

1. The hot story of 2014 may fizzle by August. The NYS EMS written testing contract that expired April Fools Day 2014 was extended through August using remaining monies. DOH issued an RFP, scored the submissions and submitted their award recommendation to the Office of the State Comptroller (OSC). In all likelihood, OSC will award the contract in time to avoid any interruption in testing after August. Those souls who, for whatever reason may doubt the efficiency of NYS Government, can check the status of exams at www.health.ny.gov/professionals/ems/certification/test.htm. If the word, “tentative” appears in front of an exam date, well...you know what that means.
2. Medical Standards and SEMAC were kinda interesting meetings. Mercy Flight Central protocols were approved without fanfare as was the Monroe-Livingston Heart Protocol. Central New York ALS Protocols (encompassing Central NY, Midstate and North Country) received a slew of comments and, following said onslaught, were eventually approved with multiple changes. It was noted that the current AEMT-Intermediate program sunsets in May 2015; REMACs are reminded that they should be making plans to phase out this level of care. Lastly, the BLS Altered Mental Status (AMS) Protocol was reviewed with an eye for revisions to allow BLS administration of intranasal naloxone (Narcan®) treatment of opioid overdoses. Pediatric dosing was added to the draft document and a loooong discussion ensued over the AMS blood glucose treatment parameter for pediatric patients. No need to get into the nitty gritty details, but after picking all the fly poop out of the pepper, it was decided to set both the adult and pediatric thresholds for hypoglycemia at 60 mg/dL. This dovetailed into revising the State ALS and BLS protocol definitions of hypoglycemia from the current 80 mg/dL to 60. And that whole (really long) process led to some discussion and admonishment by at least one physician on the seeming regularity with which SEMAC adjusts finer protocol points. Could repeated tweaks (such as the 60-80-60-80 hypoglycemia definition) serve not to inform but rather to confuse providers, who tend to hear about changes for months? Apparently so, say some docs and this serves neither patients nor providers. The BLS CPAP demonstration project continues to see very low utilization, with only 9 administrations to date. The project investigators suggested SEMAC approve CPAP for BLS use Statewide but the Bureau advised this would necessitate taking the skill off demonstration project status. Further discussion at the September SEMSCO and SEMAC meetings. If you have not noticed, there are several discrepancies between curriculum and hemorrhage control protocols (shocking, no?). A TAG was appointed to resolve these conflicts. And speaking of TAGs, the spinal immobilization TAG discussions are ongoing (as are the problems in Iraq).
3. There are roughly 80 ALS-FR and Ambulance services currently certified at the Intermediate level in NY State. These certificates sunset next May unless the services act to upgrade to AEMT level. Those who snooze will be downgraded to EMT (BLS) level.
4. Need Narcs? May 1, 2015 is the deadline set by DOH Policy Statement 13-07 for ALS service to possess and administer controlled substances (CS) per their regional protocols (see www.health.ny.gov/professionals/ems/policy/policy.htm). To date, some 40 new agencies have obtained licenses (EMS Rep Mary Ramo may be nominated for sainthood). Hospital pharmacy buy-in appears to be the greatest obstacle. Of note, services can elect to bypass hospitals and use commercial vendors such as Bound Tree, Moore Medical or even veterinary suppliers. Giddyap!

5. The newest hot topic is intranasal naloxone (Narcan). DOH reports 150 new naloxone services have been approved, many of these Law Enforcement agencies funded through the Attorney General's office. There is no current funding available for EMS agencies. A quirk in NYS law necessitates naloxone be issued to individual officers (with a prescription), hence some 20,000 NYPD Officers will begin carrying naloxone kits. Add to that the 2,000 FDNY fire and EMS units that are carrying IN naloxone and it's highly likely anyone napping on a park bench in NYC will wake up with a wet nose. One final ditty (from Medical Standards): did you know that the only absolute contraindication to intranasal (IN) naloxone is no nose? Who knew?
6. The 2014 EMS Memorial service was well attended on Tuesday, May 20th at the Empire State Plaza. Sadly, twelve names were added to the wall this year: John McFarland (FDNY EMS -February 6, 2012), Brian Ellicott (FDNY EMS - November 26, 2007), Ruben Berrios (FDNY EMS - December 10, 2012), Carene A. Brown (FDNY EMS - December 22, 2009), Rudy Havelka (FDNY EMS - July 9, 2013), Clyde F. Sealey (FDNY EMS - April 12, 2009), John W. Wyatt (FDNY EMS - September 24, 2013), Francis Charles (FDNY EMS - August 27, 2013), Anthony Ficara (FDNY EMS - June 15, 2012), Freddie Rosario (FDNY EMS - June 15, 2010), Joseph V. Schiumo (FDNY EMS - December 9, 2012), Michael Cavanagh (FDNY EMS - December 2, 2013). All twelve died from illnesses related to their work at the 9/11/2001 attack site.
7. Speaking of the EMS Memorial, the Legislative Committee recommended that SEMSCO seek legislative support and funding to install additional panels on the Memorial. Sadly, the Tree of Life is filling.
8. The Bureau of EMS (BEMS) is changing their name. They will now be called the Bureau of EMS and Trauma (BEMST). Give it some time; a creative soul will no doubt morph that into a humorous acronym.
9. The Education folks at the Bureau have been cleared to hire some new folks including permanent clerical positions which promise to hugely boost to paperwork processing efficiencies.
10. Email addresses at the Bureau have changed. Rather than the hieroglyphic initials and numbering scheme of the past, the new emails are the simply the employees name in the format of first.last@health.ny.gov. Of course, you need to know how to spell their names properly, but fear not – the old emails will work for a bit.
11. Pass rates have increased on NYS written exams. Current statewide pass rates are 91% for CFR, 84% for EMT, 66% for AEMT, 91% for CC and 85% for Paramedic. Exam cheating cases continue to rise (2 were reported in May).
12. The CME recert program is also experiencing an increase in paperwork problems with forged signatures being the most common scandal.
13. Late submission (and sometimes no submission) of end of course paperwork is increasingly throwing a wrench into the Bureau's ability to process exam scores. A policy will shortly be enacted to mirror the financial penalties imposed for late submission of student apps: any course sponsor not submitting end of course paperwork within 5 business days will take a hit to their wallet (or pocketbook, not to discriminate). This is really moronically simple: hand the paperwork in to the exam proctor. Done.
14. Area EMS office reps have been asked to increase visits to classes, practical skills exams, and training sites.

15. Work continues on development of a CLI/CIC exam. The first version may be ready by fall 2016. This would help to resolve the ongoing squabble over requiring instructor scores on the EMS written exam for recertification purposes. What a unique idea: having an exam that tests instructor skills!
16. Has the word, “lean” made it into your workplace yet? It is, for certain, the latest fad sweeping the business world and DOH apparently is not exempt from fads. Lean principles attempt to deliver more value with less waste and are usually applied in a project management context. Don’t worry if you haven’t heard of it yet – you will. So the “Lean Project” at DOH focused on reducing the time it takes for students to receive written test scores from the current average of 36 days to 16 days, saving money and time by in-housing the processing of cards. Sounds like a win-win. Look for this expediency to be in place at the end of August. Just to mention, one caveat is getting test scores from the new exam contractor in 11 days versus the current 15 days. Refer to item #1 and keep your fingers crossed.
17. Got TECC? Tactical Emergency Casualty Care is the translation of Tactical Combat Casualty Care (TCCC, or “T- triple C” as the “in” crowd calls it) from military and law enforcement use to the civilian world. TECC is rapidly gaining notoriety and widespread endorsement. Be ahead of the curve and scope it out at <http://c-tecc.org/>. The Safety TAG has a draft “Response to Active Shooter Incidents” document that heavily references TECC.
18. If you happily download the stenographic records of State EMS Council (SEMSCO) and State Medical Advisory Committee (SEMAC) meetings, you may be a few french fries short of a Happy Meal[®], but you’re also about to be disappointed. DOH will no longer post meeting minutes. Instead, you’ll probably want to consider joining the masses who sit on the edge of their La-Z-Boys[®] watching action-packed video of the meetings (www.health.ny.gov/events/webcasts/archive/). Now, if you absolutely insist on getting the stenographic record, you still can. Go to www.health.ny.gov/regulations/foil/, fill out the FOIL (Freedom of Information Law) form and email it in.
19. Health Commissioner Dr. Nirav Shah resigned at the end of June (in case you weren’t aware) to take an administrative position with the Kaiser Foundation in Southern California. He is being replaced, at least for the time being, by Dr. Howard Zucker, a physician and attorney with quite a bio (<https://www.health.ny.gov/commissioner/bio/>). Dr. Shah left under attack from many directions, most notably with regards to his ongoing and somewhat slow paced review of hydrofracking.
20. In our last SEMSCO notes, I reported on the “cash ceiling” that seemed likely to further reduce DOH EMS dollars in the next fiscal year. This time around however, the EMS budget line was set at \$19.7 million, with an increase in the cash ceiling from last year’s \$15.6 million to \$16.3 million in the current fiscal year. While still short some \$131,000 in the Bureau personnel line, it appears that both the Bureau and Training & Education budgets will not suffer as grievously as some expected.
21. State EMS Director Lee Burns got an earful during an Essex County meeting where EMSers blame increased training requirements for declining volunteerism. The somewhat contentious exchange was carried on news media throughout the United States: www.pressrepublican.com/0100_news/x2117417477/State-EMS-leader-defends-rigorous-training/print.

22. Rumors abound on the future of emsCharts (www.emscharts.com), the ePCR vendor for some 300 EMS services in New York. Fallout from a long fought patent infringement lawsuit filed by Golden Hour Data Systems suggests to some that the end may be near for emsCharts users as a court imposed injunction will likely affect operations on or after January 15, 2015. Curiously, many NY sales reps for emsCharts have recently been hired by ESO Solutions (www.esosolutions.com) and ESO is offering Charts customers comparable pricing packages if they decide to migrate. No official word yet from emsCharts, but DOH announced they are, “keeping an eye on the situation.” If you use emsCharts, you’d better keep an eye on it too. Wink, wink.
23. On the subject of PCRs, roughly two-thirds are now being submitted electronically. Of the 1800 services in NYS, some 500 are ePCR approved. Unfortunately, not all submitted ePCRs are making it through the Image Trend Data Bridge that allows DOH to capture data needed to generate useful reports.
24. Some additional therapeutic hypothermia (TH) data from Dr. John Freese at FDNY who previously promised further analyses of their data. From August 2009 through July 2010, FDNY transported post ROSC (Return of Spontaneous Circulation) patients only to hospitals that could provide TH (n=1,487). From August 2010 through July 2011, FDNY added intra-arrest cooling (using chilled IV fluids) to their protocol (n=1,850). From August 2011 through July 2012, FDNY added CPR feedback to their protocol (n=748). Analyses of these data related to prehospital cooling showed no change in survival to discharge with prehospital cooling, no relationship between total volume of chilled fluids infused and onset of pulmonary edema (as diagnosed by paramedic impression) and, when the patients were further grouped into v-fib, asystole, and PEA arrests, still no differences in survival to discharge associated with prehospital cooling. Interesting information and consistent with other studies that have resulted in wholesale elimination of prehospital post arrest cooling protocols.
25. FEMA recently released an app version of their Field Operations Guide (FOG). Here’s the description: www.fema.gov/media-library/assets/videos/94919. It is available in both iTunes and Google play stores. Good luck finding it, though – watch the video to see the icon you need and search accordingly (FOG, USFA, FEMA, etc).
26. Stuff blowing up all around you? You probably need the new CDC Blast Injury mobile app, released June 30th. Available only for iPhones/pads currently, you can get it at <https://itunes.apple.com/au/app/cdc-blast-injury/id890434999?mt=8&ign-mpt=uo%3D2>. Not sure why no droid version; maybe the CDC thinks apples are healthier?
27. 1917 – The NFPA Ambulance Standard is progressing through its first revision (see www.nfpa.org/1917). An additional meeting has been scheduled this August to finalize the second draft of the second edition with an anticipated publication date of December 12, 2014, final publication in August 2015 and implementation beginning 2016. The federal KKK ambulance purchasing specification will sunset once this revised NFPA 1917 publishes. The GSA did recently issue several updates to the KKK specification (1822-F, change notice #6 – see <https://apps.fas.gsa.gov/vehiclestandards/assocDocs.cfm#>), the most significant of which changes the requirements for stretcher mounts. Several organizations have asked the GSA to delay implementation of these changes, originally scheduled for summer 2014. It’s unclear if implementation will proceed or be delayed. One other piece of gossip: CAAS, the Commission on Accreditation of Ambulance Services (www.caas.org) organized a

- series of meetings to develop a consensus based ground ambulance standard, apparently out of their frustration with the NFPA. While CAAS plans additional meetings, most of the major players (like the International Association of Fire Chiefs) suggested that CAAS take a more active role in the NFPA 1917 process rather than trying to reinvent the wheel. As yet, they have not put that in their pipe and smoked it.
28. For your conference calendars: NYSVARA Pulse Check Conference September 12th and 13th in Suffern (www.nysvara.org), Vital Signs 2014 October 23 – 26th in Rochester (www.vitalsignsconference.com) and EMS Today returning to Baltimore February 25 – 28th, 2015 (www.emstoday.com).
 29. Trauma Center designations are proceeding via American College of Surgeons (ACS) verification. The process is quite fascinating and probably worthy of a quick read if you live or work near one, as there are some pretty significant requirements for interaction and integration with EMS: www.facs.org/trauma/vcprogram.html. Here's where things will soon get interesting: there are different levels of trauma centers, some of which do not currently exist in NY (see: www.amtrauma.org/resources/trauma-categorization/index.aspx). As some of these newbies such as Level III trauma centers come on line, Trauma Triage protocols are going to need revisions and, in some cases, interpretation to better direct providers on where to take their banged up patients. Stay tuned...
 30. DHSES (Division of Homeland Security and Emergency Services, affectionately referred to as 'dishes') recently issued a channel naming document to identify commonly used public safety radio channels. Download this, pass it around, and have your radio repair folks plug these names into your radios when they have nothing better to do: www.dhSES.ny.gov/oiec/interoperability-plans/documents/Notice-Instruction-EMS-Channel-name.pdf. "Just where did this come from," you ask? Well, hold onto your hat for this one: it actually mirrors federal recommendations. Holy cow!
 31. Speaking of DHSES, the Bureau is working on an EMS Provider Credentialing project to facilitate recognition and operations at major events. More to follow on that...
 32. The North Country Health Systems Redesign Commission released an interesting report last April detailing measures needed to stabilize the delivery of health care in northern NY. EMS is repeatedly mentioned in the report, with some interesting recommendations: www.health.ny.gov/facilities/north_country_health_systems/docs/north_country_report.pdf. See page 43.
 33. SEMSCO has two additional meetings scheduled presently: September 9-10, 2014 and January 13-14, 2015 both at the Hilton Garden Inn in Troy. It won't likely happen, but any additional meetings post to www.health.ny.gov/professionals/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.