee is looking to update this manual in concert with Bureau staff.

*LEGISLATIVE -- Walt Reisner for Al Lewis*

- The Legislative committee reported on several bills of interest – one of note was a proposal to formalize the State Trauma Advisory Committee (STAC) and Regional Trauma Advisory Committees (ReTACs) in statute. SEMSCO voted to support this legislation.
- Motion to support A-957 & S-1908 for income tax exemptions for volunteer providers. Approved unanimously.
- Motion to support A-1139 & S-3024 for exemption of sales tax on ambulance. Approved unanimously.
- Motion to support A-2885 Diesel Fuel Sales Tax Exemption for Ambulances. Approved unanimously.
- A-2300 requiring Senior Living Facilities to have ambulance services contracted. Committee did not support this bill at this time.
- Spoke about bills A-4810 & S-1002, which are looking at contagious disease exposure and funding for care of. Will be brought back to next meeting.
- A-1351 & S-4909 Relay times for fire and emergency medical calls / Secretary of State involvement will also be brought back to next meeting.
- S-980 bill to extend certification of providers who have lapsed due to illness. Committee did not support this legislation.
- Committee adjourned in memory of Senator Pat Magee *passé* away. She was a great supporter of EMS.

*EMS SYSTEMS – Andy LaMarca for Henry Ehrhardt*

- The MCI Pack Train the Trainer sessions are proceeding throughout the State, presented in 24 counties thus far.
- As of May 2005, NYS had 1,216 certified EMS services including 1,103 ambulance agencies and 113 ALS FR services. 591 of these provided ALS level care. There are 3,986 ambulances, 2,683 ALSFR vehicles, and 1,119 EASVs out there.
- State legislators passed and the Governor has signed a bill that adds \$4.5 million to augment the Medicaid reimbursement for ambulance services.

- EMS Leadership Academy 2005 – The first session was held in Cobleskill on May 7<sup>th</sup> with 55 attendees.
- The three Committees met and worked on their individual assignments: 93-10 TAG; Rural & Small Service Issues and Approaches TAG; and Communications TAG.

*PIER – Don Faeth*

- The NYS 2005 EMS Council Awards will be presented at the Vital Signs banquet. Award applications are out and need to be returned with a Regional Council signature postmarked no later than August 1, 2005. The PIER Committee will meet in August to select award recipients. Categories include BLS and ALS Provider of the Year, Agency of the Year, Leadership, Educator, Communicator, Nurse, and Physician of Excellence amongst others. Surf to [www.health.state.ny.us/nysdoh/ems/emsawards.htm](http://www.health.state.ny.us/nysdoh/ems/emsawards.htm) for details and a nomination form that you can send to your Regional Council.

*NEW BUSINESS*

- Walt Reisner reported a line of duty death of a 28 year old EMS provider, Mr. Gary Miller from TransAM in Olean of a brain aneurysm. He helped others by his organs being harvested and donated back to 48 others.
- Robert Faugh reported that Rush Fire Department is receiving the FASNY Award for heroism. During water rescue, emergency boat overturned, all were saved with the victim.
- Tom Creamer, who will head up a new Homeland Defense Training Academy to be built in the Utica-Rome area, gave a spirited presentation to SEMSCO on New York's efforts to coordinate Homeland Defense Training throughout the State.
- Next SEMAC and SEMSCO meetings are scheduled for September 20 and 21, 2005.

## Ratio of Fire vs EMS Calls Continues to Change

Dual role fire departments everywhere are seeing the number of EMS calls far exceeding fire calls. Public education, stricter building and electrical codes, more smoke detectors, use of fire retardant fabrics, building inspections and so on are decreasing the number of fires in the country. News 10 in central NY carried a story in March about Elbridge, NY where "the department fights an average of four or five fires a year. They respond to a couple medical calls

each day". A National Fire Protection Association study shows 1.4 million of 22 million fire department calls are for EMS help. There were 1.6 million actual fires, which was a 6% drop from the prior year. False alarms, however, rose 3%. Other call types such as HAZMAT, CO alarm activations, standbys and so forth are also increasing as percentages of fire department responses.

## Class 'A' Dress Uniforms for EMS Personnel Have Arrived

The National Association of EMTs (NAEMT) in cooperation with Lighthouse Uniform Company, Seattle, WA has come up with a Class 'A' dress uniform for EMS personnel to wear at functions such as dinners, parades, meetings, hearings, etc. The uniform would replace the hodgepodge of apparel ranging from polo shirts over BDUs to business suits currently worn.

The EMS Class 'A' uniform, reflecting its relationship to the Fire Service world, is a classic, black, 6 button double breasted, Tropical Worsted wool blend uniform. Its signature look comes from the blue piped shoulder straps, EMS buttons, unique certification sleeve strip-

ing and Star of Life longevity marks. The uniform is topped off with a black Naval Officer style dress cap with an EMS Star of Life cap device. Distinctive sleeve striping is used to distinguish management levels as well as First Responder, EMT and paramedic levels.

Prices of the NAEMT package start at \$424.95 and includes jacket, trousers, cap, striping, longevity marks, shirt tie and gloves. Items are also available individually. For more information go to the Lighthouse Uniform Co. web site at [www.lighthouseuniform.com](http://www.lighthouseuniform.com)

**SUMMER 2005  
Newsletter**



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E-mail: TheBlanke@aol.com  
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**MARK YOUR CALENDARS**

**PULSE CHECK – 50TH ANNIVERSARY EDUCATIONAL CONFERENCE & TRADE SHOW** will be held September 22 – 25, 2005 at the Hudson Valley Resort & Spa in Kerhonkson, New York. Information available at [NYSVARA.org](http://NYSVARA.org).

**\* SCHOLARSHIP PROGRAM SPONSORED BY NYS VOL AMBULANCE & RESCUE ASSOC.**

Each year at the Annual Meeting and Educational Conference (Pulse Check) up to three \$500 awards are presented to qualifying recipients. For more information or Grant Applications contact Nancy Pacella, 8 Arrowhead Court, Newburgh, NY 12550, (845) 569-2101 or [NanPacella@aol.com](mailto:NanPacella@aol.com).

**\* NYS VOLUNTEER AMBULANCE & RESCUE ASSOCIATION AWARDS**

Each year at its annual meeting, the Association recognizes people and organizations that have shown EMS leadership or participated in meritorious acts above and beyond the call of duty. The award period is June 1, 2004 to May 31, 2005. Award nominations are due August 15, 2005.

Application requests and application submission should be made to: NYSVA&RA, Special Awards Committee, c/o Nancy Pacella, 8 Arrowhead Court, Newburgh, NY 12550 or (845) 569-2101 or e-mail [NanPacella@aol.com](mailto:NanPacella@aol.com)

Award categories are: Meritorious; President's Award; Leadership; Educator of the Year Award; Medical Director of the Year Award; Unit Citation; Youth Squad; Civilian Award; and EMS Person of the Year Award.

**\* NYSVA&RA ANNUAL MEETING**

The Association Annual Meeting of members will be held during Pulse Check on Friday, September 23, 2005 at 9am at the Hudson Valley Resort and Spa.

**VITAL SIGNS 2005** is getting closer. Check out [www.vitalsignsconference.com](http://www.vitalsignsconference.com) for info. on the October 14-16, 2005 conference in Rochester.