

1  
2 NEW YORK STATE  
EMERGENCY MEDICAL SERVICES COUNCIL  
3 (SEMSCO)  
4 Meeting

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9 DATE: December 2, 2009

10 TIME: 9:05 a.m. to 11:49 a.m.

11 LOCATION: Crown Plaza, Pearl Street Room  
12 Albany, New York 12207  
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1 SEMSCO - 12-2-2009  
2 (The meeting commenced at 9:05  
3 a.m.)  
4 MR. FAETH: Good morning  
5 everyone.  
6 (Off-the-record discussion)  
7 MR. FAETH: We can get things  
8 started here. I know we have a busy agenda for  
9 today.  
10 (Off-the-record discussion)  
11 MR. FAETH: Donna, would you like  
12 to start roll call?  
13 (Off-the-record discussion)  
14 DONNA: Nancy Benedetto.  
15 MS. BENEDETTO: Here.  
16 DONNA: Richard Brandt.  
17 MR. BRANDT: Here.  
18 DONNA: Daniel Blum.  
19 (No audible response)  
20 DONNA: Lolita Compas.  
21 MS. COMPAS: Here.  
22 DONNA: Dr. Cooper.  
23 (No audible response)  
24 DONNA: Paul Cousins.

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2 APPEARANCES:  
3 Donald Faeth, Chair  
4 Nancy Benedetto  
Lee Burns  
5 Paul Bishop  
Michael Blum  
6 Richard Brandt  
Sharon Chiumento  
7 Lolita Compas, R.N.  
Paul Cousins  
8 Timothy Czapranski  
Michael Dailey, M.D.  
9 Warren R. Darby  
Jack Davidoff, M.D.  
10 James Deavers  
Robert Delagi  
11 Donald Duvall  
Phyllis Ellis, R.N.  
12 Vincent Faraone  
John Hassett  
13 Mark Henry, M.D.  
Andy Johnson  
14 Bradley Kaufman, M.D.  
Alan Lewis  
15 Kim Lippe  
John Malinchock  
16 Michael Mastrianni, Jr.  
Cheryl Mayer  
17 Michael Murphy  
Michael Reid  
18 Walter L. Reischer, II  
Raymond Serowik  
19 Mike Taylor  
Storm Treanor  
20 Coleen Vesely  
Edgar Wedge  
21 Mark Zeek  
22  
23  
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2 MR. COUSINS: Here.  
3 DONNA: Tim Czapranski.  
4 MR. CZAPRANSKI: Here.  
5 DONNA: Warren Darby.  
6 MR. DARBY: Here.  
7 DONNA: Dr. Davidoff.  
8 DR. DAVIDOFF: Here.  
9 DONNA: Jim Deavers.  
10 MR. DEAVERS: Here.  
11 DONNA: Robert Delagi.  
12 MR. DELAGI: Here.  
13 DONNA: Don Duvall.  
14 MR. DUVAL: Here.  
15 DONNA: Phyllis Ellis.  
16 MS. ELLIS: Here.  
17 DONNA: Don Faeth.  
18 MR. FAETH: Here.  
19 MR. DELAGI: Vincent Faraone.  
20 MR. FARAONE: Here.  
21 DONNA: Dr. Funk.  
22 (No audible response)  
23 DONNA: John Hassett.  
24 MR. HASSETT: Here.

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 2 DONNA: Dr. Kaufman.  
 3 (No audible response)  
 4 DONNA: Alan Lewis.  
 5 MR. LEWIS: Here.  
 6 DONNA: Kim Lippes.  
 7 MS. LIPPIS: Here.  
 8 DONNA: John Malinchock.  
 9 MR. MALINCHOCK: Here.  
 10 DONNA: Mike Matrianni.  
 11 MR. MASTRIANNI: Here.  
 12 DONNA: Cheryl Mayer.  
 13 MS. MAYER: Here.  
 14 DONNA: Michael Murphy.  
 15 MR. MURPHY: Here.  
 16 DONNA: Michael Reid.  
 17 MR. REID: Here.  
 18 DONNA: Walter Reisner.  
 19 MR. REISNER: Here.  
 20 DONNA: Raymond Serowik.  
 21 MR. SEROWIK: Here.  
 22 DONNA: Storm Treanor.  
 23 MS. TREANOR: Here.  
 24 DONNA: Coleen Vesely.

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 2 MS. VESELY: Here.  
 3 DONNA: Edgar Wedge.  
 4 MR. WEDGE: Here.  
 5 DONNA: Mark Zeek.  
 6 MR. ZEEK: Yes. Here.  
 7 DONNA: Roll call complete.  
 8 MR. FAETH: Thank you, Donna.  
 9 Well, good morning. I hope  
 10 everyone had a -- an excellent Thanksgiving. Look  
 11 forward to your healthy and safe holidays coming  
 12 up.  
 13 I was asked to just remind  
 14 everyone, if you could, if you want to speak into  
 15 the mic, please -- please approach it, because  
 16 apparently there are some difficulties with the  
 17 sound if it's too far away from you. And they  
 18 would like if you do not bend the mic in any way.  
 19 Try to keep it in one -- one shape; okay? Whatever  
 20 that's worth.  
 21 Did everyone have a chance to --  
 22 to read the minutes?  
 23 FROM THE FLOOR: Yeah.  
 24 MR. FAETH: Do I have a motion to

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 2 approve the minutes from the last meeting?  
 3 MR. LEWIS: So moved.  
 4 MR. FAETH: Moved by Al Lewis.  
 5 Seconded?  
 6 FROM THE FLOOR: Seconded.  
 7 MR. FAETH: Any discussion?  
 8 (No audible response)  
 9 MR. FAETH: All in favor?  
 10 FROM THE FLOOR: Aye.  
 11 MR. FAETH: Any opposed?  
 12 (No audible response)  
 13 MR. FAETH: No abstentions?  
 14 (No audible response)  
 15 (The motion carried.)  
 16 MR. FAETH: So moved.  
 17 Okay. I'll begin, I -- I -- I  
 18 received two correspondences and -- and I sent one  
 19 out. The first correspondence was from a Mr.  
 20 William Debono (phonetic spelling). Mr. Debono had  
 21 asked myself if -- if it was possible for -- for  
 22 people who are currently C.L.I.s, who are no longer  
 23 working with an agency, if they can -- if they  
 24 would be able to certify as a C.I.C. I have

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 2 forwarded that letter to the D.O.H. staff, and I  
 3 spoke to education and training, who is going to  
 4 defer that to the -- to the D.O.H. staff until they  
 5 get an opinion on that. That was -- that was the  
 6 first.  
 7 The second correspondence I  
 8 received was from Mr. Robert Stueber. He collected  
 9 and forwarded e-mails from program agencies across  
 10 the state, concerning the lack of cost of living  
 11 increases that have remained level for ten years  
 12 for the program agencies, and -- and the impact  
 13 that that is having on -- on those agencies.  
 14 He had also a second concern,  
 15 which was a major one with all of them, was an  
 16 objection to the required yellow-book audits, which  
 17 apparently is very costly. And they -- they feel  
 18 is a little over the top for what is -- what should  
 19 be needed.  
 20 So, that too has been forwarded  
 21 to -- to D.O.H. and -- and will be open for  
 22 discussion also.  
 23 I did take the liberty of writing  
 24 a letter of support for E.M.S.C. for Children on

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 2 behalf of this body. That was -- that was  
 3 addressed to Lee Burns, and also to Martha Gote  
 4 (phonetic spelling), that we -- we as a body  
 5 support the E.M.S. for Children grand fund; okay?

6 And that concludes my  
 7 correspondences.

8 Chairman's report. Last night I  
 9 had the -- the pleasure, as many -- I see, many of  
 10 you did also, of attending Ed Wronsky's retirement  
 11 party. It was -- the staff did an excellent job,  
 12 as always, in putting this together, the location,  
 13 the food, and slide show was -- was very  
 14 interesting. Everybody had a good time. I -- I  
 15 had the honor and privilege of presenting Ed with a  
 16 plaque from this SEMSCO body, dedicated to his  
 17 years of dedication and service, and -- and  
 18 appreciation for what he has done for this body.

19 Ms. Lee Burns did an excellent  
 20 job of emceeding that -- that affair. And I -- I  
 21 believe I can speak for the entire SEMSCO body and  
 22 say congratulations, and you're doing an excellent  
 23 job. Newly -- newly acquired responsibilities and  
 24 roles, you've already demonstrated an ability,

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 2 obviously, to take this -- this job on. You've  
 3 been doing a very good job. And I am looking  
 4 forward, as I'm sure all of you are, to working  
 5 with Lee. And I just want to let you know that we  
 6 are -- we're here for you, as I know that you're  
 7 going to be here for us. And -- and I know it's  
 8 going to be a good working relationship.  
 9 Congratulations.

10 MS. BURNS: Thank you.

11 MR. FAETH: I move on to the  
 12 First Chair report.

13 MR. DELAGI: Ditto. All the way  
 14 across the board, no -- no other report. Thank  
 15 you.

16 MR. FAETH: Thank you, Bob.

17 Second Chair report.

18 MR. CZAPRONSKI: Same thing. I'd  
 19 also just like to add, and I know we'll probably  
 20 talk about it later, my thanks to you, Don, for  
 21 your work and leadership as chair this year. So  
 22 thank you.

23 MR. FAETH: Thank you, Tim.

24 E.M.S. staff report.

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 2 MS. BURNS: Have I got a list for  
 3 you. This is a scary view, I must say. I -- I  
 4 have the unpleasant task of talking to you about  
 5 the State's budget. The brighter side for you all  
 6 is that it should come as no secret that New York  
 7 State has budget difficulties. And how that  
 8 affects the Department, the E.M.S. Council, and  
 9 most importantly the E.M.S. community, is -- is --  
 10 is sort of kind of an evolving process.

11 The Health Department -- the  
 12 Governor ordered all departments in the state to  
 13 make midyear and next-year budget cuts. So midyear  
 14 is '9-10 budget, next year is '10-11 budget. The  
 15 Department held what they called exercises. They  
 16 told us that in the exercise, in your midyear  
 17 budget, you needed to propose an eleven percent  
 18 across-the-board cut. In the '10-11 budget you  
 19 needed to propose a twenty percent across-the-board  
 20 cut. We participated in this. The results were --  
 21 the Department's still considering it. We're not  
 22 sure what the end product will be, but I -- I will  
 23 tell you that it was a pretty staggering amount of  
 24 money.

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 2 We're -- you know, the governor  
 3 is committed to protecting local government and --  
 4 and local issues. E.M.S. is clearly a local issue,  
 5 and we -- we have done our absolute best to  
 6 articulate that so -- so it continues.

7 Presently, as of yesterday,  
 8 twelve of the nineteen program agency contracts  
 9 have been approved. We are waiting to hear on the  
 10 others. We're very hopeful. The Department has  
 11 really extended itself on behalf of our -- our  
 12 program agencies and contractors. Our staff in the  
 13 bureau, and the budget staff, have -- have worn a  
 14 path, literally, between the Tower and the Division  
 15 of Budget, and the Office of the State Comptroller.  
 16 They have hand-delivered your contracts and  
 17 paperwork. So they -- they have stepped up to the  
 18 plate and run with it. And -- and the results are  
 19 pleasing.

20 We have -- we have talked with  
 21 executive staff to ensure that they have a clear  
 22 understanding of the effects of these contracts at  
 23 the local level, from the system perspective, from  
 24 a medical control perspective, from a quality

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 2 assurance perspective. So things are happening,  
 3 things are moving. But as with all, nothing is off  
 4 the plate, and we're -- we're just beginning to  
 5 make the budgetary exploration.

6 With that said, as most of you  
 7 know, and the three of you that don't, the  
 8 Department ordered P.C.R.s, as we do customarily,  
 9 in June. The order was approved, but with the  
 10 budget constraints, the O.G.S. print contract  
 11 expired, and it was in the renewal process, which  
 12 should sound familiar to you. And so, they -- they  
 13 were unable to print them. And there -- and we ran  
 14 out of P.C.R.s in our warehouse. So we're working  
 15 with programs across the state to kind of move  
 16 what -- what P.C.R.s are out there around. We have  
 17 provided the P.C.R. proof to services, program  
 18 agencies, individuals who are interested in  
 19 printing them or making copies of them.

20 Our big push is, if you're going  
 21 to photo only one -- photocopy only one copy,  
 22 please make it the middle one, that's the research  
 23 copy, so that the service can keep the original and  
 24 make a decent photocopy for us to use from a

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 2 data-collection perspective. We understand the  
 3 difficulties in data collection in a -- in a  
 4 situation like this. We've been told by our print  
 5 coordinator that December 1st things should get  
 6 better. I haven't heard anything and it is  
 7 December 2nd.

8 The next generation of P.C.R.s we  
 9 expect to be printed in black and white, so  
 10 you'll -- there will be no red on them. We also  
 11 have been asked to remove the inventory control  
 12 number, that's the five dash number at the top.  
 13 We -- for -- for purposes of saving money, if you  
 14 want to put something in there, that's fine.  
 15 We're -- we -- we used it to keep track of the  
 16 numbers of P.C.R.s, but also to identify duplicate  
 17 P.C.R.s in our database. But we -- we have to make  
 18 concessions.

19 The other piece to this is that,  
 20 as you will know from your -- your minutes and the  
 21 handouts, you have been cut down to three meetings  
 22 in 2010. I -- I think that it doesn't make your  
 23 jobs impossible, it must makes them more difficult.  
 24 I would tell you that you need to do business more

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 2 efficiently. You need to think about how we --  
 3 we -- you conduct your business, because -- because  
 4 you have three meetings cannot be a reason not to  
 5 do something, or not to get anything done. My word  
 6 of advice to you in this crisis is that you have  
 7 three meetings, you have to get work done in spite  
 8 of the three meetings.

9 So that dovetails into my next  
 10 comment, and that is project management. The  
 11 Health Department has -- has a very sophisticated  
 12 project-management group. We're beginning to learn  
 13 about the project-management process, and we will  
 14 be sharing that with you. On a more simpler note,  
 15 though, to you who participate in committees, to  
 16 you who chair committees, to you all who sit on  
 17 committees, you have to work smart. You have to  
 18 choose attainable projects and attainable goals,  
 19 and you have to have a product. Three meetings  
 20 makes that difficult, but not impossible, but its  
 21 really, really important because as I said before,  
 22 and I will say to all of you again and again,  
 23 nothing is off the table financially, and somebody  
 24 above me, next to me, or you, will say okay, the

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 2 state council meets twice, state council meets  
 3 once. That has happened to other advisory councils  
 4 in the Health Department. So, I'm -- we are -- we  
 5 are -- we are, you know, dragging our feet to keep  
 6 three meetings, but your response to that is to be  
 7 more productive.

8 We have -- we're exploring  
 9 meeting options. Mike Taylor is working with our  
 10 disaster preparedness folks, to participate or have  
 11 an account with WebEx. We'll know more about that  
 12 in the coming weeks. We will -- we will make  
 13 conference-call arrangements for you; we will do  
 14 smoke signals; we will do whatever it takes to  
 15 assist you in getting your business done. You have  
 16 to work smart.

17 And when I say attainable  
 18 projects or -- that you can complete, one of my  
 19 examples at one of the committee meetings was, you  
 20 know, our -- our desire to change and update Part  
 21 800. No one wants that more than me. But doing  
 22 that in one year, in one lifetime, in one anything,  
 23 is -- is certainly a monumental task. So, I ask  
 24 you to change sections of Part 800 and make it a

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2 work plan, something that we can attain and move

3 through in a time line. That's what I mean by

4 attainable work plans and projects.

5 On to more positive things.

6 Vital Signs. Vital Signs was a

7 huge success. We descended upon Rochester with

8 just under nineteen hundred of our closest E.M.S.

9 friends. They had a great time. Rochester was an

10 excellent host. The reviews have come back very,

11 very positively. We're very encouraged, which is

12 good, because we set forward into a small burg

13 somewhere in the south of here for next year's

14 conference. If you -- if you hadn't heard,

15 we're -- we're descending upon Manhattan next year,

16 which is a huge undertaking. It's a huge

17 undertaking for the Department and the -- and

18 particularly the bureau. I think that Donna and

19 Val, starting probably tomorrow, if they haven't

20 already, will have their hands full with conference

21 issue.

22 A big part of that is that the

23 dates for the conference are August 26th through

24 29th, the hot season. I urge you all, please come.

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2 I -- I understand your constraints and everything,

3 but you represent the leadership of our state's

4 E.M.S. community. Your presence at these

5 conferences is noted; your participation is

6 appreciated. I know this from sitting next to you

7 at the -- at your council booth. You should be

8 recognized for your contribution to E.M.S. and this

9 is the best way to do it. New York is a new

10 challenge for us and we need your help. So we'll

11 be reaching out to -- to you, particularly from the

12 metropolitan area. We told Don we were going to be

13 staying at his house, so we'll be sending out his

14 address for reservations.

15 MR. FAETH: Just bring your

16 tents, I've got a piece of property.

17 MS. BURNS: So we're looking

18 forward to seeing you all in New York City.

19 With regard to blood and the

20 transporting of patients with blood running, that's

21 moving along at a steady pace. Ed met with the

22 blood council in early November. The council's

23 response to the proposed regulation changes that

24 would -- would enable E.M.T.C.C.s, and paramedics

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2 to transport patients with blood running, was well

3 received.

4 The next steps -- this is a

5 regulation change, and nothing is easy in

6 regulation changes. The next steps include a

7 review of the language by the Division of Legal

8 Affairs. They are in that process. We spoke with

9 the attorneys. Just before Ed left I made him call

10 them. And as -- as the attorney in charge, she

11 also is very positive about this. From her office

12 it goes to the -- the governor's office on

13 regulatory reform. If they have comments it --

14 it -- they may comment, it gets published for a

15 sixty-day comment period, which, if this were to

16 happen today, brings us to -- to early January.

17 Then the comments and the regulatory language come

18 back to the blood council for their consideration,

19 and either regulatory language changes or approval.

20 I -- I would love to be able to

21 tell you that by, you know, the -- the end of the

22 first quarter of 2010 we should be in good shape

23 with this, but you never know, so I'm -- I'm saying

24 the second quarter of 2010. But I just think it's

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2 important that you understand that our colleagues

3 in the blood and tissue program, Dr. Linden has

4 been an ally and this moves forward.

5 Respiratory-protection training.

6 Jim Soto is about to hit the road with the

7 Department's respiratory-protection training

8 program. The curriculum looks terrific. Jim does

9 a good job, no matter what the curriculum says.

10 His -- the program essentially talks about

11 respiratory protection and fit testing. It is --

12 it is continuing education. In the end he'll be

13 training local trainers to -- to train people to do

14 fit testing, and providing the start-up equipment

15 for that. He's scheduling programs now, and at the

16 end of this week he will be in Watertown. He does

17 have snow tires.

18 FROM THE FLOOR: He'd better have

19 them.

20 MS. BURNS: What I would say to

21 you all is that the -- the -- the participation, or

22 the folks coming forward to do this program, seems

23 to be pretty low. So bring the message back to

24 your providers. This is important. It's not that

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2 painful. Again, Jim is very lively, and I think  
3 the end result is really huge. So, keep your eyes  
4 peeled for that.

5 With that, just a quick H1N1  
6 update, which should kind of -- it brings it  
7 together, particularly affected are forty-three  
8 upstate counties. It appears that -- that the  
9 numbers of those people infected are stabilizing,  
10 or beginning to -- to diminish slightly. The folks  
11 in the Health Department report that the vaccines  
12 have been effective. They -- we have, as of last  
13 week there was eleven deaths reported, one of them  
14 was a pediatric patient. The State Education  
15 Department did approve Just-In-Time training for  
16 vaccination programs for E.M.S. providers.

17 With that said, the Governor  
18 extended the executive order another thirty days,  
19 permitting E.M.S. providers, under local health  
20 departments, to participate in vaccination programs  
21 or PODS. The Just-In-Time training, though, is  
22 like, six or seven hours. We're still trying to  
23 research that and get the actual fact information.

24 Yesterday at the SEMAC meeting

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2 Dr. Young reported that C.M.S. was granting  
3 alternative-site waivers to hospitals who put up  
4 clinics off site. He had said that the waivers  
5 were good for thirty days. He called me this  
6 morning to tell you he -- he goofed. It's  
7 actually, they're three-day waivers. As we -- as I  
8 get more information, I'll forward that, if -- if  
9 you want more information. He did send an e-mail,  
10 I just haven't had a chance to look at it.

11 Pending C.O.N. approvals -- or  
12 appeals, excuse me. Currently sitting in -- in our  
13 bureau of adjudication are two appeals, which  
14 Vinnie will talk about a little bit more, but --  
15 perhaps, but city of Utica and North Area Volunteer  
16 Ambulance Corps appeals to their REMSCO decisions  
17 are still being considered by our administrative  
18 law judges. It has been a very long time. Both of  
19 them were delivered in late March or early April to  
20 the A.L.J., so that's something that you'll talk  
21 about a little bit later.

22 And the last piece of this is the  
23 Niagara Falls Memorial Hospital filed an appeal  
24 against the Department and the SEMSCO, on your

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2 determination of their application for need. I  
3 have a meeting in the Division of Legal Affairs  
4 this afternoon, they're filing your defense -- our  
5 defense.

6 And lastly, as a legacy to Ed  
7 and -- and I think -- diversity. Diversity  
8 continues to be an issue for -- for the Council.  
9 An issue for the regional councils, and an issue  
10 for the -- at the provider level. We really need  
11 to continue efforts to diversify our E.M.S.  
12 representation at every level. This starts with  
13 participation from the State Council. You provide  
14 leadership. We know that our E.M.S. community  
15 is -- is diversely represented. We need those  
16 people in leadership roles in our E.M.S. programs  
17 across the state. And so, we need your commitment,  
18 we need committee participation. I think that,  
19 again, as leaders of the state's E.M.S. programs  
20 and community, you need to step up to the plate  
21 with this. So I will let Tim talk about that more.

22 But I think if you are not coming forth to  
23 volunteer, it is the prerogative of the chair to  
24 appoint you.

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2 That's my report, Mr. Chair.  
3 MR. FAETH: Thank you, Ms. Deputy  
4 Director.  
5 Any questions for Ms. Burns?  
6 Yes, Mike.  
7 MR. MURPHY: I'd just like to  
8 thank Lee for battling for the third meeting,  
9 obviously. Echoing some of your comments, which  
10 are obviously -- hit home about us having to be  
11 more efficient, and that we're in a budget crisis  
12 and that nothing's off the table financially, I  
13 guess I have to pick up my good colleague Mike  
14 Quinn's flag, and see, have we revisited the  
15 executive order, signed by a previous governor,  
16 concerning the Web casting, and the financial  
17 impact it has had on both the Council at the state  
18 level, and obviously at the council on the regional  
19 levels, considering the various public health  
20 crises that we faced of council offices nearly  
21 closing, not having sufficient amount of P.C.R.s,  
22 which skews our public health data, yet, you know,  
23 we still have this issue of the efficacy of the  
24 electronic Web casting.

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2 MS. BURNS: We -- I mean, in an  
3 effort to get up to speed, frankly, I have to -- I  
4 have to do a little research on the Web-based  
5 training programs. With regard to Web casting, as  
6 promised, I asked the Department's attorneys and  
7 their response was swift. At this -- at this time  
8 it is their position that the executive order does  
9 indeed cover the REMSCOs, and that Web casting has  
10 to continue.

11 With that said, though, I think  
12 that there are some very good options across the  
13 state for sharing resources, for Web casting, and  
14 sharing expenses. And I would urge the REMSCOs and  
15 the programs to continue talking with each other  
16 and working out some of those shared resources. We  
17 will continue talking about the Web casting issue.  
18 My -- was I, you know, bad at the last word thing,  
19 my question back to the attorneys is, in this  
20 environment of -- of shortages of money, is the  
21 biggest bang for our buck Web casting? And if we  
22 had to choose things that we needed to cut back on,  
23 what are our options with regard to that? And so  
24 far, that I have not heard back from, but that was

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2 just yesterday. So, I will -- I will certainly  
3 keep you posted.  
4 MR. MURPHY: And -- and -- and I  
5 appreciate that. I guess what I'm -- what I'm  
6 asking is has anybody approached the governor and  
7 said there's an executive order from a -- from a  
8 previous governor that you may or may not be aware  
9 of, and it's having a financial impact on the local  
10 regional councils?

11 MS. BURNS: I don't know. I can  
12 check.

13 MR. MURPHY: Thank you.

14 MR. FAETH: Any other questions  
15 for Ms. Burns?

16 (No audible response)

17 MR. FAETH: Okay. No. All  
18 right. Seeing none, is Dr. Dailey or Dr. Marshall  
19 here?

20 (No audible response)

21 MR. FAETH: Okay. Then Medical  
22 Advisor Report and SEMAC, Dr. Henry.

23 DR. HENRY: Sure. Well, Dr.  
24 Marshall's not here, he had to serve jury duty, so

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2 he's waiting to be called. And Dr. Dailey chaired  
3 the meeting yesterday, but I'll report on his  
4 behalf.

5 I think I want to start with the  
6 H1N1. So we -- we talked -- we had a discussion  
7 yesterday at SEMAC on H1N1. And there's a couple  
8 of things I want to highlight. One is that this  
9 executive order did come, for vaccination. And I  
10 was told -- we were told that in Rochester, for  
11 example, it was very useful, where paramedics  
12 helped vaccinate other paramedics and E.M.T.s. So  
13 it was Just-In-Time training. And as we had  
14 recommended from the Council and SEMAC a year or  
15 more ago, some of these preparations for pandemics  
16 or disaster have taken effect.

17 In that tone, you'll recall at  
18 the last meeting there was a recommendation from  
19 this council that there be training provided for  
20 Tamiflu, in the event that people were asked to  
21 distribute Tamiflu in various scenarios. And Dr.  
22 Kaufman had volunteered to come up with a training  
23 material for use in the regions, if this was going  
24 to come to be, and he did so. And that's

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2 available, and you're working on that at the  
3 present time. Okay.

4 I was talking to Lee Burns about  
5 calling together another meeting of the Disaster  
6 Committee before our next meeting, because some  
7 scenarios have happened that we predicted when we  
8 had a spike in H1N1 a few weeks ago. While there  
9 is a directive from the Department to not come to  
10 emergency departments unless absolutely necessary,  
11 in some regions, when doctor's offices were  
12 overwhelmed, their immediate response was go to the  
13 E.R. If that's the case, it's likely that E.R.s  
14 are overwhelmed, so the last thing we need is to  
15 spread contagion.

16 Part of this is, as Lee  
17 mentioned, the alternate-destination policy. So,  
18 if hospitals are going to be the quote, "last  
19 resort" to receive patients, and they come up with  
20 plans to see people in a different setting, so as  
21 not to mix germs, it's very important that it's  
22 very clear to the E.M.S. providers and hospitals  
23 about how you ask for these alternate-destination  
24 sites, so inadvertently you don't mix people. And

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 2 these things tend to happen on the fly, very  
 3 quickly. You know, the surge in infectious  
 4 diseases happens like a spike. So, I -- I think  
 5 it's important we get together on this, because  
 6 things that we predicted could happen. Hopefully  
 7 they won't, but it would -- it's -- it's necessary  
 8 to have preparation in advance. And we've been  
 9 trying to do that. We've been trying to be  
 10 responsible from our end of that.

11 And just as aside on this, SEMAC  
 12 yesterday received and recommended that we comply  
 13 with regional education of new drugs that might be  
 14 used in one region versus another, so it's similar  
 15 to what you're used to in terms of a formulary  
 16 that's in published books of -- for E.M.T.s and  
 17 paramedics, indications, contraindications, use of  
 18 drugs. But there were some educational objectives  
 19 that were added as well, that I think will be  
 20 useful. And we're asking Dr. Kaufman to  
 21 incorporate that when he does the next version of  
 22 the Tamiflu advisory.

23 So, if it's your pleasure, we  
 24 could go with some of the motions that need

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 2 approval by the Council?  
 3 MR. FAETH: Sure. We'll vote --.  
 4 DR. HENRY: Okay. All right.  
 5 First let me -- okay. Well, you have here the --  
 6 we approve the educational component for Tamiflu.  
 7 And I don't know that that needs a Council vote at  
 8 this point because the Council recommended that we  
 9 come up with this at the last meeting. So, I leave  
 10 that to you.

11 FROM THE FLOOR: It's really --  
 12 it's -- we just looked at Dr. Kaufman's draft  
 13 and --  
 14 DR. KAUFMAN: Yeah, I think it  
 15 was approved at the last meeting. I could put that  
 16 into the new format, and maybe we could distribute  
 17 that over the last week or so.

18 FROM THE FLOOR: Yeah, because  
 19 there's nothing available --  
 20 DR. KAUFMAN: Right.  
 21 FROM THE FLOOR: -- right now for  
 22 the body to look at.  
 23 DR. KAUFMAN: Right.  
 24 DR. HENRY: All right. Why don't

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 2 we do some of the protocols? Do you have the  
 3 Nassau protocol?  
 4 You --you recall last meeting we  
 5 were short one person on a quorum, one of our  
 6 members had to leave right before the formal  
 7 meeting. And there were two issues that came up,  
 8 one was the Nassau protocol, they had changes to  
 9 their cardiac, where they were requiring twelve  
 10 leads, and you know, moving towards STEMI centers  
 11 for people with M.I.s. And they had a change in  
 12 their respiratory protocol. And we approved that  
 13 with recommended changes, which Nassau accepted, so  
 14 that's -- that's one right there.

15 If there's any questions, Mr.  
 16 Hasset's here too.

17 I don't know what your pleasure  
 18 is, if you want to do these together or one at a  
 19 time. There are several motions.

20 MR. FAETH: We should probably do  
 21 one at a time.

22 DR. HENRY: Okay.

23 MR. FAETH: So the proposed  
 24 motion is to approve Nassau A.L.S. protocol changes

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 2 for respiratory and chest-pain protocols with the  
 3 following changes: Review the language in D in  
 4 respiratory arrest, agonal respirations, use of an  
 5 alternative airway devices instead of limiting it  
 6 to L.M.A.

7 DR. HENRY: And the other change,  
 8 which they accepted, was that with the intubation,  
 9 you know, they had a language that they would do  
 10 wave form capnography, if available. But we asked  
 11 them to strike that if available, to go back to the  
 12 advisory before, that intubation occurs when there  
 13 is wave form capnography, period. And they  
 14 accepted that proposal.

15 Correct, Mr. Hasset?  
 16 MR. HASSETT: Right.  
 17 DR. HENRY: Okay.  
 18 MR. FAETH: The final motion, I  
 19 don't know, can you shrink that down so it's  
 20 like -- part of it's cut off -- if possible.

21 DR. HENRY: You need a larger  
 22 screen.

23 FROM THE FLOOR: I'll get on  
 24 that.

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 2 (Off-the-record discussion)  
 3 MR. FAETH: There you go. I'm  
 4 glad I had that Lasik done.  
 5 DR. HENRY: Either you can read  
 6 it, or you can see it.  
 7 MR. FAETH: Okay. I just can't  
 8 see things close up now. Approve Nassau A.L.S.  
 9 protocol changes for the respiratory slash agonal  
 10 respirations and chest-pain protocols with the  
 11 following changes: Review the language in D. I  
 12 think I just read that. Is there something down  
 13 below that, or is that -- that's it.  
 14 FROM THE FLOOR: That's it.  
 15 MR. FAETH: Okay. D in  
 16 respiratory arrest/agonal respirations protocol, to  
 17 incorporate the use of alternative airway devices  
 18 instead of limiting it to the L.M.A.  
 19 Do I have any discussion? This  
 20 comes to the floor as a seconded motion.  
 21 (No audible response)  
 22 MR. FAETH: Any discussion?  
 23 (No audible response)  
 24 MR. FAETH: Do we need to have

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 2 role call vote on this?  
 3 DR. HENRY: It's two changes.  
 4 FROM THE FLOOR: It's protocol,  
 5 so --.  
 6 DR. HENRY: I don't know if you  
 7 want to. It's up to Lee.  
 8 MR. FAETH: Donna, I think we're  
 9 going to need a roll-call vote on a protocol  
 10 change.  
 11 DONNA: Nancy Benedetto.  
 12 MS. BENEDETTO: Yes.  
 13 DONNA: Richard Brandt.  
 14 MR. BRANDT: Yes.  
 15 DONNA: Daniel Blum.  
 16 MR. BLUM: Yes.  
 17 DONNA: Lolita Compas.  
 18 MS. COMPAS: Yes.  
 19 DONNA: Paul Cousins.  
 20 MR. COUSINS: Yes.  
 21 DONNA: Tim Czapranski.  
 22 MR. CZAPRANSKI: Yes.  
 23 DONNA: Warren Darby.  
 24 MR. DARBY: Yes.

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 2 DONNA: Dr. Davidoff.  
 3 DR. DAVIDOFF: Yes.  
 4 DONNA: Jim Deavers.  
 5 MR. DEEVERS: Yes.  
 6 DONNA: Robert Delagi.  
 7 MR. DELAGI: Yes.  
 8 DONNA: Donald DuVall.  
 9 MR. DUVALL: Yes.  
 10 DONNA: Phyllis Ellis.  
 11 MS. ELLIS: Yes.  
 12 DONNA: Donald Faeth.  
 13 MR. FAETH: Yes.  
 14 DONNA: Vincent Faraone.  
 15 MR. FARAONE: Yes.  
 16 DONNA: John Hassett.  
 17 MR. HASSETT: Yes.  
 18 DONNA: Alan Lewis.  
 19 MR. LEWIS: Yes.  
 20 DONNA: Kim Lippes.  
 21 MS. LIPPES: Yes.  
 22 DONNA: John Malinchock.  
 23 MR. MALINCHOCK: Yes.  
 24 DONNA: Michael Mastrianni.

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 2 MR. MASTRIANNI: Yes.  
 3 DONNA: Cheryl Mayer.  
 4 MS. MAYER: Yes.  
 5 DONNA: Michael Murphy.  
 6 MR. MURPHY: Yes.  
 7 DONNA: Michael Reid.  
 8 MR. REID: Yes.  
 9 DONNA: Walter Reischer.  
 10 MR. REISNER: Yes.  
 11 DONNA: Raymond Serowik.  
 12 MR. SEROWIK: Yes.  
 13 DONNA: Storm Treanor.  
 14 MS. TREANOR: Yes.  
 15 DONNA: Coleen Vesely.  
 16 MS. VESELY: Yes.  
 17 DONNA: Edgar Wedge.  
 18 MR. WEDGE: Yes.  
 19 DONNA: Mark Zeek.  
 20 MR. ZEEK: Yes.  
 21 (The motion carried.)  
 22 DONNA: Roll call complete.  
 23 MR. FAETH: Okay. The potion --  
 24 motion passes unanimously.

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2 Next.

3 DR. HENRY: Okay. The next item

4 from the last meeting was the issue of Solu-Cortef,

5 so -- the recommendation was to add Solu-Cortef to

6 the formulary. It wasn't a required drug to carry,

7 but -- but it was permissive, if regions chose to

8 do it. And you'll recall that we -- the discussion

9 was that Solu-Medrol could be used for patients

10 with adrenal crisis.

11 MS. BURNS: And you're going --

12 DR. HENRY: -- which is on the

13 formulary, which most regions already carry. So

14 it's to add Solu-Cortef to the formulary, that's

15 the motion.

16 MR. FAETH: Okay. Donna, we're

17 going to need another roll-call vote.

18 DONNA: Nancy Benedetto

19 MS. BENEDETTO: Yes.

20 DONNA: Richard Brandt.

21 MR. BRANDT: Yes.

22 DONNA: Daniel Blum.

23 MR. BLUM: Yes.

24 DONNA: Lolita Compas.

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2 MS. COMPAS: Yes.

3 DONNA: Paul Cousins.

4 MR. COUSINS: Yes.

5 DONNA: Tim Czapranski.

6 MR. CZAPRANSKI: Yes.

7 DONNA: Warren Darby.

8 MR. DARBY: Yes.

9 DONNA: Dr. Davidoff.

10 DR. DAVIDOFF: Yes.

11 DONNA: Jim Deavers.

12 MR. DEAVERS: Yes.

13 DONNA: Robert Delagi.

14 MR. DELAGI: Yes.

15 DONNA: Donald DuVall.

16 MR. DUVALL: Yes.

17 DONNA: Phyllis Ellis.

18 MS. ELLIS: Yes.

19 DONNA: Donald Faeth.

20 MR. FAETH: Yes.

21 DONNA: Vincent Faraone.

22 MR. FARAONE: Yes.

23 DONNA: John Hassett.

24 MR. HASSETT: Yes.

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2 DONNA: Dr. Kaufman.

3 DR. KAUFMAN: Yes.

4 DONNA: Alan Lewis.

5 MR. LEWIS: Yes.

6 DONNA: Kim Lippes.

7 MS. LIPPES: Yes.

8 DONNA: John Malinchock.

9 MR. MALINCHOCK: Yes.

10 DONNA: Michael Mastrianni.

11 MR. MASTRIANNI: Yes.

12 DONNA: Cheryl Mayer.

13 MS. MAYER: Yes.

14 DONNA: Michael Murphy.

15 MR. MURPHY: Yes.

16 DONNA: Michael Reid.

17 MR. REID: Yes.

18 DONNA: Walter Reisner.

19 MR. REISNER: Yes.

20 DONNA: Raymond Serowik.

21 MR. SEROWIK: Yes.

22 DONNA: Storm Treanor.

23 MS. TREANOR: Yes.

24 DONNA: Coleen Vesely.

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2 MS. VESELY: Yes.

3 DONNA: Edgar Wedge.

4 MR. WEDGE: Yes.

5 DONNA: Mark Zeek.

6 MR. ZEEK: Yes.

7 (The motion carried.)

8 DONNA: Roll call complete.

9 MR. FAETH: Again passes

10 unanimously.

11 So moved.

12 DR. HENRY: Okay. Let's do

13 tourniquets next. All right. So, you will recall

14 there was a discussion about where tourniquets

15 should be taught, in terms of steps to control

16 hemorrhage of an extremity. And we asked the State

17 Trauma Advisory Committee for their considerations

18 on this issue as well, and they looked over

19 materials and the text, the prehospital trauma life

20 support text, the sixth edition, which had a

21 discussion on the issue. And their -- their sense

22 was encapsulated in this paragraph from the

23 prehospital trauma life support text, which I'll

24 read to you.

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2 And it's this: It says "In the  
3 past emphasis has been placed on elevation of an  
4 extremity and compression on a pressure point  
5 proximal to the bleeding site as intermediate steps  
6 in hemorrhage control. No research has been  
7 published on whether or not elevation of a bleeding  
8 extremity slows hemorrhage. If the extremity is  
9 fractured, this maneuver could potentially result  
10 in converting a closed fracture to an open one, or  
11 in causing increased internal hemorrhage.  
12 Similarly, the use of pressure points for  
13 hemorrhage control has not been studied. Thus in  
14 the absence of compelling data, these interventions  
15 can no longer be recommended for situations where  
16 direct pressure or a pressure dressing has failed  
17 to control hemorrhage. If external bleeding from  
18 an extremity cannot be controlled by pressure,  
19 application of a tourniquet is the reasonable next  
20 step in hemorrhage control."

21 And it was the sense of the SEMAC  
22 that we would -- we should support this too, and  
23 recommend this for the next curriculum and protocol  
24 change, so that's our sense of this. I will say

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2 that there are -- there is some studies done on  
3 this, since this was published, and maybe prior.  
4 One I bring your attention to is an article in the  
5 Journal of Trauma by some surgeons, who -- the lead  
6 author is Kenneth Swan, Jr., and it's called  
7 "Tourniquets Revisited." It's in March of 2009  
8 where they ask these questions:  
9 What's the simplest tourniquet  
10 available? Can it be used below the elbow and the  
11 knee? Is pain a factor? What data supports  
12 so-called pressure points? And they measured  
13 Doppler signals as a measure of arterial pulses in  
14 the wrist and ankle. And they looked for ease of  
15 application and whether the person experienced  
16 pain. And the tourniquets were -- that were used  
17 were a blood pressure cuff, a half-inch rubber  
18 tubing, and cloth and windlass. And at -- at the  
19 end, their data -- their conclusion was -- our data  
20 indicate that all tourniquets can be used  
21 successfully below the knee or elbow. The cloth  
22 and windlass is the easiest to apply. It is  
23 probably the most readily available or simplest to  
24 procure slash improvise. Pain is irrelevant.

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2 Pressure point control of extremity arterial  
3 hemorrhage is a euphemistic misnomer. It was not  
4 effective at the pressure point. It was  
5 temporarily, but not sustained.

6 So that was -- that was one  
7 finding, and there's other -- people are looking at  
8 this issue now. So, if there's discussion in your  
9 regions, that's one thing I could refer you to.

10 But in -- in short, this is the  
11 recommendation of STAC; okay?

12 MR. FAETH: I believe that since  
13 this motion doesn't actually change the protocols,  
14 the recommendation, we're not going to need a  
15 roll-call vote. But it does come to the floor as a  
16 seconded motion.

17 So is there any discussion?

18 (No audible response)

19 MR. FAETH: No discussion?

20 (No audible response)

21 MR. FAETH: All right. Seeing  
22 none, all in favor?

23 FROM THE FLOOR: Aye.

24 MR. FAETH: Any opposed?

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2 (No audible response)

3 MR. FAETH: Any abstentions?

4 (No audible response)

5 (The motion carried.)

6 MR. FAETH: Passed unanimously.

7 So moved.

8 MR. JOHNSON: This will affect  
9 the state curriculum and the protocol. It's a  
10 revision, and so you may require a roll-call vote.  
11 This will change the protocol.

12 MR. FAETH: Okay. Well, do it  
13 just in case? All right.

14 MR. JOHNSON: Yeah, I would.

15 MR. FAETH: Okay. All right.

16 Donna. Sorry.

17 DONNA: Nancy Benedetto

18 MS. BENEDETTO: Yes.

19 DONNA: Richard Brandt.

20 MR. BRANDT: Yes.

21 DONNA: Daniel Blum.

22 MR. BLUM: Yes.

23 DONNA: Lolita Compas.

24 MS. COMPAS: Yes.

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 2 DONNA: Paul Cousins.  
 3 MR. COUSINS: Yes.  
 4 DONNA: Timothy Czapranski.  
 5 MR. CZAPRANSKI: Yes.  
 6 DONNA: Warren Darby.  
 7 MR. DARBY: Yes.  
 8 DONNA: Dr. Davidoff.  
 9 DR. DAVIDOFF: Yes.  
 10 DONNA: James Deavers.  
 11 MR. DEEVERS: Yes.  
 12 DONNA: Robert Delagi.  
 13 MR. DELAGI: Yes.  
 14 DONNA: Donald DuVall.  
 15 MR. DUVALL: Yes.  
 16 DONNA: Phyllis Ellis.  
 17 MS. ELLIS: Yes.  
 18 DONNA: Donald Faeth.  
 19 MR. FAETH: Yes.  
 20 DONNA: Vincent Faraone.  
 21 MR. FARAONE: Yes.  
 22 DONNA: John Hassett.  
 23 MR. HASSETT: Yes.  
 24 DONNA: Dr. Kaufman.

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 2 DR. KAUFMAN: Yes.  
 3 DONNA: Alan Lewis.  
 4 MR. LEWIS: Yes.  
 5 DONNA: Kim Lippes.  
 6 MS. LIPPES: Yes.  
 7 DONNA: John Malinchock.  
 8 MR. MALINCHOCK: Yes.  
 9 DONNA: Michael Mastrianni.  
 10 MR. MASTRIANNI: Yes.  
 11 DONNA: Cheryl Mayer.  
 12 MS. MAYER: Yes.  
 13 DONNA: Michael Murphy.  
 14 MR. MURPHY: Yes.  
 15 DONNA: Michael Reid.  
 16 MR. REID: Yes.  
 17 DONNA: Walter Reisner.  
 18 MR. REISNER: Yes.  
 19 DONNA: Raymond Serowik.  
 20 MR. SEROWIK: Yes.  
 21 DONNA: Storm Treanor.  
 22 MS. TREANOR: Yes.  
 23 DONNA: Coleen Vesely.  
 24 MS. VESELY: Yes.

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 2 DONNA: Edgar Wedge.  
 3 MR. WEDGE: Yes.  
 4 DONNA: Mark Zeek?  
 5 MR. ZEEK: Yes.  
 6 (The motion carried.)  
 7 DONNA: Roll call complete.  
 8 MR. FAETH: Thank you, Donna.  
 9 Motion passes.  
 10 You have a question?  
 11 MR. DELAGI: Andy, a question for  
 12 you. At our last meeting when we discussed this,  
 13 we had discussed an identifiable difference in the  
 14 practical skills exams for paramedics and other  
 15 levels of provider, because we adopted the national  
 16 registry standard for paramedics. Given this new  
 17 information, any idea how or when the changes will  
 18 come out so that we can go back home and -- and  
 19 address the issues of practical skills exams or  
 20 teaching this particular skill, bleeding control?  
 21 MR. JOHNSON: Yes, at this time  
 22 it's only going to affect the paramedic exam. For  
 23 those people who wish to take the national  
 24 registry, they need to follow the national registry

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 2 sheet. We're not going to make the formal change  
 3 in the curriculum or the statewide B.L.S. protocols  
 4 until the next curriculum change, because we want  
 5 to roll out everything together, and also wait to  
 6 see what the national curriculum is going to look  
 7 like next year.  
 8 MR. DELAGI: Okay. But I just  
 9 want to make sure I understand it correctly. We're  
 10 already evaluating our paramedics to use a  
 11 tourniquet early, but we're not evaluating any  
 12 other level of provider --  
 13 MR. JOHNSON: If they choose to  
 14 use --  
 15 MR. DELAGI: -- in the use of  
 16 those --?  
 17 MR. JOHNSON: -- if they choose  
 18 to use the national registry exam, they do have  
 19 that option to either use the New York State exam  
 20 or the national registry exam.  
 21 MR. DELAGI: Okay.  
 22 MR. JOHNSON: That's up to each  
 23 individual teaching.  
 24 MR. DELAGI: Okay. Thank you.

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2 MR. FAETH: Thank you.

3 All right. Next?

4 DR. HENRY: There's some protocol

5 changes from two other regions. One's from

6 Rochester, and those were recommended by the SEMAC

7 that we accept their recommended changes.

8 MR. FAETH: Okay.

9 DR. HENRY: So I don't know if

10 you want to go over them, but I can highlight them.

11 I think they were distributed to people.

12 MR. FAETH: All right. Again,

13 seconded motion. "Accept Monroe-Livingston

14 protocols as filed with the Department, pending

15 final review of the B.L.S. educational component

16 for dental reimplantation. If spinal

17 immobilization is needed, reimplantation is not to

18 be done.

19 Any discussion?

20 DR. HENRY: Let me just mention

21 that, that was the only change we recommended.

22 Their dental people in their region said that if a

23 tooth is totally avulsed, it probably has a better

24 chance of being reimplanted if it's put in early,

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2 even in the prehospital phase. But the only change

3 was if someone's on a spine board, we didn't want

4 him aspirating a tooth that didn't stick, so they

5 accepted that.

6 MR. FAETH: Okay. Donna,

7 roll-call vote.

8 DONNA: Nancy Benedetto

9 MS. BENEDETTO: Yes.

10 DONNA: Richard Brandt.

11 MR. BRANDT: Yes.

12 DONNA: Daniel Blum.

13 MR. BLUM: Yes.

14 DONNA: Lolita Compas.

15 MS. COMPAS: Yes.

16 DONNA: Paul Cousins.

17 MR. COUSINS: Yes.

18 DONNA: Tim Czapranski.

19 MR. CZAPRANSKI: Yes.

20 DONNA: Warren Darby.

21 MR. DARBY: Yes.

22 DONNA: Dr. Davidoff.

23 DR. DAVIDOFF: Yes.

24 DONNA: James Deavers.

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2 MR. DEEVERS: Yes.

3 DONNA: Robert Delagi.

4 MR. DELAGI: Yes.

5 DONNA: Donald DuVall.

6 MR. DUVALL: Yes.

7 DONNA: Phyllis Ellis.

8 MS. ELLIS: Yes.

9 DONNA: Donald Faeth.

10 MR. FAETH: Yes.

11 DONNA: Vincent Faraone.

12 MR. FARAONE: Yes.

13 DONNA: John Hassett.

14 MR. HASSETT: Yes.

15 DONNA: Dr. Kaufman.

16 DR. KAUFMAN: Yes.

17 DONNA: Alan Lewis.

18 MR. LEWIS: Yes.

19 DONNA: Kim Lippes.

20 MS. LIPPES: Yes.

21 DONNA: John Malinchock.

22 MR. MALINCHOCK: Yes.

23 DONNA: Michael MASTRIANNI.

24 MR. MASTRIANNI: Yes.

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2 DONNA: Cheryl Mayer.

3 MS. MAYER: Yes.

4 DONNA: Michael Murphy.

5 MR. MURPHY: Yes.

6 DONNA: Michael Reid.

7 MR. REID: Yes.

8 DONNA: Walter Reischer.

9 MR. REISNER: Yes.

10 DONNA: Raymond Serowik.

11 MR. SEROWIK: Yes.

12 DONNA: Storm Treanor.

13 MS. TREANOR: Yes.

14 DONNA: Coleen Vesely.

15 MS. VESELY: Yes.

16 DONNA: Edgar Wedge.

17 MR. WEDGE: Yes.

18 DONNA: Mark Zeek?

19 MR. ZEEK: Yes.

20 (The motion carried.)

21 DONNA: Roll call complete.

22 MR. FAETH: Motion passes.

23 DR. HENRY: All right. Let's

24 discuss another region's protocol, some changes.

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 2 New York City had some -- some changes they had  
 3 recommended in their protocols, and the SEMAC  
 4 recommended that those be accepted and forwarded to  
 5 you. The one change they had was they had a  
 6 variation in a triage scheme, which we asked them  
 7 to discuss with us at greater length at a  
 8 subsequent meeting and they agreed to do that. So  
 9 that -- that part's not part of this package, but  
 10 everything else was. Approved, the only little  
 11 change was their burn surgeons had recommended dry  
 12 dressings, but we asked them if -- to be consistent  
 13 with the state protocols, so if it's less than ten  
 14 percent, they'd still use a moist dressing. And  
 15 Dr. Kaufman, that was acceptable to him, and I  
 16 don't know if you want to say anything about it.  
 17 Because that's the only change -- that's the only  
 18 change.

19 DR. KAUFMAN: Yeah, I think -- I  
 20 think -- I -- I -- I hope you all had a chance to  
 21 review the -- the protocol changes. We've had a  
 22 number of changes. I -- I could highlight a couple  
 23 of the more significant ones that were discussed at  
 24 the SEMAC and medical standards.

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 2 One: The ability of B.L.S.  
 3 providers to administer EpiPens to patients  
 4 suffering from anaphylaxis, even if the patient had  
 5 not been previously prescribed an EpiPen, and is  
 6 under thirty-three years of age. So the B.L.S.  
 7 providers are now carrying EpiPens, and we wanted  
 8 to give them that ability, if they're on the scene  
 9 while waiting for A.L.S. backup.

10 Similarly, in the wheezing  
 11 protocol, the B.L.S. providers are able to provide  
 12 epinephrine via auto injector, again, to those  
 13 under thirty-three years of age, for those having  
 14 severe respiratory distress or shock. So, it  
 15 allows them, again, when they find themselves in  
 16 those situations, to have the capability of  
 17 providing a medication, not surpassing the fact  
 18 that, of course, they'll be requesting A.L.S.  
 19 backup.

20 The burn protocol you had  
 21 mentioned, we had switched to -- from wet dressings  
 22 to dry sterile dressings, and we'll accept for more  
 23 than ten percent body-surface-area burns.

24 I think the only other major

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 2 change from the protocols was the -- a new triage  
 3 protocol, which we are looking forward to  
 4 presenting in much more detail at the next meeting.  
 5 This is something that has been worked on in New  
 6 York City for, I'd say, a couple of years now, with  
 7 many agencies including the REMAC, the REMSCO, the  
 8 Department of Health, the fire department, and  
 9 various other trauma advisory committee. A new  
 10 method of triage, which serves to eliminate some of  
 11 the deficiencies we've found in the START triage  
 12 system. And what it basically does is add an orange  
 13 color triage, which is really a critical-medical  
 14 triage category. So those patients who may be on a  
 15 large scene, who may be suffering from an acute  
 16 M.I., and -- and -- and we've certainly had these  
 17 situations, instead of being made a green and being  
 18 triaged lower than someone with an ankle fracture,  
 19 would be able to made into an orange category.

20 So, this has been developed and  
 21 actually tested within the city, to see how the  
 22 E.M.T.s and medics are able to learn the system and  
 23 apply the system. And I think the SEMAC requested  
 24 it, and I'm sure we'll be glad to do here, is

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 2 provide a much more detailed presentation so you  
 3 can see exactly how that triage is done, or we  
 4 anticipate that would be done.

5 And I'll take any -- any  
 6 questions on that.

7 MR. FAETH: Any discussion?

8 MR. DELAGI: I -- I kind of heard  
 9 what you said about the medical patients in a  
 10 trauma situation not being lost in the shuffle, so  
 11 to speak. I was just curious as to the head and  
 12 chest trauma in two-D, if this is for medical  
 13 patients.

14 MR. KAUFMAN: Okay. Well, yeah,  
 15 it's not -- it's not just for -- so, what this  
 16 is -- is it's the ability to up-triage. I

17 shouldn't have said just medical patients, but --

18 MR. DELAGI: Okay.

19 MR. KAUFMAN: -- as opposed to  
 20 START, which, you know, if you're able to walk,  
 21 you're considered a green patient. Yet people may  
 22 even have head trauma, or other trauma, and end up  
 23 in that category.

24 MR. DELAGI: I see.

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2 MR. KAUFMAN: So, this allows

3 another category where people can be triaged into,

4 to put them as a faster -- a higher-priority level.

5 MR. DELAGI: Thanks.

6 MR. KAUFMAN: So it's not solely

7 medical.

8 MR. DELAGI: Okay. Thanks.

9 FROM THE FLOOR: It's more of a

10 second-level triage --.

11 MR. FAETH: John.

12 MR. HASSETT: Yes, I'd just like

13 to ask that you table this, since the SEMAC also

14 tabled the discussion on this to a future meeting.

15 MR. FAETH: There's a motion to

16 table on the floor. Is there any second.

17 MR. DARBY: I second that.

18 MR. FAETH: Second is by Warren

19 Darby.

20 Is there any discussion?

21 MR. DELAGI: No, to -- to the

22 table discussion on triage; correct?

23 FROM THE FLOOR: On the triage.

24 Just triage.

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2 MR. FAETH: Just the triage, not

3 the motion of the -- the protocols.

4 Any discussion?

5 (No audible response)

6 MR. FAETH: All right. Then

7 we'll -- we'll -- we will table the -- table the

8 triage.

9 But we do have a motion on the

10 floor to accept New York City protocols as filed

11 with the Department, pending changes. One: Burn

12 protocol, to use dry dressings on burns over ten

13 percent body-surface area. Proposed changing --

14 changes, and moving the section on field triage to

15 bring back to SEMAC a separate presentation. That

16 comes as a seconded motion.

17 We will have a -- any discussion

18 on that?

19 (No audible response)

20 MR. FAETH: Okay. Roll-call

21 vote.

22 DONNA: Nancy Benedetto

23 MS. BENEDETTO: Yes.

24 DONNA: Richard Brandt.

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2 MR. BRANDT: Yes.

3 DONNA: Daniel Blum.

4 MR. BLUM: Yes.

5 DONNA: Lolita Compas.

6 MS. COMPAS: Yes.

7 DONNA: Paul Cousins.

8 MR. COUSINS: Yes.

9 DONNA: Timothy Czapranski.

10 MR. CZAPRANSKI: Yes.

11 DONNA: Warren Darby.

12 MR. DARBY: Yes.

13 DONNA: Dr. Davidoff.

14 DR. DAVIDOFF: Yes.

15 DONNA: Jim Deavers.

16 MR. DEAVERS: Yes.

17 DONNA: Robert Delagi.

18 MR. DELAGI: Yes.

19 DONNA: Donald DuVall.

20 MR. DUVALL: Yes.

21 DONNA: Phyllis Ellis.

22 MS. ELLIS: Yes.

23 DONNA: Donald Faeth.

24 MR. FAETH: Abstain.

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2 DONNA: Vincent Faraone.

3 MR. FARAONE: Yes.

4 DONNA: John Hasset.

5 MR. HASSETT: Yes.

6 DONNA: Dr. Kaufman.

7 DR. KAUFMAN: Yes.

8 DONNA: Alan Lewis.

9 MR. LEWIS: Yes.

10 DONNA: I'm sorry, Alan?

11 MR. LEWIS: Yes. Yes.

12 DONNA: Kim Lippes.

13 MS. LIPPES: Yes.

14 DONNA: John Malinchock.

15 MR. MALINCHOCK: Yes.

16 DONNA: Michael Matrianni.

17 MR. MASTRIANNI: Yes.

18 DONNA: Cheryl Mayer.

19 MS. MAYER: Yes.

20 DONNA: Michael Murphy.

21 MR. MURPHY: Yes.

22 DONNA: Michael Reid.

23 MR. REID: Yes.

24 DONNA: Walter Reisner.

1 SEMSCO - 12-2-2009  
 2 MR. REISNER: Yes.  
 3 DONNA: Raymond Serowik.  
 4 MR. SEROWIK: Yes.  
 5 DONNA: Storm Treanor.  
 6 MS. TREANOR: Yes.  
 7 DONNA: Coleen Vesely.  
 8 MS. VESELY: Yes.  
 9 DONNA: Edgar Wedge.  
 10 MR. WEDGE: Yes.  
 11 DONNA: Mark Zeek.  
 12 MR. ZEEK: Yes.  
 13 (The motion carried.)  
 14 DONNA: Roll call complete.  
 15 MR. FAETH: All right. Thank  
 16 you. Motion passes.  
 17 Dr. Henry.  
 18 DR. HENRY: Okay. The next two  
 19 motions have to do with the recommendations that  
 20 all transporting ambulances carry defibrillators,  
 21 and that they carry epinephrine auto injectors for  
 22 anaphylaxis. So we can deal with those one at a  
 23 time.  
 24 So, all in-service transporting

1 SEMSCO - 12-2-2009  
 2 ambulances must have the ability to defibrillate  
 3 all age groups. And the recommendation from SEMAC  
 4 would be that Part 800 be updated to include this.  
 5 MR. FAETH: Again, seconded  
 6 motion to the floor.  
 7 Do you have any discussion?  
 8 (No audible response)  
 9 MR. FAETH: Okay. Seeing none,  
 10 proposed motion is Part 800 be updated to mandate  
 11 all in-service transporting ambulances must have  
 12 the ability to defibrillate all age groups.  
 13 Donna.  
 14 DONNA: Nancy Benedetto  
 15 MS. BENEDETTO: Yes.  
 16 DONNA: Richard Brandt.  
 17 MR. BRANDT: Yes.  
 18 DONNA: Daniel Blum.  
 19 MR. BLUM: Yes.  
 20 DONNA: Lolita Compas.  
 21 MS. COMPAS: Yes.  
 22 DONNA: Paul Cousins.  
 23 MR. COUSINS: Yes.  
 24 DONNA: Timothy Czapranski.

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 2 MR. CZAPRANSKI: Yes.  
 3 DONNA: Warren Darby.  
 4 MR. DARBY: Yes.  
 5 DONNA: Dr. Davidoff.  
 6 DR. DAVIDOFF: Yes.  
 7 DONNA: Jim Deavers.  
 8 MR. DEAVERS: Yes.  
 9 DONNA: Robert Delagi.  
 10 MR. DELAGI: Yes.  
 11 DONNA: Donald DuVall.  
 12 MR. DUVALL: Yes.  
 13 DONNA: Phyllis Ellis.  
 14 MS. ELLIS: Yes.  
 15 DONNA: Donald Faeth.  
 16 MR. FAETH: Yes.  
 17 DONNA: Vincent Faraone.  
 18 MR. FARAONE: Yes.  
 19 DONNA: John Hassett.  
 20 MR. HASSETT: Yes.  
 21 DONNA: Dr. Kaufman.  
 22 DR. KAUFMAN: Yes.  
 23 DONNA: Alan Lewis.  
 24 MR. LEWIS: Yes.

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 2 DONNA: Kim Lippes.  
 3 MS. LIPPES: Yes.  
 4 DONNA: John Malinchock.  
 5 MR. MALINCHOCK: Yes.  
 6 DONNA: Michael Matrianni.  
 7 MR. MASTRIANNI: Yes.  
 8 DONNA: Cheryl Mayer.  
 9 MS. MAYER? Yes.  
 10 DONNA: Michael Murphy.  
 11 MR. MURPHY: Yes.  
 12 DONNA: Michael Reid.  
 13 MR. REID: Yes.  
 14 DONNA: Walter Reisner.  
 15 MR. REISNER: Yes.  
 16 DONNA: Raymond Serowik.  
 17 MR. SEROWIK: Yes.  
 18 DONNA: Storm Treanor.  
 19 MS. TREANOR: Yes.  
 20 DONNA: Coleen Vesely.  
 21 MS. VESELY: Yes.  
 22 DONNA: Edgar Wedge.  
 23 MR. WEDGE: Yes.  
 24 DONNA: Mark Zeek.

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 2 MR. ZEEK: Yes.  
 3 (The motion carried.)  
 4 DONNA: Roll call complete.  
 5 MR. FAETH: Passed unanimously.  
 6 Thank you, Donna.  
 7 Next motion.  
 8 DR. HENRY: The last motion, I  
 9 believe, unless Mr. Johnson corrects me, that needs  
 10 a vote by SEMSCO, is the recommendation that  
 11 epinephrine auto injectors be on every in-service  
 12 transporting ambulance that does not already have  
 13 the ability to administer epinephrine through  
 14 A.L.S. modalities, at the time of interaction with  
 15 the patient.  
 16 So apparently, even though --  
 17 this is sort of consistent with the New York City  
 18 amendment that they have epinephrine available for  
 19 anaphylaxis, we'd like some assurance that if  
 20 someone calls an ambulance because they're in  
 21 anaphylactic shock, and they don't happen to have  
 22 their auto injector on them, or it's old, that we  
 23 have the ability to treat anaphylaxis. So  
 24 that's -- that's the sense of this. And it would

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 2 be both for a pediatric dosage and the adult  
 3 dosage; okay? So that's the intent of the motion.  
 4 MR. FAETH: Any discussion on the  
 5 motion on the floor?  
 6 Yes, Coleen?  
 7 MS. VESELY: I'd just like to  
 8 make everyone aware that there is a bill that has  
 9 passed the assembly, 6416-A, the same-as Senate  
 10 bill is 5291, that directs all ambulances be  
 11 equipped with epinephrine auto-injector devices. I  
 12 didn't know if anybody was aware of that, but it  
 13 has already passed the assembly. So, it -- it does  
 14 not give an age specific, such as the one in New  
 15 York with the age of 33, but there is already a  
 16 bill, which will supersede anything we do here.  
 17 MR. FAETH: Okay. But that --  
 18 that bill has not been approved by the governor  
 19 yet; correct?  
 20 MS. VESELY: It's -- it's passed  
 21 the assembly, it's gone to senate.  
 22 MR. FAETH: Okay.  
 23 MS. VESELY: It's in the senate.  
 24 MR. FAETH: All right.

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 2 MS. VESELY: But it has passed  
 3 the Assembly.  
 4 MR. FAETH: Okay. We have a very  
 5 dysfunctional -- I'm sorry. It's what I heard in  
 6 the newspaper.  
 7 Yes, Paul.  
 8 MR. COUSINS: Could we think of  
 9 putting B.L.S. response vehicles in this too?  
 10 Really, that's what we're talking, so --.  
 11 MS. VESELY: Article 30 does  
 12 not -- it -- it doesn't regulate first -- B.L.S.  
 13 first response. The SEMAC, in years past, has  
 14 permitted EpiPens to be -- or B.L.S. F.R.s to -- to  
 15 notice the Department and carry EpiPens, so B.L.S.  
 16 F.R.s are doing that, but Article 30 does not --  
 17 there's no statutory authority for B.L.S. F.R.  
 18 MR. FAETH: Any further  
 19 discussion?  
 20 FROM THE FLOOR: I --  
 21 MR. FAETH: Yes, Vin  
 22 MR. FARAONE: I just have a  
 23 question on the topic. Presently, you have to  
 24 become an epi agency, will this change that? Will

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 2 we eliminate the need to become an epi agency and  
 3 go through the application process?  
 4 MR. FAETH: I believe it does  
 5 eliminate that, because we're making this part of  
 6 the requirement.  
 7 FROM THE FLOOR: Part of 800.  
 8 MR. FAETH: Part 800, so -- any  
 9 further discussion?  
 10 Okay.  
 11 MR. BLUM: Just a question.  
 12 MR. FAETH: Yes.  
 13 MR. BLUM: The proposed amendment  
 14 to the law requires all ambulances to carry an auto  
 15 injector, so presumably an A.L.S. ambulance would  
 16 have to procure an auto injector --  
 17 FROM THE FLOOR: No, that's --  
 18 (Off-the-record discussion)  
 19 MR. BLUM: Well, the -- the law  
 20 says yes.  
 21 FROM THE FLOOR: The -- the law  
 22 says yes. This --  
 23 MR. FAETH: Well, the -- the  
 24 bill --.

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 2 MR. BLUM: Right, so --  
 3 MR. FAETH: -- just for a point  
 4 of correction.  
 5 FROM THE FLOOR: Right.  
 6 MR. FAETH: The bill says yes,  
 7 not the law.  
 8 MR. BLUM: The proposed law.  
 9 FROM THE FLOOR: It's not a law  
 10 yet.  
 11 MR. FAETH: Correct.  
 12 MR. BLUM: So, does that need to  
 13 be reconciled with either our language or with  
 14 what's being proposed as a new law?  
 15 (Off-the-record discussion)  
 16 MR. BLUM: Just a question.  
 17 MS. VESELY: If that goes into  
 18 law, that will supersede anything that you do here.  
 19 MR. BLUM: But our regulation  
 20 should be consistent with what the law is,  
 21 presumably; right?  
 22 FROM THE FLOOR: It's not a law  
 23 yet.  
 24 MS. VESELY: You won't need your

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 2 regulation --  
 3 MR. BLUM: Well, yeah.  
 4 MS. VESELY: -- if it becomes  
 5 law.  
 6 MR. BLUM: It will -- it will  
 7 update our regulation. It will update Part 800.  
 8 (Off-the-record discussion)  
 9 MR. BLUM: It will cause another  
 10 update.  
 11 MS. BURNS: No, not as written,  
 12 this.  
 13 FROM THE FLOOR: Right. So what  
 14 he said is --  
 15 MS. BURNS: It's separate from  
 16 the regulatory process. I mean, I think honestly,  
 17 this -- this should go hand in hand with the  
 18 legislative effort, but if the legislature enacts  
 19 that law, there is not -- it does not necessarily  
 20 automatically update Part 800, where you have the  
 21 statutory authority to do that in the law.  
 22 DR. HENRY: I think, you know,  
 23 this might make the legislation unnecessary --  
 24 MR. LEWIS: Yes.

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 2 DR. HENRY: -- if we take such  
 3 action.  
 4 MS. BURNS: Yeah.  
 5 MR. LEWIS: Yes.  
 6 DR. HENRY: -- and inform them  
 7 that this is the case.  
 8 MR. LEWIS: I would never assume  
 9 that that legislation's going to pass either.  
 10 DR. HENRY: Right. But even  
 11 though the history is that people who, you know,  
 12 it -- these kind of cases, and we reviewed this  
 13 years ago, when legislation was passed, that camps  
 14 have the ability to treat campers, and -- in remote  
 15 areas, and that ambulances be able to treat people.  
 16 And when the responders were dilatory, legislation  
 17 passed. So this is what we're finding out, that  
 18 some ambulances don't carry it. And the cases are  
 19 few, that we've reviewed, that when they occur, it  
 20 makes you just shake your head and say how could  
 21 this be? So, it's not like E.M.T.s aren't taught  
 22 about anaphylaxis, or how to assist someone with  
 23 their own medication. But the reality is people  
 24 who even have their own pens don't always have them

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 2 on them.  
 3 MR. LEWIS: Sure.  
 4 DR. HENRY: And it's sort of  
 5 common sense that if this happens to someone, or  
 6 you see someone in the throes, you call nine one  
 7 one. So, why wouldn't you want to be able to  
 8 treat? So that -- this is the -- this is SEMAC's  
 9 response, and the regions have done it too, so  
 10 that -- that's our recommendation.  
 11 MR. LEWIS: Well, as a matter of  
 12 process, if we pass this motion, Ms. Burns, if you  
 13 could tell us how long it will take for this  
 14 actually to be a mandate. I mean, this -- we're a  
 15 long ways from that, I -- I think. Maybe you could  
 16 share that with us.  
 17 MS. BURNS: From what I  
 18 understand of the regulatory process, the first  
 19 step is for the SEMSCO to approve this, and then it  
 20 goes -- essentially, we, working with the folks in  
 21 the Department's regulatory affairs, develop  
 22 language for you to consider. Your committees  
 23 decide what each -- what the impact is at the  
 24 committee level, and it goes -- it starts through

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2 the regulatory process, which includes review from  
3 the Department's Division of Legal Affairs.

4 It then goes to the governor's  
5 office of regulatory relations, or whatever they  
6 are, G-O-R-R, regulatory reform. And it ultimately  
7 gets published for a sixty-day comment period. The  
8 comments come back to you for your consideration  
9 and ultimately the body -- your body approves it  
10 and the Commissioner signs off on it.

11 The process is lengthy. The only  
12 thing that I know is that the STAC is currently  
13 working on the 708 Regulations, and they have been  
14 doing it for a very long time. So, I don't -- I --  
15 I don't have a time frame. I -- I just -- I  
16 believe it is lengthy. I don't think, again, that  
17 should deter you from doing what you believe is  
18 right for patients.

19 MR. LEWIS: Well, we may have a  
20 functional government by that time, you never  
21 know -- or not.

22 (Off-the-record discussion)

23 MR. FAETH: All right. We do  
24 have a motion on the floor.

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2 Any other discussion?  
3 (No audible response)

4 MR. FAETH: Okay. Seeing none,  
5 we'll need a roll-call vote for -- do you need me  
6 to -- like me to read that again?

7 DONNA: Please.

8 MR. FAETH: Okay. Proposed  
9 motion: Require epinephrine auto injectors to be  
10 on every in-service transporting ambulance that  
11 does not already have the ability to administer  
12 epinephrine through A.L.S. modalities at the time  
13 of interaction with the patient.

14 Donna.

15 DONNA: Nancy Benedetto

16 MS. BENEDETTO: Yes.

17 DONNA: Richard Brandt.

18 MR. BRANDT: Yes.

19 DONNA: Daniel Blum.

20 MR. BLUM: Yes.

21 DONNA: Lolita Compas.

22 MS. COMPAS: Yes.

23 DONNA: Paul Cousins.

24 MR. COUSINS: Yes.

1 SEMSCO - 12-2-2009  
2 DONNA: Timothy Czapranski.  
3 MR. CZAPRANSKI: Yes.  
4 DONNA: Warren Darby.  
5 MR. DARBY: Yes.  
6 DONNA: Dr. Davidoff.  
7 DR. DAVIDOFF: Yes.  
8 DONNA: Jim Deavers.  
9 MR. DEEVERS: Yes.  
10 DONNA: Robert Delagi.  
11 MR. DELAGI: Yes.  
12 DONNA: Donald DuVall.  
13 MR. DUVALL: Yes.  
14 DONNA: Phyllis Ellis.  
15 MS. ELLIS: Yes.  
16 DONNA: Don Faeth.  
17 MR. FAETH: Yes.  
18 DONNA: Vincent Faraone.  
19 MR. FARAONE: Yes.  
20 DONNA: John Hassett.  
21 MR. HASSETT: Yes.  
22 DONNA: Dr. Kaufman.  
23 DR. KAUFMAN: Yes.  
24 DONNA: Al -- Alan Lewis.

1 SEMSCO - 12-2-2009  
2 MR. LEWIS: Yes.  
3 DONNA: Kim Lippes.  
4 MS. LIPPES: Yes.  
5 DONNA: John Malinchock.  
6 MR. MALINCHOCK: Yes.  
7 DONNA: Michael Mastrianni.  
8 MR. MASTRIANNI: Yes.  
9 DONNA: Cheryl Mayer.  
10 MS. MAYER: Yes.  
11 DONNA: Michael Murphy.  
12 MR. MURPHY: Yes.  
13 DONNA: Michael Reid.  
14 MR. REID: Yes.  
15 DONNA: Walter Reischer.  
16 MR. REISNER: Yes.  
17 DONNA: Raymond Serowik.  
18 MR. SEROWIK: Yes.  
19 DONNA: Storm Treanor.  
20 MS. TREANOR: Yes.  
21 DONNA: Coleen Vesely.  
22 MS. VESELY: Yes.  
23 DONNA: Edgar Wedge.  
24 MR. WEDGE: Yes.

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 2 DONNA: Mark Zeek.  
 3 MR. ZEEK: Yes.  
 4 (The motion carried.)  
 5 DONNA: Roll call complete.  
 6 MR. FAETH: Thank you, Donna.  
 7 Motion passes.  
 8 Dr. Henry.  
 9 DR. HENRY: There's one other  
 10 item. I think we covered the -- correct me if I'm  
 11 wrong, but I think we covered anything else that  
 12 needs a vote. But the other item I want to bring  
 13 to your attention is three regions expressed  
 14 concern because they had veterans who were wary of  
 15 being transported to a trauma center or a STEMI  
 16 center or a stroke center, rather than a V.A.  
 17 hospital, because they're afraid that they wouldn't  
 18 be covered. And that was a concern by transporting  
 19 ambulances that they'd heard this. So we asked Dr.  
 20 Young to meet with reps from those regions and  
 21 anyone else who's had similar concerns, to try to  
 22 see what can be done about that. And Dr. Young  
 23 said something had -- similar had occurred years  
 24 back, and there had been some resolution on a

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 2 regional level. But we asked him and Lee if they  
 3 would assist that concern.  
 4 And that's the end of my report.  
 5 MR. FAETH: Thank you very much  
 6 Dr. Henry.  
 7 Any questions for Dr. Henry?  
 8 DR. HENRY: Oh, sorry.  
 9 MR. FAETH: Never mind.  
 10 DR. HENRY: I stand corrected.  
 11 Thank you, Mr. Johnson.  
 12 We approved a REMO demonstration  
 13 project for use of intranasal Narcan and -- by  
 14 E.M.T.s. So, it's available as an intranasal  
 15 spray. It avoids having to establish an I.V. It's  
 16 for people with signs of opiate overdose with  
 17 respiratory depression.  
 18 MR. FAETH: Okay. We've got the  
 19 motion on the floor, seconded. Approve REMO  
 20 demonstration project for the use of I.N. Narcan by  
 21 E.M.T.V.s.  
 22 Any discussion?  
 23 (No audible response)  
 24 MR. FAETH: No discussion. Donna

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 2 will do a roll-call vote.  
 3 DONNA: Nancy Benedetto  
 4 MS. BENEDETTO: Yes.  
 5 DONNA: Richard Brandt.  
 6 MR. BRANDT: Yes.  
 7 DONNA: Daniel Blum.  
 8 MR. BLUM: Yes.  
 9 DONNA: Lolita Compas.  
 10 MS. COMPAS: Yes.  
 11 DONNA: Paul Cousins.  
 12 MR. COUSINS: Yes.  
 13 DONNA: Timothy Czapranski.  
 14 MR. CZAPRANSKI: Yes.  
 15 DONNA: Warren Darby.  
 16 MR. DARBY: Yes.  
 17 DONNA: Dr. Davidoff.  
 18 DR. DAVIDOFF: Yes.  
 19 DONNA: James Deavers.  
 20 MR. DEAVERS: Yes.  
 21 DONNA: Robert Delagi.  
 22 MR. DELAGI: Yes.  
 23 DONNA: Donald DuVall.  
 24 MR. DUVALL: Yes.

1 SEMSCO - 12-2-2009  
 2 DONNA: Phyllis Ellis.  
 3 MS. ELLIS: Yes.  
 4 DONNA: Donald Faeth.  
 5 MR. FAETH: Yes.  
 6 DONNA: Vincent Faraone.  
 7 MR. FARAONE: Yes.  
 8 DONNA: John Hassett.  
 9 MR. HASSETT: Yes.  
 10 DONNA: Dr. Kaufman.  
 11 DR. KAUFMAN: Yes.  
 12 DONNA: Alan Lewis.  
 13 MR. LEWIS: Yes.  
 14 DONNA: Kim Lippes.  
 15 MS. LIPPES: Yes.  
 16 DONNA: John Malinchock.  
 17 MR. MALINCHOCK: Yes.  
 18 DONNA: Michael Matrianni.  
 19 MR. MASTRIANNI: Yes.  
 20 DONNA: Cheryl Mayer.  
 21 MS. MAYER: Yes.  
 22 DONNA: Michael Murphy.  
 23 MR. MURPHY: Yes.  
 24 DONNA: Michael Reid.

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2 MR. REID: Yes.

3 DONNA: Walter Reisner.

4 MR. REISNER: Yes.

5 DONNA: Raymond Serowik.

6 MR. SEROWIK: Yes.

7 DONNA: Storm Treanor.

8 MS. TREANOR: Yes.

9 DONNA: Coleen Vesely.

10 MS. VESELY: Yes.

11 DONNA: Edgar Wedge.

12 MR. WEDGE: Yes.

13 DONNA: Mark Zeek.

14 MR. ZEEK: Yes.

15 DONNA: Roll call complete.

16 (The motion carried.)

17 MR. FAETH: All right. Thank you

18 Donna.

19 DR. HENRY: All right. The

20 other -- and the protocol I forgot to mention,

21 thank you, Mr. Johnson, is we approved the REMO's

22 hypothermia protocol. They had proposed one at the

23 last meeting, and we had recommended they go

24 through an I.R.B. process, because there was some

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2 innovations in that they were going to begin

3 hypothermia during the arrest, and we asked them to

4 get I.R.B. approval. And there was a question

5 whether community consent would be needed for such

6 a protocol. They removed those -- they removed

7 that aspect of it, so this will be more a

8 traditional hypothermia protocol, where -- in

9 patients who have returned to spontaneous

10 circulation, who do not have consciousness or

11 awareness with having hypothermia induced, or

12 beginning to be induced, in the field. So we

13 approved that protocol.

14 MR. FAETH: Thank you, Dr. Henry.

15 Okay. Seconded motion, approve the REMO

16 hypothermia protocol demonstration product --

17 project.

18 Any discussion?

19 (No audible response)

20 MR. FAETH: Any discussion?

21 (No audible response)

22 MR. FAETH: Seeing none, we'll do

23 a roll-call vote.

24 DONNA: Nancy Benedetto

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2 MS. BENEDETTO: Yes.

3 DONNA: Richard Brandt.

4 MR. BRANDT: Yes.

5 DONNA: Daniel Blum.

6 MR. BLUM: Yes.

7 DONNA: Lolita Compas.

8 MS. COMPAS: Yes.

9 DONNA: Paul Cousins.

10 MR. COUSINS: Yes.

11 DONNA: Timothy Czapranski.

12 MR. CZAPRANSKI: Yes.

13 DONNA: Warren Darby.

14 MR. DARBY: Yes.

15 DONNA: Dr. Davidoff.

16 DR. DAVIDOFF: Yes.

17 DONNA: James Deavers.

18 MR. DEAVERS: Yes.

19 DONNA: Robert Delagi.

20 MR. DELAGI: Yes.

21 DONNA: Donald DuVall.

22 MR. DUVALL: Yes.

23 DONNA: Phyllis Ellis.

24 MS. ELLIS: Yes.

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2 DONNA: Donald Faeth.

3 MR. FAETH: Yes.

4 DONNA: Vincent Faraone.

5 MR. FARAONE: Yes.

6 DONNA: John Hassett.

7 MR. HASSETT: Yes.

8 DONNA: Dr. Kaufman.

9 DR. KAUFMAN: Yes.

10 DONNA: Alan Lewis.

11 MR. LEWIS: Yes.

12 DONNA: Kim Lippes.

13 MS. LIPPES: Yes.

14 DONNA: John Malinchock.

15 MR. MALINCHOCK: Yes.

16 DONNA: Michael Matrianni.

17 MR. MASTRIANNI: Yes.

18 DONNA: Cheryl Mayer.

19 MS. MAYER: Yes.

20 DONNA: Michael Murphy.

21 MR. MURPHY: Yes.

22 DONNA: Michael Reid.

23 MR. REID: Yes.

24 DONNA: Walter Reisner.

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 2 MR. REISNER: Yes.  
 3 DONNA: Raymond Serowik.  
 4 MR. SEROWIK: Yes.  
 5 DONNA: Storm Treanor.  
 6 MS. TREANOR: Yes.  
 7 DONNA: Coleen Vesely.  
 8 MS. VESELY: Yes.  
 9 DONNA: Edgar Wedge.  
 10 MR. WEDGE: Yes.  
 11 DONNA: Mark Zeek.  
 12 MR. ZEEK: Yes.  
 13 (The motion carried.)  
 14 DONNA: Roll call complete.  
 15 DR. HENRY: Another item, I don't  
 16 believe this needs a vote, but we are going to send  
 17 a letter to the cardiac advisory committee - we've  
 18 discussed this before - recommending that they have  
 19 a separate category for patients who have suffered  
 20 a cardiac arrest in the field, have returned to  
 21 spontaneous circulation, and then undergo  
 22 catheterization and angioplasty, because -- and the  
 23 reason is straightforward. You know, they do  
 24 risk-adjusted mortality for individual physicians

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 2 and centers who do angioplasty and bypass surgery.  
 3 Mortality in this group is extremely high. And it  
 4 would skew -- could skew results of performance.  
 5 And there's a precedent for this  
 6 when they did some studies on shock, which has very  
 7 high mortality too. We have cardiogenic shock with  
 8 M.I. They had a different -- they segregated those  
 9 patients from overall mortality for purpose of the  
 10 study. So this -- this could be in keeping with  
 11 past practice, and SEMAC's going to send a letter  
 12 to them in this regard.  
 13 MR. FAETH: Thank you, Dr. Henry.  
 14 Any questions for Dr. Henry?  
 15 MR. HASSETT: Oh, one more, a --  
 16 actually a motion that the Council considers giving  
 17 Lee the authority to send a letter to the V.A.  
 18 hospitals, if necessary, to support clarification  
 19 on the ability for services to transport veterans  
 20 to facilities that can treat their care emergently,  
 21 and then later on arrange that transport to other  
 22 locations. I think we owe that to our veterans.  
 23 MR. FAETH: All right. Do you  
 24 want to word that motion so --

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 2 MR. HASSETT: That we send --  
 3 MR. FAETH: -- in -- in a more  
 4 condensed form.  
 5 MR. HASSETT: -- give Lee Burns  
 6 the authority to send a letter to the V.A. centers,  
 7 to clarify and get support for the emergent  
 8 transport of veterans to facilities that can care  
 9 for them.  
 10 Where are we at?  
 11 FROM THE FLOOR: Procure the care  
 12 for them.  
 13 MR. HASSETT: And give support to  
 14 the veterans by allowing emergency service  
 15 ambulances to transport veterans to facilities that  
 16 are capable for providing care for them.  
 17 MR. FAETH: Do you want --  
 18 FROM THE FLOOR: Outside the V.A.  
 19 system.  
 20 MR. FAETH: Yes, did you --  
 21 MR. HASSETT: Emergent care,  
 22 thank you.  
 23 MR. FAETH: John, would you like  
 24 to amend that to --

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 2 FROM THE FLOOR: Outside the  
 3 V.A. --.  
 4 MR. FAETH: -- because any  
 5 hospital can care for them. Make it to -- to  
 6 bypass closer hospitals to go to a V.A. hospital?  
 7 MR. HASSETT: Well -- well, it's  
 8 the emergent care for conditions, as we brought up  
 9 yesterday, stroke and STEMI, as -- as examples,  
 10 where the V.A. centers don't have the capability  
 11 to --  
 12 FROM THE FLOOR: Or trauma.  
 13 MR. HASSETT: -- provide that  
 14 service.  
 15 MR. FAETH: Or trauma. Okay.  
 16 MR. HASSETT: Right. Trauma is  
 17 another one.  
 18 (Off-the-record discussion)  
 19 FROM THE FLOOR: We -- we didn't  
 20 have enough information whether they're --.  
 21 MR. MALINCHOCK: Capable of  
 22 providing specialized services not provided by the  
 23 Veteran's hospital.  
 24 FROM THE FLOOR: There you go.

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2 MR. MALINCHOCK: That's what it

3 is.

4 MR. HASSETT: Okay. Not provided

5 by the -- sure, I'll take friendly amendments to

6 it.

7 MR. MALINCHOCK: Not -- not

8 provided. To provide needed services not provided

9 by Veterans hospitals.

10 DR. HENRY: That's clear.

11 FROM THE FLOOR: That it be

12 immediately available?

13 DR. HENRY: Just for your

14 information, you know, we were not aware that,

15 indeed, people are not covered to go to the

16 appropriate center, but it seemed to be the

17 perception --

18 FROM THE FLOOR: Yeah.

19 DR. HENRY: -- on the part of

20 certain veterans, that they weren't, which ends up

21 having the same result. So, I don't know the

22 facts, but that was a concern that --.

23 MR. HASSETT: Well, I think

24 once -- once we get the facts, it would be

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2 appropriate for us to pass it along to the regions,

3 so we can get it out to the agencies, so that when

4 they do pick up a veteran and he says oh, I can

5 only go to the V.A. center, and they're having a

6 stroke or -- or an S.T.-elevation M.I., that they

7 can say no, no, we've already got this cleared.

8 You can go here and -- and your bill will be taken

9 care of by the V.A.

10 MR. FAETH: Do I have a second

11 for Mr. Hasset's motion?

12 FROM THE FLOOR: I'll second it.

13 FROM THE FLOOR: Bunch of

14 seconds.

15 MR. FAETH: Yeah, a bunch of

16 seconds. All right. Lolita Compas.

17 MS. COMPAS: I'll -- I'll work

18 with Dr. Young, and we'll put something together.

19 MR. FAETH: Okay. Do we have any

20 discussion?

21 (No audible response)

22 MR. FAETH: Any discussion?

23 (No audible response)

24 MR. FAETH: All in favor?

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2 FROM THE FLOOR: Aye.

3 MR. FAETH: Any opposed?

4 (No audible response)

5 MR. FAETH: Any abstentions?

6 (No audible response)

7 (The motion carried.)

8 MR. FAETH: So moved.

9 Okay. Are we good Dr. Henry?

10 DR. HENRY: Not unless Mr.

11 Johnson corrects me again. But I thank you. I

12 thank you for --.

13 MR. FAETH: Okay. I -- I believe

14 that we've -- we've set a record for the amount of

15 motions done in one sitting. So, I -- I -- I know

16 that some of you probably need to check out of your

17 rooms and whatnot, so -- and I see some people

18 already getting up to get coffee, so why don't we

19 take a twenty-minute break and be back here?

20 It -- it always turns into

21 twenty.

22 (Off-the-record discussion)

23 MR. FAETH: All right. I hope

24 you enjoyed your extended vacation here.

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2 FROM THE FLOOR: We got a lot of

3 work done.

4 MR. FAETH: We will move the

5 agenda into the Committee reports.

6 And I will first call

7 Legislative, Al Lewis.

8 MR. LEWIS: Thank you, Mr. Chair,

9 for moving me up the report status there.

10 We -- we had a meeting yesterday

11 afternoon at four o'clock, and several things, I

12 have one seconded motion I will discuss in a couple

13 of minutes. We did have a presentation from the

14 AIDS institute. We had Susan Klein, director, and

15 Lyn Stevens were both there. They brought forth

16 amended language to Part 63 of -- of the

17 regulation, for consideration and possible passage

18 to bring to this group today. But we really

19 decided, based on the information that was in this

20 suggested draft language, that there needs to be

21 more work done. I think they've gained great

22 strides in the language -- the draft language that

23 brought forth, but much more work needs to be done.

24 and Dr. Dailey was there and others, and HANYS

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2 representation was there. And a decision was made  
3 by our committee not to bring this forward as a  
4 motion, but to ask the chair to name a TAG that  
5 would really be helpful in adjusting the draft  
6 language in the best interest of E.M.S. providers.

7 One of the things that's being  
8 left out consistently is protecting our E.M.S.  
9 providers, and making sure, when there's an  
10 exposure, they have access to that source testing.  
11 And -- and we really feel very strongly about that.

12 And Mr. Chair, if you would consider naming a TAG  
13 with Dr. Dailey and -- and Phyllis Ellis, that  
14 represents HANYS, and others that want to  
15 participate, I think it should be a -- really a  
16 focus TAG on -- on the language on Part 63. It may  
17 not be a TAG that lasts long, but it gives us the  
18 opportunity to make sure our E.M.S. providers are  
19 protected.

20 MR. FAETH: I -- I certainly  
21 support a TAG on the source testing. That's  
22 something that is extremely important to all  
23 providers, and something that did fall by the  
24 wayside when -- when that wasn't reintroduced in

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2 Albany. Now that we're moving forward on that,  
3 is -- is there anybody that would like to join Ms.  
4 Ellis and Dr. Dailey on that TAG? There's going to  
5 be a lot of work to be done.

6 Bob Delagi.  
7 Anybody else? All right.  
8 Mike.

9 See -- you can see Phyllis during  
10 the meeting or after the meeting, if you are  
11 interested in that.

12 MR. LEWIS: Very good.  
13 MR. FAETH: Thank you. Thank you  
14 for stepping up.

15 MR. LEWIS: Thank you, Mr.  
16 Chairman, for doing that.

17 We did discuss the Ryan White  
18 Act. There is more information to come on that.  
19 It certainly has been reintroduced in the federal  
20 registry. The language is back. I think there's  
21 more to come on that. I won't get into it today.

22 We did also discuss Part 405 of adoption of  
23 emergency and cardiac services regulations. And  
24 I'd like to ask Mike Taylor just to give us a

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2 couple of minutes on that, because it has certain  
3 impacts on those providers of E.M.S. that don't  
4 have the availability of a cardiac -- cardiac  
5 center in their community, and they must transport  
6 to a tertiary-care center.

7 So Mike, could you?

8 MR. TAYLOR: There's going to be  
9 something on the screen here, I think if they'll  
10 find it. So, I'll stand at this end so I can see  
11 it also.

12 I didn't mean to take the chair's  
13 seat.

14 As most of you are probably  
15 aware, the Department started work not long ago on  
16 the idea of designating hospitals as STEMI centers.  
17 STEMI center meaning S.T.-elevation myocardial  
18 infarction. And the idea of hospitals that could  
19 do -- could quickly do cardiac catheterization to  
20 open up the blocked coronary artery that way, as  
21 opposed to socking the thrombolytics to the  
22 patient. So, the Department is working -- has  
23 worked on this and it has come to fruition. The --  
24 unfortunately, when you look in the Department of

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2 Health Regulations, different sets of regulations  
3 apply to different things, so if you want to see  
4 the entire gamut of the STEMI work, you have to  
5 look in several sections of regulation. There's  
6 708s -- or not 708s, 700 series, 709, I believe it  
7 is.

8 FROM THE FLOOR: Yes.

9 MR. TAYLOR: There's 405  
10 regulations. There's -- so there's different  
11 pieces that fall into different places. The -- the  
12 piece that -- that we wanted to make sure that you  
13 knew about was Section 405.19(a)2, which is -- has  
14 an impact on E.M.S., but it is not an -- Part 800  
15 regulation, it's a Part 405 regulation.

16 Now the -- keep in mind, these  
17 regulations apply to the hospital. They involve  
18 E.M.S., but they are hospital regulations. It is  
19 the hospital that has to comply with these  
20 regulations. E.M.S. is simply the third-party  
21 being brought into it; okay? So other than  
22 awareness and cooperation with your -- with your  
23 hospitals, and some coordinated effort on the part  
24 of your REMSCOs, to make sure -- to -- to see how

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 2 this impacts the system and make sure that it  
 3 doesn't negative -- negatively impact your systems,  
 4 other than that awareness activity, and the  
 5 partnership with the hospitals, knowing what's  
 6 going on, there is nothing for E.M.S. to comply  
 7 with. It is a -- it is the hospital has to comply  
 8 with.

9 So, the pieces that I wanted to  
 10 point out were what's boxed here. And I believe  
 11 I -- I e-mailed, I believe, the -- the entire  
 12 Council here received an e-mail copy of this. A  
 13 requirement that hospitals without an organized  
 14 emergency service, which means we have hospitals in  
 15 the state that do not have an E.R. They are a  
 16 fully functional hospital, but they do not have an  
 17 emergency department, they have an urgent care.  
 18 Kind of a different situation, and I was surprised  
 19 myself, but if they -- if they don't have an E.R.,  
 20 then they have to have a written agreement with a  
 21 local E.M.S. to accommodate the need for timely  
 22 interhospital transfer twenty-four/seven; okay?

23 FROM THE FLOOR: Yes, we need  
 24 that.

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 2 MR. TAYLOR: And another  
 3 amendment that even if you do have an E.R., that it  
 4 has to be included in the hospital's policies and  
 5 procedures, that written agreement with E.M.S., to  
 6 quickly get someone who's having an M.I. out to a  
 7 STEMI center.

8 The other big piece in this is  
 9 that the -- the hospitals should be partnering in  
 10 their quality management activities to see how this  
 11 is working in the system; okay? The big overall  
 12 picture of -- of is E.M.S. taking the patients to  
 13 the right hospital; is the hospital able to get the  
 14 ambulance there to transport the patient to the  
 15 STEMI center efficiently and effectively; all those  
 16 quality-management issues that go along this.

17 So again, it is a hospital  
 18 regulation that they have to comply with. I would  
 19 assume that they will be reaching out to the E.M.S.  
 20 community to say how are we going to be able to  
 21 partner with the ambulances and have these  
 22 agreements with the ambulances, to -- to move  
 23 patients around? But you -- you, at the REMSCO  
 24 level, need to be aware that this exists, that this

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 2 is going on, and just monitor it to see how it  
 3 impacts your system.

4 Questions, ladies and gentlemen?  
 5 MR. BLUM: I guess maybe just  
 6 one -- one point of clarification. I believe under  
 7 405 it's not just STEMI patients, there's a list of  
 8 either six or seven patient categories that, under  
 9 this part, require emergent -- if they require  
 10 emergent transport, it would fall under the same  
 11 category.

12 MR. TAYLOR: Yeah, I'll --  
 13 I'll -- read what's here. The amendment also adds  
 14 A.M.I. patients, including but not limited to  
 15 S.T.-elevation A.M.I., to the list of conditions  
 16 that need specialized emergency care. So it --  
 17 it's not just those that you throw the twelve-lead  
 18 on them and it shows an S.T. elevation, it's those  
 19 that are having the whole gamut, basically, of --  
 20 of cardiac events that would benefit from a STEMI  
 21 center.

22 Does that --?

23 MR. BLUM: Yes.

24 DR. HENRY: Well, this action

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 2 that you're referring to gives examples of patients  
 3 who might need specialized care. And the directive  
 4 is "Hospitals should describe in advance patient's  
 5 they can't provide definitive care to, and then  
 6 have a plan or written agreement for transfer of  
 7 such patients to another facility." And that was  
 8 intended so you didn't have a problem transferring  
 9 someone at three in the morning, talking to a  
 10 resident in another place that didn't want the  
 11 case. But those are examples. So this is added as  
 12 an example.

13 MR. BLUM: So, none of this  
 14 relates, yet, to a prehospital STEMI diversion  
 15 policy.

16 DR. HENRY: This is a -- 405.19  
 17 is emergency department.

18 MR. BLUM: For -- for the  
 19 hospital.

20 FROM THE FLOOR: Emergency  
 21 department -- yeah.

22 DR. HENRY: Oh, yes.

23 MR. TAYLOR: Right. Correct.

24 The -- the --.

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2 MR. FAETH: Anybody have

3 questions?

4 MR. TAYLOR: Go ahead.

5 MR. FAETH: Ms. Benedetto.

6 MS. BENEDITTO: Yes. That's all

7 right. Leave that. I'll reach over to you. I

8 just wanted to clarify please, you had mentioned a

9 organized E.R. Were you really referring to an --

10 a hospital-based emergency medical service? Is

11 that -- is that what that --

12 MR. TAYLOR: No.

13 FROM THE FLOOR: No.

14 MS. BENEDITTO: No? I just

15 needed to understand the difference between what --

16 what we're saying here.

17 MR. TAYLOR: When you -- when you

18 read the hospital regulations, the 405 and -- and

19 other regulations referring to hospitals, when they

20 say emergency services, that means E.R. That does

21 not mean a hospital who runs an ambulance service,

22 that means that they have an E.R.

23 MS. BENEDITTO: Thank you.

24 MR. FAETH: Good. Thanks Mike,

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2 very much.

3 MR. TAYLOR: The -- again, just

4 be aware of this. And down the road, as we were

5 talking off the microphone up here, I'm not sure

6 where they are in the process of designating STEMI

7 centers. I'm sure that this will come back to the

8 SEMAC and SEMSCO, as far as protocol issues, as far

9 as the -- making sure, that the patient's get to

10 the STEMI centers and such, so you'll be seeing

11 more of this, I'm sure.

12 MR. LEWIS: Okay. One other

13 thing to bring to this body is a seconded motion.

14 I think we can put that bill up on the screen, if

15 we could, Assembly 3566, it's H.L.V. testing

16 without patient consent. While we're hopeful that

17 the language in Article -- Part 63 changes, and we

18 don't need this, we're kind of unilaterally - and

19 this may not go anyplace in the senate either, but

20 we're -- we want the senate and assembly to know

21 that we support the language in this bill that Dr.

22 Dailey has worked on, and HANYS has worked on. So

23 I -- this comes as a seconded motion, and asking

24 for approval from this body.

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2 Questions, I'll try to answer

3 them or somebody else can.

4 MR. FAETH: A seconded motion.

5 Any questions on the floor?

6 Mike.

7 MR. MURPHY: Just a question.

8 I -- I thought -- isn't there a D.O.H.-sponsored

9 bill very similar to this, which is 7610 and Senate

10 3293?

11 MR. LEWIS: Okay.

12 MR. MURPHY: So I thought

13 we've -- I -- it sounds like we're trying to

14 support two bills --

15 MR. LEWIS: Uh-huh.

16 MR. DAILEY: -- going in the same

17 direction, but I think we've already supported the

18 other bill.

19 MR. LEWIS: And -- and we did,

20 but I don't -- I don't think it does harm to

21 support either bill, because it -- it matters a

22 lot, as we know, on the hill, who the sponsors and

23 cosponsors are. And I'm not sure that they're the

24 same on both these bills. We need something

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2 passed. And as I said, I'm not sure this will

3 pass, but I think it does no harm for this body,

4 realizing that HANYS has looked at it and approves

5 of it, and that Dr. Dailey, who is intimately

6 involved in this and has had lots of meetings on

7 the hill, I think it does no harm for us to show

8 our support for this bill additionally.

9 FROM THE FLOOR: Thank you.

10 MR. FAETH: Okay. Any further

11 discussion?

12 (No audible response)

13 MR. FAETH: Okay. What is the

14 wording of the motion on this?

15 MR. LEWIS: That the SEMSCO

16 support A-3566 and forward it to the Commissioner

17 for consideration.

18 MR. FAETH: All right. Thank

19 you. We will -- don't need a roll-call vote for

20 that. So, all in favor?

21 FROM THE FLOOR: Aye.

22 MR. FAETH: Any opposed?

23 (No audible response)

24 MR. FAETH: Any abstentions?

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 2 (No audible response)  
 3 MR. FAETH: So moved.  
 4 Anything else, Mr. Lewis?  
 5 MR. LEWIS: That's the end of my  
 6 report. Thank you very much, Mr. Chairman.  
 7 MR. FAETH: Okay. Thank you very  
 8 much.  
 9 Okay. Move the agenda to  
 10 finance. Phyllis Ellis.  
 11 MS. ELLIS: Thank you, Don.  
 12 Finance Committee met this  
 13 morning, and basically the consensus of the meeting  
 14 was to set our timetable for our budget going  
 15 forward. And the time line established would be  
 16 that the budget templates will be distributed on or  
 17 around March 1st by the Department, with the return  
 18 by May 7th, 2010.  
 19 And also that we were going to  
 20 request from the Department to let us know between  
 21 now and then if we can have a meeting on the  
 22 evening of May 24th, which is the night before the  
 23 next SEMAC/SEMSCO meeting, to review all those  
 24 templates and track down any outstanding issues

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 2 before the budget is presented for approval.  
 3 There was no motions.  
 4 MR. FAETH: Thank you, Phyllis.  
 5 Any questions for finance?  
 6 (No audible response)  
 7 MR. FAETH: Okay. Seeing none,  
 8 we did Med Standards.  
 9 Education and training. Edgar  
 10 Wedge.  
 11 MR. WEDGE: We have no seconded  
 12 motions. Our TAGS are continuing to do their work.  
 13 Martha Gilkey (phonetic spelling) gave us a flyer  
 14 in our meeting the other day, that's from the New  
 15 York State Office of Children and Family Services.  
 16 They're offering a two-hour self-directed online  
 17 mandated-reporter training course. And it's  
 18 available twenty-four/seven. I have the Web name  
 19 here, Web site address is  
 20 www.N-Y-S-M-A-N-D-A-T-E-D-R-E-P-O-R-T-E-R.org.  
 21 MR. FAETH: Does anybody need him  
 22 to --?  
 23 MR. WEDGE:  
 24 nysmandatedreporter.org.

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 2 MR. FAETH: Does anybody need him  
 3 to repeat that?  
 4 FROM THE FLOOR: Yes.  
 5 (Off-the-record discussion)  
 6 MR. FAETH: Could you just --  
 7 MR. WEDGE: One more time.  
 8 N-Y-S-mandatedreporter.org. And there is a  
 9 certificate available, and it's worth two hours of  
 10 C.M.E. credit.  
 11 We have a new on-site location  
 12 that will be going online in January in New York  
 13 City. It's at Cathedral College in the Queens.  
 14 There's been a change of the  
 15 regional test site in the north country. It's now  
 16 going to be at the North Country Bible Fellowship  
 17 in Speculator, and that takes effect 12/17.  
 18 And again, just to bring you all  
 19 up to date on the funding for the -- for people who  
 20 are in the C.M.E. program, and it's eventually  
 21 going to go to everybody who is taking a course,  
 22 you must have an agency code registered with the  
 23 Department in order to get reimbursement. And  
 24 they're tracking this very closely, so if you have

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 2 a student that doesn't have an agency code, you're  
 3 not going to get any reimbursement for that  
 4 individual.  
 5 We have a questionnaire that's  
 6 going to come out to program agencies and REMSCOs  
 7 that deal with the intermediates. It's a  
 8 questionnaire that's been put together. I read it  
 9 yesterday; I think it's quite good. We're looking  
 10 for a response back, the TAG is, by January 15th.  
 11 And other than that, that's the  
 12 end of my report.  
 13 MR. FAETH: Thank you, Mr. Wedge.  
 14 Have any questions?  
 15 (No audible response)  
 16 MR. FAETH: Okay. Very good.  
 17 And we will move to PIER. Mr. Czapranski.  
 18 MR. CZAPRANSKI: Okay. Thank  
 19 you. PIER met yesterday.  
 20 First off, I'd like to thank  
 21 everyone who did booth time at the Vital Signs  
 22 Conference. I really appreciate the time and the  
 23 commitment by those around this room who manned the  
 24 booth. A couple of dates for you: E.M.S. week,

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2 May 16 through 23rd. May 16 through 23rd.

3 The New York State E.M.S.

4 Memorial is now scheduled for Wednesday, May 19th.

5 Again, the E.M.S. Memorial, scheduled for Wednesday

6 May 19th. And unfortunately, we have three folks

7 who are going to be added to the memorial this

8 year, and that's a sad thing. The first one is

9 Lewis J. Flury, F-L-U-R-Y, from West Seneca, New

10 York. The second is Richard F. Quigley, from

11 Hudson Valley Paramedic Service. And the third is

12 Mark Davis, from Cape Vincent Fire Department. So

13 again, your attendance at the memorial is

14 requested. We'd love to have a good showing, as we

15 bring three new people onto the memorial,

16 unfortunately.

17 Vital Signs, as you heard, in New

18 York City, August 26th through 29th. That's a

19 significant departure from our typical October

20 dates, which means we need to back up the date the

21 awards nominations are due. So, another date to

22 remember and take back is the awards must be in or

23 postmarked by June 1st, 2010. Typically it was

24 August 1st, but we have to back it up so that we

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2 can make the award ceremony in August. So again,

3 the awards must be in or postmarked by June 1st of

4 2010.

5 Also in PIER we discussed when

6 the awards are given during an awards dinner, and

7 the fact that we're in New York City, the cost of

8 the meals would skyrocket a little bit, and cause

9 increased funding for those attending the dinner,

10 plus we would be competing against a venue of other

11 activities. So, it was suggested and decided by

12 the PIER committee to recommend the Bureau to move

13 the awards ceremony to the first general session on

14 Saturday. Then on Friday night, where there's sort

15 of the meet and greet, we would include a

16 congratulatory meet and greet with the award

17 winners, and that's been communicated to the Bureau

18 staff.

19 As you heard, Vital Signs '09

20 just shy of nineteen hundred people, and we had

21 over a hundred -- we had one hundred vendors, and

22 very positive feedback.

23 We do have one seconded motion

24 coming forward from the PIER committee. And after

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2 discussion, it was really the addition of one award

3 to the awards program, and this is the youth award.

4 And it really recognizes someone fourteen through

5 eighteen who does all the things appropriate for an

6 E.M.S. agency and supports it. We have a lot of

7 youth around our state that have a lot of

8 involvement in E.M.S. and so, this is the proposed

9 motion.

10 Basically what we do is we took

11 the B.L.S. first response and put in C.F.R. or

12 first aid, and put in youth program. So, the

13 motion is before you. It comes as a seconded

14 motion.

15 MR. FAETH: Okay. Motion as

16 reads is to add an award category as follows:

17 Youth Provider of the Year criteria. Contributions

18 by an individual to the community as a certified

19 first respondent, C.F.R., or certified first aid

20 for dedication, responsibility, professional

21 behavior, ingenuity, special skill or insight in

22 the E.M.S. community. Eligibility: New York State

23 certified C.F.R. or first aid certified, and

24 affiliated with a first-response agency, fire,

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2 E.M.S., or police.

3 Comes to the floor as a seconded

4 motion.

5 Do we have any discussion?

6 FROM THE FLOOR: Great idea.

7 MR. FAETH: Any discussion?

8 (No audible response)

9 MR. FAETH: Seeing none, all in

10 favor?

11 FROM THE FLOOR: Aye.

12 MR. FAETH: Any opposed?

13 (No audible response)

14 (The motion carried.)

15 MR. FAETH: Motion carries.

16 MR. CZAPRANSKI: That concludes

17 the report from PIER.

18 MR. FAETH: Thank you, Tim.

19 Any questions for -- for PIER?

20 Okay. Then we'll move to Bob

21 Delagi for evaluation, Q.A., Q.I., or -- or Dr.

22 Kaufman.

23 MR. DELAGI: Thanks, Don. Our

24 committee met yesterday. Secretary has the

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2 attendance sheet. No seconded motions to bring  
3 forth at this meeting.

4 Our first order of business for  
5 our committee was to welcome Gary Tuthill (phonetic  
6 spelling) as the Bureau's staff member assigned to  
7 our committee. We look forward to working with  
8 Gary over the coming session.

9 We had our staff report and we  
10 learned that the Governor's Highway Traffic Safety  
11 Board grant progress that we've been talking about  
12 for some time, grant -- grant year two, has been  
13 approved. And this will facilitate the ongoing  
14 development of the NEMSIS data bridge, to  
15 facilitate collection of data and merge that data  
16 electronically into the New York State-wide  
17 database, as well as sending the new data set  
18 electronically to the national database as we move  
19 the project forward.

20 We did discuss the E.P.C.R.  
21 shortage, and the continuity of operations plan for  
22 continued use during the shortage, and we're hoping  
23 that we hear very shortly that the printing will be  
24 underway, as Lee had addressed earlier today.

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2 E.M.S.C., we learned that they're  
3 also looking at the NEMSIS data set, concurrent  
4 with our review, to ensure that we cover the  
5 pediatric population from a data-collection  
6 perspective. And while there are not many  
7 significant data elements that are pediatric  
8 specific, there are some that are obviously  
9 important and essential to be included into that  
10 data set. So, we're collectively looking at that,  
11 and we thank the E.M.S.C. for their expertise in  
12 helping us.

13 We distribute our regional  
14 quality-improvement matrix, which as you recall  
15 from our last meeting, documents the regional  
16 quality-improvement projects, by region, from 2004  
17 to the current contract year. And our plan is to  
18 keep that a running documentation of regional  
19 studies, to offer suggested study topics and  
20 memorialize the efforts of regions on an ongoing  
21 basis. It allows regions to take a look at what's  
22 being done across the state, and provoke some  
23 thought into identifying areas of study that they  
24 may want to take on in their own communities.

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2 The evaluation committee and our  
3 regional partners at the program agency REMSCO and  
4 REMAC levels, continuing to work to prioritize our  
5 NEMSIS data elements for eventual recommendation on  
6 version six of the New York State P.C.R. What we  
7 essentially are doing is working with two  
8 documents. One is a side-by-side comparison of the  
9 NEMSIS data set, as compared to the current data  
10 elements on version five of the New York State  
11 P.C.R., so we can identify what is already being  
12 collected in New York State. And then looking  
13 ahead, identifying the NEMSIS data elements that  
14 are essential, useful, or of limited value. And we  
15 do -- we will be working on that through the  
16 winter, and hopefully we'll come back to you in  
17 February with recommendations on those data  
18 elements.

19 Relative to Mike Taylor's  
20 comments on the STEMI center regulations,  
21 evaluation has also been looking at the STEMI  
22 center regs, because there is a provision on  
23 quality improvement. You'll recall that we had  
24 previous discussion with folks at the State Health

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2 Department, the -- the area that oversees  
3 hospitals, and there was an agreement to write a  
4 letter to hospital C.E.O.s, to encourage hospital  
5 participation, or -- or you know, hospitals  
6 inviting catchment-area ambulances into their Q.I.  
7 process. And we put that temporarily on hold  
8 pending the release of the STEMI center  
9 regulations, because we were anticipating a Q.I.  
10 piece. And there is indeed a Q.I. piece that  
11 requires bringing E.M.S. to the Q.I. table, and  
12 recognizing E.M.S. in the continuum of care that  
13 starts in the field and ends through rehabilitation  
14 and discharge from the hospital. So now that the  
15 regulations have been issued, we're told that that  
16 letter from the Department will be going out to the  
17 hospital C.E.O.s, encouraging collaboration with  
18 E.M.S. on Q.I. issues, imminently.

19 And then, our last work item  
20 is -- is still a work in progress. We took a look  
21 at the National Transportation Safety Board  
22 recommendations for air-med safety, and of  
23 particular interest to our committee is one of the  
24 requirements that air medical services have a

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2 policy for accepting or rejecting flight requests.  
3 And this goes a little bit beyond the normal  
4 medical protocols, which we have reviewed in the  
5 past. And we will continue to work this through  
6 our committee, and then collaborate with the  
7 air-medical TAG going forward, on a host of  
8 recommendations in that -- in that document. But  
9 again, that's the one that -- that is of interest  
10 to us. Policies for accepting or rejecting flights  
11 based on weather conditions, visibility, and --  
12 and -- and like information.

13 And that is my report.

14 Dr. Kaufman, anything to add?

15 DR. KAUFMAN: No.

16 MR. FAETH: Thank you, Bob. Any  
17 questions for, Mr. Delagi or Dr. Kaufman?

18 (No audible response)

19 MR. FAETH: Okay. Seeing none,  
20 we will move to Systems. Mr. Faraone.

21 MR. FARAONE: The systems  
22 Committee met yesterday. The secretary has the  
23 attendance sheet. We were very well attended.

24 We also would like to welcome the

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2 addition of Dana and Tom to our committee. I think  
3 their -- their input's going to be very valuable.  
4 We have four TAGS presently, two  
5 of which have been around, and we have two new ones  
6 that we formed yesterday.

7 The first one that's been around  
8 is a communication TAG, and their change -- their  
9 charge has changed to look at the new narrow  
10 banding, and particularly the hospital end of it.  
11 All the hospitals have radios, and I don't -- and  
12 we believe that many of the hospitals are unaware  
13 of the new narrow-banding regulations, and  
14 primarily the fact that they have to renew their  
15 licenses in order to keep their -- the thing.  
16 So -- so, the -- the committee, or the

17 communications TAG will be working on getting the  
18 information, which hospitals have what and maybe we  
19 can get a letter out to them, you know, reinforcing  
20 the fact that they have to move forward on this  
21 narrow-banding initiative, which is due by 2013.

22 The Safety TAG - and Warren will  
23 report on the Safety TAG - but we did ask the  
24 Safety TAG to look at another issue, the new

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2 no-texting law in New York State, how that's going  
3 to affect ambulance services that are using  
4 electronic communications, actually text messaging  
5 back and forth from their dispatch to the  
6 ambulances, so we -- we asked Warren's Safety TAG  
7 to look at that, and he'll report on safety issues.

8 Now, we also formed a TAG to look  
9 at the -- some antiquated policies, the A.L.S.  
10 meet-up, and the mutual aid policy. We really want  
11 to get a handle on what truly is an A.L.S. meet-up,  
12 where an A.L.S. meet-up can occur or can't occur,  
13 and what is really mutual aid versus I can't cover  
14 my territory any more. So, the -- the TAG will be  
15 looking at those issues.

16 And the -- the next TAG is to  
17 look at the -- in 06.06 there is -- there are --  
18 there are two issues in 06.06. One is the -- we  
19 send a letter to all of the involved parties,  
20 C.E.O.s of the hospitals, ambulance services in the  
21 area, and -- and give them the definition of need,  
22 and then ask them to respond. So, the thought is  
23 to add to that a little more detail to -- not the  
24 definition of need, but ask the question: How will

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2 this change in C.O.N. affect their service? It is  
3 our belief that the C.E.O.s, particularly of the  
4 hospitals, don't give a lot of thought to -- to how  
5 it will affect their hospitals. And so, I think  
6 this will make them a little -- little bit more  
7 intimately involved with the -- with the process --  
8 the C.O.N. process. So -- so, those are the four  
9 TAGS.

10 The next thing I want to talk  
11 about is there's been a lot of angst out there  
12 about this doing E.M.S. calls in regions that are  
13 not on your license. The O.M.A. is looking at  
14 people that are doing these, out -- off their  
15 license. So, we had the discussion yesterday, and  
16 I'd like Lee just to elaborate on -- on how we  
17 should proceed doing -- doing jobs outside of our  
18 C.O.N.

19 MS. BURNS: At the moment  
20 we're -- we're in the preliminary phases of trying  
21 to sort out the issues and the -- the applicable  
22 regulations and laws. And what we have been  
23 telling services who have contacted us is that they  
24 need to make sure that their house is in order,

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 2 that their certificates are up-to-date, that  
 3 they're in good compliance regulatorily and with  
 4 Public Health Law, but -- but until we sort this  
 5 out, and we have a better understanding of what's  
 6 going on, we do not want to stop responding. When  
 7 a patient needs an ambulance, they need an  
 8 ambulance.

9 You know, we -- we -- it's a --  
 10 it's a long road. We're working with people who  
 11 have essentially just discovered prehospital care,  
 12 in spite of the fact that ambulance services have  
 13 been involved in the healthcare continuum for, you  
 14 know, ever. So again, until we get some definitive  
 15 answers and the -- and that the parties involved in  
 16 this, and that's the Health Department's Office of  
 17 Insurance Programs -- Health Insurance Programs,  
 18 OHIP, the Office of the Medicaid Inspector General  
 19 is OMIG, and the attorney general's office, give us  
 20 some direction. The minute they do we'll share it,  
 21 but until that time, we need ambulances to go to  
 22 patients who are calling them.

23 MR. FARAONE: Thank you, Lee.  
 24 Now, we also discussed briefly about the -- the

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 2 anticipation of the addition of EpiPens and  
 3 A.E.D.s, because that will -- that will -- that  
 4 will cross all of the -- all of the committees, so  
 5 we'll -- we'll -- we're prepared to discuss that  
 6 down the road.

7 Now, we were supposed to -- we --  
 8 as -- as many of you know, we have two pending  
 9 C.O.N. appeals at the A.L.J.s. So, there's two  
 10 things in the works. One: The -- the Department  
 11 is prepared to allot us more time at the February  
 12 meeting, be it necessary. If those A.L.J.s come  
 13 back, we're going to need more than one hour to  
 14 discuss the -- all the information pertinent to  
 15 those two C.O.N. appeals. So, we'll do that the  
 16 night before and -- and the Department will notify  
 17 us in advance if we have to show up the night  
 18 before to -- to start the committee discussion.

19 Now, on those lines, those  
 20 appeals, one of them in particular, was made in  
 21 February, and we still have nothing back from the  
 22 A.L.J. And -- and the -- the committee believes,  
 23 and -- and many people believe that that's  
 24 inappropriate. We've just been sitting on this way

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 2 too long. We are held to a time standard in -- at  
 3 the C.O.N., from the SEMSCO area -- or from the  
 4 SEMSCO point of view, we're -- we're held at a --  
 5 I'm sorry, the REMSCO is held at a -- at a -- at a  
 6 time frame, sixty days to complete these. And we  
 7 have a time frame when we have to submit the  
 8 appeal -- when the organization has to submit their  
 9 appeal. But there's really no time frame presently  
 10 for the A.L.J., which is evidenced by this. It's  
 11 been six or seven months that we haven't gotten a  
 12 response.

13 So, we have a seconded motion  
 14 to -- to look at a way that we can incept some kind  
 15 of a time line for the A.L.J.s. Now, I don't know  
 16 how we would do that legally, because we don't have  
 17 jurisdiction over the A.L.J.s, I believe. But I  
 18 think what we can do is a couple of things. And --  
 19 and what I'd like to do is I would like to vote on  
 20 the motion to support some type of a time line for  
 21 the A.L.J. And then, if that passes, then discuss  
 22 options on how we would do that. And it might be  
 23 as simple as a letter, or it might be maybe  
 24 changing 06.0 -- 06.06 to include an A.L.J.'s time

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 2 line. And -- and I don't know, but I think we  
 3 should vote on the motion, the seconded motion to  
 4 support a time line for the A.L.J., and then  
 5 discuss how we're going to do that.

6 MS. BURNS: Well, I  
 7 wholeheartedly agree that -- that at this point  
 8 there should be a time frame for the SEMSCO's  
 9 handling of appeals to you as a body. By --  
 10 there -- we don't have any authority to put --  
 11 to -- to, you know, put a time line on -- on a  
 12 judge.

13 Further, I -- and -- and -- I --  
 14 I turn to many of you for some history. Mr. Hassin  
 15 (phonetically spelled), particularly my -- my  
 16 wisdom from the west. But when the original policy  
 17 statement, 9310, which you all know and love, was  
 18 drafted, the -- the idea of having the whole packet  
 19 reviewed by a legal expert was -- was put in there  
 20 as a procedure. And it's a good procedure. The  
 21 purpose for the A.L.J., or an A.L.J., to review the  
 22 documentation is that they look at the -- at the  
 23 entire packet that the regional council considered,  
 24 and they -- they review it and -- and make a

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 2 finding against what is Public Health Law. And  
 3 that has proved to be valuable to you as a body,  
 4 over the years, I think. It's not mandated by  
 5 statute that that is a process, but I think it --  
 6 it protects you.

7 Even if you, as with Niagara  
 8 Memorial, even if you chose to make a determination  
 9 in opposition to the opinion of the judge. I --  
 10 while I -- I have no hesitation to -- to speak with  
 11 the bureau director, I am uncomfortable giving him  
 12 a time line. I will honor what you choose to do.  
 13 I will tell you, though, that you don't have  
 14 exactly -- you don't have the authority to place a  
 15 time constraint on a -- on -- on any judge --

16 MR. FARAONE: Right, I  
 17 understand.

18 MS. BURNS: -- much less our  
 19 judges. So, I think I -- I would encourage you to  
 20 work towards speeding up the process, and if that  
 21 means that I have to go downstairs and knock on  
 22 their door, I'm okay with that. Continue with your  
 23 vote, but please know where your authority ends.

24 MR. FARAONE: Well, and -- and

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 2 I -- and I agree with you a hundred percent. I --  
 3 I think that if -- if we -- if we vote on a motion  
 4 to try to get a time line, maybe the -- the -- the  
 5 way to do that is just have the chair send a letter  
 6 to the A.L.J., and I don't even understand how all  
 7 of that works, but -- who it would go -- who the  
 8 letter would go to. I mean, he must have a boss  
 9 too. And I don't know how we -- how we would do  
 10 that process.

11 But I -- but I think we can all  
 12 agree -- or I'm assuming we can all agree that we  
 13 need to have some type of time line. We can't let  
 14 these things go on. There's a lot of people's  
 15 lives hanging in the balance here, and we need  
 16 to -- we need to put a closure to this. So -- so,  
 17 I -- I guess the motion -- the motion is to support  
 18 some type of a time line or -- or support some type  
 19 of a process to encourage the A.L.J. to move more  
 20 hastily on this. And I guess if we can vote on  
 21 that, then we can either -- we can open it to  
 22 discussion about how we're going to do that.

23 MR. FAETH: Do we have any second  
 24 to the motion?

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2 MR. FARAONE: It's already a  
 3 seconded motion.

4 MR. FAETH: Oh, I'm sorry. Well,  
 5 I thought you changed it up a little, I'm sorry.  
 6 Okay.

7 All right then, discussion?

8 MR. ZEEK: May I suggest a  
 9 friendly amendment to the motion? That we ask the  
 10 chair and the act -- acting deputy director to  
 11 contact the Bureau where the A.L.J.'s lie, and  
 12 express our concerns about the time it is taking to  
 13 process our issues. And recognizing the -- their  
 14 case load and what they have to deal with, but  
 15 timeliness is -- is important to the people who  
 16 depend on us to make these decisions. Would that  
 17 make sense?

18 MR. FARAONE: Well, it would, but  
 19 I'm not the motion maker, I'm just a -- I just  
 20 brought it forward. So -- so, I -- I -- just  
 21 procedurally, I don't know how we do that. I guess  
 22 the motion maker was -- was Mr. Lewis, and he's  
 23 going to have to accept your friendly amendment.

24 MR. ZEEK: Make a motion to amend

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2 the motion.

3 FROM THE FLOOR: A motion to  
 4 amend the motion.

5 MR. FARAONE: That's fine.  
 6 I'll -- I'll second that motion to amend the  
 7 motion, is that's procedurally --

8 MR. ZEEK: Yeah. I -- I'm making  
 9 a motion to -- to amend the motion, yeah, along the  
 10 language that I just said.

11 MR. FARAONE: Sure.

12 MR. ZEEK: If I can get second to  
 13 that, we can dispose of that and then --.

14 MR. FARAONE: Sure, and I'll be  
 15 glad to second that.

16 MR. FAETH: All right. Do we  
 17 have a second. Vincent Faraone. All right.  
 18 Any discussion on that?

19 MS. BURNS: I -- I would not  
 20 abandon your plan to all -- to amend 06.06 to -- to  
 21 include a time line at the -- at the SEMSCO level.  
 22 And that -- that would, by virtue of, you know,  
 23 setting constraints, allow us to verbal -- you  
 24 know, verbalize that in the future.

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2 MR. FARAONE: I - my -- and that

3 was a -- that's a thought. And -- and my concern

4 with that is it's a two-edged sword. So, if we set

5 a sixty-day time line and the A.L.J. does not

6 respond in sixty days, then what do we do? Then

7 we -- we violated our own time line. And you know,

8 this is uncharted territory. I don't --.

9 FROM THE FLOOR: Or if we don't

10 have a meeting in sixty days.

11 MR. FARAONE: Or if we don't have

12 a meeting in sixty days, you know, so --

13 MR. FAETH: Okay. Bob.

14 MR. DELAGI: I think we're going

15 down the right path. And I would just agree

16 with -- with Mark's comments, and just add that

17 perhaps the language in the letter should just, you

18 know, let the folks at the A.L.J.'s office, or the

19 bureau, know that we're trying to be as efficient

20 as we can, given the constraints --

21 FROM THE FLOOR: Right.

22 MR. DELAGI: -- that have been

23 placed upon us, so that in order for us to do our

24 job, and in fairness to the people that are waiting

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2 for appeals to be heard, that we -- we need these

3 back in a timely fashion so that we can be

4 efficient.

5 MR. FAETH: Other discussion?

6 (No audible response)

7 MR. FAETH: Anything further?

8 (No audible response)

9 MR. FAETH: Okay. All in favor

10 of the currently amended motion say aye?

11 FROM THE FLOOR: Aye.

12 MR. FAETH: Anybody against?

13 (No audible response)

14 MR. FAETH: Abstentions?

15 (No audible response)

16 (The motion carried.)

17 MR. FAETH: So moved.

18 And discussions with Lee -- Ms.

19 Burns will -- will contact the A.L.J.'s office and

20 see.

21 MR. FARAONE: And I have nothing

22 else, unless there's any questions.

23 MR. FAETH: Okay. Any questions

24 for Mr. Faraone.

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2 (No audible response)

3 MR. FAETH: None?

4 (No audible response)

5 MR. FAETH: All right. Seeing

6 none, let's move to Safety TAG.

7 Mr. Paul Bishop.

8 MR. DARBY: Safety TAG met

9 yesterday and --

10 MR. FAETH: Oh, I'm sorry.

11 MR. DARBY: -- had twelve in

12 attendance for the committee of four. We did get

13 from Dana the request of taking a look at the new

14 texting law. The interesting part of that is it's

15 a handheld in the law, with the texting thing, and

16 we know that we have note pads out there, not only

17 in E.M.S., but police and --

18 FROM THE FLOOR: Yeah.

19 MR. DARBY: -- fire are also

20 using that -- that type of technique now for

21 dispatch purposes and call information, so we're

22 looking at that. We'll bring a report back next

23 meeting as we get the definition of texting out of

24 that law and compare it to what we do.

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2 My cochair Paul Bishop will

3 report on the other part of the meeting.

4 MR. FAETH: Just a -- just a

5 correction for the record, that was Mr. Warren

6 Darby that stated the first part. Thank you..

7 MR. BISHOP: And from behind the

8 screen I'll continue the report, so I can't see

9 about half the body there.

10 MR. DARBY: It's your screening

11 test, Paul.

12 MR. BISHOP: The -- the safety

13 TAG is working with Medical Standards Committee,

14 and then hopefully eventually the SEMAC, to develop

15 a list of skills that it would be appropriate for a

16 provider to be unsecured to perform, where the --

17 the benefit to the patient outweighs the additional

18 risk to the E.M.S. providers and the patient, by

19 being unrestrained in the back. A first draft of

20 that was circulated. I know it went along the --

21 the listserv, as well as was discussed briefly at

22 the Med Standards meeting, and in -- in more detail

23 at the Safety Committee meeting. If you have seen

24 that list and have comments, please reply back to

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2 Mr. Darby or myself. Hopefully we'll have a -- or  
3 we will have a much better draft document to share  
4 with people before the February meeting, so  
5 hopefully Med Standards will be able to take  
6 action, and then eventually SEMAC at the February  
7 meeting.

8 And our other big objective for  
9 this year and next year will be creating a  
10 safety-resource document, something akin to what  
11 the quality-assurance manual was to help agencies  
12 create a good quality-assurance plan; we're hoping  
13 to create a document that will allow agencies to  
14 create a safer work environment for their employees  
15 and their patients and their students.

16 That's the end of our report.

17 MR. FAETH: Thank you, Paul.

18 Any discussions -- I'm sorry,  
19 questions for Mr. Darby or Mr. Bishop?

20 (No audible response)

21 MR. FAETH: Okay. Seeing none,  
22 moving right along here, E.M.S. for -- E.M.C. --  
23 E.M.S.C. for children -- I apologize. Either  
24 Sharon Chiumento or Martha?

1 SEMSCO - 12-2-2009  
2 MS. CHIUMENTO: I'll keep this  
3 very brief, since most of the topics were covered  
4 during the meeting. But I just wanted to thank you  
5 for cooperating with E.M.S.C. on -- on revising the  
6 medical-director policy, in relationship to  
7 everyone carrying protocols. You know, children  
8 make -- less -- make up less than ten percent of  
9 our calls, and people are just not going to  
10 remember those protocols, so we're very happy  
11 that -- that that was passed. Also the Solu-Cortef  
12 policy, that's also going to be a big benefit.

13 And then in the future we will be  
14 looking to have --have you -- we are looking at the  
15 national ambulance-equipment guidelines, and we  
16 will be reporting back to you at the next meeting  
17 and -- and possibly asking for you to -- to also  
18 concur on supporting those guidelines in our  
19 ambulances. Fortunately, the good news is that  
20 most of the -- the equipment that is on the list is  
21 already being carried by our ambulances, but there  
22 may be one or two items that -- pediatric-specific  
23 items that we're -- we don't carry currently. We  
24 want to make sure that everybody's up to speed.

1 SEMSCO - 12-2-2009  
2 Thank you.  
3 MR. FAETH: Okay. Thank you,  
4 Sharon.

5 Any questions for Ms. Chiumento?

6 (No audible response)

7 MR. FAETH: Okay. Diversity TAG,  
8 Mr. Czapranski.

9 MR. CZPRANSKI: Thank you. As  
10 Lee mentioned, There was some work between the  
11 Bureau and a contractor for the state on trying to  
12 schedule some regional training for REMSCOs and  
13 program agencies. We have tentatively scheduled  
14 that for January, but due to the time constraints  
15 on the contract with the vendor, that's not going  
16 to be possible as we had planned.

17 MS. BURNS: Yeah.

18 MR. CZPRANSKI: So, the Bureau of  
19 E.M.S. will continue to work with other contractors  
20 in the state, in hopes of procuring some training  
21 opportunities in 2010.

22 The committee met yesterday and  
23 talked about sending a letter out to E.M.S.  
24 councils, both signed by the chair of the Council,

1 SEMSCO - 12-2-2009  
2 and Ms. Burns, asking them to take a snapshot of  
3 where they are, diversity-wise, when compared to  
4 the community that they serve, and to the  
5 population that they serve. Those are two  
6 different things. So we want them to compare  
7 themselves to the population in the geographic area  
8 they represent, but then also to the community they  
9 serve, which are those who call nine one one.

10 Additionally, we want to try to  
11 help figure out the diversity of the E.M.S. workers  
12 who respond to those calls in comparison. Now,  
13 we're not going to define diversity, because that's  
14 going to be different in each region of the state,  
15 and ask the regional counsels to sort of say let's  
16 take a look at, in our community, what our make-up  
17 is of our varying types of groups, and then compare  
18 ourselves to that. So that will be coming out some  
19 time next year.

20 That ends the report unless  
21 there's any questions.

22 (No audible response)

23 MR. CZAPRANSKI: Thank you.

24 MR. FAETH: Okay. Thank you,

1 SEMSCO - 12-2-2009  
 2 Tim.  
 3 Okay. That -- that actually  
 4 concludes committee reports, so we'll move on to  
 5 old business. I do have -- I have one thing on the  
 6 agenda for old business: Nomination committee for  
 7 2010. I believe Mr. Czapranski has a report on  
 8 that?  
 9 MR. CZPRANSKI: The Nomination  
 10 Committee for 2010 endorses Robert Delagi as chair,  
 11 Tim Czapranski as first vice chair, and Mark Zeek  
 12 as second vice chair.  
 13 MR. FAETH: And does that need to  
 14 be seconded, or -- okay. These are there  
 15 nominations, Rob Delagi, Tim Czapranski, Mark Zeek.  
 16 I -- I think you had a fix in there.  
 17 MR. CZPRANSKI: Open the floor.  
 18 MR. FAETH: So we need to open  
 19 the floor for other nominations. You thought you  
 20 were -- thought you were in, huh?  
 21 MR. CZPRANSKI: Yeah.  
 22 MR. FAETH: Any other  
 23 nominations?  
 24 (No audible response)

1 SEMSCO - 12-2-2009  
 2 MR. FAETH: Any other  
 3 nominations?  
 4 (No audible response)  
 5 MR. DARBY: I move that the floor  
 6 nominations be closed with the slate that we have.  
 7 MR. FAETH: Mr. Darby moves --  
 8 moves to close the slate.  
 9 MR. DEEVERS: I second it.  
 10 MR. FAETH: Seconded, Mr.  
 11 Deavers.  
 12 All in favor?  
 13 FROM THE FLOOR: Aye.  
 14 MR. FAETH: Any opposed?  
 15 (No audible response)  
 16 MR. FAETH: Any abstentions?  
 17 (No audible response)  
 18 MR. FAETH: So moved.  
 19 Congratulations, gentlemen.  
 20 FROM THE FLOOR: Thank you.  
 21 MR. FAETH: Okay. Any other old  
 22 business?  
 23 (No audible response)  
 24 MR. FAETH: Any other old

1 SEMSCO - 12-2-2009  
 2 business?  
 3 (No audible response)  
 4 MR. FAETH: New business. If  
 5 anyone is currently -- for those of you who are  
 6 currently chairs of the -- of the subcommittees, if  
 7 you have any interest in -- in staying or not  
 8 staying, or stepping down, you need to notify Mr.  
 9 Delagi; this way he can make the appropriate  
 10 arrangements and movements for those personnel.  
 11 Any other new business.  
 12 MR. DELAGI: Don.  
 13 MR. FAETH: Mr. Delagi.  
 14 MR. DELAGI: Thanks. Actually,  
 15 just to expand on that a little bit if -- if you  
 16 don't mind. First, thank you all for your vote of  
 17 confidence and support in electing the slate. Look  
 18 forward to a productive 2010.  
 19 At the Executive Committee this  
 20 morning, a lot of discussion was had about making  
 21 sure that we were efficient in our deliberations at  
 22 the committee level, and at the Council and the  
 23 SEMAC levels. So, what seems to make the most  
 24 sense at this point is that in recognition of the

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 2 multiple works that are in progress by committees  
 3 and by a variety of TAGs, we would very much like  
 4 to keep the committee membership and the committee  
 5 chairs as they are now, with the opportunity that  
 6 if a member does not want to be on a committee, or  
 7 a chair does not want to serve, or cannot serve in  
 8 that capacity, that -- that -- that they let myself  
 9 and Donna know no later than December 31st via  
 10 e-mail.  
 11 And likewise for the newer  
 12 members of the SEMSCO, if you're not assigned to a  
 13 committee, we would ask that you please send an  
 14 e-mail by December 31st to Donna and myself, so  
 15 that we can take a look at the committee membership  
 16 and make sure that we meet the -- the bylaws in  
 17 terms of committee make-up, so that we can get  
 18 moving right at the first of the year. We'll  
 19 process those requests and get back to everybody.  
 20 The second issue that we  
 21 discussed with regard to efficiency was -- was the  
 22 issue of a quorum. And I don't know that this is a  
 23 very big deal. Dr. Henry did make reference to the  
 24 fact that we had a lack of a SEMAC quorum at our

1 SEMSCO - 12-2-2009  
2 last meeting due to the unanticipated departure of  
3 a single member. But in my tenure here, that's  
4 never happened before, so I don't know that this is  
5 a very huge issue. But we have to consider going  
6 forward that if we don't have a quorum, we need to  
7 know ahead of time, because in all likelihood, the  
8 meeting will be cancelled, you know, with regard  
9 to -- to budgetary issues.

10 So, what we're proposing is that  
11 two weeks prior to a scheduled meeting, if you're  
12 not going to be able to make a meeting, and your  
13 alternate will not be able to make a meeting, that  
14 you e-mail myself and staff within two weeks of the  
15 meeting, so that we can make sure that we have a  
16 quorum. And if we get enough e-mails that for some  
17 reason a quorum doesn't exist, plus a cushion  
18 factor of a couple of members, to deal with any  
19 unanticipated issues that may arise, that we will  
20 have enough time to cancel the meeting and -- and  
21 let everybody know before you make your final  
22 travel plans.

23 Does that sound reasonable?

24 FROM THE FLOOR: Yes.

1 SEMSCO - 12-2-2009  
2 MR. COUSINS: Can an alternate  
3 constitute a quorum?  
4 FROM THE FLOOR: Can't vote.  
5 FROM THE FLOOR: You have to have  
6 a quorum of voting members.  
7 MR. DELAGI: Yeah, I -- I will  
8 defer to -- to staff on that. I thought they could  
9 vote, but I --?

10 FROM THE FLOOR: No.

11 MR. DELAGI: No.

12 FROM THE FLOOR: No, they cannot.

13 MR. DELAGI: Okay. So then, Lee,  
14 does that mean that we would not be able to achieve  
15 a quorum with alternate members?

16 MS. BURNS: Yes, it does mean  
17 that.

18 MR. DELAGI: Okay. So then I  
19 would amend my previous discussion to make sure  
20 that the seated vetted voting member must be able  
21 to attend the meeting. Thank you.

22 FROM THE FLOOR: What about -- is  
23 there a committee meeting -- committee meetings --?

24 MR. DELAGI: Does two weeks ahead

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2 give everybody enough time to alter their travel  
3 plans?

4 (No audible response)

5 MR. DELAGI: Does two weeks ahead  
6 give staff enough time to cancel a meeting with a  
7 hotel? Or should we put it out to three weeks?

8 FROM THE FLOOR: It seems like it  
9 might be better to have more than -- if we -- if we  
10 were to know a month in advance --

11 MR. DELONGI: Okay.

12 FROM THE FLOOR: -- if there  
13 wasn't going to be a meeting.

14 MS. VESELY: There's still going  
15 to be a cost for canceling the rooms. They have to  
16 guarantee so much lunch and rooms, to --

17 MR. DELONGI: Try to balance out  
18 a reasonable time in advance to -- knowing within a  
19 reasonable time that you're not going to make it.  
20 So, you know, that time period is subject to a  
21 bunch of different variables. So three weeks --  
22 can we meet in the middle somewhere?

23 FROM THE FLOOR: Two weeks, that  
24 would be fine as far as the -- the hotels holding

1 SEMSCO - 12-2-2009  
2 the room --.

3 MR. DELAGI: Okay. Okay. So  
4 then why don't we keep it at -- it has to be  
5 within -- be prior to two weeks before the meeting.

6 (Off-the-record discussion)

7 MR. FAETH: Okay. Any other new  
8 business?

9 MR. BLUM: Just a --

10 MR. FAETH: Yes.

11 MR. BLUM: -- quick note, the  
12 Westchester Region, unfortunately, was unable to  
13 make the dinner last night in honor of Ed Wronski.  
14 We did have a plaque prepared, and are very  
15 thankful and mindful of the many years of service  
16 that he provided to E.M.S. throughout the state.  
17 And so, we wanted to present that plaque today, I  
18 guess by proxy, to Ms. Burns, and just publicly  
19 thank him for his years of service.

20 FROM THE FLOOR: He's probably  
21 watching the Web cast.

22 MR. BLUM: That's what --

23 FROM THE FLOOR: You think so?

24 MR. BLUM: -- he might be the

1 SEMSCO - 12-2-2009  
 2 only one who is.  
 3 FROM THE FLOOR: We're not going  
 4 to do it here.  
 5 MS. BURNS: We'll -- we'll get it  
 6 to him.  
 7 MR. BLUM: Thanks.  
 8 MR. FAETH: All right. Thank  
 9 you, Mr. Blum.  
 10 MR. BLUM: Thank you.  
 11 MR. FAETH: Very nice. Okay.  
 12 Any other new business?  
 13 (No audible response)  
 14 MR. FAETH: Other new business?  
 15 (No audible response)  
 16 MR. FAETH: All right. Before  
 17 I -- before I ask for the motion, I -- I would just  
 18 like, in closing, to thank all of you for the  
 19 opportunity to -- to be a representative here as  
 20 the chair. I -- I -- I greatly appreciate it and I  
 21 feel highly honored by it. I hope I didn't fail  
 22 anybody's expectations, whether real or perceived,  
 23 but I -- I -- I tried.  
 24 I guess reflecting back, you

1 SEMSCO - 12-2-2009  
 2 know, that the year went very fast. I did have  
 3 some high expectations of wanting to accomplish  
 4 certain things. You know, unfortunately, you know,  
 5 the process is slow sometimes. You do run into  
 6 some road blocks. And I -- I think what we lack  
 7 in -- in skin tone, I think we make up for in  
 8 diversity of opinion.  
 9 FROM THE FLOOR: Yeah.  
 10 FROM THE FLOOR: Well said.  
 11 MR. FAETH: But -- but the  
 12 discussions and the arguments that we've had here,  
 13 you can never -- I can't really call them  
 14 arguments, they've always been very respectful,  
 15 very professional, and -- and -- and it's -- it's  
 16 really a tribute to all of you, because all of you  
 17 are professionals. And -- and -- and what you  
 18 bring to the table here is amazing. And -- and  
 19 it's amazing that you -- you dedicate your time,  
 20 take it away from your families to do so. I -- I  
 21 hope your -- I hope your communities and regions  
 22 really appreciate that.  
 23 So, in leaving I could just -- I  
 24 just want to urge all of you, you know, we know now

1 SEMSCO - 12-2-2009  
 2 that we're going to -- we're going to be limited  
 3 now to three meetings, and that this is a very  
 4 disturbing trend to me, I -- I know. We used to  
 5 have, I think, six meetings when I first started up  
 6 here. I think Mike could probably say we even had  
 7 more than that when he started.  
 8 But you know, you need to look  
 9 at -- at streamlining what we're doing, possibly  
 10 looking more closely at consolidating things. You  
 11 know, centralized dispatch and -- and possibly  
 12 universal protocols and other things -- just my  
 13 humble opinion. And you know, my pet peeve,  
 14 looking at that -- that need definition.  
 15 But saying that, I -- I just want  
 16 to again just thank everybody. And I hope  
 17 everybody has a very happy and -- and healthy  
 18 holiday.  
 19 Thank you.  
 20 FROM THE FLOOR: Thank you.  
 21 MR. FAETH: Do I have a motion to  
 22 close?  
 23 FROM THE FLOOR: So moved.  
 24 MR. FAETH: Okay. We -- we can

1 SEMSCO - 12-2-2009  
 2 go off the record, but if you could just stay for a  
 3 minute, you're not off the hook.  
 4 (The meeting adjourned at 11:49  
 5 a.m.)  
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I, Howard P. Hubbard, do hereby certify that the foregoing was taken by me, in the cause, at the time and place, as stated in the caption hereto, at Page 1 hereof; that the foregoing typewritten transcription, consisting of pages number 1 to 148, inclusive, is a true record prepared by me and completed by Associated Reporters Int'l., Inc. from materials provided by me.

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