

1. Clouds parted and the sun shined brightly during the 2006 EMS Memorial Ceremony at the Empire State Plaza on May 17th. Three EMS providers who made the ultimate sacrifice in the line of duty: Heidi Behr (Riverhead VAC), Brendan Pearson (FDNY), and William Stone (Riverhead VAC) were added to the EMS Tree of Life. Henry Ehrhardt, SEMSCO 1st Vice Chair represented State EMS providers in a moving tribute, offering sincere condolences and deep thanks to the three members of New York's EMS family, their colleagues and loved ones.
2. SEMAC got an extraordinary presentation from Dr. Nadine Levick on Ambulance Safety. Dr. Levick, a Board Certified Emergency Medicine Physician from NYC, is highly respected researcher and sought after presenter on ambulance vehicle safety and injury control. Check out her website at www.objectivesafety.net or view her SEMAC presentation at www.objectivesafety.net/2006SEMACHO.pdf. Both SEMSCO and SEMAC plan implementing safety initiatives during the upcoming year.
3. Beginning with August 2006 written exams, DOH will test on the new CPR Guidelines 2005. A series of item writer workshops held during the past month served to revise CPR questions on all level exams. Now, if you could only find a CPR instructor teaching old dogs the new tricks, you'd be all set.
4. Testing the new CPR Guidelines is one matter; protocols are something else. SEMAC combed through pertinent CFR and BLS protocols, tweaking them here and there. Expect updates to post on the DOH website (www.health.state.ny.us/nysdoh/ems/main.htm) in the near future. Controversies ironed out include permission to use AEDs not updated to the Guidelines 2005 if newer units are not available, and elimination of a maximum number of defibrillations allowed under standing orders.
5. The summer semester homework assignment for SEMAC is incorporating ACLS Guidelines 2005 into the state ALS protocol template (a document used to review and approve regional ALS protocols).
6. Like a bad dream, SEMAC rescinded their recent approval of aspirin administration by CFRs for patients with suspected acute coronary syndromes. Protocols and a classroom outline were approved for all levels of EMT to give 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 whole kit and caboodle should be out soon.
7. What happens when you mix Alzheimer's with angina? Probably you get a SEMAC motion to train EMT-Basics in acquiring 12-lead EKGs that no one can remember the exact wording of. While the original motion (thankfully tabled by SEMSCO) made 12-lead training mandatory, it seems a softer, more optional version is about to be conceived. Stay tuned for word on whether this rabbit lives or dies.
8. Hopefully, you're not on fire waiting for State Hospital Preparedness burn kits. Supposedly, the goods are enroute to County EMS Coordinators for placement in every NYS ambulance. Where they are, nobody knows. Which may mean they aren't anywhere.
9. To help EMS services get up to speed on NIMS (National Incident Management System), DOH will shortly be mailing an informational packet to all services outlining expectations for EMS providers and agency officers. To allow responders

at all levels to work together more effectively, the Federal Government mandated States and localities move towards NIMS (National Incident Management System) compliance starting last year (2005). The carrot attached to NIMS compliance is future WMD dollars that will only go to NIMS compliant municipalities. You might remember the WMD dollars that bought your State MCI training and supplies, caches of bio and chemical antidotes stashed for your use, as well as thousands of dollars in PPE recently distributed. To assure that EMS continues to work effectively with outside agencies and gets all available state and federal support, EMS providers are strongly encouraged to get with the NIMS! Surf to

www.fema.gov/emergency/nims/index.shtm to learn more and take the IS-700 introductory course online at <http://training.fema.gov/emiweb/IS/is700.asp>.

10. When you're at Vital Signs 2006 this October 20 through 22 in Syracuse, look for two kewl presentations courtesy of SEMSCO committees. The Evaluations Committee plans to offer a session on making your organization more effective with a modern QI plan and the SEMAC Air Medical subcommittee is planning an Air Medical Safety session. Surf to www.vitalsignsconference.com for the low down.
11. They say one man can move mountains and Dr. Art Cooper (NYC REMAC) proved his special powers by single handedly defeating a revised spinal immobilization protocol up for SEMSCO vote. SEMAC (the docs subcommittee) debated and revised the protocol extensively the day prior to SEMSCO, producing a version all were happy with (except Dr. Cooper). The protocol now goes back to SEMAC for the umpteenth time.
12. The Systems Committee sent SEMSCO a seventh redraft of their new CON (Certificate of Need) policy statement designed to replace 93-09 and 93-10. Unlike spinal immobilization, this baby was approved. Look for the revised document in the form of a future DOH policy statement some day soon.
13. Course Sponsors who persistently wait 'til the last minute to submit their Student Applications are about to force the hand of DOH to move the deadline of "no later than 6 weeks" prior to the written exam. The stampede created by last minute filers routinely jeopardizes the efficiency of the whole written exam process. DOH is considering a changing the deadline for Student Applications from Course Sponsors to 8 weeks prior to the written exam. They probably should just do it – threats never seem to light a fire under the butt of a procrastinator.
14. Speaking of exams, there's now some conclusive information on the high EMT-Intermediate failure rate. Three things stand out: very few people test at the EMT-I level (meaning a very small sample size), there are only 55 questions on the exam (making it easier to fail), and the 38-48% failure rate is localized (meaning it is not statewide). The solutions are less obvious and beg further analysis. Nine content areas have the most missed answers: medical/legal, stress, DNR laws, metabolism/acid base balance, general pharmacology, side effects of IV therapy, pathophysiology of airway/breathing, shock, and head injury (especially increased ICP and Cushing's). Getting this word out might improve pass rates all around!
15. If you read the "Ask Sirenhead" column in the April 2006 issue of JEMS magazine, you learned about a sub-par AEMT instructor somewhere in rural New York who no one, from the local EMS council all the way to DOH, seems responsive to complaints about. Sirenhead thought New York's DOH takes complaints more seriously than

described and encouraged the writer to file a formal written complaint. Guess what? DOH reads JEMS magazine, too. And they're a bit peeved. Director Ed Wronski announced that the Bureau has not and will not tolerate lousy instruction. They intend to release a policy shortly outlining disciplinary steps the Bureau will take in response to complaints against CLIs and CICs.

16. In a mailing to all NYS Course Sponsors, DOH included two new Internship Tracking Forms, one for CICs and another for CLIs. These are for inclusion with the requisite internship paperwork submitted to DOH. Some day, they'll get an official DOH form number (a new "forms department" has essentially ground DOH forms production to a halt in the interest of, uhhh, efficiency – go figure).
17. Keep your eyes out for three new policy statements soon to appear on the Bureau web site (www.health.state.ny.us/nysdoh/ems/policy/policy.htm). Policy 06-02 addresses CPR testing in EMS courses. Dated April 19, 2006, this Policy Statement is slightly confusing given that it requires practical skills testing using CPR Guidelines 2005 starting in Spring 2006 despite DOH plans not to revise written exams until August 2006. Probably the only people scratching their heads will be a handful of Course Sponsors who actually read their mail before their spring semesters end. PAD (Public Access Defibrillation) is the subject of 06-03 (not much new and exciting there) and BLS-FR Service Information the topic of 06-04. While 06-04 is not really breaking news, expect some BLS-FR services that haven't recently been surveyed by the Bureau to lose their DOH agency codes. New requirements include written documentation both of municipal support and public dispatch as primary EMS response plus recognition by the local REMSCO of participation in the EMS system. Interpret this to mean that BLS-FR agency codes will no longer be issued to industrial brigades or fire based EMS programs not routinely providing EMS first response. To most, no big deal – having a DOH agency code does little other than include a service on DOH mailings and allow members to participate in DOH funded EMS courses. Some will (no doubt) be annoyed. Inside word is that the Bureau has no intention of revoking agency codes held by large, well-established industrial brigades. For now.
18. The recent NYPD arrest of a Central Park Medical Unit EMT for carrying an EMT badge in his briefcase through a Federal Courthouse security checkpoint prompted a letter from CPMU's attorney to DOH (see: www.cpmu.com/EMTShields.pdf). Counsel asked if NYS EMTs can carry a badge – DOH recognizes that it is common practice for EMS providers to purchase and carry their own badge and responded indicating that a certified provider may display an emblem and that Webster's Dictionary defines a badge as an emblem. Phew!
19. As though you don't already visit your local nursing homes routinely, here's one reason you might want to stop by the administrator's office: evacuation. A recent DOH meeting with NYC nursing homes revealed many plan to rely on EMS for mass evacuations during a major community-wide disaster. While possibly feasible for a single nursing home internal disaster, EMS will clearly be tied up with multiple other duties in the event of major incident. The time to learn your nursing home plans is before the big one hits. If changes are needed, better get them in place before hoards of elderly folks get left stranded during your upcoming tornado, tsunami, hurricane, terrorist incident, or locust infestation.

20. Director Ed Wronski announced that New York State is considering participation in NEMSIS (National EMS Information System – www.nemsis.org). He's asked the Evaluation Committee to look over the NEMSIS data elements and make a recommendation on whether NY should dive in.
21. The Commissioner of Health formally upheld SEMACs decision to uphold Suffolk County REMACs decision to adopt a Dispatch, Crew Confirmation, and Mutual Aid Protocol. The protocol is now cleared for implementation; any further appeals would be handled in court. The Commissioner noted that Public Health Law authorizes a REMAC to develop protocols to address a local problem such as the prolonged delays of ambulance responses in Suffolk County.
22. The Legislative Committee has charged a TAG with fact finding and developing recommendations on licensing paramedics. At their first meeting, they discussed licensure versus permanent certification. They'll spend additional time this summer exploring the issue.
23. Remaining 2006 SEMAC and SEMSCO meetings are scheduled for 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 – or you can simply click here to be taken directly to the source: www.saratogaems.org/NYS_EMS_Council.htm). There, you'll find a list server dedicated exclusively to circulating these notes. Past copies of NYS EMS News are parked there as well.