



ST. LAWRENCE COUNTY
EMERGENCY MEDICAL SERVICES
ADVISORY BOARD

September 28, 2010

Meeting was called to order at 1907 with Chris Adams in chair. Minutes of the last meeting were approved upon a motion made by Ken Gardner with a second from Jeannie McClear.

Members present: Dick McDougall, Chris Adams, Jeannie McClear, Grover Katzman, Ken Gardner, Ron Hance, Don Thompson, Carol Muench

Members excused: Curtis Newtown, Phyllis McDougall, Storm Cilley, Kevin Wells

Guests: Ann Smith, NCEMS Program Agency director

Chris Adams – 1. Reported that letters had been sent to the hospital administrators stating there is an opening on our board. So far he has yet to receive any responses. Copy of this letter is part of the minutes.

Ann Smith – Following reports were given:

REMAC

- Zofran information has been mailed to agencies and will be regional option for its use
- Regional refusal forms are still in draft form
- 2010 policy statements have been mailed to agencies
- After 20 days past due date for completion of CMEs, 32 suspension letters mailed out to ALS providers
- CPH CQI meeting is doing very well

REMSCO

- REMSCO meeting can be viewed on line at www.canton.edu/ncems ; click on REMSCO/REMAC link, then video on demand
- RE: EMS Charts – Colton and RB Lawrence Ambulance are working on getting EMS Charts up and running
- Applied for and have received grant monies to do a PEPP class in each of the three counties. Needs to be completed by Feb. 2011 and need at least 12 students in each class
- Each agency needs to have the ability to administer epinephrine auto injectors (Epi-Pens) to both adults and pediatrics if they do not have it through the use of ALS modalities that are already in place on the ambulance. All agencies must have the ability to defibrillate patients of all ages. This is a DOH policy which is no. 10-01. This policy statement states these two requirements were to have been implemented by May of this year.

- There is a DOH policy statement in regards to Pediatric equipment for certified EMS Response Vehicles along with an itemized equipment list. Website is www.health.state.ny.us/nydoh/ems/pdf/10-06.pdf
- There was a discussion regarding interest by a Midwest air medical service interested in placing an air medical helicopter in this area. Motion was made to have this board offer its support for this service, seconded by Carol Muench and carried.
- Vital Signs bus was cancelled
- NCEMS is continuing to work with Pyrites First Responders on obtaining a DOH agency code.

Craig Ballard – OES

	<u>EMS calls</u>	<u>Fire calls</u>
May	628	195
June	521	176
July	612	164
August	875	174

- Wayne Love application was sent back
- PVRs dispatching – see Unfinished Business

Unfinished Business

- Re: PVRs Dispatching. Working on drafting a letter to end PD dispatching of PVRs for EMS emergencies. When a dispatcher contacts Potsdam PD, either by radio or telephone, after receiving a 911 emergency, the police department takes on the responsibility of contacting PVRs and county dispatch is no longer involved. It was determined that the county is still liable for this call as it originated through county dispatch and should anything liability wise come out of a call, the county can be deemed liable also.
- 911 number update. Bob Crowe stated there is specific legislation on proper lettering/numbering for identification a resident's 911 address. This covers homes, businesses, etc.
- Updates on upgrades:
 - Massena Rescue all set at the Paramedic level of certification
 - West Stockholm – in process of
 - Bill Griffith and William Lovely – new CME evaluators for Massena Rescue
- It was noted that CPH and CHMC involvement with EMS has moved forward over 10-fold the last several years

New Business

- Construction is going to start soon at CHMC and have had discussions regarding ER entrance.
- Clifton Fine Transport would like to upgrade from a BLS to ALS certified ambulance. Ken Gardner moved to support such a change, seconded by Carol Muench and carried.
- Review of calls by this board for BLS and ALS award as had been done several years ago. Those interested were Jeannie, Don, Ron, Dick, Ann and Chris.
- There was discussion by the board regarding physical abuse toward EMS providers. This was a concern brought by CPH after two incidents of assault on EMS providers that involved ETOH patients.
- Ken Gardner informed that all in-house day care facilities must have CPR and First Aid certification by December 12th. Therefore, we may see an increase in requests for CPR and CPR/First Aid classes
- Ken also commented on air rescue services and restraints to get patients to trauma centers and stroke centers which are in Syracuse and/or Burlington. He informed the board there is an air medical service across the river in Ottawa, Ornge.ca Services Canada. They have a 12 minute flight time to Ogdensburg. Some questions of concern were raised one being the financial impact on the patient regarding insurance. Will continue into this possibility

Next meeting will be Tuesday, November 23rd at OES conference room.

Meeting adjourned at 2028 hours upon a motion made by Dick McDougall and seconded by Don Thompson

Respectfully submitted,

Donald Thompson
Secretary



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

Ann M. Smith, EMT-CC, Director
Mysti L. Mattice, Secretary

St. Lawrence County EMS Advisory Board Meeting

September 28th, 2010

REMSCO and REMAC met September 20th, next meeting November 1st.

State EMS Meetings are the first week in October

REMAC

Clifton Fine approved to upgrade to CC pending support of this board and inspection by our office

2010 policy statements mailed to agencies

Zofran information mailed to agencies

Working on Regional Refusal Forms

Regional ALS CME's- Late paperwork, 32 suspension letters sent

CQI Projects:

Intubation study complete, results plagued with weaknesses

August 10th held our second CQI meeting in conjunction with CPH

REMSCO- Remember if you are really bored you can view our meeting on the web at www.canton.edu/ncems and click on the REMSCO/REMAC link and then video on demand

Electronic PCR's – Colton and RB Lawrence are working on getting EMS Charts up and running

Training-

PEPP Classes- received federal funding, working on setting up a class in each county

Croghan- Core Content Day

Jefferson-Lewis Boces- CPAP

Jcc-Documentation



Vitals Signs Bus cancelled

Epi-pens – See policy statement. If they are on board your ambulance and you have not done a notice of intent need to complete one. Also please remind agencies that when changing service medical directors they should complete a new NOI.

Pediatric equipment – See policy statement in regards to pediatric equipment
<http://www.health.state.ny.us/nysdoh/ems/pdf/10-06.pdf>

Air Medical- I was contacted by a local developer who has conveyed interest on behalf of a Midwest air medical service of placing a helicopter in St. Lawrence County. I would ask this board for support in facilitating informational meetings and getting the right players together and ultimately supporting air medical development in the county.

Pyrites First Responders- Continue to work them on obtaining a DOH agency code

	 New York State Department of Health Bureau of Emergency Medical Services POLICY STATEMENT <i>Supersedes/Updates: NEW</i>	No. 10 - 01 Date: January 4, 2010 Re: Defibrillators and Epinephrine Requirements Page 1 of 1
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At their December 2009 meetings, the New York State Emergency Medical Services Council (SEMSCO) and the State Medical Advisory Committee (SEMAG) voted to amend Title 10 of the New York Codes, Rules and Regulations – Part 800 to require that all patients transported by EMS in the State of New York, have access to certain life saving equipment. The amendment will require that all in service ambulances be equipped with defibrillators and epinephrine.

During the regulatory approval process, the SEMSCO and SEMAG are strongly encouraging all ambulance agencies to comply with the following:

1. All in-service transporting ambulances must have the ability to defibrillate patients of all age groups.

This requirement may be met with either an Automated External Defibrillator (AED) or through Advanced Life Support (ALS) treatment modalities, manual defibrillation.

2. Epinephrine auto-injectors must be on all in-service transporting ambulances that do not already have the ability to administer epinephrine through ALS modalities at the time of interaction with the patient.



*This requirement is for adult **and** pediatric patients. It may be met by stocking both adult and pediatric epinephrine auto-injectors that are carried on the ambulance or through the use of ALS modalities that are already in-place on the ambulance. The storage and safe guarding must be maintained in compliance with BEMS policy statement 09-11 entitled, "Storage and safe guarding of medications administered by the EMT-Bs".*

Every agency that utilizes auto injectors must be in compliance with policy statement 00-01 Use of Epinephrine Auto Injectors by EMS Agencies.

<http://www.health.state.ny.us/nysdoh/ems/policy/09-11.htm>

<http://www.health.state.ny.us/nysdoh/ems/pdf/00-01.pdf>

This policy for providing defibrillation and epinephrine administration capabilities will take effect on May 1, 2010. However, all EMS agencies are encouraged to implement this policy prior to May 1, 2010. The intent of this policy statement is to promote rapid initiation of defibrillation and epinephrine to those patients who are in need of these life saving modalities.

	 New York State Department of Health Bureau of Emergency Medical Services POLICY STATEMENT <i>Supercedes/Updates: New</i>	No. 10-06 Date: August 6, 2010 Re: Recommended Pediatric Equipment for Certified EMS Response Vehicles Page 1 of 2
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EMS providers care for patients of all ages, who present with a wide variety of illnesses or injuries. In 2008, 10.6% of all EMS responses in New York State were for pediatric patients (9.2% US). In an effort to better care for pediatric patients, the federal Emergency Medical Services for Children (EMSC) Stakeholder Group, in collaboration with the American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP) developed a list of standardized equipment for ambulances. All four organizations adhere to the principle that Emergency Medical Services (EMS) providers at all levels must have the appropriate equipment and supplies to optimize prehospital delivery of care.

This 2005 national Equipment for Ambulances has been approved and endorsed by New York State EMS Council (SEMSCO), State Emergency Medical Advisory Committee (SEMAC) and the EMS for Children Advisory Committee (EMSCAC) for certified EMS agencies in New York.

The national Equipment for Ambulances also includes resources needed on ambulances appropriate for homeland security. The document was written to serve as a standard for the equipment needs of emergency ambulance services both in the United States and Canada.

Equipment for Ambulances Online Version:

http://www.childrensnational.org/files/PDF/EMSC/PubRes/Equipment_for_ambulances_FINAL.pdf (Publisher Name: American College of Surgeons). This link references the complete document/equipment list for both BLS and ALS ambulances.

Below is a chart of pediatric BLS items required in New York State Part 800 regulations and also includes the national Ambulance Equipment recommendations. You will notice adult sized equipment is included with pediatric sizes as many children are the size of small adults. While the regulations are being reviewed and amended, the additional recommended equipment to current Part 800 regulations are the shaded items. New York State does not regulate ALS equipment at a statewide level. However, the SEMSCO and SEMAC recommend Regional Medical Advisory Committees (REMAC) should consult the national Equipment List when updating the regional ALS equipment requirements.



New York State Department of Health/ Bureau of Emergency Medical Services



ELI's Equipment	# Pieces of Equipment
Suction catheters	
Rigid tonsil tip	2
Flexible between 6-10 french	2 each
*Flexible between 12-16 french	1
Oxygen delivery	
Nasal cannula- Adult	4
Nasal cannula- Child	2
Non-rebreather masks- Adult	4
Non-rebreather masks- Child	2
Bag valve mask	
Hand operated self-expanding bags child 450-750 ml	1
Hand operated self-expanding bags adult >1000 ml	1
Masks for BVM	
Adult	1
Child	1
Infant	1
*Neonate	1
Airways	
*Nasal Airways 1 size between 16-24 fr	1
*Nasal Airways 1 size between 26-34 fr	1
Oral airways size 0-1	2
Oral airways size 2-3	2
Oral airways size 4-5	4
*Pulse oximeter	1
*with pediatric probe	1
*with adult probe	1
*AED that includes pediatric capability	1
*adult pads	1
*child pads	1
Immobilization devices	
Rigid cervical collar - small	1
Rigid cervical collar - medium	1
Rigid cervical collar - large	1
Lower extremity traction - adult	1
*Lower extremity traction - child	1
Extremity immobilization small	1
Extremity immobilization - medium	2
Extremity immobilization - large	2
OB Kit (Commercial or locally packed)	1
Receiving blanket	1
*Head cover	1
Bulb Suction for Infants	1
Sphygmomanometer	
adult cuff	1
pediatric cuff	1
*Length weight based tape or appropriate reference material for pediatric equipment sizing and drug dosing based on estimated or known weight	1

*Shading indicates not yet required by Part 800 but recommended/endorsed by New York State SEMSCO, SEMAC, and EMSCAC per the National Equipment for Ambulances.