

1. Vital Signs in the Big Apple this past August was a tad hypotensive, suffering from a big drop in attendance. Not to worry, the show relocates to Syracuse and back into the month of October in 2011. Details on the Oct. 13 – 16 event at www.vitalsignsconference.com.
2. Congratulations to SEMSCO member Dr. John Freese, promoted by FDNY Commish Sal Cassano on September 16th to Chief Medical Officer for OMA (Office of Medical Affairs oversees FDNY*EMS). A 17-year FDNY veteran, Dr. Freese started as an EMT, then Paramedic and served as Deputy OMA Medical Director since 2005. He replaces Dr. David Prezant who was promoted to FDNY Chief Medical Officer and Special Advisor to the Commissioner on Health Policy.
3. Drug shortages have besieged EMS and hospitals alike owing to a multitude of regulatory changes, supply shortages, and plain old poor planning. Key among them are preload supplies of 50% dextrose, 1:10,000 epinephrine and naloxone. The FDA runs a sweet site at www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm including opportunity to sign up for email alerts, learn about projected ship dates, and safe use of alternative agents. Speaking of safe use, the Bureau of EMS issued a June 10, 2010 guidance letter (www.health.state.ny.us/nysdoh/ems/remac_pharmaceutical_letter.htm) suggesting REMACs and agencies consult the FDA site for guidance. Oddly, a subsequent letter sent August 12, 2010 to REMAC Chairs by OHSM Director Dr. John Morley and BEMS Acting Director Lee Burns on behalf of SEMAC Chair Dr. Mark Henry offered epi and D50% alternatives contradictory to those recommended by the FDA. While the memo was not posted on the DOH site, BE WARY! The DOH recommendation that 1:1,000 epi be reconstituted in pre-filled normal saline syringes is an error prone patient safety concern strongly discouraged by the American Society of Health-System Pharmacists (ASHP) and the Institute for Safe Medication Practices (ISMP). Graduation marks on pre-filled syringes are estimates only and should never be used for dose measurement. Additionally, DOH made a five-fold error in their calculation of pre-load 25% dextrose (listing the contents as 12.5 grams when the actual unit dose contains only 2.5 grams). Goes to show you that med errors have multiple causes and not all advice you get is reliable, regardless of the source. Many REMACs issued advisories more in line with those recommended by ASHP (linked to through the FDA site or directly at www.ashp.org/Import/PRACTICEANDPOLICY/PracticeResourceCenters/DrugShortages/GettingStarted/CurrentShortages/Bulletin.aspx?id=640). For inquiring minds wondering when the shortages will end, here's a quick low down on the problem. Last year, the FDA changed rules to require a very extensive review of small changes (such as packaging). As a result, all but one manufacturer of preload drugs decided to call it quits rather than navigate the new rules. Fortunately, resellers (with help from the FDA) were able to convince IMS (International Medications Systems), a manufacturer who quit the market in December 2009, to restart production, alleviating the pressure on Hospira (the only remaining preload syringe producer). IMS started shipping in August 2010, and slooowly, supplies are returning. A quick look at the FDA site reveals that manufacturers still can't seem to get their arms around accurately predicting demand, so some shortages continue.
4. Medical Standards ran through six sets of protocol changes, recommending only minor tweaks; Susquehanna, Suffolk, STREMS, Hudson Valley, Finger Lakes, and Nassau were all approved. They heard updates on hypothermia protocols (see next item) and the REMO (Hudson-Mohawk) BLS Intra-nasal naloxone (Narcan[®]) study, currently on hold due to a naloxone drug shortage. Two changes in the REMO study were approved:

dropping glucometry from the study protocol and adding Suffolk as an additional participating Region. The study will start once naloxone supplies are replenished as you can bet there's no shortage of street narcotics holding things up!

5. Chief Doc John Freese gave a chilling report to SEMAC on the FDNY hypothermia study which, after 19 months has transitioned from Phase I (transport to hypothermia capable hospitals) to Phase II (field initiated cooling). 2,892 post ROSC (Return of Spontaneous Circulation) patients were transported to cardiac arrest centers (cooling capable hospitals) during Phase I. The survival among admitted patients is fairly interesting:

	2008 (not cooled)	2009/10 (not cooled)	2009/10 (cooled)
Overall	15.7%	15.4%	38.16% **
PEA/Asystole	7.31%	13.7%	13.51% **
VT/Vf	34.9%	42.3%	61.54% **
** p < 0.05 (which means, for the statistically unsavvy, this increase cannot be explained by chance alone)			

FDNY is a few months into Phase II, initiating cooling in the field. Preliminary data do not show any immediate trends towards increased (or decreased) survival. Long term effects should be known within the next 6 months. Stay tuned: this might disprove the theoretical need for that cooler you've been using to ice your Pepsi. One anecdote from the FDNY study: acute post arrest pulmonary edema was dropped as a study reported adverse outcome. The overall 4% incidence has not been significantly different than experienced in other post-arrest populations (2%).

6. SEMAC endorsed Med Standards protocol approvals and took up a few additional items. Amongst these was discussion of revised 10 NYCRR 405 regulations affecting EMS (primarily 405.29(2)b). While the full effects of these remain to be seen, new STEMI centers must be PCI capable and will be geographically limited by DOH. No additional "diagnostic only" cardiac cath centers will be approved. SEMAC also vetted a Safety TAG skills list to be rolled out as a future advisory, detailing procedures safe to perform in the back of a moving ambulance versus what should not be done by unbelted providers. Btw, SEMSCO decided to make the Safety TAG a permanent committee in recognition of their important and ongoing mission. Pending AHA changes in CPR and ACLS will be reviewed once they hit the press. SEMAC also noted that there seems to be a delay somewhere (go figure) in getting the CDC Trauma Triage Criteria pushed out into BLS protocols, educational curricula, and certification exams. The CDC Trauma Triage guidelines, originally approved in September 2007, with the NY addition of pulse rate criteria, have yet to be pushed out statewide. Someday, they will and Christmas is coming, too. And...
7. The State Legislature has slapped SEMSCO and SEMAC upside the head once again. If you've been around for a few years, you'll recall the unwieldy SEMAC opposition to use of AEDs by citizens and later to epi-pens, despite numerous deaths and evidence both could be done safely. Concerned legislators took matters into their own hands and passed laws around SEMSCO, allowing citizens to use AEDs, camp counselors and EMTs to use epi-pens, and now...AEMTs to draw blood at the request of a police officer from persons suspected of driving under the influence (DWI). Yup, Governor Paterson signed Jack Shea's law, closing an apparent loophole in the New York DWI law. The law expands the list of personnel in Section 1194 of the V&T law authorized to conduct blood draws without a doctor's supervision in suspected cases of driving while intoxicated. Previously only physicians, registered nurses and registered physician's assistants could legally draw

- blood from a drunk driving suspect without having a doctor present. The new legislation extends that authority to certified nurse practitioners and DOH certified advanced emergency medical technicians. Shea's Law is named after Olympic gold medal winner Jack Shea, who was struck and killed by suspected drunk driver Herbert Reynolds in January 2002. Lab results showed Reynolds blood alcohol content was 0.15%, well above the legal limit for impairment yet the evidence was ruled inadmissible because the blood draw was taken by a medical technician without the supervision of a doctor. The DWI, vehicular manslaughter charge and other traffic violations against Reynolds were eventually dismissed. Jack Shea won two speed-skating gold medals during the 1932 Winter Olympics in his hometown – Lake Placid and was instrumental in getting the Olympics back to Lake Placid in 1980. His grandson, Jim Shea, Jr., won a gold medal at the 2002 games in Salt Lake City, just a few weeks after Jack was killed. Now, here's the kicker: like AEDs and epi-pens, SEMAC and SEMSCO spent almost an hour each criticizing the new law and searching for a workaround. They cited lack of training, scope of practice, and consent issues. But whoa; here's the bottom line: police can request an EMT draw blood on an operator suspected of driving under the influence. The EMT can agree or can refuse. DOH, SEMAC, REMACs, and Medical Directors have no say; the law empowers the cops and EMTs to work it out. Consent is not a concern: New York's implied consent law states that any person operating a motor vehicle within the state shall be deemed to have given consent to a chemical test for the purpose of determining the alcoholic or drug content of their blood (that was a question on your driver's license test, in case you don't remember). People arrested can certainly refuse a test if they're awake enough, but doing so is a criminal offense and will result in mandatory fines and license suspensions (\$300 fine and 6 months license suspension or \$750 fine and 1 year suspension with a DWI conviction in the previous 5 years). I'm not sure about you, but if a suspected drunk plowed into one of my family members and the cops asked a medic to draw some blood, I sure hope he'd find an extra 20 seconds to oblige rather than giving the jerk an hour or two to sober up before the hospital drew a specimen. Are medics playing cop? No more than when they make a mandated child abuse report. Just sayin'.
8. In other law-making news, the legislative committee reported that a NYS Move Over bill was signed into law requiring motorists change lanes and exercise due caution when approaching an emergency vehicle with its lights flashing. Sweet! Now we have some recourse when the next idiot buzzes a roadside incident scene. Speaking of which, now that we have a NY Move Over law, give some thought to grabbing one of these PSAs (Public Service Announcements) from the Responder Safety website and passing it on to your local TV and Cable folks: www.respondersafety.com.
 9. If you're a Course Sponsor, you probably have migraines, high blood pressure, and maybe unstable angina. Yup, 2010 downright stinks! DOH payments have been held up by NYS penny pinchers since February and something funky happened with the May and June EMT written tests, dropping the average score by more than 10 points, resulting in massive failures across the State. First, the moola problem: Course Sponsors are not alone! Non-profits and NYS Contractors everywhere feel the pain; many have gone belly up and there is no relief in sight. Next, the test brouhaha. It's hard to get a clear explanation about this from DOH (they're somewhat miffed), so I'm going to tell you how I think it went down. For reasons known only to the Pope, Buddha, or Yahweh himself, the EMT Testing contractor decided in March to scramble the EMT test questions. Prior

to that, the questions had ALWAYS (and I mean always) been neatly arranged in categories: Airway, CPR, Patient Assessment, Medical Emergencies, Trauma, OB, etc. The tests were developed and validated that way. Abruptly, the exam was scrambled and students failed in record numbers. Coincidence you say? Maybe not, and here's why: some questions suggest the answers to others. Shocking, but true. Now, if you're a sharp student, you'll probably remember that question #8 provided a clue to question #90. But if you're not a rocket scientist, you're likely S.O.L. Couple that with the DOH requirement that Course Sponsors teach the EMT course in modules, and test by module (instead of comprehensively), and you have the recipe for failure. That's my gander at what happened. Curiously, the questions were back in order on the August exam and the pass rate jumped back to usual. Go figure. Now, if you don't see things the way I've laid them out here, at least make a note of this: students who failed the May and June exams were especially weak in shock, childbirth, CPR and diabetic emergencies. Perhaps a vortex opened up and sucked this knowledge into a black hole? Who knows? But, at least you know where the problems were, in case the exam questions get scrambled again. Bingo.

10. Maybe it's the grant money or maybe the right people are on this job, but the Image Trend ePCR project is moving at warp speed. Five Regional Training sessions have been scheduled to bring Program Agencies up to speed on the State ePCR data bridge being built by Image Trend (www.imagetrend.com). A pilot of the next paper PCR seems likely to mirror the Image Trend ePCR to boot! Watch for a revision of Policy Statement # 02-05 (PCRs) coming soon. With more than 2 million of the annual 3 million NYS EMS PCRs currently being submitted in electronic format, Image Trend is about to consolidate the largest dataset ever seen by the national NEMSIS database. If all this is French to you, move on...you'll understand it all in about 6 months.
11. While we're on the subject of databases, the DOH unusual incident database has been operational for some 13 months, collecting incident reports from EMS agencies. Some 160 reports have been received. The QI Committee will conduct analyses of these data but a preliminary review shows lifting/moving injuries top reported incidents followed by motor vehicle crashes.
12. The Mutual Aid TAG delivered a draft report for review. The document will ultimately be used by the Bureau to revise Policy Statements on Mutual Aid plans. Stay tuned.
13. The draft NFPA 1917 ambulance suffered a setback delaying their scheduled July release for public comment but now seems back on track, with a planned November 2010 release, shortening the public comment period. Keep an eye out for it at www.nfpa.org. Representing New York State on the NFPA Committee is Mike McEvoy (delusional writer of these notes) and his alternate Ken Beers, Chief of Canandaigua EMS.
14. The Finance Committee proposed an EMS budget for 2011-12 of \$23,432,091. Take note: this is a seeming exercise in futility. The legislature sets the annual EMS budget in HCRA (Health Care Reform Act), usually before the SEMSCO budget is even presented. As a dedicated fund, HCRA has remained relatively immune from reductions imposed across State government. Until recently. Despite annual requests in the twenty two to twenty three million dollar range, EMS has annually been reduced to about nineteen million bucks. That has, over the past couple years, fully funded EMS training with no money remaining. If additional cuts come, there will be blood. Training, the Bureau, and Program Agencies are all likely to feel the pain. This is not outside the realm of

possibility and probably depends heavily on who prevails in the November elections.
Vote early and vote often.

15. Considering suicide? If so, you've probably Googled the latest fad, Chemical Assisted Suicide. Such incidents, occurring with increasing frequency in New York State, place emergency responders in considerable danger. The HazMat Fusion Center recently released a Chemical Assisted Suicide Responder Reference to aid emergency responders for recognizing and managing chemical suicides. It is not a question of if, but when you will encounter a chemical suicide. Surf to www.hazmatfc.com for a copy of the reference card. Consider laminating the reference card for each of your response vehicles. Let's not lose an EMS provider for failing to keep abreast of the dangers we all face!
16. A couple new policy statements have been posted on the Bureau website at www.health.state.ny.us/nysdoh/ems/policy/policy.htm. Policy Statement #10-07 updates requirements for Medical Direction, the most significant change being a requirement that EMS agencies carry copies of all off-line written protocols either with providers or on responding vehicles. Policy #10-06 revises recommendations for Pediatric Equipment.
17. At long last, an ALJ (Administrative Law Judge) issued an opinion in the City of Utica Appeal of the Midstate REMSCO's denial of an operating certificate for their Fire Department Ambulances. Running since 2005 on a municipal operating certificate, Utica FD argued that Midstate REMSCO failed to afford presumption of need in their proceedings. The ALJ agreed. The Systems Committee cited State Supreme Court precedent that municipal entitlement to presumptions of need are rebuttable and collapse when successfully challenged. The ALJ failed to consider this Court precedent in his opinion. After reviewing the record and hearing testimony from Utica FD and Kunkel Ambulance (who also provides service in Utica and filed a brief objecting to the City's argument), the SEMSCO Systems Committee decided that Utica was given their entitled presumption of need which was then challenged and rebutted by Kunkel Ambulance. In the end, Utica offered no substantive proof of need. Systems delivered their opinion to SEMSCO who voted 22 – 4 to uphold the Midstate denial of the Utica CON. Note that SEMSCO is under no obligation to follow an ALJ opinion (and they often don't).
18. If you're wondering what's up with the consolidation of OFPC, it's still in the works. The Division of Homeland Security and Emergency Services (DHSES) was created by consolidating the offices of Homeland Security (OHS), Emergency Management (SEMO), Fire Prevention and Control (OFPC), the Statewide Interoperability Program (SIPO) and Cyber Security and Critical Infrastructure Coordination (CSCIC). John Gibb has been named acting commissioner of DHSES. In theory, the consolidation will allow the State to operate a single, multi-purpose agency focused on first responders and public safety. DHSES will be responsible for analysis, information sharing, physical and cyber security, disaster preparedness and relief, interoperable and emergency communications, fire safety, and emergency response. Wow, that's a mouthful. Nuf said.
19. If you love to stir the pot, here's a little ditty from the bowels of OSHA regarding helmet stickers and painting helmets (a fairly common fire service practice): www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27272. Someone had too much free time on their hands...
20. The three scheduled SEMAC and SEMSCO meetings for 2010 are completed. No meetings have yet been scheduled for 2011; DOH reports their RFP for a meeting spot is complete and they await permission to contract with a hotel. Once dates are set (if and

when that happens), I'll blast them out to this list. On an ancillary note, the last free lunch has been served. NYS no longer allows meals at their meetings. Time to set up the hibachi in the parking lot...

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.