



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

General Meeting Minutes - June 15, 2009

Date: June 15, 2009
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. Joseph Ponticiello
 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
 Present
 Present
 Excused
 Present
 Present
 Excused
 Excused
 Present
 Present

NON-VOTING MEMBERS

VACANT
 Dr. Joli Yuknek
 Dr. Richard Gallager
 Ray Cordi
 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
 Present
 Absent
 Present
 Present
 Excused

GUESTS

Robert Demodna
 Joseph Bilotto
 Donald Cottle
 Sam Lubin
 Kevin Gage
 John Cullen
 Jeff Casas
 John Fuerst
 Gary Kaplan
 Clint Thornton
 Dr. David Stuhlmiller
 Dr. Erik Larsen

White Plains Police Department
 Harrison EMS
 Westchester EMS
 Ossining VAC
 NYSDOH BEMS / MARO
 White Plains Dept. Public Safety
 Port Chester Rye Rye Brook EMS
 White Plains Police Department
 Bound Tree Medical
 Mohegan VFA-VAC
 WMC / LNNY
 White Plains Hospital / LNNY

Michael Volk
 Anthony Sutton
 Daniel Olmoz

WCDES
 WCDES
 WCDES

MEETING

The meeting was called to order at 9:10 AM by Vice-Chair Dr. Timothy Haydock. Chairman Dr. Nicholas DeRobertis was unable to attend. It was determined that a quorum was present.

The minutes from the May meeting were disseminated to the members electronically and were approved as written.

SEMAG

Dr. Haydock reported that he attended the SEMAG meeting held on Tuesday June 9, 2009. Items discussed included: Nassau County developed a diversion protocol. *What was of interest in these particular protocols was that the protocol involved a direct sort of participation of the hospitals themselves as well as the county dispatch agency. In addition to the*



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hospital requesting diversion status, if the dispatch agency notes that there are three or more ambulances waiting to unload a patient for more than 30 minutes at a facility, they will put the hospital on diversion.

Mercy Flight which operates in the Syracuse area had requested that Ketamine be added to their formulary, particularly for prolonged extractions in the field of trauma patients. It's felt that it's a safe hypnotic anesthetic with some analgesic properties that's very safe to use hemodynamically, and for airway purposes in say something like an extraction where you, for example, give something like morphine you might lose control of that patient's ability to breathe and then have to intubate them while they're still sitting in the trapped area. The fact is however, that although the state felt this was a good thing because it is a fairly safe drug to use, and it can be given both IM and IV, that this has to go before the Narcotics folks, before they will allow this to be used in the field.

The state also is finally coming out with some sort of a methodology to develop state ALS Protocols, and they've developed a format that's quite interesting. It basically goes through in a linear manner starting with basics going to the EMTCCs, EMTs, and then at the bottom adding on regional options. And they've worked through a few of the different protocols starting with the ones where there's a lot of commonality. And I think the encouraging thing is if this ever comes to fruition it will make the job of the regions a lot easier.

The blood products forms are in process, meaning that hopefully people will be able to hang blood in ambulances soon, and blood products.

It was approved, that epinephrine should be carried in all ambulances in New York State.

Another discussion that's out there is who should be providing medical control to pre-hospital providers, direct online medical control. And there's a sort of a split in SEMAC to some degree that it should be physician-only versus allowing physician assistants and/or nurse practitioners or even paramedics to provide medical control from the medical control facility. The utility of this, having mid-levels for example do this, is probably more important in areas where you don't have physicians even receiving the patients at the hospitals. But I think there seems to be a preponderance of opinion that the physicians really should be the ones doing this.

There was a move by the EMS-C, which is the children's arm of EMS that's worked to ensure two motions came forward, and were passed, that protocols must be carried in all ambulances both ALS and BLS throughout the state. And then there was another item regarding patients, pediatric patients in particular with adrenaline insufficiency, recommending that corticoid steroids be available in all ambulances to give to patients with Addison's disease or those who have acute adrenal disorders. The drug of choice as far as they're concerned is hydrocortisone. However, Solumedrol, which is carried in this region, would be adequate.

There was some discussion on the STEMI issue and the state indicated it was looking to, and I don't know what this means, to designate more STEMI hospitals. Dr. Morley was there and Mr. Wronski was there and this is still a work in progress although there seems to be some movement but time will tell.

REMSCO Chair, D. Blum added the following:

A medical director's course is going to be offered through ACEP coming up at some event in Bolton's Landing, so I don't have the full details but you can look at the ACEP website if you're interested.

The issue of AEDs came up again at the end of the second day of State Council and it appears as though, at the next state meeting, there will be a conclusion of a mandate to put an AED at least on every certified ambulance, within the state of New York. We're not sure if it will affect EASVs.

I believe a letter will be forthcoming from Mr. Wronski advising that their collecting diversion data across the state, so they will be interested in what our definition of diversion is as well as other regions in the state of New York, and then they're going to ask for a sample month's data. That will be compared and contrasted with the rest of the state.

As a point of interest--Lee Burns who started off her EMS career in Westchester County is now the acting Associate Director of the Bureau of EMS for the New York State Department of Health.

Program Agency Coordinator, D. Olmoz added on the following:

Effective July 14th any office space surgery centers that are utilizing what was described as moderate anesthesia will be required to be licensed. And there was a hospital reporting requirement so that if you're identifying adverse outcomes from the Centers coming into your hospitals you should be aware of that.



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Stemming from the Stroke Conference that took place apparently in White Plains, there was some discussion regarding the need for EMD dispatch for all PSAPs. Many of the physicians were very concerned about the status of dispatching currently in New York State. (A brief discussion ensued regarding the recent recommendations of an extended Stroke treatment interval from 3 hours to 4.5 hours).

They also talked about swine flu obviously, and one of the most important things that they were able to identify was that there were large shortages of N95 masks. Some EMS agencies were found to not even have N95 masks available for their personnel. It was mentioned that certain hospitals had to establish exterior screening areas due to the additional volume. There was also a discussion about the FDNY call screening process that was utilized for the swine flu situation where they would triage informational calls over to an appropriate call taker who would direct the caller to the website or try to ease their fears and whatnot. EMS systems and hospitals really need to start looking forward to the fall and maybe a little bit earlier, and start to consider and plan now. (There was a brief discussion in regards to changing CDC recommendations for N95 mask use, types of masks, and questions raised by EMS providers. It was noted that the county is working on purchasing a supply of masks and will be offering respiratory fit testing courses).

DIVERSION REPORT It was noted that an updated report will be distributed electronically for review. Notification was made to all hospitals of a recent change in the identifiers used in the reports. Questions in this regard should be made to the Regional EMS office.

SUBCOMMITTEES/TAG Reports

PARAMEDIC PROTOCOLS – D. Olmoz reported on the following: *The paramedic protocols were approved by SEMAC in December, after which there was some discussion in regards to a few possible changes including the pediatric fluid volume infusion issue. And then finally a determination was made to just move forward with the protocols as they were in their current form and that any additional changes would be brought forward for the next revision. Since then, a formal protocol roll-out has occurred for paramedic agency officials where they were provided with update materials to be offered to all affiliated paramedics. Agency representatives were urged to involve their service medical directors in the roll-out process and to determine if the materials offered needed to be expanded upon. Additionally, an affirmation form and update materials has been distributed to all ED Directors to forward to their affiliated medical control physicians. July 1, 2009 has been selected as the protocol implementation date. The regional office will be collecting paramedic agency rosters and medical control physician affirmations to track those updated.*

There have been some errors found in the roll-out presentation materials which have since been updated and posted on the Regional website. It was also identified that Dobutamine was listed in the protocols at an incorrect/unavailable pre-mix concentration, that being 400 milligrams in a 250 milliliter solution. Available medication stocking includes 250 milligrams in 250 ml of D5W or 500 milligrams in 250 ml of D5W. When this issue was pointed out to the Protocol Committee, questions were raised by Dr. Cordi about how Dobutamine was ever approved. (Dr. Cordi indicated that she had requested a copy of the protocol version that was submitted to SEMAC for approval to determine if something was lost in translation). Additional discussion will be needed to resolve this issue.

Ray Cordi expressed concern that agencies were given the training materials on the 28th of May, and were expected to design and implement the training program for July 1st. Due to personnel vacations and the need to design tests and presentation materials, the expectation to have the roll-out done in one month was described as demanding a lot. Especially since those not completing the roll-out will be suspended and unable to work. Sam Lubin and Roland Faucher supported a request for an extension of the protocol implementation date. Dan Olmoz clarified that additional roll-out sessions could be offered by the EMS office if needed. There was a brief discussion about the need for additional support from committee members for major projects like the protocol roll-out. A motion was made to extend the paramedic protocol implementation date to September 1, 2009. It was questioned whether agencies who have completed the roll-out may still begin utilizing the new protocols prior to September 1, 2009. It was determined that it would be acceptable for agencies to do so. The motion was amended, seconded and approved.



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STEMI TAG – Dr. Goldwag reported that there have not been any additional meetings held. *We're going to try and formalize some of the things that were discussed in the TAG and get some written documentation to bring back to the committee, so people are comfortable that we've really done our diligence in getting out to everybody. So I'm actually helping with that, so that will take me some time to get done. I think by September we'll have everything done, probably not before.*

INTERFACILITY TRANSPORT TAG – A meeting is being planned

QA/QI – Attempts are being made to reinvigorate this committee. Interested parties should contact Dr. DeRobertis or the Regional EMS office.

EVALUATION – Dr. Haydock indicated that there was nothing to report.

SPECIAL COMMITTEES

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – Dr. Stuhlmeier reported that the committee met on May 28, 2009. *There were no incidents reported to the committee to be discussed. We discussed a timeline for the regions to finish their QA Project by the end of this month. It's been about three years since the Helicopter Operations Guideline document has been revisited, so we will start to discuss revision of that at our Thursday September 10th meeting. So anybody that has an interest in commenting on possible revisions please pass them along to myself and we'll discuss it at the next meeting, Thursday September 10th, up at the Hudson Valley Regional EMS Office.*

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – no report

NOTICES OF INTENT

PAD - Two applications - Rye Golf Club and Valhalla Fire Department.

APPLICATIONS FOR SPECIAL PERMISSIONS (i.e. Albuterol, Mark I, EMTD) – Three applications - North Castle Recreation, Yonkers Fire Department, and Westchester EMS.

OLD BUSINESS

CPAP – It was mentioned that at the last meeting there was some discussion of a Portchester/Rye/Ryebrook EMS proposal to broaden the use of CPAP. At that time, the REMAC members were supplied with some literature to review. It was added that Harrison EMS and Mamaroneck EMS have also joined on in support of this proposal. Discussion ensued in regards to the specific changes to the program. It was clarified that the proposal was for the inclusion of COPD patients and not to include all respiratory distress cases, specifically Asthma. It was questioned if there is any relevant research that supports the use of CPAP for COPD patients in the prehospital environment. It was suggested that there should be an in-hospital study performed before prehospital consideration as there are safety issues associated with its use. It was questioned whether an IRB consult is needed for such a pilot program. A suggestion was made to include a mandatory review of each case and to report all findings to the REMAC. It was also recommended that the QI tool include pre and post EtCO₂ levels. A request was made to clarify the motion before the REMAC. It was clarified as follows - *to approve as a pilot program the Port Chester - Rye Brook - Harrison - Mamaroneck (ALS only) proposal for utilization of CPAP not only for congestive heart failure, but for patients with known COPD. There would be a Medical Control option and there will be a review and I don't have a date for the implementation or a start date if it's approved, but at every--I think even at the first REMAC meeting after implementation we will receive an update and continued updates of data review at 30 and 90-day intervals after that.* The motion was approved. It was requested that an implementation date and roster of those ALS providers performing the procedure be submitted.

WHITE PLAINS DPS ALSFR – A presentation was delivered by members of the White Plains Department of Public Safety in support of the agency's application for Advanced Life Support First Response status at the paramedic level. An overview of the City of White Plains and the emergency response system was given. A description of the training procedures used initially and to maintain competency was discussed. It was mentioned



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that there is a need for the ALSFR designation to support hostile and technical rescue environments because current EMS personnel are not trained and equipped to do so. It was clarified that the ALSFR component would be used in conjunction with current EMS services provided to the City and would be available as a mutual aid resource if needed elsewhere. It was mentioned that the City's Mayor is in support of the Department's application. Dr. Haydock will be serving as the Department's Medical Director. It was mentioned that the ALSFR designation is a part of the Department's application for a municipal certificate of operating authority from the NYS DOH and that the REMAC is the body that issues the ALS authority. A motion was put forth as - *allowing the White Plains Public Safety Department to have this ALS First Response for tactical situations in the city of White Plains, and to work with the current provider.* It was questioned if a quorum was present as some REMAC members had departed. It was stated by the Chair that the quorum status was based on the beginning of the meeting. The vote was continued and was approved.

NEW BUSINESS

None

NEXT MEETING – It was noted that there are usually no REMAC meetings scheduled for July and August. The members were questioned if it was necessary to schedule meetings during this timeframe. It was mentioned that a special meeting could be arranged if needed but that otherwise there is not a need to add additional meetings. Session was adjourned at 11:05am. The next meeting is scheduled for Monday, September 21, 2009 at 9:00am.

Respectfully submitted by D. Olmoz