

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

Amy E. Sayegh *Chairwoman*
Greg E. Ellner *Deputy Chair*
Diane Schonfeld *Clerk*



Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Laura E. Russo	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Daniel G. Birmingham	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

AGENDA PROTECTIVE SERVICES COMMITTEE MEETING HELD IN ROOM 318 PUTNAM COUNTY OFFICE BUILDING CARMEL, NEW YORK 10512

Members: Chairman Jonke & Legislators Addonizio & Birmingham

Thursday

September 18, 2025

(To Immediately Follow the 5:30pm Personnel Meeting)

- 1. Pledge of Allegiance**
- 2. Roll Call**
- 3. Acceptance/ Protective Services Meeting Minutes/ June 10th & July 8, 2025**
- 4. Approval/ Budgetary Amendment 25A076/ Sheriff's Office- Narcotics/ Reimbursement- Insurance Recoveries Allstate Insurance Company/ Risk Manager Mat Bruno**
- 5. Approval/ Budgetary Amendment 25A078/ Bureau of Emergency Services/ Fire Training Center/ Concrete/ Commissioner of Bureau of Emergency Services Robert Lipton**
- 6. Approval/ Budgetary Amendment 25A084/ Sheriff's Office – Civil/ Reimbursement Insurance Recoveries State Farm Insurance Company/ Risk Manager Mat Bruno**
- 7. Approval/ Budgetary Amendment 25A085/ To Fund the Receipt of Hazard Mitigation Plan Update (HMGP 4694-0003) (R#109/2024 Approval of Grant Application)/ Commissioner of Bureau of Emergency Services Robert Lipton**
- 8. Approval/ Budgetary Amendment 25A086/ Sheriff's Office/ Reimbursement Funds For Various 2025 Holiday - Drug Recognition Expert (DRE) and DWI Crackdowns - Funds Used to Increase the Overtime and Social Security for the Patrol Division/ Interim Sheriff Brian Hess**

- 9. Approval/ Budgetary Amendment 25A087/ Sheriff's Office/ Reimbursement from NYS Sheriff's Association for Instructor Kevin Radovich at New Paltz College To be used to Increase BCI's Overtime Budget Line/ Interim Sheriff Brian Hess**
- 10. Approval/ Request for the Continuation of the Community Engagement & Police Advisory Board (CEPAB)/ CEPAB Board Members Scott Rhodes and Ronald Reid**
- 11. Update/ Putnam County Radio Project Update/ Bureau of Emergency Services Commissioner Robert Lipton, IT Director Thomas Lannon & Interim Sheriff Brian Hess**
- 12. Discussion/Approval/ Bureau of Emergency Services/ Basic Life Support First Response Agency/ Bureau of Emergency Services Commissioner Robert Lipton**
- 13. Other Business**
- 14. Adjournment**

Aug. Protective

#3

PROTECTIVE SERVICES COMMITTEE MEETING

HELD IN ROOM #318

PUTNAM COUNTY OFFICE BUILDING

CARMEL, NEW YORK 10512

Members: Chairman Jonke & Legislators Addonizio & Birmingham

Tuesday

June 10, 2025

(Immediately Followed 6:00p.m. Special Physical, Special Full, & Personnel Meetings)

The meeting was called to order at 8:14p.m. by Chairman Jonke who requested Legislator Ellner lead in the Pledge of Allegiance. Upon roll call Legislator Addonizio and Chairman Jonke were present. Legislator Birmingham was absent.

Item #3 - Acceptance/ Protective Services Meeting Minutes/ April 8, 2025

Chairman Jonke stated the minutes were accepted as submitted.

Item #4 – Approval/ Budgetary Amendment 25T104/ Request to Hire Meridian Strategic Services to Develop a Continuity of Operations Plan for Putnam County/ Commissioner BES Robert Lipton (Tabled at 5/13/2025 Pending Information to Support Funding Request)

Chairman Jonke stated this agenda item was tabled from last month because there was more information requested regarding the plan.

Commissioner BES Robert Lipton stated he sent a table that specified all the costs and the only thing they are going to utilize Meridian Strategic Services for is the Core Plan. He stated the Core Plan is the overarching plan for Putnam County.

Chairman Jonke questioned the difference between the COOP Plan and Core Plan. He requested Commissioner Lipton to explain what the plan entails and why it is needed.

Commissioner Lipton stated on page 13 they can view the Core COOP Plan. He stated this plan is the Continuity of Operations Plan and the plan includes the procedure to follow incase an emergency occurs, and the County Executive is not present. He explained this plan details who is the next person in charge in this instance. He stated in general, this plan is to establish who is going to keep the Putnam County Government running in certain situations.

Chairman Jonke questioned if they do not have a plan in place currently.

Commissioner Lipton stated they have remnants of a plan but not a full plan.

Chairman Jonke questioned if they really need to spend \$20,000 to decide who is going to run the County Government if the County Executive is not present.

Commissioner Lipton stated this plan is not solely for the County Executive. He stated it will also cover the Legislature and all other functions of the County Government.

Chairman Jonke requested Commissioner Lipton to explain the need for this plan.

Commissioner Lipton stated during the 2018 tornadoes the Putnam County Office Building got hit by the tornadoes they were unable to utilize the building. He stated this plan would outline the next place they could go to, how they would keep the government functioning, and who would be in charge during this situation.

Chairman Jonke stated he does not understand why they have to hire someone for \$20,000 in order to make this plan.

Commissioner Lipton stated they currently do not have a plan that is written out and specifies what to do in emergency situations.

Chairman Jonke questioned why Commissioner Lipton is not capable of making this decision.

Commissioner Lipton stated he is capable of creating this plan, but they would still need to have the plan written out as well as the steps they would take to execute the plan.

Legislator Addonizio questioned why Commissioner Lipton cannot write out this plan if he is capable of making it. She questioned why he cannot sit down with the County Executive and write the plan instead of hiring a company and paying \$20,000.

Commissioner Lipton stated this was proposed to him by the Deputy County Executive. He stated this is the same company the County used to work with them with FEMA. He stated they did a great job handling all of the paperwork they had to go through and helped them with processing and getting through the FEMA disaster process. He stated it was suggested to him to get a quote from the company to work on a continuity of operations plan.

Legislator Crowley stated she looked up the results from when Dutchess County implemented the program and it saved them \$1.4 million. She stated the program includes over 50 projects.

Chairman Jonke stated if that were the case it should have been information Commissioner Lipton provided to the Legislature.

Legislator Sayegh stated during the 2018 power outage she went to the Emergency Operations Center (EOC). She questioned whether engaging the EOC was a part of their plan and if the EOC currently has plans in place.

Commissioner Lipton stated they currently have plans in place for severe weather such as winter storms and tornadoes. He stated they do not have a plan for what to do in the situation that the government goes down.

Legislator Montgomery stated Dutchess County's plan cost \$50,000 and was done by a different company. She stated she also questioned why the Bureau of Emergency Services could not create this plan themselves, however, this requires coordinating with every department in the County. She questioned whether there is grant funding that could cover this cost.

Commissioner Lipton stated there is probably grant funding for this, but the Deputy County Executive wanted to move quickly on creating the plans. He stated this year's grant application has already gone in but grant funding would cover a consultant to do this work. He stated in the past they hired a consultant to create all the plans they currently have in place such as the severe weather plans.

Legislator Montgomery stated she has been in local government for a while and has worked through an entire zoning code for her town. She stated with the consultant there is a lot of copy and paste in order to create the plan. She stated it feels as if they have been doing the same thing over and over again. She stated they should definitely act on this especially since the disasters are getting more frequent and worse, but she believes they can think outside of the box. She stated a plan is needed and she hopes they are able to get the grant funding for it. She questioned if creating the plan was an emergency and if they need to spend the \$26,000 (\$20,000) now.

Legislator Crowley stated when she was researching this, she discovered that Livingston County Municipalities received \$412,304 in state matching funds through the county wide shared services initiative. She stated once this program is in place they can apply to get the match for any funds they spent through this program.

Chairman Jonke stated he understands, however, Commissioner Lipton should be the one explaining this to them and not a member of the Legislature.

Legislator Sayegh questioned if it is correct that in the Charter, they have a chain of command that is different than this. She questioned whether this plan would have to be incorporated into the Charter.

Senior Deputy County Attorney Heather Abissi stated the Charter does not provide a comprehensive plan for all departments. She stated this plan would not replace what is currently in the Charter it would just fill in the gaps.

Chairman Jonke stated he is not prepared to move this forward.

Legislator Addonizio stated she would like to look into all the other counties and see what they implemented before the Legislature approves anything.

Cassandra Roth, Resident of Pawling, questioned if this plan will utilize grant funds or if the money is allocated out of the County's funds.

Chairman Jonke stated as of now it is out of the County's funds.

Cassandra Roth, Resident of Pawling, stated since there are grants for this, they should utilize them unless there is an urgent need to implement this program.

Chairman Jonke stated he has not seen any urgency that would require this to be completed this month.

Chairman Jonke made a motion to Table this agenda item; Seconded by Legislator Addonizio. All in favor.

Item #5 – Approval/Budgetary Amendment 25A049/ Sheriff's Office/ Grant Funding for the Putnam County Sheriff's Bureau of Criminal Investigation/ Sheriff Kevin McConville

Undersheriff Thomas Lindert stated they are being reimbursed for \$12,000 from Homeland Security for assistance the Putnam County Sheriff's Department provided them.

Chairman Jonke made a motion to approve Budgetary Amendment 25A049/ Sheriff's Office/ Grant Funding for the Putnam County Sheriff's Bureau of Criminal Investigation; Seconded by Legislator Addonizio. All in favor.

Item #6 – FYI/ 2024 & 2025 Statewide Interoperable Communications (Targeted Grant Program)/ Commissioner BES Robert Lipton

Commissioner Lipton stated this is just an FYI and there are no matching funds.

Legislator Ellner questioned how much the grant would be for.

Commissioner Lipton stated they requested \$3 million.

Item #7 – Other Business - None

Item #8 – Adjournment

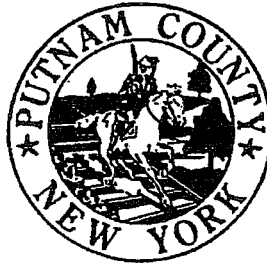
There being no further business at 8:35pm, Chairman Jonke made a motion to adjourn; Seconded by Legislator Addonizio. All in favor.

Respectfully submitted by Aubrey Dall, PILOT Intern.

THE PUTNAM COUNTY LEGISLATURE

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AGENDA
PROTECTIVE SERVICES COMMITTEE MEETING
HELD IN ROOM 318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512

Members: Chairman Jonke & Legislators Addonizio & Birmingham

Tuesday

June 10, 2025

(To Immediately Follow the 6:00p.m. Special Physical, Special Full & Personnel Meetings)

1. Pledge of Allegiance
2. Roll Call
3. Acceptance/ Protective Services Meeting Minutes/ April 8, 2025
4. Approval/ Budgetary Amendment 25T104/ Request to Hire Meridian Strategic Services to Develop a Continuity of Operations Plan for Putnam County/ Commissioner BES Robert Lipton (*Tabled at 5/13/2025 Pending Information to Support Funding Request*)
5. Approval/ Budgetary Amendment 25A049/ Sheriff's Office/ Grant Funding for the Putnam County Sheriff's Bureau of Criminal Investigation/ Sheriff Kevin McConville
6. FYI/ 2024 & 2025 Statewide Interoperable Communications (Targeted Grant Program)/ Commissioner BES Robert Lipton
7. Other Business
8. Adjournment

August Protective
#3

**PROTECTIVE SERVICES COMMITTEE MEETING
HELD IN ROOM 318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512**

Members: Chairman Jonke & Legislators Addonizio & Birmingham

Tuesday

July 8, 2025

(Immediately Followed 5:30pm Personnel Meeting)

The meeting was called to order at 5:43pm by Chairman Jonke and he requested Legislator Birmingham lead in the Pledge of Allegiance. Upon roll call Legislators Addonizio, Birmingham, and Chairman Jonke were present.

Item #3 - Acceptance/ Protective Services Meeting Minutes/ May 13, 2025

Chairman Jonke stated the minutes were accepted as submitted.

Item #4 – Approval/ Budgetary Amendment 25A060/ Sheriff's Office/ Grant Award through NYS FY22 Edward Byrne Memorial Justice Assistance Grant Funding from the Division of Criminal Justice Services through the Bureau of Justice Assistance/ Sheriff Kevin McConville

Undersheriff Thomas Lindert stated this is an annual grant award.

Chairman Jonke made a motion to Approve Budgetary Amendment 25A060/ Sheriff's Office/ Grant Award through NYS FY22 Edward Byrne Memorial Justice Assistance Grant Funding from the Division of Criminal Justice Services through the Bureau of Justice Assistance; Seconded by Legislator Addonizio. All in favor.

Item #5 – FYI/ Sheriff's Office/ In accordance to Governor Hochul's Mandate – The Updated Putnam County Domestic Terrorism Prevention Plan/ Undersheriff Thomas Lindert and Commissioner of Mental Health, Social Services and Youth Bureau Sara Servadio

Chairman Jonke stated he has been informed that this is a highly Confidential Plan. He stated depending on the level of discussion and questions, there may be need for the Executive Session.

Commissioner of Mental Health, Social Services and Youth Bureau Sara Servadio stated June 1, 2025, each County was directed to submit updates to the initial Threat Assessment Plan (Plan) that was submitted approximately 2.5 years ago. She stated that the initial Plan is the one they have been working from, which was submitted by Sheriff McConville and Undersheriff Lindert. She stated they are now operating from the new Plan. She stated the Plan contains highly Confidential information. She stated a copy was brought to the meeting to pass out if that is the wish of the Legislature. She stated if that is the case then she recommended that be done in Executive Session. She explained the Plan would be passed out but must be returned at the conclusion of the Executive Session.

Chairman Jonke stated personally he is not involved in Law Enforcement and does not believe he needed the details of the Plan. He stated if any of his colleagues feel the need to know the details, they can call for an Executive Session. He suggested a general overview of the updates be provided.

Legislator Montgomery requested to see a copy of the Plan.

Chairman Jonke stated a copy could be passed out, but based on what has been stated, if there are any questions, an Executive Session would be required.

Legislator Montgomery concurred and stated she would like to see a copy of the plan and she listened to the overview of the updates provided.

Commissioner of Mental Health, Social Services and Youth Bureau Sara Servadio provided each Legislator with a copy of the Plan.

Chairman Jonke reminded his colleagues that the Plan must be collected at the end of this agenda item.

Chairman Jonke made a motion to Waive the Rules and Accept the Additional; Seconded by Legislator Birmingham. All in favor.

Captain of Operations and Communications Michael Knox stated the Plan was written by a consultant in 2022. He stated it was finalized, and they were up and running with that Plan in 2023. He stated during that time period there have been 75 threat assessment cases. He explained that it was discovered that the initial directive from the Governor was not in-line with the cases. He stated the updates made are in line with the cases in Putnam County, and still incorporates the other information if the need were to arise. He stated that is all he is comfortable sharing.

Legislator Montgomery requested that they call for an Executive Session.

5:52p.m.: Chairman Jonke made a motion to go into Executive Session to discuss confidential Law Enforcement Information; Seconded by Legislator Birmingham. All in favor.

6:18p.m.: Chairman Jonke made a motion to come out of Executive Session; Seconded by Legislator Birmingham. All in favor.

Chairman Jonke stated there was no action taken in the Executive Session.

Chairman Jonke questioned if any Legislators had a comment.

Legislator Montgomery expressed her appreciation and complimented the Sheriff's Office and the Social Services Department for the work they have done on this Plan and for their collaborated efforts. She stated she believes Putnam County has come a long way in the area of safety for the residents.

Legislator Crowley agreed with Legislator Montgomery's comments and she expressed her appreciation.

Legislator Sayegh stated she agrees with Legislator Montgomery's comments and sentiment that the work being done between the Sheriff's Office and County's Social Services Department is making a positive impact on the safety of the residents. She stated they have placed a critical focus on mental health and the part that it has in the full scope of safety.

Item #6 - Other Business – None

Item #7 – Adjournment

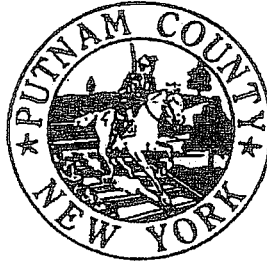
There being no further business at 6:21PM Chairman Jonke made a motion to adjourn; Seconded by Legislators Addonizio and Birmingham. All in favor.

Respectfully submitted by Deputy Clerk Diane Trabulsy.

THE PUTNAM COUNTY LEGISLATURE

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CARMEL, NEW YORK 10512

Members: Chairman Jonke & Legislators Addonizio & Birmingham

Tuesday

July 8, 2025

(To Immediately Follow the 5:30pm Personnel Meeting)

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- 5. FYI/ Sheriff's Office/ In accordance to Governor Hochul's Mandate – The Updated Putnam County Domestic Terrorism Prevention Plan/ Undersheriff Thomas Lindert and Commissioner Servadio**
- 6. Other Business**
- 7. Adjournment**

cc:all
Prot 9-18-25
AVA
Reso
#4

WILLIAM J. CARLIN, JR.
Commissioner Of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

August 28, 2025

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Ms. Schonfeld

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the 2025 Sheriff's Department budget:

Increase Revenues:

14311000 426801	Sheriff Narcotics – Insurance Recoveries	<u>\$ 13,645.00</u>
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Increase Expenses:

14311000 54370	Sheriff Narcotics – Automotive	<u>\$ 13,645.00</u>
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2025 Fiscal Impact - 0
2026 Fiscal Impact - 0

This amendment recognizes reimbursement from the Allstate Insurance Company for an April 2025 vehicle accident claim.

AUTHORIZATION:

Date	Commissioner of Finance/Designee: Initiation by \$0 - \$5,000.00
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Date	County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00
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Date	Chairperson Audit/Designee: \$0 - \$10,000.00	25A076
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Date	Audit & Administration Committee: \$10,000.01 - \$25,000.00
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ALLSTATE FIRE & CASUALTY INSURANCE CO - CK 149903623 - \$13,645.00

JOHN B. CHERICO
First Deputy County Attorney

ANNA M. DIAZ
Senior Deputy County Attorney

CONRAD J. PASQUALE
Senior Deputy County Attorney



HEATHER M. ABISSI
Senior Deputy County Attorney

MAT C. BRUNO, SR.
Risk Manager

LOWELL R. SIEGEL
Deputy County Attorney

C. COMPTON SPAIN
County Attorney

DEPARTMENT OF LAW

TO: William Carlin, Commissioner of Finance
FROM: Mat C. Bruno, Sr., Manager Risk & Compliance
DATE: August 21, 2025
RE: Vehicle Accident Claim Reimbursement

A handwritten signature in black ink, appearing to be "Mat C. Bruno, Sr.", is written over the "FROM:" line of the memo.

Enclosed please find Allstate check # _____ n the amount of \$13,645.00 representing payment for the accident listed below. The Sheriff Department is expecting credit for the check.

Please deposit the reimbursement in Narcotics auto line: 14311000.54370.

Accident Number	Date of Accident	Damage	Reimbursement	Ins. Co	Employee Driver
07	04/28/2025	\$13,645.00	\$13,645.00	Allstate	

Thank you.

MCB/da
Enc.

48 GLENEIDA AVENUE, CARMEL, NEW YORK 10512

Tel. (845) 808-1150 / Fax (845) 808-1903*
**This office will not accept service via facsimile*



000008466 0002727 001 001 00

Allstate Insurance Company - Claims Payment Processing
P.O. Box 660636 , Dallas, TX 75265 , United States



PUTNAM COUNTY LAW DEPARTMENT ATTN: MAT B
48 GLENEIDA AVE
CARMEL NY 10512-1702



08/15/2025

PUTNAM COUNTY LAW DEPARTMENT ATTN: MAT B,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$13,645.00 FOR YOUR LOSS ON 4/28/2025.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER:

DATE OF LOSS: 04/28/2025

INSURED:

In payment for Property Damage Liability for Date of Loss 4/28/2025 .

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

WILLIAM J. CARLIN, Jr. CPA
Commissioner Of Finance



KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

cc: all 9-18-25
Prot AHA Reso
#5

DEPARTMENT OF FINANCE

MEMORANDUM

To: Diane Schonfeld, Legislative Clerk

From: William J. Carlin, Jr., Interim Commissioner of Finance *WJC*

Re: Budgetary Amendment - **25A078**

Date: August 29, 2025

At the request of the Commissioner of the Bureau of Emergency Services , the following budgetary amendment is required.

GENERAL FUND:

Increase Estimated Appropriations:

10990100 59020	Transfer to Capital Fund	3,145
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Decrease Estimated Appropriations:

10398900 54410	Supplies & Materials	3,145
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CAPITAL FUND:

Increase Estimated Appropriations:

55197000 532314 51509	Fire Training Center	3,145
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Increase Estimated Revenues:

55197000 428601 51509	Transfer From General Fund	3,145
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Fiscal Impact - 2025 - \$ 0

Fiscal Impact - 2026 - \$ 0

This Resolution is required to fund concrete needed at the Fire Training Center.
Please forward to the appropriate committee.

Approved : _____
Kevin M, Byrne, County Executive

2025 SEP -2 PM 3:25
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

COUNTY OF PUTNAM
FUND TRANSFER REQUEST

TO: Commissioner of Finance

FROM: Robert Lipton, Commissioner

DEPT: Bureau of Emergency Services

DATE: 8/28/25

I hereby request approval for the following transfer of funds:

FROM ACCOUNT# /NAME	TO ACCOUNT# / NAME	AMOUNT	PURPOSE
10398900 54410 Supplies & Materials	55197000 532314 51509 CP2314 Fire Training Center	\$3145.00	Transfer needed for concrete at Fire Training Center

20____ Fiscal Impact \$ _____

20____ Fiscal Impact \$ _____

Department Head Signature/Designee Date

AUTHORIZATION: (Electronic signatures)

Date Commissioner of Finance Designee: Initiated by: \$0 - \$5,000.00

Date County Executive/Designee: Authorized for Legislative Consideration: \$5,000.01 - \$10,000.00

Date Chairperson Audit /Designee: \$0 - \$10,000.00

Date Audit & Administration Committee: \$10,000.01 - \$25,000.00

ESTIMATE

Putnam Mobile Mix
26 Lake Walton Road
Wappingers Falls, NY 12590

putnammobilemix@optimum.net
845-265-2502

Bill to

Putnam County DPW
842 Fair Street
Carmel, NY 10512

Ship to

Putnam County DPW
Gypsy Trail Training Center

Estimate details

Estimate no.: 25-03
Estimate date: 07/14/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.		4000 PSI		10	\$184.00	\$1,840.00
2.		Fuel Surcharge		1	\$45.00	\$45.00
Total						\$1,885.00

Accepted date

Accepted by

WILLIAM J. CARLIN, JR.
Commissioner Of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

September 11, 2025

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Ms. Schonfeld

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the 2025 Sheriff's Department budget:

Increase Revenues:

15311000 426801	Sheriff Civil – Insurance Recoveries	<u>\$ 977.55</u>
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Increase Expenses:

15311000 54370	Sheriff Civil – Automotive	<u>\$ 977.55</u>
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2025 Fiscal Impact - 0
2026 Fiscal Impact - 0

This amendment recognizes reimbursement from the State Farm Insurance Company for a July 2025 accident.

AUTHORIZATION:

Date	Commissioner of Finance/Designee: Initiation by \$0 - \$5,000.00
------	--

Date	County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00
------	--

Date	Chairperson Audit/Designee: \$0 - \$10,000.00	25A084
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Date	Audit & Administration Committee: \$10,000.01 - \$25,000.00
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STATE FARM INSURANCE CO. – CK 1 28 612038 - \$ 977.55

40 GLENEIDA AVENUE ~ CARMEL, NEW YORK 10512 ~ Tel (845) 225 - 3641 ~ Fax (845) 225 - 8290

9-18-25 Protected
Audit

Recd
#6

2025 SEP 11 PM 3:51
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

JOHN B. CHERICO
First Deputy County Attorney

ANNA M. DIAZ
Senior Deputy County Attorney

CONRAD J. PASQUALE
Senior Deputy County Attorney



HEATHER M. ABISSI
Senior Deputy County Attorney

MAT C. BRUNO, SR.
Risk Manager

LOWELL R. SIEGEL
Deputy County Attorney

C. COMPTON SPAIN
County Attorney

DEPARTMENT OF LAW

TO: Michael Lewis, Finance
FROM: Mat C. Bruno, Sr., Manager Risk & Compliance
DATE: July 31, 2025
RE: Vehicle Accident Claim Reimbursement

A handwritten signature, likely of Mat C. Bruno, Sr., is written in black ink. It is a stylized, cursive signature.

Enclosed please find State Farm check # in the amount of \$977.55 representing payment for the accident listed below. The Sheriff Department is expecting credit for the check.

Please deposit the reimbursement in Sheriff line: ¹⁵32311000, Auto- 54370.

Accident Number	Date of Accident	Damage	Reimbursement	Ins. Co	Employee Driver
11	07/03/2025	\$977.55	\$977.55	State Farm	

Thank you.

MCB/da
Enc.

15311000 54370 977.55
15311000 426801 977.55

48 GLENEIDA AVENUE, CARMEL, NEW YORK 10512

Tel. (845) 808-1150 / Fax (845) 808-1903*
*This office will not accept service via facsimile

PAYMENT NO
PAYMENT AMOUNT **\$977.55**
ISSUE DATE **07-18-2025**
AUTHORIZED BY **PAPE, ISAAC**
PHONE **(844) 292-8615**

CLAIM NO
LOSS DATE **07-03-2025**
POLICY NO **3651-429-52A**
INSURED **GJURAJ, IRENA & ADRIAN**

**PUTNAM COUNTY CO LAW DEPARTMENT
48 GLENEIDA AVE
CARMEL NY 10512-1702**

REMARKS **State Farm 52-87K9-14X 2020 Ford Explorer 1FM5K8AB1LGD0857**
4

COVERAGE DESCRIPTION
PROPERTY DAMAGE LIABILITY

ON BEHALF OF
PUTNAM COUNTY CO LAW DEPARTMENT

AMOUNT
977.55

RETAIN STUB FOR RECORDS

WILLIAM J. CARLIN, Jr. CPA
Commissioner Of Finance



9/18/25 Protective 2850
Audit
#7
KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

DEPARTMENT OF FINANCE

MEMORANDUM

To: Diane Schonfeld, Legislative Clerk
From: William J. Carlin, Jr., Interim Commissioner of Finance
Re: Budgetary Amendment - 25A085
Date: September 11, 2025

At the request of the Commissioner of Emergency Services, the following budgetary amendment is required.

CAPITAL FUND:

Increase Estimated Appropriations:

10398900 54182 10106	Consultants	112,500
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Increase Estimated Revenues:

10398900 44389L 10106	State Aid - Hazardous Mitigation Grant	112,500
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Fiscal Impact - 2025 - \$ 0
Fiscal Impact - 2026 - \$ 0

This Resolution is required to fund the receipt of a Hazard Mitigation Plan Update (HMGP 4694-0003). Grant details will follow under separate cover. The \$ 112,500 grant is matched by 25% (\$ 37,500) of in-kind services.

Approved : _____
Kevin M, Byrne, County Executive

LEGISLATURE
PUTNAM COUNTY
CARLIN, NY

2025 SEP 11 PM 3:51

PUTNAM COUNTY LEGISLATURE

Resolution #109

Introduced by Legislator: Ginny Nacerino on behalf of the Protective Services Committee at a Regular Meeting held on May 7, 2024.

page 1

APPROVAL/ GRANT APPLICATION/ BUREAU OF EMERGENCY SERVICES/ HAZARD MITIGATION GRANT PROGRAM (HMGP)

WHEREAS, the Bureau of Emergency Services Commissioner had requested permission to apply for the Hazard Mitigation Grant Program (HMGP) under the New York State (NYS) Division of Homeland Security and Emergency Services (DHSES); and

WHEREAS, funding will be used for the update of the Hazard Mitigation Plan; and

WHEREAS, the amount of the grant is \$150,000; with a Federal share of \$112,500 and 25% matching County funds of \$37,500; and

WHEREAS, the Protective Services Committee and the Audit & Administration Committee have reviewed and approved said grant application; now therefore be it

RESOLVED, that the Bureau of Emergency Services is authorized to apply for grant funding in the amount of \$150,000 through the New York State (NYS) Division of Homeland Security and Emergency Services (DHSES) the Hazard Mitigation Grant for the Hazard Mitigation Grant Program (HMGP).

BY POLL VOTE: ALL AYES. LEGISLATOR CROWLEY WAS ABSENT. MOTION CARRIES.

State of New York

ss:

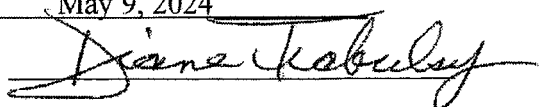
County of Putnam

APPROVED

 **COUNTY EXECUTIVE** 5/16/24 **DATE**

I hereby certify that the above is a true and exact copy of a resolution passed by the Putnam County Legislature while in session on May 7, 2024.

Dated: May 9, 2024

Signed: 

Diane Trabulsy

Deputy Clerk of the Legislature of Putnam County

Michele Alfano-Sharkey

From: Heidi Zatkovich
Sent: Thursday, September 11, 2025 10:53 AM
To: Michele Alfano-Sharkey
Subject: FW: HMGP-4694-0003 Putnam County HMP Update – FEMA Approval & Next Steps
Attachments: 4694-0003 Putnam County HMP Contract.pdf

Hi Michele,

Please see attached and email below.

Thank you,
Heidi

From: Robert Lipton <Robert.Lipton@putnamcountyny.gov>
Sent: Thursday, September 11, 2025 10:43 AM
To: Heidi Zatkovich <Heidi.Zatkovich@putnamcountyny.gov>
Subject: Fw: HMGP-4694-0003 Putnam County HMP Update – FEMA Approval & Next Steps

From: Tarasoff, Michael (DHSES) <Michael.Tarasoff@dhSES.ny.gov>
Sent: Tuesday, February 11, 2025 12:36 PM
To: Robert Lipton <Robert.Lipton@putnamcountyny.gov>
Cc: Clapp, Kevin (DHSES) <Kevin.Clapp@dhSES.ny.gov>; VanValkenburg, Gretchen (DHSES) <Gretchen.VanValkenburg@dhSES.ny.gov>
Subject: HMGP-4694-0003 Putnam County HMP Update – FEMA Approval & Next Steps

PUTNAM COUNTY NOTICE

THIS EMAIL IS FROM AN EXTERNAL SENDER! DO NOT click links, DO NOT open attachments, DO NOT forward if you were not expecting this email or if it seems suspicious in any way! REMEMBER: NEVER provide your user ID or password to anyone for any reason!

Good afternoon,

We are pleased to inform you that the Federal Emergency Management Agency (FEMA) has approved your planning grant under the Hazard Mitigation Grant Program (HMGP) for DR-4694.

Funding has been made available in an amount not to exceed the total project cost of \$150,000.00 with a Federal share of \$112,500.00 and the required non-Federal matching share of \$37,500.00. In addition, Sub-recipient management costs were requested and will be made available for an amount not to exceed a total cost of \$7,500.00 funded at a 100% Federal share for a total Federal share of \$120,000.00 obligated for this project. The necessary costs of requesting, obtaining, and administering Federal disaster sub-grants will only be covered by an allowance as defined in 2 C.F.R Part 200.

The Period of Performance (POP) for this grant is from November 26, 2024 through September 11, 2027.

Please note this POP is reflective of administrative deadlines only and does not impact the date of expiration of your current or expired Hazard Mitigation Plan. We strongly encourage you to work as quickly as possible to finalize your update and maintain eligibility for FEMA mitigation funding.

In the coming week or so, you'll receive a separate email with administrative and process documentation for review/use and a request to schedule a kick-off meeting.

In accordance with the instructions from our Legal and Fiscal Departments, enclosed are Amended Agreements between the New York State Division of Homeland Security and Emergency Services (NYS DHSES) and Putnam County regarding the above referenced project.

Given the virtual environment, we can accept one (1) copy of this complete contract, signature page signed and notarized, sent back electronically to our offices.

As soon as we receive the agreements and associated paperwork, we will process it through the proper channels. This agreement must be signed by all parties and approved by the Office of the State Comptroller before payments can be made on this planning project.

If you have any questions, or if you require additional information, please feel free to contact me.

Michael Tarasoff

Planning Manager, Hazard Mitigation

Division of Homeland Security & Emergency Services

11 British American Blvd, 2nd floor, Latham, NY 12110

(518) 402-3523 Landline | (518) 322-4983 Fax |

michael.tarasoff@dhSES.ny.gov | www.dhSES.ny.gov/hazard-mitigation

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address): New York State Division of Homeland Security and Emergency Services 1220 Washington Avenue Building 7a Albany, NY 12242</p>	<p>BUSINESS UNIT/DEPT. ID: DHS01</p> <p>CONTRACT NUMBER: C002001</p> <p>CONTRACT TYPE (select one): <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR NAME: Putnam County</p>	<p>TRANSACTION TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal (list periods): <input type="checkbox"/> Amendment (list periods):</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002443 Federal Tax ID Number: 14-6002759 Unique Entity Identifier (UEI): GLN9KUJQKBB8</p>	<p>PROJECT NAME: HMGP 4694-0003 Putnam County Hazard Mitigation Plan Update ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only): 97.039(HMGP)</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS: 112 Old Route 6 Carmel, NY 10512</p> <p>CONTRACTOR PAYMENT ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS: Robert.Lipton@putnamcountynyny.gov</p>	<p>CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code: <input type="checkbox"/> Sectarian Entity</p>

C002001

Contract Number: # _____

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM:</p> <p>From: 11/26/2024 To: 09/11/2027</p> <p>AMENDED TERM:</p> <p>From: To:</p>	<p>CONTRACT FUNDING AMOUNT <i>(Fixed Term - enter current period amount; Simplified Renewal - enter cumulative amount to date; Multi-year - enter total projected amount of the contract):</i></p> <p>CURRENT: \$ 120,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other </p>
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ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

☒ Appendix A

☒ Attachment A:

☐ A-1 Agency Specific Terms and Conditions
☒ A-2 Program Specific Terms and Conditions
☒ A-3 Federally Funded Grants and Requirements Mandated by Federal Laws

☒ Attachment B:

☒ B-1 Expenditure Based Budget
☐ B-2 Performance Based Budget
☐ B-3 Capital Budget
☐ B-4 Net Deficit Budget
☐ B-1(A) Expenditure Based Budget (Amendment)
☐ B-2(A) Performance Based Budget (Amendment)
☐ B-3(A) Capital Budget (Amendment)
☐ B-4(A) Net Deficit Budget (Amendment)

☒ Attachment C: Work Plan

☒ Attachment D: Payment and Reporting

☒ Other: NY Contract for Grants; Exhibit E: Supplementary Conditions for HMGP Contracts; Attachment F: FEMA Approval letter dated November 26, 2024; Conditions of Approval; Attachment G: 2022 DHSES HMP Standards; Notary Page

Contract Number: # C002001

STATE OF NEW YORK CONTRACT FOR GRANTS SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have electronically signed and agreed to this Contract, or approved this Contract on the dates below their signatures.

In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and if applicable, the accuracy and completeness of information submitted to the State of New York through the New York State prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Contract, I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of the Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

CONTRACTOR:

By: _____
Printed Name

Title: _____

Date: _____

In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Contract.

STATE AGENCY:

By: _____
Printed Name

Title: _____

Date: _____

ATTORNEY GENERAL'S SIGNATURE
APPROVED AS TO FORM

By: _____
Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____
Printed Name

Title: _____

Date: _____

cc:all
Prot
A+D
9.18.25

Reso
#8

WILLIAM J. CARLIN, JR.
Commissioner Of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

September 11, 2025

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

2025 SEP 11 PM 1:43
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Dear Ms. Schonfeld

Pursuant to Code Section 5-1, A, dated February 14, 2010, I am advising you of the following request to amend the PC Sheriff's 2025 budget.

Increase Revenues:

17311000 443890	Sheriff Patrol - Public Safety Other	\$ 650.20
17311000 422601	Sheriff Patrol - Deputy Outside Services	\$ 3,999.76
		<u>\$ 4,649.96</u>

Increase Expenses:

17311000	Sheriff Patrol	
51093	Overtime	\$ 4,319.51
58002	Social Security	330.45
		<u>\$ 4,649.96</u>

2025 Fiscal Impact - 0
2026 Fiscal Impact - 0

The Sheriff respectfully requests that reimbursement received for various 2025 holiday DRE callouts and DWI crackdowns be used to increase the overtime and social security for the Patrol Division.

25A086

AUTHORIZATION:

Date Commissioner of Finance/Designee: Initiation by \$0 - \$5,000.00

Date County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00

Date Chairperson Audit/Designee: \$0 - \$10,000.00

Date Audit & Administration Committee: \$10,000.01 - \$25,000.00

PC Probation Stop DWI – these reimbursements are funded by a pass-through grant with the NYS Stop DWI Foundation Inc. –

Ck # 541718 - \$1,379.92 Superbowl 2025; and Ck # 542866 - \$2,619.84 St Patrick's Day and Memorial Day

NYS STOP-DWI Foundation, Inc. – Ck # 9932 - \$650.20 DRE callouts on July 1 and 7, 2025

9/8/25 Protective Reso
Audit #9

WILLIAM J. CARLIN, JR.
Commissioner Of Finance



SHEILA BARRETT
First Deputy Commissioner of Finance

ALEXANDRA GORDON
Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

September 11, 2025

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

2025 SEP 11 PM 3:51
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Dear Ms. Schonfeld:

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the PC Sheriff's 2025 budget:

Increase Revenues:

32311000 427701	Sheriff BCI – Unclassified	<u>\$ 632.52</u>
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Increase Expenses:

32311000	Sheriff BCI	
51093	Overtime	\$ 587.57
58002	Social Security	<u>44.95</u>
		<u>\$ 632.52</u>

2025 Fiscal Impact - 0
2026 Fiscal Impact - 0

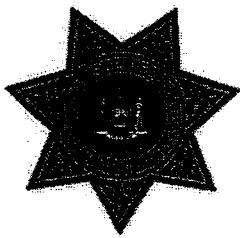
The Sheriff respectfully requests that reimbursement received from the NYS Sheriff's Association for Instructor Kevin Radovich's services rendered at New Paltz College on May 28, 2025 be used to increase BCI's overtime line.

NYS SHERIFF'S ASSOCIATION ~ CK 7931 ~ \$632.52

25A087

AUTHORIZATION:

Date	Commissioner of Finance/Designee: Initiation by \$0 - \$5,000.00
Date	County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00
Date	Chairperson Audit/Designee: \$0 - \$10,000.00
Date	Audit & Administration Committee: \$10,000.01 - \$25,000.00



BRIAN M. HESS
SHERIFF (ACTING)

PUTNAM COUNTY
OFFICE OF THE SHERIFF
AND
CORRECTIONAL FACILITY
THREE COUNTY CENTER
CARMEL, NEW YORK 10512
845-225-4300



JAMES T. MENTON
UNDERSHERIFF



Deputy Outside Services

September 3, 2025

Mr. William Carlin
Commissioner of Finance
County Office Building
40 Gleneida Avenue
Carmel, N.Y. 10512

Dear Commissioner Carlin:

Check #7931 in the amount of \$632.52

From: NYS SHERIFF'S ASSOCIATION INC.

Is reimbursement for hours of service for Instructor Kevin Radovich, at New Paltz College on May 28th. This was a grant through NYS Governor's Traffic Safety Committee for funding assistance.

Please apply to corresponding revenue account # 32311000.427011 ⁴²⁷⁷⁰¹ \$632.52

Please also increase expenditures :

#32311000.51093	\$587.57
#32311000.58002	\$ 44.95

Very truly yours,

Kristin D. Van Tassel
Fiscal Manager

NYS SHERIFFS' ASSOCIATION INC.

7931

Putnam County Sheriff's Office			8/25/2025		Payment
Date	Type	Reference	Original Amt.	Balance Due	
8/19/2025	Bill	DRE Schools	632.52	632.52	632.52
				Check Amount	632.52

M&T Checking Accou	New Paltz May 28-K Radovich	632.52
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*cc All
Prot 9-18-25*

*approval
#10*

**COMMUNITY ENGAGEMENT
& POLICE ADVISORY BOARD**

September 10, 2025

Legislator Amy Sayegh
Chair of Protective Services Committee
Putnam County Legislative Office
Putnam County Office Building
40 Gleneida Avenue
Carmel, NY 10512

Dear Members of the Protective Services Committee,

I am writing to respectfully request the reinstatement of the Community Engagement and Police Advisory Board in Putnam County. We believe that the Community Engagement and Police Advisory Board plays a crucial role in fostering positive relations between law enforcement agencies and the communities in Putnam County.

This advisory board served as a bridge of communication between the police department and the diverse residents of Putnam County. Its commitment to transparency, accountability, and community involvement was invaluable in ensuring that the concerns and needs of our citizens were heard and addressed effectively.

It is more important than ever to have a platform where residents and law enforcement can come together to discuss issues, build trust, and work collaboratively towards a safer and more just community.

We thank the committee for their time and consideration.

Sincerely,

Scott Rhodes, Ronald Reid | Board Members
Community Engagement & Police Advisory Board

2025 SEP 11 AM 9:05
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

CC: H1

Protective
9-18-2025

#11

Amy E. Sayegh *Chairwoman*
Greg E. Ellner *Deputy Chair*
Diane Schonfeld *Clerk*



Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Laura E. Russo	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Daniel G. Birmingham	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

MEMORANDUM

DATE: September 9, 2025

TO: Kevin Byrne Brian Hess
County Executive Acting Sheriff

FROM: Paul Jonke
Chairman, Protective Services Committee Meeting

CC: Robert Lipton Thomas Lannon
Commissioner BES IT Director

RE: September 18th Protective Services Committee Meeting / Update Radio Project

County Executive Byrne and Acting Sheriff Hess, I am writing in response to a request from my colleague, Legislator Crowley. As Chairman of the Protective Service Committee, I am requesting an update on the County's Radio Project be provided at the September 18, 2025, committee meeting.

I request that the key members of this ongoing County project be present to speak to the update, Bureau of Emergency Services Commissioner Robert Lipton and IT Director Thomas Lannon.

Additionally, Acting Sheriff Hess, I ask that you and/or a member of your office be at said meeting to provide input to this important matter.

Thank you for your attention to this request.

Attachment

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

Amy E. Sayegh *Chairwoman*
Greg E. Ellner *Deputy Chair*
Diane Schonfeld *Clerk*




Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
Toni E. Addonizio	Dist. 3
Laura E. Russo	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Daniel G. Birmingham	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

MEMORANDUM

DATE: September 8, 2025

TO: Paul Jonke
Chairman, Protective Services Committee Meeting

FROM: Erin Crowley
Legislator, District #9 

RE: Radio Project Update

Recently I have been contacted by resident Robert Cullen inquiring on the status of the County's Radio Project. Respectfully, I request that an update on said project be added to the agenda for the September 18th Protective Services Committee meeting.

Additionally, I request that Emergency Services Commissioner Robert Lipton, IT Director Thomas Lannon and Acting Sheriff Brian Hess be invited to address any further questions or concerns regarding the project.

Thank you for your attention to this matter, and I look forward to the discussion.



**PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES**



Kevin M. Byrne
County Executive

Robert A. Lipton
Commissioner of Emergency Services

Christopher E. Shields
Director of Emergency Management

J. Ralph Falloon
Deputy Commissioner of Emergency Services

Robert Cuomo
Director of Emergency Medical Services

MEMORANDUM

To: Paul E. Jonke, Chair, Protective Services
From: Robert A. Lipton, Commissioner
Re: September Protective Services Committee Meeting
Date: September 9, 2025

We respectfully request to place the following item on the agenda at the September Protective Services Committee Meeting for approval.

The Bureau is looking to apply to the NYS Dept. of Health to become a Basic Life Support first response agency. The primary purpose of this is to allow us to provide an EMT with emergency equipment to stand by at fire training classes that require an EMS presence, such as live burns. This is necessary because it is becoming increasingly difficult to get the local volunteer EMS agencies to provide the stand-by. Since most of these agencies are now paying personnel due to the lack of volunteers, they are reluctant to have their paid ambulance crews stand by at an event, when they are being paid to cover 911 calls in their respective districts. This is NOT an application for an ambulance CON.

Thank you.

2025 SEP 10 PM 3:35
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

(DATE)

New York State Department of Health
Division of Emergency Medical Services
875 Central Ave.
Albany, NY 12206-1338

Re: Statement of authority to provide public EMS

To NYS Division of EMS:

This is to serve notice that Putnam County has granted authority to the Putnam County Bureau of Emergency Services to provide emergency medical care, as defined by Article 30 of NYS Public Health Law, to Putnam County. Response is on a regular and ongoing basis and is dispatched by the Putnam County 911 center and/or self-dispatch.

Putnam County understands it assumes all liability, to the extent permissible by law, for granting operational authority for such EMS response within its jurisdiction and requests the issuance by NYS Department of Health an EMS Agency ID code to Putnam County Bureau of Emergency Services.

Sincerely,

XXXXXXX, Chairman
Putnam County Legislature



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

TO: Basic Life Support First Response Services
FROM: Bureau of Emergency Medical Services
RE: Applying for a DOH EMS Agency Code

Thank you for your agency's interest in obtaining an agency code as a Basic Life Support First Response (BLSFR) agency. This packet of information and policies should assist in understanding the role of a BLSFR Service. The first step if not already taken, is to contact the local EMS system for information on participating as an EMS provider agency. (See attached list of Regional EMS Councils)

Once an agency is municipally authorized to provide BLSFR service on a *regular and ongoing basis*, the agency may submit the required documentation detailed below and the service will be issued an appropriate EMS Agency Code number.

Please review the policy statements referred to on page 2 of this packet; #06-04, #09-03, #02-05 and #08-02. These policies are very relevant to BLSFR service activities. The Department has additional policies at the following WEB site:

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

The submission of documentation for an Agency Code Number needs to contain the following:

- Evidence that the agency has municipal authority and is providing **“primary EMS on a regular and ongoing basis”**. The agency must be publicly dispatched and providing emergency medical care as defined by Article 30 of Public Health Law. A current letter from the local municipality is required stating that the agency is authorized to respond to provide EMS and that the municipality assumes the responsibility for such response. The letter must also confirm that the agency is publicly dispatched and routinely responding as a part of the local EMS system. The letter must be provided by, and on the letterhead of, the City, Town, Village or Municipal District and must be signed by the executive officer (Mayor, Town Supervisor, chief executive, district chairman, etc.) *With the exception of university/college based EMS, the following entity types are not currently eligible for a DOH EMS agency ID; federal government, state government, industrial and private premises agencies and all entities not directly authorized under a local governing municipal authority.*
- A descriptive narrative of the BLS First Response activities provided. This should include the specifics of a response plan, method of dispatch and operating frequency, confirmation of adherence to State and Regional BLS protocols, number and type of response vehicles, equipment carried on response vehicles, and number of personnel with level of training of agency members.
- Identify the principal and alternate transporting ambulance service(s), by name and DOH agency code #, dispatched to the incidents to which the agency responds. Provide a copy of the written participation agreement(s) executed with these services. *(A municipal contract for ambulance service is not the same as and may not be substituted for the required EMS-PA agreement.)*

- Document the method of QA/QI for all patient care given by the agency and verify that a PCR/ePCR is completed for each patient contact. Many BLSFR agencies have found that local ambulance services will gladly include first responder agencies' QA/QI reviews with their own, or participation in a county or regional QA program is acceptable if one is available.
- Document the geography to which the agency responds, providing a description of the territory to which the agency is publicly dispatched. Use city, village, town, district, or other municipal boundaries. *If an agency is not publicly dispatched, or responds primarily within a private or industrial facility, the agency is not eligible for a DOH EMS agency ID number.* Agencies providing EMS in a College or University setting, with volunteer (unpaid) student members, are eligible but must provide a letter from the campus CEO/president authorizing the response and stating the administration assumes the liability for the EMS activities.
- Once the agency has completed the application package and included the required supporting documents (proofs of municipal authority, public dispatch and written participation agreement with an ambulance service), the agency will need to obtain a letter of endorsement from its Regional Emergency Medical Services Council (REMSCO). The REMSCO must indicate in writing that the agency's response plan has been reviewed and provide an endorsement for the BLSFR activities, affirming participation and integration in the local EMS system including QA/QI review.

A list of the items you need to document or enclose with your application is provided with this information packet. Please review the checklist provided.

NOTE: If the agency ONLY intends to provide Automatic External Defibrillation (AED) to the public and NO other routine public BLS medical response, then follow the instructions on the enclosed policy statement 09-03 entitled Public Access Defibrillation. PAD only participating services do not require an agency code number. Contact the appropriate Regional EMS Council for additional information regarding PAD.

If there are questions about completing this application, please feel free to contact the DOH Bureau of EMS Operations Section at 518-402-0996 ext-2.

Please Note: *Having an EMS Agency Code # issued to an agency may not entitle the service to receive training expenditures reimbursement, special funding or enrollment in a CME based recertification program.*

This application packet should contain:

- Cover Memo detailing application process
- BLSFR Agency Information Application / Update Form
- Application Checklist
- EMS Agency Personnel Roster and instructions (DOH-2828)
- EMS Agency Participation Agreement template (EMS-PA)
- Medical Director Verification form and instructions (DOH-4362)
- Statement of Municipal Authority template
- Regional EMS Councils Listing
- Notice to Agencies Seeking Funding for EMS Course Tuition DOH

policy statements 06-04, 09-03, 13-03, 08-02 should be reviewed in their entirety by applicants and may be found at the following URL:

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

Eligibility for DOH Issued EMS Agency ID# as Basic Life Support First Response (BLSFR) Service

- ▶ BLSFR service must have the express written authority, issued by the local governing municipality having jurisdiction, to provide “Emergency Medical Services as defined by Article 30 of Public Health Law. The municipality needs to acknowledge it assumes the liability for authorizing such public safety EMS response. This document must be provided to the Department initially, and thereafter upon request or if authority is amended/updated.
- ▶ BLSFR responses must be on a regular and ongoing basis to all medical dispatches within designated response area, except that the local governing municipal jurisdiction may limit responses to priority 1 and 2 calls for which a reasonable assistance and positive impact to EMS response and care within the response area is effected. *Downgrading the operations of BLSFR activities to 2nd response and/or inconsistent occasional responses may be grounds for the Department to deactivate an EMS Agency ID #.*
- ▶ PCR or equivalent patient documentation must be done for each patient care contact, and the resulting documentation shared with the transporting ambulance service as well as used for QA/QI activities that insure appropriate care on an ongoing basis. ePCR submission is permissible, but if used the agency must receive REMSCO and DOH approval in accordance with DOH policy. *Copies of patient documentation may be requested by the Department for audit purposes to show regular and ongoing response and patient care.*
- ▶ Changes to chief operating officers or contact information & mailing addresses must be submitted promptly to the Department upon such change. Services must additionally respond to periodic agency updates promptly upon request.
- ▶ An EMS Participation Agreement, executed with the ambulance services that transport patients treated, should be reviewed periodically and re-executed if any significant changes occur, with a copy to DOH.
- ▶ Physician oversight of service’s EMS activities and PAD status should be ongoing, and a new DOH-4362 form filed with the Department as needed, copy to the REMSCO, if the service’s medical director changes.
- ▶ Service’s DOH-2828 personnel roster should be periodically reviewed, and all active members, even if not certified, must be listed on the roster. This ensures eligibility for tuition in DOH approved certification classes. *The Department reserves the right to deny tuition funding, course reimbursement or CME program participation to personnel identifying with an EMS agency that are not correctly listed on the service’s member roster currently on file with the Department. Vouchers for course funding will not be paid to services without a valid FEIN on file.*
- ▶ If a service receives any REMAC permissions for adjunct levels of care (ie: Epi Pen, Albuterol, Blood Glucometry), copies of the written approvals must be provided to the Department and the service’s medical director must re-execute a new DOH-4362, also copied to the Department.

Failure to establish and maintain these eligibility criteria may be grounds for the Department to deny application or suspend / deactivate an existing DOH issued EMS Agency ID #.

NOTICE TO AGENCIES SEEKING FUNDING FOR EMS COURSE TUITION

The following statement is made in the DOH Application Packet for Agency Code Number:

Having an EMS Agency Code # issued to your agency may not entitle your service for training expenditures reimbursement, special funding or eligibility into a Pilot Program.

In DOH Policy Statement #09-06 Course Funding, the following excerpt details the provisions under which a DOH recognized EMS agency may be eligible for tuition reimbursement. The policy states in part: (Text in bold for added emphasis)

STUDENT ELIGIBILITY

1. Basic Life Support (BLS) Course reimbursement may only be requested and received for the tuition costs of eligible students. Course sponsors may receive reimbursement for those students that are members or employees of a volunteer agency, employees of a municipal emergency medical service, commercial service, hospital-based service or a Basic Life Support (BLS) First Response Service, which is recognized by DOH as providing EMS **and has an assigned EMS agency code**. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.
2. Advanced Life Support (ALS) course reimbursement is available for eligible students who are **members or employees of ALS volunteer ambulances or ALS First Response Services**, municipal services, or commercial and hospital-based services. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.
3. Students who are members of a private/corporate/industrial EMS service that does not routinely provide EMS in the public sector as a primary response (i.e., corporate property response teams and specialty teams and brigades that do not have municipal recognition and a primary EMS role) **are ineligible for state tuition reimbursement**.
4. Students who are members of a state or federal agency EMS system **are ineligible for state tuition reimbursement**.

To clarify this policy, agencies applying for a DOH EMS Agency Code Number should note that course tuition reimbursement **will not be paid** -

- For students that are not members/employees of an entity that has a valid DOH issued EMS Agency Code number *at the time of enrollment in the course*.
- To any service or individual identified as ineligible per DOH Policy #13-03.
- To ALS course enrollees if their membership is with a BLS service.

REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO Main Street, PO Box 212 Speculator, NY 12164 (518) 548-5911 Counties: Delaware, Fulton, Hamilton, Montgomery, Otsego, Schoharie	Nassau REMSCO 131 Mineola Blvd., Suite 105 Mineola, NY 11501 (516) 542-0025 Counties: Nassau
Big Lakes REMSCO PO Box 1062 Niagara University NY 14092 (716) 867-4650 Counties: Genesee, Niagara, Orleans	North Country REMSCO 120 Washington Street Suite 520 Watertown, NY 13601 (315) 379-3977 Counties: Jefferson, Lewis, St. Lawrence
Central NY REMSCO Jefferson Tower - Suite LL1 50 Presidential Plaza Syracuse, NY 13202 (315) 701-5707 Counties: Cayuga, Cortland, Onondaga, Oswego, Tompkins	Regional EMS Council of NYC 475 Riverside Drive - Suite 1929 New York, NY 10115 (212) 870-2301 Counties: Bronx, Kings, New York, Queens, Richmond
Finger Lakes REMSCO 63 Pulteney Street Geneva, NY 14456 (315) 701-5707 Counties: Ontario, Seneca, Wayne, Yates	Southern Tier REMSCO 1058 West Church Street Elmira, NY 14905-2029 (212) 870-2301 Counties: Chemung, Schuyler, Steuben
Hudson-Mohawk REMSCO 431 New Karner Road Albany, NY 12205 (518) 464-5097 Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady	Southwestern REMSCO PO Box 544 Olean, NY 14760 (716) 485-6926 Counties: Allegany, Cattaraugus, Chautauqua
Hudson Valley REMSCO 33 Airport Center Drive 2 nd floor, Suite 204 Newburgh, NY 12550 (845) 541-2249 Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster	Suffolk REMSCO 360 Yaphank Avenue Suite 1B Yaphank, NY 11980 (631) 853-5080 Counties: Suffolk

Mid-State REMSCO 14 Foery Drive Utica, NY 13501 (315) 865-8477 Counties: Herkimer, Madison, Oneida	Susquehanna REMSCO 62 Lusk Street Johnson City, NY 13790 (607) 699-1367 Counties: Broome, Chenango, Tioga
Monroe-Livingston REMSCO 601 Elmwood Avenue, Box 655 Rochester, NY 14642 (585) 267-9987 Counties: Livingston, Monroe	Westchester REMSCO 4 Dana Road Valhalla, NY 10595 (914) 813-4161 Counties: Westchester
Mountain Lakes REMSCO 37 Bay Road 2 nd Floor, Suite 202 Queensbury, NY 12804 (518) 879-8503 Counties: Clinton, Essex, Franklin, Warren, Washington	Wyoming-Erie REMSCO PO Box 216 Buffalo, NY 14225 (716) 253-4863 Counties: Erie, Wyoming

BLSFR APPLICATION FOR AGENCY CODE NUMBER CHECK LIST

- ☐ Completed and Signed BLSFR Agency Information Application / Update Form.
- ☐ A cover letter signed by the executive officer of your agency, and on your agency letterhead requesting the issuance of a DOH EMS Agency Code number.
- ☐ A letter from your municipality stating that your agency has authority to provide EMS as defined in Article 30 of Public Health Law, and that the municipality assumes the liability for your response.
- ☐ Proof of public dispatch to respond to EMS incidents, for the purpose of providing emergency medical care, within your service area, on a "regular and ongoing" basis.
- ☐ A description of the BLS First Response activities which you provide.
- ☐ A statement that the patient care provided by your agency complies with all state and regional protocols and that your agency will document all care rendered using Prehospital Care Reports.
- ☐ A description of the communications method and frequency used to dispatch your agency and communicate when necessary with local EMS / transporting services regarding patient information / location.
- ☐ The number and type of response vehicles used to provide your EMS response.
- ☐ A description of the equipment carried by your response vehicles / personnel to provide EMS.
- ☐ The number of personnel providing EMS detailed to show the number of personnel by level of care.
- ☐ Identification of the transporting ambulance service(s) by name and DOH agency code # which are dispatched to the EMS incidents to which you respond. (see EMS Participation Agreement)
- ☐ A copy of the written EMS participation agreement(s) with the ambulance service(s) dispatched to the EMS incidents to which you respond.
- ☐ Evidence of or copy of an agreement with an appropriate EMS agency indicating your agency participates in QA/QI activities. (May be with ambulance service or county / regional QA/QI program)
- ☐ A description, using municipal boundaries, and a map, of the geographical area served by your agency.
- ☐ If your agency provides Public Access Defibrillation (PAD) and has submitted a Notice of Intent (NOI form DOH-4135) to your Regional EMS Council, please include a copy of your NOI filing.
- ☐ If your agency will provide any level of care requiring mandatory oversight by a medical director (eg: EpiPen, Albuterol, Blood Glucometry or any adjunct BLS skills), please include a completed DOH-4362 Medical Director Verification form *and a copy of the written approval granted by your Regional EMS Council.* Your medical director must be a NYS licensed physician endorsed by your REMAC.
- ☐ All BLSFR agency ID applicants must obtain a letter of endorsement and support from the Regional Emergency Medical Services Council, identifying the applicant's integration of BLS first response with the local EMS system. The letter must specifically state that the REMSCO has reviewed the applicant's application and recommends issuance of an EMS Agency ID Number.

Please Note: *If you are applying as a state agency, state authority, federal agency, or you are not dispatched by a Public Safety Answering Point (PSAP), or your response is to a private premises or industrial facility, then your agency is not eligible for a DOH BLSFR EMS agency ID number.*

BLSFR Agency Information Application/Update Form

BLSFR Agency	Name _____		DOH Agency ID Number _____	
DBA or Assumed Name (if any)	_____			
Physical Location / Address	City _____		State _____	Zip Code _____
Mailing Address	City _____		State _____	Zip Code _____
County	_____			
Response Area	Describe/List _____		<input type="checkbox"/> Check if Fire/Ambulance District	
Phone Numbers/Email	Business Phone _____		Fax _____	Email Address _____
FEIN***	Federal Employer ID Number _____			
Emergency Phone Numbers	Direct 10 Digit Number _____		<input type="checkbox"/> Check if Called Through 911	
Chief Operations Officer	Name (Print) _____		Title (Print) _____	
	Day Phone _____	Cell / Pager _____	Email Address _____	
Dispatching Agency	Name _____		<input type="checkbox"/> Check if Self Dispatched	
Dispatch Communications	Radio Frequency _____		FCC Call Sign _____	
Number of Trained Providers	CPR/First Aid* _____	CFR _____	EMT _____	ALS** _____
Number of Members	Volunteer _____	Paid _____		
Number of EMS Response Vehicles	Service Owned _____	Privately Owned _____		
Transporting Ambulance Service	Primary Agency Code Number _____		Additional Agency Code Number _____	Additional Agency Code Number _____
Number of EMS Calls Annually****	Total Number of Calls Dispatched _____		Number of Calls with Patient Care Given _____	
Person Completing This Form	Name (Please Print Legibly) _____		Title _____	
	Signature _____		Date _____	

* NOTE: AED trained personnel may ONLY provide defibrillation care with service that has filed notice per PHL 3000b.

** NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLSFR authorized service.

**** NOTE: Services not yet providing EMS – Please provide estimate of call volume based on info from local EMS dispatch.

Services providing EMS: Provide call volume based on calls to which you were dispatched to provide EMS.

EMS calls: Indicate all EMS dispatches. Calls w/pt care: Do not include RMAs, No Pt Found, Standbys, Cancelled Calls.

***** NOTE: Federal Employer ID Number must be provided for any service intending to apply for EMS training reimbursement from NYS DOH.**

Return Completed Form to: Attn: BLSFR Update – OPS
New York State Department of Health
Bureau of Emergency Medical Services
875 Central Avenue
Albany, New York 12206-1388

(518) 402-0996

Do Not Write or Mark in Box Below

Application Received:	Check List Complete:	Date Reviewed:	Code Number:	BLSFR Agency:
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NEW YORK STATE DEPARTMENT OF HEALTH

Emergency Medical Services Program

EMS Agency Personnel Roster DOH-2828

General Instructions for Form Completion

The DOH-2828 form is used to individually identify and document all personnel affiliated with an EMS agency. This includes paid and volunteer members. The personnel roster is required for all agencies that have a NYS DOH issued EMS agency ID number. Certified agencies are required to complete a DOH-2828 with each biennial submission for certification renewal. Non certified (BLSFR) agencies are required to submit a completed DOH-2828 with an initial application for EMS agency ID number and with each subsequent Update filing as periodically requested by NYS DOH.

NOTE: An agency may substitute its own printed version of a DOH-2828 roster provided that all data fields contained on the DOH form are present and clearly legible on the agency's version of the form, and the printout is in alphabetical order.

DOH-2828 field	Information required to complete
Agency Name	Legal name of agency and DBA if any
Agency Code	NYS DOH EMS Agency ID number issued to agency. If purpose of completing personnel roster is for an initial filing and no ID number has been issued to applicant by NYS DOH, leave this field blank.
Date Submitted	Date form was completed. Submitted data on form is presumed to be accurate as of this date.
Page ____ of ____	Indicate page number of current page and total number of roster pages being submitted.
Personnel name field	Insert Last name then first name of all active personnel in alphabetical order. Include all personnel that have any operational roll in emergency medical responses by your agency. Include all individuals with any level of medical training, even if not NYS certified (eg: First Aid trained, CPR trained, PAD trained). Also include all authorized drivers of emergency response vehicles. Do not include members / employees that are not "active status" or that only provide administration to your agency, even if they are NYS certified. (eg: social / inactive members, corporate officers or administrative officers, unless such members / employees also routinely participate in response and have active EMS operational duties or assignments.)
Date of Birth	In Month, Day, Year format (mm/dd/yy) provide member / employee date of birth
Certified First Responders	For each individual identified that is a Certified First Responder give six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be currently certified.

**Emergency Medical
Technicians**

For each individual identified that is a Certified Emergency Medical Technician give the six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be certified. In next set of boxes to the right check the single box that indicates the highest level of individual's certification. B = Basic EMT, I = Intermediate, CC = Critical Care, P = Paramedic Do not check more than one box.

Check Other Levels

For non-certified members only, indicate all additional levels of training. More than one box may be checked to indicate multiple levels of medical training.
CPR = Cardio Pulmonary Resuscitation, AED/PAD = Automatic External Defibrillation / Public Access Defibrillation,
First-Aid = Training program in emergency first aid completed.
For each indicated level, individual must have completed a nationally recognized training course (eg: American Heart Association or American Red Cross) and hold a valid recognition card issued to the individual.

NOTES: For certified agencies, the total number of medically trained providers identified by level must match the number of providers reported on Department form DOH-206 in section 27.

For non-certified agencies (BLSFR), the total number of medically trained providers identified by level must match the number of providers reported on Department form BLSFR EMS Agency Update / Application line 15.

Certified agencies that obtain staffing, paid or non-paid, from other agencies or personnel staffing companies, must provide a personnel roster that includes all individuals authorized to provide medical care or operate NYS DOH recognized emergency vehicles (eg: Driver only status personnel). Such additional personnel may be listed on a totally separate roster if desired, but must be included in the totals listed on form DOH-206 section 27.

EMS Agency Personnel Roster

Agency Name _____

Agency Code _____

Date Submitted _____

Page _____ of _____

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
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NEW YORK STATE DEPARTMENT OF HEALTH

Emergency Medical Services Program

Medical Director Verification DOH-4362

General Instructions for Form Completion

The DOH-4362 form is used to document the physician medical director providing individual EMS agency medical direction in accordance with DOH Policy #03-07. The form also documents the specific level of patient care and/or adjunct BLS protocols authorized by a Regional Emergency Medical Advisory Committee (REMAC) per DOH Policy #95-01.

A CFR/EMT/AEMT, as well as the EMS agency of which an individual is a member or employee, is in violation of Article 30 of Public Health Law (A30PHL) if rendering medical care that is subject to REMAC approval and medical direction without first receiving such approval and providing care under such medical direction.

To Complete the DOH-4362 Medical Director Verification form:

Read the Notice to Service statement. Pay particular attention to the fact that an EMS service's level of care approval, or approval of a NYS licensed physician to provide medical direction to an EMS agency, must be received in writing from the REMAC having jurisdiction in the region in which an agency provides EMS. *The DOH-4362 form is not valid unless completed after first receiving a valid written REMAC approval and endorsement of the identified service medical director. The written approval does not need to be submitted with the form but must be produced upon request by NYS DOH.*

DOH-4362 field

Information required to complete

Defib /PAD

Check this box if any personnel are authorized to provide defibrillation level care. Certified services may not use Public Access Defibrillation (PAD) to fulfill regulatory requirements. REMAC written approval is required to enable DEFIB level care for BLS members of ALS services. PAD filing by NOI (DOH-4135 Notice of Intent) is applicable for all non-certified agencies (BLSFR) providing defibrillation.

Epi Pen

Check this box if any personnel are authorized by the REMAC to provide Epinephrine by Auto Injector. A filing by NOI (DOH-4188 Notice of Intent to Possess and Use Epinephrine Auto Injector) is required by all certified and non-certified (BLSFR) services approving BLS providers. *This approval does not apply to ALS personnel.*

Albuterol

Check this box if any certified providers are authorized by the REMAC to provide Nebulized Albuterol. This level of care is subject to regional approvals and protocol for any BLS provider. *This approval does not apply to ALS personnel.*

Blood Glucometry	Check this box if any BLS certified providers are authorized by the REMAC to conduct blood glucose level testing. EMS agency compliance with DOH Clinical Laboratory <u>Limited Service Laboratory Registration</u> (DOH-4081) process and DOH Policy #05-04 is mandatory for this approval. <i>This approval does not apply to ALS personnel.</i>
ALS Levels of Care	Check SINGLE highest level of care authorized by the REMAC if approved to provide Advanced Life Support. (Lower levels are automatically approved within guidelines or restrictions imposed by individual REMACs)
Controlled Substances	Check this box if service holds a valid and currently unexpired license to possess and administer controlled substances issued by NYS DOH Bureau of Narcotic Enforcement. <i>Federally issued DEA CS Licenses do not apply to EMS agencies.</i>
Name of EMS Service	Full legal name of EMS agency. If agency is DOH certified name should be same as listed on DOH-3414 or DOH-4005 certificate.
Agency Code Number	Enter NYS DOH issued EMS agency 4 digit code number. If number unknown, please contact NYS DOH Bureau of EMS for further instructions.
Service Type	Check only ONE box to indicate service type: Ambulance, Advanced Life Support First Response (ALSFR) or non-certified Basic Life Support First Response (BLSFR).
Name of Service CEO	Name of agency chief executive officer or chief of operations.
Service Medical Director	Name of NYS licensed physician approved by the REMAC to provide service level medical direction per DOH Policy #03-07.
NYS Physician's License	NYS Department of Education Physician's license number issued to service medical director. <i>License must be valid and not expired.</i>
CS License Number	NYS DOH Bureau of Narcotics Enforcement (BNE) issued controlled substances license number. Give last 4 digits of number that begins with 03c. <i>Federally issued DEA licenses do not apply to NYS EMS controlled substances licenses. Do not enter DEA ID #.</i>
CS License Expiration	Expiration date of current BNE issued CS license. (mm/dd/yyyy)

Service medical director must read the affirmation at the bottom of the form and sign the statement of compliance. Signature of the medical director means that the physician assumes responsibility and medical oversight within the scope and intent of Article 30 of Public Health Law, NYCRR Part 800 and NYCRR Part 80 as applicable. A separate form must be completed and signed if service has more than one medical director.

Medical Director Verification

Notice to Service

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

Check all special regional approvals and the single highest level of care applicable to your agency

- | | | | | |
|---|--|--|---|-----------------------------------|
| <input type="checkbox"/> Defibrillation / PAD
(BLS Level Services) | <input type="checkbox"/> Epi Pen
(Epi / Albuterol / Blood Glucometry per regional protocol) | <input type="checkbox"/> Albuterol | <input type="checkbox"/> Blood Glucometry | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> Paramedic
Level of Care | <input type="checkbox"/> Critical Care
Level of Care | <input type="checkbox"/> AEMT
Level of Care | <input type="checkbox"/> Controlled Substances
(BNE License on file) | |

EMS Agency (Please Type or Print Legibly)

Agency Name _____

Agency Code Number _____

Agency Type ☐ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO _____
Name

Medical Director _____
Name

NYS Physician's License Number _____

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

Medical Director Affirmation of Compliance

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature

Date of Signature

EMS Agency Participation Agreement

- This document or an equivalent is required for all participating BLSFR agencies with DOH issued ID number -

Purpose:

In recognition that {Ambulance Service Name} (herein after referred to as XXX) is a duly authorized Ambulance Service, Certified by the New York State Department of Health (NYSDOH), and providing ambulance service to territory established under Article 30/30A of Public Health Law (A30 PHL), which includes in whole or in part the response area of {Non-transport BLSFR Service Name} (herein after referred to as ZZZ) in the {City, Town, Hamlet or District} of, {Name of County} County.

And also in recognition that {ZZZ} is a Basic Life Support First Response (BLSFR) agency specifically authorized by its governing municipality to provide EMS and having applied to NYSDOH for an EMS agency identity code;

The following agreement is hereby entered into for the purpose of ensuring rapid effective response, appropriate patient care and the delivery of persons in need of medical care to appropriate medical facilities, through the cooperative efforts of the organizations consenting to this agreement.

This agreement shall take effect upon the date of endorsement indicated below and shall be renewed annually by the Chief Operating Officers (COOs) of each organization. Alterations or amendments to this agreement may be made at any time by written consensus and re-execution of this agreement. No portion of this agreement shall hold precedence or preempt the authority of any valid contract for EMS or ambulance services executed between either party and any local governing municipality having jurisdiction.

Terms of Agreement

{XXX} and {ZZZ} shall:

- Provide for the identification of its prehospital certified members by badge, ID card, uniform or other visible identification to insure rapid recognition of certified responders and their authorized level of provider care and authorizing agency.
- Participate in QA/QI review of all responses for which a patient contact occurred. And further to resolve any identified patient care issues through training, remediation, discipline or protocol review as appropriate to insure continued effective patient care and compliance with state and regional patient care protocols.
- Participate with any Mutual Aid Response agency, dispatched or responding in place of either {XXX} or {ZZZ} due to the unavailability of either service, holding to the same participation standard and expectations stated in this agreement.
- Adhere to applicable state and regional policies, procedures and patient care protocols.
- Resolve member participation issues through cooperative discussion between the COOs of each organization promptly upon notice of any instance or circumstance which impairs the cooperative intent of this agreement or which compromises in any way the delivery of appropriate patient care.
- Provide notification in advance of training, drills and educational opportunities sponsored by either agency, at which members may obtain, renew or refresh EMS certification or rescue/responder skills.

{XXX} shall:

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care and patient transport in fulfillment of its operating authority under Article 30/30A of Public Health Law (A30 PHL).
- Remain an active participant in the {Name of County} County Mutual Aid and MCI/Disaster Plan such that all Medical Emergencies shall be responded to either by {XXX} or another ambulance service providing Mutual Aid Response.
- Accept any patient presented for transport, to which {ZZZ} provides initial BLS care, to insure timely transport of such patient(s) to an appropriate Article 28 designated facility or hospital.
- Accept Prehospital Care Reports (PCRs) turned over to {XXX} by {ZZZ} that document the findings and care provided to patients(s) treated by {ZZZ}.
- Replenish such disposable medical items or supplies used by {ZZZ} on calls for which {XXX} was the transporting agency, the list of such replenishable items to be agreed upon in writing by the COOs of each organization.

{ZZZ} shall:

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care at the Basic Life Support (with Defibrillation or PAD) Level of care, within the {ZZZ} response area.
- Report to 911 dispatch the condition and number of patients found at any incident to facilitate the preparedness and appropriate response by {XXX} crews and responding vehicles.
- Not cease the provision of patient care and/or monitoring until such care is turned over to another qualified/certified care provider, once patient care has been initiated.
- Turn over for treatment and transport to {XXX} any patient to which {ZZZ} provides initial BLS (and/or Defib/PAD) prehospital care.
- Insure that the prehospital care provider in charge of patient care will at all times be the {ZZZ} responder with the highest level of certification on scene, until such time as {XXX} arrives at the incident and patient care is turned over to the {XXX} member responsible for the call.
- Participate in ICS / Unified Command for incidents requiring ongoing incident management.
- Adhere to NYS DOH Policies regarding BLSFR Agencies (#06-04) and Responsibilities of EMS Providers to coordinate EMS Resources (#98-05)
- Maintain a list of supplies, equipment and authorized response vehicles as identified in DOH Policy #06-04.

This Agreement is entered into this _____ Day of _____, 201__

Signed,

For {XXX}: _____ Chief Operating Officer

Printed Name: _____ Title: _____

For {ZZZ}: _____ Chief Operating Officer

Printed Name: _____ Title: _____

Witnessed: _____

Printed Name and Affiliation: _____

Copy Distribution shall be:

- 1 copy to each organization's records officer or Chief Operating Officer
- 1 copy to {Name of County} County 911 Dispatch Center
- 1 copy to {Name of County} County EMS Coordinator
- 1 copy to New York State Dept of Health,
Attn: {ZZZ} BLSFR Service File

Note: An editable Microsoft Word version of the Agency Participation Agreement and the Municipal Authority Statement is attached to this PDF, and should be accessible in the upper-left pane, using Adobe Acrobat Reader.

On Letterhead of Authorizing Municipality

Issuance date not more than 6 mo old

To: NYS Dept of Health

Bureau of Emergency Medical Services

Re: Statement of authority to provide public EMS

This is to serve notice that *<insert name of municipal authority>* has granted authority to *<insert name of public service entity>* to provide emergency medical care, as defined by Article 30 of NYS Public Health Law, to *<insert name of geography served>*. Response is on a regular and ongoing basis and is dispatched by *<insert name of public safety answering point (PSAP) / 911 center>*.

The *<insert name of municipal authority>* understands it assumes all liability, to the extent permissible by law, for granting operational authority for such EMS response within its jurisdiction, and requests the issuance by NYS Department of Health an EMS Agency ID code to *<insert name of public service entity>*.

Signed,

<Executive Elected or Appointed Municipal Official>

<Full title: ie: Supervisor, Mayor, Chair of Commissioners, etc.>

Purpose of the Municipal Statement of EMS Authority

Each BLSFR agency must have a statement of operational authority on file with the Department from the most local governmental authority having jurisdiction for the geography served by the BLSFR agency. Such authority derives from the fact that New York is a "home rule" state and because public health law does not of itself grant any specific "operational authority". Therefore, the Department requires such local municipal authorities to document their express permission for public safety entities to respond to, and render, emergency medical care. The Department will not issue, or allow to remain issued, BLSFR EMS Agency ID's to entities that do not possess and maintain local municipal authority to provide EMS.

Note that statements of authority to provide public EMS may be issued to any public safety service entity that is publicly dispatched and provides EMS on a regular and ongoing basis. Such statements do not apply to entities that do not have a primary response role, but instead have a secondary response role or occasional response role. Also note that because the Department does not have jurisdiction to determine operational response, it is the local governing municipality that assumes all liability for granting operational response to provide EMS in the public environment. (Entities whose responses are limited to geography to which the general public does not have continuous unrestricted access are not eligible for DOH BLSFR recognition.)

A contract for services between a municipality and a public safety entity (eg: city, town or village with a fire company or department) may not substitute for this Municipal Statement of EMS Authority, unless the specific statements contained in such contract expressly obligate the public safety entity to provide EMS as defined by Article 30 of Public Health Law and are otherwise consistent with the purpose of the BEMS BLSFR EMS Agency Application..

The authorizing signature must be of the chief elected municipal officer (ie: Mayor, Supervisor, etc.), or in the instance of a duly authorized Fire District, the chairperson of its elected or appointed commissioners. Statements of authority must have been issued within the last 6 months at the time of submission to the Department.

There is an expectation that municipal jurisdictions granting EMS authority to any public safety entity shall require such entities to establish and maintain the eligibility criteria to be issued a DOH BLSFR EMS Agency ID, and rescind such authority should the public safety entity fail to meet or retain such eligibility criteria.

The issuance of an EMS Agency ID code to any BLSFR entity is a stand alone administrative action that does not guarantee access to Department tuition funding, participation in Department approved continuing medical education (CME) certification programs or any other Department program.



D&H
New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: 99-07

No. 06 – 04

Date: May 22, 2006

Re: BLS-FR Services
Information

Page 1 of 5

The following policy for Basic Life Support First Response (BLS-FR) agencies was developed by the Bureau of Emergency Medical Services (BEMS), in cooperation with the New York State EMS Council's EMS Systems committee. This policy is intended to provide guidance to the managers of agencies that provide BLS first response service to their community. While BLS-FR services are not defined or regulated by Public Health Law, it is vitally important that BLS-FR agencies are integrated into the local EMS systems.

Purpose

The overall intent of providing BLSFR is to ensure adequate, or where possible enhance, the delivery of emergency medical care to the community. This may include, but not be limited to the following:

- Improve overall response times to medical emergencies;
- The delivery of quality prehospital patient care;
- Provide additional BLS treatments such as Public Access Defibrillation (PAD);
- Provide personnel support to transporting agencies by supplementing availability of drivers and care providers;
- Increase availability of personnel for large scale incidents, and
- Improve public awareness of EMS issues in the community and the value of personnel trained in First Aid, CPR and PAD

NYS EMS Agency Code

In order for a BLS-FR agency participating in a local EMS system to obtain an agency code number, the agency needs to provide documentation indicating the following:

- Support from the Executive of the municipality (village, city, town, county) for the territory covered. This may be a mayor, supervisor, board of commissioners or the chairman of a fire district and must be documented in writing.

AND

- Document being publicly dispatched and providing *primary EMS response on a regular and ongoing basis to public emergency medical needs*, as defined by 3001(l) of the Public Health Law.

EMS System Participation

The following information must be documented by the BLSFR agency as part of its participation in the local EMS system:

- Description of response plan, including territory served,
- Method of dispatch / activation / radio communications resources used,
- Adherence to state and regional BLS patient treatment protocols,
- A written participation agreement with transporting service(s) to include, but not limited to:
 - Appropriate transfer of patient to insure continuity of care;
 - ***Agreement with the local ambulance service to transport patients received from the BLSFR agency;***
 - Appropriate, timely documentation of patient care (i.e. PCR or equivalent, see NYS-EMS Policy 02-05);
 - Participation in unified incident command;
 - Participation in QA/QI activities;
 - Adherence to State and Regional BLS Treatment protocols, and
 - Management of supply, resupply/retrieval of medical equipment and supplies used, and
- Identify resources to be used:
 - Number and type of vehicle(s);
 - Number and level of EMS certification of the personnel, and
 - Medical equipment and supplies used to deliver patient care. (i.e.: equipment, and supplies such as identified in Part 800.26) coordinated with the transporting ambulance service.

Agencies making application to NYS DOH for recognition as a BLS-FR agency will be required to submit proof of local EMS system participation to their Regional Emergency Medical Services Council for evaluation and written endorsement.

Operations

Operational issues for BLS-FR agencies to consider should include, but not be limited to:

- Written Standard Operating Policies-Guidelines (SOPs / SOGs) that ensure use of state / regional BLS treatment protocols;
- Policies to insure the use of appropriately trained personnel to render patient care. Appropriately trained personnel include Certified First Responder, Emergency Medical Technician¹, Nationally recognized First Aid and/or CPR and Public Access Defibrillation (PAD);

¹ Personnel certified at Advanced EMT levels may **NOT** render care beyond the scope of practice of an EMT when providing care for a BLS-FR service. Defibrillation may only be provided by agencies with either PAD authority or BLS-Defibrillation authority as granted by a Regional Emergency Medical Advisory Committee.

- Policies that insure patient care rendered is by the individuals with the highest present level of EMS training/certification;
- Documentation of patient care rendered and secure storage of medical records;
- Training and Continuing Education;
- Policies regarding infection control, confidentiality, liability, minors, psychiatric patients, mandatory reporting of child abuse or Methamphetamine Laboratories, refusal of medical aid (RMA) and other special situations;
- Mutual Aid / MCI / Haz-Mat planning;
- Periodic review and renewal of participation agreements with transporting agency(s);
- Communications method used to talk to both dispatch and the arriving ambulance to report patient status and scene information. Such communications needs to include ability to contact medical control if required;
- A detailed list of equipment provided by the BLSFR agency. All equipment needs to be compatible with the equipment and vehicles used by the ambulance service(s). The attached list from Part 800.26 is a reasonable reference for developing an equipment list; and
- Incident management training / National Incident Management System (NIMS) Compliance.

Defibrillation

BLSFR agencies are encouraged to provide defibrillation by being a Public Access provider. Contact your Regional EMS Council or the Bureau of EMS for current information on providing PAD or see DOH Policy Statement #06-03, Public Access Defibrillation.

Additional Resources

Additional resource information may be found at the NYS DOH web site.

www.health.state.ny.us/nysdoh/ems/main.htm

800.26 EMERGENCY AMBULANCE SERVICE VEHICLE EQUIPMENT REQUIREMENTS

The governing authority of any ambulance service, which, as a part of its response system, utilizes emergency ambulance service vehicles, other than an ambulance to bring personnel and equipment to the scene, must have policies in effect for equipment, staffing, individual authorization, dispatch and response criteria and appropriate insurance.

(a) A waiver of the equipment for emergency ambulance service vehicles may be considered when the service provides an acceptable plan to the Department demonstrating how appropriate staff, equipment and vehicles will respond to a call for emergency medical assistance. The Regional EMS Councils will be solicited for comment.

(b) Any emergency ambulance service vehicle shall be equipped and supplied with emergency care equipment consisting of:

- (1) 12 sterile 4 inches x 4 inches gauze pads;
- (2) adhesive tape, three rolls assorted sizes;
- (3) six rolls conforming gauge bandage, assorted sizes;
- (4) two universal dressings, minimum 10 inches x 30 inches;
- (5) six 5 inches x 9 inches (minimum size) sterile dressings or equivalent;
- (6) one pair of bandage shears;
- (7) six triangular bandages;
- (8) sterile normal saline in plastic container (1/2 liter minimum) within the manufacturer's expiration date;
- (9) one air occlusive dressing;
- (10) one liquid glucose or equivalent;
- (11) disposable sterile burn sheet;
- (12) sterile obstetric [O.B.] kit;
- (13) blood pressure sphygmomanometers cuff in adult and pediatric sizes and stethoscope;
- (14) three rigid extrication collars capable of limiting movement of the cervical spine. These collars shall include small, medium and large adult sizes; and
- (15) carrying case for essential equipment and supplies.

(c) Oxygen and resuscitation equipment consisting of:

- (1) portable oxygen with a minimum 350 liter capacity with pressure gauge, regulator and flow meter medical "D" size or larger. The oxygen cylinder must contain a minimum of 1000 pounds per square inch.
- (2) manually operated self-refilling bag valve mask ventilation devices in pediatric and adult sizes with a system capable of operating with oxygen enrichment and clear adult, and clear pediatric size masks with air cushion;
- (3) four individually wrapped or boxed oropharyngeal airways in a range of sizes

for pediatric and adult patients;

(4) two each: disposable non-rebreather oxygen masks, and disposable nasal cannula individually wrapped;

(5) portable suction equipment capable, according to the manufacturer's specifications, of producing a vacuum of over 300 mmHg when the suction tube is clamped and including two plastic large bore rigid pharyngeal suction tips, individually wrapped; and

(6) pen light or flashlight.

(d) A two-way voice communications enabling direct communication with the agency dispatcher and the responding ambulance vehicle on frequencies other than citizens band.

(e) Safety equipment consisting of:

(1) six flares or three U.S. Department of Transportation approved reflective road triangles;

(2) one battery lantern in operable condition; and

(3) one Underwriters' Laboratory rated five-pound ABC fire extinguisher or any extinguisher having a UL rating of 10BC.

(f) Extrication equipment consisting of:

(1) one short backboard or equivalent capable of immobilizing the cervical spine of a [sitting] seated patient. The short backboard shall have at least two 2 inches x 9 foot long web straps with fasteners unless straps are affixed to the device; and

(2) one blanket.



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 85-01, 96-01, 02-05

No. 12 - 02

Date: 1/23/2012

Re: Prehospital Care
Reports (PCRs)

Page 1 of 5

Documentation is an essential part of all prehospital medical care. It must include, but not be limited to the documentation of the event or incident, the medical condition, treatment provided and the patient's medical history. The primary purpose of the Patient Care Report (PCR) is to document all care and pertinent patient information as well as serving as a data collection tool.

Article 30, section 3053 of the Public Health Law requires all certified EMS agencies to submit PCR/ePCRs to the Department. The completion of a PCR is a requirement for all certified EMS providers in accordance with Title 10 NYCRR Part 800.15. This also includes all of the electronic PCR (ePCR) programs. While Basic Life Support – First Response (BLS-FR) agencies are not specifically required to submit PCR/ePCR data, their participation in the EMS system, quality assurance and data collection are critical to system management and patient care. All BLS-FR agencies are encouraged to submit EMS data through the Regional Program Agencies.

The documentation included on the PCR/e-PCR provides vital information, which is necessary for continued care at the hospital. As part of transferring the patient to the Emergency Department Staff **the agency must provide an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details upon delivery of the patient.**

PCR/ePCR Use:

A PCR/ePCR should be completed each time the EMS agency is dispatched for any type response. This includes (but is not limited to):

- Patients transported to any location,
- Patients who refuse care and/or transport,
- Patients treated by one agency and transported by another,
- Calls where no patient contact is made, such as
 - Calls cancelled before reaching the scene
 - Calls where no patient is located
 - When dispatched for a stand by
- Events

If an agency is dispatched to a stand-by and while there they treat a patient, two PCRs should be completed. One as a record of the event and one for the patient care provided.

Information Entry:

All information written on the paper PCR should be legible and printed in blue or black ink.

Any member of the crew may enter information on the PCR/ePCR. The individual indicated as **"In Charge"** should be the person who provided or directed the care to the patient. There is no requirement that the person in charge be certified as the highest level of care present. However the individual indicated as in charge is responsible for the care provided and documented. The provider listed as **"In Charge"** must be at least an EMT. If any advanced life support care was provided to the patient, the provider listed as **"In Charge"** must be an advanced EMT at the level appropriate for the care provided.

A complete PCR/e-PCR must include the fields required by the New York State Data Dictionary. The complete data dictionary can be found at the following URL:

http://www.health.ny.gov/nysdoh/ems/electronic_data_submission.htm

Distribution of Paper PCRs:

Pink (Hospital Patient Record) Copy:

- **Ambulance Service:** Leave the "pink" copy at the hospital prior to the agency leaving the hospital. In instances where this is not possible, all attempts should be made to provide the completed document to the receiving hospital as soon as reasonably possible. However, the ambulance crew must provide an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details upon delivery of the patient to the receiving facility.
- **Advanced Life Support First Response (ALS FR) Agency:** If no representative of the ALS agency will be accompanying the patient to the hospital, the transporting agency must be provided with an appropriate medical record that includes the demographic, event/incident, assessment findings and treatment details, if possible prior to leaving the scene. If an ALS provider is accompanying the patient than they must provide the completed medical record to the receiving facility prior to leaving (as above).
- **Basic Life Support First Response (BLS FR) Agency:** Same as for ALS FR Agency.

Yellow (Research) Copy:

- **Ambulance Service:** Yellow copy shall be submitted by the service to the Regional EMS Program Agency as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency.
- **Advanced Life Support First Response (ALS FR) Agency:** Yellow copy shall be submitted by the service to the Regional EMS Program Agency as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency.
- **Basic Life Support First Response (BLS FR) Agency:** While not required by statute, the yellow copy shall be submitted by the service to the Regional EMS Program Agency

as designated by the Department. PCRs shall be submitted at least monthly, or more often if so indicated by the program agency

White (Agency) Copy:

- **All Agencies:** The original white copy should be retained in a secure location at the service's permanent office as designated to the Department for the following time periods:

NOTE: Federal Law (HIPPA) requires that medical records be retained for **Six Years**. If the call involves the treatment of persons under age 18, the PCR must be retained for three years after the child reaches age 18.

Electronic PCRs (ePCR):

- EMS services are required to leave a paper copy or transfer the electronic PCR information to the hospital prior to the EMS service leaving the hospital. This document must minimally include, patient demographics, presenting problem, assessment findings, vital signs, and treatment rendered.
- Failure to leave patient information with the emergency department upon the delivery of the patient may compromise medical treatment and interrupt the continuity of patient care.
- All electronic patient records should be completed and closed prior to the end of the shift during which the patient was treated. There should be no access to patient records on personally owned computers. Agencies should have policies restricting the use of personally owned computers for completing ePCRs.

Confidentiality & Disclosure of PCRs/Personal Healthcare Information:

Maintaining confidentiality is an essential part of all health care, including prehospital care. The confidentiality of personal health information (PHI) is covered by numerous state and federal statutes, Policies, Rules and Regulations, including the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and 10 NYCRR.

Title 10 NYCRR Part 800.15:

Every person certified at any level pursuant to these regulations shall:

- (a) *At all times maintain the confidentiality of information about the names, treatment, and conditions of patients treated except:*
 - (1) *A prehospital care report shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State's quality assurance program;*

Title 10 NYCRR Part 800.21:

An ambulance/ALS-FR service shall:

- (l) *maintain a record of each ambulance call...*

Health Insurance Portability & Accountability Act of 1996 (HIPAA):

Federal Law (HIPAA) requires all healthcare providers to have a written policy on protecting Personal Health Information (PHI), including PCRs.

Such a policy should include (but not be limited to):

- Indicate that requests from patients for PCR/ePCR copies be in writing;
- That the agency will maintain a copy of the written request with the original PCR/ePCR;
- Maintaining the confidentiality of the information contained on a PCR/ePCR as well as the actual PCR/ePCR;
- Conducting security training for all employees/members in proper security procedures to protect personal health information; and
- Documenting security training of employees/members.

Providing PCR/ePCR copies to the receiving hospital, other providers giving care in a tiered system and to the EMS program agency for QI does not constitute a violation of the HIPAA regulations. For additional agency specific questions regarding HIPAA agencies should contact their legal counsel and/or the U.S. Department of Health and Human Services.

Other PCR/ePCR Disclosures:

The PCR/ePCR may also serve as a document called upon in legal proceedings relating to a person or an incident. No EMS agency is obligated to provide a copy of the PCR/ePCR simply at the request of a law enforcement or other agency. If a copy of the PCR/ePCR is being requested as part of an official investigation the requestor must produce either a subpoena, from a court having competent jurisdiction, or a signed release from the patient. PCR/ePCR must be made available for inspection to properly identified employees of the NYS Department of Health.

A person may request a copy of a PCR/ePCR completed for themselves as the patient or the parent or legal guardian of a patient may obtain a copy of a PCR/ePCR completed for that patient. In cases where the patient is now deceased the person who is the court appointed legal representative of the patient's estate may request a copy of the PCR/ePCR.

An agency may provide a copy of a PCR/ePCR to those entities that represent that agency either for the purpose of collection of fees from the patient or their insurance carrier or as part of any legal proceedings relating to the agency. In such situations those representative are also responsible for protecting the personal health information contained within the document.

Disposition Codes:

All hospitals in New York State have a three digit code indicting the hospital. In addition the name of the hospital must be indicated.

Non Hospital Disposition Codes	Meaning	Example (See Note)
001	Nursing Home	Any nursing home, rehabilitation center, respite home or extended care facility not listed with a hospital disposition code.
002	Other Medical Facility	Includes outpatient and specialty clinics, doctor's offices, diagnostic and testing facilities.
003	Residence	When a patient is transported to a private residence.
004	Treated By This Unit & Transported By Another Unit	In a multi tiered response system this disposition would be used by any BLS FR or ALS FR agency. This code would also be used if one ambulance service provides ALS interface for another ambulance. It would not be used by multiple vehicles from the same agency i.e. two ambulances are dispatched to the same call.
005	Refused Medical Aid and Or Transport	Any time contact is made and a person is evaluated, to include such procedures as vital signs being taken, or any treatment is provided. The documentation included on the PCR must indicate that the patient was advised of the need for care and the patient was competent to make an informed refusal of such care.
006	Call Cancelled	Any time a call is canceled prior to the arrival of the EMS agency this disposition code should be used. When possible the crew should document what other agency canceled the response or the reason for the cancellation.
007	Stand By Only (No Patient)	Used if a service is dispatched for a call such as to stand by during a fire or other incident. If any person is treated at the scene an additional PCR should be completed for them.
008	No Patient Found	If a service arrives at a scene and there is no one there with any complaint or injury, this code should be used. This would include being dispatched to a motor vehicle crash at which there are no persons who require any evaluation or care to. Document completely under Comments
010	Other	Any instance not indicated or explained above. This might include a lift assistance call for a person who has fallen. Document completely under Comments

NOTE: It is impossible to include every possible scenario an effort is made to provide guidance on many common occurrences.



DOH
New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: 98-10, 06-03, 07-04

No. 09-03

Date: March 6, 2009

**Re: Public Access
Defibrillation**

Page 1 of 5

The purpose of this policy is to assist a person, firm, organization or other entity in understanding the notification process for operating an automated external defibrillator pursuant to a collaborative agreement under the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation. A Public Access Defibrillation (PAD) program is designed to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest. Since the enabling legislation's inception, there have been 4,889 PAD programs established, with over 156,167 people trained and 21,692 AED machines in public sites across the state. This program has been successful in saving many lives all across New York State.

At present, the following facilities or organizations must have trained providers and an AED on site:

- Public schools (§ 1 of the Education Law);
- State owned public buildings (Title 9 of Executive Law Subtitle G§ 303.1);
- Health clubs with a membership of greater than 500 people (General Business Law § 627-A);
- Public gathering locations (PHL § 225-5(b)), and
- Public surf beaches with lifeguards (PHL § 225-5(c)).

To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to establish a PAD program to the appropriate Regional Emergency Medical Services Council (REMSCO) and the New York State Department of Health (DOH).

There are no approvals or certifications required.

Public Access Defibrillation Program Requirements

Original Notification Process

To be authorized to have a PAD program and utilize an AED, the following steps must be completed:

- Identify a New York State licensed physician or New York State based hospital knowledgeable and experienced in emergency cardiac care to serve as Emergency Health Care Provider (EHCP) to participate in a collaborative agreement;
- Select an AED that is in compliance with the Article 30, section 3000-B (1)(A). The AED must be programmed to the current Emergency Cardiovascular Care (ECC) Guidelines, capable of defibrillating both adult and pediatric patients. Please check the shaded box on the Notice of Intent to Provide PAD (DOH-4135) if the machine is approved for pediatric use;
- Select and use a SEMAC/DOH approved PAD training course for AED users. At present, the 12 approved programs are as follows:

American Heart Association
American Red Cross
American Safety & Health Institute
Emergency Care and Safety Institute
Emergency First Response
Emergency Services Institute
EMS Safety Service, Inc

Emergency University
Medic First Aid International
National Safety Council
REMSCO of NYC, Inc
State University of NY
Wilderness Medical Associates

- Develop with the EHCP, a written collaborative agreement which shall include, but not be limited to the following items:
 - Written practice protocols for the use of the AED;
 - Written policies and procedures which include;
 - Training requirements for AED users;
 - A process for the immediate notification of EMS by calling of 911;
 - A process for identification of the location of the AED units;
 - A process for routine inspection of the AED unit(s) as well as regular maintenance and which meet or exceed manufacturers recommendations;
 - Incident documentation requirements, and
 - Participation in a regionally approved quality improvement program.
- Provide written notice to the 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization's location;
- File the Notice of Intent (NOI) to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and
- File a new NOI and Collaborative Agreement with the REMSCO if the EHCP changes.

Reporting a PAD AED Use

In the event that the PAD program uses the AED to defibrillate a person, the program must report the incident to the appropriate REMSCO. The REMSCO may request additional information regarding the incident, but the PAD must report, at a minimum, the following information:

- Provide written notification of AED usage to the REMSCO within 48 hours of the incident;
- The name of the PAD program;
- Location of the incident;
- The date and time of the incident;
- The age and gender of the patient;
- Estimated time from arrest to CPR and the 1st AED shock;
- The number of shocks administered to the patient;
- The name of the EMS agency that responded, and
- The hospital to which the patient was transported.

A copy of the usage report should also be provided to the EHCP.

Regional EMS Council Responsibility in Public Access Defibrillation

Each REMSCO is responsible for receiving and maintaining notification and utilization documentation. The REMSCOs must develop and implement the following policies and procedures:

- Insure that a copy of each new or updated Notice of Intent (DOH 4135) is forwarded to the Bureau of EMS;
- Maintain a copy of the Notice of Intent and the Collaborative Agreement;
- Collect utilization documentation and information;
- Provide detailed quarterly reports to the DOH on PAD programs in the region, and
- Develop Quality Assurance participation, data submission and documentation requirements for participating organizations.

Data Collection Requirements

REMSCO quality improvement programs are encouraged to use the data elements from the Utstein Guidelines for Prehospital Cardiac Arrest Research (Cumming RO, Chamberlain DA, Abramson NS, et al, Circulation 1991; 84:960-975).

The following minimum data set is to be developed and collected as a part of the regional PAD QI process. A copy of the data set is to be provided by each region to the DOH Bureau of EMS quarterly:

- Name of organization providing PAD;
- Date of incident;
- Time of Incident;
- Patient age;
- Patient gender;
- Estimated time from arrest to 1st AED shock;
- Estimated Time from arrest to CPR;
- Number of shocks administered to the patient;
- Transport ambulance service, and
- Patient outcome at incident site (remained unresponsive, became responsive, etc).

Ambulance and ALS First Response Services

Ambulance or ALSFR services may not participate in PAD programs for emergency response. Certified EMS agencies must apply for authority to equip and utilize AEDs through their local Regional Emergency Medical Advisory Committee (REMAC).

Please note that the Prehospital Care Report (PCR) has a check box for EMS providers to indicate that a patient has been defibrillated prior to EMS arrival by a community or by-stander PAD provider. Documenting this information is required so that the DOH may monitor the effectiveness of these community based programs

Attachments

1. Notice of Intent to Provide Public Access Defibrillation
2. Regional EMS Council Listing

Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐**Entity Providing PAD**

Name of Organization	() Telephone Number
Name of Primary Contact Person	E-Mail Address
Address	() Fax Number
City	State Zip

Type of Entity (please check the appropriate boxes)

<input type="checkbox"/> Business	<input type="checkbox"/> Fire Department/District	<input type="checkbox"/> Private School
<input type="checkbox"/> Construction Company	<input type="checkbox"/> Police Department	<input type="checkbox"/> College/University
<input type="checkbox"/> Health Club/ Gym	<input type="checkbox"/> Local Municipal Government	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Recreational Facility	<input type="checkbox"/> County Government	<input type="checkbox"/> Dental Office or Clinic
<input type="checkbox"/> Industrial Setting	<input type="checkbox"/> State Government	<input type="checkbox"/> Adult Care Facility
<input type="checkbox"/> Retail Setting	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Mental Health Office or Clinic
<input type="checkbox"/> Transportation Hub	<input type="checkbox"/> Public School K - 6	<input type="checkbox"/> Other Medical Facility (specify)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Public School 6 - 12	<input type="checkbox"/> Other (specify)

PAD Training Program (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [<http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm>])

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Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable	Is the AED Pediatric Capable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trained PAD Providers	Number of AEDs
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Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Telephone Number
Address	
City	() Fax Number
State	Zip

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person	Telephone Number
Name of 911 Dispatch Center and Contact Person	County

Authorization Names and Signatures

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date

REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO Main Street, PO Box 212 Speculator, NY 12164 (518) 548-5911 Counties: Delaware, Fulton, Hamilton, Montgomery, Otsego, Schoharie	Nassau REMSCO 131 Mineola Blvd., Suite 105 Mineola, NY 11501 (516) 542-0025 Counties: Nassau
Big Lakes REMSCO PO Box 1062 Niagara University NY 14092 (716) 867-4650 Counties: Genesee, Niagara, Orleans	North Country REMSCO 120 Washington Street Suite 520 Watertown, NY 13601 (315) 379-3977 Counties: Jefferson, Lewis, St. Lawrence
Central NY REMSCO Jefferson Tower - Suite LL1 50 Presidential Plaza Syracuse, NY 13202 (315) 701-5707 Counties: Cayuga, Cortland, Onondaga, Oswego, Tompkins	Regional EMS Council of NYC 475 Riverside Drive - Suite 1929 New York, NY 10115 (212) 870-2301 Counties: Bronx, Kings, New York, Queens, Richmond
Finger Lakes REMSCO 63 Pulteney Street Geneva, NY 14456 (315) 701-5707 Counties: Ontario, Seneca, Wayne, Yates	Southern Tier REMSCO 1058 West Church Street Elmira, NY 14905-2029 (212) 870-2301 Counties: Chemung, Schuyler, Steuben
Hudson-Mohawk REMSCO 431 New Karner Road Albany, NY 12205 (518) 464-5097 Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady	Southwestern REMSCO PO Box 544 Olean, NY 14760 (716) 485-6926 Counties: Allegany, Cattaraugus, Chautauqua
Hudson Valley REMSCO 33 Airport Center Drive 2 nd floor, Suite 204 Newburgh, NY 12550 (845) 541-2249 Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster	Suffolk REMSCO 360 Yaphank Avenue Suite 1B Yaphank, NY 11980 (631) 853-5080 Counties: Suffolk

Mid-State REMSCO 14 Foery Drive Utica, NY 13501 (315) 865-8477 Counties: Herkimer, Madison, Oneida	Susquehanna REMSCO 62 Lusk Street Johnson City, NY 13790 (607) 699-1367 Counties: Broome, Chenango, Tioga
Monroe-Livingston REMSCO 601 Elmwood Avenue, Box 655 Rochester, NY 14642 (585) 267-9987 Counties: Livingston, Monroe	Westchester REMSCO 4 Dana Road Valhalla, NY 10595 (914) 813-4161 Counties: Westchester
Mountain Lakes REMSCO 37 Bay Road 2 nd Floor, Suite 202 Queensbury, NY 12804 (518) 879-8503 Counties: Clinton, Essex, Franklin, Warren, Washington	Wyoming-Erie REMSCO PO Box 216 Buffalo, NY 14225 (716) 253-4863 Counties: Erie, Wyoming