

**Nassau County
Police Department
Emergency Ambulance Bureau**

REPORT



September 28, 2020

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Nassau County
Police Commissioner

AMBULANCE ENHANCEMENT COMMITTEE

- Nassau County Police Department, Office of the Commissioner of Police
- Nassau County Police Department, Patrol Division
- Nassau County Police Department, Emergency Ambulance Bureau
- Nassau County Office of the Fire Marshal (also representing as the County Fire Coordinator)
- CSEA Local 830
- REMSCO
- Nassau County Fire Commission
- Nassau County Fire-Police EMS Academy (also representing as the County EMS Coordinator)
- Association of Fire Districts of Nassau County
- Nassau County Fire Communications (FireCom)

INTRODUCTION

The County Executive directed the formation of this Committee to provide an overview of the infrastructure of ambulance services in Nassau County. The Committee met with a goal of providing insight to the current EMS structure as well as formulating recommendations for areas of improvement.

Nassau County is comprised of 1.357 million citizens. Statistics show that the population of the County is both growing and aging. As the population grows, 911 call volume for medical emergencies has increased at an even higher rate.

Ambulance services are provided in Nassau County by different agencies: the Nassau County Police Department Emergency Ambulance Bureau ("NCPD EAB"), local Fire Departments, Volunteer Ambulance Corps, two contracted hospital system-based ambulance services (Winthrop and Northwell), and the private volunteer service Hatzalah.

There are seventy-one (71) local community-based volunteer Fire Departments ("FD") and six (6) Volunteer Ambulance Corps ("VAC") within Nassau County. Calls for service are received and dispatched in a variety of ways as detailed below.

The following report is respectfully submitted to identify areas where ambulance service can be improved and recommendations on how to best implement those improvements.

BACKGROUND

NCPD EMERGENCY AMBULANCE BUREAU

The Nassau County Police Department's Emergency Ambulance Bureau ("EAB") is the predominant career-staffed municipal ambulance agency in Nassau County and handles the majority of 911 EMS calls in the county.

EAB members in the Police Medic job title hold one of two levels of training/state certification:

- Emergency Medical Technician - Critical Care (EMT-CC) or
- Emergency Medical Technician - Paramedic (EMT-P) ("Paramedic").

Approximately 75% of EAB members are certified at the Paramedic level with the remainder at the EMT-CC (Critical Care) level. EMT-CCs and Paramedics are both considered trained to the Advanced Life Support ("ALS") level, however, Paramedics operate at a higher level of care and greater scope of practice as compared to EMT-CCs.

EAB is staffed by Police Medics with jurisdiction that spans the County, twenty-four (24) hours a day, seven (7) days a week, fifty-two (52) weeks per year. Police Medics operate twenty-eight (28) ambulances on the day tour, a twelve-hour shift from 0700 to 1900 hours and twenty-one (21) ambulances on the night tour, a twelve-hour shift from 1900 to 0700 hours. It is important to note that unlike most ambulance staffing models across the country which staff ambulances with two medics, EAB ambulances are staffed with a single medic. When an EAB ambulance is dispatched to a scene a Police Officer will also be assigned to respond to the scene. The Police Officer will drive the ambulance to the hospital so the Police Medic can treat the patient. The Police Officer's vehicle remains at the patient's home and must later be retrieved.

According to the Office of Management and Budget, the present budgeted headcount for Police Medics at EAB is one hundred forty-five (145). There are one hundred thirty-six (136) Police Medics currently assigned to EAB. The Nassau County Police Department seeks to progressively increase the total headcount to one hundred fifty-five (155) within one year and to one hundred sixty-five (165) within two years. Additionally, the Police Department is seeking to acquire two (2) additional ambulance posts per tour, requiring an investment in new equipment.

The increased staffing levels are needed to keep pace with retirements, separation from service and promotions. Additionally, EAB needs to fill roll calls while accounting for member's sick, vacation and other contractual leave entitlements. Further, the Committee submits that the starting salary for Police Medics in Nassau County is not competitive and makes recruitment of experienced applicants difficult.

- ***Suggested Action:*** *It is suggested that the County have discussions with Civil Service regarding bringing experienced candidates in at a higher step. This analysis would also need to involve the County Attorney so that a review of the Collective Bargaining Agreement between the County and the CSEA could be*

conducted to be sure that hiring at a higher step for this position would not impact the County's obligations to other employees.

Another factor in recruiting qualified individuals for the Police Medic title stemmed from the fact that the position required residency in Nassau County, thereby limiting the pool of qualified applicants. This is in the setting of a national and regional paramedic shortage.

- *Suggested Action: Rely on a residency waiver to increase recruitment. The County Executive's Office has executed a residency waiver for this title. The NCPD is optimistic that this waiver will increase the number of qualified individuals applying for the position of Police Medic. The Committee is appreciative of the County Executive's efforts in this regard.*

FIRE DEPARTMENT AMBULANCE & VOLUNTEER AMBULANCE CORPS SERVICES

The Nassau County Fire Service is made up of five (5) different organizations:

- Village Fire Departments
- City Fire Departments
- Fire Districts
- Fire Water Districts
- Independent Fire Companies

There are six (6) Volunteer Ambulance Corps. ("VAC") in the county:

- Atlantic Beach Rescue
- Bellmore Merrick EMS
- Glen Cove EMS
- Malverne Volunteer Ambulance Corp.
- Mineola Volunteer Ambulance Corp.
- Wantagh Levittown Volunteer Ambulance Corp.

There are seventy-one (71) Fire Departments ("FD") in Nassau County. These departments are broken down by geographic area into nine (9) battalions (*see Exhibit A*). Most of these departments provide Emergency Medical Services as part of their mission. Historically, these departments have been staffed by volunteers from the local community. However, the representatives of the volunteer fire departments who have participated in this Committee have advised of a significant decrease in the number of new volunteers at the local Fire Departments.

Additionally, while recruitment is low, there is a simultaneous difficulty in retaining veteran volunteers as those members find an increase demand on their time due to the low numbers of new recruits. This leads to a situation where those who do volunteer are unable to sustain the

commitment to the fire department while balancing their personal life and full-time employment. This is occurring in the setting of a steadily increasing volume of EMS calls.

Several thousand ambulance assignments are successfully transported by the Fire Service each year. However, if the Fire Service cannot meet their benchmarks due to recruitment and retention issues, the fallback is to assign those calls to EAB. Likewise, when the contracted hospital-based ambulances cannot meet response benchmarks, the fallback is to assign those calls to EAB.

The organizational structure of each FD or VAC dictates its funding, governance, accountability and response territory. Each of these 77 departments have different levels of staffing and different response abilities. While some of them remain all volunteer, many are classified as combination departments which supplement their volunteer staffing with full-time and/or part-time paid staff for fire suppression and EMS response.

- ***Suggested Action: The Fire Service and Nassau County must generate support for the volunteer Fire Service recruitment effort.***

Eleven (11) of the County's FDs do not maintain ambulances with six of those eleven operating as non-transporting emergency medical first responders and five not performing any EMS services.

Each of the seventy-one (71) fire departments and six (6) VACs have made an independent decision regarding their department's participation in the County's 911 system and where in the 911 "dispatch matrix" response order their department will be included. Some are the primary responders in their district, and some are positioned to respond only after one or more EAB ambulances have been dispatched and/or are unavailable. Some FDs do not participate in the 911 system at all, meaning although those departments may respond to a direct call to their department, they are not a part of the 911 dispatch matrix and a police ambulance will respond to 911 calls for EMS service in that area. Approximately forty-four (44) of the Departments utilize dispatching services through the County Fire Marshal's Fire & Rescue Services communications center ("FireCom") with the remainder employing their own in-house dispatchers or contracting with the in-house dispatchers of another FD.

CERTIFICATIONS AND LEVELS OF CARE

BLS and ALS are defined as:

BLS - Basic Life Support: Treatment provided by Emergency Medical Technicians. Training is generally from 8 to 150 hours and teaches mostly non-invasive first aid skills such as CPR, AED use, bleeding control, splinting, oxygen administration, childbirth and various other skills.

ALS - Advanced Life Support: Treatment provided by AEMT, EMT-CC or Paramedic. Training is generally 200-1500 hours and teaches advanced emergency medical assessment and diagnostic skills such as respiratory therapy, cardiology, OB/GYN; pediatrics, trauma care, vascular access, medication administration and advanced airway management techniques. Paramedics are the highest trained pre-hospital care providers and their training involves extensive clinical rotations

and an internship. Many of the critical treatments performed in the Emergency Department are provided by paramedics in patients' homes and on the street.

EAB operates as a one-tier ambulance system, in which all ambulances are equipped and guaranteed to be staffed at the ALS level. EAB ambulances can provide both BLS and ALS care, as needed, on a case by case basis.

All VACs and most FDs are credentialled at the ALS level. Elmont, Freeport, Hempstead, Levittown, Lynbrook, Meadowmere Park, Roosevelt, South Farmingdale, South Floral Park and Stewart Manor fire departments have either opted out of ALS or were downgraded to BLS due to state requirements.

All agencies accredited at the ALS level are required to have at least one credentialled ALS provider among their membership. However, if the volunteers on duty during a call are certified at the BLS level, that is the level of care given, regardless of the accreditation of the FD. So, although a FD may be accredited at the ALS level, they may not always be able to respond with ALS care, depending on certification of the volunteers on duty. This issue has been addressed by some agencies which have employed paid EMS responders or have pre-scheduled on-call volunteer duty crews in order to guarantee ambulance service when requested.

A BLS ambulance/crew can respond to any emergency call type. While ALS care is desirable for certain situations, it is not mandatory. We are fortunate in Nassau County to have relatively short transport distances to several local receiving hospitals. Having a BLS ambulance package and rapidly transport a patient to the nearest hospital for advanced level care if needed is recognized as an acceptable and appropriate practice. This is particularly efficient when the estimated time of arrival for an ALS ambulance exceeds the transport time to the closest hospital. An ALS ambulance may also take over patient care from a BLS crew that was first to respond.

DISPATCH OF AMBULANCE SERVICES

There are a variety of ways in which calls for ambulance services are received and dispatched. Calls for EMS service are not dispatched based on the type of call and the level of care needed. For example, calls are not categorized as needing BLS (i.e., a broken arm) as opposed to ALS (i.e., an irregular heartbeat cardiac event). The Nassau County Regional EMS Council (REMSCO) is responsible for the coordination of EMS within the County. As part of its mission, REMSCO coordinates and recommends changes to the response matrix. (*see Exhibit B*).

Calls to 911 or Local Fire Departments or Volunteer Ambulance Corps.

Residents can either call 911 or their local fire department or VAC directly when they need an ambulance. Sometimes both numbers will be called.

Call to 911

A call to 911 will be dispatched based on the location of the call. The county is broken down into geographic areas that are assigned Emergency Service Numbers (“ESN”). The ESNs make up the “response matrix” that determines which ambulance will be dispatched.

Calls to 911 from villages which have contracted with private ambulance companies are discussed below. Otherwise, for calls in the county not within those villages, 911 calls are received and dispatched through the Police Department’s Communication Bureau (“CB”). Sometimes the local fire department is “first” in the matrix and in other instances, NCPD is first. When the local FD is first in the matrix, CB will route the call to FireCom which will dispatch the FD ambulance. Each fire department and VAC decides their position in the matrix. For example, the City of Long Beach FD chooses to be primary, meaning they are called first for all ambulance calls within their community and 911 calls will be routed to them first. Other departments, such as the Village of Williston Park, chose to be third and would only be dispatched if the first two local police ambulances stationed in the Williston Park area were already assigned to other calls and/or were unavailable. In areas where the fire departments have chosen not to respond to 911 calls, an EAB ambulance is dispatched regardless of its distance from the location of the call.

Direct Call to Fire Departments

Depending on the protocols of the department, a direct call to a local FD may be routed to FireCom or go directly to a FD dispatch center. Each FD has their own response procedures. After receiving a directly dialed request for EMS, most FDs will attempt to raise a crew for their ambulance to respond. If that department does not have the resources to respond they may attempt to direct the call to a neighboring department and/or send the call back to CB for EAB to respond.

The committee has discussed the fact that some fire departments have identified locations or addresses which they will not respond to. Examples of these locations include urgent care centers and group homes or locations with frequent calls for service. The committee submits that unless there is a known pre-existing safety issue which would necessitate a response from EAB, the fire department should be responding when dispatched per the “response matrix” for all calls.

- ***Suggested Action: Reinforce the necessity of not by-passing calls.***

Hospital Based and Private Ambulance Services

Incorporated villages have the option of contracting with outside ambulance services. Seven (7) villages within the County have contracted with hospital-based ambulance systems to either replace or supplement the response of their fire department ambulances. These villages operate their own police departments and have their own 911 systems. The villages of Hempstead, Rockville Centre, Old Westbury, Lynbrook, Lake Success, and Malverne have contracted with Northwell Ambulance. The Village of Garden City has contracted with NYU Winthrop Ambulance.

When a 911 call is received in these villages, the contracted ambulance is dispatched as the primary ambulance. EAB is the third ambulance in the matrix to respond to calls within the Village of Garden City. The other villages request EAB on an "as-needed" basis depending on contracted ambulance availability and call type.

Northwell Ambulance also operates "Private 911" where Northwell Health System's ambulance emergency number is called directly by clinics and doctor offices as well as to the homes of discharged hospital patients. Citing the interest of patient care, Northwell will also call 911 to assign EAB concurrently to "Private 911" responses in situations where Northwell has extended response times. This occurs countywide several times a day.

Hatzalah is a private volunteer EMS organization serving mostly Jewish communities around the world. It has at least two local branches that operate in Nassau County with bases of operations in Woodmere, West Hempstead and Great Neck. Hatzalah does not directly participate in the 911 system and provides their own dispatching when calls are made to their emergency phone numbers. While they operate independently, it is not uncommon for Hatzalah to arrive and work alongside FD/VAC and EAB ambulances.

The growing use of hospital- based and private ambulance services help in alleviating the pressure on the local fire departments to dispatch an ambulance when there is a call for EMS.

COMMITTEE REVIEW

The NCPD and local fire departments are committed to providing ambulance services to our residents in a timely, efficient and safe manner. The framework of County police ambulance service needs augmentation, both in headcount and in ambulances, to meet increasing EMS demands and provide support to the volunteer fire departments and ambulance corps. In addition to increasing the staffing levels at EAB, this committee has identified and discussed other possible areas to explore options relating to ambulance services in Nassau County.

EAB STAFFING

Of paramount importance to the Committee is staffing levels at EAB. The committee recognizes that there are certain budgetary constraints that must be acknowledged. The Committee is also cognizant of the fact that the County remains under a NIFA control period. However, in the course of the meetings held by the Committee and in reviewing the associated statistics, it is clear that the key component to providing the best level of ambulance services to the citizens of Nassau County is an increase in the number of Police Medics assigned to EAB. By strategically increasing the number of police medics assigned to EAB, the NCPD will be able to respond to more calls for service and rely less on local fire departments which are struggling to staff ambulances.

EAB has reported an upward trend in call volume. Calls for service which are initially assigned to the Fire Service often do not result in a fire department response, as they do not have the resources available for a response due to recruitment and retention issues. Those calls are being handled by EAB. EAB also reports that in addition to the increased call volume, EAB ambulances are traveling longer distances than ever before. This results in increased wear on equipment.

EAB needs to increase its headcount to ensure its ability to continue to respond to calls for service as needed. It is imperative that authorization for hiring continues over several years to offset retirements while simultaneously increasing overall headcount. Increased headcount will lessen daily roll call deficits and allow EAB to fill vacancies in post assignments. It will also allow EAB to respond to more calls which will lessen the strain on the fire departments.

- ***Suggested Action: Increase the budgeted headcount at EAB by ten within one year to 155 and work towards increasing the budgeted headcount to 165 within two years. The NCPD should focus efforts on maintaining staffing levels at EAB through recruitment and retention while factoring in retirements, promotions and separation from service.***

HIRING POLICE AMBULANCE DRIVERS

Although the goal of the Committee is to increase the budgeted headcount for Police Medics at EAB, the Committee has discussed the potential benefits of hiring "Ambulance Drivers" as medically trained second crew members. The NCPD would give priority to applicants who are BLS certified EMTs. The NCPD is exploring grant funding to cover the costs associated with hiring EMTs in this capacity. Hiring Ambulance Drivers provides a two-fold benefit. First, it

alleviates the need to have a first responder Police Officer drive an ambulance to the hospital, delaying the officer's return to patrol duties. Additionally, these titles may be viewed as a "stepping-stone" for applicants who may want to advance in the Department to the rank of Police Medic. Having two (2) medically trained providers on the crew will increase efficiency, decrease hospital turnaround time and increase available ambulances in the system. Although Police Medics assigned to EAB are trained to and do work alone on an ambulance, the presence of another individual on the ambulance who would be a partner to the medic would be beneficial.

- ***Suggested Action: Hire individuals in the title of "Ambulance Drivers" which will provide support to the police medics and reduce the number of Police Officers being taken off patrol to assist in these calls for service.***

PURCHASE OF ADDITIONAL AMBULANCES

In conjunction with an increase in the headcount at EAB, the Committee respectfully submits that the County should increase its fleet of ambulances. As stated above, the increased call volume coupled with greater traveling distances is causing wear on the current fleet. More ambulances are needed so that there are vehicles available while others are out of service for maintenance and repairs.

An increase in the fleet of ambulances will allow the Department to respond to more calls by expanding the number of ambulance posts. This includes calls which are currently being routed to volunteer FDs/VACs because EAB is unavailable. An increase in the ambulance fleet would increase the amount of calls EAB would be available to respond to instead of having the fire service respond. EAB can bill for those calls for service and as such would be able to offset the cost associated with acquiring additional ambulances. The increase in the fleet will also help to alleviate the strain on the volunteer fire departments.

The Committee has identified the Fifth Precinct as a priority for an additional ambulance post when the fleet is augmented. Additionally, the committee suggests the possibility of creating two new posts, one being a north shore "floater" and the other a south shore "floater" to be deployed based on call volume in the different areas of the County. Another suggested location for an additional post would be one located at or near the intersection of Newbridge Road and Hempstead Turnpike as an ambulance assigned to this post would be centrally located and nearby to calls for service received by the First, Third and Eight Precincts, all precincts with a high call volume.

- ***Suggested Action: Increase the ambulance fleet by two this year and re-evaluate the fleet annually to determine when additions or upgrades to existing ambulances are needed. The County should consider having a mechanic dedicated to the ambulance fleet so that ambulances can be returned to service more quickly.***

STATE LEGISLATION

There are two pieces of legislation pending in Albany that, if passed, would increase the County's ability to recover funds associated with the costs of ambulance services and would allow local fire departments to bill for these services. Most health insurance plans treat ambulance billing as an "out of network" service. Typically, insurance payments for "out of network" claims are mailed as checks directly to the patient and the patient is expected to forward that reimbursement to the County's ambulance billing vendor. However, a percentage of patients retain these checks without forwarding them as payment for ambulance services. As a result, EAB never receives that revenue. The first piece of legislation would permit the insurance companies to submit payment to EAB directly as payment for ambulance services rendered.

The second piece of legislation would allow the local Fire Districts to bill for their services. Volunteer fire departments are not permitted to bill for ambulance services. If they were able to bill and collect that revenue, they would be able pay BLS and ALS responders who could staff those fire departments and increase their ability to respond to calls for service.

Although the Committee recognizes that the County has previously supported this legislation, the Committee submits that the County should lobby at the state level again in support of both pieces of legislation.

- ***Suggested Action: Lobby at the state level for the passage of the two pieces of legislation discussed above. This legislation would optimize the County's ability to collect ambulance billing fees and provide a means by which the fire service could bill for emergency medical services.***

ENTERING INTO AGREEMENTS WITH FIRE DEPARTMENT FOR REIMBURSEMENT

The Committee suggests the County explore the possibility of entering into agreements with Fire Departments which would permit the County to reimburse the Fire Departments for calls they respond to when County ambulances are not available. As explained above, Fire Departments are unable to bill insurance companies for their ambulance services. The County can and does bill for these services. It is requested that the County Attorney review the applicable statutes, including NYS General Municipal Law sections 122-b and 209-b, to determine if such agreements between the County and local fire departments are feasible.

- ***Suggested Action: Confer with the Office of the County Attorney on the possibility of entering into agreements with local fire departments which would provide for reimbursement to those departments by the County.***

AMENDING THE LOCAL ORDINANCE THAT SETS AMBULANCE FEES

The Nassau County Ordinance which establishes the fees for ambulance billing (Ordinance No. 189-2012) was last amended in August 2012. The Committee has discussed the possibility of the County amending this Ordinance in order to increase this fee schedule. However, it is important to note that Government payers (Medicare and Medicaid) have established set fee schedules. Regardless of the fees set by County Ordinance, the amounts set forth in the government fee schedules, including any allowable patient deductibles or coinsurance amounts, are the maximum the County is permitted to collect for Medicare and/or Medicaid patients. It is unlikely that an increase to the Ordinance fees will result in any increase to revenue recognized from this particular group of patients. Furthermore, any increase to the Ordinance fees will only increase the gap between the Ordinance fees and the government set fee schedules and may result in what appears to be a reduced percentage of fees collected by the County overall.

- ***Suggested Action: Review the local ordinance which sets for the fees for ambulance billing to determine if the County should propose an amendment to increase those fees to be commensurate with other agencies and jurisdictions.***

ADJUSTING SHIFTS/TOURS AT EAB

The Department is currently reviewing the established shifts/tours and associated deployments at EAB. EAB may adjust the hours of the tours in order to have higher staffing levels during hours which have been identified as having a high level of calls for service.

- ***Suggested Action: NCPD should continue to review the tours and posts at EAB with an objective of having the tours and posts structured in such a way that EAB has resources available to respond to calls during peak call volume.***

REDUCTION IN DUAL RESPONSE

Dual response occurs when a Fire Department, intending to guarantee ambulance response within their district, initiates an EAB ambulance response concurrently with their FD response. While this serves to enhance ambulance response to one particular district, it is counterproductive. It is not uncommon to have multiple dual responses occurring in the county simultaneously.

When the FD is notified in a situation where they are listed first in the sequence of the response matrix, it is because the local EAB ambulances are already committed to other assignments. When the FD activates a dual response, it is creating a situation where an EAB resource may be assigned from a greater distance and be pulled away from its respective primary response area.

Dual response is detrimental to the EMS system. The fire service should either explore ways to increase their ability to field an ambulance when requested (e.g., duty crews, supplemental paid staff) or consider dropping down in their response matrix position (i.e., via REMSCO). Some FDs will monitor police radio transmission and alert their department to respond to assignments for

which the local EAB ambulance has already been assigned. This is also a duplication of resources and the risk of additional responding personnel and emergency vehicles outweighs any perceived benefit.

The Fire Marshal's office has committed to reaching out to those FDs with high numbers of dual response to communicate the impact of unnecessary dual responses on both the police department and the fire service. The goal of these conversations is to discuss the broader county issues and reduce the number of dual responses.

- ***Suggested Action: Request the Office of the Fire Marshal to continue and maintain communication with local fire departments on the issue of reducing dual response.***

CENTRALIZATION AND COORDINATION OF DISPATCH

The response matrix is complex. Calls for service are received and dispatched in a variety of ways. The Committee recommends that efforts be made to have all calls for service go to a centralized dispatch. This would require further integration of the police department communication bureau (CB) and FireCom. In order to carry out this type of initiative, the local volunteer fire departments would need to agree to transition away from direct dispatch or consider dispatch through FireCom. There would also need to be significant education/ information given to the public as many residents call their local fire department directly for EMS calls.

Increased coordination and centralization of emergency dispatch would also allow for a more expanded ambulance system, such as the one utilized by the FDNY EMS. This system could be a two-tiered configuration where some ambulances are staffed at the BLS level and others at the ALS level and calls are categorized, prioritized and dispatched into multiple, different BLS or ALS call types. The current structure of the EMS System in Nassau County does not allow for an effective two-tier system. This Committee has discussed implementation of priority dispatch in the future. To that end, the Committee recommends future discussions to explore ways to improve the method by which calls are classified and dispatched. If FireCom and CB were centralized and able to dispatch based on the type of call and care needed, there is an opportunity to conserve resources.

In discussing dispatch coordination, it has also been suggested that the matrix be set up in such a way that Fire Departments could "opt in" when they have enough members available to respond. For example, one FD indicated that during the months of December and January they have members who are home from college for the holiday break. By coordinating with FireCom and CB, that department could move up in the matrix to be available for calls during that time frame. EAB would fall second in line for a 911 call when they know FDs have members available. When the FDs availability to respond decreases, they drop back in the matrix. The concept of a more "fluid" or dynamic matrix according to known temporary staffing levels by the FD is innovative.

- ***Suggested Action: The County should actively work towards one centralized dispatch for emergency calls. This initiative should contemplate the merger of CB and FireCom and the elimination of direct calls to local fire departments. This project could also include an evaluation of EAB communication abilities and work towards enhancing***

those capabilities. The County should also explore the possibility of restructuring the “response matrix” to be more “fluid” so that fire departments can opt in and move up in the matrix when they know they have additional resources available.

TAX BREAKS FOR HOUSING DEVELOPMENTS

The reoccurring topic of the growing and aging Nassau County population includes the increased development and construction of large senior living properties, some of which might contain up to one thousand units. The individuals who reside in these communities are of a demographic that is likely to call for ambulance services. It has been suggested that the County explore making tax breaks for these developers contingent on their agreement that they will provide ambulance services for its residents for non-emergency situations. Many of these facilities already have contacts with non-emergency commercial ambulance companies.

- ***Suggested Action:** The County should explore the possibility of offering incentives or tax breaks to developers who commit to providing ambulance services for non-emergency situations.*

AMBULANCE TURN AROUND TIME

Both the Police Medics and the FD/VAC responders have expressed frustration about the length of time they are required to spend at a hospital emergency department after transporting a patient. Some reasons for the delays are shift changes at the Emergency Department, hospital overcrowding, flu season and the misuse by citizens of the 911 system and hospital Emergency Departments as access to primary healthcare for non-emergencies. This is an ongoing issue affecting EMS nationwide. The Committee has requested that County officials reach out to the executives of the hospitals in Nassau County that receive the highest number of patients from both PD and FD ambulances in order to engage in a conversation regarding ways in which the hospitals, Police Medics and volunteers can work together to decrease the time spent at the hospital, allowing those ambulances to return to service. These conversations would be in addition to the existing dialogue between REMSCO, system ambulance providers and the receiving hospitals in our county.

- ***Suggested Action:** The County should engage in an on-going dialogue with the Directors and/or executives of our local hospitals to work on ways to decrease the turn-around time in order to get ambulances back in service at a faster pace.*

AFTER-ACTON REPORT ON PEAK PANDEMIC RESPONSE

The recent pandemic severely stressed the physical and mental resiliency of the medics from both the Police Department and the volunteers from the fire service who responded on the front lines of this public health emergency. The Police Medics and the volunteers who responded to the calls for service during this pandemic demonstrated a level of professionalism and dedication that far exceeded any expectations during conditions which have been described by a member of this committee as "a true mass fatality event with an unrelenting call volume and severity of illness that none of us had have ever experienced or imagined."

The statistics for calls for service during this pandemic are staggering and demonstrative of the severity of the situation. During the pandemic the volume of EMS calls for service peaked at greater than 200% of historical call volumes from the same time period in 2019 (*see Exhibit C*). It is important to note that actual number of calls for service is even higher because this statistic, provided by the NCPD, does not include calls that were made directly to local fire department dispatch centers or dispatched from private ambulance contractors such as Northwell Health System.

The numbers show that those EMS responders in Nassau County that were actively engaged in COVID patient care, both Police Medics and volunteers from the fire service, were pushed to their limits. As we know, although Nassau County has been a role model for reducing the spread of the disease, the pandemic is not over.

STAFFING LEVELS

The pandemic highlighted the need to maintain staffing levels at EAB. It also demonstrated the caliber and professionalism of the medics assigned to EAB. It is imperative that the County take whatever steps are necessary to recruit the most qualified applicants for the position of Police Medic.

The police medics were responding to incredibly high numbers of pandemic calls at any given time with each call necessitating full PPE and requiring extensive turnaround time for decontamination, restocking etc. These were extremely physically and emotionally draining patient contacts, including many cardiac arrests, many critical patients who decompensated and many infectious patients. In addition to the physical toll on the Police Medics who were responding to call after call caring for extremely ill patients, the mental and emotional toll must be looked at as well. In order to try to alleviate some of the stress on the Police Medics during the pandemic, the department staffed EAB ambulances with two medics when possible. The Committee recommends continuing the practice of "doubling up" the ambulances with two medics staffing each ambulance. The members of the Committee noted that not only can the medics share the physical burden when responding to calls, but also the importance of having a partner when working and living through conditions such as those encountered during the pandemic is crucial. The Committee does not recommend discontinuing the use of Police Officers as first responders to initiate care and assist the ambulance crew, but overall emergency response and EMS system performance would be enhanced though the transition from a single-medical provider to a two-

person ambulance crew configuration of one Medic partnered by either a second Medic or at a minimum a permanently assigned partner trained at the minimum trained to the EMT level of certification . This recommendation necessitates the suggested increase in the headcount for EAB and evaluating the recommendation within this report that the County contemplate hiring ambulance drivers and/or certified second crew members.

The Committee must recognize the assistance of the ambulances and crews which were deployed to Nassau County through FEMA's National Ambulance Contract (NAC). These ambulances were dispatched to Nassau County because we had one of the highest numbers of COVID cases in the country. NAC arrived at a time when EAB was fatigued and had been operating at maximum capacity. Fifteen (15) 12-hour NAC ambulance tours per day were directly integrated into the Nassau County 911 system during the time of highest call volume. The NAC ambulances responded to 1,699 EMS calls for service during their time in Nassau County. The Committee wishes to extend its thanks to the medics who worked on those NAC ambulances for their hard work and professionalism and for helping to lessen the physical, emotional and mental toll on our local Police Medics and volunteer EMS providers.

EMS PANDEMIC PROTOCOLS

New EMS protocols were implemented during the pandemic. As a result, the County needs to include in its budget an allocation for new expenses at EAB. Pursuant to changes in the standard of care for treatment and transportation of certain critical pre-hospital emergencies, ambulances in the Nassau County region are directed to no longer transport certain patients to the hospital following extensive treatment. Police Medics are treating those patients in their homes with medications and equipment that previously would be re-stocked when the medic transported the patient to the hospital. Now that those patients are not being transported, EAB will need to purchase those medications instead of re-stocking at the hospital. Another example of new or additional costs that will be incurred going forward is the need for HEPA filters to reduce the risk of potential infection during aerosolized ventilatory procedures.

DISPATCH

The pandemic highlighted the importance of communication and interoperability, enforcing many of the points and recommendations already incorporated into this report. The "Combined Desk" at the Communications Bureau was an invaluable tool in managing the calls that came to the Communications Bureau and FireCom. During peak call volume the response matrix was dynamically altered to allow for the most efficient dispatch of available ambulances countywide through this combined desk. The Committee submits that the county should continue to work towards centralization and coordination of dispatch so that the system can assure all agencies can respond to calls for service in the most effective manner possible. The combined desk concept should be continued, and technology explored to have true turnkey interoperability between FD and 911/CB/EAB. Universal use of 911 and a universal CAD system for all agencies should be a long-term goal.

TASK FORCE

The committee submits that the pandemic and the county's response underscored the need for EMS providers to be prepared for any situation with the ability to respond under any circumstance. Accordingly, the committee suggests the creation of an EMS Task force. The FDNY holds annual Mobilization Exercise (MOB EX) drills to familiarize Nassau Fire/V AC EMS units with response to and integration into the NYC 911 system in the event of a large-scale incident. The recommendation is to develop readiness models for intra-county mobilization so Nassau agencies can supplement the 911 system during times of increased need. This concept has also been discussed at length during PD/FD/EAB collaborative training regarding a developmental active shooter response concept of operations. This could be framed as a mutual aid project with the volunteer fire / EMS agencies. This task force could be triggered at a certain call volume during future events to allow dedicated and flexible ambulance resources to stabilize the EMS system. During the COVID-19 pandemic, the Fire Service was asked to provide accountability of the availability of their ambulances. The concept of deployment of FD ambulances to supplement the 911 system in areas of the County outside of their normal response areas bears further discussion.

- *Suggested Action: Allocating appropriate levels of resources and staffing at EAB; supporting our local volunteer fire service; strengthening the EMS infrastructure by enhancing coordination and communication and creating an EMS task force are ways by which the county can continue to provide EMS services to our residents even in the face of a future public health crisis or disaster.*

Conclusion

This Committee is aware of and shares in the County Executive's commitment to the safety of our residents. Emergency Medical Services is an essential component of Public Safety. The County needs to be prepared for a possible "second wave" of the COVID-19 virus later this year during flu season which may result in a significant increase in calls for service. There always exists the potential for other emerging infectious diseases to appear- some of which may be more virulent than the novel coronavirus. The county must continue its efforts to prepare for any type of catastrophic incident or disaster that may lead to a dramatic increase in calls for emergency medical services.

The members of the Committee are grateful to the County Executive for the opportunity to participate in a meaningful dialogue, exchange of information and development of suggestions for improving ambulance services in Nassau County. We look forward to assisting in the implementation of the initiatives suggested herein.

Patrick J. Ryder
Police Commissioner

EXHIBITS

EXHIBIT

A

<u>1st Battalion</u>	<u>2nd Battalion</u>	<u>3rd Battalion</u>
Bellerose	Baldwin	Hewlett
Bellerose Terrace	Freeport	Inwood
Floral Park	Island Park	Lawrence-Cedarhurst
Floral Park Centre	Long Beach	Meadowmere Park
Garden City	Oceanside	Valley Stream
Garden City Park	Point Lookout-Lido	Woodmere
Mineola		
New Hyde Park		
South Floral Park		
Stewart Manor		
<u>4th Battalion</u>	<u>5th Battalion</u>	<u>6th Battalion</u>
East Rockaway	Bayville	Bellmore
Lakeview	East Norwich	East Meadow
Lynbrook	Glen Cove	Levittown
Malverne	Glenwood	Massapequa
Rockville Centre	Locust Valley	Merrick
	Oyster Bay / Atlantic Steamer	North Bellmore
	Roslyn Rescue	North Massapequa
	Sea Cliff	North Merrick
	Syosset	Seaford
	Roslyn Highlands	Wantagh
<u>7th Battalion</u>	<u>8th Battalion</u>	<u>9th Battalion</u>
Elmont	Albertson	Bethpage
Franklin Square-Munson	East Williston	Carle Place
Hempstead	Great Neck Alert	Farmingdale
Roosevelt	Great Neck Vigilant	Hicksville
South Hempstead	Plandome	Jericho
Uniondale	Port Washington	Plainview
West Hempstead	Williston Park	Westbury
	Manhasset-Lakeville	South Farmingdale
<u>Ambu. Corps/Rescue Squads</u>		
Atlantic Beach		
Bellmore-Merrick		
Glen Cove		
Malverne		
Mineola		
Wantagh-Levittown		



EXHIBIT B



(<https://nassauems.org>)

If you are a provider in the Nassau REMSCO Region, please register to complete the credentialing process. All providers who wish to practice in the Nassau REMSCO Region must be affiliated with an agency and properly credentialed.

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About Us

What is the Nassau Regional EMS Council?

The Nassau Regional EMS Council was established in 1993 by an act of the New York State Legislature. The Council consists of 30 members who live within the County of Nassau. One third of the members are active EMS providers, one third are Hospital based professionals and one third represents other important aspects of EMS (i.e. Communications, Disaster Management). The Council is responsible for coordinating EMS within the County. This includes the PCR distribution system as well as many other aspects of Emergency Medical Services.

Who's Who at the Council:

- **Chairman:** Paul Divver EMT-P, is currently serving as Chairman of the Council. Paul has been on the council for the past 5 years, and has served as the Council Vice Chairman, Chairman of the Systems Committee, and served on the Training and Education Committee. Paul is a Police Medic Coordinator with the Nassau County Police Dept Emergency Ambulance Bureau, and currently serves as the administrator of the Nassau County Fire Police Academy. Paul is a former member and Ex-Captain of the Inwood Fire Department, and has been an active EMS provider for over 25 years.
- **Vice - Chairman:** Thomas Mastakouris, EMT-P, is currently serving as Vice Chairman of the Council. He currently is the Fire Commissioner and former EMS Captain of the South Farmingdale Fire Department. He serves as Co-Chairman for the Nassau County Fire Commission's EMS Committee and Chairman of the Association of Fire Districts of Nassau County EMS Committee. He is a Nassau County Police Medic and thoroughly enjoys working with the community.
- **Secretary/Treasurer:** Gary Ferrucci, EMT-CC, is currently serving as Secretary/Treasurer of the Council. He has previously served as the Council Chairman. He is a former Chief of the Valley Stream Fire Department and is currently serving as the senior member of Heavy Rescue Company. He is also serving as EMS Coordinator for the Advanced Life Support EMS Division of VSFD. He is a First Deputy Chief of the Nassau County EMS Academy and Regional Faculty for the New York State Department of Health Bureau of Emergency Medical Services. He has been recognized as an "Expert" in EMS procedures and traffic crash investigation in Nassau County and State Courts. Gary has presented numerous seminars throughout the County and State dealing with EMS Safety at traffic crashes. He has been a presenter for the National College of District Attorneys in Las Vegas Nevada.

ABOUT US (ABOUTUS.ASPX)

The Nassau REMSCO Program serves the region of Nassau County.

CONTACT INFO (CONTACTUS.ASPX)

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OFFICE HOURS

Our office hours are Monday - Friday ,
7:00am - 5:00pm.
Feel free to click on the Contact Us link
to email us your questions.

EXHIBIT C

NASSAU COUNTY 911 System EMS Call Volume 2020 - COVID-19

