



THE BLANKET

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

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The Quarterly Newsletter
of the NYS Volunteer
Ambulance
& Rescue Association

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President's Message

First, I want to thank everyone who attended the 49th Annual New York State Volunteer Ambulance and Rescue Association Educational Conference and Trade Show, Pulse Check 2004 in Lake George. The Convention Committee worked extremely hard to put together a program that was informative as well as enjoyable. Plans are well under way for our 50th Convention which will be held at the Hudson Valley Resort and Conference Center in Kerhonkson, New York.

Below outlines some of the Association activities in 2004.

1. In my opinion, the biggest event that happened this past year was the dedication of Tree of Life Memorial. The dedication of this memorial was the culmination of many years of work by our members. It truly is magnificent and provides a fitting tribute to our colleagues who have lost their lives in the line of duty. I want to encourage everyone to visit the Memorial if you are in Albany.
2. Our financial position is stable. The Officers and Directors continue to be fiscally prudent. While we are by no means a wealthy organization, our financial condition has improved greatly over the past several years.
3. In March, I testified before the New York State Assembly at a public hearing examining the preparedness of the State's Emergency Responders. I was joined at the hearing by representatives from many State Emergency Services organizations. It is unclear what will result from this hearing, but it provided an excellent opportunity to highlight and discuss issues that are of concern to the volunteer EMS community.
4. We continue to have an excellent working relationship with our colleagues in the State Fire Organizations as well as the proprietary providers of EMS. The New York State Association of Fire Chiefs has been a particularly close ally. We have been working very closely on issues of concern to both our organizations.
5. This year, Mike Wilhelm volunteered to Chair our Legislative Committee. I want to take a moment and thank him for the great job he did in keeping track of legislation that affects volunteer EMS. The "Green Light Bill" revision was passed and signed into law. This has been something that the Association has been working on for several years. The passage of this bill was due in no small part to Mike's efforts.
6. We continue to be represented at the New York State Emergency Medical Services Council by Henry Ehrhardt. He also has a seat on New York State Medical Advisory Committee. He currently holds the position of first vice-chair of the SEMSCO.

I want to take a minute and speak about an issue that has come to the forefront this year. The issue is the ability of EMS to provide emergency medical care to persons requesting it in a timely fashion. Most of us have heard or read about cases where volunteer ambulance corps have been forced to close their doors either voluntarily or involuntarily. The issue of providing timely response to requests for EMS is a huge concern from the Commissioner of Health, to the Bureau of EMS, from the NYS EMS Council and NYS Medical Advisory Commit-

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tee to Regional EMS Councils and Regional Medical Advisory Committees, from local government officials to the public we serve. We cannot take for granted what we do. We have a responsibility to insure that our squads are able to respond to the call for help. If we can't ... someone else will. As everyone knows, the recruitment and retention of members is a serious issue that we all face. We have to critically look at ourselves and make sure that we are doing the job that our communities expect and deserve. If your squad is having a problem, you must recognize the fact and develop ways of addressing them. Whether it is looking at a hybrid operation, with paid staff working with volunteers or agreements with neighboring squads to assist when your members are not available ... whatever it takes. This issue is not going to go away.

Finally, as I think you can see, our Association has a considerable voice in EMS. It has come as a result of the hard work of our Officers, Directors, and members of this organization.

Please remember that our Association has not paid staff. We, like you, are volunteers. Most of us have full time jobs and families. We do the very best we can. The input and participation of everyone is the key to making us successful. Anyone who is interested in helping us grow, please don't hesitate to contact any Officer or Director. I want to thank everyone for the time and effort that they have given to make us the voice of volunteer EMS in New York State. BE SAFE!

Respectfully submitted,
Michael J. Mastrianni, Jr.
President

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US Cities Views Mixed on Merged EMS & Fire Departments

Louisville, KY, which became the country's 16th largest city after its merger with surrounding Jefferson County is undoing a 1995 merger of its EMS service and fire department. At the same time it is merging the county's EMS service with the city's to create Louisville Metro EMS. The new service will be one of only a few in the nation to have a medical doctor as its Chief Executive Officer.

Word is now coming out of San Francisco, CA that it is considering contracting with private companies to take over its ambulance service that was merged the fire department since in 1998. The discussions come after some allegations of improper care and the usual tensions between medical and fire personnel who handle very different workloads and have historically different departmental cultures.

Washington, DC's fire chief and new medical director, however, who oversee 13 ALS and 21 BLS ambulances believe that EMS should reside within the fire department and it is going to a dual-role cross-trained staff with firefighters trained as paramedics providing emergency care.

The 1996 merger of NYC*EMS and FDNY is also periodically discussed in some quarters with the suggestion that it be undone or that private companies may be contracted to take over EMS in the city. Already over 10% of 911 calls are handled by either voluntary hospitals operating their own ambulance services or "sub contracting" with private company MetroCare (being re-branded as TransCare) to supply ambulances and/or crews.

NY EMS Disaster Teams Deployed to Florida After Hurricane Frances

The National Disaster Medical System was activated in September to provide assistance to the state of Florida after hurricane Frances. From New York, Disaster Medical Assistance Teams from Rockland County (DMAT NY-4) and Westchester (DMAT NY-2) as well as the NYC Urban Search and Rescue Team were dispatched.

DMAT NY-4 is a group of professional and paraprofessional medical personnel, supported by a cadre of logistical and administrative staff, designed to provide emergency medical care during a disaster or other event. It was formed in 1990 and is sponsored locally by the County of Rockland. Since its inception, DMAT NY-4 has grown to an organization consisting of over 85 members. Dedicated members provide their time to train and drill with the team in order to be better prepared to respond to the needs of the community and nation. Members are expected to be ready to deploy 24 to 48 hours af-

ter alert notification and commit to staying for up to 14 days wherever needed. Deployments and mandated training are paid events. During deployments federal legislation provide protection regarding leave from employment. Past DMAT NY-4 deployments have included: 1992 Boston Sail; 1996 Summer Olympics; World Trade Center Attacks in 2001; 2002 Salt Lake City Winter Olympics; and the 2002 Virginia Avian Influenza Outbreak.

For more information about DMAT NY-4 go to their web site at www.dmatny4.com or call Linda Reissman, DMAT NY-4 Public Information Officer at (845) 642-1914. Residence within the sponsoring jurisdiction is not required. An on-line application is at www.ndms.dhhs.gov.

Fire Districts of New York Mutual Insurance Company, Inc.

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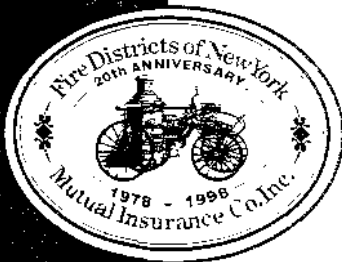
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Emergency Warning Lights and Parking Procedures

Are they protecting us and making the emergency scene safer?

Robert J. Faugh

Since the early 1950s, when the Beacon ray replaced the single flashing light, we have seen more and more lights added to our emergency vehicles. It was believed that if 35 watt bulbs were good then 100 watt must be better. If two lights made it safer then six must make it really safe. How about a million candlepower strobe system? We have reached the point where the warning lights are becoming the problem at emergency scenes and actually making the area less safe for our vehicles and personnel. In the last ten years lighting your vehicles up like a "Christmas tree" has become the norm. When moving on the highway this may be OK, but when stopped or parked it is not! The 1999 U. S. Fire Administration "white paper" on this topic identified the over use of blinding warning lights as a major cause of accidents, injury and death at emergency scenes.

The 2002 NFPA report on firefighter fatalities stated that 25% of on-duty deaths are vehicle related, 7% were hit at emergency scenes. Many of these deaths and injuries are firefighters being struck at emergency scenes. For non-fire department ambulance personnel the on-duty vehicle related death rate is much worse, it is over NINETY percent!

We all know of emergency personnel who have been struck, killed or seriously injured and emergency vehicles that have been hit by drugged, drunk, fatigued, elderly or just confused drivers. Many of these operators stated "they were blinded or confused by all the lights". In New York State alone, an average of 75 emergency vehicles are struck while parked OFF THE HIGHWAY, on the side of the road, with all the red warning lights in operation each year. This takes place more that we would like to admit. How many close calls have you had?

Every emergency vehicle has more than enough warning lights and is equipped so that if it is the only vehicle parked at a scene, the state warning light laws are complied with. The problem is that when there are six or seven emergency vehicles at a scene, all the warning lights are left on and the area actually becomes unsafe due to all of the blinding, distracting numerous colors of flashing lights. Those driving in the area of the emergency look at the vehicles warning lights and do not see the personnel who are working in the area near these vehicles. What effects do all of these warning lights have on the crowd and your own crews? Under some conditions, these warning lights also blind us! This is a major safety issue that has been ignored for too long! It is a known fact that the warning lights at a scene will affect the crowd; shut them off and many will walk away. We set up a "carnival" and wonder why people flock to it! Many responders are under the misconception that more is better and think setting up a "carnival style" lighting arrangement is the way to go. THEY ARE DEAD WRONG!

Studies of warning lights by the California Highway patrol (CHP), Illinois State Police (ISP), University of Minnesota, New York State Police, NYS DOT and US DOT have addressed the following factors: light output, light color, flash rate and reaction by the public to the light emitted.

The **ISP & CHP Studies** questioned the use of light bars on their police cars and the safety of the officers while engaged in their duties next to the roadway. The collision rate for emergency vehicles displaying lights while parked next to the highway were two and one-half times higher for the same 100,000 miles driven than for non-emergency vehicles.

Illinois removed the light bars from 1/2 of their fleet. The study showed the cars without the roof-mounted bars were involved in 65 percent fewer accidents both parked and moving. California Highway patrol has many of their cars with no roof-mounted lights. Many highway patrol and state police departments are going to the "slick top" cars for safety, better mileage and productivity. Many have "arrow sticks" in the back window.

What about Color? The knowledge of human perception calls into question the use of warning lights when the vehicle is parked off the highway. Red lights send a message, emergency stop and invoke irrational behavior from the motorist. They also tend to draw persons to the scene or area of the emergency. The psychological reaction to red is rage, anger and hostility. You and your crew are being subjected to the red light also. What are the red lights doing to them! The human eye is more sensitive to red light during the daylight than at night. Instead of warning people away, the red emergency light actually draws drivers towards the lights. This so-called *moth effect* refers to a state of narrowed attention associated with excessive concentration on some object or task with the resulting loss of voluntary control over response. People drive where they look! Drugged, drunk, fatigued and elderly drivers have driven right off the roadway and into the parked vehicles displaying red warning lights.

In New York State amber lights are not prohibited. Amber filters allow 60 percent of the light from the bulb to pass through, red allows 25%. The amber light also sends a very specific message to those who view it: *caution – stay away*. A driver who is drugged, drunk, elderly or fatigued will usually drive away from the amber light. Amber also travels through fog, rain or snow much farther than red, blue or clear. In California ALL emergency vehicles must display at least one amber light to the rear. The NY State Police reported 15 to 20 cars were struck while parked on the side of the road annually when only the red lights were displayed. They now have an amber lens on the driver's side rear flashing light position in the bar and report a dramatic reduction of cars hit while displaying the amber light. Federal KKK Ambulance specs require one amber light on the rear. NFPA allows amber in all four directions from fire vehicles when in the "parked" or "blocking" mode.

The NYS Motor Vehicle Commission Rules & Regulations – Part 44 allows the use of amber lights by any vehicle involved in a "hazardous operation". If you have a blue or green light and an amber light you can only use one light at a time for the activity you are involved in. Part 44 allows 100 candle power (CP) at 35 watts for clear lights.

There is no restriction on vehicles that are allowed to display

(Continued on page 7)

2005 Legislative & Policy Highlights

EMERGENCY MEDICAL SERVICES TRAINING PROGRAM DEDICATED FUNDING

Continuation of HCRA Funding for EMS is imperative. The Health-care Reform Act provides funding for EMS training, Regional EMS Councils, Regional Program Agencies, and the New York State Department of Health's Bureau of EMS. It is critical to the maintenance and stability of community volunteer ambulance corps that funding be available for the training and re-certification of Emergency Medical Technicians (EMTs), Certified First Responders (CFRs) and Advanced EMTs. Homeland Safety and Security begins with a local Emergency Medical Services System that is trained and staffed to be able to respond when needed.

VOLUNTEER EMERGENCY SERVICES PERSONNEL RECRUITMENT AND RETENTION

Recruitment and retention of Volunteer Emergency Medical Services personnel is critical to the EMS System. Establish a NYS Volunteer Ambulance Recruitment and Retention Program. Such a program could include matching grants for promotional campaign drives, financial support for the Service Awards Program, a state-wide recruitment campaign, real property tax exemptions and/or income tax credits, and tuition assistance for volunteer ambulance, fire and rescue squad members.

- **COLLEGE TUITION ASSISTANCE** – Continued support for the NYS Volunteer Recruitment Services Scholarship.
- **REAL PROPERTY TAX ABATEMENT FOR VOLUNTEER EMERGENCY PROVIDERS** – Continued support for a 10 percent real property tax abatement for volunteer emergency service providers
- **VOLUNTEER EMERGENCY SERVICE PERSONAL TAX CREDIT** – Provide a personal income tax credit to active volunteer firefighters and Emergency Medical Services personnel.

CELLULAR-PHONE-PRIORITY ACCESS

Insure access to cellular telephones by emergency service personnel during an emergency. Request the New York State Legislature to adopt a resolution requesting congressional action on this issue.

VOLUNTEER AMBULANCE SERVICE LICENSE PLATES

Reduce or eliminate the annual fee currently charged for VAS (Volunteer Ambulance Service) license plates for members of volunteer ambulance services and rescue squads. Similar to Volunteer Fire Plates, there should be a one-time fee with no or only a nominal annual fee.

UTILITY CHARGES

Provide that the New York Power Authority add volunteer ambulance & rescue squads to their list of customers. Provide that volunteer ambulance & rescue services be charged at no more than the residential rate for electric, telephone and gas utility service. This would allow volunteer ambulance & rescue squads to obtain utilities at a discounted rate as compared to the high current rate schedule.

DMV RECORDS SEARCH

Allows volunteer ambulance squads to conduct DMV search on driver and auto records at no cost to the volunteer ambulance squad. This would be similar to the ability afforded to volunteer fire depart-

ments.

COVERAGE FOR NONJURISDICTIONAL RESPONSE

Establish a fund pool to provide coverage to police officers, firefighters and EMS workers, who in an effort to assist at an emergency while off-duty or outside their area within the state, discharge their primary responsibilities under circumstances requiring their assistance and reasonably consistent with their primary responsibility. Assure that any such coverage does not singularly impact the workers compensation, VAWBL, or VFWBL experience rating and rates of the individual's home service.

EMT INTERMEDIATE LEVELS OF CERTIFICATION

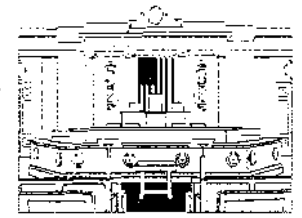
Insure that all levels of EMT certification issued by the New York State Department of Health are recognized in all regions of New York State. Some regions in New York State do not recognize EMT Intermediate or EMT Critical Care levels of certification. The Association seeks to insure that these Advanced Life Support levels potentially attainable by volunteer services are recognized and meaningfully incorporated in all regions of New York State.

STATE EMS OFFICE, STATE EMS COUNCIL, REGIONAL COUNCILS


The Association believes that the state EMS office, state EMS council and regional councils should emphasize the provision of technical and other assistance to volunteer squads. Priority areas for assistance include: member recruitment, squad management and development of networking and cooperative agreements between neighboring squads.

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www.onthejobauctions.com

Don't throw away that used equipment! Sell it! A new auction website has opened specifically serving the Emergency Services & Public Safety Community and registration is free. ONTHEJOBAUCTIONS.COM allows individuals, agencies and municipalities to list new or surplus items for sale without charging a listing fee. A small commission fee is applied only if items are sold. Most larger online auction sites charge an upfront listing fee that is forfeited if items are not sold and require a minimum amount of money in the sellers auction account.

The site is owned and operated by Linda Reissman, an EMT and former NYS DOH employee. The no-risk free listing policy is especially attractive to volunteer agencies and municipalities who want to sell their surplus without risking money if items don't sell right away. Volunteer agencies can raise funds and at the same time converting cluttered storage areas to usable space. Lady's Auxiliary's, youth squads and agency sponsors can also use the site for gen-

National EMS Scope of Practice Model

As part of their commitment to realize the vision of the EMS Agenda for the Future, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Human Services Administration (HRSA) have funded a project to develop a Model National Scope of Practice for all levels of EMS providers. NHTSA awarded a cooperative agreement to the National Association of State EMS Directors (NASEMSD) to lead this project. As primarily a regulatory document, the NASEMSD will be working very closely with the National Council of State EMS Training Coordinators (NCSEMSTC) to develop this product. The National Scope of Practice Model is part of an integrated plan to strengthen the infrastructure of EMS education as proposed in its EMS Education Agenda for the Future document.

"Scope of practice" defines activities and procedures that are legally permitted to be done by a licensed individual. "Standard of care" is different in that it spells out what must be done. The project being worked on could have a major impact on future EMS including a change from provider certification to provider licensing.

Nine years ago there were 44 or more different levels of EMS provider certification in the US. The project recognizes that there are some common titles and a need to strike a balance between preserving traditional titles for which there is public and professional recognition with the need to be descriptive and contemporary. There is also a recognition that while the project now envisions 4 distinct EMS skill levels there may need to be a 5th level placed between the EMT and paramedic level as well as specialty certifications to respond to local needs for flexibility or to recognize continuing education. The four EMS levels proposed are:

eral fundraising activities by selling items or pledges. Most people are very comfortable using the Internet and rather click a button to donate rather than write a check. The auction site also offers E-stores for \$4.99 a month, about half the price of the average auction site E-store fee where you will see many community-based businesses selling items at reasonable prices.

Another feature of the site is the "Member in Need" program. Authorized fundraisers for sick or fallen members of a uniformed service can use the auction site commission free to raise needed funds. The authorized charity can sell pledges or items not just locally but to the nationwide family of emergency professionals.

A sister site, 911joblist.com, will be available soon and will provide nationwide classified ads for emergency services jobs.

- Emergency Medical Responder: Currently called First Responder. Skills proposed include airway and breathing adjuncts, unit dose auto-injectors, manual BP and AED use.
- Emergency Medical Technician: Skills proposed include manual triggered ventilators, transport ventilators, esophageal-tracheal multi-lumen ventilators, tracheobronchial suctioning, blood glucose monitoring, assisting and/or administering over-the-counter medications, administering nitroglycerine, epinephrine and inhaled beta agonist, maintaining non-medicated IV lines and spinal mobilization, PASG (Mast trousers), mechanical CPR and pulse oximetry. Basic initial training requirements could go from 120 hours to 200 hours or more.
- Paramedic: Acute management and transportation of critical patients requiring completion of an accredited program at the Certificate or Associate Degree level.
- Advanced Practice Paramedic: Possess clinical care capabilities that enable them to be deployed in locations where little or no EMS infrastructure is in place or operate in EMS systems that desire to release or refer patients. Prohibited skills would include surgical procedures, independent practice and prescribing medications. Training would require the equivalent of a Bachelor degree or higher.

The project has a web site at www.emsscopeofpractice.org and the first draft of the proposed National EMS Scope of Practice Model is available on-line. Provision for feedback comments and an E-newsletter should be up and running soon.

(Continued from page 4) Emergency Warning Lights & Parking Procedures

red or red/white lights; they can use amber along with the red or red/white lights. The NFPA does not allow amber to be displayed to the front in the "response" or "moving" mode. Blue light is more visible to the eye at night. It does not blend in with the many red lights used at night or on vehicles at night. In New York State blue is not allowed on emergency vehicles. Only volunteer firefighters or ambulance personnel can use blue or green lights in New York State!

What is the answer? For parking situations we should limit the use of the warning lights. Warn only from the direction that the traffic is coming towards the scene. You will be amazed how the total scene will calm down when the warning light usage is reduced. Equip the rear of your vehicles with at least one amber light to send the message "caution – stay away". Be careful how you use your headlights, spot lights and other flood lamps; you may be blinding oncoming drivers and other personnel on the scene. Equip your vehicles with "arrow sticks". DOH & NFPA both address shutting down most of these lights.

Many fire, EMS and police are using this limited use procedure at all scenes. In a recent training video the Phoenix, Arizona Fire Dept. recommends reducing the warning lights, displaying amber and using the hazard flashers to make the scene safer. On the controlled access highways the vehicle closest to oncoming traffic stops several hundred feet prior to the scene, parks at a slight angle, activates the 4-way flashers and displays only rear facing lights, amber on the left and red on the right. All other vehicles shut off all the warning lights and park in a safe position at an angle if possible. The results have been much more control over the traffic that is moving past the accident or situation. There is less confusion – they don't have the flashing lights ("carnival") to look at. The other lane keeps moving without the gaper's block, they slow to 40 MPH or so and keep on going even though there are several emergency vehicles at the scene in the other lane. This same procedure can be used on other roadways with minor modification.

At other fire and emergency scenes the same procedure can be used. My fire department and ambulance squad (Rush Fire/EMS District) has used this procedure for 15 years with excellent results! The reduced lighting policy is used with distracting and blinding warning lights being shut down. Adequate warning is provided with one red and amber light (arrow if equipped) along with the hazard flashers. Our chief's lights bars have amber "arrow sticks" built in and they are used also. All of our vehicles have amber on the rear. It is much easier to see what is going on, everyone calms down and most of the crowd goes home!

Child Abuse & Neglect Info CD-ROM

Center for Pediatric Emergency Medicine (CPEM) announced the release of *Child Abuse and Neglect: A Prehospital Continuing Education and Teaching Resource*. This CD-ROM, the latest addition to the existing literature available for the education of prehospital providers, is based on a national study of what EMTs and Paramedics know about child abuse and neglect. It is the result of years of research and collaboration on fed-

NFPA 1901 addresses the warning light problem and has taken it out of the operators hands with automatic shut down of blinding warning lights. NFPA also requires a "response" and "blocking" mode of operation, amperage load monitoring system and a restriction on how many amps the lighting system can draw. These requirements were way over due! If you have an older vehicle you can obtain the same results by the switches on the dash, use them to shut down most of the lights when parked at the scene.

Cones and/or Flares – When using flares and/or cones use the examples that the DOT and road construction crews provide. Place them far enough back to give proper warning and spread them out. On a 65 MPH highway they should be at a minimum 65 feet apart. The first cone or flare should be 1000 feet prior to the problem. On most other roads 40 feet apart will do it, starting 400 feet back. I know it is hard to believe but that is the distances that highway workers use every day and provide direction to thousands of vehicles going through work zones with very few incidents or accidents.

Parking Considerations – If possible park your vehicles on one side of the street and at an angle towards the curb. Park back at least 100 feet. If you're going to protect the scene with your vehicle do so in a manner that will provide the desired protection. After reviewing numerous collisions where emergency vehicles have been run into from the rear it has become clear to me that the protection that people think they are providing in front of their emergency vehicle does not exist. Even heavy fire apparatus with the brakes locked and the wheels chocked have been driven up to 100 feet when struck by a vehicle that didn't weight one-third as much! Firefighters, police and EMS personnel have been killed in these collisions. If you stop back 100 feet (minimum) and angle the vehicle to the right you are providing the pump operator a safe area and if the vehicle is hit it will go to the right side of the road and not up to the scene. The vehicle doing the striking usually comes to a grinding halt less than 25 feet from the area of impact. If you have to cross the road to accomplish your mission, angle the vehicle to the left. Both of these angle procedures also keep the blinding headlights from making your scene unsafe.

eral, state, and local levels. The resource is also on the COEM web site for free download. An enhanced disc containing graphic pictures will be available for purchase from CPEM for \$10. For additional information contact CPEM at Bellevue Hospital, Room 1 East 9, 27 Street and First Avenue, New York, NY 10016 or call (212) 562-4470 or e-mail info@cpem.org.

MARK I Kits

The Mark I Kits that were supplied to ambulance services by New York State will be expiring August 31, 2005. The state has no intention of re-supplying new Mark I Kits.

Safety Equipment America (SEA) Offers Training For Its Respirators

50,000 respirator/PPE kits were acquired by New York State and are being distributed to emergency service providers through county Emergency Management Offices. Training in fit testing and use of the respirators is being left up to the recipients. SEA is offering to provide this missing part of the package. Because of the spread out distribution of the PPE kits and that

individual response organizations received only a limited number of the kits, SEA will provide train-the-trainer sessions for county level or other such multi-organization groups. If interested in more information about the training offer contact Tom Sirchia at Safety Equipment America, 11 Business Park Drive, Branford, CT 06405, (203) 483-9483.

Emergency Ambulance Service Vehicle (EASV) Equipment Waivers

EASVs are agency or privately owned vehicles authorized by an ambulance service to bring personnel and equipment to the scene of an emergency. Under NYS Vehicle and Traffic Law they are considered authorized emergency vehicles and can be equipped with a red light and siren. EASVs can be any type of "vehicle" including a bike unit or all terrain vehicle (ATV). Independent BLS and ALS First Responder services do not meet the NYS Public Health Law Section 3001 definition of an ambulance service as they rely on other services for the transportation of sick or injured persons. Part 800 of the NYS Emergency Services

Code and various NYS Department of Health Policy Statements including 98-16, 00-08 and 01-01 spell out equipment and policy requirements for EASVs.

Effective 11/3/04 regulations have been amended to provide that "a waiver of the equipment requirements for EASVs may be considered when the service provides an acceptable plan to the Department demonstrating how appropriate staff, equipment and vehicles will respond to a call for emergency medical assistance. The Regional EMS Councils will be solicited for comment".

NYS Sanitary Code Part 18 & EMS Requirements at Large Gatherings

Based on a brochure issued by the NYS DOH

Whenever large groups of people gather for an event, organizers must make special plans. In addition to security, sanitation and similar issues, emergency medical services are essential to public safety. The size and density of the crowds, the nature and risk of the activities and the specialized techniques required for medical care, equipment and rescue methods mandate a different and more sophisticated method and approach than traditional in-house first aid services.

Part 18 of the NYS Sanitary Code provides a mechanism to ensure that EMS will be provided for the public by properly trained and equipped providers. The organizers or promoters of a large event are required to obtain a permit, advising local, municipal and public safety officials, including police, fire and local emergency medical service agencies of the event in writing. What is considered a health care facility is described and guidance is provided on obtaining a permit and record keeping requirements. Based on expected attendance, there are specific levels of EMS personnel, equipment and supplies that have to be provided including:

- For 5,000 to 15,000 attendees, there shall be one emergency health care facility onsite staffed by a minimum of two emergency medical technicians, one ambulance onsite staffed by at least one emergency medical technician, and the services of a physician available to the site within 15 minutes.
- For 15,001 to 30,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency

medical technicians, one ambulance onsite, staffed by at least one emergency medical technician and the services of a physician available to the site within 15 minutes.

- For 30,001 to 50,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency medical technicians, two ambulances onsite, each staffed by at least one emergency medical technician, and a physician onsite.
- For over 50,000 attendees, there shall be two emergency health care facilities onsite, each staffed by two emergency medical technicians, three ambulances onsite, each staffed by at least one emergency medical technician, a physician onsite and a written statement shall be available describing the impact the event will have on public safety and emergency medical services in the area, which must include comments by local police, fire, emergency medical services personnel and other public safety officials who have jurisdiction to provide services.

EMS agencies that become aware of planned large gatherings in their area should ensure that promoters and organizers are informed of Part 18 of the NYS Sanitary Code and its requirements. For full information on Part 18 requirements go to the NYS DOH Bureau of EMS web site at <http://www.health.state.ny.us/nysdoh/ems/part18.htm>

2004 Competitions

Bayshore-Brightwaters Competition on August 22

EMT Adult

Problem # 1:

1st Place Exchange Trauma Mamas
2nd Place Whitestone Millennium Unknowns

Problem # 2:

1st Place Exchange Trauma Mamas
2nd Place Whitestone Millennium Unknowns

Overall:

1st Place Exchange Trauma Mamas
2nd Place White Stone Millennium Unknowns

CFR Youth

Problem # 1:

1st Place Manorville Bod Squad
2nd Place Bayshore Manic Medics
3rd Place Exchange Exit Wounds
4th Place Huntington Hot Shots

Problem # 2:

1st Place Bayshore Manic Medics
2nd Place Exchange Exit Wounds
3rd Place Manorville Bod Squad
4th Place Huntington Hot Shots

Overall:

1st Place Exchange Manic Medics
2nd Place Manorville Bod Squad
3rd Place Exchange Exit Wounds
4th Place Huntington Hot Shots

DISTRICT 7 Competition on August 29

CFR YOUTH TEAMS

Bayshore Manic Medics
Central Islip-Hauppauge Life Savers
Exchange Exit Wounds
Glendale EDP's
Glen Oaks Loco in Acapulco
Huntington Community Hot Shots
Manorville Bod Squad
Combined Huntington/Glen Oaks

Problem # 1:

1st Place Glendale EDP's
2nd Place Bayshore Manic Medics
3rd Place Exchange Exit wounds

Problem # 2:

1st Place Huntington Hot Shots
2nd Place Bayshore Manic Medics
3rd Place Glen Oaks Loco in Acapulco

Overall:

1st Place Bayshore Manic Medics
2nd Place Glendale EDP's
3rd Place Huntington Hot Shots

EMT Adult Teams

Bayshore Fallen Angels
Bayshore Acme EMS
Glendale Graveyard Dogs
Exchange Trauma Mamas
Whitestone Millennium Unknowns

Problem # 1:

1st Place Bayshore Fallen Angels
2nd Place Exchange Trauma Mamas
3rd Place Whitestone Millennium Un-

knowns

Problem # 2:

1st Place Exchange Trauma Mamas
2nd Place Bayshore Fallen Angels
3rd Place Glendale Graveyard Dogs

Overall:

1st Place Bayshore Fallen Angels
2nd Place Exchange Trauma Mamas
3rd Place Whitestone Millennium Unknowns

Glen Oaks VAC Competition on September 18

EMT Adult

Overall: Whitestone Millennium Unknowns

CFR Youth

Problem #1:

1st Place Bayshore-Brightwaters
2nd Place Glendale
3rd Place Exchange

Problem #2:

1st Place Bayshore-Brightwaters
2nd Place Exchange
3rd Place Glendale

Overall:

1st Place Bayshore-Brightwaters
2nd Place Exchange
3rd Place Glendale

Access Defibrillators Recalled

Access CardioSystems, Inc., Concord, MA on 11/11/04 initiated a voluntary recall of all of its Automated External Defibrillators (AED's). Additionally, for reasons beyond its control, the company is no longer doing business. Two separate problems were identified with the small hand held AEDs:

- Potential failure of the shock delivery circuit. Serial numbers involved are 075690 – 077140.
- Potential of the AED to turn on unexpectedly and not be able to shock. Serial numbers involved are 075180 – 084760.


Users are advised by the company to immediately discontinue use of and to remove from service Access CardioSystems AED devices with the above referenced serial numbers. Some users, however, who cannot immediately replace the machines have made a decision that an AED that may not shock is better than no AED at all and will continue the affected AEDs in service until such time as they can be replaced.

FDA information on the recall is on-line at http://www.fda.gov/oc/po/firmrecalls/accessCardio11_04.html


http://www.fda.gov/oc/po/firmrecalls/accessCardio11_04.html

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PULSE CHECK 2005



The 50th Annual Educational
Conference and Trade Show
September 22 through 25 at the Hudson
Valley Resort in Ulster County, NY

Bits from Around the State and Beyond



District 1

Hudson Valley REMAC issued Guidelines for ALS Utilization on 11/8/04 in part to establish a process of handing off patients from ALS to BLS providers. Regional protocol had called for ALS providers to contact Medical Control before "down triaging" a patient but there was concern that the

requirement would overburden the medical control communication process. The doctors, however, were also concerned that there was an identifiable problem that PCR's routinely failed to include assessment and treatment procedures performed by ALS providers when patients are subsequently determined to need only BLS care. Now, ALS providers must complete a PCR documenting the intercept and the patient's condition. Hudson Valley protocols contain no provision at all to allow transfer of care from an EMT-P to EMT-I or EMT-CC level providers when ALS services are indicated. The full guidelines are on-line at <http://www.hvremaco.org>

District 4 & 18

NYC REMSCO elected new officers on October 14, 2004. Chairperson Arthur Cooper, First Vice Chairperson Jeff Horwitz, Second Vice Chairperson James B. Downey, Parliamentarian Al Rapisarda, Secretary Catherine Lind-Norton, and Joseph A. Marcellino, was elected to an At-Large seat for the term. Joe is a member of Flatlands VAC, serves as the Brooklyn representative on the District 4 & 18-FDNY Liaison Committee and works for NYC OEM.

Signed FDNY-OEM-REMSCO Indemnification Agreements have been returned by 50 of 69 ambulance services operating in NYC. Agreements are still outstanding from 12 VACs/VFDs, 3 private ambulances and 4 voluntary hospital services. After negotiations between representatives from NYSVA&RA, FDNY and REMSCO the latter two parties agreed to stipulations concerning privileges and immunities under Article 30 of the NYS Public Health Law, day-to-day mutual aid agreements and not assuming liability for any other party. NYSVA&RA District 4 and District 18 recommends squads to sign and return the agreement and will advise the Regional Council it would contact the 12 volunteer squads and encourage them to do so.

District 5 & 10

NY State Senator William Larkin from Cornwall-on-Hudson has come through in a big way for five Orange and Ulster County volunteer ambulance squads with \$100,000 in state grant funds to purchase needed equipment for the agencies.

- Chester Volunteer Ambulance Corps will receive \$30,000 toward the purchase of personal protective equipment including turnout coats, gloves, eye protection, and helmets specifically for members who treat motor vehicle accident victims.
- Esopus Volunteer Ambulance Squad will receive \$25,000 toward the purchase of a new ambulance.
- Town of Newburgh Volunteer Ambulance Corps will receive \$15,000 toward the purchase of automated external defibrillators (AED's), turnout coats, uniforms, and training equipment.
- Town of Highlands Volunteer Ambulance Corps will receive \$10,000 toward the purchase of turnout coats, uniforms, radios,

and pagers.

- Woodbury Community Ambulance will receive \$10,000 toward the purchase of stretchers, backboards, head immobilizer systems, monitors and stair chairs.

District 7

Long Island east end ambulance services expressed concerns about traffic to the East Hampton Star newspaper in July. Crews from several EMS services including Amagansett FD, East Hampton FD, Montauk VFD and Springs VFD complained about private vehicles whose drivers either fail to pull over as required by state law or stop in the middle of traffic lanes as well as the ones who tailgate emergency vehicles to get through heavy traffic. Many instances were attributed to loud music systems with AC on and windows closed as well as the usual summer influx of vacationers, especially those from Manhattan where traffic often has nowhere to pull over to let emergency vehicles get by. Family members riding up front in ambulance cabs sometimes become irate seeing what is delaying getting loved ones to a hospital. Traffic problems on summer weekends on both the north and south forks can be horrendous with only one lane in each direction on the main highways but volume drops off in the fall.

Shirley Community Ambulance, Suffolk County, is reported by News 12 Long Island to have been under audit by the state after reported problems with an EMT training program. The station reported in mid August that an EMT test at the Shirley facility was stopped and rescheduled at a site in Hauppauge under state and county supervision.

Suffolk County agencies in Holbrook, Lakeland, Ronkonkoma, Patchogue and Sayville have launched daytime mutual aid. The move comes at a time of media reporting of response time problems as well as county legislation introduced to reward cooperating agencies with enhanced liability coverage and penalize high response time agencies by denying county coverage. Newday is reporting that in 2003 more than 2,300 calls had a response time of over 20 minutes. The Suffolk REMSCO has set a goal of a 9 minute response time 90% of the time.

District 10

Oswego, NY Common Councilors facing tough budget problems in August began raising the idea of taking EMS ambulance responses from its municipal fire department and turning them over to a private for-profit company as a way of saving money. OFD employs 66 full time fire fighters and EMS personnel. It operates 2 ambulances providing ALS ambulance service for the City of Oswego and three surrounding townships. Of over 3,000 emergency responses a year, ¾ are medical calls.

Otsego County ALS intercept changes are in the works. The municipal Oneonta Fire Department will no longer dispatch its ALS ambulances to intercept volunteer BLS ambulances on their way into Fox Memorial Hospital in Oneonta. The city cited 92 intercepts in 2003 that cost it \$30,000. The fire department put out the word that after 1/1/05 agencies needing ALS intercepts would have to make other arrangements for help. A second po-

(Continued on page 11)

(continued from Page 10) *More Bits From Around the State*

tential change proposed by the Otsego County EMS Task Force would require county 911 dispatchers to assure that ALS personnel are sent to every life threatening emergency. If the primary ambulance does not have such personnel the county dispatcher would be obligated to send a second ambulance with ALS personnel on board to intercept the first. This proposal was tabled by the Otsego County Board of Representatives for further study. The county has 6 EMT-P level ambulance services, 10 EMT-CC services and one at the EMT-I level as well as 11 First Responder services, 9 of which are at the BLS level.

A Sunday morning car vs. Finger Lakes Ambulance collision in Hopewell, Ontario County on August 1, 2004 resulted in the deaths of two women, aged 91 and 86. News reports indicate the car failed to yield the right of way at an intersection and both vehicles ended up in a cornfield with the ambulance overturning at least once. Three on the ambulance, which was not transporting a patient, were injured. Finger Lakes Ambulance is a commercial ALS service headquartered in Clifton Springs, NY.

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

Cincinnatus Fire Department, Cortland County has started a fund drive to provide all its EMT members with defibrillators. The department provides AEMT-CC level ambulance services for eight rural towns. For cardiac arrest calls a first responder can get to a patient well before an ambulance could arrive. \$30,000 is the estimated cost of the providing the defibrillators. In June 2003

the department was awarded \$75,042 in federal funds from Federal Emergency Management Agency's (FEMA) Assistance to Firefighters Program to increase the effectiveness of the department's firefighting operation and firefighter health and safety programs.

TLC Emergency Medical Services in Cortland, NY has taken over helicopter medivac services in central New York from the Rural-Metro Medical Services operations in Syracuse. TLC's medivac coordinator is stationed at the county operated 911 center in Cortland.

Buffalo - after eight years of dual 911 EMS coverage, has only one municipal ambulance provider. City officials had been working toward contracting with just one ambulance provider in exchange for a franchise fee. Twin City Ambulance felt that the annual franchise fee that Buffalo wanted was too much and found other contracts leaving Buffalo 911 responses to Rural/Metro Ambulance. Rural Metro assured city officials that response times would remain the same once they started covering the entire city January 1st under a \$350,000 franchise fee contract. However, MedCorp which serves municipalities in Ohio such as Toledo, has complicated things by offering to pay a franchise fee of \$500,000 for the privilege of responding to Buffalo's 911 calls. It is expected the city will chose a sole provider shortly and sign a contract by April 2005. The Buffalo Fire Department provides rescue squad, first aid and other services as needed.

District 12

Nassau County's Office of Emergency Management has begun distribution of Personal Protective Equipment (PPE) kits to the area fire and EMS first responders to protect against weapons of mass destruction (WMD) events and HAZMAT discharges. Materials for 50,000 kits were purchased by New York State with domestic preparedness funds provided by the federal government. The kits are meant for fire and EMS vehicles including chiefs' and EMS first response vehicles. Each kit consists of a Safety Equipment America (SEA) domestic preparedness butyl rubber full face mask, filter, voice amplifier, first aid supplies, vest, back pack, belt/leg pack and TYVEK pack. Receiving agencies are expected to arrange for training in fit testing and use of the equipment.

District 19

Monroe County's new EMS Coordinator is Timothy Czapranski who comes to the position from Rural/Metro's operations in Rochester and Corning. Responsibilities of the job include oversight of mutual aid plans and training and development of MCI plans.

District 20

Malta Ambulance Corps in Saratoga County has moved into a new \$1.8 million headquarters on Route 9. The building is twice the size of the previous quarters, the vehicle bays can accommodate the squad's 6 ambulance plus up to 2 more and crew amenities include a bunk room, full kitchen and lounge area.

District 30

Columbia County Mutual Aid Plan developed. The plan, devel-

(Continued on page 12)

(Continued from page 11)

oped over a 4 year period, would affect on-duty crews and their rigs on an EMS call. It applies if they are unavailable to answer subsequent calls, in multiple-casualty incidents, or when the level of care needed for a patient exceeds the training of the home squad or if an ambulance has broken down. It will not be used for scheduled, routine or other non-emergency services such as routine transports. An ambulance crew called in under the plan would be directed to relocate to another predetermined location that could be the station of the requesting EMS agency or another designated point. The plan includes specifics of those posting points for all the squads of the county. There are 7 EMS ambulance services supplemented by about 14 first responder services in the county.

Schenectady, NY was considering dropping its fire department operated 16 member ALS ambulance service as a budget saving move. Mohawk Ambulance Service, a private for-profit company, was mentioned by Schenectady's mayor as a viable option for providing emergency medical service within the city.

Rotterdam EMS is a new Schenectady area organization formed by the joining together of the Rotterdam Volunteer Emergency Medical Corps. and the White Eagle Rescue Squad. The new squad will continue to operate ambulances from both stations. For a number of years there had been merger rumors but action was finally started in 2002. The new agency can trace its lineage back to 1936 when 13 firefighters from the Carman Fire Department's Dare Devil Patrol competition team became concerned over the number of highway accidents in the area and the long wait before help arrived and decided to give up competition and devote their energies to first aid training and an ambulance service "the White Eagle Patrol", utilizing a 1933 Parkard Roadster.

Phoenicia VFD, Ulster County had to stop a runaway Ferris wheel at their fund raising carnival on Saturday evening 8/21/04. A cable snapped and a hand brake was unable to slow the wheel. 20 firefighters were eventually able to stop the ride and a ladder truck was used to get several children down from upper cars. Only the ride operator suffered a minor arm injury.

Putnam County fire and EMS personnel in Garrison, Phillipstown and Continental Village in the western part of the county are complaining that call information is not getting through to them resulting in delayed responses. On receiving an emergency call, the 911 call center in Carmel sends a landline signal to tower transmitters located on Mount Nimham in Kent, an AT&T tower in Phillipstown, Tinker Hill in Putnam Valley or the Graymoor Monastery in

Garrison. While the tone sets off pagers, the followup dispatcher's voice message giving call location and nature information does not come through. Geography of the region may be a part of the problem. If a response to the tone is not given within 5 minutes, mutual aid units are notified or the Westchester County dispatch center is asked to try and contact western Putnam units. Putnam officials indicate they are studying the feasibility and cost of upgrading the communications system including going to a microwave system but this has its own limitations.

Greater Amsterdam VAC (GAVAC), Montgomery County, as it has for the last 37 years will continue as the municipal ambulance service for Amsterdam, NY. That's the decision of 67% off voters this past election day. Earlier this year the Amsterdam FD, which provides ALS first responder service had proposed adding two ambulances to its fleet that it said would generate up to \$100,000 annually for the city. GAVAC is a combination volunteer/paid organization staffed by 50 EMTs and paramedics. It operates six ambulances providing 24/7 service to the Greater Amsterdam area, including the Town of Amsterdam which covers Cranesville, Fort Hunter, Tribes Hill, Fort Johnson, Hagaman, Town of Florida, parts of Perth, parts of Galway fire districts, Town of Glen, Town of Mohawk, Village of Fonda, Village of Fultonville, and part of Town of Root. GAVAC also provides ALS backup support for many surrounding agencies who are unable to practice at that level from Saratoga, Fulton and Schoharie Counties.

DUES REMINDER

NYSVA&RA dues are due. If you have not already done so — please send in your 2005 dues today.

Help support the voice of non-profit community and volunteer EMS in New York State. Remember to remit your dues today.

Thank you for your continued support.

EMS Training & Testing Issues

Regional Faculty totals 154 statewide.

On-site scoring locations will not be expanded in 2005.

Pilot CME Recertification Program:

- 45 day requirement for submission of paperwork will be strictly enforced.
- Packets can be submitted up to nine months prior to certification expiration.
- Audits of course sponsors have revealed problems such as CICs serving as practical skills coordinator and proctor, nu-

merous instances of fraudulent Pilot CME paperwork, limited collaborative documentation by agency and/or course sponsor and sponsors not holding a final skills exam but evaluating students as they passed through the course. As a result, instructors have lost their certifications and agencies have been dropped from the Pilot CME Recertification program.



Pulse Check 2004

NYSVA&RA OFFICERS FOR 2004-2005

<i>President:</i>	Michael J. Mastrianni, Jr., District 1
<i>Executive Vice President:</i>	Roy Sweet, District 19
<i>Vice President:</i>	Henry A. Ehrhardt, District 4
<i>Treasurer:</i>	Jean Gourley, District 18
<i>Financial Secretary:</i>	Helen Fries, Districts 4 & 12
<i>Secretary:</i>	Mandy Squillini, District 1

NYSVA&RA 2004 AWARDS

EMS Person of the Year:

Robert Kleinkopf, Huntington Community FAS

Leadership:

Andrea Golinsky, Huntington Community FAS

Educator of the Year:

Charles Hummel, Glendale VAC & West Queens EMT Institute

Unit Citation:

Glendale VAC

Medical Director of the Year:

Jeffrey Horwitz, DO, West Queens VAA QA/QI Committee

Civilian Award:

Cathy Westrum, Vista, NY for CPR save

Rescue-EMS Achievement:

Robert E. Radenburg, Commack VAC

NEW YORK STATE 2004 CHAMPIONSHIP EMT, CFR & AMBULANCE CHALLENGE DRILL RESULTS

Youth

Problem #1

1 st place:	Exchange Exit Wounds
2 nd place tie:	Huntington Community Hotshots
2 nd place tie:	Manorville Bod Squad

Problem #2

1 st place:	Manorville Bod Squad
2 nd place tie:	Bayshore-Brightwaters Manic Medics
2 nd place tie:	Glendale City EDPs

Overall

1 st place:	Manorville Bod Squad
2 nd place:	Exchange Exit Wounds
3 rd place:	Bayshore-Brightwaters Manic Medics

Adult

Problem #1

1 st place:	Bayshore-Brightwaters Acme EMS
2 nd place:	Exchange Entrance Wounds
3 rd place:	Mid County Extreme Team

Problem #2

1 st place:	Bayshore-Brightwaters Fallen Angels
2 nd place:	Bayshore-Brightwaters Acme EMS
3 rd place:	Wantagh-Levittown Budda Blues

Overall

1 st place:	Bayshore-Brightwaters Acme EMS
2 nd place:	Bayshore-Brightwaters Fallen Angels
3 rd place:	Whitestone Millennium Unknowns

Ambulance Drill

1 st place tie:	Glendale VAC Grave Yard Dogs
1 st place tie:	Mid County VAC Extreme Team
3 rd place:	Whitestone VAC Millennium Unknowns

* Glendale and Mid County tied on the overall score. The judges decided to break the tie using the patient problem section for which Glendale came out ahead. The Glendale team elected to

place both team names on the Legg Trophy.

In Memorium

District 4	Erick Gonzales – Corona VAC John Schefzif – Glendale VAC Robert Stonehill – Flatlands VAC
District 5	Laurine Berean – New Windsor VAC Michael C. Flannery – Town of Newburgh VAC Andrea A. Gerczak – Pine Island VAC Daniel Hart – Port Jervis VAC Vivian F. Kagan – Greenville VAC Theodore C. Kuykendall – Port Jervis VAC Mary C. McLaughlin – Monroe VAC
District 6	Richard C. Guttzeit – Cohecton VAC Elliott P. Moran – Jefferson First Aid Squad
District 7	Thomas Carter – Bayshore-Brightwaters Rescue Amb. Angelo DiGregorio – Huntington Community FAS Warren Doherty – Huntington Community FAS Hestella Houston – Powell/Huntington Community FAS Alan Johnson – Mastic VAC Marion Ryan – Huntington Community FAS Gina Stowe – Huntington Community FAS John Sullivan – Bayshore-Brightwaters Rescue
Amb. District 12	Arnd Bredow – Elmont VFD Louise DiGiorgio – Mineola VAC Gerald Garten – Elmont VFD Kevin Ingram – Elmont VFD August Ruppel – Elmont VFD Joseph A. Senger – Elmont VFD Herbert Spillane – Elmont VFD Frank A. Towers, Sr. – Elmont VFD
District 18	Javier C. Adrianzen – Whitestone Community VAS Josephine Chiavarine – Whitestone Community VAS Mary Ellen Hartin – Little Neck-Douglaston VAC Richard K. Jensen – Whitestone Community VAS Howard Limbach – Whitestone Community VAS Thomas Montgomery – Whitestone Community VAS Albert Phillips, Jr. – Whitestone Community VAS William Sokol – Whitestone Community VAS John Tobia – College Point VAC Mel Wolinski – College Point VAC
District 19	M. Mildred – Townsenf-Pregent/Clifton Park-Halfmoon VAC
District 30	Gerald "Jerry" Stalker – LODDCastleton VAC
NJSFAC	James Dodridge – LODD Old Bridge FAS James Lightbody – LODD Hahokus FAS & Paramus Rescue Ted Wolfe – West Milford First Aid Squad
JEMS	James O. Page – Publisher Emeritus

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

SEMAC Report on Interfacility & Specialty Care Transports

The State Emergency Medical Advisory Council (SEMAC) has issued a report and recommendations concerning personnel to be used on Interfacility Transports (IFT) and Specialty Care Transports (SCT).

The SEMAC subcommittee recognizes that transport crews may be composed on anywhere from basic EMT-Bs to full EMT-Ps, however, there may be patients that require a level of training and expertise above that of EMT-P. The interventions in place or that may be required may call for an EMT-CC or EMT-P with additional training or other personnel such as RN, PA, RRP or MD to name a few.

The subcommittee presented a recommended "Core Content"

curriculum for expanded scope of practice education for EMT-CCs and EMT-Ps. It also indicated that Regional Medical Advisory Committees (REMAC) develop specific Interfacility Transport protocols that take into account local needs while maintaining some degree of standardization. These regional protocols will be expected to specifically address procedural issues as well as medications and interventions to be utilized by EMT-CC and EMT-P credentialed providers during IFT and SCT patient movements.

It is expected that the full SEMAC will be reviewing and acting on the report and recommendations shortly.

State Emergency Management Office (SEMO)

ON-LINE NEWSLETTER

Management Times Online newsletter has been introduced by SEMO to be an informative and educational resource highlighting the latest issues within the emergency management community in New York State. Sections of the newsletter will cover headlines, feature articles, upcoming events, etc. To subscribe go to <http://www.nysemo.state.ny.us/PIO/emt/2004/index.htm>

JAMES W. TUFFEY APPOINTED AS SEMO DIRECTOR

Governor George E. Pataki has appointed James W. Tuffey as Director of the New York State Emergency Management

Office (SEMO), succeeding Edward F. Jacoby, Jr., who retired for health reasons after 44 years of State service. Before coming to SEMO, Tuffey was an Assistant Commissioner in the New York State Department of Conservation (DEC) in charge of the Offices of Public Protection, Regional Affairs and Labor Relations. He began his career in law enforcement with the City of Albany Police Department in 1975. After retiring from the Albany force in 1995 at the rank of Detective, he worked as a confidential investigator in the NYS Department of Labor before becoming Public Safety Commissioner in the City of Cohoes from 1996 until 1998 when he joined DEC.

Web Site to Help Prepare for Electronic Filing of IRS Form 990

EDINOnline.org to provide resources for digital filing

For several years, nonprofit leaders and accountants around the country have advocated for electronic filing of the annual reports (Form 990) most nonprofits are required to submit to the IRS and several state charity offices to improve the accuracy and timeliness of data, reduce paperwork, and increase the efficiency and effectiveness of federal and state charity regulators by redirecting limited resources from manually processing paper to conducting oversight and enforcement. Finally, that time has come. Beginning in early 2004, the IRS's Modernized e-File program will provide nonprofits a new option to electronically file Forms 990 and 990EZ through the Internet. Nonprofits also will be able to electronically file a request for an extension (Form 8868).

To help ensure a smooth transition to e-filing, the Electronic Data Initiative for Nonprofits (EDIN), a national collaboration housed at and administered by INDEPENDENT SECTOR in partnership with the Council on Foundations, GuideStar, National Council of Nonprofit Associations, and OMB Watch, has launched a new Web site and monthly e-newsletter to provide news, opinions, and information directly from the IRS Exempt Organizations e-file team, state charity officers, accountants, tax preparation software developers, and nonprofit and foundation executives. The project is supported by Carnegie Corporation, the Ford Foundation, W.K. Kellogg Foundation, the

David and Lucile Packard Foundation, and Surdna Foundation. The National Center for Charitable Statistics at the Urban Institute and Surdna Foundation serve as advisors.

Over time, e-filing the Form 990 will save significant time and expense. It will eliminate errors through consistency and accuracy checks and facilitate the integration of electronically produced information from bookkeepers, accountants, investment managers and other support functions. Key to a successful transition to e-filing will be the availability of software. The IRS's Modernized e-File Program is an open architecture system using XML. Assurance testing of exempt organization forms began November 4, 2003. Some e-filing software for the Form 990 is expected to be available in time to file 2003 annual information returns, although several software developers have indicated their plans to wait until 2005, and some software developers are simply waiting to gauge customer demand. To demonstrate the market and constituency for e-filing the 990, EDIN is building a national coalition of support from nonprofit organizations, foundations, state charity offices, and accounting practices. For more information, contact Claudia Holtzman, EDIN Project Director, at edin@IndependentSector.org.

Recently Issued NYS DOH Policy Statements

04-07 CFR/EMT-Basic Assisted Medication Administration issued 7/28/04: Delineates the role of CFRs and EMT-Bs in assisting a patient in taking their own prescribed medications. Nitroglycerin (tablet & spray), bronchodilator in metered dose inhaler and epinephrine in an autoinjector are the medications covered. Guid-

ance is provided on conscious/unconscious patients, containers that may not have the patient's name or medication shown and expired medications. Policy statements 84-22 Bee Stings and 99-01 EMT-B Assisted Medications are superseded/updated.

HIPPA – Health Insurance Portability & Accountability Act of 1996

April 14, 2003 was the deadline for many organizations to implement a new federal law protecting the privacy of patients' medical information. Covered entities included health care providers who engage in certain electronic transactions. Most EMS providers conduct electronic transactions such as claim filing either directly or through billing companies. Nearly all EMS providers became covered entities on October 16, 2003, when another new law took effect that requires all organizations to bill Medicare electronically.

The HIPPA law requires:

Giving each patient a printed privacy notice detailing what members of the organization can and can't do with patient medical information, what rights patients have over their medical information and how they can file a complaint if they feel their rights have been violated. For "regular or repeat" patients this needs to be done only once.

Train all EMS providers as well as other members and/or employees of the service regarding the HIPAA privacy rules. Institute security measures to protect confidential medical information. This means calls sheets and billing information sheets are dropped in a locked box and not left laying in "in-trays". Access should be on a need-to-know basis for such purposes as billing and quality reviews.

Designating privacy officials to handle complaints.

Some of the issues that have come up include:

Sharing patient care information, outcomes and billing information between hospitals and ambulance services – OK if both treated the same patient.

Radio transmissions – OK but use discretion. Use of patients' names over the air is rarely, if ever, needed. Notification to responding crew of address, patient complaint and notice to hospital of patient condition all can continue to be done and there is no requirement for encryption.

Critical Incident Stress Management (CISM) - within an agency is not affected but if outside counselors or responders are involved Confidentiality Agreements should be completed.

There are penalties for violations of HIPPA. These can include individual criminal penalties for particularly willful violations.

Squads that utilize billing companies should have received compliance information and guidance from the companies. For loads of additional information and guidance the following web sites are suggested:

<http://www.health.state.ny.us/nysdoh/medicaid/hipaa/hipaamain.htm>

<http://www.health.state.ny.us/nysdoh/medicaid/hipaa/notespriveng.pdf>

<http://www.pwwemslaw.com/ACTIVE/HIPAA/HIPAAmainPage.htm>

http://www.the-aaa.org/industryissues/reimbursement/HIPAA/HIPAA_Page.htm

<http://www.cms.gov/hipaa>

Bear Search & Rescue Foundation Offers Grants

On September 11, 2001, Captain Scott Shields and his eleven-year-old golden retriever, Bear, traveled to Ground Zero from Greenwich, Connecticut to help in the rescue efforts at the World Trade Center. Bear was one of the first canines to search the rubble. He worked eighteen-hour days and is credited with finding many victims. Bear was injured while working the site and the periphery of his wound became cancerous. Although Bear recovered from this initial illness, he died a year later of multiple forms of cancer.

The Bear Search and Rescue Foundation was established in Bear's name in the fall of 2002 by the prestigious law NYC firm of Proskauer Rose LLP. The Foundation was created to address the needs of both canine and non-canine search and rescue (SAR) teams across the country with funding for:

- Instruction in emergency management for SAR teams
- Equipment
- Marine rescue training
- To provide free air transport to active missions and training where possible.

Grants are awarded quarterly and while there are no dollar limits, requests must be reasonable.

Captain Scott Shields, along with Bear's son, Theodore, are available for public speaking engagements/presentations on:

- Search and Rescue Overview of the World Trade Center
- "Lost in the Woods Program"
- The use of general aviation volunteers with Search and Rescue
- Emergency Management for Business and Industry
- Marine Rescue

For more information about the foundation or to obtain a grant application go to the web site at www.bearsearchandrescue.org or write to The Bear Search And Rescue Foundation, c/o Anthony T. Wladyka III, Esq., Proskauer Rose LLP, 1585 Broadway, Suite 19-62 New York, NY 10036-8299.

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

Mark Your Calendars

2005 EMS WEEK

- NYC REMSCO RECOGNITION & AWARDS CEREMONY on Sunday May 15, 2005 at the Intrepid Sea, Air & Space Museum. Free admission to EMS personnel with ID and reduced admission to family members during the day. Reception in the evening.
- VOLUNTEER RECOGNITION DINNER sponsored by Districts 4 & 18 on Tuesday, May 17, 2000r at Russo's On The Bay, Howard Beach, Queens. For information contact Martin Grillo at (718)474-0680 or e-mail info@emrnyc.com

FIRE EXPO 2005 on May 20 to May 22, Friday through Sunday at the Pennsylvania Farm Show Complex, Harrisburg, PA. Admission if \$7. 350 vendors and over 225 emergency vehicles are expected to be displayed. This is one of the largest Fire-EMS-Rescue shows in the county with annual attendance running over 22,000. For more information go to the web site at <http://www.lcfa.com/EXPO>.

PULSE CHECK 2005 the 50th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association will be held September 22 – 25, 2005, Thursday through Sunday at the Hudson Valley Resort, Kerhonkson, Ulster County, NY – only 90 minutes from NYC. Event features seminars, exhibits, awards dinner and the country's only statewide EMT & CFR team skills competition. For information, call (877) NYSVARA or e-mail pulsecheck2000@aol.com.

VITAL SIGNS CONFERENCE 2005 on October 14 – 16, 2005, Friday through Sunday in Rochester, NY. Sponsored by NYS DOH Bureau of EMS. Includes general sessions, workshops, exhibits and awards banquet. For information contact Donna Gerard at (518)402-0996 extension 3 or check the web site at www.health.state.ny.us/nysdoh/ems/vitalsigns.htm.

**THE NEW YORK STATE
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