

1. If you have a burning desire to receive these “unofficial” SEMSCO minutes direct to your personal email account, the Saratoga County EMS Council has added a “NYS EMS News” tab at the top of their website [www.saratogaems.org](http://www.saratogaems.org). There you can sign up for a list server dedicated exclusively to circulating these notes. Past copies of NYS EMS News are also posted therein. Halleluiah!
2. Alzheimer’s may be insidiously developing in the SEMSCO Chairman – absent from these February notes were his own goals for 2005. The first is to improve communications between each committee and their assigned Bureau staff liaison. He would like to see SEMSCO prioritize issues of importance and direct the Council’s energies into projects most important to EMS in New York State. Bureau staff can be most helpful in identifying action priorities as the cuts they have sustained in recent years has forced them to triage and focus on priorities. In an era of limited resources, the work of the Council must somehow be aligned with that of the Bureau support staff if the work is to be accomplished. The second goal is to increase awareness of the fiscal impact that Council decisions make to New York State. The Chair asked each action taken by committees to include consideration of the cost impact expected. Fiscal prudence is imperative!
3. Did you know that Vital Signs has their own website? Surf to [www.vitalsignsconference.com](http://www.vitalsignsconference.com) for details on the October 14-16, 2005 conference in Rochester. While you’re there, follow the link for the NYS 2005 EMS Council Awards to be presented at the Vital Signs banquet. Award applications must be postmarked by August 1, 2005 and require a signature from your Regional Council Chairperson. What better way could there be to give your favorite EMS hero a well-deserved pat on the back?
4. Amazingly, the Medical Standards Committee was able to pass a revised head injury and spinal immobilization protocol. SEMAC and SEMSCO went along with it, passing the document to the Education and Training (E&T) committee who will design the necessary educational materials for statewide implementation. Phew! The final document resembles the PHTLS spinal algorithm and represents a “middle of the road” stance in so called “selective cervical spinal immobilization” protocols. Far be it from NY to get progressive; although we probably should be thankful the conservative version got killed in committee.
5. Speaking of progress, SEMAC decided that CPAP (Continuous Positive Airway Pressure) is within the current scope of practice for AEMTs and will not require a demonstration project for State approval as a regional protocol option. Indeed, CPAP is not rocket science; it’s been used by the Critical Care Medicine folk in hospitals for nearly 20 years now.
6. Specialty Care Transport (SCT) protocols got an interesting challenge from John Clair who is presently Commissioner of Medical Affairs for FDNY. You’ll recognize his name from many DOH EMS Policy Statements as the former Associate Director of EMS for NYS. Commissioner Clair contends that interfacility transport protocols promulgated by a REMAC may well represent an intrusion into hospital business given the separate statutory bases involved. Briefly, interfacility transfers fall under the scope of NYS Article 28 and Federal EMTALA. Transport services fall under the purview of Article 30. Responsibilities and lines of authority are indeed blurry. To this end, SEMAC plans to establish ongoing communications with the Bureau of

- Hospital Services and obtain DOH legal consultation to guide future discussions on both SCT and interfacility transport protocols.
7. The Suffolk County appeal of a dispatch crew confirmation and mutual aid protocol is in progress before a SEMAC appeals committee. The committee met privately during the March SEMAC meeting and will continue their deliberations. Expect a decision no earlier than May.
  8. Sluggish DOH progress designating stroke centers can be attributed far fewer hospital applications than expected. The Bureau of EMS did mail out their revised stroke protocol that recommends transport of patients with suspected strokes to the closest NYS DOH designated Stroke Center (if the time from symptom onset to ED arrival is less than 2 hours). As of March 2005 only 40 new hospital applications for Stroke Center designation have been made and, aside from the original 19 in New York City, not a one has yet been designated.
  9. STEMI (ST Elevation Myocardial Infarction) is the latest buzzword stirring up the EMS pot. A pilot program to divert STEMI patients to DOH designated STEMI centers will launch shortly under the watchful eyes of SEMAC and the DOH Cardiac Advisory Committee (CAC). Briefings on the pilot project were conducted during March. No word yet on where or when the project will launch. EMS participants will need ALS and 12 lead capability while hospitals will need round the clock capability to provide percutaneous coronary interventions (PCI) more succinctly referred to as roto rooter capability. The worry is that diversions may prolong transport times and/or take business and expertise away from smaller hospitals. The devil is in the details; so don't eat your hat...
  10. Two aeromedical documents were approved by SEMAC. A Helicopter Utilization Criteria for Scene Response document was approved for issuance as a SEMAC advisory and a policy statement regarding air medical protocols and air medical service prehospital EMS worker credentialing was forwarded to the Bureau with the recommendation that it be issued as a Bureau Policy Statement.
  11. Suspicions that there was something in the SEMAC meeting coffee seemed confirmed when a decision was approved to develop a set of Statewide ALS Protocols as well as an ALS Provider Scope of Practice. The Statewide Protocols would replace all Regional ALS protocols, establishing a floor or minimum set of treatment practices. Regions could then add to the State Protocols by selecting additional skills and procedures from the Scope of Practice document that would serve as the ceiling for allowable ALS practice in NYS. While prior attempts to develop a standardized statewide ALS protocol set went down in flames, members of the SEMAC (all coffee drinkers, by the way) believe it is doable. Importantly, ALS providers answering a SEMSCO survey at Vital Signs 2004 repeatedly rated the need for a standardized statewide set of ALS protocols near the top of their priorities for EMS in NYS. Let's hope this project isn't assigned to the same group that worked on Spinal Immobilization...
  12. Not to beat a dead horse, but the long awaited CFR Protocols were mailed by DOH to each agency and course sponsor with instructions for obtaining additional copies. Implementation date is May 1<sup>st</sup>, 2004 according to the accompanying memo (dated February 20, 2005). Nothing like a retroactive implementation date to set your wheels in motion.

13. PSI, the new testing contractor for written exams is running into an occasional bump in the road. The smaller sized answer sheets make it relatively simple for students to mark an incorrect bubble on their answer sheet (a phenomenon nicknamed “misbubbling” by the E&T folks). Eventually everyone will get used to the new format and common errors will be more readily detected by PSI.
14. Version 2.0 of the national EMS scope of practice will be out momentarily. Input received left a deep impression on the Task Force and sent them back to the drawing board. Be alert, however – the comment period may be limited given a June meeting of the Task Force to review Version 2.0 feedback. Keep your eye on the Scope of Practice website at [www.emsscopeofpractice.org](http://www.emsscopeofpractice.org).
15. Electronic PCRs were a topic of discussion once again at SEMSCO. The Chair was directed to write a letter to the Health Commissioner highlighting the need to include PCRs in electronic medical record initiatives currently underway in the health care system.
16. The PIER (Public Information Education and Relations) Committee reminds you that EMS Week is May 15-21, the EMS Memorial Service will be held on May 18<sup>th</sup> at 11:00 AM at the Empire State Plaza in Albany. The National EMS Memorial service will be May 28<sup>th</sup> in Roanoke, Virginia (see [www.nemsms.org](http://www.nemsms.org) for details). Annual NYS EMS Award Nominations are due to the State Council by August 1. Remaining SEMAC and SEMSCO meetings for 2005 are May 24-25, September 20-21, and December 13-14.
17. PIER also announced the results of their surveys conducted at Vital Signs 2004 in Buffalo. Of 187 responses, the majority have served in EMS for more than 11 years, ¾ regularly read EMS periodicals, few could correctly name their Regional Council or REMAC Chair, and most highly enjoyed the Vital Signs Conference. Particular areas of concern voiced were funding, better access and more streamlined training, need for statewide ALS protocols, and making the pilot recertification program permanent.
18. Coloring books, a prehospital skit for children, educational posters, and a statewide EMS pin are all on the PIER drawing board to assist you with public and community relations.
19. The EMSC (EMS for Children) Program announced a Training Program on Mandated Reporting of Child Abuse/Neglect for EMS Providers to be held on June 2<sup>nd</sup>, 2005 from 7:00 – 9:00 PM. The format will be a live satellite video conference offered at various locations throughout the state. For more information, check the DOH website at [www.health.state.ny.us/nysdoh/ems/main.htm](http://www.health.state.ny.us/nysdoh/ems/main.htm) or call the EMSC people at 518-402-0996, extension 1, then 4.
20. Are you a bit fuzzy about QI requirements for EMS? The Evaluation QA/QI Committee can help. They’ve undertaken a revision of the 1996 booklet, “Quality Improvement for NYS Prehospital Care Providers.” The revised booklet will be more graphically appealing, contain revised references as well as forms and templates for EMS QI programs at the agency level. Stay tuned...
21. Policy Statement #05-01 provides some interesting interpretative guidance on idling of emergency vehicles. It should appear shortly on the Bureau EMS Policy Statement page: [www.health.state.ny.us/nysdoh/ems/policy/policy.htm](http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm).

22. EMS is indeed the forgotten first responder according to a study conducted by New York University Center for Catastrophe Preparedness and Response. The authors note that EMS, which represents one third of traditional first responders in the United States, has seen only 4% of homeland security funding. As a result, EMS responders lack training, equipment, and ability to respond to terrorist attack. I'm sure you're not surprised in the least. Any day now, your homeland security trickle might turn into a flood. Dream on...
23. Finally, what would EMS News be without mentioning the Pilot Program? A March 28<sup>th</sup> memo from the Bureau clarified two statements in the Pilot Recertification Administrative Manual pertaining to what training topics are related to EMS and what constitutes a "Topic Area" (no more than 12 hours can be credited to any single topic area. Check with your agency for a copy of the memo. On the same subject, DOH has discovered multiple copies of the Pilot Program Administrative Manual parked in obscure places on their server. Participants who "Google" the manual can end up finding older versions containing expired forms and invalid guidelines. Be sure that you have the most recent version of the manual dated 10/2004. The direct link to the Pilot DOH page is [www.health.state.ny.us/nysdoh/ems/cmerecert.htm](http://www.health.state.ny.us/nysdoh/ems/cmerecert.htm). The most current manual will appear there shortly. God only knows where the older manuals will end up.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who is the 2005 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).