

#### News from the State EMS Council (SEMSCO) – September 2004

1. First it was “Girls Gone Wild” then “Boys Gone Wild.” Reading through the new CFR Protocols, it seems “DOH Printers Gone Wild” might be available soon on DVD. Don’t believe your eyes, though – the Bureau assures us that the oddly wordsmithed policy statement # 99-01 delineating assisted medications that “CFRasics” can administer was just a bad dream. Throw some cold water on your face and grab a copy of the newly issued Policy Statement # 04-07 on EMT-Basic Assisted Medication Administration that clarifies nitro, epi, and inhalers as EMT-Basic level skills. DOH policy statements are accessible on line at: <http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>.
2. Registrations are selling like hot cakes for Vital Signs 2004 set for October 29-31 at the Buffalo Convention Center. Be there or be square and don’t forget your Halloween costume.
3. If you guessed that there’s been no progress on development of a selective cervical spinal immobilization protocol, you’re right on the money. Disagreement on whether the protocol should be a selective spinal immobilization piece or a cervical spinal clearance protocol is preventing progress. Word is that it will be finished in October. Notice I didn’t say what year.
4. SEMAC approved two sets of protocols, both of which were endorsed by SEMSCO. Nassau County submitted an incredible (as in incredibly awesome) set of HazMat ALS protocols (for use by specialty teams). Suffolk County’s ALS protocols were also approved, excepting a protocol on Response Times that was withdrawn for revisions. The 411 on these (in case you don’t read the New York Times or Newsday) is a contentious debate over ambulance delays in Suffolk County. The REMAC and REMSCO decided to tackle the issue head on by writing a Response Time protocol. Local EMS providers, while agreeing with the need to improve response times and mutual aid plans, question the authority of their REMSCO to mandate response time standards. While it now appears the two factions may reach agreement, this could morph into a full-blown argument at the SEMAC and SEMSCO. If the brouhaha that erupted when the statewide wireless folks tried to set response time standard for locals was any foreshadowing, this could be the biggest mess ever to land in SEMSCO’s lap. Stay tuned.
5. Nineteen stroke centers have been designated in New York City and DOH is soliciting requests from hospitals in the rest of the State for additional stroke center designations. SEMAC was asked to develop triage and transport protocols but instead got caught up in data collection and designation issues, tabling the discussion. When the Health Commissioner designates additional stroke centers over the next few months, you’ll probably have to wing it on triage and transport decisions. Go figure.
6. SEMAC and the NYS Cardiac Advisory Committee are finalizing plans for a pilot study designating centers for treatment of acute MI. Several issues appear to have snagged kick off including cost of 12 lead equipment and associated training as well as transport times for patients diverted to angioplasty centers (which may be excessive, at least in some areas of the state). Changes in study criteria threaten to

reduce the number of regions chosen to as few as one. Cardiologists say time is muscle, but in this case, time is a wasting' ...

7. Fentanyl is back on the table. The Bureau of Controlled Substances (BCS) has advised the Bureau of EMS (BEMS) that fentanyl can indeed be used in the prehospital environment, but only under specific policies and tight controls by BEMS. SEMAC made it clear to the Bureau that they still want the drug, and the Bureau appears to have heard the call. Take note, however: you can't use fentanyl yet – wait for the policy.
8. Here's an interesting topic. Would you believe that roughly 50 physicians serve as service medical directors for all of New York's EMS agencies? Amazing! Director Ed Wronski calls this a service medical director shortage, and has asked the SEMAC to investigate ways to bring some new blood into the system.
9. In a (probably) unrelated move, the Food and Drug Administration (FDA) on September 16<sup>th</sup>, 2004 granted OTC status (Over The Counter) to the Philips HeartStart Home Defibrillator. This means that the device appears to be safe for use without physician oversight. Two items of note here: firstly, states will probably follow the feds, eliminating legal requirements for medical oversight of PAD programs and; this Christmas, your honey will be able to stuff your stocking with an AED from Wal-Mart.
10. The EMS Testing contract is still out for rebid. Exam dates have been set for 2005 and will follow essentially the same schedule as 2004. No increases or decreases in testing sites or on-site scoring locations are anticipated.
11. The Municipal CON (Certificate of Need) TAG issued a final report of guidelines to assist regional councils in properly handling these so called, "Muni-CONS."
12. Dr. Neal Richmond, Deputy Medical Director of FDNY and member of both SEMSCO and SEMAC has been hired as Chief Executive Officer of the Louisville (Kentucky) Metro EMS. Dr. Richmond's fresh ideas and insights will be missed in New York, but he stands to make some history as one of the few physician administrators of a large EMS system. We wish him the best!
13. The Statewide Mobilization Plan is rolling out along with about a million bucks worth of SMART kits using START triage. DOH has started training County EMS staff and Course Sponsors on the materials soon to be distributed to every ambulance agency in the State, courtesy of WMD monies.
14. PCR keypunching proceeds at a snails pace. Rumor has it that the first quarter 2005 will see data from 2000, 2001, and 2002. Perhaps we should consult with the Office of Fire Prevention and Control (OFPC). They make fire report data accessible on-line only a week or two after submission. Oh, and did I mention any department can submit State Fire Reports electronically? There's something Santa might bring DOH for Christmas.
15. "Chempack" is the secret buzz word among Public Health and County Emergency Managers of late. If I revealed too many details, a black government van would probably swoop by and grab me off the street, so suffice it to say that virtually all of New York is now covered by an elaborate distribution system of the drugs necessary to mitigate the effects of a large scale chemical incident. You don't really need to know where the goods are stashed, but every provider should know who to ask if they need 'em. Make sure your regional ALS protocols include chemical and nerve agent

antidotes as well, since you'd look pretty foolish trying to figure out what to do with a huge cache of antidotes while people are dropping like flies around you.

16. Hemorrhage is the leading cause of pregnancy related deaths in New York State, accounting for about a third of all fatalities. New York's maternal death rate exceeds other states, and DOH is concerned enough to initiate a focus on opportunities for improvement. EMS is asked to consider triage and transport of women with known "high risk" pregnancies to specialty perinatal centers. There's one for the REMACs to chew on. Most Emergency Medical Dispatch (EMD) systems routinely interrogate callers to identify "high risk" pregnancies, but little is done with that information...
17. The Trauma Triage protocols that were revised in early 2004 were meant to limit, not maximize, the number of patients triaged and transported to trauma centers. There's nothing magical about a trauma center for people who don't require that level of care, except that they occupy beds that might be needed by real trauma patients.
18. If you were in any way bothered with the last revisions to the National EMS Training Curriculae, you might want to review and comment on the latest revisions being drafted right now. Defining the EMS scope of practice at all levels will precede writing curriculum. Check out the National Scope of Practice document at [www.emsscopeofpractice.org](http://www.emsscopeofpractice.org).
19. From November 20, 2004 through September 11, 2005, the NYS Museum will display an EMS history exhibit called, "Help Is Here." Fifteen historic ambulances dating from the end of the 19<sup>th</sup> century to present as well as uniforms and historic photographs will be shown. The State Museum is open everyday except Thanksgiving, Christmas, and New Years Day from 9:30 AM to 5 PM. For further information, call 518-474-5877 or check their web site at: [www.nysm.nysed.gov](http://www.nysm.nysed.gov).
20. The Health Commissioner is expected to approve a final version amending part 800.26 of Health Regulations approved by SEMSCO. The change would take effect when published and allows ambulance services to file for waivers of equipment and staffing requirements for EASVs (Emergency Ambulance Service Vehicles). Waivers would have to be approved by the Bureau and require Regional Council input.
21. SEMSCO endorsed a proposal from their own legislative committee encouraging the Commissioner to seek legislative remedy for a quirk in the extension of EMS certification provisions of the Patriot Plan. Certified providers expiring while on active military duty can apply for a one year extension of their EMS Certification once discharged from active duty. Providers who expire days or weeks after discharge are ineligible for extensions. SEMSCO recommends that the law be changed to allow one year extensions for those who expire shortly after returning from active military duty. New York City reports having several providers out of work after getting caught in this void. That's just not right!
22. This wouldn't be EMS news without at least one mention of the pilot program. It would appear that news hasn't gotten out to everyone about the 45 day rule for delivering pilot recertification paperwork to DOH. To allow the word to spread, the 45 day rule has been suspended until January 1<sup>st</sup> of 2005. After that time, any pilot recert candidates who fail to submit their paperwork to DOH at least 45 days before their card expires will be DRT (Dead Right There).

23. Students have one year from the date of their practical skills exam to take the State Written Certification Exam. Most course sponsors consider that students who neglect to sit for the Written Exam should cough up the dough for course tuition.
24. Legal eagles from DOH have determined that it is legitimate for EMS students to do clinical time in hospitals. There are a number of caveats to this opinion, all of which will soon appear in an elaborate policy statement. I'll bet you can't wait.
25. Audits of course sponsors and pilot program agencies by DOH have resulted in several agencies being removed from the pilot program, a few revoked certifications, fines, and a host of SODs (Statement Of Deficiency).
26. The EMS for Children program, affectionately called EMSC, plans to roll out a mandated reporter training program for EMS providers.
27. Survey of BLS-FR (BLS-First Response) agencies continues. Response has been good, with a number of services reporting that they no longer provide EMS. The Bureau has been working with services to update transport agreements, and has extended deadlines when requested by the services.
28. Last, but not least, the Governor has signed legislation requiring an AED and trained operator in every Health Club with more than 500 members (Suffolk County already has a law requiring them in all Health Clubs). Health Spas, Gyms, Weight Control Studios, Martial Arts School, Phat Farms and any other commercial establishment offering physical training courses will need to comply by July 20, 2005. You'll probably see them all shopping for AEDs at Wal-Mart this Christmas.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who is the 1<sup>st</sup> Vice Chair of the State EMS Council where he represents the NYS Association of Fire Chiefs. 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](mailto:McEvoyMike@aol.com).