

1. With no additional meetings yet scheduled for 2013, SEMSCO met in January. SEMAC, which failed to raise a quorum last October 3rd, did convene, conduct new business and vote on their October meeting motions.
2. The Bureau reported on EMS efforts during Superstorm Sandy. Six hospitals and about 40 other health care facilities were evacuated, relocating some 6,000 to 7,500 patients. Roughly 350 ambulances were deployed by the Bureau in NYC and Long Island for a one month period using the FEMA National Ambulance Contract (NAC) at a cost of just over \$50 million. NYC REMSCO offered invaluable assistance and coordination throughout.
3. Medical Standards was surprisingly short and (yawn), a tad lacking in excitement. ALS Protocols for Central NY/Midstate/North Country (combined protocols), FDNY*EMS Rescue Paramedics, and Suffolk were all approved. A brief report on the intranasal (IN) naloxone demonstration project was presented. Since inception, 1,295 BLS providers have been trained to administer IN naloxone, 69 doses given and no adverse outcomes reported. The project will continue for now with consideration of bringing IN naloxone to the BLS level in NYS.
4. SEMAC met and, with little fanfare, approved a motion to require any EMS service operating at the CC or Paramedic level have a valid Controlled Substances (CS) license by August 1, 2014 (or forfeit their ALS). The Finger Lakes EMT CPAP demonstration project reported completing provider training but not yet treating any patients. SEMAC also proposed creation of a Community Paramedicine TAG. Now you may recall the viscous battering of the Central NY/Midstate/North Country protocols at the October 2012 meetings. While ultimately approved with numerous agreed upon changes, the ninja assailants returned for a second attack, this time casting doubt at SEMAC that the agreed changes were actually made. The tit-for-tat deteriorated into a page by page review of the entire protocol manual. A dozen stuporous SEMAC members remained; others devised clever escapes. Ultimately, everything turned out to be on the up and up. Duh.
5. Shortages of epinephrine and vasopressin are creating significant headaches for services statewide. The Bureau is continuing work on recommended safe alternatives.
6. Michael Tayler who left DOH in 2011 to work at SEMO and returned to the Bureau in 2012 has departed once again for the Department of Homeland Security and Emergency Services, affectionately known as DHSES (pronounced “dishes”, www.dhSES.ny.gov). Dan Clayton (now wearing multiple hats) is filling the vacant position.
7. Speaking of Dan Clayton (aka, Mister BLS-First Responder), recent fire service BLS-FR applications have contained multiple names (i.e., some parts naming the fire company and other pages listing the fire district). Attention to consistent use of a single name throughout the application paperwork would lessen processing delays.
8. While Med Standards and SEMAC passed the requirement for controlled substances, the motion came to a screeching halt at SEMSCO when it was ruled ‘out of order’. In September 2008, SEMSCO passed a motion requiring review of proposed protocols and standards for financial and system impact. A motion to suspend the 2008 requirement for review also went down in flames. Discussion on the pros and cons of requiring CS was fiery, to say the least. Where it goes next, nobody knows. The Chair directed SEMAC to consult with the Systems and Finance Committees on probable impact before coming back for a vote. While exact data were not immediately available, it is believed that some 200 services would be affected if this requirement passed.

9. Here's a pearl aimed right at the boots on the ground: the Bureau of Health Care Research and Information Services (who no doubt has some sexy abbreviated name) has been matching PCRs from the new electronic PCR bridge to the SPARCS (Statewide Planning and Research Cooperative System) hospital data system. It's not going well; the majority of PCRs cannot be matched. "What, what, what," you say? It's true; the primary reasons are missing social security numbers and incorrect hospital destination codes on PCRs. Sadly, this matching would give us hospital diagnosis information on patients transported which could be a really valuable feedback loop for EMS. Let's try to work on this. To help match a PCR, SPARCS needs at minimum the last 4 digits of the SSN (services that bill probably want the whole SSN). Hospital destination codes are listed by County at www.health.ny.gov/professionals/ems/counties/map.htm. Did I hear, "great QI project?"
10. Like you need another app...DOT just released a free, mobile web app of its Emergency Response Guidebook 2012 (ERG). On the Apple iTunes web site App Store and Google Play web site (for Android), search ERG 2012 to download the free app. A version is also available in NLM's Wireless Information System for Emergency Responders (WISER - <http://wiser.nlm.nih.gov/>) application. An instructional video for learning how to use the ERG2012 is at www.youtube.com/watch?v=wlZTc7z7yjI&feature=youtu.be.
11. SEMSCO heard a presentation (off the record, hence not on the webcast) on EMS in a changing healthcare environment by Council member Steve Kroll of HANYS (Healthcare Association of NYS). In a related matter, Kroll will Chair a newly appointed Community Paramedicine TAG proposed by SEMAC and appointed by SEMSCO.
12. The Safety Committee submitted a draft Health and Safety Officer policy to the Bureau. They are currently developing EMS agency guidance documents for severe weather conditions. They also want to encourage agencies to plan for active shooter incidents and initiate communications with local law enforcement to better understand roles and duties should an active shooter happen. A helpful aid might be a new DHS site just launched to consolidate active shooter resources: www.dhs.gov/active-shooter-preparedness.
13. The 2013 EMS Memorial Ceremony has been scheduled for May 21st at 11:00 am at the Memorial located on the Empire State Plaza in Albany. Two names will be added to the EMS Memorial Tree of Life: FDNY retiree and Staten Island University Hospital Paramedic David Restuccio, devoted fiancé of Dr. Lorraine Giordano, who was killed August 27th, 2012 when an SUV crashed into his ambulance and EMT Eric Monty of Champlain EMS who died when the ambulance he was operating crashed on November 27th, 2012. Services wishing to send vehicles can contact Donna Johnson at DOH 518-402-0996, ext. 3.
14. Training and Education (T&E) recommended, and SEMSCO approved, a reversal of Policy Statement #98-17 requiring all paramedic programs to be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Currently, there are 8 accredited medic programs and 14 that are not. Effective January 2013, eligibility to sit for the National Registry Exam requires graduation from an accredited program. While there are merits to accreditation, the overall benefits were not deemed to outweigh the expense and effort for NYS Course Sponsors. DOH issued Policy Statement #13-01 on Paramedic Program Accreditation announcing this decision and requiring non-accredited programs to advise prospective students of their ineligibility to sit for the National Registry Exam. While not on-line yet, it will appear any day now at www.health.ny.gov/professionals/ems/policy/policy.htm.

15. T&E also went on record to counter vast and furious rumors heralding the demise of the EMT-CC program in New York. Yes indeed – there is no equivalent certification in the new national EMS Educational Standards. But, read it here, tell your friends, post it on Facebook and tweet it on Twitter: EMT-CC is here to stay. There are no plans, covert, overt or clandestine to eliminate this level of care in NY. Copy that?
16. Discussion on expediting instructor training by allowing CLIs who have not yet completed their internships to take a CIC class and subsequently complete both their CLI and CIC internships will be entertained by the Bureau. More to follow.
17. EMSC (EMS for Children) will undertake a pediatric emergency readiness survey of all NYS Emergency Departments. The study will kick off March 1st and is similar to their previous study of EMS services.
18. The NFPA 1917 (Standard for Automotive Ambulances) TAG reported on their deliberations and made several recommendations to the Bureau. Of note, the Standard is currently open for public comment at www.nfpa.org. The gist of the TAG report is that there is widespread reluctance to adopt NFPA 1917 (2013 version). In fact, the feds have extended the sunset of their ambulance purchasing spec KKK-A-1822F until September 2015 (which coincidentally is when the revised NFPA 1917 should roll out). Two changes to NFPA 1917 proposed by the National Association of State EMS Officials (NASEMSO) were approved: one eliminating 77 MPH speed governors and one allowing purchasers to order ambulances with exceptions to the NFPA 1917 standard and still receive a certificate of compliance for the rest of 1917. Manufacturers are now building to NFPA 1917, KKK, or to buyer specifications. Some NFPA 1917 requirements conflict with NYS Part 800 Regs. The TAG does not recommend NYS adopt NFPA 1917 presently but did encourage the Bureau to issue waivers (as they do for KKK-A-1822F ambulances) when requested as ambulances built to either KKK or NFPA are undoubtedly safer than ambulances not built to any standard. No current changes to Part 800 are recommended. The Bureau was encouraged to issue a guidance document to help services contemplating ambulance purchases best comply with the existing standards.
19. The SEMSCO Finance Committee proposed (and SEMSCO approved) submitting the same \$23 million budget for 2014-15 as submitted for 2013-14. The current timeline delivers budget requests to the Commissioner in December, long past the time frame for the Budget folks to consider increases. The Finance Committee believes that resetting the timing cycle will get better attention to the needs of EMS. It can't hurt – the last time EMS saw an increase in funding was 1999.
20. Speaking of budgets, the Governor's proposed 2013-2014 Budget seems like déjà vu all over again, taking another broad swipe at EMS by restructuring Article 30: <http://library.constantcontact.com/download/get/file/1104713005082-76/2013+Governor's+Budget.pdf>. Highlights include consolidating State Councils into a single State EMS Advisory Board, reducing Regional Councils from 18 to 10, shifting statutory authority from Councils to the Health Commissioner, establishing scopes of practice, and revamping the CON process. Interestingly, virtually all the major objections to last year's list of Article 30 revisions were fixed in the current proposal. The New York State Volunteer Ambulance and Rescue Association (NYSVARA) and United New York Ambulance Association (UNYAN) have issued a commentary on the proposed changes (see: <http://library.constantcontact.com/download/get/file/1104713005082-77/Final+Testimony.pdf>) and the New York State Association of Fire Chiefs (NYSAFC)

intends to support the Governor's proposal. Funding for EMS in the 2013-2014 Budget would remain at current year levels.

21. You may have caught wind of proposed DOH regulations that would require healthcare workers be vaccinated for influenza or wear a surgical mask whenever they are in an area where they may come in contact with patients (see: www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2013-02-07/docs/13-05.pdf). Planned to take effect next fall, the long arm of DOH cannot legally reach prehospital providers (unless they are employed by a hospital). At least not yet, that is. You can bet that, having realized this weakness, new legislation will soon suck EMS right into the vortex. Time to start planning. Make sure your service offers free flu vaccines to members and require anyone refusing the vaccine to complete a declination form (see: www.immunize.org/catg.d/p4068.pdf for a sample form).
22. The NYS Supreme Court recently ruled against the DOH, ordering them to issue the Town of Covert an amended ambulance service operating certificate including the Village of Interlaken (which is contained within the Town of Covert). DOH has long insisted that Villages contained within Towns file separate applications for Operating Certificates despite one being contained within the other. The Court found that, "there is nothing that justifies the State's position that joint or separate applications must be submitted." This is good news for many other Towns and Villages. Click [here for a copy of the ruling](#).
23. SEMAC and SEMSCO will likely meet again in 2013 but where and when only the psychic hotline knows. The Bureau meeting web page is a good source of meeting announcements (www.health.state.ny.us/nysdoh/ems/meetings_and_events.htm).

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, go to <http://eepurl.com/iaXHY> to put yourself on the list (or adjust your delivery settings) or go to the Saratoga County EMS Council NYS EMS News page at www.saratogaems.org/NYS_EMS_Council.htm. There, you'll find a link to the list server dedicated exclusively to circulating these notes and all the past copies of NYS EMS News parked at the bottom of the page. Feel free to download any notes you missed.