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5 **FIRE, RESCUE and EMERGENCY MEDICAL SERVICES & PREPAREDNESS**
6 **COMMITTEE**
7
8 **OF THE**
9
10 **SUFFOLK COUNTY LEGISLATURE**
11
12 **MINUTES**
13
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17 A meeting of the Fire, Rescue & Emergency Medical Services &
18 Preparedness Committee of the Suffolk County Legislature was held
19 in the Rose Y. Caracappa Legislative Auditorium of the William H.
20 Rogers Legislature Building, 725 Veterans Memorial Highway,
21 Smithtown, New York on January 24, 2023.
22
23
24
25

26 **MEMBERS PRESENT:**

27 Leg. Dominick S. Thorne, Chairperson
28 Leg. Manuel Esteban, Vice Chair
29 Leg. Tom Donnelly
30 Leg. Samuel Gonzalez
31 Leg. Leslie Kennedy
32
33
34

35 **ALSO IN ATTENDANCE:**

36 Presiding Officer Kevin McCaffrey, 14th Legislative District
37 Legislator Kara Hahn, 5th Legislative District
38 Frank Tassone, Clerk of the Legislature
39 Brett Robinson, Chief Deputy Clerk/Legislature
40 Thomas Corcoran, Budget Review Office
41 Patrick M. Beckley, Commissioner/FRES
42 Dr. Jason Winslow, Regional EMS System Medical Director/Health Dept
43 Paul Marra, Chief/EMS Operation
44 William M. Masterton, Chief/Education and Training
45 Daniel Keegan, appointee/SC FRES
46 Ali Nazir, Aide to P.O.
47 And all other interested parties
48
49
50

51 **MINUTES TAKEN BY:**

52 Diana Flesher, Court Stenographer
53
54
55
56

1 THE MEETING WAS CALLED TO ORDER AT 11:32 AM

2
3 CHAIRPERSON THORNE:

4 I'd like to call the meeting of the Fire, Rescue, Emergency
5 Services Committee to order. Let's all stand for the Pledge of
6 Allegiance led by Legislator Donnelly.

7
8 PLEDGE OF ALLEGIANCE

9
10 11:33AM Remain standing for a moment of silence for all EMS fire and police
11 as well as our military that we have lost or is in harm's way.

12
13 MOMENT OF SILENCE OBSERVED

14
15 Thank you. Mr. Clerk, roll call, please.

16
17 (Roll call by Chief Deputy Clerk Brett Robinson)

18
19 CHAIRPERSON THORNE:

20 11:33AM Present.

21
22 LEG. ESTEBAN:

23 Present.

24
25 LEG. GONZALEZ:

26 Here.

27
28 LEG. KENNEDY:

29 Here.

30 11:33AM LEG. DONNELLY:

31 Present.

32
33 P.O. McCAFFREY:

34 Here.

35
36 CHIEF DEPUTY CLERK ROBINSON:

37 Six.

38
39 CHAIRPERSON THORNE:

40 Mr. Clerk, any correspondence?

41
42 CHIEF DEPUTY CLERK ROBINSON:

43 All correspondence has been distributed accordingly, Mr. Chairman.

44
45 CHAIRPERSON THORNE:

46 Is anybody here on public portion?

47
48 MR. DeLUCA:

49 11:34AM No speakers, Mr. Chairman.

50
51 CHAIRPERSON THORNE:

52 We'll close the public portion. There's no one in the audience who
53 wants to be heard; correct? Close the public portion. We're going
54 to go to Appointment Resolutions.
55
56

APPOINTMENT RESOLUTIONS

1
2
3 Resolution 1960, Approving the reappointment of Scott Dipino as a
4 member of the Suffolk County Fire, Rescue and Emergency Services
5 Commission. (Co. Exec.). I'll make a motion.
6

7 LEG. GONZALEZ:
8 Second.
9

10 CHAIRPERSON THORNE:
11 All in favor? Opposed?
12

13 CHIEF DEPUTY CLERK ROBINSON:
14 Mr. Chairman, who was the second on that? Three people said it.
15

16 CHAIRPERSON THORNE:
17 One of the two.
18

19 CHIEF DEPUTY CLERK ROBINSON:
20 You gotta pick one.
21

22 CHAIRPERSON THORNE:
23 Sammy. So 1960 passes.
24

25 CHIEF DEPUTY CLERK ROBINSON:
26 Six. (VOTE: 6-0-0-0/P.O. McCAFFREY INCLUDED IN VOTE)
27

28 CHAIRPERSON THORNE:
29 1961, Approving the appointment of Daniel Keegan as a member of the
30 Suffolk County Fire, Rescue and Emergency Services Commission. (Co.
31 Exec.). I'll take a motion.
32

33 LEG. KENNEDY:
34 Second.
35

36 CHAIRPERSON THORNE:
37 Okay. Any --
38

39 LEG. GONZALEZ:
40 On the motion.
41

42 CHAIRPERSON THORNE:
43 On the motion.
44

45 LEG. GONZALEZ:
46 Motion to approve.
47

48 CHAIRPERSON THORNE:
49 Thank you. On the motion, too, Mr. Keegan is here. Can you come
50 forward, Chief Keegan. You want to give us a brief synopsis,
51 Chief?
52

53 CHIEF KEEGAN:
54 Of myself? Sure, sure. Daniel Keegan, Third Assistant Chief, St.
55 James Fire Department. I'm an EMS Lieutenant for the New York City
56 Fire Department. I'm currently detailed to New York City Emergency

11:35AM

1 Management as a watch command supervisor. I have a little over 15
2 years with the city and about 20 years of volunteer service between
3 Commack Ambulance, Commack Fire Department and St. James.

4
5 **CHAIRPERSON THORNE:**

6 Outstanding. First of all, thank you for taking on this role. And
7 we're very grateful to have somebody of your experience to come and
8 help our county. Is there any questions for Mr. Keegan?

9
10 **LEG. DONNELLY:**

11 (Off mike)

12
13 (Laughter)

14
15 **CHIEF KEEGAN:**

16 Very good. Thank you.

17
18 **CHAIRPERSON THORNE:**

19 So hearing none, we have a first and a second. Is there any -- so
20 motion to approve first and second. Hearing no other abstentions,
21 so moved. Welcome aboard.

22
23 **CHIEF KEEGAN:**

24 Thank you. Look forward to it.

25
26 **CHIEF DEPUTY CLERK:**

27 Six. (VOTE: 6-0-0-0/P.O. McCAFFREY INCLUDED IN VOTE)

28
29 **CHAIRPERSON THORNE:**

30 So 1961 has been approved. 1962, Approving the reappointment of
31 Anthony Sullo as a member of the Suffolk County Fire, Rescue and
32 Emergency Services Commission. (Co. Exec). Do I have a motion?

33
34 **LEG. GONZALEZ:**

35 Motion.

36
37 **CHAIRPERSON THORNE:**

38 Second?

39
40 **LEG. ESTEBAN:**

41 Second.

42
43 **CHAIRPERSON THORNE:**

44 Okay. Motion by Legislator Gonzalez; seconded by Legislator
45 Esteban. Abstentions? So moved 1962.

46
47 **CHIEF DEPUTY CLERK ROBINSON:**

48 Mr. Chairman, we gotta have "all those in favor, all those
49 against."

50
51 **CHAIRPERSON THORNE:**

52 I apologize. All those in favor? New guy, messing up all the
53 time. Opposed? And abstentions?

54
55 **CHIEF DEPUTY CLERK ROBINSON:**

56 Six. (VOTE: 6-0-0-0/P.O. McCAFFREY INCLUDED IN VOTE)

11:36AM

11:36AM

1
2 **CHAIRPERSON THORNE:**

3 Thank you for the correction. 1962 is passed. 1963, Approving the
4 reappointment of Robert McConville as a member of the Suffolk
5 County Fire, Rescue and Emergency Services Commission. (Co. Exec.).

6
7 **LEG. ESTEBAN:**

8 Motion to approve.

9
10 **CHAIRPERSON THORNE:**

11 Motion to approve.

12
13 **LEG. GONZALEZ:**

14 Second.

15
16 **CHAIRPERSON THORNE:**

17 Seconded by Legislator Gonzalez. All those in favor? Thank you.
18 Opposed? Abstentions?

19
20 **CHIEF DEPUTY CLERK ROBINSON:**

21 Six. (VOTE: 6-0-0-0/P.O. McCAFFREY INCLUDED IN VOTE)

22
23 **PRESENTATIONS**

24
25 **CHAIRPERSON THORNE:**

26 Thank you. 1963 is approved.

27
28 Presentations. We have Suffolk County EMS here to give us an end
29 of year report. Good morning, Chief. Good morning, Doc.

30
31 **POWERPOINT SLIDE SHOW**

32
33 **DR. JASON WINSLOW:**

34 Good morning. Thank you very much and thank you for having Chief
35 Paul Marra, Chief Mike Masterton and myself. I'm Dr. Jason
36 Winslow.

37
38 First I want to thank many of the Legislators here who've had the
39 support of the EM system for many years. Forgive us if we give the
40 overview, in case there's any new members that don't know our
41 system but it is a little complex. We're going to do essentially
42 like a five-minute presentation on the system each of us taking
43 turns. And then I have a ten-minute presentation on our COVID
44 response and it'll be a great eye opener to showcase what the
45 Department of Health has done during the COVID pandemic.

46
47 So Suffolk County has a combination or a hybrid EMS system. It's a
48 coordinated effort on the part of 109 separate EMS agencies. This
49 includes eight BLS first response agencies; two ALS first response
50 agencies; 101 ambulance agencies of which two are hospital based;
51 four are law enforcement agencies; two are federal agencies and
52 eight are commercial services. There are eight fire departments or
53 fire companies, 55 fire districts and 27 volunteer ambulance
54 companies.

55
56 But it is not just a volunteer system. Most of the EMS providers

1 are paid for their services and many volunteer some of their time
2 and are paid for other time. Many EMS providers work multiple jobs
3 in several EMS agencies. The pay for EMS averages 18 to \$23 an
4 hour for a BLS provider and 28 to \$35 an hour for an ALS provider.

5
6 In Suffolk County there are approximately 180,000 911 calls for EMS
7 service each year. There are over 5,000 EMS providers in the
8 system with 4600 EMTs, 250 EMT critical cares and 882 EMT
9 paramedics. There are 11 hospitals who receive patients from the
10 911 system; one level-1 trauma center; two level-2 trauma centers,
11 4 level-3 trauma centers; 2 pediatric specialty centers and one
12 regional burn center. Nine of our hospitals have emergency cardiac
13 intervention capabilities. Three of our hospitals and healthcare
14 systems serve as academic institutions with emergency medicine
15 residency programs and other residency in training programs. Three
16 hospitals have emergency stroke intervention capabilities; six EMS
17 education course sponsors; and two paramedic training programs.

18
19 So what does EMS do? EMS providers utilize specific protocols for
20 pre-hospital medical care and in many instances they're required to
21 contact Medical Control for further orders and decisionmaking.
22 Medical Control is available 24/7/365 on a recorded line at Stony
23 Brook University Hospital with paramedic operators and ER
24 physicians to provide medical direction for EMS in real time. This
25 is a contract between Stony Brook University Hospital and Suffolk
26 County EMS. There are approximately 20,000 medical control calls
27 each year.

28
29 So how do we oversee the system? Suffolk County has the REMSCO, of
30 which Legislator Donnelly is the appointed member. Thank you for
31 your service. It made up of physicians, nurses, EMTs, paramedic,
32 educators and lay persons to participate and oversee the
33 operational aspects of the system.

34
35 We also have the Suffolk County REMAC. That's the physician and
36 paramedic leaders from Suffolk County who are charged with the
37 protocols, policies and procedures for the triage, treatment and
38 transport of patients in the system. We also have the Suffolk
39 County Regional Trauma Advisory Committee, participation of all our
40 regional trauma centers in all four healthcare systems.

41
42 Suffolk County Division staff we coordinate and lead these three
43 main bodies and coordinate the system in realtime everyday, every
44 month to coordinate a complicated arrangement of 109 different
45 partners. Our division is made up of 14 members: Myself, Chief
46 Marra, Chief Masterton. We have 7 paramedic staff members, two EMT
47 staff members and three administrative members.

48
49 One slide about me, so I'm a doctor of medicine and I have a
50 masters degree in public health. I'm board certified in emergency
51 medicine and fellowship trained in EMS; former emergency medic
52 medicine physician for 22 years. The last 15 years I served at
53 Good Sam as the Director for EMS and Trauma.

54
55 I'm a former EMS provider myself from 1988 to '96. I'm a former
56 agency medical director for 17 of the 109 agencies in this County.

1 I'm the former chair of the Suffolk County REMAC for six years and
2 was vice chair for an additional four years and I've been a member
3 of the REMAC from 2002 to present. I currently serve as New York
4 state representative to the MAC, which is the New York State
5 Medical Advisory Committee for EMS.

6
7 Chief Paul Marra is next.

8
9 **CHIEF PAUL MARRA:**

11:43AM 10 Good morning and thank for having us. Paul Marra. A little bit of
11 my background is I've been a first responder here in Suffolk County
12 since 1992; collectively worked with the Rocky Point Fire District
13 as their EMS coordinator for 12 years subsequently moving onto
14 Suffolk Community College where I was instrumental in assisting
15 with moving their paramedic degree program along with the program
16 director {Mansucoski}; then coming to the County in the height of
17 COVID during the launch of the vaccination pods in 2020 and been
18 here since pretty much working on the operational aspect of the
19 division working with FRES in conjunction for the Urban Search and
20 Recuse Team, the Decon Team so we -- out of our office we have the
21 medical oversight to both of those teams; working with the LEAP
22 behind Narcan Program with the fire districts and EMS agencies; as
23 well as training the civilian in the opioid response; working with
24 the districts currently now with the new proposed legislation
25 allowing fire districts to bill. So a lot of that paperwork comes
26 through our office and we work with the districts to get them up
27 and running with the transfer of operating authority. We continue
28 to support the County PAD program for the County buildings. We do
29 have James McDonald in our office handling the public access end of
30 defibrillation.

31
32 And that's just a brief overview of what we do on a daily basis.
33 Any questions? No questions? I'm going to turn it over to Chief
34 Masterton.

35
36 **CHIEF MASTERTON:**

37 All right. I'm not going to bore you with the long bullet points.
38 I'm my name is William Michael Masterton. I'm the Chief at
39 Training, Education and Quality Assurance for the 110 agencies
11:45AM 40 throughout our county, which includes medical control as well as
41 the first response fire departments, ambulances and the like.

42
43 I do a lot of stuff but I don't do it without the help of six
44 paramedic full-time IC instructors that work in our division. We
45 have an Administrator I, {Regan Kellerman}. We have 170 per diem
46 staff. We're one of the largest training centers in the state and
47 we average around 20 to 25 EMT classes throughout the county every
48 year. Right now we have 15 classes running from Sag Harbor all the
49 way around to Southold down to West Bab and all the way across to
11:46AM 50 Eaton's Neck. So we have a big core sponsor, mainly a professional
51 college that we also run.

52
53 We're also a big CME program throughout the county. We're one of
54 the few regions that has an online CME offered to all of the
55 agencies in our catchment area. It's a platform that they utilize
56 especially with volunteering time is of essence and they have an

1 opportunity to do that.

2
3 We're also one of the largest AHA training centers. So we have a
4 full-time staff member that oversees CPR classes, which is, you
5 know, comes and goes. Recently with the recent NFL thing, it's
6 come and the public is aware. And I looked at the stats for this
7 year, which we'll cover in a little bit, but we're on par for 2020.
8 And keep in mind CPR was shut down for the first half of the year.
9 So we trained around 3,500 citizens in this county in CPR. So
10 we're doing a tremendous work at that division.

11
12 We're also PAD. A lot of people don't understand that's a REMSCO
13 function and we're program agency. I'm the Associate Director
14 along with the Director, Dr. Winslow, of overseeing the REMSCO
15 functions in our county. One of those is the PADs so we have
16 staff, like Paul said, James McDonald that oversees and coordinates
17 with all the PADs in the county, the county being one of them.

18
19 **CHAIRPERSON THORNE:**

20 Public access to defibrillation?

21
22 **CHIEF MASTERTON:**

23 Correct. Public Access Defibrillation is a state-run program and
24 that's administered through our office. I don't have the stats on
25 the number of PADS but they grow every year. Some communities
26 they're everywhere, which is great.

27
28 The last thing we do is a program agency in our office is
29 credentialed providers in our system. So we have the stats that
30 Dr. Winslow gave you, the amount of providers that we have in our
31 system and they are constantly being updated. We just recently
32 have updated two new protocols starting January 15th. And we
33 credential around 900 providers throughout the county in an online
34 platform to new protocols, procedures and policies. It's pretty
35 daunting, but we have a lot of those, providers that are just
36 re-credentialed. We also credential as low as CFR, EMT and CC
37 throughout our county. So we're one of the few besides Syracuse
38 and Buffalo that actually credential and have an account of the
39 number of people in our 911 system. With that, I'll take any
40 questions.

41
42 **CHAIRPERSON THORNE:**

43 Legislator Hahn, do you have a question?

44
45 **LEG. HAHN:**

46 Hello. Thank you for all you do.

47
48 **CHIEF MASTERTON:**

49 Thank you.

50
51 **LEG. HAHN:**

52 Thank you, Mr. Chairman. I'm sorry I don't know the answer to this
53 but before I became a Legislator, which is now almost 12 years ago,
54 I worked for Presiding Officer Lindsay and we had a -- we were
55 involved in the rolling out of probably some of the PADs program.
56 I can't remember what exactly was happening at the time but there

1 was talk of making sure that all of the public access
2 defibrillation sites were mapped, technologically mapped, GIS and
3 that 911 call center would have access to that just in case someone
4 goes down and in the hallway next to them unbeknownst to them is a
5 defibrillator. So is that up and running? Is that really
6 happening?

7
8 **CHIEF MASTERTON:**

9 Yes.

10
11 **LEG. HAHN:**

12 Good.

13
14 **CHIEF MASTERTON:**

15 Yeah, so what you're referring to is an app; phone mobile phone app
16 called Pulse Point. Pulse Point is shared with all PADs when they
17 apply. And it does coordinate between Suffolk County Department of
18 Health Division of EMS as well as through FRES on the access. And
19 we've actually had few saves this year where it was identified that
20 there was a defibrillator onsite by the dispatcher and the
21 dispatcher gave directions to the citizen and CPR was administered,
22 ADA applied and the patient was saved. So what you're referring to
23 is the Pulse Point. We are going to be promoting it a little bit
24 more. As you know, everybody was down during the COVID winter but
25 it is an app that's up and running and being utilized throughout
26 Suffolk County, yes.

27
28 **LEG. HAHN:**

29 That's very heartwarming knowing that it was kind of just being
30 talked about back then and that it's -- unfortunately sometimes
31 things we think are about to go into implementation never happen
32 and unbeknownst to us here at the Legislature, the policymakers, we
33 don't know that, you know, policies that were being talked about
34 don't actually come to fruition. So I'm glad that that is and if
35 there's a way we can help get the word out more about that, that
36 could be terrific, too.

37
38 **CHIEF MASTERTON:**

39 Yes, we will work with you guys. We do encourage that. We added
40 that about two years ago to when PAD applies giving them the free
41 link to it, advising them to take pictures of all their AEDs, you
42 know what I'm saying uploading, it's an easy app. It's utilized by
43 those under 30 unfortunately, not so much those over, but we do
44 identify county AEDs as well as private AEDs as well as schools and
45 things like that. But great program. Thank you.

46
47 **CHAIRPERSON THORNE:**

48 (Off mike)

49
50 **CHIEF PAUL MARRA:**

51 Yeah, and it can constantly be updated. And it can also be added
52 with Narcan as well as bleeding control kits that are updated in
53 it. The app has a lot of information. They can take a picture and
54 just upload, has this, has that, has that and submit.

1 **LEG. HAHN:**

2 Yeah, and so for those listening at home, because I know there are
3 millions of them, it -- really the intention was multiple, yes,
4 someone could find it on their own. But making sure that 911
5 operators know the location of each of these really tremendous
6 lifesaving resources so that in the case of an emergency when it
7 might take a little bit longer for a police officer or an EMT to
8 make it to the scene, if they happen to have a resource unbeknownst
9 to them, you know, down the hall or two storefronts over, they can
10 take advantage of that with the assistance, of course, of the
11 operator to walk them through what to do. But thank you.

11:51AM

12
13 **CHAIRPERSON THORNE:**

14 Legislator Gonzalez.

15
16 **LEG. GONZALEZ:**

17 Hey, guys, how are you? Doc, you mentioned something called REMAC.
18 What is REMAC? I'm sorry, because there's so many letters and
19 lingos that --

20
21 **DR. JASON WINSLOW:**

22 Yeah, there's three main meetings that coordinate the care of EMS
23 from a medical oversight standpoint. REMSCO, which is the
24 overarching body, that's mostly operational things like ambulance
25 certificates, transfer operating authority. The way we connect to
26 the system, joint agreements, 911. Then there's REMAC and RTAC.
27 Those are physician medical oversight bodies with representatives
28 of each of the hospitals. On REMAC each of the trauma centers are
29 RTAC and they make the protocols for patient care.

11:53AM

30
31 **LEG. GONZALEZ:**

32 Okay.

33
34 **LEG. HAHN:**

35 Would you mind just spelling out the acronyms even though --

36
37 **CHIEF MASTERTON:**

38 Sure.

39
40 **LEG. HAHN:**

41 -- I've heard them for years, I can never remember.

42
43 **CHIEF MASTERTON:**

44 I'll give you an overview picture. So in New York State there's 18
45 regions divided out through the state. Each region has a REMSCO ,
46 Regional Emergency Medical Advisory Committee. That committee is
47 made up primarily of organizations of EMS and responders but it
48 also includes citizens, Red Cross, hospitals. We have the
49 Emergency Nurse Association, PAs Association. So that body meets
50 every other month and that body sets the structure for the region's
51 EMS response.

11:53AM

52
53 A subcommittee of that would be the RTAC, which is the Regional
54 Trauma Advisory Committee. Each region has a Regional Trauma
55 Advisory Committee. And another subset of the REMSCO would be the
56 REMAC. The REMAC is the Regional Emergency Medical Advisory

1 Committee. The advisory committee for medical advisory is made up
2 of all physicians and there's a few nonvoting paramedics that sit
3 on that council. But that's the structure in New York State.
4 We're a county that has one REMAC. There are some counties in the
5 state that are combined. North Country you'll have several
6 counties, but Nassau, Suffolk and Westchester are single county
7 with a single REMAC and REMSCO and RTAC. I hope that answers the
8 question.

9
10 **DR. JASON WINSLOW:**

11 All of the meetings are also public meetings. They're also live
12 cast and they record the recordings as well as the meeting minutes.
13 Everything for the last year will be available on the internet, on
14 our SuffolkremSCO.com web page, which I welcome everyone to take a
15 quite look at it. It has everything we talk about for everyone in
16 the public as well as yourselves and legislation to read about.
17 And the minutes are posted.

18
19 **LEG. GONZALEZ:**

11:54AM 20 Thank you. I had the privilege to be over at the East Brentwood
21 Firehouse the other day so I got to learn a lot and meet a lot of
22 you; great job that you guys are doing. You also mentioned a
23 college that you have as a training.

24
25 **DR. JASON WINSLOW:**

26 Suffolk County Community College.

27
28 **LEG. GONZALEZ:**

11:55AM 29 It is Suffolk County Community College. Okay. I just have a
30 suggestion. I don't know if it's been done in the past but
31 recently, you know, we've had in my community, in the 9th
32 legislative district, especially in Brentwood, three fires that
33 were completely -- it was really bad, three of them; three families
34 that have lost everything. I think there was a need for CPR. I
35 don't know if our staff members in our offices, because when
36 something like that happened, you know, I get a call. And your
37 next training for CPR, I'd love for my staff, and I'm sure many of
38 the Legislators would love that their staff be certified in the
39 CPR, being that we are a hands-on always out in the community. Do
11:56AM 40 you have a class that's coming up that maybe I can send my staff
41 to?

42
43 **CHIEF MASTERTON:**

44 Yes, every year we train the Legislative staff. It's worked
45 through your Presiding Officer. And we come out once a year, if
46 nobody needs to be refreshed and twice a year we did one for about
47 19 people. But within your group there is a class already set up.
48 Patty {Manfredonia} is coming here to do a class at this building,
49 the Rogers building. But we do that every year.

11:56AM 50
51 **LEG. HAHN:**

52 Will you come out to the community if he wanted to host a community
53 training?

54
55 **CHIEF PAUL MARRA:**

56 No. What we do is -- we do the training for the county employees.

1 We have a lot of training centers that are affiliated with us so
2 the best place to go for community CPR would be through your local
3 fire department or ambulance company and they would do their
4 processing. We don't send a Hauppauge here. We from Suffolk EMS
5 come here and do the training as well as county employees. But
6 there is a program, Legislator, which -- and there's a class coming
7 up, I believe, next week.

8
9 **LEG. GONZALEZ:**

11:57AM 10 Ah, very good. I also want to mention I am in very, very -- I'm
11 very supportive of our ambulance and our firefighters. And I know
12 that there is an issue. Maybe I may be going away from what you
13 guys are doing today on your yearend on the ambulance in Central
14 Islip. There may be some issues there trying to get the property
15 or whatever. But, please, if you need any assistance whatsoever,
16 that's pretty much near Jake 58. I know it's been a long process
17 to try to get that ready to go. And so, please, whatever you need
18 from me, you have my assistance. And also very happy that the
19 Brentwood Ambulance is now ready to go to have their new facility.
11:58AM 20 So I'm very happy in the support that's coming your way. So, thank
21 you.
22

23 **CHIEF PAUL MARRA:**

24 Our pleasure. With Central Islip, is it a concern with Jake's 58
25 or is it new building that they're trying to get into?
26

27 **LEG. GONZALEZ:**

28 That is correct, I think it's the new construction in that area
29 that they're trying to build. I think the new owners may be on
11:58AM 30 board on this, but, you know, I think they're still playing some
31 hardball. So what I'm asking is that if there is anything,
32 anything that you need from my office there in my legislative
33 district, please feel free.
34

35 **CHIEF MASTERTON:**

36 We will pass that onto Central Islip, Hauppauge Volunteer Ambulance
37 Company as our office is a county entity.
38

39 **LEG. GONZALEZ:**

11:59AM 40 Correct.
41

42 **CHIEF MASTERTON:**

43 Issues for agencies we will let them know that you support them and
44 bring that to their attention.
45

46 **LEG. GONZALEZ:**

47 Thank you.
48

49 **CHAIRPERSON THORNE:**

11:59AM 50 Okay, that's it? Legislator Donnelly.
51

52 **LEG. DONNELLY:**

53 Thank you. Just one quick question. I don't know why I don't know
54 the answer to this. Pulse Point, so it goes through county 911.
55 Do the offsite, the more local agencies have access to Pulse Point?
56

1 **DR. JASON WINSLOW:**

2 You have to put it on your phone, but it's available. We all have
3 it on our phones.

4
5 **CHIEF MASTERTON:**

6 Mobile app.

7
8 **DR. JASON WINSLOW:**

9 It's a mobile app. Then you can see every AED in the county that
10 chooses to register.

11
12 **LEG. DONNELLY:**

13 Awesome. Thank you.

14
15 **DR. JASON WINSLOW:**

16 I still have about a 20-minute presentation just so everyone's
17 aware.

18
19 **CHAIRPERSON THORNE:**

20 Okay, okay. Yeah, this is a good Q and A, though. This is
21 important. Legislator Esteban.

22
23 **LEG. ESTEBAN:**

24 Yes, thank you, Chairman. Good afternoon. Welcome. So I
25 appreciate your good work, your very good presentation. I myself
26 have been an ambulance dispatcher in a volunteer capacity; as an
27 Eagle Scout; you know, I was a lifeguard with four water rescues.
28 And about 20 years ago I got to use CPR in Brighton Beach. Never
29 did I think -- I taught people. I've taught people how to be
30 lifeguards. I trained people to be certified American Red Cross,
31 but never did I think I'd get to use CPR.

32
33 I was walking on the boardwalk. There was a crowd. I approached
34 the crowd. There was an older lady on the ground. I touched her.
35 She was as cold as raw chicken when you take it out of the
36 refrigerator. And I did what I'd thought I'd never have to do was
37 mouth to mouth and chest compressions. And you would not believe
38 that she came back. I walked away. The first thing I wanted was a
39 bottle of water to rinse out my mouth. And about 20 minutes later
40 after I -- I came back and I said "is she okay?" And she said
41 "yeah, she's okay, the paramedics say she was okay." And then her
42 sister turned to me and said, you know, "thank you very much." So
43 this stuff works. I'm happy to continue to support your efforts.

44
45 One ask I have. And we ask it of all departments and agencies is
46 to please help us with our diversity and inclusion efforts. I
47 believe that when we have people -- more people with, you know,
48 different cultural backgrounds, different language abilities, it
49 allows us to be more effective in our education and outreach in the
50 communities. And why is that important? You know, as scouts and
51 EMS we all know that, you know, the best way to deal with an
52 emergency is to prevent it. Prevention is number one. And it's
53 heartbreaking when you hear families who have a fire, I don't even
54 want to say it, and it was because there was no smoke detector. So
55 by getting into these communities, educating people on very simple
56 things that they can do so that -- don't have emergencies that put

1 people in harm's way. I'm very happy to help you with outreach
2 efforts into the communities. I and my fellow Legislators, you
3 know, we're very aggressively in the communities. We could very
4 easily set up opportunities for you to train the community. And
5 not only that but recruit people for the committees, recruit people
6 for employment, so.

7
8 And in that also outreach efforts, you know, people have safer
9 driving. It's terrible when I open the news apps and you see about
10 these road accidents. Many of them seem like they could have been
11 prevented. So I would like to see more work on prevention. I
12 believe -- smoke detectors are every expensive nowadays. And I
13 know that you're not here for the fire stuff. But smoke detectors,
14 I was surprised at how expensive they are. For me to put one in
15 every room of my home where they should be to get the appropriate
16 carbon smoke, to get the -- what do they call it -- fire
17 extinguishes, and the correct ones, it costs for a home, you know,
18 close to a thousand dollars. It adds up. So on the one hand we
19 tell families *you have to have all these things*, but we have to
20 realize it's not affordable for many people. So it's something for
21 us to think about. And, again, I really appreciate your efforts
22 with diversity and inclusion efforts. Thank you.

23
24 **CHAIRPERSON THORNE:**

25 Thank you, Legislator Estaban. Legislator Hahn, you thought about
26 a last minute question?

27
28 **LEG. HAHN:**

29 Compassion fatigue. I know that we had counteracted with LICAD to
30 to help after -- probably before the pandemic with compassion
31 fatigue for volunteers who, you know, over and over again we're
32 administering Narcan. And the real need for, you know, and
33 understanding, and Legislator Donnelly and I partnered to get
34 county funding for compassion fatigue training in our volunteer
35 departments. And so I'm just kind of curious if you know about any
36 stats on the rollout of that or, you know, if we need to double
37 down our efforts to make sure the departments know about that. I
38 understand, you know, during the pandemic there probably were
39 similar need for that type of training.

40
41 **CHAIRPERSON THORNE:**

42 Let me just piggyback on the question. Are we still using the
43 critical incident stress debriefing team?

44
45 **DR. JASON WINSLOW:**

46 Yeah, let me go in order. First, Legislator Estaban, you'd be very
47 proud to know that we have one full-time bilingual instructor for
48 our EMT classes and four per diems. So we often will offer
49 Spanish-speaking EMT classes. We'd be the only place in New York
50 that does it that way.

51
52 And to address Legislator Hahn's comments, we run the Critical
53 Incident Stress Debriefing Team through our office. It's meant as
54 a resource for EMS, police and fire, healthcare workers who are
55 feeling the need for mental health resources. In terms of the
56 specific fatigue issue, I think, that happens every single day so

1 that's something that we're used to dealing with on a daily basis.

2
3 **CHIEF PAUL MARRA:**

4 Just to elaborate on the Critical Incident Stress Management Team
5 to hear for the county, currently we have 28 people that are
6 volunteers for the Critical Incident Stress Management Team. I
7 took over the team as the team coordinator upon {Ellen
8 Kominsinski's} retirement last year. Last year was an
9 unprecedented year for our Critical Incident Stress Management Team
10 where we were called out 44 times within the County. That being
11 said we followed up with a meeting last night. We've added a
12 couple of things to the team, one of which being a comfort dog with
13 a handler. So from Port Jefferson EMS we actually have Chief Mike
14 {Presta} and he comes with his compassion dog Huck. That's been
15 added to the team and it's really been widely accepted amongst the
16 volunteers.

17
18 In comparison to the year before we had 23 calls for the CISM Team.
19 So the team is getting more clout out in the community and is being
20 used more frequently. So, that being said we're trying to improve
21 on what we can do. And, again, regarding the districts I don't
22 know from the standpoint of the division if they've done anything
23 internally to manage.

24
25 **LEG. HAHN:**

26 Thank you.

27
28 **CHIEF MASTERTON:**

29 I do have one additional resource that a lot might not be aware of.
30 It is a big concern in all public safety, the concerns of mental
31 health. There is a resource page that we publish on our web page
32 which is "need help". And basically it's a balance of mental
33 health and wellbeing for EMS providers. It's a resource page. It
34 has every single association you can imagine. As everybody knows,
35 trying to get providers to speak to somebody is a personal thing.
36 So it's a resource page that is shared with providers and they can
37 pick the resource that applies to them whether it's addiction,
38 mental health, suicide or just help. And they're all free and
39 they've all been vetted by our office, which is why we post them.
40 It's stringed together by the Bureau of EMS from New York State.
41 And it's a growing, you know, thing but it's prominent. So you can
42 check that page out. And if there's any regional associations that
43 want to join that page, they can call the state. But that's what
44 we mainly use, is steer them to that page rather than one specific
45 resource if that answers your question.

46
47 **LEG. HAHN:**

48 Yeah, we can talk more later. I know you have more to get to.

49
50 **CHAIRPERSON THORNE:**

51 Legislator Gonzalez.

52
53 **LEG. GONZALEZ:**

54 Yeah, I know, you have a 20-minute presentation you guys have to
55 put up. You said there are 28 that covers how many individuals?

1 **CHIEF PAUL MARRA:**

2 So, we have a group of 28 people that are on the team that cover
3 the entire county. So for call outs comes in through our emergent
4 number, at which point in time we have volunteer dispatchers. So
5 during the day Monday through Friday from six in the morning until
6 seven o'clock at night, if any requests for the team come in, I
7 answer the call and we dispatch a team through FRES, at which point
8 in time depending on the circumstance, we make the decision whether
9 it's going to be a diffusing or a debriefing. The difference
10 between the two is the diffusing would happen within 24 hours of
11 the incident. A debriefing would generally take place 72 hours.
12 And then we also have what they call a CMB, which is a Crisis
13 Management Briefing, which would be done on-site prior to the
14 volunteers leaving the actual scene. Based upon that we put out a
15 page to our team. And based upon the responses that we get back
16 from the team members, we put together a team for the specific
17 incident. At which point the team leader will contact the agency
18 leadership and arrange for a date and time location to which they
19 would have it.

12:09PM

20
21 One thing I would like to stress to this group is that this is not
22 mandatory. So it has to come from the agency leadership. So we
23 can't force members to be there. Now, we do have certified
24 personnel on our team as licensed social workers. However, we are
25 considered a peer group and, therefore, we are not basing our
26 presentations on practices within mental health. So we're
27 basically a peer group of providers that go out and talk with these
28 agencies and the members.

29
30 **LEG. GONZALEZ:**

31 Do they also cover the actual volunteers of EMS when they're going
32 through their personal stress because of the job itself? Are those
33 28 part of that --

34
35 **CHIEF PAUL MARRA:**

36 EMS volunteers.

37
38 **CHAIRPERSON THORNE:**

39 Your mike.

40
41 **CHIEF PAUL MARRA:**

42 So all of our team members have some form of tie whether they're
43 fire based or EMS based. So, they do have a background in the
44 current Suffolk County system. That also being stated, if it's out
45 of what we would call our wheelhouse, over and above a call-based
46 circumstance, we would then send them to the Family Service League
47 or we'd send them to Joe's Project. And, again, we have a list of
48 resources that we would do. I actually took a call yesterday
49 morning to a member here in Suffolk County that we actually had to
50 refer him because it was above what we do at Critical Incident
51 Stress Management Team.

12:11PM

52
53 **LEG. GONZALEZ:**

54 Thank you.

1 **CHAIRPERSON THORNE:**

2 Okay, any other questions? Hearing none, as an editorial statement
3 only, I was a proud member decades of EMS in this community. You
4 guys do a great job. We are to support you including making sure
5 that our state representatives recognize EMS as an essential
6 service. And keep up the great work. If you need resources, all
7 you gotta do is pick up the phone.

8
9 So, thank you. And Dr. Winslow, go ahead with your presentation.
10 Hopefully we can hold the questions.

11
12 **DR. JASON WINSLOW:**

13 Sure.

14
15 **CHAIRPERSON THORNE:**

16 Because we still have the FRES Commissioner that needs to come up.

17
18 **DR. JASON WINSLOW:**

19 Thank you. I thought you'd find it interesting to kind of get the
20 yearend report on the COVID pandemic response. I wear a second hat
21 in the county. I'm the Director of Public Health and Emergency
22 Preparedness and I task some members of Suffolk County EMS as well
23 to assist in this role. I wanted to give you a brief overview from
24 the Health Department. At the end of the day we are health.
25 Suffolk County Health Department works closely with EMS. In many
26 instances we wear several hats. FRES, OEM and we share many of the
27 same personnel. We work cooperatively to achieve our mission
28 goals.

29
30 I'd like to give you a brief accounting of just things that went
31 well and things that are areas for improvement. Suffolk County
32 Department of Health Services work collaboratively with our
33 partners at the New York State DOH as well as our partners in
34 Nassau County and in New York City and with our partners in the
35 healthcare systems and hospitals in Suffolk County. We lead the
36 emergency support function 8 group within the national response
37 framework. That's connecting local hospitals, healthcare systems
38 with Suffolk County DOH and New York State DOH in addition to
39 federal assets such as the Strategic National Stockpile.

40
41 We staff the emergency operation center to coordinate the ESF8 role
42 for all activations. That's spearheaded by Chief Paul Marra. And
43 oftentimes the staff, including Chief Masterton and his educational
44 staff, also serve that role. Public Health Emergency Preparedness
45 maintains a constant readiness for the County for disaster
46 mitigation strategies, purchase and maintenance of countermeasures
47 such as Prussion blue and Ciprofloxacin. Prussion blue for those
48 who don't know would be administered in a radiologic event and
49 specialized equipment. We do planning and exercise drills for
50 chemical, biological, nuclear, radiological and incendiary or WMD
51 events. We work cooperatively with our partners in FRES, OEM,
52 Suffolk County PD and local police and the Suffolk County Sheriff's
53 Office. Three such recent events were one black swan lone shooter
54 exercise in Riverhead. That was done at Suffolk County Community
55 College; Suffolk County HazMat exercise at Brookhaven National Lab;
56 and the Greenport High School active shooter exercise.

1
2 To briefly overview the COVID pandemic response I broke it into
3 four phases that overlap. There was an initial response phase.
4 That was roughly from March of 2020 'til June of 2020. That was
5 the initial recognition of the pandemic event and managing the
6 first wave of patients and community cases.

7
8 The second distinct phase would be called the testing response
9 phase. That will be roughly from June of 2020 to December of 2020.
12:15PM 10 Beginning the process of testing, contact tracing and quarantine,
11 developing medical treatments, communication with federal, state
12 and local health partners as well as public notifications.

13
14 The third distinct phase would be the vaccination phase from
15 January of 2021 to August of 2021. Vaccination of the healthcare
16 workforce and EMS; vaccination of persons with medical comorbid
17 conditions; and then ultimately the mass vaccination of the entire
18 population while continuing to test and contact tracing efforts
19 from the previous testing response phase.

20
21 And then around September of 2021 it began to kind of move into
22 what we call the sustainability phase which continues into this
23 current situation. It's the maintaining of the healthcare
24 workforce. It's reorganizing our public health emergency
25 preparedness equipment, our PPE and supplies reordering and
26 restocking.

27
28 Best practices in the initial response phase: So the mandated lock
29 down did work effectively to decrease EMS call volume by more than
12:16PM 30 50 percent. EMS community used PPE effectively and efficiently as
31 evidenced by very few numbers of EMS providers who contracted COVID
32 illness during the first wave. Our Office of Emergency Management
33 worked day and night to arrange for PPE and cleaning supplies and
34 other necessary healthcare equipment for EMS, for police, for fire
35 service and assisting hospitals and healthcare systems as well. We
36 put out many advisories, many guidance documents, held many in
37 person and Zoom and telephone contact calls on the proper selection
38 donning and doffing, who to test, who to treat.

39
12:17PM 40 COVID restrictions were made to the EMS protocols to effectively
41 protect our EMS workforce from further exposure such as eliminating
42 nebulized medications, putting specialized filters on bivalve mask
43 devices, masking patients, minimizing the number of EMS providers
44 on each call and the use of a dispatching filter to save our EMS
45 assets for sicker patients. This worked well as well as a protocol
46 for no transport of mild illness cases.

47
48 We did a daily survey of the 190 EMS agencies to check on their
49 staffing and readiness, addressing any PPE questions or concerns,
12:17PM 50 any supply issues, decontamination or cleaning questions. We
51 established infectious disease COVID coordinator in each agency to
52 act as that contact point connecting that agency with the Health
53 Department and with EMS, FRES and OEM. You can also look on the
54 Suffolk County REMSCO web page, the first heading says "infectious
55 disease, COVID." All of the documentation from present to past is
56 documented.

1
2 Lessons learned in the initial response phase: Many of the
3 preexisting public health and emergency preparedness plans from the
4 local health department were underutilized. This meant we had to
5 rapidly create and adopt new plans at the direction of our partners
6 at the state level. It also leads to some confusion.

7
8 The New York State EMS Bureau mandated a cardiac arrest
9 no-transport protocol for use in EMS, which led to much confusion
10 in the EMS community. And after one week it was rescinded. Now
11 the regional EMS Councils, that's the REMSCO that we mentioned
12 before in our previous doc, retain the decisionmaking authority for
13 local protocol adjustment and notification to EMS community.

14
15 Another lesson learned was many of the public health supplies and
16 equipment were expired and spread out over several stores'
17 locations. Currently we have reorganized, cataloged and are
18 bringing them all to one location. Actually this process began
19 this month.

20
21 Best practices in the testing response phase: We effectively used
22 our 311 operators to manage the massive public inquiry on issues
23 related to COVID illness; testing and exposure questions. We added
24 more than 50 operators. It allowed for the Suffolk County
25 Department of Health Service to provide accurate information and to
26 call back select callers if they had more specific questions using
27 our public health nurses; a daily survey of EMS call volumes and
28 calls in the system for COVID illness; advanced notification to EMS
29 providers by dispatch if COVID illness was the nature of the call.
30 And that was a home run for the EMS agency, knowing before you got
31 there that it was a potential COVID case really was a mountain of
32 work and very rewarding. We established EMS provider and first
33 responder testing sites collaborating between the Suffolk County
34 Department of Health Services, EMS and our partners in Fire Rescue
35 and Emergency Services. EMS providers became credentialed as
36 testers and the equipment was added to the Suffolk County EMS
37 CLIA's license with New York State, which allowed EMS providers to
38 function in this first testing phase as testers.

39
12:20PM 40 We established the telephone hotline for EMS providers and First
41 Responders to call if they had any question about illness, any
42 COVID questions, any decon questions, any testing questions. We
43 used our medical control at Stony Brook University Hospital and
44 that testing was set up at the SUNY Stony Brook P lot with the
45 National Guard on a daily basis 12 hours a day. Mobile COVID
46 testing equipment and staff was brought out into the community and
47 targeted to the clusters as they developed; improved information on
48 PPE use, reuse, cleaning and decontamination practices. We
49 established an MOU with the Suffolk County Community College for
12:21PM 50 community testing. This later would be valuable as we used it for
51 the community vaccination at three campus locations.

52
53 Lessons learned from the testing phase: There was some difficulty
54 with obtaining information from local hospitals and there was some
55 breakdown of the ESF8 national response framework. We also noted
56 that there was some difficulty within a facility hospital

1 communication, even within the same healthcare system but more
2 pronounced with different healthcare systems.

3
4 Just two more phases. Vaccination phase: So best practices. We
5 facilitated the early vaccination in late December of EMS providers
6 and first responders using our partners in the healthcare systems.
7 Stony Brook, the Catholic Health Services and Northwell all
8 partnered in this to vaccinate providers as early as December 21st
9 and later NYU at LICH contributed as well. We identified a point
10 of contact at each of 190 EMS agencies and fire departments. We
11 used the same COVID officer from the previous phase and allowed for
12 each agency to document that their providers had been vaccinated
13 and to coordinate that second dose. We began the community mass
14 vaccination effort at the three campuses of the Suffolk County
15 Community College. We utilized the Medical Reserve Corps
16 volunteers, which for many that don't know is over 600 active
17 healthcare workers who choose to volunteer their services. I
18 happen to be the Medical Director of the Medical Reserve Corps. It
19 is run in assistance with OEM and FRES.

20
21 Suffolk County Police Department paramedics provide a community
22 vaccination at community paramedicine programs throughout the
23 County, again, targeting areas that were either most hard hit or
24 most difficult to seek care. So we targeted certain populations in
25 certain ethnic groups, churches. They went through all the way to
26 the Fisher's Island to reach that difficult location to make sure
27 that we covered the entire county. The Suffolk County Department
28 of Health Care public health nurses provided homebound vaccinations
29 to elders or persons who had special needs that could not get to a
30 mass vaccination site. The Department of Health Pharmacy began to
31 purchase the vaccine for the local pharmacies. And once the
32 ultra-cold storage requirement was removed in late February, we
33 were able to supply local pharmacies, doctors' offices and clinics
34 with vaccine product to further disseminate the vaccine effort.

35
36 The major lesson learned is IT was a nightmare. I'll let it go at
37 that. But the difficulty we observed was that the IT platforms
38 and communication between federal, state and local health
39 department, the registration, the documentation, who got it, when
40 their second dose appointment, we had to notify several different
41 platforms. It was a nightmare. So I can tell you in the future I
42 would have a dream that we all work on the same IT platform.

43
44 Last, sustainability phase, best practices. To this day we
45 continue to offer vaccinations and booster doses throughout the
46 county. As a local health department, we gave over 400,000
47 vaccinations. That's the largest of any Health Department in the
48 state. Maintain EMS provider staffing levels by continuing to
49 offer CME and refresher courses as well as original EMT classes.
50 We were the only part of the state that offered EMT classes
51 throughout COVID. Two hundred eighty new EMTs and paramedics were
52 added to the system in 2021 while over 800 were re-credentialed in
53 2021. In fact our division just completed a re-credentialing of
54 all of the ALS providers in the County; so 1100 providers, to make
55 sure that everyone had not only up-to-date information on our new
56 protocols, but it allowed us to make sure that each agency had

1 enough ALS providers to continue the care that they need. Public
2 health nurse teams continue to vaccinate the homebound population
3 and those with special needs. Lessons learned: We had difficulty
4 with people wanting to get vaccine booster doses. It's simple
5 math. Perhaps more could have been done with public information
6 and promotion of this phase.

7
8 My concluding remarks: This was a massive undertaking with many
9 partners: Federal, state and local health departments, hospitals
10 and healthcare systems, pharmacies and local doctors' offices to
11 mass vaccinate 77 percent of the total population in Suffolk County
12 and more than 40 percent to have had at least one booster dose.
13 That is over 3 million vaccines in total. Twenty percent have
14 received two booster doses. Those are mostly patients who --
15 mostly persons who may have special medical comorbidities.

16
17 What have we seen? Over 560,000 in these cases of COVID illness
18 have been seen in Suffolk County and over 50,000 persons have been
19 successfully treated and discharged from the 12 area hospitals
20 while observing a total of 4870 documented COVID fatalities in
21 March of 2020. That places Suffolk County in the top 20 counties
22 of the nation. And it's not over yet. Today there are nearly 300
23 patients with corona virus illness admitted to the 12 hospitals in
24 Suffolk County. So it is much better than it has been in previous
25 years but we're not done yet. And that's all I had.

26
27 **CHAIRPERSON THORNE:**

28 Doc, can you -- can you share that with members of the Committee
29 that slide presentation?

30
31 **DR. JASON WINSLOW:**

32 With your permission could I ask that they send it to all the
33 Legislators in the County?

34
35 **CHAIRPERSON THORNE:**

36 Yes, please do, sure.

37
38 **DR. JASON WINSLOW:**

39 Thank you.

40
41 **CHAIRPERSON THORNE:**

42 Everybody should have it. Legislator Hahn, don't forget we have
43 FRES behind them --

44
45 **LEG. HAHN:**

46 Yes, yes, yes, really quick. So I had written down -- before you
47 started I had written two questions and you kind of answered them
48 but I just want to delve a little bit. Has there been any real
49 review of what happened, debriefing, you know, documentation that
50 happen? I ask for this as it was happening and of course it was a
51 cluster from the beginning. So, you know --

52
53 **DR. JASON WINSLOW:**

54 I know what you're saying.

1 **LEG. HAHN:**

2 The day-to-day what did we do wrong, what did we do right, what did
3 we learn from the cluster that was going on. And I'm just kind of
4 curious. It looks obviously, you know, you've done a look-back and
5 a review, but the real nuts and bolts.

6
7 And then the second question I had, did the plans, because we had
8 plans. So what did we learn about the plans that will help the
9 next whatever comes at us? Because, you know, if it's COVID 19,
10 we're prepared. What did we learn about the planning that happened
11 and either, you know, it just felt like we were so unprepared. And
12 so I am curious as to -- do the plans have to be more specific?
13 Can they even be? Because this seemed like a pretty, I don't want
14 to say -- but, you know, influenza type, right, so we should have
15 been ready for an influenza type pandemic but seemingly we were
16 not, right.

17
18 **DR. JASON WINSLOW:**

19 Ready for the answer? It's at the state. So I will tell you as a
20 local health department, we have all our plans and the state said
21 "don't use them, use our plan." I will tell you that there's been
22 no after action report required. This I was giving to the state
23 but they don't want it officially. And I will tell you that that's
24 really what I can tell you. As a local health department, I think
25 we have done a great job compared to other areas far and wide in
26 New York. But until I can share this with the rest of the state
27 and they can take what we've done well and model it elsewhere, I
28 really have no official way to comment on your specific question.

29
30 **CHAIRPERSON THORNE:**

31 I think with your permission -- are you done, Legislator? I'm
32 sorry.

33
34 **LEG. HAHN:**

35 Yeah, no. I mean, that probably is the answer. Like it's like --
36 it seemed like everybody was waiting -- nobody locally -- and,
37 again, it was really complicated and we were on those calls and Tom
38 and so many were like present trying to help. But if -- you know,
39 if the state was telling you *don't act* and you had things that
40 would have helped, that's very frustrating but nobody locally
41 wanted to make the call like *we're going to do what we need to do*.
42 The technology I'm still pulling my hair out that we weren't --
43 it's like after -- how long it took after 9/11 for
44 interoperability; not even sure we're fully there yet. Yeah, so, I
45 didn't think so. So, you know, I'm just kind of curious of where
46 we're at and if we're going to do those after action reports just
47 on our own, that's really, really comprehensive.

48
49 **DR. JASON WINSLOW:**

50 This is my after action report. I just gave it to you. I
51 recommend you take it to the state.

52
53 **CHAIRPERSON THORNE:**

54 That was going to be my next statement. You can bet I will be
55 sharing that with the state and I'm sure they'll have questions for
56 you because it's not acceptable that we identify problems for our

1 residents that could have been handled better and they don't want
2 to hear it, they need to hear it. It's as simple as that. And I
3 don't care who sits up there. So we all make sure that that
4 happens. Legislator Esteban.

5
6 **LEG. ESTEBAN:**

7 Hello. Thank you for your review. You know, sometimes, you know,
8 bad things do have a silver lining. And I think one of the silver
9 linings is we -- we detected some of the areas that need
10 improvement. I know for Legislator Thorne and myself, Chairman
11 Thorne and myself, you know, preparedness is important
12 particularly, you know, this is something we'll be following up on
13 but we're very -- you know, we have a responsibility as legislators
14 to make sure that we have a plan for any contingency, you know,
15 including radiological situations. You know, when things happen,
16 they can happen extremely fast. And in COVID, I think, we had
17 time. And that was a challenge. But we may have a situation where
18 we're not going to have luxury of time. So we really -- as people
19 who -- you know, whose public trust is placed in us, we have to
20 work this out. And whether we have to go to state partners or
21 federal partners, we have to have a plan that's going to work and
22 to think -- think of all the things. You know, if we have a
23 radiological situation, well, how are we going to get this to the
24 communities; how is it going to be made available in an orderly
25 way. If we have to have a reverse commute or evacuate certain
26 areas of Long Island, well, how are we going to do that? I'm not
27 going to ask for the answers today. But, you know, as a member of
28 this Committee, you know, probably in a couple of months, you know,
29 I will be asking for more details and to see, as Legislator Hahn
30 said, that we're following up on the weak spots. Because just
31 saying -- if we have it difficult with the state, we need to know
32 that now. And if the state -- in a situation like that, if the
33 state is going to flip a switch and say "this is what you're going
34 to use," okay, well, let's be prepared for that. Thank you.

35
36 **CHAIRPERSON THORNE:**

37 Thank you, Vice Chair Esteban. So one last closing thing. I think
38 it would be helpful for all Legislators to get a definition sheet
39 of what things like, you know, state, state REMSCO or -- why don't
40 we make sure they all are aware across -- and I by no means think
41 like, you know, they're not educated, but it might be helpful for
42 all of them to have some kind of, "hey, this is what REMSCO stands
43 for, this is what that stands for." You can just send it to me and
44 I'll send it out if you don't want to.

45
46 **CHIEF MASTERTON:**

47 I will take care of that today. I'll send you an org chart of the
48 system of EMS in New York State.

49
50 **CHAIRPERSON THORNE:**

51 Probably a good idea. I think that EMS is one of the things that
52 maybe have been undereducated in the public eye in what you do and
53 we'd like to change that this year.

54
55 **CHIEF MASTERTON:**

56 Just for clarification, when you get the org chart, program agency

1 would be Suffolk County EMS. When you do get that org chart
2 because you'll see a mention of a program agency who's the
3 administrative support for the councils. That would be us as well.

4
5 **CHAIRPERSON THORNE:**

6 Outstanding. Thank you, gentlemen, so much for your report.
7 Seeing no other questions for you, we appreciate you coming in.

8
9 **DR. JASON WINSLOW:**

10 Thank you.

11
12 **CHAIRPERSON THORNE:**

13 And you guys do an incredible job. Please keep up the good work in
14 our county. Legislator Hahn, I just don't want to tie them up any
15 longer than we have to.

16
17 Good afternoon, Commissioner, how are you?

18
19 **COMMISSIONER BECKLEY:**

20 Fine, sir. How are you?

21
22 **CHAIRPERSON THORNE:**

23 Good. I believe Legislator Hahn had some questions for you about a
24 recent Newsday article posted. So I'm going to skip all the
25 pleasantries and Legislator Hahn, your questions.

26
27 **LEG. HAHN:**

28 Well, I know you were coming here and I appreciate all of this
29 detail that you've given the Committee that was circulated your
30 memo. And so we're grateful for that. And I haven't -- I just
31 received it as I walked in. And, of course, was listening to the
32 other presentation. So, you know, I just want to make sure we're
33 doing all we can to help our departments either -- you know, get
34 this information out, what's available, but also determining where
35 there may be and then -- it's probably a question for Department of
36 Health Services and they just walked out but -- and a different
37 division -- but coordinating and working together to determine
38 where there may be lingering contamination from use of materials
39 over decades.

40
41 So, you know, I just look for you for an update for folks at, you
42 know, at home that are volunteering their time. I'm really glad to
43 hear that industry has changed, you know, since my dad was really
44 active and entering working fires regularly, never washing
45 equipment or decontaminating gear because it was sort of an earned
46 right. And even the undergarments, you know, that are worn and are
47 worn home, smelling up the closet, you know, so just understanding
48 the hazards and the use of some products that could linger in fire
49 houses, I'm just curious as to, like, the extent to which either
50 FRES or Department of Health Services is trying to get a handle on
51 that.

52
53 **COMMISSIONER BECKLEY:**

54 Okay. If I could, there were a couple of topics that came up
55 concerning mental health of first responder I want to address first
56 real quickly. So we're fortunate to have the right people in the

1 right jobs at the right time with concerns to DHSES, Commissioner
2 Bray, State Fire Commissioner Jim Cable, mental health, they're
3 both dedicated to supporting mental health initiatives with first
4 responders as well as cancer prevention, right, so you'll see that
5 in my piece of paper I gave you that I attended a State Fire
6 Coordinators Conference back in 2021. And these were both topics.

7
8 With that, so you're aware, we are locally -- we are working on
9 developing a mental health initiative for first responders. It's
10 called a personal resiliency pack. It's an idea I came up with to
11 kind of help deal with anxiety, trauma, stress for first responders
12 and I'm working with Colleen {Merlo}, who is the CO president of
13 the Association of Mental Health to develop the actual program.
14 She sent me the first draft earlier this week. We're starting to
15 make some changes to that. So we're hoping that we'll have a
16 program done within the next month or so. And we're looking to
17 roll that out at the Dix Hills Fire Department sometime late
18 winter, early spring. So that's the first step. It's an outreach
19 program, right, because we have to make -- we have to bring it to
20 the forefront. The time is right to kind of bring mental health to
21 the forefront especially after COVID. And we see a lot of our
22 first responders suffering in silence because of everything they
23 went through during COVID.

24
25 The other part of what I've done is we have a deputy fire
26 coordinating program. So I created two chaplains positions for
27 that. I have an east and a west. They're both on the Critical
28 Incident Stress Team. So they respond to all traumatic calls when
29 needed and they make the first contact. And then they will talk to
30 the chief or the department to see if there's any follow-up as
31 necessary.

32
33 **LEG. HAHN:**

34 How do you define a traumatic call?

35
36 **COMMISSIONER BECKLEY:**

37 Well, pretty much every call is traumatic, right. So specifically
38 if a firefighter gets hurt, like, somebody close to him, if they
39 see a fatality, things of those natures, we're gonna reach out and
40 try to see if the chaplains are needed first and kind of direct
41 people to the assistance they need. And then if there's something
42 larger, since they're both on the team, they can recognize those
43 indicators and they'll kind of urge the chief to kind of make that
44 call. Because we have to remember we're a home rule state and
45 ultimately we could have all the best intentions in this room, if
46 they're not gonna utilize the services, we cannot make them do
47 that.

48
49 So I think what FRES is doing is outreach, awareness that these
50 programs exist, that these resources exist. And we're trying to
51 make departments aware that, you know, time's changing. We want to
52 keep EMS workers and firefighters on the trucks. It's imperative
53 that we come up with a good mental health plan to help them do
54 that. And it's important that we talk to them after they go to
55 these calls and kind of work -- help them work through what they've
56 seen so that they come back the next day and get on the truck, you

1 know, that they know that somebody has a little bit of compassion,
2 understanding what they just saw. So I just wanted to touch on
3 that real quick. Those are things we are working on at FRES.

4
5 So I did mention I went to the State Fire Coordinator's Conference
6 in 2021 in Montauk Falls. And this fire -- both mental health and
7 cancer prevention were one of the topics that they presented on.
8 So I brought the cancer prevention aspect of it back and spoke to
9 Chief Johnson and Deputy Chief Sunderman at the Fire Academy, made
12:41PM 10 them aware of it. And they were in contact with OFPC. We have a
11 OFPC representative for our area. So when the program was made
12 available, we jumped on it right away. So since -- and this is
13 kind of an outstanding figure, I believe, since November of 2022,
14 it's just a few months ago, we've held five workshops, one in Dix
15 Hills, one in Setauket, one in North Patchogue and two at the fire
16 academy. It was attended by 44 different departments across
17 Suffolk County. And we've educated 300 first responders on cancer
18 prevention, right. And, you know, the state in their press
19 release, they go over their program. When I was up there they
12:41PM 20 showed video. It's on YouTube, you can go see it. It's old
21 school. They have brushes, they have soap. And it gets the job
22 done.

23
24 What I'm proud of, though, is that, you know, while we commend the
25 state and what they're doing, really Suffolk County's been ahead of
26 this from the beginning. We've -- we work with a group called
27 Decon 7, it's a special solution that is applied in a more easier
28 fashion. And what we like about that solution is it prohibits a
29 lot -- you know, you see a lot of firefighters getting thyroid
12:42PM 30 cancer because that's where, you know, the hood comes down, it
31 doesn't go all the way. The water gets down in there. So that's
32 one of the thoughts is maybe that's what's causing it. So with the
33 Decon 7 solution, it kind of helps prevent a lot of that. And it's
34 also the same solution they'll wash their gear in.

35
36 So we provide training on that. We provide -- we can provide the
37 Decon kits. We use this for our Decon team. And we've got a
38 county contract which allows fire departments to purchase it. If
39 there's a shortage of the product, we will give them some from our
12:43PM 40 cache and the vendor will backfill us so they have what they need.
41 And it's all about outreach right now. It's all about getting them
42 or making them aware of the services. So we're off to a good
43 start. There's always room to do better. And we will definitely
44 make this a topic. We have an active chiefs' meeting coming up in
45 -- we're actually in the planning phase of that. It's most likely
46 going to be in June so this will be a topic. Because both items
47 will be a topic, mental health and this will be a topic because we
48 need to educate the new chiefs coming in, right, that's where we
49 get to make our change and show them what's out there and they'll
12:44PM 50 carry that back. And one day they will be the chief of the
51 department and it will make our jobs a lot easier when we approach
52 them after a traumatic call or with issues like this.

53
54 **LEG. HAHN:**

55 So two quick questions. With regard to -- we'll start with the
56 cancer prevention first, you know, one of the recommendations is

1 simple, you would think, shower immediately after a working fire or
2 a car fire, you know, any kind of working fire where you could be
3 exposed and wash your clothes that you might have been wearing even
4 under your turnout gear. We do know that some responders, you
5 know, go straight from a call back to work -- go straight from a
6 call, you know, and don't have that opportunity. Do you know the
7 number of firehouses that provide -- this might not be easy to
8 answer -- provide shower facilities? And if they do so, for both
9 women and men responders?

10
11 **COMMISSIONER BECKLEY:**

12 I do not. I could tell you my firehouse didn't have it. And
13 that's a problem, right, because to your point we get back to the
14 firehouse, we put our equipment up and make sure it's ready for the
15 next call. But then we're going home with those contaminants on
16 us. We're getting in our car so we're bringing it into our car,
17 we're bringing it into our house. So I do not know that, I'm
18 sorry.

19
20 **LEG. HAHN:**

21 It would maybe worth just trying to figure out, I know there's
22 many, many firehouses but it might be something we can get on,
23 collect that kind of data and understand.

24
25 And then with regard to compassion fatigue, I'm so glad your work,
26 thank you, on, you know, understanding trauma and its effects on
27 our first responders. The incidents that the team -- the critical
28 incident stress debriefing team handles are different than the
29 compounding of, I want to say, smaller trauma experienced. And
12:46PM 30 when Legislator Donnelly and I worked on compassion fatigue for EMS
31 and fire departments, it was in response to what we'd heard on the
32 street from folks who had to over and over again go back to the
33 same houses for Narcan saves. And a -- sort of an attitude why do
34 we keep going back, which is something that the addiction community
35 has faced for decades, you know, the disease nature of addiction
36 and how it's very difficult to treat and relapse and recovery are
37 part of what can happen.

38
39 And so very particularly I'm interested in making sure what you're
12:47PM 40 working on with Colleen, and I'm sure it is if I know her, deals
41 with that as well, the ongoing compassion for individuals. And it
42 could be the same for COVID. It could be folks who, you know,
43 aren't willing to wear masks or get vaccinated and responders are
44 saying *why don't we keep responding to people who aren't taking*
45 *precautions*, you know, it could manifest itself in many ways. But
46 compassion fatigue is, you know, is something that is real in many
47 communities and, you know, we have services that can help that even
48 in our first responders' community. So thank you.

49
50 **COMMISSIONER BECKLEY:**

51 Yeah, I think, you know, we ask -- first responders, it's a special
52 individual that can do that job, right, whether it's taking a 911
53 call or actually going out there and helping somebody. We ask them
54 or they by nature of self protection put up walls to protect
55 themselves so that they can help you on your worst day. They have
56 to be able to focus on their mission, which is to help you, not get

1 emotionally involved in that, right. The problem is at some point
2 if they don't handle that -- because it's still -- they're still
3 absorbing it. They don't handle it, it's going to come out in
4 negative ways either through alcohol abuse or, you know, some other
5 form of abuse or through lack of sensitivity. They don't want to
6 get connected. So that's where the fatigue comes from. So helping
7 them to identify that, and in Colleen's presentation, offering them
8 ways that they can cope with that, right. And we know from the
9 Dwyer Program with veterans, peer to peer works great, especially
10 police officers, right, because police officers they really have a
11 tight knit group and, you know, we find that peer to peer works
12 better in those instances. So it's kind of where our focus is
13 going to be at.

12:49PM

14
15 **LEG. HAHN:**
16 Thank you.

17
18 **CHAIRPERSON THORNE:**

19 Outstanding. So I was going to ask you more questions but it is
20 getting late. So, Legislator Hahn took up all my time but
21 certainly good questions.

12:49PM

22
23 **LEG. HAHN:**
24 Not the first; it won't be the last.

25
26 (Laughter)

27
28 **CHAIRPERSON THORNE:**

29 Quite sure, my colleague. The only thing I do ask is that maybe
30 you can send to all the Legislators especially the ones in this
31 community -- in this committee, excuse me, exactly what we do at
32 firefighter rehab at the scene of these fires, working fires; just
33 send it out as a general e-mail and the protocol on that because I
34 don't know that we want to tie up any more of the time today. But,
35 once again, thank you for what you do in the county and we are
36 quite overjoyed that we have one of the best counties in the state
37 including from 911 operators to the first responders that do their
38 job everyday either voluntarily or those that are hybrids to secure
39 the safety of our residents. So nice job.

12:50PM

40
41 **COMMISSIONER BECKLEY:**
42 Thank you, sir. You're welcome.

43
44 **CHAIRPERSON THORNE:**

45 Any other questions for the Commissioner? Outstanding. Thank you,
46 Commissioner, good job, thank you.

47
48 Seeing no other business, there is no -- let me see, no Table
49 Resolutions, no Introductory Resolutions, Procedural Motions, no
50 Home Rule Message, no executive session. Seeing no other business
51 before the Committee, it is adjourned.

12:50PM

52
53 **THE MEETING CONCLUDED AT 12:50 PM**
54 **{ } DENOTING SPELLED PHONETICALLY**

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