



ST. LAWRENCE COUNTY
EMERGENCY MEDICAL SERVICES
ADVISORY BOARD

Meeting Minutes
May 25, 2021

Meeting is called to order at 19:00 by the chair

Members present: Mark Deavers, Ann Smith, James Moore, James Blackburn, Chris Towler, Carol Muench, Nick Wildley, Kevin Wells

Excused: Ryan Coates, Christopher Valez, Storm Cilley.

Correspondence: None

Approval of the March meeting minutes Meeting minutes.

Reports:

REMSCO/REMAC: Spring fling is canceled. Program Agency Report Attached

SEMSCO/SEMASC: The State Meetings are currently going. The state is working on post pandemic predictions. The state is using MURU as a protocol app. They will no longer fund any other apps. There is a price to the MURU app at per a user per a month \$6. New EMT certifications cards are coming. All agencies should use the HCS system. The state has a concern with rural EMS. The State is having a big push to data collection.

Air Medical: Report attached. The State has passed a law allowing aeromedical to carry blood.

County EM report: Jonathan was not available to attend. Reports attached.

COVID-19

Jay Moore reports SLHS has no changes to COVID P&P.

The state has issued an updated Ebola Virus Policy Statement (21-02). Requires routine skills to doff and don PPE. The policy came out in 2014, this is an update.

Upcoming Trainings

The region is working on improving training at a regional level. Please reach out to Ann if you have training needs.

Chris Towler spoke on Clarkson's outreach for EMS education. The Dean will be visiting departments to help meet the need. Clarkson is working on applying credits to the EMT class.

Discussion on various class options.

The State is evaluating EMS course funding. Agencies should look at the possibility of having to pay more for classes.

Committee Reports:

Executive: None

Legislative: The rural task for bill is up for vote, this should be supported A1561C/ S3503C. There is a community paramedicine bill A151/S1590. Finally S1018 Volunteer low interest mortgage program.

Old Business

Elections: With Storms absence Chris Towler is acting secretary.

Chair: Jay Moore nominated Mark Deavers, Nominations asked for 3 times, Motion by Kevin Wells, Second by Jay Moore. No opposition or abstention. Secretary casts the vote.

Vice Chair: Don Thompson nominated Chris Towler, Nominations asked for 3 times. Motion by Jay Moore, Second by Don Thompson Seconded. No opposition or abstention. Secretary casts one ballot.

Secretary: Nominations asked for 3 times. Motion by Kevin Wells, Don Thompson Second. President casts a vote for Storm Cilley to continue as secretary.

Mutual Aid Policy- Difficulty scheduling a meeting as a result of COVID

Scratch Rates: Jonathan is working on "one-pagers" to agencies to discuss their response numbers. Scratch rates could become an issue with some of the legislations. If the states define "need".

New Business

Manpower issues are plaguing EMS especially in rural settings. There are various county models that we should look at. Chenango County is working on a model where the county will lease vehicles from agencies and staff them as needed.

Please nominate people for State Awards.

Carol brought up the By-Law changes for the changes to distribution. The board needs to drop to 21 members. The Board also needs to look at increased diversity. (Attached). The Changes were read for the second time at tonight's meetings. Changes to the wording the was discussed to include "Non-public Safety" also conversation adding Nurse Practitioner to the line, or changing it to "Advanced Practice Provider", Also dedicating a seat to EMS Education. Due to the changes we have to wait til the September meeting. There was also not 2/3 of membership present. Motion by Chris Towler, Second Don Thompson to accept the changes.

Next meeting:

September 28, 2021 at 7:00 pm.

Motion to adjourn by Chris Towler, Carol M. at 8:38pm

ST. LAWRENCE COUNTY
OFFICE of EMERGENCY SERVICES
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FIRE
E.M.S.

EMERGENCY
MANAGEMENT

TO: Ruth Doyle, County Administrator
 FROM: Jonathan Mitchell, Deputy Director
 DATE: June 1, 2021

The following is a report of CAD calls for MAY 2021:

	MAY 21	YEAR 2021
FIRE DEPTS DISPATCHED	403	1,780
EMS DISPATCHED	1,757	8,279
LOCAL PD CALLS TO 911	374	1,456
NYSP DISPATCHED BY SLC ES	318	1,155
INFORMATIONALS CALLS*	1,223	5,037
SHERIFF'S CALLS FOR SERVICE	<u>1,031</u>	<u>5,727</u>
TOTAL CALLS DISPATCHED IN SLC	5,106	23,434

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

The following are law enforcement calls dispatched by their own dispatchers

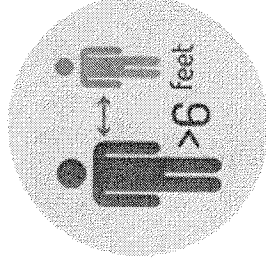
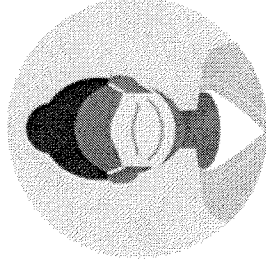
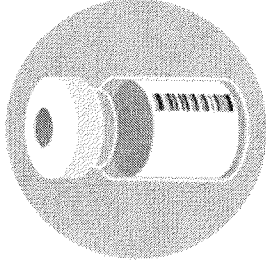
NYSP DISPATCHED BY B-COMM	1,000	5,546
CANTON PD DISPATCHED	467	2,107
MASSENA PD DISPATCHED	691	2,989
POTSDAM PD DISPATCHED	584	2,971
OGDENSBURG PD DISPATCHED	<u>990</u>	<u>4,070</u>
TOTAL OUTSIDE LAW DISPATCHED CALL	3,732	17,683

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

911	2,993
EMS	3,487
TEXT_2_911	1
NYSP	118
SHERIFF	<u>3,136</u>
TOTAL	9,735

YTD: 43,764

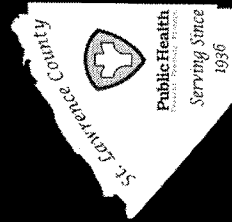
Matt Denner, Director
Jonathan Mitchell, Deputy Director



Vaccines are one of the tools we have to fight the pandemic.

St. Lawrence County COVID-19 Update

September 21, 2021



PPE and Exposure

Exposure	Personal Protective Equipment Used	Work Restrictions for Unvaccinated HCP
Higher-risk: HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection ³	<ul style="list-style-type: none">•HCP not wearing a respirator or facemask⁴•HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask•HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	<ul style="list-style-type: none">•Exclude from work for 14 days after last exposure.•Perform SARS-CoV-2 testing immediately (but not earlier than 2 days after the exposure) and, if negative, again 5-7 days after the exposure. Criteria for use of post-exposure prophylaxis are described elsewhere^{external icon}.•Advise HCP to monitor themselves for fever or <u>symptoms consistent with COVID-19</u>.•Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
Lower-risk: HCP other than those with exposure risk described above	•N/A	<ul style="list-style-type: none">•No work restrictions or testing.•Follow all <u>recommended infection prevention and control practices</u>, including monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

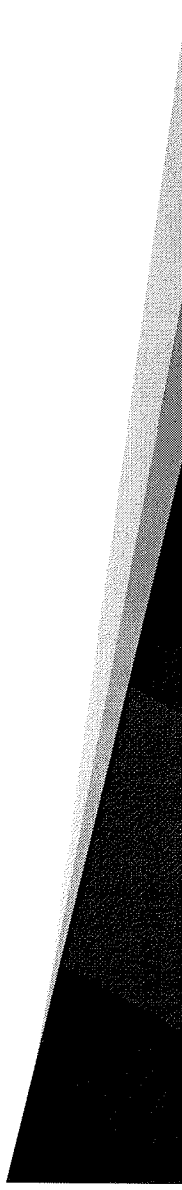
What is a close contact?

- ▶ For this guidance it is defined as:
- ▶ a) being within 6 feet of a person with confirmed SARS-CoV-2 infection or
- ▶ b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.
- ▶ It is reasonable to consider an exposure of 15 minutes or more as prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. However, the presence of extenuating factors (e.g., exposure in a confined space, performance of aerosol-generating procedure) could warrant more aggressive actions even if the cumulative duration is less than 15 minutes. For example, **any duration** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

Who still has to quarantine?

For those unvaccinated or vaccinated and symptomatic:

- ▶ Surgical mask at a minimum for all exposures – anything less than a surgical mask is an automatic quarantine
- ▶ Surgical mask and eye protection if person is positive and not wearing a mask – if worn at all times when with patient
- ▶ Gown, gloves, eye protection, N95 while performing an aerosol-generating procedure – if worn at all times when with patient during procedure



Hospitalizations by Age Group

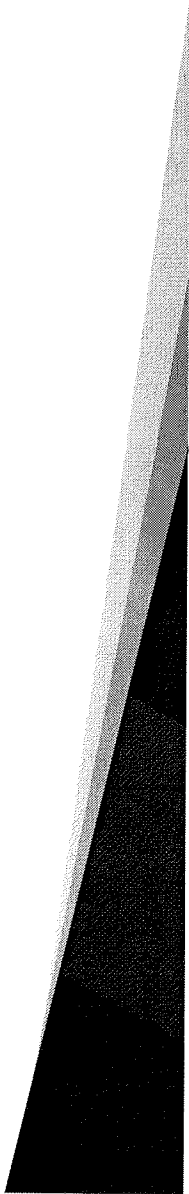
August

Age Range	Number of Cases	Percentage of Cases
0-19 Years	4	6.8%
20-44 Years	5	8.6%
45-54 Years	3	5.1%
55-64 Years	11	18.9%
65-74 Years	18	31%
75-84 Years	11	18.9%
85+Years	6	10.3%
Grand Total	58	100.00%

September to date

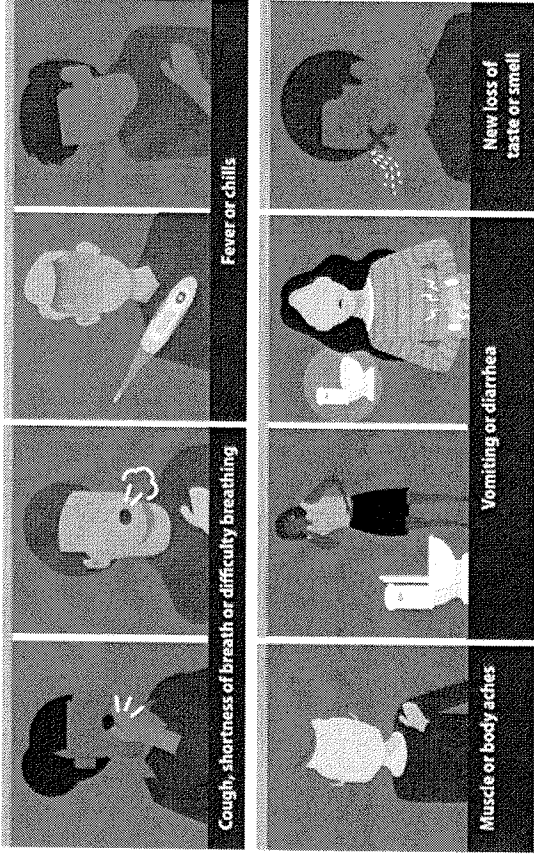
Age Range	Number of Cases	Percentage of Cases
0-19 Years	2	2.3%
20-44 Years	6	6.9%
45-54 Years	11	12.7%
55-64 Years	27	31.3%
65-74 Years	20	23.2%
75-84 Years	15	17.4%
85+Years	5	5.8%
Grand Total	86	100.00%

Who still has to quarantine?

- ▶ Individuals who are not fully vaccinated or have not recovered from COVID-19 in the previous 3 months
 - Fully vaccinated is defined as being 2 weeks or more after either receipt of the second dose in a 2-dose series, or 2 weeks or more after receipt of one dose of a single-dose vaccine.
 - Exposure must be after the 2 week period for vaccination exemption.
 - ▶ Anyone with symptoms following an exposure
 - ▶ Fully vaccinated people with no symptoms should be tested 3-5 days after exposure.
 - While waiting for a test result, individuals should wear a mask while indoors. If no test is done, the individual should wear a mask indoors for 14 days.
 - ▶ There are no longer any exceptions for essential workers.
- 

Return to work after testing positive, regardless of vaccination status

- ▶ HCP with mild to moderate illness who are not moderately to severely immunocompromised:
 - At least 10 days have passed *since symptoms first appeared* and
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
 - Symptoms (e.g., cough, shortness of breath) have improved
- ▶ HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:
 - At least 10 days have passed since the date of their first positive viral diagnostic test.
- ▶ HCP with severe to critical illness or who are moderately to severely immunocompromised:
 - At least 10 days and up to 20 days have passed *since symptoms first appeared* and
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
 - Symptoms (e.g., cough, shortness of breath) have improved
 - Consider consultation with infection control experts



St. Lawrence County Public Health Department

