1. Right at the top of the, "2015 Biggest Uh Oh's" list was a message from the legal eagles at the State Division of Legal Affairs (DLA) informing SEMSCO that their May 1, 2015 deadline for ALS services to possess and administer controlled substances (CS) was out of order and needs to be done through the State Regulatory process. Interesting; and you can bet your bippy that the news spiked a bunch of blood pressures to TIA levels. Apparently, the Policy Statement (#13-07, to be exact), written by the Bureau at the behest of SEMSCO and SEMAC, imposes a, "criteria for doing business," (a CS license). Any such mandates need to be issued as NYS Regulations. So, the DLA folks will work expeditiously with the Bureau to propose said Regulation; they provided a polite bureaucratic response to questions from SEMAC on timeline ("as soon as possible"). SEMAC members noted, in between self-administered doses of nitroglycerine, that the impetus behind the DLA intervention was most likely Nassau County EMS services who have repeatedly sought exceptions to the approaching (now defunct) deadline. SEMAC reiterated their intent to assure that every ALS service carry medications to terminate a seizure and treat patients in pain, despite this setback. Members of SEMAC consider CS a standard of care. They did clarify with DLA that REMACs could remove agency medical directors in their regions who fail to assure their services carry CS. Any guesses on what happens next? The psychic hotline knows…
2. The Spinal Motion Restriction TAG, chaired by Dr. Joe Bart from Buffalo (now famous for his pronouncement that standing takedowns should be prosecuted as misdemeanors), presented their report. To summarize the 14-page document, subsequently approved by SEMAC and SEMSCO, the current Suspected Spinal Injuries (SSI) protocol should be revised to treat any patient with a SSI by application of a properly fitted cervical collar and minimizing spinal movement. Electing not to use a backboard will not constitute a deviation from the standard of care. The report and revised SSI protocol were well aligned with everything we've seen, read and heard of late about spinal immobilization. However, that's where the agreement ended as there were wide variations in predicted rollout timeframes. Training and Education and the Bureau projected a January 2017 rollout; some physicians called for a Summer 2015 rollout; others just rolled their eyes. Suffice it to say, you won't be seeing a new SSI protocol next week.
3. Suffolk County asked and received approval to undertake a study of EMTs using a single lumen double cuffed supra glottic airway (SGA) in cardiac arrest patients. Other regions are welcome to hop on the study with Suffolk. For those not savvy with generic names, we're talking the King™ airway (www.kingsystems.com). Should be an interesting trial and yes, waveform capnography is required, even at the BLS level.
4. Exsanguinating hemorrhage not amenable to tourniquets is a distressing problem brought to light by recent active shooter events. SEMAC established a TAG charged with reviewing NYS hemorrhage control protocols to address this conundrum.
5. Proposed changes to Part 800 published in the New York State Register on September 17, 2014 received voluminous comments; substantive enough that revisions were made. These changes reviewed and approved by SEMSCO and will appear shortly in the NYS Register www.health.ny.gov/regulations/proposed_rulemaking for a 30-day comment period. Clarifications and revisions have largely eliminated concerns that generated all the hullabaloo from multiple NYS EMS services.
6. Medical Standards was once again an action packed and adventure filled meeting. A revised BLS Respiratory Distress protocol was discussed; the revisions intended to add

CPAP to the BLS skill set. The question of whether asthma should be included as a CPAP indication was raised but lacking any published evidence or reported problems with asthmatics, Med Standards left it in. The NYS Formulary (list of allowable ALS meds) was reviewed, leading to a lengthy discussion on the utility of including dosing information. In the end, the formulary was updated as a drug list only with the dosing information to be maintained as a separate reference document. A revision to the NYC ESU (NYPD Emergency Services Unit) ALS protocols to allow midazolam administration on standing orders was approved. In a stroke of sheer genius, Med Standards and SEMAC approved a motion to allow any SEMAC approved protocol to be utilized by another region with appropriate notice to DOH. In other words, if the Region next door to you had the most awesome and amazing ALS protocol for crotch rocket motorcycle crashes into Stewart's shops and your region wanted to copy it, they no longer need to submit it to SEMAC for approval. Instead, they just send a letter to DOH advising they intend to adopt and presto!

7. Training and Educations had a fact filled meeting. The Bureau announced a "makeover" in the Regional Faculty program. There are 200 current and 117 active RF with 43 active program coordinators. The Bureau hopes to allocate 2 RF to each County and 2 Program Coordinators to each specialty course sponsor. Likely, current RF will be asked to reapply. With the in-house processing of exam scores and cards, results have been consistently out in less than 4 weeks, ranging from 18 – 28 days from exam date. The Bureau is considering a digital certification card system. The instructor fast track program using the NAEMSE course continues to be successful. Of 176 who completed the NAEMSE class, 73 are now CICs, 53 are in their CLI internship phase and 45 are in their CIC internship. 124 of these candidates were not CLIs prior to entering the fast-track program; 52 were CLIs. 2014 saw 23,727 students enroll in EMT and CFR classes (16,026 eligible for funding); 15,725 made it to the Practical Skills Exam (PSE); 270 failed and 14,275 passed the written exam. 3,816 enrolled in AEMT, CC and Paramedic courses (3,301 eligible for funding); 1,649 made it to their PSE; 9 failed and 1,666 passed the written exam. Here's a breakdown by level of the numbers tested and 2014 pass rates:

Level	Number Tested	Pass Rate
CFR	4,051	91.87%
EMT	12,389	82.12%
AEMT	162	51.60%
CC	317	89.13%
P	1,693	88.23%

8. Ebola is in the news, no kidding. The Health Commissioner's order to all ambulance services requiring immediate training and monthly competency verification, along with a host of other complex actions, was bashed repeatedly in the hallways between meetings (www.health.ny.gov/diseases/communicable/ebola/docs/commissioner_order.pdf). DOH offered some explanations and background on the memo, citing CDC directives. They encouraged regional approaches for compliance with Ebola response requirements and announced that they were accepting waiver requests. Ultimately, there were no warm and fuzzy feelings of support and collaboration flowing around the room. If you're wondering how your service can possibly train and equip your members to respond to an Ebola patient, you're right there with 90% of New York's EMS services. Perhaps the Health Commissioner will soon send you a check, some supplies and trainers to help you protect

your members and serve your community. Oh wait, that was a dream; never mind. The Bureau does have an Ebola page link at www.health.ny.gov/professionals/ems/.

9. The flu season has peaked and is on the decline. It has not been a good one; the vaccine, created using the highly scientific SWAG (Some Wild A** Guess) method, missed one of the prominent influenza variants, leaving much of the population unprotected. As though we needed something else to worry about, measles took off like wildfire following an outbreak originating in California among some (unvaccinated) kids at Disney theme parks. As the most contagious communicable disease in existence, expect many more cases before we manage to get this disease (supposedly eliminated in 2002) to stop spreading. The measles virus remains in the air for more than 2 hours after an infected person leaves a building; 90% of unvaccinated people present during that time will become infected. If you know any unvaccinated folks, let 'em know how grateful you are. If you're looking for up to date immunization recommendations, the CDC recently bolstered theirs: www.cdc.gov/vaccines/schedules/hcp/index.html.
10. EMSC (EMS for Children) presented a pediatric equipment recognition program they are considering. Latest surveys suggest that only 15% of BLS and 45% of ALS services in NY carry all the EMSC recommended pedi equipment. Stay tuned for details.
11. Looking for some QI benchmarks? The National Association of State EMS Officials last fall released National Model EMS Clinical Guidelines, intended to help protocol development (www.nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp). They are useful QI tools as well. Next on the agenda is a NHTSA funded project for NASEMSO to develop EMS Performance measurements that will allow agencies, states, and the feds to use EMS data more meaningfully (i.e., NEMSIS). If you need a slap upside the head to read the writing on the wall: pay attention to this project – it's almost certainly going to tie into EMS billing, reimbursements, and payment for services. The first meeting was held in Washington DC on January 29, 2015. Expect to see performance measures for stroke, the first topic selected, to be released shortly.
12. Blood, blood, blood. Kinda like blah, blah, blah. The Blood and Tissue Council voted on final regs in January (2015) and forwarded them to the Health Commissioner. DOH has a policy statement and training curricula ready to go. Once issued, the process will follow much the same procedure as epi-pens; services will make notification to the Bureau that they intend to establish an, "Ambulance Transfusion Service." Stay tuned.
13. The Finance Committee reported that the last funding increase to Regional EMS Program Agencies happened in 1997 and the last increase in EMS Course Funding in 2004. Currently program agencies are funded at just under $3.5 million and training at $6.2 million. Were even minimal cost of living increases provided, Program Agencies should currently be funded at more than $5 million and Training at $7.8 million. This explains many of the impediments to progress and innovation across the EMS spectrum.
14. A report from the CON (Certificate of Need) TAG to the Systems Committee identified two needs: define, "consistently high level of care," as it pertains to the CON process and tidy up the many loose ends in the process. Systems asked the CON TAG to set to work on both.
15. Reminder from the Systems Committee: any ALSFR services currently operating at the EMT-Intermediate level that do not upgrade to AEMT by the May 2015 sunset of EMT-I level in NYS will forfeit their operating certificates. Seems logical: if you're an ALS First Response service and you lose your ALS, then "poof"…

16. New Policy Statements (www.health.ny.gov/professionals/ems/policy/policy.htm) from the Bureau include #14-02, updating Epi Auto Injectors to reflect a change in Article 30 (Public Health Law) that adds schools to the list of entities eligible to possess and use epi-pens (effective 2-27-15); and #14-01 on Emergency Vehicle Signage and labeling which I might explain with the following photo, worth, uhmmm, a thousand words:

17. Why do ambulances carry Epi-Pens®? was the subject of a recent blog post by Paramedic Chris Kaiser (www.lifeunderthelights.com/2014/12/22/why-do-ambulances-carry-epi-pens/#sthash.5el051Fz.i5uWxYG8.dpbs) that caught the mention of the National Association of State EMS Officials (NASEMSO – www.nasemso.org) in their monthly newsletter. Good question, with Epi-Pens (required in every ambulance in NYS) now selling for more than $400 per kit and the alternative less than $4 if providers are trained to draw the epi from an ampule and administer it with a needle and syringe. King County (Seattle) considered it a no-brainer and took the leap a short while back (http://seattletimes.com/html/localnews/2025464333_countydropsepipensxml.html). Will NYS ever approve this? Check with your local REMAC – that's where ideas like this need to originate.
18. If you're in search of naloxone training materials, check out http://getnaloxonenow.org/.
19. Upcoming conferences (i.e., CME opportunities) include STEP's 2015 EMS & Public Safety Conference March 26 – 28th in Rochester (www.stepems.org); Fire Rescue Med (FRM) March 21 – 25 in Henderson (near Las Vegas), Nevada (www.iafc.org/frm); Fire 2015 June 17-20 at Turning Stone in Verona (www.nysfirechiefs.com); Initial Assessment

Conference September 17 – 20 in Lake Placid (www.initialassessmentconference.com) and Pulse Check September 24 – 27 in Suffern (www.nysvara.org).

20. SEMSCO has three TENTATIVE dates for future meetings: May 13-14, September 1-2, 2015 and January 12-13, 2016 at the Hilton Garden Inn in Troy. Note the word, "TENTATIVE". For more info, keep an eye on the Bureau 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.