



## Meeting Minutes January 25, 2021

### I. ATTENDANCE

	NAME	CATEGORY	OFFICER / COMMITTEE CHAIR	TERM	2020-03	2020-05	2020-07	2020-09	2020-11	2021-1
1	Allen, Reg	Monroe County At Large (Seat 2)	System Operations	3/31/2022	CXL	P	P	P	P	P
2	Arnold, William	Monroe County At Large (Seat 1)		3/31/2025	CXL	P	P	P	P	P
3	Bailey, Donna	Livingston County At Large (Seat 1)	P.I.E.R.	3/31/2025	CXL	P	P	P	P	P
4	Cook, Alex	Livingston County At Large (Seat 2)	Treasurer	3/31/2023	CXL	P	P	P	P	P
5	Coyle, Thomas	Monroe County C.O.N. (Seat 1)		3/31/2025	CXL	P	P	P	P	P
6	Cushman, Jeremy	Regional Medical Director		Ex-Officio	CXL	P	P	P	P	P
7	Czapranski, Tim	Monroe County EMS Coordinator		Ex-Officio	CXL	P	P	P	P	P
8	Dewar, Karen	Livingston County EMS Coordinator		Ex-Officio	CXL	P	P	P	P	P
9	Erbland, Edward	EMS Training / Education		3/31/2024	CXL	P	P	P	P	P
10	Farney, Aaron	REMAC Representative		3/31/2025	CXL	P	P	P	P	P
11	Frost, Tim	At Large EMS Agency (Seat 3)	Vice Chair / N.E.G.	3/31/2025	CXL	P	E	P	P	P
12	Hartman, James	At Large EMS Agency (Seat 4)		3/31/2025	CXL	A	A	A	A	A
13	Hoskins, Michael	At Large EMS Agency (Seat 2)		3/31/2023	CXL	P	P	P	E	A
14	Kelly, Timothy	Livingston County At Large (Seat 3)	Secretary	3/31/2025	CXL	P	P	P	P	P
15	Kirchoff, Thomas	At Large EMS Agency (Seat 1)		3/31/2025	CXL	P	P	P	P	P
16	Klueber, Geordie	Livingston County BLSFR		3/31/2023	CXL	P	E	P	P	P
17	Mustafa, Ahmed	Monroe County At Large (Seat 4)		3/31/2024	CXL	P	P	P	P	P
18	Philippy, Mark	At Large EMS Agency (Seat 1)	Chairperson	3/31/2025	CXL	P	P	P	P	P
19	Perez, Andrew	Monroe County C.O.N. (Seat 2)		3/31/2024	CXL	P	P	P	P	P
20	Puls, Megan	Healthcare Representative (Seat 2)		3/31/2024	CXL	P	P	E	P	P
21	Rathfelder, Eric	Law Enforcement	Training & Ed	3/31/2023	CXL	P	P	P	P	E
22	Smith, Merideth	Community		3/31/2025	CXL	P	P	A	P	P
23	Tinelli, Samuel	Livingston County C.O.N.		3/31/2023	CXL	A	P	P	P	P
24	Williams, John	Monroe County – BLSFR		3/31/2024	CXL	P	P	P	P	P
25	<b>Vacant</b>	Healthcare Representative (Seat 1)		N/A	CXL	VACANT	VACANT	VACANT	VACANT	VACANT
26	<b>Vacant</b>	Healthcare Representative (Seat 3)		N/A	CXL	VACANT	VACANT	VACANT	VACANT	VACANT

**LEGEND:** Present = P      Excused Absents = E      Unexcused Absents = A

## II. Actions

	MOTION	MADE BY	SECOND	ABSTAIN	NAY	APPROVED
1	Approval of Meeting Minutes from November 2020	Jeremy Cushman	Tim Czapranski			X
2	Casting of a single vote by the secretary for uncontested seats.	Tim Kelly	Ahmed Mustafa			X
3	Motion Adjourn	Tom Kirchoff	Tim Czapranski			X

## III. Meeting called to order - Mark Philippy

## IV. Attendance – Secretary call roll - Sam Tinelli - 21 Present, 2 absent, 1 Excused

- Confirmed quorum
  - Excused absences: Eric Rathfelder
  - Unexcused absences: James Hartman, Mike Hoskins

## V. Approval of Meeting Minutes

- We recognize there was an error in the header of the minutes.
- Motion to accept the minutes from November to reflect the correct date is made by Dr. Jeremy Cushman and seconded by Tim Czapranski. Roll call vote – 21 yes, 0 no, 0 abstain, 3 absent, 2 vacant, 0 conflict of interest.
- **Motion 1 – Passed**

## VI. Chairperson – Mark Philippy

- State has relented on the 80/20 reimbursement, we will be fully reimbursed by March 1st. Thanks to everyone's efforts with this. We will need longer discussions that we originally had prior to the COVID-19 pandemic regarding collaborating and consolidation with other REMSCOs.
- Darryl Toombs has passed away, he was a member of AMR Corning, but also previously worked in our region. Observe a moment of silence.

## VII. Vice Chair / NEG Report – Tim Kelly

- General election tonight. No contested seats. Tim Kelly moves that the secretary cast a single ballot to approve uncontested seats. Seconded by Ahmed Mustafa. Any objections to the folks that are running? No. Roll call vote – 21 yes, 0 no, 0 abstain, 3 absent, 2 vacant, 0 conflict of interest.
- **Motion 2 – Passed**

## VIII. Secretary – Sam Tinelli

- Membership committee will be meeting in the near future to discuss the onboarding process for the new members.

## IX. Treasurer – Alex Cook

- As Mark mentioned, the State will reimburse us fully. The most recent payment we received was for April – June 2020 at the 80% rate. We had to reallocate funds from our savings to our checking in order to pay the Program Agency. Once we are fully reimbursed, we will replace those funds.
- Question – how much percentage wise did we have to pull from our savings? About 1/3. Are we current with our contract obligations? Yes, the agreement with the Program Agency is that the Council will pay them when they receive funds from the

State and if we are able to cover the funds that were not provided by the State (i.e. the other 20% we didn't originally get reimbursed) that we would as long as we are able.

- Continue to work on budget to see where we can find cost savings.
- Finance reports have been sent for November & December.

## **X. System Medical Director – Jeremy Cushman, MD**

- Thank you to Alex & Mark for working on the State reimbursement process.
- The Program Agency continues to support various COVID initiatives.
- Collaborative Protocols – recommendations regarding TXA and others have gone to the Commissioner, it will still be some time before we see the changes at the regional level, but we will keep you up to date as things advance.
- Part 800 changes have been moved forward in the approval process, more to come as things are approved.
- There are a few policies and documents that are being brought forward to REMAC for approval in February, all are available on the MLREMS website for review:
  - Credentialing of Paramedic Providers Policy
  - Care of the Mentally Ill or Emotionally Distressed Person Policy
  - Care of the Mentally Ill or EDP Care Bundle
  - Care and Restrained of Agitated or Combative Patients
  - Care of the Agitated or Combative Patient Care Bundle
  - Management of Patients in Persistent VF/VT Policy & Prehospital Shock ECLS Algorithm
  - RGH is also able to perform these services, so that will be changed in the algorithm.
  - This algorithm will most likely not go into place right away due to COVID, more to come as things change.

- Dr. Rotoli at the University of Rochester has been a tremendous advocate for Deaf patients. He was able to create Communicating with the Deaf flip books for EMS and we had previously distributed them. Due to COVID, he was unable to travel to a conference to be able to present his project and as such, had some funds he was able to allocate toward creating more of these books for distribution. We were also extremely lucky to have received an anonymous donation to the Council specifically to create more of these communication books. In the next few weeks, we will be working with the County EMS and Fire Coordinators to get them out. This is also an opportunity for PIER to get the word out.

## **XI. Program Agency Report – Ben Sensenbach**

- Contract Status – PA & REMSCO
- The Program Agency contract has been approved in the Grants Gateway system. We are now able to voucher for the past two quarters. There's going to be a different process with voucher submission through the system. The REMSCO contract is currently with the Office of the State Comptroller, so it's moving through the approval process.
- Health Commerce System (HCS) / Agency Contact Information
- We will be reaching out to you to gather information on your HCS contact information as well as your general Agency Contact Information. The State was unable to use the HCS system to push out COVID updates because this information is not updated. Unfortunately, we are not copied on your agency renewal packets, so we do not have access to your updated agency contact information. We will also include your PECC Coordinator information that we have on file when we reach out.
- Question – during the State meeting, they mentioned that the EMSC survey supposedly came out, but we haven't heard about it, was this discussed in the Program Agency meeting? Yes. We have helped distribute this in previous years. The decision was made by the EMSC that they didn't want the Program Agency to serve as the middle man in the process, so they distributed it to folks with the list that they had.

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- amfAR contract has been renewed for continued naloxone delivery. There has been a reduction in funding, but we are moving forward as long as we are able. Thank you to Dr. Cushman for your continued support with this program.
- State Actions
- Brian McIntyre
- Certification surrendered effective 11/3/20
- For violations of 10 NYCRR Part 800.16(a)(8).
- “...has responded to a call, provided patient care, or driven an ambulance or other emergency medical response vehicle while under the influence of alcohol or any other drug or substance which has affected the certificate holder’s physical coordination or intellectual functions..”
- Karel Delgado
- Certification voluntarily surrendered effective 11/24/20
- Agreed not to seek recertification at any time in the future
- Assessed a civil penalty of \$2,000. The penalty is suspended for three years.
- For violations of 10 NYCRR Part 800.15(a), 800.3(am), and 800.3(ap).
- “...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing...”
- “...Negligence which means a failure to perform, on one or more EMS calls, as an ordinary, reasonable, similarly situated certificate holder certified at the same level would, based upon the standard of care in the region, as delineated in controlling protocols, curricula, and policies, and as demonstrated by an ordinary, reasonable certificate holder’s general standards of practice.”

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- “...Patient abuse means any inappropriate and/or offensive physical, sexual or verbal contact or interaction with a patient, irrespective of whether the certificate holder is specifically acting in his/her capacity as an EMT when (s)he engages in the abuse including but not limited to the following...”
- Hartfield Volunteer Fire Company
- Certification has been suspended for one year effective 12/8/20. The suspension is stayed pending no new violations for two years.
- Assessed a civil penalty of \$2,000.
- For violations of PHL A 30 3012(d), PHL A30 3006 and 10 NYCRR Part 800.15
- “...has failed to file any report required by the provisions of this article or the rules and regulations promulgated thereunder...”
- “...By January first, nineteen hundred ninety-seven, every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems. The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the department. Such program shall include a committee of at least five members, at least three of whom do not participate in the provision of care by the service. At least one member shall be a physician, and the others shall be nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health personnel...”
- “...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing...maintain at all times, the confidentiality of any and all patient information which the certificate holder has access

concerning patient alive or deceased, including, but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient's name is included, which may be transmitted by electronic or other media...comply with the terms of a Medical Order of Life Sustaining Treatment (MOLST), as defined by Article 29-CC of the Public Health Law, form or a nonhospital Do Not Resuscitate (DNR) form, when the patient, family, or other caretaker or person on the scene provides such an order issued on a standard department issued form, or, when the patient is wearing on his/her person a department developed DNR bracelet or necklace identifying the patient as one for whom a nonhospital DNR order has been issued...not be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to subdivision (c) of this section, a non-hospital order not to resuscitate (non-hospital DNR), for disregarding such order pursuant to paragraph (1) or (2) of subdivision (c) of this section, or for other actions reasonably taken in good faith pursuant to subdivision (c) of this section..."

- Christopher Foy
- Certification suspended for one year effective 12/18/20. The suspension is stayed pending no further violations for three years.
- Assessed a civil penalty of \$2,000.
- For violations of 10NYCRR Part 800.15(a)(1) & (2) and 800.3(ap)(2)
- Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall: comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by: State-approved training curricula and State-approved training standards, in accordance with section 800.202 of this Part;



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State-approved protocols developed by State and/or Regional Medical Advisory Committees pursuant to sections 3002-a and 3004-a of the Public Health Law..

- Patient abuse means any inappropriate and/or offensive physical, sexual or verbal contact or interaction with a patient, irrespective of whether the certificate holder is specifically acting in his/her capacity as an EMT when (s)he engages in the abuse, including but not limited to the following: Psychological abuse means verbal or non-verbal conduct by a certificate holder, directed to a patient, which insults, denigrates, humiliates, shocks, mocks, threatens, harasses, or alarms the patient. Psychological abuse shall not include verbal or non-verbal conduct which has a medical or therapeutic purpose or justification...
- Newark Arcadia Volunteer Ambulance, Inc.
- Certification has been suspended for one year effective 12/22/20. The suspension is stayed pending a full service inspection and no further violations for three years.
- Assessed a civil penalty of \$5,000.
- For violations of 10NYCRR Part 800.21(b), (g), 800.23(a), (d), (e), (f), 800.5(d)(3), 800.24(c)(4)(ii), (c)(4)(iii), (e)(1-6), 800.24(f)(15), (f)(4), (h)(11), (h)(5), (h)(7), (h)(8) and PHL A30 3012(1)(b).
- “An ambulance service shall: withdraw from service any ambulance or emergency ambulance service vehicle which is not in compliance with requirements of this part, or not in compliance with requirements of the Department of Motor Vehicles. Any vehicle with holes (from rust, poor gaskets, etc) into the patient compartment must also be withdrawn from service”...”An ambulance service shall: equip any ambulance or emergency ambulance service vehicle placed in service with the minimum equipment set forth in this part...”

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- “All equipment shall be clean, sanitary, and operable”; “Insofar as practical, all equipment in every vehicle shall be secured to the vehicle whenever the vehicle is in motion”; All pressurized gas cylinders shall be secured and in compliance with Federal DOT hydrostatic test expiration dates”; If controlled substances, drugs or needles are carried, there shall be a securely locked cabinet in which these items are stored when not in use”
- “An advanced life support system providing prehospital EMT-critical care and/or EMT-paramedic services must include the following: equipment and supplies to provide pre-hospital care and/or EMT-paramedic services...”
- “All ambulances in a certified ambulance service shall be equipped with the following unless exempted pursuant to section 800.25: Immobilization equipment consisting of...two of each of the following size padded boards, with padding at least 3/8 inches thick:...3 feet by 3 inches or equivalent device, by 3 inches or equivalent device...”; “Emergency childbirth supplies in a kit, consisting of the following sterile supplies: disposable gloves, scissors or scalpel, umbilical clamps or tape, bulb syringe, drapes, and 1 individually wrapped sanitary napkin...”; “Miscellaneous an special equipment in clean and sanitary condition consisting of...two emesis containers...”; “Pediatric equipment consisting of:...one commercially prepared infant swaddler...sterile suction catheters, two each in sizes 6, 8 and 10 french...one sterile single use disposable oxygen humidification setup...child and infant size blood pressure cuffs with gauge(s)...”
- “...has not been competent in the operation of the service or has shown inability to provide adequate ambulance services or advanced life support first response service...”

### **XII. System Operations – Reg Allen**

- No report

### **XIII. Training & Ed – Ed Erbland**

- Update CME Policy

- AHA CPR Education Updates
- Update of agency point of contact for Training and Education
- Intro and use of Training and Education Google Drive share folders.

#### **XIV. PIER – Donna Bailey**

- Two Memoranda of Understanding have been drafted, one if we are able to partner with STEP as we have in the past, and one if we do our own ceremony (depending on COVID status) as done last year. If we partner with STEP, the cost previously was \$1700, whereas our own award ceremony cost \$1200. STEP is looking at doing the conference at different times during the year to avoid having to do a complete virtual conference, there are no solid plans yet.
- We currently have two nominations for Agency of the Year and one each for the Richard “Dick” Tripp Community Service Award and Paramedic Rookie of the Year. Please take the time to consider submitting awards for your folks.
- We would also like to encourage you to reach out to your agency brothers. There seems to be some perception out there that the awards are the big agency show, but this is not the case. Last year alone Dansville Ambulance won three different awards.
- Mark – Donna has announced that she will finish out her term on the Council and will not be continuing forward. Thank you so much for all of your hard work and support, it has been invaluable.

#### **XV. Livingston County – Karen Dewar**

- Emergency Management Director Kevin Neidermeier has retired, however will be staying on during the transition to the new Director Brad Austin. He is a resident of Livingston County and is the Fire Chief at the Livonia Fire District. We anticipate that the transition will take about 2-3 months.

- Bi-weekly Public Safety Meetings continue. We are experiencing the same vaccine challenges as everyone else. We are hoping for special population pockets to allow vaccinations for Law Enforcement and Fire.

## **XVI. Monroe County – Tim Czapranski**

- COVID-19 vaccinations continue to be a struggle with first doses not coming in. If folks have questions, or have lost their vaccination cards, ext, please reach out to our office.
- Thank you to Tim and the DOH for all of your work with this process, we appreciate it.

## **XVII. REMAC – Aaron Farney, MD**

- We have extended the Specialty Care Transport (SCT) certification requirement for CCPC/FPC from 12/31/2020 to 6/30/2021.
- Dr. Thompson has announced his retirement.
- The Next REMAC Case Conference is tonight via Zoom.

## **XVIII. NYS DOH Dates to Remember**

- SEMSCo/SEMAC to be announced December 8th and 9th via WebEx.

## **XIX. OLD BUSINESS**

- None to report



## XX. NEW BUSINESS

- None to report

## XXI. Adjournment

- **Motion 3 - Passed**
- **Next Meeting: Monday March 15th, 2021 Location TBD at 1600**

Link for full meeting video:

[Full January 2021 MLREMS Meeting](#)