

PRIORITY CHANNELS

DECEMBER 2010—JANUARY 2011

INSIDE THIS ISSUE:

**CMS MILEAGE
CHANGE** 2

**FLU SEASON
AND EMS** 2

**NARROW-
BANDING
DEALINE** 3

**UTAC / UCALL
RADIO SYSTEM** 3

**CME RECERT
REVIEW** 4

**REMAC RE-
CREDENTIALING** 5

**LAST BUT NOT
LEAST...** 5

2010 AHA GUIDELINES: DÉJÀ VU ALL OVER AGAIN?

In October the American Heart Association (AHA) released its new updates to the cardiopulmonary resuscitation (CPR) and emergency cardiac care (ECC) guidelines. Although consistent with its “*push hard, push fast*” compressions mantra that was instilled during the last update in 2005, this one presents a surprise paradigm shift regarding treatment priorities: A-B-C is out and C-A-B is in.

Good compressions are coming out the hero in all the research that is being considered regarding CPR and survival rates.

While not inconsequential, ventilation/oxygenation is a distant second. In fact, the AHA is advocating for encouraging the lay public to perform compression-

only CPR if there is no barrier device or the person is not comfortable doing ventilations.

So what does this mean for EMS? Well, nothing actually for the time being. The AHA has yet to roll out its new program curricula to all the instructors, and the materials need to be created/printed, so there probably won't be any classes offering the new BCLS CPR / AED guidelines until the second quarter of 2011. Any CPR class presented until that happens will be using the 2005 format.

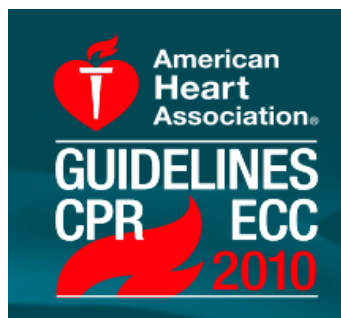
Also, for certified EMS providers in New York, the NYSDOH must officially approve the new guidelines. Given that the state is experiencing significant fi-

nancial woes, this item is not on the agenda as yet for consideration.

Once the 2010 guidelines have been approved, the Regional EMS Office will be making notification of any NYS BLS protocol updates to all local EMS agencies.

To read all the 2010 AHA recommendations, visit:

http://circ.ahajournals.org/content/vol122/18_suppl_3/



IMPORTANT DATES IN 2011

- **National 911 Education Month**
April 2011
- **National Public Safety
Telecommunications Week**
April 10th—16th
- **National EMS Week**
May 15th—21st
- **NYS EMS Conference**
October 13th—16th

MESSAGE FROM THE CHIEF

2010 has been a hard year for all of us. As community belt-tightening continues across our state and county, emergency services are not immune to the need to do more with less. Unfortunately, it does not appear that this situation will change for 2011.

Despite these challenges, positive things are still happening. For example, our county-wide emergency communications

infrastructure continues to improve with the recent approval of a Homeland Security Grant Program to build a countywide UTAC/UCALL command and control communications system. In the coming weeks, all agencies will be contacted regarding updating their radios.

As always, the staff of the EMS and Communications Divisions stand ready to offer assistance

and guidance wherever possible.

I want to thank all the officers and members of Westchester's EMS community for the service they provide each and every day.

I wish you and your families a Healthy and Happy New Year.

Be Safe,

Chief Michael Volk

CMS: NICKLIN' AND DIMIN' EMS BY TENTHS

As expected, the Centers for Medicare and Medicaid Services (CMS) published its Final Rule on November 29th containing the new Medicare fractional mileage policy. This means there is 1 month until EMS agencies will be required to track and report mileage to the nearest 1/10 of a mile.

The Final Rule also includes big changes that will affect the bottom line of ambulance services, and require EMS billers and software vendors to gear up by January 1, 2011.

Among the changes, CMS is also adding a requirement that all ambulance services provide "certifications including, but not limited to, Federal Aviation Administration and Clinical

Laboratory Improvement Act certifications." ALS EMS agencies are warned to make sure that their state CLIA certification waivers are in place. If not provided previously, you will be required to submit that documentation in the future in addition to your state certification in order to remain enrolled as a CMS provider.

Page Wolfberg and Worth, a national ambulance industry law firm, has extracted the EMS relevant material (out of hundreds of pages of text) and made it available on their website:

www.pwwemslaw.com/content.aspx?id=511 .



'TIS THE SEASON—SNIFFLES, SNEEZES, & WHEEZES

This is the time of year all EMS agencies are at greater risk for adverse effects to operations due to sick staff and administration. To combat this possibility, the Centers for Disease Control and Prevention (CDC) strongly recommends yearly flu vaccine as the first and most important step in protecting emergency personnel against a potentially serious sickness. Public health authorities are genuinely concerned about what they call "creeping complacency" among the public toward getting vaccinated for influenza. Efforts should be made by EMS agencies, where possible, to offer staff flu vaccinations, or to work with other system partners (e.g. local hospitals) to provide the vaccinations at no or low cost.

In addition to vaccinations, good, basic hygiene habits are a must to prevent the spread of the viral nasties that permeate our EMS work environments, including:

- Washing hands thoroughly with soap and water after all patient contacts (even if gloves were worn), before eating, after coughing or blowing the nose, and after using sanitary facilities
- Employing hand sanitizers when soap and water are not available
(NOTE - hand sanitizers are not effective when hands are visibly dirty!)

- Taking the time at the beginning of every shift and after every patient transport to wipe down surfaces in the back of the ambulance with disposable antimicrobial sanitary towels.
- Taking the time after every call to appropriately decontaminate equipment that has come in contact with a patient (this includes BP cuffs and stethoscopes)

Finally, all EMS providers should be reminded of the importance of observing blood borne pathogen (BBP) practices, as well as using appropriate personal protective equipment (PPE) when caring for patients. This includes:

- Exam gloves
- Face shields or safety glasses
- N95 respirator masks
(NOTE - any patient coughing with a fever and/or rash should be given a procedure mask!)
- Isolation gowns

More information about workplace disease control and prevention, including posters, can be found on the CDC website, www.cdc.gov .

**Visit
FLU.GOV to
get more
information
about
fighting the
spread of
influenza**



WINDOW FOR NARROWBANDING IS NARROWING

The Federal Communications Commission (FCC) deadline to narrowband VHF and UHF public safety and commercial licensees in the 150-174 MHz and 421-512 MHz band is **January 1, 2013**.

On or before then, **ALL** public safety radio operations must narrowband their radio equipment. This includes all base stations, repeaters, mobiles and portables. VHF Low band e.g.; 46.26, 33.96, 46.06, etc. are not required to be narrowband compliant under this deadline. The County UHF trunked radio system and ground operation channels ("Fireground") are already narrowband complaint.

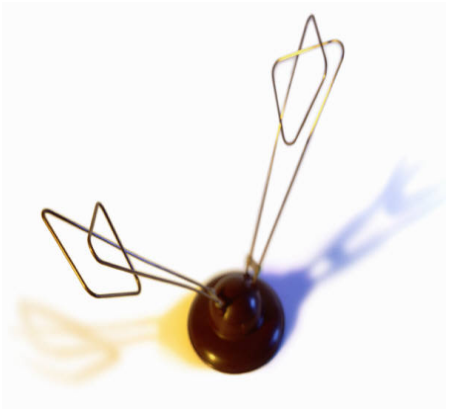
It is important that agencies are preparing for this system alteration now to assure the following:

- **System compatibility:**
Will your agency radio equipment or system allow for 12.5 kHz programming?
- **Reprogramming or equipment replacement costs:**
Does your agency have funds set aside to reprogram or replace equipment?
 - o Many radio pagers cannot be programmed with 12.5 kHz split.
- **Confirm that narrowbanding will not significantly decrease your radio system coverage:**
Will your agency need to expand system coverage or add additional infrastructure?
- **Process new FCC licensing for your agency radio system.**

It is important to work with your radio shop or vendor to assure your agency will be compliant this regulation. If an agency is not, their system(s) may interfere with other emergency services operations.

To better understand this mandate, please review the FCC website:

www.fcc.gov/narrowbanding .



HELLO, NEW JERSEY! UTAC/UCALL IS HERE!

DES is excited to announce that it has received grant monies from US Department of Homeland Security (DHS) to build a county-wide UTAC/UCALL command and control communications system.

The UTAC/UCALL frequencies are federally designed for emergency services interoperable radio communications. The system utilizes Ultrahigh Frequency (UHF) range. The UTAC/UCALL system will enhance interoperable land mobile radio communications between first responders and local, regional and federal resources.

This means that besides being able to communicate with each other, Westchester emergency service agencies will also be able to communicate with mutual aid resources coming from outside the area during a small or large scale multi-agency event. The program includes designing and building radio repeaters, adding antennas and programming the

existing UHF trunk radios located in each police headquarters, first line fire apparatus and EMS unit in the County.

Already a number of contiguous counties and states utilize this type of system to coordinate large-scale responses (e.g. NYC, LI, NJ and CT). The system is used by police, fire, EMS and Emergency Management agencies in these jurisdictions.

UTAC/UCALL will use some of the existing tower sites and hardware, such as control stations, mobile, and portable radios. As designed, UTAC/UCALL will allow countywide UHF interoperability independent of the County (T1 fiber network) site connectivity or trunk radio system. It will also be able to be activated when needed by the Emergency Communications Center (60-Control).

UTAC/UCALL will ultimately help the County in

Continued on last page

Did you know that there are training PPTs for the Trunk radio system on the DES website?

CME RECERTIFICATION: NOT FOR EVERYONE IT SEEMS

When the Continuing Medical Education (CME) Recertification Program was unveiled by the NYS DOH several years ago, it was lauded as an idea whose time had come. Those EMTs who had spent years taking the state exam every 3 years were elated at finally having an option to use CMEs to recertify. The general opinion was that this new process was going to make the recertification process much easier for all involved. Ah, how opinions have changed.

Month after month, the EMS Division fields questions from desperate EMTs and Paramedics who have their recertification deadline rapidly approaching and, for a myriad of reasons, do not have the required material for submission to the state.

Before you choose to participate in the NYS CME Recert program, there are several questions that have great import as to whether or not the program is for you:

- Is your agency registered or are they planning on registering as a participating service with the state?
- Does your agency have a Certified Instructor Coordinator (CIC) to review and evaluate the applicability of the classes you are submitting to the state?
- Do you have the opportunity to attend both core and elective CME classes in your area?
- Do you have and make the time to attend both core and elective CME classes in your area?
- Do you have the organizational skills to keep track of all the required documentation regarding the CME classes you attend?
- Will you have **ALL** the required CME and skill evaluations completed to be submitted **NO LATER** than 45 days before the expiration date on your NYS certification card?

Each individual EMT or Paramedic should sincerely and honestly evaluate the likelihood

that they can successfully complete the requirements of this program based on how they answer the above questions.

Also, each individual EMT or Paramedic should realize that her or she is the one who has the most to lose if they fail to complete the requirements. Relying solely on overburdened agency officers to pay attention to what material may be missing from your portfolio when there are many other members or staff also participating is a recipe for disaster.

To start on the right track, and hopefully stay there, follow these best practices:

- Read the NYS CME Recertification manual
- Sign up for the Westchester County listserv to obtain information on local EMT classes (a great way to pick up core content) and training that is being offered at DES
- Make and secure copies of any documentation related to completed CME (in addition to what you have provided to your agency)
- Talk to your agency's CIC about classes with non-traditional subjects or unclear CME approvals **BEFORE** you attend so they can evaluate it
- Assess your progress every 6 months or so
- Have your entire portfolio ready for review 60 days before your expiration date.

Unfortunately, it has been the experience of the EMS Division that there are still too many EMTs and Paramedics who ask questions about the requirements of the CME Recert program and their own responsibilities only when it is too late to remedy the situation – or register for a refresher class.

The manual for the NYS CME Recertification Program can be found on the NYSDOH Bureau of EMS website:

<http://www.health.state.ny.us/nysdoh/ems/certification/cmerecert.htm> .

Sign up for the EMS listserv on the DES website. Visit www.westchestergov.com/emergserv and go to the EMS Division section. Look for "Join the EMS Email List."



**Got
questions
regarding
the CME
Recert
program?
Call BEMS
at
518-
402-0996,
ext 1,
ext 4.**



REMAC ALS CREDENTIALING: KEEP IT CURRENT

As every ALS provider knows, after making sure that he or she recertifies with NYSDOH, filing for regional re-credentialing is vital to maintain their ability to practice in the Westchester County/Region.

Per the Westchester Regional Emergency Medical Advisory Committee (REMAC), in order to successfully complete re-credentialing, an ALS provider must have:

- A valid NYS Certification card at the ALS level (either EMT-I or EMT-P)
- Completed 48 hours of CME
- Completed 24 hours of Call Audit
- A re-credentialing support form signed by both the Chief Operating Officer (or QA/QI Officer) AND the Service Medical Director of their Primary Agency documenting the completed CME and CA hours

- A completed re-credentialing application

When submitted, copies of the certification card along with a copy of a current driver's license (or other governmentally issued photo ID) must be attached.

The Regional EMS Office sends notices to all the ALS EMS agencies regarding the providers listed as primary with them who will be coming up for expiration, and reminds them to visit the Westchester REMSCO website to see the real-time listing of all EMT-I's and Paramedics who are currently credentialed to practice at those levels. This list can also be viewed by going directly to:

<http://remac.westchestergov.com> .

If you have any questions regarding the Westchester Regional ALS re-credentialing process, contact the Regional EMS Office by calling 914-231-1616.

**Visit the
Westchester
Regional EMS
website at
wremSCO.org
for all
REMAC forms
and policies**



LAST BUT NOT LEAST...

Update Agency Officers' Contact Info:

To assure that DES has the correct 24/7 agency contact information it is vital that every EMS agency sends DES the current phone and email addresses for officers so we can send important notifications immediately. Agency point of contact (POC) forms can be downloaded on the DES website at: <http://www.westchestergov.com/emergserv/jdocs/emsinv.pdf>

The forms can also be scanned or faxed to the DES office for processing.

Announce ALS Call Audits:

Every ALS credentialed provider needs 24 hours of call audit every 3 years. Even if all the bedside call audits are taken advantage of, that still leaves 20 hours. *Please, please, please* notify the Regional EMS Office of any call audits that are being locally arranged (i.e. agency level) so that it can share the information with other ALS providers in the system.

Report Adverse Events to NYS Promptly:

Everyone should know that certain events are required to be reported promptly to NYSDOH (see Part 800.21-Q). But how many of you know that NYSDOH has a new reporting form for those adverse events? The form, DOH-4461, can be found on the NYSDOH BEMS website: <http://www.health.state.ny.us/forms/doh-4461.pdf>

Electronic PCRs (E-PCRs)

More and more EMS agencies are investigating the implementation of E-PCRs into their operations. All EMS agencies should be aware by now that the Westchester REMSCO and the NYSDOH have policies in place that govern this process. Also, the NYSDOH is moving forward with the development of its statewide data bridge that will allow for better sharing of data with all the EMS regions. Questions about the E-PCR approval process? Contact the Regional EMS Office at 914-231-1616.

REMINDER!

The Westchester REMSCO will be holding the Annual EMS Dinner during National EMS Week in May 2011.

Starting in January, the Public Information and Education Committee will be contacting all the EMS agencies regarding submission of nominations for the awards.

Information on the awards will be posted soon on: www.wremSCO.org

STAY TUNED !

We are on the web!

www.westchestergov.com/emergserv

WESTCHESTER COUNTY
DEPARTMENT OF EMERGENCY SERVICES
EMS / COMMUNICATIONS

Chief Michael Volk

4 Dana Rd

Valhalla, NY 10595

mkv1@westchestergov.com

Business Phone: 914-231-1684

EMS: 914-231-1616

Communications: 914-231-1905



*We wish all our
emergency service
colleagues*

*A Happy, Healthy
and Safe*

New Year !

UTAC/UCALL— Cont'd from page 3

meeting the National Emergency Communications Plan (NECP) Goal No. 2 that states: "By 2011, 75 percent of non-UASI jurisdictions are able to demonstrate response-level emergency communications within one hour for routine events involving multiple jurisdictions and agencies." As an active participant on the NYC Urban Area Security Initiative (UASI), we will be required to meet this mandate.

In the coming weeks, vendors hired by the county should be contacting each EMS, Fire and police agency to re-program the county trunk radios.

To help successfully implement the program, training will also be provided to educate all EMS, fire and police agencies in the use of this system. Notifications will be made once the training has been planned and scheduled.

If anyone has questions regarding the UTAC/UCALL project, please contact Chief Volk.

Email Contacts for DES EMS & Communications Staff

- Captain Glen Cappello, (Communications) — ggc3@westchestergov.com
- Katherine O'Connor, (EMS) — koc1@westchestergov.com
- Nyle Salley, (EMS) — nas5@westchestergov.com
- EMS Program Agency / REMSCO
 - Dan Olmoz — dno1@westchestergov.com
 - Phyllis Smalley — pasb@westchestergov.com



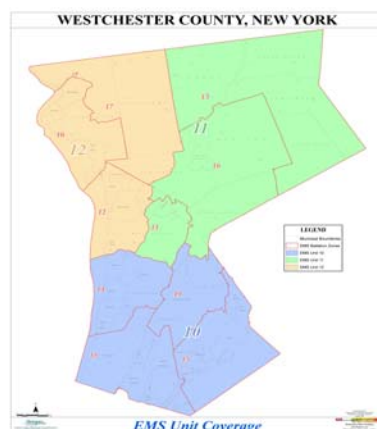
EMS ZONE COORDINATORS

DES-EMS Zone Coordinators serve as support staff for Westchester's EMS Agencies. If your agency has an operational question about the trunk radio system, would like help training or information for your monthly meetings or assistance with your next inter-agency drill or exercise, contact your EMS Zone Coordinator at the contacts listed below. They can also do a presentation about County DES activities at your next meeting.

EMS Zone 10 - Michael Liverzani
914-760-4729
mliverzani@townofmamaroneck.org

EMS Zone 11 – Guy Singer
914-804-7014
gms3@westchestergov.com

EMS Zone 12 – Vacant
Contact Chief Michael Volk.



**Has your agency considered what being
dispatched by 60-Control can provide?**

24/7

- **Dedicated dispatch service for EMS / Fire**
- **Emergency Medical Dispatch (EMD-pre arrival instructions) for medical aid calls**
- **Web-based electronic access to your dispatch records**

**Contact us for more information and a
demonstration.**

**For more information contact:
Chief Michael Volk**