

1. Halleluiah! While the Pope can't seem to find the right words of late, SEMAC and SEMSCO finally settled on wording a selective spinal immobilization protocol. Helping the deliberations was Dr. John Burton, former Maine State EMS Director instrumental in developing their state spinal protocol (www.maine.gov/dps/ems/). The approved version makes immobilization decisions from patient examination. It will be released once the educational component is completed (targeted for December). Leave room in your stocking for this little ditty from Santa.
2. In August 2006, DOH written exams started testing the new CPR Guidelines 2005 seemingly without any glitches. DOH posted revisions to CFR and BLS protocols incorporating the changes. You can download these August 2006 updates at www.health.state.ny.us/nysdoh/ems/protocolsnew.htm. You won't find the May 2006 change approved by SEMAC and SEMSCO allowing all levels of EMT to give 162 milligrams of chewable aspirin to any patient with suspected acute coronary syndrome provided there is no history of aspirin allergy and no recent history of GI bleeding, but eventually that piece will make the presses as well.
3. SEMAC's summer homework assignment was to incorporate the ACLS Guidelines 2005 into the state ALS protocol template (the document used to review and approve regional ALS protocols). For the purposes of curriculum, testing, and practice, SEMAC voted to accept the 2005 AHA adult and pediatric ACLS guidelines. That was easy!
4. Wondering if that new EMT in your service has a shady past? Now you can find out by surfing to a new section of the DOH website that posts disciplinary actions back to January 2003. Link to www.health.state.ny.us/nysdoh/ems/sanctions.htm to see the listing. Nothing nearly as juicy as the hearing transcripts and gory details DOH posts on their physician site (www.health.state.ny.us/nysdoh/opmc/main.htm), but at least you can learn that something went wrong.
5. Remember the brouhaha over AEMTs practicing skills in hospitals? The State Education Department notified hospitals that certified EMS providers cannot perform ALS skills falling within the scope of practice of a licensed profession in a hospital setting unless those skills are carried out as part of an original or refresher EMS certification course. Well, the TAG appointed to study the issue announced a temporary solution has been found. DOH will create a Clinical CME Course (unfunded, of course) run under the auspices of DOH authorized course sponsors in conjunction with a hospital. Students would be enrolled in the course for skill maintenance, to learn new skills, or to remediate skills when a closely supervised setting is desirable. Details should be out to Course Sponsors shortly.
6. New York Legislators may have been thinking of Alaska where the sun never sets. The Pilot Refresher program, scheduled to sunset once again this past July, was extended through July 1, 2011, which will celebrate its 15th birthday. The program should more appropriately be called the CME Refresher Program, since a "pilot" would not normally be renewed 5 times. Fuhgeddaboutit.
7. On the same subject, the 5-year Pilot Refresher program was expanded to include employees of FDNY. This program, designed to explore the utility of a 5 year CME Refresher Program versus the "pilot" 3-year CME Refresher Program also includes the Counties of Delaware, Fulton, Hamilton, Montgomery, Nassau, Otsego,

- Schoharie or Suffolk. Presently, the sun is scheduled to set on the 5-year program July 1, 2008. We'll see about that, eh?
8. News flash: it's a crime to falsify documents submitted to a State agency. DOH reports a rise in bogus paperwork coming in through the CME Recertification Program. Verification forms, CME certificates, and other paperwork submitted to DOH need to be legit. The Bureau has prosecuted several folks this year, and people have lost their EMT certifications as a result of filing false paperwork. Don't do it.
 9. Policy Statement 06-06 delineating the CON process has been posted. Surf to www.health.state.ny.us/nysdoh/ems/policy/policy.htm to see this masterful piece.
 10. Remote Evaluation of Acute Ischemic Stroke (REACH) is a new telemedicine initiative DOH is undertaking to expand the ability of smaller community hospitals to care for stroke patients. Using the Internet, stroke experts from larger medical centers will be able to examine patients, review CT scans, and make recommendations for thrombolytic therapy for patients in outlying hospitals. There are 248 hospitals in New York State, 18 counties have only 1 hospital, and 5 counties have no hospital. Thus far, only half of NY hospitals have applied for designation as Stroke Centers. Lack of neurological consultation is the biggest obstacle, which DOH hopes to overcome by rolling out the REACH program, connecting a half dozen major medical centers with multiple smaller community hospitals to deliver stroke consultations. The project, scheduled to begin September 28, 2006 may allow nearly all NY hospitals to gain stroke center designation, shortening ambulance transport times, and perhaps in the future, expanding to other specialty consultations. One SEMAC physician encouraged DOH to fund installation of telemedicine equipment in ambulances, expecting that CT scanners will soon be available configured for use in ambulances. While DOH management seemed less than enthusiastic, think of the possibilities: CT scanners in ambulances could clear spines, diagnose acute MIs, screen for strokes, pick out aortic dissections, find needles hidden in kids Halloween candy, and even help TSA screen baggage at congested airports. Brilliant!
 11. SEMAC heard a presentation from Monroe/Livingston area Dr. David Kluge about the EMS Directory (www.emsdirectory.org), a national database of EMS services and organizations started by STEP in conjunction with students from RIT. Scope it out and consider registering your organization with the database.
 12. Nassau County REMAC sought and received approval to add adult IO to their ALS protocols. IO (Intra Osseous) infusion, first used in the 1930's when intravenous access could not be obtained, regained popularity for pediatric emergencies in the 1980's and most recently has acquired acceptance as an alternative means of emergency access for adults, particularly in hospital resuscitations. Newer devices make this technique nicely adaptable to pre-hospital emergencies.
 13. In the continued saga of the 12-lead, the SEMSCO Evaluation Committee surveyed Regional Program Agencies. Presently, 54% of ALS agencies have 12 lead capability, 42% of ALS ambulances have 12 lead capability, 22% can transmit a 12-lead, and 39% of hospitals can receive a 12 lead (although some consider having a fax machine 12-lead receive capable). At least a half-dozen regions have 12-lead capability aboard every ALS bus. What all this means may have little to do with the original idea of extending 12-lead to the EMT level. Instead, it will probably become ammo to encourage the State Cardiac Advisory Committee (STAC) to get movin' on

- trial designation of STEMI centers that MI patients identified in the field could be diverted to.
14. Article 30 of Public Health Law was amended to permanently establish the EMSC (Emergency Medical Services for Children) program in DOH, adding sections 3070 through 3075 to article 30-C.
 15. The September 2005 deadline for responders to complete NIMS (National Incident Management System) training is upon us. DOH put together a SWEET informational packet outlining expectations for EMS providers and agency officers in the form of Policy Statement # 06-05. If you need a NIMS clue or two, surf to www.health.state.ny.us/nysdoh/ems/policy/policy.htm.
 16. Vital Signs 2006 this October 20 through 22 in the ‘Cuse (Syracuse, in case you’re not hip to Upstate lingo) will be loaded with excitement for SEMSCO and SEMAC fans. The Evaluations Committee will offer a session on modern QI planning, the SEMAC Air Medical subcommittee will intro their new DVD on Air Medical Safety, the Paramedic Licensure TAG will conduct a licensure survey, and the PIER committee will hold contests to design a State EMS logo. Not to mention that Squad 51 hero Randolph Mantooth will attend, delivering a keynote and serving as MC for the annual awards banquet Saturday evening (www.randymantooth.com/). Surf to www.vitalsignsconference.com for registration info.
 17. The Evaluation Committee compared 81 NEMSIS (National EMS Information System - www.nemsis.org) data elements to the NYS PCR and found 33 of the NEMSIS elements are not presently captured in New York. They plan to take a closer look at the differences before rendering an opinion on whether New York should dive into the NEMSIS pool. Vermont, New York, Puerto Rico and the Virgin Islands are the only US hold outs on NEMSIS at present.
 18. On the subject of PCRs, DOH contracted with the School of Public Health to analyze and run reports on the PCR data. The first of those reports was presented to SEMAC summarizing 1.49 million 2002 PCRs, excluding the City of New York. The data were quite scintillating and will be compiled and distributed by the Bureau to Program Agencies and County EMS Coordinators. Data from 2003 and 2004 will be completed shortly and 2005 reports may be finished by year-end 2006. Using the School of Public Health to crunch the numbers promises to put DOH leaps and bounds ahead of prior reporting that suffered critically from lack of statistical expertise. The glimpse provided at SEMAC of their work was indeed impressive.
 19. Chairs of SEMAC and SEMSCO jointly announced a “Culture of Safety Initiative”. Members were encouraged to frame decisions in context of reducing injury to prehospital providers and patients during transport. The EMS Memorial Service each spring provides a grim reminder that improvements are needed. The fire service has long championed safety issues through a non-partisan web site known as “The Secret List” (www.firefighterclosecalls.com/). Just recently, they launched an EMS version at www.emsclosecalls.com/ to carry their “no BS” history of bringing issues involving injury and death to the forefront and offering real solutions for providers and services to address safety. Scope it out, and support your SEMAC and SEMSCO members as they work to align protocols and practices with a culture of safety.
 20. SEMSCO approved the Finance Committee 2007/2008 Budget Estimate for Emergency Medical Services in New York State totaling \$23,872,113. This funds the

DOH EMS Bureau, SEMAC and SEMSCO, the Regional Councils and Program Agencies, and EMS Training Courses.

21. The Paramedic Licensure TAG plans to meet the evening prior to the December SEMSCO meetings to hear about Pennsylvania's system of permanent paramedic certification. The TAG also plans to survey medics on licensure during Vital Signs 2006 in Syracuse. Discussion continues on licensure versus permanent certification; presently, 23 states have some form of licensure for medics. A draft report is planned for May 2007.
22. The last 2006 SEMAC and SEMSCO meetings are scheduled for December 12 and 13.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who was the 2005 Chair of the State EMS Council where he represents the NYS Association of Fire Chiefs. Mike remains on the Council as a wise old past-chair, kinda like an old Fire Chief. Mike is EMS Coordinator for Saratoga County, a paramedic for Clifton Park-Halfmoon Ambulance Corps, a firefighter and chief medical officer for West Crescent Fire Department. At Albany Medical Center, Mike works as a clinical specialist in the Cardiac Surgical ICUs, Chairs the Resuscitation Committee, and teaches pulmonary and critical care medicine at Albany Medical College. Contact Mike at McEvoyMike@aol.com. If you want a personal copy of these "unofficial" SEMSCO minutes delivered directly to your email account, surf to the Saratoga County EMS Council at www.saratogaems.org and click on the "NYS EMS News" tab (at the top of the page – or you can simply click here to be taken directly to the source: www.saratogaems.org/NYS_EMS_Council.htm). There, you'll find a list server dedicated exclusively to circulating these notes. Past copies of NYS EMS News are parked there as well.