On May 19, 2004 the State Office of General Services held the dedication of the EMS “Tree of Life” Line of Duty Memorial at the Empire State Plaza in Albany. Pictured above is Michael J. Mastrianni, Jr., President of NYSVARA and Assemblyman Robert Sweeney, Chair, Assembly Sub-Committee on Volunteer Emergency Ambulance Services.

Also present were hundreds of EMS providers and their emergency services colleagues along with Governor Pataki, Senate Majority Leader Bruno, Senator Seward, Assembly Speaker Silver, Health Commissioner Novello and OGS Commissioner Ringler. Warren Darby, Chair, NYS EMS Council, speaking of New York's EMS providers, captured the moment by noting that finally, “EMS, fire, and police heroes will be remembered together, just as they worked together.” Twenty five EMS providers who lost their lives in the line of duty are remembered on the monument.

NYSVARA was the leader in the effort to establish the memorial. The bill which established the memorial was introduced into the State Senate and Assembly, quite a
number of years ago, at the request of NYSVARA. Howard Callman carried this when he was our representative at the State EMS Council, where the late Harriet Webber, an EMS advocate from the Hudson Valley reminded us all of the importance to secure this remembrance.

After September 11, 2001 NYSVARA made an urgent appeal to the Governor and the State Legislature to move expeditiously on the memorial. NYSVARA even offered to solicit private funding if the state was not able to fund it, based on the budget problems the state was facing at the time.

We have received accolades for our efforts in advocating the EMS Tree of Life Line of Duty Memorial by the staff of the Bureau of EMS, by legislative leaders and the State EMS Council and many others. We should all be very proud of our successful effort on behalf of all EMS providers in our state. We extend our appreciation to the NYS Association of Fire Chiefs, FASNY, UNYAN, all our members, the members of the State EMS Council, supporting legislators and all providers throughout NY who participate in the effort to establish the memorial.

Michael Mastrianni, Jr, President, NYSVARA
Work Phone (845)627-8613 or e-mail: seamast@aol.com or the address on the cover.

Chem-Packs Going to Hospitals

Centers for Disease Control & Prevention (CDC) has begun shipping “chem-packs” to the states. The packs, capable of treating up to 1,000 patients contain a variety of chemical antidotes such as atropine and amyl nitrate. Some antidotes are in autoinjectors for attack site use while others are packaged for emergency room use. New York City and Boston received packs a year ago under a pilot program. The number distributed to each state is based on population and state health department's decision which hospitals will store the chem-packs. Hospitals then decide when it’s time to break out and use the packs whether it be for a terrorist attack, industrial accident or transportation accident. The specially sealed packs come with an environmental sensor to ensure the materials have been stored properly and until the seal is broken the packs qualify for a special federal exemption that extends their expiration dates for several years. No announcement has been made as to which New York hospitals have the chem-packs.

TOPOFF 3

The next national terrorism drill scheduled for 2005 will simulate an attack using weapons of mass destruction targeting areas in Connecticut and New Jersey. It will be coordinated through the Office of Homeland Security. Congress mandated the periodic large scale drills before the 9/11/01 attacks. The last such drill in May 2003 involved Chicago and Seattle.

Mandated Child Abuse Reporting Clarification

NYS DOH issued a memorandum on April 7, 2004 advising it had received written clarification from the Office of Child and Family Services regarding mandated reporting by EMTs of child abuse. A mandated reporter is required to report suspected abuse or maltreatment that comes to their attention while acting in their official or professional capacity.” There is no requirement that they report when they are not on duty.

Company Asking FDA to Approve Home Defibrillators Without a Prescription

An unnamed company has petitioned the US Food & Drug Administration to allow individuals to buy at-home defibrillators without a doctor’s prescription. A chief concern seems to be whether ordinary people can properly use the equipment, which costs about $2,000 dollars. An FDA panel will soon debate the company’s request for unrestricted over-the-counter sales. The American Heart Association is said to be cautiously supporting the proposal but it has not received an unqualified endorsement from the medical profession.
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BLS First Responder Agencies Facing Regulation By NYS DOH

Article 30 gives the NYS Department of Health authority to regulate ambulance and Advanced Life Support First Responder (ALSFR) services but does not address Basic Life Support First Responder (BLSFR) Services. Across the state there are about 650 groups operating BLSFR services with EMTs and CFRs providing care before an ambulance arrives. About 500 are run by fire departments along with 14 college based services, 46 industrial (factories, race tracks, camps, etc.), 67 municipalities, 6 state agencies and 6 federal agencies. Over the years these services have asked for and been provided EMS Agency Code Numbers which have enabled their members to qualify for state funding for EMT and CFR courses. The NYS DOH Bureau of EMS has now started drawing up requirements regarding these BLSFR services that want EMS Agency Code Numbers.

Services that have EMS Agency Code Numbers will be receiving notice to provide to NYS DOH:
- Information on the service’s operations, service area, personnel, management or designated contacts, mailing address and contact phone numbers and establish the administrative process to provide such updates to NYSDOH whenever this information changes.
- An annual Participation Agreement with local transporting ambulance service(s).
- Report on the process by which the service conducts patient care documentation and participation in QA/QI activities.
- Annual statistics regarding the EMS calls service was dispatched to and provided patient care.

Services applying for an EMS Agency Code Number for the first time are being asked:
- To contact their local or regional EMS system for information on participating as an EMS provider agency.
- Evidence that agency is authorized to specifically provide EMS and is routinely publicly dispatched to provide emergency medical care as defined by Article 30 of Public Health Law. A letter stating that the agency has authority to provide EMS. The letter must be from the municipality and confirming that the agency is dispatched to provide EMS on a regular and ongoing basis. The letter of support must be provided by, and on the letterhead of the City, Town, Village or Municipal District and must be signed by the executive officer (Mayor, Town Supervisor, chief executive, etc.)
- A description of the BLS First Response activities provided. This is to include the specifics of the response plan, method of dispatch and operating frequency, confirmation of adherence to State and Regional BLS protocols, number and type of response vehicles, equipment carried on response vehicles, and number with level of training of agency members.
- Identity of the principal and alternate transporting service(s) by name and DOH agency code number dispatched to the incidents to which agency responds. Evidence that agency has established written EMS participation agreements with these services to insure appropriate transfer of patient care and inclusion of agency in QA/QI activities. Participation in a county or regional QA program if one is available is listed as an alternative.
- Geography to which agency responds including a description of the territory to which you are publicly dispatched using city, village, town, district, or other municipal boundaries. If not publicly dispatched or agency responds primarily within a private or industrial facility, the name of the facility(s) or the boundaries. Agencies providing EMS in a private setting, or not routinely publicly dispatched to provide EMS as defined by A30, or as a federal, state, educational campus or industrial entity, must provide a letter from their Regional Emergency Medical Services Council. The letter must affirm that service is recognized as a component of the local EMS system including participation in regional QA activities. If an agency responds in the “public environment”, but is not publicly dispatched, it must provide copies of written agreements stating its authority to respond and details of participation in the local EMS system. The agreements must be provided by the public dispatch entity, and governmental authority, that authorized EMS response within the geography to which agency provides EMS.
- If the agency is applying for BLSFR recognition status, and is not currently providing EMS on a Regular and Ongoing Basis, the service must provide a comprehensive EMS response plan and obtain a letter of support from its REMSCO. The REMSCO letter must endorse the proposed BLSFR activities and state that the proposed new service will integrate with and provide support for the existing local EMS system. The comprehensive plan shall include details of the intended service’s EMS system integration and operational structure as identified in NYS DOH Policy Statement 99-07.

Public Access Defibrillation (PAD) only services do not require an agency code number. In addition, NY DOH advises having an EMS Agency Code Number issued to a BLSFR agency may not entitle the service for training expenditures reimbursement, special funding or eligibility into a Pilot CME based certification refresher program.

For more information about the above contact the Bureau of EMS Operations Section at 518-402-0996 ext-2.
Legislative Committee Report – July 2004

The 2004 Legislative Committee was very successful in working with the State Legislature on issues of concern to New York's Volunteer Emergency Services Community. We continue our efforts to have the remainder of our calendar completed and continue our discussions with legislative personnel.

The "Green Light Standard Revision Bills" (A10040/ S6854) were passed by both the Assembly and the Senate and we are currently waiting for the Governor's approval to sign this into law. These bills upgraded the rating of the lights used by VAS members to that of which is available today, and to the same upgraded standard that was adopted last session for blue lights used by volunteer firefighters.

Many bills regarding the benefits of disabled and injured Volunteer Workers have been moving their way through the legislature. A1086, which increases the payments of benefits to volunteer workers, is currently being discussed in the Ways and Means Committee. The Local Government Committee is currently reviewing S3237, which is the equivalent in the Senate.

A11198/S7355, which increase the amount received in the Volunteer Worker Service Award Program (LOSAP) has passed both the Assembly and the Senate and we are currently waiting for the Governor for final approval. A2592/S4109, a bill that would exempt any service award (LOSAP) paid to volunteer workers to be exempt from personal income taxes, is still in committee. A461B/ S4239 was passed into law and this would allow a municipality to provide supplemental service awards (LOSAP) to their volunteer workers.

VAS Plates is another issue that was presented this year and currently is in the legislature. A320/S617Z are currently active bills that would eliminate the $15.00 renewal charge on New York State VAS Plates. The bill has passed the Senate, but is currently being held for consideration in the Assembly's Transportation Committee. We are hoping to see this pass during the next session and hopefully become law.

A3737/S460, both bills that discuss allowing volunteer workers extra credit on civil service exams, are still held in committee in both the Assembly and the Senate. Also in committees are A556/S7390 that would allow volunteer workers a modification that would reduce the federal adjusted gross income when filing their New York State Income Tax.

A10117/S6314 have passed both the Senate and the Assembly. These bills are waiting for the Governor's approval to be signed into law. This would increase maximum loan amounts under the New York State Emergency Services revolving loan account.

We still have a few bills that we are working on for next year to become our priorities. A6588 and A976 would both require the New York Power Authority and also Public Utility Companies to provide discount utilities to Volunteer Ambulance Corps and Volunteer Fire Companies. These bills would allow our organizations to save in phone, gas, electric, etc. Most squads have been paying at a commercial rate, which is higher than some can afford. These bills would provide a saving for those squads.

Finally, A1453/S1386 have been referred to and held by their committees in the Assembly and Senate. These bills require all telephone corporations offering wireless telephone service to make available to any wireless telephone customer dialing 911, and to emergency service providers-priority access to the wireless network.

It has a busy year so far and we hoping for further cooperation from our legislative supporters. Remember that we also need the support of our members in order for the legislature to know what we the volunteer community need.

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Credentials Controversy Between Southern Tier REMSCO and Steuben County EMS Association

As part of its deliverable or activity plan for the year, the Southern Tier EMS Program Agency, which covers Chemung, Schuyler and Steuben counties, has resurrected proposed credentialing or testing of EMS providers. Credentialing would cover physicians that provide on-line and off-line medical control down to EMTs and CFRs that ride ambulances. The concept of credentialing is far from new and has been in place in other regions. However, it has mainly been used to ensure that those persons taking on specific responsibilities such as medical control know what is expected of them. It has not been used to retest those who have completed basic EMT or CFR courses. The Steuben County EMS Association recognizes the need for maintaining skills at an optimal level in order to deliver the utmost quality care to communities but is concerned that adding another level of requirements increases the burden on volunteers. As an alternative, the county association has recommended that the state pilot recertification be changed to require the inclusion of a practical skills review for those who wish to renew their certification that way. Discussions on implementing credentialing in the region are expected to continue.

New Windsor VAC vs. Town of New Windsor

The New Windsor Volunteer Ambulance Corps has served the Town of New Windsor, which has a population of about 27,000, for about 50 years. Call volume in 2003 including mutual aid calls in surrounding communities, including the City and Town of Newburgh, was 1,144 with 1,362 calls in 2002. The corps has an annual budget of about $220,000, which was raised through town taxes.

In February 2004, the New Windsor Town Supervisor shut down the New Windsor Volunteer Ambulance Corps by having the locks changed on the ambulance building behind Town Hall, locking the ambulances inside, telling corps members to deal with the police if they want to claim personal property still inside and instructing the local 911 center to call a private ambulance service, Mobile Life Support Services from Newburgh, if EMS was needed.

The Corps Captain acknowledged to the local news media that there have been problems but said they were being addressed as quickly as possible and said the Supervisor’s action caught her off guard.

The Supervisor gave a list of shortcomings in recent years that he said not only tarnished the corps’ reputation but were putting the public in danger. He is reported as saying: “They’re very nice people, but they’re just not up to the task” and “It’s not a happy day for us.” Among the problems cited by the Town Supervisor are:

- Police dispatchers frequently were unable to get a timely response from corps members on call.
- The corps wasn’t meeting certification requirements for its status as an advanced life support corps, including around-the-clock staffing. That forced the town to rely more heavily on the Mobile Life Support Services.
- The corps was slow in providing work schedules and other requested information to the town, and sometimes didn’t provide it at all.
- At least one driver did not have a valid driver’s license.
- During a Jan. 27 snowstorm, town employees saw an ambulance crew joy riding at a high rate of speed in their rig. They eventually crashed into a fence around Woodlawn Cemetery and knocked over several gravestones.

The Supervisor said the corps gave no indication it would take any action about the latter two items.

The squad Captain said the unlicensed driver was dismissed as soon as she learned about it and the crew out in the snowstorm was only going to get some food. She added that the corps was about to bring on several paid paramedics which would help address the staffing problem and reduce the reliance on the commercial ambulance service. The Town Supervisor said it wasn’t clear the corps could do that legally or even afford it.

In April 2004 the case wound up in court where a Federal Judge, who happened to be a past town supervisor in Westchester County, ruled that the seizure of corps and personal property violated the due process civil rights of the squad. He ordered the town to return the ambulances, equipment, records and over $33,000 in funds to the squad. He also warned the town about setting up a double standard of covering the co-payment for private ambulance service for local residents but not for those visiting or passing through the town.

The merits of the underlying dispute, however, were not addressed and the judge noted that the squad’s victory may be a Pyrrhic one. There is evidently an ambulance tax district in the town with all that that involves including town oversight of finances and title to vehicles and equipment purchased with tax funds. The town can still bar the squad from using the town owned ambulance building and not renew the squad’s contract to provide ambulance service, instead signing a contract with another service. Options for the squad include going as an independent non tax supported non-profit entity with a regular 9 digit phone number and relying on donations, grants and third party billing for funds.
**Suffolk County Ambulance Response Times Spark Proposals and Controversy**

In May 2004 the Suffolk Regional EMS Council imposed a new, strict dispatch standard over the objections of county fire and rescue associations. Agency dispatchers were instructed to seek mutual aid help from another ambulance service if within two (2) minutes the primary crew fails to indicate they are responding to a call. Meanwhile, a county legislator introduced a bill to withhold county certifications and liability coverage from ambulance services that don't move to speed up their responses.

The county has a benchmark of getting an ambulance to 90% of calls within 9 minutes or less. However, data on ambulance response times in the county is lacking as many dispatch centers do not record arrival times. Prehospital call reports (PCRs) capture the information but county wide summaries are not readily available. A March 2003 Regional Council review of NYS data showed a response time of 12 minutes compared with 8 minutes in Nassau County and 9 minutes in Westchester County. Another review showed there were 110,000 EMS calls in the county in 2003 with a 15 minute average response time in 7,000 cases and over 40 minutes in 202 cases. Local agencies reportedly set their own standards for requesting mutual aid with some holding a call for 10 minutes. This data combined with anecdotal information on individual cases prompted the proposals.

Can a 9 minute response time be achieved in Suffolk with its 912 square miles when even New York City with 321 square miles had an average response time of 8 minutes 10 seconds in 2003? Issues that have to be dealt with include widespread ones like a long standing independence among emergency service providers, a difference in the rural like east end of Long Island versus a more urbanized west end, declining numbers of volunteers and funding. The Board of the Town of Southampton, after receiving input from its local providers, voted that the Regional Council exceeded its authority in approving the response directive and opposes the county bill as an "unfunded mandate".

While the Regional Council is pushing EMS agencies to provide the same level of ambulance response times as in neighboring Nassau, that county got to its level with Nassau County Police EMS with full time paid personnel handling up to 60% of the calls. There are indications, however, that other significant measures are being taken. The county is in the process converting its paper based dispatched system to a computer dispatch system. This should provide better data on response times. Some agencies have begun to hire daytime personnel to handle calls. Structural changes in mutual aid involving better cooperation may also be necessary if the county is to meet its residents' expectations for ambulance service.

NYSVARA Officers have been in contact with Suffolk County District 7 Officers and other Suffolk volunteer sector leaders to offer any assistance that may be necessary in regards to this matter.

**Ambulance Corps Gets its Marching Orders**

Monticello Volunteer Ambulance Corps is experiencing some trouble. The ambulance corps’ required certification lapsed in September 2003, and they are in hot water with the state. The village is asking the corps to vacate their quarters in the neighborhood facility.

Sgt. James Shields states the they are still an ambulance corps that is temporarily closed and are going through a reorganization.

Apparently the corps lost its certification over a mix-up in paperwork and are trying to get re-certified.

In a June 17 letter to the corps, the Department of Health claims the mix-up has gone on for 10 months, and the corps has failed to fully document the certification of all of its EMTs, or provide a full inventory of its ambulance and equipment. Repeated attempts have been made and documented to establish contact with the service to assist them in rectifying their expired status. The letter also states “It is of great concern that your squad would willfully refuse contact with our office and disregard its obligation to maintain certification as required. You should be advised that any billing or services you provided (since the certification expired) may constitute fraud with the reimbursement guidelines” of Medicaid, Medicare and many insurance carriers.

The Department of Health ordered the corps to provide a plan by July 2 to fix problems. A July 7 letter from the DOH notes that the corps did no do that. The corps face further state action.

Subsequently the Village Board voted against renewing the corps’ lease at the neighborhood facility. The corps has 30 days to leave after the village gives an official notice.

Monticello VAC has three ambulances and a first-response fly-car. It serves the towns of Thompson and Forestburgh, and backs up Mobilemedic in Monticello. Mobilemedic and another service, Metro Care, are covering the territory.
The state has begun distributing 113 “terror-busting” trailers to low-enforcement agencies. New York City will receive 17 of the special trailers, which will be equipped with masks, hazardous-material suits, detection devices and sample collection kits for chemical and biological elements. State Police and other localities will get the rest. The trailers, which cost $200,000 each and were recommended by the state’s Weapons of Mass Destruction task force, will be paid for through a $25 million federal grant. The grant will also pay for bomb-team equipment and individual protective kits for first responders.

A separate federal grant of $4 million will be used to buy gas masks for New York City police officers at the NYPD’s request. The money, earmarked in 2003 to acquire masks for 15,000 to 20,000 officers, roughly half the department’s strength, was the first phase of a program to outfit the city’s first responders against terrorism or other emergencies involving chemical or biological threats.

The usefulness of stockpiling essential life saving resources in trailers has been questioned by representatives of front line first responders. There are numerous agencies in the state that have had to make hard choices between providing a continuing level of services versus equipping their personnel with personnel protective equipment (PPE) that could save their lives in the first minutes of a terrorist incident.

Will Explosives Experts Be Part of Routine Response to MVAs?

Today’s passenger cars are becoming a threat to rescuers. As if the dangers of sharp edges, broken glass, leaking fuel, anti-freeze and oil were not enough, there are more and more anecdotal reports of safety devices meant to protect drivers and passengers in the event of a collision causing injuries to unsuspecting rescuers.

First it was energy absorbing bumpers that compressed to absorb the force of an impact but that could later release without warning with enough force to knock a rescuer off his/her feet or cause a broken leg. Driver side air bags came next and there were occasional instances of bags triggering during extrication injuring patient and rescuer. The power residue also caused skin irritation problems. Passenger side air bags came along and we are now encountering side curtain air bags in doors and seats and overhead air bags in vehicle roofs. Some new convertibles have retractable roll bars that deploy automatically in case of an accident. There are “pre-tensioned” seat belts that automatically tighten during an accident. Most of these devices are triggered by some sort of an explosive device.

An additional complication is the emergence of new “hybrid fuel” vehicles running on gasoline plus either electricity or compressed natural gas. Instead of just a 12 volt shock, we now have the possibility of 500 volt electrocutions or a boiling liquid-expanding vapor explosion (BLEVE).

Automobile makers have recognized the dangers in their newer vehicles and have tried to warn rescuers as well as owners and mechanics. High voltage electrical systems are isolated from the chassis and usually color coded a bright orange. Warning labels are placed in vehicles. However, there is no standard label or location for warnings and their usefulness can be questionable when trying to extricate a patient from a mangled vehicle at night during adverse weather conditions.

Rescuers must remember rule #1 – protect yourself. The first line of protection is to be forewarned about the potential hazards that may exist in today’s vehicles. Check out new car dealers in the area to see what safety features are on which vehicle, where their mechanisms are located and if there are any warning labels. There are reference materials available from companies such as Homaltrio’s Rescuer’s Guide to Vehicle Safety Systems (http://www.holmatro-usa.com/2002guide.htm) and Toyota’s Emergency Response Guide for their Prius hybrid fuel vehicle (http://129.33.47.206/html/shop/vehicles/prius/safety/ prius_safety.html). Next comes proper personal protective equipment (PPE) both for protection from body fluids as well as the dangers of an extrication scene. The emergency response organization should have Standard Operating Procedures (SOPs) in place for foreseeable events and officers must ensure that the SPOs are followed. The final line of defense are the alert rescuers themselves who work as a well drilled team looking out for each other’s safety. Be informed and be safe.

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NYSVARA Nominations

At the July 24 Board of Directors meeting, the Nominating Committee presented the following slate of officers for 2004-05:

- **President**: Michael Mastronardi, Jr., District 01
- **Ex. Vice President**: Roy Sweet, District 19
- **Vice President**: Henry Ehhardt, District 04
- **Secretary**: Mondy Squillini, District 01
- **Financial Secretary**: Helen Fries, District 12
- **Treasurer**: Jean Gausley, District 18

According to the NYSVARA By Laws, Article X...

(c) Further nominations may be made at a District meeting and reported to the Association Secretary by no later than twenty-one (21) days prior to the Annual Meeting for inclusion on the ballot. Eligibility and willingness to serve if elected shall be verified by the Committee Chairman.

(d) Further nominations may be made from the floor at the Annual Meeting by any authorized member organization delegate or individual member in good standing. Eligibility and willingness to serve if elected, shall be made before nomination may be accepted from the floor.

Nancy Pacella
Chairman, Nominating Committee

NYSVARA By Laws Proposals

Amend Article X of the By-Laws by establishing new Sections 20 & 21

**Section 20: Youth Committee**

(a) The Committee shall consist of a chair and each District's Youth Committee Chair. A Youth Squad Officer from a member organization shall when available co-chair the committee and youth squad members should be actively involved.

(b) Shall be responsible for keeping a roster of Youth Squads in the association along with names and contact information of advisors and youth squad officers, encouraging and assisting in the formation of youth/junior squads, maintaining liaison with other youth programs, encouraging activities, drills etc. among youth squads, and publicizing such activities and efforts.

**Section 21: Information Technology Committee**

(a) This committee shall consist of a chair and all advisory personnel as needed.

(b) Shall be responsible for maintaining and updating the association's web site for the benefit of the association, the districts and members.

(c) Shall act as advisor on matters of information technology that may relate to or benefit the association and its members.

Amend By-Laws Article II by creating a new Section 1A: Section 1A: REGIONS

The state shall be divided geographically into 3 Regions (Region 1, Region 2, Region3), by the Board of Directors, for the purpose of grouping members and potential members not affiliated with active Districts as specified in Section 1. The Regions shall have boundaries, which are coterminous with aggregates of Regional Emergency Medical Services Councils. Each Region will be entitled to one (1) voting member on the Board of Directors, providing there are a minimum of five (5) member squads in each Region. The Board of Directors shall establish procedures for the appointment by the Board of Regional Directors and may establish uniform Regional Dues to be applied to Regional members. Regional Directors shall assist with missionary/membership recruitment efforts in their region, act as liaison to/from members in their region, and act as a responsible director of the NYSVARA, Inc.
District 1
Goshen VAC and its long time landlord, the First Presbyterian Church of Goshen, have been at odds since the church told the ambulance corps it would not renew a $1-a-month lease arrangement that has existed for 30 years. A local newspaper reported that the VAC said it could not afford the $1,500-$2,000 rent the church wanted and the church countered that the corps should pay rent because it started making money when it began charging insurance companies and patients in 2001 for its traditionally free service. The church finished a $1.8 million renovation in 2001 but disappointed fundraising left it stranded for cash and running a deficit of $35,000 in 2001-03. Half of the VAC's 2003 budget of $127,800 comes from the town and village governments, donations and fund-raisers. Billing receipts were not disclosed. In 2001, the VAC had about a $22,000 surplus, according to public records and a budget it gave to the town and village. That was the first year it began charging for its 700 annual calls. The last report received indicated that the Village Board has offered to put up the VAC temporarily at the firehouse but has not determined how much, if at all, it will ask the corps to pay.

A July 19, 2004 memorandum issued by the Hudson Valley Regional Medical Advisory Committee (REMAC) provides policy on Advanced Life Support (ALS) coordination in the 6 county region. Among the major points are:
- ALS agencies must provide service 24/7.
- EMT-1 and/or EMT-CC use is only permitted as an adjunct within an established EMT-P system.
- Calls types which meet ALS criteria require dispatch of an EMT-P but there can be a two-tiered response including an EMT-1 and/or EMT-CC.
- If transport to a hospital can be completed prior to EMT-P arrival transport can be initiated while still attempting an ALS intercept.

District 4
BRAVO VAC, District 4, Brooklyn, on Sunday July 11, 2004 celebrated 30 years of service to the Bay Ridge community and also dedicated two (2) new Ford E450 Custom Medallions ambulances from PL Custom Emergency Vehicles.

Glen Oaks VAC dedicated its new headquarters on July 18, 2004. The new building is located on Union Turnpike and 257 St in Queens County.

NYC Firefighters union restricts volunteering at some fire departments. International Association of Firefighters (IAFF) Local 96 membership voted on April 8, 2004 that paid NYC firefighters can no longer volunteer or work as paid-on-call members at fire/EMS departments that have paid members belonging to other IAFF locals. In nearby Nassau County this affects departments such as Garden City and Long Beach which have paid firefighters serving alongside volunteers. Each of these departments could lose about a dozen volunteers. News 12 LI reports one volunteer handed in his resignation after receiving threats from his union delegates and was told to quit.

District 7
Suffolk County Police Departments is reported by Suffolk REMSCO to be actively enforcing the NYS Vehicle and Traffic Law regarding colored windshield wiper lights by ticketing drivers. The V&T L is quite specific in what colored lights a vehicle may display. Green lights are reserved per Section 375.41.5 for display on the private vehicles of volunteer ambulance service personnel responding to an emergency, while blue lights per Section 375.41.4 may be used by volunteer fire department personnel on their personal vehicles when responding to an emergency. Written authorization from the member's agency is required. In NYS, green and/or blue lights are not authorized on ambulances or fire trucks.

Suffolk Regional Emergency Medical Services Council recognized EMS personnel for long time service to their communities. For the first time, 21 Emergency Medical Technicians with at least 30 years of service were among 550 honored with longevity awards during a ceremony in June. EMS in the county became organized in the early 1970s and REMSCO marked service from that period although many if not most ambulance services began earlier.

Boy Shore-Brightwaters Rescue Ambulance hosted a multi agency MCI drill on Saturday, July 24, 2004. Over 100 responders and 20 ambulances and fire vehicles responded to a simulated school bus accident with 30 patients.

Districts 7 & 12
NYS Senator Charles J. Fuschillo, Jr., 8th Senate District covering parts of Nassau and Suffolk on Long Island's south shore, announced in late June that his legislation, requiring
health clubs with 500 or more members to have at least one automated external defibrillator (AED) readily available on site has passed both the Senate and the Assembly. These clubs would also be required to have at least one staff member trained to use the AED and perform CPR. The legislation has been sent to Governor George Pataki for final approval.

District 10
Southern Tier Regional EMS Council (STREMS, Inc.), through a grant from the New York State Rural Automated External Defibrillator Program, obtained five AEDs. Three were presented to the Chemung County Sheriff’s Department and two to the Steuben County Sheriff’s Department. The purpose of the grant is to make defibrillation available in a timely manner to victims of cardiac arrest in rural areas. The defibrillators will be placed in the Sheriff’s patrol cars that cover rural communities.

Southern Tier Regional EMS Council covering Chemung, Schuyler and Steuben counties has established a "Gold Stars of Life" award program to provide timely recognition of a job well done, special situation managed with ease, professionalism, some task done that was above and beyond the "call of duty", a pat on the back or an "atta-boy" type of award for anything that someone in EMS has done. It is not intended to be a substitute for the annual awards. Nomination cards can be obtained by contacting STREMS office at 315 West Water Street, Elmira, New York 14901, (607) 732-2354. Nominations can also be made via the STREMS website at http://www.strems.org/goldstars.html.

EMT Tactical Course will be put together for Cayuga, Onondaga and Oswego counties in state police zone seven. $30,000 federal homeland security funds were provided for the course.

Village of Endicott, Town of Union in Broome County has dropped consideration of a change in local ambulance services. Superior Ambulance, a private for-profit company, submitted a proposal supported by village firefighters, that it claimed would save the village money without affecting service. The village was to be reimbursed for use of one firefighter on a two person crew and would also be paid based on the number of calls Superior received from village residents. Union Volunteer Emergency Services (UVES), the present EMS provider for the village questioned the proposal. UVES is based in Endwell, NY and has over 100 members including 37 compensated members. Since January 1, 2003 the squad has received ambulance tax district funds to supplement third party bill-
Dr. John Spoor formerly of Otsego County has died in Florida. Dr. Spoor was an early pioneer of EMS in the county championing prehospital control and agency medical direction.

West Leyden Fire Company, Lewis County, is looking to separate their AEMT-CC level ambulance service from the fire department and set it up as an independent volunteer ambulance corps.

Madison County is getting ready to start distributing WMD equipment and supplies to fire departments and rescue squads. Equipment will include masks with fit testing equipment possibly available through the fire coordinator's office.

Madison County Communications Center has instituted an Emergency Medical Dispatch (EMD) program. Callers to the emergency dispatch center can receive instructions on first aid and CPR while awaiting the arrival of medical assistance.

Air Medical coordination in eleven counties covered by Mid State REMSCO, North Country REMSCO and Central NY REMSCO is being taken over by TLC Ambulance working out of the 911 Center in Herkimer County. Rural Metro had been doing it for the past seven or eight years at no cost but for a number of reasons has decided to drop the service. The North Country region is also served by MAST.

Canada Valley Elementary School in Herkimer County had an AED save in May on an 11 year old pulled unconscious from the school pool. The school nurse responded within two minutes with a defibrillator and administered one shock which converted a V-fib rhythm to a bradycardic rhythm. Newport VFD BLS First Responders and an ALS unit from Kuyahoora Valley Ambulance were the responding EMS agencies. The patient's mental status improved en-route but he did not remember what had happened. Under a state law passed two years ago all public schools in the state must have an AED in the building and at all off site school events.

Northampton Ambulance Service held its regular monthly meeting on July 13, 2004 with 11 members present. During June, the members responded to 10 calls, volunteered 60 hours and traveled 237 miles. For information contact Jack Farquhar at 863-2468 or P.O. Box 155, Northville, NY 12134.

Adirondack Park Agency vs. Saratoga County Radio System

Saratoga County emergency service organizations including the EMS Council, Fire Officers Association and Fire Advisory Board are expressing frustration at the Adirondack Park Agency (APA) for delaying approval of 3 mountaintop radio towers needed to replace the county's outdated radio system. The APA is resisting efforts to construct the towers plus access roads and ground level equipment sheds by asking for reconsideration of other options that have already been ruled out. Public safety organizations took their plea to the citizens by handing out pamphlets at the Saratoga County Fair.

District 30

Wallkill Volunteer Ambulance Corps, Ulster County, saw several of its members go to Washington DC as part of a group of American Safety and Health institute (ASHI) Instructors to give free Adult CPR, Foreign Body Airway Obstruction, and Defibrillator training to Community Emergency Response Team (CERT) members from the District of Columbia and Virginia. ASHI put on the program in conjunction with the Department of Homeland Security. The instructors did the training as volunteers and paid their own way to and from Washington and ASHI paid for the hotel rooms for a Sunday night. Susan McCarl, Vic Work, Michelle Stockdale and Joe Poptanich were the volunteers from the Wallkill Volunteer Ambulance Corps. Sue Leahy, President of the Board of Directors of ASHI and Marge Carroll from Kerhonkson-Accord First Aid Squad were the other Ulster County volunteers. Other volunteers came from Pennsylvania, Connecticut, Virginia, Maryland and Tennessee.

Black Rock Speedway in Dundee, NY honored fire, police & EMS personnel with 911 Appreciation Night on Saturday, July 17, 2004. Free grandstand admission was offered merely by showing appropriate ID. Black Rock said it was their way of saying thanks to those who have dedicated their lives to making our communities safer.

Edinburg Emergency Squad has purchased a new AED. The squad was able to purchase it, through donations from the public, of which the members of the squad are grateful for. For information may call 863-6283 and leave a name and number. Interested people may attend the squad's monthly meeting held on the first Wednesday of every month beginning at 7:00pm. The meetings are held at the squad building located at 30 North Shore Road just below the firehouse.
Security ... A Whole New Ballgame
By Bill Tricarico, Director of Loss Control Services Emergency Services Insurance Program

When you think of security at your EMS Stations, your thoughts usually encompass door locks, alarm and video systems, or secured drug or petty cash storage. But emergency service organizations also handle and store something with sometimes far greater value than material goods, information.

The theft of personal information has become as insidious as theft of property. Identity theft is the emerging white-collar crime of this decade and the holders of such information have a duty to prevent the misuse and loss of it.

Personnel files contain valuable information about members whether they are paid or volunteer. Names, addresses, dates of birth, license numbers, social security numbers and many other personal items, which would certainly be enough to fraudulently obtain credit cards or order goods online in that person’s name. This information may also be utilized to develop false identification which may be used in countless ways, most likely for illegal acts. Such identification theft can cause problems to its victims for years to come including ruined credit or false accusations of wrongdoing.

Dispatch centers may have information on location of handicapped persons who may easily become victims to a variety of crimes, medical information that is highly classified, or the location of keys or lock combination numbers for quick entry. In the wrong hands, this information may be quite dangerous.

As a result of these situations, a new look around the station may be in order. Personnel files should be securely locked and key distribution closely guarded. They should not be stored in a place with other files or information. Only people who need to utilize this specific information should be able to gain access to it and the number of people involved kept at an absolute minimum.

If the information is stored electronically, the computer should be set up so that only people with passwords have access to it. During periods of inactivity, the computer should automatically revert to a screensaver with a password necessary to get back into the area that was previously up. This will prevent anyone from accessing the information should an authorized person leave for an incident response or other reason without getting out of the program first. This is especially important for dispatch computer programs containing sensitive information as previously discussed.

Members with access to sensitive programs should be instructed not to use easily broken passwords such as their name, spouse, children or pet’s name, favorite sports team, or badge number. Such passwords are easily guessed by someone attempting to enter a program without permission. A recent survey indicated that four out of five people use such simple codes. In addition many use the popular “password” or “nothing.” Assigning passwords also seems to do little since many users tend to write them down on post-it notes stuck to the monitor. It should not be permissible to have the computer “remember” the password.

Back-up files should also be safely stored and laptop computers securely stored to prevent theft of the entire system. In the wrong hands, the information on the laptop may be more valuable than the unit itself.

Recently a state worker in the Northeast was arrested and charged with pilfering identifying information about thousands of people and using it to steal at least $100,000 through fraudulent credit cards and computer purchases. She was a clerk-typist and obtained the information from documents which crossed her desk. This information was then alleged to have been sold to an identity-theft ring. Bogus credit card accounts were set up which were maxed out without payment.

In most such cases, ultimately, the credit card companies which issued the cards are liable for the bulk of the fraudulent transactions, but such thefts will cause misery for victims because they will have to reconstruct good credit records, a difficult task at best.

Recent federal legislation further enhances the importance of the privacy of medical records, including ambulance reports. This information is quite sensitive and such reports should not be left around for others to view. These reports should be dropped into a secured cabinet which may only be accessed by individuals with a need to do so. Not only would release of this type of sensitive information to the public expose your organization to litigation and embarrassment, but it would be a major disservice to the people you have helped.

Finally, be careful what you do with the trash. Many of the documents required to be kept by an emergency service organization need to be stored for set periods of time, but when they are ready for disposal, be certain that they are shredded or burned. Information on the computer is just as sensitive. When disposing of computer hardware, be certain to remove the hard drive and incinerate or pulverize it with a hammer. The same is true for software and backup drives. There are some commercial software programs which are intended to clean hard drives, however to be certain that sensitive information does not fall into the wrong hands, it may be best to simply destroy it.

Do the best you can to protect the security of your employees, members, and the public who puts their trust in you everyday. Whether your organization is a big city career or a small rural volunteer, security has become a whole new ballgame.
NYS EMS Council (SEMSCO)
Henry Ehrhardt, NYSVARA Delegate & Michael Mastrianni, Jr., NYSVARA Alternate Delegate

May 2004
With thanks to Mike McEvoy, 1st Vice Chair SEMSCO, NYS Assoc. of Fire Chiefs delegate to SEMSCO who's notes assisted in the preparation of this report.

1. Hundreds of EMS providers and their emergency services colleagues were joined by Governor George Pataki, Senate Majority Leader Joe Bruno, Senator James Seward, Assembly Speaker Sheldon Silver, Assemblyman Bob Sweeney, Health Commissioner Antonio Novello, and OGS Commissioner Kenneth Ringler to dedicate the new EMS "Tree of Life" Line of Duty Memorial at the Empire State Plaza in Albany on May 19th, 2004. State EMS Council Chairman Warren Darby, speaking for New York's EMS providers, captured the moment by noting that finally, "EMS, fire, and police heroes will be remembered together, just as they worked together." Twenty-five EMS providers who lost their lives in the line of duty are remembered on the monument. Mike Mastrianni, Jr., President, NYSVARA, Roy Sweet, Executive Vice President, NYSVARA and Helen Fries, Chair, District 4, NYSVARA attended.

2. DOH policy statement # 04-05, "Electronic PCR Data Submission" was released. It delineates a procedure for agencies interested in electronic data transmission to the Department. DOH policy statements are accessible on line at their website.

3. The new CFR protocols are available from the DOH print warehouse. DOH intends to mail a copy to each Regional Program Agency and every Course Sponsor this summer. They'll also be posted on the Bureau of EMS web site later this year.

4. The Statewide EMS/Mobilization Plan was finally released on May 14th, 2004. The public version is eight pages long, with two additional pages of definitions.

5. In February 2004, SEMSCO asked the Bureau to adjust funding for instructor level courses. The Bureau promptly responded, proposing a one-year trial of increased rates accompanied by greater flexibility in minimum and maximum students per course. SEMSCO gladly supported this proposal, and the Bureau expects to implement the proposed rate trial once approved by their budget gurus.


7. Regional Faculty courses were held throughout the State.

8. At SEMAC (State Emergency Medical Advisory Committee) there was an intense debate on development of a selective cervical spinal immobilization protocol. At issue seems to be disagreement on whether the protocol should be a selective spinal immobilization piece or a cervical spinal clearance protocol (i.e. should it say when to immobilize or should it say when not to?). Consider that there was a SEMAC document with 5 pages of references essentially concluding that spines can be cleared in the field using appropriate clinical (not MOI) criteria. An accompanying document then tried to link spinal immobilization to the State Trauma Triage Guidelines that happen to be almost entirely mechanism of injury (MOI) based. Hmm, what will happen next... we will have to see how it goes at the next round when SEMAC meets again in September.

9. June 2004 should see the designation of stroke centers in New York based on results of a pilot project in New York City. There is a likely mandate that centers will need to be ready 24/7. Changes to State and Regional Protocols that direct transport to designated stroke centers will probably follow.

10. SEMAC and the NYS Cardiac Advisory Committee are finalizing plans for their pilot study designating centers for treatment of acute MI. At least three regions will be chosen to trial triage protocols that direct a certain subset of acute MI patients directly into cath labs with 24/7 capability of primary angioplasty. Stay tuned for the hospitals reaction to this one.

11. In February, EMS Bureau Director Ed Wronski met with Department of Environmental Conservation (DEC) officials about their enforcement of the State idling law with diesel ambulances (State law prohibits excessive idling of trucks and buses with diesel engines). DOH will release a policy on idling to help agencies smooth potential conflicts between the DEC law and policies requiring drugs and patient compartments be kept warm. DEC made it clear they have no intention to cite ambulances; both DEC and DOH believe a policy will help reduce excessive idling complaints. Not everyone is convinced that will suffice. Several organizations are standing by, including NYSVARA to seek, if needed, a legislative remedy to avoid future troubles.

12. The Finger Lakes and Monroe/Livingston Regional EMS Councils asked the State Council to consider revising the prehospital DNR form. They submitted a recommended revision in the form of a Medical Orders for Life Sustaining Treatment form. Since Public Health Law Article 29-8 requires pre-hospital orders not to resuscitate be written on a "standard form prescribed by the [health] commissioner," it will probably be some time before we

(Continued on page 15)
see a change. Arguments favoring a revised form include need to expand current "no CPR" orders to include choices for DNI (Do Not Intubate) as well as other present and future EMS treatments like drugs and fluids that patients might not want. Bottom line - don't worry about this now. Remember at the pre-hospital level, for now, the only document covered in law for pre-hospital is the pre-hospital DNR Order.

13. An aero medical task force will reconvene this summer to continue examining airborne EMS in New York.

14. EMS Bureau Director Wronski announced that the Bureau is rapidly losing confidence in EMS written exam security and will move over the next two years to open regional test centers. One center is planned per county, located away from EMS course sponsor premises, in places like schools, libraries, or other public facilities. Students will need to travel to a designated local test center for the State written certification exams.

15. The Bureau of EMS has seen an increased number of complaints regarding EMS Instructor competence. Since Instructors are certified providers subject to the provisions of Part 800 of the State Emergency Medical Services Code, the Bureau intends to step up enforcement of required conduct outlined in Part 800 with EMS Instructors.

16. The EMS Testing contract covering written exams was rejected by the State finance folks and is now out for rebidding. More news on this to follow.

17. Instructor internship requirements have been finalized. New CIC's will need 50 hours of internship at the EMT-Basic level or above; CII's will need 33 hours.

18. Municipal CON (Certificate of Need) determinations are an old monster raising new mayhem at both the Regional and State levels. A Systems Committee TAG is presently drafting guidelines to assist regional councils to properly handle these.

19. Delmar Publishers presented their new on-line EMT refresher program designed to meet the 24-hour core section of the pilot EMT refresher. The New York State Association of Fire Chiefs was denied permission by DOH to offer the Delmar program on-line due to the State's 12-hour cap on computer based core training. The State Chiefs Association will be working with the Education and Training Committee to address the computer-training cap as well as several other questions raised about the Delmar program. The Chiefs hope to gain State approval to offer the on-line core to pilot participant fire and EMS agencies in the near future.

20. The Bureau of EMS will participate on a State Interagency Incident Management Team being organized under the auspices of SEMO (the State Emergency Management Office) available at the request of any locality overwhelmed with an incident. The team would be available to provide service on scene when requested through SEMO.

Line of Duty Deaths

New York

On Saturday April 3, 2004 about 7:00 PM Castleton VAC in Rensselaer County responded to an emergency call at a local catering hall for a high school student who apparently had consumed too much alcohol. While the ambulance was transporting the patient to a hospital, the driver, Gerald "Jerry" Stalker, suffered a heart attack. He was able to drive the ambulance off the road and into a ditch and set the emergency brake. A second Castleton ambulance as well as one from Nassau Ambulance were called to assist. Stalker and the original patient were transported to Albany Medical Center Hospital where Stalker was pronounced dead. Stalker was 62 years old and had been a member of Castleton VAC for 15 years. Funeral services were held at St. Paul's United Methodist Church in Schodack, NY.

New Jersey

James Dodridge, an EMT with the Old Bridge First Aid and Rescue Squad died on Monday evening March 15, 2004 as a result of injuries received after being struck by an automobile at the scene of a three car collision to which he had responded. The collision was described as minor and the vehicles had pulled onto to the shoulder of the road. One of the drivers, however, was complaining of chest pain. Dodridge was apparently on his way to the squad building but had stopped his car on a grassy median and was crossing three traffic lanes when struck. News reports indicate one of his legs was severed. Both Dodridge and the driver who had suffered a heart attack were transported to Raritan Bay Medical Center in Old Bridge where they were both pronounced dead.

Dodridge was 52 years old, single and had been involved in EMS for 11 years. He had served as a crew chief, line officer and chaplain with the squad. Friends said he "lived and breathed" EMS. He was employed as an inventory control specialist with Elephant Wireless in Edison, NJ.

Departmental funeral services were held on Saturday March 20th with representatives from EMS services throughout New Jersey and the New York area attending.
The Association is on the Web! You can find us at: http://NYSVARA.org

2004 CALENDAR

VF D PARADE AND DRILL SEASON is here. For a listing of VFD parades and drills (competitions) throughout New York State as well as directions to track locations and event descriptions go to the web site at www.fdracing.com. The NYS Championships will be hosted by the Main Transit Fire Department in Amherst, NY with the drill on Saturday 8/21/04 starting at 8:00 AM and the parade on Sunday August 22, 2004 starting at 1:00 PM.

PULSE CHECK 2004, the 49th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association will be held Thursday, September 30 through Sunday, October 3, 2004 at the Roaring Brook Resort & Conference Center, Lake George, NY. Event features seminars, exhibits, awards dinner and the country’s only statewide Ambulance, EMT and CFR team skills competition. For information call (877) NYSVARA, (518) 883-4192 or e-mail pulsecheck2000@aol.com. The Annual Meeting will be held Thursday night at 8:00pm.

HUDSON VALLEY FIREMAN’S ASSOCIATION 4th Annual EMS Seminar will be held Saturday, October 9, 2004 in Colonie, NY from 8:15am to 3:30pm. Some scheduled topics include pediatric emergencies, burn and geriatric & Alzheimer issues. LOSAP points, certificates to be issued and CME credits have been applied for. For more information call (845) 569-2101 or log onto the web site at www.hvfa.org.

NEW JERSEY STATE FIRST AID COUNCIL 2004 CONVENTION, Thursday, October 14 through Sunday, October 17 at the Nevele Grande Resort & Country Club, Ellenville, NY. For information check the web site at www.njsfac.org.

VITAL SIGNS CONFERENCE 2004, Friday October 29 through Sunday, October 31 at the Buffalo Convention Center, Buffalo, NY. Sponsored by the NYS DOH Bureau of EMS. Includes general sessions, workshops, exhibits and awards banquet. For information contact Donna Gerard at (518)402-0996 ext 3 or web site www.health.state.ny.us/nysdoh/ems/vitalsigns.