



Suffolk REMAC

Suffolk Regional Emergency Medical Advisory Committee

360 Yaphank Avenue, Suite 1B • Yaphank, NY 11980

Telephone: 631-852-5080 • Fax: 631-852-5028 • Website: www.suffolkremaco.com

**NOTE: This meeting summary is not considered final until formally approved at the
May 26th, 2020 meeting.**

*** MEETING SUMMARY ***

March 24th, 2020

Teleconference Only

From various sites.

Hospitals/Physician Members-at-Large represented: See Attachment #1

Non-Voting Members present: See Attachment #1

EMS Division Staff present: See Attachment #1

Sub-Committee Meeting attendance: See Attachment #2

CALL TO ORDER:

Meeting held entirely via AT&T teleconference line. The meeting was called to order at 7:08 pm by Chairman Dr. Winslow, presiding. The acting secretary then took verbal hail-in roll call and determined that a quorum was present; therefore, official business could be conducted.

PRESENTATION:

- Due to Dr. Taglienti needing to leave early, Dr. Winslow granted St. Catherine's COVID-19 hospital report to be relayed as first order of business. Other hospital reports to come later in the meeting.
 - 200 Beds; can take surge up to 300, if needed.
 - Low on N95 and nearly out of gowns. Isolation beds are of issue, as well. Ready to re-allocate OR staff as needed. Reusing surgeon gowns after rinsing/spraying. One N95 per shift, with surgical mask over top.
- County Executive Bellone thanked all who are present for there for work doing during these extraordinary times, especially Dr. Winslow for leadership of REMAC and team leader of ESF-8.

REMAC Meeting Summary, March 24, 2020

- County is focused upon crisis, particularly with governor's expectations of soon-to-be-needed beds, and will do all that it can to support the hospitals and EMS. Expansion in the state to double capacity is herculean effort, with shorter timeline than anticipated (14 to 21 days). Is actually doubled, plus 30,000 more. Spoke with hospitals and CEO's; Will create team for EOC to help coordinate efforts to support expansion plans of hospitals and do everything necessary to prevent reaching the breaking point.
- Justin Meyers will work as lead with ESF-8 team to help meet this mandate. Mr. Bellone's message to all public: Listen to warnings in order to limit exposures and transmissions. There is hope that there will soon be an influx of supplies from state and federal sources.

Correspondence-

- AT&T bill, with \$30.13 dues owed for conference line account.
See Attachment #3

CHAIRPERSON'S REPORT - Dr. Winslow

- Dr. Winslow will finish term (2020) while also holding position of Suffolk County Medical Director.
- 14 full doctors fill the at-large membership.

VICE-CHAIRPERSON'S REPORT – Dr. Cox

Now is a good time for agency medical directors to get involved with their respective agencies. Providers are looking for guidance regarding care of COVID patients, as well as protecting themselves. Education and hospital correspondence should be of priority.

TREASURER'S REPORT- Dr. Marshall

- All remaining money in account has been donated to the Tom Lateulere Conference of 2020.

SECRETARY'S REPORT- Chris Nuccio

- Correspondence- excused members and teleconference bill of \$30.13

EMS DIVISION REPORT –Gregson Pigott, MD & Nathaniel Bialek

Mr. Bialek:

- EMD protocol #36 (Pandemic Surveillance Protocol, National Standard) has been implemented as of 3/20/2020.

When caller calls 911 and is interviewed, a different EMD card has been created specific for pandemics. In surveillance mode only for now, to get EMD operators familiar with process. This will allow the operator to deem a patient NOT in need of emergency transport.

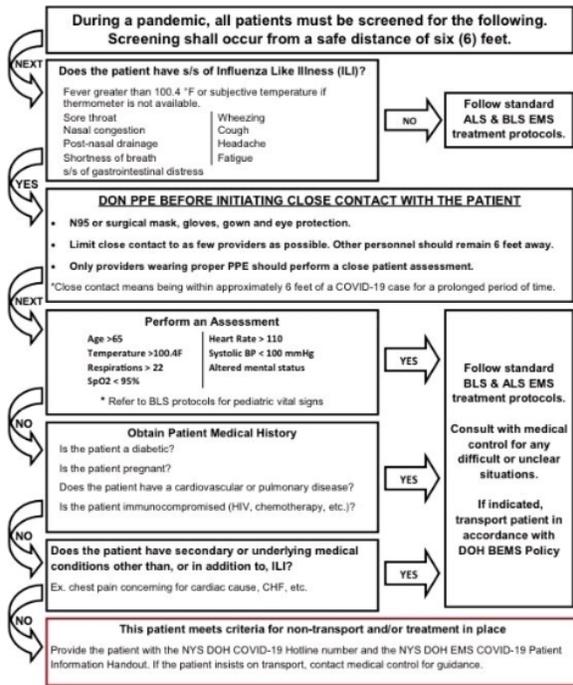
Categories:

- Age < 35 with chest pain, plus one sign/symptom of flu-like illness
- Age < 35 with chest pain, plus two or more signs/symptoms of flu-like illness
- Any patient with flu-like symptoms.

Much (24%) of call volume will fall into this category (i.e. sick, etc.). This will stop ambulances from going to these calls at all, minimizing unnecessary risk of spread. Still in surveillance mode, so will be dispatched for now. In future, the calls will not be given out if patient is deemed not to need ambulance transport. Patients with high acuity (i.e. respiratory distress) will receive transport, as always.

Minor acuity will not receive any definitive treatment by BLS, as their protocols are limited for such patient categories.

- EMS Viral Pandemic Protocol. (See below) Executive order of State; is now in protocol.
- Protocol issued by NYS that allows a provider to have an interaction with patient that can allow them to safely evaluate a patient from afar. If patient meets certain criteria, patient will be left at residence.
- If patient continues to request transport, Medical Control will be contacted for further guidance and decision.
- (See Protocol on Next Page)



V1.0 (Updated 03.22.20)

- Thermometers will be used for agencies that elect to stock ambulances with them. Will need medical director education and in-servicing.
- NYS Policy Statement 20-04. Provider exposure statement. Directives on when to go in-service / out –of-service.
https://www.health.ny.gov/professionals/ems/policy/20-04_ems_provider_exposure.pdf . Tab on REMSCO website, as well.
- Classes still in progress at departments. Some departments have elected to prohibit the holding of classes in their buildings, so an online educational component has been created for continuum of didactic portion. For those classes that are still being held, surgical masks, hand sanitizer and surface cleaning and disinfection are mandated.
- Question brought up about avoiding patient signatures on e-pcr screens, due to concern about disease transmission. Suffolk will continue with the process of obtaining all necessary signatures on an e-pcr.

Department of Health/ Commissioner Report

Dr. Pigott:

- Patient zero in Suffolk showed 3/8/2020. Watching of travelers at that point, with 14-day precautionary quarantine. CDC loosened criteria, so more people got tested. As of today, 3/24/2020, there are a few more than 2000 patients, spread throughout all areas of county.
Now in mitigation strategy, closing schools and other areas of mass congregation. Will be a “long ride”

REMSCO Report

Philip Cammann

- BLS credentials have allowed division to give providers information that was previously exclusive for agency heads This allows the information to be disseminated quicker and over broader range.
- Request from Northwell Health to be course sponsor. Education / Training committee voted/seconded, approved rejection of application.
- Congratulations to Dr. Winslow and Dr. Pigott on their new positions.

SUBCOMMITTEE REPORTS

- **By-laws and Nominations:** No report
- **Stroke**
Dr. Marshall: Discussion of MSU data at meeting. Review of all numbers.
- **Protocols**
Dr. Marshall: Request to amend policies deadline, to add six months to timeline. Begin plan in December 2020, with Implementation of ALS Protocols by June 2021
- **QA/QI**
Dr. Sawas: Will be examining stroke data for EMS agencies.
- **RSI**
Dr. Glantz: No meeting. Cases reviewed; No critical patient care issues. Some issues with documentation.
- **Old Business:**
 - None

NEW BUSINESS

○ Hospital Reports

- **UHSB/ Marshall:** Increasing capacity by 100%, as well as ICU beds. Forward triage is up and running. COVID testing in P lot of campus; also for EMS providers to get tested. Will modify outpatient areas of hospital (ASU, Endoscopy, etc.) to allow for greater intake of COVID patients. 35 positive, ten intubated. 130 Patients under investigation (PUI).
- **Eastern Long Island/ Schiff:** As it is the smallest, ELI has limited resources. Man power is biggest issue. Staffing with agency nurses. Only 4 full time ER doctors. One sick, lowers ED physician workforce to 75%. Critical care doctors are at Southampton, so ELI donated ventilators to them. This limits the ability to manage any in-house patients that may arrive. Low on ventilators and tubing. Will see if they can delay intubation until EMS transport arrives. Will use EMS intubation equipment. Has surplus of N95 masks, and has donated to UHSB. Now, count is running low. Trying to establish curbside triage, keeping patients in car. Many without serious symptoms are sent off to self-monitor.
- **Southampton/Minnerop:** 125-bed hospital, 8-bed ICU, 6-bed CCU, PACU 21 beds, with ventilators. Able to surge converting wings of hospital that are minimally used. 90 beds can be surged 40 more, but for general medical patients. 7 intubated patients. Uncertain of PUI. Many are sent home, and not particularly ill at this point. Forward triage in effect, with vitals and temperatures. Referred back to car, or beds in hospital.

There is an algorithm in place to accommodate surge. Many from NYC have emigrated to south fork. This presents a risk of surge, and there is hope that documentation will include location treated, not just permanent address, which is NYC. This will allow for better allocation of resources to this hospital, rather than those in NYC. Forward triage in place. There are three negative pressure rooms in place.

- **Mather / Wos:** Half of ED space designated for COVID ruleouts. Trailer delivered last week. Will be up and running next week. Operating on code HICS, daily and weekly review with department heads. EMS line meeting with directors three times a

week. 14 Positive, 6 PUI, 16 of 20 beds in ICU. 9 total ventilator patients, 3 COVID. Negative pressure room inspection reveals air handler shortcomings in proper levels. Point for other hospitals to take , to inspect their own rooms. Retired nurses being sought to fill voids from affected staff. Non-essential staff to work from home. Canceled elective surgeries. Purchase of 20 transport-type ventilators. Hospital has 25. This brings to 45. OR anesthesia machines can ventilate more than one patient at a time. 165 beds ordered; coming Friday. Should help double capacity. 240 capacity should go 75% greater. 16 critical care beds added; streamlining of emergency credentialing for doctors, nurses and PAs. Being told that swabbing of treat-and-release patients is to be reduced. Give discharge instructions to monitor, self-isolate. Terminal cleaning process , using True-V ultraviolet light, takes 30 minutes to clean ED rooms.

Huntington/Contino: Upper 50s COVID; 24 PUI, 15 vented COVID in ICU/Stepdown unit. 7 Ventilators left. PACU converted to COVID unit. OR holding is new PACU. 370 beds current. Expansion plan in place. Low on gowns and masks, but OK for now. Low on swabs, due to own curbside testing service. Now are restrictive on testing to avoid further issues.

Southside/Blaustein/Garra: ED split into two. No forward triage. A side is one-patient room, 5 negative pressure rooms. Other side is medical patients without COVID complications. Efforts to isolate the COVID patients, by not mingling two sides. Separate floors in hospital are now COVID exclusive. Similar issue with NYC residents coming out to Fire Island. 40 families on island at this time, where normally there are eight.

- Question of Marine/ Aviation resources. Marine bureau has exclusive boat for COVID patients. Aviation will not fly with a COVID patient. Will supply paramedic to transport with ground unit. Concern with urgent care centers: test patients for flu, then send to hospital for COVID testing. Ask to discourage centers to direct patients to go home, monitor, self-quarantine. UHSB seconds concern, as it happens there, as well. Northwell is ramping up lab testing. Hopes are that it will branch out to local labs, but that is a few weeks out.

Peconic Bay/ Cox: Same issues as others. Split ED; hot/cold zones. New critical care tower allows clean and dirty ICUs. No elective surgeries, PCU being used. 11 ventilator patients/ 9 are COVID. Success seen with Chloroquine/Zithromax combo with sicker patients. Less walking well coming in to ED. Many sick with hypoxia, serious complications. High need for intubation. Those seen well on screening are being sent to clinics, such as in Manorville. Good supply of equipment/ PPE.

Good Samaritan/Decena: No exact numbers since governor's orders to increase capacity. 25-30 low-risk patients seen in tents/discharged outside hospital. Swabbing depends upon the day and those showing up. Entrants are separated in super-track area, to cohort together, however extends back into main ED. Plans to take an ASU and convert to vent/respiratory unit, make another for inpatient beds. Cardiac cath lab will be converted into an ICU. Converted 57 PUI, 12 COVID (2 on ICU vents, 4 total in ICU). Low on gowns and masks. Are washing gowns and cleaning masks every 12 hours with a rinse. N95 used for high-risk procedures, only (aerosolization, intubation). All inpatients getting swabbed. Outpatients depends upon patient and presentation.

St. Charles/Wheeler: Had been isolated, but now group and nursing homes are sending many patients. 15 PUI; 7 positive, 3 in ICU, 2 intubated. 40 med-surg beds, 16 ICU 6 Critical care open. 15 on standby. 172 staffed beds; can surge to 90: 24 ICU, 66 med surg by April 15. 66% uptick-capable. Outward tent with video Doctor interview via EPIC. Also a challenge with negative pressure rooms.. Working on anticipated issues. Gowns low. Previous N95 conservation policies helping with current need. 40 patients being treated with Chloroquine. Dr. Wheeler is creating a video for process of containment using isolation hoods on patients during airway management procedures.

Long Island Community/Ash: 47 tested. Three positive. 12 negative. 32 pending. Not enough kits. Can handle 30 per week; reserved for sick inpatient/ICU admissions. Surge plan : 111 beds.

59 ICU. 50 ventilators. Same PPE issues as others.

Dr. Pigott raised issue of nursing homes sending patients with possible COVID positive. Will not accept unless COVID test is negative. Anyone with issues, and what would you like to be done? None responded. Dr. Garra brought up that dialysis centers are doing the same. Another member brought up that DOH will designate one or two dialysis centers in Suffolk as COVID centers. Dr. Brandler brought up that group homes, and possibly nursing homes, are a large problem, as they cannot keep the residents isolated.

- Motion to alter or modify the use of high risk aerosolization procedures, such as CPAP and nebulizers, perhaps to include non-rebreather use and intubation.
 - Other options are to use patient's inhaler, or Epinephrine.
 - Suggestion to make decision through medical control contact.
 - Issue brought up that medical control will be inundated with numerous requests for all of these respiratory treatments. As a high percentage of calls are respiratory in nature, delays in patient care will be unavoidable at times.
 - Lengthy discussion ensued.
 - Motion to restrict only nebulizers in accordance with the NYS COVID-19 Response to Respiratory Emergencies Policy Statement 20-05
 - Seconded, Roll call vote; Motion passed. See Attachment #4
- There is an EMS hotline for providers to call with any questions/concerns about being exposed to a COVID patient on a call. Suffolk County Medical Control is open 8-10 a.m. and 4-6 p.m. Seven days a week.
- Question regarding mobile stroke unit that transports COVID patient. Will providers be notified of MSU availability?
 - Answer is yes.
- There is an EMS/FRES webcast on Friday at 7:00p.m.
- Question on what the procedure is for notifying EMS providers that they have come into contact with a patient with COVID, after the fact.
 - Answer is that agency is notified. Member brings up that their agency was not notified; found out via family member several days later. Issue is so severe that there is a delay in test results.
 - County is contact tracing, but more abridged, because 1800 cases are still open. EMS agencies are included in being notified of this data.

- Issue is that patient care charts do not have agency that brought patient in, so DOH is not able to notify the agency that had contact with such patients. Dr. Winslow asks doctors to suggest their hospitals notify ED staff in triage to ensure agency is provided on these documents.
- Chris Kuzak is now Southside Alternate.
- Any ability to notify agencies about hospitals on limited capacity, so that they may avoid overloading with COVID patients.
 - Information is not for public knowledge.

PUBLIC COMMENT-

- NONE

There being no further business to be brought forth, a motion to adjourn was made; seconded at 9:05 p.m.

Respectfully Submitted,



Christopher Nuccio, Secretary

DIRECTIONS TO SCEMS OFFICE

Directions to Suffolk County EMS office:

Long Island Expressway to exit 67, Yaphank Ave. Proceed south on Yaphank Ave about ¼ mile, building is on your right hand side. Signs indicate that this is the building occupied by Purchasing and the Sheriff's Office. Enter the southernmost entrance; signs will direct you to the first floor area. This building is north of the Suffolk County Police Headquarters and FRES/Fire Academy.

Alternate route is Sunrise Highway to exit 57, Horseblock Road/Yaphank Ave. proceed north on Yaphank Ave about 1.5 miles. Pass FRES/Fire Academy, the JJ Foley Skilled Nursing Facility and Suffolk County Police Headquarters on your left, to the last county building on your left before you hit the LIE. Enter the southernmost entrance; signs will direct you to the first floor area.

DIRECTIONS TO SUFFOLK COUNTY FIRE ACADEMY

Long Island Expressway to exit 67, Yaphank Ave. Proceed south on Yaphank Ave about 1.5 miles. Right turn onto Suffolk Avenue. Left turn onto East Avenue. 103 East Avenue.

Alternate route is Sunrise Highway to exit 57, Horseblock Road/Yaphank Ave. Proceed north on Yaphank Ave about 1.5 miles. Left turn onto Suffolk Avenue. Left turn onto East Avenue. 103 East Avenue.

#1



Suffolk
REMAC
Suffolk Regional Emergency Medical Advisory Commi

**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST**

March 24th, 2020

All-Teleconference Attendance - Hailed-in.

Facility	Hospital Delegate/Alternate	SIGNATURE
EMS Medical Director	Jason Winslow, MD	Present (phone)
Eastern Long Island	Lawrence Schiff, MD	Present (phone)
Good Samaritan	Eric Decena, MD	Present (phone)
Huntington	Christopher Contino, MD	Present (phone)
J.T. Mather	Anas Sawas, MD / Dr. Adam Was	Present / Present (via phone x2)
Long Island Community	Adam Ash, MD	Present (phone)
Peconic Bay	Jeffrey Cangelosi, MD	Absent Present
Southampton	Max Minnerop, MD	Present (phone)
Southside	Brian Blaustein, MD/Dr. Guszack	Present (via phone)
St. Catherine's	Paul Taglienti, MD	Present (phone)
St. Charles	Jeffrey Wheeler, MD / Dr. Barber	Present / Present (via phone x2)
University	Ethan Brandler, MD	Present (phone)

Physician Members-at-Large:

(P) = phone

Juan Acosta, DO	Present (P)	Heidi Levine, DO	Present (P)
Richard Bagdonnas, MD	Absent Present	Youssef Hassoun, MD	Present (P)
Lincoln Cox, MD	Present (P)	Lauren Maloney, MD	Present (P)
Scott Coyne, MD	Present (P)	R. Trevor Marshall, MD	Present (P)
Gregory Garra, MD	Present (P)	Christopher Ng, MD	Present (P)
Jack Geffken, MD	Present (P)	Steven Sandoval, MD	Absent Present
Sanford Glantz, MD	Present (P)	James Vosswinkel, MD	Present (P)



**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST
March 24th, 2020**

EMS Division Staff:

Signature

Nathaniel Bialek, EMS Coordinator, Director, EMS & PHEP

Present (in office)

William M. Masterton, Chief, Education & Training

Present (in office)

Christopher Nuccio, Dep. Chief, Executive Secretary

Present (in office)

Kevin Pesce, University Medical Control

Present (via phone)

Philip Camman, Chair, REMSCO

Present (via phone)

Non-Physician Members-at-Large:

Signature

Michael Presta

Present (via phone)

Helen Rosenblum

Present (via phone)

Robert Cavaliere

Present (via phone)

Timothy Dackow

absent ~~(via phone)~~

James Jackson

Present (via phone)

Dawn Luccioni

Present (via phone)

Scott DiPino

Present (via phone)

Edward Boyd

Present (via phone)

Daniel Siciliano

Present (via phone)

Dan DeSoiza

absent ~~(via phone)~~

Jason Hoffmann

Present (via phone)

Rob Cabano

Present (via phone)

David Roth

Present (via phone)

Jess Boyle

Present (via phone)

Dennis Hendrickson

Present (via phone)



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OFFICERS:

Jason Winslow, MD
Chairperson

Lincoln Cox, MD
Vice-Chairperson

R. Trevor Marshall, MD
Treasurer

Chris Nuccio
Secretary

Subcommittee: RSI

Date: 11/22/2020

Location: Commack

Chair/Acting Chair: Sandy Blance Quorum reached? Y/N

MEMBER

HOSPITALS:

Eastern Long
Island Hospital

Good Samaritan
Hospital

Huntington Hospital

John T. Mather
Memorial Hospital

Long Island
Community Hospital

Peconic Bay
Medical Center

Southampton
Hospital

Southside Hospital

St. Catherine of
Siena Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Present at location:

Attending via conference call:

Continue on back if necessary.

1/22/2020 RSI Committee Meeting
@ Commack Ambulance 18³⁰ - 20³⁰

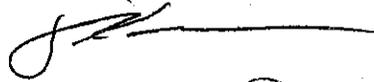
Attendees:

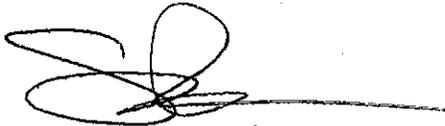
CAVALIERI, Robert 

Samuel H. Hest 

Marshall, Robert 

EDWARDS, SHAWN 

Krause, Justin 

DiPino, Scott 

William M Masterton 

BOYCE, JESS 

Gregson H. Pigott 

Allison, Michael 

Phone:

Nat Biberle

Mike Presta



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Southampton
Hospital

Southside Hospital

St. Catherine of
Siena Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: Bylaws 519.52)

Date: 1/23/20

Location: Yaphank EMS

Chair/Acting Chair: Dr Winslow Quorum reached? Y/N

Present at location:

Attending via conference call:

Dr Winslow

Dr Pigoft

Dr Marshall

~~Dr Pigoft~~

Chris Nuccio

Coro Cimino

Mike Masden

Nathaniel Biatek

Continue on back if necessary.



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Hospital

Southside Hospital

St. Catherine of
Siena Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: Stoke 733

Date: 1/23/20

Location: Yaphank EMS

Chair/Acting Chair: Dr Marshall Quorum reached? Y/N

Present at location:

Attending via conference call:

Dr Winslow
Chris Nuccio

~~Dr Pigott~~

ANAS SIBWAS

COND CIMINO

Mike Prestor

Nathanial Bralek

Gregson Pigott

Trevor Marshall

William M Masturk

Continue on back if necessary.



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Southside Hospital

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Siena Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: Protocols 5:21-

Date: 1/23/10

Location: Yaphank EMS

Chair/Acting Chair: Dr Marshall Quorum reached? Y N

Present at location:

Dr Winslow

Cono Cimino

Nathaniel Bialek

Trevor Marshall

C Nuccio

Nathaniel Bialek x

Mike Preda x

Dr Sawas x

Dr Pigott in-house @ 540

Attending via conference call:

Dr Pigott phone ind 1 540

Continue on back if necessary.



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St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: Membership

Date: 1/23/20

Location: Yaphank EMS

Chair/Acting Chair: Dr Winslow Quorum reached? Y N

Present at location:

Attending via conference call:

Dr Winslow

Anas Sawas

Cono Cimino

Mike Presta

Nathaniel Bialek

Gregson Pigott

Trevor Marshall

William M Masterton

Chris Nuccio

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Siena Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: QA

Date: 1/23/20

Location: Yaphank EMS

Chair/Acting Chair: DR Searns Quorum reached? Y/N

Present at location:

Attending via conference call:

Dr Winslow

Chris Nuccio

AWAS SAWAS

Cono Cimino

Mike Presta

Nathaniel Blalock

Gregson Pigott

Trevor Marshall

William M Masterton

Continue on back if necessary.

#3

AT&T TeleConference Services



ACCOUNT ID: 00117782-00344
INVOICE #: 003-001352
PAYMENT DUE DATE: PAYABLE UPON RECEIPT
CUSTOMER: ATTN: KARL KLUG
REMAC

BILL DATE: MAR 01 2020
BILLING INQUIRIES: (800) 722-3481
(214) 527-0032

BALANCE BROUGHT FORWARD:

PRIOR BALANCE 48.22
PAYMENTS 18.09CR

BALANCE FORWARD

\$30.13

NEW CHARGES - CREDIT CARD:

CONFERENCE CHARGES 0.00
OTHER CHARGES & CREDITS 0.00
TAXES 0.00
SURCHARGES 0.00

TOTAL \$0.00

NEW CHARGES - NON CREDIT CARD:

CONFERENCE CHARGES 11.02
OTHER CHARGES & CREDITS 5.06
TAXES 0.00
SURCHARGES 0.49

TOTAL \$16.57

TOTAL NEW BALANCE (EXCLUDING NEW CREDIT CARD CHARGES)

\$46.70

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN WITH REMITTANCE
(PLEASE WRITE YOUR ACCOUNT ID NUMBER ON YOUR CHECK)

AT&T TeleConference Services

ATTN: KARL KLUG
REMAC
360 YAPHANK AVE.
SUITE 1B
YAPHANK NY 11980



Account Id: 00117782-00344
Invoice Date: MAR 01 2020

MAKE CHECKS PAYABLE TO:
AT&T TELECONFERENCE SERVICES
PO BOX 5002
CAROL STREAM IL 60197-5002

AMOUNT DUE: \$46.70



00117782003440000301202078300000000467000000016575

#4

M- _____

Suffolk County Regional Emergency Medical Advisory Committee Record of Motion

A Motion to Prohibit all nebulizer use, in accordance with NYS COVID-19 Response to Respiratory Emergencies Policy Statement 20-05
was made by _____ seconded by _____

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island		✓			
Good Samaritan		✓			
Huntington		✓			
J.T. Mather		✓			
L. I. Comm. Hospital					✓
Peconic Bay Med. Cntr					✓
Southampton		✓			
Southside		✓			
St. Catherine's		✓			
St. Charles		✓			
University		✓			
Medical Director		✓			
Physician Members					
Dr. Acosta		✓			
Dr. Bagdonas		✓			✓
Dr. Cox		✓			
Dr. Coyne		✓			
Dr. Garra		✓			
Dr. Geffken		✓			
Dr. Glantz		✓			
Dr. Hassoun		✓			
Dr. Levine		✓			
Dr. Maloney		✓			
Dr. Marshall		✓			
Dr. Ng		✓			
Dr. Sandoval					✓
Dr. Vosswinkel		✓			
TOTAL:		22	0	0	4

This is a true and accurate recording of the subject motion identified above.

MOTION PASSED [] DEFEATED

Date: 3/27/2020

Attested to by: [Signature]
Executive Secretary