

1. After 35 years of public service to the people of New York State, EMS Bureau Director Ed Wronski plans to retire this fall. His final work days will (appropriately) be during Thanksgiving week. SEMSCO and SEMAC are extremely grateful to Ed for his outstanding service to New York's EMS community. He has been a staunch supporter, outspoken advocate, and dedicated leader during his time at the helm of the Bureau. Those old enough to recall Ed's arrival at the Bureau remember that he took (and passed) an EMT course and rode with his local volunteer ambulance for many years to gain first hand perspective of the workings behind the scenes. Many of you have met him and heard him speak at conferences and meetings around New York State; he rarely turned down an invite to meet with EMS providers even when it took him away from home on weekends. Ed's exit brings Lee Burns, currently Acting Deputy Director of the Bureau, up one more notch to Acting Director. Lee had better watch out. The way things are going; she may inherit the Senate and potentially even the Governorship. Gadzooks!
2. The Vital Signs 2009 conference is fast approaching. If you haven't registered, you'd better get on it. Click to www.vitalsignsconference.com for details on the October 15 – 18 conference to be held in Rochester.
3. Speaking of conferences, Pulse Check 2009, the annual conference of the NYS Volunteer Ambulance and Rescue Association, has doffed their traditional Catskill venue for a more urban Albany location (Holiday Inn Turf on Wolf Road). Snooze and you will lose out on this one: October 1-4 are the dates. See www.nysvara.org/pulseCheck.html for details. If you can't afford a trip to EMS Expo in Atlanta, you'll find many of the same (New York grown) presenters at the Pulse Check conference.
4. A Finance Committee proposal floated at the June SEMSCO meetings to realign course funding brought considerable feedback from Course Sponsors, Regional Councils, and Program Agencies. Amongst the many emails, letters, death threats, suicide notes, and requests for home addresses of committee members was a general consensus of about 70% of the correspondents that elimination of reimbursement for EMT-I original and refresher, EMT-CC original and Paramedic original courses would not be a smart idea. The Finance Committee will revisit course funding at their final meeting of this year and hopes to float a revised proposal for comment that more appropriately addresses the issues raised by those who responded. Just to clarify the steps by which course funding levels are set: the Finance Committee makes recommendations to the SEMSCO with input from Training and Education, SEMSCO recommendations go to the Bureau, the Bureau vets these with Division of Budget, and final revisions are published in a DOH Policy Statement. Soooo, don't get your panties in a bunch. Nothing will change for at least another year, and the final result will certainly not be arbitrary or capricious. Note that when you bother to speak out, the Finance Committee and the Bureau are listening!
5. A 2010-2011 budget of \$23,539,320 for EMS in New York was proposed by the Finance Committee and approved by SEMSCO. By law, this will be forwarded to the Health Commissioner and on to the Legislature.
6. The PIER Committee met over the summer to select this year's recipient of the annual EMS Awards (www.health.state.ny.us/nysdoh/ems/emsawards.htm). Submissions were a bit sparse this year with one Region (not to name any names like Westchester) making no nominations. As usual, we'll keep you in suspense until after the awards are presented at the Vital Signs Annual Awards Dinner.

7. PIER reported that the State EMS Pin design has been finalized. There are no buckaroos in the State coffers to produce them so the current plan is for the Bureau to facilitate the design so that local agencies could order pins through vendors of their choice. Stay tuned...
8. The Safety Committee is pleased to report that Bureau Incident Reporting Form is outta the bag. See Policy # 09-08 at www.health.state.ny.us/nysdoh/ems/policy/policy.htm. An electronic (on-line) version will not be magically appearing very soon (no dough in the State coffers to create such an animal) but you might see a fill-in PDF version soon. Don't hold your breath waiting; you're certain to desaturate.
9. Medical Standards approved adding Solu-Cortef to the NYS ALS formulary. Some protocols were reviewed without any heavy lifting. Nassau County was asked to replace a digital intubation option with the term, "alternative airway." Not sure why this became a hot button...maybe there were people at the table with short fingers who took offense?
10. H1N1 was the big buzz. Epidemiology folks from DOH discussed the Department's Emergency Regulation requiring seasonal and H1N1 influenza vaccinations for all health care workers (HCWs) in Article 28 facilities who have patient contact. Compliance is required by November 30th (this window may move based on H1N1 vaccine availability). The mandate does not extend to prehospital care providers unless they are employed by a hospital or nursing home. It does, however, extend to EMS students doing clinical rotations in hospitals or Emergency Departments. The impetus for this regulation was the dismal (40%) vaccination rate amongst New York's Health Care Workers. The 60% unvaccinated workers carry flu viruses and readily infect their families, friends, and patients. Ludicrous. It's about time someone had the gumption to require HCWs to act responsibly. It would be nice if EMS agencies would do the same – without being forced...
11. This was mentioned previously, but if you are searching for EMS H1N1 advice, the Bureau has a section on their web site just for you. Waddle over to their trough at: www.health.state.ny.us/nysdoh/ems/communicable_disease/h1n1_swine/index.htm. Oink, oink.
12. SEMAC did not have a quorum but they recommended the Bureau work with DOH to step up training EMS providers on influenza vaccinations and antiviral medications with an eye towards improving knowledge. If pandemic burdens overload local resources, EMS may be requested to participate in vaccinations and/or antiviral medication distribution. Not a bad idea to be ready despite the fact that DOH and the legislature have repeatedly refused to authorize EMS personnel to act in this capacity.
13. You may recall that NFPA (www.nfpa.org) decided to develop a standard for ambulance design. Well the first meeting of said workgroup was held over the summer (June 17th, 2009). Following the usual NFPA format, this group will ultimately consist of 30 members divided evenly into 10 representatives from manufacturers, 10 from users, and 10 from regulators. Yours truly (Mike McEvoy) is representing New York State EMS. What happened at the first meeting? Well, imagine a couple dozen folks from the previously mentioned groups sitting in a room together – any room, anywhere. You could cut the tension with a knife, err – make that a chainsaw. There were a few presentations: ambulance crash data (or lack thereof), history of federal government ambulance specifications, development process of the NFPA 1901 standard, resources available from NFPA, and the standards development process. The feds made it abundantly clear that

once NFPA develops and issues an ambulance design standard, they will cease revising the KKK specification. In fact, they actually seem quite eager to get outta the ambulance spec development business. So, first problem: define ambulance. Couldn't do it. So, kinda like SEMSCO, they created a subcommittee. Next question: what's out there already? Probably the most popular ambulance design standards are the federal KKK-A-1822 standard and the National Truck Equipment Association (NTEA) Ambulance Manufacturers Division (AMD) standard (2007 version). Why reinvent the wheel? Another subcommittee was created to make a draft merge of KKK and AMD with the NFPA 1901 (fire truck) format. That document is done and the next meeting to be held this fall will see where the cards lie.

14. Remember NEMESIS (the National EMS Information System, see: www.nemesis.org/)? New York has finally signed on, agreeing to move towards collecting NEMESIS standard data elements in our PCR system.
15. You may recall the FDNY proposal to implement response of a rapid organ recovery ambulance equipped to preserve organs of patients pronounced in the field when consent for donation had previously been given. Similar programs operate in Barcelona, Madrid, and Paris as a means of improving compliance with the wishes of people who desired to make their organs available after their death. It appears that the FDNY has cleared some significant hurdles and is back on track to start a trial run of the program shortly.
16. Training and Education voted to roll out the new EMT curriculum in NYS on September 1, 2011. If you've been living under a log, EMS curricula at all levels have been completely revamped. Surf to www.ems.gov and click on the Education tab.
17. Heads up for Course Sponsors: starting this fall (September 2009), Student Applications must contain an agency code if you plan to seek DOH funding for EMS students in certification courses. Vouchers will be adjusted to deny funding for any student without an agency code on their Student App. One more reason to carefully look over those yellow forms before sending them on to the Bureau...
18. Speaking of the Bureau, a discrepancy between Part 800 and KKK specs is putting DOH Field Reps on the hot seat of late. Part 800.22 (b) requires ambulances be capable of carrying two recumbent patients. KKK-A-1822F (7/2007) 3.10.3 calls for an ambulance crew seating design with a seatbelt, padded back and padded headrest positioned to allow care of the primary patient. Ambulances built to this newest standard may not also be able to accommodate a second supine patient. Until DOH can revise 800.22, they have directed field reps to notate compliance with the latest KKK spec on their inspection report and not to fail the inspection when the new KKK spec is properly met. The Bureau noted that they have no desire to discourage purchase of safer ambulances nor make agencies pay big money to comply with both 800.22 and KKK 3.10.3. Now this is bureaucracy working sensibly! Whodda thunk it?
19. Appeals from the City of Utica and North Area Volunteer Ambulance Corps (NAVAC) remain in the Bureau of Adjudication awaiting issuance of ALJ (Administrative Law Judge) findings. Reportedly they will be ready for the December SEMSCO meeting (which probably means members should bring a cot and their bunny slippers). That did nothing to shorten the Systems Committee meeting this month as the Niagara Memorial Hospital appeal made it out of the Bureau of Adjudication and provided fodder for plentiful discussion. Long story short, Niagara Falls Memorial Hospital filed a CON in 2008 with Big Lakes Regional EMS Council to operate an interfacility transport

ambulance. Big Lakes supported the issuance of the CON and a local ambulance service appealed (there were at least two local services willing and able to provide the same service the hospital claimed were not available). On review, the ALJ found that the record did not contain enough information to render an opinion or recommendations. The judge recommended remand back to the Regional Council for reconsideration with a request that they record their deliberations. A review by the Systems Committee, with input from the parties involved, suggested that need for the CON had not been demonstrated. SEMSCO voted (12-11, mind you), based on absence of demonstrated public need and the applicant statement of purpose being cost savings, to deny the Niagara Falls Memorial Hospital CON on the grounds that no public need was established. If you want any more of the details, you'll have to find a buddy in Niagara Falls who can fill you in.

20. A few items still out there somewhere: Medical Standards took a grid of skills and procedures done in the back of a moving ambulance by unbelted EMS providers and categorized what should, should not, and what could be done with caution. They will provide this at the December meeting. SEMAC still needs to tackle the bleeding control using tourniquet issue in an effort to standardize care across the provider levels in New York State (Medics go directly to application of a tourniquet when direct pressure fails to control external extremity bleeding while all other providers continue to try elevation, pressure points, and pressure bandages before considering tourniquets). They probably need to tackle getting a quorum first. And how about that AED issue, eh? Tabled last meeting was a motion to recommend revision of Part 800 to add an AED to the required equipment list for ambulances in New York State. The topic came up again, but no specific action was taken. The Bureau did report that most ambulances are presently equipped with AEDs (roughly 96% of all buses out there). Betcha it'll be the buzz at a future meeting.
21. The final 2009 SEMAC and SEMSCO meetings are scheduled for December 1 and 2, to be held at the Crowne Plaza Hotel, State & Lodge Streets in Albany, NY 12207.

These notes respectfully prepared by Mike McEvoy who previously represented the NYS Association of Fire Chiefs on SEMSCO before (finally) being replaced by Mike Murphy. Contact Mike at McEvoyMike@aol.com or visit www.mikemcevoy.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.