

1. Already widely circulated in the EMS rumor mill is word that the NYS EMS written testing contract expires April 1, 2014 and may not be reinstated in time to prevent an interruption in NYS written exams. Before you run screaming from the room in panic and incite a riot amongst your local EMSers, take note of the whole story. Yes, indeed the contract does expire April 1 and no, it does not appear that the wonderfully efficient NYS Bureaucracy will have a new contract in place prior to April 1. Several things could happen including approval of a proposal from the Bureau of EMS to allow a 5-month “no cost extension” of the current contract. This would essentially use unspent monies remaining in the current contract to extend the deal with the present testing vendor. The Office of the State Controller (OSC) might actually approve a new testing contract in time to avoid any gaps. The State Council voted to send a letter to the Health Commissioner advising that any lapse in the testing contract would create a public health emergency. You can bet your bipee that State Fire and EMS Associations will be on the blower to legislators advising them of the same. Lastly, if all else fails and there is no written exam contract after April 1, DOH would send students who complete courses a SAPA (State Administrative Procedures Act) letter allowing them to test as soon as a new contract is in place. Students whose cards expire after the written test date originally planned for their refresher courses would have their certification extended until a test became available. DOH estimates that there are 14,000 students who need to recertify between April and September this year (2014, in case you are not A&O X3). Students in original courses and refreshers who expired prior to their courses planned test dates would have to wait to test until contract is in place. As of this writing, word on the streets is that the 5-month extension will most likely be approved. Stay tuned...this here is a hot one!
2. Medical Standards and SEMAC were (yawn) a tad boring, to say the least. Mercy Flight withdrew their protocols, leaving only a NYC ALS proposal to add oral steroids into their pediatric asthma protocol for review. Originally submitted as a study, it was approved as an actual protocol revision given that it already exists in at least one other Regional protocol set and is a recognized ED standard of care. Med Standards also agree to form a TAG to review spinal immobilization protocols and practices in light of recent evidence suggesting backboards may do more harm than good. Don't hold your breath on that one, however. If you recall the debacle that ensued when selective spinal immobilization was first proposed – some Council members actually conceived children and saw them off to school before the protocol was finalized. Likely this will rocket along at similar speed.
3. Ever take a look at the SEMAC advisories? Scroll all the way down to the bottom of www.health.ny.gov/professionals/ems/policy/policy.htm. A working group has been established to review and update. Good idea – there are some old doozies there.
4. TXA anyone? Tranexamic acid is an anti-fibrinolytic used to block the action of the clot dissolving enzyme plasminogen. It's demonstrated benefit on the battlefield and is showing promise in civilian trauma, when administered early (in the first three hours post injury). Med Standards briefly discussed TXA – it may be coming to a protocol near you.
5. A statewide ALS protocol? Don't say it's so! Well, maybe. SEMAC members were encouraged to review the New York EMS Collaborative protocols that with the recent adoption by the Westchester REMAC, now cover six regions in NYS. If you haven't looked them over, they are now available as a free iPhone app (see: <https://itunes.apple.com/us/app/id734412212?mt=8>) or if you're a Droid person, visit their web site www.remo-ems.com/emergency-medical-services/protocols. Med Standards is

- encouraging every REMAC to have a little “look-see” and consider if the shoe might fit them. Baby steps, baby steps...
6. REMACs have been advised to work with their local Tactical Medical Units on protocols. These (obviously) need to be vetted by REMACs and SEMAC.
 7. The brain trauma folks at DOH have developed a TBI (Traumatic Brain Injury) reference. This will probably come out as reference cards distributed to EMS services. Someday, these special interest factions will realize that EMS uses computers and tablets. Reference cards, paper and pens are going the way of cassette and VHS tapes. Just sayin...
 8. Should we give a cold shoulder to therapeutic hypothermia (TH)? That’s the question being raised across much of New York in light of evidence presented at a 2013 American Heart Association Scientific Conference. Dr. John Freese (yes, that is his real name) gave a brief overview of the ongoing FDNY*EMS TH study. During Phase I of this study, there was no field cooling; ROSC (return of spontaneous circulation) patients were simply transported to hospitals with TH capability. This intervention improved outcomes. Prehospital cooling was added during Phase II of the study. There were no appreciable improvements in outcomes. During Phase III, intra-arrest cooling was added; there appeared to be significant improvements in outcomes (these data were reported to SEMAC in 2011). Additional analyses of those data now suggest that observed improvements resulted not from TH but from simultaneously implements CPR feedback technology. Presently, a significant number of study patients have missing or incomplete hospital outcome data. Once these are obtained and the data reviewed, the FDNY will provide further findings to SEMAC. So, are we still chillin? Well, ice never really became a statewide standard. Some Regions adopted it, others never warmed up to the idea. At least one Region has reviewed the published evidence and put the brakes on cooling (Monroe-Livingston) and you can read the published research attached to their advisory at www.mlrems.org/e107_files/downloads/advisory_13-12_rosc_and_th.pdf. It’s anyone’s guess what the rest will do. The crystal ball says prehospital cooling will go bye bye. Soon, you will have a place in the bus to put your sandwich and soda.
 9. Cheating on exams remains an issue with an average of one case occurring per month. Exam proctors have the authority to remove a student from the exam if suspected of cheating. And it’s costing us dearly; about \$10,000 to rebuild each potentially compromised exam. Take for example, this whippersnapper who tried to pay someone to take his exam: www.firerescue1.com/fire-department-management/articles/1633133-NY-EMT-admits-posting-ad-online-offering-cash-in-certification-scam/. Nice.
 10. A somewhat interesting debate ensued at the Systems Committee meeting (you can catch the flavor of it by watching the SEMSCO meeting web cast at www.health.ny.gov/events/webcasts/2014/2014-01-15_semsco.htm) regarding an appeal of the decision by the Susquehanna Regional EMS Council to deny issuing a permanent ambulance CON (Certificate of Need) to the Town of New Berlin. Apparently there were some procedural inadequacies at the REMSCO level; an ALJ (Administrative Law Judge) recommended SEMSCO overturn the Susquehanna decision and issue the CON. An initial motion to remand the appeal back to Susquehanna went down in flames and ultimately, Systems recommended and SEMSCO approved, overturning the decision and issuing the CON to the Town. It’s rare that SEMSCO overturns a Regional Council decision since everyone sitting at the table fears the next appeal could come from their home region. This one however, seemed kinda obvious.

11. Exam scores using the revised EMS Educational Standards remain on track. During November 2013, CFR had a 95% pass rate overall, EMT 84%, CC 90%, and Paramedic 89%. Too few AEMTs tested to report a meaningful pass rate in November, but it has been running in the 50 – 60% range overall (consistent with the Intermediate exam when that cert level still existed). Total students testing each year has remained relatively constant with 20,478 in 2013; 16,238 in 2012; 19,478 in 2011 and 20,756 in 2010.
12. Reciprocity requests from persons with out of state cards continue to be processed at a high rate. The Bureau has adhered to the SEMSCO Training & Ed requirement that applicants demonstrate at least 50% of their coursework was completed in a classroom setting. Of note, students enrolled in on-line courses out of state are attempting (in some cases successfully) to complete ambulance ride time and hospital clinical time within New York. Only students enrolled in a New York State approved course can do hospital clinical or ALS ride time within NYS.
13. 63 people have thus far completed the 3-4 hour CIC fast track class at DOH. The Bureau expects to offer an additional course during late spring or early summer this year. The course piggybacks on the NAEMSE Instructor Course (www.naemse.org/ic1description) offered occasionally around NYS as an alternative to the traditional NYS CIC course.
14. The 2014 EMS Memorial service will be held on Tuesday, May 20th starting 11 am at the Empire State Plaza.
15. A little correction to the last report on the new Public Transportation Authorities (PTAs) class of eligible BLS-FR (Basic Life Support – First Response) services. Soon to appear as the topic of a DOH policy statement, these transportation sites (airports, trains, etc.) are now eligible to apply for BLS-FR agency codes. To be eligible, they will need to submit PCRs and carry AEDs, epi-pen, albuterol, and glucometers. They will not be eligible for training course reimbursement. These additional requirements will NOT apply to fire department BLS-FRs (as erroneously reported in the last edition of these notes). D’oh!
16. EMSC (that’s EMS for Children) sent a peds EMS equipment survey out to randomly selected EMS agencies. Only 60% have thus far responded which is not good enough for continued federal funding of our EMSC program. Here’s a list of the agencies yet to respond: <http://origin.library.constantcontact.com/download/get/file/1104713005082-169/NY+NonResponse+Rate+By+Group.pdf>. And here’s a link to the survey, in case you see yourself on the list: <http://emscsurveys.org/step02.aspx?state=NY>. Tanks!
17. The US Treasury Department announced that it will not require volunteer ambulance and fire departments to provide health insurance to members under the ACA (Affordable Care Act), as previously believed. Phew! Read their press release at: www.treasury.gov/connect/blog/Pages/Treasury-Ensures-Fair-Treatment-for-Volunteer-Firefighters-and-Emergency-Responders-under-the-Affordable-Care-Act-Under-ACA.aspx.
18. New York’s Public Health and Health Planning Council (PHHPC) has proposed regulations that would define four levels of outpatient walk-in clinics: Limited Services Clinics (Retail Clinics), Urgent Care, Hospital Sponsored Freestanding Emergency Departments (FEDs) and Non-Hospital Surgery and Ambulatory Surgery Centers. The recommendations are posted (if you care to read them) at www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2014-01-07/docs/ambulatory_care_services_recommendations.pdf. Take note that

- implementation would take a combination of legislative and DOH. No word on if, when, how, or who might pursue this.
19. The AHA Mission Lifeline is a newly launched EMS recognition program that you should have a look at. The volume needed to apply would exclude all but the larger EMS services and it's probably too late to apply for 2014, but scope it out for future reference: www.heart.org/HEARTORG/HealthcareResearch/MissionLifelineHomePage/RecognitionAndAccreditation/EMS-Recognition_UCM_454152_SubHomePage.jsp.
 20. A disruption in the supply of certain auto-injector antidotes manufacturer by Meridian Medical Technologies has resulted in the US FDA extending the expiration dates. See: www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm376453.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery.
 21. Speaking of drug shortages, the FDA released a report last October detailing their plan for mitigating drug shortages that have increasingly plagued EMS services for the past several years. See www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM372566.pdf.
 22. Many of the 5.1 million Americans with Alzheimer's continue to drive. The International Association of Chiefs of Police (IACP) offer several resources for public safety agencies and caregivers on interacting and assisting drivers with Alzheimer's at www.theiacp.org/Missing-Alzheimers-Disease-Patient.
 23. Would you know what to do (or what not to do) at the scene of an aviation crash? The Federal Aviation Administration (FAA) has a training program to protect first responders at a small aircraft accident scene: www.faa.gov/aircraft/gen_av/first_responders/.
 24. Vital Signs 2013 in Buffalo was a success, with some 1,650 attendees (plus vendors).
 25. Some 2014 conferences to scribble in your calendar include the FASNY EMS Seminar March 1 and 2, 2014 at Montour Falls (www.fasny.com), IAFC Fire Rescue Med in Arlington, VA April 30th – May 3rd (www.iafc.org/frm), NYS Fire Chiefs June 11 – 14th in Verona (www.nysfirechiefs.com), the NYSVARA Pulse Check Conference September 12th and 13th in Suffern (www.nysvara.org), and Vital Signs 2014 October 23 – 26th in Rochester (www.vitalsignsconference.com). Also, Niagara University continues to offer free train-the-trainer courses in Disability Awareness for First Responders: <http://fr-dat.com/training/train-the-trainer>. You don't have to leave the State for great EMS CE!
 26. A moment of silence was observed for George Johnson, an NYS EMS legend who died at home January 10, 2014 after a long battle with cancer. Godspeed to our brother and friend - www.obitsforlife.com/obituary/833865/Johnson-George.php.
 27. The PIER Committee reminds everyone that nominations are due this summer for EMS Awards. See www.health.ny.gov/professionals/ems/emsawards.htm for categories and nomination forms. Note that they need to be submitted first to your Regional Council.
 28. The Version 5 supply of printed PCRs is exhausted. DOH advises that a reorder is in.
 29. On the subject of PCRs – time to clarify a vicious rumor. Stories of a 20+ page paper PCR abound. Fact: the paper PCR is ONE page and will stay that way for the foreseeable future. HOWEVER, the evolution of electronic data collection (ePCRs) continually increases the data elements collected. Users of ePCRs see this in “validity rules,” prohibiting them from completing a PCR unless they fill in all the required fields. If every required field was included on the paper PCR, it probably would be many, many pages long. Not practical; and DOH knows it. What would be nice is if Image Trend, the DOH PCR data consolidator (i.e., the company that collects and analyzes PCR data from all the services in NYS) would offer some sort of low-cost ePCR gateway for smaller services.

- That's been discussed but is not on the immediate horizon, according to DOH. So settle down, you rumor mongers!
30. Blood is trickling from the depths of the unknown into the Governor's Regulatory office. Don't hold your breath, apply a tourniquet, or do anything else injurious but, this is the first movement on these proposed regs in quite some time. Perhaps CC's and Medics will be able to transport patients while they receive blood products!
 31. Steve Kroll reported on a Community Paramedicine TAG he is chairing. They have a three step agenda in progress: (1) establishing a case for community paramedics, (2) layout the legislative changes needed (i.e., clear the barriers), and (3) explore examples of existing community paramedic programs. At present, one of the greatest obstacles is the statutory limitation against EMS providing health care in non-emergency settings.
 32. Unlike the past two Governor's Budget bills, the current bill includes no sweeping changes to EMS Public Health Law (thank goodness). Work on long overdue revisions to Article 30 (the law governing State and Regional Councils, ambulance services, certificates of need, etc.) is expected to continue after the budget is passed, whenever that might be. On the subject of budget, a "cash cap" imposed on State Agencies has managed to shrink the total EMS budget down to \$15.6 million from roughly \$18 million a few years ago. No word on what impact that might have. SEMSCO did approve a 2015-2016 budget request of \$21,214,717 (quite a bit more than the cash cap permits currently).
 33. You will soon see a Departmental Legislative Bill (initiated by DOH) on the subject of disaster assistance. This will enable non-municipally owned ambulances to provide disaster assistance and be reimbursed for their services, define the liability ownership for such aid as belonging to the resource owner, and place the State EMS Mobilization plan into statute with a provision for periodic review and revision. Keep an eye out for this...
 34. Work on the NFPA 1917 Standard for Automotive Ambulances continues. The first revision to the document will be posted for public comment on March 7, 2014 with closing dates of April 11 (paper comments) and May 16 (electronic comments). A second draft will post on January 16, 2015 with an expected issue date of May 26, 2015 to take effect for ambulances ordered after January 1, 2016. You can keep an eye on progress or sign up for email alerts at www.nfpa.org/1917.
 35. Approval has been received by the Bureau to schedule three additional SEMSCO meetings, one each in May and June, 2014 and a third in January 2015. RFPs are out and dates will be announced once selected. Council Officers for 2014 were elected to include Chairperson Daniel Blum (Westchester REMSCO), 1st Vice Chair Steve Kroll (Healthcare Association of NYS) and 2nd Vice Chair Cheryl Mayer (Wyoming-Erie REMSCO). Congrats! A workgroup is also proposing some changes to the SEMSCO bylaws that would increase the terms of officers from one to two years, eliminate the office of 2nd Vice Chair, make the immediate past Chair a member of the Executive Committee and adjust the current requirement that 50% of Med Standards members be seated State Council members. These should post onto the Bureau web site at some point.

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.