

1. By all accounts, the hot story of 2014 has turned cold. A mere week after the SEMSCO and SEMAC meetings, the Bureau updated their EMS testing web page, removing the ominous “tentative” markings parked in front of each future exam date. The panic over whether the Office of the State Comptroller (OSC) would award a new testing contract is over. Phew! www.health.ny.gov/professionals/ems/certification/test.htm lists the exam dates. The new contractor, Pro Exam (www.proexam.org) is the same Professional Examination Service (PES) that previously held the written exam contract.
2. Medical Standards never fails to disappoint those seeking excitement. The REMO ALS Collaborative Protocols were approved following a bit of, “tit for tat” regarding dosing by micrograms per minute versus micrograms per kilogram per minute. The protocols take effect January 1, 2015 but not for the ‘collaborator’ regions unless each notifies SEMAC that they endorse the REMO revisions. The banter rapidly escalated into a discourse over AEMT scope of practice and endotracheal intubation. While not included in the National EMS Educational Standards, ET was included in the NY AEMT curriculum, apparently a holdover from the EMT-Intermediate level of care. This revelation both surprised and perplexed those at the meeting. Several regions have not included intubation in their AEMT protocols; the Bureau maintains that material in a curriculum must be taught and tested, regardless of regional authorizations of practice.
3. The Finger Lakes gang presented results of their BLS CPAP Demonstration Project which included three other regions (Suffolk, Adirondack-Appalachian and Mountain Lakes). CPAP administrations during the roughly 2 year trial were quite low (15 patients) but the sponsors argued their findings suggest EMTs can safely deliver CPAP. In response, Med Standards and SEMAC approved CPAP for use at the EMT and AEMT level. Hold your PEEP, however; this first needs approval by the Health Commissioner.
4. On the subject of changes, the Bureau requested that any region discontinuing post-cardiac arrest therapeutic hypothermia kindly notify SEMAC of such. Currently, some Regions continue to cool post-ROSC; most not. In the same vein, when regions approve upgrades or downgrades in EMS agency levels of service, the Bureau should be advised. Psychics, they are not.
5. A lengthy discussion followed a presentation by the Spinal Immobilization TAG (charged with revising spinal immobilization and related protocols). The TAG found current NYS protocols conflict significantly with best practices and best available evidence. They cited the National Association of EMS Physicians (NAEMSP) and American College of Surgeons Committee on Trauma (ACS-COT) position paper on spinal precautions and long backboards released nearly two years ago www.naemsp.org/Documents/Position%20Papers/POSITION%20EMS%20Spinal%20Precautions%20and%20the%20Use%20of%20the%20Long%20Backboard.pdf noting that cervical immobilization does not imply need for complete spinal immobilization; that a backboard is not an appropriate immobilization device; that requiring any collared patient to be secured to a long backboard (LBB) deviates from the current standard of care; and extensive overhauls are needed in the NYS Protocols. One member of the TAG stated that he personally would love to see standing takedown made a misdemeanor criminal offense in NYS. Based on the report, it appears a TAG will be appointed to review the original TAG and report back at a future meeting. Yup, you read that correctly.
6. The Nassau County Executive wrote SEMAC asking them to amend DOH Policy Statement 13-07 to allow services to meet the requirement for controlled substances by

- contracting with neighboring agencies. The May 1, 2015 deadline for ALS services to possess and administer controlled substances (CS) per their regional protocols (see www.health.ny.gov/professionals/ems/policy/policy.htm) is rapidly approaching. The Nassau County request to amend the policy was not endorsed by SEMAC or SEMSCO.
7. There was a loooong discussion at SEMAC regarding Policy Statement 12-03 requiring services leave a copy of their PCR or equivalent information (see www.health.ny.gov/professionals/ems/policy/policy.htm) prior to leaving the ED. Physicians believe that many services are not complying with the policy. The Bureau is willing to take enforcement action, but has not received complaints. You heard it here first.
 8. The Community Paramedicine TAG presented a 17-page paper, “Achieving Mobile Integrated Health Care Through Use of Community Paramedicine” for endorsement by SEMSCO. The document will be used to encourage legislators to make necessary changes in Public Health Law lifting current restrictions against EMS providers practicing in any non-emergency setting or situation.
 9. Here’s a prediction: during November/December, you’ll get a letter from State EMS Director Lee Burns regarding Transportation Assistance Levels (TALs). A movement is afoot to create a statewide, standardized nomenclature to assist with evacuation and sheltering during disasters. Stay tuned...
 10. Ebola is increasingly in the news, no kidding. The NYC REMAC issued an Ebola Advisory in August www.nycremsco.org/images/articlesserver/2014-06%20Ebola%20REMAC%20Advisory.pdf that was followed by rapid fire advisories from every which direction after the fiasco in Dallas a short time ago. The CDC also sent out a Detailed Checklist for EMS Ebola Preparedness, downloadable from www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf. They also set up a web site with information for 9-1-1 caller screening and EMS service recommendations for screening, transport, decon, etc. This site is being updated daily by the CDC: www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html The World Health Organization (WHO) maintains a site with up to date info and recommendations at www.who.int/csr/disease/ebola/en/. Bottom line for EMSers: if you have no idea how to screen a patient for Ebola and no clue what PPE you need for an Ebola patient, it’s time to get your head outta the sand, post haste!
 11. Taking a back seat to Ebola, but accounting for more considerably more infections in New York State, is enterovirus D68 (EV-D68). This virus causes respiratory illness, primarily in children, some severe enough to require hospitalization. CDC has a web page with EV-D68 info at www.cdc.gov/non-polio-enterovirus/hcp/EV-D68-hcp.html.
 12. NYSCON is a sexy DOH web site established to process health care facility CON (Certificate of Need) applications (www.health.ny.gov/facilities/cons). Guess what? EMS has been roped into this electronic platform. Discussions are in early stages presently, but you might want to scout it out (at which point you’ll see there’s nothing sexy about it).
 13. Training and Education had a lengthy discussion on creating a new level of CIC specifically for those who work only in CME programs. The idea went overhead like a lead balloon. On the topic of CICs, another 37 people completed the fast track CIC program in August, bringing the total to 123 who have gone through the program since it was approved. Of those, 56 are now CICs. Impressive.

14. TIMS is the latest new course from the US DOT. Expect to see Traffic Incident Management programs soon (http://ops.fhwa.dot.gov/eto_tim_pse/about/tim.htm). New York's DOT is in on it as well: www.dot.ny.gov/divisions/operating/oom/transportation-systems/systems-optimization-section/ny-moves/tim/tim-resources.
15. Golden Hour, the vendor that successfully sued emsCharts (www.emscharts.com) for patent infringement has now acquired emsCharts. Golden Hour plans to operate emsCharts as a wholly owned subsidiary and it should be, "business as usual," from all indications. A list of FAQs is available from emsCharts at www.emscharts.com/pub/docs/emsCharts%20Golden%20Hour%20FAQ%20Sep%202014.pdf?utm_source=Frequently+Asked+Questions&utm_campaign=GH+FAQ&utm_medium=email. This is a HUGE relief for administrators who were forced to search for replacement PCR vendors. And if you're looking for your old emsCharts rep Joe Meath, he's back from a stint with ESO and can again be reached at jmeath@emscharts.com.
16. On the subject of PCRs, the Bureau expects to begin migration up to the NEMESIS version 3 dataset (<http://nemsis.org/v3/index.html>) by November (that's this November, 2014). Take note: your PCR vendor should be gearing up to collect and send PCR information in the NEMESIS 3 (National EMS Information System) format. If not, you'd better start asking why.
17. The Safety Committee finalized recommendations for EMS response to active shooter and hybrid targeted violence incidents as well as draft revisions to the DOH-4461 Reportable Incident Form. Look for both from the Bureau (great stocking stuffers, maybe).
18. The revised NFPA 1917 Ambulance Standard (www.nfpa.org/1917) is on schedule for a December 12, 2014 release, final publication during August 2015 and implementation beginning 2016. CAAS, the Commission on Accreditation of Ambulance Services (www.caas.org) organized a series of meetings to develop a consensus based ground ambulance standard and although discouraged by key stakeholders from working outside rather than within the NFPA process, nonetheless released their own draft standard for public comment until December 1, 2014: www.groundvehiclestandard.org/?page_id=53. For those savvy in the federal KKK ambulance purchasing spec, the CAAS document seems little more than a rehash of KKK. The GSA has announced plans to sunset KKK once NFPA 1917 publishes in 2015. Be interesting to see how this shakes out.
19. Blood is coming, 45 days from August 13th, 2014 when proposed rules were published in the New York Register. The rules create ambulance transfusion services, allowing paramedics to administer blood and blood products under certain circumstances. Check [https://govt.westlaw.com/nyreg/Document/Id2abcbb1e3d11e4acf20000845b8d3e?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nyreg/Document/Id2abcbb1e3d11e4acf20000845b8d3e?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)) for the details.
20. Also published in the New York State Register on September 17, 2014 were proposed changes to Part 800 that would make the CME program permanent, clarify suspension and certification requirements, and clean up Part 800 language (such as EMT-D). These rules are planned to take effect on November 3, 2014. See [https://govt.westlaw.com/nyreg/Document/I761b99c239bd11e4b690000845b8d3e?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nyreg/Document/I761b99c239bd11e4b690000845b8d3e?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)).
21. Vital Signs 2014 October 23 – 26th will be in Rochester (www.vitalsignsconference.com). If you decide to go, you'll have dibs on Vital Signs polo shirts, on sale for the first time

- ever. EMS Today is returning to Baltimore February 25 – 28th, 2015 (www.emstoday.com).
22. Here's a little ditty from the Systems Committee handouts: NYS Penal Code §240.50(2) makes reporting an emergency where none exists a Class A Misdemeanor. If you suspect that a Medicaid enrollee is abusing emergency ambulance services, the Medicaid Transportation Policy Unit would like to hear from you. Send the Medicaid enrollee's name, Medicaid identification number and circumstances of the perceived abuse to MedTrans@health.ny.gov or call them at 518-473-2160. The Office of the Medicaid Inspector General's Recipient Fraud Unit will investigate referrals made by the Medicaid Transportation Policy Unit. Fine print: enrollee names and identification numbers are PHI (protected health information) and need to be forwarded in a secure format.
 23. MONOC, the organization responsible for last year's famed Siren video, has produced a Safety Vest video. Both are available for free download at www.monoc.org. Check 'em out!
 24. The SEMSCO nominating committee for 2015 offered a slate of officers: Chair – Daniel Blum (Westchester REMSCO), 1st Vice Chair – Steven Kroll (Healthcare Association of NYS) and 2nd Vice Chair – Patty Bashaw (Mountain Lakes REMSCO). The slate was elected unanimously (following proper parliamentary procedure, of course).
 25. SEMSCO has one more meeting currently on the calendar: January 13-14, 2015 at the Hilton Garden Inn in Troy. If you're looking for info, you can take a look at the meeting page: 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.