

1. Happy holidays and mea culpa for the late arrival of these notes. Too many deadlines collided to ultimately make this report a sort of holiday “something to do when you’ve had enough of the family” and want to make it look like you’ve brought some important work home. Just try not to chuckle out loud.
2. The NYS PCR stock has run dry. An OGS contract to print more PCRs has been muddled in the state budget mess but may be on the short list of bids to be awarded in December. The next generation PCR (if there is one) will be all black & white (no red) and no longer have a unique stamped inventory control number. If you’re out of PCRs, the Bureau suggests you make photocopies of the research (yellow) page as a last resort. You are also encouraged print PCRs on your own dime (quarter, buck or credit card). That, you will find poses a couple issues: getting a proof for your print shop and copyright permission. Alas, these should be readily available through your Regional Program Agency. A word of warning: based on the state budget situation, PCRs may never be available again. This is not a good time to “wait and see what happens.” Go electronic or get with your neighbors and print your own supply. On a side note, the State also ran out of death certificates. Better brush up on your CPR.
3. Here’s a freebie from the State: online mandated reporter training. The 2-hour program includes an official State Education Department completion certificate. Hop on to www.nysmandatedreporter.org, click on “New Online Trainings” and choose the first course, “Self-Directed Online Training.”
4. H1N1 incidences spiked in 43 upstate counties. Vaccines appear effective in limiting wider outbreaks. The State Education Department approved a “Just In Time” training program for EMS providers to administer flu vaccines under the Governor’s Executive Order 29 (www.ny.gov/governor/executive_orders/index.html). Note the original order was extended for an additional 30 days and vaccine clinics are the responsibility of County Public Health Departments.
5. Vital Signs 2009 in Rochester was well attended, in fact, better attended than expected necessitating some last minute hustling. Just under 1,900 attended with 100 vendors exhibiting. The Big Apple will host Vital Signs 2010, a bit earlier than usual. Surf to www.vitalsignsconference.com for the low down on the August 26 – 29, 2010 conference to be held at the New York City Sheraton Hotel and Towers. You can also follow Vital Signs on Facebook. And you thought you had enough friends.
6. Another date for your calendar: EMS Week is May 16 – 23, 2010. The EMS Memorial will be held at the Empire State Plaza on Wednesday, May 19th. Details later.
7. Couple new Policy Statements are up on the Bureau website for your late night reading pleasure: # 09-10 Medical Direction and 09-09 on fentanyl. Get ‘em all at www.health.state.ny.us/nysdoh/ems/policy/policy.htm.
8. Nominations for 2010 NYS EMS Awards are due June 1st (instead of the usual August 1st) as a result of the earlier date for Vital Signs. The PIER Committee announced two other changes to the Awards (presented annually at the Vital Signs Conference). Firstly, a new award category, “Youth Provider of the Year,” will be added to recognize a 14 to 18 year-old nominee. Secondly, the awards presentation will be moved from the Annual Vital Signs Banquet Dinner to the Opening General Conference Session with a meet and greet scheduled during the Friday evening opening reception. Now is the time to start thinking about EMS colleagues you would like to recognize. Pick up the requisite form at www.health.state.ny.us/nysdoh/ems/emsawards.htm.

9. Enough suspense if you weren't at Vital Signs in Rochester during October, awardees included BLS Provider of the Year: David Hobbs (Mt. Lakes REMSCO), ALS Provider of the Year: William Major (Wyoming-Erie REMSCO), EMS Agency of the Year: Bay Shore Brightwaters Rescue Ambulance (Suffolk REMSCO), EMS Educator of Excellence: Kenneth Kelly (Finger Lakes REMSCO), EMS Communications Specialist of the Year: Phil Thompson (Hudson Valley REMSCO), Registered Professional Nurse of Excellence: Mary Preska (Hudson Mohawk REMSCO), Physician of Excellence: Carl Goodman (Suffolk REMSCO), and Harriet C. Weber Leadership Award: Christopher Bitner (Central NY REMSCO). Congratulations to these distinguished providers!
10. The hotly debated and widely discussed Finance Committee proposal to realign course funding has been tabled out of concern that current State budget issues would likely interfere with enacting any recommendations.
11. The Finance Committee established a timetable to prepare a proposed 2011-2012 EMS budget. Templates will be mailed to Regional Councils and Program Agencies in March with returns due May 7, 2010 for analysis and review at a planned May 24th (evening) meeting.
12. Medical Standards approved several protocols, not without fanfare. Controversy swirled around use of therapeutic hypothermia. Of debate, to summarize an agonizing discussion, is whether prehospital cooling of post-cardiac arrest patients is a standard of care or a focus for research. Given a paucity of published evidence, it seems chilling is more research than standard care (in the field). Also discussed was capability of hospitals to continue therapeutic hypothermia once initiated in the field. We won't even go there... Anyhow, a REMO chilling protocol was approved. Stay tuned.
13. In the category of odd, Medical Standards and SEMAC (more on their meeting later) approved FDNY to develop an EMS provider educational program on oseltamivir (Tamiflu[®]). The belief is that EMS may be called upon to dispense antiviral meds in a pandemic situation (like the current H1N1 situation). Now if you're thinking, "what, what, what?" – you're not alone.
14. SEMAC actually rustled up a quorum for this meeting and began by approving all the items awaiting vote from their September meeting (no need to rehash those here, check the September News if you must). On top of this housekeeping, they moved a fairly substantial number of decision items.
15. SEMAC voted to send a letter to the NYS Cardiac Advisory Committee (CAC) requesting a separate risk-adjusted reporting category for ROSC patients taken to PCI. ROSC stands for return of spontaneous circulation (i.e., successfully resuscitated following cardiac arrest) and PCI is percutaneous coronary intervention (meaning stents or a roto-rooter job done in the cardiac cath lab). Problematically, cardiologists (and heart surgeons) in NYS are ranked by results (see: www.health.state.ny.us/statistics/diseases/cardiovascular/) that are reported to the public. Risk adjustments applied to these data do not adequately reflect the reality of taking ROSC patients directly to the cath lab for immediate treatment. To avoid looking bad on their report card, many hospitals and cardiologists are more inclined to sit on ROSC patients brought in by EMS rather than rush them for much more appropriate PCI. A new reporting category for these patients would remove this barrier and allow post cardiac arrest patients to get appropriate care without fear of damaging the hospital or cardiologists reputation in the process. Side note: this is an interesting example of how public reporting can adversely affect patient care.

16. Speaking of cath labs, a new section of NYS Hospital Minimum Standard Regulations has some interesting EMS implications. Scope out 405.19 (a) 2 at:
<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/11fb5c7998a73bcc852565a1004e9f87/8525652c00680c3e8525652c00630a77?OpenDocument>.
17. At long last, an answer to the tourniquet question! STAC (State Trauma Advisory Council) recommends, and SEMAC concurs, that bleeding should be controlled using the current PHTLS guidelines. Future curriculum and protocol revisions will incorporate PHTLS guidelines for control of external hemorrhage. As you may recall, this was previously done at the paramedic level. No word on when you can expect changes elsewhere, but it's a comin...
18. New drugs proposed to the Statewide EMS formulary will henceforth need to be presented using the drug outline from the paramedic curriculum (incorporating information on pharmacokinetics, side effects, mechanism of action, etc). This will provide greater uniformity for purposes of debate and discussion.
19. Monroe-Livingston protocols were approved including, don't bite your tongue, a protocol for reimplantation of avulsed teeth. Maybe there are a lot of bar fights out there?
20. A couple New York City protocol revisions got the smack down. A proposed change in burn treatment recommended dry dressings for all burns. This was revised to recommend dry dressings on all burns > 10% BSA. Another revised the NYC field triage scheme to add an Orange category between the Red and Yellow. As this has never been elsewhere, SEMAC refused to approve it without more information. There are concerns of interoperability with mutual aid into and out of NYC. Use of epi-pens by BLS providers for treatment of acute asthma was approved.
21. A REMO study of intranasal administration of naloxone (Narcan[®]) by EMT-Basic providers was approved. Hopefully, that's intended for patients, not paramedics who got into the fentanyl stash.
22. SEMAC also passed two motions requesting the Bureau develop proposed Part 800 regulatory changes: one to require an AED on all in-service transporting ambulances, and a second to require adult and pediatric epinephrine auto injectors be carried on every BLS ambulance.
23. If you're anxiously awaiting word on the OLMC (On Line Medical Control) issue; (namely, does it need to be a doc who answers the radio?), better get a script for some Xanax. This complicated conflict between regulation and policy is still being ironed out.
24. SEMAC plans to meet with officials from the VA to discuss triage and transport concerns. Apparently (depending on location), some vets adamantly refuse transport to specialty centers (trauma, stroke, cardiac) because their coverage requires them to seek care only at VA Medical Centers. Some Regions have working solutions, others not so much. SEMAC seeks a potential statewide fix, if possible.
25. Get ready for another educational opportunity courtesy the traveling EMS Bureau educators. Jim Soto and cohorts are in the process of rolling out a respiratory protection training program using a regional Train-the-Trainer approach. With grant monies awarded to the Bureau, a cadre of trainers will be assembled to provide EMS agency management and leadership with information to demystify compliance with the OSHA 1910.134 Respiratory Protection Program regulations. Thus far, participation has been relatively low (N-95 masks are not very sexy), but efforts are plodding along.

26. The QM Committee plans to work with the Air Medical TAG on two issues highlighted in the recent NTSB (National Transportation Safety Board) hearings on air medical safety. These pertain specifically to dispatch of helicopter EMS: assuring the most appropriate service is being dispatched and that good policies are in place for accepting flights based on weather and visibility. QM is also continuing work on a PCR Version 6 that will include necessary NEMSIS data elements.
27. In December, the Bureau issued a Request for Information (RFI) from prospective vendors for development of a statewide electronic PCR reporting platform (see: www.health.state.ny.us/funding/rfi/electronic_prehospital_reporting_system/electronic_prehospital_reporting_system.pdf). Using grant monies, the Bureau expects to recommend award of a contract that would consolidate data dumps from the multiple electronic PCR systems currently in use throughout NYS and offer an interface for smaller services to directly enter PCR data into the Statewide database (a sort of “poor man’s” ePCR). Stay tuned...
28. Narrowbanding is a term you’ve likely heard before and are probably going to hear more about real soon – perhaps until you’re sick of it. Time is now a tickin’ – scout out this FCC Public Notice: www.apcointl.org/pdf/Narrowbanding%20PN.pdf. You’ve got exactly one year to get your radio ducks in a row. If you use radios, better check to make sure that (1) the folks responsible for your FCC license have applied for a narrowband frequency or have an actual plan in place and (2) that your radios (mobiles, portables, base station, pagers) are narrowband capable. Ultimately, you won’t know what frequency you’ll be using until the FCC reallocates them (which will happen sometime near 2013). In a New York minute, the switch will happen. Failure to plan is a big fat plan to fail.
29. Rumors and misinformation abound regarding legality of operations outside the territory specified on DOH operating certificates. The Bureau continues meetings with other state agencies in efforts to get everyone on the same page. Services are encouraged to review policies # 89-02 and 98-09 (see: www.health.state.ny.us/nysdoh/ems/policy/policy.htm). The Systems Committee has created a TAG to review older policies, including specific definitions of “ALS meet up” and “Mutual Aid” as these appear quite vague presently (and subject to varied interpretations). Finally, given the wide range of misinformation out there, Acting Bureau Director Lee Burns reminds services to please respond to where you are called!
30. Training and Education continues work on the new EMT curriculum, still planned for a September 1, 2011 rollout.
31. 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. There was considerable discussion on the unbelievable lengths of time appeals wait for ALJ findings. Not like anyone can tell a judge what to do, but in actuality, SEMSCO could set a timeline beyond which they act with or without an ALJ opinion. Currently, REMSCOs have a 60 day timeline for action on appeals, SEMSCO and the ALJs have none. Stay tuned for more on that...
32. The Safety TAG is in receipt of Medical Standards grid of skills and procedures done in the back of a moving ambulance by unbelted EMS providers (categorized by what should, should not, and what could be done with caution). They hope to release this in the spring. Safety is also moving full speed ahead on a safety resource document similar to the QI Manual published by SEMSCO last year.

33. State Council (SEMSCO) elected officers for 2010. Congratulations to Chair Bob Delagi, First Vice Chair Tim Czapranski, and Second Vice Chair Mark Zeek. Chair Delagi has asked members send him the customary committee assignment requests. He also requested members of SEMAC and SEMSCO advise of planned absences at least two weeks prior to upcoming meetings so that meetings without quorums can be canceled.
34. A well attended evening retirement dinner was held for New York State EMS Bureau Director Ed Wronski honoring his 35 years of public service. Acting Director Lee Burns served as MC and many familiar faces from the past joined colleagues from throughout the State to offer memories and farewell wishes to Ed.
35. SEMAC and SEMSCO meetings have been reduced to three dates in 2010: Wednesday and Thursday, February 24 and 25; Tuesday and Wednesday, May 25 and 26; and Tuesday and Wednesday, October 5 and 6. They will remain 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.