

# CENTRAL NEW YORK



## REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL Serving, Cayuga, Cortland, Onondaga, Oswego & Tompkins Counties

### Meeting Minutes of January 19, 2010

<i>Last Name</i>	<i>First Name</i>	<i>Status</i>	<i>County</i>	<i>Present</i>	<i>Proxy</i>	<i>Excused</i>	<i>Absent</i>
Addario	Mike	Member	Onondaga		X	X	
Bitner	Chris	Associate Member	Onondaga			X	
Butler	David J.	Member	Onondaga	X			
Calley	Brian	Member	Onondaga	X			
Cousins	Paul	Member	Onondaga			X	
Darby	Warren R.	Member	Onondaga	X			
Derbyshire	Susan	Member	Onondaga				X
DiGregorio	Anthony	Member	Onondaga			X	
Duell	Robert	Member / County Coordinator	Cortland	X			
Eaton	Charles	Associate Member	Cortland	X			
Eckstadt	Tamara	CNY REMSCo Staff		X			
Egan	Pat	Member / County Coordinator	Oswego	X			
Emmons	Jerry	Member	Onondaga	X			
Flynn	Susan	Member	Tompkins				X
Foster	Linda	Member	Onondaga	X			
Fricano	Lon A.	Member	Cayuga	X			
Gleeson	Tim	Associate Member	Onondaga				X
Green	Jason	Associate Member	Cayuga	X			
Hansen	Patricia	Member	Cortland	X			
Harrington	Beth	Member	Tompkins				X
Hogue	Troy D.	Member	Onondaga	X			
Jones	Jeff	CNY REMSCo Staff					
Kehoe	Eric	Associate Member	Cayuga				X
Loomis	Robert	Member	Oswego	X			
Lynn	Harry	Member	Cayuga	X			
Markham	Joseph	Asst Med Director		X			
Marko	John	Member	Onondaga	X			
Martin							
Reed	Laura	Member	Cayuga	X			
Menter	Zachary	Associate Member	Oswego	X			
Merrill	Peggy	Member	Tompkins			X	
Morrissey	John	NYS DOH					
Murray	Mark	Member	Oswego	X			
Olsson	Daniel	Medical Director		X			

<i>Last Name</i>	<i>First Name</i>	<i>Status</i>	<i>County</i>	<i>Present</i>	<i>Proxy</i>	<i>Excused</i>	<i>Absent</i>
Paolini	Roger	Member	Onondaga	X			
Potter	David	Associate Member	Oswego				X
Price	Colleen	CNY REMSCo Staff					
Price	S. Lee	Associate Member	Cortland	X			
Procopio	Greg	Member	Onondaga				X
Rotko	Roman	Member	Cayuga	X			
Shurtleff	Lee	Member	Tompkins	X			
Shutts	J. Penny	Member	Oswego	X			
Suriani	Sammy F.	Member	Onondaga		X	X	
Surprenant	Susie	Associate Member/ CNY REMSCo Staff	Oswego	X			
Wallis	Norman	Associate Member	Oswego				X
VanEtten	Doug	Associate Member	Cortland		X	X	

Darby: I'm going to call the meeting of the Central New York REMSCo to order, January 19<sup>th</sup>, 2010 meeting and ask that everybody sign the attendance sheet. If they haven't our secretary up here has the sheet and we can send it around. This is again the meeting where we sign our conflict of interest – or proclaim if there is any conflict of interest per our by-laws and we do that annually. They will be on file in the office should anybody have a question about that. And there is a – we will probably not be making many changes if only on the committee assignments, but let us know if you're interested in a change. Usually every two years is when I have in the past made new assignment changes. This is the second year, 2010. Minutes of the November 17<sup>th</sup> meeting, are there any errors in the minutes that were sent out?

Emmons: Yes, I would just like to have my name added to the attendance roster for that meeting.

Darby: Okay. Yes?

Eaton: The same for me.

Darby: They weren't on the sign-in sheet. Any other corrections? Roger, is there a motion?

Paolini: Yes, I so, move.

Darby: So moved, as amended with two additional names on the attendance sheet. Is there a second to that? Penny. All in favor, signify by saying aye.

(Ayes)

Darby: Are there any opposed? Any abstentions? Approved. Roger Paolini, Penny Shutts. Treasurer's report will be down at the bottom, but as our Parliamentarian pointed out at our November meeting, we don't have to vote on it, we just have to come to a consensus with that so we will do that under new business. They're going around in the blue book with correspondence which his number 3 on your agenda. Correspondence that came into our Council are in the agenda. One that we're going to – that I can talk about at this point is the ALJ on 01/11/2010, we received a letter from the Chair of the State Council and the Chair of the Systems Committee of that Council that the ALJ had made a ruling on the appeal by NAVAC with regards to the CON that they were involved with back in January 20<sup>th</sup> of 2009. The ALJ is putting it back to the State Council and as you will note on your outline under number 8, the State Council meetings start the evening of February 23<sup>rd</sup> and the Systems Committee is going to come together to deal with this particular CON and then the full Council will vote on the 25<sup>th</sup> at the Crowne Plaza Hotel in Albany. It's an open meeting, you're welcome to be part of that. Come on over. The Council members got a CD with all of the documentation, got a lot of pictures. Devour them if you will, digest it between now and the 23<sup>rd</sup>. So yours truly will be part of that. There are some other people that attend those meetings that are here. As Council members, I would encourage you to come on over because this

is a CON issue that deals with our region. One possibility is that the State Council sends it back to this Council for a revote. That would be it. There would be no new public hearing, no new evidence submitted. It strictly would be a revote under the direction of the State Council. That's one option. It doesn't necessarily mean it's going to happen. The State Council could vote on it \_\_\_\_\_. Questions? Okay. The correspondence is in the three ring binders. If you want anything copied, make note of it in the inside sleeve and we'll copy it and give it to you. Chairman's report, I'm going to hold off on that until we get down below under some new business. Committee reports. EMS Program Agency. Mark.

Murray: Good news is that all the checks came in, the Council's contract was approved, and the Program Agency received their first quarter voucher and advance check so we squared all the money up as far as we borrowed from our non-State funds to keep the office going, etc., and all the money is back where it should be. The financial reports went to Peggy, and they're in the blue book, also, so you can see those. W-2s got mailed out, 1099s on time so we're good there. With the Workman's Comp for the Council and Warren, the Workman's Comp policy through Fire District of Mutual of New York, Mutual Insurance Company is amended to cover the Council and Warren, the cost is about 75 bucks which we're pretty happy about. And we looked into disability and they said we're not allowed as volunteers to be covered under disability so we're going to look into that further. The final Glow Golf is \$3,089. It was a pretty good fund raiser and the quilt was real good to us that Tammy did, it was \$840 on the raffle of the quilt so we really thank Tammy for keeping our numbers at about \$3,000 for that fund raiser. And we talked about looking into the CQI process. I did a survey of providers and Council members and we'll let you know down the months how that's going. It should be coming out in the next two months so we can look at the process a little bit and that's about all for us I think.

Darby: I think that Glow Golf is a very important fund raiser for us because what it has done over the

years is build up a non-State account that allows us to stay whole while we're having the issues of the no contract, no check coming in, it allowed us to keep our employees, our office open, our employees working and so it's important that we have at least one, if not, two fund raisers a year, to keep the account healthy. As Mark pointed out, the money that was borrowed from that to keep us whole has all been put back in it now that we got the first check. I would like to see and we talked about this in the Program Agency, I would like to see this become an EMS competitive kind of thing and have each agency put a team into Glow Golf and let's see who the top agencies are in our region and have some fun with it. It's a fun night out and I know we can double the people that we had out without much push, you can just get involved in one night. It was indicated in the Program Agency Committee, we all share an interest in keeping people hired and our office open. We learned back when there was no State budget for like six months and we had to close the office and lay off people for a couple of weeks. We did not want to have that happen again. The account we set up separate from State funds is what kept us whole this time and working. So as we plan Glow Golf next fall, that's something you can be thinking about who your golfers are and it doesn't have to be the big course, it could be the miniature golf, there's some tough miniature golf players in this crowd, too. Either way --- thank you. Any questions for Mark? Legal Affairs didn't meet. Membership, Zach.

Menter: Membership didn't actually meet this time, but we did meet last time and we reviewed our attendance of the year 2009 according to the by-laws. Anyone with more than three absences, Council can discuss that person. We looked at our 2009 attendance and 2008 attendance goal. Brad Pinsky and both in the past two years he has attended on meeting each year and five other unexcused absences. Linda contacted him in 2008 due to poor attendance in 2007 so with that we wrote him a letter, thanking him for his service to the Council, but pursuant to the by-laws we are going to - the Membership Committee is going to

bring it to the Council as a seconded motion for dismissal so we can hopefully that Onondaga County position with someone that can be here in attendance.

Darby: Okay, that's an associate position, we've got a pipeline of people that have been asking to get involved so it comes as a seconded motion from the Membership Committee pursuant to our by-laws. Is there an discussion on the motion? All in favor signify by saying aye.

(Ayes)

Darby: Any opposed? Any abstention? Carried.

Menter: Okay, and with that, that now opens up an associate membership position in Onondaga County which we will advertise for and we still have an associate position in Cayuga County and an associate position in Cortland County. Oswego is full, and we have three open associate positions in Tompkins County. If anyone knows of any one who is interested in those positions, please forward them to Membership and that's all we have for tonight.

Darby: Questions for Zach? Troy Hogue. The microphone is in front of –

Hogue: I just want to verify that Brad Pinsky was the only person who had \_\_\_\_\_ for by-laws for attendance.

Menter: After he was contacted last time, he said that he was going to start attending and he did not.

Hogue: Is there anybody else \_\_\_\_\_ category?  
\_\_\_\_\_

Menter: No, Brad is the only one with three unexcused absences.

Darby: Any other questions? Policy did not meet. Review and Comment. Lon. You need a microphone, not really.

Fricano: I'll take that as a compliment.

Darby: It is a compliment.

Fricano: We didn't actually discuss this one point at Review and Comment, but I did review it and would like to comment on the snappy shirt that Dr. Olsson is wearing. Would you stand up?

Darby: He's our leader.

Fricano: Very snappy. I have some correspondence regarding the Aurora Fire Department transferring their CON to their fire district so we have a letter from the Department of Health referencing that and within \_\_\_\_\_ process to that. So that's moving right along. We also have correspondence, copy of an email with Tony DiGregorio about an issue in Onondaga County regarding a particular residence on Markham Hollow Road that apparently seems to be, not inaccessible, but causes delayed access for the properly certificated ambulance services. So over time another agency has been called to that location because we can't access it due to the road circumstances. So they are in discussions between \_\_\_\_\_ and Truxton and Smith Ambulance Service to try determine how they can best handle this and trying to enter into some kind of an agreement, although they are concerned about that \_\_\_\_\_ legal solution. So they have an issue there that they're trying to work out regarding a single residence and they're not asking anything from us, but just be advised by virtue of a copy of this email. What we did have a lot of discussion about is the decision from the ALJ on NAVAC and most of the Council members probably have not had an opportunity to read this entire document. Some of us have had that opportunity and it is quite disturbing. There are a number of misstatements, inaccuracies and illusions to improper behavior of the Council, of Council members, impugning the integrity of the Regional Council, impugning the integrity of the members who as far as I can see, I have never seen anyone in this Council in the 15 or 16 years that I have been on the Council note vote their conscious or standup and do their civic duty

regardless of whatever agency you're affiliated with. We've seen many people set aside. This Council took great pains because of the sensitive nature, political overtones of this issue to go to the extent of even bringing in an impartial hearing examiner from far, far away. So somewhere in the process, and I will say this, I don't think anybody on the Review and Comment Committee has any problem with someone wanting to appeal a decision and making their case, presenting their facts and seeking review of a decision. What we do have a problem with is impugning the integrity of the process, impugning the integrity of the people and the organization itself which seems to have happened here. Because you read this decision there are a lot of inaccuracies, misstatements and characterizations of this Council and its members that are totally inappropriate. That's unfortunate because this comes on top of what has been kind of an inflammatory situation, pretentious, very difficult, and we took great pains as a Council not to take sides and to look very, very strictly at the definition of need and presentation of factual material in making our decision. Furthermore, the ALJ's decision also characterizes the methods, the methodologies employed by the Regional Council and I assume by other Regional Councils as well, as being improper and I take great issue with that. He makes a statement in there that people who were not at the public hearing which is a committee function shouldn't vote on the resolution. Well, if that's the case, then we don't have a committee structure because every single person on the Council will have to attend every single meeting and be present for every single deliberation in order to have the right to vote. That's not parliamentary procedure, and we have a committee system that brings a seconded motion as we just had from the Membership Committee. The committee does the committee work, does deliberations, brings forward a motion. We listen to that and we vote on that and in this ALJ's decision he is taking issue with that as a process, not in the global sense, but by singling out the Review and Comment Committee function of a public hearing and saying anyone who was not at that public hearing should not have noted, it's essentially a condemnation of the entire practice and methodology we've been

using for as long as this Council has existed. So we take great exception to the way this is being done and to what has been said, and we have a motion from committee to have Review and Comment to draft a letter, as chairman of the committee at that time, I will do this, draft a letter in response to the ALJ decision to send to SEMSCo and the Systems Committee and to have our Central New York rep read the letter into the SEMSCo meeting minutes to make sure it is part of the record so we can correct the misstatements, misapprehensions and innuendo that his comments weigh in this process after we tried so hard to keep it on the straight and narrow. I don't fault the ALJ. I'm sure this person has no – was not present, has no was going off what has been submitted to him. Unfortunately what has been submitted to him is very slanted and very skewed and he feels that there are some significant omissions in his deliberations, facts that he should be aware of – should have been aware of at the time he was constructing this response. Our understanding is that will happen from here as the matter goes to SEMSCo to the Systems Committee they can either say no, ALJ, we don't think you hit the mark here, we think the Regional Council did its job or they can say, as Warren pointed out earlier, we'll send this back to you for another vote because we want to make sure that, you know, this reflected the will of the Council which I don't think there is any doubt in our minds of that. But we want to make sure that our motion is designed to make sure that our side of the story as the Regional Council and the process that we followed is accurate and that the SEMSCo and the Systems Committee have access to accurate information when looking at the ALJ's opinion.

Darby: Okay, so the motion as I understand it is a letter from this Council penned by the Review and Comment Committee and we will have a chance at next month's committee meetings to \_\_\_\_ because it isn't going to be needed until the 23<sup>rd</sup> of February and as your representative, it will be the one to read it in the record there, is that correct?

Fricano: That's correct.

Darby: A seconded motion from Review and Comment. Is there any discussion on those? Linda Foster.

Foster: Correct me if I'm wrong, Lon, I got the impression that you were going to write the letter.

Fricano: Correct.

Foster: Okay, which means you would sign as the chair of the committee. I think it also needs to be signed and approved by the President of the Council?

Darby: The Review and Comment will draft the letter –

Fricano: I'd be happy to sign the letter and give it to Warren.

Darby: But it will be written by me and probably needs to be signed by me if this is the motion of this group. What we will do is put the letter or a draft out to you by email because we do not have a Council meeting between now and the 23<sup>rd</sup> of February so that you will have a chance for input back then "aye" or "nay" on the letter before we do the final copy \_\_\_\_\_. Does that answer?

Foster: Yes.

Darby: Other questions?

Fricano: It's very important that people read this decision as there are a lot of – not does only does it affect – the other thing that it affects he is attempting to basically throw out the working definition of conflict of interest that we've been operating under for years and opening it up into, you know, a much broader, vague kind of a situation which I think could cause a lot of problems and takes issue with the previous ALJ decision on conflict of interest which our chairman was the test case for that so and there's a lot of things in this decision that you as Council members should be very acutely aware of. Please read

the decision, the opinion I should say and see how our actions have been characterized.

Darby: The opinion is in the blue books so you can get a copy by just – we'll see to it that it sent out to you. We can do that electronically so that you won't have to wait until the next meeting to get the opinion.

Fricano: The motion is also written on the attendance sheet.

Darby: Any other questions? Call the question then. All in favor?

Butler: I have a question.

Darby: Dave Butler. Microphone.

Butler: Wasn't there further discussion about the associate members –

Fricano: I think that's something we will deal with at another time.

Butler: Okay.

Darby: Seeing no further questions, all in favor of the motion signify by saying aye.

(Ayes)

Darby: Are there any opposed? Any abstentions? Carried.

Fricano: That's all we have for Review and Comment. I just have a personal note, I would say that I've been proud to be associated with this Regional Council. We've faced a lot of difficult decisions at times. We have a lot of issues in front of us that are difficult. I think the people who come to this meeting give their time month after month, year after year and do their due diligence. I'm proud to be associated with the people who do this and take this workload on for the sake of our EMS system and its future and its integrity and I would

be proud to stand next to any one of the official Regional Council members in any situation so please understand that I – once you read this maybe you'll understand better how I'm feeling and those of you that have read the decision feel, but I want to express publicly my support for this Council, the members of this Council, that I have absolute confidence in the integrity of every man and woman that participates in this process.

Darby: The issue with – microphone.

Olsson: Dan Olsson, Medical Director. Where does it end? ALJ sent it to SEMSCo, SEMSCo sends it back here –

Darby: Then we vote it.

Olsson: Then somebody appeals it.

Darby: That's true. Then it gets kicked up above the ALJ to a State Supreme Court.

Foster: I thought it was –

Darby: It's an ALJ decision so far. They can extend this out considerable. We have another – and the point you made about conflict of interest is really coming out of \_\_\_\_\_ Niagara Falls Medical Center CON where the judge over there indicated a different definition in his mind what conflict of interest meant. Instead of the decision made in the early 90s --

'91.

Darby: Where it said again, if you're an owner or have a fiduciary interest, that was a conflict. Outside of that being an employee by itself was not and as a member of this Council you have in fact a duty and responsibility, as you have said take in all the information and make an objective decision for the people you represent and that is the agency, that's the county for which you come from. The judge out there seems to be saying that if you have any connection whatsoever with an agency that is involved with the CON that you should recuse yourself, that you would

have a contact. If that's the case, of the 18 REMSCos across the State, you would be hard pressed to get a quorum vote because of the make up and membership of the Councils.

Fricano: No disrespect to the ALJ, but his opinion seems to me to contradict the language in Article XXX. I mean Article XXX calls for you to be involved in EMS –

Darby: Exactly.

Fricano: -- agencies and in rural committees, you know, there are only so many places to go. When I worked for Eastern Paramedics, I stood in front of this Council, in front of my boss at that time, Kurt \_\_\_\_\_, I said nobody puts words in my mouth. I've said it in front of this Council \_\_\_\_ I don't think anybody thinks that anybody's going to put words in my mouth and I think the same of every person in this room. I've seen people struggle with decisions and it's offensive.

Darby: That's going to be dealt with also, that's why they gave us an additional night because of those two big CONs and again it will be brought back to Council, State Council to deal with and they have the power to deal with it without sending it back. So we will see. It's just one of the options. Moving on to Training and Education. Okay, Lee is not here. Jason? Jason Green. We've got a microphone headed right his way.

Green: Yes, thank you. There are three things really to discuss. Lee or Tony couldn't be here tonight so \_\_\_\_\_. There are instructor certifications. We've got a CLI from Christopher Dunham, Syracuse. He did his internship under Norm Wallis through NAVAC, Onondaga County EMS Bureau will be his training center. Again, that's for CLI and no one on the committee had anything negative.

Darby: Okay, it comes as a seconded motion from Training and Ed. Is there anybody in the Council that knows Chris Dunham that would like to comment?

Paolini: I work with Chris and I think he's highly qualified.

Darby: Thank you, Roger. Roger Paolini. Any other comments? Hearing none, a recommendation for CLI, I think that's the way our process works. All in favor of me writing a recommendation letter back for Chris Dunham as a CLI signify by saying aye.

(Ayes)

Darby: Any opposed? Any abstentions? One abstention. Okay.

Green: The second one is for Christopher Stupp and this is for CIC from Hannibal. He did his internship under Dave Engel. Oswego Fire Department and his experience is with Oswego Fire, the ambulance and Hannibal Fire Company and that's also a seconded motion.

Darby: Okay, this is a CIC recommendation for Christopher Stupp? S-T-U-T-T?

Green: Stupp, S-T-U-P-P.

Darby: S-T-U-P-P.

Green: It's in the blue book as well.

Darby: Any body know Mr. Stupp?

Murray: Mark Murray. He was one of my partners for a few years, and Mr. Engel wouldn't let him get through unless he did a good job.

Darby: Mr. Roman.

Rotko: I know Chris also, he's a good field provider and I've worked some classes with him, and he's a good instructor.

Darby: Any other questions? Zach?

Menter: I know him as well, and I would agree with what Mark and Bob said.

Darby: Okay. Call the question. All in favor signify by saying aye?

(Ayes)

Darby: Any opposed? Any abstentions? Carried.

Green: The last thing I guess is a letter we got from Upstate Medical University from Jay Scott requesting that their course sponsorship be permitted to add critical care refresher. They're currently listed to have intermediate and paramedic, unfortunately not critical care in the course sponsor agreement and you will see in the blue book there's course announcements or applications, the only other critical care refresher that we're aware of that is available is in Tompkins County so they're doing paramedic and intermediate, each level around critical care so it would seem like a no-brainer, however, I wouldn't presume to say that the Department of Health doesn't require them to actually update their course sponsorship formally. We don't know that.

Darby: The first process comes through here because we would have to approve that.

Green: No one in the community has any objection to it again. It seems to make perfect sense, but they wanted me to bring in the parameters of the State's requirements for course sponsorship and ask the Council to approve it.

Darby: Okay, this would be again a recommendation to the training section of the Bureau and similar to the CLI and CIC recommendations. Is there any discussion on that motion? This would add the CC refresher to the program here at this location. Call the question. All in favor signify by saying aye.

(Ayes)

Darby: Any opposed? Any abstentions? Carried. Is that it, Jason?

Green: Yes, sir.

Darby: Any questions for Jason? Ways and Means did not meet. However, you did hear the number of Glow Golf, 3,089, and we've got thank Tammy again for her quilt, they were bidding right up to the very end to get that quilt. Thank you very much for your time on that. We're moving onto County Reports. Cayuga County, Roman. Microphone.

Rotko: Roman Rotko, Cayuga County.

Darby: Is that turned on, Roman?

Rotko: It is now. Jason Green is one of our new deputy EMS coordinators so I look forward to Jason joining our group in helping Cayuga County. We've had discussions on our new radio system. When they saw the \$19M price tag, everybody's back pedaling now. So we're not sure exactly where it's going to go. Maybe using tin cans and strings. It's better than what we have now. And we're dealing with some serious issues in the northern end of the county. We've got departments that are removing \_\_\_\_\_ and departments from the box alarm assignments. We've had three serious fires within the last couple of months in the north end and they're calling for help from Onondaga County, from Wayne County, but they're bypassing the department right next to them. So we've got some serious issues to deal with in the northern end of the county and that same department is becoming a problematic department when it comes to EMS. They're responding without being activated to domestic incidents and galloping onto the scene when they are told to wait law enforcement. Our ambulance corps are not responding to the scene. They're doing what they have been told, stand by until law enforcement is there. This department seems to have cowboys that can handle everything so they're running into the scene and they're finding out that it's a crime scene. So we've got some serious issues in the north end of the county to deal with. We had to bring that to the attention of the \_\_\_\_\_ Safety

Committee so that they know what's happening in the north end of the county and right now everybody's scratching their heads trying to figure out why somebody would do something like this so that's we're dealing with in Cayuga County right now. That's all I got.

Darby: That's enough. Questions for Roman? Okay. I can see the liability all over that last problem. Cortland County. Bob Duell.

Duell: Bob Duell. Cortland County. We just started this last week, the 14<sup>th</sup>, another EMT original and refresher course, it seems to be going well, and we're still rolling out the H1N1 clinics. There's another one – there's 2 of them this Friday and Saturday at the health department for H1N1 and seasonal flu shots, and next Tuesday at our regular EMS Advisory Board meeting we'll have Dr. Simons from St. Joe's, cardiologist is going to come and do a presentation on EKGs, diagnosis and treatment of MIs in the field. So that's hopefully going to be very informative for the ALS providers, and our county as of last week has taken a major hit so to speak in our county government. Our administrator was, I guess you might say, he resigned finally, but there was an issue going on. They said that he didn't sign an oath of office when the last time the chairman of the Legislature changed hands. Our county right now is just operating with a brand new chairman of our Legislature, only been in the government six months so we're kind of floundering around a little bit right now looking for – if anybody knows of a county administrator who would like to apply, we would probably look at them and I guess that's pretty much it. We are going through the same major communication issues as Cayuga and the other counties are. We're a member of a consortium here in Onondaga County, and we're also going to a meeting tomorrow in the Southern Tier, Broome County is just going to get their feet wet tomorrow in looking into this issue to also – we're not sure, we don't know which way we're going to go. We might know by March with some recommendations.

We're looking at that price tag around \$15M, give or take 5. That's all I've got.

Darby: Questions for Bob? Dr. Olsson?

Olsson: Actually I have a question for Roman. What level providers are these that they are running rampant.

Rotko: They're a basic first response agencies. The ambulance corps in that area is an ALS, critical care or paramedic depending on who's on duty.

Olsson: The individuals or groups, are they EMTs, CFRs or just firefighters that are –

Rotko: Yes, a mixture.

Olsson: Okay. So we'll talk.

Darby: Okay. Any questions for Bob? Onondaga County. I don't see Tony here. Let me tell you about the radios. \$34M, the testing has been going on for the last month. We are training the trainers to train the users as we speak. February 2<sup>nd</sup> Syracuse Police are turned on with the new system. March 2<sup>nd</sup> for the rest of Onondaga County law enforcement is turned on in the new system. April 2<sup>nd</sup>, they didn't want to use April 1<sup>st</sup> for some reason. Fire and EMS is turned on, and we will be full function by May. The testing has shown us 99% positive 5x5 radio signal. It's amazing and that's testing with portables, not with mobiles. So the system works. It's a stronger system, the most robust system I've ever seen and we're getting more and more excited about it as we continue to work with it. We're looking forward to getting that switched turned. The regional east could be Cayuga and Cortland, Oswego and Madison, the four surround counties would make a five county consortium, you were talking about that. There is what looks like some money because of the interoperability push from the Federal government and the Schwinn program that was suppose to be a statewide program that went down the tubes. It looks like there may be some money to help fund this program which means we may all see some help. But it would allow us in

Central New York, whether it's fire, EMS and policy, we can talk to each other. And that's a long giant step from what we're used to.

Duell: Probably you're going to wait until the foliage is on before you do a final acceptable?

Darby: Yes, the actual Motorola testing with the system is going to be done late May will full foliage. There may be a reduction of coverage because of the foliage, but not significant we're told so they won't be retesting before we turn the system on, is a significant improvement. There are places where our current system with a low band, VHF or UHF was not hitting. This system is hitting.

Duell: We just finished a \$350,000 UHF paging, and we're suppose to be 95% coverage, but we've got to wait until May or June to test, that's our prime test.

Darby: Full foliage is your final test and acceptance. But it's been a while, we've been working on this for well over three years, approaching four, to get where we are. Lon Fricano.

Fricano: I was just wondering if the new radio system in Onondaga County has anything to do with the Aurora Borealis that's been spotted hanging over the area.

Darby: In the northern part you're talking? Thank you for bringing it up. That's all I have for Onondaga at this point. We were doing the H1N1, also, and we had rolled out – NOVA, you had a night for the EMS providers for the H1N1.

Yes.

Darby: GBAC did up in the north. There may be more of that coming. So the H1N1 is available for the first responders and then this County finally had enough vaccine and they started opening it up to – They're talking about a February and March wave of H1N1. It's probably a prudent thing to get your vaccination. Oswego County. Pat?

Egan: I'll talk loudly.

Darby: Uh microphone? You still have to talk loudly, it won't amplify it at all.

Egan: Thank you. Pat Egan, Oswego County. Two very quick items. The good news is that in December our Legislature did vote to commit the funds to the radio system so we're moving forward with that. Director of our 911 coordinates that effort. And more good news, I am currently collecting resumes in anticipation of filling the Oswego County EMS field coordinator position. There's a job posting on the Central New York EMS web site. I appreciate that outreach and interviews will begin at the beginning of February.

Darby: Questions for Pat from Oswego? Tompkins County. Anybody with a Tompkins County report? No report. Moving onto Central Office. Our Executive Director, Susie.

Surprenant: Susie Surprenant, the Program Agency. We had scheduled a CIC course for December of '09. We had to cancel that course due to not making the minimal number required by the State to hold that. We do have an instructor update happening on 01/23 if anybody still wants to get in that class. The other thing we've got is the update on the PCR's and the State has started to receive their shipment from the printers in the warehouse. So they're going to be processing orders. We will still fill ALS agencies and ambulances as we have been and as soon as we get our order in, we will start filling BLS agencies again and that should be happening we're hoping by the \_\_\_\_\_. Our web site, we've added two additional pages, one for the medical directors, so if there's an agency out there that you're switching your medical director the form is now on there for the medical director verification form so it's easier to find and easier to update us on your switching for your service medical director. The other one is, there's a separate one for the meetings and the web cast, and we were also asked by Lee Burns last week to reactivate the web cast for the public hearing and also the Council

meeting from last January so that SEMSCo members could see the web cast if needed when they were reviewing the data for the NAVAC.

Darby: Questions for Susie? Dr. Olsson.

Olsson: Dan Olsson, Medical Director. A couple of notes from December SEMAC. The Governor signed a law that allows for EMS to give immunizations which is outside the scope of practice. It was a 30 day window and it also incorporated a six hour training block so you have six hours to learn how to give an IM injection. There are two regions that are piloting hypothermia – induced hypothermia after return of spontaneous circulation. They had that survived long enough to make it to the ED. One actually died up in the ICU and the second one awoke, told everybody that he had terminal cancer and then signed his own DNR and then was allowed to expire six or eight hours later. The Cares Foundation has succeeded in getting Solu-Cortef on the State formulary. It's a steroid that's specifically used in the treatment of general adrenal hyperplasia. The Cares Foundation has to do with children that have this disorder. Their emphasis was to get it on every ambulance in New York State. When this first came to me two years ago, I asked a very simple question, where are these kids? And what I was told \_\_\_\_ endocrinologist was that she thinks there's still that are in Northern Cayuga County and maybe one up near the St. Lawrence so that's within our region. All of these families have the medication. They have the syringes, they have the doses. It's the fact that their parents might be too squeamish to give it. In the event that EMS was called, they would go to the home, find the meds and it's within the scope of practice to give the shot, transport the kid to the hospital. For two years, including letters to the Cares Foundation, I have not been provided with where these kids live because it would be much simpler just to notify the agencies where these two kids or three live so I will discuss this some more at the REMAC, but I think that putting another drug on an ambulance that 99.9% of us will never use I think is a bit foolhardy, no more editorial. The

STAC has approved the tourniquet use so you're going to see changes down the road in hemorrhage control. Monroe-Livingston tasked a dental reimplantation protocol. If someone gets a tooth knocked out, stick it back in. More on that later. New York City FDNY has tried – is doing a trial on orange triage tags. For patients that are not quite red and not quite yellow, orange.

Fricano: I hope they adding the antsy card in case they're laying in the street.

Olsson: They're also doing the pre-hospital organ retrieval, but that's another issue. Ketamine has – the use of Ketamine is supported by the Bureau of Controlled Substances. They are still working on specific language and protocol and it has two more steps and then it will go to Dr. Daines, Health Commissioner, for approval. STEMI centers are still up in the air. I think that's most of the highlights. I don't think there's anything else that I have.

Darby: Questions for Dr. Olsson? Susie Surprenant.

Surprenant: At the 14<sup>th</sup> REMAC meeting the other thing that was discussed was revising the acute respiratory protocol, the pulmonary edema protocol to include CPAP as well as putting nitro drip on the interfacility protocol. Those were approved by REMAC. They'll go for comment and review, come back in April for their final vote and go to SEMAC for their May meeting for final approval.

Darby: Okay, any questions? Coordinators reports. Susie.

Surprenant: The coordinators were at the last REMAC and CQI meetings that were held on the 14<sup>th</sup> and they're involved currently in all reviews for Oswego and Onondaga County. The other counties are quiet right now.

Darby: Okay, PAD, epi report, Tammy, can you get a microphone over there.

Eckstadt: Tammy Eckstadt with PAD, epi report. For PAD, we've got nine new PAD agencies. The McGraw Fire Department in Cortland County, Lysander Fire District in Onondaga County, LaFarge in Oswego County, First Presbyterian Church in Tompkins County, Cincinnatus Central School District in Cortland County, Aurora-Ledyard Fire District in Cayuga County, AES Corporation in Ithaca in Tompkins County, NAVAC in Onondaga County and that is for an agency, specifically in their administrative office, Town of Cicero Police Department in Onondaga County. We've gotten two updates from Port Byron Fire and Port Byron Police and we have a total of 44 in Cayuga County, a total of 30 in Cortland County, a total of 257 in Onondaga County, a total of 52 in Oswego County, Tompkins County has 35, for a total of 418 PAD agencies currently. It has started the new year so I've been in touch with my contact in Albany to get the New York State Department of Health list of sites that they have to compare with mine. I have been told that they are back logged and that it's going to take a while. Specifically they said that they were back logged to 2007. So all of these PAD apps that I have been sending in have not been entered in their data base. So onto epi, not much new there. We do have new Weedsport First Aid and Rescue in Cayuga County for a total of 77. Cayuga County now has 10, Cortland has 5, Onondaga has 28, Oswego County 20 and Tompkins has 14, and that's all I have with PAD, epi.

Darby: Questions for Tammy? Thank you. Number 8 is the State Council report. When we get the minutes of that December meeting, we will pass them to you. The next meeting is going to happen February, the 23<sup>rd</sup> in the evening and the 24<sup>th</sup> are committee meetings, the 25<sup>th</sup> in the morning is the State Council meeting and it is at the College Crowne Plaza Hotel in Albany. You all come. There is no representative from the State Health Department present so we'll skip by #9 and go onto old business. Last meeting in November we were re-voting our members on the Program Agency Committee and those positions are two year

positions and a mistake, we thought that Troy Hogue was holding an at-large position. We all voted on Troy and that Dave Butler was going picking up Joe Galloway's spot which we thought at that point was an Onondaga position. By looking at the history and the previous minutes we find that it was just the reverse. So in order to correct that we need a vote from the entire membership on Mr. Butler's position for the next two years starting the end of last year on the board of the EMS Program Agency. So I will entertain a motion. Roger. And a second to that motion. Troy Hogue. Discussion on the motion? Linda?

Foster: Is it going to be roll call or not?

Darby: We didn't do roll call – I have no problem doing roll call.

Foster: I don't have either, I just want to know.

Darby: I think this is just fixing, the whole Council has voted on the record for the at-large position which was what we were suppose to do. These positions won't be voted on again until November of 2011. The other positions on that board are the officers of the Council. They will be voted on in November 2010. So a portion of the board turns over each year potentially. Any other discussion on the motion? So this is a motion to place Mr. Butler in the at-large position.

Butler: Do I need to leave the room?

Darby: All in favor signify by saying aye.

(Ayes)

Darby: Opposed? Abstentions? One fix under old business. Any other old business? Any other old business? Onto new business. Treasurer's report came around in the blue books. We're looking for any questions or any issues that you have with the treasurer's report before we look for consensus. Seeing none do I have consensus? Nod your heads. Is that okay, Penny?

Shutts: Yes, that's fine.

Darby: REMAC motions. REMAC does not have by-laws, they have operational guidelines and this was set up that way because they're a committee of the REMSCo. In their operational guidelines as they are right now, the REMAC membership allows for one emergency physician from each hospital to serve on the REMAC along with the Regional Medical Director who participate in the REMAC. They are the voting physicians of the REMAC. There has been discussion, a lot of discussion and a motion to change that to this, REMAC membership allows for one emergency physician from each hospital and service medical directors to serve on the REMAC along with the Regional Medical Director to participate in REMAC. That means all the medical directors of the agencies within our region would have a seat on the REMAC with this change. That's the first motion, let me get to the other two because they're related, so you will understand the whole concept. A quorum, motion number 2, would consist of the REMAC physicians physically present for that meeting. So it would be a quorum of 2 or it could be a quorum of – and Susie, do we have a number that you're going to look and see roughly what the number might be.

Surprenant: When we were discussing the active agency medical directors that are in regular attendance at REMAC, you're looking at about 6 that we anticipate joining that, but once that news got out there may be more.

Darby: So we could be doubling easily.

Surprenant: It could be 18.

Darby: Or tripling the number of voting physicians at that committee. So a quorum would consist of the REMAC physicians physically present at that meeting. The third part which is, a majority vote will be 51% of that quorum. So better than 50% of the physicians that are attending.

Fricano: That provides a quorum of at least three.

Darby: What's that? Yes, it would wouldn't it. Very good.

(\_\_\_\_\_)

Shutts: You have to have more than 51% so if there's only two people they both have to vote the same in order for a motion to pass. That's still 51% of two people out of two. That's more than 51%.

Darby: Oswego County math. I'll repeat the motions, they go 1, 2, 3 and they're all together and would be in the same section of the operational guidelines. REMAC membership allows for one physician member from each hospital and service medical directors served by the REMAC along with the Regional Medical Director to participate in REMAC. Two, a quorum would consist of the REMAC physicians physically present for that meeting. Three, the majority vote will be 51% or more of that quorum. I think we can handle that in one motion here for all three pieces because it's all one part of it. First I would look for a motion to move this.

Hogue: Motion.

Darby: Troy Hogue. Second Penny. Open for discussion?

Shutts: Wouldn't that be a second motion coming from a committee –

Darby: Actually you could argue that because REMAC is a committee, but we've got two motions here now. But thank you for that, Ms. Parliamentarian. Any other discussion on this motion? Linda Foster.

Foster: Where did this motion originate?

Darby: REMAC.

Foster: So the doctors who now sit on REMAC are in favor of this?

Darby: Yes.

Foster: And is the purpose of this to make sure that more warm-bodied physicians are there each meeting?

Olsson: No.

Darby: Dr. Olsson.

Olsson: One of the primary issues, if not the primary issue, is that, for example, medical directors for Bangs, Rural Metro, TLC technically don't sit on the board. We have many agency medical directors out there that have no input into what the providers are doing and that just doesn't really make sense, and we really need to incorporate all of the agency medical directors, one from policy making and protocol issues, also I think if they're voting members it will help disseminate information out to the agencies better than it has been. So that's the key.

Foster: Thank you.

Darby: Any other questions for this motion? Then I call the question. All in favor signify by saying aye.

(Ayes)

Darby: Any opposed? Any abstentions? Carried. Other new business? Roman Rotko.

Rotko: With the implementation of the tasers, I think there's a lot of confusion right now as to who can remove them, how they're going to remove them, if they're in a particular spot, can they remove them. I'd like to have clarification on it the taser issue in looking into that.

Darby: Dr. Olsson?

Olsson: No. This has been gone over time and time again and, Susie, we've got letters or policies. There's a policy statement on tasers and you can refer to that and the police agency would be more than happy to talk to you.

Olsson: Thank you. But EMS does not take out taser probes.

Your recommendation is that you don't allow yourself to be shot with a taser to begin with.

Darby: As shocking as that recommendation is – Susie Surprenant.

Surprenant: Dr. Olsson had me research this when Dr. DiRubbo from Cayuga County brought it up. It was discussed at REMAC – three years ago at REMAC on two separate occasions and the physicians then viewed it as an impaled object which is against for us permitting to remove that in our BLS protocol for the State.

Darby: I remember the discussions, and we have presentations by police agencies. Mark Murray?

Murray: Mark Murray. Kent Young did a real nice in-service on it. It's out there somewhere \_\_\_\_\_. It is just for providers for interpretations \_\_\_\_\_.

This confusion from the EMS providers standpoint, the confusion is to by some village police departments who think that their way is the way, they're not quite enlightened by the fact that we have rules that we go by.

Darby: You may get an EMS call where the police have removed the probes and there is for whatever reason a bleed situation. Then you would be given the bleed, you haven't violated any of the protocols, you're stopping bleeding, but it's been very clear through our REMAC how to handle it. Okay, Mr. Butler. Dave Butler. Microphone.

Butler: Dave Butler. In the instance where the police do remove the probes, are we required to bring them into the hospital or can they sign off?

Olsson: The simplest way to do that is evaluate the patient the same way you would evaluate them in any other circumstance, what are you there for, and as always if the patient wants to go to the hospital, they go. If they want to refuse to the police, it's always up to the patient and then go back and ask the police, why did you call us.

Butler: Well, they would be in police custody, and so I think that the patient would have the option \_\_\_\_\_.

Olsson: That's right.

Darby: If the police have them in custody, it's the police responsibility to make the decision if they're going to go or not. And the police would be the one that is paying for that trip.

Olsson: Well, I mean, the police have the option of taking the patient against their will.

Darby: Right.

Olsson: The patient always has the option of refusing. And then it's up to law enforcement and EMS to resolve it and if you transport, you transport. But the police do not have the ability to dictate medical practice so they cannot tell you to take the probes out.

Butler: Right, I understand that. But assuming, if they taught us how to take the probes out, they told us to take the probes out so in the event that someone takes the probes out and we get called because there's blood, are we forced to take them?

Olsson: Again, if the police tell you, you have to take them for a checkup then that's no different than a patient's –

Darby: A 941, an EDP, the same issue, they're coming in under police custody and they will be screened and cleared by medical before they go up to CPEP. Go ahead, Dr. Markham.

Markham: Yes, John Markham. One of the issues that I was involved in of discussion when this came up before was the police would call the paramedics to do a medical clearance. That's beyond the scope of practice of paramedics, we just can't do that for them so they have to make a decision themselves.

Darby: What some will do is to call EMS not for a clearance, but to get a refusal and then you get the patient to sign on a PCR and that's one more piece of the case. I've seen that done in cases they felt it was appropriate.

Olsson: And that's one of the things that I'm hoping to avoid with this whole taser thing. With this whole taser thing. If the police put them in, they know how to take them out, that's part of their training and we made that very clear, but again going back to your question. It's the same patient assessment, and it's the patient call, if they want to go, you take them. If they don't want to go, they sign a refusal. Nothing different, business as usual.

Butler: Okay.

Darby: And we, speaking on behalf of a police agency that has tasers on every one of our patrol fleets out there, we saw out there, we sat last year in 2009 28 uses of the taser so it's not an everyday occurrence and we saw on the same occasions no injuries on either side, the officer or the person being taken into custody so taser has a place in the use of force. Okay, other new business? Lon Fricano.

Fricano: I would just like to take a moment to acknowledge that a lot of our colleagues in EMS are being deployed to Haiti from various places, facing one of the greatest human tragedies in recent time and probably a lot more will be finding their way down there as time goes on so I just think that it's appropriate to at least stop for a moment and consider

what those people are facing down there and be ready as fellow EMS providers to support them, to be alert to what's going on down there to whatever our colleagues may need, what kind of support they may need for us or what we might be able to do as an EMS community, not only on behalf of these poor people, there are EMTs and paramedics that are putting themselves at risk and are facing really horrible human tragedy.

Darby: They're now estimating 200,000 possibly being the fatal number.

Fricano: And thousands more lives at risk, and I know we've all seen the news and stuff, but the unheralded EMS people once again, I belong to an organization called Black Sheep –

Darby: Black Sheep?

Fricano: Black Sheep, it's an organization of New York City EMS providers and we keep in touch even though many have dispersed throughout the United States. We have quite a number of our alumni being deployed from various agencies they now work for. And they may need our help on this end because there's not much to work with down there. I just wanted to bring that to the forefront, have everybody stop and think about that for a moment as we go home to the comfort of our homes and families, what's going on and be alert to an opportunity to help, not only the residents, but our colleagues that are trying to help them as well.

Darby: Let's take a moment to think about that.

(Moment of silence)

Darby: Let's keep them in our prayers and our thoughts. Is there any other business to be conducted? Penny Shutts.

Shutts: I received a question today wanting to know, more or less a statement that said the State is no longer funding any of the instructor courses. Have you heard anything, not the EMT courses

themselves, but the instructor courses and refresher courses? I hadn't heard anything and I said I was going to a meeting tonight and I can ask.

Surprenant: No, we have not heard anything of that nature.

Darby: There wasn't anything at the last meeting, the December meeting. We can listen for it in February meeting.

Because I thought at the last meeting it was stated that even though the funding was off that the training part of the budget was remaining intact.

Darby: That was the statement. Any other questions or issues? For the good of the order.

Make a motion for adjournment.

Darby: Penny you seconded, all in favor?

(Ayes)

Thank you.

Respectfully Submitted,

Tamara J. Eckstadt  
CNY EMS  
Administrative Assistant