

1. The Check & Inject NY (syringe epinephrine kit for BLS providers) demonstration project is nearing completion. All 18 regions have authorized agencies to participate in the pilot. Current estimated total use of epi is 1 per every 6,500 EMS responses (or 175 – 180 administrations annually in NYS). This costs NYS EMS services \$6 to 10 million annually discarding expired epi. The Check & Inject project docs report enrolling 465 agencies who ordered 5,262 kits and 3,250 training kits. Participating agencies have administered 32 doses to date. Of the 32 Check & Inject administrations, 10 were triggered by insect stings or food. Average patient age was 36 years (range 17 – 88 years old). Patient weight averaged 70 kg (range 10 to 120 kg) and 68% of patients were female. Most doses were given by EMTs, 70% in the thigh and 30% in the deltoid (which oddly, was not a route covered in the training). There were no dosing errors, no protocol violations and no untoward effects. The project leaders report finding a moderate understanding of anaphylaxis by EMTs in NYS prior to education. Based on the results thus far, they recommend that DOH allow continued use of the syringe epi kits and SEMAC change EMT scope of practice to include IM injections as well as approve syringe epinephrine kits as acceptable alternatives to epi auto injectors specified in policy statements 10-01 and 14-02. SEMAC and SEMSCO both endorsed these recommendations which now go to the Health Commissioner for approval. There may be a need for regulatory change to finalize this. Stay tuned.
2. In the continued adventures of BNE (Bureau of Narcotic Enforcement), DOH has reached an agreement that would allow services to expand their ambulance substocks of fentanyl to 400 mcg. Services can also apply to BNE for further increases based on demonstrated need. The required BNE reporting forms will get a makeover so they're less complicated - one form fits all reporting (complete one for each substance carried). Previously non ketamine/fentanyl agencies were only required to have a medical director signature when renewing or changing agents. The new forms require the medical director signature with each filing. Despite regs requiring semiannual reporting, BNE continues to insist that fentanyl and ketamine agencies report quarterly. Oh well, you can't always win every battle. A preview of the new form is available via a link sent with these notes.
3. On the subject of CS (Controlled Substances), new regulations took effect in July 2016 requiring all ALS agencies to have a CS license. Rather than going wacko on the 200 or so agencies that are currently not in compliance, the Bureau will, in early 2017, begin working with REMACs to help agencies choose between obtaining the required CS license and downgrading to AEMT level of care. If your ALS agency is sans CS, don't keep your head in the sand – your patients need you to stop a seizure and treat pain.
4. In case you missed the changes to Part 800, you can read them all on the Bureau web site at www.health.ny.gov/professionals/ems/public_health_law/part_800.pdf.
5. The 2016 Collaborative Protocols are in rollout phase. The biggest hinge point is the release of the revised app (yup – it will be both Apple and Droid). The app will release in three phases with the first version likely ready around Turkey Day followed by subsequent versions a few months apart with hyperlinks and calculators. Meanwhile, exams, on-line videos and review materials are being developed. The incredible thing about the Collaborative Protocol workgroup, which meets by phone routinely and in person after each SEMSCO meeting, is the amazing representation and full participation of physicians and EMS leaders from every region of the state except NYC and Nassau. The input, collegiality and willingness to share ideas and listen to input for the common good is more

than just a breath of fresh air in our bureaucracy laden world; it's actually inspiring. The new Collaborative Protocols reflect good medicine and are some of the most progressive you will see anywhere in the United States. Really good stuff. Amazing.

#youdontknowluckyyouare

6. CCT, what's it gonna be? DOH recently formed a TAG to examine the future of Critical Care Technician. Recognizing that CC has no national equivalent, and given both federal and state initiatives to standardize with the rest of the nation, there's a clear need to map out the future of the CC. The TAG is examining all angles including capabilities of the AEMT level, facilitating CC bridge to Paramedic, and more. A report will likely arrive at the January SEMSCO meetings. Keep your ears open for that one.
7. BLS FRs (First Responder services) were last surveyed by the Bureau in 2012/13. Back then, 200 agency codes were archived and 600 BLS FR services renewed. The Bureau is once again updating their records, having updated their records on 346 services thus far. If you get a request for update information from the Bureau, good idea to send it in lest your service be in the next group the Department decides to archive.
8. The STAC (State Trauma Advisory Council, for you acronym naïve folks) remains concerned that Trauma and Stroke advisories from field EMS units could be timelier. While this may be true, and each service should track time from recognition of need to call a trauma or stroke alert and time the call is made, it appears that some of the communication breakdowns lie in the Emergency Departments themselves. "What, what, what?" you say? Yup, alerts made to some EDs may not actually be getting to the appropriate response teams. Shocking!
9. The 120 DOH designated stroke centers in NY will be more actively engaging with EMS as a part of the CDC Coverdell program, a QI initiative to improve stroke care. Besides hospital notification by EMS, another component of the Coverdell initiative is recording last known well/symptom onset and other times. Read about the CDC initiative at: www.cdc.gov/dhdsp/programs/stroke_registry.htm. There's money for stroke centers to work with EMS on improving their systems of care for stroke.
10. Speaking of protocols, EMSC (EMS for Children) is doing an in-depth review of pediatric protocols. Recommendations for changes and updates will be presented in January 2017 along with a review of hospital ED regulations for pediatrics.
11. The Bureau reports that the mothership DOH has been working to create a new "file of life" type medical record for emergencies. They intend to roll it out at the next New York State Fair. It will be available on the DOH site as a fillable PDF. Stay tuned.
12. If you've ever been asked about treatment programs for alcoholism, substance abuse or gambling, the folks at OASAS (Office of Alcoholism and Substance Abuse Services) have created a nifty Treatment Availability Dashboard web site useful anywhere in NY: <http://findaddictiontreatment.ny.gov>. Hold onto that for your next opioid OD wakeup.
13. SEMSCO remembered two highly influential Training and Education Committee members both of whom died since the last meeting: Rich Beebe from the Capitol Region, an EMS Educator of excellence and major contributor to NYSVARA's annual Pulse Check conference including the "Three Wise Men" presentations and Tom Lateulere from Suffolk County, also an outstanding EMS Educator and member of SEMSCO who touched many lives as chief of Education and Training for Suffolk County's REMSCO.
14. Instructor exams started in May 2016 and thus far, 66 CLIs and 88 CICs have tested. Pass rates are 75% for CLIs and 53% for CICs. Too soon to draw any conclusions about the

tests. For those who fail to achieve the passing score of 70, there is an on-line remedial session including a post-test. Speaking of instructors, CLI numbers are dropping steadily in NYS.

15. Policy 16-02 on EMS Instructor Certification has been updated on the Bureau web site. Take a look at it, if you are a CLI or CIC (or you want to be one) at <http://health.ny.gov/professionals/ems/policy/policy.htm>. The tracking forms for CLI and CIC internships (DOH-4451 and DOH-4452) are being updated as well.
16. Current turnaround time for NYS Exam results is running 12 to 13 days from the written test date until students have their cards in their hot little hands. This is a result of the Bureau printing and mailing cards in-house. For inquiring minds that want to know, here are the latest pass rates (through August 2016):

Level	2016 # tested	Pass Rate
CFR	2,455	92.72%
EMT	9,523	88.59%
AEMT	66	85.29%
CC	241	93.96%
Paramedic	1,109	88.98%

17. In other Training and Education Committee news, 10,000 Course Application forms were printed with their serial numbering incorrectly inserted into the course number box. The goof was remedied once discovered but should you have any of the bum paperwork, you can still use it, just be careful not to think the serial number is your course number.
18. Here's a tricky question: can the NYS protocol directive, "Call for ALS" be fulfilled by an AEMT level provider/service? Hmmmm. SEMAC will look into this and render a decision at the next meeting (or maybe the one after that, or the one after then next one).
19. A few interesting vids created by PNNL Labs in conjunction with the Department of Homeland Security on the future of Public Safety. Check 'em out with your peeps:
EMS Video: www.youtube.com/watch?v=VHuzyjvsScI&feature=youtu.be.
General Overview: www.youtube.com/watch?v=84WxEFhopAA&feature=youtu.be
Fire: www.youtube.com/watch?v=I9bK-NjAhGM&feature=youtu.be
Law Enforcement: www.youtube.com/watch?v=Abtws_r5sbA&feature=youtu.be
20. EMS Compass performance measures are now available for EMS agencies to test using their charting software. They continue to be refined based on public comment and, once vetted by a variety of EMS agencies will become the metrics by which the quality of your EMS care and value to your community is measured. If you are interested in testing the measures (or just seeing them), hop over to www.emscompass.org/. Submit comments on line or drop a note to Mike McEvoy – he's on the Compass Steering Committee.
21. A slate of officers will be presented at the January 2017 SEMSCO meetings.
22. SEMSCO will meet again January 10-11 in 2017 at the Hilton Garden Inn in Troy. No word on additional meetings for 2017; hotel contracts are being negotiated.

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 mmcevoy@saratogacountyny.gov 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). Also, past copies of NYS EMS News are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.