



ST. LAWRENCE COUNTY
EMERGENCY MEDICAL SERVICES
ADVISORY BOARD

January 25, 2011

The meeting was called to order at 19-10 by Chair Chris Adams.

Roll call was taken and found the following members present:

Chris Adams, Jean Mc Lear, Wayne Love, Richard McDougall, Carol Muench, and Grover Katzman.

Ken Gardner was present during voting issues by conference call.

Guests present were:

Ann Smith, NCPA

Craig Ballard, OES

Excused: Phyllis McDougall, Storm Cilley, and Ken Gardner

The minutes of the previous meeting were reviewed and accepted.

Correspondence:

A letter of acceptance for Wayne Love was received from the Board of Legislators.

A letter of interest in a seat was received from Dr. Gregory Healy, and will be forwarded to the Legislators for appointment.

A letter of resignation was received from Dale Barker.

Office of Emergency Services:

Nov. 2010

EMS Calls – 534

Fire Calls - 181

Dec. 2010

EMS Calls – 609

Fire Calls - 222

Craig talked about the Mass Fatality Plan that is available at the County level and also about the test of the Mass Fatality Plan that was conducted by EJ Noble Hospital, Gouverneur Rescue, Edwards Rescue, Green Funeral Home, RB Lawrence Funeral Home and Coroner June Wood.

Certified First Responder groups have been added to West Stockholm and Dekalb Junction Fire Depts and are now on line and becoming active.

The issues that Time Warner Cable has been experiencing were discussed.

Potsdam Volunteer Rescue Squad is now being dispatched through the 911 center as of January 1, 2011.

The request for mutual aid to New York City was met by several volunteers from Canton, Massena, and Ogdensburg Rescue Squads. Thanks to all the volunteers from all three agencies that were willing to take time from their families and jobs to assist NYC in their time of need.

Craig has been working closely with Ogdensburg and Massena Rescue Squads as well as DOH, CDC, and the Border and Canadian Authorities with the Border Health Program to try to expand relations between the US and Canadian EMS Providers. This is a work in progress and Craig will keep us updated.

REMAC/REMSCO

Ann provided information regarding Agencies and Providers that have recently been fined for violations of Part 800: sections 15, 21, and 23.

Currently there are 77 A-EMT-CC's in St. Lawrence Co. Of those, four have been suspended for over six months, two have been suspended recently, and two have pending suspensions. There are also currently Eleven Paramedics in SLC, two of which are not real active at this time.

Ann is going to be applying for a Rural Health Care grant in hopes of getting more AED's for placement in the County.

CIC/CLI training is coming up in the next couple of months. Information on these classes can be found on the Program Agencies website.

Ann attended a Protocol meeting via conference call for all six regions and their medical directors to try to come up with a draft for standardized protocols that will cover one third of the State. She hopes to have a draft of these protocols in place by the end of February to be presented for approval. **Be watching for changes.**

Two successful PEPP classes have been held in St Lawrence and Lewis Counties in the past couple of weeks. The last two day class will be held in Jefferson County the first weekend in February.

There is a new Regional Refusal Form with a Policy statement being sent to all agencies to be implemented.

Just a reminder to all CC's and Paramedics: Be sure to switch the AED to manual mode in cardiac arrest cases once you have moved to the back of the ambulance. The AED's will pick up the road vibrations therefore creating a possible false reading in the rhythms.

CPAP and Nitronox studies have been completed. The results will be published on the Program Agency website in the near future.

Attached is a Policy Statement regarding Blood draws for Law Enforcement. This practice can be done by an A-EMT with the proper training; however, You will be acting independently of physician or med control oversight. You cannot be mandated to do this practice.

Spring Fling is set for April 28 to the 30th at the Edgewood Resort in Alex Bay. Brochures/registration forms should be out in February.

UNFINISHED BUSINESS:

The letters regarding the CQI committee were sent out before the holidays.

NEW BUSINESS:

Grover advised that Rensselaer Falls Rescue is now independent of the Fire Department. They are still approved at the CC level and have passed the DOH inspection.

Chris met with the Fire Advisory Board regarding EMS being on stand-by at live fire trainings. The EMSAB will be sending a letter of support to the FAB regarding this matter.

Grover Katzman and Wayne Love will be on the nominating committee.

The next meeting will be held on March 22nd at 7pm at the Public Safety Complex.

The meeting was adjourned at 20-45 hrs.

Respectfully submitted:

Jean Mc Lear

St. Lawrence County

Emergency Medical Services Advisory Board

48 Court St.

Canton, NY 13617

This letter is being written as a means of support from the EMS Advisory Board to the St Lawrence County Fire Advisory Board.

The EMS Advisory Board is in support of having a properly staffed ambulance on standby at all live fire training sessions, with the understanding that the ambulance that is covering the training is taken from the appropriate area as to not create an issue with the CON area.

Blood Draws for Law Enforcement

Bureau of EMS Policy Statement	
Policy Statement #	11-01
Date	January 4, 2011
Subject	Re: Blood Draws for Law Enforcement
Supercedes/Updates	01-03

In 2010, the New York State Vehicle and Traffic Law (VTL) was amended to authorize an advanced emergency medical technician (AEMT) to draw evidentiary blood samples for the purpose of determining alcohol or drug content solely at the request of a police officer. The law no longer requires the procedure to be performed by AEMT's under the supervision and at the direction of a physician. VTL section 1194(4)(a)(1) states:

1. At the request of a police officer, the following persons may withdraw blood for the purpose of determining the alcoholic or drug content therein: (i) a physician, a registered professional nurse, a registered physician assistant, a certified nurse practitioner, or an **advanced emergency medical technician as certified by the department of health...**

Preface

Please note that VTL §1194 is permissive. This means that an AEMT (Intermediate, Critical Care and Paramedic), is authorized to legally obtain a blood sample at the request of a police officer for the purpose of alcohol/drug screening, but the AEMT is not mandated to perform the procedure.

When the AEMT is acting pursuant to a request by a police officer relying on VTL §1194, the AEMT is acting independent of physician or medical control oversight. A patient/care-provider relationship between the AEMT and the person from whom the blood sample is to be taken does not exist. Consequently, it is important for AEMTs intending to act pursuant to VTL §1194 to prepare for such law enforcement requests. This policy is intended to assist AEMTs and EMS agencies in planning with respect to this law, but should not be considered complete and exclusive guidance.

Policy

1. VTL §1194 is permissive to all "AEMT" levels regardless of whether or not a particular level is authorized or utilized within a particular agency and/or region.
2. VTL §1194 permits, but does not require, an AEMT to draw blood for the purposes of blood alcohol and/or drug content analysis upon request of a police officer. Physician authorization is no longer required in order to comply with the request.
3. EMS agencies, employers, and other entities that could possibly place the AEMT in the position of receiving a request for blood draw pursuant to VTL §1194 should work with the AEMT to prepare for dealing with such requests. AEMTs, agency heads, medical directors, legal advisors, and local police agencies should all be consulted regarding the following:
 - a. adequate AEMT training,
 - b. how requests will be made/received,
 - c. the proper handling of the blood specimen evidence,
 - d. appropriate documentation of the event.
4. Patient care should not be compromised or delayed for the purpose of drawing a blood sample for law enforcement. Unstable patients should not have evidentiary blood samples drawn if the AEMT believes it will compromise prehospital medical care; instead, the patient should be transported to the hospital where a blood draw can be performed, as may be appropriate.
5. If an AEMT has been summoned only for the purpose of obtaining a blood sample pursuant to VTL §1194 and no obvious medical care is needed, the person submitting to the blood draw should not be offered medical care and transport.
6. The AEMT will make a determination of the need to provide medical care and transportation for the

- person from whom the blood draw is requested. If there is any uncertainty, the AEMT should contact a medical control physician and put the physician in contact with the ranking police officer present.
7. To document the chain of custody, any blood draw performed by an AEMT pursuant to VTL §1194 should be performed in the physical presence of the police officer who will be taking immediate custody of the blood sample.
 8. The AEMT must confirm with the person from whom the blood sample is being requested and the supervising police officer that the person is consenting to the blood draw.
 9. There are a number of different alcohol/drug blood sampling kits on the market and being used by police agencies. The AEMT should only use the kit supplied by the police officer at the time of the event and follow the specific instructions indicated within that kit. AEMTs and/or EMS agencies should not supply or stock their own kits.
 10. General considerations when drawing evidentiary blood samples are:
 - a. Do not use alcohol on the person's skin prior to drawing blood samples.
 - b. If the person requires vascular access for medical purposes, draw the blood tubes from the police supplied testing kit prior to attaching intravenous lines or administering intravenous medications.
 - c. If the person does not require vascular access for medical purposes, draw only the blood tubes from the police supplied testing kit.
 11. Although an AEMT may be asked to draw blood from a person who is not considered a patient, the details of the event and venipuncture of any blood draw performed by an AEMT pursuant to VTL §1194 should be documented on a standard paper or electronic Prehospital Care Report (PCR) consistent with current practice.

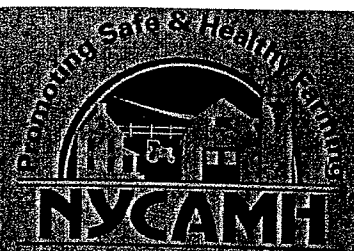
Conclusion

Although VTL §1194 authorizes the AEMT to function independent of the physician medical director, medical control, and the local EMS system, AEMTs, EMS agencies, medical directors, legal advisors, and police agencies should cooperatively work together to facilitate VTL §1194 blood draws at the local level. This policy is intended only as a guide to assist AEMTs, EMS and police agencies in planning for the police requests. It is not intended to be all inclusive and complete guidance. Agencies should proactively work together to address VTL §1194 issues unique to the local circumstances.

Revised: January 2011

Surveillance of New York Farm Injuries Study

Autumn 2010 Newsletter



Bassett Healthcare Network

Project Overview:

The New York Center for Agricultural Medicine and Health (NYCAMH) is working on a five-year research study to track farm injuries and fatalities in New York. This study is supported by a grant from the National Institute for Occupational Safety and Health (NIOSH).

The farm injury surveillance study collects data from 10 New York counties. No patient identifiers are collected at any step in this study.

Method 1: Phone calls to county officials.

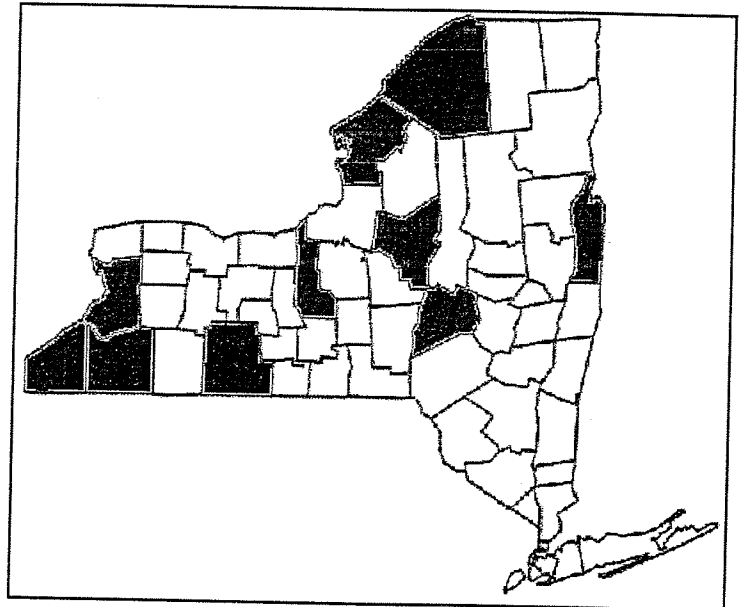
Coroners, law enforcement, and EMS personnel (45 contacts in all) are reached by telephone once a month. Data collectors ask about any known farm-related injuries. If an incident is reported, general information about the event is collected.

Method 2: Review of EMS ambulance reports.

Ambulance reports (PCR) from study counties are compiled by a central data agency. Data from PCR reports are reviewed for farm injury or fatality events.

Method 3: Review SPARCS Hospital Data.

Hospital data in NYS is compiled by the State Health Department. Data from the emergency department and inpatient records were analyzed for farm injury.



What have we learned so far?

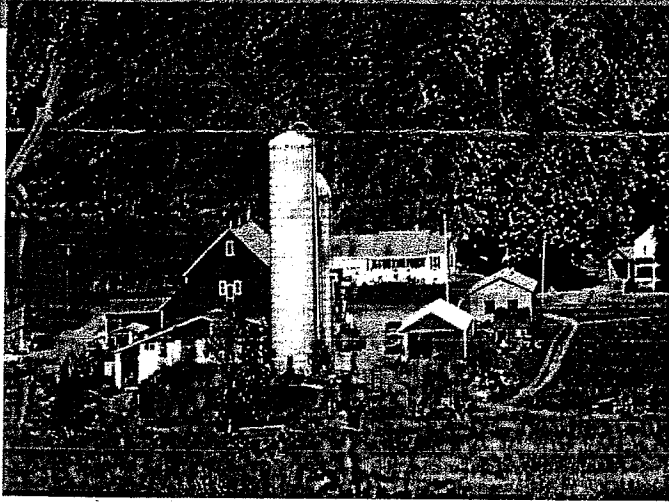
More Information on back

The New York Center for Agricultural Medicine and Health
A Program of Bassett Healthcare
(800) 343-7527 www.nycamh.com

What we've learned so far?

Newly compiled data for 2007

Recently, information for 2007 was finalized. 107 cases were identified using PCR's, 261 cases were identified by hospital data, and 74 cases were identified by community surveillance.



Major Injury Sources During Farm Work

PCR Data:

Horses 35%
Tractors 15%
Livestock 10%

Hospital Data:

Hand Tools 24%
Farmstead Machinery (tractors included) 23%
Buildings/Structures/Surfaces 22%

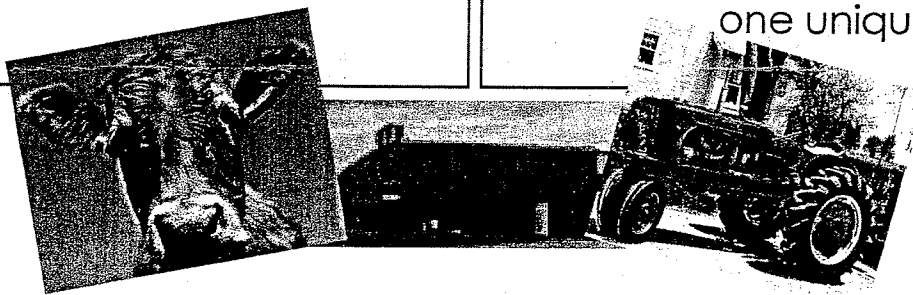
Community Surveillance:

Tractor Injuries 37%
by far the most common.

The most common injury event was being struck by an object. This was highest for hospital data (34%), highest for surveillance (30%), and second highest for PCR's (29%).

Falls were the highest category for PCR's (36%) and were also common for hospital data (29%).

In all, there were 11 fatal case reports identified. Of these, nine were identified only through community surveillance. Hospital data and PCR's each identified one unique case.



For more information regarding this study, or if you work with emergency services and would like to report a farm related injury within a study county, please contact Erika Scott, Research Coordinator: (800) 343-7527 or erika.scott@bassett.org

The NYCAMH project team extends sincerest thanks to the dedicated service of community emergency services personnel, without whom this research would not be possible. We look forward to continuing our work with you in the future!



The New York Center for Agricultural Medicine and Health
A Program of Bassett Healthcare
(800) 343-7527 www.nycamh.com



INSTRUCTIONS

X UNIVERSAL INSTRUCTIONS:

- If you change your mind or your condition becomes worse and you decide to accept treatment and transport by Emergency Medical Services, please do not hesitate to call us back or seek other medical care.
- If any time you take a medicine and become short of breath, start wheezing, get hives or a rash, or have an unexpected reaction, call 9-1-1 or your local emergency number immediately. ALWAYS take medicine as directed on the label. NEVER take someone else's prescription medication.

CHEST PAIN:

- There are many causes of chest pain. The cause of your chest pain cannot be determined.
- Avoid activity that increases your pain.
- If you smoke, QUIT!
- Take deep breaths each hour even if it hurts.
- If you take medicines for chest pain, take your medicine as directed.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Your pain worsens with activity.*
- *You develop difficulty breathing.*
- *You develop cough, chills, fever, upset stomach, shoulder, jaw, or back pain, throw up blood, see blood in your urine, fever greater than 101°*
- *You have blood come up when you cough.*
- *You develop black or sticky stools*
- *You faint (pass out).*

BELLY PAIN:

- Belly pain is also called abdominal pain. Many illnesses can cause belly pain and the EMS crew cannot determine the cause of your belly pain.
- Take your temperature every 4 hours.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Your pain gets worse or is only in 1 area.*
- *You throw up blood, have blood in your stool, or have black or sticky stools.*
- *You become dizzy or faint.*
- *You have a temperature over 101° trouble passing urine, or trouble breathing.*

FEVER:

- ALWAYS take medicines as directed on the label. Tylenol (acetaminophen) and ibuprofen can be taken at the same time.
- If you are taking any antibiotics, take them until they are gone, not until you are feeling better.
- Drink extra non-caffeinated liquids (1 glass of water, soft drink, or Gatorade per hour of fever for an adult).
- If the temperature is above 103°, it can be brought down by sponge bath with room temperature, NOT COLD, water.
- Take your temperature every 4 hours.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Temperature is greater than 101° for 24 hours.*
- *A child becomes less active or alert.*
- *You develop a rash.*
- *Your fever does not come down with acetaminophen or ibuprofen.*

SHORTNESS OF BREATH:

- Respiratory distress is also known as shortness of breath or difficulty breathing.
- There are many causes of respiratory distress. You should avoid any substance that causes you any difficulty breathing.
- If you take medication for difficulty breathing, take your medication as directed.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Temperature is more than 101°.*
- *The cough, wheeze, or difficulty breathing become worse or does not improve, even if taking medications.*
- *You have chest pain.*
- *Your sputum (spit) turns color.*
- *You are not able to perform normal activities.*

EXTREMITY INJURY:

- Apply ice on the injured part or area for 15 to 20 minutes each hour for the first 2 days.
- Elevate the injured part above the level of the heart as much as possible for the first 2 days to help decrease pain and swelling.
- Use the injured part as pain allows.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Temperature above 101°.*
- *The bruising, swelling, or pain gets worse despite the treatment listed above.*
- *Any problems listed on the WOUND CARE instructions are noted.*
- *You are not able to move the injured part or if you have numbness or tingling in the injured part.*
- *You are not improving in 2 days or you are not using the injured part in 1 week.*

VOMITING/DIARRHEA:

- Many things can cause vomiting (throwing up). It can occur in anyone and should be watched closely.
- Diarrhea can also occur in anyone and can be a reaction to food or infection.
- Dehydration (loss of water) can occur with either vomiting or diarrhea.
- Drink clear liquids without alcohol (flat soda, Gatorade, or juice) for the first 12 hours. Begin with small sips and slowly increase the amount you drink.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Temperature is greater than 101°.*
- *Vomiting or diarrhea lasts longer than 24 hours, you notice blood in the vomit or diarrhea, or you have black or sticky stools.*
- *You cannot keep fluids down or you haven't urinated in 8 hours.*

WOUND CARE:

- Wounds include cuts, scraped, bites, abrasions, or puncture wounds.
- If the wound begins to bleed, apply pressure over the wound with a clean bandage or cloth and elevate the wound above the heart for 5-10 minutes.
- Clean the wound twice daily with soapy water and keep the wound dry. It is safe to shower but do not place the wound in bath or dish water. Remove the bandage prior to showering.
- Change the bandage at least daily or when dirty.
- You will need a tetanus shot if you have not had one in 10 years.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Fever above 101°.*
- *Bruising, swelling, or pain gets worse or bleeding is not controlled as directed above.*
- *Any signs of infection such as redness, pus, red streaks, or a bad smell from the wound.*

HEADACHE:

- There are many causes of headache.
- The cause of your headache cannot be determined.
- Rest in a quiet, dark room for 20-30 minutes.
- Apply ice or heat to areas of pain.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Your headache worsens or does not improve within 24 hours.*
- *Your vision changes or you become sensitive to light.*
- *You develop a fever greater than 101° or have a seizure.*
- *You have a rash.*
- *You have yellow or green discharge from your nose.*
- *Your family cannot awaken you.*
- *You are not acting as you normally do.*

LOW BLOOD SUGAR:

- Today your blood sugar was ___mg/dl.
- Taking too much insulin/diabetes medicine, too much exercise, delayed or skipped meals can cause low blood sugar.
- Signs and symptoms include shakiness, sweating, irritable, feeling faint, fainting, weakness, sleepiness, confusion, pounding heart.
- Test your blood sugar. If it is below 80 you should drink 8 ounces of whole milk, eat a candy bar, or use glucose tablets. Then you should eat a light meal to help keep your blood sugar up.
- Be sure to tell your doctor of this event.

Call a doctor, go to the emergency department, or call 911 immediately if:

- *Any new or severe symptoms.*
- *Blood sugar below 60.*
- *Fever above 101°.*

INSTRUCTIONS

<p>BACK PAIN:</p> <ul style="list-style-type: none"> Apply ice to the painful area to help relieve pain. Apply the ice for no more than 20 minutes every hour. Keep a cloth between the ice bag and your skin. If the ice does not help, try heat in the same way. Be careful not to burn yourself. Stay in bed for the first 24 hours. Begin normal activity when you can do them without causing pain. When picking things up, bend at the hips and knees. Never bend from the waist only. <p>Call a doctor, go to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> <i>The pain increases or goes down your leg.</i> <i>You have trouble urinating or having a bowel movement or lose control of your urine or bowels.</i> <i>You have numbness or weakness in your arms, hands, legs, or feet.</i> 	<p>HEAD INJURY:</p> <ul style="list-style-type: none"> You may have a headache, nausea, or vomiting after a blow to the head. Awaken the individual every 2 hours for the first 24 hours after the injury. Ice may be applied to the injured area to decrease pain. Drink clear, non-alcoholic liquids for the first 12 hours after the injury. Tylenol (acetaminophen) or ibuprofen may be used for pain. <p>Call a doctor, go to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> <i>The injured person is vomiting all the time, is not able to be awakened, has trouble walking or using an arm or leg, has a seizure, develops unequal pupils, has a clear or bloody fluid coming from the ears or nose, or has strange behavior.</i> 	<p>INSECT BITE/STING:</p> <ul style="list-style-type: none"> A bite or sting typically is a red lump that may have a hole in the center. You may have pain, swelling, and/or a rash. Severe stings may cause a headache and an upset stomach. Some people will have an allergic reaction to a bite or sting. Difficulty breathing, throat or tongue swelling, or chest pains are emergencies which require immediate care. Elevation of the injured part and ice applied to the area will help decrease pain and swelling. Benadryl (diphenhydramine) may be used as directed to control itching and hives. <p>Call a doctor, go to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> <i>You develop chest pain, difficulty breathing, or swelling of the tongue or throat.</i> <i>The area becomes red, warm, tender, and swollen beyond the area of the bite or sting.</i> <i>You develop a fever above 101°.</i>
<p>SEIZURES:</p> <ul style="list-style-type: none"> Today you had a seizure. A seizure can be caused from infection, trauma, or epilepsy. If you take medicines to control seizures, take your medication exactly as directed. If you had a seizure and are taking your medicines, call your doctor. Seizure medicines require you to take them every day to keep the right level in your blood. If you have not taken your seizure medicines in a few days, call your doctor for advice on how much you should take. <p>Others around you should take you to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> <i>You have another seizure and it lasts for more than 5 minutes.</i> <i>You have a fever, neck stiffness, or headache followed by a seizure.</i> <i>You do not wake up between seizures.</i> <p>Others around you should:</p> <ul style="list-style-type: none"> <i>Move objects out of your way if you are seizing.</i> <i>Not try to restrain you if you are seizing.</i> <i>Not put anything into your mouth (you cannot swallow your tongue).</i> 	<p>FAINING:</p> <ul style="list-style-type: none"> Today you fainted. Many things can cause fainting. Problems with heart rhythms, heart attacks, low blood pressure from bleeding or dehydration, low blood sugar, stroke, heat stroke, and head injury are some of the things that can cause fainting. Fainting can indicate a serious problem. You must see your doctor. Call for an appointment today. If you have been vomiting or had diarrhea, refer to that section in these instructions. <p>Others around you should take you to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> <i>You faint again.</i> <i>You have any kind of seizure.</i> <i>You have chest pain or a headache.</i> <i>You have a temperature above 101°.</i> <i>You throw up blood or stuff that looks like coffee grounds or have black stools.</i> 	<p>OTHER:</p> <p><u>MEDICAL CONTROL MUST BE CONSULTED PRIOR TO COMPLETION OF THIS SECTION.</u></p> <p>The EMTs which treated you today have spoken with a doctor. You may have _____</p> <ul style="list-style-type: none"> _____ _____ _____ <p>Call your doctor, go to the emergency department, or call 911 immediately if:</p> <ul style="list-style-type: none"> _____ _____

Call a doctor, go to the emergency department, or call 911 immediately if symptoms persist, worsen or new ones develop



NORTH COUNTRY REGIONAL REFUSAL FORM AND INSTRUCTIONS

AGENCY	DATE/TIME OF CALL	PATIENT NAME

SECTION A: MEDICAL DECISION MAKING CAPACITY (Must be completed by medical provider)

1. New onset of altered mental status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Known or suspected head trauma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Active suicidal ideations or evidence of recent self-inflicted harm present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the patient present as a significant life threat to self or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is a communication barrier present and is the patient unable to understand the information in order to make an informed decision or communicate a choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the patient admit to having taken any medications, drugs or alcohol? (other than routine prescribed medications as directed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is there any loss of consciousness associated with this incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the patient unable to comprehend the current situation and consequences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If YES is checked to any of the questions, and the patient is refusing EMS transport, they may not have adequate decision making capabilities. Medical Control and/or Law Enforcement should be contacted.

SECTION B: ASSESSMENT/TREATMENT REFUSED (Check all that apply)

- Patient deemed competent, refuses all EMS care and ambulance transportation.
- Patient deemed competent, accepts the following pre-hospital care; yet refuses transport. (List care provided below)

- Patient deemed competent refuses; but agrees to transportation. (Check all that apply)
 - IV access Oxygen Spinal Immobilization EKG application Vital Sign assessment
 - Physical Exam Medications: _____ Other: _____

SECTION C: PATIENT/GUARDIAN/POWER OF ATTORNEY HAD BEEN ADVISED (Check all that apply)

- Transportation by means other than ambulance could be hazardous and is not recommended based upon your current condition, complaint or specific injury or medical illness.
- Significant risks could be involved with refusing treatment and/or transportation including exacerbation of your present complaint, illness, or injury or the possibility of significant disability or death occurring from your refusal or emergent medical care or transportation.
- It is the preference of the Ambulance Provider to provide transportation to the closest appropriate medical facility for further evaluation or treatment.

SECTION D: PATIENT SIGNATURE (This section to be completed by the patient or patient representative)

I (we), the undersigned, hereby certify that I (we) refuse recommended treatment and/or ambulance transportation to the closest appropriate hospital emergency department for myself minor less than 18 or Other: _____. I (we) having been so advised by Ambulance medical personnel that treatment or transportation is recommended, hereby accept all responsibility connected with me (our) refusal and release the Ambulance, their employees, medical personnel, administrative and executive officers from any and all liability or claims resulting from any such refusal of treatment and/or transportation. Instruction form provided to patient Yes No

SIGNATURE	PRINTED NAME	DATE
PATIENT OR REPRESENTATIVE		
WITNESS		
EMT/PARAMEDIC		

2011 Calendar

January 2011						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

May 2011						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2011						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

February 2011						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

June 2011						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2011						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

March 2011						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

July 2011						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2011						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

April 2011						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August 2011						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

December 2011						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOTES

- REMAC/REMSCO – YELLOW
- SPRING FLING – GREEN
- ST. LAWRENCE COUNTY EMS ADVISORY – PURPLE (MAY 24 INCLUDED)
- RTAC – BLUE
- EMS WEEK – ORANGE (INCLUDES 5/17)
- JEFFERSON COUNTY FIRE/EMS ADVISORY – PINK
- SEMAC/SEMSCO – RED
- LEWIS COUNTY EMS ADVISORY – DARK BLUE