

March 20, 2015

To the esteemed members of the Public Health Committee:

My name is Michael Loiz, I serve as the Director of the Emergency Medical Service for the Town of Stratford. Stratford EMS is a Paramedic level (PSAR2/PSAR5) service made up of over 130 Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics. We respond to over 6300 calls for service each year, almost all of which are medical in nature.

I have been a Paramedic for over nineteen (19) years and actively working in the Connecticut EMS system for over twenty four (24) years. I maintain specialty credentials in both EMS and Public Safety Telecommunications and own a public safety consulting firm with national experience. Throughout my career in EMS I have worked both as a responder and as an EMS Operator in CT EMS Regions 1, 2 and 3 and have had the opportunity to experience the various ongoing issues that the bill I am writing you about, looks to address.

I am writing to implore you to support SB999. There have been growing issues over the past 20 years between responders of EMS incidents that the stakeholders (responders of different disciplines – ie, FD and EMS) have not been able to resolve on their own. I have been directly involved in discussions to attempt to resolve these issues in the best interest of patient care. Unfortunately, my experience has been met with a fear of one side losing “power” and/or “control” to/over the other. This ideology is absolutely NOT in the best interest of patient care.

SB999 seeks to establish clear expectations and remind all responders of their responsibility to work together under a unified command approach and toward the ultimate goal of safely and properly caring for medical patients. It just makes sense that decisions related to patient care be made by the individual(s) and/or agency responsible for that care and transport and that they be made by the individual with the highest level of patient care responsibility. In no way does this destabilize the Incident Command System in fact the ICS fully supports a unified command approach.

When a law enforcement incident occurs and both PD and FD are working side-by-side, PD may take the “lead” due to their area of expertise and responsibility to the scope of the incident regardless of who is the ultimate Incident Commander. Unified command is established and both disciplines’ areas of expertise are respected and utilized where appropriate. Likewise when FD and EMS are operating side-by-side on a scene, it only makes sense that the same hold true especially when a medical patient’s care is the issue.

As the Director of EMS I am routinely called out to the scene with my responders and have witnessed the fruitless posturing over this very issue. It wastes precious time, regional resources and is not conducive to the forward movement and proper management of patient care.

This bill clarifies the issue for all stakeholders and focusses the efforts of our responders where it belongs while not diminishing anyone’s “power” or “control”.

For the reasons above I respectfully request you support SB999 in its entirety, with respect to the intent and importance that section 1 provides for the responsibilities of EMS towards the proper care and management of EMS patients in Connecticut.

Thank you for your most thoughtful consideration,

Michael A. Loiz
Director of EMS/911
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