Feel free to print and post these notes at your agency or pass them on to others you think would be interested.

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NYS DOH Bureau of EMS & Trauma Services  
Briefing for EMS Agency Leadership and Providers  
Thursday 11/4/21, 4:00 PM to 4:34 PM

Unofficial Notes

This is not an official verbatim transcript of the call. During the call outline notes of what was said were taken by a NYS Volunteer Ambulance & Rescue Association (NYSVARA) representative and the outline notes were filled in after the call. Links to forms or documents mentioned were added and are highlighted.

There was no prepared agenda distributed before the call. Questions could be submitted before the call at https://apps.health.ny.gov/pubpal/builder/survey/nys-covid-19-response-ems-agency or during the call through the chat box.

Notes from prior briefing calls are on the NYSVARA website under the Library tab and then select News Archives.

Panelists:

Amy Eisenhauer, Program Administrator, EMS for Children (EMSC) Program (Host)  
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Ryan Greenberg, Director, Bureau of EMS and Trauma Services  
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Steven Dziura, Deputy Director, Bureau of EMS & Trauma Services  
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Jean Taylor, Deputy Chief, Education Branch  
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Peter Brodie, Deputy Chief, Data and Informatics  
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Valerie Ozga, Vital Signs Academy and Executive Secretary to SEMSCO and SEMAC  
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Michael Bagozzi, Deputy Chief, Operations Branch  
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Mark Philippy, Chair, State Emergency Medical Services Council (SEMSCO)  
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Steven Blocker, CEO, MURU Protocol App
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Jean Taylor
- Agencies in CME program and submitting through the CME portal should only make 1 submission. Gene Myers advises submitting multiple times or also mailing the same information only takes longer to wade through the submissions to only figure out something was processed. 1 submission only please.
- Question: Is the training monitored so that the county has a measure of which areas are trained and how often and much is measured of a number of interagency trainings, federal trainings such as airports? Are results given to each agency in the perspective of an AAR [after action report] from learning perspective associated agencies so they may very well be called in for backup? Answer: We do not track county training. We track EMT classes, con-ed classes, CFR classes. We do not track local training.

Steven Dziura
- New OSHA Vaccination & Testing Temporary Emergency Standard for employers with over 100 employees was released for comment on 11/4/21. It may be applicable to EMS. BEMS&TS is still reviewing the document.
- New CMS Interim Final Rule guidance for vaccine mandates covered under that was released for comment on 11/4/21. Initial review looks like it does not cover EMS. BEMS&TS is still reviewing the document.
- Reminder about OSHA Temporary Emergency Standard on respiratory protection for healthcare workers was issued several months ago. Take a look at it.
- Monitoring EMS delays and turnover times at the various hospitals throughout the state. For last 30 days based on charts submitted through ImageTrend in 96% of the cases turnover time was less than an hour and goes up from there. The other 4% is sometimes causing quite a disruption in the system. Working with the hospitals and regions to reduce those times. If running into a delay at a hospital please complete the on-line form. [Go to: https://apps.health.ny.gov/pubpal/builder/survey/ems-agencies-to-report-long-wait] The forms are monitored and follow-ups are made with the facilities.
- Question: Has come up in Syracuse, as the Chairman of the Onondaga County Ambulance Directors Association, we are asking for further clarification on patient demands to a facility that is considered to be on "DOH Diversion", ordinarily when they are just on diversion w/o the precursor of "DOH" we can still take them to that facility as a demand, they just realize there will be a delay in getting care..... I would be hard pressed to tell a patient no they are on DOH diversion w/o some type of written memo etc.? The question is what do we do when the patient adamantly wants to go to that facility and not anywhere else, so much so that they say either take me there or leave me home? Will they accept in a case like that? I ask as it has happened once and the facility was less than receiving and we are trying to get clarification ....I know, not an easy question, sorry. Answer: Every diversion notification that is sent out from the Surge Operations Center includes the language you are looking for providers and what can and cannot be taken to the facility. “Take me there or leave me home” - call Medical Control. In that situation, I would recommend that providers contact Medical Control to discuss the options or the hospital directly if they serve as medical Control to discuss the ability of the hospital to accept.
- Question: Are all hospitals supposed to contact the surge hotline when they want to go on diversion or can they just go diversion at their leisure? There is at least one hospital in the North Country that goes on “diversion” and give crews significant grief for bringing patients to their facility while they are on diversion. Answer: Not all hospitals across state are included in the diversion requirement, however, a good chunk of the North Country is included in that - Jefferson County, Saint Lawrence and pretty much all the hospitals in the Central NY DOH Region of 14 counties from the North Country down to the Southern Tier are included. That’s a half answer but not knowing the facility I can’t answer that.
Valerie Ozga
- Vital Signs Conference is here - 1 week away. Excited to be back in-person and see everybody. Attendance is looking really good when taking everything into consideration. It is a hybrid conference with in-person and virtual to accommodate everybody’s needs. Register at [www.vitalsignsconference.com](http://www.vitalsignsconference.com). There are no classes that are sold out. Education is doing a CIU update on Thursday. Vaccine mandate is in effect and proof of vaccination by a vaccination card or NYS Excelsior Pass is needed. Information for attendees will be sent out by e-mail. Attendees for the virtual component of the conference will be sent a link to log-in using the same e-mail address used to register. A code to get in will then be sent. Viewing will begin 5 minutes before the session starts. Staff will be on site to troubleshoot. For those taking either the BLS or ALS core content over the 2 days will be sent separate links for the different days.
- SEMSCO & SEMAC meetings will be held 1/4/21 and 1/5/22 at the Empire State Plaza in meeting room 6. Same host hotel will be used. Members will be sent information after the Vital Signs Conference.

Amy Eisenhauer
- There will be a pediatrics pre-conference at the Vital Signs Conference. Will be talking about pediatric education with experts including pediatric psychiatrists, pediatric toxicologists and street level providers. Second half of class will be hands-on skill stations for safe transport of pediatric patients which will start off with a few minutes of basic questions and then instructors will cover 5 stations with pediatric restraints popular on the market & stretchers. Can put manikins in restraints and bring back information to you agency.
- Working on updated EMS agency contact list for a survey to come out in the beginning of January. Information on the survey and how to complete it will be sent out in December. Survey takes about 10 minutes and asks questions such as how you feel about treating patients, what education happens in your agency, how many pediatric calls you go on - pretty simple stuff. Information goes to the National EMSC for Children Data Analysis Resource Center (NEDARC). Be frank in answering the survey as it helps assessing the need for pediatric education.
- Pediatric Emergency Care Coordinators are still needed at EMS agencies. For information go to [www.nyspecc.org](http://www.nyspecc.org)

Michael Bagozzi
- For Central Office staff in Albany: Dana Jonas is working on CON actions, Mary Ramos is continuing with her assigned duties and supporting Surge & Flex and Joseph Farrell is continuing with assigned duties and helping with BLSFR and anything else we throw at him.
- In the Syracuse Regional Office Melissa Lockwood is continuing to learn the duties of District Chief along with working with Deputy Director Dziura on mass gathering permits.
- Working with a small group of agency leaders on policies and guidelines for ET3 and Community Paramedicine as well as a bunch of other projects.
- Both area offices continue to monitor hospital offload times and to respond to hospital and Surge & Flex requests.

Ryan Greenberg
- Over 100 people are on these calls and they will continue twice a month on the 1st and 3rd Thursdays at 4:00 PM. Can send in questions ahead of time.
- Executive Order that was renewed at the end of the month allows EMTs and paramedics to administer both influenza and COVID-19 vaccines.
- A different Executive Order allows COVID-19 testing by EMTs and above. Additional guidance to come out.
• Training is required for vaccinations and testing. It is on the Vital Signs Academy website. Training need only be done once so if it was done in the past it does not have to be redone.

• Executive Order updates allows EMTs to work in non-traditional environments. Commissioner will provide additional guidance in a policy document to come out in the near future.

• Executive Order goes into education and certification and things of that nature allowing us to do National Registry as a form of certification for NYS.

• Question: Will NYS EMTs and medics outside of Community Paramedicine programs be allowed to administer flu or COVID-19 shots in 2022? Answer: Right now it is currently only under the Executive Order so permitting the EO continues it would be under that pathway. Outside of that they would not be able to.

Peter Brodie

• Question: I was advised by a rep from NYS that signatures aren’t required in every region. Is there a reason why we cannot use ImageTrend for an RMA? Answer: Steve Dziura began to answer that signatures are required for RMAs throughout the state. Peter Brodie added that the reason we didn’t do this is that some regions require different language for RMAs. They have different forms and different language that varies across the 18 regions. Rather than creating a generic form that may not comply with a regional directive we have left it up to the regions to do that and EMS agencies have the ability to attach whatever paper form is being signed by the patient, patient’s guardian or care provider however it is playing out on a particular scene. We don’t have statewide language for it at this time and rather than dictating a statewide language that may be inconsistent with a particular region we leave that as a paper form at this time. If there is a statewide language adopted we would be happy to change that functionality but we are not assigning that legal document to language that may not be approved locally.

• Data & Informatics Branch will have a table at the Vital Signs Conference in the smaller of the 2 rooms. We look forward to answer questions from EMS providers and agency leaders and other interested individuals and talk about documentation standards or if looking for information on the platforms that the state offers for free such as ALSFR & ambulance platform, BLSFR platform or the paper PCR portal. Looming date of 12/31/21 is coming.

Mark Philippy

• January SEMSCO & SEMAC meetings will be hybrid.

• Hope to continue momentum from the October meetings.

• The 2 new committees, Quality Metrics and Innovations, have a lot of work done already. There is a lot of interest in those committees.

• 2 Technical Advisory Groups (TAG) were created: Crisis In EMS chaired by Michael Benenati, EMS Director, LaGrange FD, Dutchess County and Diversity-Equity-Inclusion chaired by Jared Kutzin, RN from NYC. Send e-mail if interested in participating in a TAG.

• Will be at the Vital Signs Conference.
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The mission of NYSVARA is to educate, represent, promote and advocate for Volunteer and Community Based Emergency Medical Agencies and Responders throughout New York State

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