I want to recognize the great job done by the volunteer sector in serving their communities during the December blizzard. VACs & VFDs utilized their agency ambulances, first response vehicles and many utilized personal 4x4 vehicles to assist their crews and 911 system crews within their communities.

In January I represented District 4 in testifying before a NYC Council hearing on the December blizzard. Issues raised included delayed activation of the regional mobilization plan, picking up FDNY radios at a remote location before being deployed, squad vehicles being dug out but then repeatedly plowed back in and responding to backlogged calls several hours old where the patient found other means to get to a hospital. Suggestions were made to alleviate these concerns in future activations. A copy of my testimony is on the NYSVA&RA web site.

FDNY EMS Chief Abdo Nahmod has been made aware that since November 2009 we and NYC REMSCO have been waiting for a reply from FDNY on comments made on a revised mutual aid agreement covering day to day situations. He said at the January REMSCO meeting he would look into the delay.

Issuance of NYC REMSCO Regional ID cards has been a problem since the program was initiated in 2004. Delays in printing and distributing cards stretch for 5 to 8 months or longer and many providers have expired cards. In January it was discovered that REMSCO has been withholding cards from CFR providers despite bolded wording in the procedures indicating cards will be issued to “NYS DOH Certified EMS personnel”. In addition, REMSCO staff said they would not issue cards to EMTs and paramedics under the age of 21 citing liability concerns. District 4 successfully fought this failure of REMSCO to follow its own policy as it hampered volunteer sector EMS agencies’ ability to function in a disaster mutual aid activation. NYC OEM trains 18 year old CERT members in “disaster medical operation” and light search and rescue while NYPD’s requirements for Auxiliary Police is that they be at least age 17. We were not being permitted to use all that we have available but instead calling in upstate and out of state resources which likely included 18, 19 and 20 year old CFRs, EMTs and paramedics. It made no sense!

A draft of a proposed District 4 Mutual Aid Plan was distributed at the March meeting. This draft was also distributed by e-mail. I appointed Dave Konig as the as the District’s lead person on finalizing the plan. Comments and suggested changes should be directed to Dave at dkonig@fhvac.org with a preferred subject header of "District 4 Mutual Aid Plan".

Lastly, the annual Volunteer EMS Recognition is coming up on Tuesday evening May 10, 2011 at Russo’s On-the Bay in Howard Beach. Seats are still available. Go to http://www.emsdinner.com/vac.htm for reservation information.
**VICE CHAIRPERSON’S MESSAGE**

With Spring here, and the winter storms behind us, I’d like to take this time to thank all the volunteer squads, paramedics and EMT’s who came out and gave their best efforts during some of the most horrendous conditions which our district faced in history. With this in mind, I have been attending the FDNY EMS Liaison meetings and would like to extend my thanks to Captain Stacy Scanlon for all the help and information she has been providing us so that the volunteer squads can efficiently move forward as a united force. While there are pending issues and concerns, if volunteer agencies work and support each other and continue to indicate their availability during tours by active logon and logoff with RCC, then FDNY EMS will continue to see the importance of the utilization of volunteer agencies. If an agency does not logon and logoff, they are not credited with the tour coverage. As a side note, FDNY EMS will be starting a new triage system soon and will be holding train-the-trainer classes. Each squad will need one member to take the classes so they can in turn teach the members of their squad the new triage system. FDNY will send a supply of the new triage tags to squads.

As always, if you have concerns or issues you feel District 4 can help with please do not hesitate to contact me by e-mail at district4vicechair@yahoo.com I will do my best to assist in any way.

Thomas J. Cacaci, Jr.

**REGIONAL EMS COUNCIL OF NYC**

Abdo Nahmod, Chief of EMS has replaced Chief John Peruggia as alternate for Frances Pascale, Division1 Chief who holds one of the four FDNY organizational seats on the Regional Council. Nahmod is not a New York resident and so cannot hold a primary seat on the Council.

MaryAnn Sawyer, TransCare Ambulance has been named alternate for Daniel Leibowitz, Hunter Ambulance who holds one of the two United NY Ambulance Network seats on the Regional Council.

**AMBULANCE COMMITTEE**

Canberra UltraRadiac personal radiation dosimeters distributed to squads by NYC REMSCO need periodic recalibration. The original contract expired 12/31/09. District 4 asked REMSCO about provisions for recalibration. Nancy Benedetto advised on 11/30/10 she would check on what could be done. At 3/22/11 meeting we were advised that REMSCO was unable to get funds for recalibration and it would be cheaper to get new ones. Squads are on their own with getting calibrations done.

DOITT radios continue to be installed at EMS agencies around the city. 50 installations have been completed with 11 inspected. Some District 4 squads are done while District 18 is completed as are most private agencies. Hospital based EMS agencies will be next. One District 4 squad had a complaint about damage done during installation. All installations should be done by January 2011 with the system going live in the spring. Policy and procedures for use of the system is still being developed.

Department of Information Technology and Telecommunications (DOITT) radio technicians, according to information posted on [www.radioreference.com](http://www.radioreference.com), are in the process of switching out unused NYPD InterOp channels and turning them into the new NYC Mutual Aid channels. There will be multiple receivers around the city to ensure proper coverage for each of the six repeaters. These channels will be included in the new EMS radios for the Chiefs and Officers plus most likely the same in the FDNY, NYPD and NYC OEM radios. It is believed that OEM will dictate when, where and how it is to be used, and by whom and these details are reported to be still very much in the planning stages.

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<td>NYCMAC 6</td>
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</table>

InterOp channels that have not been flagged for switching yet are 482.3875 (SI-CWIO) and 482.5375 (SII-O-S).

Regional ID cards continue to be issued sporadically with some squads waiting months. The clerk responsible for issuing the cards has advised callers that other assignments are higher priority. REMSCO has been asked to devote more resources to getting the cards out. On 1/25/11 Marie Diglio indicated that ID cards would be issued in a 4 to 6 week time frame after submission of complete information from squads.
The PDA system for scanning them has been upgraded. Nancy Benedetto advised that a cadre of trained users would be selected and there would be a test of the system in January or February 2011. At the 3/22/11 meeting we were advised that testing of the system had not been done but that additional funding has been received and the software is to be upgraded by the end of May. Hopefully the system can then be tested.

There are subcommittees (TAGs) established on:

1. 911 Utilization of Volunteers – FDNY has not yet replied to comments on a draft 911 contract for volunteers. These comments were sent by NYC REMSCO to FDNY on 11/11/09.
2. BLS First Responder Groups – Regional recognition of new groups is still on indefinite hold while committee attempts to come up with regional guidelines. Issues being discussed include the role of such organizations locally and across the state, liability to NYC REMSCO and a determination of how many groups there are in the city. Oversight of BLSFR groups will remain with NYC REMSCO rather than being returned to NYC REMAC.
3. Mutual Aid Agreements – Agreements already in place and/or submitted will be considered in force. There had been a strong negative reaction to initial committee suggestions for regional agreements. SEMSCO has a group developing a statewide template and many perceived restrictions do not exist in law or regulations. The committee will attempt to come up with regional guidelines once SEMSCO finishes its work. District 18 has submitted a mutual aid agreement.
4. Security Stickers – No new applications have been received.
5. Certificate of Need – The regional policy was updated on 11/30/10. There were a few changes in wording to clarify terms. Applications and supporting documents must be submitted as PDF files to facilitate distribution for review. A Public Hearing will still be part of the regional process although not required by law of regulation. A major change is that now a non-refundable payment of $5,000 must be submitted with the application for a new or expanded ambulance service. Additional amounts may be due if expenses exceed the initial payment. Previously, the fee was $3,000 and any funds not expended would be refunded. The latest version of the Regional CON Policy is posted at www.nycremsco.org.

TRAINING & EDUCATION COMMITTEE

There is concern that attendance at T&E Committee meetings is lacking and there was a suggestion to enlarge it with an additional 15 “educators”. Present composition of the 25 member Committee is 5 Regional Faculty, 5 Course Coordinators, 5 CICs, 5 CLIs, 2 physicians and 3 at-large members. There will first be a review of individuals’ attendance before any further action is taken.

CIC course will be held at St. John’s University Emergency Medical Services Institute in Fresh Meadows in April.

CLI course will be held at St. John’s University Emergency Medical Services Institute in Fresh Meadows. Prescreening is at the end of April and classes are in May.

RESPONDER SPECIALIZED EMERGENCY TRAINING ASSOCIATES was initially denied approval by the NYS DOH to establish a training center specializing in BLS and ALS refresher courses. The DOH indicated that as of approximately 10 years ago it ceased approving sponsors to provide only ALS refresher courses. In response, William Powell, one of the principals, asked for an explanation of this policy change and has requested the application continue through the approval process as a BLS sponsor until this issue can be resolved. EMT basic and refresher courses have been scheduled.

QUALITY IMPROVEMENT COMMITTEE

Patient Care Restriction policy is still being developed.

REMAC

Hydrocortisone (Solu-Cortef) for acute adrenal insufficiency or Addisonian crisis has been added to the regional formulary. Solu-Cortef is the preferred medication for patients diagnosed with congenital adrenal hyperplasia, or other condition predisposing the patient to acute adrenal insufficiency or Addisonian crisis. It is NOT required that Hydrocortisone be carried on ALS Units.

Advisory 2010-08 was issued 12/15/10. ALS Protocol 510: Anaphylactic Reaction was updated. The standing order (item 8a) directing the administration of an epinephrine drip was removed.

Advisory 2010-09 was issued 12/15/10. Guidelines for the discontinuation of CPAP treatment were provided and ALS Protocol 506: Acute Pulmonary Edema was updated to remove the CPAP reporting QA requirement.

Advisory 2011-01 was issued 1/15/11. Provides guidelines for the treatment of unfamiliar disease entities. The following language has been added to the General Operating procedures: “If a paramedic is advised of an unfamiliar disease entity and if a specific intervention is requested, he/she shall contact medical control for discretionary orders. Paramedics will be allowed to administer a patient’s own prescribed medication, as long as the medication is on the regional formulary, with prior permission of medical control. On Line Medical Control Facilities shall keep a log citing unfamiliar disease entities that medics come across so that medical control physicians/centers in the region can be kept informed.”
Protocol Revisions approved by REMAC on 11/23/10 were covered in a Public Notice issued on 12/22/10 asking for comments by 2/7/11. Sections involved are:

- General Operating Procedures – CPR, Advanced Airway management and Definition of Unstable Dysrhythmias
- BLS protocols - 403, 407, 410, 413, 414, 426 and 430
- CFR protocols - 300, 301, 304, 320 and 328

Proposed protocol revisions can be reviewed on line at: www.nycremsco.org under “News and Announcements”. All current NYC REMAC Protocols can be accessed in their entirety at www.nycremsco.org.

FDNY NEWS

Chief Abdo Nahmod has been appointed Chief of EMS effective 1/5/11. Nahmod was formerly Deputy Assistant Chief of Emergency Medical Dispatch and has 25 years of experience with EMS. FDNY Commissioner Cassano also announced that the EMS Chief position has been raised from three stars to four stars making it equal in rank to the Chief of Fire Operations. The FDNY Chief of Department has five stars. According to an FDNY press release, Nahmod grew up in Beirut, Lebanon, and moved to Paris with his family in 1967. Two years later, they immigrated to the United States, where he went on to study health science at the College of Staten Island. While in school, he worked for six years with a volunteer ambulance company in Bay Ridge, Brooklyn [BRAVO VAC] before joining the city Emergency Medical Service as an EMT in 1986. Over the years, he was promoted up through the ranks and, as a Captain, was tapped to head the first combined Fire-EMS station in Rossville, Staten Island. He was promoted to Deputy Chief in 2004 and served as Staten Island Borough Commander before being promoted to Chief of Emergency Medical Dispatch in 2008. Chief Nahmod earned a Master’s degree in Homeland Security Studies from the Naval Postgraduate School Center for Homeland Defense and Security in Monterey, CA in 2010. He was recognized five times during his career for meritorious service. Nahmod is an EMT-P and like his predecessor, is a resident of New Jersey.

FDNY EMS Chief John Peruggia was the first city manager who suffered repercussions because of problems during and after the 12/26-12/27 blizzard. On 1/5/11 he was replaced by Chief Abdo Nahmod from EMD. Fire Commissioner Salvatore Cassano said "Despite Chief Peruggia's dedicated service to this department, I felt new leadership was needed at this time" and added Peruggia will stay on in a "new role to be determined."

Most blame about the city's response to the blizzard focused on NYC Sanitation and it appeared Peruggia was the scapegoat for 911 ambulance response problems like getting stuck on unplowed streets, the large number of calls backlogged and extended response times – things out of his control.

However, news reports were forthcoming indicating Peruggia was under investigation by the NYC Conflicts of Interest Board for inappropriate activities with a vendor. In subsequent reports, Masimo, maker of the Rad-57 Pulse CO-Oximeter costing approximately $3,500 each, was indicated to have used Peruggia as a consultant and made $1,500 “honorarium” payments per presentation plus paid his expenses for a number of out of state trips. This was at a time when FDNY EMS was considering the purchase of 86 of the Rad-57 devices at a cost of $297,000. A $12,500 fine has been levied on Peruggia by the Conflicts of Interest Board. For additional information on the issue go to http://archive.citylaw.org/coib/ED/ARCH-11/Peruggia-Disposition.pdf

In addition, one FDNY EMS paramedic posted information on an internet forum that indicating “Station fuel tanks were not filled in advance of the storm. Crews were given entrenching tools and lightweight plastic shovels to attempt to dig out packed snow and ice. Tow straps weren't handed out till after and they were rated for pulling cars. Stations were not resupplied ahead of the storm leaving several to run out of necessary equipment. Preventative vehicle maintenance was not suspended leaving perfectly good ambulances buried in snow at the shops. Recently retired 4WD command vehicles are still sitting in the yard and could have easily been staffed with people, shovels and straps to free stuck vehicles” and added “These are all, with exception of fuel, well within the control of the Chief of EMS and his staff. No catastrophe is ever the result of one person, event, or decision. This was definitely going to be bad but it could have been a lot better”. There has also been criticism over FDNY EMS’ “all hazards” approach to equipping medical personnel with urban search and rescue bunker gear PPE plus radiation and carbon monoxide detectors and extending some of these requirements to voluntary hospital 911 and volunteer ambulance mutual aid resources. FDNY EMS even has plans for a three unit fleet of 31 foot Medical Response Boats. Readiness for a once in a lifetime incident but not a big snowfall did not go over well.

Peruggia’s new title is Assistant EMS Chief, Operations Logistics and he retained his $153,895 salary. Interestingly, it was reported in February that Division Chief Mark Stone, Logistics had retired at a time when reports in the NY Post and NY Daily News indicated he was facing charges relating to 79 instances of questionable time sheets. John McFarland, formerly Assistant Chief of EMS, Field Services is now assigned to the Office of Medical Affairs.
Promotion ceremonies were held on 2/17/11 at the FDNY Academy on Randall’s Island. This marked the official appointment of Abdo Nahmod as a four star chief. Other promotions included Jerry Gombo from Deputy Assistant Chief to Assistant Chief of Operations, Michael Filton from Division Chief to Deputy Assistant Chief, Rosario Terranova and Janice Olszewski from Deputy Chiefs to Division Chiefs and Captains John Sullivan, Phillip Chindelas and Nancy Gilligan from Captains to Deputy Chiefs. In addition, 21 Paramedics were promoted to the rank of Lieutenant and five EMTs were promoted to the rank of Paramedic.

Dodge/Wheeled Coach Type 1 ambulances are being delivered to FDNY. 56 of the new style featuring a B4500 Quad-Cab chassis incorporating many unique structural and technical requirements were initially ordered. Wheeled Coach anticipates 285 ambulances are to be manufactured over the contract period.

FDNY EMS Academy graduation ceremonies were held on 12/10/10 at LaGuardia Community College. There were 4 from a Paramedic Upgrade Class, 56 from a Paramedic Basic Class, 16 from a Paramedic Trainee Orientation Program and 89 from the EMT Trainee Orientation Program. A further 18 new paramedics graduated on 3/14/11 with ceremonies held at MetroTech in Brooklyn.

The NYC Conflict of Interest Board made a decision in regards to FDNY employees who work for voluntary hospitals or private ambulance companies in the NYC 911 system. The Department issued a notice on 11/22/10 advising employees that if they have outside employment with or behalf of a NYC hospital they must request a Conflicts of Interest Waiver from the NYC Conflicts of Interest Board by 1/14/11 by completing Form COIB-1 and submitting it to the Department. This applies to firefighters, EMS personnel, medical doctors and civilian administrative employees.

Budget proposals for actions to start in the fiscal year beginning July 1, 2011 - one off but one still on.

- City officials are reportedly withdrawing a proposal to billing legally responsible parties for fire truck responses to certain accidents. A bill was also in the CYC Council to block going forward with the plan. About $1,043,000 was expected to be raised in the first year with varying amounts after that. The proposed charges were:
  - $490 – car fire or accident with injury
  - $415 – car fire without injury
  - $365 – any vehicle accident without injury

  Activities covered would have include time spend responding to the accident scene, securing the roadway for safe operation, stabilizing the vehicle, searching the vehicle, evaluating motorists and their passengers for injuries, moving off debris from the roadway and assisting other emergency responders and tow truck personnel. In 2009 there were about 14,000 responses for automobile accidents.

  FDNY said it had authority already to impose the fees but there are a number of open issues with this proposal. Would insurance cover the expense? If it did then insurance rates will go up for everyone in NYC. If a motorist claimed another person or vehicle defect was responsible for an accident didi responsibility shift and to whom? An article in the NY Property-Casualty Insurance News reported the NYS Insurance Department indicated that automobile insurance policies would not cover the FDNY response charges. According to the NY Post, bills would have gone out to all parties involved in an accident, with the expectation that the at-fault driver's insurance company will ultimately pay and that determination would be made by the insurance companies, using police, DMV reports or "other information obtained from the motorists." However, at a public hearing on 1/14/11 FDNY said the bill would only go to the motorist who needed ambulance assistance. There was no explanation about non-injury crashes. Later, the FDNY insisted the bill would only get paid by the at-fault driver, and that firefighters would not assign fault at the accident scene. An insurance industry representative testified that "A recent initiative in the city of Quincy, Mass., that was intended to raise $250,000 resulted in just $27,000 in collections halfway through the fiscal year."

  The NYC City Council could step in but would probably have to have enough votes to override a mayoral veto. At the state level, Senator Carl Kruger introduced legislation (S2277) to block the fees. 10 states already ban the fees and another 28 have pending legislation.

- Voluntary hospital dispatch and telemetry fee is apparently still to be instituted to share 911 system dispatch and telemetry costs. A fee of over $24,000 will be assessed annually on a per ambulance per tour basis. With voluntary hospitals supplying about 360 eight hour daily tours in the 911 system the fee is expected to raise $8,678,000 annually. There is debate about some financially strapped hospitals pulling out of the 911 system and FDNY EMS having to fill the void. Hospitals do not need their own ambulances to pull in patients as NYC REMAC protocols and FDNY EMS dispatch procedures dictate in many cases where an ambulance will take a patient. Nothing has been said about FDNY signing contracts with a one or more private ambulance services. There would be union and possibly NYC Council objections but nothing else standing in the way. The issue of Medicare “anti kickback” regulations has also been raised if it can be interpreted that NYC is requiring hospitals to pay for patient referrals.
Phillips Heartstart MRx monitor/defibrillators are replacing Physio Control LifePak 12 Cardiac Monitor/Defibrillator/Pacemakers on the department’s approximately 203 ALS ambulances as well as supervisors’ vehicles. Division 1 in Manhattan is completed. Base retail price for the new unit is about $21,549.00 but is affected by volume discounts and accessory purchases. The LifePak 12 model had been in use by FDNY since January 1999.

Hospital Redirection Program switched from a manual decision to fully automated effective 11/23/10. This applies when 3 or more 911 ambulances are at a hospital for more than 30 minutes. No further 911 units would go to a hospital during redirection. Exception would involve a patient in extremis. A live test was done and out of 32 instances there was only 1 situation where 3 adjacent hospitals were all on redirection. 911 crews are alerted to redirection on their MDT screens which based on call location and type automatically suggests hospital destinations. 11 hospitals that have a history of having ambulances backed up are currently covered by the program.

EMS started issuing Motorola XTS-5000 portable radios in December beginning with Staten Island units. The radios are set up for analog mode but can be put into digital mode. The EMS radios have been programmed with the new frequencies being implemented. There are still old radios being kept in the stations for a short time in case there is a problem with the new radios as a backup plan or if there is a major MCI with a recall. EMT-PARAMEDICS, HAZ-TACs, Lieutenants, Captains, Chiefs each have a different radio plan as to what is programmed in their respective radios.

FIRE OPERATIONS CODES – NEW DEFINITIONS
10-31 Assist Civilian – all calls for assistance other than medical assignments, including a unit assigned to protect EMS by diverting traffic at a highway incident, good intention calls, calls handled by other agencies, any type of investigation, searches and complaints, elevator emergencies and lockouts.

10-37 Medical Assignment Not Associated With Fire Operations
Code 1: Victim deceased
Code 2: Victim/patient is NOT breathing and requires resuscitation or may be suffering apparently life threatening injury or illness
Code 3: Victim/patient IS breathing and suffering from a non-serious, apparently not life threatening injury or illness
Code 4: Medical assignment where the unit is 10-84, has no patient contact and EMS is on-scene

NOTE: Signal 10-45 with appropriate sub-code is transmitted in lieu of Signal 10-37 for thermal burn injuries which occur as a direct result of heat from a flame.

8 hour tours by NYC 911 system ambulances – includes both FDNY EMS and voluntary hospitals:

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Yearly average daily tour totals: 05 = 934.2 06 = 919.7 07 = 923.7 08 = 932.9 09 = 933.8 10=948.6

Citywide 911 System EMS response times:

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FDNY LIASION COMMITTEE

District 4 & 18 – FDNY Liaison Committee quarterly meetings were held on 12/6/10 and 3/7/11.

Agenda items included:

- New District 4 officers Thomas Cacaci and Linda F. Minervini were introduced.
- Spotty MARS portable radio check responses. On Friday evenings there is a response from FDNY about 2/3 of the time. This will be checked out.
- Posting of Office of Medical Affairs CME Journal, News and Information. FDNY Insider and NYC REMSCO web sites are not being updated with latest issuances. Also asked about getting quiz answers posted in following edition. Reply was that FDNY employees on extended leave have another month to complete quiz. Would check to see if anything could be done about getting answers out. NYC REMSCO was dropped from one of the distribution lists and has been added back. As of 3/7 the REMSCO web site has the missing CMEs posted.
- Hospital diversion information should be requested by calling Fire Department Operations Center (FDOC) at (718) 999-7062. This is done after logging on to the Borough Resource Coordination Center (RCC).
- On-scene communications issues:
  8/3/10 involving Bensonhurst VAC request for ALS for AMS patient – FDNY was unable to locate transmissions.
  9/23/10 involving Glendale VAC request for ALS for cardiac patient – FDNY was unable to identify transmissions but there was some static on the frequency at the time of the incident.
  9/25/10 involving Forest Hills VAC request for hospital status - FDNY EMS officer (the previous Liaison to volunteer sector) was “misinformed” about authorization to give out the information.
  The CBEMS number (called MARS by the volunteer sector) is (347) 250-6329.
- Command Orders have not been circulated to volunteer sector representatives since mid 2010. These issuances involve hospital destinations and other useful information. Replies on 12/6/10 and 3/7/11 was that circulation of the issuances will be resumed.
- Disappointment was expressed by FDNY at the lack of volunteer sector attendance at the training offered this past year on a new five level triage protocol incorporating an Orange level. This training was given at EMS Battalion stations around the city. SEMAC approval for NYC use only was given in 2/10 but since no effective date has been forthcoming from either NYC REMSCO or FDNY there has been little interest in the training. In a new effort, Train-the-Trainer sessions will be offered and these trainers will then be expected to train other volunteer sector personnel. A revised DVD is in the works. FDNY had denied permission to duplicate the original DVD. 25 of the new triage tags will be supplied by FDNY for each volunteer ambulance. At the 3/22/11 REMSCO Ambulance Committee meeting it was asked about providing a supply of triage tags for volunteer agency response vehicles and REMSCO staff indicated they would pursue this with FDNY EMS.

VACS & VFDS IN NYC HIT WITH PERMIT FEE FOR MEETING AND TRAINING SPACES

NYC amended the Fire Code in June 2009. FC section 177.2.1 now states that all non-profit agencies EXCEPT religious institutions and NYC Department of Education certified schools with grades K through 12 are subject to an annual fee for a Meeting/Training/Recreational Hall Permit. This means that if a VFD or VAC has a Meeting Hall or conducts training in their quarters, they must have a permit and pay a yearly fee for the permit. Several emergency service organizations conduct meetings and training without the required permit, but this is a Fire/Safety Code violation.

In November 2010 Gerritsen Beach VFD had its annual Building Inspection and received an Invoice for $520 payable on receipt dated Dec 15, 2010 for the Meeting/Training/Recreational Hall Permit.

In January, John Czap from Gerritsen Beach VAC spoke with Councilman Lew Fedler Councilman from Brooklyn and he introducing legislation to amend the Fire Code. John was interviewed by WPIX on 1/7/11 and a article was done by the NY Post on 1/8/11. A spokesperson for FDNY stated that "I'm surprised, they were all notified" John could not find a VFD or VAC that has heard of this.

With the city increasing fees or implementing new ones on every conceivable permit, non-profit agencies may be hit with charges for illuminated signs, radio towers, roof air conditioners and so on.

BRONX 911 CALL CENTER CONTRACT HELD UP

The NYC Comptroller on 1/3/11 rejected a $286 million contract with Northrop Grumman for work on the new 911 back up call center in the Bronx saying the contract allows multiple subcontractors who could bill by the hour, not by finishing tasks, and could lead to abuse.
A 12/3/10 letter he cited the closing of Mary Immaculate and St. John’s Hospitals as evidence of the need for more competing efforts to purchase Mary Immaculate and/or St. John’s Hospitals which closed in 2008 and secure state funds at the US Attorney’s office in Manhattan in connection with corruption charges. The case apparently involves a NYS State Senator, a NYS State Assemblyman and an influential lobbyist were turning themselves in that day at the US Attorney’s office in Manhattan in connection with corruption charges. The case apparently involves competing efforts to purchase Mary Immaculate and/or St. John’s Hospitals which closed in 2008 and secure state funds.

In mid March it was announced the Bruce Franz had replaced David Rosen as president and CEO of Jamaica Hospital and MediSys Health Network. *Crain’s Health Pulse* newsletter indicates that the NYS DOH had been pressing for a change since August of 2009 because of allegations that “raise serious questions concerning hospital governance that could bear on the character and competence assessments” during regulatory approval requests. This heightened concern came into play recently when a transfer of Ambulance Operating Authority from Long Island College Hospital to SUNY Downstate was delayed and had to be re-voted upon by NYC REMSCO. One of the reasons was NYS DOH requiring Competency and Fitness determinations for individual senior executives, Trustees and/or Directors of SUNY Downstate.

**HOSPITAL NEWS**

The NY Daily News reports “defense giant Northrop Grumman is supposed to take over management of the project, which a previous contractor, Hewlett Packard, botched. Most of the $286 million expenditure is earmarked for consultant salaries. More than 100 Northrop people would be paid an average of $380,000 annually, a Daily News analysis of contract documents found. The agreement even provides annual 2.5% wage increases. The highest-paid consultant would begin at $454,000, and would increase steadily to $494,000 by the fifth year of the contract, the documents show”.

**NYC MARATHON**

For the last two years, Dr. Stuart Weiss has been Medical Director of the NYC Marathon. He has introduced a new philosophy of treatment at the marathon offering free emergency room-like care at a network of tented field hospitals in Central Park potentially saving runners a trip to a real hospital. The prior medical director, in contrast, operated first aid station operations as he felt fully equipped hospital emergency rooms were only 5 minutes away. On hand equipment resources now include ice-water dunk tanks to treat runners who develop high fevers, handheld i-Stat machines to analyze the chemistry of the runners’ blood, then dispense the right amounts of intravenous fluids, salts and sugar, respiratory therapy units for asthma cases and a HeartStart MRx portable heart monitor on loan from Philips. Lacking is a portable x-ray machine and supplies for casts but that may change next year. By 6:30 PM ambulances had transported only 26 runners from Central Park to hospitals. In the end, 36 marathon medical stations treated more than 2,000 patients, some more than once, and released all except 87 of them.

**BELLEVUE HOSPITAL** (H02) has opened a new Pediatric Psychiatric Emergency Room. On November 3rd, HHC announced the opening of a Children’s Comprehensive Psychiatric Emergency Program at Bellevue Hospital, the first of its kind in a city public hospital and only the second Children’s CPEP in the city and state. The 3,500 square foot unit will serve 1,500 children and adolescents annually. The $1.1 million unit has been designed to provide an optimal environment for the evaluation and treatment of psychiatric crises, including suicidal or aggressive behavior, depression, psychosis, and dangerous family conflicts. Since 1995, Bellevue has experienced a fivefold increase in the number of children and adolescents coming to its medical emergency rooms in psychiatric crises – increasing from 155 visits in 1995 to more than 1,000 visits in 2009. The new CPEP offers a discrete space that meets safety standards for psychiatric patients and provides a 24 hours-a-day/7 days-a-week staffing by adolescent psychiatrists, nurses and social workers.

**BROOKLYN HOSPITAL** (H95) has switched 911 system ambulance providers. A contract has been signed with SeniorCare EMS replacing TransCare EMS as operator of BLS unit 31E and ALS unit 31S, both of which operate two tours a day.

**JAMAICA HOSPITAL** (H34) was originally identified on the NYS DOH web site as both an adult & pediatric trauma center but this has been corrected to adult only status.
MAIMONIDES HOSPITAL (H53) advises that for increased security the ambulance entrance doors have a key code for access. The code is 0911.

QUEENS HOSPITAL CENTER (H38) opened 40 new Medical/Surgical beds on 12/13/10 with a ribbon cutting ceremony attended by the Queens Borough President and other local politicians. The hospital also intends to add a 35 bed psychiatric unit, enlarge the psychiatric emergency department by December 2011 and start work in 2012 on enlarging the adult emergency department. From 2007 to 2010 adult ED visits rose from 39,979 to 59,726. Funding is coming from a $22 million four phase NYS HEAL grant and capital funds. The QHC expansion was the only city hospital expansion recommended by the Berger Commission which mandated a number of hospital consolidations and closures across the state.

RICHMOND UNIVERSITY MEDICAL CENTER (H60) on Staten Island is reported by Crain’s Health Pulse newsletter to be seeking to join with one of the seven or so major hospital systems in the NY-NJ metro area and would like to complete the deal by March or April 2011. These systems include Mount Sinai, NY-P, Continuum, NS-LIJ, CHS of LI, St. Barnabas, Atlantic and RW Johnson. By joining a system, RUMC hopes to increase access to capital and provide opportunities to integrate IT systems, increase opportunities for its medical staff and get more tertiary specialty support. Crain’s says RUMC is in sound financial shape. RUMC is a Level 1 Trauma Center and Stroke Center and operates a number of NYC 911 Systems ambulances as do at least three of the systems it is seeking to join.

**NEWS ABOUT NYC EMERGENCY SERVICE PROVIDERS**

**CENTRAL PARK MEDICAL UNIT**

CPR save was recorded on Sunday morning 11/21/10 at approximately 11:52 AM. CPMU personnel in Ambulance #8 (donated by the Freed Foundation) were flagged down by a Central Park Conservancy associate near 106 Street and West Drive. The Conservancy associate informed the CPMU crew that a man had a bike accident near 82nd Street and West Drive. MVO Brennon Jones with more than 17 years as a volunteer with CPMU expertly guided the ambulance to the scene of the accident in less than three minutes. The crew discovered a gentleman in his 50’s out for a leisurely ride on his bicycle had collapsed, suffered a heart attack and was in full cardiac arrest. The crew comprised of Paramedic Staley Dietrich, EMT Jonathan Kleisner, EMT Sam Bruce and Brennon Jones immediately began life support measures including airway management, cardiac compression and defibrillation. Upon the first shock administered by the CPMU crew the patient regained a heart rhythm. An ALS crew from Lenox Hill arrived approximately 6 minutes later and assisted with transportation of the patient to a trauma center. Upon leaving the emergency room the patient was alive and alert and was in the process of being transported to a bed in the intensive care unit.

On 3/14/11 the New York Police Department (NYPD) and the Central Park Precinct Community Council (CPPCC) recognized volunteer members from the CPMU for their exceptional service to the community. One group received recognition for the bravery, compassion and commitment to caring for the citizens of New York City during The Blizzard of 2010. Included were Garrison Resnick, Samuel Bruce, Suki Fujioka Muller, Brian Goldberg, Kellene Mullin, Rafi Zigmond Castellanos, Freddy Cheng, Jason Ares, Roger Thomas, Nick Holsapple, Tom Duggan, Greg Levow, Michael Jones and Rafael Castellanos. In addition, NYPD presented a Certificates of Appreciation to Brennon Jones, Staley Dietrich, Jonathan Kleisner and Samuel Bruce for the cardiac arrest save in November 2010.

**CHEVRA HATZALAH VOLUNTEER AMBULANCE**

The organization is upgrading from BLS to ALS level ambulance service. NYS DOH issued Ambulance Operating Certificate #7191 for the five boroughs of NYC is held by the central organization but ambulance operations throughout the city are actually provided by 14 or so semi independent divisions that are like franchises paying dues to the central organization for dispatch and other functions or services. Another organization, ALS Services, Inc. with NYS DOH agency code #7199, has up to now provided the umbrella for the provision of paramedic first responders. Both Chevra Hatzalah and ALS Services have mailing addresses at an apartment building at 1340 East 9 Street in Brooklyn. Catskills Hatzalah is listed on the NYS DOH web site as a BLS ambulance service serving Sullivan County but also has a mailing address at the same Brooklyn apartment building.

**CROWN HEIGHTS DIVISION**

In conjunction with Maimonides Medical Center hosted a community event on Saturday evening 12/11/10 at the Jewish Children’s Museum. About 500 attendees enjoyed a hot catered buffet, wine tasting by Eber’s Wine and Liquors and Royal Wines, music by Ben-shimon, and 2 short lectures by top Maimonides cardiologists Dr. Greg Ribakove, Director of Cardiacortic Surgery, and Dr. Joshua Kerstein, Associate Director of Cardiology. There was also an inspirational lecture by Rabbi Y.Y. Jacobson. Admission was free and everyone got a door prize and was entered into a raffle to win one of 3 iPads.

**FLATBUSH DIVISION**

FDNY fire safety lecture was hosted at their headquarters on Ocean Avenue in November. The New York Rescue and Response Team was on hand and distributed free smoke detectors to attendees. A first responder was involved in an motor vehicle accident on Saturday evening 3/26/11 at Ocean Parkway and Avenue T. According to a local news report, the paramedic was responding in his private vehicle to a child choking call. No serious injuries were reported.
HUNTER AMBULANCE is beginning to use an ePCR system. The company providing this service is iPCR LLC.

JAMAICA HOSPITAL EMS is switching over to Type I ambulances. It has already taken delivery of one 2009 chassis Unit #4740 is a Ford F-350/Medtec model PD-168F customized Professional Duty vehicle. 3 more units are on order for Jamaica plus 3 for Flushing Hospital, another facility in the MediSys system. The new units feature LED lighting and orange chevron stripes on the rear. The local dealer for Medtec is Specialty Ambulance Sales in Plainview.

LIFESTAR RESPONSE CORPORATION is being acquired by FALCK HOLDING A/S, a Danish company with worldwide operations in 23 countries involving EMS, firefighting, rescue, healthcare, training, roadside assistance and other services. LifeStar operates 440 ambulances and support vehicles in AL, MD, NJ, NY, PA and Washington, DC and handled more than 400,000 emergency and non-emergency patient transports in 2009. In the NYC metro area, LifeStar is headquartered in Holstville and using the Bi-County Ambulance Service Ambulance Operating Certificate operates 34 units. LifeStar operates 440 ambulances and support vehicles in AL, MD, NJ, NY, PA and Washington, DC and handled more than 400,000 emergency and non-emergency patient transports in 2009. The NYS DOH web site also lists MediBus Ambulance and Robinson’s Ambulance & Oxygen Service as doing business as LifeStar at the same Holtsville location but no mention of these operating certificates was made. Robert “Boo” Heffner has been appointed Group Vice President to develop Falck’s American EMS business. He has worked in the EMS industry for 26 years and was most recently a Group Vice President with Rural/Metro Corporation. For more information about the companies go to www.falck.com and www.lifestar-response.com

MEDSTAT AMBULANCE is the doing-business-as (DBA) name of AHAVA Home Care LLC which took over Ambulance Operating Certificate #0779 formerly held by St. Vincent’s Hospital.

NEW YORK HOSPITAL QUEENS reports some Medical Director changes. Edward Bennett, MD is the Medical Director Training and Education at NYHQ’s Emergency Medicine Training Center. Rachel Waldron, MD had previously been the Medical Director for training, however she is now the Medical Director for EMS.

NEW YORK RACING ASSOCIATION EMS received criticism from jockeys at Aqueduct Racetrack over their perception of slow response from the on track ambulance crew(s) on 1/8/11. The NY Daily News reported a jockey saddling up for a race was kicked in the groin but attempts to reach the EMT’s on duty went unanswered for almost 10 minutes. A fellow jockey and two other men in the paddock decided to take matters into their own hands and wrapped the injured, freezing jockey in a horse blanket and brought him back into the jockey's room where a nurse and a doctor were able to evaluate him before EMTs arrived to take him to Jamaica Hospital. The slow response nearly caused the jockeys to refuse to ride the remainder of the card but after meeting with management they were assured this wouldn't happen again. After the incident the two ambulances on track where repositioned to be closer to the paddock for the future. Because of past situations, the jockeys have an agreement with the NYRA that North Shore Manhasset is the primary hospital for most injuries and illnesses and Jamaica Hospital is only used for the most serious situations. NYRA operates ambulances at Aqueduct, Belmont and Saratoga race tracks.

NORTH SHORE-LONG ISLAND JEWISH EMS
Mobile hotspot technology from InMotion Technology has been deployed to connect and manage its ambulance fleet. The onBoard Mobile Gateway turns each NS-LIJ ambulance into a high performance rolling hotspot, providing reliable, secure connectivity for laptops, PDAs and other devices in and around each vehicle. The Gateway senses and selects the best available wireless network – and seamlessly roams across networks – to provide emergency communications anywhere in the city. Prior to deploying In Motion Technology, NS-LIJ relied on overloaded analog radio networks for voice and data communications. NS-LIJ is planning on using the Gateway to test iPads that will be able to share stroke victim information at the scene with neurologists and ER doctors at the hospital. NS-LIJ’s fleet of 60 ambulances and command vehicles staffed by 300 EMTs and paramedics is the largest hospital-based fleet in NYC and transports more than 60,000 patients annually to hospitals across the five boroughs of NYC and Nassau and Suffolk Counties on Long Island.

Patient privacy alert was given to the system in late November when it was discovered that a screen shot of ambulance dispatch information was posted on the internet. The screen showed patients’ names, pickup locations, destinations and incident/problem information from an in-house interfacility transport dispatch console at NS-LIJ Health Systems' Communications Center in Syosset. The picture was one of several about a 2009 executive meeting held at the center so the lapse has gone unnoticed for a while.

NS-LIJ ambulance was hit broadside by a school bus on Thursday afternoon 3/3/11 at Queens Boulevard and Continental Avenue in Forest Hills, Queens. No patient was on board the ambulance but there were students on the school bus. News reports indicated no serious injuries. The ambulance had major damage to the side door area.

NYPD AUXILIARY POLICE are being issued used bulletproof vests leaving them vulnerable on city streets. The so-called loaner vests, their union charges, aren't individually fitted to each auxiliary and that could create a deadly gap in a vest's
coverage, potentially allowing a bullet to get through. Less than two weeks after two of the unarmed volunteers were killed in 2007, Mayor Bloomberg vowed to provide bulletproof vests to all 4,500 auxiliary cops. The first of the $580.00 Level 3-A extra coverage vests were issued the following year. NYPD officers get the same vests and are individually fitted. After the initial complement of vests in 2008, however, hundreds of new volunteers have received the sometimes ill-fitting loaner vests. The NYPD indicated it hopes to one day return to issuing new vests to auxiliary cops but no timetable has been set.

ROCK VAC turned in its Ambulance Operating Certificate to the NYS DOH on 4/8/11. The squad ceased operating several months ago due to a lack of funding.

POINT BREEZE VOLUNTEER FIRE DEPARTMENT has taken delivery of new KME rescue pumper. The department is located on the west end of the Rockaway Peninsula and the International 4x4 chassis is equipped with special tires for operation on the sand streets and beach areas. Other unusual features include a front mounted pump controls and a crew compartment located behind the cab. Yes, there are blue lights on the vehicle sides which do not comply with NYS Vehicle & Traffic law.

PRIORITY ONE AMBULANCE is partially changing ownership. Joseph DelGaldo sold his 50% ownership to Faina Batuner and Aviva Neginsky who each now own 25% of the shares of the company. Joseph DeMorato is the other owner and retains 50% of the company. Batuner and Neginsky have experience with an ambulette company. Priority One is based on the grounds of Seaview Hospital on Staten Island and has NYS DOH Ambulance Operating Certificate #0779 covering the five boroughs of NYC.

ST. LUKES-ROOSEVELT EMS had an ambulance go up in flames on Wednesday afternoon 11/10/10 outside Roosevelt Hospital's 59th Street Emergency Room. As a tow truck was getting ready to take the ambulance away to a repair shop smoke appeared from under the hood. The tow driver doused it with a fire extinguisher but then lifted the hood and flames shot out. Roosevelt Hospital briefly stopped accepting ED patients and a John Jay College building across the street was briefly evacuated. After FDNY put out the flames the tow truck driver hooked up the charred remains and hauled it away. Several pictures are on the Internet at http://www.dnainfo.com/20101110/manhattan/ambulance-bursts-into-flames-outside-st-lukes-roosevelt-hospital

TRANSCARE AMBULANCE's NYC 911 EMS Division employees were the subject of an effort by the International Association of EMTs and Paramedics, National Association of Government Employees, SEIU Local 5000 to unionize the employees. TransCare has contracts with a number of NYC hospitals where, as a subcontractor, it provides the hospitals' emergency ambulance services in the city's 911 program. The hospitals include Beth Israel (H03), Bronx-Lebanon (H23), Brooklyn (H95), Einstein (H22), Montefiore (H29), Mount Sinai (H13), NYU (H15) and St. Barnabas (H83). A vote was held in November 2009 which resulted in 99 votes for the union and 127 against out of a total of 362 eligible employees. However, the union filed objections with the National Labor Relations Board which issued a conclusion on 10/20/10 that "TransCare, engaged in conduct, which warrants that the election conducted in Case No. 29-RC-11762 be set aside". The decision is on the NLRB web site at http://www.nlrb.gov/shared_files/ALJ%20Decisions/2010/JD(NY)-42-10.pdf. A new vote was conducted in December 2010 resulting in 60 votes for the union and 136 against it. There are, as of now, no additional appeals planned by the union.

UNITED SEARCH AND RESCUE is the new name of Tri State Search and Rescue. The change was due to a name conflict with another upstate group. United SAR is based in Brooklyn, has a web site at www.unitsar.com and the e-mail address is unitedsar@gmail.com. Internet sources list contacts as Lee Rosenberg, 2294 Nostrand Avenue, Suite 1005, Brooklyn, NY 11210 and Michael Halberstam, 1562 East 28 Street, Brooklyn, NY 11229. Equipment resources include a Chevy SUV with red lights and several 4x4 ATVs.

WEST HAMILTON BEACH VFD/VAC Ambulance 947 was involved in an accident on Tuesday 2/1/11. The vehicle, a Wheeled Coach Type III acquired in 2008, responded and was blocking the scene at a two car accident on the westbound Belt Parkway near Lefferts Boulevard when it was struck in the left rear corner by a Jeep Cherokee. The ambulance lurched forward resulting in injuries to the driver and two crew members who had just gotten off the vehicle. The squad has a 1995 ambulance in service as a backup vehicle.

Ex-Chief Jonah Cohen was featured in the 12/9/10 edition of the Courier Sun. Jonah is also the new president of the Ozone Park Kiwanis Club. According to the article, Jonah has nearly 40 years of volunteerism to his credit. He first began volunteering at local firehouses as a student at Paul Smith's College in the Adirondacks. When he graduated, he wasn't quite ready for the experience to end, so he moved back to Brooklyn, his hometown, and joined first the Lindenwood Ambulance Corps and then the WHB VFD-VAC.
PULSE CHECK 2011, the 56th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association, will be held Thursday evening September 22, 2011 to Sunday morning September 25, 2011 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 plus the annual memorial service and awards dinner on Saturday evening. There is a pre-conference full day Core Content presentation on Thursday for those involved in a CME based refresher program.

Information is being posted on the Association’s web site at www.nysvara.org covering conference registration, room reservations, list of seminars, Drill application, trophy donations 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. Meal packages are additional but there are numerous alternative eating establishments along Wolf Road. There will be a two day conference registration with Saturday evening banquet included plus one day conference alone (Friday or Saturday) and banquet alone rates to be announced.

The association is pleased to announce that Mike McEvoy, PhD, RN, CCRN, REMT-P and Rich Beebe, MEd, RN, NREMT-P will again be serving as the conference Education Coordinators. NYSVA&RA President Mike Mastrianni, Jr. is serving as the Pulse Check 2011 Convention Committee Chair. If more information is needed call (877) NYS-VARA or e-mail pulsecheck@NYSVARA.org