

1. As promised, the Bureau sent out an informational packet on August 1st, 2008 outlining current provisions for sharing confidential information in cases of suspected occupational exposures to HIV. This in light of Congress failing to renew the emergency response provisions of the Ryan White Law in December 2006. The informational packet and a PowerPoint are both available at www.health.state.ny.us/nysdoh/ems/aids/occupational_exposure.
2. DOH advised Regional Councils, Program Agencies and County Coordinators that the Governor signed legislation effective July 7th, 2008, authorizing the MOLST form as acceptable for pre-hospital DNR purposes throughout all of New York State. This is important because it is not only different from what EMS providers have become accustomed to seeing, but also provides advanced directives for pre-arrest situations including DNI (Do Not Intubate) and others. Please be sure to visit the MOLST website for additional information at www.compassionandsupport.org. A more detailed Bureau Policy Statement is forthcoming.
3. On the subject of Policy Statements, three newbies are up on the Bureau website: 08-04 on seat belts in EMS vehicles, 08-05 revising instructor certification requirements (removes “you must currently be actively providing prehospital care with an agency” from the requirements for CIC recertification), and 08-06 on a new federal requirement for high visibility vests when working on or near roadways. Check ‘em out or snag your very own copies at: www.health.state.ny.us/nysdoh/ems/policy/policy.htm.
4. Speaking of high visibility vests, a couple sites await your visit. Firstly, for an extensive discussion of the issue and EMS implications, hop onto https://www.rkb.us/contentdetail.cfm?content_id=200647. If you don’t come away from there with a sense that controversy surrounds the new rule (effective November 24th, 2008 by the way), you’ll probably want to check out the Secret List Archives for their September 5, 2008 piece, “What’s Up w/the New Federal Safety Vest Rule?” at <http://firefighterclosecalls.com/secretarchives.php>. Bottom line: there are bona fide issues for firefighters and other rescue workers who wear protective clothing such as turnout gear. Adding hi-vis vests that potentially melt or burn poses danger of thermal injuries and exposure to noxious gases. Expect changes, but not before November 24th, 2008 (the deadline for implementation). If you suspect you or your agency might be in this boat, go for the cheapo fifteen dollar vests instead of the eighty dollar version and see what transpires come 2009.
5. Wanna have some fun and earn CME? Six REMSCOs have banded together to create a CME website: <http://funcmes.com>.
6. The PIER Committee met on August 14th to review nominations for the Annual NYS EMS Council Awards presented during the Saturday evening banquet at Vital Signs in Buffalo. Every REMSCO in the state except Southern Tier participated in submitting nominations. We’ll keep you in suspense until after Vital Signs on the awardees.
7. If you haven’t signed up to attend Vital Signs in Buffalo this October 2-5, take a look at the conference website: www.vitalsignsconference.com. While there, stop by the State Council booth where the PIER committee plans a survey on QI activities at various services throughout NY.

8. Well, the final draft of the National Educational Standards for EMS is out accompanied by Educational Guidelines for each Standard. You can see them at www.nemsed.org/draft_standards/index.cfm. This month (September), they'll be delivered to NHTSA. Training & Education realized that New York State now has a conundrum of sorts. In a nutshell, NYS Exams are based on EMS Educational Objectives. The new documents are Standards without accompanying objectives. The Educational Guidelines offer suggestions for interpreting the Standards. It becomes readily apparent when reading the Guidelines that author styles, biases, and verbosity or brevity are all in heavy play. So, who will provide objectives to match the Educational Standards for each training level? Textbook publishers. Uh oh – not exactly the authoritative (and, pardon the pun, objective) source New York needs for their state exams. So here's the plan: Training & Ed has appointed a TAG to review each current curriculum against the new Educational Standards to determine what changes in objectives might be needed. How long will that take? Probably not as long as it will take publishers to get textbooks on the street, predicted by most crystal balls to be summer 2011. Maybe. Two other related points: while EMT-CC is absent from the National Educational Standards, it is not leaving New York, so don't panic. Secondly, the obviously enhanced role for publishers in curriculum development may well segue to NY specific EMS textbooks. Stay tuned.
9. The Safety TAG plans to load some of their educational material onto the Fun CME web site (see item 5 above). Safety gave Medical Standards a grid of skills and procedures done in the back of a moving ambulance by unbelted EMS providers. Med Standards is categorizing these according to what should, should not, and what could be done with caution. The grid should be ready for SEMAC and SEMSCO in December.
10. Waveform capnography has been referred to as, "smoke from the fire of respiration." If so, SEMAC meetings turned into the equivalent of a fully involved structure fire. Three times, dating back to December 2007, SEMAC and/or SEMSCO passed motions requiring continuous waveform capnography for intubated patients, effective January 1st, 2009. Clarifications, wording to allow grant of deadline extensions, cost implications and brouhahas over how this new requirement would be communicated to the EMS community have ensnared the plan in controversy. Here's where it stood this time around, after the smoke cleared: SEMAC will issue an advisory requiring all patients intubated with an endotracheal tube have continuous waveform capnography in place effective January 1, 2009. The advisory must be approved by the Health Commissioner who could change any part thereof, including the implementation date. Proposed wording leaves open an option for use of alternative airway devices without waveform capnography (for services unable to meet the deadline). Pinch yourself, this is not a dream: waveform capnography will be required in New York State. How and when depends on the Health Commissioner. Wake up calls will arrive via SEMAC advisory in the near future, probably without a snooze alarm.
11. During the heated debate on capnography, it came to light that NYS has no equipment requirement for defibrillators (or AEDs) in ambulances. A motion was proposed to require all ambulances have defibrillation capability for all age patients. Presto – the room filled with smoke once again. One REMSCO representative cited a potential \$250,000 cost implication for a commercial provider in his area. DOH

- could not provide definitive data on how many ambulances lacked defibrillation capability but believe they can obtain these by December. The motion was tabled pending additional data on cost implications.
12. Without controversy, a motion from SEMAC passed that glucometry be the standard of care when blood glucose is measured in the field. Several protocol revisions including a nifty cyanide exposure protocol from Nassau County were approved without fanfare.
 13. Heads up on a brewing hullabaloo. In July 2008, the National Registry issued notice of modification to their practical and written (computer based) exams reflecting changes in recommendations for controlling hemorrhage in the out-of-hospital environment. Citing absence of any published research that supports elevation of an extremity or use of pressure points to control hemorrhage, the Registry implemented a recommendation that: “If external bleeding from an extremity cannot be controlled by pressure, application of a tourniquet is the reasonable next step in hemorrhage control.” (Salomone, J. and Pons, P. (2007). PHTLS: Prehospital Trauma Life Support. Mosby-Elsevier: St. Louis, MO, pp. 180 – 181). Hmm. Course Sponsors in New York have now begun teaching the Registry bleeding control method and the New York method. Should New York change? Well, we won’t even get into the seeming lack of endorsements by national medical bodies. SEMSCO voted to turf this football over to STAC (State Trauma Advisory Council) for an opinion. Meanwhile keep elevatin’ those limbs!
 14. State budget cuts have struck hard. The Bureau has a freeze on hiring, limitations on travel, and closer scrutiny of staff time and State vehicle usage. Effects on SEMSCO and SEMAC will reduce 2009 meetings from 5 per year to quarterly, and reduce spending for meals at meetings. Services can expect to see less of their Bureau reps (which might not totally annoy everyone).
 15. A bill authorizing issuance of official license plates to fire companies and volunteer ambulance companies in New York has been signed into law, potentially saving you some dough. Link to www.assembly.state.ny.us/leg/?bn=A10590 for the low down.
 16. The Office for Technology notified M/A-Com on August 29th, 2008 that New York State has declared the company in default of the SWN (Statewide Wireless Network) Master Agreement. This started a 45-day clock giving M/A-Com time to remedy all outstanding deficiencies. Testing of an initial SWN build out in Western NY found significant deficiencies. A copy of the notice and further information is posted on the OFT website at: www.oft.state.ny.us/SWN/Aug_29_default.htm.
 17. The SEMSCO Finance Committee proposed a 2009/2010 recommended budget estimate for EMS in New York State of \$23,596,180. They reiterated for the umpteenth time that funds for Regional Councils and Program Agencies have remained at \$3.45 million since 1999 without even a single cost of living increase. The 2009/2010 request for this line is \$5.83 million – this while EMS turns back some \$2 million annually in unspent training monies. The formula locking 50% of EMS dollars into training made sense when it was written into law but deserves a serious second look by the legislature and EMS stakeholders.
 18. Grandpa is dead. The State Supreme Court in Onondaga County ruled in May that the Bureau can no longer “grandfather” service operating territory based on evidence

- of operation prior to 1975. Based on this decision, the Bureau will no longer entertain requests to amend or clarify territory based on grandfathering.
19. In another court case of note, the Appellate Division of the State Supreme Court ruled that the City of Utica must follow the CON process and file an application to operate their ambulance service with the Midstate REMSCO. You may recall that the City initially filed a municipal CON, which bypasses the review process for a 2 year period but requires a full application for continuance. The City of Utica argued that they were not required to file for a CON at the expiration of their municipal CON time period. This likely has ramifications for other municipal CON applicants.
 20. A nominating committee appointed by current SEMSCO Chair Dr. Deb Funk submitted a proposed slate of officers for the NYS EMS Council in 2009 to include Chairperson: Donald Faeth (representing the Uniformed EMTs and Paramedics of the FDNY), First Vice Chair: Robert Delagi (representing Suffolk County REMSCO), and Second Vice Chair Timothy Czapranski (representing Monroe-Livingston REMSCO). Elections will be held at the December meeting.
 21. On a note of caution: the NYS Attorney General's office recently put the smack down on Greenport Rescue Squad in Columbia County for improper billing practices. Their not too kindly worded press release can be viewed at www.oag.state.ny.us/media_center/2008/aug/aug13a_08.html.
 22. For those who read every picayune detail of these notes, here are a few holdovers still out from prior meetings. The Blood and Tissue Council is still formulating educational requirements and regulatory language that would allow EMS providers to continue blood product administration on interfacility transfers – stay tuned. SCT (Specialty Care Transport) is essentially dead in the water, having developed a curriculum and protocols; the problem now lies at impasse with hospitals. Resolution will require working with the State Education Department to expand scope of practice for EMS providers into this realm (discussions that no one seems eager to begin on the State Ed side). Despite rumors to the contrary, NYS has not signed on as a NEMESIS compliant state (see www.nemesis.org). They intend to, but with budget cuts threatening derailment of an RFI for statewide electronic PCRs, it may not happen immediately. Finally, the Evaluation Committee has been working with the NY ACEP (American College of Emergency Physicians) to more accurately reflect our State in the ACEP national emergency medicine report card published each December.
 23. One last tidbit – perhaps EMS has come of age, or maybe someone just thought the time had come. The feds have consolidated EMS web information into a single portal at www.ems.gov. Probably wanna bookmark this one.
 24. Remaining SEMAC and SEMSCO meetings in 2008 are scheduled for December 2 and 3, to be held at the Best Western Sovereign, 1228 Western Avenue in Albany, NY 12203.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who was the 2005 Chair of the State EMS Council where he represented the NYS Association of Fire Chiefs. 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.

