



THE BLANKET

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

Inside this issue:

O ₂ Gaskets/Official Plates	2
Obituaries/Nebulizers	4
Legislative/HIPAA/Inhaler	5
NIMS/Defib Recalls	6
Defibrillator Court Cases	7
Policy Statements	8
Bits From Around the State	10
LI Volunteer Hall of Fame	12
NHTSA EMS Division	12
Air Ambulance Operations	13
Monroe County Hospital	17
ED/Auto Accident No-Fault	
Ambulance Fees/Free License Searches for VACs	18
Putnam Response Matrix/ED Entrance Security	19
SEMSCO Report	20

THE BLANKET

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@nysvara.org

A Message from Our President

As I am writing this report, I just received extremely sad news. While vacationing with her family out of state, Our Treasurer, Jean Gourley passed away. I have known Jean for over ten years. I knew her as a dedicated Officer of our Association, dedicated member of Flushing Volunteer Ambulance Corps and a good friend. On behalf of the Officers, Directors, and members of NYSVARA, I want to extend my deepest sympathy to Jean's family, friends, the members of Flushing Volunteer Ambulance Corps, and to her best friend, Joe DiBenedetto. Our thoughts and prayers are with all of you.



I want to thank everyone who joined us for our Legislative Day in Albany. It was a very productive day. It gave us the opportunity to talk with old friends as well as to meet new ones. I can't tell you how important it is for our organization to have our members sit down with our legislators and speak to them about the issues that are important to us. I would like to encourage everyone to join us next year.

On May 8th, I, and a few of our members, attended the NYS Assembly's Volunteer Emergency Services Day at the Capital. It was the day which the Assembly recognized the contributions made by the State's Volunteer Emergency Services workers. There were several bills passed and many members of the Assembly spoke expressing, on behalf of their constituents, their gratitude for all we do during the session that day. Likewise, the Senate also acknowledged the contributions that we make. Prior to the day's session in the Assembly those that attended, were addressed by a number of members of the Assembly and Senate. Representatives from FASNY, State Chiefs, Association of Fire Districts and NYSVARA attended. I want to commend Assemblyman Bob Sweeney and Kirby Hannon from FASNY for making this a successful day. Bob Franz was given The EMS Leadership Award by the Assembly for the work that he has done with Huntington Community First Aid Squad, District 7 and our Association. **CONGRATULATIONS Bob!**

On May 17th, I represented the Association at the EMS Memorial Ceremony in Albany. Several of our members joined me for this moving event. Unfortunately, three names were added to the Memorial. I want to commend Henry Ehrhardt, who represented the NY State EMS Council, for his words. I know that the families of those who gave their lives in the line of duty were truly touched. The EMS Memorial is truly a wonderful monument to those who made the supreme sacrifice while aiding members of their communities. I want to encourage everyone to visit the Memorial and also to consider attending next year's ceremony.

June 14th - June 17th Roy and Kuntree Sweet and I represented the Association at the **Fire 2006**, The New York State Association of Fire Chiefs Conference and Trade Show in Lake George. This was the first time the show was held there. While the weather at times was a little uncooperative, the show went well. I want to thank Newburgh Rescue for their

(Continued from page 1)

help.

I am in the process of developing a Volunteer Emergency Services Recruitment and Retention Coalition. Initially the Coalition will be made up representatives of the volunteer services organizations including FASNY, Districts, Chiefs and NYSVARA. The purpose of the Coalition is to get the service groups together to discuss and develop a unified plan to address the issue of Recruitment and Retention. As you are aware, this is an issue for everyone. Each group has their own ideas and seems to be trying to address it in their own way. The thought is, if we can develop a unified approach then present it legislators and other groups (State Department of Education, Association of Towns and Villages, etc.) that perhaps meaningful

programs can be developed. The first meeting was held the prior to the EMS Memorial Ceremony. Representatives of FASNY, Chiefs, and our organization attended. Those present felt that a collaborative approach to Recruitment and Retention may be the best plan of action. Several ideas were discussed and another meeting will be scheduled soon.

Finally, while we have accomplished much over the past few years, there is much yet to be done. A few can't do all the work. Many hands make for easier work. Anyone who is interested in helping us can contact any member of the Board of Directors or can contact me directly at SeaMast@aol.com.

**We are the voice of volunteer EMS in New York State.
Be Safe!**

O2 Regulator Plastic Gasket Warning Issued by FDA & NIOSH

Plastic crush gaskets should never be re-used is the gist of a 4/24/06 notice issued by the US Food and Drug Administration and National Institute for Occupational Safety and Health.

The nylon crush gaskets require higher torque than reusable metal/elastomeric sealing washers in order to seal the cylinder valve/regulator interface, and if they are used again, they require more torque with each successive use. The cylinder valve/regulator connection is designed to be hand-tightened. If the crush gaskets are re-used, the need for increased torque may require using a wrench or other hand tool, which can deform the crush gasket and damage the cylinder valve and regulator. This can result in leakage of oxygen past the cylinder valve seat and across the nylon crush gasket. According to a forensic analysis supported by FDA and NIOSH, "flow friction" caused by this leakage of compressed oxygen across the surface of the crush gasket may produce enough thermal energy to spontaneously ignite the nylon gasket material. The following general safety precautions should also be taken to avoid explosions, tank ruptures and fires from oxygen regulators.

- Always "crack" cylinder valves (open the valve just enough

to allow gas to escape for a very short time) before attaching regulators in order to expel foreign matter from the outlet port of the valve.

- Always follow the regulator manufacturer's instructions for attaching the regulator to an oxygen cylinder.
- Always use the sealing gasket specified by the regulator manufacturer.
- Always inspect the regulator and CGA 870 tank post seal before attaching it to the valve to insure that the regulator and seal are in good condition and the regulator is equipped with only one integral metal and rubber seal that is in good condition. Avoid plastic seals.
- Tighten the T-handle firmly by hand, but do not use wrenches or other hand tools that may over-torque the handle.
- Open the post valve slowly, while maintaining a grip on the valve wrench so that it can be closed quickly if gas escapes at the juncture of the regulator and valve.

Additional information, including pictures of single use and reusable seals are on the internet at: <http://www.fda.gov/cdrh/safety/042406-o2fires.html>

Official Plates on Emergency Vehicles to be Restricted

The Department of Motor Vehicles will be reviewing emergency vehicle registrations and withdrawing official plates if the ambulance or fire vehicle is not owned by a political subdivision such as city, town, village or tax district or a public en-

tity. Non profit organizations can register their ambulances for appropriate ambulance plates without cost.

Bureau of EMS Regional Staffing

A review of posted staffing in the five regions shows some significant differences. The regions are Capitol, Syracuse, Metro, Western and Rochester. Four have Program Administrators responsible for the region but Rochester does not. Capitol and Syracuse each have two Senior Emergency Care Representatives, Western and Rochester have one each while Metro has none. Instead, Metro has seven Senior EMS Representatives but the other four regions have none.

Rosen's UNIFORMS

Martin "Marty" Pressman

230 Central Avenue Albany, New York 12206
Ph: 518-434-1376 Cell: 203-247-6382
CT office: 203-331-9595 Fax: 203-331-9597
marty@rosensuniforms.com
www.rosensuniforms.com



POLICE
SHERIFF
FIRE
SECURITY
EMBROIDERY
INDUSTRY

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**
- **Donor Tracking**

SUPPORTS:

- **Field Data Entry**
- **PCs or Ruggedized Tablets**
- **Multi-User Configuration**
- **Full NY PCR Compatibility**

“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 333 • Ramsey, NJ 07446 • Voice: 201-934-0125 • Fax: 201-934-0220

Email: info@EmergencyServicesSoftware.com • www.EmergencyServicesSoftware.com

Robert E. Radenberg



On August 26, 2005 the New York State Volunteer Ambulance and Rescue Association lost a valued friend and member - Robert (Bob) E. Radenberg who succumbed to cancer of the bone marrow after 6+ years.

Bob was a member of the of the New York State Volunteer Ambulance and Rescue Association for over 45 years having served on many committees and in various positions, including the office of President. His leadership skills and love for the community have been evident since a young age, beginning with being a Boy Scout with Troop 89 in Flushing, New York. He went on to become an Eagle Scout and an Assistant Scoutmaster. He was a Staff Sergeant with the New York National Guard.

Bob was a past member of the Whitestone Community Volunteer Ambulance Corps and a founding member of the Flushing Community Volunteer Ambulance Corps in 1959 and was still an active member. Thru the years with Flushing VAC he was President, Captain of the First Aid Squad, Chairman of the Board and Chairman Emeritus. Bob was instrumental in the formation of several First Aid teams. He was a member and past First Vice President of the International Rescue and Emer-

gency Care Association. He was an active member of the Knights of Columbus (3rd degree), long time member of FASNY, Commack Fire District Deputy Treasurer and a past member of the Commack Volunteer Ambulance Corps. Bob was a Deputy Chief Instructor at the Suffolk County Fire Academy and was still continuing to teach. He was named Instructor of the Year for 2004.

In 1973 Bob joined the Commack Volunteer Fire Dept. His accomplishments there included being a member of Company 3 and Company 4, former Captain of Rescue, Training Officer, Safety Officer, Fire Police and FASNY Representative. Bob answered over 15,000 calls. "Every member who safely returns from a call has Robert's knowledge to thank", Timothy Gatto, Chaplain CFD noted.

Bob's accumulated concurrent service with community organizations totaled over 164 years.

Firematic services were held on September 2nd in Commack. On Saturday morning September 3rd a funeral mass was held at Christ the King RC Church in Commack. Afterwards, a very long procession of ambulances and fire vehicles followed the hearse west on the Long Island Expressway to Bob's final resting place in St. Mary's Cemetery in Flushing, Queens.

Jean Gourley

JEAN GOURLEY, Treasurer of the NYSVA&RA died on Monday, July 3 as a result of injuries received in an accident on Sunday, July 2. The accident occurred while Ms. Gourley was visiting family in Cheboygan, Michigan. Jean was 61 years old and a longtime member and President of Flushing Volunteer Ambulance Corps, District 18. She worked in the Accounting Department for Axa-Equitable Insurance Company for 44 years, retiring from full time employment in 2004 but continuing to work part time. Funeral services and burial were in Michigan. A memorial service was held on Saturday morning July 15 in Flushing.

Jean's effects were felt far and wide. As an EMT instructor for

33 years, she taught hundreds and sent them on the way to careers in the EMS field and other endeavors. For the last 15 years she served as Treasurer of the NYSVA&RA helping ensure budgets were drawn up and adhered to and bills were verified and paid on time. For a number of years she has been one of the coordinators of the Association's annual PULSE CHECK Educational Conference and Trade Show helping wherever needed but especially with the vendor and exhibitors. Jean also served as one of the liaisons to the New Jersey State First Aid Council promoting communication and cooperation between the two state associations on matters of mutual concern.

Asthma Nebulizers Proposed for NY Schools

NY-Assemblyman Peter Rivera from the Bronx has introduced proposed legislation to require schools across the state to have nebulizers on hand to deal with the growing numbers of children suffering from acute asthma. "The only thing that a teacher can do is have an ambulance come in and take the child to the emergency room, delaying sometimes I like to think minutes, but sometime as much as a half hour or longer. This would deal with the acute asthma attack at the very second that its occurring," said Rivera. "When the child gets an asthma attack in the school, the state has to send an emergency vehicle, an ambulance, to that school to take that child to the hospital," says Rivera. "The child has to be treated at the hospital by doctors - there's a cost to that. The parent who has to leave

work and run to the hospital and sign whatever consents are required and attend to their child - there's a cost to that." Assemblyman Rivera says it will cost just \$400,000 to put one of these nebulizers in every school in New York City, and \$1.2 million for schools across the state. "It's an inconsequential amount, when you look at that we spend about \$17 billion," says the assemblyman. "When you look at \$400,000 as opposed to \$17 billion, and that's a state share of the education budget, it's an inconsequential amount." The bill would also require schools to stop vehicles from idling outside school buildings, create advisory panels to come up with plans for replacing diesel-powered buses and would allow more access to asthma medication.

June 2006 Legislative Report

The Legislative Committee has accomplished many items and has outreached to all squads that are members of our association. We have received positive feedback from our membership about the latest legislative incentives that we have produced. We hope that during the next legislative session we will be able to supply the same information to our members and squads. I wish to encourage all members that when they get their renewal notice this year to ensure that their email address is correct so that we can send many legislative updates in this manner. We hope to also allow letters for local legislature to go out via email so that a rapid response can be made to vital issues.

In March, the legislative committee members had met with our legislature in Albany to discuss some of our issues. We met and discussed our primary concern with the VAS Plates, DMV Record Search and also the Utility Bills that we would like to see past this year. We received various pieces of advice, but each of these concluded that letters need to be written by our members, Districts and Squads.

Legislative Day was held in April and was a major success with our members and our organization was out in full force. Our District Directors and members of various Districts met with many of their local legislature to encourage the passage of many of our supported bills into law. This was a prime opportunity for them to voice the opinion of the association and pres-

ent it with members from the legislature's primary area.

May 2006 was the Assembly's Fire/Ambulance Day and many of our members came and represented our opinions and ideals. We are happy to state that Robert Franz received an award that was presented on the NYS Assembly Floor, for his outstanding Leadership in District 7 and also Huntington Community First Aid Squad. We also observed the passing of various Bills in the Assembly that were rapidly forwarded to the NYS Senate.

In conclusion, I urge all of our members to follow throughout the year our Legislative Progress. Legislative Session is over for this period and starts again in the Fall. I hope that every member that we have will be a part of the team and help us get the word out about what Volunteer Ambulance and Rescue workers do. We will need people again that wish to help the Legislative Team so that our communications can become more flawless and streamlined. I hope to hear from people and encourage anyone to email me with any questions at wilhelmm@nysvara.org.



Legislative Committee
Michael H. Wilhelm, Chair
wilhelmm@nysvara.org

HIPAA Update – Medical Privacy Law Nets No Fines

In the three years since the Health Insurance Portability and Accountability Act (HIPAA) went into effect there have been 19,420 complaints filed but not a single civil fine has been imposed and the government has prosecuted just two criminal cases - a Seattle man was sentenced to 16 months in prison in 2004 for stealing credit card information from a cancer patient and a Texas woman convicted in March of selling an FBI agent's medical records. These numbers were published by the Washington Post in an article on June 5, 2006.

The most common allegations have been that personal medical details were wrongly revealed, information was poorly protected, more details were disclosed than necessary, proper authorization was not obtained or patients were frus-

trated getting their own records. The government has "closed" more than 73 percent of the cases -- more than 14,000 -- either ruling that there was no violation, or allowing health plans, hospitals, doctors' offices or other entities simply to promise to fix whatever they had done wrong, escaping any penalty.

While praised by hospitals, insurance plans and doctors, the approach has drawn strong criticism from privacy advocates and some health industry analysts.

A Department of Health & Human Services spokesperson said, "We've had challenges with our resources investigating complaints...We've been successful with voluntary compliance, so there has not been a need to go out and look."

Asthma Inhaler Supply Problem Developing

An environmental decision by the Food and Drug Administration (FDA) is beginning to affect the price and availability of asthma inhalers. The implications for EMS systems in the next two to three years are an increase in calls for difficulty breathing as some asthma patients cut back on a self administered medication.

Chlorofluorocarbons (CFCs) used to propel the albuterol medication in inhalers is no longer deemed an essential use and will be discontinued by 12/31/08 in accordance with the 1987 Montreal Protocol. It will be replaced by hydrofluorocane (HFA). Already, an Irish manufacturer with 30% of the

market for generic inhalers is unable to obtain CFC gas for its factory due to European Union restrictions. While other manufacturers are still producing CFC inhalers, they will need to switch over to producing HFA propelled inhalers.

Patents on the new HFA inhalers will also allow the two major manufacturers to increase their prices. Current generic inhalers costing \$5 to 25 will be replaced in the marketplace by new inhalers costing \$30 to \$60. As a result, patients are facing spot shortages and price increases for an essential medication.

NIMS Compliance Required for Federal Preparedness Funding in 2007

National Incident Management System (NIMS) related training is one of the important elements that state, territorial, tribal and local entities must complete during Fiscal Year 2006 (Oct. 1, 2005 – Sept. 30, 2006) as a condition of receiving federal preparedness funding assistance in FY 2007.

- Phase I involves initial staff training, including completion of FEMA's independent NIMS and ICS study courses. It also includes evaluating plans, policies and procedures to identify aspects that need to be made compliance with NIMS concepts. Courses include:
 - ICS 100: Introduction to ICS - Entry level first responders (including firefighters, police officers, emergency medical services providers, public works on-scene personnel, public health on-scene personnel, and other emergency responders) and other emergency personnel that require an introduction to the basic components of the ICS. Available online.
 - ICS 200: Basic ICS – First line supervisors, single resource leaders, lead dispatchers, field supervisors, company officers, and entry level positions (trainees) on Incident Management Teams and other emergency personnel that require a higher level of ICS training. Available online.
 - ICS 300: Intermediate ICS - Middle management, strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors, and Multi—Agency Coordination System/Emergency Operations Center staff.
 - ICS 400: Advanced ICS - Command and general staff, agency administrators, department heads, emergency managers, areas commander, and Multi—Agency Coordination System/Emergency Operations Center managers.
- IS 700: National Incident Management System – Targeted to elected officials (and has been referred to as NIMS for Dummies). Explains the purpose, principles, key components and benefits of NIMS and provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.
- IS 800 National Response Plan (NRP) An Introduction - Explains how the resources of the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to incidents of national significance. The NRP is predicated on NIMS and together provide a nationwide template for working together to prevent or respond to threats and incidents regardless of cause, size, or complexity.
- Phase II activities involve the actual modification of emergency response plans, emergency operations plans and other relevant plans, procedures and policies to reflect the adoption of NIMS concepts.
- Phase III involves credentialing and certifying personnel and equipment based on NIMS Integration Center standards. Since these standards are still in development at the federal level, this requirement and the review of progress towards implementing it will be a final FY 06 NIMS implementation tactic.

For more information about NIMS compliance go to the NYS Office of Homeland Security web site at http://www.security.state.ny.us/training/nims_documents.html

20% of Defibrillators Sold Have Had Recalls

A study lead by Dr. William H. Maisel of Beth Israel Deaconess Medical Center in Boston, and reported on by the NY Times, found that based on US Food and Drug Administration (FDA) records from 1996 to 2005 about 164,000 emergency defibrillators, or about one out of every five units sold during the period, had been subject to an agency recall or alert. Sales in 1996 were about 20,000 units and have grown to an annual volume of about 200,000 units in 2005. During the 10 year period the FDA received 801 adverse-event reports associated with a death of which of which there were 370 instances where an emergency worker or a manufacturer had confirmed a malfunction. No one can tell how many of those patients might have been saved had the devices functioned properly.

Over the period, the FDA issued a growing annual number of advisories totaling 52 in all about malfunctions in either emergency units or their critical components, like the cables used to connect a unit to a patient's chest. Re-

searchers were unable to correlate the number of malfunctions with devices that had been recalled because there was not enough information in public records to make that connection. For FDA officials, the issue of how to alert owners of external defibrillators about problems is particularly complex because the devices have increasingly moved outside traditional medical settings such as hospitals and ambulances into places like hotels, schools and homes. That trend has meant defibrillators are readily available when needed, but it also means alerting users to problems has become more problematic.

A listing of defibrillator recalls may be accessed by going to the web page at <http://www.fda.gov/opacom/Enforce.html>.

To report a problem with a medical device or patient care equipment go to the FDA web site at www.fda.gov and complete the MedWatch Online Voluntary Reporting Form 3500.

Defibrillator Cases Working Their Way Through NYS Courts

There are two interesting cases working their way through the NYS court system. NYS DOH Part 800 regulations do not require ambulances to carry a defibrillator although most, if not all, regional protocols provide for the use of one in cardiac arrest situations. The second case points out the importance of following manufacturer's directions. Squads using the Laerdal Heartstart 3000 should take note that a "fully charged" battery may fail to provide enough energy to defibrillate. With implementation of the new Guidelines 2005 for CPR and AED use, expeditious consideration should be given to replacement of older defibrillators that can not be updated to the new shock delivery sequence.

The First Case – 2006 NY Slip Op 50603(U):

Mann vs Western Area Volunteer Emergency Service

The case arose from the September 3, 2002 death of Charles Mann. Mr. Mann was receiving bystander CPR before the arrival of a WAVES unit which did not have a defibrillator. While 3 of the 4 causes of action in the case were dismissed, the first cause of action regarding gross negligence was allowed to proceed as the court found that the plaintiff had submitted affidavits from her experts which created a question of fact as to whether WAVES was grossly negligent under the facts of the case.

WAVES currently operates 3 ALS level ambulances. Central NY Regional EMS Council's Policy Statement 00-01 issued in January 2000 indicates a cardiac monitor/defibrillator is part of the minimum required equipment on ALS transporting and non-transporting units and "Units operating with EMT-Ds or CFR-Ds should carry defibrillators appropriate to the training level of their personnel..." The full text of the decision is on the internet at: http://www.nycourts.gov/reporter/3dseries/2006/2006_50603.htm

The Second Case – Index No. 16528/01

Joline vs City of New York, etal

The case arose from the death of 40 year old Toni Ann

Joline on August 12, 2000. Ms. Joline went into cardiac arrest while her vehicle was stopped in traffic on the Van Wyck Expressway in Queens due to an MVA ahead of her. An FDNY ambulance working its way through traffic was flagged and stopped to render assistance. The Laerdal Heartstart 3000 defibrillator failed to operate and gave a "SERVICE MANDATORY" message. Ms. Joline was transported to nearby Jamaica Hospital where she was successfully defibrillated. Ms. Joline never regained consciousness and subsequently died on April 15, 2001.

In a decision dated March 25, 2004, defendant Laerdal Medical Corporation's motion to dismiss the complaint and all cross-complaints against it was granted. Evidence presented to the court indicated that the battery used in the defibrillator was six years old, the backup battery was 10 years old, both batteries were not manufactured by Laerdal, FDNY had not followed Laerdal's advice to replace batteries after two years and that batteries should be tested for capacity prior to use.

Information in the decision indicates that for the Heartstart 3000 self test routine to check to see if the batteries are fully charged or to perform an ECG on a patient, the amount of electrical load on the batteries is 320 milliamps under which the batteries will hold a charge. However, in preparing to defibrillate a patient, a dynamic load of 9 amps is required to hold a charge which is 28 times that necessary to rest the batteries. There were a series of nine notices in 1999 and 2000 from Laerdal to FDNY on the issues of battery replacement and testing which were apparently not followed.

New York City's cross motion to dismiss the complaint was denied in its entirety. FDNY has subsequently stopped using the Heartstart 3000 and switched to the Heartstart FR2 defibrillator for its BLS ambulances and CFR fire trucks.

The full text of the 2004 decision is on the internet at: http://www.nycourts.gov/library/queens/PDF_files/joline-nyc.pdf

Ambulances are Growing in Size

A spate of new specialty transport ambulances are rivaling fire department mid sized heavy rescue trucks in size and looks although what they carry is quite different. The largest traditional Type I and III ambulances have been 20 to 25 ft long with Type II vans somewhat smaller.

WakeMed Hospital in Raleigh, NC recently placed into service a 31'6" foot long vehicle built by Wheeled Coach on a four door crew cab medium duty truck chassis. The extra size allows the Children's Transport Team crew to ride in safety and comfort on long haul trips to pick up pediatric and neonatal patients throughout the state.

Sacred Heart Children's Hospital in Pensacola, FL has a new vehicle on an International Navistar lowrider four door extended crew cab medium duty truck chassis. The patient compartment can accommodate two full stretchers end to

end and is spacious enough to transport twins and a double care team in one trip. A crew of nine can be seated comfortably inside the ambulance. Other features include a medication "refrigerator", X-Ray view box, blanket warmer, DVD player and ceiling oxygen outlets. Cost of the ambulance was \$212,000 with another \$125,000 to outfit it.

Penn State Children's Hospital in Hershey, PA operates a Pediatric Mobile Intensive Care Unit placed in service in 2005. It is another medium duty four door crew cab chassis featuring a hydraulic lift, generator enabling the unit to run independently of the engine in emergency situations, refrigerator and TV. Two isolettes or up to four infants can be carried. Five seats are provided for pediatric critical care and/or ALS providers and family members can be accommodated in the four door cab.

NYS Office of Homeland Security Preparedness Training

The NYS Office of Homeland Security (OHS) issued a Request for Proposals (RFP) on April 20, 2006 to identify a pool of qualified institutions or contractors to deliver an array of training and educational programs designed to expand the preparedness of first responders for a terrorist act. In addition, OHS issued a RFP to identify a pool of qualified instructors and consultants to teach various prescribed homeland security preparedness training courses at the new State Preparedness Training Center located in Oneida County or at other locations throughout New York State. Proposals from institutions or contractors were due to OHS by May 15, 2006 while application forms from individuals were due on June 1, 2006. Contractors were informed that they must be capable of beginning the delivery of the prescribed training programs on or about July 1, 2006.

Public and private organizations and institutions were eligible to apply. These included, but were not limited to: institutions of higher education, state and local governmental agencies, non-profit organizations, private corporations and professional train-

ing academies which have a minimum of three years of experience in delivering training programs to adult audiences. Applicants would have to demonstrate their experience in the delivery of training programs. OHS encouraged applications from organizations with expertise in delivering training in specific related subject areas, such as emergency management, HAZMAT Response, National Incident Management System (NIMS), WMD Awareness Training, etc. Preference would be given to organizations with a strong background in the subject matter and in the delivery of related training programs. Contractors will be selected for inclusion in the pool for a period of up to five (5) years or until removed for cause and will be called on, as needed, by the NYS OHS to submit bids for the delivery of prescribed training courses in specific communities or regions of the State.

Additional information on training plans, including a listing of proposed courses is on the Internet at http://www.security.state.ny.us/training/RFPs_042406.htm

Recently Issued NYSDOH Bureau of EMS Policy Statements

06-02 REQUIRED CPR TESTING

The State EMS Council has voted to adopt the *American Heart Association Guidelines 2005 for CPR and ECC* standards for all NYS EMS Courses and Public Access Defibrillation entities. For all EMT, AEMT and CFR Original and Refresher courses the sponsor must conduct, and the student must successfully pass, CPR testing prior to admission to the State final practical skills examination. Beginning with the August 2006 written exams AHA Guidelines 2005 will be used. Testing must include adult and infant obstructed airway procedures, adult 1 and 2 rescuer CPR, child and infant CPR and be made part of the student record. The course sponsor may use CPR educational materials from the American Heart Association, American Red Cross, National Safety Council or other equivalent educational material which meets the AHA Guidelines 2005. Reiterated is the motion passed at the 9/8/93 meeting of the State EMS Council wherein the Council rescind its earlier 9/6/90 policy (Policy Statement 91-01) which had allowed course sponsors to waive CPR testing for students with AHA/ARC CPR certification which was less than one year old at the time of the State final practical skills examination.

06-03 PUBLIC ACCESS DEFIBRILLATION

Chapter 552 of the Laws of 1998 authorized Public Access Defibrillation (PAD) programs in NYS to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest. To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to establish a PAD program to the appropriate Regional Emergency Medical Services Council (REMSCO) and the New York State Department of Health (DOH). The Policy Statement covers original notification process including a copy of form DOH-4135 Notice of Intent to Provide PAD, reporting a PAD AED use, Regional

EMS Council responsibilities and data collection requirements.

06-04 BLS-FR SERVICE INFORMATION

Provides guidance to the managers of agencies that provide BLS first response service to their community. While BLS-FR services are not defined or regulated by Public Health Law, it is important that BLS-FR agencies are integrated into the local EMS systems. Statement covers EMS system participation, eligibility for an Agency Code, operational issues, defibrillation as a Public Access Defibrillation (PAD) provider and vehicle equipment requirements.

06-05 NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): Homeland Security Presidential Directive #5 (February 2003) makes NIMS training and compliance a requirement for any entities wishing to receive Federal funds starting with Federal fiscal year 2007 which begins 10/1/06. NIMS is an integrated system of uniform processes, protocols, and procedures that all emergency responders, at every level of government will use to conduct response actions. The Policy Statement covers, the effects on NYS's EMS system, training resources, steps to NIMS compliance and a list of additional resources.

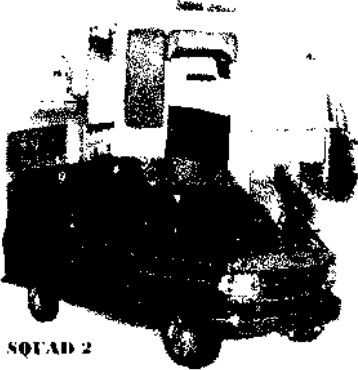
06-06 EMS OPERATING CERTIFICATE APPLICATION (CON) PROCESS

Describes the application and consideration process, in accordance with Article 30 of the New York State Public Health Law (PHL), when applying for the following:

- A new ambulance or advanced life support first response service operating certificate,
- A transfer of EMS service ownership,
- An expansion of operating territory, and/or
- A transition from a municipal declaration to permanent operating certificate at the end of the two year initial operating period.

marque AMBULANCES

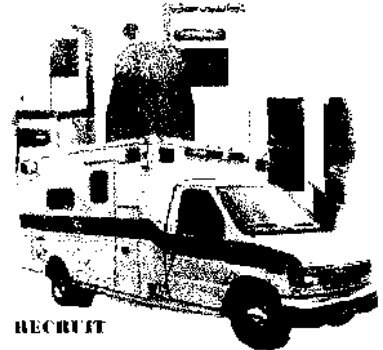
Safety, Durability, and Value



SQUAD 2



CADET



RECRUIT



COMMANDO



COMMANDO



BRIGADIER

- SALES
- SERVICE
- PARTS
- WARRANTY
- REFURBISH SERVICES
- REPOWER SERVICES
- REMOUNT SERVICES
- PICKUP/DELIVERY SERVICE AVAILABLE



BRIGADIER

- ROADSERVICE
- TOWING
- ALIGNMENTS
- FULL SERVICE PASSENGER, LIGHT, AND HEAVY SERVICE FACILITY
- NYS & FEDERAL INSPECTIONS
- FULL LINE TIRE SALES
- FULL SERVICE CUMMINS AND ONAN GENERATOR FACILITY
- FLEET SCHEDULED MAINTENANCE CONTRACTS

Tam Meehan S.R.
 40 Years EMS experience
 Call (718)356-0923
 tmeehan47@aol.com

DISTRIBUTOR/DEALER
C&M EMERGENCY VEHICLE & TRUCK SALES, INC
 152 INDUSTRIAL LOOP
 STATEN ISLAND, NY 10309
 (718)356-0923
 E mail quotes available
SERVICING EMERGENCY VEHICLES SINCE 1970

Bits from Around the State and Beyond

District 1

Rockland County Legislator David Fried, Spring Valley has been pushing for special legislation that would reimburse many of Rockland's emergency volunteers for up to \$1,000 a year in sales taxes on purchases made within

the county. The county Legislature approved the proposal April 18 for emergency service volunteers - firefighters, emergency medical workers and auxiliary police - who have given at least three continuous years of service. They would be responsible for saving their sales receipts to make reimbursement claims to the county for up to \$1,000 paid out in sales tax at year's end. How far the proposal gets is anyone's guess as very few such provisions actually get passed into law. Rockland County Executive C. Scott Vanderhoef has declined to support the proposal citing issues with handling the volume of individual sales receipts as well as the county having to rely on its sales tax for about 74% of its revenue. He returned the bill to the County legislature neither signed nor vetoed. With the bill officially passed the proposal next gets sent to the state. To implement the program would require the State Legislature to give Rockland home rule to waive its portion of the sales tax.

Ramapo, Rockland County

The Town announced in late February plans to install Opticom traffic preemption devices on 12 traffic lights along Route 59 from Suffern to Spring Valley and some intersections along Route 306, before expanding the program throughout the town and to the town's five ambulance companies. Hillcrest and Monsey Fire Departments' trucks and chief's vehicles would be the first to benefit from the equipment. The town expects to spend about \$100,000 on the initial phase. It was hoped that the contract would go out to bid by April 1 with installation of the equipment a few weeks later. Fire departments in New City, Nanuet and Pearl River have been using the system for years.

A Ramapo developer may give volunteers condo preference. The developer of a proposed 262 unit, 50 acre, mixed-use complex off Route 17 has indicated to the Ramapo Town Board that it is considering the project that preference might be given to volunteer firefighters and EMS workers. One of the reasons often put forth for the declining numbers of volunteers is the high price of housing in the area. The offer has drawn mixed reactions as the still to be determined offering of various sized condos would be at market-rate prices and not be discounted for volunteer applicants. There are also local concerns about overdevelopment and increasing congestion in the area.

Rockland Hatzalah, based at 19 Grove Street in Monsey, is

planning to build a garage and parking lot at Grandview Avenue (Route 80) and Route 306 to house two ambulances and improve its service to the villages of Monsey and New Square. The one-floor, 2,475-square-foot garage would be built on a 1-acre lot that was previously the site of a one-family home. The 30-year-old ambulance company purchased the site a few years ago and the house was recently torn down in anticipation of the new garage. The Rockland division has five ambulances, 73 volunteers, 10 dispatchers and claims a 2.6 minute response time.

Orangeburg, Rockland County, had a ribbon cutting ceremony on Saturday 7/8 at 184 Blaisdell Road marking the culmination of a long awaited plan to provide affordable below market rate rental housing for emergency service personnel in Orangetown. The initiative was made possible with a \$305,000 county community development grant, \$25,000 from the town, in-kind donations from local businesses and "sweat equity" from the volunteers. Orangetown purchased 384 acres from NYS in 2003 for \$7 million and the homes on Blaisdell, which were vacant for more than 10 years were part of the deal. Ranging in size from 2,700 to 3,400 square feet, all require extensive work including roof repairs, windows, electricity, floors and plumbing. 67 applicants have been forwarded by VACs & VFDs to the Orangetown Volunteer Emergency Services Coalition for consideration for the housing.

District 5

St. Anthony Community Hospital, Warwick, Orange County applied to Hudson Valley REMAC to be a Medical Control Facility. In January 2006 HVREMAC approved the application as being complete. A site inspection visit was to be scheduled for members of REMSCO and REMAC. The hospital also apparently interacts with New Jersey EMS agencies.

New Windsor Volunteer Ambulance Corps, Orange County, is back in service as of February 2006 after an inspection by the NYS DOH which found everything in order. The squad was effectively shut down by the former Town Supervisor in February 2003 when he the ambulance corps locked out of its town-owned quarters with squad owned vehicles and equipment inside. A federal judge later ruled that he had acted illegally. A paid commercial service had been handling calls in the town over a three year period

Newburgh Town Board, Orange County, voted on 2/6/06 to provide a token property tax exemption for ambulance and fire volunteers with at least 5 years of service. For many it will amount to only \$15.00 a year.

District 6

Liberty (Town of) VAC, Sullivan County, was/is in a dispute

(Continued on page 11)

Bits from Around the State (Continued from page 10)

with Catskills Regional Medical Center (CRMC) over patient transports from the hospital. In October 2004 CRMC signed a preferred provider agreement with Mobile Medic calling for it to be contacted first in the event of a transport, unless it was unavailable or a patient expressed a desire for another provider. Liberty VAC experienced a decline in transport requests and created a written discharge preference form for patients to sign which requested its services upon their discharge. CRMC initially honored the forms but subsequently required verbal confirmation maintaining the conditions of the initial signature were inherently coercive. A temporary restraining order against CRMC was granted which was reversed 6/8/06. The court found that the squad failed to demonstrate a likelihood of success on the merits of the case in that it had not demonstrated that the signed transport request had adequate consideration to constitute a valid contract, and therefore, there was no showing that CRMC procured a breach of this contract to intentionally harm the squad.

District 7

East Hampton Village Ambulance, Suffolk County, has received the necessary approvals to upgrade their level of service from EMT-CC to EMT-P.

Suffolk County DOH, Division of EMS is working with Medical Control Staff and Medtronic Physio-Control technical staff to install a 12 lead EKG receiving station at Suffolk medical Control. Contacts to Medical Control have increased from 19,151 to 20,247 in the last two years. A letter has gone out to county squads indicating that the Combitube will be reintroduced to the system as a back-up airway if unable to ventilate a patient in cardiac arrest. A targeted Advanced Airway/Difficult Airway training class will be required. Division staff met with representatives from various sectors to review and evaluate various electronic PCR systems. Elements were identified by each sector for inclusion in a Request for Proposal (RFP) which is nearing completion.

Ocean Beach Volunteer Fire Department, Suffolk County, was approved by Suffolk REMSCO to expand its ambulance service operating territory to include neighboring Fire Island communities of Ocean Bay Park and Point O'Woods.

Fair Harbor Volunteer Fire Department, Suffolk County, was approved to provide ambulance service by Suffolk REMSCO. The department along with Ocean Beach VFD will provide ambulance service on Fire Island, off Long Island's south shore. Two other VFDs in Kismet and Saltaire provide fire and rescue services to their communities on the island.

Suffolk County Regional cardiac arrest data for 2001 to 2005 indicates a survival rate of 2.1% but more recent data for the 2004 to June 2005 period reflects a survival rate of

1.1% to 1.9% (range due to incomplete follow-up). An educational campaign focusing on CPR technique incorporating the new 2005 guidelines is planned for 2006. Police officers will also be targeted for training.

Suffolk County REMAC has opted not to authorize glucometer use by BLS personnel stating that "the program was done by the Albany Fire Department under a tiered response structure whereby EMTs would use a glucometer knowing that an ALS ambulance was guaranteed to respond to provide ALS care. In the absence of that guarantee locally, there are no plans for the REMAC to authorize this procedure for BLS providers".

County Executive Steve Levy has apparently eased his position on the county's purchase of medivac helicopters. He had been willing to allow the purchase of one new Eurocopter EC-145 to replace a pair of trouble prone McDonnell Douglas MD-902 models but had been steadfast in holding that the county could only afford one new chopper and would have to rely on it, one of the MD-902 units, two smaller Eurocopter A-Star choppers and a commitment from Nassau County for backup when needed. However, in February The Independent Newspaper indicated that Levy's deputy is now saying that the executive branch wants to buy one EC-145 now and ensure it's reliable before investing in a second. Any new purchase would not be delivered until after the summer tourist season with its heavy traffic and clogged roads is past. To house the new EC-145 a new hangar is being built at Gabreski Airport in Westhampton.

Gordon Heights Fire District, Suffolk County, may be dissolved if a group of residents have their way. The area is a small, predominantly black neighborhood nestled between Coram, Middle Island and Yaphank. The volunteer fire department, which protects fewer than 900 homes, has a \$1.48 million annual budget, a fleet of 20 vehicles including two BLS ambulances and three secretaries. In 2004 it answered 119 fire calls and 504 other emergency calls. Average fire tax bills of \$1,344 are nearly four times higher than one neighboring district and one resident reports paying \$2,070.78 in 2005. 200 signatures - more than half the amount needed - have been gathered and the petition will be presented to Brookhaven Town for public hearings and a possible town board vote on the district's fate.

District 10

Deansboro VFD, Oneida County, has downgraded from AEMT-CC to a BLS level first responder service.

Dewitt Police Department, Onondaga County, has added paramedics to its Tac Unit. Two firefighters/paramedics from the DeWitt Fire Department completed a special tactical medical training course to work on the police team on high hazard assignments such as hostage situations, high risk warrant arrests, drug raids, etc. The medics will treat any team

(Continued on page 14)

Long Island Volunteer Hall of Fame

Working with New York State Parks Commissioner Bernadette Castro, the Long Island Volunteer Hall of Fame now has a permanent home at Bethpage State Park (host of the U.S. Open 2002 and 2009) in Farmingdale, Nassau County. To commemorate inductees, benches with inscribed plaques were installed at the Carlyle on the Green clubhouse grounds and Blue, Green, and Yellow golf course tees.

There is category for Emergency Services which includes fire services, auxiliary police, neighborhood patrols, EMT organizations, hotlines/crisis intervention services and relief efforts. Emergency service personnel may also qualify under other categories such as youth education, career assistance, continuing education, etc. Eligibility criteria:

- Any individual who, acting as a volunteer, founded or jointly founded a not-for-profit organization on Long Island that is at least 10 years old and still viable. This includes local chapters of national or international organizations. Paid professionals are excluded.
- Nominee must be the acknowledged founder of the organization with documentation to verify, e.g. name on 501

(c)(3) documents or letters of acknowledgement.

- Nominee must have been a resident of Nassau or Suffolk County at the time the organization was founded.
- The organization must still have an active volunteer base.
- A person may be nominated multiple times if involved in the founding of more than one not-for-profit organization. However, Hall of Fame status can be attained only once.
- This honor may be awarded posthumously.
- The Lifetime Achievement Award in Volunteerism will be awarded to a unique Long Islander who has made a significant impact on the lives of others through a lifetime commitment to community service and philanthropy. Nominee does not have to be a founder of a not-for-profit organization.

Corporate and foundation underwriting for the Long Island Volunteer Hall of Fame has been provided by Rauch Foundation and Verizon. For more information about the Hall of Fame and the nomination process contact the Long Island Volunteer Center at (516) 564-5482 or go to the web site at www.livolunteerhalloffame.org.

NHTSA's EMS Division Elevates its Stature

The National Highway Traffic Safety Administration (NHTSA) announced on February 8, 2006 the creation of a national Office of Emergency Medical Services (EMS). The office will work in close coordination with its federal partners to serve the emergency medical services community. NHTSA, and its predecessor agency, has supported national Emergency Medical Services systems development since 1966. Numerous programs and products, including the EMS Agenda for the Future, the Next Generation 9-1-1 Initiative,

National EMS Education Agenda for the Future: A Systems Approach, the National Research Agenda and the National EMS Information System, demonstrate NHTSA's ongoing commitment to the emergency medical services community. The national EMS office will continue its mission to reduce death and disability by providing leadership and coordination of comprehensive, evidence-based emergency medical services and 9-1-1 systems.

Paramedic Buff to Burnt by George Steffensen, Published 2005

This newly published book was written by a NY metro area paramedic with over 17 years of experience. Author George Steffensen has been a recipient of a Medal of Valor from the City of New York, Westchester Paramedic of the year 1995 and P.B.A. award from the New Castle Police Department in 1995 as well as numerous lifesaving awards and letters of commendation. His book tells stories straight from

the streets of New York City taking you from simple sick jobs to major disasters including the World Trade Center. The cover carries a warning that graphic color trauma photos are included.

To order the book direct from the author go to the web site at www.paramedicbufftoburnt.com. Cost is \$16.00. It is also available on www.amazon.com.

"Black Flies" EMT Novel May be Made Into Movie

Paramount Pictures is reported by Variety to have acquired the unpublished Shannon Burke novel "Black Flies," Darren Aronofsky which revolves around a young man who becomes an emergency medical technician in Harlem, a temporary stop before he enters medical school. There, he experiences a range of crises and stressful misadventures, including a mentor who has been numbed to the point that he makes a wrong decision in a life-and-death situation. Burke is a former EMT in Harlem whose experiences previously formed her novel "Safelight." If the project proceeds it would be at least two years before a completed movie hits the screens.

PROMARK
DIRECT INC

Jim Trepcos

Director
Sales & Marketing

734 Houses Corner Rd.
Sparta, NJ 07871-3410

973.579.1516 direct
800.404.1900 toll free

973.579.6433 fax
jtrepcos@promarkdirect.com

www.promarkdirect.com/fundraising.html

Air Ambulance Operations in New York State

Air medical services in New York are covered by Article 30 of the NYS Health Law and are subject to regulations issued by the NYS Department of Health Bureau of EMS. A recently issued EMS Policy Statement covering air medical protocols and credentialing of personnel established that the Regional EMS Council where the agency is headquartered has primary responsibility for oversight but other Regional Councils have the opportunity for input. Helicopters and fixed wing aircraft approved for EMS use carry the same DOH Certification sticker seen on ground ambulances.

There are also a number of non-EMS agencies in the state that operate helicopters that are made available for medical emergencies. The NYPD is one of these and operates two air-sea rescue helicopters, four AgustaWestland A119 Koala cop- ters plus a 7th unmarked super high tech Bell 412 anti-terrorism unit from a base at Floyd Bennett Field in Brooklyn. Ground ambulance FDNY EMS personnel accompany any patients transported.

The major EMS air ambulance services are: Albany Med Flight/LifeNet of New York started operations in 1996 as Albany Med Flight and is based at Albany Medical Center (Life Net 7-1) with a Eurocopter EC-135. In October of 2003, LifeNet of New York opened a second base in Rome, Oneida County beginning with a Twin-star helicopter and has since switched to an A-star helicopter.

Mercy Flight operates three helicopters from bases in Buffalo in Erie County, Batavia in Genesee County and Olean in Cattaraugus County that serve western New York, northern Pennsylvania and southern Ontario, Canada.

Mercy Flight Central operates 3 helicopters and serves central New York from bases at Canandaigua (south east of Rochester) and Marcellus (south west of Syracuse). Crew is pilot, flight observer and flight medic. Mercy Flight Central also operates an Aero Commander 690B available for fixed wing service throughout the eastern United States. www.mercyflightcentral.org

Nassau County Police Department Marine/Aviation Bureau operates three helicopters.

New York State Police operates five aviation bases strategically located to provide maximum coverage with available assets:

- Albany International Airport, Albany (Lifeguard 12, a Bell 22UT)
- Adirondack Regional Airport, Saranac Lake
- Hancock International Airport, Syracuse (Lifeguard 16, a Bell 407) – staffed by paramedics from North Area Volunteer Ambulance Corps (NAVAC)
- Stewart International Airport, Newburgh (Lifeguard 17 and

Lifeguard 18)

• Genesee County Airport, Batavia

All stations are staffed to provide Medevac, law enforcement and search and rescue services. The Albany and Saranac Lake units can also provide fire suppression and support for Department of Environmental Conservation missions.

Onondaga County Sheriff Air 1 in Warners. Missions consist of law enforcement, search and rescue and EMS. The unit has one chief pilot, five pilot/deputies, three flight observer/deputies, and is often staffed by a volunteer flight paramedic who assists on Medevac missions and at accident scenes.

STARFLIGHT operates two helicopters and primarily covers a 75 mile radius of Jamestown. STARFLIGHT is based at WCA Hospital in Jamestown (western New York) and has a crew of four - two pilots from the Chautauqua County Sheriffs Office and a medic and nurse from WCA Services Corporation. STARFLIGHT started operations in 1986.

STAT FLIGHT from the Westchester County Medical Center has a base in Valhalla, Westchester County for AIR-1 (also called Life Net 7-3) and Walkill, Orange County for AIR-2 (also called Life Net 7-4). STAT, short for stabilization, treatment and transport.

STAT MedEvac serves Broome, Cayuga, Chemung, Chenango, Cortland, Livingston, Monroe, Schuyler, Seneca, Steuben, Tioga, Tompkins and Yates Counties in New York from a base at Noyes Memorial Hospital, Dansville, Livingston County that opened 4/1/06. STAT MedEvac's parent organization is the Center for Emergency Medicine, a six hospital consortium in Pittsburg, PA, that provides air medical transport of critically ill or injured patients throughout the world. The operation has 18 helicopters, 3 fixed wing aircraft, over 280 personnel and responds on over 8,000 missions annually. Rotor wing craft are staffed with a pilot, flight nurse and flight paramedic. To schedule a tour of the base or an observer shift contact Kathi Hinrichsen at (814) 947-3047 or khinrichsen@statmedevac.com.

Suffolk County Police Department operates three helicopters from Long Island Islip-MacArthur Airport in Ronkonkoma and a fourth helicopter is based on the eastern end of Long Island. The crew on SCPD helicopters is pilot, co-pilot and flight medic. The pilot and co-pilot are police officers and the medic is from Stony Brook University Hospital. The SCPD performs around 700 medevac missions per year. Other missions consist of search and rescue, criminal searches and other law enforcement missions.

Quik Flight operates a twin engine Piper Cheyenne-I turbo-prop fixed wing aircraft with a top speed of 260 miles per hour. Quik Flight is based at Albany International Airport.

Park Ridge Hospital in Fletcher, North Carolina Offers a Fast Service Guarantee

With a 15,000 square foot Emergency Department expansion completed in January 2005, Park Ridge Hospital began offering a guaranteed door-to-room wait time of 20 minutes or less. Failure to meet that goal results in the pa-

tient's choice of first-run movie tickets or restaurant gift certificates worth \$20. In addition, it set up a separate work area and lounge for EMS staff. We'd like to know of any similar fast service guarantee by a New York hospital.

Bits from Around the State (Continued from page 11)

member, suspect or civilian injured or ill during an incident until they can be turned over to EMS. DeWitt Rotary provided \$1,600 to provide vests, helmets and tools the medics will need when called out. DFD is a combination department with a paid staff of 1 chief, 1 captain, 3 lieutenants, 7 firefighter/paramedics and 3 caretakers and 40 active volunteers.

Fleischmanns Hatzalah, Delaware County, apparently operates a summer ambulance service covering a Satmar boys' camp, two bungalow colonies and Oppenheimer's Regis Hotel. They have about a half dozen members and rent one ambulance for the season.

Harpur's Ferry Student Volunteer Ambulance Service at SUNY Binghamton University, Broome County, recently placed a nitrous oxide pain management system on its two ambulances. The squad also operates two ALS fly cars, a 2005 John Deere Gator and a 2005 Special Operations Trailer as a transporter for the gator and an event First Aid Stand. The squad responds to over six hundred calls a year, which for the most part occur in an 8 month period of time. At the National Collegiate EMS Foundation conference in February, Harpur's Ferry was named Collegiate EMS Organization of the Year.

Hudson Valley REMSCO is reporting a falling number of ALS providers in the region which covers Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties. There are currently 522 active ALS providers. In 2005 there were 73 credentialed but 82 had their credentials discontinued. 35 were volunteer surrenders, 30 were revoked and 17 were discontinued for non-compliance with CME requirements. In 2004 there were 103 credentialed and 105 discontinued. 22 were volunteer surrenders, 50 were revoked and 33 were discontinued for non-compliance with CME requirements. At the March REMAC meeting there was a discussion on the region's CME requirements and it was not felt that these were resulting in a loss of providers – but rather reimbursement issues were a major factor in provider attrition.

New York State Preparedness Training Center at Oneida County Airport will complete Phase I of its construction on June 16th, and is set to begin training in mid-2006. It will house classroom and administration space, research and development facilities and space for operational training. There will be several area partnerships, including one with the Utica Fire Department to provide hazardous materials and technical rescue training.

Utica Fire Department, Oneida County, entered into providing EMS ambulance service in 2005. In February 2006 city officials said the service is making money six months after it began and for the period that ended Jan. 31 the department collected almost \$355,000 from the venture with funds from Medicare and Medicaid claims still to come. With prospects

good, the UFD plans to purchase another new ambulance to add to the three it bought in 2005. Other stories in the local media, however, indicate a 1/3 increase in city overtime in 2005 to a total of \$1.7 million mainly driven by the new ambulance service and vacancies in UFD. While city officials say they're pleased with the decision to enter the transport ambulance business, Kunkel Ambulance Service, the family run company that formerly handled the emergency calls, has seen its revenues plummet and has had to lay off people.

Broome Volunteer Emergency Squad, Broome County, was involved in a fatal ambulance-car collision on Thursday January 26, 2006. The accident took place on Route 12A in Town of Chenango shortly after 2:00 AM while the two person ambulance crew was responding to a report of an overturned NYS DOT snow plow in the Town of Colesville. News reports indicate the 38 year old male driver of a 1994 Pontiac Grand Am pulled into the roadway from the parking lot of a bar and his car was struck at the driver's side door frame. The driver was pronounced dead at the scene. Both ambulance crew members suffered minor injuries and were treated and released from an area hospital.

Onondaga County tax assessors are facing questions about determining eligibility for a 10% property tax exemption for fire and ambulance volunteers under a newly enacted law. Volunteers have to have 5 years of service to qualify and those with 20 years service have a lifetime exemption. However, how active does a person have to be to qualify? If a husband and wife volunteer do they get a 20% tax exemption? What about their children who volunteer? If a person leaves one agency and joins another is the time combined? What about new residents with prior service outside the county? Cicero's assessor who has to deal with 5 fire departments and 1 ambulance squad is leaving it up to individual agencies to say who is a volunteer qualified for the exemption. Other assessors may handle determinations differently.

Volunteer Fire Company of Western in Westernville, Oneida County is upgrading its first responders from BLS to ALS level.

Hudson-Mohawk Regional EMS Council has a new Executive Director. Richard Brandt took over the last week of March. Gene Meadows previously held the position.

Alfred University Rescue Squad, Allegany County, has been approved as a Public Access Defibrillation agency.

Schenectady County Legislature has established a subcommittee to address the needs of volunteer firefighters and ambulance service volunteers. Legislator Kent Gray, who was appointed to head the subcommittee, said "Our intention here is to focus on what we can do as a legislature to help fire and ambulance company members with their needs. This new committee will make sure issues important to them are given the legislative

(Continued on page 15)

Bits from Around the State (Continued from page 14)

attention they deserve." Gray said that he will work closely with fire companies and ambulance corps throughout the county as well as the Schenectady Fire Advisory Board.

Corning, Steuben County, is hiring a consultant for \$20,000 to determine if the city could provide municipal ambulance service through its fire department for less than the \$43,000 annual fee that it pays commercial provider Rural/Metro. Corning FD currently is a non-transporting BLS First Responder service while Rural/Metro provides ALS level ambulance service. Corning's new mayor cited that Rural/Metro pays other municipalities for the right to provide service and indicated that Buffalo receives more than \$400,000 annually from the company. Rural/Metro has had contracts with the city for 40 years and handles more than 2,000 calls in the city each year with about 1,200 of the total being emergencies. The current contract runs through the end of 2007.

Finger Lakes REMSCO's Training and Education Committee has put together a CME on Spinal Immobilization for Certified First Responders (CFRs). Several years ago the NYS DOH Bureau of Emergency Medical Services revised the CFR Program removing several skills including spinal immobilization. Many fire based First Responder Agencies removed backboards from their apparatus because they could not use them. After surveying agency Medical Directors in Ontario, Seneca, Wayne and Yates Counties it was felt there was a need in the region for CFRs to be able to place a patient on a long spine board during various times, especially during severe weather conditions, etc. Finger Lakes REMAC assisted in developing a CME for Long Spine Board Immobilization for the Supine and Standing Patient that was approved locally, regionally and by the state. Upon completion of the CME each student will receive a certificate and skill sheet indicating that they have successfully completed the program. The student must then take that certificate and skill sheet back to their organization and medical director to be able to perform these skills while on EMS calls for their organizations. Those CFR providers who do not attend the CME will not be allowed to perform the skill.

District 12

Nassau County Police EMS Bureau had a bad afternoon on Sunday May 21, 2006. In Garden City an ambulance was hit by an unmarked NCPD vehicle resulting in the police officer having to be extricated from his car by responding firefighters. Another NCPD ambulance responding to the accident collided with a marked NCPD vehicle on Jericho Turnpike in nearby Mineola sending both vehicles into the front of a pub.

Two ambulances were damaged in collisions on Monday January 30, 2006 at service facility in Garden City Park. A service technician was backing a 2002 Wheeled Coach owned by Huntington Community FAS onto Jericho Turnpike when it was

struck by a jeep. The jeep then struck a Medtech with only about 4,000 miles owned by North Shore/LIJ. Both ambulances were heavily damaged. The driver of the jeep suffered injuries and was transported to a hospital.

Point Lookout-Lido VFD, Nassau County, reportedly informed county officials that it would not provide EMS ambulance service to beaches on the east end of Long Beach Island. The reason given was the burden of serving the 68% of the district that is not in its tax base and generates 40% of its 600 annual fire and ambulance runs. Year round residents number 5,000 but during peak summer surf days there could be 60,000 visitors to marinas, beaches and a golf course with up to nine beach calls a day. Coverage had been in effect for the last 10 years after the county funded an ambulance for the department. If a new agreement is not worked out a Nassau County Police Department ambulance may have to be stationed in the area.

Adelphi University, Nassau County, has received a generous donation from Jonathan B. Kohan, Chief of the Atlantic Beach Fire-Rescue and a Vice President in the Real Estate Capital Markets Group at Wachovia Securities to create a 9/11 Memorial Endowment Scholarship in memory of and tribute to those in the fire service who gave their lives in the line of duty on 9/11/01. The scholarship will be offered for the first time in fall 2006 and will be given once a year to a student in Adelphi's Emergency Management Graduate Certificate Program who has completed nine credits, earned a 3.0 grade point average, and has a commendable community service record. Recipients must live in Nassau or Suffolk County and preference will be given to fire service personnel serving in Nassau or Suffolk Counties or the five boroughs of NYC.

New York State Volunteer Fireman's Parade & Drill Team Captain's Association has changed its web site name from www.fdracing.com to a more politically correct www.nysdrillteams.com. The site has information on both motorized and "old fashioned" drills being held on Long Island and in the northern and western parts of the state. Parade information, mainly for Long Island, is also listed.

District 14

Scho-Wright Ambulance Service, Schoharie County, will be breaking ground in July for a new building. They also plan to purchase a new ambulance.

District 16

Brockport Volunteer Fire Department, Monroe County, elected its first EMS Battalion Chief to improve the quality of service and communication within the department. Jim Toole, 33, formerly Brockport's EMS captain, assumed the new position January 1, 2006. With the department receiving more than 2,000 fire and ambulance calls, the majority of which are medical

(Continued on page 16)

Bits from Around the State (Continued from page 15)

emergencies, officials believed a battalion chief was necessary. The ambulance squad or the Brockport Emergency Relief Squad Ambulance Corps was incorporated in 1962 when the department took over the EMS for the community and has some seventy volunteers that staff two Type III ambulances and a BLS fly car.

District 20

Community Emergency Corps, Ballston Spa, Saratoga County, marked the remodeling and expansion of their headquarters with a ceremony on Saturday June 3, 2006. The \$400,000 project included provision for three bunk rooms, a day room with TV and chairs and a handicapped accessible bathroom. Funding came from grants and donations. The squad has 22 volunteers and 25 paid employees and handles about 1,800 calls a year on a \$200,000 annual operating budget.

Livonia Town Board, Livingston County is moving along with setting up an Ambulance District to allow revenue recovery through third party billing for ambulance service. EMT-P level EMS service has been provided by the Livonia Fire Department but the NY General Municipal Law Section 209 prohibits fire departments or fire districts from charging for ambulance services. The Livonia Joint Fire District Commissioners saw the need for the continued provision of high quality pre-hospital care and the opportunity of securing alternate sources of revenue and began the process for a change in 2004. Following on a public hearing in February, the Town Board appointed five ambulance commissioners. Ambulance commissioner terms will become elected positions once the initial appointments expire.

Northeast Advance Life Support, LLC based in Troy, Rensselaer County has applied to Hudson-Mohawk REMSCO for an ALS First Response Certificate of Need for the county. The company web site indicates "...Recognizing a dire need in the volunteer systems to overcome staffing and training problems, NEALS was founded to help the volunteers fulfill their mandate to provide the best service possible to their communities. At the same time, the NEALS partners understand that volunteers are intensely proud and valuable members of the EMS system. Unlike a commercial ambulance service, NEALS was formed not with the intention of taking over volunteer agencies, but with the aim of supporting them and aiding them in providing the most advanced care possible at reasonable cost."

District 30

POUGHKEEPSIE (TOWN OF), Dutchess County has signed with Mobile Life Support Services, replacing Alamo Ambulance for coverage of the New Hamburg area effective 7/31/06. Mobile Life will be paid an annual fee of about \$24,000 through the end of 2007. It has a staff of 280 operating from 15 stations in Dutchess, Orange and Ulster Counties providing primary coverage and/or ALS and backup coverage for volun-

teer services.

CONNECTICUT

Greenwich Hospital in Connecticut is seeing more ambulances coming from Westchester since the closing of United Hospital in Port Chester, NY in February 2005. Greenwich ER staffing rose from 55 to 69 to handle increased visits which went from 31,000 in 2004 to 37,000 in 2005. NY Medicaid revenue is up but so are bad debts. White Plains Hospital has also seen an increase from 41,000 to 45,000 ER visits and has added staff. Westchester ambulance services are affected with longer call times and increased fuel costs. Port Chester-Rye-Rye Brook EMS bought a new ambulance and added another day shift to cope with the change.

MORE NEWS

Audits are being done of EMT training centers. It was reported in the minutes of one REMSCO (not NYC's) that a surprise visit was made on a practical exam in New York City and it was found that CPR manikins were being used for patient assessment as well as other problems. A comment indicated that if the visit had been made at the beginning of the exam rather than the end the session might have been shut down.

12 lead training for basic EMTs continues to be discussed. Some feel it would enable hospital personnel to get a jump on readiness to receive and treat the incoming cardiac patient. There is concern about funding for the capability as it would involve a significant capital cost for 12 lead monitors as well as initial and ongoing training expenses for agencies plus training centers.

Idling ambulances outside emergency departments (EDs) are a problem at many hospitals around the state. Extreme cold weather seems to increase the problem as shutting down the vehicles can make them hard to start and also expose medications to temperature extremes. It is not uncommon to see a half dozen ambulances at an ED these days as the crews deal with trying to get their patients triaged, find an empty stretcher and complete paperwork. Ambulance agencies are never contacted while the ED entrance and parking area is in the design stage where suggestions could be incorporated to minimize the problem. These measures might include air curtains at the entrance, double door entrances, shorelines to maintain heaters, sheltered unloading areas, ventilation intakes located away from likely parking areas and so on.

Medication Reconciliation is a new term showing up. While the PCR has a space to list a patient's medications there is concern that the list may be incomplete. EMS personnel are being encouraged by some regions to collect the actual pill bottles and bring them to the hospital with the patient. Treating physicians would have a more definitive idea what medications the pa-

(Continued on page 17)

Monroe County Hospital ED Processes Improve

Page 17

Like hospitals everywhere, the emergency receiving hospitals in Monroe County were seeing their Emergency Departments become waiting areas for patient admitting. Steps were taken which are resulting in better and faster handling of patients. In the January to March 2005 quarter ED were on diversion 31% of the time but during January to March 2006 the number had fallen to 9%. Actions taken or planned include:

Park Ridge Hospital

- ED beds increased from 22 to 30.
- A new 28 bed unit is being constructed to hold people from the ED who are awaiting test results.
- Ambulance crews have been asked to call en route on every case so patients can be triaged over the phone. As EMTs bring their patients through the ED doors they can consult a monitor listing ambulance units and the rooms where patients should be taken.

Rochester General

- ED has been split into two identical but smaller ED to make workloads more manageable.
- Hospitalist program has been expanded – these are acute care doctors who work in the hospital 24 hours a

day to get patients their test results and get them home no matter what time of day it is.

- Monthly report is generated covering how long it took each doctor or nurse practitioner's patient to go from being assessed in the ED to being formally admitted to the hospital to await a bed. Goal is two hours or less.
- New ED is in the planning stage with completion sometime in next two years. The number of beds will increase from 65 to 91.

Highland Hospital

- New ED is in the planning stage with completion sometime in next two years.

A system change was also implemented during mid 2005 when Monroe County clarified how and when hospitals could put themselves on diversion. It is no longer just based on wait times but can include how many beds are available and what kind of patients were waiting. EMS providers and the public can also view how busy each county hospital is by going to the web site at

<http://www.monroecounty.gov/hdivstat/facility-information-static.html> where each hospital's ALS, BLS, Lower level

Auto Accident No-Fault Personal Injury Litigation Down in NYS

The number of motor vehicle personal injury lawsuits has shrunk 13% statewide and almost 40% on Long Island in the past decade. According to a recent *NEWSDAY* article:

- Cars with newer air bags, traction control, anti-lock brakes have gotten safer
- The people who are contacting lawyers have had lesser injuries and many are being turned away because they weren't hurt severely enough to qualify under the no-fault law
- New York State in 1984 passed a law requiring all occupants older than 16 to wear seat belts. Last year, 82 percent of Americans reported using them, a historic high.
- The expense of hiring experts to testify and the standards that expert testimony must meet to be admitted in court rises every year. It can cost \$20,000 or \$30,000 in out-

side expenses to sign up a case that's barely worth \$20,000 or \$30,000 in fees.

- More cases are being decided through arbitration and mediation instead of in court.

The article does not indicate there is any movement out of the law profession. As more cars have air bags, more lawsuits will be filed when air bags fail, experts said. And there are dozens more untested innovations - both in auto safety and in other areas - that have yet to be challenged in the legal system. A law school dean commented "As the genius of America brings new products to the market, it also brings new risks to the market." A number of law firms have also redirected their efforts to corporate and real-estate litigation, areas that are bringing in lots of clients.

Bits from Around the State (Continued from page 16)

tients are taking and there might be a clue to some unmentioned medical condition. It is recognized that patient medications do occasionally disappear if not kept with other belongings and there are potential problems with pharmacy reimbursements but it is felt the benefits outweigh the rare problems.

CHEMPACKs are stored around the state. Up to now the approximately 18 locations across the New York State have been a closely guarded secret – so secret that some people that should know about them, their contents and how to access them had no information to do so. One of the packs is at St. Elizabeth's Hospital in Utica. The caches have been provided

by the federal government and they include medications such as valium, pre mixed auto-injectors containing Atropine and supplies to treat up to 2,000 people. There are both hospital and EMS packs. The contents are in large metal boxes with temperature and movement sensors that can alert the Centers for Disease Control in Atlanta, GA. Look for more information to be forthcoming on this resource.

Wheeled Coach Franchise Acquired by Bob O'Neil
Specialty Ambulance Sales located in Plainview, Nassau County has taken over the Wheeled Coach dealership from Custom Rescue Vehicles & Equipment located in Floral Park which was formerly operated by John Purcel. Specialty will add Wheeled Coach to its PL Custom and MedTec lines. John Purcel will join Specialty as a salesman.

Medicare Ambulance Fee Payments

Effective January 1, 2006, Medicare will pay all ambulance claims under the "method 2" approach which only includes the base rate and mileage. Other services such as oxygen administration and supplies will be denied if billed separately. Ambulance services must take a look at where their third party payments are coming from (Medicare, Medicaid, health insurance, no-fault, self pays, etc.) and make a decision if it makes sense to factor in services and supplies into the base rate or bill them separately.

At the beginning of February there was a four day freeze on pending ambulance service claims while errors in

the Medicare fee schedule were corrected. It seems that when CMS provided carriers and billing companies with the 2006 rates in December it had incorrectly applied the inflation update of 2.5% twice and had not reduced the regional fee schedule percentage for last year's 60% level to this year's 40% level. Changes were implemented by February 6, and payments were resumed but there remains the possibility that CMS may seek repayment of any overpayments. If this is done, supplement insurance payments and Medicare co-payments may be subject to rebilling.

Payments to Municipalities for Ambulance Service Rights Questioned

The January issue of JEMS' EMS INSIDER newsletter contained an article by Doug Wolfberg, Esq. of Page, Wolfberg & Wirth, LLC, a national EMS industry law firm, that calls into question the payments called the "franchise fees" which are being required by some municipalities as a condition of awarding exclusive rights to provide ambulance service within their jurisdiction. A recent bid in New York required a \$350,000 franchise fee but this was topped by a second bidder with an offer to pay \$500,000 for the exclusive service rights.

The issue stems from US Government regulations that prohibit giving or receiving anything of value in exchange for the referral of health care business reimbursable by any federal health care program such as Medicare, Medicaid, Champus, etc. Past federal Office of Inspector General decisions have OK'd reimbursement for legitimate dispatch and first responder costs but some municipalities are apparently going further in their efforts to bring in funds. Anything can be done until someone complains.

NYS Comptroller Opinion – City Ambulance Fees not to be Used to Generate Revenue in Excess of Costs

Opinion 2005-8 issued 11/18/05 advises that pursuant to General Municipal Law §122-b, a city may not set fees for the provision of emergency medical transport services in an amount designed to generate revenue in excess of the cost of providing such services with the intent to use such revenue for general city purposes.

Under section 122-b, cities may acquire, equip and supply motor vehicles suitable for such purposes, and may directly maintain and operate such vehicle with city personnel. Section 122-b also authorizes contracts with one or more organizations to supply, staff and equip emergency medical service or ambulance vehicles and authorizes cities to fix a schedule of fees or charges to be paid by persons requesting the use of the services. However, a fee imposed for the purpose of generating revenue to offset the cost of general governmental services constitutes a tax and may not be imposed by a municipality without express statutory authority. While

such authority has been provided for from the operation of the water, gas or electric service no similar authority has been provided to earn a "fair return" from the operation of a municipal ambulance service and use "profits" resulting therefrom for general municipal purposes.

In considering costs that are reasonably related to providing the ambulance service, the Comptroller believes that a city may consider both direct and indirect costs, as well as current and future capital needs, in connection with the provision of the service.

The full text of the Opinion is on the Internet at <http://www.osc.state.ny.us/legal/2005/op2005.8.htm> Office of the State Comptroller opinions represent the views of the Comptroller at the time rendered. Past opinions may no longer represent those views if, among other things, there have been subsequent court cases or statutory amendments that bear on the issues discussed in the opinion.

VACs Again Eligible for Free Driver License Searches

Bills sponsored by NY Senator Frank Padavan (S7704) and NY Assemblywoman Ann-Margaret Carrozza (A11314) and supported by the NYSVA&RA have restored to VACs across the state the right to free driver license checks from the NYS Department of Motor Vehicles.

Recently DMV officials had determined that independent VACs should not receive free copies of driving records of pro-

spective ambulance drivers. Such records had been available previously and continue to be so for "any public officer, board or body or volunteer fire company."

Passage of S7704/A11314 amends Section 202 of the Vehicle and Traffic Law to prohibit a fee from being charged for driver record searches of potential volunteer ambulance drivers.

IS NYPD Behind Suspicious Visits and Questionable Inquiries?

Over the past three years there have been several reports of people showing up at hospitals claiming to be investigators as well as ambulance services receiving inquiries on operations or the availability of used vehicles. The people involved disappeared quickly when access or information was not provided. Could they have been from the NYPD?

A May 1, 2006 *NYPD Confidential* column by Leonard Levitt, a thorn in the side of NYPD for his reporting of the items they would rather keep secret, indicates in the Fall of 2003 Intelligence Division detectives staged a sting of scuba diving shops on the New Jersey shore to test their vulnerability to terrorists' bribes. When local authorities learned of the operation from the diving shop owners, they ordered the NYPD detectives out of New Jersey. In an advisory described as "law enforcement sensitive", NJ's Office of Counter-Terrorism [OCT] Direc-

tor Sidney J Capersen wrote, "On Wed. Oct. 15, 2003, It was brought to the attention of the Office of Counter-Terrorism that calls...regarding suspicious inquiries at four dive shops were part of a test the NYPD's Intelligence Division was conducting. OCT was not aware that the tests were being conducted and has since informed the NYPD Intelligence Division to cease and desist all such activity in the state of New Jersey." The column indicates there were at least two other occasions when NYPD conducted out-of-state terrorist related investigations without informing their colleagues at the Joint Terrorist Task Force (JTTF) or FBI.

Nevertheless, all EMS agencies must continue to be vigilant and report all unusual activity to their local police and/or EMS oversight agencies including Regional EMS councils, County EMS Coordinators and the NYS Department of Health.

Putnam County Considering Major Change in Response Matrix

Responding to a growing number of calls where response time was 20 minutes or more, Putnam County officials have decided on a plan to pay a commercial EMS service, Alamo Ambulance, for ALS ambulance coverage when volunteer availability is limited.

Ambulance service at the BLS level is currently provided by four Independent VACs (Carmel, Garrison, Philipstown and Putnam Valley) and seven VFDs (Brewster, Kent, Lake Carmel, Mahopac, Mahopac Falls, Patterson and Putnam Lake). The Putnam County Sheriff's department is also authorized to operate as BLS first responders. ALS coverage is under a \$445,000 contract with Alamo Ambulance Service which provides four ALS first responder vehicles staffed with a medic.

For an additional \$40,000 a year Alamo is converting two

of its ALS first responder vehicles covering the eastern side of the county to ambulances staffed with a medic and EMT for 12 hours a day during weekday mornings, afternoons and early evenings. On nights and weekends the two ambulances would be staffed with one medic.

Local VAC or VFD ambulances would still be dispatched first and will be the primary ambulance for local calls. Alamo Ambulance would only transport a patient if the volunteer ambulance could not assemble a crew. The change is expected to result in better response times and allow patient transport to the hospital to begin sooner.

A longer range solution that has also been mentioned is for the county to obtain its own Ambulance Operating Certificate.

Emergency Department Entrance Security Implements New Technology

South Nassau Communities Hospital in Oceanside, Nassau County, as part of a major expansion of its emergency services facilities, is installing a new type of security system for entrance into the Emergency Department. The hospital will install a Radio Frequency Identification (RFID) access chip on each ambulance agency's stretchers that will automatically open the ED doors when the stretcher approaches the sensor. In addition, a RFID chip will be attached to each ambulance's key ring to allow personnel to enter the ED without the stretcher. Access without these chips can be gained by using a phone located by the entrance.

RFID is an automatic identification, relying on storing and remotely retrieving data using devices called RFID tags or transponders. An RFID tag is a small object that can be attached to or incorporated into a product, animal, or person. RFID tags contain silicon chips and antennas to enable them to receive and respond to radio-frequency queries from an RFID transceiver. Passive tags require no internal power source, whereas active tags require a power source. Think of it an EZ-Pass for EDs.

Membership dues are due, renewals are being sent out. Please renew now and support the voice of Community Non-Profit Volunteer EMS & Rescue in New York State.

The Association is on the Web! You can find us at: <http://NYSVARA.org>

May 2006 SEMSCO Report

1. 2006 EMS Memorial Ceremony was held on May 17th at the Empire State Plaza. Henry Ehrhardt, SEMSCO 1st Vice Chair represented State EMS providers in a moving tribute. Three EMS providers who made the ultimate sacrifice in the line of duty: Heidi Behr (Riverhead VAC), Brendan Pearson (FDNY), and William Stone (Riverhead VAC) were added to the EMS Tree of Life.
2. DOH will test the new 2005 CPR Guidelines beginning with August 2006 written exams. Over the summer, SEMAC is incorporating ACLS Guidelines 2005 into the state ALS protocol template.
4. To help EMS services get up to speed on NIMS (National Incident Management System), DOH will shortly be mailing an informational packet to all services outlining expectations for EMS providers and agency officers.
6. The revised spinal immobilization protocol did not get SEMSCO approval, it will be going back to SEMAC for rewrite and then for a vote at SEMSCO.
7. DOH is considering changing the deadline for Student Applications from Course Sponsors from 6 to 8 weeks prior to the written exam.
8. There's now some conclusive information on the high EMT-Intermediate failure rate. Three things stand out: very few people test at the EMT-I level (meaning a very small sample size), there are only 55 questions on the exam (making it easier to fail), and the 38-48% failure rate is localized (meaning it is not statewide). The solutions are less obvious and beg further analysis. Nine content areas have the most missed answers: medical/legal, stress, DNR laws, metabolism/acid base balance, general pharmacology, side effects of IV therapy, pathophysiology of airway/breathing, shock, and head injury (especially increased ICP and Cushing's).
9. In a mailing to all NYS Course Sponsors, DOH included two new Internship Tracking Forms, one for CICs and another for CLIs. These are for inclusion with the requisite internship paperwork submitted to DOH. Eventually they'll get an official DOH form number (a new "forms department" has essentially ground DOH forms production to a halt in the interest of efficiency).
10. The Commissioner of Health formally upheld SEMAC's decision to uphold Suffolk County REMAC's decision to adopt a Dispatch, Crew Confirmation, and Mutual Aid Protocol. The protocol is now cleared for implementation; any further appeals would be handled in court. The Commissioner noted that Public Health Law authorizes a REMAC to develop protocols to address a local problem such as the prolonged delays of ambulance responses in Suffolk County.
12. The Legislative Committee has charged a TAG with fact finding and developing recommendations on licensing paramedics. At their first meeting, they discussed licensure versus permanent certification. They'll spend additional time this summer exploring the issue.

THE NEW YORK STATE VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.

P. O. BOX 893
NANUET, NY 10954-0893

(877) NYS VARA
Fax: (845) 627-8621
E-mail: TheBlanket@aol.com
<http://NYSVARA.org>

Non-Profit Org.
U.S. POSTAGE
PAID
Flushing, N.Y.
Permit No. 1785



Summer2006
Newsletter