Chairperson’s Message
FDNY EMS does not assign mutual aid calls to volunteer ambulance squads. That was made clear to District 4 and 18 representatives by the three FDNY EMS officers who attended the December Liaison Committee meeting. If 911 ambulance dispatchers have done this or given out call locations in the past it was a mistake on their part. In addition, the portable MARS radio is to be used only for requesting addition resources such as an ALS unit that a volunteer crew may need at a scene. Other than a radio check there is no other use for the MARS radio. FDNY EMS does not need to hear that a volunteer ambulance is responding, arrived at a scene, on its way to a hospital, arrived at a hospital or is available. All that information should only be relayed to a squad’s own dispatcher. So much for mutual aid in New York City.

Squads may want to convey the above stance to their local elected representatives and ask why an important community resource is being ignored during a time when budget concerns are having city officials talk of closing down fire tours, reduce training hours, raise municipal ambulance fees and so on.

With elections over and some new officials in office, now is the time for squad officers, directors and individual members to reach out to these newcomers, educate them on the important community services they provide, issues that are important to volunteers and seek commitments for support in the coming years.

The annual Volunteer EMS Recognition Dinner is scheduled for Tuesday evening May 12, 2009. Squads have till the end of the December to avail themselves discounted tables of 10 for only $350.00. Full information is in the internet at www.emsdinner.com/vac.htm This dinner has become one of the premier events in New York City as part of EMS Week activities.

NYSVA&RA dues renewal notices have been sent out. The Association and District 4 need you support to continue to represent the interests of the volunteer EMS and rescue sector before local, state and federal officials. If you have not done so, please send in squad and individual dues as soon as possible. If anyone needs a renewal or new signup form please contact me at GVACPRESIDENT@aol.com.

Lastly, I wish everyone happy holidays and holydays and best wishes for the new year.

Ryan
VICE CHAIRPERSON’S MESSAGE

In recent months, I introduced the concept of a Citywide Mutual Aid Agreement between all the Volunteer Ambulance Corps in the City. The idea that we would all eventually share communications, assist in special events, MCI’s and in area exchanges. I strongly believe that we all can, and need, to work as one entity, instead as many separate groups.

As you all know, the Fire Department is having a hard time accepting us as partners in the 911 system. As most of you know, the Volunteer Ambulance Corps predate the former HHC NYC EMS system. We were formed because there was unacceptable response time to get an ambulance. In the past you were not able to obtain a job with NYC-EMS unless you were presently volunteering. It is a shame that these former volunteers who are now officials in the current FDNY-EMS have forgotten where they came from. They also forgot that many of us were there for our city on 9/11. We all have a common goal of providing the best pre-hospital care to the residents of the City of New York. It is our hope to get past this to continue giving our city residents the best pre hospital care in the world. We all have a common goal of providing the best pre-hospital care to the residents of the City of New York. They forget that we are there at a moments notice when called upon to respond. We need to prove to them that we can make the Volunteer Ambulance Corps work as well as an oiled wheel. That we can work together without missing a beat. To do this, we must put silly disagreements and misunderstandings aside and begin to build relationships with our fellow squads.

Ryan Gunning and I are in the process of talking with the Fire Department as well as the squads to start putting this concept into effect. We will be meeting with several different individuals within the coming months. Granted, it is not going to happen overnight but, by taking baby steps, and with your cooperation, it will succeed. I hope everyone has a happy, healthy and safe new year.

Martin

REGIONAL EMS COUNCIL OF NYC

The electronic provider tracking system based on the regional ID card system was tested during the “Cover Your Cough” drill held by SUNY Downstate Medical Center in July. No evaluation of the test has been released.

AMBULANCE COMMITTEE

The Technical Advisory Group (TAG) responsible for review of regional security sticker applications for EMS Response Vehicles has been reactivated. Members are Martin Grillo, NYSVA&RA District 4, Ralph Cefalo, NYSVA&RA District 18, Vincent Barranco, Jamaica Hospital EMS, Mike Raiola, Midwood Ambulance and John Peruggia, CHIEF, FDNY EMS. Richmond County Ambulance submitted applications for two vehicles and SeniorCare EMS submitted four applications. All six were initially turned down but will be reexamined as well as the criteria being used by the committee. FDNY has been insistent that they are in command of all resources during a mobilization and resistant to any hint that vehicles may be used for supervisory duties of ambulance crews. Logistical and support purposes such as to replace crews, bring supplies and equipment would be a suitable reason for a security sticker.

Canberra radiation dosimeters issued by NYC REMSCO to EMS agencies need to be calibrated periodically. There is a service contract between NYC REMSCO and the manufacturer. Contact Joseph Raneri, Emergency Preparedness Specialist at (212) 870-2301 option 4 to arrange exchange of squad dosimeters for replacement ones that have been calibrated.

Escape respirators with the necessary NIOSH certifications are still expected from MSA. Nancy Benedetto advises that a site is needed to receive 2,400 replacement respirators and distribute them to EMS agencies throughout the city. No time line for the project was given.

Al Rapisarda, Midwood Ambulance and Nancy Benedetto attended a Coastal Evacuation meeting detailing how reimbursements would occur in the event of coastal evacuations in New York City. The Governor must ask the Federal Government, specifically FEMA, to declare an emergency in order for agencies to be reimbursed. All services will then function under the municipality if it is declared a reimbursable event. For nationally declared disasters, the federal reimbursement rate offered subcontractors is $105/hour for BLS ambulances and $150/hour for ALS ambulances. Time starts when crew leaves their base and ends when crew returns to their base. FDNY EMS will manage the resources for transportation in the event of a mutual aid evacuation.

REMAC

The Medical Standards Committee (formerly the separate ALS and BLS Committees) elected Bradley Kaufman, MD, FDNY as Chairperson and Josef Schenker, MD as Vice Chairperson. Districts 4 and 18 are each to have two seats on the committee.
A large number of regional protocols are changing effective 1/1/09 and agencies must ensure their EMS personnel are updated by 7/1/09. In order to provide evidence that all EMS personnel have been updated in current protocols, the EMS Agency must provide a list of updated personnel accompanied by a letter of affirmation signed by the service medical director and Chief Executive Officer no later than FOUR (4) weeks after completion of training/in-service. Protocols affected are:

- **General Operating Procedures**: Changes in at least 12 sections
  
  NOTE: 10-minute rule in the General Operating Procedures has been revised. For non-911 calls an on-scene supervisor of an agency can allow a patient to travel an additional 10 minutes based on request. For 911 calls and calls where FDNY is in charge per the REMSCO Coordination of Prehospital Resources Protocol, FDNY is insisting that an FDNY EMS supervisor make the decision. This decision previously required approval from an on line medical control physician.

- **BLS Protocols**: 400, 404, 407, 414, 421 and 432

- **ALS Protocols**: 501, 502, 503A, 503B, 504, 504A, 506, 507, 508, 511, 513, 521, 528, 529, 530, 554 and 557

Full information on the changes is contained in NYC REMAC Advisory 2008-03 issued 10/16/08 and Advisory 2008-05 issued 12/04/08. They are available on the NYC REMSCO web site at http://nycremsco.org/images/articlesserver/2008-03%20REMAC%20Advisory%20Protocol%20Revisions.pdf

There are more regional protocol changes on the way. Proposed changes to BLS Protocol 404 Non-Traumatic Chest Pain were put out for public comment.

In the REMAC CME newsletters issued by the FDNY Office of Medical Affairs Dr. Douglas Isaacs, Associate Medical Director of Training indicates:

- Oral saline (0.9% NS) is being removed from Protocol 431 Heat Related Emergencies as sodium based fluids could cause a patient to develop abdominal discomfort, nausea and vomiting. Water or a drink with electrolytes (various sports drinks) should be provided if the patient is conscious, has a gag reflex and is able to drink without assistance.

- Albuterol Sulfate is currently the only medication that EMTs are authorized to administer by nebulizer. Next year another medication, Atrovent, will be added which can be given together with albuterol as a nebulizer treatment.

**TRAINING & EDUCATION COMMITTEE**

At the September VAC-FDNY Liaison Committee meeting the subject of the distribution of the Multi Agency Edition of the monthly FDNY Office of Medical Affairs (OMA) Newsletter and CME Journal was discussed. OMA forwards the document to Marie Diglio at REMSCO every month for distribution. FDNY OMA Chief Werner discussed the issue with Ms. Diglio who stated the newsletter is posted on the REMSCO web site every month. Delays in posting the newsletter should be brought to REMSCO’s attention. Ms. Diglio also advised that any party wishing to receive the newsletter should contact REMSCO with their e-mail address and will be added to their distribution.

Kingsborough Community College’s application to start a BLS level EMS training center was not recommended for approval as its application did not have any information identifying a need for an additional BLS training center in Brooklyn. Subsequently, the college issued a course announcement indicating TransCare EMS Training Institute would be starting an EMT Basic course there in January 2009.

Irving Kaminski’s application to start a BLS level EMS training center in Brooklyn was not recommended for approval as the application did not have any information identifying a need for an additional BLS training center in the borough.

**JOINT REGIONAL COUNCIL-REMAC QUALITY IMPROVEMENT COMMITTEE**

FDNY Office of Medical Affairs has agreed to send aggregate data on STEMI patient results to REMSCO/REMAC on a quarterly basis for regular distribution to interested parties. The goal of the STEMI program is to have patients who meet criteria receive appropriate surgical or medical care to have an open artery within 90 minutes of a call to 911. 22 hospitals in the NYC Region are participating. Data on 366 patients from July and August indicate about 46 minutes from 911 call to ED, catheterization was done in 57 patients, average time ED to catheterization was 42 minutes in July and 1 hour 4 minutes in August, average time catheterization to open vessel about 23 minutes and average total time about 2 hours.

The committee is handling a complaint made by a member of a Brooklyn volunteer squad about “buffing” sanctioned by the squad. Additional complaints by the member appear to have been made to 311 and forwarded by NYPD to NYC REMSCO. The complaint is being addressed on several aspects including 911 system emergency calls being held by FDNY EMS and not handed off to available EMS mutual aid resources outside the 911 system.

**FDNY NEWS**

The members of the two unions representing EMS uniformed responders ratified a contract in mid November that provides 16.99 % in wage increases over the course of the 51 month deal and a pilot program experimenting with 12-hour tours in one division.
Roosevelt Island was assigned an ambulance at the beginning of October. Unit 45A out of Station 49 in Astoria is positioned at Main Street and the Roosevelt Island Bridge and will respond to calls on the island as well as Queens.

Four engine and one ladder company will be closed from 6:00 PM to 9:00 AM starting 1/17/09 due to budget reasons. The companies affected are E-4 on South Street in Manhattan, E-161 on McClean Avenue on Staten Island, E-271 on Himrod Street in Brooklyn and L-53 on City Island in the Bronx. In addition, the firehouse on Governor’s Island will be closed. In the original 11/15/08 announcement it was indicated it would involve only engine companies where there is a co-located ladder company and probably be in predominately commercial areas but the latest plan is evidently different. Fire response times would not be affected because either an engine or ladder company on scene stops the clock. EMS response time would be affected as a CFR trained engine company would have to be pulled from another area to respond to any category 1, 2 or 3 life threatening medical emergency. On any given daytime shift a larger number of engine and ladder companies are taken out of service for hours at a time for training at Randall’s Island or equipment maintenance.

Potassium Iodine (KI) 130 mg tablets have been carried by all FDNY EMS units and fire companies since 2006. Potassium iodide was approved in 1982 by the US FDA to protect thyroid glands from radioactive iodine 131. This is a common fission (dirty bomb) by-product and is particularly dangerous as the body concentrates it in the thyroid gland, which may lead to thyroid cancer. Administration should take place as soon after first exposure as possible. After that, normal dosage is one tablet per day for as long as a risk of significant exposure exists (such as a radiation leak from nuclear reactor). EMS units carry the tablets in their WMD kits. Engine, squad and rescue companies carry the tablets in their CFR carry bags/first aid kits. Ladders, battalion and division vehicles carry the tablets in their first aid kits or securely stored in the glove box of the vehicle. Additional caches of the tablets are stored at EMS battalion/division and fire division offices. Potassium Iodine tablets are available without a prescription to the general public with one online source advertising a packet of 14 tablets for $9.95. Shelf life is 5 years.

A Digital Patient Tracking System was tested during the NYC Marathon on 11/2/08. Patients triaged in Central Park had a bar code on their METTAG brand triage tag scanned. The primary patient tracking system was the tear off strips on traditional triage tags and paper tracking sheets with call-ins to a Tracking Unit at a central Notifications Desk. The Digital Patient Tracking System is still considered a pilot test. Currently only Division Captains’ vehicles are equipped with scanners. If FDNY implements the triage tags system wide initial supplies of scanable triage tags will be distributed to ambulance agencies throughout the NYC region.

Additional Shower Decontamination Units have been established. A total of five decon Engine Companies have been issued the necessary equipment and a Decon Shower Apparatus to perform non-emergency technical decontamination when determined necessary by an Incident Commander. The following three new units have been placed in service:

- Decon 4 (Engine 4 with backup Engine 205)
- Decon 251 (Engine 251 with backup Engine 297)
- Decon 160 (Engine 283 with backup Engine 156)

The two pre-existing units are:

- Decon 283 (Engine 283 with backup Engine 225)
- Decon 37 (Engine 37 with backup Engine 73)

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Yearly average daily tour totals: 2005 = 934.2  2006 = 919.7  2007 = 923.7
Citywide 911 System EMS response times:

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FDNY LAIASION COMMITTEE

A quarterly Liaison Committee meeting was held on Monday evening December 1, 2008.

Elevator “fire service” keys will be provided to all 911 system and community based ambulances. Two keys will be provided per vehicle. FDNY EMS will send out an advisory on how and when to use the keys.

RCC and MARS log-on procedures were reviewed. Command Order 2001-06 is still in effect with the only change being that volunteer squads should log-on and off through their respective borough EMS Division RCC. Borough RCC numbers for log-on and log-off are:

- Bronx: (718) 918-4195
- Brooklyn: (718) 968-9750
- Manhattan: (212) 964-4530
- Staten Island: (718) 979-7175
- Queens: (718) 281-3383
- RCC at Metrotech: (718) 999-7911 – to be used only as a backup

The MARS number (718) 422-7393 is for hospital status and requesting additional emergency resources at a scene.

During the summer there were instances of MARS radio transmissions not being answered by FDNY EMS. There was an indication a headset is required to be used with the MARS radio and some dispatchers were resistant to use of headsets. Tapes were reviewed and it was confirmed that volunteer units made transmissions that were not answered. FDNY Emergency Medical Dispatch (EMD) states that there had been some equipment malfunction issues which were repaired. Also, EMD states the use of headsets is required by their staff and all personnel are compliant with this directive. After a reoccurrence of unanswered transmissions in November the problem was again raised was again addressed by dispatch supervisors.

NEW YORK CITY MARATHON COVERAGE

The NYC Marathon took place on Sunday 11/2/08. EMS coverage for the event was massive. 9 ambulances were provided by volunteer squads including BRAVO VAC (2 units), Brooklyn College EMS (1 unit), Central Park Medical (1 unit), Corona VAC (2 units), Glen Oaks VAC (1 unit), Park Slope VAC (1 unit) and North Shore Rescue Squad (1 unit). Voluntary hospitals supplied 9 ambulances, American Medical Response had 10 ambulances at the finish line per a contract with the Road Runners and FDNY EMS supplied 32 ambulances plus other units such as 10 “Gator” ATVs, Logistics Support Unit, Major Emergency Response Vehicle (MERV), Mobile Command Center and a number of engine and ladder companies.

The NY Road Runners registered 39,000 runners to start the race and clocked 37,750 finishers with times ranging from 2 hours 8 minutes to 10 hours 22 minutes. Official patient count of runners was over three dozen including three cardiac arrests, one of who was successfully defibrillated on the Queensborough Bridge.

The only issue raised was the lack of event radios for the volunteer and voluntary hospital units at the race start sector at Fort Wadsworth on Staten Island.

SAFETY VESTS MANDATORY ON FEDERALLY FUNDED ROADWAYS

On 11/24/08 federal regulation 23 CFR Part 634 took effect requiring all workers, including emergency service providers, to wear high visibility apparel defined as garments meeting ANSI 107 Class 2 or Class 3 standards while working on federally funded roadways. This includes Interstate highways plus other roadways not so obvious.

- ANSI Class 2 requires 201 square inches of retro-reflective striping encircling the torso and 775 square inches of high visibility yellow-green, orange-red or red fluorescent background material. These jackets or vests are used by those
who are in need of greater visibility due to bad weather or activities requiring them to be near traffic over 25 mph and includes crossing guards, parking attendants, airport crews, railway workers and law enforcement directing traffic.

- ANSI Class 3 requires 310 square inches of retro-reflective striping encircling the torso and 1,240 square inches of high visibility yellow-green, orange-red or red fluorescent background material. These jackets or vests are used by those working in a variety of weather conditions and are near traffic greater than 50 mph such as construction crews, utility workers, survey crews and emergency responders.

The PPE jackets supplied by NYC REMSCO meet the reflective striping requirements but not the ANSI florescent background material requirements. FDNY EMS had hoped to get an exemption from the requirements but was apparently turned down. Just before implementation the Federal Highway Administration issued an Interim Final Rule on 11/21/08 to address safety concerns raised by the firefighting community regarding high-visibility safety apparel. The Interim Final Rule accepts firefighter PPE meeting NFPA 1971 standards as meeting ANSI 107 Class 2 requirements and:

- Revises the definition of "worker" to exclude firefighters when they are exposed to flame, fire, high heat or hazardous materials.
- Exempts firefighters from the requirement to use high-visibility safety apparel, as defined in this rule, when they are exposed to hazardous conditions where the use of such apparel may increase the risk of injury to firefighters.

ANSI 207 Public Safety Vest standard was created in response to public safety user groups’ demand for a high visibility safety vest that differed from the ANSI 107 standard. The 207 standard is for a shorter vest to allow access to equipment worn on a belt. It requires the same 201 square inches of reflective striping as a Class 2 vest but only 450 square inches of florescent background material and suggests many design options, such as breakaway panels, colored identifiers, loops, pockets, badge holders, microphone tabs and ID panels. The government regulation was written before ANSI Standard 207 (which applies to policemen, fire fighters and other first responders) was adopted. Thus, at the present time, while at least one study suggests ANSI 207 and ANSI 107 should be considered equivalent relative to first responder conspicuity, people wearing a vest which complies with the ANSI 207 standard but not with the ANSI 107 standard will not be in compliance with 23 CFR Part 634 unless it is further revised as many expect it will. The Interim Final Rule is available at http://edocket.access.gpo.gov/2008/E8-27671.htm

CARDIAC ARREST TREATMENT TO INVOLVE COOLING

FDNY EMS is planning a major change to cardiac arrest treatment protocols and another specialty hospital designation appears on the way. In an effort to improve outcomes from cardiac arrest, patients who have a return of spontaneous respirations within 30 minutes of the start of resuscitation measures would be eligible for the treatment. They would be transported to hospitals that agree to provide therapeutic hypothermia either through simple measures such as ice or gel packs or more intricate setups including tubes that carry cooled saline into veins or the belly cavity, blankets with cold fluid circulating inside, fans blowing cold air over patients, full body frigid water sprays and even a skullcap to cool the head.

Studies suggest that if defibrillation is successful within minutes of cardiac arrest involving ventricular fibrillation, body temperature is cooled to about 8 degrees Fahrenheit below normal within 6 hours of return of a pulse, maintained at that level for 24 hours and then gradually re-warmed, brain damage can be reduced or minimized. In New York City, that represents 1,500 to 2,000 of the about 7,500 non-traumatic out-of-hospital cardiac arrest cases reported each year. One study cited found that 55% of the patients who received the cooling treatment ended up with moderate or no brain damage compared with 39% who received standard treatment. About 41% of the cooled patients died within six months, compared with 55% of the others.

Hospitals currently capable of providing cooling therapy include New York- Presbyterian, Mount Sinai, Bellevue Hospital Center, St. Vincent’s Hospital Manhattan, Elmhurst Hospital Center, Maimonides Medical Center and Staten Island University Hospital. 20 of the 59 hospitals in the city with emergency rooms have said they will have cooling operations ready by the planned 1/1/09 implementation date. In Nassau County, St. Francis is capable of providing cooling and North Shore – Manhasset expects to be ready soon. FDNY EMS may extend cooling treatment to the pre-hospital transport by mid 2009.

HOSPITAL NEWS

Language translation services in hospitals have increased since new NYS DOH regulations went into effect last year seeking to provide hospital based professional assistance rather than rely on family members which included children translating for parents. 10 private and public hospitals in the city were monitored by the NY Immigration Coalition and the Korean Community Services of Metropolitan NY focusing on Spanish and Korean speaking patients. 79% of the patients surveyed reported being assisted by a bilingual doctor, nurse, other staff member interpreter of telephonic interpreting service, up from 29% two years ago. At Woodhull and Wyckoff Hospitals almost 90% of Spanish speakers reported receiving assistance. At Queens Hospital center 84% saw signs offering assistance. More than 50% received translated written materials at Elmhurst and 45% received telephonic assistance at Woodhull. Korean speaking patients, however, fared poorly with only 25% receiving some form of hospital based interpretation and almost a third bringing their own family members or friends to translate for them.
JAMAICA HOSPITAL's top three executives each put in 219 hours (out of a possible 168 hours) each week overseeing various operations. The NY Post reported in its 10/5/08 edition that David Rosen, CEO of Jamaica Hospital Medical Center, and his top deputies, Mounir Doss and Bruce Flanz, report on IRS 990 forms that they each work 219 hours a week. Rosen's filings claim that he not only toils 40 hours a week at Jamaica's helm, but also 40 hours for its parent company, MediSys Health Network, 40 hours for MediSys Ambulance Service, 40 hours for a Jamaica diagnostic and treatment center and 40 hours for a company that runs a hospital parking garage. A separate Post article in September indicated Rosen claimed additional hours for work at Brookdale and Flushing Hospitals. The tax forms reflect "round-the-clock responsibility for numerous entities," a hospital spokesman said. The Post indicated the three Jamaica executives have jointly received more than $30 million in income over the past five years.

LONG ISLAND JEWISH HOSPITAL is delaying construction indefinitely of a new pediatric emergency department and ambulance bay at Schneider Childrens’ Hospital. The reason cited is economic – not able to sell tax exempt bonds at an interest rate the hospital considers affordable. This will in turn delay further expansion of the LIJ Hospital adult emergency department which was to move into space vacated by the current pediatric ED.

PARKWAY HOSPITAL lost its license to operate as an acute care facility and appears to have exhausted efforts to fight NYS DOH’s decision to close the facility pursuant to an order to close by a commission put together by former Gov. George Pataki. The so-called Berger Commission recommended closing nine hospitals, restructuring 50 more and cutting nearly 3,000 nursing home beds. The plan was to reduce Medicaid costs. Parkway was first ordered to close by 6/30/08 but was given an extension to 9/30/08. FDNY EMS placed Parkway on total diversion on 9/22/08 but lifted it a day later after a temporary restraining order against NYS DOH was issued. On 10/22/08 a four-judge panel of the State Supreme Court’s Appellate Division in Brooklyn declined the 251-bed, for-profit hospital’s request to extend the restraining order and on 11/2/08 a judge of the State Supreme Court refused to reconsider another Temporary Restraining Order against the New York State Commissioner on Healthcare Facilities, who officially ordered the closing. On 11/6/08 FDNY EMS issued a Command Order indicating no 911 system patients are to be taken to Parkway. Taking the situation to federal court might be a final option. While some hospitals have been granted extensions under Berger, none have been given a total reprieve. Parkway is still open offering certain services to the public such as hyperbaric wound care, diagnostic radiology and sleep disorder center services and it’s latest plan submitted to the DOH involves transformation from an acute care hospital into an urgent care facility plus short term rehabilitation and ambulatory surgical center and a new name – Concordia Health Pavilion at Forest Hills. A local newspaper also mentioned a possible deal with Caritas Health Care which was set up by Wyckoff Hospital to operate Mary Immaculate and St. John’s Hospitals. Dr Jeffrey Horwitz, Director of the Emergency Department at nearby NS-Forest Hills Hospital indicated to another local newspaper that they are seeing about 10 more patients a day which has not been a strain as they had added staff and had been expecting 20 more a day.

NEWS ABOUT NYC EMERGENCY SERVICE PROVIDERS

FDNY EMS ambulance fee increases were announced by FDNY Commissioner Nicholas Scoppetta at a City Council Public Safety Committee meeting on 11/24/08. The old vs. new rates are:

<table>
<thead>
<tr>
<th></th>
<th>BLS</th>
<th>ALS-1</th>
<th>ALS-2</th>
<th>Oxygen</th>
<th>Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old</td>
<td>475.00</td>
<td>600.00</td>
<td>700.00</td>
<td>50.00</td>
<td>7.00</td>
</tr>
<tr>
<td>New</td>
<td>515.00</td>
<td>750.00</td>
<td>850.00</td>
<td>???</td>
<td>???</td>
</tr>
</tbody>
</table>

Voluntary hospitals in the 911 system are free to charge what they want. Mary Immaculate Hospital recently billed a patient $840 for a paramedic ambulance, $50 for oxygen and $16 for a 4 block ride to the hospital.

NYC 911 System 8 Hour Ambulance Tour Resources: Voluntary Hospital vs. FDNY EMS for fiscal year 2008

<table>
<thead>
<tr>
<th></th>
<th>BLS</th>
<th>ALS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary hospitals</td>
<td>197 tours</td>
<td>161 tours</td>
<td>358 tours (38.7%)</td>
</tr>
<tr>
<td>FDNY EMS</td>
<td>402 tours</td>
<td>166 tours</td>
<td>568 tours (61.3%)</td>
</tr>
<tr>
<td></td>
<td>599 tours</td>
<td>327 tours</td>
<td>926 tours</td>
</tr>
</tbody>
</table>

CORONA COMMUNITY AMBULANCE CORPS received a grant from the Oliver B. Merlyn Foundation in Victor, NY to purchase four new Phillips HeartStart FR2+ Automated External Defibrillators. Dr. Lewis Bass, DO has come on as squad Medical Director replacing Dr. Neill S. Oster, MD who passed away in July.

EMERGENCY MEDICAL RESCUE OF NYC

- Organization provided a command post vehicle, 18 portable radios and four NEXTEL phones for a hazardous material drill held by several Queens hospitals on Saturday 10/25/08.
- Chief Martin Grillo provided a "What to do Before the Ambulance Arrives" First Aid lecture for the Community Board 11 CERT on Wednesday evening 11/13/08 at Fort Totten.
GLEN OAKS VAC Youth Squad Explorer Post sponsored a field trip on Sunday afternoon 11/9/08 to the NYC Office of Emergency Management headquarters on Cadman Plaza in Brooklyn.

HATZALAH STATEN ISLAND DIVISION in conjunction with Maimonides Medical Center held a fund raiser on Sunday 9/7/08 from noon to 5:00 PM at PS-54 on Willowbrook Road. Admission was $118 per family of six with additional family members charged $18. Included were circus, magic and Uncle Moishy shows, carnival booths, rides and an all you can eat BBQ.

JAMAICA ESTATES-HOLLISWOOD-SOUTH BAYSIDE VAC Youth Squad Explorer Post participated in the American Cancer Society's Making Strides Against Breast Cancer walk on Queens Boulevard on Sunday 10/19/08. The Youth Squad raised $1,405 for the cause. EMS coverage for the event was provided and included two ambulances and two first response vehicles. 22 squad members participated in the event either as walkers/fundraisers or providing EMS coverage.

JAMAICA HOSPITAL EMS’ Wanda Smalls received the SafetyCare EMT of the Year Award which honors the outstanding contributions of an EMT whose dedication, work ethic and selfless commitment enhances and preserves the lives of others. In January 2007 Smalls went well beyond the call of duty on behalf of one of her elderly patients. She was dispatched on a 911 call placed by a social worker about an 81 year old patient in South Jamaica living alone with no heat or electricity. After trying to fix a blown fuse and calling Con Edison, Smalls convinced the woman to go to a hospital. Smalls followed up and transported her home on her day off, arranged for a home health aide, Meals on Wheels and generally looked after her well being until relatives could move her to Florida. SafetyCare is a Pennsylvania based company offering a Personal Emergency Response System with 24/7 monitoring.

KENNEDY MEDICS at JFK Airport is shutting down its ALS First Responder operation effective 1/1/09. The service had been run by Cantas Health Care out of airport building 198 which took it over from St. Vincent’s Catholic Medical Centers. Medics were dispatched by the Port Authority Police Department (PAPD) and responded to over 1,300 calls annually. The paramedics were specially trained to meet the requirements of the FAA and PAPD and the service was a key member of the JFK International Airport Emergency Response System. BLS ambulance service will continue to be provided by the PAPD supplemented by FDNY EMS and voluntary hospital ambulances from Jamaica and Mary Immaculate. In addition to the medics, the Kennedy Medical Offices are also closing. This facility provided walk in emergency care and occupational health and exam services to 40,000 patients annually including employees, vendors and travelers. Altogether, about 65 people are losing their jobs because of the closing of the facility.

MAIMONIDES MEDICAL CENTER EMS in Borough Park is the beneficiary of a new ambulance donated by community resident Mary Carpentieri in memory of her late husband Louis A. Carpentieri. The vehicle is an Osage Industries Type I 2008 Chevy C4500 medium duty chassis equipped with a GPS system, backup sensors and a rear view camera. To get through traffic it also has a new "rumbler siren" that creates a vibration in cars that people can feel even if they cannot hear the siren. Maimonides operates six ambulances in the 911 system and one transport unit with a 12 vehicle fleet.

NEW YORK METHODIST HOSPITAL EMS TRAINING CENTER’s new Administrator is Jerry Rosenberg. Former Administrator was Yedidyah Langsman who retired from the position.

NORTH SHORE RESCUE SQUAD held their Annual Pasta Bowl fundraiser on Saturday evening November 22, 2008 at the Calvary Presbyterian Church on Castleton Avenue, Staten Island. In addition to serving homemade pasta, sauce, meatballs, salad, garlic bread, soft drinks and home baked goods there was a wine tasting and raffles.

NYPD AUXILIARY POLICE cars are being repainted from dark navy with white lettering to white with blue lettering to more closely resemble regular NYPD cars. This is actually a return to the 80s when auxiliary cars were white. Complete changeover could take up to a year. Auxiliary Police officers are certified as "Part-Time Peace Officers without Firearms Training" by the New York State Division of Criminal Justice Services-Municipal Police Training Council and are registered as peace officers in the NYS DCJS registry of peace officers. Although volunteers, Auxiliary Police officers are city employees while on duty and may be eligible for Workers’ Compensation in the event of injury while on duty. Additional information about NYPD’s Auxiliary Police is on the internet at http://en.wikipedia.org/wiki/NYPD_Auxiliary_Police

QUEENS VILLAGE-HOLLIS-BELLEROSE VAC had their 1999 Ford Braun Type III ambulance take for an afternoon joy ride by a 16 youth squad member on 10/8/08. The ambulance was in an accident and had some front end damage. The member was arrested by NYPD.
ROCKAWAY POINT VFD & VAC has a new ambulance. The vehicle is a 2008 Ford E-450 Wheeled Coach Type III CitiMedic. It has a massive look due to the raised chassis to accommodate 4 wheel drive and large tires necessary for frequent beach and sandy road responses. Purchased for the new ambulance was a Ferno POWERFlexx stretcher with 700 pound unassisted lift capability. The department will retain its 1999 4X4 ambulance as a water rescue support truck.

ROCK VAC’s ambulances were taken out of service in mid October as a result of a NYS DOH inspection possibly prompted by FDNY EMS complaints. Infractions cited included mechanical, equipment and paperwork issues. One of two ambulances was re-inspected the next week and passed. West Queens EMT Institute provided CMEs for squad personnel on the paperwork issues. Ambulances in the state are subject to inspections at any time by NYS DOH Emergency Care Representatives to ensure compliance with certification requirements of NYS Public Health Law Article 30 and DOH Part 800 Regulations.

VICTORY MEMORIAL HOSPITAL in Brooklyn was sent a letter in July by NYS DOH advising that there was no record of the hospital providing ambulance service for a 30 day period and if the hospital wishes to prove continued operations it must submit documentation. In addition, it was indicated that if Victory was working with Downstate Medical Center to provide medical services, Downstate would be required to obtain Victory’s ambulance operating certificate [7198] by applying to NYC REMSCO for a transfer of ownership.

WEST QUEENS EMERGENCY MEDICAL TRAINING INSTITUTE, a division of the West Queens Volunteer Ambulance Association, has new officers. Michael Wilhelm is Chairperson and Elan Weiner is Administrator.

MARK YOUR CALENDARS

FIRE, RESCUE & EMS MEGA SHOW at the Nassau Veterans Memorial Coliseum, Uniondale, Long Island, Saturday 1/24/09 and Sunday 1/25/09.

2009 VOLUNTEER EMS RECOGNITION DINNER
The District 4 and 18 annual Volunteer EMS Recognition Dinner will be held on Tuesday evening, May 12, 2009 at Russo’s On-The-Bay in Howard Beach, Queens. Discounted tables for 10 are available to volunteer squads for $350 through 12/31/08. For information go to www.emsdinner.com/vac.htm or contact Martin Grillo at (718) 474-0680 or info@emsdinner.com.

NATIONAL EMS WEEK DATES AND LOGO ANNOUNCED FOR 2009
National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." This information can be used throughout the year for public education and safety programs. The dates for the 2009 National EMS Week are May 17-23, 2009. Please contact Denise Fechner at the American College of Emergency Physicians (ACEP) office to order your 2009 EMS Week kit. She can be reached by e-mail at dfechner@acep.org or by phone at (800) 798-1822 ext. 3261.

PULSE CHECK 2009
The 54th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association will be held Thursday evening October 1, 2008 to Sunday morning October 4, 2009 at the Holiday Inn Albany on Wolf Road. Event features seminars and trade show on Friday and Saturday, statewide Adult and Youth EMS team skills drill on Friday evening and ambulance drill on Saturday morning plus the annual memorial service and awards dinner on Saturday evening. Information will posted on the Association’s web site at www.nysvara.org covering conference registration, room reservations, list of seminars, Drill application, trophy donations, golf outing and Journal ads. There will also be information on the web site about nominations for the Association’s annual awards and scholarships.

The hotel has an attractive room rate plan and, for those who wish, a meal plan as well. Preliminary indications are that rooms will be priced at $130 per night for single or double occupancy, $150 for triple and $160 for four in a room. Meal packages would be additional but there are numerous alternative eating establishments along Wolf Road. Conference registration with Saturday evening banquet included would cost $100 while conference alone would be $80 and banquet alone would be $25.

The association is pleased to announce that Mike McEvoy, PhD, RN, CCRN, REMT-P, Rich Beebe, MEd, RN, NREMT-P, and Jon Politis, MPA, NREMT-P will be serving as the conference Education Coordinators. NYSVA&RA President Mike Mastrianni, Jr. will be serving as the Pulse Check 2009 Convention Committee Chair. If more information is needed before the web site is updated call (877) NYSVARA or e-mail pulsecheck@NYSVARA.org.
LAGUARDIA COMMUNITY COLLEGE

District 4, NYC Region

THE PULSE

Newsletter
December 2008

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