



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.suffolkremasco.com

This meeting summary will not be considered final until formally approved at the January 28, 2025 meeting.

Meeting Summary

September 24, 2024

Hospitals / Physician Members-at-Large Represented:

See Attendance List

Non-Voting Members Present:

See Attendance List

EMS Division Staff Present:

See Attendance List

Sub-Committee Meeting Attendance:

See Attendance List

Call to Order:

The meeting was called to order at 1900 by Chairman Dr. Acosta, presiding. The secretary took roll call of attendees and determined that a quorum was present, and official business could be conducted.

Chairperson's Motions:

- Dr. Acosta asked for a motion to approve the July 23, 2024, meeting minutes (distributed by email to all members prior to the meeting). The motion was made by Dr. Acosta, seconded by Dr. Coyne and passed without opposition.

Chairperson's Report:

- No report.

Vice Chairperson's Report:

- No report.

Second Vice Chair's Report:

- No report, will speak under RSI Subcommittee.

Correspondence:

- Secretary Hannigan reported that there had been four enforcements from the state, none apply to providers in our region. Dr. McDonald sent a letter from NYS DOH accepting Dr. Winslow as Suffolk County's representative to SEMAC (*attachment 4*).

EMS Division Report

Operations Report- Chief Paul Marra (excused, report given by Dina Wayrich)

- Deputy Chief Wayrich reported State inspections continue, agency renewals need to be submitted through the portal, this includes your controlled substance renewal as well. If your agency needs assistance feel free to contact Deputy Chief Keegan or myself

- CISM team conduct a training on suicide at the end of September, the second half of the training will be held in January. Newsday will be publishing an article on the team in early December.
- In collaboration with SCPD and OEM, the Division supported the Active Shooter Trainings in Miller Place and Rocky Point
- Narcan training was held at Nesconset FD was a leave behind presentation and Community Narcan was presented at West Babylon FD's open house
- In conjunction with Southshore Hospital, Suffolk EMS provided E-bridge training; agency training is available.

Program Agency- Deputy Chief Dina Wayrich)

- For ePCR submissions, non-direct entry users must contact their vendors to assist in rectifying any problems. Our direct entry users, please email epcr@suffolkcountyny.gov with any issues, questions, comments, or concerns.
- NYS BEMSATS has asked the Program Agencies to reach out to the Agencies in their counties that they have identified as having ZERO submissions to NYS in any given quarter between 2022Q1 and 2024Q3 and have them work with their vendors to rectify this issue. In the future, reports will be sent monthly and will be shared with REMAC and REMSCO.

System Medical Director Report – Dr. Winslow:

- Any hospitals that are having difficulty getting ePCRs, please reach out to Dina Wayrich for assistance.
- Dr. Winslow stated “There have been no meetings of the State Council since our last REMAC meeting on 9/24 and next week on December 4th will be the next meeting of the SEMAC and SEMSCO up in Troy. The meetings are webcast for live viewing if anyone would like to watch them. There is one item from Suffolk County up for discussion at the Medical Standards Committee and then ultimately SEMAC and that is the BLS IM Glucagon project that will be presented by Flanders Chief Jeff Takamine. This has been previously discussed and presented, and I would like to have one final motion and vote for Suffolk REMAC to approve of the updated version which adds an IN option and states that Medical Control must be contacted if a patient who receives Glucagon and improves and wants to RMA that this RMA must be done with Medical Control. If we could please have a motion to approve this as a regional pilot project and then it is going to be presented at State Council by Chief Takamine himself and I will be there as will Dr Marshall to provide support. At the State Council meetings, I plan to ask if they would like to extend this to pediatrics or to leave it as adults only.
- Dr Winslow made a motion to support the updated version of the BLS Glucagon Pilot Program, seconded by Dr. Marshall. There was discussion, including the cost of the medication, and the motion passed with one opposition and no abstentions.
- Dr Winslow continued to report “There were a few telephone calls and email inquiries about the posted REMAC policy document, and I want to clarify for the system that there have been no substantial changes to any existing policy with this update, only to authorize the level of provider AEMT. The major development of this document was in the removal of many pages of material that were unnecessary now that Suffolk County uses the Collaborative protocols. The document is shorter and much easier to read and we have aligned the regional policies with the Collaborative protocols. Now the REMAC may begin editing these policies one at a time for full participation and discussion at REMAC.

There was some issue with the regional supply of IV normal saline but that has been addressed by the manufacturer and there is currently no need to consider use of the Alternate Medication Formulary. I did want to mention that if we had to use the Alternate IV solutions, that Lactated Ringers would have been approved but not D5W. D5W would not be advised for IV administration in patients with suspected head injury or patients with stroke or in any pediatric patients. But there will be no need at this time to consider use of LR as an alternative as the regional suppliers have assured us that there is plenty of product.

Some recent events of note. The ACEP Scientific Assembly was held in Las Vegas from 9/29 to 10/2 and I was able to attend and to make a presentation on the safe and appropriate use of medications by EMS in behavioral agitation situations. The Conference was very well attended and several other ACEP members from New York State and the Long Island region were present. The New York State Vital Signs Conference was held from 10/16 to 10/20 up in Rochester and I heard that it was a great conference with many great lectures and meetings and was very well attended. Of note, the EMS agency of the year for New York State was awarded to Northwell Health and I want to congratulate Northwell on their achievement. On October 20th the Suffolk County Marathon was held in Garder Park and the event's medical staff was provided by Hunter/AMR and Catholic Health Services and supported by the Suffolk County EMS Division. I had a great time running in the Half Marathon and then going into the medical tent afterwards to help. It was a warm and clear day, and the event was very well attended and there were only 3 transported patients while over 40 patients were able to be treated and released from the medical tent. Thank you to Hunter and to Catholic Health Services, and to Dr Decena who was the lead physician at the medical tent. Also, there was the Joey DiBarando Fire Training Conference at the Suffolk County Fire Academy from 10/31 to 11/2 and it was attended by over 500 firefighters from all over New York State, and some visiting Firefighters from as far away as Texas and Montreal. The Suffolk County Urban Search and Rescue Team was there to support the event as was Flanders and I want thank Flanders for their support of the Joey D Conference. And for your calendar for 2025, the Tom Lateulere Conference date has been set for Saturday April 26, 2025, by the Suffolk County REMSCO so please mark your calendars.

On October 30, there was a meeting of the Suffolk County STEMI coordinators. There were 6 of the regional PCI centers present from all 4 health care systems. There was a discussion about the reception of electronic patient care reports from the various EMS agencies throughout the County has not been 100%. Every hospital reported that there are missing PCRs for STEMI patients and that sometimes they have difficulty in obtaining the EMS data. I am asking the REMAC representatives of the 11 hospitals to continue to monitor this situation and to make sure that their hospitals are receiving the necessary PCRs and data from EMS in a timely fashion and especially for time sensitive measures for trauma, stroke and STEMI cases. I ask that the REMAC representatives of the hospitals have contact with the EMS agencies in their catchment area to have a discussion on how to improve the sending and reception of PCRs. The Medical Control data on cardiac arrests and for STEMI cases were reviewed and to date in 2024, there have been 790 cardiac arrest cases (up to 11/1) and Medical Control follows up the cases with each hospitals REMAC representatives to get outcome data. There have been 278 STEMI cases where Medical Control reviewed the EKG and notified the receiving facility. This is a great means of continuous quality improvement and the use of Suffolk County Medical Control for CQI is a best practice in EMS medical oversight. I want to thank Chris Gallway from Stony Brook University Hospital and his staff for all their hard work and service at Medical Control. It was also reaffirmed at the STEMI Coordinators meeting that IV Nitroglycerin is not recommended for EMS at this time.

On November 20, there was a meeting of the Suffolk County RTAC. There were representatives from all 4 health care systems and the 7 trauma centers in Suffolk County. There are

currently 2 NYS DOH Level 1 centers – Stony Brook and Good Samaritan, 2 Level 2 centers – South Shore and Long Island Community, and 3 Level 3 centers – Huntington, Peconic Bay and Southampton. There are 2 Pediatric trauma centers, Stony Brook as a Peds Level 1 and Good Samaritan as a Peds Level 2. I want to take a moment to thank all 4 health care systems for their continued administration leadership and support of our area trauma centers which is a great asset to Suffolk County residents and to the EMS providers in the system when they have a trauma patient. A topic that was discussed at the RTAC was the needle decompression procedure. It was noted that the anterior mid-axillary line at the 4th intercostal space has been proposed by the American College of Surgeons through both the ATLS and the PHTLS courses. It was noted that for patients in traumatic cardiac arrest that the anterior approach, mid-clavicular line 2nd intercostal space would be the advised location for the procedure since the patient would be receiving CPR and supine. The mid-axillary 4th intercostal approach is useful in patients with a large body habitus/obesity for patients with a tension pneumothorax, but the axillary approach is new and there needs to be some education and training on this approach. For pediatric patients, a needle decompression would be performed at the anterior approach, mid-clavicular line 2nd intercostal space with an appropriate size and length needle (not the same one as the adult). The pediatric surgeons advised the use of an 18 – 20 gauge needle that is 0.8 – 1.6 inches long depending on the size of the patient. I will be working with some of the RTAC members in the upcoming months to develop some educational material about the needle decompression procedure and will share it with the REMAC for final approval when it is completed. Finally, there was also discussion at RTAC about the use of eBridge for trauma notifications in the future and there was much support for this.”

REMSCO Report- Ed Boyd

- Mr. Boyd stated that all was covered previous reports, but Mr. Boyd reminded the group of the Lateulere Conference on April 26, 2025, at St. Anthony’s High School in Huntington.

Subcommittee Reports:

Protocols (Dr. Marshall)

- Dr. Marshall stated that one of the items discussed at the last cortical subcommittee meeting was the BLS Glucagon Pilot Program that Dr. Winslow reported on.
- The use of prehospital blood administration was and is still being discussed at RTAC and the state. Blood administration is approved, but no regulations have been published yet.
- Doctor Marshall brings forth a seconded motion from the committee to move blood from “not authorized” in the Policy Manual, though we are still waiting on the state. There was discussion on matching, waste, cost, and logistics of adding blood and TXA to the formulary. The discussion and motion were postponed to a later meeting.
- Dr. Winslow brought up the use of suboxone, and he reminded all that the medication is not authorized in the area.
- The Policy Manual will continue to get edits throughout the year, now that the broad strokes have been completed. It will become more compliant with state policies and regulations.
- A question was asked about suboxone, and clarification on the history and source of the medication in the collaborative protocols was offered. It was reiterated that no agencies in the region are authorized to carry suboxone.

- Dr. Marshall stated that the group can expect updates after January's SEMAC meeting, including updates on moving BLS Igel from pilot to protocol and replacing Haldol with Olanzapine for behavioral emergencies.
- A question was raised on the use of TXA and blood in non-traumatic hypovolemic emergencies (e.g. GYN emergencies); Dr. Marshall reported that the protocol for hypovolemia will not be tied to a traumatic mechanism, rather to a patient presentation, so it will be applicable.
- Dr. Hassoun spoke on Olanzapine, and cautioned providers that using both Olanzapine and a benzodiazepines together is dangerous and can potentiate side effects.

Membership (Dr. Maloney)

- Dr. Maloney ran the elections for the reappointment/appointment for REMAC members who are up for renewal. A ballot was handed out to all members. The ballots were collected and results tabulated by Dina Wayrich.
- After the RSI Subcommittee report, it was reported by Secretary Hannigan that all the voting members that were up for reelection/election on the ballot are appointed: Drs. Feeks, Guszack, Hassoun, Maloney, Marshall, Vossinnkel, and Williams. The non-voting members reelected/elected were P. Gugliotta, J. Hoffman, J. Jackson, M. Presta, D. Roth, D. Siciliano, R. Tvelia, and P. Werfel. Dr. Marshall was elected as Chair, Dr. Geffken as Vicechair.

QA/QI (Dr Winslow)

- Dr. Winslow reported that from 11/20/2023 to 11/20/2024 there were a total of 177,000 alarms in the 911 system in Suffolk County, with 3700 RMA cases, 4900 patient not found cases and 5200 cancelled as the disposition documented in Image Trend. Of these alarms 40,000 were run ALS which was 23%. He thanks Deputy Chief Clayton DeCostard who assists with IT and data management for the data.
- Dr. Winslow also looked at the use of controlled substances. For the 40,000 ALS runs in the last year, 14% had use of a controlled substance. In 4400 cases Fentanyl was administered, in 1200 cases Midazolam was administered, 600 uses of Morphine and 200 uses of Ketamine. And just FYI, there were 330 uses of Toradol for pain management. Dr. Winslow is going to work on an educational piece on pain management for EMS.

RSI (Dr. Glantz excused, Dr. Geffken reporting):

- Three medics were approved for RSI (Manzi, Rosenberg, and Washburn).
- The Village of Lindenhurst FD is being brought forward as a seconded motion for approval as an RSI agency. As of the night of the RSI Sub meeting, they are in the process of updating their controlled substances to include ketamine. The motion passed without opposition.
- Twenty-one cases were reviewed. Some issues were identified and Dr. Glantz will be contacting the relevant agency medical directors.
- There was discussion on some patterns of over and undersedation in some cases.
- There was some discussion on the dilution of ketamine when administered via the IV route to minimize the unwanted side effects of the drug, and how that should be disseminated.
- The committee decided to come out with a "Best Practices" statement for all RSI medics and medical directors to facilitate sharing of information and to continue to improve the program and patient care.
- It was discussed that RSI agencies be required to send one representative to one RSI Subcommittee meeting per year.
- The next RSI Subcommittee meeting will be December 10, 2024, at Bayshore Amb.

- There was a long discussion on changing the requirements for new applicants to the RSI program. A seconded motion is being brought forth by the RSI Subcommittee that the requirements be changed to “A paramedic with two years of experience or more with ten endotracheal tubes. Three of these ten tubes must be on a human, and no tubes obtained by the paramedic during paramedic school may count.” The agency medical director approval requirement, the EMS agency leadership requirement, the advanced airway class requirement and the RSI course requirements all remain unchanged. There was extensive discussion on the motion. A motion was made by Dr. Bove and seconded by Dr. Winslow to end the debate. A roll call vote was taken and can be seen as an attachment here ([attachment 5](#)). A second roll call vote was taken on the motion to change the RSI requirements as outlined above (There was a clarifying question on the number of intubations required, and the current outlines were outlined for the group as reference). The motion was defeated as outlined here in ([attachment 6](#)).
- A motion was made by Dr. Garber to change the intubation requirements to two or three human intubations from ten non-defined intubations. It was recommended that the RSI Subcommittee take the motion back for discussion to be brought forth again at a later meeting. Dr. Garber withdrew his motion.

Behavioral (Dr. Coyne)

- No report.
- Dr. Winslow thanked Dr. Coyne and Dr. Hassoun for their work on the REMAC policy on “Use of Restraint” that is a best practice in EMS, involves both EMS and law enforcement aspects of the safe use of restraints in the medical care of the behavioral agitated patient. There were 1,235 cases of behavioral agitation over one year, and in only 411 cases were medications administered (90% of the time it was Midazolam and 10% Ketamine). Many instances verbal de-escalation techniques were successful.

Bylaws (Dr. Coyne)

- No report.

Old Business:

- Dr. Acosta clarified that the appeal on restriction that was sent to the REMAC recently was not given by the REMAC, but rather the agency medical director. As such, a Suffolk County REMAC review was not necessary. Additionally, the case is with the state, so the review committee need not meet on the matter at this time.

New Business:

- The first meeting of the REMAC will be on January 28, 2025, at 7 PM. That meeting will outline the remainder of the year’s meetings, appoint subcommittee chairs, and appoint a second vicechair.
- Dr. Marshall asked that any members who wish to serve or continue to serve as a subcommittee chair for the next term to please reach out to him. Additionally, any physicians not affiliated with Stony Brook or NYU Langone Healthcare Systems that wishes to serve as second vicechair should also contact Dr. Marshall.
- Thank you to Dr. Acosta for his service as chair of REMAC for these past years.


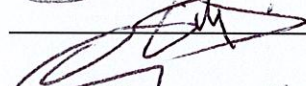
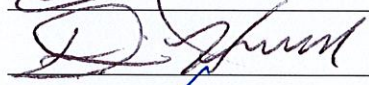
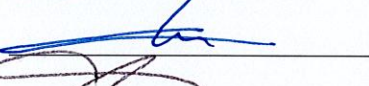

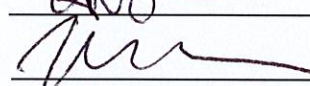
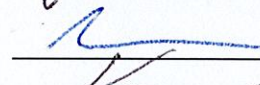
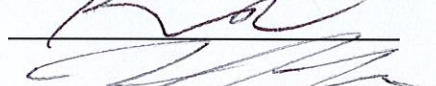
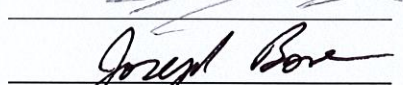
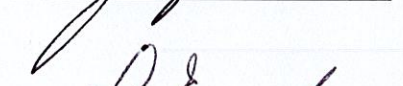
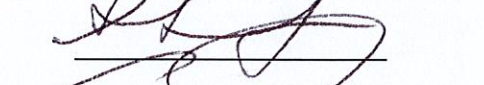

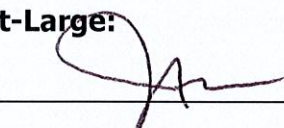
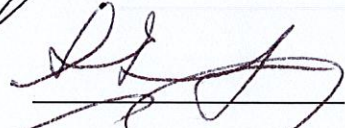
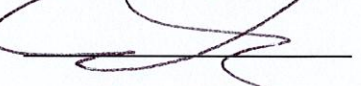
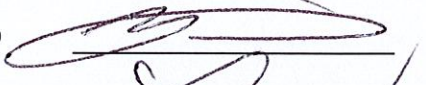
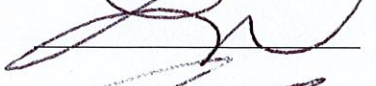
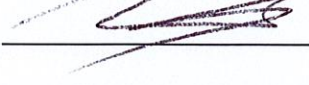
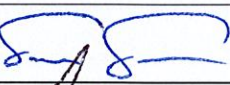
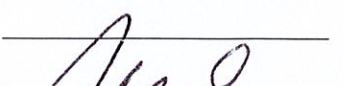

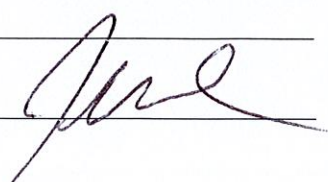
Motion to adjourn made by Dr. Bove, seconded by Dr. Marshall. The meeting adjourned at 2021.
Respectfully submitted,

Jennifer Hannigan
Deputy Chief, Education and Training
REMAC Secretary



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

November 26, 2024

Facility	Hospital Delegate/Alternate	SIGNATURE	
EMS Medical Director	Jason Winslow, MD		
Eastern Long Island	Lawrence Schiff, MD		
Good Samaritan	Eric Decena, MD / Chris Raio, MD		
Huntington	Devin Howell, DO / Leo Huertas, MD		
J.T. Mather	Eddie Kim, MD / Adam Wos, MD		
Long Island Community	Jerry Rubano, MD / Sanjay Shetty, MD		
Peconic Bay	Jeffrey Cangelosi, MD / Nick Palamidissi, MD		
Southampton	Max Minnerop, MD		
South Shore University	Brian Blaustein, MD/ Anthony Urmaza, MD		
St. Catherine's	Kristopher Bianconi, MD		
St. Charles	Jeffrey Wheeler, MD / <u>Joseph Garber, MD</u>		
Stony Brook University	Joseph Bove, MD / Megan Hodges, MD		
Physician Members-at-Large:			
Juan Acosta, DO		Sanford Glantz, MD	
Lincoln Cox, MD	<u>Excused</u>	Christopher Guszack, MD	
Scott Coyne, MD		Youssef Hassoun, MD	
Caitlin Feeks, DO	<u>Excused</u>	Lauren Maloney, MD	
Andrew Flanigan, DO		R. Trevor Marshall, MD	
Gegory Garra, MD		Christopher Ng, MD	
Jack Geffken, DO		James Vosswinkel, MD	



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

November 26, 2024

EMS Division Staff:

William M. Masterton, Chief, Education & Training

Signature

Excused

Paul Marra, Chief, EMS Operations

Excused

Jennifer Hannigan, Deputy Chief, Executive Secretary

J. Hannigan

Christopher Gallway, University Medical Control

C. Gallway

John Manzi, Chair, REMSCO

— Ed Boyd

present

Non-Physician Members-at-Large:

Signature

Edward Boyd

Ed Boyd

John Boyd

J. Boyd

Jess Boyle

J. Boyle

Robert Cavalieri

Excused

Scott DiPino

S. DiPino

Shawn Edouard

Shawn Edouard

Thomas Fealey

Present

Patrick Gugliotta

P. Gugliotta

Jason Hoffmann

J. Hoffmann

James Jackson

J. Jackson

Dawn Luccioni

D. Luccioni

Michael Presta

M. Presta

David Roth

D. Roth

Daniel Siciliano

D. Siciliano

Paul Werfel

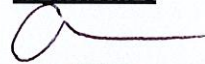
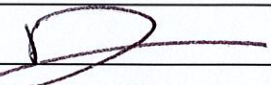
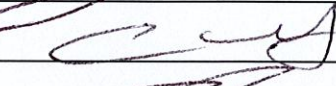
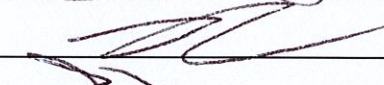
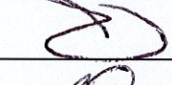
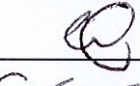
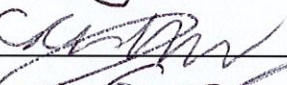
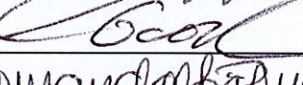
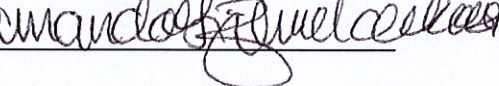


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**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST**

November 26, 2024

GUESTS:

<u>Name (Please Print)</u>	<u>Affiliation</u>	<u>Signature</u>
Christopher Klein	Northwell EMS	
David Neseur	CVAC/HCFAS/DPFD	
Anthony Gervore	Northport/Northell	
Rich H	Masf. Beach	
Dina Loughach	SEMS	
Anthony Johnson	ASMA	
Cole Dacenzo	CVAC	
Carl Goodman	PJEMS	
Amanda L Zilnicki-cekowski	SCACA	

(please turn over to add additional names)



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.suffolkremsco.com

OFFICERS:

Juan Acosta, DO
Chairperson

R. Trevor Marshall, MD
Vice-Chairperson

Jack Geffken, DO 2nd
Vice Chair

Jennifer Hannigan
Secretary

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

South Shore
University Hospital

St. Catherine of Siena
Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: REMAC

Date: 10 / 22 / 2024

Location: SCEMS

Chair/Acting Chair: Acosta, Marshall, Winkler

Quorum reached? Y / N

Present at location:

Dina Wayach

JASON HERRMAN

SHAWN EDWARD

Jason Winkler

Trevor Marshall

Don Siciliano

Juan Acosta, called in ✓

Mike Acosta

Jr. Hannigan

Dr. Acosta

Continue on back if necessary.



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

OFFICERS:

Juan Acosta, DO
Chairperson

R. Trevor Marshall, MD
Vice-Chairperson

Jack Geffken, DO 2nd
Vice Chair

Jennifer Hannigan
Secretary

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

South Shore
University Hospital

St. Catherine of Siena
Medical Center

St. Charles Hospital

Stony Brook
University Hospital

Subcommittee: RSI

Date: 10/29/2024

Location: Dix Hills FD

Chair/Acting Chair: Dr Glantz

Quorum reached? Y / N

Present at location:

Scott DiPino

Paul Werber

Don Siciliano

Trevor Marshall

CAVALIER, ROBERT

Jack Geffken

Brian Butcher

Jennifer Hannigan

Jason Hoffman

Shawn Edwards

Continue on back if necessary.



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

October 2, 2024

Dr. Jason Winslow
46 Cobbler Lane
East Setauket, New York 11733

Dear Dr. Winslow:

I am pleased to confirm your reappointment to the State Emergency Medical Advisory Committee (SEMAC) with a term ending December 31, 2025.

Thank you for your willingness to serve on the SEMAC and continuing to contribute to its important work.

Should you have any questions, please feel free to contact Theresa Allen at 518-807-7052.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jim McDonald, M.D.", written in a cursive style.

James V. McDonald, M.D., M.P.H.
Commissioner of Health

cc: T. Allen
F. Reish



Suffolk County Regional Emergency Medical Advisory Committee Record of Motion

A Motion to

end the debate on the proposed RSI Paramedic requirements.

was made by Dr. Bove, seconded by Dr. Winslow

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island	Lawrence Schiff, MD	X			
Good Samaritan	Eric Decena, MD	X			
Huntington	Devin Howell, DO	X			
J.T. Mather	Eddie Kim, MD	X			
L. I. Comm. Hospital	Jerry Rubano, MD	X			
Peconic Bay Med. Cntr	Jeffrey Cangelosi, MD	X			
Southampton	Max Minnerop, MD	X			
South Shore University	Brian Blaustein, MD	X			
St. Catherine's	Kristopher Bianconi, MD	X			
St. Charles	Jeffrey Wheeler, MD	X			
University	Joseph Bove, MD	X			
Medical Director	Jason Winslow, MD		X		
Physician Members					
Dr. Juan Acosta		X			
Dr. Lincoln Cox					X
Dr. Scott Coyne		X			
Dr. Caitlin Feeks					X
Dr. Andrew Flanigan					X
Dr. Gregory Garra		X			
Dr. Jack Geffken		X			
Dr. Sanford Glantz		X			
Dr. Chris Guszack		X			
Dr. Youssef Hassoun		X			
Dr. Lauren Maloney		X			
Dr. R. Trevor Marshall		X			
Dr. Christopher Ng					X
Dr. James Vosswinkel			X		
TOTAL:		20	2		4

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

MOTION [X] PASSED [] DEFEATED

Date: 11/26/2024

Attested to by: Jennifer Hannigan, Executive Secretary



Suffolk County Regional Emergency Medical Advisory Committee Record of Motion

A Motion to

change the minimum requirements for an RSI paramedic to “A paramedic with two years of experience or more with ten endotracheal tubes. Three of these ten tubes must be on a human, and no tubes obtained by the paramedic during paramedic school may count.”

was made by _____, seconded by _____ RSI Subcommittee

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island	Lawrence Schiff, MD		X		
Good Samaritan	Eric Decena, MD		X		
Huntington	Devin Howell, DO		X		
J.T. Mather	Eddie Kim, MD		X		
L. I. Comm. Hospital	Jerry Rubano, MD		X		
Peconic Bay Med. Cntr	Jeffrey Cangelosi, MD		X		
Southampton	Max Minnerop, MD		X		
South Shore University	Brian Blaustein, MD		X		
St. Catherine's	Kristopher Bianconi, MD		X		
St. Charles	Jeffrey Wheeler, MD		X		
University	Joseph Bove, MD		X		
Medical Director	Jason Winslow, MD		X		
Physician Members					
Dr. Juan Acosta			X		
Dr. Lincoln Cox					X
Dr. Scott Coyne			X		
Dr. Caitlin Feeks					X
Dr. Andrew Flanigan					X
Dr. Gregory Garra			X		
Dr. Jack Geffken			X		
Dr. Sanford Glantz			X		
Dr. Chris Guszack		X			
Dr. Youssef Hassoun			X		
Dr. Lauren Maloney			X		
Dr. R. Trevor Marshall		X			
Dr. Christopher Ng					X
Dr. James Vosswinkel				X	
TOTAL:		2	19	1	4

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

MOTION [] PASSED [X] DEFEATED

Date: 11/26/2024

Attested to by: _____,
Jennifer Hannigan, Executive Secretary