



# W e s t c h e s t e r R E M A C

## General Meeting Minutes - September 17, 2007

**Date:** September 17, 2007  
**Time:** 9:00 AM  
**Location:** Westchester County Department of Emergency Services  
**Chairman:** Dr. Nicholas DeRobertis, MD

### MEMBERS

Dr. Mark Silberman  
Dr. Ron Nutovits  
Dr. Carlos Flores  
Dr. Karlene Chin  
Dr. Robert Marcus  
Dr. Emil Nigro  
Dr. Lawrence Klecatsky  
Dr. Richard Marino  
Dr. Nicholas DeRobertis  
Dr. David Goldwag  
Dr. Tim Haydock

### AFFILIATION:

Dobbs Ferry Community Hospital  
Hudson Valley Hospital Center  
Lawrence Hospital  
Mt. Vernon Hospital  
Northern Westchester Hospital  
Phelps Memorial Hospital Center  
Sound Shore Medical Center  
St. John's Riverside Hospital  
St. Joseph's Medical Center  
Westchester Medical Center  
White Plains Medical Center

### ATTENDANCE

Alt. - Dr. H. Cordi  
Present  
Absent  
Present  
Absent  
Present  
Present  
Absent  
Alt. - Dr. M. Guttenberg  
Present  
Present

### NON-VOTING MEMBERS

VACANT  
Dr. Joli Yuknek  
Dr. Richard Gallager  
VACANT  
Roland Faucher  
Chief Anthony Chiarlitti

Medical Specialty (Trauma)  
Medical Specialty (Pediatrics)/WPHC  
Medical Specialty (Psychiatry) / WMC  
EMS – Proprietary  
EMS – Voluntary / MVFAVAC  
Police / Pleasantville PD

VACANT  
Absent  
Absent  
VACANT  
Absent  
Present

### GUESTS

John Filangeri  
Ray Cordi  
Joseph Bilotto  
Beth Sanger  
Richard Robinson  
Daniel Olmoz  
Katherine O'Connor

Cortlandt Regional Paramedics  
Empress EMS  
Harrison EMS  
North Salem VAC  
NYSDOH BEMS / MARO  
WCDES  
WCDES / PA

Meeting was called to order at 9:15 AM by Dr. Timothy Haydock for Chair Dr. Nicholas DeRobertis.

### **MEETING**

Minutes of the June 18, 2007, meeting were disseminated to the members. It was noted that Dr. Heidi Cordi was inadvertently left off the list of attendees.

- **Motion to approve the minutes with the amendment noted was made by Dr. Klecatsky and second by Dr. Guttenberg. Motion approved.**

### **SEMAC**

The next SEMAC meeting is September 25, 2007.

### **TASERS**

Dr. Haydock reported that Dr. DeRobertis wanted the REMAC to begin the discussion of the issue of EMS and Tasers. More and more local police departments are bringing this non-lethal weapon option to their operations. Tasers are **electroshock weapons** that incapacitate a person by administering an electric shock that is designed to disrupt superficial muscle functions. The most popular version is an electroshock gun that fire barb-like projectiles; although stun guns, stun batons, and electroshock belts



administer an electric shock by direct contact. The reason that this public safety tool becomes an EMS issue is because crews are called to either evaluate and “clear” someone who has been shocked, or asked to remove barbs imbedded into the skin. Standard education and direction to EMS crews is needed for the first option to be conducted safely, and the second request arguably falls outside the scope of practice for EMS (i.e. impaled objects not impinging an airway).

Richard Robinson, Senior EMS Representative, NYSDOH MARO, explained that the issue of taser guns has received more attention recently since the incident in Sleepy Hollow involving a 16 year old who was “stunned.” The Police Department requested EMS, but apparently never called the paramedic unit, and then had the ambulance crew drive the patient to the police station where a ranking officer overrode the crews’ intention of transporting to the hospital, signed the RMA and took immediate custody of the patient. The police officer evidently removed the barbs from the patient himself in the station. Mr. Robinson has asked the central DOH office for an opinion. The local PDs he has queried have very varying policies in these situations. There is no indication of a standard approach. Mr. Robinson is aware that other EMS Regions are working on similar issues and brought a copy of one such policy developed in the Monroe-Livingston Region that addresses a basic protocol for all levels and even discusses removal of barbs. The SEMAC is allegedly going to examine the issue as well, but the central DOH office is encouraging local REMACs to start to address it themselves in the meantime. Dan Olmoz offered that during his tenure there, the Hudson Valley Region did exhaustive research regarding the issue of tasers, developed a draft protocol, but it was ultimately tabled because the use by local PDs wasn’t very prevalent at the time.

Discussion regarding various issues related to the use of taser guns and the consequences of their use. The role and responsibilities of EMS crews in advocating for patient care can be usurped by the authority of the police as defined under the criminal procedure laws. Chief Chiarlitti explained that per CPL, a 16 year old is seen as an adult and if he is in police custody, then the police can have control of issues such as medical care - sometimes it can come down to individual department SOPs. Dr. Chin reported that in her experience all tased persons were brought to the ER for evaluation and removal of any imbedded barbs – to do otherwise would be out of scope of practice for EMS in her opinion.

Concerns were developed revolving a couple of key points:

- When EMS is called to evaluate a person for medical care and then asked to transport that patient, it should not be to bring he or she to a police station. Police should not be asking EMS to move someone unless it is to the hospital.
- EMS providers must be educated as to the role of the police in these situations so that conflicts stemming from custody issues are prevented.
- Police should be made aware of the protocols and obligations of EMS if called to render medical aid, again to prevent misunderstandings.
- EMS need clear directions regarding how they are allowed to handle the assessment, treatment and transport of someone who has “shot” by a taser weapon.

DES Commissioner Anthony Sutton suggested that a full evaluation of the medical and legal issues should be conducted by a TAG that includes police participation. Dr. Haydock stated that the REMAC should move forward in examining the material shared by Richard Robinson and he would forward the recommendation to the Chair so that he could appoint/invite participants for a TAG.

## **CERTIFIED AGENCY UPDATES**

The Regional EMS Office continues to work with agencies regarding the completion of the NYS BLS Aspirin and information updates for certified services. Progress on both, despite requests for completion by July 1<sup>st</sup> and August 31<sup>st</sup>, respectively, remains slow.



The Regional EMS Office brought up 2 agencies for approval:

**Pound Ridge Lions VAC (PRVAC), NYS Agency Code 5954.** As part of the update the agency was asked to submit applications for participation in BLS provider scope of practice upgrades of which previous documentation could not be located.

- Automatic External Defibrillator (AED)
- Nebulized Albuterol

**Harrison VAC, dba Harrison EMS (HEMS), NYS Agency Code 5972.** As part of the update the agency was asked to submit new applications and physician collaborative agreements for participation in BLS provider scope of practice upgrades that had been authorized by their current Service Medical Director, Dr. Timothy Haydock.

- Automatic External Defibrillator (AED)
- Nebulized Albuterol

**Motion by Dr. Cordi to approve all the updated requests, seconded by Dr. Nigro. Motion approved**

## **BLS FR UPDATES**

The Regional EMS Office distributed materials to complete informational updates for the NYS DOH to all the BLS FR agencies in the region. It was requested that responses be returned by October 31<sup>st</sup>.

## **NYS PCR DATA**

The Regional EMS Office has been successful in accessing and separating the released 2002-2004 NYS PCR data by individual EMS agency code. Each agency will receive a data disk with their records in an MS Excel format. Also, a regional review will need to be conducted. The data dictionary was distributed for review of the possible data points for consideration. Volunteer will be need to work on a TAG to develop a useful report from the information available.

## **SUB-COMMITTEES**

**Protocols** - Still under development.

**Quality Improvement** – A rollout of the new NYS QI Manual was held at DES on September 5<sup>th</sup>. The QI Committee needs to be rejuvenated. Volunteers to work on the committee are welcome.

## **SPECIAL COMMITTEES**

### **Hudson Valley Regional Trauma Advisory Committee (RTAC)**

Dr. Goldwag reported that there has been active discussion regarding the organization of the RTAC and its role in completing system reviews.

The material for the EMS Trauma Reporting has been printed. The Westchester REMAC already voted to require EMS to use the reporting format one released. An educational rollout needs to be developed.



### **Hudson Valley / Westchester Helicopter Committee –**

The Guidebook was finally approved by the Hudson Valley REMAC. A rollout process needs to be developed.

### **NOTICES OF INTENT**

#### **PAD**

The following PAD notices of intent were received by the Regional Office since the last meeting:

<b>APPLICANT</b>	<b>CITY</b>	<b>SERVICE TYPE</b>	<b>DATE</b>
Elmwood Day Camp	White Plains	Recreational Facility	7/18/2007
Corpus Christi School	Port Chester	Other	9/10/2007
NYS United Teachers	Tarrytown	Business	9/10/2007

#### **Epi-pen**

No Epi-Pen notices of intent were received by the Regional Office since the last meeting.

### **APPLICATIONS FOR SPECIAL PERMISSIONS (I.e. Albuterol, Mark I, EMTD)**

No applications for special permissions were received other than those noted under the EMS Agency Update.

### **OLD BUSINESS**

#### **Web Casting**

The contract process with the vendor is ongoing. May be up by next meeting.

### **NEW BUSINESS**

None.

### **NEXT MEETING**

Meeting was adjourned at 10:00 am. The next meeting will be Monday, October 15, 2007 at 9:00am.

Respectfully submitted by Katherine O'Connor