

1. Medical Standards and SEMAC approved protocol revisions from NYS and Suffolk. Glucagon garnered some discussion and debate. The medication has seen some critical shortages, skyrocketing costs and is more likely to expire than be administered to a patient. While no definitive conclusion was reached, glucagon may be headed for extinction in NY ALS protocols. Speaking of extinction, two long outdated SEMAC advisories: 97-01 on hemophilia and 97-02 recommending biphasic AEDs, got the boot. SEMAC Advisories are compiled at the bottom of the Bureau of EMS Policy Statements page (www.health.ny.gov/professionals/ems/policy/policy.htm) and on the protocols and advisories page at www.health.ny.gov/professionals/ems/semac_advisories.htm.
2. On the subject of protocols, participation in the NY Collaborative Protocol set continues to grow, covering more than half of NY Regions. SEMAC encourages any region not currently participating to do a little “side-by-side” comparison of theirs to the Collaborative set (pick a region, like REMO www.remo-ems.com/emergency-medical-services/protocols and have a look-see). Fortune tellers across NY see the possibility of a statewide ALS protocol set somewhere in their crystal balls.
3. Applause, applause to the Bureau for publishing a fully updated version of the BLS protocols on their web site! Yes, you heard that right; no longer do you need to download and assemble a myriad of revisions to have an up to date BLS Protocol set. Instead, hop over to www.health.ny.gov/professionals/ems/protocol.htm, download version 16.02 and amaze your friends with your awesomeness.
4. No Med Standards meeting would be complete without a little spat and true to form, there was a good one having to do with tourniquets. You may recall the hemorrhage control protocol, first approved in May 2015 but not really approved because it never was voted on, finally approved for real with a December 2015 vote? Now, it seems that the, “high and tight” versus “3 inches above the wound” ignited debate, and one that seemed might never end. Final resolution revised the T-2 Bleeding and Hemorrhage flow chart to recommend placing tourniquets 3” above the wound UNLESS the scene is unstable or it is not possible to fully assess the extremity in which case, high and tight application is acceptable. Look for that revision soon. Oh, and that version 16.02 BLS protocol set was up to date until a few minutes ago...
5. Speaking of forgetting to vote, it appears the motion allowing BLS acquisition of 12-lead ECGs discussed ad nauseum last December was never voted on. Problem solved: SEMAC and SEMSCO motioned, voted and approved it. If you’re feeling a little twinge of chest pain, you’re safe now.
6. In the category of weird requests, SEMAC was asked to approve a medical device called the LifeVac (www.lifevac.net) which is some sort of anti-choking device that can protect you and your family, no prescription required. Purportedly, this device was being touted as equivalent to portable suction. Long story short, SEMAC does not approve medical devices. Clearly, it is not equivalent to any DOH required suction. Just sayin’
7. The “Check & Inject NY” demonstration project suffered a little setback when the Bureau advised participants that the program does not absolve services from having to carry epinephrine auto injectors as described in Policy Statement 10-01. There may or may not be many teeth to this as auto injectors were never actually added to the State Emergency Medical Services Code Required Equipment List (Part 800.24), a caveat needed to actually enforce Policy Statement 10-01. Regardless, the demonstration project is proceeding and we’ll know the results in another year or so. Stay tuned...

8. Transcare, a major private ambulance service in the NY Metro and Hudson Valley regions, declared bankruptcy and abruptly closed shop in late February, causing FDNY and others to quickly pick up the slack (<https://transcare.candidatecare.jobs/>). Having known about the company's financial woes for several months, preplans were in place and seemed to go smoothly by all accounts. Downstream effects on employees, families, students and course sponsors with ride time affiliation agreements will take longer to resolve. The closure is reminiscent of other municipalities who've found themselves scrambling to provide EMS when a provider suddenly closes shop. The Systems Committee had a lengthy discussion about service failures and closures, noting that NYS continues to see closures of volunteer services.
9. Interestingly, despite all the hoopla and pressure brought to bear on DOH, meeting after meeting, to roll out regulations allowing ambulance administered blood transfusions, (see DOH Policy Statement 15-06 at www.health.ny.gov/professionals/ems/policy/policy.htm, only one service has been approved under the new regs which rolled out last September. Perhaps the bleeding stopped?
10. The 2016 EMS Memorial Service will be on Tuesday, May 17th starting at 11:00am at the Empire State Plaza. See www.health.ny.gov/professionals/ems/emsmemorial.htm. Six new Line of Duty Deaths will be added to the Memorial this year; four are 9-11 related, reminding us of the losses we continue to suffer from the attack on our nation. Any services interested in honoring our fallen brothers and sisters by sending an ambulance are asked to contact Donna Johnson at 518-402-0996.
11. Training and Education (T&E) reported a landmark year for EMS testing in 2015 with a total of 19,375 exams given, the highest since 2011. Below are some stats of interest:

Level	# tested 2015	pass rate 2015	pass rate 2014
CFR	3,720	92.15%	91.87%
EMT	13,556	83.61%	82.12%
AEMT	117	72.13%	51.6%
CC	322	89.3%	89.13%
P	1,660	87.68%	88.23%

The total cost for exams in 2015 was \$213,125. Had the testing used National Registry exams, the cost would have been \$1,385,020.

12. Instructor Exams are ready and administration will begin in May. Any CIC or CLI expiring during or after May 2016 will need to take the written CLI or CIC instructor exam instead of the state written EMS exam. The CIC and CLI Exams each have 50 items and 5 additional pilot questions, all based on the NAEMSE, *Foundations of Education: An EMS Approach, 2e* textbook and DOH course policies. The passing score will be 70 and instructors will only need to pass the exam once (in their career) to maintain their certification (in addition to the other recertification requirements). One retest will be permitted and remediation required after two failures. The Bureau will soon release a Moodle review course for some of the old rusty instructors out there that need to brush up on educational methodology. SEMSCO approved the new exam and elimination of the required 85 passing score for instructors. Can I get an, "Amen"? A new instructor policy statement will be out shortly with the down and dirty details.

13. After several years (yup, years) of trial runs and testing, a new CLI curriculum was approved. The Bureau will crunch the numbers to see if \$\$ allocated to the (now defunct) prescreening could be added into reimbursement for the CLI course.
14. In the continued “lean” efforts at the Bureau, certification cards will soon be printed in-house. The greatest advantage will be to CME participants who sometimes experienced delays waiting for printing of their cards batched with monthly written exam schedules.
15. T&E wishes to remind services that, while CPAP is mentioned in the EMT Educational Standards, it is not covered sufficiently to prepare an EMT to use it. CPAP is a regional add-on, requiring approval of the REMAC and initial education provided by an ALS CIC.
16. A report from the STAC (State Trauma Advisory Committee) noted that trauma alerts from EMS to receiving hospitals are often not timely. Spread the word: if you want a trauma team ready, they need an earlier heads up!
17. The Systems Committee reminds services that a Transfer of Operating Authority (TOA) is required to be filed when any person holding 10% or more of a service transfers their ownership or dies. Systems also completed a review of the TOA procedure and will be forwarding draft revisions to Regional Councils for comment.
18. The Bureau noted that BLS-FR (that’s First Response, in case you missed it) applications are being denied for services not participating in local EMS systems. These include college first response teams, industrial brigades and others not doing 9-1-1 responses. This does not prohibit them from operating but does prevent them from using the limited training dollars which are accessible to organizations with a DOH agency code.
19. The U.S. DOT has funded a two year project to study fatigue in EMS workers. Several groups are collaborating on this project and hope to produce some evidence based guidelines for EMSers. Follow the project work at www.emsfatigue.org.
20. The Federation of Associations of Regulatory Board's (FARB) license verification site (www.imis100us2.com/FARB/LookUpALicense) now includes EMTs in all but 12 states. Yup, you are psychic: New York is one of the 12. You can however, look up an EMS certification if you have access to the NYS Health Commerce System (which you can get through your County Public Health peeps).
21. Some upcoming conferences for you to scope out include the STEP Conference in Rochester, April 7 – 9 www.stepems.org; Greater Buffalo EMS Conference, April 15-16 www.buffaloemsconference.com; Supervisors Boot Camp (for your front-line bosses), May 3-4 in Bennington, VT <https://www.eventbrite.com/e/ems-supervisors-bootcamp-tickets-22579997380>; Initial Assessment Conference in Lake Placid, May 19 – 22 www.initialassessmentconference.com; NYS Fire Chiefs Fire 2016 in Verona, June 15 – 18 www.nysfirechiefs.com; Pulse Check in Albany, September 29 – October 1 www.nysvara.org; Vital Signs in Syracuse, Oct 13 – 16 www.vitalsignsconference.com.
22. SEMSCO will next meet on May 24-25, then September 13-14 and again January 10-11 in 2017. The meetings will remain at the Hilton Garden Inn in Troy.

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. Tell your friends. The more, the merrier.