

1. SEMSCO took a moment of silence for the victims of hurricane Katrina and to remember the 2,749 victims of the attack on America that occurred moments before the start of a scheduled SEMSCO meeting September 11, 2001 at 8:46 am. We will never forget our brothers and sisters who gave their lives in the service of others that day.
2. Vital Signs 2005 is right around the corner, especially if you live in Rochester. Check out www.vitalsignsconference.com for details and registration information on the October 14-16, 2005 conference. Give some thought to attending the Saturday night banquet to honor your New York State EMS Award recipients.
3. The PIER Committee traveled to Albany in August for a summer award recipient selection meeting. Choosing one recipient from the many nominations each category received was no easy task. The 2005 awardees are: BLS Provider: John McCormack of Roslyn Fire Company, ALS Provider of the Year: Thomas Stark of Northern Dutchess Paramedics, Agency of the Year: Harpur's Ferry Student VAS, Leadership Award: Paul Gallman of Angelica Hose Co & Rescue Squad, Educator of Excellence: Joyce Eichorst of Saratoga County, EMS Communications Specialist: Zena Davis of Monroe County Emergency Communications Center, Nurse of Excellence: Diana Duffy of Catskill Regional Medical Center, and Physician of Excellence: Edward Kleiner of Nassau.
4. Not to be outdone, the Finance Committee also held a summer meeting but decided on New York City over Albany. Rumor has it they felt more productive at the new DOH offices, right around the corner from the New York Stock Exchange. Their work focused on completing the 2006/7 Budget Estimate for EMS in NYS. This was approved by SEMSCO in the amount of \$23,915,598 representing a 0.4% increase over the 2005/6 Budget. Some interesting data from the budget document: 19,214 students were trained in 2004 (12.5% more than 2003); there are now 61,345 certified providers in NYS (1.8% more than 2003); there were 838 CICs and 866 CLIs in NYS at the end of 2004. Nice trivia to pull outta your sleeve during a squad meeting.
5. Like a headache that won't go away, the revised head injury and spinal immobilization protocol is still a work in progress, or at least that's the latest from the rumor mill. Purportedly, an educational package will be presented at the December SEMSCO meetings. No, Virginia, you're not likely to see this one as a stocking stuffer.
6. An appeals committee sent its recommendation to SEMAC that the Suffolk County appeal of a dispatch crew confirmation and mutual aid protocol be denied (this was approved by SEMAC). They found that Suffolk REMSCO and REMAC had clear statutory authority to develop the protocol; that the protocol development process was appropriate; and the decision to create and adopt it was reasonable. No word on whether the appellants will further appeal to the Health Commissioner. Nearly one year after the issue erupted, most ambulance providers in Suffolk County have recognized delays in ambulance response (hard to miss it splattered in national news headlines) and taken significant strides towards implementing steps that accomplish the intent of the protocol. Suffolk County itself has legislated data collection to monitor response times and indicated willingness to implement a countywide electronic patient care report system to boot. There's not much more an EMS

- provider could ask for (except maybe a revised head injury and spinal immobilization protocol).
7. Speaking of appeals, SEMAC also approved a recommendation from the committee hearing a New York City REMAC decision appeal to allow FDNY to reduce ALS FR unit staffing from 2 medics to an EMT and single medic. That appeals committee recommended denial on the grounds that the NYC REMAC had authority to develop the protocol, followed an appropriate process to approve it, and was reasonable. No word on whether these appellants will further appeal to the Health Commissioner.
 8. Stroke Centers are popping up all over NYS at the rate of a few every month. The Bureau lists Stroke Center designations on their web site at: <http://www.health.state.ny.us/nysdoh/ems/stroke/stroke.htm>. Hypothetical concerns have emerged from a few areas of the state where transport to a stroke center might leave a community without ambulance coverage for prolonged periods of time. Presently, the REMACs in these hypothetically affected Regions are considering protocols that would allow EMS coverage to be factored into transport decisions, most likely by consultation with on-line medical control. Obviously, these protocols would need to pass through SEMAC for endorsement, so stay tuned to this bat channel for developments.
 9. “No decision” is the decision on STEMI (ST Elevation Myocardial Infarction). The powerful State Cardiac Advisory Committee seems challenged by the multiplicity of stakeholders involved. Perhaps next year, a decision on designating a trial Region or two will be broached. Who knows, this may actually be a job for a superhero like Buffy the Vampire Slayer. Wouldn't that add some spice to the next meeting?
 10. The final draft of the national EMS scope of practice appeared on September 12, 2005 (surf to: www.emsscopeofpractice.org). What happens next is curriculum development. You might want to check it out since the writing on the wall seems to spell, “we're not buying this in New York.” Yowza!
 11. The 3-year Pilot Program ends in June 2006 and DOH is busy tabulating surveys for a report to the Legislature that will help decide whether or not to renew it. It's high time to make the thing permanent, and the 411 from some of the fire service organizations says they plan to bend some legislative ears to do just that. Clarifications from the Bureau this past spring on pilot program documentation requirements caused a big whoop-de-do. Director Ed Wronski assures us that nothing is changed and the correspondence was meant merely to clarify requirements that have been there all along. Phew!
 12. The smoke is clearing on a deal where the State Hospital Preparedness folks will purchase burn kits for every ambulance in NYS. Fully compliant with Part 800, one kit will be purchased for each NYS ambulance. Who knows, this might be a St. Patty's day gift.
 13. Medical Orders for Life Sustaining Treatment (MOLST) is becoming reminiscent of Weekend at Bernie's (seemed dead but just hasn't gone away). There is now legislation proposing to allow a prehospital pilot of the form(s) in Monroe and Onondaga Counties. And, the DNI (Do Not Intubate) issue continues to be discussed in prehospital circles. Since you can clearly refuse intubation once you're safely inside a hospital in NY, it seems frickin' ridiculous that your only 2 choices outside a hospital are CPR or not. The time for change is now. Stay tuned...

14. Several bills of interest passed the legislature and were signed into law by the Governor. The foremost of these amends article 30 formalizing the State Trauma Advisory Committee (STAC) and Regional Trauma Advisory Committees (ReTACs) in statute. This assures the continuance of trauma systems in New York and will certainly benefit EMS. Problematically, it was not funded, but DOH will find some way to make it happen. A bill requiring CPR for high school graduation was defeated but one requiring AED training for high school students presently being given CPR training was signed into law. A bill exempting service awards from consideration as compensation for the purposes of immunity from liability statues for volunteers was signed into law. Numerous property tax credit bills and a few school tax credit bills for volunteer ambulance and fire personnel became law. A bill to allow school nurses to keep extra asthma inhalers for students was signed into law. And for yet another piece of trivia you can use to annoy friends and family: a methamphetamine lab bill was signed into law that, hidden amongst all the bad ass stuff that happens when you get caught running a meth lab, contains a clause requiring any mandated child abuse reporter (ie: EMT) to file a report when in the course of your duties you happen to stroll into a meth lab where it appears children are or might have been. Add that one to the list of reasons not to offer childcare as a meth lab employee perk, eh?
15. SEMAC approved a few ALS protocol sets but plucked a WREMS protocol allowing cannulation of the umbilical vein in neonatal resuscitation out of the pile pending data from the region on past use of the procedure. Oddly, the procedure was approved in their last two approved protocol sets. Hmmmm.
16. The folks from SAGER petitioned SEMAC for approval of their splint for proximal third femur fractures (current protocol allows traction devices only for mid-shaft femur breaks). SEMAC approved straight in-line traction splints (SAGER or like devices) for femur fractures (mid-shaft removed). Note that this needs to be revised in curriculum, practical skills exam sheets, and NYS Written Exams before it is truly gospel.
17. Leapin Lizards! Medical Standards discussed creating a statewide formulary (ie: list of medications permitted on ALS units). The concept will essentially be rolled into the work in progress by the TAG developing a Statewide ALS protocol set. Michael Dailey, REMAC Chair of the REMO Region is leading that charge. The beating Dr. Dailey took in May presenting the REMO protocols to Medical Standards probably helped toughen him for the task.
18. The Evaluations Committee set to work producing a revised QI Manual to assist EMS agencies in complying with Quality Improvement requirements, laws, and regulations. Too soon to predict when this might hit the streets.
19. The Bioterrorism people at DOH (separate division from EMS) plan to purchase atropine auto injector pens for every ambulance and first response vehicle in NYS as a nerve agent antidote. Apparently, there's a shortage of pralidoxime (2-pAM), one of the components in the familiar Mark 1 Kit. Atropine is now thought sufficient for most nerve agent exposures. Any whoo, SEMAC was asked to develop protocols and recommend quantities. Protocols are in the works, and 24 pens per vehicle will be the recommended quantity. More info later.
20. One additional tidbit on nerve agent antidotes: pedi atropens are slowly making their way into regional protocols. Dr. Art Cooper, a Pediatric Surgeon from NYC, noted

that the City reviewed literature on dosing, and arrived at an extremely simplified scheme using 0.5 mg for kids less than one year old, and 1 mg for kids over one year. (Adult dosing is 2 mg, for those who don't spend night and day worrying about nerve agent attacks).

21. The feds have fully restored funding to the EMSC (EMS for Children) program, which bodes well for NYS EMS. Federal trauma funding, on the other hand, was restored only to levels that allow programs to limp along for the next year.
22. Fake blood, just in time for Halloween! Albany Medical College announced that they have been selected to participate in a national study of PolyHeme[®], a red blood cell substitute manufactured from human blood by Northfield Labs in Illinois (www.northfieldlabs.com). The study involves 17 Level I trauma centers across the US including Duke, Mayo Clinic, and Loyola. Prehospital administration of PolyHeme[®] to trauma patients in hemorrhagic shock is part of the study, and was approved by SEMAC. Additional information is available at the Albany Med website: www.amc.edu/polyheme. One interesting part of the study, which makes for good bedtime reading, is the exemption from informed consent and how people can opt out of the study if they choose.
23. Intubation reared its ugly head yet again, this time in a lively discussion on the use of waveform capnography for RSI (Rapid Sequence Intubation). There's disagreement on whether waveform capnography (continuous monitoring of exhaled carbon dioxide which lets a medic know immediately if an ET tube becomes displaced) should be required in RSI protocols (RSI paralyzes a breathing patient to take control of their airway and breathing). As the debate went on, recognition was given to a growing body of literature questioning whether prehospital providers should intubate any patient (yup, you read that correctly – a clear pattern is beginning to emerge demonstrating that patient's fare as well or better when they're not intubated in the field). Sooooo, a new TAG will examine the whole concept of prehospital intubation with an eye toward recommending where we should go from here. This promises to be very interesting.
24. Still haven't gotten the SMART MCI kits for your ambulances? Fear not; once the county-by-county road show ends, DOH plans a series of regional training sessions for truants who missed out on the first, second, and third rounds.
25. DOH announced plans to develop an attestation form and checklist for review of CPR/AED courses submitted to the department for SEMSCO approval. If you read section 3000-b of Article 30 (www.health.state.ny.us/nysdoh/ems/art30.htm), PAD providers must complete CPR/AED training from a "nationally recognized organization" OR approved by SEMSCO. Based on the recent flood of legislation requiring AEDs in public places, DOH expects to see requests for approval of locally designed CPR/AED courses. Nice to be ready for something before it happens!
26. The DOH warehouse ran out of PCR forms this summer, leading some to wonder where a million or so forms have gone. The Bureau is working with Program Agencies to evaluate use of the forms, and whether BLS First Response Agencies should be using a separate BLS-FR version produced by DOH. Separate version? You got me by the sneakers on that one. Stay tuned...
27. Check out nyeminfo.com for a kewl training site launched by a consortium of providers in the Albany area.

28. The FAA notified helicopter EMS (HEMS) operators that they should consider using a risk assessment matrix for go/no-go flight decisions. The weakly worded memo lacks teeth, and the FAA remains indifferent about HEMS crashes. The memo is at: www.faa.gov/library/manuals/examiners_inspectors/8000/media/n8000-301.doc.
29. The Bureau issued a notice clarifying course funding policies. The notice highlights parts of Policy Statement # 02-10 (Course Funding – see: www.health.state.ny.us/nysdoh/ems/policy/policy.htm). Key points to note are that DOH will not pay course tuition for students from BLS agencies taking ALS courses, students who are not members of an entity with a valid EMS agency code at the time of enrollment in a course, and state or federal EMS response agency members.
30. A new application packet, “Applying for a DOH EMS Agency Code” is out and available for BLS-FR agencies that provide primary EMS on a regular and ongoing basis. New requirements include evidence of participating in a QA/QI program and a letter of support from the local REMSCO.
31. Now that resuscitation (CPR) equipment is required in restaurants, bars, theaters, and health clubs, DOH has produced an informational brochure and required sign for posting. Both are available at: www.health.state.ny.us/environmental/cpr/index.htm.
32. The National Registry (www.nremt.org) will migrate from paper and pencil to CBT (Computer Based Testing) beginning January 2007. Of course, exam fees will increase significantly. Surf to their site for the gory details.
33. All right, the cat’s outta the bag on EMT-I scores. They stink, and no one is quite sure exactly why. In an effort to address this, DOH will revisit written test question banks at all certification levels over the next six months. Perhaps that will help (?).
34. Bureau Director Ed Wronski has seated a TAG to consider legislation defining a statewide EMS Mutual Aid Plan. State Law presently defines a Fire Mutual Aid Plan; recent events have suggested that EMS could benefit from similar statutes.
35. Next SEMAC and SEMSCO meetings are scheduled for December 13 and 14, 2005. Of course, if you want to hang with the “in” crowd, you’ll be at Vital Signs October 14 to 16 in Rochester.

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. 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). There, you’ll find a list server dedicated exclusively to circulating these notes. Past copies of NYS EMS News are posted there as well.