

Associated Reporters Int'l., Inc. www.courtsteno.com 5/27/2026 - STAC - Saratoga Springs, New York NEW YORK STATE DEPARTMENT OF HEALTH STATE TRAUMA ADVISORY COMMITTEE DATE: My 27, 2026 TIME: 1:03 p.m. to 2:19 p.m. CHAIR: MATTHEW BANK LOCATION: Holiday Inn Saratoga 232 Broadway Saratoga Springs, New York Reported by Monique Hines Page 1 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 (The meeting commenced at 01:03 p.m.) 3 CHAIR BANK: Okay. Thank you very 4 much. So we're going to do our call to order. So 5 first, we're going to do our attendance roll call. 6 Dan, you want to do -- 7 MR. CLAYTON: Yeah. 8 CHAIR BANK: -- the attendance? 9 MR. CLAYTON: Dr. Bank? 10 CHAIR BANK: Here. 11 MR. CLAYTON: Dr. Gesturing (phonetic 12 spelling) is excused. Dr. Doynow? 13 MR. DOYNOW: Here. 14 MR. CLAYTON: Dr. Winchell? Absent. 15 Dr. Goldman? 16 MR. GOLDMAN: Here. 17 MR. CLAYTON: Dr. Cooper? 18 MR. COOPER: Here. 19 MR. CLAYTON: Dr. Dailey? 20 MR. DAILEY: Here. 21 MR. CLAYTON: Dr. Roseanna Guzman- 22 Curtis? Dr. Guzman-Curtis, she was here this 23 morning. 24 CHAIR BANK: She was. 25 MR. CLAYTON: Melaina King. They're Page 3 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 APPEARANCES: 3 Daniel Clayton 4 Tom Bonfiglio 5 Srinivas Reddy 6 Barbara Lee Steigerwald 7 Christy Meyer 8 Arthur Cooper 9 Steven Dziura 10 Douglas Fish 11 Amy Eisenhauer 12 Kurt Edwards 13 Kerrie Snyder 14 Derek Wakeman 15 James Vosswinkel 16 Abenamar Arrillaga 17 William Flynn, Jr. 18 Meghan Mullen 19 Mary Ives 20 Kartik Prabhakaran 21 Beth McGown 22 Michael Dailey 23 Donald Doynow 24 Jerry Rubano 25 Ariel Goldman Page 2 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 both from Central New York ARTAC (phonetic spelling). 3 I'm wondering if they're meeting somewhere. Meghan 4 Mullen? 5 MS. MULLEN: Here. 6 MR. CLAYTON: Dr. Flynn? 7 MR. FLYNN: I'm here. 8 MR. CLAYTON: Francis Manzo? 9 MR. MANZO: Here. 10 MR. CLAYTON: Kerrie Snyder? 11 MS. SNYDER: Here. 12 MR. CLAYTON: Dr. Edwards? 13 MR. EDWARDS: Here. 14 MR. CLAYTON: Dr. Prabhakaran? 15 MR. PRABHAKARAN: Here. 16 MR. CLAYTON: Kate McGuire is excused. 17 Dr. Angus? Sorry, Dr. Angus retired. 18 Congratulations to him. Dr. Klein is excused. Dr. 19 Arrillaga? 20 MR. ARRILLAGA: Present. 21 MR. CLAYTON: Dr. Vosswinkel? 22 MR. VOSSWINKEL: Here. 23 MR. CLAYTON: Francesca Sullivan? 24 MS. SULLIVAN: Here. 25 MR. CLAYTON: Dr. Agriantonis? Page 4 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 MR. AGRIANTONIS: Present. 3 MR. CLAYTON: Dr. Reddy? 4 MR. REDDY: Present. 5 MR. CLAYTON: And Dr. Tepperman is 6 excused. We just have quorum. 7 CHAIR BANK: Yeah, I'm going to ask 8 Dan to lead us through the Pledge of Allegiance. 9 ALL: I pledge allegiance to the Flag 10 of the United States of America, and to the Republic 11 for which it stands, one Nation under God, 12 indivisible, with liberty and justice for all. 13 CHAIR BANK: So a couple of 14 housekeeping items. First of all, Matthew Bank, 15 Chair of STAC. If you need to speak, please, we have 16 a stenographer taking minutes on this meeting. So 17 please just step up to microphone, activate the 18 microphone, and just tell us your name and where 19 you're from. 20 This way we could attribute all your 21 comments to you. So if you see something not smart, 22 we track it back to you and kill you. We are going 23 to do some introductions of some guests that we have. 24 I'm not going to butcher their names, so we're going 25 have Dan introduce them. Page 5 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 website. Can I -- can I have a motion to approve the 3 previous minutes of STAC? 4 MR. AGRIANTONIS: Move. 5 CHAIR BANK: Dr. Agriantonis and who 6 seconded? 7 MR. REDDY: Second. 8 CHAIR BANK: And -- Dr. Reddy. Okay. 9 So we are going to -- any other discussion? No, we 10 will approve those minutes. A couple of just 11 housekeeping items. I just want to announce the next 12 STAC will be October 7th in Albany. So next STAC 13 will be October 7th in Albany. I don't think we have 14 a hotel yet. 15 MR. CLAYTON: Yes, but I -- I -- I 16 know we have a -- we have a contract with the hotel, 17 but after this STAC meeting, I'll have to email out 18 to the listserv some information as to which one it 19 is and give them further directions. 20 CHAIR BANK: Okay. Just another thing 21 I want to announce. We are having an unprecedented 22 number of hospitals applying to STAC Q.B.A. Trauma 23 Center. 24 So it's -- it's pretty surprising. I 25 think we have five hospitals now somewhere in the Page 7 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 MR. CLAYTON: So I'd like to welcome, 3 first of all, from the department, the Deputy 4 Director, Division of State E.M.S., that's Steven 5 Dziura. He reports to Ryan Greenberg. Ryan is 6 unfortunately not able to be here today but has sent 7 Steven. And we also have from Office of Healthcare 8 Delivery, Deputy Commissioner Dr. Douglas Fish. We 9 also have from State E.M.S. Council over here in the 10 orange, Beth McGown. She is from State E.M.S. 11 Council. She's the Chair of SEMSCO. And we have 12 also Barbara Lee Steigerwald, who is my direct 13 supervisor over here, Esquire. She's the new Bureau 14 Chief for Standards and Licensure in the -- in the 15 Division of State E.M.S. 16 So welcome to Barbara Lee. She 17 started back in December. And of course, you would 18 have met her in January had we not had a snowstorm. 19 So welcome to all. 20 CHAIR BANK: And Dan, I just want to 21 note that we have Ms. King and Dr. Guzman-Curtis 22 here. So we are going to mark you guys present. 23 MS. KING: Thank you. 24 CHAIR BANK: You're welcome. So the 25 previous meeting minutes from October 2025 are on the Page 6 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 process of asking to either be a trauma center or to 3 upgrade their trauma status. So it's interesting 4 that there's a huge interest in trauma throughout the 5 -- throughout the state. We're going to move to 6 Division of State E.M.S. report. Dr. Dziura? 7 MR. DZIURA: I think I'm on. There we 8 go. Thank you, good afternoon. Ryan didn't leave me 9 his usual lengthy report, but there's a few things 10 I'd like to touch on. 11 In the division, we continue to build 12 out our staff under our new division realignment. 13 Interesting to this group is -- is likely the data 14 analyst positions that we're bringing on to help us 15 be able to really organize and -- and understand what 16 all the data we're collecting is actually telling us 17 and support you folks as well on -- on all the 18 councils. 19 In addition to that, I want to talk a 20 little bit about the summer. So in a very short 21 time, the 250 celebrations across the country will 22 start kicking off. And right here in New York State, 23 we're expecting a big influx of people for multiple 24 events, beginning in really in June with the start of 25 the FIFA games, and running through and -- and Page 8 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 probably hitting its crescendo in July, around July 3 2nd through the 9th, where we're seeing the -- the 4 4th of July events, including massive fireworks 5 displays by Macy's, the Sail 250 event that's bring 6 in hundreds of ships into the city. There's millions 7 of extra people expected in the city. And of course, 8 we always remain on - on aware and alert to any 9 potential harm that could come of those events. 10 And as the trauma and the STAC, you 11 know, I'm sure you're all preparing back at home for 12 those types of incidents. At the department, we're 13 doing a lot of planning for surge, burn plans, surge 14 plans, as well as mobilizing additional E.M.S. assets 15 to different parts of the state in anticipation of 16 all these events. 17 Couple that with, over the past few 18 weeks, if you've turned on the news, you've seen that 19 we're also fighting some new epidemics in a few 20 areas, Ebola and Hantavirus. We, you know, it's 21 important that all hospitals start preparing for the 22 potential to see one of those, although very low. 23 You know, everybody needs to be ready 24 on the event that -- that they are presented with 25 somebody either with recent travel to an area that's Page 9 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 you guys haven't seen it. 3 And also, the amount of hospitals that 4 are interested in either becoming a trauma center or 5 moving up to a level of trauma centers. So after 6 that, we have Christy talking about the very engaged 7 registry committee. 8 MS. MEYER: All right. Good 9 afternoon. Christy Meyer (phonetic spelling), 10 Subcommittee Chair for Registry. We had a very 11 robust discussion this afternoon or this morning, 12 rather, to really highlight the data validation and 13 data quality journey for the state. 14 We've had a good deal of change in 15 registries throughout the state. More than fifty 16 percent of registries have changed vendor. And we do 17 have somewhat of a submission update, that 2025 18 records were due by April 1st, and quarter one 19 records will be due July 1st. This does give us a 20 narrow window to make some adjustments to some of the 21 submission processes. And also, you know, kind of 22 get those records going. 23 In addition to that, we did identify, 24 thanks to Good Samaritan Hospital, who made an early 25 submission for their first quarter, 2026 and found a Page 11 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 -- that's experiencing this outbreak or symptoms of 3 the outbreak. 4 We, at the department, are dusting off 5 all the plans. There's new policies, you know, 6 updated policies that'll come out, things you've seen 7 before, but just with a new date on them and -- and 8 the most up-to-date guidance. But we just want to 9 remind folks, you know, be prepared for those types 10 of things and ready to go. It's going to be a - a 11 busy summer this year. Probably go by quick. Thank 12 you. 13 CHAIR BANK: Any questions? Okay. 14 We'll move on to the Trauma Program update, both Dan 15 and Tom. 16 MR. CLAYTON: I have nothing, but if 17 Tom has anything, I defer to him. 18 MR. BONFIGLIO: I don't have any 19 report at this time. 20 CHAIR BANK: Okay. Very good. We'll 21 move to the executive report. That's me. Really the 22 only thing we talked about in the executive committee 23 that will not be talked about by the various chairs 24 of the subcommittees is the October 7th date for the 25 next STAC, which is at the bottom of your agenda if Page 10 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 validation issue, that the TQIP fields were not 3 included in the X.S.D. file. 4 That's that technical file that helps 5 us transmit data from our registry to the state. 6 Those edits have been corrected by ImageTrend. They 7 have been sent out to the vendors, and some vendors 8 will have test update uploads next week. So 9 hopefully, we'll be able to update all end users in 10 the state, and that will work. 11 In addition, we did have a technical 12 advisory group that met very aggressively at the end 13 of last year to look at the data dictionary fields 14 for 2027. We will have two motions in just a moment, 15 for this body to approve some of the changes that are 16 recommended for 2027. 17 But I wanted to address the data 18 validation and quality discussion that we had this 19 morning. We are going to recommend that some kind of 20 data validation process, and end user report, be 21 available to trauma centers across the state so we 22 can evaluate data quality. 23 There is a data validation process 24 that you do receive its submission from ImageTrend, 25 but it's very focused on technical data failures and Page 12 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 not data quality, meaning that what is received is 3 what's sent. 4 So hopefully, we will be creating a 5 technical advisory group for that, with support from 6 our Department of Health partners, and hopefully 7 ImageTrend to make that a new process and a really 8 strong resource for end users. So more to come on 9 that, I don't know if anyone from the Department of 10 Health team wanted to address that. 11 MR. STATHIDIS: Sure. George 12 Stathidis. It's okay. George Stathidis, New York 13 State Department of Health. The little light is not 14 very bright, sorry. 15 So yes, just to echo what Christy 16 said, you know, we do support the effort to have a 17 data quality report. I feel strongly that here at 18 the Department of Health, we -- we should help drive 19 that effort. And it's important that trauma centers 20 around the state have visibility, not only into the 21 quality of their data, but into, you know, any other 22 quarterly or other information that we can provide 23 about their performance, which is indicated by their 24 data. So again, fully support the effort there, 25 happy to join any tag that's created and to help Page 13 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 pick list items. It should read fixed wing medical 3 transport followed by ground transport; or helicopter 4 transport followed by ground transport. So those 5 would be two new pick list items. 6 In addition, an update to include 7 clarification that end users could collect G.C.S. 8 using narrative patient assessment description, as 9 long as there is not conflicting information in the 10 medical record. 11 CHAIR BANK: Any discussion on this 12 motion? Can I have a motion to send this to a vote? 13 MR. AGRIANTONIS: Motion. 14 CHAIR BANK: Can I have that second? 15 Very good. Okay. So everybody on the STAC who's in 16 favor of this motion, please raise your hand. Okay. 17 Anybody who's non-favor, please raise your hand. So 18 this will pass unanimously. So Christy, your second 19 motion. 20 MS. MEYER: Okay. 21 MR. VELLA: This is a matter of staff 22 motion? 23 MS. MEYER: Yeah, yeah. We can fix 24 that. Thank you. 25 CHAIR BANK: We will fix the spelling. Page 15 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 drive and lead that effort with you. 3 MS. MEYER: Thank you. And hopefully 4 we'll get that moving in -- in the weeks to come to 5 try to really have some quick solutions in that area. 6 One additional interim follow-up will be a frequently 7 asked question draft. The tag was working on 8 creating a resource for end users to be able to apply 9 data dictionary definitions and kind of those more 10 difficult scenarios and do so consistently. 11 So similar to what the National Trauma 12 Data Bank provides. They have a frequently asked 13 question document that's readily available. We have 14 a draft and we'll send that out to users across the 15 state and hope to have an interim meeting to kind of 16 finalize and discuss that shortly. 17 So a lot of activity, as always, from 18 the registry committee. And we do have two motions 19 to act upon to make dictionary edits for the 2027 20 data collection year. One with bullets in my -- 21 yeah, this is actually the first motion. That's 22 fixed wing. Okay. 23 So motion number one is approval to 24 update the New York State trauma data dictionary 25 transport mode pick list to include the following Page 14 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 Thank you for pointing out, Dr. Vella. 3 MS. MEYER: Yes, I think they got 4 that. Okay. So motion number two, again, another 5 approval to update the New York state trauma data 6 dictionary field for pre-hospital E.M.S. vital signs, 7 to include that it should be the first E.M.S. 8 assessed vital sign assessment. Additionally, add a 9 clarification to collect all pre-hospital procedures 10 performed in a transport to your facility by all 11 transport agencies using the existing pick list. So 12 in the event that there is a multiple agencies 13 transporting to a single site, you would collect any 14 of the pre-hospital procedures performed in that 15 transport of care. 16 CHAIR BANK: Any discussion? Can I 17 have a motion for approval? Dr. Agriantonis? Can I 18 have a second? Dr. Cooper seconds. Can I have a 19 vote? Everyone in favor of this motion, please raise 20 your hand. Okay. Thank you. Anybody opposed? So 21 the motion carries unanimously. Christy, any other 22 motions from the registry committee? 23 MS. MEYER: This concludes today's 24 discussion. Thank you. 25 CHAIR BANK: Thank you very much, Page 16 800-523-7887 ARII@courtsteno.com Serving all of New York State

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2 Christy. Okay. And now we're going to have the
3 trauma center needs assessment. Dr. Winschel was not
4 here, so Dr. Vella very generously agreed to be the
5 fill-in Chair.

6 **MR. VELLA:** Hi, Mike Vella filling in
7 for the Trauma Needs Assessment Committee. So as Dr.
8 Bank already mentioned, there's a lot of movement
9 from the trauma center designation standpoint. A
10 couple of updates. Huntington Hospital is in the
11 process of transitioning from a level three to a
12 level two.

13 They have a port from the regional
14 E.M.S. Council as well as a Regional Trauma Advisory
15 Committee, and we will look at that motion after we
16 report the rest of the centers. Plainview Hospital
17 is in the process of obtaining level three
18 designation with plans to meet with their Regional
19 Trauma Advisory Committee in the near future.

20 Kings County Hospital has started the
21 process of becoming a PEDS level two trauma center
22 and again was recommended by the STAC to proceed with
23 discussions with the Regional Trauma Advisory
24 Committee. And Northern Westchester Hospital
25 similarly has started the process of acquiring Level

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2 **MR. VELLA:** We can add that, Suffolk
3 County.
4 **COURT REPORTER:** Just the name of the
5 person that spoke previously.
6 **CHAIR BANK:** So Huntington Hospital is
7 in Huntington, which is in Suffolk County, which is
8 the northwest corner of Suffolk County on Long
9 Island.
10 **MS. SNYDER:** Okay.
11 **CHAIR BANK:** The question was asked by
12 Kerrie Snyder from Albany.
13 **COURT REPORTER:** Sorry. Just for the
14 record.
15 **CHAIR BANK:** Any other discussion on
16 the motion? I think we could go directly to a vote.
17 So everyone who agrees yes for the motion, please
18 raise your right hand? Anyone voting no? So the
19 motion will carry unanimously. Dr. Vella, anything
20 else in your report?
21 **MR. VELLA:** No, that ends the
22 discussion for the Trauma Needs Assessment. Thank
23 you.
24 **CHAIR BANK:** Thank you very much. Do
25 we have anyone from Injury Prevention?

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Three Trauma Center designation. The other thing we discussed as a group was pediatric readiness and encourage all centers to go to pediatricready.gov and ensure that your center has the most up to date pediatric readiness verification process. So with that, we do have a motion to review.

So the State Trauma Advisory Committee Trauma Needs Assessment Subcommittee supports Huntington Hospital's suggestion from a Level Three to a Level Two Trauma Center based on geographic -- geographical and logistical constraints in their area. This is supported by the Regional Emergency Medical Services Council and Regional Trauma Advisory Committee and geographical logistical constraints in their coverage area.

CHAIR BANK: Any discussion on the motion?

MS. SNYDER: I have a -- I have a question. When you do these, these -- are these downstate hospitals? Is it possible to put in, like, the location of these hospitals, just so we have a reference point when you say, like, geographic --

MR. VELLA: Yes --

MS. SNYDER: -- constraint or --

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MS. GORMAN: Hi, I'm Sarah Gorman, University of Rochester. I just wanted to share that we had a presentation from Anthony Scalise from SUNY Upstate in the Syracuse area.

They presented his five-year, five-county study of geospatial mapping of Emergency Medical Services, dispatched falls among older adults. It was a very profound study of the forty-four thousand patient calls that were reviewed. Of - - sixty-eight percent of them were actually transported, and the study identified the high-risk communities that can assist with targeted fall prevention and education.

This study was also presented at TraumaCon this year, and it is actually going to be published in the Journal for Trauma Nursing in the next couple of weeks. Thank you.

CHAIR BANK: Any questions or discussion for the Injury Prevention Subcommittee? No. Okay. So we'll go to P.I. and again back to Dr. Vella.

MR. VELLA: Thank you. Mike Vella, Chair of the P.I. Subcommittee. So we had a very, very nice presentations. The first from Kerrie

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Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 Snyder and the group from Albany Medical Center 3 Hospital that spoke about their, what I think is a 4 pretty novel telehealth follow-up, following positive 5 screens for -- for mental health in their trauma 6 patients. 7 And then we also had a presentation 8 from the N.Y.U. group, looking at screening for 9 mental health, particularly in the outpatient 10 setting, which I think, you know, is -- is less 11 common. 12 So I think that was really what came 13 out of the discussion was, screening in the 14 outpatient setting, both at initial follow-up and 15 then five weeks, and trying to hone in on that sweet 16 spot in terms of how, you know, how and when we 17 should be screening patients following injury, and 18 then looking at novel ways to make sure that patients 19 have access to care, because I know we all struggle 20 with the inpatient and outpatient psych resources. 21 22 We briefly discussed two research 23 projects as part of the New York State Trauma 24 Research Collaborative, one related to ground level 25 falls and triage and one related to interventional Page 21 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 struggling, or if you think maybe you're not doing so 3 well and want to sort of talk about your processes 4 and ways to improve. So more to come on that. I 5 think that's what we're going to discuss next time. 6 I don't have any additional discussion. 7 CHAIR BANK: Any questions for Dr. 8 Vella? Okay. Thank you very much. Moving to the -- 9 moving to systems, Dr. Rubano. 10 MR. RUBANO: Thanks, Dr. Bank. 11 Systems did have a robust conversation, but nothing 12 terribly exciting. We discussed the replant issue 13 that remains in New York and the replant survey, 14 which will be sent out, you know, one more time for 15 any Center who hasn't had a chance to respond to -- 16 to respond to it. 17 The Department of Health gave us an 18 update on the trauma center designation change policy 19 which is, at this point, in legal hands, and so we'll 20 likely have an update in October. 21 And then we had really kind of a long 22 chat about spinal motion restriction and an advisory 23 group presentation that was led by Dr. Dailey, but 24 that'll be discussed in more detail during new 25 business. There were no motions from our Page 23 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 radiology response times. Again, if you're 3 interested in participating on this monthly meeting, 4 or you're interested in any of those projects, please 5 reach out to me. 6 And then finally, we discussed some 7 topics for next time. Two of the topics that came to 8 mind. There was a significant interest in looking at 9 ways to improve the robustness of our trauma 10 survivors network programs. And so one of the ideas 11 that came up, we have some -- have somebody from the 12 T.S.N. come and speak to us, whether that's in the 13 P.I. Subcommittee, or I was going to reach out to the 14 Injury Prevention Outreach Committee to see if that's 15 something that they would -- would be willing to 16 host. 17 And then I know we're all struggling 18 with delirium screening; a number of our centers are 19 in the red on the most recent TQIP report. So I will 20 be sending an email out in the next couple of weeks 21 for people to respond back if they're interested in 22 presenting their center's delirium screening, and 23 maybe even delirium prevention practices, whether 24 you're doing well and want to present that, which 25 would be ideal, because I think many of us are Page 22 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 subcommittee. 3 CHAIR BANK: And that was Jerry Rubano 4 from the Suffolk ARTAC. Any questions for Dr. 5 Rubano? No. We'll move to pediatric, Dr. Wakeman. 6 MR. WAKEMAN: Derek Wakeman, STAC sub 7 -- Subcommittee Co-Chair of Pediatrics. We have no 8 motions. We talked about mainly two things today. 9 We talked about pediatric readiness, and I'll build 10 on what Dr. Vella said. 11 Just for clarification, the website is 12 pedsready.org. If you're interested. So there's two 13 main things. One is in New York State. Amy 14 Eisenhower's office trying to enroll in emergency 15 departments statewide into their database, called 16 Always Ready for Children. We're up to fifty-four 17 centers. There's two more that have recently 18 applied. And then there is the National Pediatric 19 Readiness Survey that is ongoing. 20 New York state is currently up to -- 21 as of this morning, it was forty-seven percent 22 compliance or completion. Now it's fifty. There's 23 one added to the numerator, and two reduced from the 24 denominator interestingly enough. 25 But anyway, we're up to fifty percent Page 24 800-523-7887 ARII@courtsteno.com Serving all of New York State

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2 now. The survey closes on May 31st, so please nudge
3 and assist your referring E.D.s to complete. And
4 then, we also talked a bit -- little bit about
5 readiness for E.M.S. We typically talk a lot about
6 readiness in the E.D., but I think E.M.S. is another
7 area where we can be helpful.

8 There was a relatively recent survey
9 about E.M.S. readiness and it suggested an overall
10 relatively low readiness score, although there may
11 have been -- it was probably underestimated the way
12 the survey was done.

13 Regardless, we talked about ways to
14 improve E.M.S. readiness, and Tom Moran shared with
15 us, he's in the Albany area, that they offer free
16 readiness training to any E.M.S. agency. So that's an
17 excellent resource.

18 And then finally, we talked again
19 about teaching bleeding control to children. And I
20 think this is a real opportunity for our subcommittee
21 Dr. Green -- Director Greenberg had suggested this in
22 the past, and I think we're going to start actually
23 doing this. So we're going to build a working group.

24 There are -- there are centers within
25 New York state who are doing lots of great work, and

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teens that we use this distracted driving grant that I used.

And then, we had our 2025 distinction awards. And also, a nice presentation from Josephine Peterson on safe state presentation of tools to help trauma centers through the A.T.S. And that's all I have for the report.

CHAIR BANK: Any A.T.S. questions?

No? Okay. We'll move to SEMCO.

MR. CLAYTON: Actually, SEMAC.

CHAIR BANK: Yeah, I see.

MR. DOYNOW: So Don Doynow from SEMAC.

We met two weeks ago. What's interest to this committee, Dr. Rubano sitting to my left here, is now the STAC representative to SEMAC.

The state has finally created a physician E.M.S. medical advisor position through Department of Health. This only took close to thirty years and I know that because I applied back in the 90s. And the position never went anywhere.

About eight years ago, SEMAC again, approached Ryan Greenberg, and finally, the position was posted. My understanding is there are a number of people who have applied, we don't know who they

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2 so we're going to take their successes and try to
3 build a toolkit, if you will, resources for those of
4 us who aren't maybe doing this as well, who – those
5 of us who are interested.

6 So we've already put together some
7 names of a working group and hopefully they're going
8 to start to work on this and then report back to us
9 next time. And that's all.

10 **CHAIR BANK:** Any questions for Dr.
11 Wakeman? Okay. Thank you very much. Do we have
12 Kate McGuire here or anyone from the A.T.S.? Oh.
13 Okay. Thank you.

14 **MR. CLAYTON:** Mr. Tafford Oltz for New
15 York State Division of A.T.S.

16 **MR. OLTZ:** Hi, Tafford Oltz,
17 President-Elect, New York State Division of the
18 A.T.S. We held our dinner meeting last night. We
19 had a very nice report from Christy Meyer on
20 legislative and injury prevention.

21 We also – I presented – was a 20 –
22 2025 recipient of a grant – I built a distracted –
23 portable distracted driving module that I take out to
24 the schools. So I presented that to the group. And
25 I – last year we saw sixty-five hundred parents and

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are, that's a civil service position.

I don't know, Steve, if you have anything to -- to say about that, probably not at this point. But no one has been picked yet, but hopefully, we will have a position that will be advising D.O.H. on E.M.S. in the near future. And the last part, I'm going to turn over to my colleague, Dr. Dailey. It's basically a protocol for suspected spinal injuries and C-collar usage.

MR. DAILEY: Actually, I think that's actually planned for new business at that point.

MR. DOYNOW: Then, we will put that to new business. That's the end of my report.

CHAIR BANK: Any questions for Dr. Doynow? Okay. E.M.S.C., Dr. Cooper.

MR. COOPER: Thank you, Dr. Bank. E.M.S.C. met about two weeks ago or so, I think.

CHAIR BANK: Okay.

MR. COOPER: And we had a very, very good meeting, very busy. The highlight of our meeting was learning about the Oliver kits. The -- the Professor Dziura has a lovely, lovely young poo - - young -- young beast named Oliver. And Oliver kits have been created for every region, that include

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Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 mini-Oliver stuffies, to go out to various schools 3 and other types of organizations, to teach kids about 4 emergency medical services primarily in children, but 5 E.M.S., in general. 6 Kudos to Ryan Greenberg, who arranged 7 for Governor Hochul to sign a proclamation in honor 8 of E.M.S.C. Day, which occurred on -- on May 20th, 9 last week. There was extensive discussion about the 10 Pediatric Read -- Readiness Project. You've already 11 heard an update on that from -- from previous 12 speakers. We spoke a fair amount about our current 13 procedural sedation program, which has morphed into a 14 procedural comfort program. 15 We are seeking to find ways that we 16 can make in -- minimally invasive procedures somewhat 17 more comfortable for children. A lot of work has 18 been done on this. We've re -- we recently learned 19 that the red cap platform that we were planning on 20 using, is sort of based out of University of 21 Rochester, will not allow the State to collect the 22 data, so the platform has been trans -- transferred 23 to the State's Drupal platform. More to come on that 24 at our next meeting. 25 The Pediatric Assessment Triangle, Page 29 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 resuscitation tapes for, within their, you know, 3 within their armamentarium. 4 Finally, a brief discussion on a child 5 abuse screening tool on pediatric non-transport, it 6 turns out that as many as twenty percent of -- of 7 pediatric transports in New York State result in non- 8 transport. And we need to look into that further. 9 Finally, it's time for us to look at 10 the -- at the re -- revision to the -- the pediatric 11 intensive care document that was created about 12 fifteen years ago. That will be done over the summer 13 and will be ready for you in the -- in the fall with 14 an update on all of these -- all of these issues. 15 Busy time for us. We'll be happy to answer any 16 questions you might have at this point, but that 17 concludes my report. I hope that was brief enough 18 for you, Professor Bank. 19 CHAIR BANK: Dr. Cooper said he had a 20 lot of stuff to say, and of course, the -- I said, 21 oh, he's -- any -- anything Dr. Cooper wants to say 22 is well-appreciated at STAC, but I did remind him of 23 the time that everybody has -- spends here. Any 24 questions for Dr. Cooper? Thank you very much. 25 Anyone -- any questions for any old Page 31 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 ambulance card that we update every few years after 3 the -- the American Heart Association and the ILCOR 4 come out with their new recommendations. Several 5 changes were made primarily with respect to the 6 neonatal resuscitation protocol. I won't go into 7 further detail on that, because the neonatal 8 resuscitation is primarily a delivery room issue. 9 We also spoke at some length, not 10 about Part 800 regulations, but prior to that, just a 11 brief mention to let you all know that the Pediatric 12 Ag -- Agitation Project that we've been working on 13 for quite some time. The videos are now posted on 14 the Vital Signs Academy website. 15 They are really terrific, actually. 16 Really focusing on how to, you know, make sure that 17 kids that are transported for -- for trauma or to 18 your trauma center can be, you know, can be 19 successfully handled in terms of dealing with, you 20 know, their -- their level of agitation. The Part 21 800 issues that -- that arose had to do with some 22 technical issues regarding the chest, the -- the need 23 -- the needle size for chest decompression, the -- 24 which fuse -- infusion pumps were acceptable, and 25 which ambulances need -- need to carry length-based Page 30 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 business? I -- I personally don't have anything. 3 Anyone want to bring anything up that we have 4 previously talked about and want to re-visit? If 5 that's a no, then we're going to move to new 6 business. Dr. Dailey, we really had a very 7 interesting discussion about the need for spinal 8 motion restrictions in the systems committee that Dr. 9 Dailey wants to bring to this tax attention. 10 MR. DAILEY: There we go. Now, it's 11 on. 12 Okay. As I had mentioned this 13 morning, the order that we had hoped to bring this 14 forward was STAC and then SEMAC. However, because of 15 Snowmageddon, we shifted and ended up bringing it 16 here first -- or sorry, bringing it to the SEMAC 17 first. The SEMAC approved this -- this protocol and 18 it comes here that way. 19 This morning we reviewed some slides 20 and spent some time talking about the background 21 behind a change in our spinal motion restriction 22 protocol. Currently, any patient who has Level One 23 blunt trauma criteria is required to be placed in a 24 cervical collar. 25 We talked a lot about some articles Page 32 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 that have been written, reviewing the literature 3 that's out there, and the fact that there is nothing 4 to support the use of a rigid extrication collar. We 5 talked a lot about the potential for harm, but not 6 that harm actually is done when these patients do not 7 get these collars. And we talked about some specific 8 patient interactions where actually the placement of 9 the collar caused discrete and clearly identifiable 10 harm. 11 So what I bring to you now -- Tom, can 12 we put up the protocol, it would be slide seven? So 13 rather than going through all of the background 14 again, which is the PECARN (phonetic spelling) 15 criteria, Nexus, the Canadian C-spine rules and some 16 literature. 17 What I thought we would do is let's 18 just look specifically at the -- at the protocols, 19 recognizing that from your seats right now, there's 20 no way in heck you're going to be able to read these. 21 The one to the left is our current protocol. And if 22 you look, Box A, that is where it says that for blunt 23 trauma patients meeting leveled criteria, these 24 patients require cervical collar. 25 You'll notice in the proposed protocol Page 33 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 applied cervical collar. 3 There's two things that are important 4 there. The first is that E.M.S. clinicians are not 5 being required to place cervical collars on patients, 6 right? The second is, that if it's going to be put 7 on, it needs to be put on correctly. We all know 8 some come in here, some come in here, and as a result 9 of that, more often than not, they are incorrectly 10 placed. The extrication collars are -- are 11 particularly problematic. 12 If the answer to all of the things in 13 the box to the left is no, then the patients without 14 any of the above findings may be transported without 15 the use of a cervical collar or any other means to 16 restrict spinal motion. So that would be using towel 17 rolls, which is one of my favorites, or any other 18 mechanism to keep this person from -- from moving 19 around. 20 Our concerns, obviously, is there are 21 and there's an increased incidence of spinal -- 22 cervical spine trauma in patients over the age of 23 sixty-five. We know that that's a -- that that's a 24 potential problem. But we also know that cervical 25 collars are not the answer, because many of these Page 35 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 draft to the right, that no longer exists because 3 what we want to do is establish the opportunity for 4 our clinicians to act in the best interest of their 5 patient. 6 I'll read the specifics to the right 7 in Box B, which you'll notice is a lot less busy in 8 the proposed protocol draft, rather than the current 9 protocol, which is quite challenging to -- to follow. 10 So the first is, does the patient have a significant 11 blunt trauma -- does the patient with significant 12 blunt trauma have the following? 13 Altered mental status or intoxication. 14 Those are criteria from NEXUS. Cervical spine pain 15 or tenderness, again, from NEXUS. Abnormal 16 neurologic exam, this is from NEXUS, the Canadian C- 17 spine and PECARN. Oh, actually, the altered mental 18 status is also from PECARN. And distracting injury 19 producing an unreliable exam. That unreliable exam 20 sort of crosses into PECARN, as well as coming 21 directly from NEXUS. 22 And then, the last thing is, is there 23 a clinician concern for significant C-spine injury? 24 If those are yes, we say spinal motion should be 25 minimized. Consider the use of an appropriately Page 34 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 patients have got other concomitant situations that 3 make it more challenging to be in these devices in 4 the first place. 5 The goal here is that what we are 6 doing is giving our E.M.S. clinicians enough 7 opportunity to do the spinal motion restriction they 8 wish to do, give them the latitude to slowly adjust 9 their practice rather than changing their practice 10 tomorrow. And ultimately, for us to improve care 11 across the continuum from the hosp -- from the pre- 12 hospital environment into the hospitals. 13 The last bullet under D, down at the 14 bottom, you see it in red there, is lack of a 15 cervical collar does not equal cervical spine 16 clearance. That means these patients may very well 17 still need imaging in the hospital. They need people 18 to take care as they move them. Taking care of our 19 patients and moving them carefully and judiciously, 20 that's just good medicine. Doing imaging on patients 21 who we believe need imaging, that's good medicine. 22 Putting patients into positions that cause 23 discomfort, cause anxiety, and cause long-term skin 24 breakdown, not good medicine. So I think this is 25 taking us very rapidly in a -- in a good direction. Page 36 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 The goal would be for this protocol to 3 be updated for implementation in September. Leading 4 up to that, Dr. Rubano and I will be getting together 5 to do education that will be pushed out to the 6 Emergency Nurses Association through ASAP and through 7 our E.M.S. clinicians through the Vital Signs 8 Academy, so that we can make sure that we have the 9 same message going out to everybody. This doesn't 10 mean you don't worry about cervical spine injuries. 11 Cervical spine injuries happen. They're horrific. 12 Just means this is a tool that we are not going to 13 use haphazardly all over the place and potentially 14 continue to injure our patients. 15 CHAIR BANK: Dr. Rubano, anything to 16 add? 17 MR. RUBANO: No. Again, I think it 18 was, you hit everything. It's not saying don't use 19 collars, it's just saying use them when they're 20 appropriate. And I don't want to put Dr. Goldman on 21 the spot, but I think he made some very good points 22 this morning about some of the detrimental effects 23 that the collars can have in certain patient 24 populations. So for those who weren't at the 25 subcommittee meeting this morning, that may help them Page 37 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 outlawed the use of rigid collars. And I think this 3 is not outlawing it. I think it's giving the 4 provider in the field, their judgment to use whatever 5 the best way is to immobilize the patient and get 6 them to a hospital safely. 7 CHAIR BANK: So -- so just to be 8 clear, this is a draft protocol, so we expect this to 9 be probably in place in September officially? Or -- 10 or is that -- is that where we're going? What -- 11 what -- what else has to happen before this becomes 12 official in New York State? 13 MR. DAILEY: This is -- this is 14 actually past the SEMAC. Well sorry, med standards 15 and SEMAC and the State E.M.S. Council. So the -- 16 the motion that I made there that we've -- that was 17 passed and approved, was that this would go into 18 place with the protocol changes that are coming, if 19 it was approved by this body, because I wanted to 20 make sure this body was involved even though it 21 occurred in an order that we didn't expect. 22 CHAIR BANK: Okay. So any questions 23 for Dr. Dailey about the new draft cervical spine 24 protocol? Dr. Reddy? 25 MR. REDDY: Dr. Reddy, Jacobi Medical Page 39 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 with this. 3 MR. GOLDMAN: Thank you. Ari Goldman, 4 Orthopedic Member of the STAC. There -- there are 5 multiple recent studies that -- that investigate 6 this. The -- the issue is -- is -- is not do we need 7 the rigid collars or not, but are we doing harm to 8 our patients by putting rigid collars on? Cadaveric 9 studies have shown that you have to extend the neck 10 almost twenty-five degrees to get a cervical collar 11 on. And additionally, putting the collar on has 12 narrowed the amount of cerebrospinal fluid, and can 13 cause additional injury to an already traumatized 14 cord. 15 Studies in systems where they've 16 eliminated the use of rigid collars, all over this 17 country and also throughout the entire country of 18 Austria -- Australia, shows no increase in secondary 19 neurologic injury without the use of C-collars. 20 The Wilderness Society of for -- the 21 Society for Wilderness Medicine, sorry, has told 22 their members not to use rigid C-collars anymore. 23 There are multiple other studies, but this is not a - 24 - this is a very conservative protocol. A lot of 25 E.M.S. organizations have completely outrule -- Page 38 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 Center in New York City ARTAC. My only question is, 3 if someone follows yes in that B in the proposed 4 draft, I think we all would feel that they should be 5 immobilized. I think we agree that the collar is not 6 necessarily the answer, but they should be 7 immobilized. And -- but we just left it as a should 8 and not a must. Should that not be a must and not a 9 should in the red box on -- on -- on the proposed 10 draft? 11 MR. DAILEY: Maybe it's on. So I 12 never want to write must in a protocol. Should and a 13 strong should, right, is -- is as much as I -- as I 14 would want to do. Because the problem is, if we've 15 got somebody who is intoxicated, has a pretty good 16 bump on their head, you can say that they have the 17 potential for a spinal injury. Okay? But they're 18 intoxicated. I have two choices. I can let them 19 continue to move on their own, or I can fight them, 20 sedate them, potentially paralyze and intubate them, 21 in order to make sure that they don't move. 22 Should, leaves it much more safe for 23 the people that are actually doing the practicing, 24 both in the field and in the emergency department, 25 because we all face that every day. This person's Page 40 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 got a pretty good mechanism. They're altered. It 3 seems like it's because of alcohol, substance, 4 whatever. How far am I going to go? Where -- what 5 is that point? So should, I would much prefer. 6 MR. FISHER: Chris Fisher, again, I 7 can see it better from here. Sorry hear me? Oh ah, 8 there we go. Hi, Chris Fisher from Stony Brook. 9 Just reading that, I noticed you took out or is it 10 removed the -- the part where it says any deformity 11 of the spine. Is there a logic behind that? 12 MR. DAILEY: That's never been shown. 13 That's not something that's been shown in anything 14 else. 15 MR. FISHER: Okay. 16 MR. DAILEY: To - to -- to matter, if 17 you will. So leaving it the way it was. 18 MR. FISHER: That's a good reason. 19 MR. DAILEY: Yeah. 20 MR. FISHER: Thank you. 21 MR. DAILEY: No, I thought you were 22 going to comment on the fact that it still says down 23 below in the key points and considerations that a 24 long spine board is one of multiple -- modalities. 25 And I was just talking to -- to folks over here, that Page 41 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 in collars. 3 Also, for our P.I. teams who are 4 responsible for the reviews, we need to be able to 5 see the documentation, you know, the decision-making, 6 what have you, you know, for following the -- the new 7 guidelines. So I think that if we're going to do 8 this, they need to both be done in conjunction. 9 CHAIR BANK: Yeah. So Dr. Dailey, I'm 10 guessing that this would have to become official 11 first, and then the education will be rolled out. Is 12 that -- is that true? 13 MR. DAILEY: Plan would be to work on 14 the education as soon as it's approved, so that the 15 education is ready for E.M.S. agencies through the 16 summer. And so it can be pushed out to ASAP and the 17 E.N.A. in particular through the summer. 18 CHAIR BANK: This -- this is going to 19 be a huge educational jump for E.M.S., E.M., nursing, 20 trauma. So I would just ask, maybe you could come 21 back in October, and just make sure that this is -- 22 at that point, I would guess that this is going to be 23 an official protocol. Maybe, if there's any changes, 24 bring them back to us. And then, I would be very 25 interested, at that point, of what educational Page 43 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 that actually was supposed to come out of there too, 3 because we've already theoretically moved past long 4 backboards and we shouldn't be transporting people on 5 long backboards anymore. But I've got a stack of 6 them outside of my emergency department to say that 7 we're not being particularly effective about that. 8 How -- however, one of the backboards 9 I did find is from New York City E.M.S., yeah, that 10 one's in my office now. 11 CHAIR BANK: But we could ask New York 12 City to come up to Albany and get their backboard. 13 Kerrie? 14 MS. SNYDER: Kerrie -- Kerrie Snyder 15 from Albany Med. We could -- we could make fences. 16 We could do the -- something with all the backboards 17 downstairs or think of pallets. We could do things. 18 I just -- I just want to reiterate in 19 our discussion this morning, we talked about the need 20 to try and help match up E.M.S. documentation as part 21 of this. Just, I think that's important to have on 22 the record. This is going to need to be a 23 collaborative approach amongst emergency medicine, 24 nurses, E.D. providers, right? We don't want E.M.S. 25 coming in, getting yelled at, because patients aren't Page 42 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 efforts have been rolled out. And I can bring them 3 to my own healthcare system and we should really just 4 talk about it at STAC so everybody's aware of all the 5 educational efforts. 6 MR. DAILEY: Agreed. And I think 7 something that -- that everybody can do through this 8 pro -- through this time would be to bring those 9 comments back here, push those through Steve and 10 folks at the -- at the division of E.M.S., so that we 11 can get that information and continue to improve the 12 education we're pushing out. 13 CHAIR BANK: And -- 14 MR. DAILEY: We need -- we need to 15 know when it's -- when it's failing. Because I don't 16 think the fail is going to be for the patient care. 17 The patient care will be okay. It's going to be the 18 human-human interaction in the trauma bay and in the 19 -- 20 CHAIR BANK: Uh-huh. 21 MR. DAILEY: -- in the E.D. receiving 22 patients from E.M.S. That's where a significant 23 amount of the discomfort is going to -- going to 24 land. 25 CHAIR BANK: And then we're going to Page 44 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 send out these slides on the listserv. 3 MR. VELLA: Can I make one quick 4 comment? 5 CHAIR BANK: Yes. 6 MR. VELLA: I don't -- I don't know if 7 it's too late. So I -- I, you know, I appreciate the 8 efforts here. I -- I've sort of been -- been a 9 vocal, you know, proponent of, you know, aggressive 10 imaging in elderly patients, even with minor 11 mechanisms, because these patients hide perks, 12 facets, and other things that, you know, we see from 13 time to time. 14 So recognizing that the red 15 appropriately so does not mandate a cervical collar, 16 which I think is a good idea for the -- for the 17 reasons discussed. It's still a little vague to me, 18 you know, while I appreciate the guidelines should be 19 used with caution in those over age of sixty-five. 20 Has there been consideration to just moving age above 21 sixty-five into the gray box as a yes? 22 So not necessarily mandating a collar, 23 but should we in that patient population be more 24 aggressive about maintaining some sort of a 25 restriction? My only suggestion, it makes it a Page 45 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 CHAIR BANK: No. Okay. 3 MR. DAILEY: No, I think you're just 4 voting to approve it. 5 CHAIR BANK: But voting to approve -- 6 MR. DAILEY: With -- with the change 7 if -- if the -- I would say first, let's have the 8 body, a show of hands from the body, if they would, 9 and I'll make the motion that we alter the bullet in 10 the gray box to the left for Dr. Vella. And then, 11 after that, then we vote to approve this as the -- as 12 a change to the suspected spinal injuries protocol. 13 CHAIR BANK: So any other discussions 14 before we vote with the changes that Dr. Dailey -- 15 MR. REDDY: Dr. -- 16 CHAIR BANK: -- oh, one more? 17 MR. REDDY: It was Dr. Reddy from New 18 York City ARTAC. There was one other change you said 19 the -- the SEMAC made on -- on the protocol that one 20 last change. 21 MR. DAILEY: Removal of the long spine 22 board is one of the multiple modalities line was 23 supposed to come out. 24 MR. REDDY: I don't know if that 25 something was moving up into the box. Also, a Page 47 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 little less vague in -- in patients who oftentimes 3 hide or can hide more significant spine injuries. 4 MR. DAILEY: That certainly sounds 5 reasonable. And that is Dr. Vella down there, right? 6 MR. VELLA: Oh, sorry. 7 MR. DAILEY: Yeah. 8 MR. VELLA: Mike -- Mike Vella. Yup. 9 MR. DAILEY: No, I think that sounds 10 very reasonable to put that into the gray box up into 11 the left, because the idea that we shouldn't be 12 moving people's heads around makes a -- makes a ton 13 of sense when there is increased potential. That 14 certainly is one of the things that the Canadian C- 15 spine rules tells us. I don't think that requires 16 this to go back anywhere for that change, since the - 17 - since that advisory information's already included 18 within the -- within the document. Moving it so it 19 gets more attention I think is very reasonable. 20 CHAIR BANK: Any other questions for 21 Dr. Dailey? And so Doctor, we want to put this in a 22 motion for the STAC to approve this draft of the 23 protocol. Is -- is that true? Is that what we want 24 to do? 25 MR. DAILEY: No. Page 46 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 different thing was moving into the box, you said at 3 the subcommittee that the -- 4 MR. DAILEY: That was the A-sixty-five 5 -- 6 MR. REDDY: -- clinical judgment -- 7 the clinical judgment or something? 8 CHAIR BANK: Okay. Any other 9 questions? So the motion is to approve this with 10 those changes, correct? You're going to come back in 11 October for the final version and any educational 12 efforts. These slides will be available, sent out on 13 the listserv for education at all of our various 14 institutions and SEMACs and ARTACs and everything. 15 So can I have a motion for approval? Ms. King 16 motions, do I have a second? Dr. Agriantonis 17 seconds. Can I have a vote for approval with the 18 changes that Dr. Dailey mentioned? Okay. And any 19 nos? One no from Dr. Flynn. Any abstentions? One 20 abstention. Dr. Flynn, any comments that you want to 21 give? 22 MR. FLYNN: No. 23 CHAIR BANK: Okay. So the motion 24 passed with one no and one abstention. Any other 25 discussion, Dr. Agriantonis? Page 48 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 MR. AGRIANTONIS: Still on new 3 business. 4 CHAIR BANK: Oh, I'm sorry. Any other 5 new business? 6 MR. AGRIANTONIS: Dr. Bank -- 7 CHAIR BANK: Dr. Agriantonis? 8 MR. AGRIANTONIS: Yeah, I have a - a 9 new business I want to bring to the STAC for 10 consideration. The New York City ARTAC has recently 11 revised and locally adopted or approved our -- their 12 bylaws, the New York City bylaws. And they have been 13 presented, distributed to the STAC members last week. 14 So I want to bring forward for consideration with 15 approval for the New York City ARTAC bylaws. I 16 understand they have to age out another meeting, but 17 this is the meeting we want to present them. And 18 they've already been distributed. 19 CHAIR BANK: So the New York City 20 ARTAC bylaws have been sent out to the STAC members. 21 We will give the STAC members a little more time to 22 read it. So we will be presenting this at the 23 October STAC meeting and it has the age one STAC. 24 But any questions for Dr. Agriantonis right now for 25 any of the New York City ARTAC bylaws? Page 49 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 region as well as Dr. Guzman can't be in here, I know 3 there's been some resistance in some elements across 4 the state to allow helicopter services to perform 5 finger thoracostomy. And that was requested that we 6 bring that up to the STAC as part of protocols for 7 appropriately trained and resourced helicopter E.M.S. 8 agencies, to discuss at the STAC level. So what -- 9 what is the best forum to bring that up for 10 discussion next time? 11 CHAIR BANK: I -- I guess, you would 12 bring that through either the P.I. committee or the 13 systems committee. I would have people who are 14 familiar with the topic present it. It can be 15 discussed at the committee -- subcommittee and then, 16 brought to the -- to STAC. I think we would probably 17 discuss this in October -- October's meeting. I know 18 Dr. Gesturing is very involved in this, so -- 19 MR. VELLA: Yeah. 20 CHAIR BANK: -- his -- his input would 21 be great, but I will bring people to the -- to the 22 table who know about this. And -- and maybe even the 23 SEMAC, is something the SEMAC would be interested in 24 -- in -- in hearing about. 25 MR. VELLA: There we go. It was Page 51 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 MR. CLAYTON: So I don't believe -- 3 correct me if I'm wrong on that and staff that this 4 proposed bylaws have been forwarded, correct? 5 MR. BONFIGLIO: I -- I don't believe 6 they have; they were forwarded by -- by the ARTAC. 7 MR. CLAYTON: Okay. I had something 8 that we need to put that through the Division of 9 Legal Affairs in connection with the approved bylaws. 10 CHAIR BANK: Okay. So we were 11 planning on bringing this back in October anyway. 12 But again, any questions right now from this point? 13 We're not going to approve it right now because it's 14 going to come back in October. We'll put it through 15 the Division of Legal Affairs. But any questions 16 just from the STAC about anything in the bylaws right 17 now? No? 18 So we will approve -- I'll send it 19 through the approval process and we'll bring this 20 back in October. Okay. Any other new business? 21 MR. VELLA: Dr. Bank, just real quick, 22 I know people want to get out of here. I -- I don't 23 really have anything formal prepared. Maybe, we can 24 address this in the October meeting. But on behalf 25 of some of the helicopter E.M.S. agencies in our Page 50 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 already approved by SEMAC in the past. 3 CHAIR BANK: Oh, it's already been 4 approved through SEMAC? So I -- I think either the 5 P.I. -- 6 MR. VELLA: So maybe it's a new point. 7 CHAIR BANK: But it would be nice for 8 -- for STAC to know about it also. But either 9 through the P.I. committee, which would probably be 10 very easy, Dr. Vella, for you to arrange and then 11 bring it back to STAC in October. 12 MR. VELLA: Thank you. 13 CHAIR BANK: But it was already 14 approved by SEMAC. Okay. So it is an approved New 15 York State protocol at this point. 16 MR. DAILEY: Approval -- approved is 17 an interesting term and sometimes challenging. The - 18 - the challenge with this one is, where are the lines 19 of the scope of practice? The thing I think that 20 particularly with finger thoracostomy that we have to 21 think about, and in -- in particular with the flight 22 crews that we were talking about doing this is, this 23 very clearly is the national standard. 24 Jamming fourteen gauges randomly into 25 the chest and probably not actually into the intra- Page 52 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 thoracic space, which we all know is what the 3 literature shows is not optimal patient care. So the 4 question will be on how we advance the scope on this, 5 as it has met some roadblocks along the way. But 6 certainly, this committee will be very helpful with 7 that. 8 CHAIR BANK: Okay. So Dr. Vella, 9 maybe we can bring this to the P.I. committee in our 10 next STAC and then -- 11 MR. VELLA: Yeah, I think Dr. Rubano 12 and I were talking either to P.I. or systems. We can 13 make sure it gets addressed. 14 CHAIR BANK: Any other new business? 15 Dr. Dailey and then Kerrie or Kerrie and then Dr. 16 Dailey? 17 MS. SNYDER: So Kerrie Snyder, Albany 18 Med. This is not new business. It's going back to 19 the old business. Can we get an update on where we 20 stand with pre-hospital ground blood administration? 21 The last -- my understanding is that it was supposed 22 to be open for pub -- public comments last January. 23 MR. STATHIDIS: This is George 24 Stathidis -- 25 CHAIR BANK: George? Page 53 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 patients locally. 3 Locally here, we have already acquired 4 some grant funding to support the implementation of 5 E.M.S. blood programs, and we are using some of that 6 money currently for blood refrigerators, which are 7 now in our E.M.S. physicians' vehicles supported by 8 the blood bank of the Albany Medical Center. 9 And we have six units of packed red 10 cells in three different vehicles available for 11 response to E.M.S. in the field. My great hope is 12 that these regulations get finalized soon, make it 13 through the rest of the regulatory process, and I no 14 longer have to worry about answering the phone at 15 three o'clock in the morning and going out to take 16 care of a hemorrhagic shock patient that E.M.S. is 17 perfectly capable of taking care of. So hopefully 18 that will -- will move forward. 19 CHAIR BANK: Any other old business or 20 new business? Sorry. Yes? 21 MR. DAILEY: Yes. 22 CHAIR BANK: Dr. Dailey? 23 MR. DAILEY: So I apologize for making 24 new business, the -- the Mike Dailey show. But the 25 last thing I wanted to talk about is a paper that was Page 55 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 MR. STATHIDIS: Yeah, from the 3 Division of State E.M.S. So I can give a brief 4 update. We are expecting the inter-facility blood 5 and pre-hospital blood regulations to be coming out 6 for public comment imminently. I don't have an exact 7 date. That's something that will be informed of by 8 our legal division. 9 But they are circulating for approvals 10 and they should be coming out for public comment 11 soon. When they are released for public comment, 12 we'll be sure to share a link for where those 13 comments can be made and a link for the draft 14 regulations. Again, we're hoping that it's -- it's 15 very soon. 16 MS. SNYDER: Thank you. 17 CHAIR BANK: Can we -- can we share 18 that link just on the trauma listserv when -- when 19 you get it? Dr. Dailey? 20 MR. DAILEY: Okay. Two things and 21 I'll start with this one. First, to piggyback on 22 what Kerrie just said, we have been quite dismayed at 23 the length of time that it has taken for these 24 regulations to -- to be issued and are concerned 25 about the health and welfare of our hemorrhagic shock Page 54 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 written by folks from Rochester, Albany, George 3 Washington, and Innova (phonetic spelling) looking at 4 tourniquet use. 5 We have changed the policy in the 6 region to allow E.M.S. providers who reevaluate 7 patients to do a tourniquet conversion to less and 8 painful, less aggressive care of hemorrhage control. 9 This thus far has proven quite successful. How it 10 really is important for this group is that many 11 centers have level criteria if there is a tourniquet 12 that's placed. And as many as eighty percent of 13 tourniquets are put on when they are not necessary. 14 By converting those tourniquets, once 15 the patient can be evaluated in a calm environment in 16 the back of an ambulance, we convert them to a 17 different method of hemorrhage control. It, quite 18 frankly, will reduce the additional pressures on the 19 trauma service, who are already among the busiest 20 physicians in our hospitals. 21 So I think this is something that's 22 going really well right now. It actually follows 23 work that was done in West Virginia quite 24 successfully. And this started as a result of a 25 project of looking at tourniquet use between law Page 56 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 enforcement and E.M.S. And thus far, this has been 3 quite successful. But I will keep this body informed 4 as it continues to progress. 5 MR. VOSSWINKEL: Okay. Can I add a 6 comment? I don't know if you guys can hear me. So 7 Dr. Dailey knows this. We had a case in the 8 University of Rochester where a ten-year-old boy had 9 a tourniquet placed for a non-life-threatening 10 gunshot wound, and because of a delayed transport 11 actually suffered pretty significant harm from the 12 tourniquet. 13 Like had he not had a tourniquet, he 14 would have potentially gone home from the emergency 15 department. Instead, he got compartment syndrome, 16 needed fast shot, you know. You can just imagine, 17 right? So these things can cause harm. It's sort of 18 very similar to the cervical collar argument. So I 19 do think we need to be responsible for advocating 20 when they can be safely removed to remove them, 21 particularly if transport s going to be longer than 22 one to two hours, depending on what you read. 23 MR. VELLA: Yeah, I think that's -- 24 Mike -- Mike Vella from Rochester. So very important 25 topic, very lively discussion on one of the spotlight Page 57 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 tourniquet back on. Significant proportion of these 3 cases, particularly the ones where tourniquets were 4 placed by law enforcement, are very non-life 5 threatening. Very few of them need to go to the 6 operating room. One of the things that the original 7 people that did some of this work were interested in 8 doing was spending a lot more time training law 9 enforcement in terms of when to put on tourniquets. 10 And I was opposed to that and working with the state 11 police pretty aggressively, I think that's not where 12 we want to go. 13 When law enforcement arrives at the 14 scene of somebody who is bleeding, law enforcement's 15 first priority has to be, why are they bleeding? How 16 is that a threat to me or the rest of the community 17 around me? If we can get law enforcement to 18 participate in hemorrhage control, that's a win for 19 us. What we need is for E.M.S., after that scene is 20 stable, after that scene is safe, reevaluate that -- 21 reevaluate that patient, evaluate them appropriately, 22 and then make decisions as to what the least 23 traumatic method of hemorrhage control can be, and do 24 that conversion appropriately. 25 CHAIR BANK: So just from personal Page 59 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 sessions at the C.O.T. in March that actually was led 3 by the group from West Virginia who has publicly 4 available protocols. If you Google West Virginia 5 tourniquet conversion, you can find their protocols. 6 So you know, it's really two parts. 7 It's -- its tourniquet conversion for the 8 inappropriately placed tourniquets, meaning they're 9 just like wrong. They're below the level of the 10 injury, they're on the wrong extremity, which we see 11 from time to time, because blood get, you know, blood 12 smears over to the wrong side, that kind of stuff. 13 So that's like the obvious, you're 14 going to take those down. But then the question we 15 have to answer is, you know, what's the time on that? 16 Do we take down all tourniquets? Do we do it at 17 thirty minutes, one hour, two hours? There was a -- 18 a lively debate about the timing of that, and I'm not 19 sure we have an answer, but it's definitely -- I'm -- 20 I'm glad you're thinking about it. And, you know, 21 it's worth coming up with some protocols around that. 22 MR. DAILEY: I think one of the things 23 important to recognize is that if a tourniquet was on 24 and it worked, and you try to convert it to something 25 else and it doesn't work, you turn -- put the Page 58 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 experience, a lot of the posters and literature that 3 originally came out of the Stop the Bleed campaign, 4 actually, if you look at the algorithm, they say 5 extremity bleeding please tourniquet, right. Which - 6 - which is not medically correct, right? I had 7 spoken to some of the people at the A.C.S. C.O.T. 8 about this. If it really is extremity bleeding, 9 place pressure, and if pressure stops the bleeding, 10 you don't place a tourniquet, right? I mean, you 11 just keep pressure, packing pressure, stuff like 12 that. The videos that came out after that at STAC 13 that we do have packing and pressure and that's how 14 we teach it in A.T.L.S. That's how I teach at Stop 15 the Bleed. 16 But interestingly enough, I think that 17 definitely law enforcement, I see some E.M.S. people 18 when I asked them why the tourniquet was placed, he 19 said that there was bleeding from the extremity and 20 now it's not bleeding anymore. 21 But then I asked him, did we pack, did 22 we put pressure? And they said, no, it was just a 23 tourniquet. And -- and I would agree with that 24 number. I don't know where it came from, but 25 ballpark about eighty percent of the tourniquets Page 60 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 personally I take down, either are not bleeding or 3 can be controlled really just by -- by pressure. And 4 -- and so you know if -- if you don't -- if there's a 5 prolonged transport, it is worrisome about that 6 tourniquet. But it is interesting that -- that I saw 7 a lot of literature come out from the Stop the Bleed 8 campaign that just said bleeding from extremity, 9 place tourniquet. 10 MR. VELLA: Well, we've taught, you 11 know, five million people how to put tourniquets on 12 whatever it is and said this is an -- should be 13 anticipated. I mean, this is what we're dealing 14 with, right? We're teaching this, so we're going to 15 see inappropriately placed tourniquets and now we 16 have to deal with it. But -- 17 MR. DAILEY: I think the other thing, 18 too, is remember that if all of you -- all you have 19 is a hammer, everything is a nail. And police 20 officers wear a significant amount of equipment on 21 their belt. There is space for a tourniquet. There 22 isn't space for a tourniquet, and an Israeli bandage, 23 and some quick clot and all of these other things. 24 We would have very large police officers in order for 25 those belts to actually work that way. We don't want Page 61 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 away because the Spanish wind-lit glass has been 3 around since the 15th Century. And why did we ever 4 go away? They were pervasively placed in Vietnam. 5 It's because we caused compartment syndrome and hurt 6 people. So I think that the judicious use when you 7 become ubiquitous in the use of tourniquets, you will 8 hurt people, and then people will say tourniquets are 9 bad. They are lifesaving if applied appropriately. 10 When we talk about applying appropriate, if you do 11 not cut off the inflow or arterial flow, you have a 12 venous tourniquet, and then it very quickly becomes a 13 compartment syndrome. 14 So I do believe that the current use, 15 I would hate for it to go away and have somebody say, 16 let's don't put tourniquets on, and go back to what 17 we learned, you know, go back to what it was after 18 the Vietnam War. So I do have an interest in making 19 sure they're applied appropriately and released. 20 CHAIR BANK: Dr. Cooper? 21 MR. COOPER: Yeah. Dr. Cooper. I -- 22 I want to support Dr. Dailey's recommendation that we 23 look toward developing, you know, a -- an approach 24 whereby E.M.S. reevaluates the tourniquet placement 25 in the field. Clearly, educational material is Page 63 800-523-7887 ARII@courtsteno.com Serving all of New York State
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 that. They don't want to be there either. So at the 3 end of the day, it's that E.M.S. re-evaluation, 4 appropriate care of that patient at that point, 5 thumbs up to the police officer for getting involved 6 with hemorrhage control, take it down, convert it 7 over to something less traumatic. 8 CHAIR BANK: Okay. Any other new 9 business or old business? 10 MR. EDWARDS: Old. 11 CHAIR BANK: Kurt? Kurt Edwards. 12 MR. EDWARDS: Kurt -- Kurt Edwards 13 from Albany Medical Center. There it is. Dr. Banks, 14 thank you for bringing up personal on the 15 tourniquets. I do have a personal interest in 16 tourniquets, in that as a young officer in the army, 17 I went for my expert field medical badge and was 18 taught how to apply a tourniquet and was taught by an 19 instructor. These kills people. Don't ever put them 20 on the field. This was after Vietnam. And then, of 21 course, global war on terror changed that whole 22 situation. I was President of the military during 23 that time where we had to relearn the application of 24 tourniquets. 25 And I always wondered why they went Page 62 800-523-7887 ARII@courtsteno.com Serving all of New York State	Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 required and -- and that should be the -- the main 3 focus. 4 But I would just ask, you know, the 5 SEMAC to consider the idea of add -- adding a line to 6 the protocol, just saying reevaluation may be 7 indicated so that it's not something that gets lost 8 in the weeds. This is an important point, and I -- I 9 think Dr. Edwards' experience in this area is very 10 germane and added to the experience that we've heard 11 -- heard from Dr. Vella and yourself, I think really 12 should move us in this direct -- direction fairly 13 promptly. Thank you. 14 CHAIR BANK: Dr. Goldman? 15 MR. GOLDMAN: Ari Goldman, Orthopedic 16 Member of STAC. There -- there are studies out there 17 looking at different types of tourniquets and their 18 application amongst lay people, and the percentage 19 that those tourniquets are placed incorrectly. So I 20 think that, not only saying yay or nay to tourniquet, 21 but maybe we have to specify what type of tourniquet 22 our -- our E.M.S. colleagues are using in the field, 23 may also help poor tourniquet placement. 24 MR. VELLA: Can we just -- we just 25 wrote -- our group was involved in the National Page 64 800-523-7887 ARII@courtsteno.com Serving all of New York State

Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 Consensus Paper through the American College of 3 Surgeons. This was published in Journal of Trauma 4 recently. Looking at improvised tourniquets, as 5 you're sort of alluding to. And actually, the 6 recommendation nationally from the A.C.S. is -- is in 7 uncontrolled bleeding, which may not be the patients 8 you're talking about. 9 In uncontrolled bleeding, that's not - 10 - that's refractory to pressure and no commercial 11 tourniquets available, the conditional recommendation 12 is to place an improvised tourniquet, if there's no 13 other option. So I just throw that out there that, 14 that is sort of a guideline, but you know, we can't 15 assume that people are going to have commercial 16 tourniquets readily available if packing and pressure 17 doesn't work. 18 CHAIR BANK: Any other comments for 19 new business or old business? No? Can I have a 20 motion to adjourn? Ms. King, motions. Can I have a 21 second? Roseanna Guzman seconds. Thank you very 22 much. We are adjourned. 23 (The meeting concluded at 02:19 p.m.) 24 25 Page 65 800-523-7887 ARII@courtsteno.com Serving all of New York State	
Associated Reporters Int'l., Inc. www.courtsteno.com 1 5/27/2026 - STAC - Saratoga Springs, New York 2 STATE OF NEW YORK 3 I, MONIQUE HINES, do hereby certify that the foregoing was 4 reported by me, in the cause, at the time and place, as 5 stated in the caption hereto, at Page 1 hereof; that the 6 foregoing typewritten transcription, consisting of pages 7 number 1 to 65, inclusive, is a true record prepared by 8 Associated Reporters Int'l., Inc. from materials provided 9 by me. 10 IN WITNESS WHEREOF, I have hereunto 11 subscribed my name, this the 18th day of June, 2026. 12 13 MONIQUE HINES, Reporter 14 15 16 17 18 19 20 21 22 23 24 25 Page 66 800-523-7887 ARII@courtsteno.com Serving all of New York State	

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