



*ST. LAWRENCE COUNTY*  
**EMERGENCY MEDICAL SERVICES**  
*ADVISORY BOARD*

Minutes of the St. Lawrence County EMS Advisory Board  
January 25<sup>th</sup>, 2016

Meeting was called to order at 1900 with Chairperson Carol Muench in chair. Roll call taken and duly recorded.

Members present: Ron Hance, Mark Deavers, Ann Smith, Carol Muench, Dick McDougall, Phyllis McDougall, Don Thompson, James Barr, Joyce Dalton, David Sherman, Christopher Adams, Storm Cilley, Julianne Sciorra and Craig Ballard

Members excused: Wayne Love, Brenton Lagrow, Ken Gardner, Tammy Sykes and Kevin Wells

Members absent: Dr. Greg Healey

Guests: - Michael LeCuyer- St. Lawrence County Office of Emergency Services  
Gregory Paquin- St. Lawrence County Legislature

**Correspondence:**

No Correspondence

**Minutes from September-**

Motion to approve November minutes by Dick McDougall, Seconded by Jim Barr with the following correction- Ron Hance and Christopher Adams were excused. Motion carried

**Office of Emergency Services –**

Mr. LeCuyer presented the Office of Emergency Services Report (attached)

EMS is being dispatched on high band as microwave on Kimball tower is down. Currently looking for a solution. Currently working on a full restructure of the system but that will not be complete for awhile

Question in regards to the county moving to 400 frequencies, Mr. LeCuyer advised that we will be staying on current frequencies but the plan is to have single paging frequency that will be simulcast. Trying to get additional frequencies, they have been applied for.

**NCEMS Program Agency and REMSCO/REMAC report together**

The REMSCO/REMAC met on January 25<sup>th</sup>, 2016

Report attached

**Life Net/Air Methods –** Ann reached out to Life Net and their representative was planning on attending but was not able to attend tonight

**Upcoming Trainings-** Homeland Security and Emergency Services MGT-433 course being held

### Old Business –

Draft of letter to go to hospitals requesting representation from their hospital for the advisory board passed out and approved to be sent out with a few minor changes to the hospital CEO. The letter will be sent to Clifton-Fine Hospital, Gouverneur, and Massena.

**Dispatch Protocol-** Long discussion ensued over previously discussed dispatch protocol with the following motion made by Ann Smith to approve Dispatch protocol below. Motion seconded by Ron Hance and Roll call vote completed. Motion passed unanimously. In addition rubber on road was defined as driver/medical acknowledging at 4 minutes and out of service by the 8 minute mark.

8. If no acknowledgement from the department is received within a timely matter, it may be necessary to re-activate or tone out additional alarms. The following intervals are to be used for these cases.

BLS – Meaning that the patient is believed to be stable. This is determined from the information that was gathered by the ESD.

1<sup>st</sup> Alarm – 0 minutes – time of original dispatch

2<sup>nd</sup> Alarm – 4 minutes from original alarm time. Second page for original department. Rubber on the road is defined as acknowledgement by driver and medical.

3<sup>rd</sup> Alarm – 8 minutes from original alarm time. Re-tone the original department as well as a mutual aid department.

Repeat process at continuing 4 minute intervals expanding to next appropriate mutual aid departments as necessary.

ALS - Meaning that the patient is believed to be in a life threatening emergency. This is determined from the information that was gathered by the ESD.

1<sup>st</sup> Alarm – 0 minutes – original dispatch time with ALS Dept

2<sup>nd</sup> Alarm – 4 minutes from original alarm time. Re-tone the original department as well as a mutual aid ALS department. (ALS or BLS)

3<sup>rd</sup> Alarm – 8 minutes from original alarm time. Re-tone both the original and mutual aid departments and next closest mutual aid agency (ALS or BLS).

Additional alarms will be activated at 4 minute intervals (ALS or BLS) until an acknowledgement has been received.

If an agency acknowledges the call, but due to insufficient staffing has not called out of service, the ESD will follow the steps as given at each of the designated intervals. When selecting the department to be dispatched for mutual aid, the appropriate protocols should be followed. Because of the need to do what is best for the patient, consideration of the nearest, appropriate and available unit must always be basis for determining who should respond. Failure to do so increases the agency's liability for negligence.

9. Calls regarding possible suicide attempts i.e. intentional overdose, intentional cutting or self-inflicted stab wounds are considered as a Mental Health Transport. Not only do they need transport for their injury, but they are to be considered mentally unstable and will be evaluated for such at the hospital. All Mental Health transports should be initiated by or accompanied by law enforcement, when available. Ambulance will be toned out as normal protocol.

- a. Advise the squad that law enforcement has been advised, and status if known.
- b. Advise if the patient is violent or combative.
- c. Stage ambulances away from the incident until cleared by law enforcement.
- d. Incident card will be completed for the call.

Dick McDougall recommended that we send out a memo reminding agencies to call out with their level of care as this is very helpful to all involved.

Leadership meeting will be held on February 23<sup>rd</sup> at Canton Fire Department 6:30 pm.

#### **New Business**

March will be our annual meeting with election of officers. A nominating committee was formed of Ron Hance, Mark Deavers, and Jim Barr. Chair will be appointing committees in the May meeting. Please think about which committee you would like to sit on.

Question regarding dispatch of property damage accidents - Why is there a delay in alerting EMS until after law enforcement arrives. According to Mike LeCuyer this is because they are reported as property damage accidents only so EMS is not activated. If it comes in as injury, EMS is activated right away. Don asked why they page out Fire and Rescue for property damage accidents? This is a request from the Fire Advisory Board that they be paged.

Ann handed out new hemorrhage control protocol from state.

Motion made by Ron Hance to adjourn, seconded by all, meeting was adjourned

Respectfully submitted,

*Ann Smith*

Ann Smith  
Secretary

*ST. LAWRENCE COUNTY*  
**OFFICE of EMERGENCY SERVICES**  
*48 Court Street*  
*Canton, New York 13617-1194*  
*(315) 379-2240 - Fax (315) 379-0681*

*FIRE*  
*E.M.S.*

*EMERGENCY*  
*MANAGEMENT*

TO: Ruth Doyle, County Administrator  
 FROM: James Chestnut, Supervisor of Dispatch Operations  
 DATE: January 3, 2016

The following is a report of E-911 calls for December 2015:

|                             | DEC 15     | YEAR 2015    |
|-----------------------------|------------|--------------|
| FIRE DEPTS DISPATCHED       | 302        | 3,958        |
| EMS DISPATCHED              | 1,376      | 17,739       |
| LOCAL PD CALL FOR SERVICE   | 144        | 1,954        |
| NYSP DISPATCHED             | 257        | 2,592        |
| INFORMATIONALS CALLS*       | 1,089      | 7,423        |
| SHERIFF'S CALLS FOR SERVICE | <u>615</u> | <u>8,495</u> |
| <br>TOTAL CALLS DISPATCHED  | <br>3,783  | <br>42,168   |

Phone calls handled in dispatch center incoming and outgoing by line:

Emergency Services Dispatchers handled:

|         |             |
|---------|-------------|
| 911     | 2746        |
| EMS     | 3725        |
| NYSP    | 510         |
| SHERIFF | <u>2110</u> |
| Total   | 10,091      |

NYSP Dispatchers Handled:

|         |           |
|---------|-----------|
| 911     | 19        |
| EMS     | 1041      |
| NYSP    | 3050      |
| SHERIFF | <u>57</u> |
| TOTAL   | 4,167     |

TOTAL PHONE CALLS HANDLED FOR DEC: 15,347  
 YTD: 169,459

\*Informational calls include pocket dials, hang up calls, and test calls

*Michael LeCuyer, Director*  
*James Chestnut, Supervisor of Dispatch Operations*



# North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

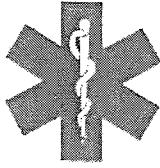
www.ncemsprogramagency.org

County meeting report January 2016

## Regional

- It's that time of year for award Nominations. Please submit any NYS award nominations to the Program Agency by the end of March.
- Agency updates have been mailed to all agencies- please return to program agency promptly.
- CME Suspension going out to 13 providers
- ALS providers who have not taken the Pt. Restraint Protocol Test will have privileges suspended if not completed by February 15<sup>th</sup>. The program agency office has advised agency CME managers of those who are not compliant.
- CME manager trainings completed – 5 sessions -20 agency CME managers attended
  - Anyone with CME questions please contact the office for guidance, we are revamping the reporting requirements in the credentialing manual.
- 23 of 49 transport agencies are currently utilizing an electronic PCR platform within the Region
- There will be wording change coming out on the 2011 policy statement for BLS albuterol. Clarification that you must be trained to administer! It was written to allowing agencies to proceed with program even if all EMT's are not trained with the intention only trained EMT's could administer, but in current written form it has been interpreted that you do not need to be trained to administer.
- Updates to the Regional Refusal form were approved pending legal review. This will allow better options describing the situation you are faced with.
- CLI class in Syracuse in April- posted on our website
- Next regional meeting is April 4<sup>th</sup>, 2016
- There are 15 total agencies enrolled in the Check and Inject program as of last report (more may have signed on. This report was as of 12/10/15

| Lewis                          | St. Lawrence           | Jefferson              |
|--------------------------------|------------------------|------------------------|
| Lewis County Search and Rescue | Massena                | Fort Drum Fire and EMS |
|                                | Ogdensburg Vol. Rescue | City of Watertown FD   |
|                                | Lisbon FD              | Evans Mills Ambulance  |
|                                | Parishville FD         | South Jefferson Rescue |
|                                | Tritown Rescue         | Lorraine FD            |
|                                |                        | Adams Fire Company     |
|                                |                        | Natural Bridge         |
|                                |                        | North Pole FD          |
|                                |                        | Carthage               |



# North Country EMS Program Agency

"Serving Jefferson, Lewis & St. Lawrence Counties"

www.ncemsprogramagency.org

- BLS CPAP was approved for the following agencies

| Lewis                          | St. Lawrence           | Jefferson              |
|--------------------------------|------------------------|------------------------|
| Lewis County Search and Rescue | Norfolk                | Indian River Ambulance |
|                                | Ogdensburg Vol. Rescue | North Pole FD          |
|                                |                        | TIERS                  |
|                                |                        | South Jefferson Rescue |
|                                |                        | Lorraine FD            |
|                                |                        | Natural Bridge         |

- At this time the state is continuing to pursue the additional requirement of Narcotics for ALS ambulances. The following ambulances in your respective counties that do not have narcotics are as follows. Please advise the program agency if the agency has obtained them since the state provided us with this report.

| Lewis           | St. Lawrence  |
|-----------------|---|
| Beaver Falls FD | Dekalb-Richville  |
| Lyons Falls FD  | Hammond   |
| Turin FD        | Madrid Rescue   |
|                 | Norfolk Volunteer Rescue  |
|                 | Hermon- approved/not inspected/safes were not installed as of last report |

## St. Lawrence

- Tritown Rescue was approved to downgrade to the Critical Care level from Paramedic
- St. Lawrence University BLSFR approved for IN narcan
- Gouverneur rescue was approved for to be able to maintain 5 additional medications on IFT transports
- Mark Deavers and James Barr were appointed to REMSCO
- Dr. Mackinnon from CPH appointed to REMSCO
- Robert Myer, Wayne Love, Mike Abrunzo approved pending legislative approval
- Clarkson BLSFR endorsed by region



MGT-433 ISOLATION AND QUARANTINE FOR RURAL COMMUNITIES/ PER-308 RURAL ISOLATION AND QUARANTINE FOR PUBLIC HEALTH AND HEALTHCARE PROFESSIONALS

NO. OF OPENINGS: 50

ST. LAWRENCE COUNTY

1 DAY

APRIL 15, 2016

ANNOUNCED: DECEMBER 22, 2015

Description:

MGT-433 Management level course, instructor-led course designed to provide small, rural, and remote communities with the knowledge, skills, and abilities to effectively plan for and respond to events that require isolation and/or quarantine of their populations in a variety of low- and high-impact situations.

PER-308 Performance-level, instructor-led course designed to follow the prerequisite course, MGT-433 Isolation and Quarantine for Rural Communities. This course expands on concepts introduced in MGT-433, and consists of two customized training modules specifically tailored toward course participation in the public health and medical fields. In this module, participants will become familiar with guidance that assists communities in planning for isolation and quarantine (I&Q), such as the National Response Framework and it's implications in the healthcare community. Participants will be introduced to actions public health and medical facility planners should consider when planning I&Q.

Prerequisite:

- Review of Module 5 content and video prior to class attendance
Link Module 5 student material
https://www.ruraltraining.org/media/course-material/MGT\_433\_-\_Module\_5\_Prereg\_1.pdf
Participant must be a U.S. citizen
IS 100b: National Incident Management System
IS 100.HCb: National Incident Management for Healthcare/Hospitals
IS 700: National Incident Management System - An Introduction
IS-520 Introduction to continuity of Operations Planning for Pandemic Influenzas
Equivalent FEMA courses that provide basic understanding of the NIMS structure and ICS.
MGT-433 is the prerequisite to take the PER-308.

Location: SUNY Canton Woodcock Conference Suite 34 Cornell Drive Canton, NY 13617

Time: 8:00 a.m. - 4:00 p.m.

Cost: There is no fee for the course. Food, lodging & transportation costs are the responsibility of the participant.

Who Should Attend? Emergency Management, Emergency Medical Services, Fire Service, Governmental Administrative, Hazardous Materials, Healthcare, Law Enforcement, Private Sector/Corporate Security and Safety Professionals, Public Health

Registration:

Please register separately for each class below.

MGT 433: https://www.ruraltraining.org/training/schedule/2016-04-15-mgt433-canton-ny-001/

PER 308: https://www.ruraltraining.org/training/schedule/2016-04-15-per308-canton-ny-001/

Registration Deadline: April 1, 2016

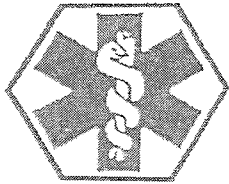
Contact: New York State Office of Emergency Management Training & Exercises Section (518) 292-2351 or OEM.Training@dhses.ny.gov

Completion:

Participants who attend all sessions will receive a Certificate of Attendance for the course.

TRAINING NOTICE

Contact: NYS Office of Emergency Management - Training & Exercises at (518) 292-2351 or OEM.training@dhses.ny.gov



*ST. LAWRENCE COUNTY*  
**EMERGENCY MEDICAL SERVICES**  
*ADVISORY BOARD*

January 26, 2016

{Hospital Name}

Dear Hospital Administrator,

Pursuant to St. Lawrence County Board of Legislators Resolution 144-81, the Emergency Medical Services Advisory Board was created. This Board acts in an advisory manner providing relevant information concerning issues surrounding emergency services in St. Lawrence County. In 1995, the St. Lawrence County Board of Legislators passed Resolution 225-95, which changed the name from the Emergency Medical Services Advisory Council to the Emergency Medical Services Advisory Board. Resolution 2-2013, by the Board of Legislatures incorporated additional membership spots to add a representative from each County hospital.

It is with great enthusiasm that we are reaching out to and requesting that a representative, who is familiar with emergency medicine, is appointed to the EMS advisory board from your hospital. This will enhance the care that we provide our communities through a strengthened system of healthcare.

Our meetings are held on the fourth Tuesday of the following months: January, March, May, September, and November. Meetings are held at the St. Lawrence County Public Safety Complex on Court Street in Canton, NY at 7 pm.

Please complete the enclosed form and send back via email or fax.

Emergency Services

Building #8

48 Court Street

Canton, New York 13617

Ph: 315-379-2240

Fx: 315-379-0681

Email: [tlabrake@stlawco.org](mailto:tlabrake@stlawco.org)

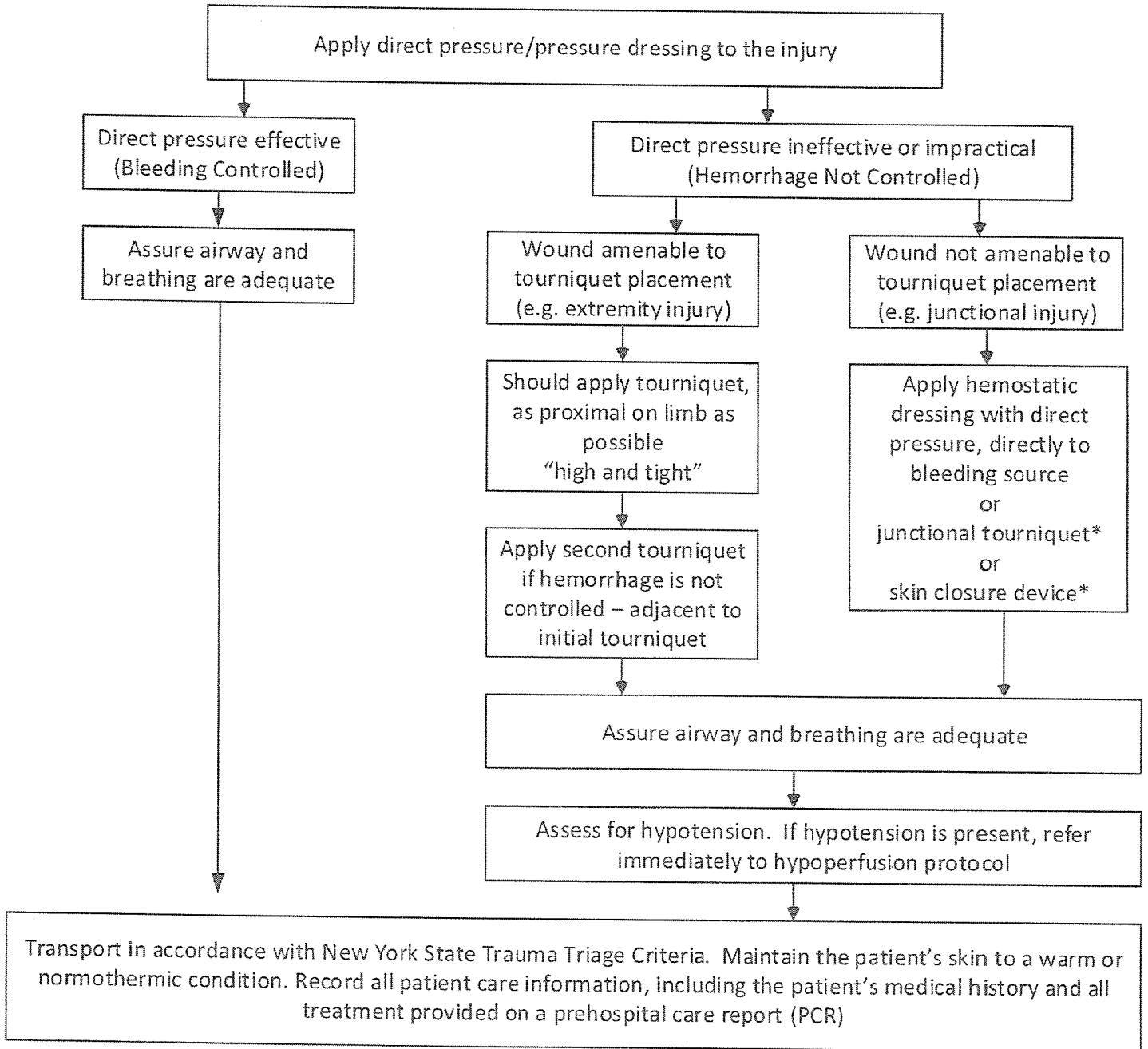
If you require additional information please feel free to contact via email at [asmith@fdrhpo.org](mailto:asmith@fdrhpo.org) or by phone 315-454-2606.

Respectfully,

Ann Smith, Secretary  
North Country EMS Advisory board



# Prehospital Bleeding/External Hemorrhage Control Protocol



\* Regional option may include the use of Junctional Tourniquet and/or cutaneous closure devices in accordance with directions for its use, and Medical Director authorization.

If a tourniquet is placed, an alert patient may require narcotic analgesia to manage tourniquet-associated discomfort. Consider use of regionally approved pain management protocols including ALS intercept

Hemodialysis access sites may result in life threatening hemorrhage. Direct digital pressure should be used first followed by tourniquet in the setting of life threatening hemorrhage when other means of hemorrhage control have been unsuccessful.