1. Apologies for not getting these December notes out until February; things have been a bit hectic on my end. On the brighter side, new information from DOH is included herein, filling in some of the blanks that existed following the December meetings.
2. The Spinal Motion Restriction educational materials rolled out during July 2015 along with a revised hemorrhage control protocol. Providers had until October 30, 2015 to complete a WebEx™ update. There were some hiccups with the software but, as of December some 31,107 providers had completed the on-line program and an additional 12,000 FDNY*EMS, LIJ and Jamaica members accessed it through a NYC portal. Future updates may utilize Moodle (www.moodle.org) as an alternative to WebEx. Of the total 57,000 certified EMS providers, it appears 14,000 have not completed the update. DOH will not take away birthdays, revoke certifications or shut down agencies for failure to complete the update. If you have not done it, get your head out of the sand. The changes make a significant difference for your patients. The home page of the Bureau web site at www.health.ny.gov/professionals/ems/ has links to the update, plus you get 3 hours of CME when you complete it. Sweet!
3. The Bureau did receive some fascinating, albeit critical, feedback on the protocol updates. Feel their pain by reading this insightful email from one EMT who took the time to write at the very moment he sat down to attend his update:

   > As I sit in this classroom wasting my precious time for the mandatory update in the use of a tourniquet and backboards, I'm curious if you actually believe the load of crap this course is now teaching? The group of idiots that actually came up with these new protocols did nothing but attempt to cover themselves from being sued and transfer that to the first responder who does not have the mal practice insurance, or the ability to defend themselves in court from the lawsuit that will be coming.
   >
   > In my nearly 30 years of EMS, I have never seen such an obvious display of special interest groups or insurance companies determining what should be done in patient care. I'm curious of who the genius is that actually thinks a patient is going to suffer from a skin ulceration in the short amount of time they will be transported to the ER via ambulance? Maybe the protocol update should've been for the Doctors who are actually the ones that tend to leave the patient on the backboard for hours because they would rather order x-rays than do a hands on exam.
   >
   > It's obvious, you really don't care what we, the first responders think. However, I want you to know that the individuals who are actually are doing the job are not naïve enough to believe the crap you presented in the protocol update. This complete waste of my time was only to do what's best for special interest groups, and had absolutely nothing to do with doing what's best for the patient.

   Well, 'nuff said. For sure.
4. More intelligently on the subject of spinal motion restriction, DOH sent a letter to every hospital and emergency department advising them of the change. You might want to tuck a few copies of the letter in your clipboards…. download T-8 "Letter to Emergency Departments" at www.health.ny.gov/professionals/ems/protocol.htm.
5. You may recall that the hemorrhage control protocol (the one included in the protocol update) was not officially approved by SEMAC. Problem solved: they (and SEMSCO) took the necessary action to make it official with one change, clarifying the controversy of whether a tourniquet should be placed "high and tight" or just proximal to the wound. The approved protocol now reads, "Apply tourniquet, as proximal on limb as possible, should be "high and tight." However, SEMAC made a very strong point in their approval that, based on clearly conflicting evidence, placing a tourniquet differently should NOT

result in a QI flag. Pass this along to your chart reviewers. For a copy of the approved protocol, download T-2 from www.health.ny.gov/professionals/ems/protocol.htm.

6. Suffolk County proposed a demonstration project that would allow EMT's to acquire and transmit12-lead ECGs, a project they had previously run in 1998. There was considerable discussion about whether or not 12-lead acquisition represented a change in EMT scope of practice. Ultimately, it was decided that 12-leads are within the EMT scope of practice and regions can adopt it without running a demonstration project. There are a couple of relatively inexpensive (meaning $1,500 to $3,000) 12-lead units currently marketed including www.invisionheart.com/2014/01/16/invisionheart-is-building-a-small-smart-12-lead-ekg-device-to-get-scans-in-the-cloud/ and www.getsmartheart.com/. Interesting.
7. The "Check & Inject NY" demonstration project kicked off in December 2015 and will run for 18 months. The project replaces currently carried epi auto injectors (costing several hundred dollars each) with a custom made syringe, 23 gauge 1" needle and ampule of epinephrine dispensed to participating agencies by Bound Tree Medical for $75 per kit. The docs who put this demonstration project together hope to put a dent in the nearly $10 million worth of expired epinephrine auto injectors that get tossed out annually in NY. If you're interested, enrollment needs to be approved by your REMAC. Google "Check and Inject NY" for the paperwork.
8. Prehospital hypothermia was officially discontinued in NY. There is little to no evidence of benefit from prehospital cooling following reversal of cardiac arrest. Now, you officially do have a place for your soda.
9. It was noted that the blood regulations described in DOH Policy Statement 15-06 (www.health.ny.gov/professionals/ems/policy/policy.htm) point to use of a regional transfusion reaction protocol that few, if any regions have. Maybe there will be a state protocol although no one jumped up volunteering to write one. Despite the high demand for these regulations to be promulgated, few services have moved forward to apply.
10. Tuesday, May 17th starting at 11:00am is the 2016 EMS Memorial Service, at the Empire State Plaza in Albany. Six new Line of Duty Deaths will be added to the Memorial this year; four are 9-11 related, reminding us of the losses we continue to suffer from the attack on our nation. Stay tuned for details from the Bureau and consider honoring your fallen brothers and sisters by sending an ambulance and some members…
11. EMSC (EMS for Children) pointed out the our existing Pediatric Respiratory Distress BLS Protocol M-7, written in 2008, is a tad unsafe as it calls for transporting a child in the parent's lap with the parent secured to the stretcher. Uh oh. Some folks were charged with reviewing this.
12. EMSC published a booklet, "Minimum Pediatric Care Standards for New York State Hospitals, Emergency Departments and Intensive Care Units." Included are recommended transfer criteria that will be of interest to EMS providers. The booklet can be downloaded at: www.health.ny.gov/publications/4121.pdf.
13. Of course, there had to be something that served to throw Medical Standards and SEMAC discussions into a tailspin. Naloxone won the prize in December. The first Narcan® nasal spray, manufactured by Adapt Pharma was approved by the FDA in November. The spray (www.narcannasalspray.com), which the company promises to sell to government and EMS for $37.50 per dose, is a different concentration (4 mg in 0.1 mL) than the naloxone currently used in EMS protocols (2 mg in 2 mL). The current intranasal Narcan generics are manufactured for IV use but typically repackaged and distributed

with a nasal atomizer and used off-label (meaning without approval of the FDA). The topic of debate was whether the NYS protocol should be updated to allow both naloxone 2 mg/mL AND the newer 4 mg/0.1mL as the intranasal dose for naloxone. Where the debate really got off into the weeds involved pediatric dosing. Yup, you read that right: some docs were worried about giving too much Narcan to a pediatric patient. Given the relative rarity of 4-year olds shooting up heroin out back behind their nursery schools and the fact that the FDA approved the new nasal spray for BOTH adult and pediatric patients, it was eventually decided to amend the NYS protocol to allow either. But that's not all. Med Standards and SEMAC want to track which dosing is used. This will be done by amending the current reporting form. Wow.

14. Training and Education (T&E) reported that the Instructor Exams are almost ready. The CIC and CLI Exams will each have 50 items, all based on the NAEMSE, *Foundations of Education: An EMS Approach, 2e* textbook. Use of the exams for CIC and CLI recertification should start in May 2016. The passing score will be 70 and instructors will only need to pass the exam once to maintain their certification. The requirement for taking and scoring an 85 on the NYS EMT written exam will end (once approved by SEMSCO). Stay tuned: this one promises to eliminate a lot of CLI and CIC headaches!
15. T&E also reported that some 70 Regional Faculty attended an update at Vital Signs 2015. The CLI and CIC course curricula continue to be updated based on field experience with courses run. Lastly, the lean update at the Bureau has reduced time until results are reported following written exams from the previous 36-38 days to 16 days currently. This reduction resulted from in-housing much of the processes. Not mentioned, but also of note: Course Sponsors now receive score reports electronically.
16. If you think no one cares about agency membership verification forms used to enroll in EMS courses, think again: http://news10.com/2015/11/05/police-forgery-to-ems-form-leads-to-volunteer-firemans-arrest/. D'oh!
17. In an abrupt reversal of earlier statements, the Bureau is now insisting that the EMT-CC program is in no immediate danger. This will certainly ease some angst amongst services and providers.
18. The trauma folks produced a nifty report summarizing Trauma Registry data for 2010 – 2013. It contains some interesting EMS data on response times, destination selection, transport distances and ED wait times, among the many other items analyzed. A PDF is at www.health.ny.gov/professionals/ems/state_trauma/trauma_system_reports.htm. It seems that adult trauma patients are being taken to appropriate hospitals. Pediatric data needs a bit more analysis; there is an implication that destinations may not be consistently appropriate but the reasons are fuzzy.
19. Some upcoming conferences for you to scope out include the STEP Conference in Rochester, April 7 – 9 (www.stepems.org); Initial Assessment Conference in Lake Placid, May 19 – 22 (www.initialassessmentconference.com); NYS Fire Chiefs Fire 2016 in Verona, June 15 – 18 (www.nysfirechiefs.com); Pulse Check in Albany, September 29 – October 1 (www.nysvara.org); Vital Signs in Syracuse – October 13 – 16 (www.vitalsignsconference.com). CME opportunities abound!
20. The Finance Committee submitted a budget request of $25.95 million for 2016-2017. No need to drone on about justification, like Program Agencies that have not seen a budget increase since 2007 or EMS Course Sponsors, whose reimbursement rates have not changed since 2009. Blah, blah, blah.

21. Safety reported that the DOH 4461 form (Reportable Incident Form) revisions have been approved but not yet published. It will be posted to the Bureau web site as a PDF fillable form AND (gasp) an on-line version. Both require creation of a database to accommodate the data; this is being developed presently. Stay tuned for details. Seat belt use will be required by volunteer fire and EMS agencies members and employees, effective November 1, 2016 under a bill signed into law on November 20, 2015. The bill is A07315 if you want to Google the details.
22. Safety started work on draft revisions to 800.22 (the little section of Part 800 that deals requirements for certified ambulance vehicle construction). This in light of the soon to be sunset federal KKK standard and the introduction of two new standards: NFPA 1917 (now beginning its third revision) and a CAAS standard (in draft format presently). The game plan is to crosswalk the current 800.22 to NFPA and CAAS and determine what differences, if any, exist. Secondly, examine NFPA, CAAS and any other standards for pertinence to ambulance safety in NYS. Thirdly, draft proposed revisions to 800.22, vet them with the Systems and Finance Committees and forward to SEMSCO. Implementation will require some crucial conversations given that newer safety requirements (such as the stretcher crash/rollover protective assemblies recently added to KKK) can be extremely costly to retrofit. Language requiring compliance with 800.22 provisions in effect as of the date of vehicle manufacture might be desirable. Not an easy task. Giddyap.
23. The NAEMT Safety Course, 2e comes highly recommended by some members of the Safety Committee. Visit www.naemt.org/education/EMSSafety/ems_safety.aspx for the low down.
24. Anecdotal reports of RLS (that's Red Lights and Siren) abuse prompted discussion at the Safety Committee. SEMSCO indicated endorsement of a draft Policy Statement on RLS use. Standby for that one, 10-4k?
25. Systems reported 125 agencies are still working to obtain controlled substance authorizations. This down from 160 in May 2015. Credentialing with Homeland Security remains a work in progress (this would allow recognizable credentials for personnel and vehicles in the event of a mass casualty incident requiring significant mutual aid responses). There are no EMT-Intermediate services remaining in NYS; 32 upgraded to AEMT and 12 transitioned to ALS-FR. For the first time in a long time, there are no CON (Certificate of Need) actions open and no appeals pending in the Bureau of Adjudication. There are currently over 500 nasal naloxone services on file with the Bureau. The purchase of Rural Metro by AMR has resulted in a large number of TOA (Transfer of Operating Authority) applications being filed. Systems discussed staffing issues across the EMS spectrum, recognizing a need for more data. A discussion group was created to evaluate issues such as minimum wage, funding cuts and impediments to providing EMS service across the state.
26. Legislative reported on multiple bills including several bills addressing patients who keep insurance monies sent to them for ambulance transport. One requires insurers to direct pay the EMS service; another would require insurers make checks payable to BOTH the insured and the EMS agency; a third would make it a crime to not properly dispose of an insurance payment. The Community Paramedicine enabling bill floated last year got stalled in the Senate when objections were raised by NYS Nurses Association and the

Home Care lobby ("Shocking," you say? Not). The sponsors subsequently pulled the bill. The Community Paramedic TAG and Legislative will work on another bill during 2016.

27. If you have not heard, the Governor signed S4990A/A7668A into law on 12/11/15, amending General Municipal Law by adding Section 122-c regarding police K-9s. Under the new law, "An emergency medical service paramedic or emergency medical service technician may transport any police work dog, as defined in section 195.06-a of the penal law, injured in the line of duty to a veterinary clinic or similar such facility provided, however, that there are no persons requiring medical attention or transport at such time." Woof, woof.
28. An informative presentation on Disability Awareness Training available through Niagara University was delivered to SEMSCO. Visit their site at www.frdat.niagara.edu for more info.
29. In the category of old news, the Commissioner of Health issued a revised order on 12/18/2015 regarding Ebola Virus Disease (EVD) preparedness. It essentially mandates that EMS services conduct PPE donning and doffing training on hire and at least every 12 months thereafter. This must include actual donning and doffing observed by qualified trainers. The EMS service may limit the number of personnel trained, as long as adequate coverage is available at all times and all locations where a patient with confirmed or suspected EVD may be encountered. A plan must to be in place to implement Just in Time (JIT) training should the Commissioner of Health determine there is an increased threat of encountering a patient with EVD. EMS agencies serving hospitals designated by the Commissioner as "Ebola Assessment and/or Ebola Treatment Hospitals" have more stringent requirements for training and drills. If you care to read the Commissioner's memo, you can download it here: https://gallery.mailchimp.com/7c2f58ae71dcfe7266460ffc2/files/EbolaAdvisory12_18_15_UpdatetoDOHCommissioner_s2014Order.pdf and if you want the Bureau's Cliff Notes version, you can see that one here: https://gallery.mailchimp.com/7c2f58ae71dcfe7266460ffc2/files/EMSAgencyMemo12_21_15_UpdatetoDOHCommissiners2014Order.pdf. Yawn.
30. New Policy Statements (www.health.ny.gov/professionals/ems/policy/policy.htm) from the Bureau include #15-06, Transporting Patients with Blood/Blood Products; 15-05, EMS Certification Exam ADA Accommodation Requests; 15-04, Certification of Individuals with Criminal Convictions; and 15-03, Recommended Pediatric Equipment. Surf over and have a look around.
31. If you're a beta geek, you'll want to try the latest weather project from the National Weather Service, try http://tinyurl.com/hu945kx for their Enhanced Data Display (Beta/Experimental Version 4.5.4) featuring weather analytic fields using almost real time data.
32. A slate of SEMSCO officers was elected for 2016: Chair Steve Kroll, Vice Chair Patty Bashaw and 2nd Vice Chair Dr. Alexandro. Congratulations! Additionally, there is a changing of the guard at SEMAC as well: Timothy Haydock, MD will be retiring from his positions on the SEMSCO and as Chair of the SEMAC. The Commissioner of Health has appointed Donald Doynow, MD as the new SEMAC Chair. Dr. Doynow is board certified in Emergency and Internal Medicine is a Fellow in both the American College of Emergency Physicians and the American College of Physicians. He is a practicing emergency department physician at St. Peters Hospital in Albany and MI Bassett Hospital

in Cooperstown. He is an Assistant Clinical Professor of Medicine at Columbia University and has been active in the EMS community as a member of the Regional Emergency Medical Advisory Committee (REMAC), an EMS agency medical director for several services, instructor, medical director for EMS education programs, including, but not limited to Hudson Valley Community College and SUNY Cobleskill's paramedic programs. He is also a member of the NYS Urban Search and Rescue Team (NY Task Force 2) and the Assistant Division physician for the New York State Police Special Operations Response Team (SORT). Dr. Doynow is a certified paramedic and a strong advocate for EMS services and providers.

33. If you have been hiding under a rock, the AHA CPR Guidelines changed again while you were getting your beauty sleep. Learn everything you ever wanted to know about them at www.2015ECCGuidelines.heart.org.
34. SEMSCO will next meet on March 1-2, 2016, followed by May 24-25, then September 13-14 and again January 10-11 in 2017. The meetings will remain at the Hilton Garden Inn in Troy.

These notes respectfully prepared by Mike McEvoy who previously represented the NYS Association of Fire Chiefs on SEMSCO before (finally) being replaced by Mike Murphy. Contact Mike at McEvoyMike@aol.com or visit www.mikemcevoy.com. If you want a personal copy of these "unofficial" SEMSCO minutes delivered directly to your email account, go to http://eepurl.com/iaXHY to put yourself on the list (or adjust your delivery settings) or go to the Saratoga County EMS Council NYS EMS News page at www.saratogaems.org/NYS_EMS_Council.htm. There, you'll find a link to the list server dedicated exclusively to circulating these notes and all the past copies of NYS EMS News parked at the bottom of the page. Feel free to download any notes you missed. Tell your friends. The more, the merrier.