

1. Despite plans to dissect them one by one, SEMAC gave wholesale approval to the new CPR Guidelines 2005. You might have seen the February memo from State EMS Bureau Director Ed Wronski (www.health.state.ny.us/nysdoh/ems/bemsupdates.htm) warning that State written exams will continue using the 2000 AHA Guidelines until such time as SEMAC and SEMSCO review the new material. All that stands in the way now is the process of changing exam questions to incorporate the new material. The Bureau projects this could be completed by the fall. Gasp!
2. If you've reviewed the new CPR Guidelines, you no doubt saw recommendations that Emergency Medical Dispatchers and EMS providers give aspirin to patients with suspected acute coronary syndromes. Whadda you know, the SEMAC approved CFR and all levels of EMT to administer 162 milligrams of chewable aspirin to any patient with suspected acute coronary syndrome provided there is no history of aspirin allergy and no recent history of GI bleeding. The Education and Training Committee is working on a classroom component, so don't rush over to CVS and stock your ambulance with baby aspirin just yet. A revised version of the BLS protocol for Adult Cardiac Related Problem should hit the streets once all the i's and dotted and t's crossed.
3. Just in from the department of no surprises: not all AED manufacturers have updates available for users to upgrade their machines to the new CPR Guidelines. The Bureau plans to write each AED manufacturer inquiring about availability of upgrades. They'll share responses with the EMS community. Hard to believe that an electronic medical device can't be upgraded to keep with the times, but at least the Bureau's findings will tell us which vendors we might want to do business with in the future.
4. While we're on the subject of acute coronary syndromes, here's a ditty that might give you angina. A SEMSCO tabled SEMAC motion that EMT-Basics be trained to acquire 12-lead EKGs (if approved by their Region and Service Medical Director) went out to various committees for consideration of potential impact and implementation concerns. Members of the Council's Finance committee calculated fiscal impact of the decision would range from \$90 to \$150 million dollars initially, followed by some \$10 million annual upkeep costs for statewide implementation. More concerning (if you're still conscious) is an estimated \$6 million cost to equip the remaining hospitals in the state to receive 12 leads from the field. Without that little drop in the bucket, the whole program would be for naught. I guess you might say, "further study is needed" on this motion. If you're still clutching your chest, you'd better go ahead and pop 2 baby aspirin.
5. Stumbled into a meth lab lately? If so, you hopefully had a copy of the Bureau's recently distributed brochure tucked in your pocket. A 2005 NYS law requires EMS services to educate their personnel on recognition of illegal meth labs. The educational brochure distributed by the Bureau can be downloaded at www.oasas.state.ny.us/meth/index.htm.
6. The Pilot recert program will not expire this June, if the legislature passes a proposed extension. Current bills call for an extension through 2011, although the Bureau had intended to recommend the program be made permanent. Given that nearly one

quarter of New York's EMS providers participate in the Pilot Recertification program, it certainly is not going away.

7. The Easter Bunny may be delivering burn kits for every NYS ambulance courtesy of the State Hospital Preparedness folks. The Bureau notified County EMS Coordinators last month to expect shipments shortly. Here's what's in the snazzy, soft, water resistant carry case: 1 thin thermal reflective blanket, 4 pair uni-sized gloves, 4 surgical face masks, 2 clean (not sterile) burn sheets, 6 assorted nonstick, multilayer gauze burn towels, 4 rolls assorted sterile roller gauze, and 2 rolls 1 inch tape. Before you get on the blower to invite your County EMS Coordinator out for lunch, note that there are only enough kits to equip ambulances. The Bureau is hoping to include an educational module and PowerPoint with the shipments.
8. Plans for Vital Signs 2006 this October 20 through 22 in Syracuse are moving along. Scope it out at www.vitalsignsconference.com. While you're there, check out the NYS EMS Council Awards link for information on Annual Awards presented at the Conference Banquet. Consider nominating a deserving colleague for their exceptional EMS contributions.
9. Gad zooks. We may be done rebuilding Iraq before a revised spinal immobilization protocol appears. The ball is now back in the physicians court after it became apparent that there'd be a dramatic increase in field immobilizations under the proposed revision. Consider yourself lucky to be getting a new burn kit and leave it at that.
10. The NTSB (National Transportation Safety Board) issued a report on air medical operations in January, revising it on March 6, 2006. You need only look to your EMS brothers and sisters killed in the line of duty during 2005 (www.nemsms.org) to know that urgent safety changes are needed for aeromedical transport. While the industry has work to do, users (yup, that means you) share responsibility for crashes by participating in or allowing a practice of "helicopter shopping" and inappropriate use. Surf to www.nts.gov/publictn/2006/SIR0601.htm for a summary or full copy of the NTSB report. On the same subject, the SEMAC Air Medical Services TAG proposed a series of standards be issued as a Bureau Policy Statement for Air Medical Services in NY. Suggestions to tighten the recommendations were offered along with the possibility of developing Air Medical Services Regulations in NY (based on the proposed policy statement). Further discussion and possible approval is expected in May.
11. Seen a bunch of Hare Traction splints and Thomas Half Rings up for auction on eBay? All for naught, says the Bureau. A Fall 2005 memo from Director Wronski regarding approval of the Sager traction splint for immobilization of proximal third femur fractures has resulted in a brouhaha of sorts, despite a second memo clarifying the first. Note that current protocol allows traction devices only for mid-shaft femur breaks. SEMAC did not change this. What they did was add approval for straight in-line traction splints to immobilize proximal third femur breaks. SAGER is the only such device presently on the US market. Keep your Hare, your Thomas Half Ring, and whatever other traction gizmo you might have. Just don't use 'em on anything other than mid-shaft femur fractures!
12. Interested in getting your hot little hands on a copy of the revised QI manual? You'll have to wait until Christmas, most likely. The Evaluations Committee projects

- having the revised manual and a PowerPoint presentation ready by year end. Hey, at least you won't have to rack your brain for stocking stuffer ideas.
13. Next time you see a bus or taxi bearing down on you, it's unlikely you'll be field resuscitated with PolyHeme[®], the red blood cell substitute manufactured from human blood by Northfield Labs in Illinois (www.northfieldlabs.com). A February 22 Wall Street Journal article blasted Northfield for hiding results of a 2000 study where 10 of 81 cardiac surgery patients given PolyHeme[®] suffered heart attacks versus none of 71 patients given blood. Northfield Labs disputes the Wall Street Journal claims, and while some prehospital studies using PolyHeme[®] continue, the Albany Medical College trial previously approved by SEMAC appears to be on hold for the moment.
 14. The Bureau provided the Finance Committee with a template for use by Regional EMS Councils to request training funds not presently provided through Council, Program Agency, or Course Sponsor contracts. Award of monies (which come from unspent training dollars) is subject to availability of funds and DOH discretion.
 15. Here's a legal pearl for you troublemakers out there: REMACs have authority to limit the practice of BLS providers. In a recent downstate region dispute, parties argued that REMAC control over field provider practice is limited to ALS providers. Not so, said a State legal opinion. NYS laws and regulations make no differentiation between levels of care in the authority of a REMAC to limit a provider's practice. That said, REMACs have no ability to revoke certifications, effectively limiting their influence over BLS providers to physician controlled local protocols like albuterol.
 16. On February 7, 2006, the State Health Department issued a revised Pandemic Influenza Plan with EMS included. You might want to pop onto the DOH web site and take a peek before flu season arrives (surf to: www.health.state.ny.us/diseases/communicable/influenza/pandemic/index.htm). Specific prehospital care guidance is included. EMS agencies are advised to reinforce infection control practices, promote flu vaccination of EMS providers, and review proper use of PPE. Each EMS agency should also have plans in place to rapidly immunize workers and key ancillary staff as well as to distribute antiviral medications should DOH make them available. EMS also places high on the list of priority groups for immunization and antiviral meds. County Health Departments are urged to establish close communications with the EMS Coordinators and EMS services. Blah blah blah aptly summarizes the rest of the 406 page document.
 17. The EMSC (EMS for Children) federal grant to New York was extended through February 2009. Under the approved extension, EMSC will become a permanent NYS program, expand the role of the EMSC Advisory committee, increase prehospital pediatric equipment, and (hopefully) begin designating pediatric receiving facilities. Hooray for kids!
 18. The Systems Committee may be trying to usurp the Spinal Immobilization Protocol with their sixth redraft of a new CON (Certificate of Need) policy statement designed to replace 93-09 and 93-10. A few more terms need better definition and additional subgroups have been duly appointed. Discussion will likely continue at the May meetings.
 19. As a result of a Bureau meeting with State Education officials, the Education and Training Committee appointed a TAG to investigate clinical skills performance issues. You may recall the State Ed notified hospitals last fall that certified EMS

providers cannot perform ALS skills falling within the scope of practice of a licensed profession in a hospital setting unless those skills are carried out as part of an original or refresher EMS certification course. This could spell trouble for ALS provider skill retention programs, air medical hospital contracts, and other existing programs. It appears that a mechanism can be put in place to allow existing programs to continue – the TAG will flush out these details.

20. Instructors around the state remain hot under their collars about a relatively new DOH policy prohibiting them from taking a peek at their student's state written exams. DOH is considering ways by which CICs could become more involved in the exam development and validation process. Stay tuned.
21. If you rank yourself as a trivia geek, here are some statewide stats to fill you up from 2005 year end: 1100 ambulance services, 115 ALS-FR services, and 721 BLS-FR services (that DOH knows of). Services by level of care: 405 BLS, 133 Intermediate, 188 Critical Care, and 484 Paramedic. Total Certified Vehicles = 5553 consisting of 4017 ambulances and 1536 other (which would include EASVs, helicopters, etc). Sweet.
22. Remaining 2006 SEMAC and SEMSCO meetings are scheduled for May 23 and 24, September 14 and 15, and December 12 and 13.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who was the 2005 Chair of the State EMS Council where he represents the NYS Association of Fire Chiefs. Mike remains on the Council as a wise old past-chair, kinda like an old Fire Chief. 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 parked there as well.