

1. There were many, many items on the State EMS Council (SEMSCO) plate as they haven't met since January. Amongst the medication changes approved were intranasal (IN) naloxone for all prehospital care levels (including CFR), addition of norepinephrine (Levophed™) and rocuronium to the State Formulary (the list of meds approved for inclusion in regional ALS protocols). Permissible dose ranges will also be added to the formulary. Lastly, ketamine – previously approved only for air medical use, was added to the State ALS Formulary for use by any service (ground or air), when included in an approved regional ALS protocol. In continued work on AEMT level protocols, needle decompression was okayed for AEMT level providers in cases of suspected tension pneumothorax (uh, to use on patients, not the AEMT).
2. Medical Standards, described by Chair Dr. Lewis Marshall as “lively” at times was all that and more. Seven sets of new or updated protocols were reviewed, many receiving suggestions for changes. The most colorful was a nearly half hour “discussion” of Nassau Protocols which, for whatever reason, some members of the Committee latched onto like a DEA canine on a drug smuggler. In the end, ALS protocols from Finger Lakes, WREMS, Nassau, Hudson Valley, Monroe Livingston, NYC and a DOH initiative all were approved.
3. A revised DOH Policy Statement for BLS-FR (BLS-First Response) is coming (watch [www.health.ny.gov/professionals/ems/policy/policy.htm](http://www.health.ny.gov/professionals/ems/policy/policy.htm)). A new class of eligible BLS-FR services, Public Transportation Authorities (PTAs), will be included. The policy will also require all authorized BLS-FR agencies (those with active DOH agency codes) to submit PCRs and carry AEDs, epi-pens, albuterol, and glucometers. DOH recognizes that departments seek BLS-FR recognition for (1) EMS training fund reimbursement, (2) participation in the CME recert program, and/or (3) to expand their practice beyond first aid level care. Currently allocated training dollars are maxed out; there is no ability to reimburse additional BLS-FR agencies and with the current State EMS Budget of \$15.6 million, half of which goes to training, other reimbursement reductions are likely needed. U pickin' up what I'm puttin' down?
4. The last issue of these notes called your attention to the SAGE (Spending And Government Efficiency) Commission report, pages 43-44, issued in February 2013 ([www.governor.ny.gov/assets/documents/SAGEReport.pdf](http://www.governor.ny.gov/assets/documents/SAGEReport.pdf)) where our State and Regional EMS Councils were pictured as a, “case study in the dysfunction created by unchecked growth of boards and commissions.” The Governor, in the past two budget cycles, has attempted to remedy this monstrously dysfunctional bureaucracy. This past year, the legislature yanked EMS proposals from the budget bill as they were deemed “budget neutral,” hence irrelevant to spending. Curiously, several state associations falsely claimed responsibility to their memberships for defeating the changes (pah-leez). This past summer, the real work began. Meeting with DOH and the Governor's staff, multiple stakeholders have managed to pound out reasonably agreeable Article 30 reforms, reducing the excessive number of regional councils (currently 18); streamlining efficiency or regional and state bodies; consolidating overlapping and duplicative functions of the State EMS Council, SEMAC, State Trauma Council, and EMS for Children; giving the “Pilot” CME recert program permanent status in law; establishing a real Statewide EMS Mutual Aid Plan; and repairing the ineffective CON (Certificate of Need) process. As these are not small changes, and clearly not budget items, how they will come about is

- unclear. We expect to eventually see some proposed language out of the Governor's office. Stay tuned...there will be plenty of opportunity for comment.
5. A couple new DOH policy statements have been posted to the Bureau web site at [www.health.ny.gov/professionals/ems/policy/policy.htm](http://www.health.ny.gov/professionals/ems/policy/policy.htm). Policy 13-05 on Respiratory Disease Precautions offers much improved PPE recommendations, and 13-06 on Instructor Certification which, among other revisions, sets a limit of two written exam attempts per instructor certification period when an instructor enrolled in the CME recert must obtain an "instructor score." Apparently, some instructors have needed more than two tries to achieve the required 85% while others seem to be taking the exam repeatedly in an effort to obtain state exam questions that might give a competitive advantage to their classes. Holy moly, Batman!
  6. Note also that the CLI internship requirement has been reduced to 12 hours. Revised internship forms are coming – use the old forms for the time being. It is preferred that the candidate distribute the 12 hours among each of the 6 categories listed.
  7. On the subject of Training and Education, written exams are now being offered every month. Check out [www.health.ny.gov/professionals/ems/certification/test.htm](http://www.health.ny.gov/professionals/ems/certification/test.htm) for a complete schedule. Cheating remains a problem; the Bureau is currently investigating several cases including a Long Island CC who posted a Craig's List ad offering to pay someone to take his recertification written exam for him (<http://nypost.com/2013/07/21/what-a-cheater-emt-offers-400-to-post-reporter-to-take-certification-test-for-him/>), another student allegedly used a cell phone to snap pictures of the written exam (turned in by a fellow student who used a cell phone to take pictures of the student taking pictures of the test), and several students who submitted false CME documentation for recertification. Sadly, these idiots damage the credibility of all providers and cause the public to lose trust in our profession. Not good.
  8. Controlled Substances (CS) remained the most controversial topic at the SEMSCO and SEMAC meetings. A January 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 was ruled out of order and sent to a Systems and Finance Committee TAG for impact analysis. The TAG worked with the Bureau to conduct a thorough survey of the 265 ALS transporting agencies currently without CS licenses (the remaining 312 transporting ALS services that already carry CS were not surveyed). Slightly more than half (52.8%) of the 265 agencies responded. Of those, just under half (47%) have a CS plan in the works, 48% use another agency when a patient needs CS, and 17% indicated they would drop to BLS level if CS were required. The greatest obstacles to CS licensure cited were liability (46%) and record keeping requirements (41%). The TAG summarized their findings with a conclusion that there was sufficient reason to believe adopting the proposed mandate would negatively impact ALS services in some regions of the state. Between all the Committees, there were several hours of discussion, some quite lively, to say the least. Ultimately, the SEMSCO passed a motion (21-4 in favor) that effective May 1, 2015, services operating at the CC or higher level must carry and administer CS to include both benzos and narcotics. This will take the form of a soon to be issued SEMAC Advisory (once approved by the Health Commissioner). Of note, ALS status is given and taken away by REMACs, not DOH.
  9. To boost the pathetically low flu vaccination rates among health care workers in NYS, a new regulation promulgated this past summer requires any unvaccinated health care

- worker to wear a mask during the entire flu season whenever they are working in a patient care area (see: [www.health.ny.gov/FluMaskReg](http://www.health.ny.gov/FluMaskReg)). While this does not (yet) apply to non-hospital based EMS personnel, it does include students on clinical rotations. Also, unvaccinated EMS providers may be asked to wear masks when accompanying patients inside hospital EDs. Take a look at the web site and consider how you might increase the vaccination rate of members in your service. The declination form pretty much says it all: [www.health.ny.gov/prevention/immunization/toolkits/docs/hospital\\_pg154.pdf](http://www.health.ny.gov/prevention/immunization/toolkits/docs/hospital_pg154.pdf). If you're a geek and want the skinny on vaccination rates, [www.cdc.gov/flu/fluview/](http://www.cdc.gov/flu/fluview/) is for you.
10. The Bureau of EMS will shortly be transitioning their Central Office phone lines (518-402-0996) to a new DOH "Human Services" call center. Like 3-1-1 centers, the facility will answer common questions (asked hundreds of times per day) using scripted responses from a Bureau database. This promises to improve efficiency of staff working in Central Office and will most likely be less frustrating for callers who currently need to navigate a complex maze of messages to get to the right office. And, no the call center is not in India but right in smAlbany, NY. Oh, and Bureau staff will continue to answer phones on State Exam nights and during disasters. Thank goodness!
  11. On the subject of the Bureau of EMS, retirements and promotions in Central Office have cost four positions that are not being backfilled, resulting in much task triaging. Limited resources severely affect the ability to keep up with current workload much less take on new projects. Telephone registrations for on-site scoring and retests had to be eliminated due to staffing cuts. Delays are also being experienced in processing of new course sponsorship applications. The Capital District Regional DOH BEMS Office was recently closed and those reps reassigned to the Central Office. Additionally, the Bureau is aggressively trying to move many of their paper and pencil processes to automated electronic systems. One example is an upcoming integration of the EMS CON process into an already existing hospital and nursing home electronic CON application site.
  12. The Bureau has been actively participating discussions at DOH around designation of free standing emergency departments (FEDs), suitable as ambulance destinations. Hospital closures have forced such designations downstate, and several 24/7 fully equipped and emergency physician staffed centers have opened elsewhere. More to come on this...
  13. The lateness of these notes makes them post-Vital Signs, held October 23 – 27<sup>th</sup> in Buffalo. NYS Health Commissioner Dr. Nirav Shah gave an impressive opening address telling attendees that Community Paramedicine will be a vital component of health care reform in NY. He noted that your zip code is more predictive of your health than your genetic code and hence, the social determinants of health with which EMS is uniquely positioned to observe, are becoming important elements of care. Dr. Shah believes that EMS can do more, provide more value in what they contribute and thus be paid more. He is working to change the healthcare payment system to pay for health, not for care (as it presently does). Dr. Shah encourages all providers from physicians to EMTs to practice at the top of their licenses because doing so will increase their earnings and decrease their feelings that other providers are intruding on their scopes of practice. He noted that all providers need to maximize their use of information technology to better share information and records across the healthcare spectrum. Those who are unwilling or unable to modernize will lose their places in the healthcare system of the future.
  14. NYS EMS Council Awards were presented at Vital Signs. BLS Provider of the Year went to Chief Jon Desjardins from Suffolk County, ALS Provider of the Year went to

Paramedic Michael Blecker from Westchester County, EMS Agency of the Year went to Rural Metro Medical Services of Western NY, the Excellence in EMS Quality and Safety went to South Orangetown Ambulance Corps from Hudson Valley, EMS Educator of Excellence went to Joseph Poptanich from the Hudson Valley Region, the Harriet C. Weber EMS Leadership Award went to Gary Ferrucci from Nassau, the EMS Communication Specialist of the Year Award went to Lynnsey Flynn from the Central NY Region, Registered Professional Nurse of Excellence went to Ann Marie Cross from the Hudson Mohawk (REMO) Region, Youth Provider of the Year went to Katherine Zoda from Suffolk County, and Physician of Excellence went to Dr. Josh Kugler from Nassau County. Congrats to all!

15. Some 2014 conferences to scribble in your calendar include FASNY's EMS Conference at Selden Fire Department February 1, 2014, the FASNY EMS Seminar March 1 and 2, 2014 at Montour Falls ([www.fasny.com](http://www.fasny.com)), NYS Fire Chiefs June 11 – 14<sup>th</sup> in Verona ([www.nysfirechiefs.com](http://www.nysfirechiefs.com)), the NYSVARA Pulse Check Conference September 12<sup>th</sup> and 13<sup>th</sup> in Suffern ([www.nysvara.org](http://www.nysvara.org)), and Vital Signs 2014 October 23 – 26<sup>th</sup> in Rochester ([www.vitalsignsconference.com](http://www.vitalsignsconference.com)). You don't have to leave the State for great EMS CE!
16. The Finger Lakes EMT CPAP demonstration project continues. Administrations are somewhat low but outcomes thus far have been favorable. Once more data are available, CPAP might be ready for roll out statewide at the EMT level. Stay tuned...
17. Training and Education was an exciting meeting with a lot of useful information. The NAEMSE EMS Instructor Course has been working well as an alternate pathway to CIC certification. Of note, CLI and CIC internships are also required as well as a 3-hour paperwork completion session at DOH. For inquiring minds, a NAEMSE course is tentatively planned for May 31 – June 1, 2014 in Mountain Lakes.
18. The National Registry is now being accepted for reciprocity in NY, provided the practical skills exam was completed within 18 months of application. Course sponsors can retest candidates who fall outside the 18 month window. This change is expected to be particularly beneficial to military members and veterans. Additional details and forms are at: [www.health.ny.gov/professionals/ems/certification/reciprocity.htm](http://www.health.ny.gov/professionals/ems/certification/reciprocity.htm).
19. A little update on what promises to remain a continuing saga: out-of-state on-line paramedic programs AKA "paramedic mills" (I just coined that term). Two such programs (one in Massachusetts and one in North Carolina) are garnering students from NY. Note that NYS will not grant reciprocity to any applicant whose training consists of more than 50% distributive (on-line, distance, telepathy, etc.) learning.
20. With the recent uptick in enforcement activity involving CME recert violations, DOH wishes to remind providers and agencies of the restriction limiting distributive learning (on-line) to 50% of the total CME core and non-core content.
21. The new EMS Educational Standards have impacted exam scores, particularly at the paramedic level. New items (i.e., test questions) are continually being added to the exam bank which currently stands at about 6,000 items.
22. A new course funding policy statement (#13-03) allows course sponsors to charge tuition (in addition to NYS reimbursement) at all training levels above EMT. Check it out at [www.health.ny.gov/professionals/ems/policy/policy.htm](http://www.health.ny.gov/professionals/ems/policy/policy.htm).
23. Here's a chuckle for ya: <http://callthecops.net/> - a totally satirical blog site that, for whatever reason, people take quite seriously. Some of their recent "news" pieces on DOH

policies have rankled unknowing readers who thought they were real stories. Are you kidding me? Yup.

24. Steve Kroll reported on a Community Paramedicine TAG he is chairing. Several workgroups have been established and it is expected that the first phase of TAG work will be completed this fall. Dr. Kevin Munjal from Mount Sinai Medical Center spoke about the NY Mobile Integrated Healthcare Association (NYMIHA) he chairs to support development of Community Paramedic programs. Anyone interested is invited to join the Association at [www.nycommunityparamedicine.org](http://www.nycommunityparamedicine.org). As a side note, Dr. Munjal gave a very interesting overview of the topic on Fire Engineering's Blog Talk Radio Show, Firemedically Speaking. The October 25<sup>th</sup> show can be downloaded at [www.blogtalkradio.com/fireengineeringtalkradio/2013/10/26/episode-642-firemedically-speaking](http://www.blogtalkradio.com/fireengineeringtalkradio/2013/10/26/episode-642-firemedically-speaking).
25. The Evaluation Committee reported on ePCRs. Currently, some 2.5 million are in the database. Michael Tayler from BEMS has been working with Regions to successfully upload ePCRs to the electronic bridge. DOH is also scoring PCR completeness, a process that has resulted in adjustments by ePCR vendors in order to improve data completeness. Paper PCRs are in development for services that don't make the leap to ePCR. The current (NEMSIS 2) dataset requires a 12 page paper PCR. The upcoming NEMSIS 3 dataset will expand the paper PCR to approximately 20 pages. Gasp! Better stock up on pens.
26. Speaking of paper, millions of paper PCRs from 2009 through 2012 are waiting to be keypunched into the state database. No timeline is available for completion of this (incredibly mundane) work.
27. There are numerous reports of EMS agencies not leaving copies of completed PCRs with patients they deliver to EDs. This is a challenging issue made more complex by ePCR systems. The Bureau encourages Regions to address this handoff gap.
28. EMSC (EMS for Children) will conduct a cross-section electronic survey of pediatric emergency equipment in selected EMS services. EMSC reported on edits to the recommended pediatric EMS equipment including deletion of pediatric traction splints and addition of pediatric nebulizers.
29. Speaking of little tykes, check out this pediatric emergency reference in a mobile app [www.childrensnational.org/ForDoctors/refer/quick-reference-app.aspx](http://www.childrensnational.org/ForDoctors/refer/quick-reference-app.aspx) and if you're looking for peds resources, <https://www.bcm.edu/departments/pediatrics/texasemsc/index.cfm?pmid=23492>.
30. The Bureau has contacted Municipal CON holders with operating territories extending outside their municipal boundaries asking for documentation of intermunicipal agreements that allow them to service those areas. Municipalities who contract with another municipality for EMS service must also have their own Muni-CON. A revision of Policy Statement # 06-06 is in the works to further clarify this, and other, issues. Standby, k.
31. The NFPA 1917 Ambulance Standard Committee met last month to overhaul the existing standard and will meet again in December to finish their work. The revision, expected to publish for comment in 2014, should replace the KKK standard in mid-2015. To keep tabs on the Committee's work, visit [www.nfpa.org/1917](http://www.nfpa.org/1917).
32. The Safety Committee reported on a DOT initiative adding rumble strips to roadway center lines. The Committee continues work on a severe weather draft policy statement. They also noted that revisions are in the works to the DOH Reportable Incident Form

- (coming soon). Long time SEMSCO member and former Chair Warren Darby suffered a minor stroke. He is currently rehabbing and will be missed this year at Vital Signs.
33. Has your agency updated your HIPAA Notice of Privacy Practices to reflect recently effected regulatory changes? For example, providers are required to tell patients who pay in full for services that no information will be shared with insurance companies. Hmmmm. Better scope this out.
  34. ACS (American College of Surgeons) trauma center accreditation is proceeding statewide. Verification of status by ACS depends heavily on each trauma center's working relationship with EMS agencies. There have been no DOH reviews of Trauma Centers in NY since 2005.
  35. Niagara University is offering free train-the-trainer courses to help first responders better manage encounters involving persons with disabilities. See <http://fr-dat.com/training/train-the-trainer>.
  36. Volunteer departments must provide health insurance? What, what, what? Current language in the Affordable Care Act (ACA) requires volunteer fire and EMS departments to provide health insurance to any members who volunteer more than 30 hours per week. The legislation is available at <https://www.federalregister.gov/articles/2013/09/09/2013-21791/information-reporting-by-applicable-large-employers-on-health-insurance-coverage-offered-under>. The International Association of Fire Chiefs (IAFC) has requested a formal opinion on the requirement from the Internal Revenue Service. Additional info can be found on a newly created IAFC web page at [www.iafc.org/Government/content.cfm?ItemNumber=6995](http://www.iafc.org/Government/content.cfm?ItemNumber=6995).
  37. Contrary to rumor, Ryan White is not disappearing again. The Ryan White Act (RWA) was reauthorized by Congress in 2009 (P.L 111-87). RWA provides funding for certain HIV/AIDS programs and also includes the exposure notification provisions for emergency responders. The original RWA was due to sunset at the end of this (2013) fiscal year. P.L. 111-87 eliminated sun setting of the notification provision. While funding for many HIV/AIDS programs under RWA did end in September, the notification provisions remain permanently in effect. Many believe that HIV and AIDS funding is included in provisions of the ACA (Affordable Care Act). So tell your rumor mongering friends to buzz off.
  38. The Boston Globe did an interesting review of the EMS Response to the Marathon bombing, overlaying EMS radio transmissions on their video shot on scene. You may want to pass this along to your members and leadership staff: [www.boston.com/news/2013/08/28/boston-ems-radio-traffic-offers-inside-look-response-boston-marathon-bombings/h9olxifYE0FCKFYl2mvdnJ/story.html](http://www.boston.com/news/2013/08/28/boston-ems-radio-traffic-offers-inside-look-response-boston-marathon-bombings/h9olxifYE0FCKFYl2mvdnJ/story.html). Of note, cellular service teetered and then went down completely for nearly 24 hours after the bombing. Better figure out whether you can rely on your radio system. The CDC also reminded us about their on-line education for emergency management of blast injuries: [www.bt.cdc.gov/masscasualties/bombings\\_injurycare.asp](http://www.bt.cdc.gov/masscasualties/bombings_injurycare.asp).
  39. Too good to be true? Fake Combat Application Tourniquets (CAT®) have proliferated on the Internet. And some of them are pretty darn good imitations. Google some illustrations, videos or take a look at this pictorial comparison: [www.medicalsci.com/files/combat\\_application\\_tourniquet\\_gen\\_iii\\_vs\\_e-cat\\_nxpowerlite\\_.pdf](http://www.medicalsci.com/files/combat_application_tourniquet_gen_iii_vs_e-cat_nxpowerlite_.pdf). Tourniquets are definitely not something you would ever want to

fail. Don't be fooled; maybe you should examine your stock to make sure you have the real McCoy.

40. SEMSCO announced that their Executive Committee meetings will henceforth be closed to the public (interesting, methinks...) and First Vice Chair Dan Blum is perusing the bylaws preparing recommendations for changes. Dr. Jack Davidoff resigned from SEMSCO but will continue to serve on SEMAC, and a new slate of officers was proposed for 2014 to include: Dan Blum (Westchester REMSCO) as Chair, Steve Kroll (Healthcare Association of NYS) as 1<sup>st</sup> Vice Chair and Cheryl Mayer (Wyoming-Erie REMSCO) as 2<sup>nd</sup> Vice Chair. On a sad note, Dr. Bill Huffner, a colorful and articulate member of SEMSCO and SEMAC since 1986, announced this would be his last meeting as he is moving to Maryland. We could always count on Bill to say things that a lot of other people in the room were thinking. Best wishes to our friend and colleague!
41. SEMAC and SEMSCO are scheduled to meet once more: January 14<sup>th</sup> and 15<sup>th</sup>, 2014 at the Hilton Garden Inn, 235 Hoosick Street in Troy, NY 12180. The Bureau meeting page, although not very timely, is a reasonable source of meeting announcements and minutes: [www.health.state.ny.us/nysdoh/ems/meetings\\_and\\_events.htm](http://www.health.state.ny.us/nysdoh/ems/meetings_and_events.htm). You can also view action packed live video feeds and archived footage of meetings.

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](mailto:McEvoyMike@aol.com) or visit [www.mikemcevoy.com](http://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](http://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.