1. Like déjà vu all over again, these May 2015 SEMSCO notes are quite delayed. The excuse: I was not at the meetings. Hence, I suffered through the entire on-line video records of both SEMAC and SEMSCO (readily described as beyond grueling) and consulted with other note takers and attentive souls to assist filling in blanks. Special thanks to Carol Brandt, Director of Professional Development for Mohawk Ambulance for her meticulous attention to detail. On the brighter side, these notes are pretty darn up to date. If you wanna grab a bag of Doritos® and sit on the couch for a few hours, you too could watch the archived webcasts at www.health.ny.gov/events/webcasts/archive/. Hook your CPAP up first: you'll very likely nod off.
2. Medical Standards approved protocol revisions from Western NY and NYC HazTac. For reasons only Sigmund Freud could explain, both Med Standards and SEMAC pounced on a rectal valium option in the Western NY protocols. Apparently, rectal valium was previously removed as a protocol option statewide, yet somehow remained in several protocols (and may have been added to others). Without getting into detail, the Med Standards debate was lengthy and the SEMAC debate just over 35 minutes long. Ultimately, rectal valium will begrudgingly remain in some protocols for use in, "appropriate circumstances." Warren Darby commented that it was, "nice to put that behind us." Great to have Warren back. Quite clearly, the 9 – 6 vote suggests some anal fixations on the SEMAC.
3. DOH and SEMAC representatives reported on a very positive meeting with the new Director of BNE (Bureau of Narcotics Enforcement) who is interested in implementing substantive changes to make agency narcotic management less complex. Changes considered include making all reports semi-annual (currently fentanyl and ketamine are quarterly; others are semiannual) and adjusting reporting metrics to eliminate some of the extraneous (i.e., useless) data being collected. BNE is also agreeable to expanded use (and even standing order use) of ketamine for other than extrication, with the indications (i.e., excited delirium, etc.) specified by SEMAC and the Bureau. They also seemed okay with pediatric standing orders for fentanyl.
4. The Spinal Motion Restriction educational materials are in the works at the Bureau and Director Lee Burns is optimistic they will be rolled out over the summer (and indeed, this is now happening via a series of webcasts to Regional Councils and Training Program Faculty). The rollout will also include the new hemorrhage control protocol. The new material should land in your paws within a few weeks. Yippee!
5. On the subject of blood everywhere, the hemorrhage control TAG submitted a reasonably well received prehospital bleeding/hemorrhage control protocol. Discussion on wording at Med Standards garnered considerably more banter at SEMSCO. The protocol is presented in algorithmic format to facilitate comprehension. The Bureau intends to morph all protocols into this format going forward. A motion to table due to the change in format by FASNY was defeated and the protocol was approved by SEMSCO. But – hold your horses. In an apparent oversight, SEMAC discussed the protocol but never actually voted to approve it. So, while you will see it rolled out with the spinal material, it technically does not yet exist. Details, details.
6. Just when you thought it was safe to go back in the water: ILCOR (International Liaison Committee on Resuscitation Committee) has received a proposal from some very well advised countries to ditch the use of rigid cervical collars. This will probably appear in the 2015 AHA Guidelines that publish in November and who knows when we will see a

change. Take a look at the proposal at www.scancrit.com/2015/02/12/cervical-collars-slashed-guidelines/.

7. Every year in NYS, BLS services throw out nearly $10 million worth of expired epinephrine auto injectors. A group of docs from around NYS have proposed an 18-month demonstration project similar to one successfully implemented in King County, Washington. The project replaces currently carried epi auto injectors (costing several hundred dollars each) with a custom made syringe, 23 gauge 1" needle and ampule of epinephrine dispensed to participating agencies for $50 per kit. SEMAC and SEMSCO approved the demonstration project. If you're interested, enrollment needs to be approved by your REMAC so that would be a good place to inquire.
8. While I have yet to see it posted (www.health.ny.gov/regulations/proposed_rulemaking/), the Bureau announced that the Department will proposed an amendment to 800.12 (10 NYCRR) to fix a reciprocity issue. Recent regulation changes renaming certification levels overlooked matching those titles when awarding reciprocity. Additionally, the Department plans to proposed amendments to 80.136 and add section 800.5 (10 NYCRR) that would revise criteria for ALS service controlled substance agents (80.136) and require that EMS agencies operating at the CC or Paramedic level must hold a current DOH license to possess and administer controlled substances (800.5). You can bet your bippy that there will be plenty of commentary once proposals post for their 60 day comment period. Stay tuned…
9. Alas, this will be the last time I report on the blood and tissue regulations. Supposedly, they passed through their comment period and supposedly they are under final review and supposedly the Commissioner is waiting to sign them and supposedly once that happens, an educational program will roll out so medics can monitor blood product transfusions. You get the idea. Supposedly, the dog ate my homework.
10. Some upcoming NY EMS conferences of note: IAC (Initial Assessment Conference) in Lake Placid, September 17 – 20 (www.initialassessmentconference.com/), Pulse Check in Suffern, September 24 – 27 (www.nysvara.org/) and Vital Signs returns this year to Syracuse, October 22 – 25 (www.vitalsignsconference.com/). All great opportunities for education, networking and CE credits.
11. The Safety Committee was tasked by Director Lee Burns to review 800.22 (vehicle construction) in light of the newly released NFPA 1917 (www.nfpa.org/1917) and soon to be final CAAS standard (www.caas.org/news/caas-news/caas-ground-vehicle-standard-open-for-2nd-public-comment-period). The feds recently issued Change Notice #8 to KKK, the current federal GSA purchasing specification for ambulances which, incidentally sunsets in its entirety this fall. The Change Notice #8, effective July 1, 2015, requires a number of safety improvements, the most costly of which is 3.11.6 "Litter Fasteners and Anchorages" that now need to meet the Society of Automotive Engineers (SAE) Standard J3027. Translated: the typical antlers we rely on to secure a litter won't cut it – SAE J3027 tests for significant crash impact and rollover, requiring the mount hold the stretcher with a patient in place in each of these situations. These same requirements exist in NFPA 1917 and will likely appear in the final CAAS standard, so the 11th hour additions of these changes to KKK are probably just an endorsement from the feds of the SAE standard (which they incidentally funded the crash testing for). This could add up to $4,000 in additional costs to a new ambulance purchase. The Safety Committee will review all the standards and make recommendations on changes to NYS

Regs (800.22, see www.health.ny.gov/professionals/ems/publaw.htm). Not to belabor this paragraph any longer, but American Emergency Vehicles published one of the best comparative charts back in March of this year. If you're interested, it's at: www.nasemso.org/Projects/AgencyAndVehicleLicensure/documents/Status-of-ambulance-standards-projects-30Mar2015.pdf.

12. The CON (Certificate of Need) TAG reported that our current definition of need seems comparable to that of other states. Some of their work in progress: considering asking REMSCOs to prepare CON impact statements (these are not helpful when submitted by applicants); developing guidelines for hearing officers; requiring requests for letters of recommendation be sent by REMSCOs, not applicants; "need" decisions need to be based on verifiable facts, not hearsay; CON meetings required to be recorded (at minimum by a stenographer) and their records maintained by the REMSCO; checklists are being developed for each type of CON action. More to follow.
13. Speaking of CONs, an appeal was heard by the Systems Committee on an 8/23/2013 (yup, you read that correctly – 2013) application by Monroe Ambulance to expand their operating territory into East Orleans County, an area that they had been covering under mutual aid for quite some time. Long story short, the REMSCO failed to properly hear the issue or keep sufficient records of their proceedings. Rather than remand the issue back to the REMSCO, SEMSCO voted to approve the expansion of operating territory for Monroe Ambulance, lest it drag on any longer. Phew.
14. On the subject of operating territories, some apparent masochists at the Bureau undertook a review of the operating territories of 1,160 services. A 1993 review identified a veritable plethora of services requiring clarification of operating territories (COT), some documented only as maps scrawled on the back of napkins submitted per Article 30 in 1975; some as vague REMSCO determinations; others as municipal service issues. Curiously, of the 1,160 files reviewed, only 42 had identified issues, 9 had discrepancies in need of clarification and 3 are currently being resolved. Not too bad.
15. Training and Education (T&E) had no report. However: for the paranoid who will loudly proclaim, "I told you so," concerns about the ability of the Bureau to sustain updates to the CC curriculum and exams led them to ask Training and Ed, Systems, and SEMAC to evaluate the future of this program. Currently there are only 1,878 CCTs in New York. Several worthy considerations: are there pathways to facilitate upgrading CCTs to Medics and would the revised AEMT sufficiently meet the needs of communities currently served by CCT providers? Food for thought and likely fodder for some contentious battles. Ultimately, the CCT curriculum and exams, which exist nowhere but in NYS, seem headed for extinction after which, it won't be possible to certify new CCTs.
16. The psychic hotline (we knew you would call) sent word that Training & Ed endorsed a move towards annual updates, rather than the Bureau issuing a steady stream of new protocols, rules, curriculum updates, and innuendo. Spring/Summer would be the optimal time to hit fall courses. This reflects a consistently expressed concern that revisions often fail to reach the masses owing to their arbitrary release. Obviously, changes deemed urgent by SEMSCO could be issued immediately (somewhat laughable since SEMSCO only meets three times a year).
17. With the movement of exam score and card processing to Central Office, the Bureau reports an average 15-day turnaround for getting scores out. Pretty impressive! The

Bureau is considering purchasing printers to generate EMS cards in-house which would further reduce turn-around times. This would be even more awesome.

18. New Policy Statements (www.health.ny.gov/professionals/ems/policy/policy.htm) from the Bureau include #15-04, Certification for Individuals with Criminal Convictions (reflecting the recent Part 800 updates), #15-02, CPAP for BLS Agencies and #15-01 on Student Field and Clinical Rotations. Check 'em out, but note that as of this writing, 15-04 has not yet posted, nor has the yet unnamed 15-03 which may be revised pediatric equipment recommendations.
19. If you hit your head really hard, you may soon be in luck. The School of Public Health will soon distribute a brain injury wallet card to EMS services, along with an on-line educational program. If your GCS is less than 15, you should probably not wait for the cards which, by the way, will be delivered through program agencies.
20. PIER announced that the 2016 deadline for EMS award nominations will be pulled back to May 1 in order to allow for federal submission of the NYS awardees.
21. A growing percentage of PCRs are being completed electronically (ePCR). In 2014, 2.5 million ePCRs were filed, approaching 90% of all PCRs submitted. 493 of 1,176 services use an ePCR, 30 of which are annually submitting more than 20,000 ePCRs. Of note, (reflecting opinions expressed at SEMSCO), the tremendous DOH expense for building an ePCR bridge through Image Trend has been useless to County Coordinators who previously got paper reports and now have no access to ePCR data. Neither have SEMSCO or SEMAC yet seen a meaningful report from the seemingly voluminous data. It would be hard to believe that any EMS provider, medical director, or EMS administrator wants to do a BAD job serving the public. Yet without feedback, every one of those people is relegated to living in their own little silo, often with no ability to benchmark their service against anyone else. Too bad.
22. Chair Steve Kroll announced the formation of a Performance Improvement TAG. No specific details on the mission of that group, but inquiring minds believe it will fill some of the void created when the Evaluations Committee stepped on one too many toes a couple years back and went the way of Jimmy Hoffa.
23. If drug shortages are driving you crazy, the FDA released an app back in March that you can load on your iPhone or Android device to instantly track status of problem meds: www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm436481.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery.
24. If you missed the press releases, Homeland Security recently released, "The First Responder Guidance for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents." Interesting read with great EMS recommendations. Download a free copy from: www.dhs.gov/publication/iedactive-shooter-guidance-first-responders.
25. While you're downloading things, the Office of the Inspector General issued a scathing audit report on the FAA's failure to substantially implement congressionally mandated safety improvements in Helicopter Emergency Medical Services. That report is at: www.oig.dot.gov/sites/default/files/FAA%20HEMS%20Progress%20and%20Oversight%20Final%20Report%5E4-8-15.pdf.
26. Wondering why EMS agencies and Fire Departments are suddenly jumping on the "smoke free campus" bandwagon with hospitals? NIOSH has recommended ALL employers implement tobacco policies to help prevent disease and injury in the workplace.

Their guidance document is at: www.cdc.gov/niosh/docs/2015-113/. You can bet this is eventually gonna be one of those OSHA inspector items. The writing's on the wall…

27. The SEMSCO September 1-2, 2015 meetings have been rescheduled due to multiple conflicts. They will now be held December 8-9, 2015 followed by January 12-13, 2016 meetings at the Hilton Garden Inn in Troy. Watch the Bureau meeting page: www.health.ny.gov/professionals/ems/meetings_and_events.htm which is a tad behind on the fall meeting date change (as of this writing).

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.