

## **Regional Emergency Medical Advisory Committee**

### **Minutes June 14, 2006**

The WREMAC met June 14, 2006 at Chef's Restaurant, Buffalo, NY.

**Attendance:** See enclosure

The first item of business was the approval of the May 17, 2006 minutes. J. Blum made a motion to approve with a second from J. Teuscher. Minutes approved.

### **Correspondence: J. Takats**

- A copy of the NYS Auditor's report and the WREMS Grant Expense report was received and distributed at the meeting. Dated March 13, 2006
- A copy of a letter from Mark Butler, the attorney on retainer for the Southwestern and Wyoming-Erie Regional Councils to Roger Lander, the WREMS Board of Directors Chair requesting the \$5,000 that was being held in escrow for the REMAC Chair be returned to the Council and Roger Lander reply. Dated May 15, 2006.
- A notification of details regarding a Base Station Course on June 29<sup>th</sup> at the Erie County Training Center was received.
- Letter including information to upgrade AED's according to the new AHA guidelines.

### **May SEMAC and SEMSCO Report: J. Takats**

- The new AHA guidelines that were issued in May 2005 for CPR and AED were approved by the DOH. Many of the newer models AED's can be reprogrammed to comply with the new AHA guidelines. Cardiac Science has several earlier models that cannot be updated. Agencies purchased AED's independently with their own funds, as there was no funding from the state. There will be a grace period in terms of coming up with the new technology.
- The meeting included a presentation on safety of EMS workers and mortality and safety statistics. Line of duty deaths per 100,000 is double that of police and fire personnel. This is partly due to the lack of national safety standards required for the patient compartment. The cab must meet all motor vehicle compliance standards but the patient care compartment is exempt from the standards. The presentation included pictures of ambulance crashes where the cabinets flew open and the contents were released into the compartment causing injuries to the crew and patient. Several items flew out of the cabinets and in some cases were even lodged in the skull of the EMS provider. About 80% of ambulance accidents occur at intersections with a "T Bone" impact. There are efforts underway to enact laws requiring protective headwear and hands free communications devices for EMS staff.
- A motion passed to accept the revised BLS protocol for aspirin when the patient meets the items included on an approved questionnaire. This will be added to the Basic EMT Curriculum as well.

- There is a task force on AHA versus ACLS criteria and enhancements, which is reviewing a revised SSI protocol. The use of LMA's versus ET's is being considered and IO's in adults with the new Black and Decker machine. A revised version of the Selective Spinal Immobilization (SSI) protocol was voted down by the SEMAC. There was discussion as to whether there should be a protocol for ALS and BLS in this region currently it is strictly for ALS providers. There was a lot of discussion on this issue and Dr. Takats stated that it would take a long time to complete and approve a protocol or algorithm at the state level. Dr. Teuscher stated that an algorithm for the region has been completed and asked how similar it was to Nassau's. Dr. Takats stated that it almost identical and agreed to distribute Nassau's algorithm that was approved to the REMAC members for review prior to the next meeting. There will be a vote at the next meeting as to whether or not to start using the algorithm regionally in the fall.
- Air ambulance (helicopter) services are coming in from out of state to do business in several regions. The Bureau of EMS asked the SEMAC to review and approve operational guidelines for these services. The DOH has stated that the REMAC in the receiving region has the right to require the service to use the regional protocols when in the region. The service should have a signed agreement with the REMAC defining what protocols are to be used. According to the DOH the REMAC can require the service to use the regional protocols when operating in New York State. There was much discussion about this and Dr. Blum made a motion that air ambulance services are not required to follow NYS protocols but can use the protocols from the area where the transport originated.
- The SEMSCO agreed to allow the Bureau of EMS to take action against instructors regarding issues and complaints.
- Motion approved to accept CON policy that states the REMSCOS are responsible to ensure that the CON being transferred is a valid CON and that the new service is really needed for that area of operation.
- The policy regarding vaccinations was reviewed and it was reiterated that EMS providers based on their EMS certification couldn't give vaccinations. The issue of whether or not EMT's can give vaccinations in a time of emergency is being revisited.
- There was discussion regarding the high failure rate of the EMT-Intermediate exam. It was not determined if it was because of the exam, the faculty or the curriculum. The DOH checked to ensure that the contractor graded the exams properly, which they did. Instructors are upset at not being allowed to read the exam as they have in the past.
- The pilot recertification program was not renewed but will continue and be renewed in the future.
- The 12 Lead program is moving forward at the state level.

**Committee Reports:**

**Prehospital Advisory Committee: No report**

**Nurse Advisory Committee: No report**

## **Subcommittee Reports:**

### **Disaster Committee: J. Teuscher**

- The first phase of the CDEX drill was held in May. Dr. Teuscher suggested that members look at the FEMA web site as they have on-line training and other resources available on-line. EMS providers are trained in Weapons of Mass Destruction (WMD).

### **ALS Protocol Committee: S. Lakomy**

- The regional ALS protocols were approved by the SEMAC. The DOH will take care of the printing of the protocols for distribution but the REMAC needs to provide a cover letter to go with them. They may have to be on 8-1/2 X 11 paper and wire bound instead of the small books that were issued in the past. DOH has an electronic copy, which will be printed and sent to Dr. Lakomy for review prior to completion of the order. REMAC needs to decide how they want to roll out the protocols. DOH agreed to develop a couple plans for the REMAC to review and decide how to introduce the new protocols. Scott Wander stated that he could develop a tutorial for agencies that use ECMC Medical Directors. He was asked if they could do this for other agencies as well and he stated that they could do it but it would get dumped on him and he would resign. What they do provide for their agencies can be attended by anyone. It was agreed that a tutorial needs to be developed with input from the REMAC. Dr. Teuscher suggested that sessions are held in each area and providers are required to attend a session before receiving their copy of the new protocols.

**QI Committee: R. Martin-** No report.

**Equipment Committee: J. Borton-** Not present, no report.

**Research & Education Committee: J. Borton-** Not present, no report.

**Ad Hoc: Selective Spinal Immobilization (SSI): J. Teuscher-** No report.

**Ad Hoc: 12 Lead Program: J. Teuscher-** No new report.

## **Unfinished Business:**

- The NYS audit report for WREMS was brought up by the Chair. It was basically the same as the draft that was published in January 2006. It cited WREMS for inappropriate expenditures, self serving, executive committee of WREMS and Crossroads, etc. There was one item under recommendations that was discussed. The last sentence in the audit report which reads as follows: "we recommended that the Department recover grant funds from WREMS and determine whether the building purchased by Crossroads rightfully be claimed as state property, in addition we forwarded our findings to the Charities Bureau for further investigation". The audit was completed before the Article 78 was started. The final NYS Audit report has not been published yet but WREMS has agreed that they owe the DOH \$120,000. This is significantly less than the figure that the DOH identified. The Office of the State Comptroller (OSC) report has not changed very much since the draft was published. Article 78 is on going.
- Greg Skibisky reported that a committee of several members of the three regional councils is developing a Request for Proposal (RFP) to identify a Program Agency to serve the three councils and REMAC. A draft has been developed and the committee is continuing to meet and make revisions and complete the document.

## **New Business**

- AED's are not in compliance with the new AHA guidelines. The newer machines can be reprogrammed to comply but some of the older equipment cannot be updated. Cardiac Science has several earlier models that cannot be updated. Agencies purchased AED's independently with their own funds, as there was no funding from the state. The DOH is talking about a grace period for six months or a year. There will be a grace period in terms of coming up with the new technology.
- There was a lengthy discussion as to how the ALS Protocols for the region would be rolled out now that they are approved. DOH staff agreed to work on a format to educate EMS providers on the new protocols and distribute the protocol books once they are printed.
- Anyone interested in attending the Physician Base Station Course should contact Jeff Myers.
- A motion passed allowing Dr. Takats to take care of REMAC business during the adjournment for the summer. Teuscher/Myers

Motion to adjourn. Teuscher/Myers

The next meeting will be on September 20<sup>th</sup> at Chef's restaurant at 3:00pm.

Respectfully submitted,

Joseph R. Takats III, D.O.  
Chairman