Western Regional Emergency Medical Advisory Committee
Meeting Minutes
November 18, 2020

Chair*:* Dr. Mike O'Brien called the meeting to order at 1:00 p.m.
Voting Members: 12
Non-Voting Members: 6
See attached motion table

TOPIC	DISCUSSION	ACTION
APPROVAL OF PREVIOUS MINUTES	Approved September meeting minutes	**MOTION 20-14**
CORRESPONDENCE	Reviewed	
SEMAC/SEMSCO **BART/WALTERS/TAKATS**	Next meeting is to be held in December 2020	
WREMAC CHAIR REPORT	-	
TRAUMA ADVISORY COMMITTEE **BETH MOSES**	No report.	
NURSE ADVISORY COMMITTEE **BRUCE TRZEPACZ**	No report	
PREHOSPITAL COMMITTEE **G. GILL**	Committee has been removed as an Agenda Item and will be added as an ADHOC as needed	
PROGRAM AGENCY REPORTS **A. BIG LAKES** **B. SOUTHWESTERN** **C. UBMD EMS DIVISION**		
INTERFACILITY TRANSPORT PROTOCOLS - J. TEUSCHER	Committee has been removed as an Agenda Item and will be added as an ADHOC as needed	
COLLABORATIVE PROTOCOLS **CLEMENCY/BART/WALTERS**	No report	
QUALITY IMPROVEMENT **TANAKA/BORTON**	No report	
EQUIPMENT COMMITTEE	Committee has been removed as an Agenda Item and will be added as an ADHOC as needed	
RESEARCH / EDUCATION **B. CLEMENCY**	Committee has been removed as an Agenda Item and will be added as an ADHOC as needed	
AD HOC NATIONAL STANDARDS COMMITTEE-CLEMENCY	Committee has been removed as an Agenda Item and will be added as an ADHOC as needed	
AD HOC CARDIAC ARREST **S. LANIPHER**	Committee report back to the membership – attached	
OLD BUSINESS	1. ByLaws Review – they need to be reviewed every two years. Dr. O'Brien	

	will be reaching out to those interested prior to Janaury mtg. 2. SCT/Critical Care Protocols – tabled until further notice 3. Alphabet Online Courses – Tabled until further notice – Dr. O'Brien will do more research and talk with DOH for recommendations 4. Medical Control from Oishei – Dr. O'Brien will get together with the physicians from Oishei and put together a universal statement not hospital specific – tabled until further notice 5. Online Medical Direction – Dr. Borton will be putting together a training video for all providers. If you have any information you would like added please reach out to Dr. Borton. 6. Keystone Treatment-in-Place Pilot was introduced and a motion was put forth to support the pilot 7. Current NOI's / Approvals a. **Epi Pen NOI for** Rescue Hose b. **Syringe Epi NOI for** Rescue Hose c. **Blood Glucometry approval for** Rescue Hose d. **Albuterol approval for** Rescue Hose e. **Level of Care Change for** Cattaraugus Area Ambulance Service – Paramedic to Basic f. **E-PCR approval for** Wendelville FD, South Lockport FD, Alden FD, and ECA Services (emsCharts – Trauma Soft) 8. During COVID -19 pandemic the WREMAC gave the Chair, Dr. O'Brien, the ability to push out documentation and make decisions on behalf of the WREMAC, Dr. O'Brien will convene ad hoc committees and consult with members whenever time allows.	**MOTION 20-15** **MOTION 20-16**
NEW BUSINESS	1. 2021 Annual Skills – a motion was brought to the membership regarding waiving the 2021 annual skills with the exception of CME Recertification – will be revisited at the January 2021 mtg. 2. Motion to extend the Chair's responsibilities during COVID 3. Pediatric Transport Safety – Alicia with post a guidance doceument provided by the State on the WREMAC website	**MOTION 20-17**
ISSUES FROM THE FLOOR		
ADJOURNMENT	**Adjourn – Dr. Kenyon**	**MOTION 20-18**

THE NEXT WREMAC MEETING WILL BE HELD ON JANUARY 20TH .

2019-20 Motion Table – Western Regional Emergency Medical Advisory Committee

#	DATE	MOTION	MADE BY	SECOND	ABSTAIN	NAY	APPROVED
19-27	**11/20/2019**	Motion to accept the September 2019 minutes	**Dr. Borton**	**Dr. Lynch**			
19-28	**11/20/2019**	Motion to accept WREMAC Rep changes approved Olean General – Philip Senger, MD Brooks Memorial– Christian Krawczyk,DO	**Dr. Lynch**	**Dr. Walters**			
19-29	**11/20/2019**	Motion to Approve en masse: **Medical Director Change for** Dr. Beg to Dr. Borton for Olcott Fire and the WREMAC Chair to Dr. Takats for South Wales **PAD NOI for** Total Piping Solutions, Town of Bergen, Canisius High School, Schreiner MediPharm and NYS Justice Center **Naloxone Admin NOI for** Springville FD	**Dr. Walters**	**Dr. Cosgrove**			
19-30	**11/20/2019**	Motion to Adjourn	**Dr. Walters**				
20-01	**01/22/2020**	Motion to accept the November 2019 minutes	**Dr. Borton**	**Dr. Walters**			
20-02	**01/22/2020**	Motion to accept WREMAC representative changes approved by REMSCO–Millard Suburban will be John McNamara, DO with Josh Lynch, DO as Alternate	**Dr. Clemency**	**Dr. Walters**	**Dr. Lynch Dr. McNamara**		
20-03	**01/22/2020**	Motion to accept all approvals en masse: **Blood Glucose approval for** Independence Emergency Squad, Inc. **PAD NOI for** Flexo Transport LLC **e-PCR approval for** Corfu Fire **CPAP approval for** Stafford Fire	**Dr. Walters**	**Dr. Borton**			

20-04	**01/22/2020**	Motion to Adjourn	**Dr. Walters**				
20-05	**03/18/2020**	Motion to accept all approval en masse: Letter of Support for Seneca EMS LOC upgrade to EMT-P – Dr. O'Brien will draft and send to Dr. Bart. **Blood Glucose approval for** Seneca EMS **E-PCR approval for** Angelica Rescue Squad **CPAP approval for** Wrights Corners, Seneca EMS **PAD NOI for** Seneca EMS **EPI Syringe NOI for** Cattaraugus Ambulance Service, Wrights Corners, Highland Hose, Lackawanna FD, Seneca EMS, Silver Creek Fire Dept. **BLS 12 Lead Approval for** Cattaraugus Ambulance Service, Wrights Corners, Seneca EMS **Naloxone NOI for** Seneca EMS **Albuterol Approval for** Seneca EMS	**Dr. Walters**	**Todd Reisner**	**Dr. Seth**		
20-06	**03/18/2020**	Motion for Credentialing – Due to COVID-19 there will be a 90 day extension. Skills will needs to be submitted by September 30, 2020.	**Dr. Lynch**	**Dr. Teuscher**			
	03/18/2020	Motion - During COVID -19 pandemic the WREMAC gave the Chair, Dr. O'Brien, the ability to push out documentation and make decisions on behalf of the WREMAC, Dr. O'Brien will convene ad hoc committees and consult with members whenever time allows.	**Dr. Walters**	**Dr. Teuscher**	**Dr. O'Brien**		
20-07	**03/18/2020**	Motion to Adjourn	**Dr. O'Brien**				

20-08	**05/13/2020**	Motion to accept both the January and March minutes	**Dr. Wenner**	**Todd Reisner**			
20-09	**05/13/2020**	Motion to accept approvals en masse: **e-PCR approval for** Lewiston Fire and City of Olean FD (Change to ESO) Level of Care upgrade for Pike Rescue Squad – EMT-CC to EMT-P	**Dr. Clemency**	**Todd Reisner**			
20-10	**05/13/2020**	Motion to Adjourn	**Todd Reisner**				
20-11	**09/15/2020**	Motion to accept the May 2020 minutes	**Todd Reisner**	**Dr. Walters**			
20-12	**09/15/2020**	Motion to accept approvals en masse: **Summer Approvals**: South Wilson approved for **Blood Glucometry**, **Albuterol**, **Syringe EPI** **Medical Director Change** for Portville FD – Dr. Lamothe to Dr. Walters **Level of Care Change** for Chautauqua Cty EMS – Basic to Paramedic **Provisional Level of Care Change** for Amity Rescue Squad – AEMT – Paramedic to facilitate CS License application **Current Approvals/NOI's** **Epi Pen NOI for** Chautauqua Cty EMS **Syringe Epi NOI for** Chautauqua Cty EMS, Sloan Active Hose Co #1 **BLS 12 Lead approval for** Chautauqua Cty EMS	**Dr. Walters**	**Dr. Teuscher**			

		BLS CPAP approval for Chautauqua Cty EMS **Blood Glucometry approval for** Chautauqua Cty EMS **Albuterol approval for** Chautauqua Cty EMS **BLS Naloxone NOI for** Chautauqua Cty EMS **Level of Care Change for** Bemus Point VFC – Paramedic to Basic **Medical Director Changes for** Tri Community Ambulance – Dr. Franco to Dr. Gorman and St. Johnsburg FD – Dr. Franco to Dr. Gorman					
20-13	**09/15/2020**	Motion to adjourn	**Todd Reisner**				
20-14	**11/18/2020**	Motion to accept the September 2020 minutes	**Dr. Kenyon**	**Dr. Walters**			
20-15		Motion to Support the Keystone Treatment-In-Place Pilot	**Dr. Clemency**	**Dr. Walters**			
20-16		Motion to accept approvals en masse: **Epi Pen NOI for** Rescue Hose **Syringe Epi NOI for** Rescue Hose **Blood Glucometry approval for** Rescue Hose **Albuterol approval for** Rescue Hose **Level of Care Change for** Cattaraugus Area Ambulance Service – Paramedic to Basic **E-PCR approval for** Wendelville FD, South Lockport FD, Alden FD, and ECA Services (emsCharts –	**Dr. Walters**	**Dr. Tuescher**			

		Trauma Soft)					
20-17		Motion to extend the Chair’s approval process during COVID	**Dr. Teuscher**	**Dr. Cosgrove**			
20-18		Motion to adjourn	**Dr. Kenyon**				

CATTARAUGUS COUNTY OFFICE OF EMERGENCY SERVICES
303 Court Street
Little Valley, NY 14755

May 24, 2018

Cattaraugus County Fire & EMS providers,

As many of you know the treatment of cardiac arrest in the pre-hospital setting has changed in recent years. Rather than arriving on scene and initiating rapid transport, protocols now direct EMS to remain on scene and perform high quality CPR while minimizing interruptions. Studies show that the patients have a greater chance of survival when high quality CPR is performed at the location of the arrest rather than through rapid transport.
This shift in treatment results in several hurdles for not only EMS but patient family members as well. Sometimes families are confused as to why EMS is not taking their loved one to the Emergency Department, what happens after EMS terminates resuscitation efforts, what the family does next and who they can call for information or help.

To help EMS face these challenges we are providing the following informational resources:

1. **Treatment of Cardiac Arrest by EMS Pamphlet** – A trifold pamphlet that contains discussion points EMS providers can reference when speaking to families about the treatment of their loved ones in cardiac arrest. In addition, the pamphlet can be left with the family to provide them with information about what to do next and who to contact if they need assistance. These pamphlets can also be distributed by the EMS agency throughout their community. It is best to print these pamphlets in color, and double sided.

2. **EMS Delivery of Death Notification** - This document contains suggestions and guidance on how to interact with bystanders and family after resuscitation has been terminated. It has helpful; phrases, actions to take, and a model script that can be used by EMS to tell the family that the patient has died.

3. **EMS Considerations at Death Scenes** - Developed in conjunction with Cattaraugus County Sheriff's Office and County Coroners this document provides considerations for Fire & EMS providers who respond to scenes where a death occurred. These considerations help preserve the integrity of the scene to help facilitate the death investigation.

We hope that these resources help to better prepare providers that encounter a prehospital cardiac arrest or death.
If you have any questions or comments please let us know.

FD

EMS Delivery of Death Notification

Prepare yourself:
- Take off your gloves, tuck in your shirt and wipe the sweat off your face.
- Softening – the switch from resuscitator to death notifier (from clinical to empathic).
- Direct yourself to spouse, parent, family member or friend.
- Put yourself on the same level (sitting or standing).
- Make eye contact but don't stare.

Deliver the death notification:

Suggested script of notification:

"I'm sorry, we've done everything we could and all of the same treatments they would have done in the ER. I talked to the doctor and (s)he agrees the condition was so severe that we were unable to revive your <<family member>>. We tried everything we could and I need to let you know that (s)he is dead. I am very sorry for your loss."

- Deliver the death notification by using the 'D' word: dead, died, death. (helps avoid denial)
- Deliver quickly – don't drag it out.
- Reassure about resuscitation efforts (if started): "We did every medical procedure possible, but were unable to revive him/her".
- Allow a pause for survivor response.

Using Touch:
- Generally touching key survivor's hand, shoulder or arm is sign of closeness.
- Take survivor's lead from there.
- Hugging the survivor works for some providers. Gauge the situation appropriately.

Helpful Phrases:
- I can't imagine how difficult this is for you
- I know this is very painful for you
- I'm so sorry for your loss
- It must be hard to accept
- It's harder than most people think
- You must have been very close to him/her
- How can I help?
- Most people who go through this react just as you are

Comments to avoid:
- God clichés such as "It was actually a blessing because..."
- Unhealthy expectations such as:
    - You shouldn't feel/act that way.
    - Aren't you lucky that at least...
    - You must get a hold of yourself.
    - You must focus on your precious moments.

- Hurtful Phrases/Basic Insensitivity:
  - I know how you feel. My _ died last year.
  - We all have to deal with loss.
  - At least s/he died in their sleep.
  - S/he had a very full life.
  - Everything is going to be OK.
  - I'm sorry. (in isolation = pity)

<u>Supporting Survivors:</u>

- Describe what you did and why.
- Listen to how the survivor feels and what they need.
- Answer with honesty (not brutal) & in a nonjudgment way. Omit clichés.
- Do not reinforce denial of death
- Restrain violent survivors only enough to protect them and you. (involve police)
- Offer to make tea, coffee, get drinks.
- Offer to call relatives if needed.
- Don't feel you have to keep talking – just being there is usually sufficient.
- Offer the family the chance to say goodbye, including touching deceased (consult with police).
- Place the body in an appropriate location such as in bed. (if local coroner/police authorities allow)

What do I do next?
Who do I contact for more information?

In most instances, the best person to contact is your funeral home director. They are very knowledgeable and can walk you through the next steps in the process to arrange funeral and burial services.

If you were not present at the scene and have specific questions regarding the investigation, the local dispatch center can help get you in contact with the appropriate law enforcement officers, coroner, or medical examiner. They should be contacted on their non-emergency line:

Cattaraugus County Dispatch
716-938-9191

Where can I turn for help?

The death of a loved one can be difficult. Fortunately there are a variety of services available to help you through this. If you are interested in any counseling or mental health services you can contact the Cattaraugus County Department of Community Services for more information:

Olean Counseling Center:
Olean County Building
1 Leo Moss Drive, Suite 4308,
Olean, NY 14760.
Phone 716-373-8040

Salamanca Counseling Center:
117 1/2 Main Street
Salamanca, NY 14779.
Phone 716-945-5211

North County Counseling Center:
Stone House - Third Floor
9824 Route 16,
Machias, NY 14101.
Phone 716-353-8241

Or visit their website:
http://www.cattco.org/community-services

Treatment of Cardiac Arrest by EMS

A resource for patients & families

WREMAC

Treatment of Cardiac Arrest

The management of cardiac arrest (when the heart stops beating) in the prehospital setting has changed greatly in recent years. It is now common that patients in cardiac arrest will be treated by EMS at the scene and not transported to the emergency department (ED).

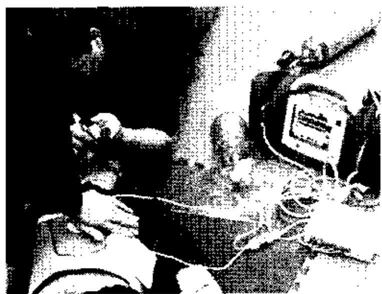
Through multiple medical studies we now know that:

- The chance of survival decreases significantly in the first few minutes after cardiac arrest
- The best chance the patient has at survival is by providing high quality cardiopulmonary resuscitation (CPR) and early defibrillation when warranted
- CPR provided when moving a patient out of a house or in a moving ambulance is not as effective as CPR performed at the scene
- Ensuring high quality compressions as soon as possible at the scene offers the highest probability of survival
- CPR and advanced cardiac life support (ACLS) care provided by the ED is the same treatment EMS provides in the field
- Providing the best cardiac arrest care may necessitate long treatment times on scene

What happens when my loved one is deceased?

When a patient cannot be resuscitated and dies outside of the hospital, the cause and manor of death is explored. Often there will be some investigation at the location of the death. This typically involves collaboration between the following entities:

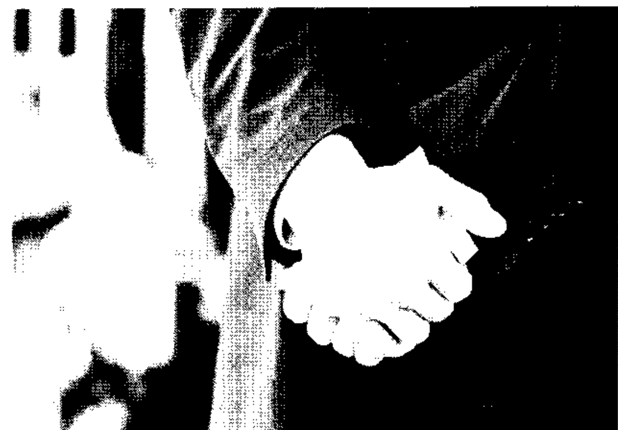
- Investigators from the local police department, sheriffs office, or state police
- The local coroner and/or medical examiner's office



Where is the body taken afterwards?

The deceased person's body may remain on scene for a little bit while the cause of death is being examined. Depending on the circumstances and location the body may then be transported to the coroner's or medical examiner's office for further investigation or an autopsy if warranted.

If the investigation is completed the body may be released directly to the patient's funeral home, or taken temporarily to the coroner's or medical examiner's office, or to a local morgue until arrangements can be made for the body to be released to the funeral home.



CATTARAUGUS COUNTY OFFICE OF EMERGENCY SERVICES
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EMS Considerations at Death Scenes
May 2018

Fire and EMS providers often encounter scenes in which a death has occurred. Although patient care is our priority, if no resuscitative efforts are indicated or should efforts be terminated, it is critical to make every effort to preserve the scene to allow law enforcement an opportunity to investigate and obtain information surrounding the cause and manner of death, particularly when the death appears to the provider as having the potential to being unnatural. This Advisory, developed in collaboration with the Coroner and area law enforcement agencies, provides considerations for Fire and EMS providers when encountering deaths. These considerations do not represent policy nor standard of care, however they do represent best practices that when situations allow, should be considered to preserve the integrity of the scene and facilitate law enforcement investigation.

Limit Numbers – In situations where Fire or EMS is "confirming" a death reported by another agency or individual (Law Enforcement, etc); it is best to have a single provider enter the location to confirm death rather than having an entire crew or company enter.

Leave Disposable Medical Care Items In Place – Upon confirmation of death, all examination and treatment should cease. Further manipulation of the body is not recommended. Always leave any disposable medical care items in place – EKG electrodes, endotracheal tubes, IV's, etc. There is no need to pick up trash around the scene, it may be left to leave things as undisturbed as possible.

Do not place bags or any foreign materials on the hands – Avoid touching the hands whenever possible and avoid placing IV's in the hands. EMS providers should not "bag" the hands to preserve any evidence. This should only be done by law enforcement or Coroner personnel.

When possible, do not cover the body – Placing materials on top of the body (blanket, sheet, etc) can introduce materials (fibers, DNA, etc) that may cross-contaminate. In a residence, the best approach is to secure the room by closing the door until law enforcement arrives. In a "public" place, covering the body with a sterile burn sheet, if available, is the preferred method.

Considerations for Children – As difficult as a pediatric death is, it is best to not allow caregivers to make contact with the child, nor place items on or next to the child (blankets, toys, etc) unless otherwise directed by law enforcement.

Provide Responder Information to Law Enforcement – In most situations, law enforcement will request the name and date of birth of each of the responders that made contact with the decedent. This is important to track the individual(s) that entered the scene and is a routine part of an investigation.

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Document Everything – A thorough prehospital care report is always expected, however for deaths it is even more important to document not only the findings of the patient (position found, evidence of trauma, lividity, rigor, clothing worn, interventions performed, etc) but also the circumstances of the location and what, if anything, was moved to gain access to the patient. Further, it's important, whenever possible, to document any information obtained from bystanders and who shared that information. To be clear, EMS is not responsible to document everything found at a scene, but documenting what was said, done, and seen will significantly aid the writer should they be required to provide additional information at a later date. Of note, the provider should not provide any sketches of the scene – that should be left to investigating personnel.

The Coroner may have a copy of the Prehospital Care Report (PCR) – Statute allows the release of medical care records to the Coroner without the need for a subpoena. Timely completion of a PCR, and should the Coroner request it, prompt transmittal of the PCR can facilitate the initial steps of the investigation.

With any questions, please do not hesitate to contact this office.

FD