

1. The 2008 EMS Memorial service was held at Empire State Plaza in Albany on Thursday, May 22nd. The names of 26-year-old Matthew Lamb (Empire Ambulance) killed in a Hudson Valley, NY ambulance crash and 43-year-old Deborah Reeve (FDNY*EMS) who succumbed to illness brought on during her work at the WTC site were added to the EMS Memorial Tree of Life. Families, brother and sister EMS providers, agency Chiefs, DOH staff, members of the State EMS Council and a handful of elected officials braved torrential rains to pay respect to these brave EMS soldiers. Equally noticed was a total lack of high ranking political and state government officials which typically include the governor, Senate and Assembly majority leaders, and health commissioner.
2. On the topic of heroes, it is time once again to honor your coworkers by submitting nominations for the Annual NYS EMS Council Awards presented at Vital Signs. Categories and criteria as well as application forms are posted at www.health.state.ny.us/nysdoh/ems/emsawards.htm. Applications go to your Regional Council for approval and are due in to the State Council by August 1st.
3. Draft 3.0 of the National Educational Standards for EMS appeared a couple months ago at www.nemsed.org/draft_standards/index.cfm. May 30th was the deadline for comments, so if you feel a hankering to complain, so sorry – too late. The final version will be out this fall. For a synopsis of the process and the low down on what lies ahead, surf to www.nemsed.org/pdf/Communique10.pdf.
4. My sweet lord – with apologies to George Harrison – at long last, the Suspected Spinal Injury protocol is out! The protocol, curriculum module, and Power Point presentation are posted at <http://www.health.state.ny.us/nysdoh/ems/spinal/>. A mailing went out to all agencies just prior to SEMSCO meetings. Pinch yourself – you didn't dream this! Agencies have until December 31st, 2008 to get all their providers trained and up to speed.
5. The Safety TAG has been hard at work. They have a draft update in the works of a revised DOH policy statement on seat belt use in ambulances, a draft advisory on high visibility garments and a draft EMS to DOH incident reporting form. They also delivered a curriculum review to the Education and Training Committee outlining where and precisely how to incorporate education on safety practices in EMT courses. In addition to finalizing their draft documents, they have opened discussion at the behest of SEMAC on what patient care activities requiring unrestrained providers in the back of moving ambulances might reasonably be postponed. Phew!
6. Here we go again, well almost... SEMAC failed to rustle up a quorum but if they had, three motions pertaining to the waveform capnography would have come to the floor. In case you missed it, twice previously, SEMAC and SEMSCO passed motions requiring continuous waveform capnography on all non-arrest adult patients and all pediatric patients who are intubated effective January 1st, 2009. The new motions (you can bet your bipee will come to the floor in September), are to: (1) clarify the meaning of intubation to mean all advanced airway devices, (2) remove wording allowing REMACs to grant extensions, and (3) request DOH make public the names of agencies not using continuous waveform capnography after 1/1/2009. Obviously, any agency not using waveform capnography will no longer be allowed to intubate children or non-arrested adults after January. SEMAC heard some concerns over how this new requirement is being communicated to the EMS community. Plans are

to fold it into an update to the previously issued SEMAC advisory # 02-01 on Secondary Confirmation of ETT (www.health.state.ny.us/nysdoh/ems/pdf/s0201.pdf). If these proposed changes seem a tad feisty to you, others agree. Expect some lively debate when they reach the floor in September.

7. Whooda thunk it? We live in an interesting era where EMS care occasionally drives hospital treatment. Such is obviously the case with capnography, CPAP, and 12 lead monitoring where receiving hospitals are not all able to continue the same level of care provided by EMS. SEMAC intends to provide guidance to hospitals on standards of care in the streets with an eye towards having the same technologies more consistently available on arrival.
8. Medical Standards reviewed, revised, and forwarded several protocol sets to SEMAC where they sit awaiting action (due to lack of quorum). These included protocols from WREMAC (ALS), CNYEMS (Propofol for RSI), and FDNY (Rescue Medic).
9. While we're on the subject of SEMAC, a legal opinion is in from DOH lawyers on authority to establish statewide standards. Guess what? SEMAC is charged with establishing statewide medical standards. REMACs must follow these standards and if they wish modification, SEMAC approval is required. SEMAC standards can be more or less prescriptive, wholly at SEMAC's discretion (i.e.: could list specific drugs and doses or provide classes of drugs and intended uses for REMACs to select from). Does this pave the way for SEMAC to write statewide ALS protocols? You betcha. This legal revelation led to a lively debate on whether SEMAC standards were the floor or the ceiling for REMAC protocols. Answer: it depends on what SEMAC wants them to be. So there. Clear as mud.
10. The Bureau met once again with the Blood and Tissue Council to work on changing regs to allow EMS providers to continue blood product administration during interfacility transports (not presently permitted). It appears that educational requirements and lingo needed to move the regulatory process along will be ready by September. Stay tuned, and pray you don't need a transfusion before then.
11. Speaking of bleeding, the State Budget is calling for cuts across the board accompanied by a two to three year period of belt-tightening. The Bureau has been asked for an initial round of budget cuts, a freeze on hiring, and expects to see a 2-3% overall reduction in funds. Trickle down effect on SEMSCO and SEMAC will reduce 2009 meetings from 5 per year to quarterly. Expect additional cuts.
12. Feeling old and weary? The "Instructor Requirements Review TAG" (also known as the Aged and Disabled Instructor TAG) submitted the results of their course sponsor survey. The average EMS instructor in NY is 46.3 years old (range 20-69), half of all course sponsors have faculty over 50 and one-quarter have faculty over 60. The requirement that instructors be actively riding with a prehospital agency imposes hardship for 55% of the 93 course sponsors who responded and 83% agreed that change is desperately needed. Based on the many comments received and a thorough review of the issues, the TAG proposed SEMSCO remove "you must currently be actively providing prehospital care with an agency" from the requirements for CIC recertification. They further proposed an impact review in 2 years. Incredibly, this motion passed Training and Ed as well as SEMSCO with little fanfare. Note the implications of this change: (1) it has no effect on CLIs and (2) it only applies to CIC recertifications – original certs still have the riding requirement.

13. You thought web casting was a burden? New Governor, new problems. Vetting of new members to SEMAC and SEMSCO (some who have waited more than 2 years to be seated on the Council) is now mired in a diversity concern. The powers that be don't believe SEMSCO and SEMAC represent the diversity of the New Yorkers they make policy decisions for. As such, Bureau Director Wronski must work with the various associations and representative bodies to 'diversify' the Councils. Costs of webcasting have cut Regional EMS meetings to bare bones; mandates for greater diversity may drive EMS right over a cliff. Presently, more than half of New York has no vote in State EMS decisions thanks to years of delay in approving appointments. Pardon the sarcasm, but when I look at Article 30, Section 3002, SEMSCO membership is required to have geographic diversity, NOT represent racial, ethnic, religious, gender, sexual orientation or ranges of New Yorker's demographics. In fact, Article 30 says State Council members will be knowledgeable EMS stakeholders chosen by Regions and EMS stakeholder groups. Read it yourself at www.health.state.ny.us/nysdoh/ems/art30.htm#BM3002. Don't get me wrong, I'm not opposed to diversity on State and Regional EMS policy making bodies. I am opposed to regulators in Ivory Towers failing to understand how EMS functions in New York, failing to recognize the difficulty getting anyone qualified to serve on SEMSCO or SEMAC willing to volunteer two weeks or more of their time every year to attend meetings, and failing to do their job of allowing qualified individuals serve. Maybe if they took some time themselves to attend a meeting or, heaven forbid, the Memorial Service for those who laid down their lives for New Yorkers, they'd understand Article 30. Nuff said.
14. The Bureau reports a significant increase in fraudulent agency verification forms submitted to obtain DOH funding for certification courses. Note that the Bureau has and will continue to prosecute signers of false documents as well as services and course sponsors. In case you thought all the legalese on the bottom of the form was just a formality, better think again. In an era of belt tightening and budget cutting, these babies are getting some very close scrutiny.
15. Did you know that Congress failed to renew the emergency response provisions of the Ryan White Law when they reauthorized the AIDS funding components in December 2006? Few are aware that EMS lost crucial provisions requiring hospitals provide patient disease status when pre-hospital workers suffered exposures. While our representatives on Capitol Hill work to remedy the oversight, New York dusted off an old regulation providing some of the same protections as Ryan White. While not as broad, 10 NYCRR, section 63.8m (see: www.health.state.ny.us/nysdoh/rfa/hiv/sum63.htm) can help fill the void. At the behest of concerned Fire and EMS groups, DOH plans to produce informational materials and a Power Point presentation outlining the provisions of 63.8m. Keep an eye out for it.
16. The 2 part BLS-FR PCR reports will no longer be printed. Services (primarily first response agencies) using these should transition to the BLS PCR used by transport services.
17. This might seem picayune but the Bureau wants Course Sponsors to know that any course that tested before March 31, 2008 needs to have their final vouchers in by June 16th or lose out on the state moolah.

18. FDNY announced plans to begin a trial program transporting cardiac arrest patients with ROSC (Return Of Spontaneous Circulation) in the field to hospitals that have agreed to provide post-arrest hypothermia treatment. The data on improved neurologic outcomes with hypothermia are rather compelling. NYC expects to quickly enroll a large number of patients. The study was presented by FDNY Medical Affairs Physician John Freese – clearly the doc with the right name for a hypothermia study!
19. Vital Signs will move to Buffalo this October 2-5. The Safety TAG expects to deliver a presentation on their Culture of Safety initiative. Everything you ever wanted to know can be had at www.vitalsignsconference.com/.
20. Two new policy statements are available on the Bureau website: 08-02 on Patient Confidentiality and 08-03 on Records Retention. Get them at www.health.state.ny.us/nysdoh/ems/policy/policy.htm. Okay, so maybe they're not both there yet. They will be.
21. From the desk of the People for the Ethical Treatment of Animals (PETA) came an email to the Bureau asking for review and revocation of policy statement 96-05 (Pediatric Intubation Training in a Veterinary Health Facility). PETA calls the policy (which allows AEMT students to practice pediatric intubation skills by doing intubation of cats undergoing surgery in veterinary facilities), "cruel, unnecessary and inferior animal-based training." While infrequently used, the Bureau and SEMAC will take the PETA request under advisement in monitoring future requests.
22. Got atropine? If you've accepted atropine auto-injectors being distributed by DOH as part of medical response to suspected nerve agent incidents, you probably have 12 atropine pens in each ambulance, EASV (emergency ambulance service vehicle), and ALSFR unit. As of 5/28/2008, some 388 agencies in 20 counties have taken delivery of 16,752 pens. What you might not have is a protocol to use them. SEMAC clarified its previous approval of the program intended providers (BLS and ALS) to use the Mark I Kit protocol outlined in DOH Policy Statement # 03-05 (see: www.health.state.ny.us/nysdoh/ems/policy/policy.htm). Obviously, the 2-PAM component of the Mark I sample protocol attached to 03-05 does not pertain. Seem a little confusing? It is. One other little diddy – the pens expire in April 2009. No plans as yet for replacements. It might be time to bust into your piggy bank.
23. Remaining SEMAC and SEMSCO meetings in 2008 are scheduled for September 10 and 11, and December 2 and 3, to be held at the Best Western Sovereign, 1228 Western Avenue in Albany, NY 12203. You read it correctly – the September meetings do fall on Wednesday and Thursday instead of the traditional Tuesday-Wednesday format.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who was the 2005 Chair of the State EMS Council where he represented the NYS Association of Fire Chiefs. Mike finished his six year tenure on the Council in December 2007 and hopes to begin serving as an alternate to the yet to be confirmed NYS AFC representative Mike Murphy, RN, EMT-P (no comment on how long that might take). McEvoy 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 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.